



The Value of the Maternity Care Team in the Promotion of Physiologic Birth

Ruth E. Zielinski, Mollie Gilbert Brody, and Lisa Kane Low

Correspondence

Ruth E. Zielinski, PhD, CNM, FACNM, University of Michigan, 400 N. Ingalls, Room 3336, Ann Arbor, MI 48109. ruthcnm@umich.edu

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ABSTRACT

The benefits of normal, physiologic birth have been well documented. Health care providers such as nurses, midwives, and physicians have distinct and significant roles in the promotion of physiologic birth processes. By supporting women and families, doulas can enhance the maternity care team and further facilitate physiologic birth. A collaborative maternity care team can foster and support a common goal of safe, satisfying, and affordable care practices associated with physiologic birth.

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Ruth E. Zielinski, PhD, CNM, FACNM, is a clinical associate professor, School of Nursing, Midwifery Program, University of Michigan, Ann Arbor, MI.

Mollie Gilbert Brody, RN, BSN, is a graduate student, School of Nursing, Midwifery Program, University of Michigan, Ann Arbor, MI.

Lisa Kane Low, PhD, CNM, FACNM, FAAN, is an associate professor, School of Nursing and Women's Studies Department, and Associate Dean, Practice and Professional Graduate Programs, University of Michigan, Ann Arbor MI.

Two decades ago the World Health Organization called for the improvement of maternal and infant health through a reduction in interventions that interfere with the normal birth process, such as routine intravenous fluids and operative delivery (World Health Organization, 1996). Since that time, use of interventions during birth has increased. Although some providers and hospitals have successfully reduced their rates of cesarean births, the overall rate in the United States has increased 60%, from 20.7% in 1996 to 32.9% in 2009, with only a slight decline to 32.7% in 2013 (Martin, Hamilton, Osterman, Curtin, & Mathews, 2015). The results of the third *Listening to Mothers* survey indicated that rates of interventions have stayed the same or increased during the past decade (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013). Of the women surveyed in 2011 and 2012, 50% indicated that their labors were induced or augmented, and 62% had epidural or spinal analgesia (Declercq et al., 2013). Although interventions are not always detrimental, they can be overused or unnecessary for women who experience healthy pregnancies. Interventions can disrupt normal physiologic childbirth or may result in further interventions that do not improve health outcomes (American College of Nurse-Midwives [ACNM], Midwives Alliance of North America,

& National Association of Certified Professional Midwives, 2012).

Each member of the birth team plays a vital role in the promotion of the physiologic birth process. In this article, we explore those roles and how each provider can best support physiologic birth. As physicians, midwives, nurses, and doulas gain deeper appreciation of their own professional obligations to women to promote physiologic birth and gain better understanding of the roles of the other members of the birth team, they will be poised to collaborate to provide an optimal birth experience that is individualized to meet the specific needs of each woman, her newborn, and family.

Background

Recently, several professional organizations directly or indirectly supported physiologic birth or practices congruent with nonintervention during birth. For birth providers this signifies the underpinnings of support from their professional organizations to reduce the number of unnecessary interventions and/or promote healthy, physiologic birth. In 2012, three U.S. midwifery organizations issued a joint consensus statement in support of normal physiologic birth: ACNM, Midwives Alliance of North America, and

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National Association of Certified Professional Midwives. The purpose of this joint statement was to define physiologic birth; identify factors that support or inhibit physiologic birth; and recommend policy, education, and research to promote physiologic birth (ACNM et al., 2012).

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) has long advocated for the preservation of normalcy in birth and educates members about practices, such as continuous labor support, that facilitate optimal physiologic birth and positive outcomes for mothers and newborns (AWHONN, 2012). Although AWHONN recognizes the need for labor and delivery nurses to implement interventions such as induction of labor or continuous fetal monitoring that have the potential to interrupt physiologic birth, the organization remains committed to the support of birth as a physiologic process. For example, in a position statement regarding fetal monitoring AWHONN indicated, "The least invasive method of monitoring is preferred in order to promote physiologic labor and birth" (2015, p. 1).

Although the American College of Obstetricians and Gynecologists (ACOG) does not have a position statement specific to physiologic birth, ACOG and the Society for Maternal-Fetal Medicine (SMFM) recently published a consensus statement related to the prevention of the primary cesarean (ACOG & SMFM, 2014). In this document the two organizations recommended the use of practices to induce labor only for evidence-based maternal or fetal indications, and they recommended continuous labor support, such as the use of doulas.

With greater recognition of the health benefits of physiologic birth and the risks inherent in medical interventions, more providers, hospitals, and institutions have called for the promotion of physiologic birth. The Ohio State University Wexner Medical Center in Columbus, Ohio published evidence-based guidelines to decrease the rate of cesarean birth (Millen, Kuo, Zhao, & Gecki, 2014). These guidelines were developed and implemented by a multidisciplinary team of physicians, nurse-midwives, and nurses. This collaboration underscores the importance of the birth team working together to advance physiologic birth.

Each member of the maternity care team plays a vital role in the support of physiologic birth.

The mode of birth and number of interventions a woman experiences depend on many factors. Although the woman's desires and motivation to avoid unnecessary intervention may be factors, a number of other variables influence the care she receives. Factors such as underlying medical conditions of the woman or fetal status during pregnancy and labor influence the interventions that may be used to ensure the health and well-being of the woman and fetus. Conversely, overuse of interventions that are not evidence-based may lead to iatrogenic increases in surgical births (ACNM et al., 2012; ACOG & SMFM, 2014).

Irrespective of a woman's preferences, health status, or family influences, the level of obstetric interventions a woman experiences often is related to health care provider preferences or institutional policies. The members of a woman's health care team, including midwives, physicians, nurses, and possibly doulas, can be significant factors that influence her ability to achieve a healthy birth. Integral to the physiologic birth process is the provider's approach to birth at the time of labor and during the entire pregnancy, when care decisions may lead to a cascade of interventions that ultimately disrupt the physiologic birth process (Declercq et al., 2013). In addition, the information and support given to a woman and her family during pregnancy, labor, and birth by her provider may influence her motivation and desire to minimize interventions. Women in the United States who give birth in hospital settings and some who give birth in out-of-hospital settings will be cared for by nurses during labor and birth. In fact, many women interact the most with nurses at this time; therefore, the nurse's support of physiologic birth is essential. Trained birth doulas, when available and used, also help to facilitate physiologic birth.

Individual health care providers can hold different views related to labor and birth practices (Ratti, Ross, Stephanson, & Williamson, 2014). In a recent survey of obstetricians, midwives, and family physicians in Calgary, Canada, investigators found that physicians were more likely to view childbirth as risky and birth plans as useless, whereas midwives were more likely to be supportive of home birth and believed that unnecessary cesareans were performed (Ratti et al., 2014). When members of the

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