

How Expectant Parents Can Become Savvy Consumers of Health Care Information

Expectant parents today are sometimes accused of spending more time investigating strollers than investigating the choices they have during pregnancy, labor, and birth. With the explosion of information available on the Internet and in the media, how can you determine what is best for you and your baby? How do you know whether something you've heard or read is actually true?



For instance:

- What are the possible side effects of epidural analgesia?
- Should your baby be placed on your chest immediately after birth or in a warmer?
- True or false? All babies must be monitored continuously during labor.
- Are cesareans just as safe as vaginal birth?

Parenting begins with pregnancy. Your doctor or midwife will share his or her recommendations with you. But you have a responsibility to learn about your care during pregnancy and birth – including testing, restrictions, medications, and interventions. Often you will see, hear, and read conflicting information. This hand-out will provide information about the best sources of accurate, reliable, and up-to-date information about your healthcare during pregnancy and birth. Some of the sources listed here are intended for physicians and midwives, and may contain language that is hard to understand. Your childbirth education classes are a perfect place to ask questions and to discuss with other expectant parents the many choices available today. You can't know exactly how your pregnancy or labor and birth will go, but learning as much as you can about maternity care options will increase your chances of having the best possible birth for you and your baby.

The Cochrane Collaboration (www.cochrane.org) is considered the “gold standard” in the medical world for reliable information about evidence-based care. The Cochrane Collaboration is an international not-for-profit organization which provides up-to-date information about the effects of health care. There are “plain-language” summaries about many medical care practices, medications, and treatments. To access these summaries:

- Go to <www.cochrane.org>.
- Look for the box that says, “Browse by Topic.” Use the pull-down menu to select “Pregnancy and Childbirth.” Select the topic that interests you.

Example of a Cochrane “plain language” summary (epidural versus nonepidural or no analgesia in labor).

Summary

Epidurals for pain relief in labour. Epidurals are widely used for pain relief in labour. There are various types, but all involve an injection into the lower back. The review of trials showed that epidurals relieve pain better than other types of pain medication, but they can lead to more use of instruments to assist with the birth. There was no difference in caesarean delivery rates, long-term backache, or effects on the baby soon after birth. However, women who used epidurals were more likely to have a longer second stage of labour, need their labour contractions stimulated, experience very low blood pressure, be unable to move for a period of time after the birth, have problems passing urine, and suffer fever. Further research on reducing the adverse outcomes with epidurals would be helpful.

Childbirth Connection (www.childbirthconnection.org) is a national not-for-profit organization that uses research, education, and advocacy to improve maternity care for all women and their families. Founded in 1918 as the Maternity Center Association, Childbirth Connection has grown from a small group of concerned individuals and community leaders that succeeded in reducing maternal and infant deaths in New York City, to a nationally recognized leader in maternity care quality improvement. The Childbirth Connection website is divided into two sections – one for health professionals and one for women. The *For Women* section provides excellent analysis of current issues in maternity care today, especially the controversy about record high cesarean birth rates. You are encouraged to download the free booklet, *What Every Pregnant Woman Needs to Know About Cesarean Section*.

Coalition for Improving Maternity Services (CIMS) (www.motherfriendly.org) is a coalition of individuals and organizations with concern for the care and well-being of mothers, babies, and families. Their mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. Visit their website to learn more about the Mother-Friendly Childbirth Initiative and to download the following fact sheet: *Breastfeeding is Priceless*.

Lamaze International (www.lamaze.org) is a nonprofit organization the mission of which is to promote, support, and protect safe, healthy, and natural birth through education and advocacy. Based on guidelines established by the World Health Organization, Lamaze advocates six healthy birth practices that promote safe, natural birth. Visit their website to download the six healthy birth practice papers and to view the inspiring birth video, *Everyday Miracles*. (To see the video, click on the tab *Expectant Parents* on the home page, then select *Pregnancy and Birth Resources*, then select *Watch Women Give Birth with Confidence*.)

The mission of the **March of Dimes (www.marchofdimes.com)** is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. They carry out this mission through research, community services, education, and advocacy to save babies' lives. On their home page is a box, *Pregnancy & Newborn Health Education Center*. Click on any topic for excellent information. Under *Pregnancy*, you can find short handouts on *Labor and Delivery*, including recommended information on epidurals, inductions, and cesareans.

