

WHITE PAPER: PREVENTING UNNECESSARY MEDICAL INTERVENTIONS DURING BIRTH

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Introduction

In the last five years we have seen a significant increase in medical interventions. In 2006, according to the Centers for Disease Control, C-section surgeries accounted for 31.1 percent of births nationwide, a 50 percent increase over the past 10 years. Cesarean section is now the most common surgery in the United States. Groups such as The American College of Obstetricians and Gynecologists (ACOG) are concerned because of the risks associated with C-Section surgeries. Lamaze International has also warned of the dangers of this trend in their recent paper, "Elective Cesarean Surgery Versus Planned Vaginal Birth: What are the Consequences?" In the paper they clearly document the risks of C-Sections.

As a childbirth educator who also specializes in hypnotherapy, I can tell you that research rarely includes the full story about pregnancy and the birth process. Like other practitioners who have worked extensively with pregnant women and couples, I have become aware of the overuse of medical interventions during the birth process and how to prevent them. I will discuss how that experience has transformed my teaching practice in this paper.

Background

Because of HMO's and other reasons, doctors are limited in the time they can spend with their patients. Due to the nature of my business, I am able to spend additional time with pregnant women and couples. I believe there is relevance in understanding their psychological health as well as their physical well being and this can complement a physician's care.

I became involved in childbirth education after seeing too many pregnant women and couples struggle with issues of feeling unsafe or insecure about childbirth. Because physicians can spend only limited time with each patient, the emotional aspect of a patient's care can be sometimes be missed. Physicians often want to know about critical information that practitioners, like myself, receive regularly. Often we hear about the psychological aspects of what it is like for couples and women to experience pregnancy and childbirth in the twenty-first century.

For that reason, we see a health care system that at times does not adequately care for women and couples who are expecting a child. Hospitals have the technology and the know-how to physically care for their patients, but too often the demands of their business limit them to simply delivering newborn babies without fully preparing the parents for the natural process of pregnancy and childbirth. On too many occasions, women and couples have explained that even traditional childbirth education classes, offered by hospitals, did not help them and increased their fear of childbirth. The information these couples receive is at times inadequate and in some cases, is not consistent with scientific fact.

Our culture tends to see childbirth as dangerous. This fallacy is perpetuated by some in the medical community, by family and certainly by the general media. Movies, art and other cultural influences portray birth as something to be feared--with "escape" as your best option. Therefore, interventions such as epidurals and c-sections have risen to dangerous levels.

Couples need to become thoroughly informed about all of their options.

Solution: How to Reduce Interventions through Education

I prefer to begin working with pregnant couples during the second trimester. In order to have a truly healthy pregnancy and birth, women and couples need to feel safe, secure, and have a sense of control. Working with clients earlier helps me address these issues.

The following is a strategy for educating women and couples about pregnancy and childbirth so that they can understand the process of giving birth and have a safe, positive experience. Childbirth educators should do the following:

- 1. Teach the importance of the pregnant couple's actions on the developing baby's emotional intelligence, which research shows is the most important factor for determining the child's success in life.**

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- Dr. David B. Chamberlain sites, “The maternal womb is an optimal, stimulating, interactive environment for human development. Activity never ceases and a fetus is never isolated. Touch, the first sense, is the cornerstone of human experience and communication, beginning in the womb (Montagu, 1978).”
<http://birthpsychology.com/lifebefore/fetalsense.html>
- Dr. Bruce H. Lipton, writes: “While developing in the safety and confinement of the uterus, the child is provided a preview of the environment as it is defined by the parent’s perception and behavior. Parental behaviors are generally cyclic, and when repeated, they serve to habituate the developing behavioral chemistry in the fetus. Consequently, parental perceptions and responses to environmental stress are imparted to the offspring and serve in programming its behavioral expression.”
<http://birthpsychology.com/lifebefore/early8.html>
- Frederick Wirth, M.D., a well-known Neonatologist and author of *Prenatal Parenting*, shows through scientific outcomes how important the prenatal period is for the developing fetus.

2. Involve the father early in the pregnancy, by practicing relaxation and other techniques with the mother and bonding with the baby. He then becomes a significant part of the process, leading her to a more positive, focused birth experience.

- Marc H. Bornstein, Senior Investigator and Head of Child and Family Research at the National Institute of Child Health and Human Development and Michael E. Lamb, Professor of Psychology at Cambridge University, show that early paternal involvement improves couples relationships and communication prior to birth.
- Based on years of studies, I design my classes so that the father becomes an informed advocate, using his education so he can intervene on behalf of his partner (as a doula would).
- If the father is uptight, tense, or nervous, the laboring woman can pick up on this and have a more difficult time giving birth. For mothers to be able to be calm, the father must be confident to support her properly.

