

Global Action to Support Normal Birth

Summary of exchanges – Midwifery-research network – Oct-Nov 2018

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21 February 2019

In October and November 2018, a discussion happened among the members of the Midwifery-research network¹ around the need to elaborate an action to promote normal birth in the UK and globally. In preparation of a meeting, which will be organised as a side-event to the conference, we have summarized this online discussion.

Genesis of the idea

On 29 October, Lesley Page observed that the midwifery profession in UK was *'at a critical point'*, with *'much progress over recent decades, progressive government policy, but huge difficulty in implementing it into the NHS in England'*. She also noted that *'interventions rates are rising and free standing midwifery units closing to move staff to centralised services'*. Luci Rocca, on the same day, added that, to her, *'midwives' autonomy [was] being at risk in the current climate'*.

On 30th October, Alison Macfarlane circulated documents showing that *'England Childbirth is changing in a non-evidence based direction'*. She commented that, with the number of spontaneous births decreasing, there was a risk to see midwives being replaced by obstetric nurses. She pointed out that it was *'very hard to understand why the large body of evidence supporting midwifery care and the midwifery model of birth has failed to alter this trend.'*

On 31st October 2018 Alison underlined: *'We have a choice between letting it happen and become obstetric nurse assistants to obstetricians or to take some action'*. Sheena Byrom (7 Nov.) added that in the UK, midwives are criticized regarding their language and are *'no more allowed to use the term 'normal birth'*.

Replying to these exchanges, Gillian Meldrum called for the creation of *'an international & national normal birth strategy with a co-ordinating body'* on Nov. 1st.

Need for a Global Action to Support Normal Birth

Gillian's call was echoed by several networkers. Susan Crowther (8 Nov.) wrote that a global reach initiative was needed *'to reclaim the term 'normal birth' and provide strategies and structured teaching and assessing tools'*. As others, she underlined that *'the foundations of knowledge are there, we have the evidence'* and added: *'There are various local and national initiatives/guidelines over the years but a proactive global reach would be inspiring.'*

¹ <https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=MIDWIFERY-RESEARCH>

Sophie Goyet highlighted that if the aim is to promote normal birth at the global level, 'midwives and birth practitioners from various continents, various cultures and various languages will have to be included in the committee who will conceptualize and build the initiative'.

The idea of working globally was positively received by Icelandic midwives (Helga Gottfredsdóttir, 8 Nov.), Canadian midwives (Lisa Morgan, 8 Nov.), and by several other network members.

Pre-requisite: Define 'Normal Birth'

Helga Gottfredsdóttir (8 Nov.) reminded that we 'need to use common definition of concepts/terms related to normal birth, as this will shape the discourse in the social context'.

In reply, Sophie Goyet shared that the French midwives, together with the CIANE (an association of maternity care users) and the French National College of Gynecologists and Obstetricians have worked in 2017 on a definition of normal childbirth, and evidence-based recommendations to support women during physiological labour and birth (https://www.has-sante.fr/portail/jcms/c_2842856/fr/normal-childbirth-physiologic-labour-support-and-medical-procedures-summary-of-practice-guideline). In France, a normal birth is defined as follow:

A normal delivery starts spontaneously and has only low risks identified at the start of labour. This situation (with regard to continuously assessed risks) lasts throughout labour and delivery. The child is born spontaneously in vertex position between 37 and 42 weeks of gestation. Normal childbirth is confirmed by normal vital signs in the child and the immediate aftermath of childbirth for the mother. It allows a serene environment to be created, promoting maternal and familial well-being and parent/child attachment.

Soo Downe shared the definition of normal physiological birth according to the American College of Nurse-midwives (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647729/>):

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; • 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.

Tina Harris also thinks that it is important to work on the definitions of 'physiological birth', 'normal birth', and 'birth without intervention'. She even suggested bringing this topic on the meeting agenda.

Maria Healy recommended referring to guidance documents she has co-produced with Patricia Gillen and maternity care stakeholders in Northern Ireland to enable women access MLUs and therefore receive care, which promotes normal physiological birth. This guideline and pathway has received considerable international attention with translations currently being undertaken in: Spanish, Catalan, Italian, Portuguese, Swedish, and German. The guideline and pathway can be accessed in the publications below and further information obtained directly from maria.healy@qub.ac.uk :

[Guideline for admission to midlife-led units in Northern Ireland and Northern Ireland Normal Labour and Birth Care Pathway](#)

https://pure.qub.ac.uk/portal/files/134530763/Healy_and_Gillen_2016_82_86_EBM_125.pdf

Suggestions for Action

Gillian Meldrum suggested using the UNICEF Baby Friendly Initiative (BFI) as a model. She wrote that we need to start with understanding why normal birth matters (*'The increase in interventions is often lamented, but rarely do we see the negative impacts of this or the often weak rationales explicitly stated in the media or communicated to women'*). BFI sets policies & guidelines at a local level based on evidence, to improve clinical practices, to better train and audit the staff skills and knowledge, and *'most importantly, auditing mothers' experiences so that their voices are heard'*.

However, Florence Darling (10 Nov.) questioned the applicability of a BFI type strategy as *'birth is a complex process. We need more work locally to promote normality and approaches that are used may differ from one provider to the next'*. She suggests that *'assessments of the local context by individuals leading on promoting normality must form the basis of solutions to address problems that interfere with promotion'*. National assessments should serve as the evidence base to develop, implement and regularly monitor action plans to address the identified problems. She also underlined that there is a need *'to improve ways in which evidence is communicated to women.'* Finally she recommended developing collaborative care: *'Women should be able to walk into any birth environment and receive care that supports physiology by all healthcare professionals'*.

Sheila Brown (17 Nov.), suggested to scale-up the promotion of normal physiological birth and woman centered care with a similar approach used for the "Becoming Breastfeeding Friendly" project led by Yale University. This method is used in Scotland, Wales and England.

Gillian Meldrum (28 Jan. 2019) proposed to discuss the implement the Project/Action in 5 steps:

1. Define who owns and leads the project
2. Develop some communication about why normal birth matters and how
3. Identify what works to promote, support and protect normal birth
4. Define standards to promote, support & protect normal birth? (based on step 3)
5. Define staff training standards (based on step 4)

Several network members pointed out the need to work on midwives education about "normal/ physiological/ natural birth". As someone wrote *'Even the best education will be challenged with the midwives working conditions in the real-life settings'*.

Finally, suggestion was made to exploring global funding options, and setting up a small group to do that (Susan Crowther on 8 Nov). Gillian Meldrum (9 Nov.) recommended to *'discuss possible ways forward with Jacqueline Dunkley-Bent, Gates Foundation, WHO'*.

Suggestions for the Meeting agenda

Fiona MacVane Phipps (17 Nov.) suggested to consider the coming meeting as a brainstorming session, which could lead to the creation of a statement of intent. Working groups could then be set-up in different countries, with the intention to liaise and define "strategies and guidelines about how to move the agenda of physiological birth forward". Part of that agenda would need to be the education of midwives who really understand and support physiology and have the opportunity to work with mentors experienced in normality.

As mentioned above, Tina Harris suggested to bring on the meeting agenda the issue of defining and measuring 'physiological birth', 'normal birth', and 'birth without intervention'. She works with the National Maternity and

Perinatal Audit which proposes a measurable definition of 'birth without intervention'(BWI). This definition is currently used across England, Scotland and Wales for comparison purposes².

² See Maternityaudit.org.uk and <http://www.maternityaudit.org.uk/Audit/Charting/reports>