

MODULE 1

Maternity Care is Changing – You Will Have Decisions to Make



If you are thinking about the option of laboring for a VBAC...

- 👂 Understand that you can find maternal and child health providers to support you.
- 👂 Planning a VBAC (vaginal birth after cesarean) allows you the opportunity to avoid short and long-term complications from surgery.

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- ☞ Maternity care leaders around the world are actively encouraging expectant parents to avoid unnecessary cesarean births.
 - ☞ The evidence is clear that such unnecessary procedures negatively affect the health of mothers and babies — both in the short and long-term.

Leaders in Maternal and
Infant Health Want Safer
Health Care Options
for Childbirth.



If You Are Pregnant *or* Thinking About Having Another Baby —You Should Know:

- ☪ Worldwide, leaders in maternity care want to change how people are cared for during pregnancy and childbirth.
- ☪ The maternity care community recognizes that narrow constructs about what it means to be a “healthy mother” or a “healthy baby” are not enough.

From the World Health Organization:

“There has been a substantial increase over the last two decades in the application of a range of labour practices to initiate, accelerate, terminate, regulate or monitor the physiological process of labour, with the aim of improving outcomes for women and babies. This increasing medicalization of childbirth processes tends to undermine the woman’s own capability to give birth and negatively impacts her childbirth experience.”



**World Health
Organization**

World Health Organization. (2018). [WHO recommendations intrapartum care for a positive childbirth experience](#)

The New Model of Maternity Care:

- ☪ Maternity care experts realize that the medical support provided for labor and birth should not only be safe but also ensure a positive experience for women and their families.



Holistic, person-centered care that respects human rights can assist mothers and babies survive complications—while also helping them to thrive.

World Health Organization. (2018) WHO recommendations
Intrapartum care for a positive childbirth experience

Based on Current Evidence Regarding the Safest Outcomes for Mothers and Babies, Maternity Care Leaders Want To:

- ☛ Reduce unnecessary medical interventions that complicate labor.
- ☛ Lower the number of cesarean births.
- ☛ Support the normal physiologic process of birth (midwifery model of care).
- ☛ Encourage pregnant people to make informed decisions about childbirth and newborn care.

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

American College of Obstetricians and Gynecologists. (2014). Safe prevention of the primary cesarean delivery. *American Journal of Obstetrics and Gynecology*, 210(3), 179-193. doi: 10.1016/j.ajog.2014.01.026

World Health Organization. (2018). WHO recommendations non-clinical interventions to reduce unnecessary cesarean sections.

California Maternal Quality Care Consensus. (2016). Toolkit to support vaginal birth and reduce primary cesareans.

Maternity Care Leaders
Are Educating Birthing
Families about their
Options and How to
Reduce the Risks of
Unnecessary Cesareans.



From the California Maternal Quality Care Collaborative:

“Do you know what one of the biggest risk factors is for having a C-section that you don’t need? It’s the hospital and healthcare providers you use. One out of every two C-sections could be avoided...

No matter which hospital you’ll deliver at, talk to your doctor, nurse, or midwife at your pre-natal appointments. Let them know that you only want a C-section if it’s absolutely needed.”

CMQCC

California Maternal
Quality Care Collaborative

California Maternal Quality Care Collaborative. (n.d.).
[My Birth Matters.](#)

Maternity Care Leaders Support VBAC:

“In addition to fulfilling a patient’s preference for vaginal delivery, at an individual level, VBAC is associated with decreased maternal morbidity and a decreased risk of complications in future pregnancies as well as a decrease in the overall cesarean delivery rate at the population level.”



ACOG

The American College of
Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists.
(2017). Practice bulletin No. 184: Vaginal birth after
cesarean delivery. *Obstetrics and Gynecology*, 130(5),
e217-e233. doi: 10.1097/AOG.0000000000002398

Leaders in maternity care recognize that questionable medical interventions and the sky-high cesarean rates that occurred over decades may have harmed the health of mothers and babies.

