The big push for normal birth

As the ‘Campaign for normal birth’ is launched, Frances Day-Stirk explains what is happening and how midwives can get involved.

The RCM is launching a new initiative called the ‘Campaign for normal birth’. Previously known as the ‘Virtual institute for birth’, the campaign aims to inspire and support normal birth practice. It is underpinned by the RCM’s philosophy of pregnancy and birth as normal physiological processes, with a commitment to a positive reduction in unnecessary medicalisation, as outlined in Vision 2000 (RCM, 2000). The campaign will be officially launched at the RCM annual conference in May 2005 – three years after the general secretary announced the development.

Normal birth, the childbirth continuum, has always been at the heart of midwifery, but now the College is making a major commitment to drive and fund a dedicated programme of activities for RCM members over the coming years. Focused initially at midwives, the campaign positions the College at the forefront of maternity care in terms of promoting and enabling normal birth and improving childbirth experiences for both women and midwives. It is expected to evolve to embrace a wider audience, but for the moment the primary focus is the profession. Right now several things are happening:

- The campaign website is now live at: www.rcmnormalbirth.net
- Three special posters (see Figure 1) will be going up in your workplace in the next few weeks
- A series of postcards (that you can use to send to colleagues, exchange ideas or tell us how you feel about the campaign) is enclosed with this issue.

All the campaign materials aim to provoke debate about normal birth, inspire with best practice ideas and build confidence that normal birth can still happen despite the challenges. As we midwives debate definitions about normal birth, individual views and opinions on ‘normality’ and review existing evidence, we need to ask ourselves what our practice reflects and how best to implement evidence in its widest sense.

Over the course of the next year, you will see campaign activities working across RCM events, education and training, centres of excellence (beacon sites), research, publications and media relations. In addition, the RCM is collaborating with women’s organisations to ensure the views and needs of potential parents and mothers are represented and reflected in the campaign agenda.

The campaign website

The site is built around a series of positive birth stories, each of which has several themes that can explored in more detail. We observed a passion when midwives use stories to make a point, and these emerged naturally when midwives wanted to share their views.

The site gives plenty of opportunity to share practice experiences in facilitating normal birth and see what others have to say. On top of that, there are tips for the busy practitioner – ideas, approaches and ways of thinking and practices that can be put into action today.

Much of the information on the website addresses issues such as communicating with colleagues, building rapport with women in our care, dealing with fear and anxieties associated with practising normal birth in different settings, and the approach to using technology. These are tackled in brief digestible sections – the site is not an electronic library or database of all existing evidence as there are good resources available already that cover the ground in this way.

Why is this important?

The last 30 years have seen significant changes in the social context of childbearing, and as a consequence midwives, doctors and women have become dependent on technology in labour and birth (RCM, 2004). This has occurred despite recommendations that a greater emphasis should be placed on the social context of childbirth and health.

The College believes there are short- and long-term health and social benefits for mothers, children, families and communities offered by a policy of maximising normal birth as part of maternal choice. This is more likely to succeed if childbirth is placed within a social and family setting.

Nevertheless, it is important to recognise that we live
in a changing world where all of us are increasingly comfortable with technology, more afraid of risk and more assertive as consumers. Most women of child-bearing age in the UK have less experience of birth than ever before. They are much more averse to pain and feel that technology in all its forms offers choice and control. Over time, the campaign will address changes in ‘demand’ for services, as well as our ‘supply’ of maternity care. Ultimately what do we want to happen? The outcomes of the campaign are as follows:

- Midwives to be energised and confident in practices that facilitate normal birth
- Birth experiences for women and job satisfaction for midwives to be improved
- Greater rates of normal birth and a decrease in unnecessary intervention rates to be achieved.

**What you told us**

Throughout the development of the campaign we have talked to midwives around the UK – hospital-based practitioners, community midwives, return-to-practice midwives, students and many others. In addition, we have engaged with partners and allies in other professions and with user groups. We have heard that normality needs to be positioned as the norm once again, as a desirable choice for all. We also heard that core practice skills must be valued and we are entitled to question the way things are done, including unnecessary intervention.

Seven overarching themes emerged:

- The world is changing – the experiences, needs and expectations of women as consumers must be recognised
- The biggest challenge is building confidence among the profession and transmitting this confidence to women
- Normal birth sells itself – we only need to be reminded
- Evidence is important, but only in context – our hearts have to be in this as well as our minds
- Change can only happen if enough people really want it – we know there are barriers linked to attitudes, practices and our organisations
- Communication skills are key – talking with women as well as each other
- Stories get people talking by raising the big issues, particularly the emotional ones, and stimulate thinking.

