

## Revisiting Healthy Birthing Practices - Time is Now!!

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Since the early 1960s, we have seen a lot of changes in maternity service delivery practices. Medicalization of birthing process by Obstetricians changed the scenario, and that's why there is currently a push by several influential organizations to support midwifery care practices which promote, support, and protect natural, safe, and healthy birth. A growing body of research continues to provide evidence for the benefits of supporting the normal physiologic process of labor and birth and the risks of interfering with this natural process. Optimal care in childbirth is referred by Lamaze as Six Healthy Birth Practices. A growing body of research continues to provide evidence for the benefits of supporting the normal physiologic process of labor and birth and the risks of interfering with this natural process.

### Six Healthy Birth Practices as A Paradigm for Normal Birth Let Labor Begin on Its Own

For letting labor begin on its own support's normal physiology, prevents iatrogenic prematurity, and prevents the cascade of interventions caused by labor induction.

### Walk, Move Around, And Change Positions Throughout Labor

Women who use upright positions and are mobile during labor have shorter labors, less intervention, report less severe pain, and describe more satisfaction with their childbirth experience than women in recumbent positions.

### Bring A Loved One, Friend, Or Doula for Continuous Support

Women should be allowed and encouraged to bring a loved one, friend, or doula to their birth without financial or cultural barriers.

### Avoid Interventions That Are Not Medically Necessary

Routine interventions such as the use of intravenous fluids, restrictions on eating and drinking, continuous electronic fetal monitoring, epidural analgesia, augmentation of labor, and the use of episiotomy disturb the normal physiology of labor and birth and restrict women's ability to cope with labor. The result is a cascade of interventions that increase risk, including the risk of cesarean surgery, for women and babies.

### Avoid Giving Birth on Your Back and Follow Your Body's Urge to Push

Spontaneous pushing in upright or gravity-neutral positions".3

### Keep Mother and Baby Together-It's Best for Mother, Baby, And Breastfeeding

Mothers and babies have a physiologic need to be together at the moment of birth and during the hours and days that follow. Evidence supports immediate, uninterrupted skin-to-skin care after vaginal birth and during and after cesarean surgery for all stable mothers and babies, regardless of feeding preference.

Over last few decades, the birthing practices have changed dramatically. There is medicalization of child birth process with loss of human touch between service provider and the parturient. Strict labour protocols and timelines have resulted in un-necessary interventions, leading to sub-optimum outcome. The strict labour protocols, use of electronic gadgets, medicines to induce and augment labour in low risk women have resulted in un-necessary interventions in the natural delivery process.

Operative intervention in the form of caesarean section was considered one time, as live saver, is slowly turning out to be a killer. The modern Obstetrics did help in saving mothers lives in high-risk cases through operative interventions. Repeated caesarean sections are associated with increased morbidity and mortality. Obstetrician are performing caesarean sections for very trivial indications, even after knowing the long-term consequences. Fear factor is being created in the mind of women and her relatives, by high lighting whole list of complications including rare ones. Some obstetricians are not following ethical principles and performing the operation solely for monetary/personal gains or conveniences.

Strict time lines in the form of alert line and action lines of partograph, fetal heart rate variabilities as picked up by electronic gadgets, undue importance to loop of cord around baby's neck, light tinge of meconium to amniotic fluid, liquor quantity abnormalities, mainly on lower side of normal, post-datism, previous caesarean sections are contributing to very high percentage of caesarean sections.

In modern Obstetrics, women are not prepared well for natural birthing process. They are not encouraged to undergo natural birthing. Birth preparedness and counselling is lacking. This results in development of fear factor in the mind of the women. These

women do not tolerate the physiological labour pains, as they are not mentally prepared. The tokophobia make them demand for short cuts in the form of caesarean section.

The natural birthing is recommended for all low risk women, who are mentally prepared during prenatal period and are encouraged to experience the natural birthing in a conducive and peaceful environment, devoid of bright lights of modern labour rooms. Too many physical interventions in the form of internal examinations as per set protocols, medication to enhance the labour process, forced starvation with the fear of vomiting and aspiration in case operative intervention and anaesthesia is needed, intravenous fluids, catheterization, continuous electronic fetal monitoring with its beep are not part of natural birthing process protocols. In modern obstetric practice, the lack of ambulation during labour, make women feel as if sick and restricted to labour bed. Absence of care taker /labour companion, doula expose them to hostile environment of modern labour room. The breach in the privacy make them vulnerable. All this results in unpleasant birthing experience. Many women suffer from either verbal or physical abuse and disrespect, as the health care providers are not trained or oriented to provision of Respectful maternity care.

Midwifery practice takes away all above-mentioned evils of modern Obstetrics in low-risk healthy women and help them to have best birthing experience. Midwifery services provide women, the choices of birthing positions, use of non-pharmacological methods of pain relief like body part massaging, aroma therapy, use of birthing balls or peanut ball, hot and cold massage, provide the respectful maternity care, which is important basic reproductive human right of the women. Midwifery practice result in low incidence of medical and operative interventions, including instrumental deliveries. There is provision of continuum of care, as women after normal delivery, develop good rapport and trust in the midwife and she is consulted first in all reproductive health issues.

It is high time that Government assesses the current situation of maternity services in the country, retrieve and review the current data from reliable sources, compare it with the previous data, and come to consensus about need for encouraging midwifery practices through creation of a new cadre of highly qualified skilled midwives, who will provide maternity services to low risk pregnant women either in a alongside midwifery unit or a standalone midwifery hospital for low-risk pregnancies.

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