THE HUMANISATION OF CHILDBIRTH

2019

Professor Dr Lesley Page CBE
From Medicalization to Humanization

Humanization          Medicalization
Humanisation of Birth

• Care that recognizes the significance of birth for individuals family and society, and that respects human rights of the woman to access high quality, evidence based care. Humanised care puts the woman at the centre of care, recognizes that the mother and baby are inseparable. The woman and her baby and family are treated with dignity and respect, and the woman has the right to make decisions about her care. This decision-making process will be enhanced by a relationship of reciprocity with her midwife or midwives, and supported through the appropriate provision of high quality information.

• Page 2016 and Umenai et al 2001

In: Midwives and the humanisation of care. ICM. Page, LA, Cadee F, Rheyns M, Bondo, L, Debonnet S, Jokinen, M, Castiaux G on behalf of the Central European Region.
Taking the thinking about humanization forward

E. Newnham, L. McKellar, J. Pincombe
Towards the Humanisation of Birth
A study of epidural analgesia and hospital birth culture

- Uses epidural analgesia as the lens for analysis of the current ontological and epistemological debates in maternity care
- Examines key sociological and philosophical debates in current maternity care practice and provision, with a view to influencing the design and provision of such care in the future
- Tracks historical developments in the field as the background to the wider debates to be addressed in the text

Slide by Dr Liz Newnham

See also: Newnham, L and Page, L 2019
The Humanisation of Childbirth. The Practising Midwife September 2019 14-17.
<table>
<thead>
<tr>
<th>Medicalised/Industrialised/Dehumanised</th>
<th>Humanised</th>
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<tbody>
<tr>
<td>Birth seen as medical event</td>
<td>Wider significance of birth recognised</td>
</tr>
<tr>
<td>Mother and baby separate</td>
<td>Mother/baby inseparable</td>
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<tr>
<td>Cultural belief in ‘safety’ of technology/medical interventions/unnecessary intervention</td>
<td>Evidence based, appropriate care/intervention when indicated</td>
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<tr>
<td>Focus on pathology and risk, fear</td>
<td>Optimal health and wellbeing</td>
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<tr>
<td>Normal physiological is deviant</td>
<td>Science based /renormalizing normal</td>
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<tr>
<td>Depersonalised /fragmented</td>
<td>Respectful, relationship based care</td>
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<tr>
<td>Focus on technology /institution</td>
<td>Woman at centre of care –mitigating effects of vulnerability</td>
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<tr>
<td>Eradication, limitation or mistrust of midwifery</td>
<td>Scaling up and strengthening midwifery</td>
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BIRTH IS NOT SIMPLY A MEDICAL EVENT

Thanks to Leah Millinship BirthWorks for photo

BirthWorks, Leah Millinship
THE LOVE THAT TIES

Thanks to Leah Millinship BirthWorks for photo

BirthWorks, Leah Millinship
A short and yet critical period around birth – long term consequences for our capacity to love – Odent 1999

Essential to survival and wellbeing of baby into adulthood

Support for physiology important to health and wellbeing mother/baby

Odent M 1999 The Scientification of Love (Free Association books) Europe.

Buckley S and Uvnas Moberg K 2019 Nature and consequences of oxytocin and other neuro hormones in the perinatal period in Downes S and Byrom S Squaring the circle. Pinter and Martin London.
Rendering love hormones useless for having babies is a turning point in the history of our species (Odent 2019-The Future of Homo)

With thanks Jessamy Nick and Toran.
Photo by Nick Yates
From faith in technology and over intervention to Evidence based appropriate care

(thanks to Jess Howorth photo by Nick Yates)
Too little, too late
• Lack of evidence-based guidelines
• Lack of equipment, supplies, and medicines
• Inadequate numbers of skilled providers
• Women delivering alone
• Lack of emergency medical services and delayed inter-facility referrals
Too little, too late; too much, too soon

Too much, too soon

- Unnecessary caesarean section
- Routine induced or augmented labour
- Routine continuous electronic fetal monitoring
- Routine episiotomy
- Routine antibiotics postpartum

“Every woman, every newborn, everywhere has the right to good quality care.”
The global C-section rate has almost doubled in less than a generation, from 12 percent of all births in 2000 to 21 percent in 2015.
FIGO position paper: how to stop the caesarean section epidemic

Worldwide there is an alarming increase in caesarean section (CS) rates. The medical profession on its own cannot reverse this trend. Joint actions with governmental bodies, the health-care insurance industry, and women's groups are urgently needed to stop and reverse this trend. In the USA, Ireland, and Australia, it is shown that caesarean sections are more common among insured women than uninsured. Public health insurance can reduce the CS rate by 39%. Patients with high CS rates are more likely to be white or Hispanic (similar to those with public health insurance). The reasons behind the higher CS rate in low-income areas are not clear, but the increase in the use of cesarean section in these areas is likely to be driven by the growing reliance on cesarean sections.

