Birth matters, mindset matters. How does a comprehensive antenatal education program influence mindset and does this impact birthing outcomes?

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Setting the scene

- Feeling fearful of birth is common
  - negative impact on birth
  - increased interventions
- Drive to assist women in having a physiological birth
- Hospital antenatal programs
- Complementary therapies for birth antenatal education program (Levett et al, 2016)
  - positive strategy for physiological birth
  - non-pharmacological pain relief
  - significant reduction in intervention rates

What do we know from the previous study?

Experiences of women, birth partners and midwives…

Mothers and partners:	Midwives:
"Making sense of labour" - Working for normal - Having a toolkit - Finding what worked	"Following women in labour" - Too late in labour to educate women - Woman who know what to do are easier to work with

(Levett et al, 2016)

Why taking a qualitative focus?

- Levett et al (2016) significant reductions in interventions
  - CS, epidural, perineal trauma, newborn resuscitation rates, shorter second stage
- “Making sense of labour”
  - need to look closer at the under-pinning mechanisms
- Value of qualitative research
  - Avoid prejudgments, provide explanations to complex phenomenon, evolve new theories
- Not just numbers, but people!
  - Woman-centered approach & positive birth experience

What is a positive birth?

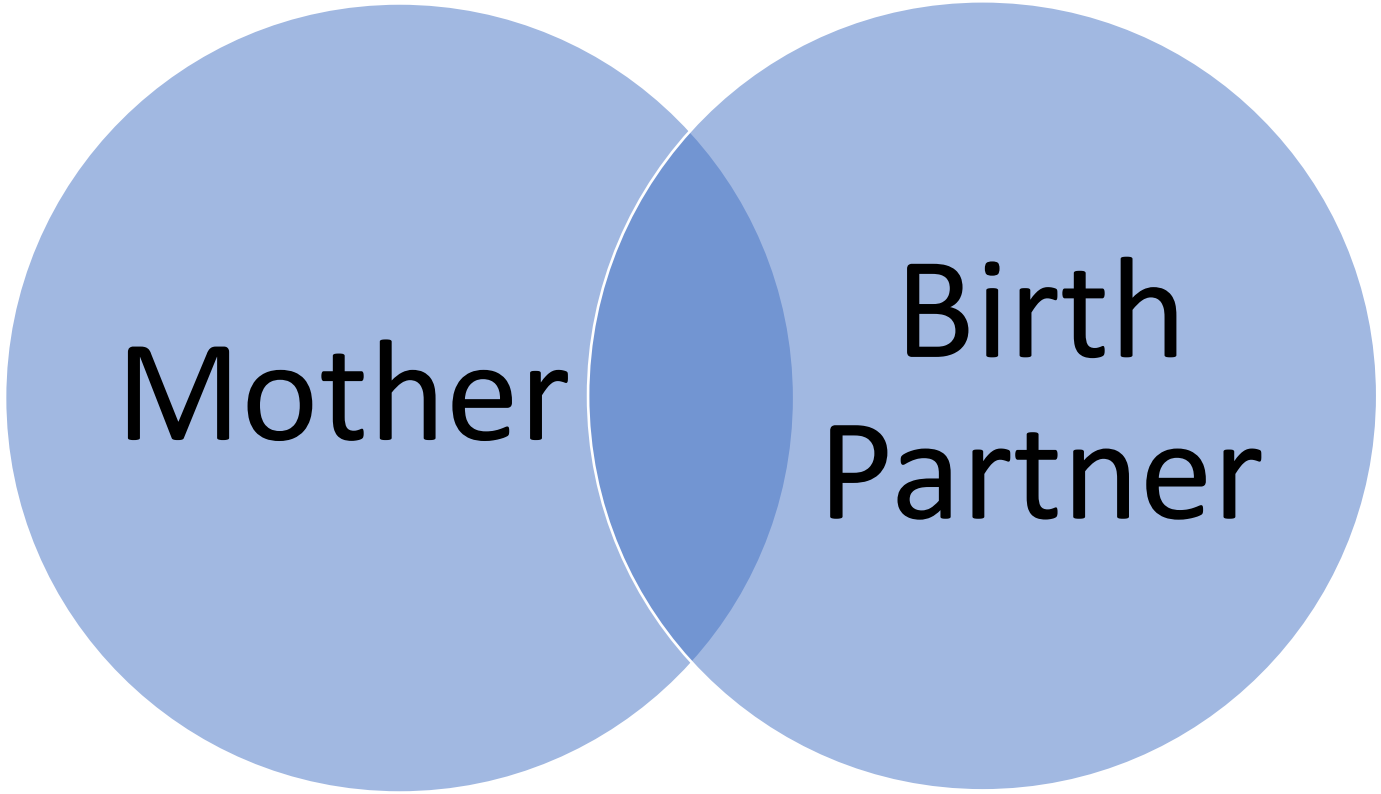
"What matters to women during childbirth" (Downe et al, 2018)

