

THE TIPPING POINT IN CHILDBIRTH EDUCATION

The Price of Ignorance

Presented by Penny Simkin

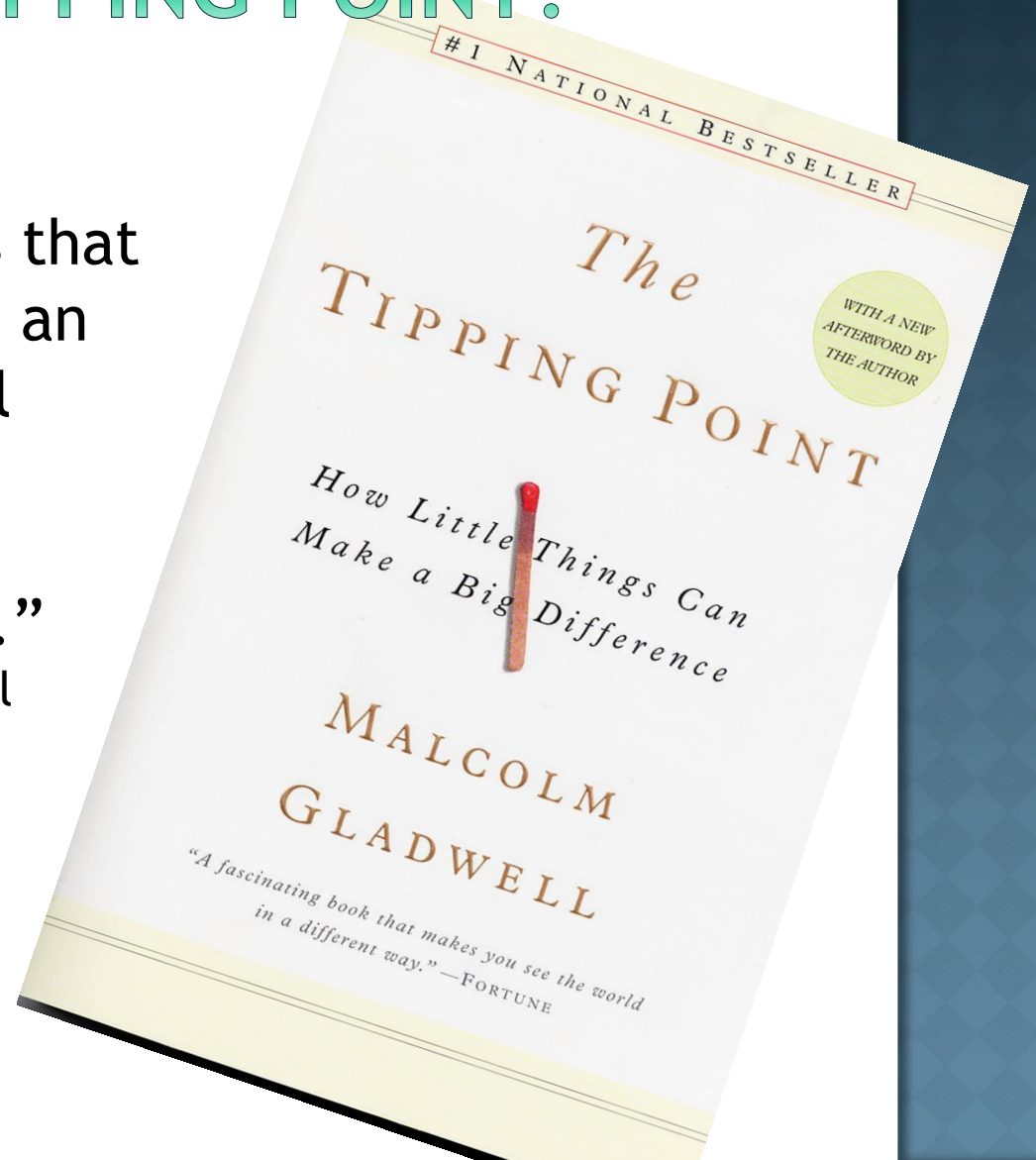
LEARNER OBJECTIVES

1. Contrast childbirth education in its first 25 years (the “heyday”) with the past 25 years.
2. Analyze the contributions and shortcomings of today’s major sources of childbirth information.
3. Discuss the consequences of haphazard and incomplete childbirth information.
4. Explain the meaning of a “tipping point in childbirth education.”

