

# Perceptions of Birth: The Challenge of Public Education and our Popular and Professional Cultures

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# Why Public Education?

- Care-providers report women want/expect interventions and have less tolerance for watchful waiting
- Care-providers see women's demands and expectations as an important factor in rising rates of intervention
- Growing literature on this question
- CS on demand debate and research

# Why Public Education?

- Sense of loss re rising rates of intervention
- Concerns re evolving social attitudes towards technology
- Where have the childbirth activists gone?
- Where is the public advocacy for normal birth?
- Attitudes women come with predictive of interventions Goldberg *Birth* 1999
- Women are under-informed about risks of CS
- → education *for normal birth v.s.* education about CS

*How do we  
learn  
about birth?*

# Media

- BC midwifery student's collection of TV and feature film representations of birth
  - **Monty Python** – the “Machine that Goes Ping”
  - **ER** – tension, drama and disaster for the woman and her family and the care-providers
  - **Friends** – birth as comedic - demeaning, loss of control and dignity
  - **Juno** – the dramatic rush to the hospital – PROM, immediate intense pain, epidural and pushing in lithotomy

# Maternity Ward, Baby Stories, Birth Stories

- What do we learn from watching reality TV?
- Women naively want natural birth then beg for epidurals and end up with CS
- Voyeurism does not inspire and even with the most normal birth may create fear (v.s. participation)
- how do we counter these messages??
- Unapologetic campaign for normal birth education
- Goal to re-establish normal birth as the social norm and expectation – respectfully putting intervention in its place

# Media

- Positive images are possible
  - Bailey on Gray's Anatomy
  - Knocked Up
  - North of 60
  - Judging Amy
- *What can we do to contribute media images of birth that create confidence and inspire women to take on the challenges of normal birth?*
  - \$\$ into positive normal birth media resources – collaborative project –interprof, interdisc, normal birth advocates
  - Lots of “birth content” in the commercial mass media – who is doing the consulting? – let's get involved
- *Do we need to teach media literacy about the popular culture of birth?*

# And then there is the internet. . .

- <http://fearlessbirth.wordpress.com/>



**birth activist**  
bloggin' for better birth



# Understanding Birth Culture

- Loss of common knowledge and family experience with normal birth –dispersed family, institutionalized birth
- Birth culture of the care-providers and institutions is a powerful force re rates of intervention
- Cultural impact of increased intervention which creates expectation/ normalization which creates rising rates -?generational cycle
- Loss of skills and knowledge – among women, families and care-providers re normal birth

# Understanding Birth Culture

- Power of claiming birth as an important part of culture and a challenging and important life experience
- Experience of bringing birth back to Inuit communities
- The popular culture of birth affects not just the public but the professions

