Advancing Normal Birth

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ABSTRACT

In this column, the associate editor of *The Journal of Perinatal Education* provides an overview of research on the benefits of promoting and protecting the normal, physiologic processes of childbirth and the risks of interfering with those processes without clear medical indication. The associate 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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Over the last decades, research findings support both the benefits of promoting and protecting the normal, physiologic processes of childbirth and the risks of interfering with those processes without clear medical indication (Goer & Romano, 2012). At the same time, there has been an alarming increase in the cesarean surgery rate and, most recently, an increase in the maternal mortality rate (Martin, Hamilton, Osterman, Curtin, & Mathews, 2015). Many professional, advocacy, and consumer organizations have responded by increasing their efforts to advance normal birth. The American College of Nurse-Midwives' (ACNM) Healthy Birth Initiative is an excellent example of a collaborative effort to advance normal birth in the United States.

The foundation of the ACNM Healthy Birth Initiative is the Delphi study on normal birth spearheaded by Holly Powell Kennedy (Kennedy et al., 2015). A modified Delphi approach was used to achieve consensus around two research questions: What is normal physiologic birth? What practices most effectively

support its achievement? A task force of 21 individuals from three midwifery organizations (a first) and various childbirth advocacy and consumer groups (including Lamaze International) participated in the study. Four key themes emerged: definitions of normal physiologic birth, mechanisms and outcomes of normal physiologic birth, factors that influence normal physiologic birth, and recommendations for increasing normal physiologic birth. The final document, *Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM*, was released in 2012 (<http://www.midwife.org/ACNM-Healthy-Birth-Initiative>) and reprinted in JPE in 2013 (ACNM, 2013). The document became the foundation for the work of an ACNM-sponsored, multiorganization, multistakeholder task

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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 Healthy Birth Initiative, including *Normal, Healthy Childbirth for Women and Families*, *BirthTOOLS.org*, and *Birth Matters* can be accessed at <http://www.midwife.org/ACNM-Healthy-Birth-Initiative>.

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The Lamaze Six Healthy Birth Practice papers were published in The Journal of Perinatal Education, 23(4) in 2014. Consumer versions can be accessed at <http://www.lamaze.org/HealthyBirth-Practices>.

force to advance normal, physiologic birth. The initial work of the task force focused on three areas: women, maternity care providers, and policy makers. The group identified the need for a consumer version of the consensus statement, a toolkit for optimizing the outcomes of labor safely for health-care providers, and a document designed to help quality assurance/improvement leaders and health-care policy makers understand how physiologic, healthy birth benefits hospitals and organizations. The consumer statement, the toolkit, and the policy paper were released in 2014. In 2015, ACNM launched the Healthy Birth Initiative to disseminate the work done to date and to continue the work of advancing normal birth.

At the Normal Labour and Birth Conference in the United Kingdom in June 2015, the task force chair, Tanya Tanner, and the subcommittee chairs, Lisa Kane Low, MaryJane Lewitt, and I, presented the background, the resources that have been developed, and ongoing plans of ACNM's Healthy Birth Initiative. The consumer statement, the toolkit, and the policy paper make a substantial contribution to advancing normal birth in the United States.

- *Normal, Healthy Childbirth for Women & Families: What You Need to Know* (ACNM, 2014c) presents the case for normal, physiologic birth simply and succinctly. It is a family-friendly handout that is intended to provide evidence-based information about childbirth and make the case for the benefit of normal, physiologic birth. The document discusses childbirth today highlighting the high cesarean surgery and intervention rates; outlines the characteristics of and the benefits of normal, physiologic birth; and the practices that disrupt the normal processes. There are sections on choosing the right health-care provider and the right birth setting. This is an excellent handout to supplement the Lamaze Healthy Birth Practices and jump-start the discussion of both choice and the challenges of giving birth naturally in some settings and with some providers. The document provides a quick snapshot that sets the stage for a more complete discussion of normal, physiologic birth and the Lamaze Healthy Birth Practices. The document was created and approved by the three major midwifery organizations and endorsed by a growing number of other organizations including Childbirth Connection and Lamaze.
- *BirthTOOLS.org: Tools for Optimizing the Outcomes of Labor Safely* is an online toolkit for maternity care providers (ACNM, 2014b). The

