

ESF Exploratory Workshop on

Promoting Normality in Childbirth Across Europe

**School of Nursing and Midwifery, Trinity College Dublin
Ireland, 22nd-25th March 2010**

Co-sponsored by Trinity College Dublin

Convened by Professor Cecily Begley, Professor Mike Clarke and Dr Jo
Murphy-Lawless

SCIENTIFIC REPORT

1. Executive summary

The ESF Exploratory Workshop 'Promoting Normality in Childbirth Across Europe' took place at the School of Nursing and Midwifery, Trinity College Dublin from 22nd-26th March 2010. The workshop was convened by Professor Cecily Begley, Professor Mike Clarke and Dr Jo Murphy-Lawless. Nineteen of the 22 invited participants attended from 10 ESF member countries, representing a range of disciplines involved in childbirth research including midwifery, health researchers, sociology, psychology, epidemiology, obstetrics, anthropology, paediatrics, and community health. As the views of women are an essential component of all research into maternity care and childbirth experiences, consumer representation was important and the Chairperson of the Association of Improvements for Maternity Services in Ireland was invited to participate. She, or a representative, attended all sessions, sometimes accompanied by a baby, which kept all participants grounded in the reality of what we were trying to achieve. In addition, two representatives of ESF and two research officers from TCD and the Health Research Board, Dublin attended to provide information on funding opportunities.

The aim of this workshop was to bring together a diverse group of health and social care professionals to form collaborative research teams across Europe. Workshop contributors were all experts in promoting normality in some aspect of pregnancy or childbirth, and the plan was to develop a number of themes leading to European-wide submissions for ESF or other funding calls for inter-disciplinary, collaborative research projects. Interdisciplinary literature world-wide has called for increased recognition of birth as a physiological process, and for research into the variables that maximise healthy outcomes and normal births. In particular, concern is expressed at the rising rates of Caesarean section (CS) in many countries. Given that increasing CS rates can lead to more severe maternal morbidity, this upwards trend is a cause of global concern. It is important when investigating this area to look not only at the physical effects of medicalisation on individual women, but also at the social forces operating at the level of maternity-care systems.

High quality care for women in pregnancy, childbirth and the postnatal period involves the collaborative effort of a number of health professionals. For most women who are, in general, at low risk of complications, midwives are the key professionals who provide most care; in this workshop, they made up almost half of participants. Obstetricians work in partnership with them, providing medical care for those who need intervention, while paediatricians and neonatal nurses care for ill infants. Family doctors often give antenatal care and, in some countries, also contribute to intranatal care. Other personnel (including sociologists, psychologists, and public health practitioners) may also be involved. To take advantage of the expertise from as many different disciplines as possible, the list of participants in this workshop includes representatives of the above stakeholders from academic and practice backgrounds and also includes academics in the areas of anthropology and epidemiology, and a consumer. Our shared vision was that, through the development of targeted, funded research in this area, we would be able to reduce unnecessary intervention in maternity care and increase positive outcomes for European women.

We met for 3 days, starting with an evening session and ending with lunch on the fourth day. The workshop commenced with a presentation from the two representatives of ESF, Dr Nathalie Spielesoy (ESF Standing Committee for European Medical Research Councils) and Prof Patrick Paul Walsh (ESF Standing Committee for Social Sciences), who gave a very useful overview of the work of the ESF and future funding opportunities. The workshop then took the form of short presentations covering the whole trajectory of a woman's experience from pregnancy, through childbirth into the postnatal period and including the effects of childbirth on the neonate. Presenters had previously submitted abstracts of their work, which had been distributed to all participants, together with one-page biographies of all participants and abstracts of poster presentations also, two weeks prior to the workshop date. Presentations were followed by a short period of questions relating to that actual topic. At the end of each half-day, a longer period was devoted to 'brain-storming' discussions between participants, designed to target possible future areas of research.

All participants had the opportunity to either present posters or papers, or both, and 11 participants brought and displayed posters. We had two times set aside in the programme to view posters while the authors presented them to small groups. In hindsight, we could perhaps have done with a third session, although participants also went to view posters in their own time. The first timed session for poster presentation was scheduled as the only activity for the first evening, and was an excellent way of commencing the workshop, with people meeting each other in stimulating circumstances and beginning to interact informally. All dinners were scheduled as part of the programme and valuable discussion continued in this informal setting also.

