

Promotion of vaginal birth in Bangladesh

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Promotion of safe delivery is the global consensus. Appropriate delivery care is crucial for both maternal and perinatal health, and increasing skilled birth attendance is a central goal of the safe motherhood and child survival movements. In addition, it is important that mother should deliver in an appropriate setting where lifesaving equipment and hygienic conditions are available to reduce the risk of complications that may cause death or illness to the mother and the child.

Bangladesh has a long tradition of home-delivery practice. Delivery-related complication is one of the leading cause of maternal mortality in Bangladesh. Finding of a study conducted in rural area showed that one-third of the women experienced delivery-related complications during their last delivery⁶. The estimated lifetime risk of dying from pregnancy and childbirth in Bangladesh is about 100 times higher than that in the developed countries. The tragic consequence of these deaths is that about 75% of the babies born to these women die within the first week of their lives.

As technology in birth has become the norm, the cesarean rate has skyrocketed, going from less than 7% in 1970 to 30.2%. Simple plan for birth has been replaced by a maternity care system. Women no longer have confidence in their ability to give birth without technologic intervention. This environment, it is easy to lose sight of the physiology and benefits of normal birth. So cesarean sections are the most frequent hospital surgery worldwide. Although there are many instances when C-sections are the safest choice, but too many are performed for non-medically indicated reasons. According to the CDC, the number of cesarean sections in the United States increased by 60 percent between 1996-2009, with no demonstrable improved outcomes for moms or babies. Bangladesh is facing a massive boom in the number of medically unnecessary Caesarean section, between 2016 and

2018 that increased by 51 percent. New figures released by Save the Children reveal the rate of C-sections increased to 23 per cent in 2014 from 15 per cent of 2011. The finding highlights the extent of burden of C-section problems, even though unnecessary C-sections place mother and baby at a needless risk. The overuse of this major surgical procedure has significant social, economic and health costs, including:

- higher rates of maternal complications and longer recovery times
- higher rates of NICU admissions
- increased barriers to the mother-infant breastfeeding relationship

Promoting, Protecting, and Supporting Normal Birth

For promoting normal birth in our country we need to go for national awareness learning programme to the woman. Every pregnant women needs to know that labor and birth are simply and beautifully designed. In order to keep labor and birth as safe as possible and to minimize the risk of complications it is essential to respect the simple natural physiologic process of labor and birth and not to interfere in any way unless there is clear medical indication. Protecting normal birth is an even bigger challenge. Enkin (2000) and his colleagues at the Cochrane Library have been hard at work for several decades compiling evidence that not only confirms our belief in the inherent wisdom of nature's plan for birth but just as importantly also describes the impact of care practices on the process of labor and birth.

At Present Standard maternity care is intervention intensive (Declercq, Sakala, Corry, & Applebaum, 2006), expects trouble (Strong, 2002), and does not promote, support, or protect physiologic birth (Sakala & Corry, 2008), Standard care in a hospital includes the routine use of intravenous lines, continuous electronic monitoring, epidurals, and

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restrictions eating and drinking and movement (Declercq *et al.*, 2006). Women give birth on their back & direct pushing is the norm (Declercq *et al.*, 2006). None of these practices reflects the best available research (Coalition for Improving Maternity Services, 2007; Enkin *et al.*, 2000). These interventions and restrictions make labor and birth more difficult for women by increasing stress, disrupting the hormonal orchestration of labor, and interfering with the natural, physiologic process of labor and birth.

EVIDENCE-BASED PRACTICE MAKE BIRTH HEALTHIER AND SAFER FOR MOTHERS AND BABIES

The World Health Organization identifies four care practice that promote, support, and protect normal birth (Chalmers & Porter, 2001). Lamaze International identifies two additional practices. Together, these six practices are supported by research, including systematic reviews from The Cochrane Library and the Coalition for Improving Maternity Services (2007). Romano and Lothian (2008) provide a detailed overview of the research that supports these six care practices

i) Healthy Birth Practice #1: Let Labor Begin on Its Own (Amis:2009)