Visser, G. H. A., et al. (2018). FIGO position paper: How to stop the caesarean section epidemic. *The Lancet*, 392(10155), 1286-1287. doi: [10.1016/S0140-6736\(18\)32113-5](https://doi.org/10.1016/S0140-6736(18)32113-5)



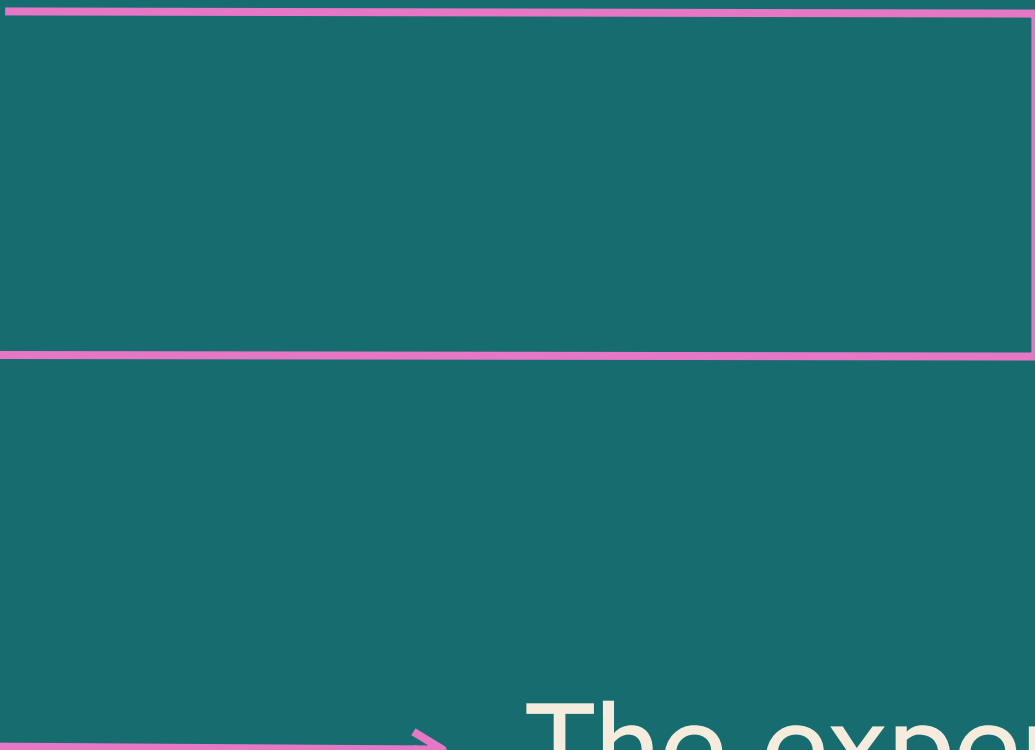
Routine Use of Medical Interventions (and Outdated Birth Practices) That Lead to Avoidable Cesareans:

- ☞ Admitting pregnant people to the hospital too early.
- ☞ Inducing labor for non-medical reasons.
- ☞ Expecting labor to progress within a specific period of time.
- ☞ Denying food and water to persons in labor.
- ☞ Use of continuous electronic fetal monitoring for low-risk births.
- ☞ Breaking the bag of waters (amniotomy).

American College of Obstetricians and Gynecologists. (2019). Committee opinion No. 766: Approaches to limit intervention during labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi: 10.1097/AOG.0000000000003074

Practices Differ Widely in 150 Countries:

Cesarean rates vary from 1.4 to
56.4 percent.



→ The expert consensus is
that “... these rates have virtually
nothing to do with evidence-based
medicine.”

World Health Organization. (2018). WHO recommendations non-clinical interventions to reduce unnecessary cesarean sections.

Visser, G. H. A., et al. (2018). FIGO position paper: How to stop the caesarean section epidemic. *The Lancet*, 392(10155), 1286-1287. doi: 10.1016/S0140-6736(18)32113-5

Every U.S. Hospital with a Labor and Delivery Unit Can Support VBAC.

