

1. Improve Quality of and Access to Childbirth Education

Improving Quality

One of the Healthy People 2020 goals is to “increase the proportion of women who attend prepared childbirth classes.”⁴⁰ Women who are well-prepared for labor and birth are better situated to engage with providers in conversations about care, create realistic and informed plans, and to share in decision making at points in time when the greatest impact on maternal and infant outcomes is most likely.^{55,65}

Unfortunately, hospital philosophies and policies are not always congruent with evidence-based childbirth education. This disconnect often makes the information disseminated through formal classes irrelevant once the woman enters the birthing facility.⁶⁶ Hospital providers and nurses may find themselves in a conflicted position where the patient believes a certain type of care will or should be given (e.g. less routine intervention) and feels confused as to why, for example, they are not allowed to walk, must have continuous monitoring, or are encouraged to use pitocin. Later sections of this toolkit will address the safe reduction of routine obstetric interventions, but suffice to say here that for most low-risk, nulliparous women, few interventions are needed for labor to progress safely and normally.⁵⁶ It is thus incumbent upon hospitals, providers, and nurses to collaborate with childbirth educators to disseminate curriculum that is evidence-based, and that remains relevant to the patient upon entry to the labor and delivery unit.

Lamaze International, Childbirth Connection, and the Coalition for

Changing certain hospital policies, such as instituting a freedom of movement policy, intermittent monitoring for low-risk women, or offering a full array of nonpharmacologic methods to promote comfort and coping may be necessary in order to practice high-quality maternity care in alignment with evidence-based childbirth education.

Improving Maternity Services are reputable sources that can guide facilities in the design of childbirth education material. The Lamaze website offers downloadable handouts, videos, and inexpensive online classes for parents, which promotes Lamaze’s vision of “knowledgeable parents making informed decisions.”⁶⁷ Lamaze has passed high standards set forth by the National Commission for Certifying Agencies and holds professional status as an American Nurses Credentialing Center accredited provider. Lamaze also offers an App for smartphones that provides much of the information from the website.

Childbirth Connection is a program of the National Partnership for Women and Families that promotes evidence-based maternity care, improvement of maternity care policy and quality, and consumer engagement.

It offers women, families, and health professionals evidence-based information and resources to guide research, education, policy, and practice.

The Coalition for Improving Maternity Services has done extensive work “encouraging and promoting evidence-based, Mother-and-Baby-Friendly maternity care”⁶⁸ and is a valuable resource for designing and implementing mother-friendly policies that are in alignment with evidence-based childbirth education.

The ACNM, the professional association representing certified nurse-midwives and certified midwives in the United States, offers the Share With Women series. This series of consumer-oriented health care articles from the Journal of Midwifery & Women’s Health covers a variety of topics for prenatal care, labor, and birth that can be copied and distributed without permission.

As discussed previously, many providers are faced with limited time to provide both comprehensive prenatal care and patient education. Creating standardized, pre-packaged patient education materials (such as “new patient packets” or packets distributed by trimester), or agreeing to distribute certain reputable web-based prenatal and childbirth education resources (such as from the organizations listed above) are an easy and efficient way for providers to engage in effective prenatal education.

Improving Access

Improving access to childbirth education may require removing or decreasing barriers to attendance (such as cost), providing education in non-traditional formats that meet the needs and time-constraints of the patient (such as high quality web content or interactive web-based learning)^{49,55} and by providing incentives for attending classes.⁶⁹

Also, group prenatal care, such as that offered through the CenteringPregnancy® model, provides an extraordinary opportunity to improve the quality of childbirth education, increase efficiency of care, and improve overall outcomes.^{65,70} Education, patient engagement, and increased time with the provider are built into this care model. This type of group care has been shown to improve patient satisfaction and knowledge, and is associated with lower rates of cesarean birth as compared to the traditional, provider-centric prenatal care model.^{65,71}

