

Description

“Normal birth at any cost” – Understanding and addressing root causes is important to promoting safety in UK maternity services

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Practices underpinned by “normal birth at any cost” are reported as a contributory factor in the failings in two UK maternity services. This has led to calls to ‘stamp out normal birth ideology’. That such an ideology should exist alarms midwives and researchers when evidence strongly points to the overuse of clinical interventions in the UK and globally. In trying to make sense of “normal birth at any cost” the on-going contentious debate on “normal birth” is discussed, three possible causes why “normal birth as any cost” occurred are outlined, and further recommendations to promote safety are proposed.

Introduction

The phrase “normal birth at any cost” was first used in the report on the failings at the Morecambe Bay maternity services in 2015. It has since been used in the preliminary findings of the Ockenden report in 2021 with reference to not only midwives, but also obstetricians. Since the failings at Morecambe Bay, the term “normal birth” has given rise to calls to, “stamp out the normal birth ideology,” with this call increasing in intensity after the Ockenden and HSCC reports.

In considered debates, two equally important standpoints are evident, firstly ethical, for example Lyerly, 2012 who questions “normality as a goal for population” stating that “it does not track well with normality as an ideal for particular women.” She points to “unintentional and untoward consequences where women who use and bene?t from technology may conclude that their births are somehow less than ideal, a distance from a notion of the “good” that was either out of reach or inconsistent with their values and preferences”.[1] The second is a scientific standpoint that it is important to continue to explain and develop statements about normal childbirth as birth systems evolve into a more and more medicalised process where the routine use of clinical interventions is a norm.[2]

Midwives in the UK embrace the ethical standpoint, while continuing to emphasise the importance of reducing the over-medicalisation of childbirth. However, what concerns midwives is the way these debates have become politicised with the media, politicians and safety campaigners, waging an increasingly vitriolic campaign without evidence that normal birth at any cost exists across the NHS, and must be “stamped out” to ensure safety. Midwifery concerns centre especially around how this will inevitably influence efforts to implement a physiological approach to labour and birth, and support the appropriate use of clinical interventions in childbirth, equally necessary for safe care (Miller et al., 2016).

Instead of “stamping out,” what is importantly needed to promote safety, is an understanding of the root causes of why “normal birth at any cost” contributed to the failings at these maternity services. This may need research, but three reasons are proposed here using current literature to aid understanding (i) Outcome-led versus process-led care (ii)

Loss of skills and competence in the use of a physiological approach (iii) Birth as inherently risky versus birth as inherently physiological. Further recommendations to improve safety apart from those outlined in the three reports are proposed.

1. **Outcome-led versus process-led care**

The HSCC report (2021) on improving safety in the maternity services, states that NHS Trusts must not be penalised for high caesarean section rates, postulating that the need to reduce high section rates as one of the reasons for care underpinned by "normal birth at any cost." The HSCC (2021) recommended:

" *an immediate end to the use of total Caesarean Section percentages as a metric for maternity services, and for it to be replaced by using the Robson criteria to measure Caesarean Section rates more intelligently."*

Using the Robson criteria will enable us to understand the reasons for caesarean sections, identify and address overuse i.e. care defined here by process as opposed to care driven by the need to meet outcomes such as meeting targets for caesarean section rates that are arbitrarily set. Similarly, in order to guard against "normal birth at any cost" we need to understand care processes that support physiological labour and birth i.e. an approach that advocates being with the woman, responding to her physical and emotional needs and using clinical interventions only when problems arise. This is identified as an important area for research and work is underway to develop tools to assess these care processes.

