



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



http://daddytypes.com/archive/dhirst_birth-cyrus.jpg



How we got here: a quick history



Women's business

- Birth overseen by goddesses
- Birth knowledge possessed by women



(Mamatoto 1991)

(Donnison 1988)



Science and the body

http://www.nlm.nih.gov/exhibition/historicalanatomies/



Descartes

http://en.wikipedia.org/wiki/File:Francis_Bacon,_Viscount_St_Alban_from_NPG_(2).jpg



Bacon



<http://www.nlm.nih.gov/exhibition/historicalanatomies>

(Donnison 1988; Wickham 2004)



Men, medicine and birth

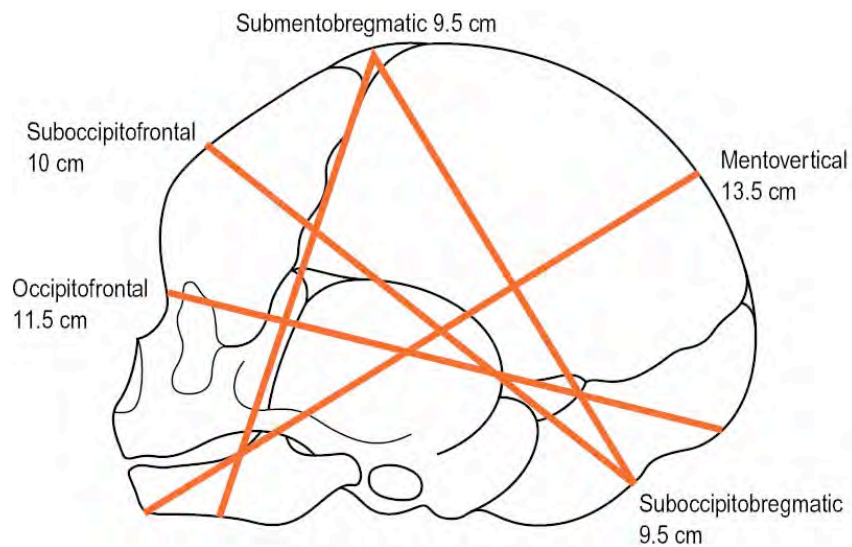
- Men-midwives, surgeons and physicians
- Publication of medical texts
- Place of birth moved from the realm of home and family to the realm of hospital and medicine



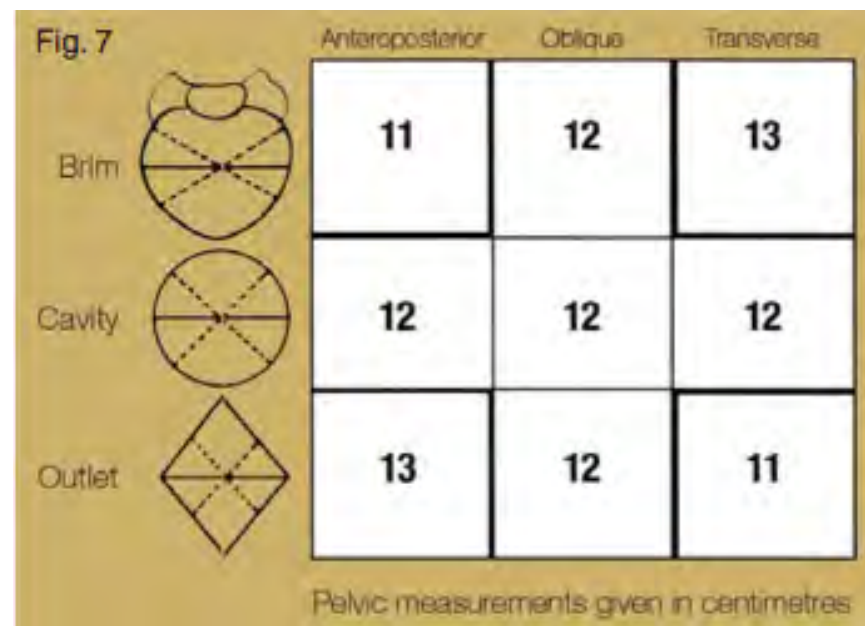
Dunham et al 1991

(Donnison 1988; Wickham 2004)





(From Henderson C, Macdonald S 2004, with kind permission of Elsevier.)