INTRODUCTION: WHAT IS THE “TIPPING POINT?”

“The Tipping Point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.”

--Malcolm Gladwell





**The Tipping Point:
Are we close?**

THE FIRST TIPPING POINT
IN CHILDBIRTH EDUCATION:
LATE 1950s

UNHAPPY WOMEN & GREAT LEADERS CAME TOGETHER

- The Ladies Home Journal published “Cruelty in the Maternity Wards”
- Grantly Dick-Read visited New York, New Haven, Milwaukee, Toronto, and Seattle
 - Met Elisabeth Bing, Niles Newton, Virginia Larson, Mabel Fitzhugh, others
- These events, combined with the few existing childbirth education programs, catalyzed the natural birth movement, which “spread like wildfire.”
- Family-Centered Maternity Care

1960 - A GREAT YEAR!
FOUNDING OF LAMAZE & ICEA

THE “HEYDAY” OF CHILDBIRTH EDUCATION - 1960- MID-1980s

- Changes came about because **parents were dissatisfied** and had key professional supporters:
 - Natural childbirth preparation
 - Participation by husband, father, significant other
 - Rooming-in, skin-to-skin mother-infant contact
 - Breastfeeding support
 - VBACs
- (But childbirth care was quietly becoming more medicalized)

THE “HEYDAY” OF CHILDBIRTH EDUCATION - 1960- MID-1980s

- Childbirth education organizations all over North America
 - Run by volunteer parents
- Classes were the “thing to do” among married, middle class, insured white people
 - Health departments, ethnic communities adapted classes for the underserved.
- Created demand for *midwives, home births & hospital reform, breastfeeding help* among “influential consumers”
- (Cesarean rate quietly crept up)

THEN WHAT HAPPENED?

THE SECOND TIPPING POINT
IN CHILDBIRTH EDUCATION:
MID-1980s

HOSPITAL MARKETING ADDRESSED ADVERSE TRENDS, REGAINED CONTROL

- Hospitals changed to satisfy consumers
 - “Home-like” ABCs, single room maternity care
 - Offered their own childbirth classes
 - Subsidized free or low cost classes
 - NAACOG redefined the childbirth educator
 - “Ideally, the childbirth educator. . . helps the parents to be more comfortable with the hospital and its illness conditions.” -quoted from NAACOG by M Shearer, *Birth & Fam J*, 7:3; 1980
- Education shifted to support hospital practices
- Independent educators were replaced by nurses; parent-run groups almost disappeared.

MANY CHILDBIRTH EDUCATORS FELT (AND FEEL) “MUZZLED”

One nurse/prenatal educator’s dilemma:

