

## Consensus statement on normal birth – what has the impact been?

Mary Newburn, head of research and information, led the team that developed the statement. Three years on, she reports on progress.

Since the Maternity Care Working Party (MCWP), a multi-disciplinary forum set up and serviced by the NCT, published a consensus statement on normal birth, *Making normal birth a reality* in 2007,<sup>1,2</sup> there has been increased awareness and debate about what is meant by 'normal birth', what terminology is most useful and the rationale for having a precise definition.<sup>3</sup>

The statement, launched by the All-Party Parliamentary Group on Maternity (APPGM), was developed and supported by a broad range of maternity and user organisations, including the NCT, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists and the Nursing and Midwifery Council.

The definition of normal birth adopted is one in which labour starts and the baby or babies are born spontaneously, without induction, episiotomy, forceps or ventouse, a caesarean section or a general, spinal or epidural anaesthetic. Crucially it used criteria reflecting data that are routinely collected and generally fairly complete, making it possible to collect statistics for as many maternity units as possible across the United Kingdom. Using this definition, 'normal birth' is broadly consistent with the kind of midwife-led care provided at a home birth or in a birth centre. The MCWP called for all NHS trusts and boards to use this definition, and to collect and publish their normal birth rates regularly.<sup>1</sup>

The document argues that most healthy women can give birth with a minimum of medical procedures, and most – though not all – women prefer to avoid interventions during labour. It calls for women to be helped to give birth using their own resources, with access to home birth and birth centre care, practical antenatal preparation, one-to-one midwifery care during labour, access to facilities for immersion in water and strong mentoring and leadership to increase midwives' confidence in

physiological birth process.<sup>1</sup>

It also calls for medical interventions to be avoided where possible, during labour, including continuous electronic fetal monitoring and epidural anaesthetic.<sup>1</sup>

Anne Fox, head of campaigns and public policy says: 'NCT believes it is important for care to be woman-centred. So these approaches should always work with women, taking account of their preferences and offering them options, while safeguarding opportunities to promote environments where normal birth is practiced.'



A normal birth consensus statement has now been developed in Canada, referencing the UK statement, but including use of epidural in the definition.<sup>4</sup> Others have criticised the MCWP statement as too loosely defined.<sup>4</sup> Gail Werkmeister, MCWP Chair, has responded, emphasising the significance for women's health and well-being of their birth experiences. She explained that the MCWP statement 'was designed primarily to enable trends in the management of the whole process of

labour and birth to be monitored, and to draw attention to the decline in births with few invasive procedures'.<sup>5</sup>

### Evidence of change

In 2005-6, the overall reported normal birth rate for England, including home births was 48.1%, though some units had a rate of 59%.<sup>1</sup> Unfortunately, no further 'normal delivery' statistics have been published for England by the Information Centre since that date due to technical difficulties,<sup>6,7</sup> although recent rises in intervention rates indicate that the normal birth rate will have fallen between 2006 and 2009. The BirthChoiceUK website publishes normal birth statistics using official statistics. In 2008, the normal birth rate for Scotland was 40.8%, and has ranged from between 38%-42% over the last eight years.<sup>8</sup>

Despite a frustrating lack of statistical evidence of change, government and NHS bodies have called for more focus on facilitating normal births,<sup>9</sup> including the national service frameworks for maternity services,<sup>10,11</sup> and *Maternity Matters*, which emphasises 'the need for all women to be supported and encouraged to have as normal a pregnancy and birth as possible'.<sup>12</sup> The NHS Institute Toolkit<sup>13</sup> has provided practical guidance for NHS trusts and is now being used in Wales to bring down caesarean section rates (See page 12).

The Scottish parliament is funding Keeping Childbirth Natural and Dynamic, a programme which aims to maximize opportunities for women to have as natural a birth as possible by developing clearly defined care pathways, with more midwife-led care for healthy women.<sup>14</sup> In England, the Healthcare Commission maternity investigation measured key indicators of practice in relation to interventions and support for normal birth.<sup>15</sup>

Birthplace, a major observational study, funded by the Department of Health (DoH), is due to report in spring

2011. This study, designed to include 20,000 'low risk' women planning to give birth in an obstetric unit, at least 17,000 women planning to give birth at home, and a minimum of 5,000 women planning to give birth in each type of midwifery unit, will provide comparative evidence on safety and rates of normal birth. In 2010, the DoH has also commissioned a piece of work to consider 'normal birth' as an indicator of service quality.<sup>16</sup>

While there is still a good deal of work to be done, major initiatives are underway that were simply not on the agenda a few years ago.

#### References

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## NCT support for local Reps: a news roundup

Anne Fox, head of campaigns and public policy, provides an update on NCT's support for our local user Reps.

For many years, NCT has been committed to supporting and resourcing User Representatives (Reps) who give freely of their time, skills, enthusiasm and patience to represent local parents on a number of local structures.

All over the UK, Reps daily and weekly devote their free time to other local parents and to NCT's issues sitting on Maternity Services Liaison Committees (MSLCs), Local Involvement Networks (LINKs), Labour Ward Forums (LWFs), Infant feeding groups, Children's Trusts and other structures.

### The voice of users

NCT is committed to ensuring that the voices of users of maternity and family services are at the heart of their design, development, implementation and review. We do this by lobbying the four country governments to ensure that user involvement structures are developed and supported to fully engage the user experience in policy and services. Additionally, Reps at local level feed back their issues and experiences to inform our lobbying and our programme of support for them.

In the past two years, the job of supporting Reps has moved within the remit of NCT's Campaigns and Public Policy Team, and is now located within NCT Active – NCT's campaign and activism network – to make access to materials and resources easier for Reps. Reps from each of the four countries advise NCT Active on the development of resources and topics for the production of briefings and further information.

All Reps should be registered with NCT Active to ensure they have access to the full range of supports and resources. To do this, simply log on to [www.nct.org.uk/active](http://www.nct.org.uk/active) and fill out the short form. You'll receive a monthly newsletter, *The Campaigner*, and have access to materials and resources not available on the main NCT website.

### The Rep role description

We are currently redeveloping the Rep Role Description in line with the Branch and Volunteer Charter and would like to know your views.

The draft role description is online in the Reps area of NCT Active and we welcome your views at [active@nct.org.uk](mailto:active@nct.org.uk).

At NCT Active, we aim to provide good support and resources when you are faced with an issue locally but with a small team and not enough eyes and ears on the ground we don't do that as well as we could. In NCT's regional teams there is a role for a Regional Maternity Services/Campaigns link who will offer to keep in touch with branches in their region and the Campaigns and Public Policy (CPPT) team to make sure that we know that supports are needed and what issues campaigners are facing and guaranteeing everyone the support they deserve.

Regional Maternity Services/Campaigns Links assist the regional coordinator and CPPT by being a point of contact for NCT Reps/campaigners. They are volunteers recruited by the regional coordinator in consultation with CPPT and are part of the regional team. The role may be job-shared.

All regional team members must be NCT members. All volunteers are covered by the conditions of the Volunteer Policy & Charter. All Regional Maternity Services/Campaigns Links must be registered with NCT Active.

If you're interested in becoming a regional campaigns link let your regional coordinator know or drop us a note [active@nct.org.uk](mailto:active@nct.org.uk) with your address and we'll put you in touch.

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