Yet, for no medical reason, nearly half of mothers surveyed in California with a prior cesarean who wanted to labor for a VBAC were denied and therefore had no choice but to have a repeat cesarean.

American College of Obstetricians and Gynecologists. (2019). Obstetric care consensus No. 9: Levels of maternal care. *Obstetrics and Gynecology*, 134(2), e41-e55. doi: 10.1097/AOG.0000000000003383

Sakala, C., Declercq, E.R., Turon, J.M., & Corry, M.P. (2018). *Listening to mothers in California: A population based survey of women's childbearing experiences, full survey report*. Washington, DC: National Partnership for Women and Families. Retrieved from [National Partnership for Women & Families Report](#)



Cesareans Are Sometimes Performed For **Non-Medical Reasons**.

In addition to the health needs of mothers and babies, how mothers are cared for in the hospital—and their caregivers' attitudes, practice styles, and beliefs—make a difference between high- and low-cesarean rates.

Panda, S., Begley, C., & Daly, D. (2018). Clinicians' views of factors influencing decision-making for caesarean section: A systematic review and meta synthesis of qualitative, quantitative and mixed methods studies. *PloS One*, 13(7), e0200941. doi: 10.1371/journal.pone.0200941

Cesareans Are Often Performed Based On the Following Criteria:

- ☛ Care provider's personal views about risks versus benefits—though these are not necessarily based on evidence.
- ☛ Fear of malpractice lawsuits.
- ☛ Personal convenience.
- ☛ Lack of staff, labor rooms, or resources.

Panda, S., Begley, C., & Daly, D. (2018). Clinicians' views of factors influencing decision-making for caesarean section: A systematic review and meta synthesis of qualitative, quantitative and mixed methods studies. *PloS One*, 13(7), e0200941. doi: 10.1371/journal.pone.0200941

Cesareans Are Often Performed Based On the **Following Criteria:**

- ☞ Too-strict protocols that do not support VBAC.
- ☞ Lack of skills and confidence in supporting childbirth.
- ☞ Fear of complications.
- ☞ Lack of skills in instrumental deliveries.
- ☞ Lack of skills in supporting and promoting normal birth

Panda, S., Begley, C., & Daly, D. (2018). Clinicians' views of factors influencing decision-making for caesarean section: A systematic review and meta synthesis of qualitative, quantitative and mixed methods studies. *PloS One*, 13(7), e0200941. doi: 10.1371/journal.pone.0200941



We Know That
Supporting the
Normal Physiological
Process of Birth—
and Avoiding
Routine Medical
Interventions—Leads
to Safer Births.

American College of Obstetricians and Gynecologists.
(2019). Committee opinion No. 766: Approaches to
limit intervention during labor and birth. *Obstetrics
and Gynecology*, 133(2), e164-e173. doi: 10.1097/
AOG.0000000000003074



Today, All U.S. Professional Maternity Care Associations **Agree:**

“Pregnancy and birth are physiologic processes, unique for each woman, that usually proceed normally. Most women have normal conception, fetal growth, labor, and birth and require minimal to no intervention in the process.

Women and their families hold different views about childbearing based on their knowledge, experiences, belief systems, culture, and social and family backgrounds.”

Association of Women's Health, Obstetric and Neonatal Nurses. (2012). Quality patient care in labor and delivery: A call to action. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 41(1), 151-153. doi: 10.1111/j.1552-6909.2011.01317.x.

The Standards of Maternity Care Are Being **Redefined**.

Birthing families are being put in the center of care, so that—with dignity—they can experience childbirth that is “safe, supportive, and empowering.”

Ariadne Labs. (n.d.). [Delivery Decisions Initiative](#)

Ariadne Labs. (n.d.). [TeamBirth Project](#)



Who Supports Physiologic Birth?