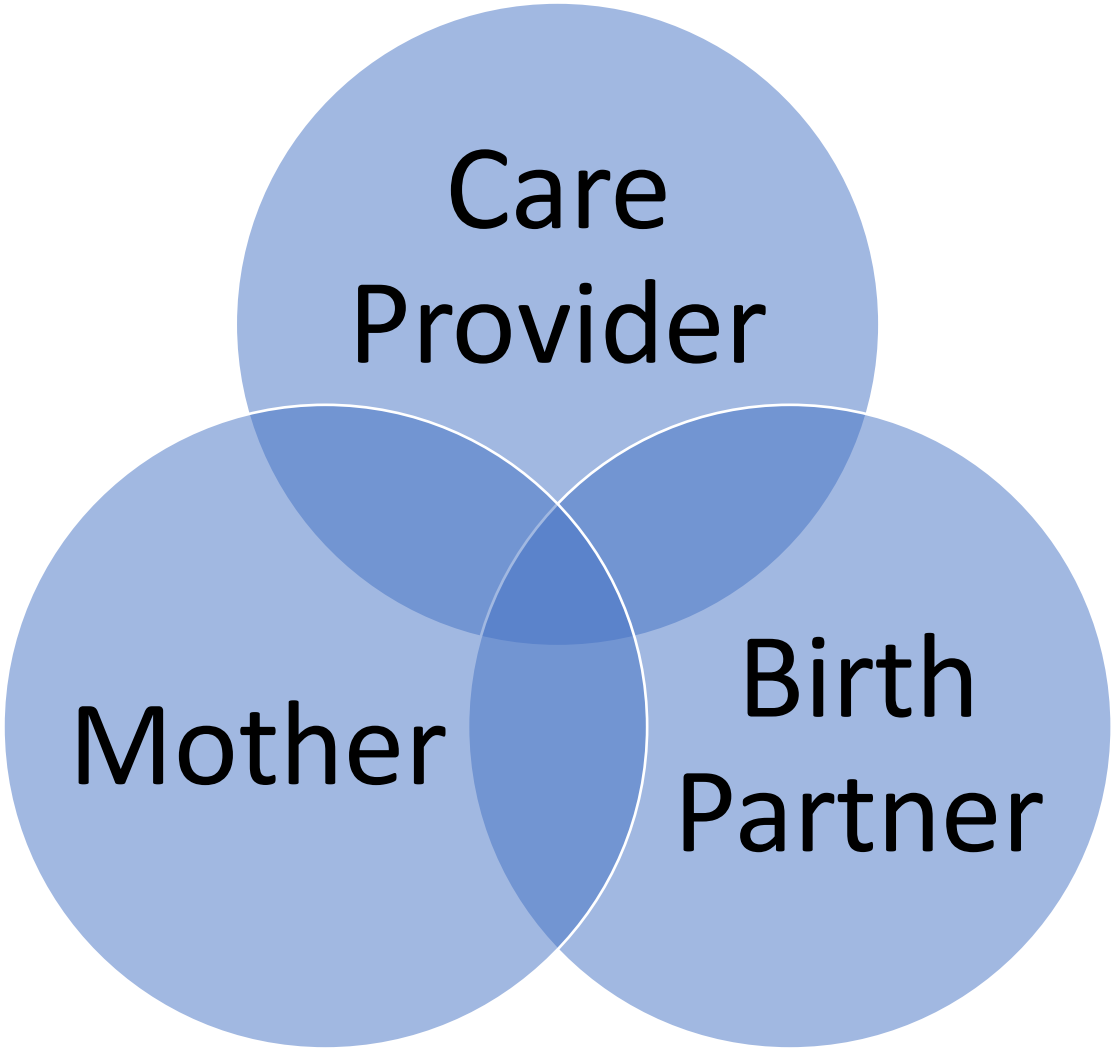
Fulfils or exceeds a woman's expectations
Healthy baby
Clinically and psychologically safe environment
Continuity of practical and emotional support from birth companion
Kind, technically competent clinical staff
Physiological labour and birth
Control through involvement in decision making, even when medical interventions are required

These values and expectations were mediated through:

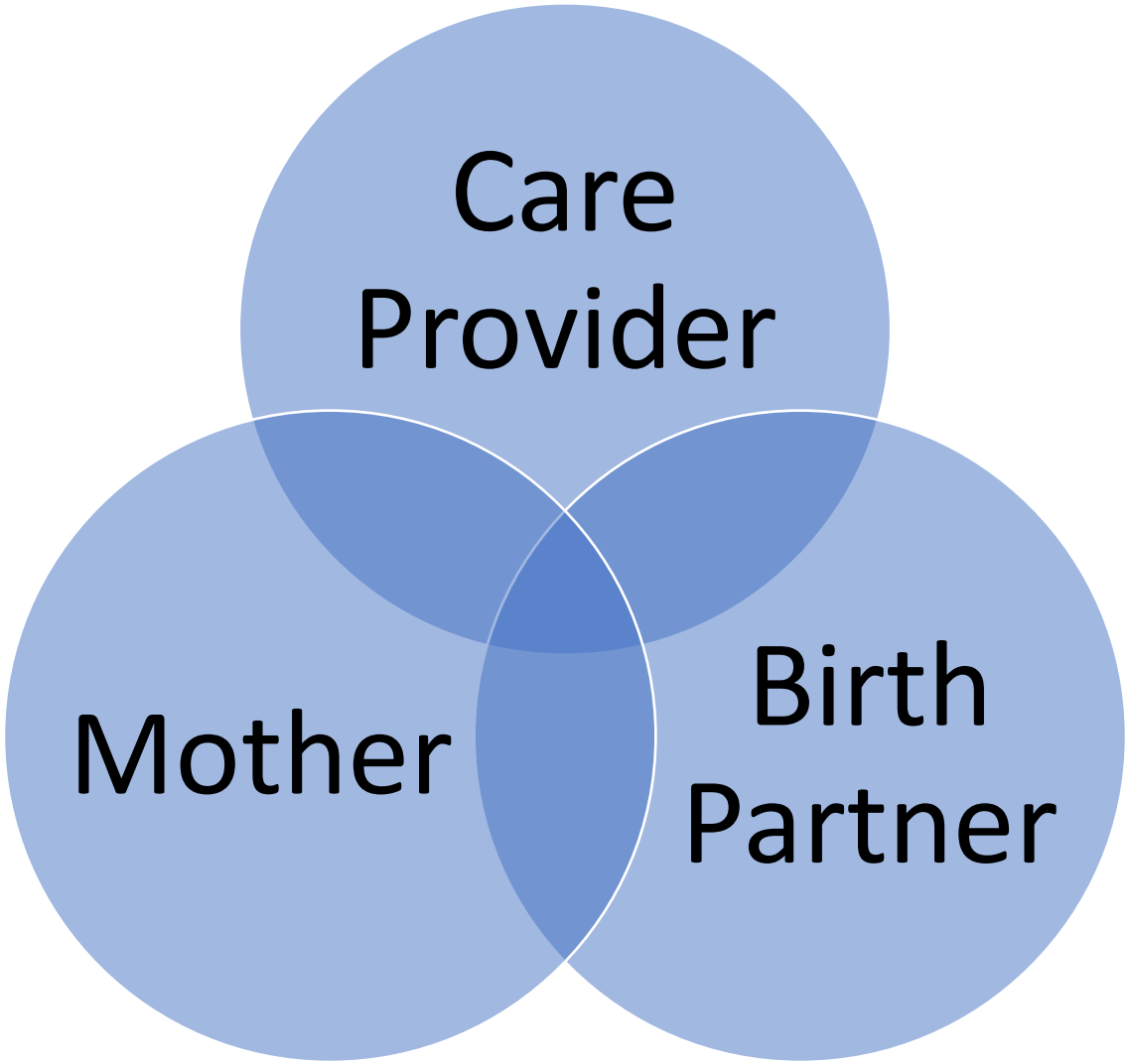
- Women's experience of pregnancy and birth (physical and psychosocial)
- Family, society and cultural norms
- Encounters with local maternity services and staff (enabling or restrictive)

