Optimising birth: discourse & action

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What this talk is about . . .

- Reflection on research and theory about optimising birth
- Comparison of UK & US approaches
- Forward thinking . . . setting the stage

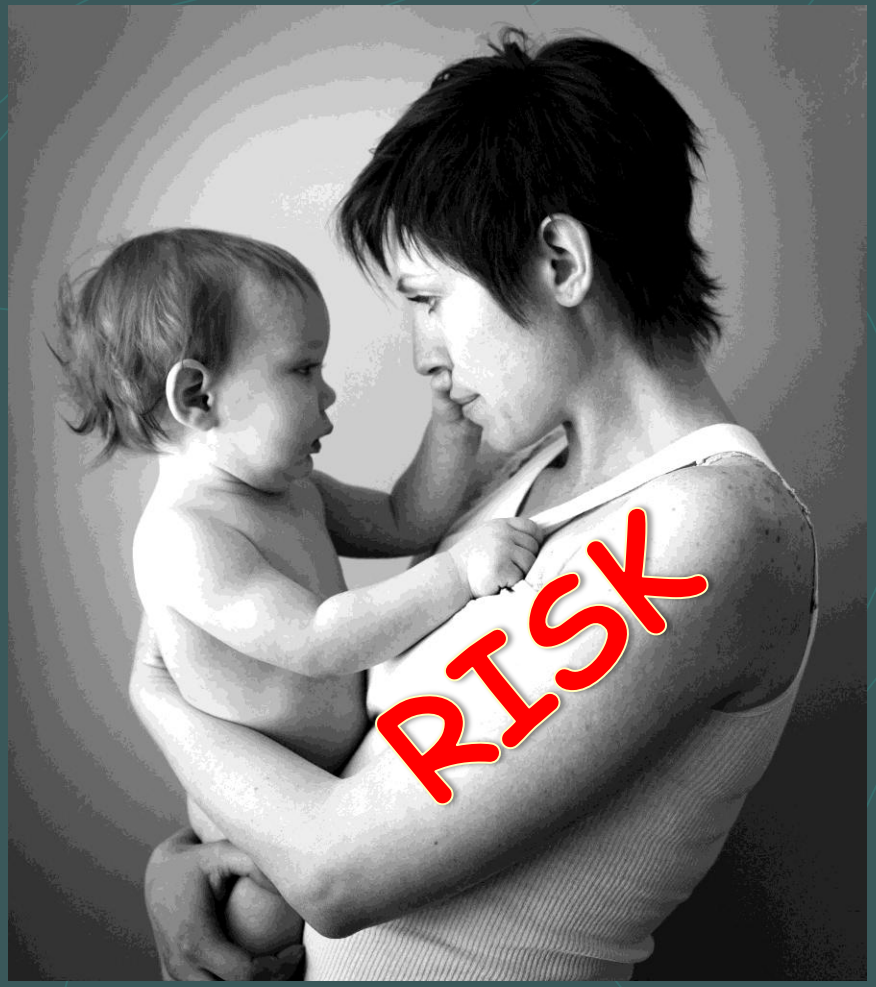
Acknowledgements

- The UK/US Fulbright Commission
- The Burdett Trust for Nursing
- ACNM Foundation
- Childbirth Connection
- UCSF Academic Senate
- The women and clinicians who have participated in my research
- Jane Sandall, Jane Grant, Cathy Walton, Jenna Shaw-Battista

What does it mean to optimise birth?

What are questions?

How is it appraised?



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What are questions?

How is it appraised?

Context, culture, and climate

The ability to midwife women is similarly influenced by culture and context

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Cultural adaptation . . .

. . . "management expediency" which assists the midwife to deal with institutional conflict

Annandale (1988)

. . . a life altering event

- Can influence women's long-term emotional well being
- Written accounts shortly after birth strongly correlate with women's memories 20 years later

(Simkin, P. (1991). Just another day in a woman's life? Women's long-term perceptions of their first birth experience. Part 1. *Birth, 18*(4), 203-10; Simkin, P. (1992). Just another day in a woman's life? Part II. Nature and consistency of women's long-term memories of their first birth experiences. *Birth, 19*(2), 64-81).

Women most satisfied felt more in control → higher self-confidence and self-esteem

