Steps Toward Innovative Childbirth Education: Selected Strategies From the *Blueprint for Action*

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ABSTRACT

To mark the 50th anniversary of Lamaze International, Childbirth Connection celebrates landmark accomplishments in education for childbearing women and families, and takes stock of the changing educational needs and preferences of current childbearing families in looking toward the future. Childbirth Connection's multi-year, multi-stakeholder *Transforming Maternity Care* initiative resulted in two landmark reports: *2020 Vision for a High-Quality, High-Value Maternity Care System* and *Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System*. Selected recommendations of greatest relevance to the field of childbirth education are discussed, and the new Transforming Maternity Care Partnership is introduced.

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This year, as Lamaze International marks its 50th anniversary, is a fitting time to look back and celebrate the last half-century's landmark accomplishments in education for childbearing women and families, and to take stock of the changing educational needs and preferences of current childbearing families as we look toward the future.

Childbirth Connection has a long vantage point upon which to draw such perspective. The national nonprofit organization, originally known as the Maternity Center Association (MCA), was founded in 1918 in New York City. The MCA developed the first known classes for expectant parents as part of a project to deliver comprehensive maternity ser-

vices to underserved women through 30 Maternity Centers in local neighborhoods, which subsequently led to significant reductions in maternal and infant death. Through the first half of the twentieth century, the MCA continued its mission to improve

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Visit Childbirth Connection's website (www.childbirthconnection.org) for more information on the organization's numerous programs, reports, and initiatives.

the quality of maternity care through education by training nearly half of all the public health nurses working in the United States in the late 1920s and establishing the first U.S. school of nurse-midwifery.

The MCA went on to offer many groundbreaking educational resources for families and maternity caregivers: a series of nationwide classes for fathers in 1938; the sponsorship of Robert Latou Dickinson and Abram Belskie's childbirth sculptures at the 1939–1940 World's Fair (later published in the 1940s as the popular *Birth Atlas* and *Growing Uterus* chart set and guide, still in use by health educators around the world today); nationwide forums for public and professional audiences on prepared childbirth, featuring Dr. Grantly Dick-Read; the first Academy Award nominated major film on family life and sex education in 1959 (titled *From Generation to Generation*); and innovative classes to prepare children for the birth of a sibling in 1979. The MCA also established The Childbearing Center, a project in New York City to demonstrate out-of-hospital, family-centered maternity care, which was approved by the New York State Department of Health and operated from September 1975 through June 1996.

Over the last decade and a half, Childbirth Connection has continued to conduct public, professional, and media outreach to provide accurate, trustworthy information to women and health-care professionals about maternity care quality with a focus on evidence-based care. This has included commissioning, clarifying, and disseminating the results of the best available evidence about effective maternity care practices entailing least harm for mothers and babies to women and families, health professionals, and maternity care policymakers. In 2008, Childbirth Connection released a summative report, entitled *Evidence-Based Maternity Care: What It Is and What It Can Achieve*, an overview and analysis of current best evidence on maternity care practices, a collaboration between Childbirth Connection, the Milbank Memorial Fund, and the Reforming States Group. This report documents widespread variation in evidence-based care practices, along with overuse of certain interventions that expose women and babies to unnecessary risk of harm, and underuse of other beneficial practices that could improve the quality and value of care.

In recent years, educators have focused not only on the content of educational offerings, but also on the structural components of education, recognizing

that information alone is not sufficient to change behavior or to meet the changing needs of those to whom the information is directed. Also critical to achieving intended aims is the context in which information is presented, the delivery vehicle for education material, and attention to learning modalities and to the composition and characteristics of the teaching team. Similarly, in surveying the overall quality of the U.S. maternity care system, Childbirth Connection concluded that the interaction of many systemic factors has a profound effect on the consistent uptake and reliable application of best evidence in the clinical arena in maternity care. As Dr. Paul Batalden famously said, "Every system is perfectly designed to get the results it gets" (Carr, 2008, para. 1). Childbirth Connection determined that by addressing critical underlying system factors through open, transparent multi-stakeholder deliberations, significant gains could be made toward achieving a high-quality, high-value maternity care system able to deliver the right care, at the right time, in the right way to all mothers and babies, consistently and reliably.

To mark its 90th anniversary in 2008, Childbirth Connection launched the Transforming Maternity Care project. Childbirth Connection brought together more than 100 leaders from across the maternity care field—from delivery systems, providers, and consumers to health plans and purchasers, liability insurers, and quality experts—to develop two direction-setting reports, *2020 Vision for a High-Quality, High-Value Maternity Care System* (Carter et al., 2010) and *Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System* (Angood et al., 2010), the culmination of over 2 years' collaborative multi-stakeholder work.

The project started with key informant interviews conducted with health system innovators, clinical experts, and policy leaders to help determine the critical areas of focus for maternity care system improvement (Jolivet, Corry, & Sakala, 2010). A steering committee comprised of seasoned experts provided direction and helped to plan and carry out each phase of the project. A multi-disciplinary team was brought together to develop a long-term vision for the optimal maternity care system, envisioning fundamental values and principles that apply universally across the continuum of maternity care, as well as goals for care at each phase and ideal system attributes at every level. Their report, *2020*

The full *Transforming Maternity Care* reports can be accessed online at the Women's Health Issues website (www.whijournal.com). Click on "View All Issues," then click on "January, Supplement" under 2010, Vol. 20.

