

What should we teach about birth interventions?

Mary Newburn, head of research and information, and Bridget Supple, antenatal teacher, examine the challenges of talking with parents about medical procedures.

'NCT is here to support parents. We give them accurate, impartial information so that they can decide what's best for their family.' So says the NCT website.

In this article we'd like to encourage all teachers to reflect on how well we communicate information while trying to support parents and counter a culture of negativity about birth. Liz McDonnell talked to some women whose experience of birth was upsetting.¹ Their births had not been straightforward and they felt guilt, trauma and a sense of loss. Part of that seemed to stem from feeling unprepared for the realities of birth. They wanted 'more realistic information about birth complications and unplanned caesareans'.

Antenatal teachers have a difficult balancing act to pull off. Many women who come to classes have been negatively influenced by the portrayal of birth in the media and we need to counteract that. A Swedish study found that women who were fearful of birth were more likely to have an emergency caesarean.

'Every birth in a TV drama is an excruciating emergency.'

In order to counter a culture where every birth in a TV drama is an excruciating emergency waiting to be solved by a gowned-up doctor,³ teachers need to encourage women to believe in their ability to give birth. It's important that we as teachers do use the evidence to show the positive things that can be done in labour to help achieve a normal birth and not contribute to a culture of fear and expectation that birth can't be done without drama, immense pain and medical intervention.

Sometimes, however, birth just doesn't go as planned or as a woman would like it to. Expectant parents need to know what can happen and be given tools to make the right decision for them. There is considerable evidence showing that women who understand what is happening and feel they have some control feel better about their birth regardless of the outcome.⁴ How interventions are taught will have an impact on those women for whom they are necessary during labour. It is however, very hard not to show bias when discussing assisted or caesarean births; our words, body

language, tone, and the focus of the discussion often convey moral messages as well as emotional, technical or procedural meaning.

'Parents need to know about what affects the physiological process of labour.'

Messages teachers convey

So, what do we need to convey as antenatal teachers? How can we most usefully talk about different birth experiences and prepare women and their partners? Here we explore some key messages:

1. **If a straightforward vaginal birth can be achieved, this is likely to be good for the mother and the baby in terms of health and wellbeing.** Parents need to know about what affects the physiological process of labour and what helps to keep birth normal, based on reliable research evidence. For example, evidence from the Birthplace study shows the impact of planned place of birth⁵ and labour wards vary in the extent to which they manage birth medically.⁶ (See Kirstie Coxon's article on page 5 and Miranda Dodwell's article on page 16.)
2. **Do what you can to minimise complications developing (see 1 above), but do not feel personally responsible for achieving the 'perfect birth'.** Childbirth is unpredictable and often does not go according to a mother's wishes. Prepare yourself for the kind of birth you would like and for possible deviations from your ideal.
3. **Spontaneous labour and birth is less common in developed countries than it used to be.** Caesarean birth and assisted deliveries account for around a third to a half of all hospital births. Interventions are lower for women considered 'low-risk' and are lower for women having midwife-led care, planned care in a birth centre or a planned home birth.
4. **Some complications can be avoided and some cannot.** Some conditions and circumstances clearly indicate the need for medical assistance; other deviations from normal are less clear-cut and can be treated with 'watchful waiting' or can potentially be corrected with a non-invasive alteration. For example, labour may progress if the atmosphere is concentrated, quiet and calm, so it can help sometimes if distracting or tense family members leave the room. Or a change of position can help the baby to descend.
5. **Think about the particular circumstances of you and your baby. If you need to talk things through with your midwife, obstetrician or paediatrician or to find out more information, do so now.** You could try out using BRAIN in different hypothetical circumstances in conversations with your birth partner.



6. Medical interventions are better avoided if they are not needed, as they tend to involve side effects of various kinds but sometimes the benefits for your baby or for you outweigh the undesirable consequences (including discomfort, loss of wanted experience, fear) or any health risks. Giving women the confidence in their bodies to give birth, and providing them with knowledge about midwifery-led care options, should not preclude them from having the confidence to make use of the benefits of modern technology when the need arises. You may or may not choose to spend time discussing interventions in detail or doing a role play of a caesarean birth, according to your theoretical approach and preferred ways of working, but no NCT teacher should convey a message – intended or unintended – that medical interventions are unnecessary or carry a negative value judgement that they are bad per se.

Striking a balance

We accept the efficacy of antibiotics for treating bacterial infections while understanding the importance of strictly limiting antibiotic use to minimise and prevent unwanted side effects, such as an allergic reaction, or the development of bacterial resistance. Likewise, in particular cases, a caesarean, forceps or ventouse birth, or more intensive monitoring, may make the



difference between a well mother and baby and complications. One goal of promoting informed choice which perhaps gets less discussed among NCT practitioners is to help parents feel able to receive assistance when they and their carers feel it is needed and to feel accepting of that decision.

Operative interventions during birth can have a significant impact on women, increasing feelings of grief and distress after birth.⁷

Preparing parents for what to expect if things take a different path from the one expected is important. Educators need to recognise that how they teach can minimise or add to feelings of distress.

'Model flexibility and present various pathways positively.'

Many parents who come to NCT are healthy, have a straightforward pregnancy and are interested in giving birth using their own resources and avoiding major interventions. However, often labour proves to be more challenging physically, emotionally or clinically than anticipated. NCT also attracts:

- A high proportion of older mothers (some of whom may only have one baby)
- Couples who have been through IVF
- Women with a complicated medical history

For each woman and each couple, the balance of benefits and risks of obstetric technology will be different, and the situation is a dynamic one, subject to change throughout late pregnancy and during labour. Birth experiences and feelings about birth stay with women for decades⁸ and can affect their sense of self and

wellbeing. It is often not an intervention itself that is the 'make or break' factor affecting how a woman feels, but how much the woman and her partner feel in control.⁴ Educators should aim to role model flexibility and present different labour pathways and options in a positive manner.

As a teacher, consider:

- What are you seeking to achieve?
- What are you seeking to avoid?
- How is your approach received by your clients?
- Have you observed or discussed how other teachers communicate information about interventions?
- Is your knowledge up-to-date?
- Do you need to review your approach or do more reading?
- What books, articles, reviews or websites do you find most useful?

If you would be willing to share your approach to practice, your reflections and/or your sources in an article for *Perspective*, please contact the editor.

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