Helping Hospitals Change

Part 1: What Childbirth Educators Can Do

Debra Bingham, MS, RN, CNS, LCCE

ABSTRACT

Childbirth educators need to take the lead in helping hospitals change by teaching women what the evidence says. When women, one by one and collectively, start insisting on their right to have normal birth options, more bonding time, and better support of breastfeeding, hospitals and care providers will respond and change will happen. This article suggests strategies childbirth educators can use to advocate for women and help hospitals improve their maternity-care practices.

Journal of Perinatal Education, 14(3), 39–44, doi: 10.1624/105812405X57598

Keywords: childbirth educators, advocacy, change agents, normal birth

Childbirth educators need to take the lead in helping hospitals change by teaching women what the evidence says. When women, one by one and collectively, start insisting on their right to have normal birth options, more bonding time, and better support of breastfeeding, hospitals and care providers will respond and change will happen. For example, expensive renovation projects have occurred in numerous hospital maternity units all over the United States. Funding of these projects happened because hospital administrators believed women wanted pretty and comfortable places to give birth. Childbirth educators and women must make it clear that having pretty places to give birth is nice; however, what they most want hospitals to remodel are the care practices and staff routines that are staff-centered and tradition-based and replace them with patient-centered and evidence-based care. Childbirth educators are the leaders who teach women the evidence and help hospitals change.

STRATEGIES CHILDBIRTH EDUCATORS CAN USE TO ADVOCATE FOR WOMEN

Record Birth Story Summaries

Childbirth educators hear many birth stories and are keenly aware of what it is like to give birth at each hospital in their community. Many women want to tell their birth stories, and many childbirth educators currently have systems in place where women have the opportunity to do so. Because of this, childbirth educators are able to record and gather birth stories.

Birth stories reveal how women were taken care of when they gave birth. Collecting and summarizing

W Part 2 of this author's "Helping Hospitals Change" article offers techniques childbirth educators can use to empower women in their classes to receive the birth experience they want. It is featured in this issue's "Ask an Expert" column on pp. 51–55.

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Visit the Web site of Lamaze International (www.lamaze.org) or call toll free (800-368-4404) for more information on the organization's six care practices that promote, protect, and support normal birth. Also, visit the Web site of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) for additional research summaries that support normal birth.

A database of birth story summaries is being developed. Contact this article's author, Debra Bingham (birthstorysummary@yahoo.com), if you are interested in submitting birth story summaries to be included in the database.

these stories strengthens a childbirth educator's ability to advocate for change. Box 1, titled "Birth Story Summary," offers a sample form that a childbirth educator can use for this purpose. The collection of birth stories focused around Lamaze International's (2004) six evidence-based care practices known to promote, protect, and support normal birth, bonding, and breastfeeding is the most effective information to as-

semble. These are the care practices that must change in order for women and newborns to have the best short- and long-term outcomes (see Box 2).

Hospital administrators and health-care leaders will listen more carefully to a childbirth educator who has a collection of written birth story summaries that outline the care each person received at her hospital. Specific examples are hard to ignore and provide feedback on how well the hospital provided evidence-based care in these situations. This collection of aggregated stories will demonstrate that childbirth educators are not just speaking from

BOX 1 Birth Story Summary: Sample Form

Today's Date: _____
 Completed by: ☐ Mother ☐ Partner ☐ Childbirth educator

 Mother's name: _____
 Age: _____
 Name of father/partner: _____
 Baby's name(s) and gender(s): _____
 First birth? ☐ Yes ☐ No Number of children the mother gave birth to previously: _____
 Health-care provider: _____
 Delivered by (name/title): _____
 Nurses (names/titles): _____
 Place of delivery: _____
 City: _____ State: _____
 Was the birth high-risk? ☐ Yes ☐ No
 If yes, explain: _____
 Type of birth: ☐ Vaginal birth ☐ Forceps vaginal birth
☐ Vacuum vaginal birth ☐ Vaginal birth after cesarean
☐ Cesarean section
 Birth weight: _____ lbs. _____ oz.
 Length of hospital stay: _____ days
 Pain-management techniques used: ☐ Epidural ☐ Other (specify): _____
 Due date: _____ Date of birth: _____ Time of birth: _____ (am) (pm) _____ No. of hours of labor: _____
 Baby's care: ☐ Routine ☐ Special (specify): _____
☐ Exclusive breastfeeding ☐ Breastfeeding 75–100%
☐ Breastfeeding 50–74% ☐ Breastfeeding 0–49%
 Bottle-feeding: ☐ Yes ☐ No

Care Practices that Support Normal Birth, Bonding, and Breastfeeding:

