Ask a Lawyer

Promoting and Implementing Evidence-Based, Best Practices in Childbirth Education

Nanya C. Philipsen, JD, PhD, RN, LCCE, FACCE

NAYNA PHILIPSEN is Director of Education, Examination, Research, and Communication for the Maryland Board of Nursing. She is also a health educator at St. Agnes HealthCare in Baltimore, Maryland.

Abstract

Childbirth educators have a duty to promote and implement best practices. Best practices are individualized and evidence-based, using quality research to optimize outcomes. This requires addressing change. The childbirth educator must model evidence-based practices by systematically engaging in activities to improve his or her own changing curriculum. The childbirth educator is also a professional in a core position to play an active role as a change agent in the system through evaluation and dissemination of information to parents, fellow childbirth educators, and other professionals on the health-care team. This information provides the basis for important health-care decisions for self and others.

Journal of Perinatal Education, 13(3), 51–54; evidence-based practice, best practice, childbirth education.

DOI: 10.1624/105812404X1770

Question

I attended the 2002 Lamaze International annual conference in Pittsburgh and got a lot of “research update” while I was there. Back at home, I have become very uncomfortable with some of the practices I see. Knowing what I now know, it seems to me that some of the things we are doing in the local hospital will do more harm than good. At the Lamaze conference, I also saw a poster presentation on barriers to change. I know barriers exist, but I think we need change. I feel like I should do something, regardless of what others—including our doctors—think. Do I have a legal duty to tell my couples? Does “best practice” mean evidence-based practice? Is evidence-based practice a legal duty?

—An LCCE educator teaching in Pennsylvania

Answer

The short answer to your questions is “Yes.”

Yes, best practice is evidence-based; yes, uninformed practice can do more harm than good; yes, barriers to change do exist; and, yes, you “should do something.”

Your questions are relevant for childbirth educators and for any health-care professional, today. In health care, we often see that a little knowledge can be a dangerous thing. People naturally operate based on their experiences, often with little later examination of how they developed their basic assumptions and practices. They often find it so much easier to take things for granted or just follow orders than to question what they do, and that taking things for granted is sometimes acceptable within an institution’s culture.

To make matters more complicated, many physicians (especially older ones—but some younger physicians, too) tell me they are the “captain” and the rest of the professionals on the health-care “ship” should therefore obey their directives. This idea used to be a common rule in tort law. The perspective is rapidly declining in the law, but is apparently not yet a dead attitude.

Finally, you point out that resistance to change is a barrier. Practice feels so much more secure when it does not change, even if individuals know that change means improving outcomes. Considering all of the above, you should not be surprised to find that some of your colleagues may not be confident enough to question whether common practice is best practice. They may not even understand the need to do so.

Identifying Evidence-Based, Best Practices

A recent Institute of Medicine report called for evidence-based practice in 21st-century health care (Greiner & Knebel, 2003). The concept of evidence-based practice is new in health-care history; but, more and more, it has become an important topic among health-care professionals in the past decade. An increase in research and the ability to share knowledge mean health-care professionals can no longer rely on an apprenticeship system of learning or implement a particular practice just because their parents or teachers did so. The

conscious and systematic implementation of best practices is dynamic.

“Evidence-based practice” does not mean utilizing one individual research study. Evidence-based practice requires the use of a *methodology* that includes developing search strategies, identifying quality data, analyzing all research on a particular practice, synthesizing research, and integrating it with clinical expertise.

The concept of “best practice” means combining the systematic use of evidence with the knowledge of the individual case. Health-care professionals need to continually work to assure the input of best knowledge on which to base their practice, their openness to new evidence when they encounter it, and a process to promote its implementation.

How often do individuals examine or even remember why they practice the way they do? The best health-care professional cannot continually collate all of the research related to every choice in order to conduct a practice that is based on the best evidence. For example, why have I told patients to eat bananas in order to nourish their bodies with potassium? It is not because I have researched bananas or potassium, or even because I collated and analyzed findings from the latest studies. Initially, I observed this practice by an experienced and trusted nurse colleague. Later, I read this advice in lay magazines and journals that used reliable sources. Now, I should be open to new and even contrary information from quality sources. Finally, I participate with groups that contribute to the systematic search for knowledge and to the regular evaluation and revision of practice standards.

Health-care professionals must evaluate the quality of evidence and share responsibility for how it is used in practice. Patients should be able to rely on their caregivers to be engaged in evidence-based practice. Students should be able to rely on their educators and other mentors to model best practices that are integrated as an approach in all practice settings. These viewpoints are a present mandate and a growing reality.

Overcoming Barriers to Change

You correctly recognize that implementing evidence-based practice requires change and that barriers to

---

change may therefore block best practices. It is critical to understand particular barriers and to address them, no matter how frustrating the process may be.

Many childbirth educators and obstetricians are familiar with the dramatic example of confronting resistance to change in the story of Dr. Ignaz Semmelweis, a Hungarian physician who practiced obstetrics nearly 150 years ago. Dr. Semmelweis encouraged fellow practitioners to wash their hands while tending to pregnant women in order to prevent potential transfer of infections. His simple directive, though, met hard resistance to routine procedures of the time. The outcome was tragic both for the dedicated professional and for the many young mothers who died because Dr. Semmelweis' colleagues were not open to changing their practice based on the evidence that unwashed hands spread postpartum infections.

Working with change is essential to enhance the quality of care. Working with change also increases health-care professionals' self-awareness and moves them to communicate and work with each other.