Optimising caesarean section use

Short-term and long-term effects of caesarean section on the health of women and children

A caesarean section (CS) can be a life-saving intervention when medically indicated, but this procedure can also lead to short-term and long-term health effects for women and children. Given the increase in CS, particularly without medical indication, an increased understanding of its health effects on women and children has become crucial, which we discuss in this paper. The prevalence of maternal mortality and maternal morbidity is higher in infants born by CS. The risk of respiratory distress syndrome is higher in infants born by CS. Lower birth weight, increased risk of preterm birth, and lower birth weight are associated with CS. A decreased risk of cesarean delivery for twins is associated with lower birth weight and lower birth weight for the second twin. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins. A decreased risk of cesarean delivery for twins is associated with a decreased risk of cesarean delivery for twins.
Background

Caesarean section—the most common surgery in many countries around the world—can save women’s and babies’ lives when complications occur during pregnancy or birth, and should be universally accessible.

CS has increased over the past 30 years, without significant maternal or perinatal benefits.

CS for non-medical reasons is a cause for concern because the procedure is associated with considerable short-term and long-term effects and health-care costs.

Slide Prof J Sandall
Short- and long-term effects of Caesarean Section on the health of women and children

CS is a life-saving intervention for complications during pregnancy and childbirth that should be available to all women in need.

CS has an increased risk of maternal mortality, severe acute morbidity and adverse outcomes in subsequent pregnancy compared with vaginal birth. Multiple CSs are associated with a higher risk of maternal morbidity and mortality.

Some benefits of CS, such as less frequent incontinence and urogenital prolapse have been described.

Short-term and long-term effects of Caesarean Section on the health of women and children

Gestational age is not always available leading to rise of iatrogenic preterm birth.

Infants born by CS have different hormonal, physical, bacterial, and medical exposures (such as intrapartum antibiotics and uterotonics) and are exposed to more short-term risks, such as altered immune development, allergy, atopy, asthma, and reduced diversity of the intestinal gut microbiome, compared with those born vaginally.

Emerging research has shown biological mechanisms that underlie the acute and chronic effects of CS on child health and the long-term effects of CS on children, including how these effects might be mitigated.

BJOG Perspective
Induction of labour should be offered to all women at term
AGAINST: Induction of labour should not be offered to all women at term: first, do no harm
Anna E Seijmonsbergen-Schermers
Sicco Scherjon
Ank de Jonge
First published: 03 October 2019
https://doi.org/10.1111/1471-0528.15887
FROM PATHOLOGY RISK AND FEAR TO OPTIMAL WELLBEING
Global move towards positive childbirth experiences (continuity, safety, physiology, kindness, compassion)

*WHO Guidelines (ANC, IP, CS, PN) (2016, 2018x2, forthcoming)*
Hot off the press: Place of birth


- Compared with planned hospital births, the odds of normal birth
  - 2X birth centre
  - 6x home
- No statistically significant differences SB, early or late neonatal deaths 3 different places of birth.
‘Midwifery Unit Network (MUNet) is a European community of practice with a shared interest in supporting and promoting the development and growth of midwifery units (birth centres), which are managed and staffed by midwives’
Renormalising normal: the science base
FROM FRAGMENTED DEPERSONALISED CARE TO RESPECTFUL RELATIONSHIP BASED CARE

With thanks to Sadie Holland, King's College London
'A woman's relationship with her maternity providers is vitally important. Not only are these encounters the vehicle for essential lifesaving health services, but women's experiences with caregivers can empower and comfort or inflict lasting damage and emotional trauma.'

White Ribbon Alliance, Respectful Maternity Care, 2011
Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue.
Midwife led continuity model vs other models of care (Sandall et al 2016 Cochrane review)

- Small team or caseloading vs standard care
- 15 Randomised controlled trials with 17,647 women
- Australia, Canada, Ireland and UK
- 1989 – 2013
- Low and mixed risk women

Slide by Lia Brigante RCM
Midwifery continuity of care:

Less likely:
- Premature birth
- Death of the fetus/baby
- An epidural in labour
- Episiotomy
- Instrumental birth

More likely:
- Spontaneous birth
- ‘Satisfaction’
- ‘Cost saving’ (trend)
HUMANISING BIRTH IS ABOUT MITIGATING EFFECTS of VULNERABILITY

- Inequality
- Ethnicity Geography
- Gender and Violence
- Indigenous women
- Migration
- Custody and Detention
- Warfare Humanitarian
- Disasters
- Commercialization
- Health Services
- Mental health
- Medicalisation
Vulnerability

