Routine interventions during childbirth

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Content of session

• How we got here: a quick history
• Understanding contexts of care
• Common interventions
• Avoiding unnecessary interventions
Intervention is the norm

- 63% of women had their labour induced or augmented
- 44% of women had an instrumental or c-section birth

(AIHW 2013)
How we got here: a quick history
Women’s business

- Birth overseen by goddesses
- Birth knowledge possessed by women

(Donnison 1988)
Science and the body

Descartes

Bacon

(Donnison 1988; Wickham 2004)
Men, medicine and birth

- Men-midwives, surgeons and physicians
- Publication of medical texts
- Place of birth moved from the realm of home and family to the realm of hospital and medicine

(Donnison 1988; Wickham 2004)
Understanding contexts of care
Institutionalised birth

- Efficiency
- Intervention as the norm
- Lack of experience or understanding of physiology or individual variations

www.buildingbetterbabies.com
‘With Woman’ vs ‘With Institution’

(Hunter 2004, Reed 2013)

http://www.homeorganizit.com/homeofficepaperwork.html

www.buildingbetterbabies.com
Research vs Practice

• Culture-based care

• Clinical guidelines and policy ‘consensus’ based rather than research based

• Increasing research demonstrating the importance of physiological birth for women and babies
Common Interventions
The cascade of intervention
Partograms: vaginal examinations and timeframes

(Cochrane Reviews: Downe et al. 2013; Lavender, Hart & Smyth 2012)

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Artificial rupture of membranes

- The amniotic sac plays an important role during labour
- ARM does not ‘speed up’ labour
- ARM creates a number of risks

(Refs available: MidwifeThinking – in defence of the amniotic sac)
Syntocinon (pitocin)

- Unlike endogenous oxytocin, acts only on the uterus
- *The* biggest risk factor for fetal distress in labour
- For women having their first baby = increases c-section

(Refs available: MidwifeThinking – induction of labour: balancing risks)
Continuous fetal monitoring

- CTGs introduced without evidence
- Increase the risk of c-section without decreasing risk of neonatal death
- ‘Abnormal’ traces are normal/common

(Cochrane Reviews: Alfirevic et al. 2013; Devane et al. 2012)
‘Managing’ the birth of baby

- Directed pushing
- Handling the perineum and baby
- Managing a nuchal cord
- Premature cord clamping

(Refs available: MidwifeThinking – pushing: leave it to the experts; perineal protectors; nuchal cords: the perfect scapegoat; the placenta: essential resuscitation equipment; cord blood collection: confessions of a vampire midwife)
Avoiding Unnecessary Intervention
Choose your care provider carefully

• What is their belief system regarding birth?
• Are they experienced with supporting physiological birth?
• What are the guidelines/policies that guide their practice?
• What is their understanding of the concept of ‘woman-centred’ care?
Choose your birth setting carefully (or understand it)

- What is the ‘normal vaginal birth’ rate in this setting?
- What are the intervention rates?
- What % of babies are separated from their mothers?
- What are the guidelines/policies?
- Have a look around the facility
Remember who the expert is

• Professionals are general experts

• You are the specific expert in your body and your baby
Know your rights

- You have bodily autonomy
- There is no ‘allowed’ or ‘let’
- Consent is required for any intervention – adequate information is mandatory for consent to be valid

(Refs available: MidwifeThinking – information giving and the law)
Take responsibility

• With rights comes responsibility

• Own the responsibility for your decisions
Creating ‘birth preferences’

• Write a ‘birth preferences’ document based on your knowledge of the care provider/setting

• Only address likely issues

• Keep the language clear and positive…
examples

- I would like those present to minimise interactions with me during labour, and keep my environment quiet and private.

- I will follow my own body’s urges whilst I birth my baby and do not require verbal directions nor consent to a ‘hands on’ approach

- I will ‘receive my own baby as he/she is born… or [partner] will receive…
examples

• My baby’s umbilical cord is only to be cut after the placental circulation stops and I have given explicit verbal consent

• If an intervention is recommended I would like time alone with my [partner, doula, friends] before I make my decision

• I acknowledge that many of my requests are not consistent with policy or practice in this hospital. I take full responsibility for my informed decisions regarding my care
During labour

- Avoiding early admission?

- Remember – labour is unpredictable and things may change

- It is very difficult to ‘think’ during labour
  Have a mediator/interpreter with you in labour (eg. doula, independent mw)
BRIAN

• Benefits
• Risks
• Intuition
• Alternatives
• Now?
Conclusion

• Routine interventions are the norm

• Common interventions are not evidence-based

• You are the expert in your own body, baby and requirements during birth

• You can decline recommended interventions