

MEDIA REVIEWS

Evidence-Based Care for Normal Labour and Birth: A Guide for Midwives

Dennis Walsh
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Denis Walsh, midwife, midwifery consultant, and lecturer in the United Kingdom, believes profoundly in midwifery-led care and in the rhythmic course of physiological labor and birth. In his book, *Evidence-Based Care for Normal Labour and Birth: A Guide for Midwives*, addressing the relatively new *evidence-based care paradigm*, he seeks to expand the definition of “evidence” so that *qualitative* research gains credibility in a technological world enamored of quantification. He reminds readers of the huge collection of knowledge, ancient and modern, that qualifies as authentic evidence—an extensive body of research supporting the natural physiology of labor and birth; midwives’ intuitive and observational powers; and the unique stories, feelings, and reactions of birthing women throughout the ages. Much of this wisdom is in danger of being lost, submerged by the modern focus on technology and childbirth pathology that so many practitioners and childbearing women are struggling with each day.

Throughout, Walsh illustrates his points with studies and articles, suggesting many areas that call out for further exploration, and challenging readers to keep vital knowledge alive. Each chapter ends with “Practice Recommendations and Questions for Reflection.”

In chapter one, Walsh discusses “Evidence-based care: the new orthodoxy for maternity services,” and acknowledges the proliferation of systematic reviews “embraced. . .with an almost evangelistic fervour.” He critiques them, noting that many are politically laden efforts carried out against a background of increasing medicalization. Most research bypasses women’s vital concerns, performed as it is in hospital settings subject to time pressures, institutional constraints and regulations, and mediated by power differences both within professional groups, and between professionals and women. He then contrasts the woman-centered

“social” model of care with the large-scale “toxic” biomedical model. All the while he advocates for midwives’ autonomy as they work in partnership with colleagues and with the women they serve.

“Birth Setting and Environment” reviews home births, birth centers, and “integrated” hospital birthing centers—places where women can experience childbirth assisted by familiar caregivers, who believe in “being with” rather than “doing to” and can provide continuous care. In these homelike settings, in contrast to public, secular, institutional delivery rooms, women are helped to become confident and optimistic in private, sacred and safe spaces where they can nest, ground themselves, and labor freely, ideally surrounded by love (yes, he says “nurtured by love”).

“Rhythms in the First Stage of Labour” describes the origins of the “labour progress mentality,” from Friedman’s curve to partograms to O’Driscoll’s active management protocol. Clearly, clinical and organizational imperatives create time pressures in hospitals, but even some obstetrical journals are beginning to note that conventional time constraints are too rigid and fail to respond to labor’s many variations. Too, more is known about the “dance of labour” when it is uninterrupted, involving the delicate interactions of hormones creating labor’s rhythms, the body’s responses, the descent of the baby, and the natural “plateaus” when contractions cease for a while. Walsh questions the necessity of vaginal examinations, and mentions less invasive ways of determining progress, such as abdominal palpation, listening to women, changing positions, and much more—Dutch midwives speak of observing the behavior of the domestic cat which leaves the birth room as full dilation is reached! His suggested new paradigm of “labour rhythm” rather than “labour progress” would require “dismantling the childbirth assembly line.”

“Pain and Labour” contrasts a *pain relief* approach with a *working with pain* approach, the language used being all-important. The latter helps practitioners recognize the rationales for labor pain; that is, alerting women to labor’s start, stimulating the hormonal cascade, giving attendants clues as to the rhythms of labor, and warning of possible problems. Walsh suggests that drugs are antithetical to physiological labor, and believes that by masking, subduing, disassociating, and anesthetizing, they separate pain from experience and reduce it to problem status.

“Fetal Heart Monitoring in Labour” (CTG, for continuous cardiotocography) explores the evidence base of fetal monitoring, already embedded in practice before any “robust” evidence appeared. When it did, it showed no significantly reduced incidence of perinatal mortality or cerebral palsy, displayed a high false positive rate, controlled women by restricting movement, and contributed to an atmosphere of anxiety, with no sound evidence of overall benefit. Can uncertainty and risk be eliminated from childbirth if a

woman is kept under imperfect mechanical surveillance? Walsh advocates instead for intermittent auscultation, while recognizing that the litigious climate drives the use of some form of quantitative surveillance.

One of the strongest chapters is “Mobility and Posture in Labour.” Walsh sees the bed as the most potent symbol of medicalized birth. Laboring women must have the freedom to move around, change position, and work with gravity, along with enjoying physical space, privacy, and even a sense of connection to the earth. Maternal positions that facilitate occipito-anterior presentations and enhance perineal outcomes are discussed. Common sense should preclude any need for randomized controlled trials to prove the obvious, he says.

“Rhythms in the Second Stage of Labour” contrasts spontaneous pushing with directed, or coached pushing, a practice that persists without any supporting scientific evidence, and that benefits neither woman nor baby. Transition is redefined as a “lived phenomenon not easily reducible to scientific measurement,” thus comprising a spectrum of experiences and emotions, all of which merit study. Also, evidence does not support a negative link between a long “second stage” and deterioration of the baby’s health.

“Care of the Perineum” deals with studies concerning episiotomy, “hands on” or “hands poised,” vaginal birth and the pelvic floor, suturing, and bladder care after giving birth. Walsh suggests that episiotomy be restricted to fetal indications only. It is not clear whether perineal support is necessary, but practitioners may want to consider its effect on women. As for urinary stress incontinence (one current “reason” for the increase in cesareans), studies do not show that the pelvic floor is injured by vaginal birth. Antenatal pelvic floor exercises are heartily recommended.

“Rhythms in the Third Stage of Labour” discusses research about the difference between active and physiological third stage care, the debate about using oxytocics to facilitate placental separation, and the timing of cutting and clamping the umbilical cord.

“Changing Midwives’ Practice” lists effective and ineffective strategies to influence practice change, and the barriers to change.

This scholarly, readable book provides a springboard for practitioners to jump into the deep pool of their own and their clients’ experiences. It points the way toward de-medicalizing attitudes and practices around childbirth, and urges the development of a much broader range of studies and articles than now exist. Throughout, this book celebrates the dignity of childbearing women, emphasizing their need for kind, respectful, and compassionate care.

Jane Pincus
Co-Author of *Our Bodies, Ourselves*
P.O. Box 72
Roxbury, Vermont 05669, USA