Promoting Optimal Care in Childbirth

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ABSTRACT

In 1996, the World Health Organization set out guidelines for normal birth. Because that time birth in the United States has continued to be intervention intensive, the cesarean rate has skyrocketed and maternal mortality, although low, is rising. At the same time, research continues to provide evidence for the benefits of supporting the normal physiologic process of labor and birth and the risks of interfering with this natural process. This article reviews the current state of U.S. maternity care and discusses research and advocacy efforts that address this issue. This article describes optimal care in childbirth and introduces the Lamaze International Six Healthy Birth Practices.

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In 1960, Elisabeth Bing and Marjorie Karmel founded the American Society for Psychoprophylaxis in Obstetrics (ASPO), the organization that eventually became Lamaze International. ASPO began training childbirth educators and became part of a wave of change in the United States. Childbirth classes provided information about labor and birth, which had become the domain of physicians and nurses. Women, for the first time since childbirth moved to the hospital, were able to experience birth without medication and with their husbands at their sides. Bing's (1981) *Six Practical Lessons for an Easier Childbirth* became the bible for women who wanted to be awake and aware for the births of their babies.

In those early days, knowing what to expect, basic breathing and relaxation skills, support, and avoiding the dreaded “twilight sleep” was the recipe for having a “natural” birth. And it worked.

Over the next three decades, birth became increasingly medicalized. Routine enemas and perineal shaving were abandoned but replaced by intravenous lines and continuous electronic fetal monitoring. Amniotomy, augmentation of labor, and epidurals became a routine part of labor. “Expecting trouble” began to drive maternity practice.

In 1970, Archie Cochrane challenged obstetricians to practice based on best evidence. The Cochrane Database of Systematic Reviews is now considered the gold standard resource for evidence-based practice. In spite of a growing body of research that demonstrated the risks of interfering in the normal physiologic process of labor and birth, the medicalization of birth continued. But alarms began to ring.

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In 1996, the World Health Organization published *Care in Normal Birth: A Practical Guide*. In many ways, this document became the impetus for stepped up research and advocacy efforts to promote, support, and protect normal birth.

ADVOCACY EFFORTS IN PROMOTING NORMAL BIRTH

In the last 15 years, the medicalization of childbirth in the United States has continued and, not surprisingly, there has been a significant and worrying increase in the cesarean rate. At the same time, efforts to promote, support, and protect normal birth have also increased. What follows is a small sample of some major research and advocacy efforts.

Childbirth Connection (Formerly Maternity Center Association)

Childbirth Connection has made major contributions over the last decade. Three *Listening to Mothers* surveys have, for the first time, provided a national look at women's childbearing experiences (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013; Declercq, Sakala, Corry, Applebaum, & Risher, 2002, 2006). These findings continue to provide direction for research, for education, and for advocacy efforts. The Milbank Report, *Evidence-Based Maternity Care: What It Is and What It Can Achieve* (Sakala & Cory, 2008), was a major contribution to the literature and was the springboard to Childbirth Connection's major and ongoing initiative, *Transforming Maternity Care*. With support from Lamaze and DONA International, Childbirth Connection had made another major contribution to the normal birth literature with the publication of Buckley's (2014) *The Hormonal Physiology of Childbearing*.

American College of Nurse Midwives

The American College of Nurse Midwives (ACNM) began a major physiologic birth initiative under the leadership of Dr. Holly Powell Kennedy. The initiative has resulted in a landmark joint statement from ACNM, the Midwives Alliance of North America, and the National Association of Certified Professional Midwives, *Supporting Normal and Healthy Physiologic Birth*. The statement is the outcome of a Delphi study that involved the participation of all three organizations and consumer representation. A consumer statement was developed based on the professional statement, *Normal, Healthy Childbirth: What Women Need to Know*. Most recently, ACNM has an-

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nounced the launch of *The Physiologic Birth Took Kit*. This is an ongoing initiative.

The Lancet's Series on Midwifery

In June 2014, *The Lancet* launched its landmark *Series of Midwifery*. The series was produced by an international group of midwives, clinicians, academics, policymakers, and advocates for women and children. The series includes four research papers and commentaries. It is the most critical examination of midwifery ever done. The results confirm that midwifery is key to providing optimal care to women and infants in all countries.

Association of Women's Health, Obstetric and Neonatal Nursing

A major initiative of the organization is *Go the Full Forty*, encouraging women to wait until labor starts on its own. The *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, since 2008 with the publication of "Promoting, Protecting, and Supporting Normal Birth: A Look at the Evidence" (Romano & Lothian, 2008), has published increasing numbers of articles that advance optimal care in labor and birth. The Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN) is diligently working with policy makers and regulators to advance core maternity quality measures.