**World Health
Organization**



FIGO

International Federation of
Gynecology and Obstetrics

the Global Voice for Women's Health



ACOG

The American College of
Obstetricians and Gynecologists



AMERICAN COLLEGE
of NURSE-MIDWIVES



International
Confederation
of Midwives



THE SOCIETY OF
OBSTETRICIANS AND
GYNAECOLOGISTS
— OF CANADA —



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



AWHONN

Midwives
Alliance®
NORTH AMERICA

We Know How to Make Childbirth Safer:

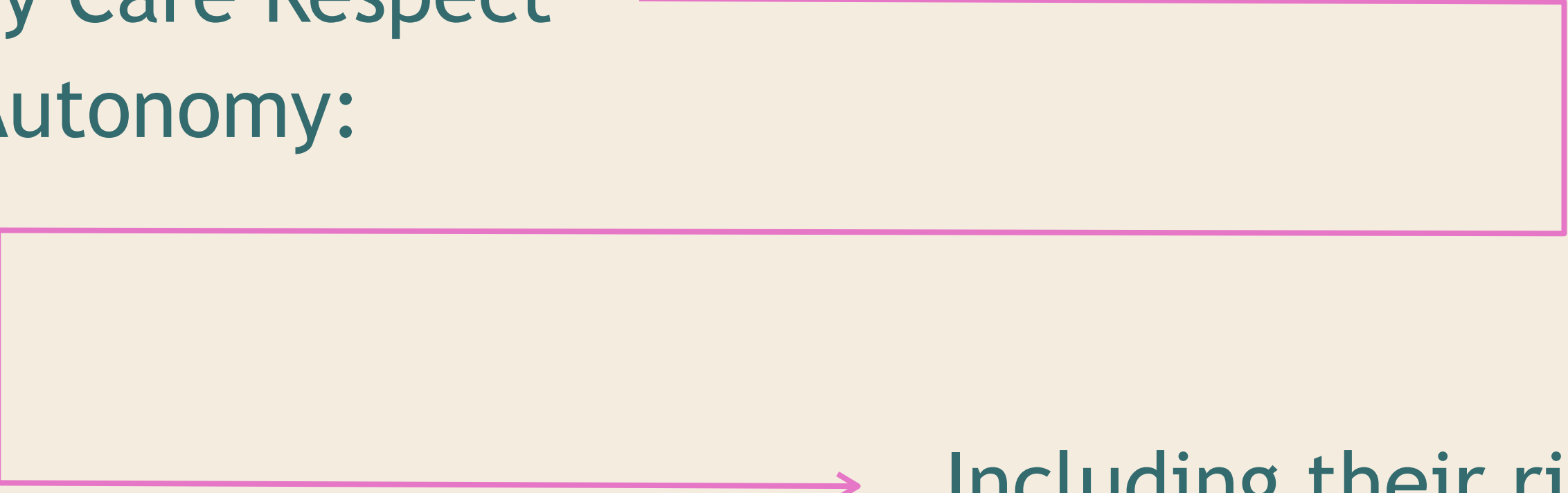
- ☛ Carry pregnancy to full term.
- ☛ Give mothers the information, support, and encouragement to safely labor for a VBAC.
- ☛ Include doulas and midwives on the birth team.
- ☛ Encourage freedom of movement and helpful positions for labor and birth.
- ☛ Include non-drug options for pain relief and comfort.
- ☛ Make pregnant people and their families the center of care, including when they will have a cesarean section.



Making Key Decisions
During Pregnancy and
Birth Increases the Odds
of a Safe Birth, Maternal-
Infant Bonding, and
Successful Breastfeeding.



Leaders in Maternity Care Respect
Pregnant People's Autonomy:



Including their right to make
informed decisions about how
they want to give birth.

American College of Obstetricians and Gynecologists. (2019).
Committee opinion No. 766: Approaches to limit intervention during
labor and birth. *Obstetrics and Gynecology*, 133(2), e164-e173. doi:
10.1097/AOG.0000000000003074

You Have the Opportunity to Become Involved at Each Step of Your Maternity Care:

- 👂 Gather evidence-based information.
- 👂 Choose your care providers and place of birth.
- 👂 Find helpful resources in your community.
- 👂 Discuss your options and preferences with your caregiver.
- 👂 Experience safer and more satisfying care during your pregnancy and birth.