Birth changed the way they felt about the strength of women and themselves

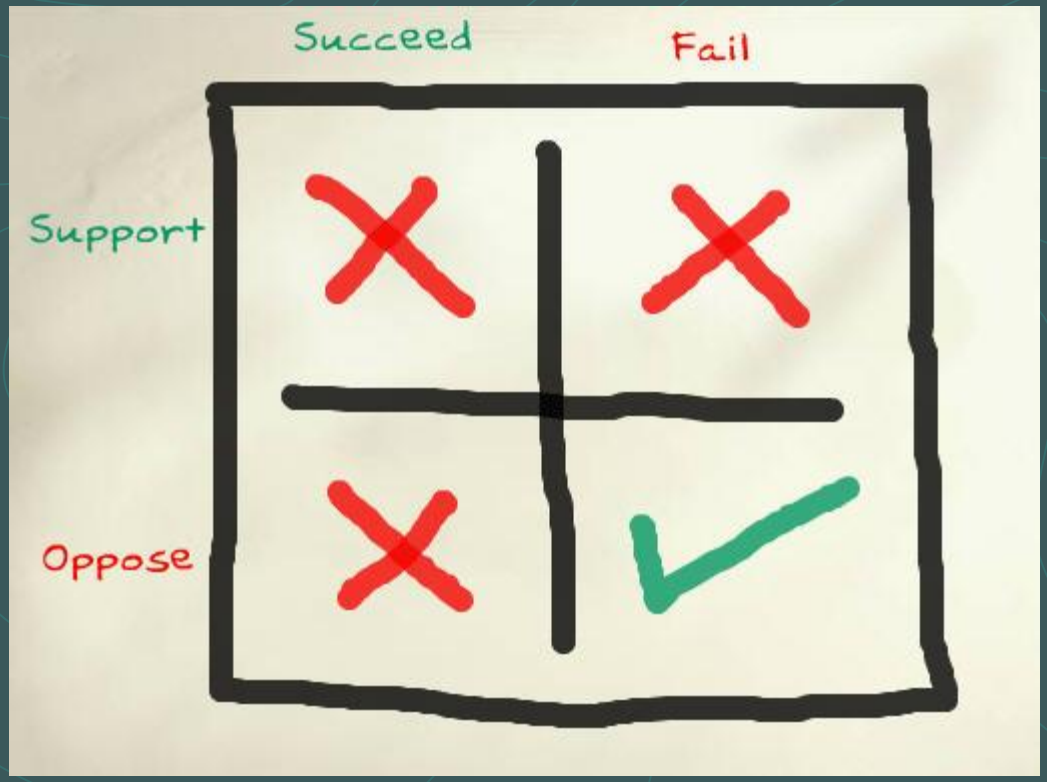
Women who experience traumatic birth can feel betrayed, and some will suffer post traumatic stress disorder

(Beck, C.T. (2004a). Birth trauma: in the eye of the beholder. *Nursing Research, 53*, 28-35; Beck, C.T. (2004b). Post traumatic stress disorder due to childbirth. *Nursing Research, 53*, 216-224.)

WHO states that childbirth interventions should be based on best evidence for the mother and optimal level of intervention should be to achieve best outcomes

Evidence-led obstetric care. Report of a WHO meeting. World Health Organization. 2006.

Perinatal Optimality



Labor progress

Role of stress hormones & catecholamines …

(Romano & Lothian (2007). Promoting, protecting, and supporting normal birth: a look at the evidence. *JOGNN, 37*, 94-105)

Labor progress

Women's emotional state → response to pain and fear

Photo by Noa Mohlabane

(Romano & Lothian (2007). Promoting, protecting, and supporting normal birth: a look at the evidence. *JOGNN, 37*, 94-105)

Physiologic birth evidence

- ↑ maternal beta-endorphins (endogenous opiate)
- Maternal involuntary rhythmic expulsive efforts (Ferguson's Reflex)
- Unmedicated/undisturbed infant's crawl to breast
- Maternal surge of endogenous oxytocin at birth – continues with breastfeeding

(Sakala C, Corry MP. Evidence-based maternity care: What it is and what it can achieve. New York, NY: Milbank Memorial Fund, 2008)

Photo by Bliss Drake

What is good for the mother …

… is good for the baby

The evidence for underuse

- Continuous labor support
- Comfort measures to relieve pain
- ECV for breech
- Delayed & spontaneous pushing
- Non-supine birth positions
- Delayed cord clamping
- Early skin-to-skin
- Early and continuous breastfeeding

The evidence for routine overuse

- Labor induction
- Continuous electronic fetal monitoring
- Rupturing membranes
- Epidural analgesia
- Episiotomy
- Cesarean section

(Sakala & Corry (2008). *Evidence-based maternity care: What it is and what it can achieve*. New York, NY: Milbank Memorial Fund,)

Many women are unaware or have an incomplete understanding of the potential complications from childbirth interventions.

Declercq, E.R., Sakala, C., Corry, M.P., & Applebaum, S. (2006). Listening to Mothers II. Report of the Second National U.S. Survey of Women's Childbearing Experiences. New York: Childbirth Connection.

44% overwhelmed

37% frightened

30% weak

Declercq, E.R., Sakala, C., Corry, M.P., & Applebaum, S. (2006). Listening to Mothers II. Report of the Second National U.S. Survey of Women's Childbearing Experiences. New York: Childbirth Connection.

It is clear . . .

- We are not doing well at normal, physiologic or normal birth in the US and those trends are becoming more prevalent globally.

What are the facilitators?

What are the barriers?