3. Work with the couple earlier in the pregnancy to introduce the connection between the mind and body.

- Having the mother learn how her thoughts and emotions affect the child in utero can influence more positive behavior and give the mother an easier pregnancy, as well as the benefits of the developing nervous system of the baby.
 - When the mother has less stress hormones, this results in the baby being exposed to less.
 - Physiologists, scientists who study the body functions, tell us that adrenaline (the emergency hormone we release when we experience fear) makes the release of oxytocin, the hormone necessary for effective uterine contractions, difficult. Laboring women release a lot of adrenaline when they are in an unfamiliar and clinical environment.
- Parents gain confidence when they understand the mind’s power during childbirth
- Couples are much better prepared for birth. They are taught the following:
 - They can learn to numb parts of their own body. For example, we can, through focused concentration, create a numbing of the hand.
 - We have a pharmacy of 300 known chemicals in the body we can learn to access.
- Effective delivery of the baby involves a process of “focused concentration,” staying out of the thinking, analytical mind (the neocortex activity of the developed brain which “scare or worry” us into fear and pain).
 - French Researcher, Dr. Michel Odent, has written a paper on this topic:
<http://www.wombecology.com/physiological.html>
 - Lamaze International reports that “Fear of pain can overwhelm a woman during her pregnancy and often is the driving force behind scheduled epidurals and elective cesarean surgeries. However, pain plays an important role during birth—it protects a woman’s body, can be a guide to finding comfort and helps labor progress. Actively responding to the pain of contractions by

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- using techniques, such as changing positions, massage and moaning, strengthens contractions, **PREVENTING UNNECESSARY MEDICAL INTERVENTIONS DURING BIRTH**
- helps the baby settle into the pelvis and move through the birth canal, and reduce pain perception.” <http://www.lamaze.org/Default.aspx?tabid=310>

4. Provide students with an understanding about the link between how their thoughts, beliefs, and experiences will affect what is happening during birth. This includes all subconscious beliefs, thoughts and feelings.

- The most common cause of pain in labor is fear. Fear causes your body to tense up, and pulls blood away from the uterus. This causes the uterus to cramp up and work less effectively, resulting in pain instead of effective contractions. The best ways to combat fear in labor is to teach couples what is happening during labor and then to teach them deep relaxation through self-hypnosis. The more one understands the physiological process of birth, the less fear there is during labor. With education, students will be able to work with labor when the time comes. Childbirth is a powerful process, but it doesn't have to be extremely painful. The more relaxed the body, the more energy there is for the uterus to work effectively.
- The Autonomic Nervous System is responsible for keeping all the birthing hormones flowing - inappropriate words, sounds, thoughts or worries can stop or slow labor down, or make a comfortable labor become an excruciating experience. <http://www.thinkbody.co.uk/papers/autonomic-nervous-system.htm>
- The experience of many in childbirth education is that women with prior abuse issues (estimated to be 1 in 6) will often have an effect on her birth experience if these issues aren't resolved – it is triggering the same neural networks in the brain because of the area of the body (and mind) associated with the earlier abuse. Disregarding this feedback would not serve my clients well.
 - I have had a client who didn't tell me about a sexual assault. She labored at home with no problem; however, as soon as doctors examined her at the hospital she became so upset and anxious that she needed an epidural right away.
 - Additional source: Vickie Waymire RNC, MSN (1997) *A Triggering Time: Childbirth May Recall Sexual Abuse Memories*.
- Past trauma is disregarded by some in the medical community yet it is a factor influencing the birth experience.

5. Provide couples with evidence-based research so they can make informed decisions with their care provider before and during birth.

- Couples need to have a complete understanding of the biology of birth and how the body is designed to have a normal experience without terrible pain, as long as the mother and baby are risk-free.
- Knowledge gives the couple confidence, lessens fear and then reduces interventions. Many women/couples do not receive this information through traditional childbirth courses and feel “relieved and empowered” when they understand the entire role of birthing hormones during the process. www.sarahjbuckley.com

6. Provide evidence of other countries' birth practices and outcomes

- This raises awareness of alternative birth practices and helps couples make informed choices
- Dr. Michel Odent reports that in Holland, where 82% of the midwives are independent primary care givers, about 31% of the births occur at home, and an autonomous midwife attends many of the hospital births. The rates of c-sections are around 10% for the whole country and more than 90% of the laboring women do not need an epidural anesthesia. The birth outcomes are much better than in the USA (number of babies alive and healthy at birth).
- A WHO study revealed enormous variation from country to country in the percent of births with the diagnosis of dystocia (a slow or difficult labor or delivery): Australia 23 percent, Canada 31.5 percent, Czech Republic 20 percent, Greece 17.4 percent, Israel 9.7 percent, Slovenia 33.8 percent, United States 22.1 percent (Stephenson 1992). Stephenson P. *International Differences in the Use of Obstetrical Interventions*.

