New evidence-based NICE guidance supports choice on place of birth

I have chosen to highlight the NICE clinical guideline on intrapartum care (published in draft form at time of going to press at: http://guidance.nice.org.uk/CG/WaveR/109), as it is a key document for healthcare staff and practitioners supporting women through the antenatal period and birth. Various aspects are being updated in 2014, including the sections on place of birth, care throughout labour (including communication and supportive care), promoting and supporting normal labour, and foetal monitoring. NCT is a registered stakeholder and a group of staff and research networkers, and members with an interest in research, has commented on the draft guidelines as part of the consultation process. Publication of the final version is planned for October 2014. So watch this space!

The proposed new recommendations around place of birth have generated a lot of discussion and media attention. Some of the coverage has unfortunately been neither evidence-based nor parent-centred, reflecting the emotive nature of the subject. It is really important for health professionals and NCT practitioners to be familiar with the key pieces of evidence that the recommendations are based on. There is a useful ‘decision guide’ included, designed to convey in an unbiased, accessible way the risks and benefits associated with different planned places of birth, to support informed choice. Different women and couples will have different experiences, beliefs and preferences, and their decisions should be respected.

Most of the new evidence on planned place of birth is data from the Birthplace prospective cohort study (http://bit.ly/1j020F4). This followed 64,500 low-risk women through pregnancy and birth, and compared perinatal outcomes, maternal outcomes, and interventions in labour between different planned places of birth. The study showed that for mothers at low risk of complications, there was no significant difference in adverse perinatal outcome for those who planned births in freestanding or alongside midwifery units compared to obstetric units, and that these women had fewer interventions. For low-risk women having a second or subsequent baby, planned home births also showed no increase in risk of perinatal outcomes and had lower risk of intervention. For low-risk women having their first baby, there was an increased risk of adverse perinatal outcome for those who planned to give birth at home (9.3 adverse perinatal outcomes per 1,000 compared to 5.3 per 1,000 for births planned in an obstetric unit) and a relatively high rate of transfer to an obstetric unit (36-45% of nulliparous women transferred, compared to 9-13% of multiparous women).

Importantly, the NICE Guideline Development Group ‘felt it imperative that women be given a choice of all birth settings and evidence-based information in an easily accessible format of the key risks and benefits associated with each birth setting in order to help them decide the most appropriate place for them to plan to give birth’. This focus on informed choice is very welcome, and fits well with NCT’s policy on being both evidence-based and parent-centred.

The consultation draft of the updated NICE guideline includes further emphasis on the need for person-centred care. A new key priority for implementation is that ‘Providers, senior staff and all healthcare professionals should ensure that in all birth settings there is a culture of respect for each woman as an individual undergoing a significant and emotionally intense life experience, so that the woman is in control, is listened to and is cared for with compassion’.

Abundance of research shows person-centred care is effective

National Voices, a national coalition of health and social care charities in England, have brought together the evidence around person-centred care (http://www.nationalvoices.org.uk/evidence). This includes reference to an enormous 779 systematic reviews, including evidence summaries on supporting shared decision-making, enhancing experience of healthcare and improving information and understanding. This ‘review of systematic reviews’ concluded that there is a lot of high-quality research about the effectiveness of person-centred care. Understanding that being person-centred is in itself an evidence-based approach can help to reconcile some of the dilemmas that we face in supporting women and their partners through the transition to parenthood. While the primary focus is healthcare, there is much that is relevant to NCT services.

Group-based education, evidence-based decision aids, clear evidence-based communication and information, peer support and parental support and education are all components of ‘what works’ in person-centred care.

Finding a recent systematic review or meta-analysis is generally the most robust way of getting up to speed while ensuring a balanced understanding of the evidence.