Mother


Mother
Birth
Partner

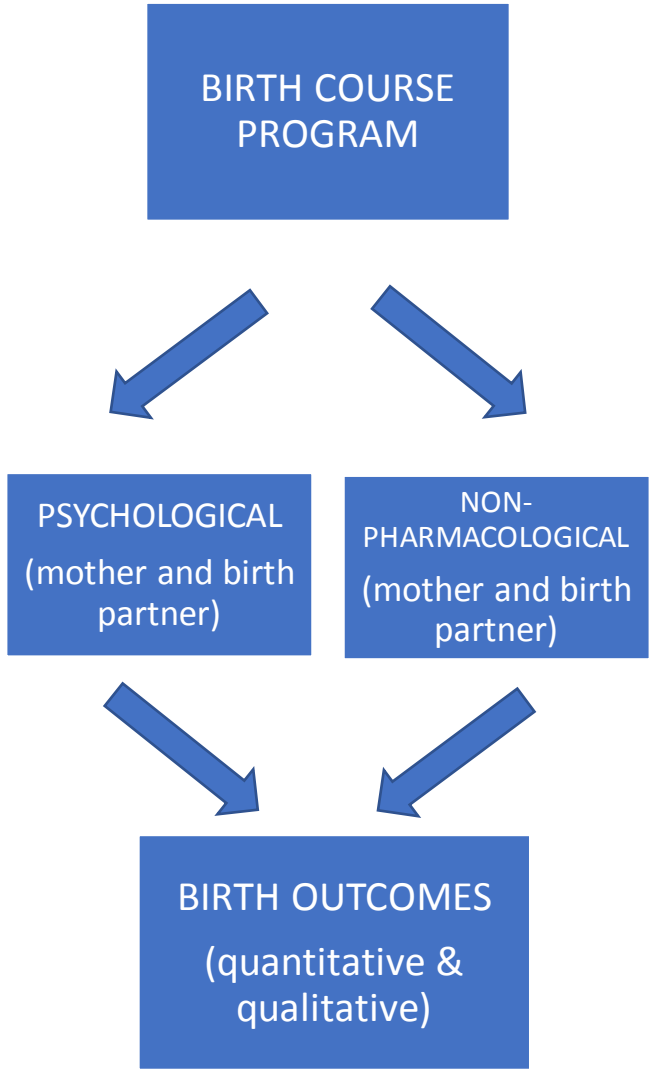

Care Provider
Mother
Birth Partner

How and why do these (people and program) work together to "Make sense of birth" and lead to reduced interventions and improved birthing outcomes



Antenatal education in Australia

- Australia – mortality rates amongst the lowest but intervention rates are rising
- Childbirth education focus has shifted – broader context
- Medical management seen as part of ‘normal birth’
- Women are feeling unprepared
- 98% of women will access maternity services
- How much evidence is there behind what we currently do in antenatal education, and is it time to regulate this space?



Knowledge
Tools
Support

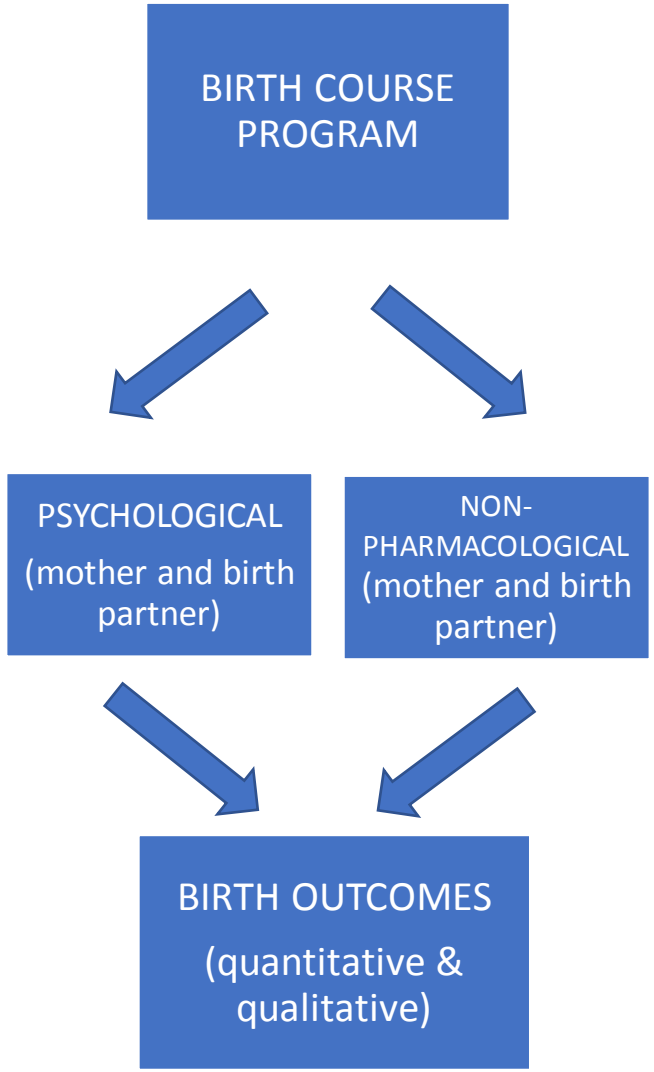
Thinking about birth

- Two modes of thinking about birth (Preis & Benyamini, 2017)
  - Medical: technocratic, risky, avoid pain
  - Natural: midwifery, safe process, avoid interfering
- Common focus of studies:
  - Fear, self-efficacy and agency
- Birth preference and fears (Stoll et al, 2018)

