Managing mood, keeping mobile and mild munching: how to increase the normal birth rate

Trixie McAree, consultant midwife and supervisor of midwives at North West London Hospitals NHS Trust, looks at how we can reduce the rate of caesarean sections and increase the number of normal births.

There are good reasons for avoiding caesarean sections and other interventions if possible. Although interventions such as induction, intravenous cannulation and caesarean section have saved many lives, they are sometimes overused, leading to unnecessary complications such as prolonged stay in hospital and increased infection and haemorrhage rates.

The caesarean section rate in England is 25.5%, and in some maternity units it is closer to 30%. There is, however, significant variation across maternity units, ranging from 19.5% to 35.0%. Higher rates of caesarean section appear to be associated with older mothers and women from certain ethnic groups, but even when these factors are taken into account, they do not explain the differences between trusts.1

What are the risks?

For the baby the immediate risk of caesarean section is the increased risk of admission to the neonatal unit (NNU) with respiratory distress syndrome (RDS). The risk for babies born by caesarean section is 3.5:100, because babies are not squeezed at birth as they pass through the birth canal or exposed to born to exposure by birth. Research is also beginning to demonstrate correlation (not causation) between mode of delivery and various ails such as allergies, diabetes, autism and epilepsy.2,5,6

For the mother, the main immediate risks of caesarean section are haemorrhage, infection and bladder and bowel damage.2 In the medium term, there is a significant (though small) increased risk of reduced fertility, and of placenta accreta in future pregnancies leading to massive haemorrhage.

The longer-term risks are related to scar pain and adhesions that develop over time and lead to discomfort.

How to reduce the caesarean section rate

The literature shows that the trusts with most success in reducing the number of unnecessary caesarean sections have achieved this by focusing on increasing the rate of vaginal birth after caesarean (VBAC). In the long term, however, women in their first pregnancy are the key to increasing the rate of normal births.8

After an extensive national review of why maternity units had high or low caesarean rates, the NHS Institute for Innovation and Improvement drew up 10 features of successful units, which included a focus on keeping pregnancy and birth normal; working as a team with an understanding of other people’s roles and expertise; visible and vocal leaders; and the use of evidence-based guidelines to inform practice.3

A common feature of trusts that provide consistently high-quality care is good interdisciplinary working and clear communication. This can include having a daily review meeting where all staff are encouraged to ask questions and give opinions. In my own department, maternity assistants are involved in supporting normal birth by setting up the delivery rooms to minimise focus on the delivery beds. Women in trusts that had worked to reduce the caesarean section rate reported increased quality of care and were more satisfied with their experience.9 Staff also reported greater satisfaction at work.

In order to gauge the current levels of awareness of normal birth among midwives, I held focus groups with 250 midwives in groups of 20 about the barriers to normal birth. I used the pathway-to-success technique, in which everybody was given pieces of paper to place on an imaginary road to success (normal birth), with the pieces of paper representing barriers such as lack of parent education or media portrayal of birth. Participants could vote on which barriers they would tackle and how. The results showed that health professionals understood and offered the same solutions as the literature. They acknowledged that they knew how to promote normal birth but they felt it was someone else who was preventing it from occurring.

The key points made by the focus groups are:

- Women need to be prepared for birth.
- Any language barriers need to be addressed.
- Provision needs to be made for one-to-one care in labour.
- Women need to be supported if they have previously had a difficult birth.
- We need to prevent early admission to the delivery suite, so that women go home if they are not in labour or are in early labour.

To end this strategy for the trust was written, with three main strands:

- Staffing and policies, including education of all staff
- Communication and preparation for birth with women
- Clinical management of birth including birth environment

The strategy includes increasing antenatal education classes and introducing additional birthing pools and an aromatherapy service.

All these elements have a similar impact on the woman: they help her maintain control of what she wants and feels, thus reducing the amount of adrenaline and facilitating labour. Control is also maintained by being upright and mobile and by maintaining adequate nutrition and hydration throughout labour. We have summed up these three key elements of a successful labour for women and their partners as: managing mood or the mind, keeping mobile and mild munching throughout labour.

References