Better Births Initiative

MAKING CHILDBIRTH BETTER

A workbook for labour ward staff

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Effective **C**are **R**esearch **U**nit

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Better Births Initiative

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Introduction

More women give birth in our hospitals and clinics than at home these days. In the hospital setting we use many checks and procedures to manage the labour process. These often include things like taking a woman's blood pressure and checking her pulse and temperature. These are done routinely to ensure the health of mother and enable a safe birth. However, there is evidence that some of the procedures used during labour do not actually offer any benefit to women.

Certain procedures are not always necessary but we continue to use them, despite evidence that they can be uncomfortable, wasteful of resources, and even harmful.

Good care should always be based on practices that have been justified by scientific research. As health professionals we must be aware of the most up to date research and be willing to change our practice accordingly. Ideally, only procedures that are necessary for the birth process and are of benefit to women should be used, and those that are potentially harmful or humiliating for women should be stopped. It is often difficult to begin to change practice, especially with our heavy workloads. In this workbook we identify some useful practices to introduce, and also some unnecessary procedures and look at how we can reduce their use. Reducing the use of some procedures can actually save time and resources in a busy labour ward.

A key part of working in labour ward is continuous improvement of the quality of care provided, and making the experience of labour more comfortable for women. Providing good quality and respectful care will not only enhance the reputation of the service, but it will encourage women to attend in good time. This in turn will contribute to improving overall maternal and perinatal health in the country.

The Better Births Initiative (BBI) is a focused set of standards that aim to improve the quality and humanity of obstetric care. The standards are based on the best available evidence, and can be implemented using existing resources. The following principles form the basis of the BBI:

Humanity	-	women treated with respect
Benefit	-	care based on the best available evidence
Commitment	-	health professionals committed to improving care
Action	-	effective strategies to change current practices

This workshop is for labour ward staff who would like to know more about the Better Births Initiative, and how to take the necessary steps towards better care for women during labour. Childbirth is a very important time for a woman and her family. It is essential that we try and make her experience of labour as comfortable and dignified as possible.

Workshop aims

1. To discuss the benefits and harms of procedures used during labour.
2. To examine research evidence on the benefits and harms of procedures.
3. To discuss ways of changing practice towards 'Better Births'.
4. To provide information on how to implement the four steps to 'Better Births', and set realistic goals for reducing harmful or unnecessary procedures.

Agenda

There are three main sections to the workshop. We aim to complete the workshop in about 2 hours.

We will work through two exercises together, and there will be opportunities for you to contribute to discussions after each one; but comments or questions are welcome at any time during the workshop.

This workbook is for you to keep. Please feel free to write in and to make notes; it is for your reference and it will not be shown to anyone else. The workshop also includes a presentation and video session.

Section 1 - Procedures that are used during labour

Inthefirstsection weconsider the benefits and harmful effects of different procedures that may be usedduringlabour.

Exercise

The questions below ask you about your own experiences and views in relation to childbirthpractice.

- Take up to 10 minutes to read through all the questions andfillinfiveyoufindmost interesting,
- wewilldiscussaselectionofthemtogether.Additionaltopicsarelistedattheendofthe exercise,youmaywishtodiscussthemtoo.
- Pleasefillinorcircleyouranswersbelow,andconsideronlynormalvaginaldeliveries. Theanswersareforyouruseonly.

Mobilityduringlabour

1.Atyourhospital,during labour are women:

- Expected tostay in bed
- Encouraged tomovearoundfreely

2.Whatbenefitsandharmsdoyouthinkareassociatedwithbeingmobileduringlabour? Pleasegiveanexampleofeachinthetablebelow.

BENEFITS	HARMS

3. Could you comment onthefeelingsofsomeone beingrestrictedto bed, either from yourown experience, orfromimaginingyourself in thesituation?

___

___

___

Position during birth

1. In what position domostwomengive birthatyourhospital?

- Supine
- Semi-upright (propped upatleast45degreeswithcushionsorbackrest)
- Lateral(lyingonside)
- Upright (squatting orkneeling)

2. Whatbenefits and harms doyouthink areassociated with allowingwomen to give birth in an upright position?Pleasegive anexample of eachinthetablebelow.

BENEFITS	HARMS

3.If youwereto givebirth,whichposition doyouthinkyouwouldprefer?

___

___

___

Fluids and food during labour

1. During labour, doyou:

- Encourage women todrinkfluidsasandwhentheywant
- Encourage women toeatifhungry
- Restrict women's intake of fluids
- Restrict women's intake of food

2. Whatbenefits and harms doyouthink areassociated with allowingwomen to drink fluids during labour? Pleasegivean exampleofeachinthetablebelow.