Participants in the group were mostly new to each other but included a small core of 6 people who had also applied for a COST action (IS0907), which had recently been successfully funded. Despite this successful bid, only five of the six people had met previously, so the workshop allowed time for further networking and exploration of mutual research interests. Space had been allocated in the programme for the lead researcher on the COST bid to present to the group what the programme was about and how it might link in with the work of the ESF workshop. The participants were very enthusiastic about the potential for development afforded by this initiative and verbal agreement was gained from the majority of participants to join the COST action also. The ESF workshop was thus able to 'kick-start' the work of the COST network, and commence the development of important research relationships across Europe in a timely fashion.

The wealth of information from the posters and presentations combined was extraordinary. In most international conferences on maternity care, only a small percentage of input would cover the area of normality in childbirth, so to have such a collection of internationally-renowned speakers on this one topic was phenomenal, and resulted in incredibly dynamic discussion periods. On the final day the programme allowed considerable time for a more concrete, planned discussion, which ended with a firm plan to submit a proposal for a FP7 bid.

2. Scientific content

The workshop commenced with a key-note presentation by Dr Luke Zander, formerly a family doctor with the Department of General Practice, UMDS of Guys and St Thomas Hospitals, London. Dr Zander set the tone of the workshop with his reflections and reminiscences of maternity care practice, emphasising the need for women-centred care based on good research evidence. The first session of the workshop then concentrated on the research available in antenatal care, and the research gaps identified. The 'MidU Study', the first randomised trial of midwifery-led (MLU) versus consultant-led care in the Republic of Ireland was presented. This two-centre, two-group, randomised trial compared the effects of midwifery-led and consultant-led care for 1,654 healthy women without risk factors, and found that midwifery-led care is associated with fewer interventions such as ultrasound scans and cardiotocographs in the antenatal period and shorter lengths of hospital stay prior to the onset of labour. A second presentation recommended promoting normality for women who are at "high risk". This emphasised that midwives have a special responsibility to balance the salutogenetic and pathogenic perspective in the care of childbearing women at increased risk, especially by promoting the woman's inborn capacity to be a mother and to give birth in a natural manner.

The afternoon session on the first full day and the morning of the second were both devoted to the area of intranatal care, where the majority of maternity care research is conducted. Research from Germany showed that normal labour in the hospital setting was experienced by only 12% of nulliparae and 27% of multiparae, whereas 75% of multiparae who gave birth out-of-hospital had normal labour. The third stage of labour also suffers from a high rate of intervention and a systematic review that included 5 randomised trials (6486 women) showed that in women at low risk of bleeding, no difference was identified in severe blood loss (> 1000 ml) or postnatal anaemia with active management (giving an oxytocic). Using the intervention of active management did cause some harms, so the conclusion was that information should be given to all women antenatally on the benefits and harms of both methods of management, to facilitate their informed choice of care. Women's well-being and birth, how to improve labour experiences and collaboration research to reduce perinatal mortality were also discussed.

Postnatal and neonatal care were presented in the next two sessions and included a study of the frequency of painful intercourse observed at 3 and 6 months follow-up in women who had episiotomy and perineal lacerations, and a study of the relationship between puerperal maternal anxiety and breast-feeding success in the first 6 months. An interesting presentation on the benefit of maternity care assistants in the Netherlands completed the oral programme.

The 11 posters covered topics on: the problem of small community-midwifery units being replaced by larger obstetric units that operate on different models, philosophy and notions of risk; the fact that rising CS rates can more appropriately be attributed to obstetrical policies and practices, not maternal request; an investigation of the use of oxytocin for augmentation of labour; the contribution of the relationship between midwife and woman in supporting normal processes in pregnancy and birth; the methodology of a RCT comparing fetal cardiotocography versus intermittent auscultation during labour ward admission; a study of women with high

risk of perineal floor disorders undergoing pelvic floor muscle training to improve pelvic floor dysfunction; the processes that currently influence midwives and obstetricians and the impact of consumerism and commercialisation on the whole birth care system in the Czech Republic; women's preferences for conventional or non-conventional birthing positions; structured documentation to guide midwifery practice; and the organisation and workload of midwifery care in the Netherlands. The posters were immensely useful in stimulating enthusiastic debate throughout the programme.