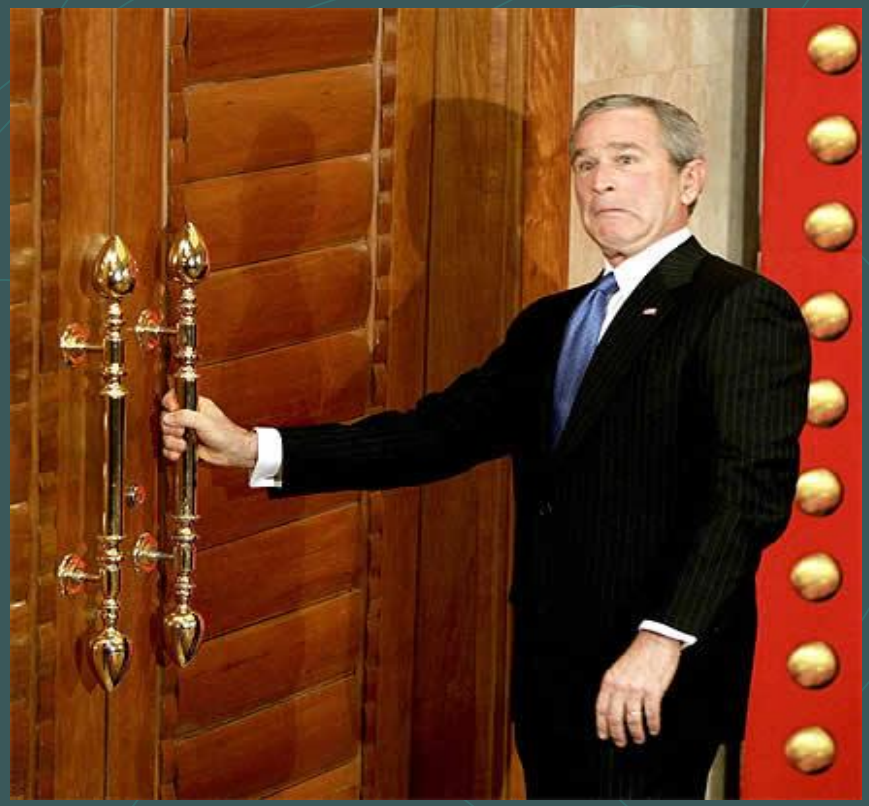
Medicine, technology . . .

We have the toys – let's make them work – shouldn't they work?

"*Obstetricians Still Await a Deus ex Machina*" (Greene, 2006)

The tension . . .

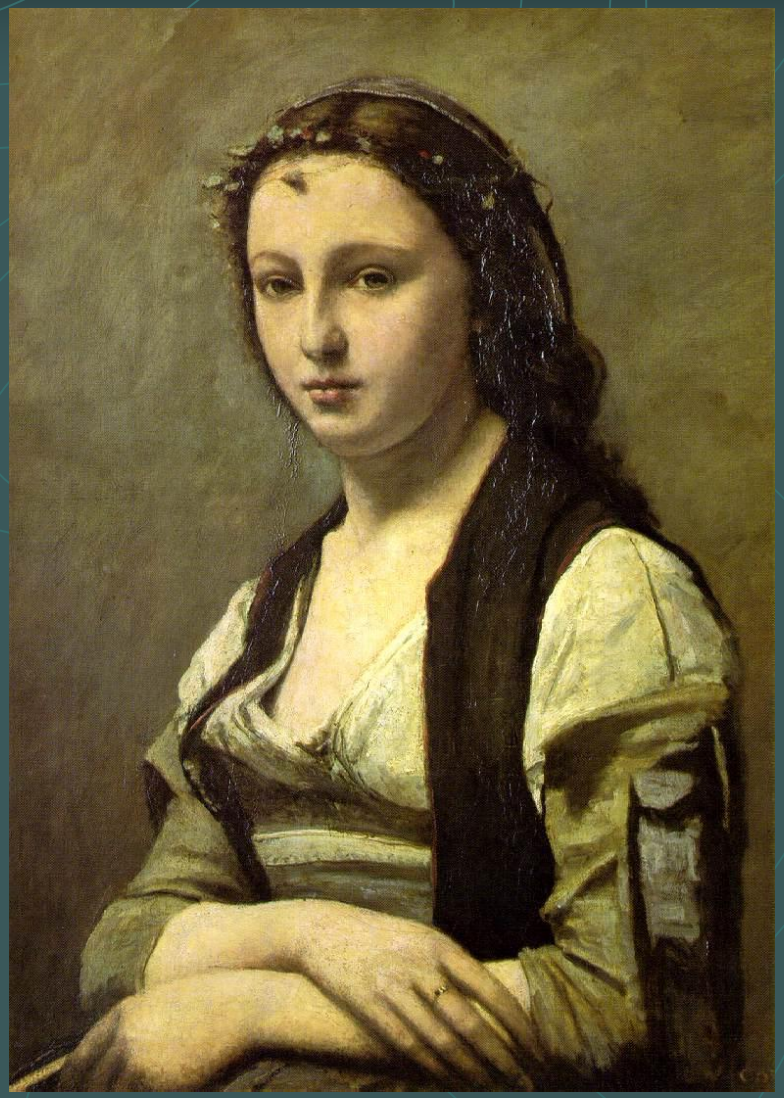
When I go into the hospital I shut the door and I don't expect anybody to open it unless they knock first and are invited in . . .



