Promoting Healthy Physiologic Birth to Prevent Cesareans: “It takes a village”

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This is an abridged slide set, absent many of the photos/images that will be used to support discussion and some of the animation of text that is used to address some points. For a full set, you can email me at kanelow@umich.edu

Objectives
1. Discuss the use of professional organization position statements from ACOG and U.S. midwifery organizations (ACNM, MANA, NACPM) which promote new models of care to reduce cesarean and promote healthy physiologic birth, to advocate for and implement change in maternity care units.
2. Describe care practices associated with promoting physiologic birth by all members of the maternity care team.
3. List specific features of collaboration that promote implementation of physiologic birth care practices.
4. Describe opportunities to enhance collaboration among all maternity care team members to advocate for care practices to promote physiologic childbirth.
5. Identify key resources and tools to use that improve opportunities for collaborative approaches to supporting and promoting physiologic birth care practices (e.g. fetal monitoring, progress in labor, using doulas and spontaneous pushing in second stage).

PEARLS OF MIDWIFERY

How Are We Doing?
A Quick Look at Childbirth Statistics in the US

- Women in 35 of 44 developed nations had lower lifetime risks of maternal mortality than women in the US.
- 37 nations had lower neonatal mortality rates than the US.

PEARLS OF MIDWIFERY

Many Women in Labor Receive

- Electronic fetal monitoring: 85%
- Induction: 40%
- Pitocin augmentation: 70%
- Cesarean: 32.8% more than 60% increase since 1996
• Rates of injury due to medical error have remained essentially unchanged between 2000-2008 at 10 NC hospitals (Landrigan et al. 2010)
• Inspector General DHHS Medicare patients experienced substantial harm in U.S. hospitals in 2008 (Levinson, 2010)
• 1/3 patients are harmed during their hospital stay and traditional approaches to measuring adverse events, underestimate the safety breeches. (Classen, et al. 2010)
Context of “Normal Birth”

- Highly technological procedures in childbirth have been normalized without an associated improvement in outcomes.
- Many different countries have created statements defining and describing “normal” birth, yet at that time, the U.S. did not have a similar, consensus-driven statement about this fundamental concept in birth.

A shared culture of dialogue, collaboration, and teamwork

United States Context

- 3 major midwifery organizations in the U.S.
- History of independent action, not collaboration.
- “Normal birth” was an idea we ALL could be passionate about!

Rationale for Creating the Statement

- Midwives, as guardians of normal birth, are uniquely positioned to create this statement.
- Need increased clarity and standardization to operationalize the concepts of “normal birth” in research & practices.
- Increased clarity around the definition of normal birth may positively impact consultation and collaboration with other maternity care providers.

Purpose

*Develop a consensus statement to:*

- Provide a succinct definition of normal physiologic birth;
- Identify measurable benchmarks to describe optimal processes and outcomes reflective of normal physiologic birth;
- Identify factors that facilitate or disrupt normal physiologic birth based on the best available evidence;
Purpose

Develop a consensus statement to:
- Create a template for system changes in clinical practice, education, research, and health policy;
- Improve the health of mothers and infants, while avoiding unnecessary and costly interventions.

Definition of normal, physiologic birth:
“A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus” - accompanied by evidence based care.

Physiologic Birth is Characterized by
- Spontaneous onset and progression of labor;
- Includes biological and psychological conditions that promote effective labor;
- Results in the vaginal birth of the infant and placenta;
- Results in physiological blood loss;
- Facilitates optimal newborn transition through skin-to-skin contact and keeping the mother and infant together during the postpartum period; and
- Supports early initiation of breastfeeding.

Physiologic Birth is Disrupted by
- induction or augmentation of labor;
- an unsupportive environment, i.e., bright lights, cold room, lack of privacy, multiple providers, lack of supportive companions, etc.;
- time constraints, including those driven by institutional policy and/or staffing;
- nutritional deprivation, e.g., food and drink;
- opiates, regional analgesia, or general anesthesia;
- episiotomy;
- operative vaginal (vacuum, forceps) or abdominal (cesarean) birth;
- immediate cord clamping;
- separation of mother and infant;
- and/or any situation in which the mother feels threatened or unsupported.