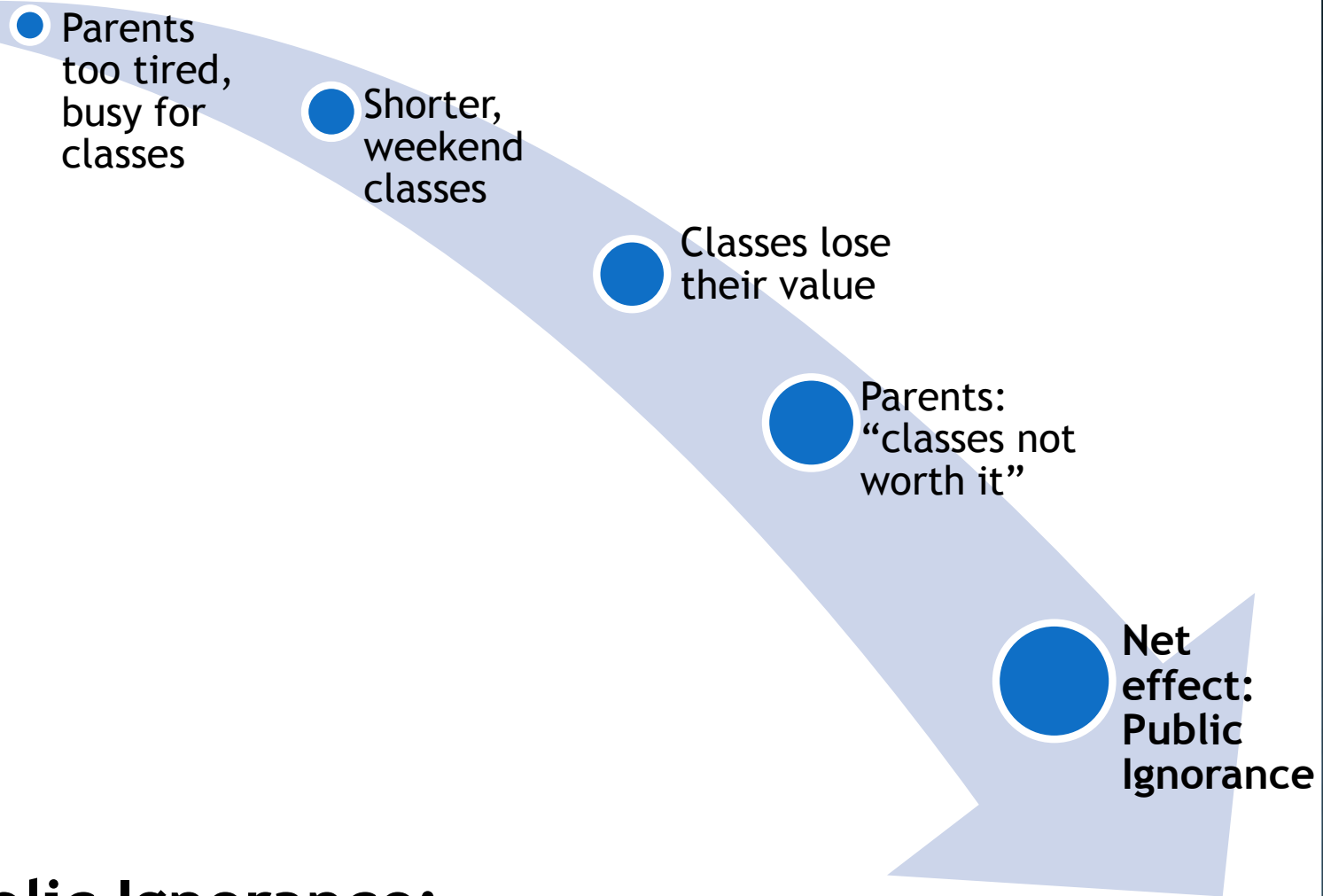
The busiest obstetricians in her hospital had complained about her childbirth education, because she did not urge every woman to have an epidural, and she told the women the benefits of limiting episiotomies.

She was told in a letter from administration that she had to mend her ways or be fired. She had young children and needed the job, and did not know what she was going to do.

--paraphrased from a story from M. Klein, 2010

CHANGING FAMILY LIFE

- Cultural shift - ethnic, racial, socio-economic
- Smaller families
 - Fewer “confident” high parity pregnant women
 - More dual income and single parent families
 - Fewer activist volunteers
 - Women’s movement ignored childbirth
 - Less time or interest for classes, natural birth preparation
 - Less interest in how the baby is born
- Short maternity leaves (in USA)
 - Incentive for induction
- Greater ignorance and fear among consumers
 - Less participation in care,
 - Reliance on MD & hospital for instruction, options



Public Ignorance:

- Fearful parents don't advocate for themselves
- Outcomes worsen for mothers and babies
- Providers' self-interest grows unchecked.

CHANGES IN PROVIDER ATTITUDES

- Backlash against parent participation in maternity care decisions (“unwise decisions”)
- Medico-legal risk management dominated obstetrics
 - Increasing medicalization based on fear
 - 25% cesarean rate in 1988
 - Continuous EFM widespread
 - Evidence-based medicine gained momentum but did not support medicalization trends
- Increasing tension, trust issues between providers, researchers, and consumers

A PERFECT STORM



A PERFECT STORM

- ◉ Hospitals, MDs -- only source of education, care
- ◉ **Parents drop classes & activism**
- ◉ Parents' priorities shifted
 - Healthy baby with the least effort and pain
- ◉ Restriction of choices for parents
- ◉ Restrictions on MDs' practices
 - "Risk management" more influential than
 - ◉ Clinical knowledge and experience
 - ◉ Scientific evidence

A PERFECT STORM (CONT.)