Crabtree, 2004

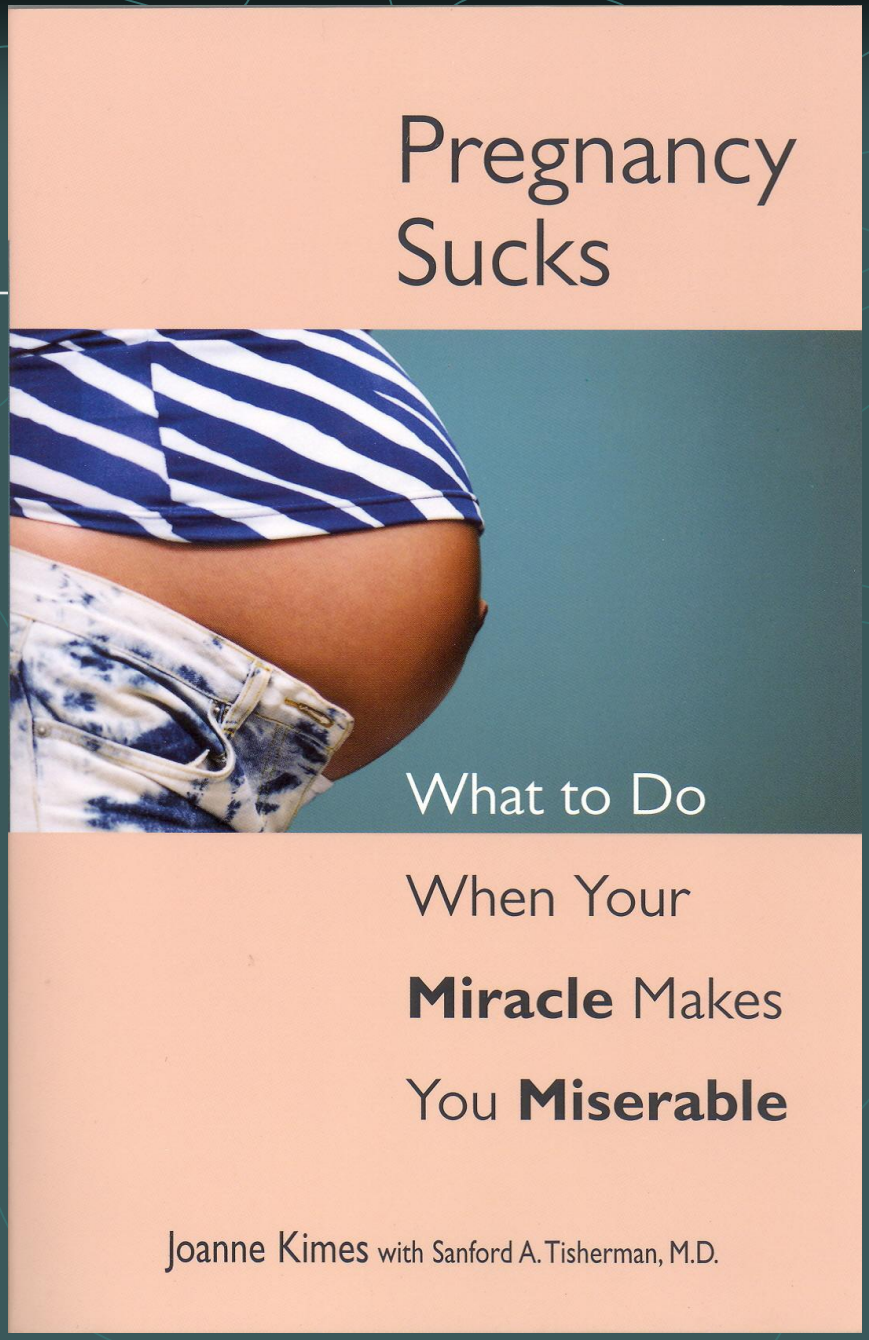
Women . . .

- Ether
- Forceps
- Twilight sleep
- Fathers in the labor room
- Epidurals
- Elective induction, CS



Wilson (1995) *The Making of Man-Midwifery;* Hutter Epstein (2010) *Get Me Out.*

Women's desires and beliefs may run counter to what many clinicians believe is important about childbirth



Kennedy, Nardini, Mcleod-Waldo, Ennis. (2009). A discourse analysis of top selling childbirth advice books. *BIRTH*, 36(4), 318.


Childbirth.
It's Gross.
It's Disgusting.
It's just not natural.

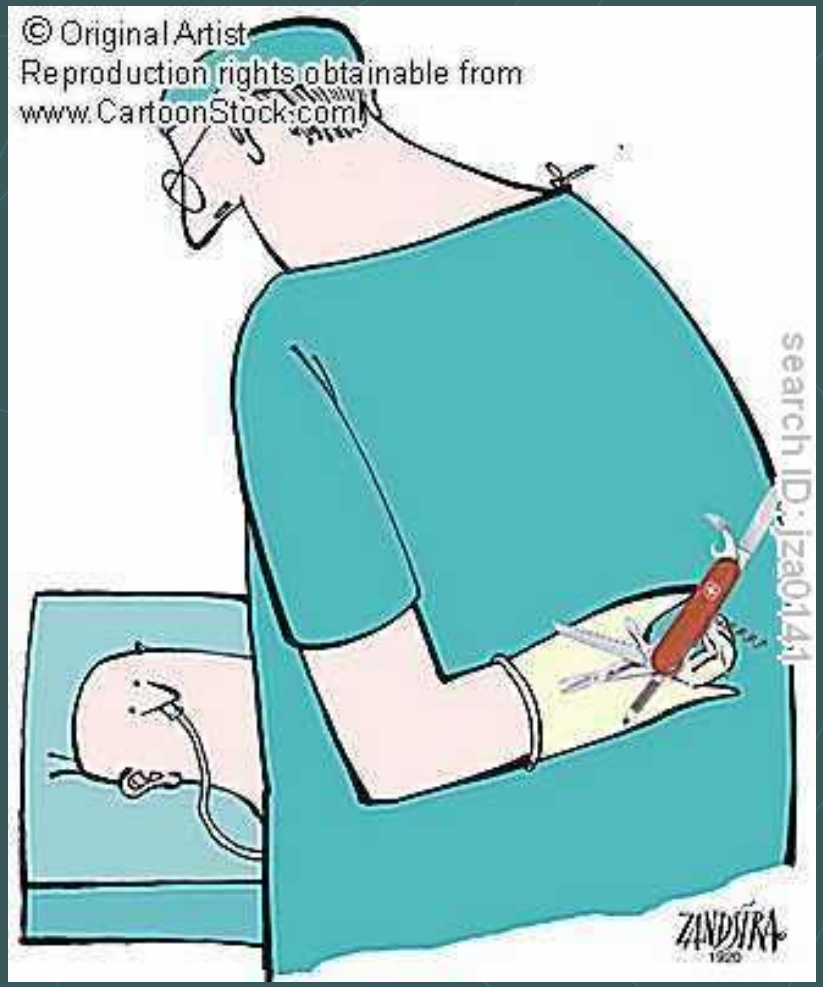
Becoming a mother - birth as saltutogenic