<http://www.midirs.org/Development/studentmidwife.nsf/article/18981B4099E3A345802576F00040945A?opendocument>





http://www.modelmed.com.au/sophie_trainer.html



Understanding contexts of care



Institutionalised birth

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



‘With Woman’ vs ‘With Institution’



<http://www.homeorganizait.com/homeofficepaperwork.html>

{Hunter 2004, Reed 2013}

www.buildingbetterbabies.com



Research vs Practice

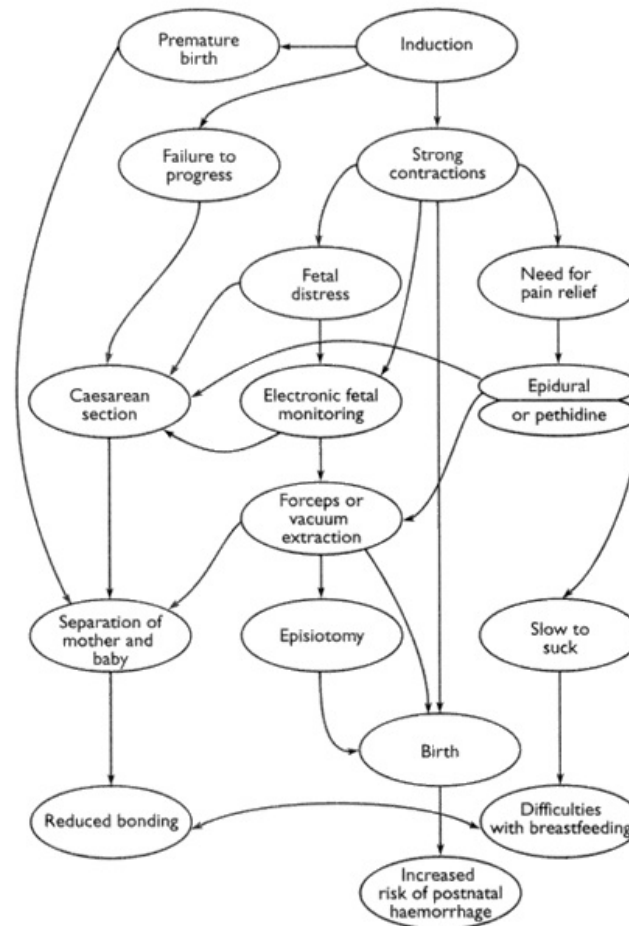
- Culture-based care
- Clinical guidelines and policy ‘consensus’ based rather than research based
- Increasing research demonstrating the importance of physiological birth for women and babies



