

BRIEFING NOTE: SUPPORTING, PROTECTING, AND PROMOTING NORMAL BIRTH IN ONTARIO, SUPPORTING NORMAL BIRTH TASK GROUP, REPRODUCTIVE HEALTH WORK GROUP, ONTARIO PUBLIC HEALTH ASSOCIATION

ISSUE:

When pregnancy and labour is low risk, a physiologic approach to birth (or normal birth) has short and long-term benefits for both mother and infant. However, there has been a concerning shift towards an approach that is increasingly reliant on medical interventions, technology and surgery. Several organizations have released position papers in support of normal birth and evidence-based best practices have been identified. A provincial strategy to promote these best practices and resources to assist maternity care providers is needed because the translation from knowledge to practice is missing.

PROPOSAL:

The Ontario Public Health Association (OPHA) proposes that the Provincial Council for Maternal and Child Health (PCMCH) identifies the evidence surrounding a physiologic approach for birth, promotes normal birth and supports maternity care providers in operationalizing best practices as an important next step. In working towards this goal, OPHA's Supporting Normal Birth (SNB) Task Group is prepared to act as an advisory group or partner.

BACKGROUND:

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 physiologic 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 "Nature's simple plan for birth has been replaced by a maternity care system that routinely interferes with the normal physiological process and in doing so introduces unnecessary risks for mother and baby."² The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, our health care delivery system, and society as a whole. *An upstream look at birthing care practices is needed to change outcomes and engage women and their families in taking an active role in their maternity care decisions. From a Public Health prevention perspective, there is a clear case to be made for a physiologic approach to birth.*

In response to the growing concern about obstetric intervention in birth, both the Society of Obstetricians and Gynecologists of Canada (SOGC), and the Canadian Association of Midwives, (CAM), released position papers in

support of childbirth as a normal physiologic process.^{3,4} Evidence-based care practices that promote normal birth have been identified, however resources to assist maternity care providers in providing supportive environments are lacking and many questions remain unanswered due to the varied complexities associated with birth in our culture today. *As a result, there continues to be a disconnect between care recommendations and actual birth practices. This discrepancy poses a challenge for women and their families as they attempt to navigate their birth options and make informed decisions.*

In 2009, the OPHA Reproductive Health Work Group identified supporting, protecting and promoting normal childbirth as an emerging public health issue that needed to be addressed. A SNB task group was struck in 2010. We believe a comprehensive provincial strategy is needed to optimize health outcomes and minimize risk to all women but especially to the 70-80% of Ontario women with low risk pregnancies.⁵ *A provincial strategy would acknowledge and support Ontario's Public Health Standards (OPHS) that relate to late preterm births, attachment, breastfeeding, maternal physical and emotional health, and the transition to parenting.*

OPHA Reproductive Health Work Group (WG) Supporting Normal Birth Task Group Goals & Objectives

Goal:

Advocate for a reproductive health culture that supports and values normal birth as part of a healthy continuum from preconception to parenting.

Objectives:

1. Advocate for the addition of supporting normal birth to the Family Health Program section of Ontario Public Health Standards (OPHS).
2. Engage organizations with the credibility and capacity to do a critical appraisal of the literature and influence system improvements and standards of care.
3. Advocate for a communication strategy for health care professionals to encourage them to follow best practices during prenatal care, labour and birth.
4. Increase awareness among women, men, and society at large that childbirth is a normal, healthy and empowering life event.
5. Empower expectant women and their partners to take an active role by asking questions and making informed decisions about prenatal care and birth through the use of evidence-based decision aids.
6. Advocate for women to have barrier-free access to non-medical support of their choice throughout labour and birth.
7. Increase access to alternative birth care options by supporting the Association of Ontario Midwives Birth Centres Initiatives.

RECOMMENDATIONS:

The development of an evidence document is an important next step for the SNB Task Group. However, a literature review and critical appraisal is beyond the working capacity of the task group and for this reason OPHA is seeking the support of the PCMCH to strike a work group to:

1. Conduct a literature review and critical appraisal of the evidence to support a physiologic approach for birth;
2. Develop a best practices guideline for normal birth;
3. Support a provincial strategy to promote implementation of best practices to health care providers in Ontario; and
4. Include OPHA's SNB Task Group as an advisory group for the above three initiatives.

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REFERENCES

1. Care in normal birth: a practical guide. World Health Organization, Maternal and Newborn Health/Safe Motherhood Unit. 1996. (Online: http://www.who.int/maternal_child_adolescent/documents/who_frh_msm_9624/en/. Accessed: 27 November 2012)
2. Romano, A.M. & Lothian, J.A., *Promoting, Protecting, and Supporting Normal Birth: A Look at the Evidence* JOGNN, 37, 94-105; 2008 (Online: <http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2007.00210.x/abstract>. Accessed: 28 Nov 2012)
3. Society of Obstetrics and Gynecologists. Joint Policy Statement on Normal Childbirth. J Obstet Gynaecol Can 2008;30(12):1163–1165. (Online: <http://www.sogc.org/guidelines/documents/gui221PS0812.pdf>. Accessed: 27 Nov 2012)
4. Canadian Association of Midwives. Position Statement: Midwifery and Normal Birth. 2010. (Online: http://www.canadianmidwives.org/DATA/DOCUMENT/CAM_ENG_Midwifery_Care_Normal_Birth_FINAL_Nov_2010.pdf. Accessed: 27 Nov 2012)
5. Ontario Perinatal Surveillance System. The Ontario Perinatal Surveillance System Report 2008. (Online: <http://www.bornontario.ca/documents/Publications/Annual%20Report%202008.pdf>. Accessed: 27 Nov 2012)