- ⦿ The stage was set for **unfettered growth of medicalization**
 - Escalation in poor outcomes
 - Little or no effective pushback from consumers
 - A shrinking constituency for birth activists, independent educators

CHILDBIRTH EDUCATION REPLACED BY

- Disjointed substitutes by late 1990s
 - Television dramas, “reality shows” watched by 2/3 of women
 - Messages of fear, endless pain, desirability of interventions, epidural;
 - Most on Discovery Channel, a trusted educational channel
 - Many well-funded websites reinforced “ask your doctor”
 - Books, friends & family, Internet more important than classes
 - Doula improved birth for small numbers of women/couples
 - Doula role is support, not activism nor education

CHILDBIRTH EDUCATION REPLACED BY

(CONT.)

- Emphasis by concerned professionals on Evidence-Based Care
 - The public isn't influenced by such arguments
 - Are maternity professionals influenced?
 - Misinformation, lack of information, not informed choice
- Lost influence of natural birth activists diminished and
 - (VBACS increased from mid-1980s to mid-1990s)

CHILDBIRTH EDUCATION: A BELLWETHER FOR THE DIRECTION OF MATERNITY CARE?

- ⦿ As childbirth education goes, so goes quality maternity care
- ⦿ When independent childbirth education is widely available, there is some balance of power between providers and consumers
- ⦿ When it disappears, there are few checks and balances
- ⦿ An uninformed public goes hand in hand with poor obstetric outcomes (coincidence or cause and effect?)

THE PRICE OF PUBLIC IGNORANCE

- ⦿ Compromise of “best care practices”
- ⦿ Unlimited financial opportunities from technology and surgery when best care is compromised
- ⦿ For a few years in the 1990s, science supported physiological approaches to childbirth
 - Benefits of doulas, midwives, spontaneous pushing in 2nd stage, delayed pushing with epidural, delayed cord clamping, increased M-I contact, breastfeeding
 - Safety with planned home births, VBAC, not suctioning newborn airway
 - Problems with continuous EFM, C/S, VBAC safety

THE PRICE OF PUBLIC IGNORANCE

- ◎ From mid-1990s till now, special interests have co-opted “science”
 - Misleading abstracts
 - “Apples and oranges” comparisons
 - Opinionated editorials in prestigious journals
 - ACOG Position Papers and press releases
- ◎ Results:
 - Elimination of VBAC and vaginal breech births (US)
 - Withdrawal of ob support of midwives, home birth (US)
 - Illusion of safety with medicalized, industrialized birth
 - Misinformation spread by the media
 - Public confusion and fear around birth
 - Lack of trust in childbirth educators, activists who question status quo in maternity care

AMERICAN MATERNITY CARE TODAY --A BROKEN, MALIGNANT SYSTEM

- ⦿ The USA is worst among industrialized countries in almost all indicators of quality of care.
 - Maternal mortality and morbidity
 - Infant, perinatal, neonatal mortality/morbidity
 - Racial disparities in outcomes
 - Access to quality care and continuity of care
 - Cesarean section rates
 - Induction rates
 - Financial costs
- ⦿ Co-optation of science to “refute” evidence-based findings*
- ⦿ One of every 3 to 4 women now describes her birth as traumatic
- ⦿ One of every 3 or 4 women has a postpartum mood disorder

Enough!

WHAT ABOUT CANADA?