For the woman:
- Her individual health status and physical fitness;
- Autonomy and self-determination in childbirth;
- Personal knowledge and confidence about birth, including cultural beliefs, norms, and practices and education about the value of normal physiologic birth;
- Fully informed, shared decision-making; and
- Access to health care systems, settings, and providers supportive of and skilled in normal physiologic birth.

For the Clinician:
- Education, knowledge, competence, skill, and confidence in supporting physiologic labor and birth, including helping women cope with pain;
- Commitment to working with women through education to enhance their confidence in birth and diminish their fear of the process;
- Commitment to shared decision making; and
- Working within an infrastructure supportive of normal physiologic birth.
For the Birth Setting:
- Access to midwifery care for each woman;
- Adequate time for shared decision making with freedom from coercion;
- No inductions or augmentations of labor without an evidence-based clinical indication;
- Encouragement of nourishment (food and drink) during labor as the woman desires;
- Freedom of movement in labor and the woman’s choice of birth position;
- Intermittent auscultation of heart tones during labor unless continuous electronic monitoring is clinically indicated;
- Maternity care providers skilled in non-pharmacologic methods for coping with labor pain for all women;
- Care that supports each woman’s comfort, dignity, and privacy; and
- Respect for each woman’s cultural needs.

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<tr>
<th>AWHONN: The Role of the Nurse</th>
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<td>The support provided by the RN should include the following:</td>
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<tr>
<td>• Assessment and management of the physiologic and psychological processes of labor;</td>
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<td>• Facilitation of normal physiologic processes, such as the women's desire for movement in labor (Shilling, 2009);</td>
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<td>• provision of physical comfort measures, emotional and informational support and advocacy (Adams &amp; Bianchi, 2008);</td>
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<td>• evaluation of fetal well-being during labor;</td>
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<td>• instruction regarding the labor process;</td>
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<td>• role modeling to facilitate family participation during labor and birth; direct collaboration with other members of the health care team to coordinate patient care.</td>
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Policy Recommendations:
- Introduction of policies into hospital settings to support normal physiologic birth;
- Comprehensive examination and dissemination of the evidence and care practices supportive of normal physiologic birth;
- Midwifery care as a key strategy to support normal physiologic birth;
- Increasing the midwife workforce and enhancing regulations and funding strategies to support their practice;
- Competency-based, inter-disciplinary education programming for maternity health care clinicians and students on the application of care that promotes normal physiologic birth; and (see the Normal Birth Summit Statement)
- Development of a future research agenda on short and long-term effects of normal physiologic birth.

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<td>• 02: Second Stage of Labor: Mother-Initiated, Spontaneous Pushing</td>
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<td>• 03: Skin-to-Skin is Initiated Immediately Following Birth</td>
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<td>• 04: Duration of Uninterrupted Skin-to-Skin Contact.</td>
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<td>• 05: Eliminating Supplementation of Breast Milk Fed Healthy, Term Newborns</td>
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<td>• 06: Protect Maternal Milk Volume for Premature Infants Admitted to NICU</td>
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<td>• 07: Initial Contact with Mothers Following a Neonatal Transport</td>
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<td>• 08: Perinatal Grief Support</td>
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<td>• 09: Women’s Health and Wellness Coordination throughout the Life Span</td>
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<td>• 10a: Labor Support Measure</td>
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<td>• 10b: Partial Labor Support</td>
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<td>• 11: Freedom of Movement during Labor</td>
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Promoting Evidence Based Care

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Physiologic Care Practices

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<th>Phase of Physiologic Birth</th>
<th>Associated Physiologic Care Practices</th>
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| Spontaneous labor onset   | - Avoid induction of labor when non-indicated  
|                           |  - Shared decision making for preference-sensitive indications |
| Spontaneous progression of labor | - Encourage mobility  
|                           |  - Continuous support (doula)  
|                           |  - Comfort  
|                           |  - Evidence-based standards for augmentation |
| Physiologic second stage  | - Encourage mobility, non-supine positioning  
|                           |  - Maternal-directed pushing |
| Physiologic dyad transition | - Continuous skin-to-skin contact  
|                           |  - Physiologic cord closure  
|                           |  - Early breastfeeding and attachment |

Core Measure Set
- PC-01 Elective Delivery
- PC-02 Cesarean Section
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding

Providers of Maternity Care: Roles in Promoting Physiologic Birth

Care Practice Associated with Dec Cesarean

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Optimal Models of Care:

- Members of the village......