3. Assessment of the workshop

This multi-disciplinary workshop successfully brought together key researchers from across Europe, who had a common interest in promoting normality in childbirth. It facilitated a high level of discussion that moved swiftly from the particular research topics presented to a future programme of research to fill identified gaps. Brainstorming sessions generated a list of key areas to be addressed.

Sources of funding were discussed, with the help of ESF, TCD Research Office and Health Research Board representatives and it was decided that the best avenue to pursue would be the forthcoming FP7 Health call due in June 2010. The final session of the workshop concentrated on developing an outline proposal and further work has taken place since then by email.

Other tentative ideas for collaborative outputs that had been suggested prior to the workshop (edited book, conference, etc) were deemed to be included in the planned COST network activities, and participants were all in verbal agreement to continue networking by joining the COST action IS0907 on childbirth and cultures, which had recently won funding.

The outcomes of the workshop were thus:

- 1) A planned research bid for submission to FP7 Health.
- 2) Continued networking, including preparation of systematic reviews, hosting conferences and training sessions and submission of collaborative research bids within the COST action IS0907 on childbirth and cultures.

FINAL PROGRAMME

Monday 22 March 2010

Afternoon *Arrival*

15.00 – 16.30 **Registration, poster erection and refreshments**

16.30 – 17.30 **Informal networking and perusal of posters**

18.00 - 19.00 *Buffet dinner and informal networking session*

Tuesday 23 March 2010

09.00-09.20 **Welcome and introductions by Convenor**

Cecily Begley (Trinity College Dublin, Ireland)

09.20-09.45 **Presentation of the European Science Foundation (ESF)**

Professor Patrick Paul Walsh (ESF Standing Committee for Social Sciences) and **Dr. Nathalie Spielewoy** (ESF Standing Committee for European Medical Research Councils)

09.45-10.45 Keynote address: Reminiscences, Reflections and their Relevance to Research

Dr Luke Zander, formerly of the Department of General Practice, UMDS of Guys and St Thomas Hospitals, London.

10.45 -11.15 *Coffee / Tea Break*

11.15 -13.00 Morning Session: Priority Issues in the Antenatal period

Chair: Cecily Begley

11.15 -11.45 **Midwifery-led care in the A/N period: Results from the ‘MidU’ study,**

Declan Devane (National University of Ireland, Galway, Ireland)

11.45 -12.15 **Promoting a normal focus in situations of high risk,**

Marie Berg (Sahlgrenska Academy, University of Gothenburg, Sweden)

12.15 -13.00 **Discussion**

13.00 -14.00 *Lunch and posters*

- 14.00-18.00 Afternoon Session: Priority Issues in Intranatal care**
Chair: Mike Clarke
- 14.00 -15.00 **European funding opportunities**
Dr Oonagh Kinsman (Trinity College Dublin) and **Kay Duggan-Walls** (Health Research Board, Ireland)
- 15.00 -15.30 Questions
- 15.35 – 16.05 **Engaging with challenging findings: perinatal mortality in home-like settings and collaboration research**
Soo Downe (University of Central Lancashire, UK)
- 16.05 – 16.30 *Coffee / tea break*
- 16.30 -17.15 **Discussion**
- 17.15-18.00 Brain-storming new research directions in A/N and I/N care**
- 18.30 *Dinner*

Wednesday 24 March 2010

09.00-12.30 Morning Session: Priority Issues in Intranatal care

Chair: Jo Murphy-Lawless

09.00-09.30 Towards a dynamic concept of normal birth,
Mechthild Gross, (Hannover Medical School, Germany)

9.30 – 10.00 **Normalising the third stage of labour**
Cecily Begley (Trinity College Dublin, Dublin, Ireland)

10.00-10.30 *Coffee / Tea Break*

10.30 – 11.00 **Women's well-being and birth**
Marianne Nieuwenhuijze (University of Maastricht, Netherlands)

11.00 – 11.30 **Improving women's labour experiences**
Katri Veh.-Julkunen (University of Kuopio, Finland)

11.30 – 12.00 **Discussion**

12.00 -12.30 Brain-storming new research directions in I/N care

12.30-14.00 *Lunch and posters*

14.00-18.00 Afternoon Session: Priority Issues for Postpartum Women

Chair: Cecily Begley

14.00-14.30 **Postnatal effects of pelvic floor trauma**
Sandra Morano (University of Genoa, Italy)