1. Was labor allowed to begin on its own? ☐ Yes ☐ No
 If no, why not? _____
 Was the labor augmented in any way? ☐ Yes ☐ No
 If yes, how? _____
 Comments: _____
2. Was the mother free to move around during labor?
☐ Yes ☐ No
 If no, why not? _____
 Comments: _____

BOX 1 (Continued)

3. Was there continuous labor support? ☐ Yes ☐ No
 If yes, from whom? ☐ Father/Husband ☐ Family member ☐ Friend ☐ Nurses ☐ Doula/Labor-support specialist ☐ Midwife ☐ Physician ☐ Other (specify): _____
 Comments: _____
4. Were there any routine interventions, such as: ☐ Enema ☐ IV ☐ Continuous electronic fetal monitoring ☐ Catheter for urine removal ☐ Not allowed to eat ☐ Not allowed anything to drink, except clear liquids ☐ Episiotomy ☐ Other (specify): _____
 Comments: _____
5. Did the mother give birth lying flat on her back?
☐ Yes ☐ No
 If no, what was the main position used? ☐ Upright ☐ Lying on side ☐ On hands and knees ☐ Other (specify): _____
 Comments: _____
6. a. Was the mother given unlimited opportunity to breast-feed her baby throughout the hospital stay?
☐ Yes ☐ No
 If no, why not? _____
6. b. The breastfeeding support the mother received was: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
6. c. Did any caregiver(s) suggest that you feed your baby formula? ☐ Yes ☐ No
 If yes, who? _____

Things the mother liked about her birth experience (please be as specific as possible):

Things the mother did not like about her birth experience (please be as specific as possible):

On a scale of 1 to 10 (where 1 means "poor" and 10 means "excellent") how does the mother rate her birth experience overall? _____ Why? _____

If you have additional comments, feel free to use the back of this form.

BOX 2

Lamaze International's Six Evidence-Based Care Practices That Promote, Protect, and Support Normal Birth

1. Labor begins on its own
2. Freedom of movement throughout labor
3. Continuous labor support
4. No routine interventions
5. Non-supine (e.g., upright or side-lying) positions for birth
6. No separation of mother and baby, with unlimited opportunity for breastfeeding

To download copies of Lamaze International's care-practice papers that outline each of these six components, log on to the organization's Web site (www.lamaze.org), click on the "Lamaze Information & News" link, and then click on the "Policies & Position Statements" link. Or call Lamaze International toll free at 800-368-4404.

their own perspective but from the perspective of the many women they teach.

Providing administrators and health-care leaders with a collection of birth stories empowers them to face the current reality of what is happening at their hospital and to better address what they need to change and work on. Even if administrators do not believe the stories you collect are representative of what goes on at their hospital, your collection may push them to conduct an internal, focused chart review on their own care practices, start researching the literature further, and examine what is going on at their hospital from a new perspective.

Aggregating these birth story summaries will also allow the childbirth educator to follow trends over time. Following these trends will determine whether progress is being made toward more evidence-based care at a specific hospital. It will enable a childbirth educator to give specific information to the women they teach when asked for a referral to a care provider or birth setting. In analyzing the information, different themes and patterns may also emerge that would not otherwise be observable. Ultimately, the ideal is to have a large enough collection of birth stories so that the women in your community can be given more specific information in order for them to make a more informed choice regarding the birth setting and care provider they want to use.

Identify Hospital Administrators

Identify the key leaders in the hospital(s) in your community. Share the information you learn about

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each hospital's administration with the women you teach. When women and childbirth educators know the key persons at the hospital who are responsible for making specific changes and where they can address their concerns, they will provide more effective feedback to the hospital.

The names of the people in the following positions are the ones to identify: the president of the board; the president of the hospital; the chief executive officer; the chief operating officer; the director of maternal-child health nursing or women's service line director; the nurse manager(s) of labor and delivery, postpartum, and well-baby nursery; the chairman of obstetrics; the medical director of obstetrics; the chairman of pediatrics; and the medical director of pediatrics.

Request a copy of each hospital's table of organization so you can better understand the leadership and reporting structure. Titles, responsibilities, and reporting relationships may vary from one hospital to another. For example, the director of maternal-child health nursing may be the final decision-maker for the maternal-child health nursing practice in some hospitals; however, at other hospitals, that level of responsibility may be given to someone with a vice president title or nurse manager title. You will only be able to know this by reaching out to the administrators and asking. The important thing to find out is whether the administrator or manager is able to make decisions for those under their leadership or whether they need to get approval from someone else. If they need authorization, then find out who is in the position to grant approval. If they say it is a group effort, meet with or address all of the leaders who are involved in making decisions. If the administrator has responsibility for some aspects of care but not others, find out the specific practices they are responsible for and work with them on these items.