Paradigms

- Collective support
- Working together
- Contributing to explanatory power
- Synergist effects vs competing paradigms
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Pearls of Midwifery

Practical Application

Intermittent auscultation allows
- freedom of movement
- upright positions
- increased maternal satisfaction
- natural progression of labor

Who decides on the type or process for assessment of fetal well being?

Pearls of Midwifery

Second stage management should be individualized and support an initial period of passive descent and self-directed, open-glottis pushing.

Background

Second stage without epidural:
- Spontaneous urge to push after a short latent period
- Spontaneous bearing down reflex when vertex descends to or near pelvic floor

Second stage with epidural:
- Suppressed bearing down reflex
- Higher rate of instrumental birth
- Longer second stage

The Evidence: Spontaneous vs. Closed Glottis Pushing

Sustained Valsalva bearing down efforts
- Increase
  - Fetal heart rate decelerations
  - Maternal fatigue
  - Perineal tears
  - Urinary stress incontinence postpartum
- Decrease
  - Umbilical cord pH values

The Evidence: Pushing with Epidurals

In a meta-analysis of 7 RCTs of initial period of passive descent ("laboring down") vs. immediate pushing in primigravidas with epidurals, researchers found that passive descent
- Increased incidence of spontaneous birth
- Reduced risk of instrument-assisted delivery
- Decreased active pushing time
- No change in cesarean rate
Challenges to working together

- The “show”
- New “participants”
- Excitement over “end result”
- Challenges to maintaining an approach when new participants enter into the process
- Challenges to the evidence base
- Challenges with the use of epidurals

To push or not to push and for how long?

- Second Stage is the “Show” time
- Question of Association of Second Stage Labor Events and Increased Morbidity for both Mother and Newborn: Causal or Associated with Increasing Duration
- Dramatic Changes in Management of Second Stage Labor Over Time
- A “Team” Approach to Care

When should a woman start pushing?

“Laboring Down”

- Physiological Process of Passive Descent
- Level 1A Evidence supports process of waiting up to two hours prior to initiation of active pushing process
  - Fraser et al (2000) Multi-Center Randomized Controlled Trial of Delayed Pushing for Nulliparous Women in Second Stage Labor with continuous Epidural Anesthesia
- New Challenges to questions of maternal fetal morbidity and second stage labor duration!??!
Effect of Laboring Down on Time

- Does laboring down increase the second stage duration in total...sometimes
- Increased total time, decreased active pushing time
- > active pushing associated with changes in pH and maternal fatigue
- Yet increased duration does not have negative effect on newborn outcomes
- Focus is on active pushing time...which sometimes we initiate as providers

Positions to overcome pelvic constraints

Duration of Second Stage

- How much time for overall pushing is too long
- Studies of Pelvic Floor Damage (Levator Ani Muscle Tear on MRI) correlated with prolonged second stage > 2.5 hours
  - Kearney et al OB/GYN Jan 2006
- Confounding Variables and Cascade Effects

Delayed Pushing and Duration

Secondary Analysis of PEOPLE RCT comparing delayed to immediate onset pushing in the presence of an epidural
N= 1862

No negative neonatal effects with inc duration AFTER controlling for confounding factors
Maternal Morbidity inc sig after 2 hours for IP fever, and PPH
Probability of NSVD with inc duration of second stage labor

Probability of spontaneous vaginal delivery with well infant (apgar/pH) decreases every hour of active pushing that passes:
1-2 hr OR 0.4; 95% CI 0.3-0.6
2-3 hr OR 0.1; 95% CI 0.09-0.22
>3 hr OR 0.03; 95% CI 0.02-0.05

Questions whether a woman should be encouraged to continue to push after 2 hours of active pushing without evidence of imminent delivery.

Duration conclusions

Continuous labor support should be the standard of care for all women in labor.

Background
- Partners and support persons were banned from hospital delivery suites to maintain asepsis.
- The alternative childbirth movement of the 1970s brought fathers into delivery rooms.
- The Klaus et al. study (1986) renewed interest in support persons for laboring women.