HEALTH CANADA REPORT, 2005-'06

⦿ Cesarean rates (up from previous years)

- Total 26.3% (BC Highest)
- Primary 18.6%
- Repeat 81.9%

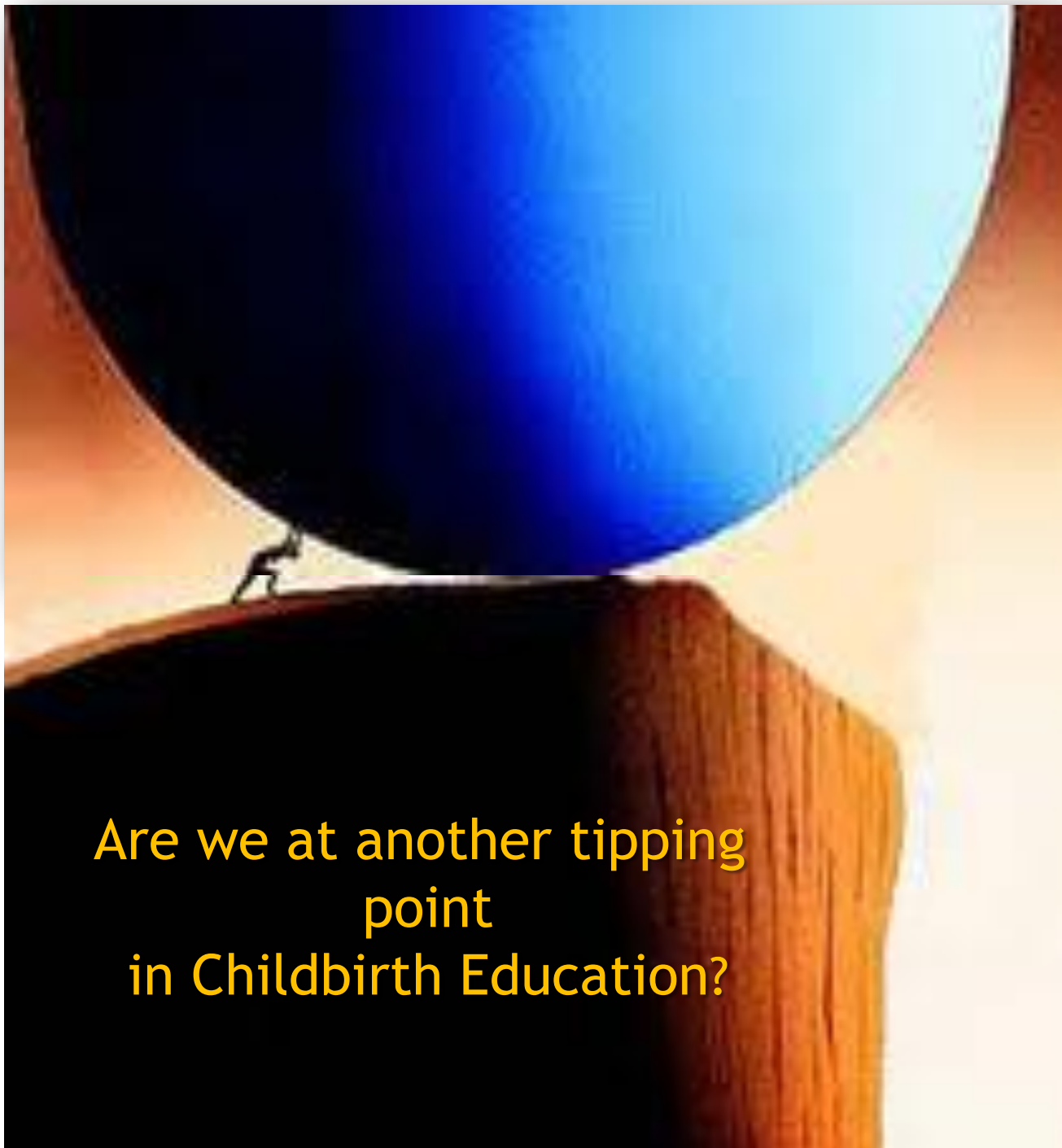
⦿ Epidural rates

- Of all vaginal births 54% in '05, 57 in '06
- Of all births (vag + c/s) 47.9%

CANADA'S RANKINGS IN KEY OUTCOMES

- **Between 1990 and 2007, Canada slipped among developed countries**
 - From 2nd to 11th in maternal mortality
 - From 6th to 21st in infant mortality
 - 12th to 14th for perinatal mortality
- **Is the association causal or coincidental?**
 - Increased interventions
 - Declining expertise in manual skills
 - Less tolerance of “outliers”
- “A crisis is looming, especially for rural families who have poor access to maternity care.”
- --Don Davis, MD, outgoing SOGC Pres. 6/27/07, as reported to the MCDG list

THE THIRD TIPPING POINT IN
CHILDBIRTH EDUCATION:
NOW!