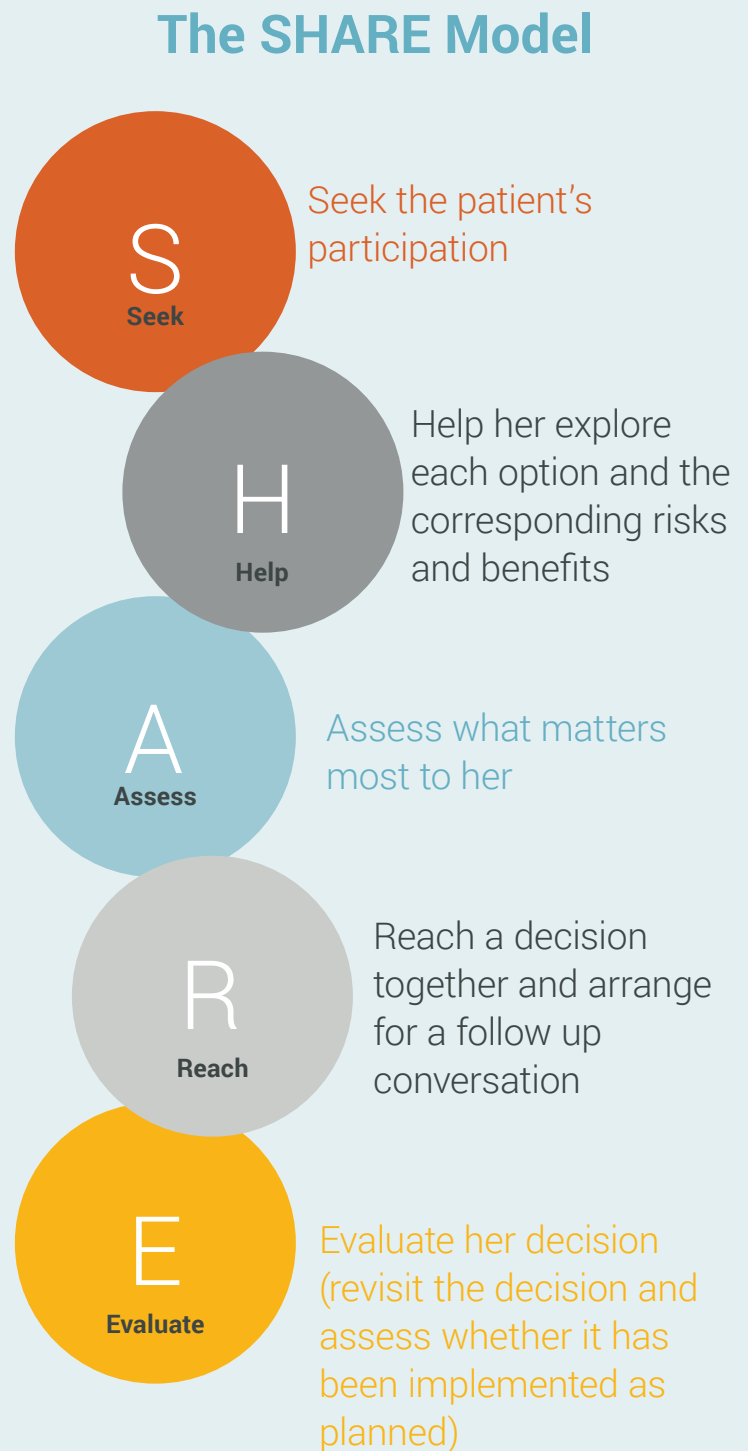
2. Improve Communication through Shared Decision Making at Critical Points in Care

Informed consent has become a fundamental principle of health care, and requires that health professionals engage patients in a process to provide information on benefits, risks, and alternatives of a proposed treatment before the patient makes an informed decision to accept or refuse treatment.⁷² Providers must ensure that informed consent is “more than just signing the consent form.”⁷³ Protection of patient autonomy, which is the primary purpose of informed consent, requires “open communication between provider and patient, and sharing of relevant information and adequate disclosure, to enable the patient to exercise personal choice.”⁷⁴

In recent years, out of concern for inadequacies of current legal concepts of informed consent, a growing number of health care leaders, policymakers and other stakeholders have called for revision of current methods in favor of shared decision making⁷⁵ (Figure 4). Shared decision making is a collaborative process between the provider and patient that “takes into account the best available scientific evidence, as well as the individual’s values and preferences, to determine the right course of care.”⁷⁶ Shared decision making helps “protect patient self-determination and balance patient autonomy with provider expertise and beneficence.”⁷⁵ The ACOG Committee Opinion 492 *Effective Patient-Physician Communication* states that shared decision making promotes patient engagement, treatment adherence, and improved outcomes while reducing risk.⁷⁴

More specifically, by identifying the major decision points that most impact the risk for cesarean birth, providers can markedly improve the patient’s knowledge deficit and decision making (Table 4). Given that prenatal visits are often short and that nearly half of pregnant women do not participate in formal childbirth education classes,³⁸ informed decision making at critical decision points should

Figure 4. Essential Elements of Shared Decision Making. Two Examples for Clinical Practice



The SHARE approach. Agency for Healthcare Research and Quality Website. <http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>. Accessed December 1, 2015.