"The mind is the most important organ in birth" – Dahlen

The mind and birth

- Fear – Tension – Pain paradigm
- Association with increased interventions
- Positive influence on the birthing experience
- Beliefs predict preferences better than actual outcomes
- Antenatal education can have a positive impact on mindset…
- …but less evidence of decreasing interventions


BIRTH COURSE PROGRAM
PSYCHOLOGICAL (mother and birth partner)
NON-PHARMACOLOGICAL (mother and birth partner)
BIRTH OUTCOMES (quantitative & qualitative)

Non-pharmacological methods for birth

- Skills-based childbirth education
- Supports woman-centred approach
- Reduction in interventions
- Women expect some pain in labour and are not necessarily fearful
- Maternity systems need to respond accordingly and better prepare women

Birth Course…

Breathing Techniques

Acupressure

Positioning

Massage

Visualisation / Guided imagery

- Information about physiological birth process
- Incorporating partner support

Open Access Research

BMJ Open

Complementary therapies for labour and birth study: a randomised controlled trial of antenatal integrative medicine for pain management in labour

Kate M Levett,[1] C A Smith,[1] A Bensoussan,[1] H G Dahlen[2]

To cite: Levett KM, Smith CA, Bensoussan A, *et al*. Complementary therapies for labour and birth study: a randomised controlled trial of antenatal integrative medicine for pain management in labour. *BMJ Open* 2016;**6**: e010691. doi:10.1136/bmjopen-2015-010691

► Prepublication history and additional material is

ABSTRACT

Objective: To evaluate the effect of an antenatal integrative medicine education programme in addition to usual care for nulliparous women on intrapartum epidural use.

Design: Open-label, assessor blind, randomised controlled trial.

Setting: 2 public hospitals in Sydney, Australia.

Population: 176 nulliparous women with low-risk pregnancies, attending hospital-based antenatal clinics.

Methods and intervention: The Complementary Therapies for Labour and Birth protocol, based on the

Strengths and limitations of this study

- This is the first randomised controlled trial in Australia that has investigated the effectiveness of a birth preparation course, integrating multiple complementary medicine (CM) techniques, for the support of natural birth for first-time mothers. This suggests a reorientation of antenatal education towards normal birth, and reflects current outcome measures in reports of maternity services policy directives.
- The study used self-administered, evidence-

Birth partner support

Poor birth partner support	Good birth partner support
• Dissatisfaction with partner increases perinatal distress • Unsupported leads to lower self-efficacy • Decrease a woman's ability to cope with pain • Perinatal distress linked to epidurals and caesarean section • More likely to have interventions – induction, episiotomy and/or vacuum extraction • Association with poorer mental health in the postpartum period	

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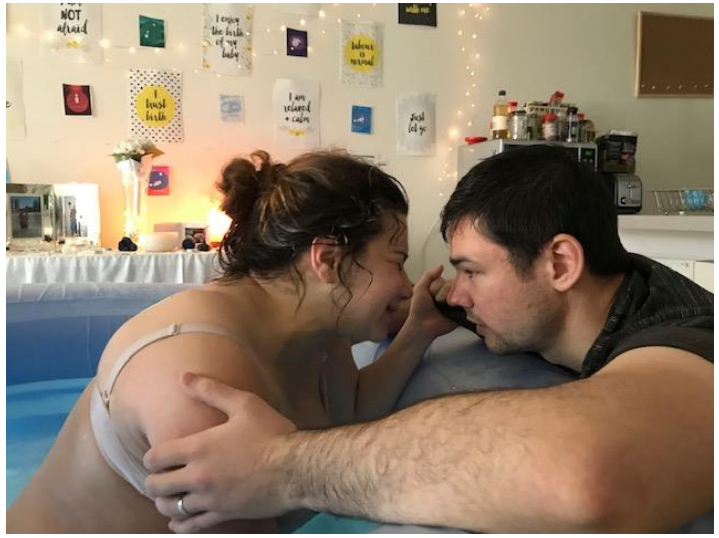
Considerations for birth partner involvement