The Evidence
In a Cochrane review (22 RTC, n>15,000) researchers demonstrated that continuous labor support promoted:
- More spontaneous vaginal birth, shorter labor, and greater maternal satisfaction
- Less use of pain medications
“If Doulas were a drug they would be required for all pregnant women”

Penny Simkin

Epi-DOULA

What Collaboration does and dose not look like

- Support to Collaboration
- Barriers to Collaboration

Picking the Model to Meet the Unique Needs Of Women and Their Families in Their Communities
Doing the “Labor Progress Dance”

Resources and Tools

Three Pronged Approach

Promoting Physiologic Birth as a Value Added Proposition to Health Care Organizations and Systems
• Audience
  – Clinicians and staff in the hospital setting
  – Maternity unit and health system leadership
• Goal
  – implement care process improvements that support, promote, and facilitate physiologic birth through dissemination of useful, actionable resources and case examples.

BirthTOOLS : Menu of Change
• For each focal area, the toolkit will include:
  – review of evidence
  – model unit policies
  – clinical decision support tools (e.g. algorithms, checklists)
  – guidelines and tools for auditing performance
  – educational resources for clinicians and/or consumers
Promoting Physiologic Approaches to Improve the Process and the Outcomes of Care for Mothers and Babies
SUPPORTING HEALTHY AND NORMAL PHYSIOLOGIC CHILDBIRTH:
A CONSENSUS STATEMENT BY ACNM, MANA, AND NACPM*

In 1996, the World Health Organization called for the elimination of unnecessary intervention in childbirth,¹ yet currently there are few resources to assist maternity care providers in achieving this goal. The purpose of this consensus statement is to explicitly identify key benchmarks of safe, healthy, and normal physiologic childbirth. This statement will assist maternity care providers, women, policymakers, and payers to protect, promote, and support human childbearing physiology and to avoid overuse of interventions, thus achieving better care, better health, and lower costs.

This consensus statement represents the work of a task force comprised of representatives from three U.S. midwifery organizations whose members are experts on supporting women’s innate capacities to birth, and was externally reviewed by maternity care organizations and leaders. The specific aims of the consensus statement are to

• Provide a succinct definition of normal physiologic birth;
• Identify measurable benchmarks to describe optimal processes and outcomes reflective of normal physiologic birth;
• Identify factors that facilitate or disrupt normal physiologic birth based on the best available evidence;
• Create a template for system changes through clinical practice, education, research, and health policy; and
• Ultimately improve the health of mothers and infants, while avoiding unnecessary and costly interventions.

This statement is placed in the context of the current, widespread application of technological interventions that lack scientific evidence to a primarily healthy birthing population.² The use of obstetric interventions in labor and birth has become the norm in the United States. More than half of all pregnant women receive synthetic oxytocin to induce or augment labor,³ which demands additional interventions to monitor, prevent, or treat side effects. Nationally, one third of women deliver their babies via cesarean,⁴ a major abdominal surgery with potential for serious short- and long-term health consequences. For the mothers these consequences include, but are


This document is intended for health care professionals and policymakers. A companion document for consumers is in development.
not limited to, postoperative infections, chronic pain, future cesarean births, and placental complications that can lead to hemorrhage, hysterectomy, and rarely, death.\textsuperscript{5,6} Infant risks include respiratory distress,\textsuperscript{7} and in subsequent pregnancies maternal risks include increased likelihood of preterm birth and associated morbidity and mortality.\textsuperscript{8-12} Regardless of intervention or outcome, childbearing care perceived by the woman as disrespectful or traumatic is more likely to be associated with maternal psychological morbidity and potential for disrupted mother-infant attachment.\textsuperscript{13-16}

**Defining the normal physiology of childbirth**

This statement is grounded in scientific evidence and based on definitions drawn from the 2012 version of the *Oxford English Dictionary*, in which “normal” refers to typical or usual—a standard, and “physiology” refers to the functional processes of an organism, organ, or system. Thus, normal human physiology provides a framework to understand the optimal functioning of childbirth. For the purposes of this statement, birth includes the three stages of labor, the newborn transition, and the first hour after birth.

