Commentary on the Consensus Statement—Kudos to American Midwives

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ABSTRACT

In this column, Debby Amis provides expert commentary on the article “Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM.”

The Journal of Perinatal Education, 22(1), 19–20, <http://dx.doi.org/10.1891/1058-1243.22.1.19>

Keywords: midwives, consensus statement, normal birth

As a childbirth educator, my career has been dedicated to supporting and promoting “normal birth.” In recent years, I have been surprised—and dismayed—to learn that not all within the birthing world share my enthusiasm for the phrase, normal birth. Granted, “normal” *can* mean the “usual” or “most common” way of doing things. In that respect, of course, I do not support normal birth in most U.S. hospitals—births with unnecessary routine interventions that all too often end in cesarean surgery. However, to me, normal birth has always meant allowing a woman’s body to work the way that Mother Nature intended without interference or time restraints. So I was delighted to read the new consensus statement by the three major midwife groups in the United States, “Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM.”

To address the sometimes contradictory meanings of the word “normal,” U.S. midwives paired normal with “physiology.” Brilliant! Normal childbirth, like normal breathing and normal digestion, “works” most of the time. As a registered nurse who has worked in labor and delivery, I understand that

complications sometimes arise, and I am grateful for the technology that can save lives. But just as we take breathing and eating for granted and do not think (often, if ever) about the complications that can occur, my vision for birth is that we, as a culture, assume that birth will work. Instead, American women and many other women around the world are sold a bill of goods. We are told that pregnancy is fraught with danger; we must seek expert advice about what to eat and drink and what activities to avoid. Never mind that the “expert” advice changes from month to month and medical journal to medical journal. Fish, don’t eat *more* than 12 oz per week; fish, eat *at least* 12 oz per week; alcohol, abstain or risk having a damaged baby; alcohol, a glass or two is fine; caffeine, avoid it altogether or risk miscarriage; caffeine, moderate amounts do no harm. We are told that even more dangerous than the 9 months

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of pregnancy is the act of birth itself. To deliver a healthy baby safely, we must give birth in a hospital with operating rooms and a neonatal intensive care unit; we must be attended by obstetricians who can operate at the blink of an eye; and we need a wide array of routine interventions such as maternal intravenous (IV) fluids and continuous fetal monitoring. In this culture of fear and intimidation, U.S. midwives have bravely stepped forward to say, “Enough. Enough is enough.”

In their consensus statement, midwives have honored the physiology of the human body. They have called a spade, a spade without kowtowing to political pressures. Normal birth is not birth that has been induced or augmented; normal birth is not birth with epidural anesthesia. The beautiful thing is that research supports the midwives. We now know that episiotomies and forceps deliveries, once touted by obstetricians as necessary to protect both baby and mother from the perils of birth, cause far more harm than good when used routinely. We are waiting for practice to catch up with medical research and eliminate routine use of interventions such as continuous fetal heart rate monitoring and maternal IV fluids. When considering a procedure or medication, the critical question must be, “Does it interfere with normal physiology?” Sometimes the interference is obvious, but often the effects of interventions are subtle and may be seen in years to come. This morning, I read a tragic story in the *Houston Chronicle* about a woman sentenced to life in prison for beating her 4-year-old daughter to death. The story reported that the little girl had been beaten so badly and so often that her muscles had turned to jelly. I don’t know anything about this little girl’s birth, but I do know that scientists are looking at the effects of routine interventions on maternal hormone levels, which influence mothering behaviors. We already know that vaginal birth and keeping mothers and babies together after birth increase the levels of these hormones. Is it too much to believe that we could decrease child abuse by “normalizing” birth? I don’t think so.

So what does the childbirth educator need to do to support U.S. midwives and their groundbreaking

consensus statement? First, we need to think about our beliefs about birth. If we really believe that birth is indeed normal, we need to not be afraid to say it. We need to reach women before they become pregnant or early in their pregnancies to share with them the influences of their birthplace and caregiver on their chances of having a normal birth. Before my daughter-in-law thought about getting pregnant, I gave her the book, *Pushed*, to read. After she read it, she called and said, “I didn’t know any of this. My friends don’t know any of this. What can I do to have to kind of birth that I want?” I told her to choose a midwife as her caregiver. When she became pregnant, she did. I will never forget her first visit. She called and with great excitement told me that she spent more than an hour with the midwife. The midwife told my petite, size 2 daughter-in-law that she was meant to have babies. The midwives helped build her confidence throughout her pregnancy and were by her side continuously through her difficult but ultimately natural birth. (See *Journal of Perinatal Education* (JPE), Volume 18, Number 2, to read about Charlie’s birth.)

We need to encourage open discussion about the fears with which women and their partners come to us about birth. We need to share stories and audiovisuals in our classes about how well birth works. We need to teach the practices that support and promote normal physiology and normal birth. Not surprisingly, the six Lamaze healthy birth practices mirror the recommendations in the consensus statement. We need to include information about how interventions can interfere with normal physiology and teach communication and decision-making skills to help students get the births they want. And finally, we need to join with others who believe in normal birth in organizations such as Lamaze International so that together, our voices can be heard. We support normal birth!

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