From birth plan to birth partnership: enhancing communication in childbirth

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THE PROBLEM: Birth plans are popular, but frequently ineffective,[1] methods used to promote a patient's informed decision-making in the birth process and often lead to frustration and antagonism between patient and providers.

A SOLUTION: To move away from 1-sided, checklist-style birth plans and instead proactively to enhance communication and to build a patient-provider partnership in birth can impact both patient choice and provider satisfaction positively.

Birth plans

Birth plans initially were developed by natural childbirth advocates in the 1980s as a response to pregnant women's sense of loss of agency in the birth process.[2] As part of a larger movement for women's rights and patients' rights, the natural birth movement sought to renormalize birth and give women control over their own pregnancies and birth processes, pushing back against unwanted and unwarranted medical interventions.[3] However, this movement also had an antiscientific cast and was, in many ways, unnecessarily antagonistic toward medical intervention.

Birth plans remain popular, with many women concerned about avoiding unnecessary interventions and wanting to exercise their informed consent. Birth plans are also recommended by several popular pregnancy books and websites, most of which offer some form of birth plan template.[4] Natural birth organizations and teachers also offer birth plan information, which tend to be oriented toward avoiding medical interventions. Many of these birth plan templates appear in the form of checklists of choices regarding interventions, with little guidance about why one would choose to have or avoid them or which interventions preclude the choice of other interventions (eg, continuous internal fetal monitoring while walking during labor). The checklist forms also frequently include both trivial and outdated considerations that do not reflect current practices or significant choices in care, such as preferences around enemas, music, or lighting. Many hospitals now also offer checklist-style birth plans that reflect current practices and options that are available at that facility, but they are likewise limited in utility because they do not include some significant choices or a sense of which options preclude or give rise to other options.

The use of birth plans has also not had the intended effects of facilitating constructive communication between pregnant patients and their providers or providing better informed consent for laboring women.[5] Staff members sometimes feel hostile toward women who have birth plans, and distrust can build on both sides.[6] Some women believe that their values and choices are not respected, and providers frequently believe that women come in with birth plans that are uninformed and unrealistic. One study found that "patients' birth plans usually provoked some degree of annoyance. This was mainly because the requests were sometimes believed to be inappropriate."[7] Additionally, "ineffective, authoritarian, paternalistic communication"[2] patterns are sometimes reported by patients in obstetrics. One popular obstetrician blogger described women who develop birth plans as having "tantrums" filled with "ultimatums" given "to defy authority."[8] In 1 study, 65% of medical staff members falsely believed that women with birth plans had worse obstetric outcomes than women who did not have birth plans.[6] Another study found that some providers believed that time constraints warranted making decisions for women instead of going "through the lengthy process of dialogue and negotiation to find a way to respect the women's wishes."[9] Rather, women who develop birth plans usually are seeking to exercise the same right to informed consent regarding medical interventions that all competent adult patients have.

In most cases, women who make birth plans desire to have their experiences of birth reflect their values and to exert reasonable control over what happens to their bodies. Unfortunately, they often receive poor (or no) guidance regarding how to have their values reflected in their care choices. Women may have heard or experienced horror stories about providers who ignored their patients' choices or threatened that "you or your baby could die"[10] if they refused routine interventions. They are sometimes influenced by natural birth advocates who paint overly rosy pictures of potential pain and complications that arise in birth. And sometimes, providers may push interventions as defensive medicine to avoid any possibility of lawsuits, even if those interventions are not strictly necessary.[11]

Toward the birth partnership

Moving beyond unidirectional birth plans toward the development of a birth

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FIGURE
VECTOR tool for birth partnership planning

Values	What are the patient's core values and goals of birth? What are her fears? What is most important to her in the birth process?
Environment	Who does the patient want with her in the labor and delivery process? What would help her to feel confident and relaxed?
Comfort	What resources does the patient want to have available for her comfort and support?
Treatment	Are there specific forms of treatment that the patient does or does not want? Why?
Options	If labor does not go as expected, how will the patient address her options for intervention?
Recovery	How does the patient want to initially interact with her baby? What are her preferences for bonding, feeding, and care after birth?

The tool incorporates values, environment, comfort, treatment, options, and recovery questions for birth partnership planning.

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partnership can build trust and facilitate constructive 2-way communication and shared decision-making between patient and obstetric care provider. Birth partnerships differ from birth plans in several key ways.

Birth partnerships involve ongoing conversation, before and during the birth process. Early on in the pregnancy, providers should discuss their own philosophies and practices of birth and provide educational materials to the patients to begin dialogue around decision-making and expectations. This can allow both patients and providers to assess early on whether the relationship is a good "fit" based on the underlying values and priorities of each party. This also can allow patients to express their values and goals of care in the birth process, including anything that might be out of the ordinary within the provider's experience. Over the course of the pregnancy, providers can use discussion tools, such as the VECTOR (values, environment, comfort, treatment, options, recovery) tool (Figure) to develop ongoing conversations around patient values and preferences.

Some providers have found that planning for an extended visit at approximately 34—36 weeks gestation is helpful in discussing the woman's values and preferences in the birth process.[12] This allows the provider to provide appropriate education to the patient regarding what choices are realistic, are available in concert with one another, and may be medically advised in her unique situation. It also allows the provider to listen to what the patient cares about in the birth process. What matters most to her? What are her fears? What are her expectations? The extended educational visit offers an opportunity to learn about what she values, what she knows, and what she does not know and to offer guidance as she approaches labor and delivery. This ongoing conversation should also include labor itself and the changes that happen and the decisions that must be made over the course of labor.

The basic ethical principle of informed consent applies to pregnant and laboring women just as it does to any other competent adult patient, so women retain the right to refuse particular interventions in labor. But there is a great deal that obstetric care providers can do to avoid intractable conflicts proactively, especially for higher-risk patients who are more likely to need interventions. Patients must be reasonably informed about treatment options, and they often rely on a variety of sources to inform themselves. Providers should offer information proactively from high-quality, evidence-based sources to best inform their patients and lead them away from low-quality, inappropriate sources. Women often arrive with information from natural birth advocates, pregnancy books and websites, stories from friends and family, and their own encounters with the healthcare system. Some of these may be helpful, although others may not be, and each woman comes into the birth process with her own values, hopes, and fears. Providing appropriate information and conversation work to build trust so that, when a provider recommends a particular intervention and gives an appropriate reason for the intervention, the relationship stands on solid ground and that patient becomes more likely to accept the intervention or to give a good reason for declining.

Obstetric care providers can best build their patients' trust by being trustworthy and respectful in their encounters with patients.[13] Even difficult patients and those who are inclined to distrust medical professionals are best encountered with discussion, rather than dismissiveness. They may have come into the encounter with experiences of being harmed, dismissed, or disrespected by providers; ignoring their concerns can magnify this negative perception.[5] These patients may have values that they want to uphold that may not be shared by the provider, such as having a large family or avoiding blood transfusions, but should be respected nonetheless.[14] Providers do not need to offer treatments that are not medically beneficial or that they do not believe are in the patient's best interest, but "it is not ethically justifiable to evoke conscience as a justification to coerce a patient into accepting care that she does not desire."[15] One study found that "the great majority of mothers who had experienced episiotomy (73%) stated that they had not had a choice in this decision."[16] In many cases, especially for primigravid women, they may have received bad advice or heard horror stories from other mothers, and respectful communication will be productive in mitigating their fears.

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