

Campaign for Normal Birth



Ten Top Tips

Introduction

RCM 'Campaign for the Normal Birth' – Ten Top Tips

"Together, we can change the way childbirth happens. The Campaign aims to inspire and support normal birth practice. It's a reminder that good birth experiences can happen despite the challenges. Intervention and caesarean shouldn't be the first choice - they should be the last.

The RCM believes that a policy of maximising normal birth in the context of maternal choice is safe, and, further, that it offers short and long-term health and social benefits to mothers, children, families, and communities. Such a policy is more likely to succeed if childbirth is placed within a social and family context.

This booklet provides you the Ten Top Tips for your first steps in normalising the birth.

<http://www.rcmnormalbirth.org.uk>



1. *Wait and See*

The one single practice most likely to help a woman have a normal birth is patience. But in order to be able to let natural physiology take its own time, we have to be very confident in our own knowledge and experience. To do this, we need to be able to acquire more knowledge and experience of normal birth - and know when the time is right to take action.



2. Build Her Nest

Mammals try to find warm, secure, dark places to give birth - and human beings are no exception. But it is the feeling of security and confidence that is important to us, rather than the environment itself. And if we can find ways to help women to feel more private and confident, we will greatly improve the likelihood of them having a normal birth.

1. WAIT AND SEE

2. BUILD HER A NEST



3. Get Her Off The Bed

Gravity is our greatest aid in giving birth, but for historical and cultural reasons (now obsolete) in this society we make women give birth on their backs. We need to help women understand and practise alternative positions antenatally, feel free to be mobile and try different positions during labour and birth. Once she is comfortable, try not to move her unless she wants to, or unless the position becomes inadvisable for maternal or fetal (and not organisational!) reasons. If a vaginal examination becomes necessary it can be done from a chair.



4. Justify Intervention

Technology is wonderful, except where it gets in the way. What we begun to understand about the remarkable new technologies of labour and birth is that one technological intervention is likely to lead to the need for further technological intervention and so on, creating a 'cascade' of intervention ending in an abnormal birth. We need to ask ourselves 'is it really necessary?' And not to do it unless it is indicated.

4. JUSTIFY INTERVENTION

3. GET HER OFF THE BED



5. Listen to Her

Women themselves are the best source of information about what they need. However, a medicalised culture of 'knowing best' (where the deferential 'patient' is examined mutely) means that we are not good at asking her. We are also losing our skills in being able to read her non-verbal signals: her body language, gesture, expression, noises and so on. What we need to do is to get to know her, listen to her, understand her, talk to her and think about how we are contributing to her sense of achievement.



6. Keep A Diary

Midwifery can be a bombardment of experiences, making it difficult to remember what happened last week - let alone last year. However, one of the best sources for learning are our own observations. Especially when we can look back at them and realize what we have learned and discovered since then. Consequently keeping a diary is one of the best ways of consolidating our experience. Write down what happened today: how you felt, what you learnt. Then look back over what you wrote last week, last month, last year.



7. Trust Your Intuition

Intuition is the knowledge that comes from the multitude of perceptions that we make which are too subtle to be noticed. When we use our senses: listen, watch, sniff, touch - and pay attention to feelings - these perceptions begin to build up into a pattern. With experience and reflection we can understand what these patterns are telling us - picking up and anticipating a woman's progress, needs and feelings.



8. Images of Being a Role Model

Our behaviour influences others. By practising the other nine tips listed here (and by being seen to practise them), we set a good example for others to follow. Midwifery really does need exemplars who can model the practices, behaviour and attitudes that facilitate normal birth. Start being a role model today!



9. Give Her Constant Reassurance— Be positive

Nothing in life prepares a woman for labour. Your reassurance that contractions and emotions are all part of the normal process of giving birth is vital. Do you believe in her strength and ability to give birth normally?. How equipped are you to support and encourage women through the peaks and troughs?. You may be the only constant anchor during woman's labour to give her constant reassurance – be positive.



10. From Birth to Abdomen – Skin to Skin Contact

Breastfeeding gets off to a better start when mothers and their babies have time together - beginning at birth. Immediate skin to skin contact allows them to remain together and provide opportunities for babies to feed on demand for an unlimited time, stay warm and cry less. Mothers learn to recognize their baby's cues and the baby reciprocates. The relationship becomes tender and loving - a connection that lasts a lifetime begins from birth to abdomen.

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