Every Week Counts

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses implications for reducing the incidence of nonmedically indicated deliveries before full-term. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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Editor

According to the Centers for Disease Control and Prevention (CDC, 2013), each year in the United States, preterm birth affects nearly 500,000 babies. That means approximately one out of every nine infants born is born preterm or prior to 37 weeks of pregnancy. Infant death related to preterm-related causes together account for more deaths than any other single cause. In addition, preterm birth also is a leading cause of long-term neurological disabilities in children. It is now well supported that during the final critical weeks of pregnancy, a developing baby goes through important growth. It is during these final weeks when many vital organ systems, including the brain, lungs, and liver are becoming fully developed. The earlier the baby is born, the higher the risk of serious problems. Early-term infants (37–38 weeks) have higher rates of respiratory distress, respiratory failure, pneumonia, and admission to neonatal intensive care units compared with infants born at 39–40 weeks' gestation. The CDC estimates that preterm birth costs the U.S. health care system more than \$26 billion each year (CDC, 2013). Nevertheless, the rate of early delivery without medical or obstetrical indication continues to increase

in the United States. The American College of Obstetricians and Gynecologists (ACOG, 2013) supports the implementation of policy to decrease the rate of nonmedically indicated deliveries before 39 weeks of gestation to both decrease the number of these deliveries and improve neonatal outcomes.

Many women may not be aware that with a healthy baby, waiting for labor to begin on its own after the baby has reached full development is often the best option for both mother and child. Getting everyone on board—mothers, families, and those providing maternity care—can be very influential in affecting change. In this issue's featured article, authors representing the Association of Women's Health Obstetric and Neonatal Nursing (AWHONN) discuss an important public health campaign to promote spontaneous labor and normal birth to reduce nonmedically indicated inductions and cesareans.

IN THIS ISSUE

As we continue the practice of advancing the Lamaze International mission to promote normal healthy birth by sharing birth stories, in this issue's

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We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

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The content of all JPE issues published since October 1998 is available on the journal's website (www.ingentaconnect.com/content/springer/jpe). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (www.lamaze.org).

It is important for all pregnant women to know their options and the best evidence to support an informed decision when choosing a birth setting.

“Celebrate Birth!” column, we feature an inspiring story told by Anne Cantine about the birth of her first child, Joseph Gabriel. She describes how—with confidence in the birth process and in her ability to give birth, along with the support, confidence, and encouragement of her mother and sisters—she manages to cope with strong contractions through a busy day preparing to be in a wedding the following day. While at the wedding, her husband Mark realized how fast labor was progressing. They left the wedding, called the midwife, and soon decided to go to the hospital. Baby Joseph was born less than 2 hours after arrival at the hospital.

In this issue’s featured article and continuing education module “Don’t Rush Me . . . Go the Full 40,” authors Debra Bingham, Catherine Ruhl, and Carolyn Davis Cockey describe an evidence-based grassroots, public health campaign from AWHONN to educate women about the physiologic benefits of full-term pregnancy for themselves and their babies. The website associated with the campaign, GoTheFull40.com, is designed to increase the percentage of women who complete at least 40 weeks of pregnancy, decrease the percentage of women who choose elective induction or elective cesarean surgery, and increase nurses’ and other pregnancy-care providers’ effectiveness to reduce the number of elective inductions and cesarean surgeries. Consistent with the Lamaze Healthy Birth Practice to “Let labor begin on its own,” childbirth educators and other pregnancy providers are asked to share the campaign with women in preconception and prenatal settings to encourage waiting for spontaneous labor leading to full-term births when all is healthy and well with the mother and fetus.

In another article, authors Nashwa M. Samra, Amal El Taweel, and Karin Cadwell support the benefits of skin-to-skin in their study carried out in Egypt designed to evaluate intermittent Kangaroo Mother Care (KMC) with additional opportunities to breastfeed on weight gain of low birth weight (LBW) neonates with delayed weight gain. Forty LBW neonates were followed to see whether KMC with additional opportunities to breastfeed improve weight gain. They found that in the KMC group, the mean age of regaining birth weight was significantly less (15.68 vs. 24.56 days) and the average

daily weight gain was significantly higher (22.09 vs. 10.39 g; $p < .001$) than controls. The researchers concluded that KMC with additional opportunities to breastfeed was found to be an effective intervention for LBWs with delayed weight gain and should be considered to be an effective strategy.

In another international study, Swedish authors Atcharawadee Sriyasak, Ingemar Åkerlind, and Sharareh Akhavan present findings from their research on childrearing among Thai first time teenage mothers. This descriptive study was designed to explore the experiences of being a teenage mother and taking care of infants. Ten teenage mothers were interviewed and latent content analysis was used to analyze interview transcripts. The authors found that previous childrearing experiences and social support were important factors in determining how teenage mothers adapted being a mother and how they practiced infant care. Becoming a mother created feelings of responsibility in the maternal role and led to affection toward their babies. The teenage mothers also appreciated the help they received from their families and health-care providers.

Denise Puia presents finding from a study designed to describe the decision of women having a cesarean surgery. The Cesarean Birth Decision Survey was used to collect data from 101 postpartum women who underwent a cesarean. Most of the cesarean surgeries were to primipara women who reported the main reasons for the surgery were doctor recommendation and increased safety for the baby. Those women who had repeat cesareans all cited their previous cesarean as the main reason for the current surgery. Women’s knowledge of cesarean surgery needs to be assessed early in pregnancy so that appropriate education may be provided. Accurate and ongoing information may decrease the number of women choosing a cesarean surgery as their method of birth.

In this issue’s final research article, Kathrin H. Stoll and Wendy Hall present their secondary analysis of a cross-sectional survey of 2,676 young Canadian women that explored how women learned about birth and what were the predictors of childbirth fear. The women whose attitudes toward pregnancy and birth were shaped by the media were 1.5 times more likely to report childbirth fear. Three factors that were associated with reduced fear of birth were women’s confidence in reproductive knowledge, witnessing a birth, and learning about pregnancy and birth

For more information about the AWHONN campaign “Go the Full 40” visit www.GoTheFull40.com

through friends. They proposed that offering age-appropriate birth education during primary and secondary education, as an alternative to mass-mediated information about birth, can be evaluated as an approach to reduce young women's childbirth fear.

In their article "Evidence-Based Maternity Care: Can New Dogs Learn Old Tricks?," long-time Lamaze certified childbirth educator Marilyn Curl, along with regular columnist Judith Lothian, describe efforts to change the culture of birth in a community hospital in a small, Midwestern town. This experience highlights the challenges and the frustrations involved in creating change. The authors reflect on ways to enhance the success of change and advocacy strategies.

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