Vision for a High-Quality, High-Value Maternity Care System, was delivered to five stakeholder workgroups, who were asked to develop sector-specific recommendations and feasible action steps that could be undertaken in their domain to move toward the envisioned system of care. The five resulting stakeholder reports were synthesized by the steering committee into the comprehensive *Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System*, which was published in a special supplemental edition of the academic journal *Women's Health Issues* devoted to the outcomes of the Transforming Maternity Care project.

Drawing on the work of stakeholders from across the maternity care system including maternity care clinicians, consumer advocacy groups, delivery systems, payers and purchasers, insurers, policymakers, and measurement and quality experts, the *Blueprint for Action* contains specific recommendations and action steps for improvement in 11 critical focus areas:

- Performance measurement and leveraging of results
- Payment reform to align incentives with quality
- Disparities in access and outcomes of maternity care
- Improved functioning of the liability system
- Scope of covered services for maternity care
- Coordination of maternity care, across time, settings, and disciplines
- Clinical controversies (home birth, vaginal birth after cesarean, vaginal breech and twin birth, elective induction, and cesarean section without indication)
- Decision making and consumer choice
- Scope, content, and availability of health professions education
- Workforce composition and distribution
- Development and use of health information technology

Of most relevance to the field of childbirth education are the recommendations in the area of decision making and consumer choice, as well as selected strategies in the realm of health information technology. A major problem identified in the area of decision making and choice is that of “information overload” for childbearing families, and those who serve them alike, who are both bombarded by information and lack access to comprehensible information from trustworthy sources.

Information on maternity care practices that comes from diverse sources may be conflicting, and often does not make use of the best evidence from studies on health communication and decision making. Thus, childbearing women may not be confident in their ability to accurately weigh complex risks and benefits, or to fully understand the alternatives available to them in making decisions. Without realizing it, women may use unreliable information, or they may find they do not have access to the full range of options among which they can exercise reasoned choices.

There was agreement among stakeholder groups that childbirth education has not evolved to keep abreast with the needs of contemporary women. Attendance of formal childbirth education has dropped, and classes affiliated with hospitals can focus more on hospital procedures than on providing women access to unbiased information; moreover, this configuration may compromise the independence of childbirth educators or result in educational content that does not reflect the options available in the facility. There are many untapped opportunities to use electronic formats and new media to broaden access to trustworthy information and decision support for childbearing families.

Several selected recommendations focus on potential solutions to these issues. The *Blueprint for Action* calls for expanded opportunities and capacity for shared decision-making processes, and tools and resources to facilitate informed choices in maternity care. It calls for a national coalition of recognized producers of independent educational materials for childbearing women to work together to develop and disseminate common shared decision tools, thus fostering broad access to credible, consumer-friendly information that is consistent in content and quality.

A need was identified for electronic decision support tools that incorporate research data on probabilities to let women see the expected downstream benefits and harms of common interventions they may choose, building their preferences into the model and feeding back care options that are most compatible with their values. Such tools should be funded and developed, and piloted with diverse audiences, then adopted widely by private and public entities that provide education and services to childbearing women, including payers.

A strategy that translates successful campaigns to encourage end-of-life planning through advanced directives and living wills entails the development

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of comprehensive “maternity care plans” that could help women and families clarify their values and preferences for care options throughout pregnancy, birth, and the postpartum period in advance.

Expanding the available models for childbirth education and presenting relevant content through innovative teaching modalities is necessary to broaden and revive women’s interest in and utilization of childbirth educational offerings. No one model is likely to fit and appeal to all women. The *Blueprint for Action* calls on the National Quality Forum’s National Priorities Partnership to become engaged in efforts to identify and pilot innovative childbirth educational models, as a priority strategy for engaging patients and families in managing their health and making decisions about their care. Suggested modalities that merit further development include new and social media platforms, RSS and e-mail subscriptions, downloadable podcasts, and other web-based modalities that can be accessed through personal portable devices.

The potential to improve maternity care is within our reach, but none of us can do it alone. With the Transforming Maternity Care project, Childbirth Connection convened representatives from all groups with a stake in maternity care to collaboratively map a road to improvement and actionable steps forward toward the envisioned high-quality, high-value maternity care system. Now Childbirth Connection has launched the Transforming Maternity Care Partnership to engage stakeholders in carrying out projects of relevance in their work and in their communities. We encourage all those inter-

ested to explore the *Blueprint for Action* to find a step they would like to take.

Today as we recognize the achievements of the last 50 years in childbirth education, it is difficult to imagine how different the world of education may be 50 years from now. Attributed to Lao Tzu, a well-known aphorism says, “A journey of a thousand miles begins with a single step.” The *Blueprint for Action* contains many concrete strategies in areas related to childbirth education that could move us further down the path toward a high-quality, high-value maternity care system. Lamaze International is uniquely positioned to lead the way toward innovative woman- and family-centered childbirth education in the next 50 years!

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