Commentary

The Coalition for Improving Maternity Services:

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ABSTRACT

A consumer advocate, two childbirth educators, and a certified nurse-midwife each provide commentary on the effectiveness of and potential uses for the *Evidence Basis for the Ten Steps of Mother-Friendly Care*.

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A POWERFUL RESOURCE FOR MOTHERS, ADVOCATES, HEALTH-CARE PROVIDERS

Evidence Basis for the Ten Steps of Mother-Friendly Care will be a tremendous resource for mothers and advocates of normal birth everywhere. To have all of the current evidence collected in one place, published in a recognized journal, and organized by the *Ten Steps* will be useful for many purposes.

Consumer advocates for normal birth likely will be involved in bringing this evidence to the attention of legislators and members of state agencies regarding legislation and/or rules and regulations for hospitals, birth centers, and midwives. Having the evidence in hand will strengthen the role advocates can play in these government processes.

A unique feature of the *Evidence Basis for the Ten Steps of Mother-Friendly Care* is the explanations for inclusion and exclusion of specific studies. Few individuals have the time and expertise to review and assess every study on a given topic. By including

lists of excluded studies with the reasons for exclusion, the Expert Work Group of the Coalition for Improving Maternity Services (CIMS), who do have this expertise, have given us a resource for refuting erroneous conclusions or assertions that are based on bad science when it comes to maternity care.

Each of the steps is important, but perhaps one of the most useful will be the article on Step 6, which addresses the evidence concerning a list of interventions that are routine or common in most hospital-based maternity care (see pp. 32S–64S). The article will be useful for helping women to understand the lack of evidence or contrary evidence regarding many common hospital and obstetric practices. Although this kind of information will be useful in persuading hospitals to move toward being “mother-friendly,” the evidence can also be used by mothers to support informed refusal of unnecessary procedures and interventions, leading to a more mother-friendly birth experience.

For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the *Mother-Friendly Childbirth Initiative* and accompanying *Ten Steps of Mother-Friendly Care*, log on to the organization's Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.

Members of the CIMS Expert Work Group were:

- Henci Goer, BA, Project Director
- Mayri Sagady Leslie, MSN, CNM
- Judith Lothian, PhD, RN, LCCE, FACCE
- Amy Romano, MSN, CNM
- Karen Salt, CCE, MA
- Katherine Shealy, MPH, IBCLC, RLC
- Sharon Storton, MA, CCHT, LMFT
- Deborah Woolley, PhD, CNM, LCCE

Citizens for Midwifery is a national consumer-based group promoting the Midwives Model of Care. For more information, call toll-free at 1-888-236-4880 or visit the organization's Web site (www.cfmidwifery.org).

BirthNetwork National is a national consumer-based organization supporting the work of local chapters to promote the Coalition for Improving Maternity Service's *Mother-Friendly Childbirth Initiative*. For more information, call toll-free at 1-888-45-BIRTH or visit the organization's Web site (www.birthnetwork.org).

Another useful resource will be the evidence for Step 1 (see pp. 10S–19S). This step ensures that women have access to a wide variety of support in labor and during the pregnancy and postpartum periods: unrestricted access to birth companions of their choice, including family and friends; unrestricted access to continuous emotional and physical support from a skilled woman such as a doula; and access to midwifery care. The extensive rationale demonstrates the benefits of midwifery care in any setting and will lend strong support for increasing access to midwives and the Midwives Model of Care in and out of hospitals.

Existing government resources, such as the Consumer Bill of Rights and Responsibilities and the Conditions of Participation (for hospitals to participate in Medicaid), require that care be “appropriate”; reiterate that patients should be provided complete information about medical tests, treatments, and procedures; and reiterate their right to consent to or refuse these. The evidence presented for Step 1 in the *Evidence Basis for the Ten Steps of Mother-Friendly Care* will be invaluable as we learn to make use of these government resources for individual situations (one woman at a time) and for our work in affecting changes in maternity care at the hospital level.