Are we at another tipping
point
in Childbirth Education?

C. MORTON & C. HSU

COMPARATIVE ETHNOGRAPHIC STUDY (JPE 2007, 16:25)

- ◎ Interviews: 17 educators or decision-makers
 - Experiences teaching classes
 - Personal philosophies re birth
 - Thoughts about current trends in CB education
- ◎ Observations of 2 educator trainings
- ◎ Hospital tours
- ◎ Review of
 - Teaching tools
 - printed & online materials
 - C-B conferences, community events, social gatherings
- ◎ Observations: 65 class sessions on childbirth
 - 160 hours, from 11 series (varied length)
 - Taped, transcribed, coded for content & themes

CHARACTERISTICS OF CHILDBIRTH CLASSES

- Do not reflect today's population of American childbearing women, of whom . . .
 - 36% are unmarried
 - 45% are women of color
 - 40% of births covered by Medicaid
- Are highly culture-specific
 - Geared mostly to white, M-C, educated, insured couples
 - Teachers and students
 - The “influential consumer” (supposedly)
 -

C. MORTON & C. HSU

COMPARATIVE ETHNOGRAPHIC STUDY (JPE 2007, 16:25)

- Teaching compressed classes -- educators reported devoting less time for participants to process information and “develop skills in relaxation and comfort techniques.” (p.30)
- “Childbirth educators today are at a crossroad, caught in the midst of social and cultural forces they cannot control, but which constrain and affect their roles and practices in the childbirth classroom.”(p. 35)

ARE BIRTH CLASSES HELPFUL?

- “The effects of general antenatal education for childbirth or parenthood, or both, remain largely unknown.” (Cochrane Library, 2007)
 - 8 trials with 1009 women were included
 - Small sample sizes, methodological details lacking
 - Knowledge gained, sense of control, infant care competencies, some birth outcomes were measured

HOW MANY WOMEN
ATTEND CHILDBIRTH
CLASSES TODAY?

U.S. LISTENING TO MOTHERS SURVEY FINDINGS

- ◎ 2001-02 (LtM 1): 70% nullips took classes
- ◎ 2005 ----(LtM II): 56% nullips took classes
- ◎ 87% of class attenders took hospital classes
- ◎ 14% of respondents had natural births
 - 37% had wanted to learn about natural birth

--DeClerq, et al., Childbirth Connection, 2006

CANADIAN REPORT ON BIRTH CLASS ATTENDANCE

- ◉ 66% of nulliparas attended prenatal classes
- ◉ 6% of multiparas attended prenatal classes
- ◉ In total, 33% of all pregnant women attended classes
- ◉ More than half used breathing (74%), positions (70%), walking (52%)
- ◉ Epidural/spinal (57%); narcotic (22% Nitrous oxide (2%))

--Chalmers et al., Canadian Maternity Experiences Survey. J Obstet Gynaecol Can 2008

METAMORPHOSIS IN CHILDBIRTH EDUCATION

- ⦿ “Has childbirth education really gone the way of tie-dyed shirts, macramé, and sand candles?” – De Vries and De Vries 2007, JPE 16(4)
- ⦿ The Baby-boomer model of childbirth education has died a slow death
- ⦿ The Good News! New models of childbirth education are emerging. . .

METAMORPHOSIS IN CHILDBIRTH EDUCATION

- ◉ The Good News! Childbirth education is re-inventing itself. . .
- ◉ Women can become informed in many ways
- ◉ It takes a village to *have* a baby!