*A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus.* This birth is more likely to be safe and healthy because there is no unnecessary intervention that disrupts normal physiologic processes.\textsuperscript{17} Some women and/or fetuses will develop complications that warrant medical attention to assure safe and healthy outcomes. However, supporting the normal physiologic processes of labor and birth, even in the presence of such complications, has the potential to enhance best outcomes for the mother and infant.\textsuperscript{18-21}

**Normal physiologic childbirth**

- is characterized by spontaneous onset and progression of labor;
- includes biological and psychological conditions that promote effective labor;
- results in the vaginal birth of the infant and placenta;
- results in physiological blood loss;\textsuperscript{22}
- facilitates optimal newborn transition through skin-to-skin contact and keeping the mother and infant together during the postpartum period; and
- supports early initiation of breastfeeding.\textsuperscript{1}

The following factors disrupt normal physiologic childbirth:

- induction or augmentation of labor;\textsuperscript{23-25}
- an unsupportive environment, i.e., bright lights, cold room, lack of privacy, multiple providers, lack of supportive companions, etc.;\textsuperscript{26,27}
- time constraints, including those driven by institutional policy and/or staffing;\textsuperscript{28}
- nutritional deprivation, e.g., food and drink;\textsuperscript{29}
- opiates, regional analgesia, or general anesthesia;\textsuperscript{30,31}
- episiotomy;\textsuperscript{32,33}
- operative vaginal (vacuum, forceps) or abdominal (cesarean) birth;\textsuperscript{6,34}
- immediate cord clamping;\textsuperscript{35-37}
- separation of mother and infant;\textsuperscript{38} and/or
- any situation in which the mother feels threatened or unsupported.\textsuperscript{39}
The mechanisms and outcomes of physiologic childbirth

Normal physiologic labor and birth has positive short- and long-term health implications for the mother and infant. Optimal physiologic function of the neuroendocrine system enhances the release of endogenous oxytocin and beneficial catecholamines in response to stress. These hormones promote effective labor patterns and protective physiologic responses, including enhanced endorphin levels, facilitation of cardio-respiratory transition and thermoregulation of the newborn, successful lactation, and enhanced bonding behavior between the mother and infant. When there is optimal physiologic functioning, women are less likely to require interventions to artificially augment labor, which can potentially interfere with their ability to cope with pain. When labor progresses spontaneously there is a reduced likelihood of fetal compromise or need for instrumental/surgical intervention.

For most women, the short-term benefits of normal physiologic birth include emerging from childbirth feeling physically and emotionally healthy and powerful as mothers. Their infants will benefit from the ability of their mothers to respond to their needs and from the lack of exposure to medications that can affect neurological behavior. Long-term outcomes include beneficial effects for the woman’s physical and mental health and capacity to mother, enhanced infant growth and development, and potentially diminished incidence of chronic disease. Together, these outcomes are beneficial to the family and society through enhanced family functioning and cost effective care. Importantly, a focus on these aspects of normal physiologic birth will help to change the current discourse on childbirth as an illness state where authority resides external to the woman to one of wellness in which women and clinicians share decisions and accountability.

Factors that influence normal physiologic childbirth

There are multiple factors that influence the ability of a woman to give birth without intervention. These include the following:

For the woman:

- Her individual health status and physical fitness;
- Autonomy and self-determination in childbirth;
- Personal knowledge and confidence about birth, including cultural beliefs, norms, and practices and education about the value of normal physiologic birth;
- Fully informed, shared decision-making; and
- Access to health care systems, settings, and providers supportive of and skilled in normal physiologic birth.

For the clinician:

- Education, knowledge, competence, skill, and confidence in supporting physiologic labor and birth, including helping women cope with pain;
- Commitment to working with women through education to enhance their confidence in birth and diminish their fear of the process;
- Commitment to shared decision making; and
- Working within an infrastructure supportive of normal physiologic birth.
For the birth setting and environment:

- Access to midwifery care for each woman;\textsuperscript{18}
- Adequate time for shared decision making with freedom from coercion;
- No inductions or augmentations of labor without an evidence-based clinical indication;\textsuperscript{24}
- Encouragement of nourishment (food and drink) during labor as the woman desires;\textsuperscript{61}
- Freedom of movement in labor and the woman’s choice of birth position;
- Intermittent auscultation of heart tones during labor unless continuous electronic monitoring is clinically indicated;\textsuperscript{62}
- Maternity care providers skilled in non-pharmacologic methods for coping with labor pain for all women;\textsuperscript{63}
- Care that supports each woman’s comfort, dignity, and privacy; and
- Respect for each woman’s cultural needs.