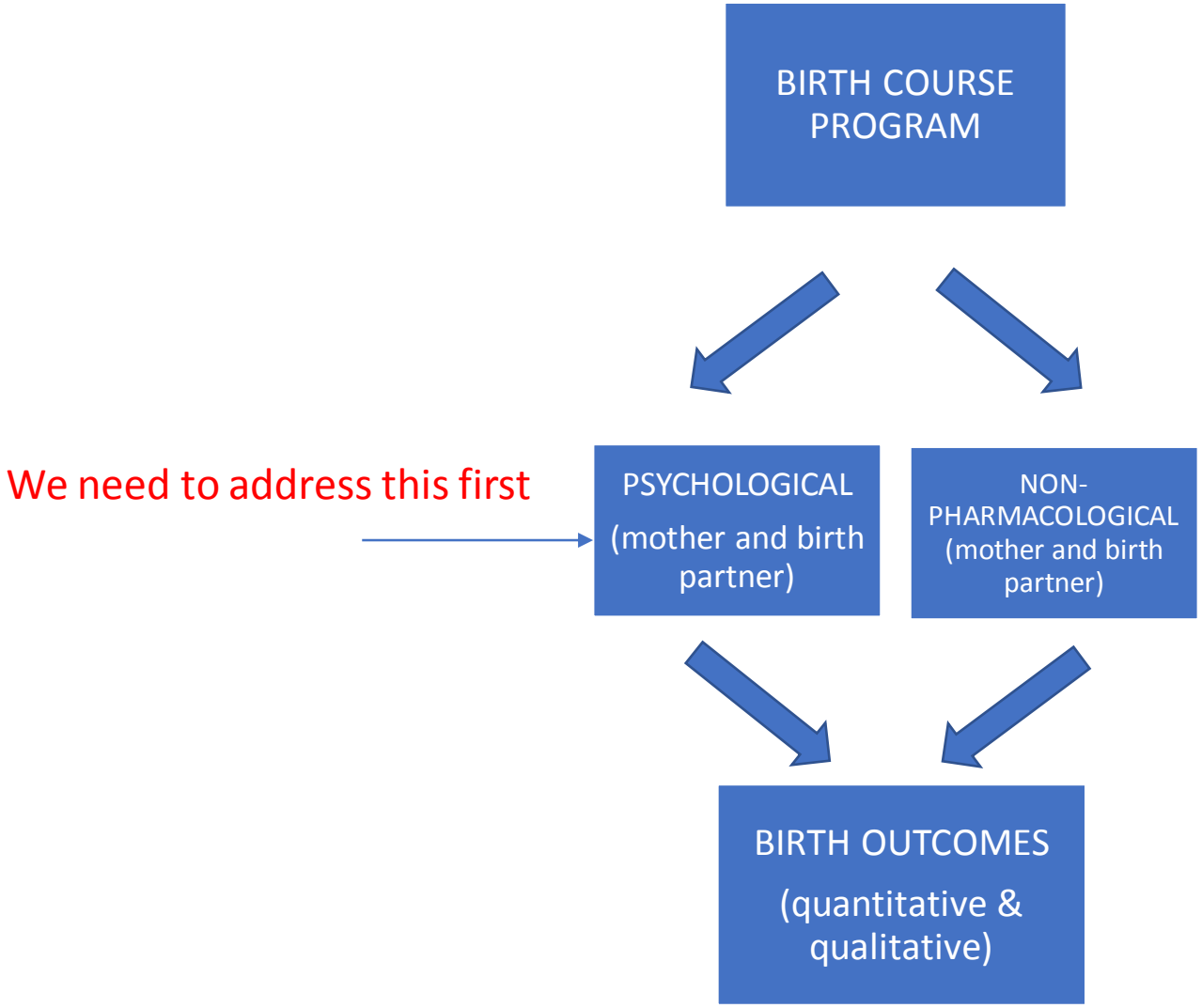


- Family Systems theory
  - Emotional units that are intensely connected. Interdependent and a change in one person is followed by a reciprocal change in another.
- Attachment orientations (Wilson & Simpson, 2016):
  - Securely attached partner support reduces pain
  - Avoidantly attached greater pain with more support
  - Anxiously attached greater pain regardless of partner support

The importance of the care-provider

- Awareness of women's beliefs and birthing preferences
- Interpersonal relationships with mother and partner
- Supportive of non-pharmacological methods
- Variation in intervention rates – cultural impact?
- Organisational enablers and barriers

Examining the program from a qualitative perspective….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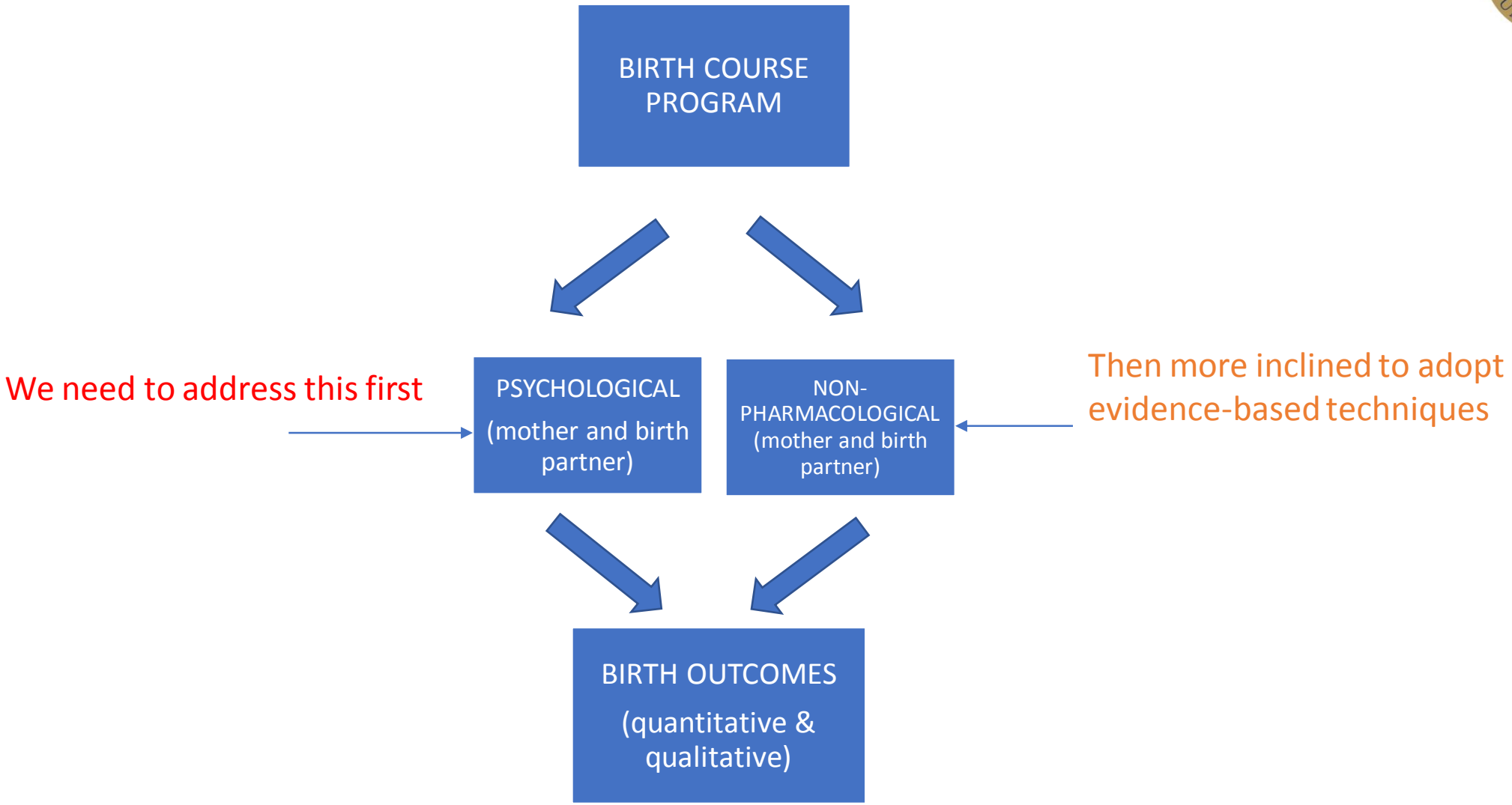
We need to address this first
PSYCHOLOGICAL (mother and birth partner)
NON-PHARMACOLOGICAL (mother and birth partner)
BIRTH OUTCOMES (quantitative & qualitative)