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7. Recommend having a birth doula or well trained labor support person

- More support helps couples through the labor process
- Considerable research has shown that a personal birth attendant can reduce cesarean section rates. Meta-analysis of the 10 randomized trials of a continuous companion throughout labor shows such support "is effective in reducing analgesia requirements, lowers the incidence of cesarean section and operative vaginal delivery, and improves fetal outcome" (Thornton and Lilford 1994). Thornton J, Lilford R. Active management of labour: current knowledge and research issues. *Br Med J* 1994; 309:366-369.

8. Have couples create a birth plan or, at the very least, indicate preferences and discuss them with their care provider.

- This encourages parents to research their options and improve the communication with their health care provider
- Women sometimes need to switch doctors late in pregnancy.
 - One recent client thought her physician was "great," but finally discovered his C-section rate was 80% After further discussion with him she discovered he believed natural birth was like a "car accident."
- Doctors have told me that if parent's don't take the responsibility to come up with preferences, that the hospital will follow its standard operating procedure.

9. Help previously infertile women overcome "Assisted Reproduction"

- Women can lose confidence in their body if they have struggled with infertility. There is often a "turning over of the pregnancy" to the care provider without becoming well informed of options.

10. Teach good nutrition practices

- Another often overlooked factor in the birth outcome: better nutrition leads to healthier development of the growing baby as well as the pregnant mother.

Summary

Birth is a natural process. Women in our society are consistently being told that their bodies are flawed and that they require medical intervention in order to have a baby. These suggestions affect their bodies functioning by giving them a fear-based introduction to pregnancy and childbirth.

A lack of education is causing problems for many women who want an easier labor and delivery, given our current culture. Women need to know that they are capable and that childbirth education is critical to their success. Women have taken on high endurance sports yet are often terrified of the pain they may experience during childbirth. I have had physicians in my class who are also "terrified" because their rotations in the labor and delivery room do not show natural, drug and surgery-free births.

As we begin to question the status quo and start doing our own research, with both education and proper preparation for birth as explained above, this will have a big impact on interventions.

Currently, I have an approximate five percent C-section rate for those taking my classes. My goal now is to work with practicing physicians and other health care professionals to continue to decrease unnecessary medical interventions.

Below are notes from my source material.

Sources

Lamaze International: *Elective Cesarean Surgery Versus Planned Vaginal Birth: What are the Consequences?*

http://www.lamaze.org/institute/advancing/docs/elective_cesarean_consequences.pdf

The American College of Obstetricians and Gynecologists:

http://www.acog.org/from_home/publications/press_releases/nr02-06-08-2.cfm

http://www.acog.org/from_home/publications/press_releases/nr05-09-06-1.cfm

Note ACOG's statement: *The cesarean delivery rate has concerned ACOG for the past several decades and ACOG remains committed to reducing it, but there is no scientific way to recommend an 'ideal' national cesarean rate as a target goal.* In 2000, ACOG issued its Task Force Report *Evaluation of Cesarean Delivery* to assist physicians and institutions in assessing and reducing, if necessary, their cesarean delivery rates.

David B. Chamberlain, Ph.D. *The Fetal Senses: A Classical View*

Bruce H. Lipton, Ph.D. (1995) *Maternal Emotions and Human Development*

Fredrick Wirth, M.D., *Prenatal Parenting*

Marc H. Bornstein, Senior Investigator and Head of Child and Family Research at the National Institute of Child Health and Human Development and Michael E. Lamb, Professor of Psychology at Cambridge University: *Developmental Science: An Advanced Textbook*

Michel Odent, M.D., www.wombecology.com

The Autonomic Nervous System: <http://www.thinkbody.co.uk/papers/autonomic-nervous-system.htm>

Vickie Waymire RNC, MSN (1997) *A Triggering Time: Childbirth May Recall Sexual Abuse Memories.*

World Health Organization. *Having a Baby in Europe. Public Health in Europe No. 26, Copenhagen: Regional Office for Europe, 1985a.*

Stephenson P. *International Differences in the Use of Obstetrical Interventions.*

Thornton J, Lilford R. Active management of labour: current knowledge and research issues. *Br Med J* 1994; 309:366-369.