

Normal birth as a measure of the quality of care

Research networker Miranda Dodwell introduces an NCT report on using normal birth as a measure of the quality of care.

NCT has published a new report called *Normal birth as a measure of the quality of care: evidence on safety, effectiveness and women's experiences*.¹ There is good evidence that normal birth can be used as an indicator of the quality of maternity care. Certain ways of caring for women in pregnancy and in labour can increase opportunities for normal birth without compromising safety. In general these practices make care more personalised and responsive to the physiological, social and emotional needs of women, thereby improving their experiences of care.

In recent decades, there has been a substantial increase in the use of invasive medical procedures during labour and birth, without a commensurate increase in safety. Procedures such as induction of labour, epidural anaesthesia, assisted delivery and caesarean birth should only be used in circumstances where the benefit will outweigh harm. In order to measure and monitor trends in the use of intervention, and more particularly, in the proportion of women who have an entire labour and birth without medical intervention, definitions of 'normal birth' have been developed that can be calculated using routinely collected data. The Maternity Care Working Party (MCWP) has called for normal birth rates to be measured according to a standard definition (see box). The measurement and audit of normal birth rates are supported by the RCM, RCOG and the Department of Health.

Healthcare policy in all the countries of the UK supports the promotion of normal birth and an improvement in the quality of all healthcare including maternity services. In England, the health white paper, *Equity and Excellence: Liberating the NHS*,² has made it clear that the new coalition government places a strong emphasis on quality, as defined by Lord Darzi, as care consisting of three elements: safety, effectiveness and patient experience. This aligns with the approach adopted by the governments in Wales and Scotland.

The NCT report proposes using normal birth rates as a measure of quality of care, and sets out the evidence that normal birth is safe, improves healthy outcomes and is valued by women. It has been shown that, in general, women who are supported to have a normal labour and birth without medical intervention are more satisfied with their birth experience and suffer less morbidity than women who have medical procedures. Provided that decisions about when to use medical interventions are made on a case-by-case basis taking into account individual needs and circumstances, and within the context of evidence-based, flexible care protocols and good multi-disciplinary team working, there is evidence that intervention rates can be reduced without compromising the safety of the mother or baby.

Certain midwifery practices have been identified that increase opportunities for normal birth by promoting circumstances in which the physiological process of birth is supported. They tend to involve building confidence in women's ability to give birth, helping them feel valued, listened to and more in control, so that women emerge feeling enriched rather than traumatised. They also focus on providing the optimal birth environment, avoiding disturbing the neuro-hormonal processes necessary for the progression of labour and which enhance women's ability to cope with pain.

Such midwifery practices include:

- Providing continuity of midwife-led care
- Offering birth at home or in a birth centre
- Providing birth preparation classes
- Ensuring one-to-one midwifery care for women in labour
- Encouraging mobility and upright positions during labour
- Offering access to immersion in water during labour for pain relief

There is no evidence of any of these practices being associated with adverse outcomes, including women at low risk of

complications being appropriately offered birth at home or in a birth centre. All these practices are supported by clinical guidelines and policy.

As well as reducing intervention rates such as caesarean and assisted delivery, other benefits of these practices can be a decreased need for pain relief, increased breastfeeding rates, and a lower likelihood of postnatal depression. Women receiving these types of care tend to be more satisfied with their birth experience, especially where they have been able to develop a trusting relationship with their midwife, to feel more relaxed and to have a greater sense of control. Being well supported during labour increases feelings of confidence and reduces feelings of trauma.

Normal birth rates should be measured and audited using the definition set out by the MCWP. These should be made available and discussed by all those involved in their improvement, including the labour ward forum and maternity services liaison committees (MSLCs). Women's experiences of care will also become increasingly important as a measure of quality.

References

1. Dodwell M, Newburn M. *Normal birth as a measure of the quality of care: evidence on safety, effectiveness and women's experiences*. London: NCT; 2010.
2. Department of Health. *Equity and excellence: liberating the NHS*. Norwich: TSO; 2010. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Adopting normal birth practices

The introduction of such practices into your local maternity unit:

- Is supported by NICE guidelines and UK governments policy
- Will improve healthy outcomes for women
- Will improve women's experiences of maternity care
- Will increase normal birth rates