Meet with Hospital Administrators

As an advocate for women in the community, childbirth educators have an important perspective to share. Childbirth educators represent not just their own view but also those of the group of women they

teach. This means that childbirth educators need to speak not only their own opinion but also the opinion of women past, present, and future who give birth in the community.

It is important to prepare what you plan to communicate before asking for a meeting so you can keep the meeting focused and relevant and, so, have much more of an impact. Make a list of the top points you plan to communicate. Pick out a few key points and stay with them. Do not try to address all of your issues in the first meeting. The meeting should last an hour at the most.

Approach the meeting as you would any relationship that you want to be ongoing and collaborative. This can best be accomplished by being measured and thoughtful in what you say and by being willing to listen and hear what the administrators are telling you. Above all, be gracious and respectful.

Plan to say something positive about the work you have seen the hospital staff do to support women in the community. Starting with the positive helps people listen to the more difficult things you want them to hear. Each of us has experienced the feeling of being noticed for the bad and never the good, and this type of experience usually makes people defensive and less eager to listen. The goal is to engage the administrators in working together to make specific changes possible.

Tell one or two of the most compelling birth stories you have collected. Choose the stories that illustrate the key points you plan to make in your meeting. Come prepared with a summary of the information obtained from the birth stories you have collected. Use the information as needed to substantiate that the stories you are telling are representative of a common birth story at this hospital. Help guide the administrators to understand how the stories indicate the need for additional changes.

It is not advisable to attempt to get every point and every grievance across during one meeting; rather, use this meeting to begin a dialogue and open the channels of communication. When you

meet with an administrator, your purpose is not to dictate how to make needed changes, but simply to give feedback on what women in the community tell you they want and what the evidence shows is the best way to protect normal birth, bonding, and breastfeeding. Then, help the administrator connect the dots of how the ideal compares to the reality of the care provided to the group of women you taught. You are in a position to know information that the administrators will not know, and you want to share it with them in a helpful way. The administrators know their staff well and the barriers to change they will face. You can offer to help and ask for suggestions as to what role you can play to help make the changes being asked for by the women in your community.

When you ask for a meeting, be persistent but somewhat patient. If several months go by and the administrators still have not made time to meet with you, then write them a letter. The letter you send is not meant to replace a meeting but to briefly outline why you want to meet with them. Make it clear you have information to share about the care of women who give birth at their hospital, information you are sure they will find useful as it relates to best practice and standards of care.

Take another woman with you when you go to meet with the administrators in the hospital. This is particularly important if the administrator you are meeting with is a man and you are a woman, or if you will be meeting with more than one administrator at one time. Having another woman at the meeting will help keep the meeting less personal and more productive, even if the other person does not do any of the talking. Before the meeting begins, pull out a notepad and let them see you take minutes of the meeting. Write down the names of everyone that is at the meeting. Ask them to spell their names for you and clarify that you have their correct titles and understand their roles.

Before the meeting ends, set up another meeting in a few months. Explain that you will continue to collect birth story summaries and that you are confident they will appreciate knowing how the changes they implement impact the birth stories of the women they care for. Explain that you will be sending them a summary of the meeting, and ask them to contact you if they have corrections or clarifications. All of the above should be stated as a fact, not as a proposal. Reiterate how much you value the time they take to meet with you

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and how much you look forward to working with them in moving ahead.

End the meeting by summarizing the key points you communicated and what you understood were their key points. Thank them for their time. Follow up with the administrators within a few weeks by sending them a thank-you letter and a copy of the minutes you took at the meeting. Keep the minutes simple and focused on the main points you discussed. The language you use in writing the minutes is important. Be clear, direct, and positive.

Know How the Hospital Compares to Other Hospitals

Be informed about how other hospitals in the area and the nation provide care. The birth story summaries you collect from your class participants will help identify how the hospital in your community compares with other hospitals and birth centers that provide evidence-based care. Interact with other childbirth educators around the country to find out good examples you can point to. Hospital administrators will most likely be interested in the success stories of other hospitals that have developed an environment that will support normal birth, bonding, and breastfeeding by providing evidence-based care, especially if these hospitals are located in their community and are in direct competition for maternity business.

Be informed about national trends in cesarean section rates and vaginal birth after cesarean section (VBAC) data by states and by race (Hamilton, Martin, & Sutton, 2004). Find out what the primary and overall cesarean section and VBAC rates are at your hospital and how they compare to state, national, and international trends. The International Cesarean Awareness Network serves as an excellent resource for information. Be informed about the data obtained from the first, large, national United States survey conducted in 2002 by the Maternity Center Association, entitled *Listening to Mothers* (Declercq, Sakala, Corry, Applebaum, & Risher, 2002). This survey outlines the birth experiences of 1,447 women and provides important insights into the birth experiences of women in the United States.