Professional Organizations. The following professional organizations set clinical standards and recommendations for maternity care for their members. Virtually all medical organizations today recommend evidence-based care, i.e., care that is supported by scientific studies. In the absence of good quality studies, recommendations are sometimes based on “consensus and expert opinion” (Level C according to the method outlined by ACOG). Critics of this level of recommendation sometimes call it GOBSAT (good old boys sat around a table). For example, the American College of Obstetricians and Gynecologists (ACOG) has a Level C recommendation that VBAC (vaginal birth after cesarean) be allowed to take place only in institutions that can immediately offer surgical services. This Level C recommendation has been criticized by the American Academy of Family Physicians (AAFP).

The American Academy of Family Physicians (AAFP) (www.aafp.org/online/en/home.html) is one of the largest national medical organizations, representing more than 94,000 family physicians, family medicine residents, and medical students nationwide. Founded in 1947, its mission has been to preserve and promote the science and art of family medicine and to ensure

high-quality, cost-effective health care for patients of all ages. The AAFP provides consumer information at:

<<http://familydoctor.org/online/famdocen/home.html>> (choose Pregnancy & Childbirth).

The American Academy of Pediatrics (AAP) (www.aap.org) is an organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. The AAP offers information for both health professionals and consumers on its website.

In their policy statement on breastfeeding, the AAP recommends that, "Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished."

The American College of Nurse-Midwives (ACNM) (www.acnm.org/) provides research, administers and promotes continuing education programs, establishes clinical practice standards, and creates liaisons with state and federal agencies and members of Congress. The mission of ACNM is to promote the health and well-being of women and infants within their families and communities through the development and support of the profession of midwifery. Information for consumers on a wide variety of birth-related topics is available at <www.mymidwife.org/momstobe.cfm>.

The American College of Obstetricians and Gynecologists (ACOG) (www.acog.org) is a private, nonprofit membership organization for the nation's more than 51,000 obstetricians and gynecologists. *Press Releases* on the ACOG website often highlight new research or recommendations about common care practices. (There is an ACOG press release about the increased risks of cesarean birth as compared to vaginal birth on the next page.)

For consumers, ACOG publishes *Patient Education Pamphlets* which can be accessed via the web.

- From the ACOG home page at <www.acog.org>, click on "ACOG Patient Page."
- You can either search the pamphlet page or click on "Patient Education Pamphlets" for a listing of the available pamphlets.

From the *ACOG Patient Education Pamphlet – Fetal Heart Rate Monitoring During Labor*.

Types of Monitoring

There are two methods of fetal heart rate monitoring in labor. Auscultation is a method of listening to the fetal heartbeat. Electronic fetal monitoring is a procedure in which instruments are used to record the heartbeat of the fetus and the contractions of the mother's uterus during labor.

Either method can be done at set times during labor or nonstop throughout labor. Sometimes auscultation and electronic fetal monitoring are used together. **Either method is a good way to measure how well your baby is doing during labor and delivery.**

The choice of which method is used depends on how your labor is going and your risk of problems. It also depends on the hospital where you deliver.



ACOG NEWS RELEASE

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Cesarean Delivery Associated with Increased Risk of Maternal Death from Blood Clots, Infection, Anesthesia

Washington, DC – Cesarean delivery is associated with a three-fold increased risk of postpartum maternal death when compared with vaginal delivery, according to a new study in the September issue of *Obstetrics & Gynecology*. Researchers emphasized that cesarean delivery is major abdominal surgery and that expectant women and physicians should carefully consider cesarean-related surgical complications and the increased risk of death when choosing the method of delivery.

French researchers studied a sample of 65 maternal deaths recorded in the French National Perinatal Survey from 1996 to 2000. All deaths followed singleton births and were not due to conditions existing prior to delivery. The women had not been hospitalized during pregnancy (hospitalization can be an indicator for postpartum morbidity and mortality). They found that women who had cesareans were at a dramatically increased risk for fatal blood clots, infection, and complications of anesthesia—three classic complications of major surgery. The risk of postpartum mortality was increased whether or not the cesarean was performed before the onset of labor or during labor.

Many developed countries, including the US and France, have seen a considerable rise in the number of cesareans performed each year (28% and 20% in 2003, respectively). Women today may view cesarean delivery as a relatively low-risk procedure and may request it for themselves, even though it may not be medically necessary. Though rates of maternal death in most developed countries are relatively low—US women have a 1 in 3,500 chance of pregnancy-related death—incidences of maternal mortality have not significantly decreased in the last two decades. These study results suggest that mode of delivery may be a modifiable risk factor, and in some cases, choosing vaginal delivery over non-medically indicated cesarean delivery could help lower maternal mortality rates.

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Studies published in *Obstetrics & Gynecology*, the peer-reviewed scientific journal of The American College of Obstetricians and Gynecologists (ACOG), do not necessarily reflect the policies or opinions of ACOG. ACOG is the national organization representing over 51,000 members who provide health care for women.

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