

What is Evidence-Based Maternity Care?

By Dawn Thompson
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Practice	Usual Care	Evidence-Based Care
High-risk obstetrical care	37% of low-risk women*	15% of low-risk women*
Vaginal birth after Cesarean (VBAC)	7.9%†	Every eligible woman should be offered a VBAC†
Artificial induction of labor	43% of low-risk women†	Induction should only be used for medical reasons†
Artificial acceleration with Pitocin	43%†	Not supported by evidence**
Artificial breaking of the waters	65%†	Not supported by evidence**
Electronic fetal monitoring	94%†	Not supported by evidence**
Shoulder dystocia maneuvers	80%†	Not supported by evidence**
Use of forceps or vacuum	8.2%†	Not supported by evidence**
Not allowed out of bed	73%†	Not supported by evidence**
Not allowed to eat or drink	82%†	Not supported by evidence**
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Water immersion during first stage labor	4%†	This intervention has many benefits and no adverse effects**
Continuous labor support from a doula	3%†	The use of doulas is supported by evidence**

Talking Points

- ❖ It is care informed by the highest-quality, most current medical research shown to be most beneficial to mother and babies, not “standard” or “routine” care, which is not based on the most current, reliable scientific research.
- ❖ *Part of the problem is systemic* – most health care providers are educated on what can go wrong in birth, not “how to facilitate a normal, uncomplicated vaginal birth.” (44)
- ❖ *Part of the problem is public perception of birth* – often “surviving” birth is the goal, rather than an awareness of the real benefits to vaginal birth for moms and babies. Artificial induction and c-sections can be life-saving interventions, but are largely over prescribed, and carry their own risks and consequences.
- ❖ *Part of the problem is routines* – electronic fetal monitoring, for example. Research shows that “routine monitoring increases the risks of cesarean delivery, the risk of forceps/vacuum assistance, and the risk of needing pain medication—all without making birth safer for the mother or baby.”

Resources

Full references for each article are available at <http://pathwaystofamilywellness.org/references.html>
Evidence-Based Practice Basics -http://sophia.smith.edu/~jdrisko/evidence_based_practice.htm

Very useful resource for Evidence-Based Birth created by Rebecca Dekker, assistant professor of Nursing and a member of the executive board of directors at improvingbirth.org - <http://evidencebasedbirth.com/>

Auscultation – “Health care providers also use auscultation to listen to the heart sounds of unborn infants. This can be performed with a stethoscope or with sound waves (called Doppler ultrasound). It can also be used to hear pulses in the hands and feet.”

(<http://www.nlm.nih.gov/medlineplus/ency/article/002226.htm> Medline Plus, “Auscultation”)