

POSITION STATEMENT

MIDWIFERY CARE AND NORMAL BIRTH

Recent policy statements by maternity care provider organizations in Canada, as well as the United Kingdom, have promoted normal childbirth and recommended a number of system changes and best practices to support the normal labour and birth process.^{1,2} Underlying these statements are concerns about unprecedented rates of technological and surgical intervention in childbirth, the use of caesarean section without medical indication, and the health and social consequences that may accrue if current trends continue.

The Canadian Association of Midwives (CAM) welcomes these important collaborative initiatives toward reducing unnecessary intervention and restoring confidence in the physiologic process of childbirth. CAM also welcomes ongoing discussion about the parameters of normal labour and birth, the attitudes and beliefs that influence maternity care practices, and the actions needed to promote, protect and support normal childbirth as a healthy and meaningful event in women's lives.³

CAM believes that midwives are making a vital contribution to interdisciplinary efforts to promote normal birth and decrease the anxiety that often surrounds maternity care today. Trust in the normal childbirth process is fundamental to the philosophy and practice of midwifery, the language midwives speak and the care they provide to women. Midwifery education includes the development of specific skills and clinical practices that facilitate normal, undisturbed labour progress and spontaneous delivery through the efforts of the mother, without routine use of drugs and interventions. For midwives, the concept of normality rests on the physiology of labour and the capacity of women to give birth with their own power.

A 2008 Cochrane review of midwifery-led models of care in developed countries concludes that women attended by midwives are consistently more likely to labour without major intervention and analgesia or anaesthesia, and more likely to experience a spontaneous vaginal birth.⁴ Recent research in Canada also indicates that when midwives are well integrated into the health care system, midwife-attended births, both at home and in hospital, involve significantly lower rates of intervention and, at the same time, very low rates of maternal and neonatal/perinatal morbidity and mortality.^{5,6} Midwives moreover seem to achieve similar normal birth outcomes with women across the socio-economic spectrum, in rural and remote settings as well as large urban centres.

Integral to the Canadian midwifery model are the standards and best practices that support physiologic birth and optimize women's childbirth experiences. Some of the essential components of this model of care include:

- ✓ Providing continuity of care to build trust and partnership with the woman
- ✓ Sharing information and offering choices, including the choice of birthplace
- ✓ Actively supporting client decision-making and autonomy
- ✓ Allowing adequate time for discussion of individual needs and concerns
- ✓ Preparing women for the realities of labour while anticipating a normal birth
- ✓ Creating a calm and intimate birth environment
- ✓ Providing a familiar presence and continuous support during active labour

- ✓ Using non-pharmacologic methods to help women work with normal labour pain
- ✓ Encouraging free movement and instinctual behaviour in labour
- ✓ Encouraging fluid intake and nourishment as needed
- ✓ Encouraging spontaneous second stage “pushing” in the woman’s preferred position
- ✓ Supporting early labour at home as appropriate
- ✓ Supporting birth at home or in a birthing centre as appropriate

Qualitative research suggests that there are subtleties in the midwifery care process that “tap into the woman’s personal strengths”⁷ and that women experience as empowering. According to Rooks, one of the underlying goals of midwifery is inspiring women’s confidence in their own abilities in pregnancy, birth and motherhood.⁸ Taken together, the characteristics of midwifery care seem to create optimal conditions for the intricately-balanced process of birth to unfold – conditions in which women feel reassured, safe and supported to labour as they wish. As a result, the need for intervention and pharmacological pain relief is often reduced.

While models of care that support normal birth are not exclusive to any profession, midwives have a body of expertise that is essential to creating a normal birth culture. Changing attitudes and developing practices to support physiologic childbirth require leadership and mentoring from all maternity care providers who understand and can articulate the value, meaning and transformative power of giving birth normally. Midwives in Canada look forward to continuing collaboration and interdisciplinary initiatives to make normal childbirth a common reality.

¹ Society of Obstetricians and Gynecologists of Canada. *Joint Policy Statement on Normal Childbirth*. JOGC 30(12); December 2008. Available at: <http://www.sogc.org/guidelines/documents/qui221PS0812.pdf>

² Royal College of Midwives, Royal College of Obstetricians and Gynecologists, National Childbirth Trust. *Making Normal Birth a Reality: Consensus Statement from the Maternity Care Working Party*. 2007. Available at: <http://www.rcog.org.uk/womens-health/clinical-guidance/making-normal-birth-reality>

³ Young D. *What is normal childbirth and do we need more statements about it?* BIRTH 36(1); March 2009

⁴ Hatem M, Sandall J, Devane D, Soltani H, Gates S. *Midwife-led versus other models of care for childbearing women (Review)*. Cochrane Database of Systematic Reviews, Issue 4, 2008

⁵ Janssen P, Saxell L, Page L, Klein M, Liston R, Lee, SK. *Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician*. CMAJ 181; September 15, 2009

⁶ Hutton E, Reitsma A. *Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003-2006: A retrospective cohort study*. BIRTH 36(3); September 2009

⁷ Kennedy HP, Shannon M. *Keeping birth normal: Research findings on midwifery care during childbirth*. JOGNN 33(5); 2004

⁸ Rooks J. *Midwifery and childbirth in America: The past, present, and potential role of midwives*. Philadelphia: Temple University Press; 1997