American College of Obstetricians and Gynecologists

The joint statement from the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), *Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery*, is a major step forward in providing optimal, evidence-based care that supports the normal physiologic process of labor and birth (ACOG & SMFM, 2014). For instance, the statement provides new guidelines, which acknowledge that normal labor, both first and second stage, take longer than originally thought and that labor support, including doulas, facilitates labor and contributes to the reduction of cesarean rates. The concern with the high cesarean rate is pushing

To access The Physiologic Birth Took Kit launched by ACNM, see <http://www.midwife.org/Physiologic-Birth-Initiative>

The Lancet Series on Midwifery can be accessed at <http://www.thelancet.com/series/midwifery>

To access Childbirth Connection, see <http://www.childbirthconnection.org>

To access AWHONN's initiative 40 Reasons to Go the Full Forty, see http://www.health4mom.org/a/40_reasons_121611

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physicians to step back from aggressive intervention. This might be a game changer.

Coalition for Improving Maternity Services

The Coalition for Improving Maternity Services (CIMS) conducted a systematic review of the literature, “The Evidence Basis for the Ten Steps of Mother-Friendly Care,” which was published in *The Journal of Perinatal Education* (CIMS, 2007). This was a major contribution to the literature on normal birth, midwifery, and place of birth.

Normal Birth Conferences

Over the last decade, yearly normal birth conferences have attracted midwives, nurses, childbirth educators, doulas, physicians, and researchers from around the world. The conferences are usually held in the United Kingdom, but recent conferences have been held in China and Vancouver, Canada.

Home Birth Consensus Summits

Two national summits (2011 and 2013) brought together a group of leaders, representing all stakeholder perspectives in maternity care, to address their shared responsibility for care across birth settings in the United States. The stakeholders included home birth consumers and midwives, nurses, certified nurse midwives, doulas, childbirth educators, researchers, obstetricians, pediatricians, health policy legislators and regulators, hospital administrators, insurance companies, lawyers, ethicists, educators, and researchers. The stakeholders first found common ground and then developed action plans. These summits have been groundbreaking and have, through the ongoing work of the stakeholders, made major contributions to advancing normal, physiologic birth and planned home birth.

MEDIA ADVOCACY

Ricki Lake and Abby Epstein’s (2008) *The Business of Being Born* brought the crisis in maternity care in the United States to the public. The documentary has brought the discussion of planned home birth, avoiding interventions, and the value midwifery care to the public square including newspapers, blogs, and social media. Jennifer Block’s

(2008) *Pushed: The Painful Truth About Childbirth and Modern Maternity Care* made a powerful, thoroughly researched, statement on the crisis in maternity care and received a great deal of media attention.

OPTIMAL CARE IN CHILDBIRTH

Optimal care is care that promotes, protects, and supports the normal physiology of labor and birth, what the World Health Organization defined as “normal birth.” Thanks to the Cochrane Database of Systematic Reviews and other groundbreaking resources like Buckley’s (2014) *Hormonal Physiology of Childbirth*, Goer and Romano’s *Optimal Care in Childbirth: The Case for a Physiologic Approach* (2012), and the CIMS’ “Evidence Basis for the Ten Steps of Mother-Friendly Care” (2007), we have evidence at our fingertips that advances our understanding of both the normal physiology of labor and birth and the risks to mother and baby of interfering in that process without a clear medical indication. We also have a better understanding of the ways in which the birth setting and health-care provider influence the process of labor and birth. The benefits of midwifery care and planned out of hospital birth are well documented. Goer and Romano’s (2012) systematic reviews of midwifery care and planned home birth provide compelling evidence of both the benefits and safety of midwifery care and planned out of hospital birth.

LAMAZE SIX HEALTHY BIRTH PRACTICES

One of Lamaze’s ongoing advocacy efforts in support of normal birth was identifying care practices that facilitate the normal physiology of labor and birth. Based on the best available evidence in 2004, Lamaze identified six care practices that support the normal physiologic process of labor and birth: letting labor begin on its own, freedom of movement in labor, labor support, no routine interventions, spontaneous pushing in nonsupine positions, and keeping mother and baby together.

This special issue of the JPE presents the evidence basis for these six care practices. Earlier versions of the *Six Healthy Birth Practices* articles, written for consumers, were published in the JPE in 2007. They were updated on the Lamaze website in 2009. The current articles are written for professionals and include a current and more extensive review of the literature.

Lamaze joins childbirth educators, nurses, doulas, midwives, physicians, researchers, women,

The Home Birth Summit consensus statements and action plans can be accessed at <http://www.homebirthsummit.org/>

professional organizations, and birth advocates in promoting optimal care in childbirth and evidence-based care that facilitates the normal physiologic process of labor and birth. We hope that the *Six Healthy Birth Practices* articles will be an important resource for childbearing women and for everyone who teaches, supports, and cares for mothers and babies. We hope that this effort will help women have the safest, healthiest birth possible and advance the availability of optimal maternity care for all women.

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