Recommendations for policy, education, and research to promote normal physiologic childbirth include, but are not limited to, the following:

- Introduction of policies into hospital settings to support normal physiologic birth;
- Comprehensive examination and dissemination of the evidence and care practices supportive of normal physiologic birth;
- Midwifery care as a key strategy to support normal physiologic birth
- Increasing the midwife workforce and enhancing regulations and funding strategies to support their practice;
- Competency-based, inter-disciplinary education programming for maternity health care clinicians and students on the application of care that promotes normal physiologic birth; and (see the Normal Birth Summit Statement)
- Development of a future research agenda on short and long-term effects of normal physiologic birth.\textsuperscript{2,64}

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Released May 14, 2012
REFERENCES

Normal, Healthy Childbirth for Women & Families: What You Need to Know

CHILDBIRTH TODAY

Since 1996, the World Health Organization has called for eliminating unnecessary intervention in childbirth. Yet in the US, birth interventions have reached epidemic proportions. Sadly, there is a lack of resources available to women to help them achieve their goals of a normal, safe, and healthy birth.

The norm for birth in the US today includes the use of technology and interventions that are not proven to benefit healthy women and babies during childbirth.

More than half of women receive medication to start or speed up their labors. This requires additional monitoring and interventions to treat possible side effects, and can result in increased use of pain medication including epidurals.

One-third of US women deliver by cesarean section, a major abdominal surgery that has the potential for serious short- and long-term health consequences for both you and your baby.¹

Often, vaginal birth is not an option for women who have already had a cesarean section.

If a woman receives care that she feels is traumatic or disrespectful, it affects her physical and emotional health, and interrupts the critical early bonding period with her baby.

UNDERSTANDING NORMAL, HEALTHY CHILDBIRTH

Normal, healthy birth is a safe process that includes labor, birth, and the first hour after birth for both the mom and her baby. It does not routinely require medical intervention.

Characteristics of normal labor, birth and the first hour after birth include:

- Labor starts and progresses on its own.
- The process is supported by physical and psychological factors that promote effective labor.
- Labor results in a vaginal birth with normal blood loss.
- The mother and her baby stay together after birth, with the baby remaining directly on her skin.
- Breastfeeding begins right away.

YOUR BABY & YOUR BODY DURING A NORMAL, HEALTHY BIRTH

During normal, healthy birth, your body releases hormones that help you labor effectively, cope with pain, and bond with your baby. These hormones also help your baby transition to life outside of the womb, maintain a normal body temperature, breastfeed successfully, and bond more effectively.

When labor progresses naturally on its own, there is less chance that your baby will have difficulties during labor or that you will need a vacuum, forceps, or a cesarean birth.

A normal, healthy labor and birth occur as a result of the mother and baby’s natural abilities. This type of birth is more likely to be safe and healthy because the process occurs without unnecessary interventions.

DISRUPTIONS TO NORMAL, HEALTHY BIRTH

Many things can disrupt the normal process of birth. Some examples to watch for:

- Medications to induce or speed up labor.
- Any environment that isn’t private or comfortable, or where people aren’t present to offer continuous support as desired.
- Time limits on the progress of labor.
- Restrictions on food and drink.
- Pain medications, epidurals, or anesthesia.
- Episiotomy.
- Cesarean, vacuum or forceps delivery.
- Early cutting of the umbilical cord before it has stopped pulsating.
- Separation of you and your baby after birth.
- Any situation where you feel threatened or unsupported.

HAVING A NORMAL, HEALTHY BIRTH

Many things can influence your ability to have a normal, healthy birth without intervention. These include:

- Your overall good health and physical fitness.
- Your knowledge and confidence about birth (including cultural beliefs and practices and what you’ve been taught about birth).
- Having the chance to make informed decisions about your birth with your healthcare provider.
◆ Having access to a healthcare system, healthcare professionals, and setting that supports you and helps meet your goal.