committee that developed the toolkit included leadership from ACNM; consultation from Childbirth Connection; and a multistakeholder committee that included representation from the Association of Women's Health, Obstetric and Neonatal Nurses, the National Association of Certified Professional Midwives, and Lamaze. The goal of the toolkit is to help implement process improvements to facilitate physiologic birth. The toolkit includes a synopsis of the evidence in support of normal, physiologic birth, resources to initiate change, protocols, guidelines from national organizations, staff education materials, references, algorithms, and exemplar policies to help clinicians implement best practices. There are sections on promoting a unit culture and success stories. The success stories are inspiring and motivating. This is an amazing resource for nurses, childbirth educators, and other maternity care providers.

- *Birth Matters: Understanding How Physiologic, Healthy Birth Benefits Hospitals and Organizations* is an evidence-based document developed to promote physiologic birth to policy makers and institutional quality administrators (ACNM, 2014a). The document makes the case for why and how physiologic birth is good for institutions. There is a discussion of The Joint Commission measures (Elective Delivery, Cesarean Section, and Exclusive Breastfeeding) that improve with physiologic care and the document identifies key agencies that care about perinatal quality measures including the National Quality Forum and Medicaid. This document provides an excellent overview that is intended to begin a conversation with policy makers in institutions, organizations, and eventually at the national level. Nurses, childbirth educators, and other health-care providers will find Birth Matters a valuable resource in meeting the challenges of changing policy to support normal, physiologic childbirth.

ACNM in collaboration with their sister midwifery organizations and childbirth advocacy organization has made a major contribution to advancing normal birth by providing women, childbirth educators, nurses, doulas, and other health-care professionals with valuable resources to aid in their efforts to advance normal birth in the United States. ACNM is to be applauded not just for the quality of these resources but also for their commitment to the process of collaboration and multistakeholder group work.

IN THIS ISSUE

In this issue's "Celebrate Birth!" column, Rachel Shapiro Cooper shares the inspiring story of overcoming obstacles to achieve the positive birth of her second daughter, Miriam Hazel.

In this issue's featured article ("Epidurals: Do They or Don't They Increase Cesareans?"), Goer provides compelling evidence that identify weaknesses of the "epidural" versus "no epidural" trials.

Da Costa and colleagues present results of a needs assessment to guide the development of a website to enhance emotional wellness and healthy lifestyle during the perinatal period. Their study examined women's informational needs and barriers to acquiring information. Health-care providers and the Internet were found to be preferred sources of information and concluded that evidence-based websites can serve as a powerful low-cost educational resource to support and reinforce the health promotion advice received from their health-care providers.

Anderson and Pierce discuss how depressive symptoms and violence exposure (VE) often co-occur and have been recognized to influence childbearing. However, the contribution to repeat pregnancy is unclear and is examined in this article. This cross-sectional, descriptive, study screened for depressive symptoms and VE among 193 adolescent mothers at a large county hospital in Southwestern United States. Repeat pregnancy and depressive symptoms characterized one-third and one-quarter of adolescents, respectively. Despite minimal disclosure of VE, repeat pregnancy was significantly influenced by child abuse and past traumatic life experiences. Recommendations for practice are discussed.

In her article "The Roadmap to Breastfeeding Success: Teaching Child Development to Extend Breastfeeding Duration," Tedder describes how this evidence-based clinical project integrates best practices in lactation support with child development theory. Using family-friendly concepts and language, the Roadmap gives childbirth, lactation, and early parenting professionals background information and innovative resources to help mothers meet their breastfeeding goals, thus, promoting the health and well-being of mothers, babies, families, and communities.

Lastly, Mithani and colleagues describe fathers' role in breastfeeding practices in the urban and semi-urban settings of Karachi, Pakistan. Using a qualitative exploratory study design, in-depth interviews were conducted with 12 fathers in urban and semi-urban areas of Karachi, Pakistan. Fathers felt that adequate support from their family members and employers could enable them to encourage their partners to initiate and maintain exclusive and optimum breastfeeding practices. Exploring fathers' perception regarding breastfeeding, in the context of Pakistan is still a new field of study.

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