Getting maternity care right for mothers and babies is vital for all countries. It is important to reduce avoidable deaths and ill health. However, it is also crucial that interventions designed to reduce risk for the few mothers and babies who develop complications are not used for those who are healthy. There has not been much research on what makes childbirth go well (as opposed to what makes it go wrong).

Thus, the BIRTH COST Action (2014-2018) brought together maternity staff and researchers, scientists, artists, activists, political stakeholders and service users from over 30 countries in Europe and beyond, with the intention of trying to understand the range and limits of normal childbirth physiology in different populations, individuals and contexts. It included five key areas: biomedicine; biomechanics; socio-cultural perspectives; organisational perspectives; and neuro-psycho-social perspectives.

In September 2018, the conference 'From birth to health – towards sustainable childbirth' was held in Lisbon to showcase the work of the Action, calling for the presentation of international research in these five areas. The following abstracts were selected as the best work presented at the conference. The work of the Action is now being taken forward though the International Birth Research and Action Association (IBRAA).

FROM BIRTH TO HEALTH

TOWARDS SUSTAINABLE CHILDBIRTH
COST ACTION BIRTH INTERNATIONAL CONFERENCE
LISBON, 17-18 SEPTEMBER 2018

> AUTHOR

Mário JDS Santos
(on behalf of Sarah Church, Soo Downe, Ramón Escuriet and the Conference organising committee)
Chair of the conference organising committee, and Research Assistant at the Instituto Universitário de Lisboa, Lisbon

THREE BEST ORAL PRESENTATIONS

FACTORS INFLUENCING DECISION-MAKING FOR CAESAREAN SECTION: AN IRISH PERSPECTIVE

*Sunita Panda, Cecily Begley, Deirdre Daly [authors]

Rationale

There is widespread concern about rising caesarean section (CS) rates, yet many of the contributing factors are poorly understood. This study aimed to understand clinicians' views of factors influencing decision-making for CS.

> *The results of the study could inform changes in practise to improve maternity care services in the Netherlands*

Method

A qualitative design was used to gain in-depth understanding of the factors influencing the decision-making process for CS. Following ethical approval, purposive sampling was used to select clinicians (midwives, n=15; obstetricians, n=20) from three maternity units in the Republic of Ireland. One-to-one audio-recorded interviews were conducted, and data were managed using NVivo© and thematically analysed.

Results/conclusions

Five interrelated themes, each with several subthemes, emerged; 'a fear factor'; 'personal preferences versus a threshold – clinician driven factors'; 'standardised versus individualised care – a system perspective'; 'private versus public – a possible difference in practice'; and 'lack of experience or loss of skills and confidence'. It was clearly evident that clinicians' personal beliefs, fear, practice pattern and individual interpretation are the key factors that influence the decision to perform a CS.

Implications

The findings of this research will be crucial for clinicians to reflect back on their day-to-day practice for modifiable factors that influence their decision-making. Results will also benefit the development of policies and guidelines, and assist in devising future intervention studies to reduce any unnecessary CSs.

KEYWORDS: caesarean section, decision-making, clinicians, midwives, obstetricians, qualitative

MOTHERS' VIEWS ABOUT CARE PROVIDED DURING CHILDBIRTH IN THE NETHERLANDS: THE ASPECTS OF CARE THEY VALUE MOST AND THE SUGGESTIONS FOR IMPROVEMENT

*Maria Villamarin, Rofayda Tagmount [authors]

Rationale

The care that a woman receives during pregnancy and delivery can have a major effect on her life in both the short and long term. Research conducted in the Netherlands in 2008 showed that 16.5 per cent of women had a negative childbirth experience. Ten years later, it is interesting to consider again women's experiences of childbirth in the Netherlands. This study will examine women's experiences, the aspects of care they value most and their suggestions for improvements in maternity care.

Method

The data were collected through the *Babies born better* online survey completed by women who had given birth in the Netherlands between 2009 and 2015. The research method used in this study was a thematic content analysis. SPSS 24.0® software was used for the statistical analysis.

Results/conclusions

The responses were analysed and categorised by themes by Dutch province and place of birth. The results identify which aspects of care women valued most, what was 'best' and which aspects of care they believed needed to be 'changed'. The in-depth analysis was completed by July 2018 and the results were presented at the conference.

Implications

This analysis of women's experience will provide a chance to promote aspects of care women deem to be most positive and address areas of care that are seen as negative. The results of the study could inform changes in practise to improve maternity care services in the Netherlands.

KEYWORDS: childbirth, experiences

MIDWIVES' AND HEALTH VISITORS' PERSPECTIVES AND EXPERIENCES OF BREASTFEEDING SUPPORT FOR OVERWEIGHT AND OBESE WOMEN

*Yan-Shing Chang,, Debra Bick [authors]

Rationale

Breastfeeding is an early intervention, which could reduce maternal postnatal weight retention and protect against future child and adolescent obesity. Evidence from high income countries shows overweight or obese women are less likely to start breastfeeding or more likely to stop early. The overweight and obese women might be a marginalised group who find it difficult to access breastfeeding support. This project aims to explore midwives' and health visitors' experiences and views on how overweight and obese women can be better supported to breastfeed in order to inform an intervention that would increase breastfeeding rates among this group of women.