CHOOSING THE RIGHT HEALTHCARE PROVIDER

Your healthcare provider can increase your confidence and address your concerns about giving birth. She or he should:

◆ Be committed to helping you learn about the birth process, while providing you with information so that you can make the best decisions for you and your baby.

◆ Allow you enough time to make decisions without feeling pressured.

◆ Know how to help you cope with pain in labor without using medications, and should assure your comfort, dignity and privacy.

◆ Respect your cultural beliefs and preferences.

◆ Have the education, knowledge, skills, and confidence to help you achieve your goals.

CHOOSING THE RIGHT BIRTH SETTING

The location that you choose for birth should have policies in place to support normal, healthy birth. These policies should allow you to:

◆ Go into labor spontaneously and not allow induction of labor or the use of Pitocin to speed up your labor, without a compelling medical reason.

◆ Eat and drink during labor, if you want to.

◆ Move around freely in labor.

◆ Give birth in whatever position you feel comfortable.

◆ Receive support from people you choose.

BENEFITS OF A NORMAL, HEALTHY BIRTH

A normal, healthy birth provides many important benefits to your baby and you, such as:

◆ Achieving better overall health for your baby.

◆ Enabling your baby to successfully adapt to life outside the womb.

◆ Feeling physically and emotionally well and confident as mothers.

◆ Being better able to respond to your baby’s needs.

In addition to both of you, your family and society also benefit from a normal, healthy birth. As more women experience normal labor and birth, the view of birth will change to one of wellness, rather than illness. It also helps to ensure that a woman and her healthcare provider act as partners, sharing decision making and responsibility.
Unless there is a compelling medical reason, there is no need to be attached to an electronic fetal monitor. You should be given the option of having your baby’s heartbeat listened to at regular intervals.

**MIDWIVES WORK COLLABORATIVELY TO SUPPORT NORMAL, HEALTHY BIRTH**

Midwives are experts in supporting women in normal, healthy childbirth. Together with healthcare professionals, policy makers, educators, researchers, and of course women, we are working collaboratively to educate all those impacted by childbirth. As a team, we are leading the way to:

- Encourage all birth settings to adopt supportive policies.
- Raise consumer awareness.
- Increase the availability of midwifery care for all women.
- Educate all healthcare professionals about the benefits of this process.
- Continue research efforts to support these goals.

*Encourage your health care provider to learn about resources for helping you achieve normal, healthy birth at [www.birthtools.org](http://www.birthtools.org).*

**Healthy Birth INITIATIVE**

This document was created and approved by the three major midwifery organizations in the United States: American College of Nurse-Midwives, Midwives Alliance of North America and National Association of Certified Professional Midwives. Several other groups have endorsed it.

“Normal, Healthy Childbirth for Women & Families” has the support of the March of Dimes.
With nearly 4 million infants born in the United States each year, childbirth has become a major focus in our health care system. However, for decades the U.S. perinatal care system has been inconsistent in meeting the needs of childbearing families in several important areas. These include communication about appropriate use of interventions in labor, accountability for shared decision making, respect for the woman’s autonomy, and compliance with evidence-based standards of care. Extensive routine use of technology and procedures, including ultrasound, induction of labor, cesarean, continuous fetal monitoring, and routine formula supplementation, along with under-utilization of effective interventions, including prenatal education, centering prenatal care, doula care, continuous labor support, hydrotherapy, intermittent auscultation, skin to skin contact, and uninterrupted breastfeeding in the first few hours of life, negatively affect health outcomes and quality, increase cost, and reduce authentic choice for women.

Traditional measures for evaluating obstetric care have focused on the prevention of relatively rare events rather than on promoting physiologic labor and birth. These adverse events are unusual in healthy women, and a disproportionate amount of time and money are targeted towards their prevention. "Physiologic labor and birth are powered by the innate human capacity of the woman and fetus," and supporting these processes, rather than disrupting them with non-evidence-based interventions, has the potential to enhance best outcomes for mother and infant.