The evidence project will also be a powerful support for the Transparency in Maternity Care project of CIMS. This project will include pulling together all of the maternity care intervention rates, annually, for hospitals and birth centers nationwide and making them available on the Internet. To better help consumers utilize this information and evaluate their local institutions, the results of the *Evidence Basis for the Ten Steps of Mother-Friendly Care* could be presented alongside each of the hospital's intervention rates.

BirthNetwork National chapter leaders and volunteers plan to use the materials to create a presentation for college-level women's studies and nursing students. At the local level, BirthNetwork National chapters and other grassroots advocacy organizations will use the information in *Evidence Basis for the Ten Steps of Mother-Friendly Care* as they work to inform local hospitals and state health agencies about the CIMS *Mother-Friendly Childbirth Initiative* and the *Ten Steps*. Advocates will be able to use the *Evidence Basis for the Ten Steps of Mother-Friendly Care* to demonstrate persuasively how the steps are supported by the evidence and are fundamental to the “do no harm” principle of medical care.

To facilitate public knowledge about the *Evidence Basis for the Ten Steps of Mother-Friendly Care*, Citizens for Midwifery plans to create summary fact sheets that will put the information into terms easily understood by the public. The fact sheets will be freely available on the Citizens for Midwifery Web site for public education, childbirth education classes, community meetings and birth circles, and many other programs and events held by grassroots groups, such as Friends of Midwives organizations and BirthNetwork National groups. Summary fact sheets will help get the information to women and families who might not otherwise find or read the *Evidence Basis for the Ten Steps of Mother-Friendly Care*.

– Susan Hodges, MS

President, Citizens for Midwifery

– Sandra Bitonti Stewart, childbirth educator and cofounder of Birth Network National

TEACHING WITH CONFIDENCE

For approximately three decades, it has been amazing to me that I—a mother, childbirth educator, and doula—have spent countless dollars and hours attending evidence-based conferences, subscribing to evidence-based birth journals, and revising my teaching strategies and information to reflect the research. Parents in my classes still report to me that they would not be given anything but ice chips during labor and birth, their movements would be confined to the length of a monitor cord, and only two people would be allowed to attend to their emotional and physical needs at birth. These practices have not stopped in spite of the evidence that says routine use of interventions are not helpful and can be harmful. How can it be that practice does not reflect the evidence? Why is it important for me to continue examining the research if it will not be applied at the birth?

Being the low woman on the totem pole in the cadre of care providers, I absolutely *must* know that there is evidence to back my statements and my actions. As a doula, when I encourage mothers to ask care providers what foods they should not eat instead of what nourishment they can have, I am confident with my knowledge that women choose wisely for themselves what to eat and drink in labor and birth. Also, I have read the Cochrane systematic reviews that say withholding food and fluid in labor and birth can stall the labor and require more interventions with associated risks.

As a childbirth educator, I teach this information using the latest adult education techniques that I

For more information on Healthy People 2010, a statement of national health objectives in the United States, log on to the Healthy People 2010 Web site (www.healthypeople.gov).

The systematic reviews of the *Evidence Basis for the Ten Steps of Mother-Friendly Care* are a gift to doulas, educators, and me. We can teach with confidence, irrespective of local practices and hospital policies. We can inform women and men of the evidence, where they can find the evidence for future decision making, and how to speak so that care providers listen. We can compare the latest and greatest reports of a single research finding that the media reports in its biased ways with a systematic look at quality research and answer confidently the questions of parents wanting only the best for their children. Teaching with confidence means having the evidence to rely on.

Independent childbirth educator and doula

I stumbled into midwifery at a time when “evidence-based practice” was becoming the predominant credo. A large and growing body of research supported midwifery care, and the field of obstetrics was finally coming under fire for decades of providing ineffective and harmful care to women and babies. It was empowering to be part of a profession that was simultaneously ancient and at the vanguard of evidence-based practice. I knew the critical-thinking skills I developed in my training would serve me at least as well as my clinical skills. Under the mentorship of forward-thinking teachers, I learned to read and pick apart studies and built up the chutzpah to challenge my preceptors, nurses, and even some doctors when I saw them practicing in a way that was not evidence-based.