Method

Semi-structured interviews with ten midwives and five health visitors were conducted from one NHS trust in south London. Data were transcribed, coded and analysed using thematic content analysis.

Results/conclusions

Issues identified included: (1) perceived problems faced by overweight or obese women to breastfeed; (2) difficulties of providing breastfeeding support for women who were overweight or obese; (3) barriers and opportunities for enhancing healthcare professionals' knowledge and skills to support overweight or obese women to breastfeed; and (4) how breastfeeding support services could be improved for obese or overweight women.

Implications

Promoting breastfeeding and reducing obesity are public health priorities. Social, psychological, cultural and organisational factors constituted midwives' and health visitors' perceptions and experiences of barriers and facilitators to support breastfeeding among overweight or obese women. The development of an intervention should address all these factors.

KEYWORDS: obesity, overweight, breastfeeding

Clinicians' personal beliefs, fear, practice pattern and individual interpretation are the key factors that influence the decision to perform a CS

THREE BEST POSTER PRESENTATIONS

THE ROLE OF A SPECIALIST BEREAVEMENT MIDWIFE. PREGNANCY LOSS AND PERINATAL DEATH CLINICAL GUIDELINE

*Maria D. Cerdan, Anna Collado, Zulema Romero, Maria Dolores Carballo, Lidia Martinez, Beatriz Canalis [authors]

Rationale

Stillbirth is recognised as one of the most traumatic experiences for a family. In our hospital, in the last five years, the incidence of stillbirth is 0.6 per cent. Despite its not being a high figure, families need special bereavement care. According to reviewed literature, the care these families received around this time, is extremely important. In Spain there are just a few maternity hospitals with pregnancy loss guidelines for professionals. It has been, so far, a taboo subject, and therefore midwives have not been trained. Since the midwife will often carry out the majority of care of bereaved parents, we observed the need to train midwives and develop a guideline.

KEYWORDS: specialist midwife, bereavement care, stillbirth

Method

Includes three phases:

- Developing a professional guideline with a multidisciplinary team (bereavement midwife, social worker, obstetrician and psychologist) in 2017;
- Bereavement midwife training will involve additional, different training courses with experts in hospitals and in psychological health departments;
- Interviews with families will take place to identify quality of care after follow up.

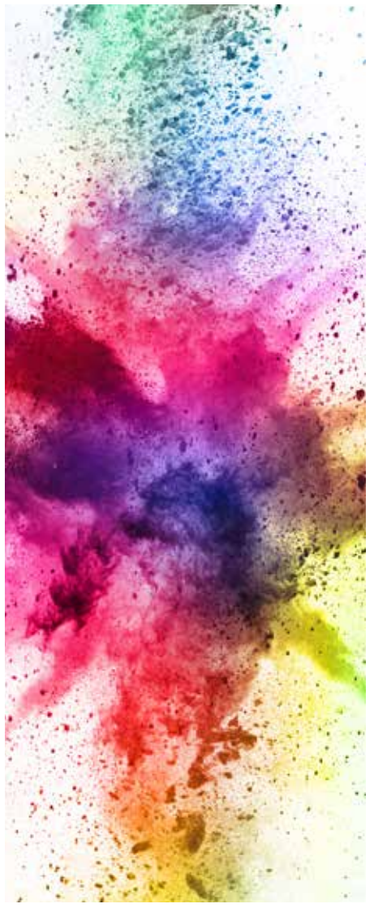
Results/conclusion

The implementation of this programme in our maternity services is having a positive impact for professionals. A prospective study has been designed with the purpose of:

- demonstrating midwives' quality training;
- finding out if the quality of care received by families increases, therefore improving their satisfaction;
- identifying key issues in a guideline, to improve our care.

Implications

Developing midwife bereavement care training is very important to provide excellent care to families. According to our psychology department, specialised care is linked to lower incidence of psychological problems in the short and medium term, and non-pathological duels.



EXPERIENCES OF MIDWIVES PERFORMING ANTENATAL CARDIOTOCOGRAPHY IN A DUTCH PRIMARY-CARE SETTING: A QUALITATIVE STUDY

*Marit Van Der Pijl, Ellen Tiel Groenestege, Corine Verhoeven [authors]

Rationale

In the Netherlands antenatal cardiotocography (CTG) takes place in the hospital under the responsibility of obstetricians. If an antenatal CTG is indicated, a pregnant woman needs to be referred to secondary obstetric-led care. In three Dutch regions, midwives perform antenatal CTGs in a pilot setting. The aim of this study was to evaluate the experiences of midwives performing antenatal CTG in a primary care setting.

Method

In this qualitative study, 17 semi-structured interviews were performed among primary care midwives who perform antenatal CTGs in a pilot setting. The interviews were transcribed, analysed and coded by using the coding process of Grounded Theory.

