Ontario Public Health Association
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The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

439 University Avenue
Suite 1850
Toronto, ON M5G 1Y8

Tel: (416) 367-3313
1-800-267-6817 (ON)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

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Marilyn Booth, Executive Director
marilyn.booth@pcmch.on.ca
Provincial Council for Maternal and Child Health

and

Dr. Mark Walker, MNAC Co-Chair
mwalker@ohri.ca
Maternal-Newborn Advisory Committee

Laurel Silenzi, MNAC Co-Chair
lsilenzi@bornontario.ca
Maternal-Newborn Advisory Committee

Dear Ms. Booth, Dr. Walker and Ms. Silenzi,

In follow up to the PMNAC meeting on December 11, 2012, when the briefing note "SUPPORTING, PROTECTING, AND PROMOTING NORMAL BIRTH IN ONTARIO" was presented by members of the Ontario Public Health Association, we would like to recommend that the Provincial Council for Maternal and Child Health (PCMCH) Maternal-Newborn Advisory Committee (MNAC)) strike a workgroup to examine the evidence surrounding physiological birth and develop and implement best practices to reduce unnecessary (or inappropriate) medical interventions in childbirth . This work would align well with other initiatives the council has undertaken as it seeks to support the evolving needs of the maternal child health care system in Ontario: the Mother-Baby Dyad Care (2012) , Late Preterm Births and Breastfeeding Services and Supports.

According to the World Health Organization, the goal of the intrapartum period is healthy birth outcomes for mothers and infants using the least possible number of interventions compatible with safety.[1] Despite this goal, concern has been mounting in recent years over the shift from a physiological approach to birth with its positive short and long term benefits, to one that is increasingly and alarmingly reliant on medical interventions, technology and surgery. "Nature's simple plan for birth has been replaced by a maternity care system that routinely interferes with the normal physiologic process and in doing so introduces unnecessary risks for mother and baby."[2] The literature increasingly identifies the negative impacts of this shift in birthing practices on maternal confidence and self-efficacy, maternal and neonatal health outcomes, costs to our health care delivery system, and society as a whole. From a Public Health prevention perspective, there is a clear case to be made for a physiological approach to birth. Despite systematic reviews which list recommendations on ways maternity care can be improved without jeopardizing patient safety, practice does not consistently reflect best evidence. An upstream look at birthing care practices is needed to engage health professionals in reducing unnecessary interventions and promoting normal birth practices.

[1] World Health Organization, Reproductive Health & Research. (1996). *Care in normal birth: A practical guide* (WHO/FRH/MSN/96.24). Retrieved from website: http://www.who.int/maternal_child_adolescent/documents/who_frh_msm_9624/en/

[2] Goer, H., & Romano, A. (2012). *Optimal care in childbirth: The case for a physiologic approach*. Seattle, Washington: Classic Day Publishing.

This recommendation for development of supporting normal birth best practices is timely. Evidence surrounding a physiological approach for birth promotes and supports the following recent provincial initiatives:

- BORN Dashboard[3]: The maternal-newborn dashboard will inform hospitals and health care providers about areas for quality improvement. Three of the six benchmark performance indicators (rates for elective repeat caesarean section, induction and episiotomies) would benefit from consistent practices that support normal birth and the necessary health care provider education.
- Mother-Baby Dyad Care: Moving upstream, evidence based birth practices that support normal birth will support the Mother-Baby Dyad Care key best practices of uninterrupted skin to skin immediately post birth, early breastfeeding and further decrease newborn admission rates to special care nurseries.
- Health Quality Ontario Expert Panel on Rate Variation In Caesarean Sections across Ontario: An expert advisory panel, reporting to the MOHLTC, called to examine Caesarean Section rate variations, as well as the underlying causes, across the province. At this time the group's focus is on singleton, vertex primary Caesarean births to establish some next steps regarding this issue.
- Markham Stouffville Hospital's (MSH) Caesarian Section Reduction Strategy[4]: MSH has reduced caesarean rates by focusing on increasing the rates of vaginal birth after caesarean (VBAC) and lowering rates of induction prior to 41 weeks. Their caesarean rate was reduced from 29.7% in 2009/10 to 26% in 2011/12. The percentage of VBAC at the hospital rose from 15 % to 32% in the same time range while total postdate induction rates decreased from nearly 700 per year to just over 200 per year. At a time where there are limited economic resources, the cost benefit for reducing caesarean rates has allowed more patients to give birth spontaneously at MSH. Queensway Carleton Hospital (Champlain LHIN) plans to adopt and implement MSH practices. It is exciting to see that hospitals are making positive changes on an individual level, but a more integrated provincial approach to consistent birth practice change would be a more efficient approach.

MNAC has the expertise and scope to improve childbirth care via an integrated provincial approach. As well, through education webinars (similar to Mother/Baby Dyad Care) maternity care providers can learn from one another how to achieve the SNB practice recommendations.
As you develop your 2013 workplans, we sincerely hope that you consider our recommendations to strike a workgroup to:

- Conduct a literature review and critical appraisal of the evidence to support a physiological approach for birth.
- Develop best practices that support and facilitate normal birth by reducing inappropriate medical interventions during childbirth.
- Develop a provincial strategy to promote implementation of these best practices to health care providers across Ontario.

The OPHA's Reproductive Health Workgroup Supporting Normal Birth Task Group would be happy to support MNAC in an advisory capacity.

Warm Regards,

Siu Mee Cheng
Executive Director, OPHA

cc: Joanne Enders, Chair, OPHA Reproductive Health Workgroup

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[3] Sprague, A. E., Dunn, S. I., Fell, D. B., Harrold, J., Walker, M. C., Kelly, S., & Smith, G. N. (2013). Measuring quality in maternal-newborn care: Developing a clinical dashboard. *J Obstet Gynaecol Can*, *35*(1), 29-38.
[4] Shoemaker, E. S. (2012, June). *MSH-CARES: Markham Stouffville Hospital—Caesarean section reduction strategy*. SOGC 68th annual clinical meeting. Retrieved from http://posterdocuments.com/posters/v/id/504