“Pregnant women who experience a distance in accessing maternal healthcare, as refugees/ migrants/ ethnic minorities/ second or third generation immigrants, due to problems in speaking the language and/ or understanding the culture, and/ or due to lack of income, housing or social support”

Women Political Leaders Global Forum 2018
Putting every woman at the centre: hope for the future

Teresa McCreery MSF Iraq and Lesley Page CBE

https://www.all4maternity.com/humanising-birth-hope-for-the-future-even-in-war/
Perinatal care of migrant women in Europe

H Soltani, F Fair, C Burke & ORAMMA Team*
*: [M. vanden Mijsenberghu, M. Jokinon; M. Papadakaki; H Watson, L. Rabon; E. Shaw; D. CastroSandoval; D. Aarendonk; A. Markatou; E.Slot; T. Mastroglannakis, V. Vivilaki (Co-ordinator)]

Acknowledgement: Helen Baston, Hilary Rosser & Midwifery Research Team from Sheffield Teaching Hospitals

ORAMMA: Next stage

N&M Management Time-Out Day
October 23rd, 2019 - Sheffield
ORAMMA Team

Partners

- Faculty of Health and Caring Professions (Athens), Greece
- Sheffield Hallam University, UK
- Radbound University - The Netherlands
- Technological Institute of Crete, Greece
- European Forum for Primary Care
- European Midwives Association
- CMT Prooptiki

https://oramma.eu/

Funded by the European Union’s Health Programme
ORAMMA Training for Health Care Professionals

The E-learning package is freely available online, register at

https://oramma.eu/
What matters to women about childbirth

**BOTH safety AND wellbeing**

(Downe et al 2018)

- Metasynthesis: 35 studies, 19 countries, moderate to high confidence

- What matters to most women is a positive experience that fulfils or exceeds their prior personal and socio-cultural beliefs and expectations.
What women want and need to achieve a positive pregnancy (birth) experience

- **Support**
  - social, cultural, emotional and psychological

- **Relevant and timely information**
  - physiological, biomedical, behavioural, sociocultural

- **Clinical care/therapeutic practices**
  - biomedical interventions and tests, integrated with therapeutic spiritual and religious practices, where appropriate
<table>
<thead>
<tr>
<th>Effective practices</th>
<th>For all childbearing women and newborns</th>
<th>For women and newborns with complications</th>
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<tbody>
<tr>
<td>Education, information, health promotion</td>
<td>Assessment, screening, care planning</td>
<td>Promotion of normal processes, prevention of complications</td>
</tr>
</tbody>
</table>

| Organisation of care | Available, accessible, acceptable, good quality services – adequate resources, competent workforce | Continuity, services integrated across community and facilities |

| Values | Respect, communication, community knowledge and understanding | Care tailored to women’s circumstances and needs |

| Philosophy | Optimising biological, psychological, social and cultural processes, strengthening women’s capabilities. | Expectant management, using interventions only when indicated |

| Care providers | Practitioners who combine clinical knowledge and skills with interpersonal and cultural knowledge | Division of roles based on need, competencies and resources |

Renfrew, McFadden, Bastos et al The Lancet 384, I9948, 1129 – 1145, 2014
Midwives’ Voices, Midwives’ Realities

WHO Survey of 2,400 midwives in 93 countries

• Midwives “hindered through a lack of voice in creating the change and delivering the creative solutions they know are so badly needed.”

• Similar problems regardless of whether midwives are in high-, middle- or low-income countries.

• 36% of respondents said there was lack of respect by senior medical staff and 32% said they would value “being listened to”

• Between 20–30% of all respondents said that they are treated badly because of discrimination against women and gender inequality.

• 37% of all the midwives have experienced harassment at work, with many describing a lack of security and fear of violence
Midwifery is a vital solution—what is holding back global progress? Renfrew et al (2019)

- Birth: 2019 p1-4
- Despite growing evidence of the extensive impact of midwifery, midwives and the women they look after are disempowered by patriarchal structures and professional, socio-cultural and economic barriers.

There is a long road ahead—

- Journey would be shorter by implementation of midwifery that meets ICM standards
MIDWIVES DEPRESSION ANXIETY AND STRESS


- An exploration of relationship between emotional well being of UK midwives and their work environment
- Cross sectional design online survey using Whelm survey tool
- A total of 1997 midwives 16% of RCM membership

- Key results: indicate that the UK’s Midwifery workforce is experiencing significant levels of emotional distress
- There is considerable scope for change across service
- Proactive support for younger recently qualified midwives
- Profession should lobby for systems level change in how service is resourced and provided
- Commitment from range of stakeholders
Widening our view: sustain and thrive
Relationships and connections, connecting science, human rights, enlightened policy, unified health systems
Thank you
Contact details/for more information

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