How does the program impact thoughts in relation to birth (fear, self-efficacy, control)
How do they reflect on their birth
Thoughts on physiological birth and what 'normal' looks like
QUALITATIVE FOCUS
How much do birth partners attitudes change – level of belief in a woman's ability to give birth
How much trust does a woman have in her body – medical to natural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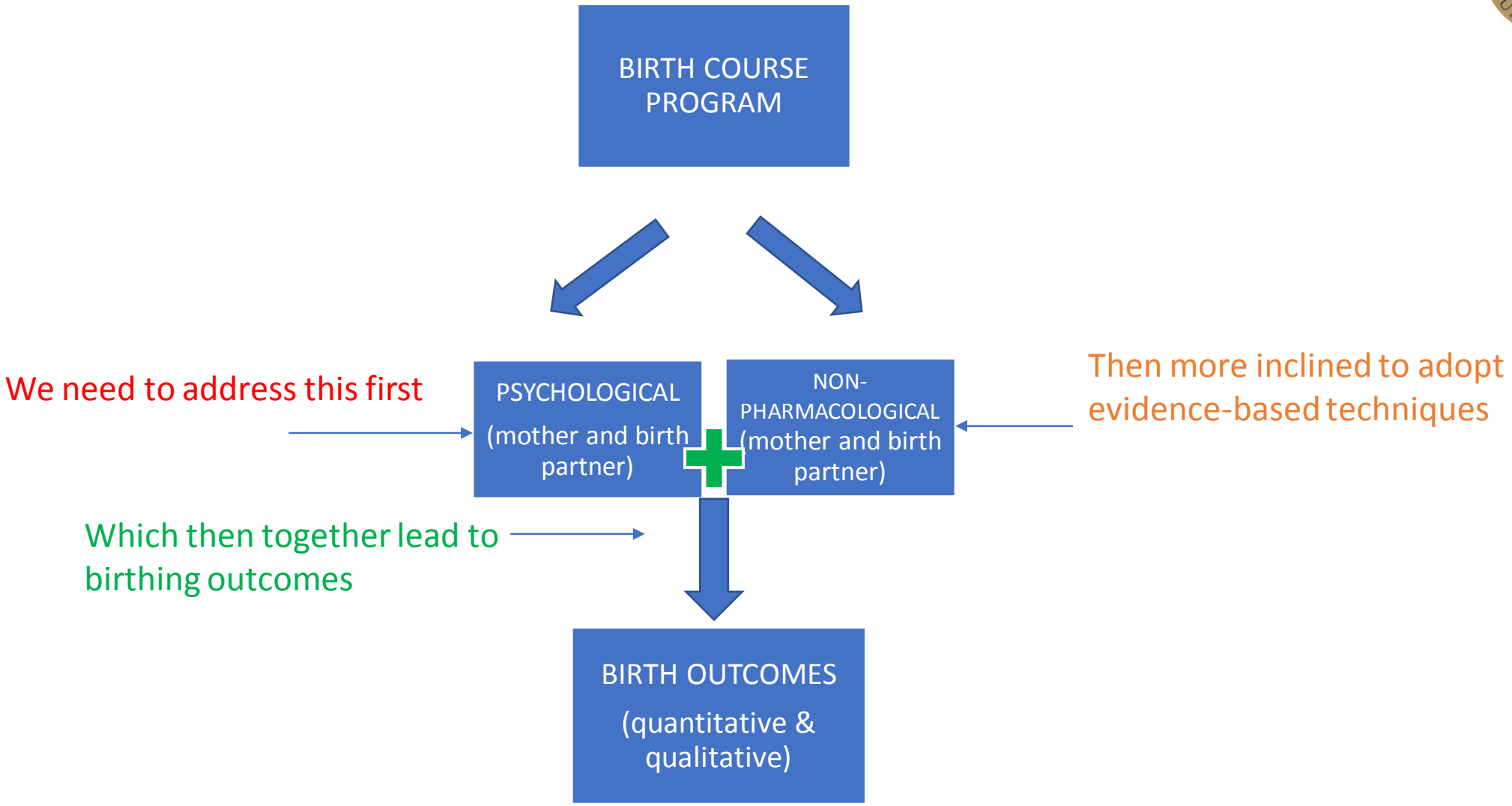
Then more inclined to adopt evidence-based techniques
BIRTH OUTCOMES (quantitative & qualitative)