14.30-15.00 **Post-natal midwifery-led care in the community**
Friederike Wittgenstein (University of Applied Sciences, Germany)

15.00-15.30 *Coffee / tea break*

15.30-16.00 **Women's health one year after childbirth**
Marie-Josèphe Saurel-Cubizolles (Institut National Sante
Recherche Médicale, France)

16.00-16.30 **Discussion**

16.30 – 17.00 Brain-storming new research directions in P/N care

17.00 - 17.30 **Presentation on the recent successful COST application**
Soo Downe (University of Central Lancashire, UK)

17.30 – 18.00 **Formation of research groups and initial networks**

18.30 *Dinner*

Thursday 25 March 2010

**09.00-12.00 Morning Session: Priority Issues for Care of the Newborn/
community care**

Chair: Mike Clarke

09.00-9.30 **Effect of maternal anxiety on lactation**

Vincenzo Zanardo (Padua University, Italy)

9.30 – 10.00 **Maternity care assistants in the Netherlands**

Therese Wieggers (Netherlands Institute for Health Services
Research, Netherlands)

10.00-10.30 *Coffee / Tea Break*

10.30 – 11.00 **Discussion**

**11.00 -11.30 Brain-storming new research directions in neonatal and
community care**

11.30 -13.15 Discussion and agreement of possible follow-up activities

13.30 -14.30 *Lunch (in 1592 restaurant, Trinity College Dublin)*

Departure home (Optional free tour of the Book of Kells and Old Library in TCD –
14.45)

Final list of participants

Czech Republic

Dr Ema Hresanova, Lecturer, University of West Bohemia

Denmark

Annette Dalsgaard Vilain, Senior Lecturer in Midwifery, Metropolitan University College Campus, Rådmandsmarken Sigurdsgade 26 2200 København N.

France

Dr Marie-Josèphe Saurel-Cubizolles, Institut National Santé Recherche Médicale

Finland

Professor Katri Vehvilainen-Julkunen, Department of Nursing, University of Kuopio

Germany

Prof. Dr. P.H. Friederike zu Sayn-Wittgenstein, Professor of Nursing Science, University of Applied Sciences, Osnabrück

Dr. Mechthild Gross, Senior Research Fellow, Midwifery Research Unit, Hannover Medical School

Ireland

Professor Cecily Begley, Professor of Midwifery, Trinity College Dublin

Prof Mike Clarke, Trinity College Dublin and Director of the Cochrane Centre

Dr Jo Murphy-Lawless, Lecturer in Sociology, Trinity College Dublin

Declan Devane, Senior Lecturer in Midwifery, NUI, Galway

Gillian Kane, Chairperson, Association of Improvements of Maternity Services

Italy

Dr Vincenzo Zanardo, Dept. of Pediatrics, Padua University

Dr Sandra Morano, University of Genoa

Netherlands

Marianne Nieuwenhuijze, Head of Midwifery Science Research department, University of Maastricht

Dr T.A. Wieggers, Researcher, NIVEL, Netherlands Institute for Health Services Research

Sweden

Dr. Marie Berg, Associate Professor, Sahlgrenska Academy, University of Gothenburg

United Kingdom

Prof Soo Downe, Professor in Midwifery, University of Central Lancashire

Dr Edwin van Teijlingen, Professor of Maternal & Perinatal Health Research at Bournemouth University

Dr Luke Zander, formerly of Department of General Practice, UMDS of Guy's and St Thomas Hospitals, London

Statistical information on participants

Gender

Male	5 (26%)
Female	14 (74%)

Education

Professors	6 (32%)
Doctoral level	9 (47%)
MSc level	4 (21%)

Occupation

Midwives	9 (47%)
Health researchers	7 (37%)
Sociologists	3 (16%)
Psychologists	2 (11%)
Epidemiologists	2 (11%)
Obstetrician	1 (5%)
Anthropologist	1 (5%)
Consumer	1 (5%)
Paediatrician	1 (5%)
Family doctor	1 (5%)

Age bracket

30-35	2 (11%)
36-40	1 (5%)
41-45	1 (5%)
46-50	6 (32%)
51-55	5 (26%)
56-60	2 (11%)
61-65	1 (5%)
over 65 years old	1 (5%)

Country

Czech Republic	1
Denmark	1
France	1
Finland	1
Germany	2
Ireland	5
Italy	2
Netherlands	2
Sweden	1
United Kingdom	3