Instead of focusing exclusively on reducing harm or injury, a comprehensive quality improvement program should focus on optimizing the overall quality of care while accounting for family preferences. Implementing evidence-based practices achieves this goal through the conscientious use of current best evidence to make clinical decisions to achieve optimal patient outcomes. Evidence-based maternity care is characterized by the provision of effective care with the least risk of harm. Implementing an evidence-based strategy focused on physiologic birth increases the well-being of families, acknowledges pregnancy as a health promoting event, and prevents rare, adverse outcomes.
Physiologic Labor and Birth Practices Improve Quality Outcome Measures

Increasing access to care that promotes physiologic birth is a major national strategy for achieving high-quality maternity care. In 2012, the National Priorities Partnership Maternity Action Team, a multi-stakeholder group of leading national organizations and agencies, began to develop and implement a plan to reduce the rate of elective deliveries prior to 39 weeks gestation to 5% or less and to reduce the rate of cesarean birth in low-risk women to 15% or less. A major focus of this national effort is engaging consumers and professionals in collaborative efforts to promote full-term, physiologic childbirth.

In concert with these initiatives, the American College of Nurse-Midwives (ACNM), Midwives Alliance of North America (MANA), and National Association of Certified Professional Midwives (NACPM) issued a consensus statement that identified practices and policies consistent with supporting physiologic approaches to childbirth. In 2014, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) promoted evidence-based approaches to safely avoid primary cesarean births. Together, obstetric, nursing, and midwifery organizations are promoting ways to increase evidence-based maternity care with the goal of improving birth outcomes and achieving safe, high quality, high value maternity care for women, newborns, and families.

Who cares about perinatal quality measures?
- Medicare: Inpatient Quality Reporting System and EHR Incentive Program
- Medicaid: Core Set of Health Care Quality Measures for Enrolled Adults and Core Set of Children’s Health Care Quality Measures (CHIP)
- The Joint Commission: Performance Measures (5 perinatal quality measures required for hospitals with > 1,100 births/year)
- National Quality Forum: (14 endorsed perinatal and reproductive health measures)
- Health Care Providers
- Consumers

Operationally, and for the purpose of quality improvement, physiologic birth can be measured using 4 of the 14 perinatal and reproductive health measures endorsed by the National Quality Forum: elective induction of labor, incidence of episiotomy, cesarean section, and exclusive breast milk feeding. The implementation of physiologic birth will also improve outcomes on 3 of the 5 Joint Commission mandatory reporting core measures for hospitals with more than 1100 births per year.

Collectively, these measures represent a hospital’s accountability to provide safe, reliable care for women and newborns when the majority of women begin labor spontaneously, give birth vaginally without unnecessary surgical interventions, and initiate exclusive breast milk feeding.
Why is physiologic birth good for my institution?

Physiologic birth is associated with reduced health care costs and adverse iatrogenic events related to the overuse of medical interventions. Perinatal care data are increasingly available to the public for use when choosing health care providers and facilities. Hospitals that foster and encourage physiologic birth will perform higher on perinatal care quality measures and will attract more patients. Transparency is increasing as organizations providing health care are being held responsible for reporting outcomes, and consumers are becoming more educated about using those outcomes to make health care decisions. When consumers are able to directly evaluate hospital performance measures, they will make deliberate choices about the hospitals and providers they use. Because women make the majority of the health care decisions for their families, institutions, providers, and health care insurers that establish positive relationships with women during their births are more likely to continue those relationships long-term.

Consumer satisfaction with maternity services is a long-standing outcome measure for quality of care. Application of physiologic birth procedures reduces unnecessary interventions and their associated costs, promotes quality outcomes, and increases patient satisfaction. As a result, hospitals that promote physiologic labor and birth practices have an opportunity to raise their quality-related reimbursement rates while reducing the cost of providing care.

Adopting a strategy that promotes physiologic labor and birth can have a positive effect on birth outcomes, reduce unwarranted variations in care, and improve quality and value. These goals are achievable through continuous quality improvement processes. A maternity unit that is committed to safety and quality will identify these aims as the ideal when planning, implementing, and evaluating quality improvement programs. Care that promotes, supports, and protects physiologic labor and birth and the judicious use of technology when indicated will help achieve these aims.

By fostering physiologic birth, institutions and insurers can encourage women to be healthy change agents in their own lives, the lives of their families, and in their communities.

Implementing healthy, physiologic birth will increase your facility's bottom line: as positive birth experiences increase, patient satisfaction scores will improve and billing can be proactively aligned with future requirements.
REFERENCES