Does mindset influence the views in relation to non-pharmacological techniques
Thoughts on non-pharmacological methods vs medicine
QUALITATIVE FOCUS
Self-efficacy increase willingness to adopt new skills
Perception of pain and approach to managing it
Usefulness – most/least beneficial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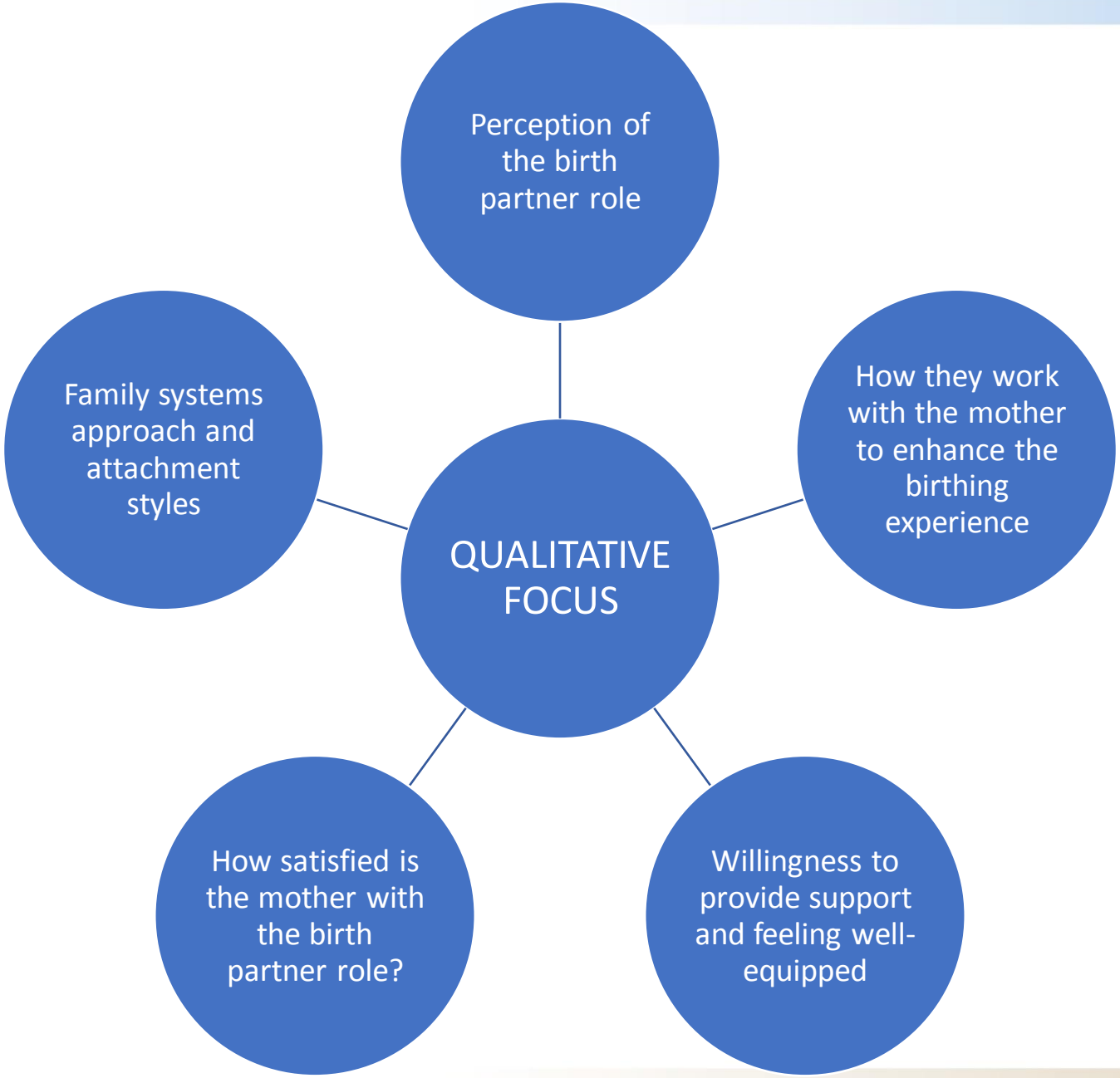
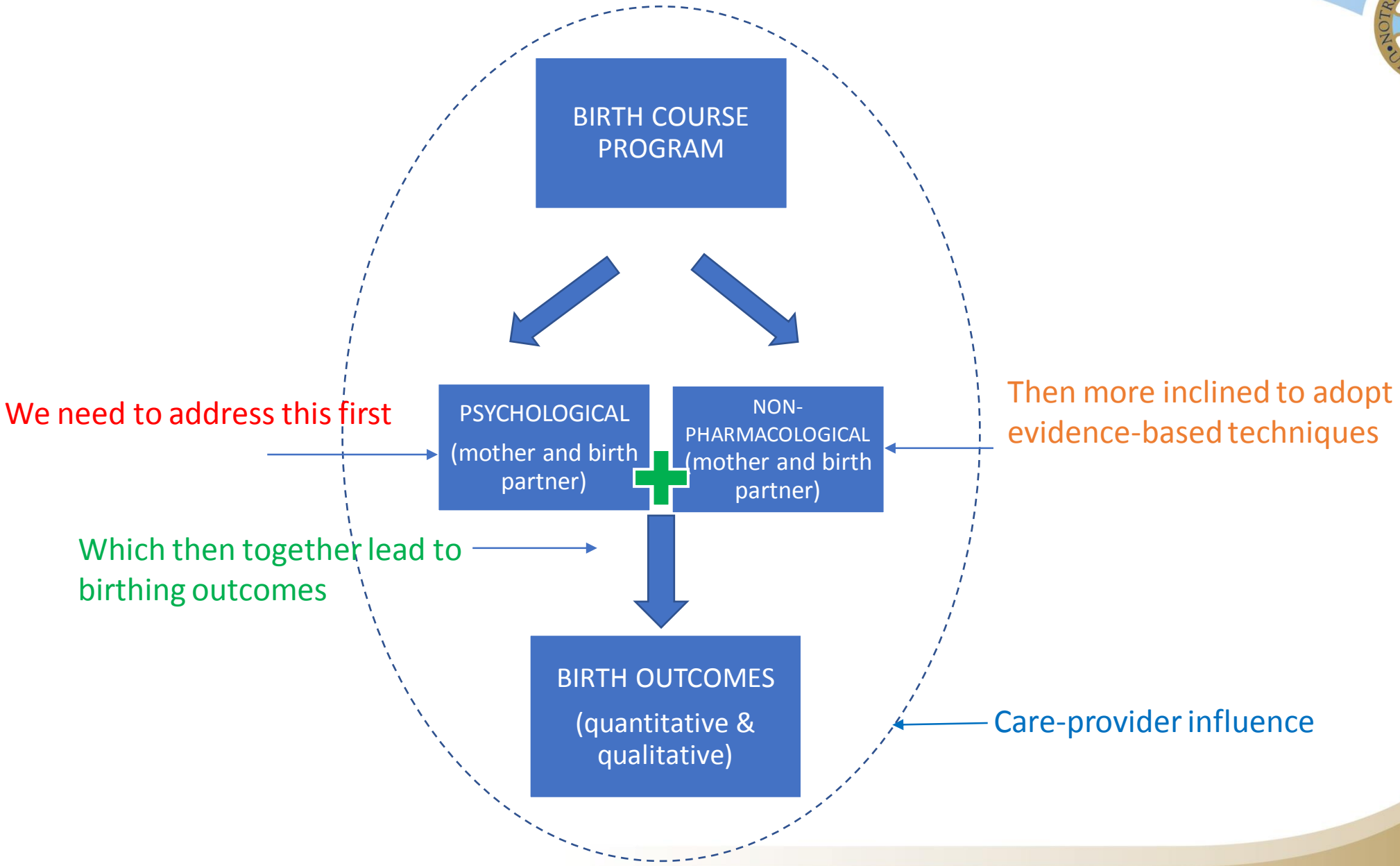
Which then together lead to birthing outcomes
BIRTH OUTCOMES (quantitative & qualitative)


