Helping Hospitals Change

Part 2: Childbirth Education Techniques to Empower Women

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ABSTRACT

As the director of patient-care services for maternal-child health and clinical practice at two large, metropolitan hospitals, the author of this article outlines ways in which childbirth educators can empower women to receive the birth experience they want. Techniques include offering a special prepregnancy class, helping expectant women to formulate questions for their care providers, and encouraging women to express their perceptions of their birth experience by responding to their hospital's patient-satisfaction survey, writing letters, or nominating mother- and baby-friendly nurses for special recognition.

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As leaders in the effort to promote normal birth options, childbirth educators are in the unique position to help empower the women in their classes to effect positive changes in hospitals' maternity-care practices. This article outlines ways in which educators can guide women to receive the birth experience they want and to play an important role in encouraging hospitals to offer patient-centered, evidence-based care that supports normal birth, bonding, and breastfeeding.

ENCOURAGE WOMEN TO CHOOSE NORMAL BIRTH

Encourage Women to Carefully Select a Birth Setting and Caregiver

Childbirth educators can inform women about the options they have in choosing a care provider and a birth setting to help expectant mothers prepare

for the birth experience they want. The Maternity Center Association has online resources that are available for women to become informed about their options. These resources outline choices in an easy-to-read and informative manner. The Coalition for Improving Maternity Services (CIMS) developed a brochure entitled, "Having a Baby? Ten Questions to Ask" (CIMS, 2000), which is based on the organization's Mother-Friendly™ Childbirth Initiative (CIMS, 1996) and offers a quick way to help women become informed about important health-care choices they need to consider when giving birth.

Offer a "Preparing for Pregnancy and Childbirth Options" class. Encourage women in your community to prepare in advance for their pregnancy by becoming more informed before they get pregnant or during early pregnancy. Some childbirth

Part 1 of this author's "Helping Hospitals Change" article addresses strategies childbirth educators can use to advocate for women and help hospitals improve their maternity-care practices. It is featured in this issue's "Navigating the Maze" column on pp. 39–44.

Visit the Web site of the Maternity Center Association (www.maternitywise.org) for resources that help expectant mothers make informed decisions.

Get a copy of the brochure titled "Having a Baby? Ten Questions to Ask" at The Coalition for Improving Maternity Services (CIMS) Web site (www.motherfriendly.org/resources/10Q) or contact CIMS at P.O. Box 2356, Ponte Vedra Beach, FL 32005; toll free 888-282-CIMS (2467).

educators have found this type of course is not attended by very many women and, because of this, have stopped offering the course. This means many women are coming to childbirth preparation classes late in their pregnancy and, thus, are more hesitant to select new birth settings and care providers so close to their due date. Years ago, only a few women attended childbirth education classes. Currently, 70% of first-time mothers and 19% of women who have already given birth attend a childbirth preparation course (Declercq, Sakala, Corry, Applebaum, & Risher, 2002). Childbirth educators can market pregnancy preparation classes, lead the way, and change the current trends, once again. Prior to pregnancy and during early pregnancy, women seek this type of information from their care providers and other women in their community. Many women do not realize a childbirth educator is another person they can turn to for this type of information.

Encourage women early on to have confidence in themselves and in their bodies to have a normal birth. Help women learn to trust their body's innate ability to birth the baby their body developed and sustained. Encourage women to meet with potential health-care providers and go on tours to become more informed about what their birth options will be in a particular setting. When going on tours and participating in interviews, help women pay attention not only to what is said but also to how it is said and what is not said. In other words, help women look beyond the words to hear their true meaning. After the tour and interview, women can be encouraged to ask themselves the following questions:

- Do the practices and statements made at this facility and by the health-care provider demonstrate confidence in women's bodies to give birth normally?
- Do they help build my confidence in my natural abilities to give birth normally, or do they talk a lot about rare complications that are meant to frighten me into accepting unnecessary medical interventions?
- Are they interested in what I want and how I feel?