BENEFITS	HARMS

3. Could youcommenton the feelingsof someonebeing kept nil per mouthduring labour, either from personal experience, or fromimaginingyourself inthesituation?

Companionship during labour

1. Whenwomen gavebirth athome,whomdid they have with them?

2. In thislabour ward, are womenoftenaccompaniedby:

- Theirpartner
- A relative orfriend
- A communityvolunteerchildbirth companion
- Noneoftheabove

3. Whatbenefits and harms doyouthink areassociated with allowingwomen to have a companion with them during labour? Pleasegive an example of each in the table below.

BENEFITS	HARMS

4. Can you comment from personal experienceonthefeelingofhavingsomeoneto holdandcomfortyouwheninpain?

Artificial rupture of membranes

1. At yourhospital, is amniotomy,or artificial ruptureof membranesusedfor womenin labour?

- Routinely
- Inselectedcases
- Unsure

2. Whatbenefits and harms doyouthink areassociated with artificially rupturing the membranes routinely?
Pleasegive an example of each in thetablebelow.

BENEFITS	HARMS

Suctioning babies at birth

1. At yourhospital, doyou suction:

- All babies routinely
- Only babieswithmeconium
- Unsure

2. Whatbenefits and harms doyouthink areassociated with suctioning all babies?
Pleasegive an example of each in thetablebelow.

BENEFITS	HARMS

Enema

1. Areenemasgiven to womenduringlabouratyourhospital?

- Unsure
- Never
- Mostwomen
- Certainwomen

2. Whatbenefits and harms doyouthink areassociated with giving anenema? Pleasegive an example of each in thetablebelow.

BENEFITS	HARMS

3. If youwere togive birth, would youprefer anenema:

- Routinely
- Notatall
- Onlyifconstipated
- Other

Shaving

1. At yourhospital, arewomen shaved in preparation for childbirth?

- Unsure
- Never
- Mostwomen
- Certainwomen

2. Whatbenefits and harms doyouthink areassociated with shaving? Please givean example of eachinthetablebelow.

BENEFITS	HARMS

3. Could youcommenton the feelings of someone having pubicshavingperformed, either from personal experienceor fromimaginingyourself inthesituation?

Episiotomy

1. Areepisiotomies performedatyourhospital?

- Unsure
- Never
- Routinely
- Certainwomen

2. Whatbenefits and harms doyouthink areassociated with performing episiotomy? Pleasegive an example of each in thetablebelow.

BENEFITS	HARMS

3. Could youcommenton the feelingsof someone having episiotomy, either from personal experienceor fromimaginingyourself having a similar procedure?

Discussionofbenefits,harmsandfeelingsassociatedwiththedifferentprocedures.

Othertopics youmay wishtodiscuss

There may be some procedures, not mentioned in the exercise, that are of particular importance in yoursetting. You couldalsodiscussthese procedures intermsofbenefits andharms

* Separation of mother andbabyafterbirth
* Routine useofintravenous fluids
* Magnesium sulphatefor eclampsia
* Oxytocin during third stageoflabour
* Strategies toreducemotherto child transmissionofHIV

Useful referencesforeachof theseprocedures appearinAppendix1attheendofthe workbook.

THEBESTEVIDENCE

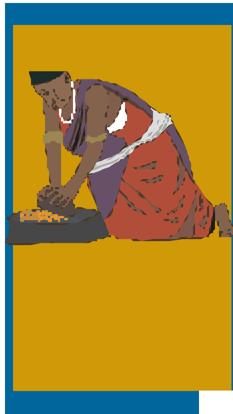
The first discussion allowed us to discuss what happens in our everyday practice in the labour ward, and what benefits and harms may be associated with using particular procedures.Beforemakingadecisiontointervenehowever,itisimportant tosearchfor, and be familiar with, the best available evidence regarding benefits and harms associated. Not everyone hastimetoaccessthisinformation,thefollowingpresentation willsummariserelevantresearchfindings.

While listening to the presentation, please fill in points that you feel are important in Chart1onthenextpage.

- There arecolumnsforyoutofillinthelatestresearchevidence about benefits and harms.
- Havingseentheevidence,do you feel any changes topractice are neededinyour hospital?
- Completethethird column by circling 'yes' or 'no'asappropriate
- Thechartwillbeusedfordiscussion,andisforyoutokeepforyourownreference. Itwillnotbeshowntoanyoneelse.

