Care for women in spontaneous labor:
Evidence-based management

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Objectives

- Examine the evidence to support spontaneous labor and birth
- Review specific care practices supportive of spontaneous labor and birth
- Identify critical resources to help units adapt practices supportive of spontaneous labor and birth

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How do we support spontaneous labor and birth?
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WHO states that childbirth interventions should be based on best evidence for the mother and optimal level of intervention should be to achieve best outcomes.

World Health Organization (2015)

Are we really using evidence to the mother’s and infant’s advantage?

… what evidence and outcomes matter?
Salutogenic Birth . . .
that which creates health

Belief in the normalcy of pregnancy and birth

The art of doing “nothing” well (where less is more)

Optimal health of the mother and baby in the given situation

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Onset of labor

- Upregulation of OTRs
- Electrical connection of muscle cells for coordinated CTX
- Cervical ripening
- Shift from PG receptors to increasing uterine stimulants
- Inflammation
- Activation of spinal-cord pain relief pathways

Return to the basics …

Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care

David N. Figlio DN; Guryan J; Karbownik K; Roth, J. (2016). JAMA Pediatrics (online).

Original Investigation

Long-term Cognitive and Health Outcomes of School-Aged Children Who Were Born Late-Term vs Full-Term

David N. Figlio, PhD; Guryan J; Karbownik K; Roth, J. (2016). JAMA Pediatrics (online).

Healthy Mom & Baby / Go The Full 40 zone

40 reasons to go to the FULL 40
Nobody likes to be rushed—especially babies!
Normal physiology of labor & birth

- Oxytocin – endogenous v. exogenous
- Beta-endorphins
- Catecholamines
- Cortisol (Eustress)
- Prolactin
- Prostaglandins


We are also learning that the window of the puerperium can have life long effects for the mother and the child.

What factors support the release of maternal endogenous oxytocin in labor?

A. Continuous fetal monitoring
B. Eye-to-eye contact
C. Diet restriction
D. Diminished sensory stimulation
Oxytocin release ↑

- sensory stimulation
- eye-to-eye contact
- acupressure
- eating
- suckling
- warmth
- water immersion
- companions
- pleasing sounds
- pleasing views
- Ferguson reflex
- sexual activity
- smiling (muscle)
- relaxation
- nor-adrenaline
- love

... we are the instruments
CMQCC Recommendations

- Readiness (improving the culture of care, awareness, and education)
- Recognition & prevention (supporting intended vaginal birth)
- Response (managing labor abnormalities)
- Reporting (using data to drive improvement)


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Improving the culture of care, awareness, and education

1. Improve quality of & access to childbirth education
2. Improve communication through shared decision-making at critical points in care
3. Bridge the provider knowledge gap
4. Improve support from senior hospital leadership and harness the power of clinical champions
5. Transition from paying for volume to paying for value


Do you know what the women in your care are reading?

Where are they getting their information?
Pregnancy Sucks
What to Do When Your Miracle Makes You Miserable
Joanne Kimes with Sadler A. Fishman, M.D.


Top-Selling Childbirth Advice Books: A Discourse Analysis
Holly Powell Kennedy, CNM, PhD, Katrina Nardini, CNM, WHNP, MS, Rebecca McLeod-Waldo, CNM, MS, and Linda Ennis, CNM, MS

Pain has a purpose; different from suffering
Pain has no purpose and is unacceptable

If you are birthing in a hospital you automatically become part that system. A woman's intolerance of labor pain may not be to pain, but to other people's response to it.

Keep this in mind: Those of us who took a little nip from the epidural tap are usually the life of the champagne celebration in our rooms after the baby is born, while our American Gothic counterparts are sound asleep with every capillary in their cheeks broken.

Becoming a mother – minimal messages about women’s strength or values of childbearing processes
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Evidence-based practice includes which of the following:

A. The best available scientific evidence
B. The clinician’s skill and judgment
C. The desires of the patient

A. a  
B. a & b  
C. a & c  
D. a, b, & c
Institutional ethnography

Understand how women are supported in the achievement of physiologic normal birth or ‘optimal’ birth in the presence of social/medical/obstetric complexity in 2 NHS Trusts (London 2008)

When is a prenatal record more likely to be lost?

A. When the hospital retains it?
B. When the woman retains it?


- Following the initial booking appointment the women will be given their notes to carry throughout their pregnancy.


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Resources

Optimal Care in Childbirth: The Case for a Physiologic Approach (Romano & Goer, 2013) [http://www.optimalcareinchildbirth.com]

Normal Childbirth: Evidence and Debate (Downe, 2008) (Available at Amazon.com)

Intrapartum care: care of healthy women and their babies during childbirth

Issued: December 2014

NICE clinical guideline 190
[guidance.nice.org.uk/cg190]

National Institutes of Clinical Excellence (NICE) Intrapartum Guidelines
[http://www.nice.org.uk/guidance/cg190]
Resources

Systematic Review: The Clinical Effectiveness of Physiological (Expectant) Management of the Third Stage of Labor Following a Physiological Labor and Birth
Lesley Dixon, Judith T. Fullerton, Cecily Begley, Holly Powell Kennedy, and Karen Guilliland


Our leaders are visible and vocal: the workforce
There is an open culture in which staff are supported and challenged in their decision making – “Let's talk …”


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The New Normal: Redesigning Maternity Care for Low-Risk Women

Photo courtesy B. Reid

Key strategies for supporting “intended” vaginal birth

1. Implement institutional policies that uphold best practices – safely reduce routine intervention in low risk women
2. Implement early labor supportive care policies and establish criteria for active labor admission
3. Improve the support infrastructure and supportive care during labor


Nourishing women (body)

In cases of normal, low risk labours, women should be encouraged to eat and drink as their appetite dictates. With progression of labour the amount that women will take decreases and therefore should not be forced upon them. It is important to let women choose and decide.

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Helping women stay home in early labor

I think sometimes they admit them too early. Like women come in at you know, 1 to 2 cm and they admit them very early and give them epidurals right off the bat. I feel like they’re not really in good labor on their own, and that kind of impedes the process (nurse).

Unit design

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... and it was like a haven ...

Key strategies for supporting “intended” vaginal birth

4. Encourage the use of doulas and work collaboratively to provide labor support
5. Utilize best practice recommendations for laboring women with regional anesthesia
6. Implement intermittent monitoring policies for low risk women
7. Implement current treatment and prevention guidelines for potentially modifiable conditions

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. . . we ask the question, “why was she put on the monitor?”


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Successful models

➢ Trust in women
➢ Trust in birth
➢ Use of evidence
➢ Teamwork & respect
➢ Integrated systems of care

Critical steps
- Personal & institutional commitment to keeping low risk women, low risk
- Use the evidence and the physiology – always question if intervening is the best option
- Bring in experts to help – change takes careful thought & strategy
- All stakeholders must engage (including women) – it has to be a team approach

Critical steps
- Small steps with team development, training, & evaluation
- Childbirth education – think about completely different approaches and make it available to all women
- Branding & marketing – how to present it to women
- Track, evaluate, & disseminate

Keep that oxytocin flowing…
Thank you for the invitation to join you in this dialogue.

Photo courtesy B. Reid