Perception of the birth partner role
Family systems approach and attachment styles
How they work with the mother to enhance the birthing experience
QUALITATIVE FOCUS
How satisfied is the mother with the birth partner role?
Willingness to provide support and feeling well-equipped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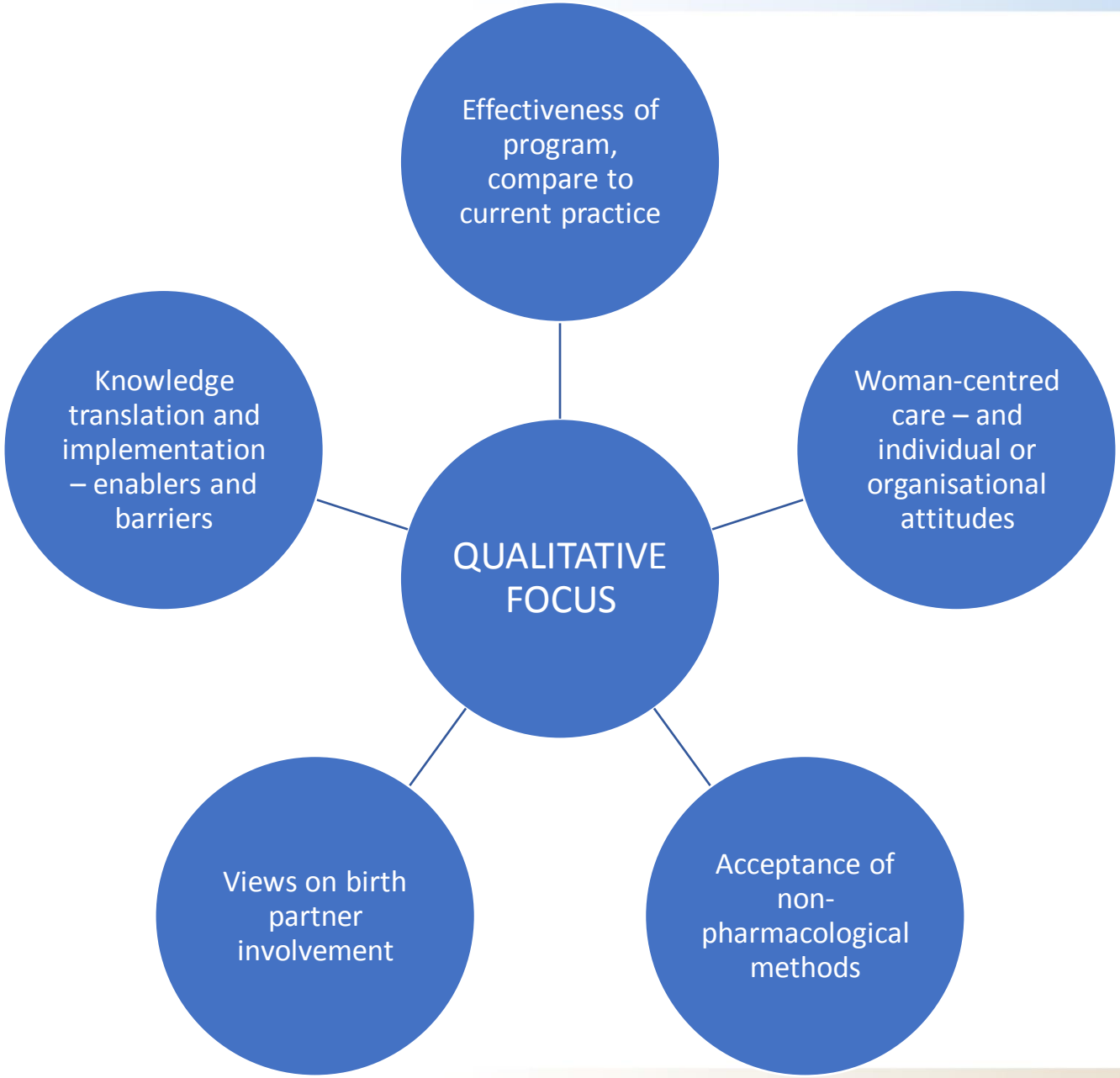
Care-provider influence


Effectiveness of program, compare to current practice
Knowledge translation and implementation – enablers and barriers
Woman-centred care – and individual or organisational attitudes
QUALITATIVE FOCUS
Views on birth partner involvement
Acceptance of non-pharmacological methods

Making sense of birth – mixed methods approach

Qualitative	Quantitative
Mothers: semi-structured interviews	Questionnaires evaluating thoughts in relation to birth, use of non-pharmacological techniques and relationships with support people. Birthing outcomes: maternal and neonatal characteristics and outcomes Empirical data collection – e.g. cortisol levels
Birth partners: semi-structured interviews	Questionnaires evaluating relationship satisfaction and attachment styles
Care-providers: focus groups	Questionnaires evaluating individual and organisational attitudes

Antenatal education approach for women…

why does childbirth education that includes knowledge to create a positive mindset whilst also providing evidence-based practical tools to manage birth impact intervention rates

Birth partner contribution…

how does antenatal education influence the birth partner role and subsequent experience for the birthing mother

Care-provider and organisational attitudes…

how do they perceive antenatal education and the success of it not just during research projects but for the continued implementation and reduction of interventions in childbirth

To achieve a POSITIVE birthing experience for mother and baby whilst reducing interventions.

For more info or to get involved…

Study starting 2020

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