Nocebo effect

Latin for "*I will harm*" - an ill effect caused by the suggestion that something is harmful

In other words . . .

. . . we are the instruments



Nocebo effect - presence

. . .the power of 'presence' . . . this 'way of being' was obvious at the first point of contact with my midwife. It has no decipherable language, and yet I felt 'trust' immediately. 'Presence' gave me the self-belief that I could do it – and give birth, knowing, whatever the outcome I would find my way . . .

(*Personal communication, Akosua Asante 2008*) from Kennedy, Leap, & Anderson, (2009).

Nocebo effect - presence

Photo by Rachel Neumann

Nocebo effect - presence

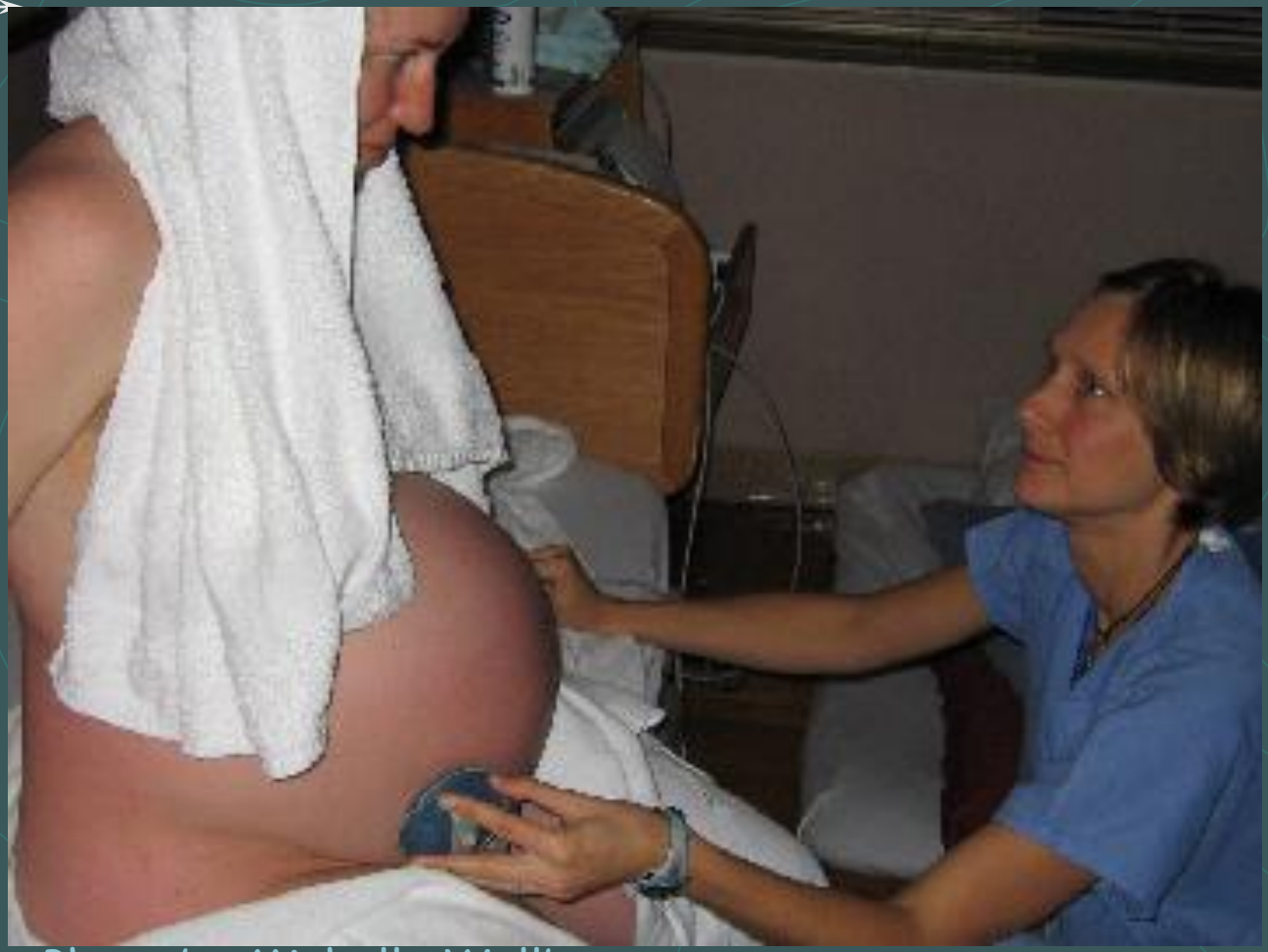
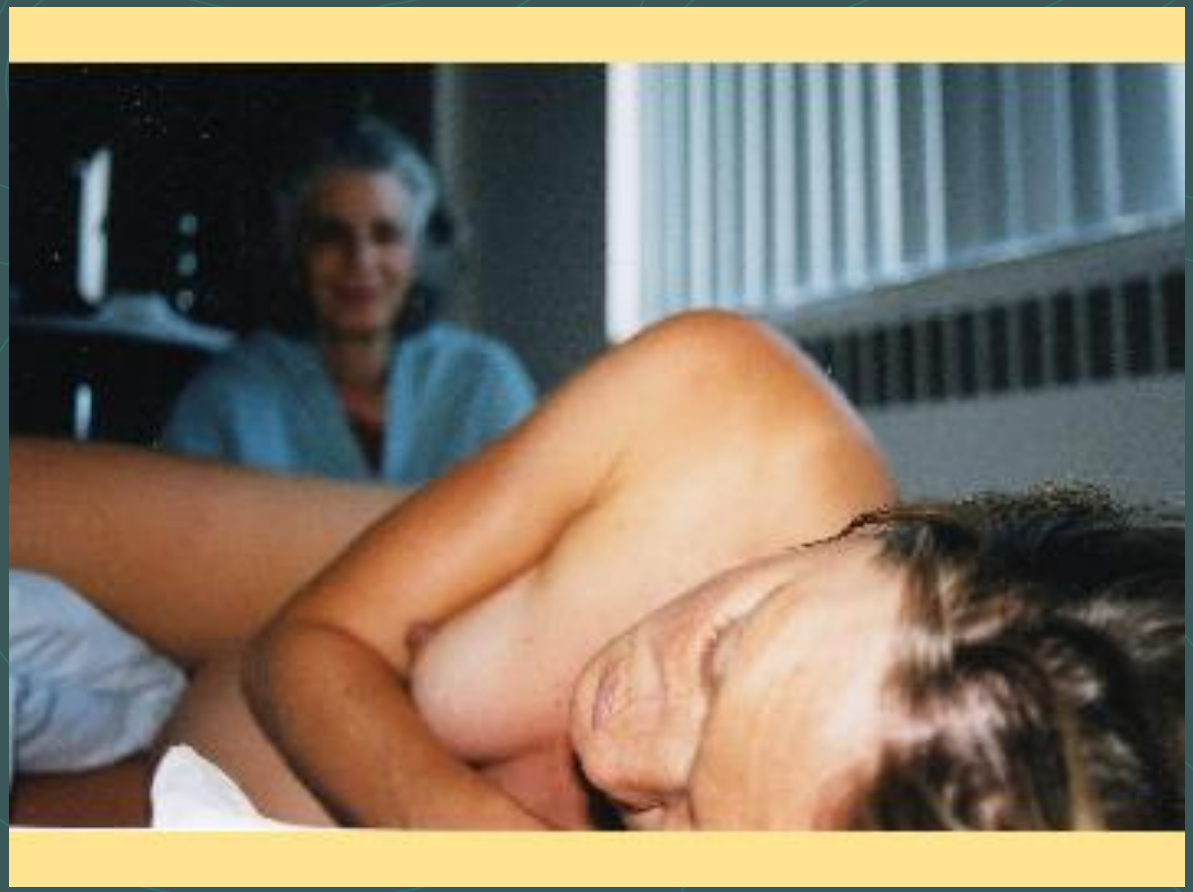


Photo by Michelle Wellborne

Nocebo effect - presence

Photo by Noa Mohlabane

Nocebo effect - presence




The FULBRIGHT COMMISSION

NHS Institute for Innovation & Improvement (2007)

Pathways to Success: A Self-Improvement Toolkit. Focus on Normal Birth and Reducing Caesarean Section Rates.

NHS
Institute for Innovation and Improvement

Institutional ethnography

Understand how women are supported in the achievement of physiologic normal birth or 'optimal' birth in the presence of social/medical/obstetric complexity in 2 NHS Trusts (London 2008)

Results

Both Trusts had a wide variation of social/medical/obstetric complexity, with wide differences in caesarean rates (as low as 12-15% for one midwifery-led team and as high as 69% in one private service).

- Trust in women
- Trust in birth
- Use of evidence
- Teamwork & respect (roles)
- Integrated systems of care

Trusting women

IPCNICEGuidance.pdf - Adobe Reader

File Edit View Document Tools Window Help

25 / 65 151% Find

Observations on presentation in suspected labour

1.6.6 The initial assessment of a woman by a midwife should include:

- listening to her story, considering her emotional and psychological needs, and reviewing her clinical records
- physical observation – temperature, pulse, blood pressure, urinalysis
- length, strength and frequency of contractions
- abdominal palpation – fundal height, lie, presentation, position and station
- vaginal loss – show, liquor, blood
- assessment of the woman's pain, including her wishes for coping with labour along with the range of options for pain relief.