Figure 2 shows how some of these themes are related.

We have created a family of characters who represent midwives in all our diversity. Some of them are at the bottom of the next page. The idea is to stimulate the profession by showing real midwives addressing together the big issues of normal birth through positive conversation and thought. All the characters have been drawn by spending time with midwives at work. You will meet these characters as the campaign unfolds.

**How you can get involved and benefit**

It is time to start getting involved. Some suggestions are to start to talk with colleagues about what you would like to do and how you would like to practise, share experiences or pick up some practice tips from the website.

There are some real benefits to getting involved in what is happening. Most importantly the campaign will stimulate and support dialogue and communication among midwives, facilitating thinking and practice around normality. Over the course of 2005, all members will be receiving materials that enhance this dialogue, and of course the website is a place where you can see what others have to say. The campaign will champion personal and professional development and job satisfaction. If midwives can use their core skills to support women, then midwives and women are likely to be happier and more satisfied with their birth experience.

This is a long-term endeavour and the College has made a strategic commitment to fund the campaign through the RCM alliance programme, not the membership subscription.

**Background and how we got here**

It is worth remembering that the initial aims of the virtual institute – a partnership association of key midwifery change agents, researchers and women, were to:

- Generate new knowledge and understanding and promote a wellbeing approach to childbirth and its consequences for long-term health, social and economic gains for women and babies
- Promote normality as a key political agenda item, increasing its profile and dissemination
- Lead on what is normal, ensuring a focus on the whole process of childbearing
Campaign for normal birth

including birth, expanding the awareness and benefits of a normality focus to the childbearing process

- Provide information to lead and inform policy and strategic decisions
- Serve as a worldwide evidence-based resource, promoting the creation of wellbeing in childbearing for those seeking information about normal birth.

The overall aims are now transferred to the ‘Campaign for normal birth’ as part of a five- to ten-year plan.

But how can we begin to do this when what is considered ‘normal birth’ to one person is atypical to another. Central to the campaign is engagement in the debate on the meaning of ‘normality’ by utilising agreed definitions such as:

- Birth is a unique dynamic process – fetal and maternal physiologies interact symbiotically (RCM, 1997)
- The physiological transition from pregnancy to motherhood (which) heralds an enormous change in each woman physically and psychologically… every system in the body is affected and the experience represents a major rite de passage in a woman’s life (Bennett R et al, 1993)
- Spontaneous in onset, low risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 weeks of pregnancy. After birth, mother and infant are in good condition (World Health Organization, 1997).

A UK-wide steering committee made up of representatives from user groups and all spheres of the profession – practice, education, research, management – has been responsible for directing development and activities. The steering committee comprises

Soo Downe (chair), Gillian Fletcher (National Childbirth Trust), Diane Fraser (education), Sarah Fox (Wales), Dawn Johnston (heads of midwifery strategic group), Margaret McGuire (Scotland), Marlene Sinclair (Northern Ireland), Liz Stephens (consultant midwife) and Frances Day-Stirk (RCM). Katie Pickett and Louise Simpson assisted in reviewing the evidence.

This is your campaign – jump on board and tell us what you think. Without your support, it can’t succeed. Together we can change the way birth happens.

A story from the campaign website

The 16th floor

On the face of it, it wasn’t an ideal place for a home birth. She lived on the 16th floor of a tower block, in what is often described as a ‘sink estate’. She wasn’t exactly an ideal candidate, either – overweight, a smoker, a single parent with two other small children running around the flat. But she was adamant that she wouldn’t come into hospital to have the baby – she couldn’t stand hospitals, she said. Nor was she willing to be separated from the kids.

The other community midwives were not prepared to consider it: ‘What if the lift breaks down? What if we have to get her into an ambulance?’ I admitted it was a distinct possibility. They also didn’t feel safe being there on their own in the middle of the night. But I believed that she had as much right to have her baby at home as anyone else. And when she said: ‘You’re not going to tell me I can’t have it, are you?’, I heard a voice intimidated by a lifetime of authority figures telling her what to do.

‘No, of course not!’

So we went ahead and she had her home birth. ‘Having her at home changed my life,’ she told me later. I could see it had. Not because the birth itself was such an incredible experience, but because it was the first time in her life that she had been able to make such an important choice for herself. From that point on, she never looked back.

References