

Promoting Birth as Normal

Filling in the gap: Providing a space for women to have the birth they want, while being clinically safe.

Woman centered care. How can we provide individual care if we do not pay enough attention to the individual needs of women during the antenatal period?

Further education, for women, is needed regarding choice, consent and managing pain and potential fear of childbirth.

Not all women can access additional, costly, labour and birthing classes.

Our risk adverse society has led to:

- An increase in the rate of pregnancy, labour and birth interventions
- Higher instances of IOL, instrumental vaginal births, caesarean sections
- Maternal dissatisfaction Dahlen., et al (2016).

The evidence 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.



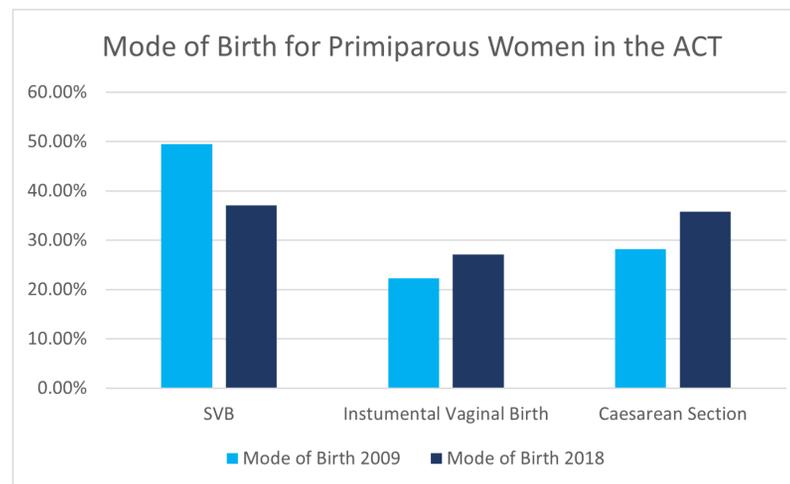
"...her (midwife) cruisy energy and trusting attitude really helped us the whole way... she filled us with confidence on this journey... it helped us have a gentle and empowering transition to parenthood."
Elle and Ray Sept 2021

Practices that protect normal birth:

- Letting labour start on its own
- Provide continuous emotional and physical support during labour
- Facilitate freedom of movement during labour
- Changing the birth space/environment to suit individual needs and requests
- Limit routine interventions
- Encouraging birth in an upright position
- Only intervene unless absolutely necessary with a clear medical indication and informed consent

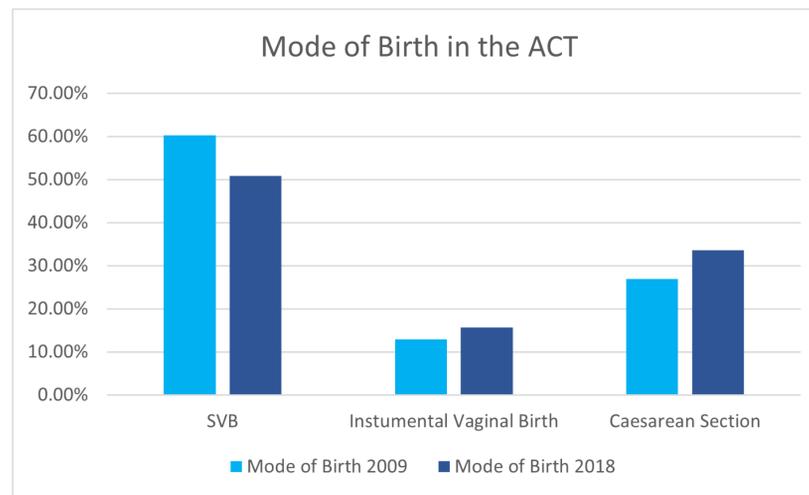
Lothian., et al, (2002)

Reducing the increasing rate of unnecessary induction of labour, birth intervention and caesarean sections.



Data taken from: Australian Institute of Health and Welfare (AIHW)

Women's anxiety lessens and their satisfaction increases when there is time for meaningful relationships and women are active in their care.
Brown et al., (2013)



Data taken from: Australian Institute of Health and Welfare (AIHW)

My policy aims:

- To encourage more women to be involved in their care.
- When women present to birth suite, they know what they want.
- To have women know their choices, feel informed, be empowered and believe in themselves.
- Have birth suite midwives access individual care plans to encourage and promote birth as normal.
- Have women understand the possibility of intervention, what it means and what the risks are.
- Have women leave the hospital believing they had adequate AN education to have the birth they want, while feeling safe.



Transition
Photographer C.Williams, shared with permission

Who?

While the gold standard of Continuity of Care remains inaccessible to all women, this policy is aimed at women who receive care through the ANC at ACT's hospitals, with the view that women can receive more education that often occurs through longer AN appointments when receiving CoC.

Why?

Currently we are lacking the appropriate amount of time in AN appointments to offer individual women centered care, despite our best efforts. This policy hopes to reduce the rate of intervention and caesarean sections. We need to aim to increase the rate of normal birth and maternal satisfaction.

How?

This policy proposes to address the individual needs of women by offering smaller group classes in the antenatal period, and run by one midwife per group for continuity. Women, and their partners will have their fears, concerns and individual needs acknowledged and heard, in a smaller more intimate setting. This creates more time for open conversation surrounding fear of childbirth or fear of next birth. Or for those who just want to know more, be involved in their care and be their own advocate - combating the medicalisation of birth. In these sessions, ways to manage pain and the first stage of labour can be discussed in further detail with focus on individual pathways of care to achieve optimal birth outcomes and maternal satisfaction.