In addition:

- The FHR should be auscultated for a minimum of 1 minute immediately after a contraction. The maternal pulse should be

start NICE Guidelines ATLAS TRACKING LO... Toolkit Analysis 29-03... Fulbright-29-03-09 H... IPCslideset.ppt [Com... Negotiating Normal Bi... IPCNICEGuidance.pd... 3:40 PM

We focus on keeping pregnancy and birth normal

. . . what I have done is ensured that we advertise for midwives who actually wish to support women in normal birth . . . who are passionate about normal birth .

(consultant midwife)

I think what this unit does is it has a respect for normality, and a desire for normality, and a belief that however abnormal a woman's pregnancy has been that doesn't necessarily mean that her birth cannot be normal . . .

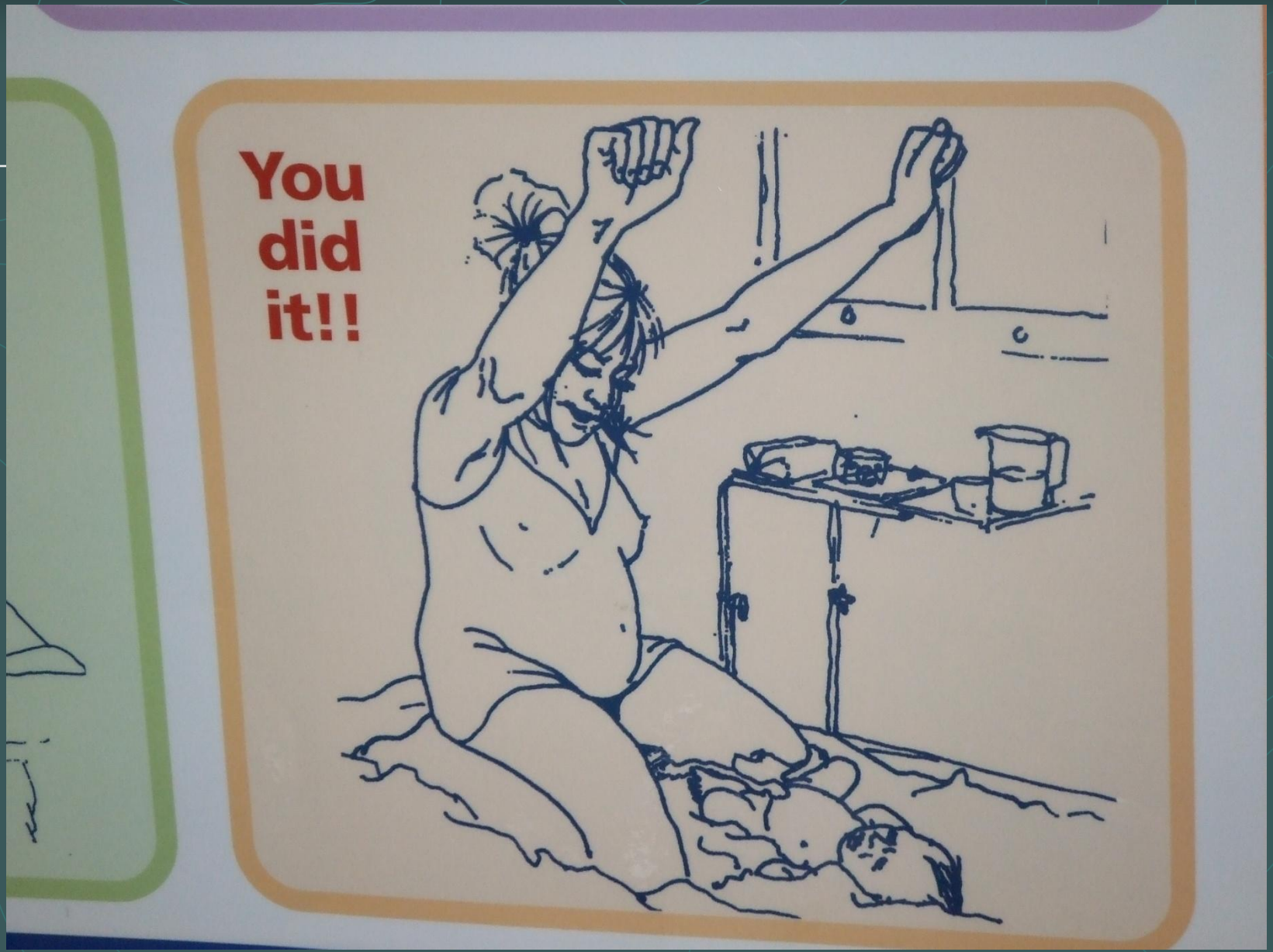
(consultant obstetrician)

Midwives should be aware of the research that shows that women are sensitive to the approach of their carers, and will try to do what is expected of them …