In order to effect change, you must approach others with an awareness of barriers and a plan to overcome them. Some of these barriers will not disappear. Assume that your colleagues want to enhance the quality of care and that addressing the barriers is a worthwhile effort. Your focus on an evidence-based model of care is a positive approach around some of the barriers to change. Your overarching goal is to implement a process that leads to best practice, even if it is sometimes driven by the desire to campaign for one discreet practice that you find is best.

Remaining Open to Change

You must also remind yourself that the best decision today might turn out to be the wrong choice tomorrow. You will have to forgive yourself and others for sometimes doing—with the best of intentions—what later turns out to be the “wrong thing.” You can forgive yourself and minimize harm from the wrong thing if you promote evidence-based practice.

Today, you feel you have evidence for practices that can lead to better outcomes, and you feel you “should do something.” As a childbirth educator, you play a significant role in advancing evidence-based practice because you are a credible, established, professional

source of information and advocacy. Here are some suggestions on how to remain open to change and, at the same time, promote evidence-based practice:

1. At every opportunity, tell your colleagues and clients that your own practice is evolving and based on the best available research, and that your goal is to participate with colleagues in evidence-based, best practice.
2. Identify quality sources of evidence. *The Journal of Perinatal Education* is an excellent example. The journal publishes relevant, peer-reviewed, original research. Additionally, it often publishes outstanding integrative reviews of the literature, which provide essential analysis of multiple studies.
3. Look for these quality sources of evidence and share them with colleagues, just as you ask them to share information with you. Distribute quality research articles and information at childbirth meetings, at rounds, in the nurses' and doctors' lounges, to faculty at the nursing school and the medical school, or wherever you find colleagues or consumers. This is not your sole invention; rather, it is the transfer of knowledge. It is a strategy in your plan for providing evidence-based, best practice.
4. Continue to attend professional meetings. Look for crossover meetings with other professional groups. There, you can hear about research still in progress, network with others on the health-care team, and share their goals and concerns.
5. Promote evidence-based decision-making in your childbirth classes.

Sharing Quality Information

Childbirth educators know they must provide expectant parents with information to help them support a normal birth and to make the best decision when and if they face a serious problem or intervention. Do you assess the quality of any handouts that you provide your expectant parents? Do you screen for misleading advertising or conflicts of interest? Do you help couples identify handouts that are produced by professionals versus those that are popular magazine articles? Do you distribute quality research updates for your couples to

read? Do you provide both current information and quality sources for future information?

Your questions come from your commitment not only to do what is acceptable, but also to do what is best. Lamaze International certifies childbirth educators with the goal of providing “excellence in childbirth education.” The organization’s philosophy, goals, objectives, and long-standing history of work to educate, support, and advocate for parents exemplify the *real* duty of childbirth educators. This commitment to excellence is also what parents who seek and receive childbirth education want and expect from their certified educators. Continue to tell yourself and others, “I constantly search for better outcomes and, when I find the path to a better outcome, I share it with my col-

leagues and my clients, I change my own practice, and I recognize that it matters.” If you do this, you fulfill your duty as a Lamaze Certified Childbirth Educator and as a professional member of a health-care team providing excellence in childbirth education.

Reference

Greiner, A., & Knebel, E. (Eds.). (2003, April). The core competencies needed for health care professionals. In Board on Health Care Services, Institute of Medicine, *Health professions education: A bridge to quality* (pp. 45–46). Retrieved March 5, 2004, from <http://www.nap.edu/books/0309087236/html/>

JPE Author Ketevan Nemsadze: Advocate for Children’s Rights

[Editor’s Note: Ketevan Nemsadze, MD, PhD, serves as president of the nongovernmental organization (NGO) UNICEF Regional Network for Children of CEE/CIS and Baltic States. Her article, “Report from the Country of Georgia: Protecting and Promoting Breastfeeding through Regulation of Artificial-Feeding Marketing Practices,” appeared in *The Journal of Perinatal Education*, 13(1), pp. 23-28. Recently, Dr. Nemsadze sent us an e-mail message (below) to provide an update on her region’s ongoing efforts to promote children’s rights. Log on to <http://www.claritas.ltd.ge/> to learn more about the country of Georgia’s activities in this important aspect of health care.]

I feel the responsibility of informing you about the further activities in the sphere of children’s rights advocacy [in my region].

In CEE/CIS and Baltic States, the Regional NGO/UNICEF Committee for Children has been transformed into the Regional Network for Children (RNC). In each of the countries of the above-mentioned region, a network of NGOs has been created, fruitfully working on the successful implementation of children’s rights. I’m proud to state that, in 2002, all the countries representing RNC in the region (27) voted for my presidency of the NGO/UNICEF Regional Network for Children of CEE/CIS and Baltic States. In 2003, I was re-elected for a second term.

Currently in the region, a campaign called “Leave No Child Out” is being implemented. The campaign focuses on marginalized children. We implement a de-institutionalization process in the country to promote children’s return to biological families from institutions or to provide them with foster care. We especially focus on disabled children as one of the priorities of the Leave No Child Out campaign. We have also launched a new advocacy project of the campaign that focuses on neglected and abused children in Georgia. The target group of this project involves street children and the protection of their rights.

Respectfully,

Ketevan Nemsadze

President of NGO/UNICEF Regional Network for Children of CEE/CIS and Baltics

For Every Child: Health, Education, Equality, Protection

Advance Humanity