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Remind women that their body and their baby belong to them.

Encourage Women to Ask Questions

Help women feel comfortable about asking questions and becoming informed of their choices. Women who are comfortable and empowered to ask questions are more likely to have the type of birth they want. Many women hesitate to ask their health-care providers all the questions they have and do not know the best sources for finding the information they need. With a little encouragement, women will be able to ask questions and will become more aware of the questions they want to ask. Help women talk through their questions; then, validate the importance of their questions in order to build their confidence.

Remind women that their body and their baby belong to them. It does not matter what other people think about the choices they make, because this is about what type of birth they want for themselves and how they want their baby's life to begin. It is worth the effort to become informed, and they have the right to be in charge of what happens to their bodies and their children.

Encourage Women to Talk to Administrators Prior to Giving Birth

If a woman is particularly concerned about a specific aspect of her care, she can address the issue prior to the birth and obtain a commitment as to how her need(s) will be met. For example, I work as the director of patient-care services for maternal-child health and clinical practice at St. Luke's-Roosevelt Hospital Center in New York City. A woman who had a previous cesarean birth and who was not a candidate for vaginal birth after cesarean section contacted me through her childbirth educator to ask the following question: Was it possible to have her baby remain with her continuously after surgery and to go with her to her room? She knew from her childbirth educator that it was our hospital's policy for all well newborns to be transferred from the labor-and-delivery room to the postpartum department with their mother and, so, do not need to be admitted to the newborn nursery; however, the woman was not sure if this applied to a baby born by cesarean section. I was able to assure her that she could keep her baby with her after giving birth by cesarean section as long as she had a support person staying with her in the recovery room to help with the baby and as long as no unanticipated medical complications existed for herself or her baby. Given the fact that she and her baby were both healthy and that this

was an elective procedure, the chances of a medical complication that might necessitate their separation was very low. The woman was very happy to know this and looked forward to having this type of experience. This was particularly important to her because she had always felt disappointed that she had not had the opportunity to be with her first baby immediately after birth. By contacting me and having the policies clarified, she could relax and have the joy of anticipating the initial bonding and breastfeeding experience she longed for.

Encourage Women to Ask to Speak to a Nursing Supervisor

Every hospital has a nursing supervisor on duty—24 hours a day, seven days a week. If a woman has any concerns during a hospital stay, she can ask to speak to a nursing supervisor. As a director of nursing, I like issues brought to my attention immediately so I can attempt to correct the situation and provide the appropriate care and any needed interventions. The nurses who work under my leadership do not always comply with the current nursing policies, and the only way I will know there is a problem is when someone asks to speak to a nursing supervisor. I prefer to try to rectify issues immediately so the family has the best experience possible. A letter sent to an administrator after being discharged will give feedback and possibly help improve the experience for others in the future, but it does nothing to immediately change the current experience.

In the example above about the woman who clarified the policy of whether her infant could remain with her continuously after a cesarean section, I asked her to let me know if any of my staff told her anything different from what was planned. It turned out the nurse on duty the day her baby was born was resistant to following the policy of keeping mothers and babies together, especially if they have a cesarean birth. Due to our previous discussion, the mother was informed that the hospital policy allowed her to keep her baby with her at all times, and she also knew she could call a nursing supervisor if any questions or issues arose during her hospitalization. Therefore, when the nurse informed her that the baby would be going to the nursery, the mother felt comfortable asking the nurse additional questions. She also requested that she contact the nursing supervisor to explain why the information she received prior to giving birth was different from what the nurse was now

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telling her. The nurse immediately stopped attempting to separate the mother and baby. This meant the mother was able to have the experience she desired without actually speaking to the nursing supervisor. Later that day, I passed the nurse in the hallway. In an apologetic fashion, she explained she had said something that she should not have when caring for a patient that day. I inquired as to what exactly transpired and who the patient was, and that is how I found out the end of this story. By being informed, knowing her rights, and simply requesting to speak to the nursing supervisor, the mother was able to have the experience that was important to her.