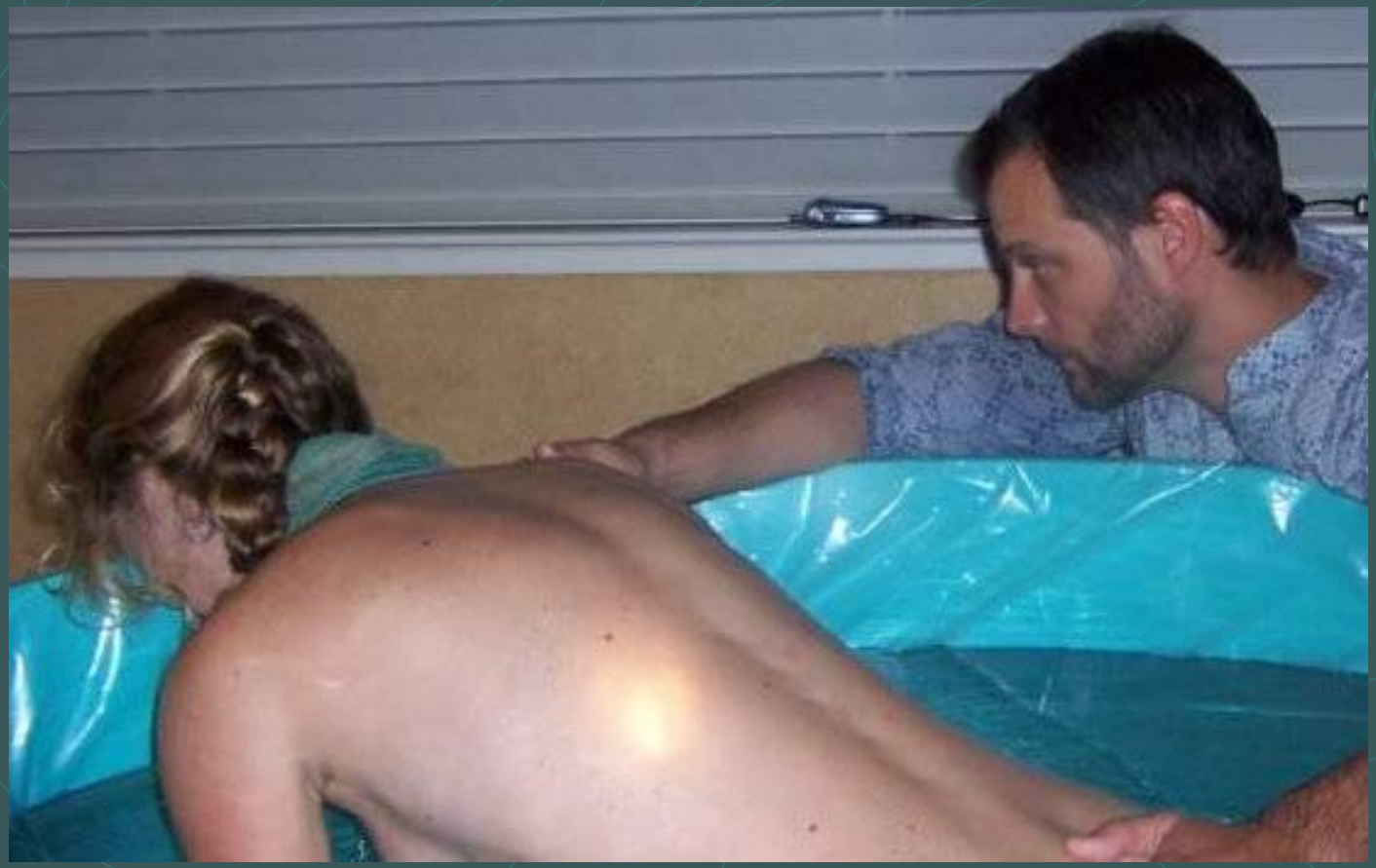
KCH-LW guidelines 2008


Affinity


Positions to make your labour shorter and easier
Birthing Ball Guide


You
did
it!!

. . . and it was like a haven . . .



. . . we ask the question 'why was she put on the monitor?' as opposed to 'why wasn't she put on the monitor?'

Some obstetricians don't like it, and some obstetricians like me love it, because it's like, if you don't keep looking for things you're not going to over-react to something.

(consultant obstetrician)

Nourishing women (body)

Our leaders are visible and vocal: the workforce

There is an open culture in which staff are supported and challenged in their decision making – *"Lets talk …"*

Barriers to negotiating normal birth

- Staffing patterns/volume/capacity
- Attitudes/expectations – staff and women
- Inconsistency across teams
- Lack of continuity for many
- Perceptions of safety & risk

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Perception of safety and risk about normal birth was the foundation for most negotiation, including the development of guidelines, relationships among professionals, and informing women of risks and benefits of maternity practices.

Maternity care was guided by a strong ethos of shared decision-making between the professional and woman.

The process required an understanding and tolerance of uncertainty and required skill in presenting evidence to women.

Coping with uncertainty

We work closely with our stakeholders

*. . . the national drivers have been very useful, particularly with the **Maternity Matters** document . . . it's been recognized that there are targets attached to it, and every time you have a target attached to a service provision it does give you a drive externally to support people to actually get that through . . .*

(Consultant midwife)

Maternity services in a changing world

Priorities & strategies

- Practice – examine yourself as an 'instrument' of care
- Public information – do you know what women are reading, absorbing?
- Education – how do we teach 'presence'?
- Policy

Thank you