|  |  |
| --- | --- |
| **Student ID number:** | u3013066 |
| **Unit Name:** | Continuity Midwifery B |
| **Assessment:** | Conference Abstract and Reference List |
| **Word Count:** | 246 |
| **Policy:** | Promoting Birth as Normal |
| **Mode of Delivery:** | Presentation |

**Promoting birth as normal – Reducing the rate of birth intervention and caesarean section**

The ever-rising rate of pregnancy, labour and birth interventions, due to our risk adverse society, has resulted in higher instances of induction of labour, instrumental birth, caesarean section and ultimately, more importantly, maternal dissatisfaction.

The evidence clearly shows the levels of fear and anxiety in childbearing women, regardless of parity, are rising, leading to more women choosing to have birth intervention including elective caesarean section. Not only is intervention costing us more, the literature also states women are having negative birth experiences impacting on the post-partum period and their future reproductive health, including the decision to bear more children.

In the absence of access to continuity of care for all women, this policy aims to encourage and empower more women to be well informed and supported in the natural processes of pregnancy and birth, by enhancing the current standard model of antenatal and intrapartum care.

This policy proposes to address the individual needs of women by offering group classes and acknowledging and providing open conversation on fear of childbirth or fear of next birth. In these sessions, ways to manage pain and the first stage of labour can be discussed and individual pathways of care can be established to achieve optimal birth outcomes and maternal satisfaction. Evidence suggests additional antenatal education, a belief in normal birth and the acceptance of key issues contributing to the increasing rate of caesarean sections, can help lower the rate, thereby resulting in better birth outcomes and improving the experiences of women.

# References

Dahlen, H. G. (2016). The politicisation of risk. *Midwifery, 3*(8), 6-8. Retrieved from https://dx.doi.org/10.1016/j.midw.2016.05.011

*Definition of normal birth.* (1997). Retrieved from WHO: https://www.who.int/health-topics/maternal-health

Duff, E. (2002). Normal birth: 'commonplace', 'according to rule' or 'well adjusted'? *Midwifery Digest, 12*(3), 313-314.

Healy, S., Humphreys, E., & Kennedy, C. (2017). A qualatative exploration of how midwives and obstericians perceptions of risk affects care practices for low risk women and normal birth. *Women and birth*, 367-375. Retrieved April 22, 2021, from https://dx.doi.org/10.1016/j.wombi.2017.02.005

*Maternity: Towards Normal Birth in NSW.* (2010, June 29). Retrieved from NSW Health- Policy Directive: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010\_045.pdf

Mayberry, L. J., Avery, M. D., Budin, W., & Perry, S. (2017). Improving maternal and neonatal outcomes by promoting normal physiological birth on hospital birthing units. *Nursing Outlook*(65), 240-241. Retrieved April 22, 2021, from https://www.nursingoutlook.org/action/showPdf?pii=S0029-6554%2817%2930101-X

Panda, S., Begley, C., Daly, D., Karlstrom, A., Larson, B., Back, L., & Hidingsson, I. (2018, September 7). Factors influencing decision-making for caesarean section in Sweden - a qualatative study. *Pregnancy and Childbirth*(18), 1-8. Retrieved from https://doi.org/10.1186/s12884-018-2007-7

*Policy: Clinical Guideline. Normal Pregnancy, Labour and Puerperium Management.* (2015, September 7). Retrieved from Department of Health: Government of South Australia: https://www.sahealth.sa.gov.au/wps/wcm/connect/26cf8d004ee52a4fa536add150ce4f37/Normal+Pregnancy%2C+Labour+and+Puerperium\_Sept2015.pdf?MOD=AJPERES

*Position Statement: Keeping birth normal.* (2014). Retrieved from International Confederation of Midwives: https://www.internationalmidwives.org/assets/files/statement-files/2018/04/keeping-birth-normal-eng.pdf

*Pregnancy and Birth.* (n.d.). Retrieved from The Women's. The Royal Women's Hospital Victoria: https://www.thewomens.org.au/health-information/pregnancy-and-birth/

*Queensland Clinical Guidelines: Normal Birth.* (2017, November). Retrieved from Queensland Health: https://www.health.qld.gov.au/\_\_data/assets/pdf\_file/0014/142007/g-normalbirth.pdf

Skinner, J., & Dahlen, H. (2015). Risk, fear and safety. In S. Pairman, J. Pincombe, C. Thorogood, & S. Tracy, *Midwifery Preperation for Practice* (3rd ed., pp. 87-102). Elsevier.

Smith, V., Gallagher, L., Carroll, M., Hannon, K., & Begley, C. (2019, October 24). Antenatal and intrapartum interventions for reducing casarean section, promoting vaginal birth and reducing fear of childbirth: An overview of systemic reviews. *PLOS ONE*, 1-17. Retrieved from https://doi.org/10.1371/journal.pone.0224313

Thorogood, C., & Crowther, S. (2015). Challenges to womens health. In S. Pairman, J. Pincombe, C. Thorogood, & S. Tracy, *Midwifery Preparation for Practice* (3rd ed., pp. 157-206). Elsevier.