Currently, no mechanism is available for consumers to find out specific information on how hospitals and health-care providers in each community support normal birth, bonding, and breastfeeding. For this reason, it is harder for women to make informed choices, for childbirth educators to provide them with accurate information, and for

hospitals to be held accountable. New York and Massachusetts are currently the only states that, by law, require individual hospitals to provide statistics such as cesarean section, VBAC, and episiotomy rates to the public. At a minimum, childbirth educators need to know the primary and total cesarean section, VBAC, and episiotomy rates at each hospital in their community. This information is tracked by each hospital and should be made public so childbirth educators can provide women with as much accurate information as possible. Women should be informed about which hospitals refuse to provide this information.

Tell Women the Truth

The disconnect between the research and actual hospital practices within the community where a childbirth educator teaches can lead some educators to be uncomfortable, hold back, and not tell women the truth. No one needs to be afraid of telling women the truth about what the current evidence shows and what we know about the different hospitals and providers of care. What hospitals, care providers, and childbirth educators should be afraid of is not facing reality, not striving to improve, and not being honest with the women in their community. Hospitals and care providers with integrity will recognize the importance of trust in building lasting relationships and will care very much about being honest with the women who are thinking of giving birth at their facility.*

Women have a right to expect their childbirth educators will tell them the truth and fully inform them of all of their options; after all, that is why they attend classes. Women have a right to know what care practices and policies are in place at the hospital where they are thinking of giving birth, and how those practices compare to the evidence on best practices.

A childbirth educator who receives pressure not to present certain evidence to the women in their classes, for whatever reason, must refuse to participate in such unethical behavior. Childbirth

For more information on state, national, and international cesarean rates, contact the International Cesarean Awareness Network at 1304 Kingsdale Avenue, Redondo Beach, CA 90278 or call toll free (800-686-ICAN[4226]) or log on to their Web site (www.ican-online.org).

Visit the Web site for the Maternity Center Association to view the full report of the *Listening to Mothers* survey (www.maternitywise.org/listeningtomothers).

* Donald M. Berwick, MD, MPP, founded the Institute for Healthcare Improvement (www.ihl.org) in 1991. In an article published December 6, 2004, in *The New Yorker* ("The Bell Curve: What Happens When Patients Find Out How Good Their Doctors Really Are?"), Atul Gawande describes the help Dr. Berwick provided when Gawande tried to link the Cystic Fibrosis Foundation data with hospitals (by name) and to make this information available to families receiving care from all facilities.

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educators must explain to whomever is giving this pressure that they have a moral and legal obligation to tell the truth, regardless of where the classes are being held and what the financial arrangements may be. Childbirth classes are not designed to teach women how to become compliant and complacent patients. Rather, the overall goal of childbirth education is to help women gain knowledge and confidence and become empowered by understanding and rejoicing in their marvelous bodies' ability to give birth and nurture a newborn infant.

Form a Women's Health Advisory Board

A women's health advisory board is a group of people who work together to advise hospitals and politicians on how to better serve the needs of women in the community. A community-based advisory board may work under the auspices of the hospital administration, or it may be an independent entity that works with one or more hospitals.

A community-based women's health advisory board is similar to the Parent/Teacher Association model, which has been used successfully by many schools. The board helps people interested in improving the care of women to come together in one collective, more powerful voice. The board sponsors outreach educational activities and raises money for projects that better advocate for the care of women, based on the evidence of best practices. The main premise of this strategy is for people to join together to bring about change through public dialogue and local advocacy.

Participate in Professional Organizations

Several organizations currently work to improve maternity care in the United States. Joining these

organizations will help strengthen childbirth educators' ability to advocate for change. Organizations can provide important, up-to-date information about the latest research. Childbirth educators can also receive needed group support and encouragement by joining with others.

CONCLUSION

Childbirth educators have a unique connection to women and their birth experiences and to the hospitals where women give birth. Because of these connections, childbirth educators are important leaders who can make changes in their communities. The evidence is clear. We know what needs to be changed to help support normal birth, bonding, and breastfeeding. What an exciting time to be working to encourage these changes!

ACKNOWLEDGMENT

The author thanks Zola D. Golub, MEd, RNC, IBCLC, LCCE, for her generous support and expertise in reviewing this article.

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DEBRA BINGHAM is Director of Patient Care Services for Maternal-Child Health and Clinical Practice at St. Luke's-Roosevelt Hospital Center in New York City.

For more information on organizing and improving public dialogue, log on to the Web site for the League of Women Voters (www.lwv.org.elibrary.pub/issue4.html) and view the excerpt from the publication titled "Citizens Building Communities: The ABCs of Public Dialogue."

Check out the Web site of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org) to receive insights and advice on forming a birth network in your community.