Results/conclusions

In general, midwives were satisfied with the task-shift, and described benefits for the pregnant women, such as care provision by a familiar midwife and care closer to home. However, midwives experienced an increased workload as the task was added to their usual activities. On top of that, the execution of CTG was often time-consuming due to technical difficulties. Furthermore, a division was found in midwives' beliefs.

Many believed that the task-shift contributed to the physiological process: strengthening of their gate-keeper role, increased confidence of pregnant women and improved midwife-client relationship. In contrast, some midwives believe it contributes to a pathological process: medicalisation and relying too much on technical devices.

Implications

These findings explored experiences of primary care midwives and found an overall positive attitude towards the antenatal CTG in primacy care. However, the division in beliefs regarding the task-shift requires sufficient attention.

KEYWORDS: antenatal cardiotocography, electronic fetal monitoring, midwives

THE EFFECTS OF INDUCTION OF LABOUR PRIOR TO POST-TERM IN LOW-RISK PREGNANCIES: A SYSTEMATIC REVIEW

*Mette Juhl, Eva Rydahl, Lena Eriksen [authors]

Rationale

When a pregnancy is post-term (exceeding 14 days past estimated due date), it has long been obstetric practice to recommend induction of labour. In the context of a general trend towards earlier inductions, we wished to clarify whether this shift in clinical practice implies negative maternal or perinatal consequences. Hence, we examined the effects of routine induction at 41^{+0-6} compared to 42^{+0-6} gestational weeks (GW) in low-risk pregnancies.

Method

We performed a systematic review and used validated tools for study selection and quality/evidence assessment (Joanna Briggs Institute; GRADE). We included two randomised and two quasi-experimental trials, and three cohort studies, and calculated relative risk ratios (RR), mean differences, and 95 per cent confidence intervals (CI), on pooled data, where relevant.

Results/conclusions

Compared to expectant management, we found routine labour induction at 41^{+0-6} to be associated with the following outcomes (RR and [CI] in brackets): caesarean section (overall) (1.11 [1.09-1.14]); caesarean section (failure to progress) (1.43 [1.01-2.01]); chorioamnionitis (1.13 [1.05-1.21]); labour dystocia (1.29 [1.22-1.37]); precipitate labour (2.75 [1.45-5.20]); uterine rupture (1.97 [1.54-2.52]); pH < 7.10 (1.90 [1.48-2.43]); oligohydramnios (0.40 [0.24-0.67]; and meconium-stained amniotic fluid (0.82 [0.75-0.91]). Data did not allow for conclusions on perinatal death.

Implications

Our findings do not support routine labour induction prior to post-term (41^{+0-6}) in low-risk pregnancies, and desirable effects do not appear to outweigh undesirable effects. We recommend an increased awareness of inclusion criteria in systematic reviews when used for guideline development to ensure that the evidence base for clinical guidelines is based on studies that reflect contemporary practice.

KEYWORDS: expectant management, prolonged pregnancy, perinatal mortality

* If you would like to contact any of the corresponding authors of these winning abstracts, please get in touch with us at *The Practising Midwife.*

Central Medical Supplies Launches nëo™ Brain Monitor

Central Medical Supplies Ltd (CMS), a specialist supplier of developmental care products, has launched **n**ëo™, a new solution for neonatal aEEG - cerebral function monitoring. **n**ëo™ is easy to use and simplifies workflow from electrode application through to data export.

CMS is the sole UK distributor for **n**ëo™, which is manufactured by Ant Neuro. Ant Neuro produces a wide range of neuroscience research and neurodiagnostics products. CMS recently launched the new **n**ëo™ system at the REaSoN neonatal conference.

nëo™ has many enhanced features. The actively shielded waveguard EEG caps make it easy to attach the electrodes, saving valuable time and resource. With an 8-channel continuous EEG referential, **n**ëo™ provides diagnostic values to paediatric neurologists with extended coverage and improved seizure detection. **n**ëo™ also provides graphical indicators for Inter-Burst-Interval (IBI). Burst Suppression Ratio (BSR) quantifies burst suppression patterns, to assist healthcare professionals in making informed decisions with regards to interventions. The BSR indicator represents the fraction of time the brain has spent in suppression and is highly predictive of adverse outcomes following hypoxic-ischemic injury.

nëo™ optimally integrates into busy Neonatal Intensive Care Units (NICU) and is optimised for every aspect of care within the NICU. The interface is designed to integrate seamlessly by providing relevant functionality as required. Data is also easily exported into standard EEG formats at any time for advanced analysis.

Tracey Pavier-Grant, Sales Director at Central Medical Supplies, says: "**n**ëo™ is a great addition to our product portfolio and the initial response we received at REaSoN was hugely positive. The gentle cap, without the need for needles, is a massive breakthrough, particularly for neonates. As well as being gentle on the patient, **n**ëo™ is so easy to use and provides many benefits to NICU monitoring and identifying often difficult to diagnose complications, such as non-convulsive seizures."

For more information on the new nëo™ system, contact Tracey Pavier-Grant, Sales Director at Central Medical Supplies, on 01538 392 596 or email tracey@centralmedical.co.uk. Further details are available by visiting the CMS website at www.centralmedical.co.uk