NEW MODELS OF EDUCATION

- ⦿ Center for the Childbearing Year*
 - Many services under one roof
- ⦿ Perinatal Doula or Coach for the Childbearing Year*
 - Preconception and Prenatal advisor
 - Childbirth educator
 - Birth & Postpartum Doula
 - Lactation Specialist
 - Other: counseling, yoga, fitness, massage, nutrition, etc.
- ⦿ Innovations in class formats
 - Lunchtime “brownbag” classes at big businesses
 - Centering Pregnancy Approach in clinic setting (SS Rising)
 - Combine childbirth education, social support with group prenatal care
 - Remote education: Web, Skype, DVD rental
- ⦿ New approaches: The “New Lamaze,” hypnosis, Birthing from Within, Dancing Thru Pregnancy, and more

ARE SOCIAL MEDIA GREAT TEACHERS?

Discourse
Information
Opinion
Inspiration
Peer education
Political Action



The "virtual" village!

WHAT'S GREAT ABOUT SOCIAL MEDIA AND NETWORKING?

- ◉ YouTube, videos on birth, breastfeeding, and baby care, yoga, comfort measures
- ◉ Search engines to answer every question
- ◉ Internet and YouTube Inspiration for normal birth
- ◉ Informed decision-making
- ◉ Latest research findings that support normal birth
- ◉ Deconstruction of research articles
- ◉ Sharing links

OTHER GOOD NEWS ABOUT SOCIAL MEDIA FOR CHILDBIRTH EDUCATION

- ⦿ Growing unity and cooperation in the consumerist movement
 - The Lamaze-ICEA Mega-Conference (2010)!
 - Coalition for the Improvement of Maternity Services (CIMS)
- ⦿ Increased accessibility and guidance to excellent links
- ⦿ Increasing sophistication in their use allows harnessing of social media to promote normal birth and expose unjustified claims.

SOMETHING IS MISSING!

- ⦿ As women become aware of the deficiencies in maternity care today, and the benefits of more naturalistic birth for immediate satisfaction and long-term health of families, they need a way to achieve it,
- ⦿ As they become inspired and motivated to use options that support normal healthy birth. . .
- ⦿ How can they actualize their preferences for birth?

IT'S MORE DIFFICULT THAN
WOMEN ARE LED TO
BELIEVE!

WHERE DO PARENTS LEARN HOW?

- ⦿ “You don’t need to learn. Women know how to birth. Trust your inner wisdom”
- ⦿ “Your body knows how to give birth”
- ⦿ “Listen to your body. Do what your body tells you to do.”

REALLY?

- ⦿ For some women the body says, “You’re in danger. Something’s wrong. Get out of here! Stop feeling this.”
- ⦿ After generations of fear of birth & women giving over their power, how are they supposed to **do** birth?
- ⦿ Less guidance is not empowering or confidence-building when she feels she doesn’t know how.

WE'VE THROWN THE BABY OUT
WITH THE BATH WATER!



Please!

Bring Back “the Breathing”

**And Other
Comfort Measures!**

CHILDBIRTH EDUCATION HAS ABANDONED WHAT IT DOES BEST!

- ◉ There's no substitute for hands-on, face-to-face guidance to master self-calming and hands on techniques for labor progress and comfort.
- ◉ Also, assistance, guidance and perspective in sorting the “wheat from the chaff” and applying what they have learned to themselves, their city, hospital, and caregiver
- ◉ The next Tipping Point in Childbirth Education may include the educator and doula as empathic knowledgeable information brokers and helpers, thus bringing women back to the center of maternity care.

*“We’ve led
the horse to
water, but
we won’t let
her drink!”*



Adapted from Mark
Parisi, “Off the Wall”

CONCLUSIONS

- ◉ Maternity care is in a period of declining quality and safety
- ◉ This is paralleled by changes in the way women become informed about birth
- ◉ Books, TV, social media, news media have largely replaced childbirth classes as major sources of information
- ◉ Many women today are inspired and motivated to have a “natural birth”
- ◉ They lack the knowledge of how to “do birth.”

CONCLUSIONS

- ◉ Childbirth Education is at a Tipping Point
- ◉ Women and their partners want and need
 - Perspective on what they read and hear
 - Guidance and skill in comfort and labor progress measures
 - Reassurance and encouragement
 - Information to make good choices
- ◉ Childbirth education, in new packaging, can fill those needs
- ◉ Informed and confident parents will bring about improvements in maternity care

AS CHILDBIRTH EDUCATION GOES,
SO GOES MATERNITY CARE

THANK YOU!