These Are Some Important Initial Decisions You Will Have to Make:

- ☛ How will you choose your birth team?
- ☛ What kind of childbirth preparation class is right for you?
- ☛ Which location to give birth is right for you?
- ☛ How can you keep yourself safe until it's time to go to the hospital or birth center?
- ☛ How will your labor and baby be monitored?

These Are Some Important Decisions You Will Also Have to Make:

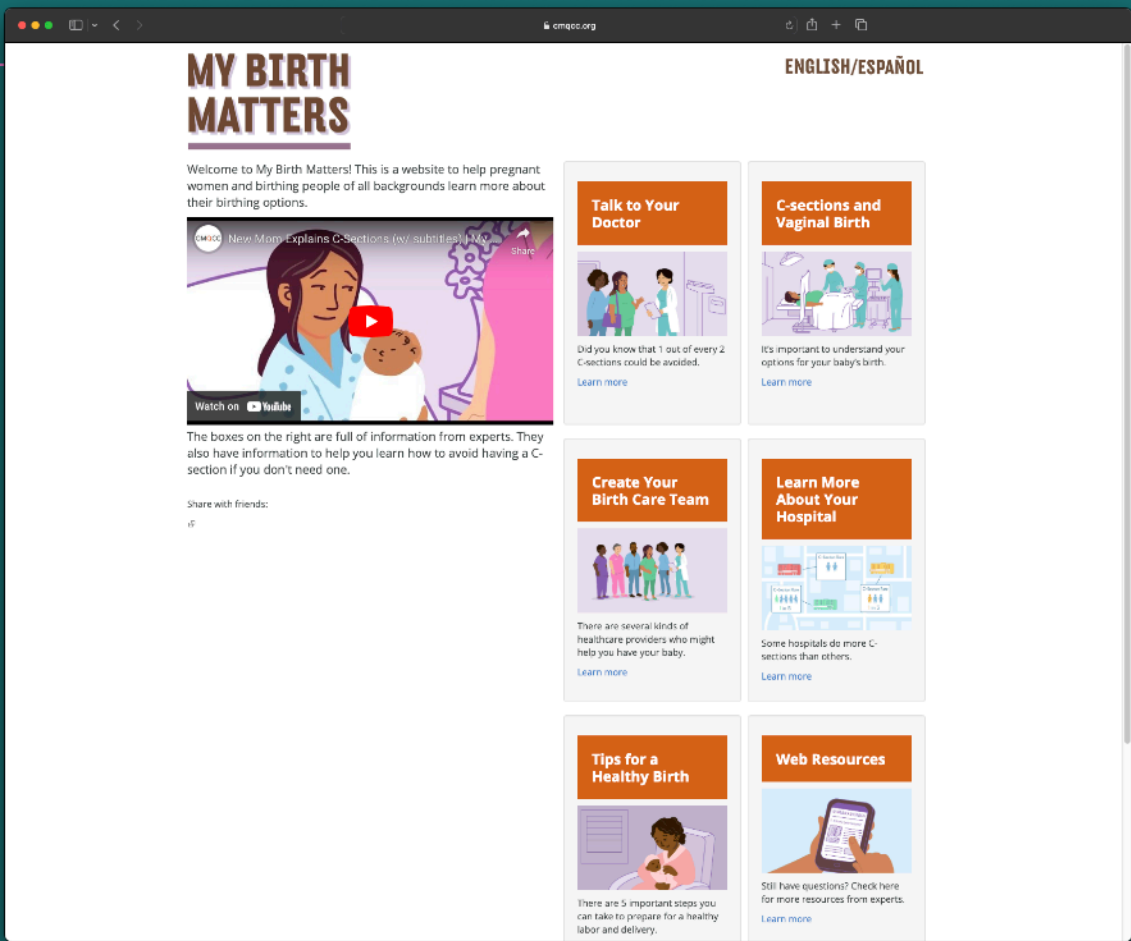
- ☞ Which movements and positions can help your labor progress?
- ☞ How can your labor progress if you choose an epidural for pain relief?
- ☞ Which non-drug methods of pain relief are available?
- ☞ If you had a prior traumatic birth, how will you process the experience and prepare yourself for the birth of this baby?
- ☞ Where can you find support online and in your community?