2. **Loss of skill and competence**

The Core Competency Framework that was developed in response to the Ockenden report focuses on training in risk management. The only training that is outlined in the framework in relation to care to support a physiological labour and birth is the intermittent monitoring of the foetus. Although "normal birth at any cost" suggests that care disregarded the need for clinical interventions, several incidents described in the Ockenden report demonstrates poor decision-making and delay in the use of appropriate clinical interventions. Both reports identify the need to improve competence. However, the focus in the recommendations on training in risk management does not address the problem of a lack of competence in supporting a physiological labour and birth. A recent systematic review showed that skills and competence in the use of a physiological approach have been eroded in systems of care where the routine use of surveillance and active management of labour dominates. So, unless safe care in the UK is being conceptualised as routine surveillance and active management of labour as a standard, the education of midwives post-qualification must resource both a physiological approach and risk management.

3. **Birth as inherently risky versus birth as inherently physiological**

Even though the media, safety campaigners and politicians chose to focus on reporting "normal birth at any cost," both the Morecambe Bay report and preliminary Ockenden report highlight the harms caused by routine clinical intervention use. In the UK normal birth rates continue to fall while caesarean section rates continue to rise. In 2019/2020 , the caesarean rate was 31.5% compared to 17% in Sweden. Sweden has been held up as an example that the UK maternity service should work towards by Jeremy Hunt, the former health secretary, who headed the HSCC Committee on safety in the maternity services. In their work to explore why Sweden has sustained a low C/S rate, Panda and colleagues found that a shared belief in physiological birth, a common goal of achieving physiological birth and providing mainly midwife-led care within a 'team approach' in obstetric settings helped keep their CS rate low. A physiological solution drawing on midwifery expertise was sought when problems did not require urgent clinical interventions. The culture described in these Swedish maternity services has been demonstrated in other studies in UK obstetric settings and Midwifery Led Units, as contributing to low interventions and positive experiences for women.

However, a recent review of 32 studies, 10 of which were based in the UK, found that the culture of care described by Panda et al is not reflected in most obstetric settings. Care in these settings predominantly draws on the perception of birth as inherently risky; a risk-informed approach routinely using surveillance and clinical interventions to actively

manage labour and birth is implemented. Most midwives described the use of hierarchical decision-making structures to impose a risk-informed approach and a lack of respect for midwifery expertise. Efforts to implement a physiological approach was experienced by most midwives “as a struggle on a daily basis”. Mavis Kirkham exposed a hierarchical ‘blame culture’ where midwives are described as reluctant to challenge or confront, and instead “do good by stealth.” She questioned whether this enables midwives to bring about collective change where a physiological approach can be normalised and openly used to support women. The recent HSCC committee report (see above) also identified a blame culture as the main cause of failings in the maternity services. It seems that little has changed since Kirkham’s study. Thus, it is important to question whether a deeply embedded blame culture, standardisation and imposition of a risk-informed approach, that contrasts so sharply with professional ideals of the midwifery profession, could have pushed some individuals to the brink, and led to the dysfunctional practice of “normal birth at all cost.”

In this context the long disregarded inter-professional education that the Ockenden report (2021) recommends that all NHS Trusts must implement is important: it offers opportunities for managers, midwives and obstetricians to understand how a positive collaborative culture can be nurtured. However, what is equally needed to spearhead change are evaluations to determine whether such education translates into practice. Such an evaluation must assess whether a physiological and risk-informed approach are drawn upon appropriately to provide care.

Conclusion

I have outlined here three important reasons why approaches to care underpinned by “normal birth at any cost” could have occurred. Some of the recommendation made by the Morecambe Bay, Ockenden and HSCC committee reports on safety in the maternity services are considered, and further recommendations to improve safety are proposed. Research is an important consideration. This is needed to test and implement tools to assess care processes in the appropriate use of a physiological and risk-informed approach, provide a greater understanding of preceptorship needs of midwives and explore in greater depth “emotion work” that midwives undertake to manage the realities of their work and its influences on their practice.

References

1. Lyerly, A.D. (2012), Ethics and “Normal Birth,” Birth, 39: 315-317.
2. Young, D. (2009). What is Normal Childbirth, and Do We Need More Statements About It?

Category

1. News & Views

Tags

1. Morecambe Bay
2. normal birth
3. Ockenden Report

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