Encourage Women to Respond to Patient-Satisfaction Surveys

One of the ways hospital administrators obtain feedback on patient satisfaction is hiring outside companies to conduct surveys. The data obtained in these surveys is used to compare their facility to other hospitals in the community and around the country. Administrators care very much about patient-satisfaction scores and often invest huge resources and time to identify strategies to improve their hospital's score. Every patient who gets the opportunity to respond to a survey needs to carefully and thoughtfully record how they feel about the care they received and, then, return their surveys. In addition to specific questions on the survey, a section is often provided for the patients to write their comments. If there is no write-in section, women should feel free to write something on the back or attach a handwritten note. Encourage women to express what they wish might have been different and what they particularly liked about their experience.

These surveys and attachments are then read, aggregated, and reported to the hospital leadership team. Each unit receives a score and each administrator receives written feedback on how well their area did. The surveys certainly have their

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For more information on the Association of Nurse Advocates for Childbirth Solutions (ANACS) and the “Mother-Friendly Nurse Recognition” program, log on to the Web site for ANACS (www.anacs.org/projects/mfnr/mfnr.html) or contact the organization at 916 Daleview Drive, Silver Spring, MD 20901, telephone 301-434-5546.

limitations, but they are a quick and easy way for patients to let administrators know about their hospital experience. Patients should be informed about how seriously the administrators take the responses they receive.

Encourage Women to Write Letters About Their Experience

Writing a letter is effective and often brings about change. The letters women write are read and do make a difference in budget allocation, promotion decisions, and future care practices. Hospital administrators can be encouraged to make changes if presented with enough evidence that their patients are dissatisfied. Women should mail the letters to all the hospital administrators and clinical leadership staff with whom they are familiar.

Both positive and negative letters are important. Positive letters can help ensure that a valuable program or service is not ignored or removed thoughtlessly from a hospital’s budget. Writing a letter is a way to thank those who did an excellent job. A positive letter outlining who and what was appreciated reinforces positive behaviors. In particular, it is wonderful when letters thank staff by name and point out specific behaviors that were appreciated. Naming staff and explaining what they did will help a good administrator take the necessary measures to correct negative and encourage positive staff behaviors. At most hospitals, positive and negative letters that name staff are placed in their file and become a part of their annual evaluation.

In order to be effective, a letter does not need to be long or sent immediately after a woman gives birth. It is better to send a late letter than no letter at all. However, the sooner a letter is sent after the birth, the more effective it will be in changing staff behavior. Also, the more specific the letter is, the more useful it will be.

Recognize Mother- and Baby-Friendly Nurses

Childbirth educators and parents should consider taking the time to recognize nurses who give excellent mother-friendly care. Nurses need and appreciate positive feedback. Recognition of this type may encourage other nurses to change.

For example, nominate a nurse for special honors through the “Mother-Friendly Nurse Recognition” program developed by the Association of Nurse Advocates for Childbirth Solutions (ANACS). Nurses receive mother-friendly recognition by practicing in ways that meet specific criteria that support normal birth, bonding, and breastfeeding. Even if a nurse does not meet all of ANACS’s criteria for this designation, the fact of knowing she was nominated may have a positive impact on her future caregiving. Honoring “mother-friendly” nurses is a way to let them know you recognize their efforts to provide mother-friendly care. Nominating nurses for ANACS’s special recognition encourages them and their colleagues to incorporate mother-friendly care practices into their routine nursing care.

CONCLUSION

Changing the behavior of health-care professionals in large organizations is a difficult task and one that requires many people working effectively from many different perspectives. Childbirth educators can help empower the women in their classes to play a significant part in this effort. If each of us works within our particular sphere of influence to maximize our voices and influence, change will occur. Hospitals need community input to help them make the necessary changes.

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NOTE TO READERS

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