How Well Do Your Provider's Practices Match the Evidence?

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ABSTRACT

The handout presented in this article can be used by expectant parents to compare the evidence-based, expected occurrence of routine interventions with the usual care given by their chosen provider and place of birth. The known occurrence of these routine interventions is derived from *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences*. The evidence of harm or benefit is derived from both the Cochrane Collaboration and the Coalition for Improving Maternity Services.

Journal of Perinatal Education, 16(4), 59–61, doi: 10.1624/105812407X244796

Keywords: *Listening to Mothers II*, routine interventions, childbirth

When expectant parents discuss birth preferences with their care provider (midwife or physician), they are sometimes at a loss. What is a routine intervention as opposed to a medically necessary one? What are the expectant mothers' chances of having a routine intervention that they probably don't need? The Table provides information that expectant parents can use to decide if they are more or less likely to have a routine intervention during their labor and birth.

The Table's far left column lists the routine interventions that are most frequently used and the percentage of women in the United States who birthed vaginally and experienced that intervention, as reported by the *Listening to Mothers II* survey (Declercq, Sakala, Corry, & Applebaum, 2006).

The Table's second column lists the assessment of each intervention, as described in *A Guide to Effective Care in Pregnancy and Childbirth* (Enkin et al., 2000). The authors, who have all worked closely with the Cochrane Collaboration (www.cochrane.org), eval-

uated research in a systematic way to determine whether a specific intervention is a:

- beneficial form of care.
- form of care that is likely to be beneficial.
- form of care with a trade-off between beneficial and adverse effects.
- form of care of unknown effectiveness.
- form of care that is unlikely to be beneficial.
- form of care that is likely to be ineffective or harmful.

The Table's third column presents the evidence basis for the *Ten Steps of Mother-Friendly Care* (Coalition for Improving Maternity Services, 1996), as published in a supplement issue of *The Journal of Perinatal Education* (Coalition for Improving Maternity Services, 2007). This systematic review of the research was conducted by the Coalition for Improving Maternity Services and published by Lamaze International.

The Coalition for Improving Maternity Services: Evidence Basis for the Ten Steps of Mother-Friendly Care is available at the Web site for the Coalition for Improving Maternity Services (www.motherfriendly.org) and for The Journal of Perinatal Education (www.ingentaconnect.com/content/lamaze/jpe — click on "Supplement 1, Winter 2007"). Individual and bulk copies are also available for sale through the Academy of Certified Birth Educators & Labor Support Professionals (www.acbe.com).

Lamaze members can view the entire report of the Listening to Mothers II survey by logging in to the Lamaze Web site (www.lamaze.org). Others can purchase the full report from the Childbirth Connection Web site (www.childbirthconnection.org), where the Executive Summary of the report is also available to the public.

Lamaze members have free access to the Cochrane Library, including the full text of systematic reviews. Visit the Lamaze International Web site (www.lamaze.org), log in to your membership account, and click "Members Only" to access this member benefit.

TABLE

Handout for Expectant Parents to Use When Comparing the Evidence-Based, Expected Occurrence of Routine Interventions With the Usual Care of Their Chosen Provider and Place of Birth

Routine Interventions, per <i>Listening to Mothers II</i> Results*	<i>A Guide to Effective Care in Pregnancy and Childbirth</i> **	<i>The Coalition for Improving Maternity Services: Evidence Basis for the Ten Steps of Mother-Friendly Care</i> ***	Your Statistics Here
Shaving: 3%	Ineffectiveness or harm demonstrated by clear evidence.	No evidence of benefit.	
Enemas: 7%	Ineffectiveness or harm demonstrated by clear evidence.	No evidence of benefit.	
Intravenous drips (IVs): 80%, or 4 out of 5 mothers	Form of care unlikely to be beneficial.	No evidence of benefit.	
Withholding nourishment or water: Only 15% reported eating anything in labor; only 43% said they had anything to drink.	Form of care unlikely to be beneficial.	No evidence of benefit.	
Early rupture of membranes: 59%, or 6 out of 10 mothers	Early rupture of membranes to release amniotic fluid after labor has begun: form of care of unknown effectiveness.	No evidence of benefit.	
Continuous electronic fetal monitoring (EFM): 90%	Without access to fetal scalp sampling during labor: ineffectiveness or harm demonstrated by clear evidence.	Harm established: the only benefit is a reduction in neonatal seizure in institutions using high-dose oxytocin protocols.	
Episiotomy: 25%, or 1 in 4 mothers	Form of care likely to be ineffective or harmful.	A 1% rate can be achieved without compromising outcomes.	
Induction: Among all the women surveyed (vaginal and cesarean births), 41% reported their caregiver tried to induce labor; 17% of mothers were induced because of caregiver concern about size of baby; 57% of the mothers surveyed were incorrect in agreeing that induction was warranted for concerns about a large baby.	Induction of labor for prelabor rupture of the membranes at birth and induction instead of surveillance for pregnancy after 41 weeks gestation: a form of care with a trade-off between beneficial and adverse effects.	A 10% rate can be achieved without compromising outcomes.	

*Except for the "Inductions" category, percentages refer to surveyed women who had vaginal births. Source: 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.

**Enkin, M., Keirse, M., Neilson, J., Crowther, C., Duley, L., Hodnett, E., et al. (2000). *A guide to effective care in pregnancy and childbirth* (3rd ed.). New York: Oxford University Press.

***Coalition for Improving Maternity Services. (2007). The Coalition for Improving Maternity Services: Evidence basis for the ten steps of mother-friendly care [Entire issue]. *Journal of Perinatal Education*, 16 (Suppl. 1).

For additional helpful hints on protecting mothers and babies, tip-sheet handouts are available for download at Lamaze International's Web site (www.lamaze.org).

The Table's fourth column provides space for expectant parents to fill in the statistics of their chosen provider and place of birth. It is highly likely that the provider or place of birth does not actually know how often these interventions are used.

In their efforts to enhance expectant parents' informed decisions, childbirth educators can use the

Table as a helpful handout to share with their class participants.

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