Let's look at the potentially harmful effects of a practice that does not reflect the research findings. The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life. Research tells us that some birth practices, such as separation of healthy mothers and babies after birth, can actually impose lifelong risks to infant health. The infant who is removed from his/her mother does not have mature temperature-regulating mechanisms. The mother can regulate the baby's temperature with her body temperature better than the warmers. Her temperature falls in response to a higher temperature in the infant, and her temperature rises when the infant needs more warmth. If the infant is placed in the warmer and his/her temperature is inadequate, even more separation happens. The infant has a long, quiet, alert state during that first hour and also begins nursing. Interfering with nursing can cause problems that the mother has difficulty overcoming and, so, her infant receives artificial milk, leaving the baby exposed to a list of health problems too long to include in this commentary. Thus, a simple and evidence-based practice of nonseparation of mother and infant after birth without a medical indication can improve the quality and length of a newborn's life, facilitate attachment, and, according to Healthy People 2010, improve our society as a whole.

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rationales for adhering to each element of mother-friendly care, and they rate the quality, quantity, and consistency of the evidence for each rationale. Importantly, they also note when there is no evidence of benefit for care practices that are widespread (such as routine IVs) and when there is no evidence of harm for practices that women prefer but are routinely denied (such as ambulation in labor). The document's core message is clear and resounding: If it disrupts the normal process of labor and birth, the mother hasn't asked for it, and no evidence supports it, then don't do it! How different this is from the conventional obstetric zeal for the "machine that goes 'ping'."

It is no coincidence that the midwifery model of care is nearly identical to the *Ten Steps of Mother-Friendly Care*. At its best and purest, midwifery care is characterized by the appropriate use of interventions, cultural competency, and attention to the unique needs and concerns of the individual woman—all key elements of the *Ten Steps*. Therefore, the *Evidence Basis for the Ten Steps of Mother-Friendly Care* becomes an invaluable tool for developing midwifery clinical practice standards and benchmarking goals. Equipped with this succinct and compelling review of the relevant research, midwives can make the case for mother-friendly care to the consulting physicians and practice-privilege-review board members who often must approve our practice standards.

This document will also serve midwifery students and apprentices well. Student midwives need to master "normal birth" before they can move on to managing complications. Together with some hand skills and knowledge of birth physiology, the *Evidence Basis for the Ten Steps of Mother-Friendly Care* provides that foundation. As case-based learning becomes more ingrained in midwifery curricula, students will find greater use for succinct reviews of

the evidence for midwifery care practices. As students then make the final leap into practice, finding the link between the care practice, the rationale, and the evidence to support it—as it is laid out in this document—will already come naturally. Our new generation of midwives will become practitioners of evidence-based care.

In the end, of course, midwifery is about providing optimal, individualized care to the childbearing woman and her family. What makes this document so extraordinary is its simultaneous utility both as a philosophical doctrine and as clinical practice guidelines. It describes *what* we do, *how* we do it, and *why* we do it. And, most importantly, it acknowledges that we do it "with women."

— Amy Romano, MSN, CNM
Lamaze Institute for Normal Birth

SUSAN HODGES, an activist for midwifery since 1985, is a founder and the current president of Citizens for Midwifery. She is a member of the US Birth Practices Committee of the Coalition for Improving Maternity Services (CIMS), a member of the Consumer Panel of the Cochrane Collaboration's Pregnancy and Childbirth Group, and a former consumer member of the North American Registry of Midwives Certification Task Force (1994–1996), which created the Certified Professional Midwife credential. SANDRA BITONTI STEWART is a childbirth educator and cofounder of Birth Network National, a grassroots consumer organization working to improve maternity care through the education of empowerment of women. She is currently serving as the cochair of the Grassroots Advocacy Committee of CIMS, as well as a member of the Governance Committee of CIMS. BARBARA HOTELLING is an independent childbirth educator and doula in Rochester Hills, Michigan. She has served as president of Lamaze International, president of Doulas of North America (DONA), and chair of CIMS. AMY ROMANO completed her nurse-midwifery training at Yale University School of Nursing and has practiced in a birth center and in the home setting. She is currently a resident expert and the Web site editor of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org).