In most cases, the best way to insure that the baby is ready to be born and the mother's body is ready to birth her baby is to let begin on its own. In the last weeks of pregnancy, the baby moves down into the pelvis, the cervix softens, and the uterine muscle becomes more receptive to oxytocin. Elective labor induction not only increase the use of analgesia but also the incidence of nonreassuring fetal heart rate patterns, shoulder dystocia, instrument delivery, and cesarean surgery (Gore *et al.*, 2007).

ii) Healthy Birth Practice #2: Walk, Move Around, and Change Positions throughout Labor (Shilling, 2009)

Free movement in labor helps women to cope with strong and painful contractions while gently moving the baby into the pelvis and through the birth canal. The pain of contractions can be a guide to the laboring woman as she moves in response to what she feels, trying to find comfort as the contractions

become increasingly strong. A systematic review of the effects of freedom of movement in labor found that policies encouraging nonsupine positioning or movement, or both, in labor may result in shorter labors, increased uterine contractility, greater comfort, and reduced need for pharmacologic pain relief and decreased risk for operative delivery (Simkin & O'Hara, 2002).

iii) Healthy Birth Practice #3: Bring a Loved One, Friend, or Doula for Continuous Support (Green & Hotelling, 2009)

In labor, women feel better when cared for and encouraged by people they know and trust. For most women, they may be husband, family, close friends or Doula support the laboring woman in simple but important ways maintaining her privacy, helping her get comfortable, creating a cocoon that helps her feel safe and protected. This is especially important in the unfamiliar and often overwhelming hospital environment. Continuous labor support are thought to be derived from a reduction in maternal anxiety and decrease in stress hormones. Increased catecholamines in labor may result in vasoconstriction and a reduction in uterine blood flow (Coad & Dunstall, 2001).

iv) Healthy Birth Practice #4: Avoid Interventions That Are Not Medically Necessary (Lothian, 2009)

Using intravenous lines and electronic fetal monitoring restrict women's ability to walk, change positions, and find comfort as the contractions become increasingly painful. If women are able to eat and drink in labor, there is no need for intravenous lines. No research suggests that labor birth are safer if food and fluids are restricted and intravenous lines are in place. In fact, increasing evidence indicates that the routine use of intravenous lines may contribute to fluid overload in labor (Goer *et al.*, 2007). The routine use of continuous electronic fetal monitoring compared with intermittent auscultation increases the likelihood of instrument vaginal delivery and cesarean surgery but does not reduce the incidence of cerebral palsy, stillbirth, low Apgar scores, newborn death rates, or admission to the neonatal intensive care unit.

v) Healthy Birth Practice #5: Avoid Giving Birth on the Back, and Follow the Body's Urges to Push (DiFranco, Romano, & Keen, 2009)

Upright positions - including squatting, sitting, or lying on the side - make it easier for the baby to descend and move through the birth canal. Changing positions helps wiggle the baby through the pelvis by enlarging pelvic diameters. It is also more comfortable to give birth in positions other than on the back. The use of upright or side lying positions during second stage labor is associated with a shorter duration of second stage fewer forceps or vacuum births fewer forceps or fewer episiotomies, fewer abnormal fetal heart rate patterns, and less chance of having severe pain during pushing (Gupta, Hofmeyr, & Smyth, 2004).

vi) Healthy Birth Practice #6: Keep Mother and Baby Together - It's Best for Mother, Baby and Breastfeeding (Crenshaw, 2009)

Physiologically, mothers and babies are meant to be together. Mothers are less likely to hemorrhage and are more satisfied. Babies stay warmer, their heart rates are more stable, respiration are more regular less likely to become hypoglycemic or have breastfeeding difficulties (Moore *et al.*, 2007). The benefits are so clear that it is considered a harmful practice to separate mothers and babies unless there is serious medical indication (Enkin *et al.*, 2000).

In Conclusion Child birth education right from the beginning of pregnancy can help women to choose health care providers and places of birth that ensure evidence based maternity care in order to have a safe and health natural birth. Creating labour and birth environment's that protect, promote and support normal vaginal birth will require dramatic change in the hospital delivery system.

Bangladesh has a fairly extensive network of providing maternal and child health services from grassroots to higher levels. So it is time demanded issue to follow evidence based maternity care practice for promoting vaginal delivery.

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