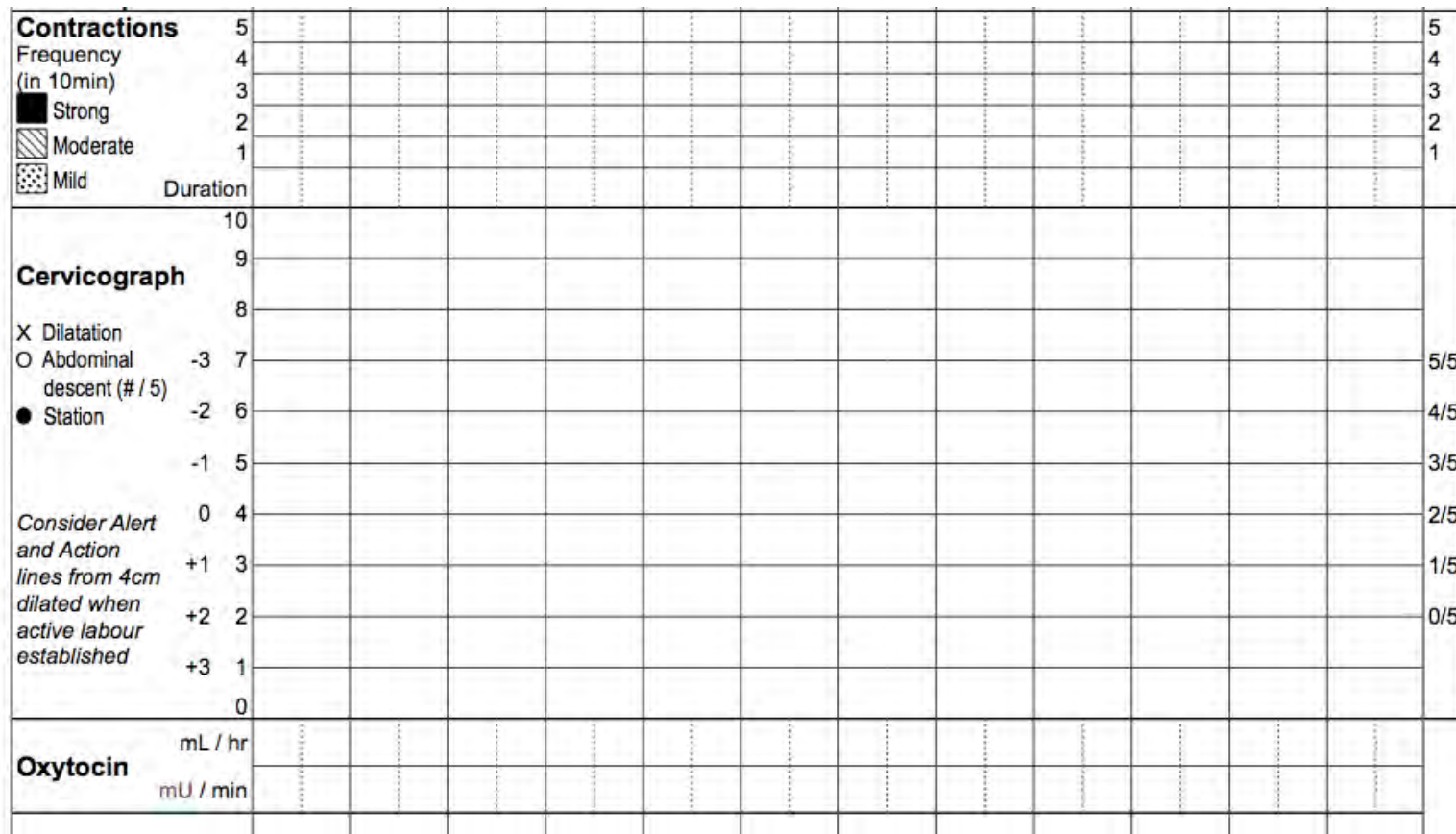
Common Interventions



The cascade of intervention



Partograms: vaginal examinations and timeframes



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



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



http://www.mims.com/pic/Malaysia/Syntocinon%20amp_7030.gif

(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



<http://www.nursing.salford.ac.uk/images/midwifery3lg.jpg>

<http://www.cafeoflifepikespeak.com/Images/Birth%20-%20pulling%20and%20twisting.jpg>



(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



<http://www.pbglifestyle.com/pbglm-blotter/pointing-fingers/>



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



<http://www.freeths.co.uk/blog/manchesterbusiness/?m=201302>

(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



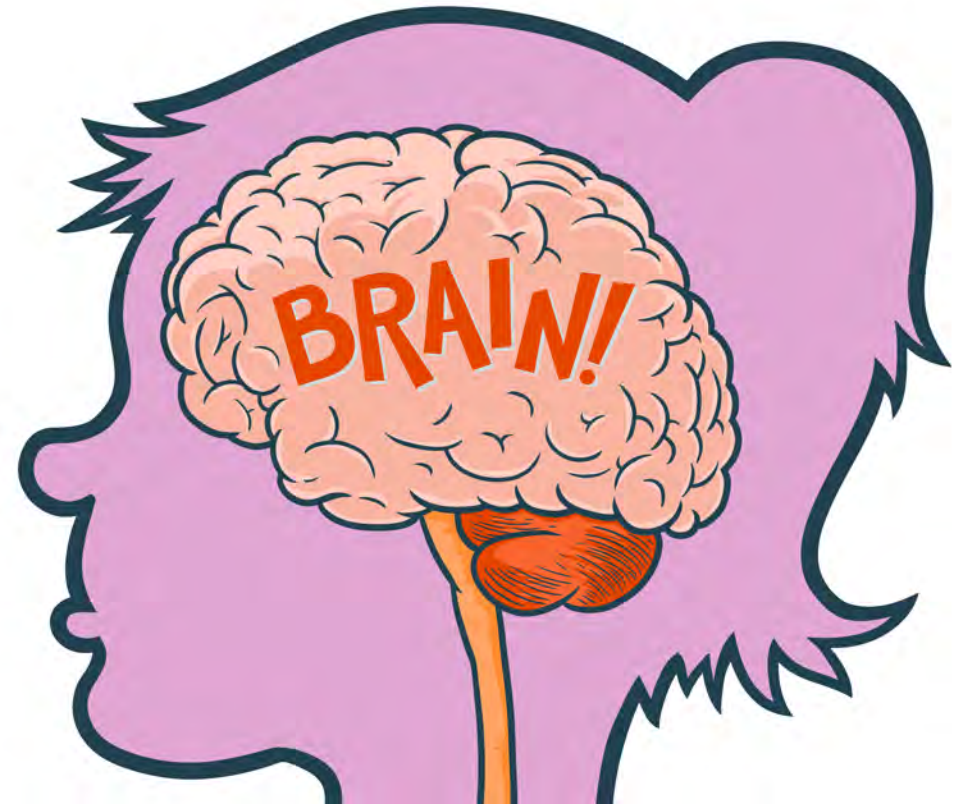
During labour

- 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?**



<http://www.kizoomlabs.com>



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