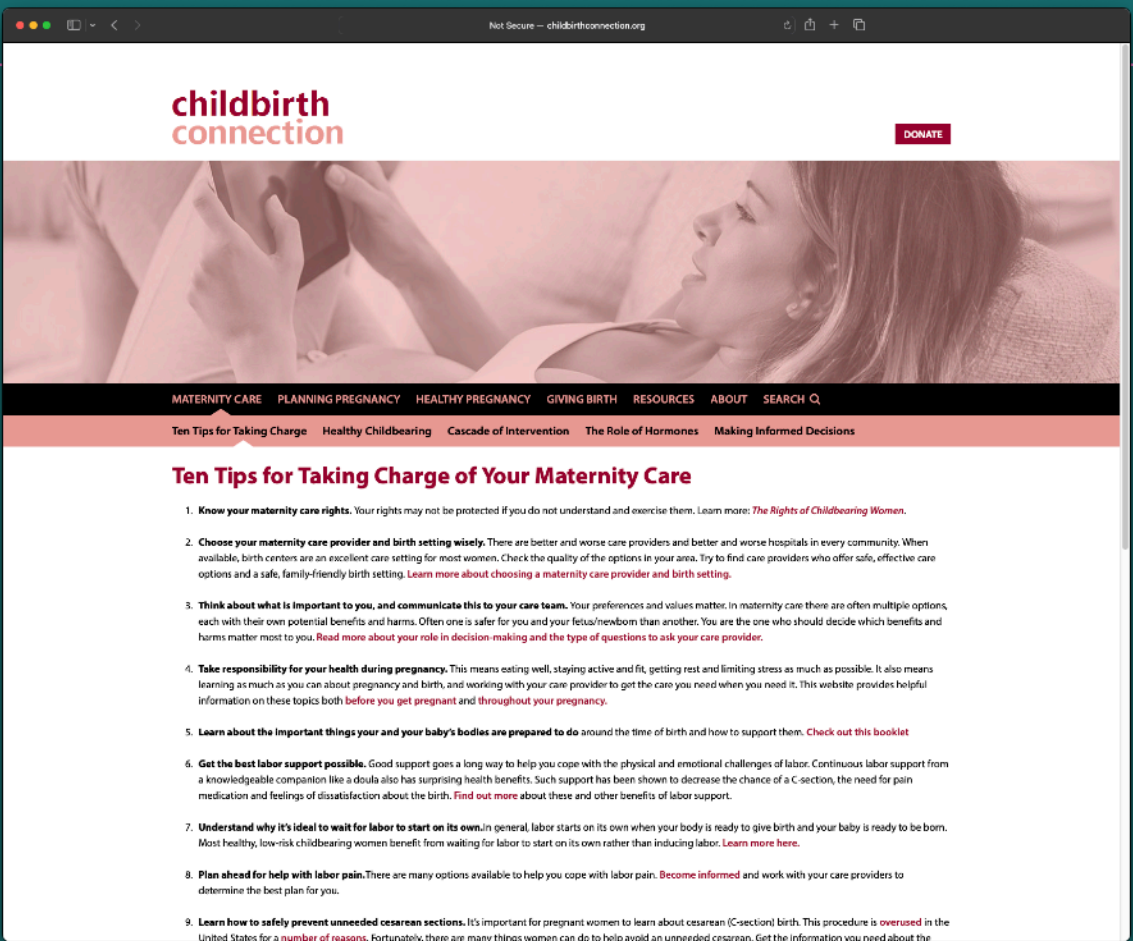
Gather Information, Talk to Your Caregiver, and Then Decide:

Whether you decide to plan a VBAC or a repeat cesarean, you can—if you take the time to learn about your options—make the best decision for yourself and your family.

Resources



My Birth Matters



Ten Tips for Taking Charge of Your Maternity Care



What's the Deal with Cesareans?