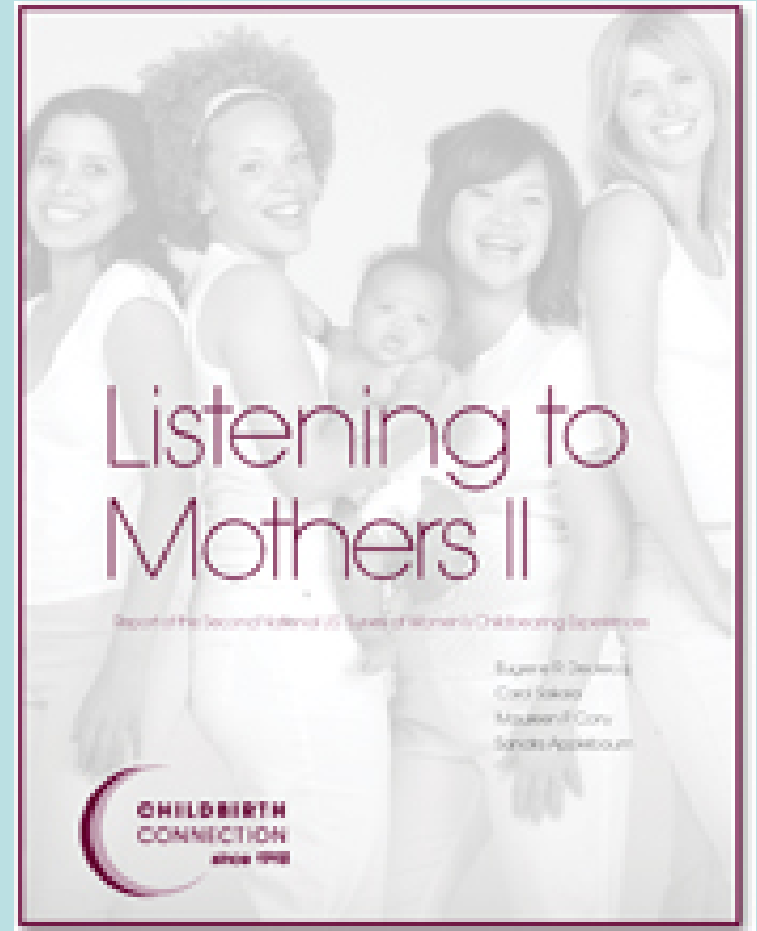
# Social Science of Birth 101

- Both childbearing women and care-providers create birth culture and are created by it
- Media constructs and reflects culture— feedback loop as news stories increasing inform the narratives of TV plotlines
- Commercial interest in drama and risk
- Science is not outside of culture – also constructs and reflects culture
- EBP is not neutral in its construction or interpretation –always informed by and conveys values about normal birth and interventions
- Information and education is always “framed”



# Maternity Experiences Survey

- Women value the care they have had and believe it was necessary
- Women want what they know
- They trust care-providers
- They tend to be satisfied
- They value relationship



# Care-providers: our role in Public Ed

- Big responsibility for public education
- Are we under-informed about risks of CS?
- Or do we over-value the benefits of interventions?
- Do we value normal birth?
- Range of care-giver and institutional cultures and “philosophies of birth”
- Crisis for care providers in their role as educators

# Care-providers: our role in Public Ed

## Challenges:

- Increasing focus on risk management rather than education for normal birth
- Hesitation about confidence building, reassurance about normal birth
- More confident re reassurance about intervention
- Literature documenting women's preference for intervention — Hannah, NEJM, PLRMT Trial; Roberts BJOG 1991; Green, Birth, 2006
- Conflict between women and care-providers re who wanted the intervention L to M, 2006; Turnbull MJA

# Professional ed and Public ed

- Evidence framed both in clinical practice guidelines and in our education of women
- VBAC as example of profound impact of professional culture change on public perceptions of birth, women's choices
- Using evidence to support normal birth
- Urgent need for CPGs that assist in re-centering normal birth and put risk in perspective
- Understanding the “cascade of interventions” as an inherent risk of each single intervention

# Childbirth education

- “Childbirth activism” and childbirth ed in 1980s
- Pressure to humanize and lower rates of intervention
- Have we made birth more human without challenging rates of intervention?
- Growing critique of childbirth ed as education for compliance with intervention
- L to M findings of an association between childbirth education and increased rates of CS
- Challenge to childbirth education systems to educate for normal birth

*“we have won all the battles and lost the war . . . we have changed practice re episiotomy and but replaced it with CS”* Katz-Rothman, McMaster U, Enkin Lecture, 2003

# Birth ed like sex ed

- Do we need education for normal birth in schools?
- We start sex ed in school but birth often left out until Biology and physiology of reproduction
- Could we inspire young women to a more positive view of normal birth?
- Focus on knowledge *and attitudes* – fostering confidence and seeing the joy and dignity in vaginal birth
- Australian midwives project re sex ed and contraception including role playing a normal birth
- Swedish midwives meet with all 14 year olds – roles re healthy sexuality and healthy attitudes towards bodies
- A “Midwives in the Schools” project

# Fear of birth

*“Until I talked to you I thought I would just have a C-section – birth just seemed scary and yucky”*

- Flurry of research about fear of childbirth
- Learned in families
- Result of trauma – sexual abuse or assault or previous birth experience - PTSD
- Linked with coping strategies
- Counselling helps re demand for CS– women with anxiety need compassionate care and effective support not intervention

# Fear of birth

- Fear of neglect, poor care
- Fear of being alone or abandoned
- Fear of pain
- Fear of genital trauma – preference for “surgery from above v.s. surgery from below”
- Fear of birth as more dangerous for baby than intervention

# Using the Evidence for Normal Birth

- Are we educating women about the evidence based approaches to lowering the CS rate
  - Support in labour
    - » One to one professional care
    - » Doulas and other non-professional care providers
  - Avoiding induction esp in nulliparous women
  - Intermittent auscultation
  - Mobility, hydrotherapy
  - Midwifery care
  - Birth in rural and remote communities “as close to home as possible
  - Out of hospital birth
  - Risks of CS, induction
- Using existing resources [www.childbirthconnection.org](http://www.childbirthconnection.org)

# Birth Environment

- Are we creating the environments (physical and attitudinal) that support normal birth
- The physical environment as part of public ed
  - Hodnett's "no bed" research
  - Quebec birth centres
- Our attitudes in labour as part of public ed
  - Normal labour needs support
  - Normal crisis of confidence in labour
- We are always teaching about labour and birth – the power of non-verbal communication

