

Safe Childbirth: A Call to Action

Judith A. Lothian, PhD, RN, LCCE, FACCE, FAAN

ABSTRACT

Since the publication of Lamaze's Six Healthy Birth Practice papers in 2014, there has been increasing concern with the safety of the current maternity care system. A doubling of the maternal mortality rate in the United States and the continued high cesarean rate, as well as ongoing research that supports physiologic birth and identifies the risks of interfering with the physiologic process, has resulted in updated guidelines for care and has spurred advocacy efforts to transform maternity care. This article presents a number of these advocacy efforts.

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In this issue of *The Journal of Perinatal Education (JPE)*, Lamaze's Six Healthy Birth Practice papers, originally published in a special issue of the JPE in 2014, have been updated to reflect the latest research and recommendations for evidence-based care. The papers did and continue to promote, protect, and support physiologic birth. In the 2014 special issue, *Promoting Optimal Care in Childbirth* (Lothian, 2014) outlined a number of important initiatives in support of safe, healthy, and positive birth, such as the *Lancet Series on Midwifery* (2014), the Home Birth Summits (www.homebirthsummit.org), and the work of Childbirth Connection including the *Listening to Mothers* surveys. Buckley's seminal work on the hormonal physiology of childbearing had just been published (2014).

In the past 5 years, fueled by the staggering increase in maternal mortality in the United States (MacDorman, Declercq, Cabral, & Morton, 2016) and a cesarean rate hovering close to 33% (Centers for Disease Control [CDC], 2018), these advocacy

initiatives have increased. The media has given increasing attention to the escalating maternal mortality rate and the high cesarean rate. There is more and more research documenting the positive outcomes of care provided by midwives (Carlson et al., 2019; Neal et al., 2018). The media has begun to notice. The editors of *Scientific American* (2019) suggest that the United States needs more midwives in order to improve outcomes. There are increased efforts to enact legislation that address these issues. There are a number of federal bills that address maternal death and access to care. In December 2018, the president signed bills, passed by the House of Representatives and the Senate. The law will provide states with funds for the purpose of establishing formal Maternal Mortality Review Committees. States will be required to submit annual reports to the CDC

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identifying and reviewing all pregnancy-related and pregnancy-associated deaths in the United States. The aim is to eliminate disparities in maternal health outcomes.

Professional and advocacy organizations have been hard at work. The American College of Obstetricians and Gynecologists (ACOG) released two groundbreaking opinion papers that reflect acknowledgment of the ways in which the current maternity care system has contributed to the high cesarean rate (ACOG & Society for Maternal-Fetal Medicine, 2014) and the ways in which routine interventions have interfered with the physiologic process of labor and birth and in doing so increase risk for mothers and babies (ACOG, 2019). These guidelines reflect a major shift in thinking about maternity care. ACOG has clearly called for change. The guidelines provide a roadmap for the changes that need to happen.

The World Health Organization, 22 years after the publication of *Care in Normal Birth: A Practical Guide*, released *Intrapartum Care for a Positive Childbirth Experience* (2018). The publication includes evidence guidelines and specific recommendations for positive childbearing. The report acknowledges the importance of respectful care and women's participation in decision-making. The recommendations provide a guiding light for safe maternity care.

The Blueprint for Advancing High Quality Maternity Care through Physiologic Childbearing (2018) provides detailed strategies, based on best evidence, for stakeholders, including practitioners, educators, policy makers, legislators, administrators, and lawyers, to transform the maternity care system. It is an invaluable resource for all maternity care stakeholders outlining in detail what needs to be done to create change in order to increase safety for women and their babies.

The third Home Birth Summit was held in 2014 and in 2019 Summit IV will convene a multistakeholder group of delegates to cocreate an implementation strategy for emerging evidence, tools, and models of care that can eliminate inequities, improve access, and enhance quality of care across all communities.

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March for Moms (<http://www.marchformoms.org/>), the national advocacy effort of Dr. Ginger Breedlove and Dr. Neil Shah, MD, is keeping the pressure on. The first March was in 2017. There are over 40 groups that are partners of March for Moms including Lamaze International, AWHONN, ACNM, and ACOG. The website (www.marchformoms.org) is a wealth of information on the issues and includes ongoing updates on federal and state legislation and advocacy efforts. The 2019 March for Moms Rally is on May 11 on the Mall in Washington, DC.

The six papers in this issue of the JPE update the research that provides the foundation for clear guidelines for safe maternity care (Amis, 2019; Crenshaw, 2019; Curl, 2019; Green & Hotelling, 2019; Lothian, 2019; Ondeck, 2019). The research findings continue to support the value and critical importance of promoting, protecting, and supporting physiologic birth and the risks of interfering in that process without clear and compelling medical indications.

Despite the ever-increasing body of research in support of physiologic birth and the determined and sustained advocacy efforts over the past few years, standard maternity care has not changed. The result is a maternity care system that puts women and their babies at risk every day.

The Call to Action is serious. The time is now to create the changes that need to happen in order to provide safe, effective maternity care to all women. The lives of women and their babies depend on it.

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DISCLOSURE

The author has no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

JUDITH A. LOTHIAN is a maternal child nurse and childbirth educator. She is a professor at the College of Nursing at Seton Hall University. She is a member of the Board of Directors of Lamaze International and the Certification Council Governing Body of Lamaze International. She is Associate Editor of The Journal of Perinatal Education.