# Challenging the Cascade of Intervention

- Addressing the resistance to critique of rising rates of intervention
- “Enhancing physiology” as a worthy pursuit
- Challenging a professional culture that can see “birth with the body” as deviant
- Evidence that we cannot lower rates of CS without lowering other interventions esp. induction, early intervention to hospital and EFM
- Ongoing debate about the role of epidural –work of Klein and Kotaska re looking at the evidence about epidurals and CS

# Fostering Confidence

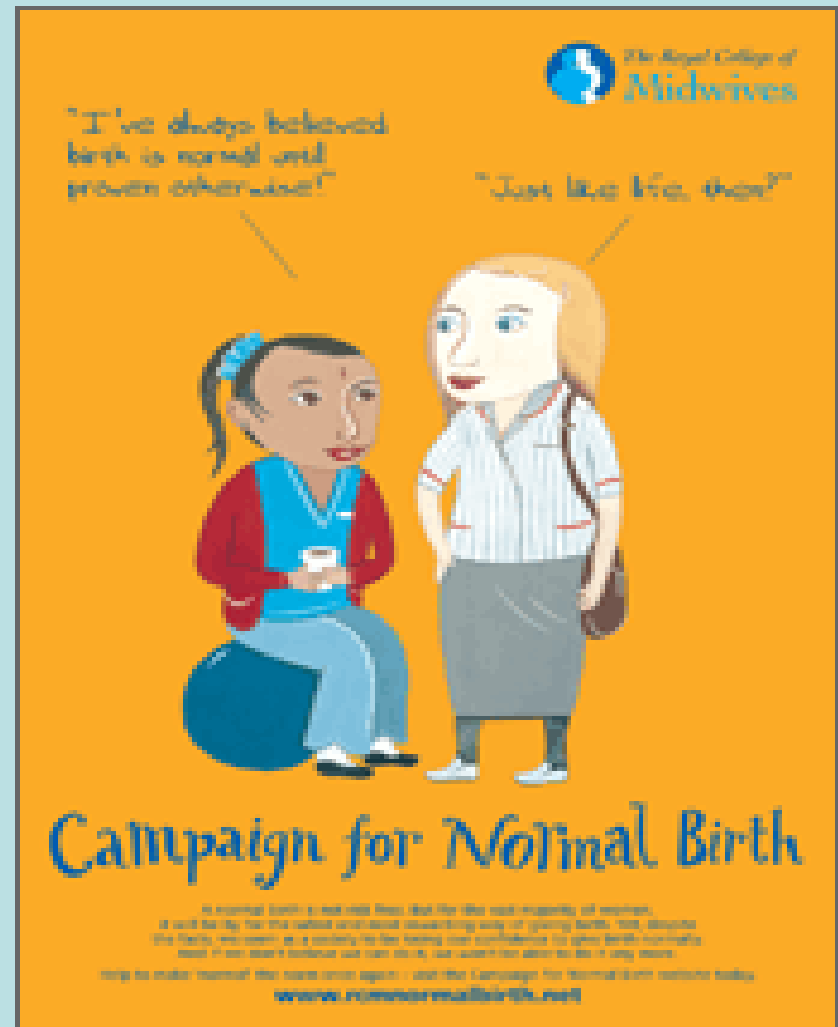
- Addressing “somatophobia”
- Addressing the technological imperative – are we ready for the concept of a “green” birth
- Critiquing the quick fix culture – both professional and public pressures
- Offering tools for expectancy and for labour support skills in health professional and childbirth education
- Legitimizing watching and waiting –CPGs that give caregivers (and women) confidence in outcomes and peer support
- Putting risk in perspective

# Balancing/Using Techno Culture

- YouTube as vibrant site of alternative birth culture
  - Natural birth
  - Home birth
  - Water birth
  - Doulas
  - Midwives
- Perhaps we need a vaginal birth interactive video game – Birthing Hero

# RCM Virtual Centre for Normal Birth

- Collaborative conference with RCOG on normal birth
- Poster campaign
- Web site
- Award for promoting normal birth



# Wanting a beautiful birth

- Encouraging women and families to see birth as an opportunity for beauty, joy, transformation
- It is not selfish to want a beautiful birth
- Joy in “giving birth with your body”
- Beauty and wonder in giving birth by any means
- Avoid trying to protect women from disappointment
- Avoid trying to protect ourselves from women’s expectations
- Confidence re normal pain vs pathological pain

# Where have the activists gone?

## maternity MATTERS

### Why should we be concerned about the state of maternity care?

Because maternity care is different from other health services. First, babies cannot wait — there can be no waiting lists for maternity care. Second, women's experiences during pregnancy and birth, good or bad, can deeply affect how women feel about their babies, about themselves as mothers, and their other relationships. Providing pregnant and birthing women with good care therefore improves the lives of women and their children both immediately and in the long term.

## THE RIGHTS OF CHILDBEARING WOMEN



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