CHART 1 - The best evidence

Practice	Benefits	Harmful	Change needed
Mobility during labour			Yes No
Different positions during birth			Yes No
Eatingand drinking during labour			Yes No
Companionship during labour			Yes No
Use of enemas			Yes No
Shaving			Yes No
Episiotomy			Yes No
Other practice			Yes No
Other practice			Yes No
Other practice			Yes No



Section 2 - Moving towards 'Better births'

Changingpracticeisnevereasy,butitcanbedone.Thefollowingsectiondealswithways ofbringingaboutchange.

Toprovidegoodquality careandmaketheexperience ofchildbirthmorecomfortable for women we need to ensure that we are guided by the best available research evidence:

- useonlythoseproceduresthatareappropriateandbeneficial
- avoid using procedures that are of no benefit and that may be uncomfortable, humiliatingorharmfultowomen.

Using evidence fromclinicaltrials,research on actual practice, andwomen's views, the Better Births Initiativehas identified changes that can easily be implementedinlabour wardsinlow-incomesettings

The'BetterBirths'standards

This focusedsetof standards aimstoimprovethequalityandhumanityof obstetric care. The standards are based on the best available evidence, and can be implementedusingexistingresources.

Women canhavea'BetterBirth'experience if we:

1. Use procedures that are effective andbeneficial:

- Being mobile during labour
- Companionship during labour
- Magnesium sulphatefor eclampsia
- Oxytocin in thethirdstageof labour
- Effective strategies to reducemother-to-childtransmission of HIV

2.Stopusingproceduresthathavenobenefit:

- Supinepositionforbirth
- Withholdingfluidsandfoodduringbirth
- Shaving

3.Avoidmakinginterventionsroutinewherethereisnoevidenceofbenefit:

- Routineartificialruptureofmembranes
- Routineenemas
- Routineepisiotomy
- Routinesuctioningofneonateswithoutmeconium

4.Identifyotherpriorityareasinyoursettingwherethereisgoodevidence,andtake steps to bring about change. Examples include steroids for preterm delivery, antibioticsforcaesareansection,anduseofthepartogram.

Implementing the 'Better Births' standards in our labour wards

Exercise

Implementing the Better Births standards will require change. Changing practice will involveovercomingbarriers,orobstacles,thatpreventchangefromhappening.Obstacles may include your own attitudes towards change and beliefs about good practice. The organisation of careandthelabourwardenvironmentmayalsobebarriersto change. Therewillbeopportunities,orsituationsthatwillencouragechangetohappentoo.These mayincludeupdatingorrevisingprotocols,Commitmentfromstaff,motivationforchange, andcommunicationbetweenallstaff.

- Doyou thinkitispossibletopromoteany (or all)oftheBetterBirthsstandardsinyour labourward?

- Take five minutes to complete chart 2, then we will discuss together obstacles and opportunitiesforchange.

- Decidewhichstandardscouldbepromotedinyourlabourward(columnone),andfillin thepotentialobstaclesandopportunitiesforchange.Anexampleisprovidedfortheuse ofuprightpositionsforbirth.

- Whendecidingwhichstandardscouldbepromotedinyoursetting,youcouldreferback tochart1,whereyouidentifiedchangesneeded.

VideoPresentation: ChildbirthCompanions: Every Woman'sChoice

CHART 2 - Obstacles and opportunities for change

Changesneeded	Obstacles tochange	Opportunities forchange
Example: uprightpositionsforbirth	• Staff resistanttochange • nottrainedtoconduct Uprightdelivery	• Communicatewithcolleagues • Tryuprightpostureonbed for pushing,liedownwhen head"crowns".

Section 3 - Monitoring practice on the labour ward

The Better Births Initiative is helping labour ward staff to implement evidence-based standards, and make childbirth care more acceptable to women and time and cost efficient. It is difficult to change practice, but it is important to try.

One way that you and your colleagues can introduce change is by using self-audit and feedback. This process can help you examine your current practice for childbirth care. It enables you to conduct a rapid review of the procedures used during labour and delivery, and determine how your practice compares to the ' Better Births standards' (page 14)

To do this, you can use a checklist to record the use of a procedure such as episiotomy for 25 consecutive births. You could display the number of births without episiotomy on a chart and repeat this process regularly, say every 3 months. The results will show you if your practice needs to be changed - for instance if most of the 25 women were given episiotomies, you need to begin to reduce this. After charting the use of episiotomy over several months, you will be able to monitor the progress you have made in reducing the use of episiotomies.

To help in this process, we have designed a checklist and wall charts on which to display the results (see tear out checklist on page 17).

The appraisal is not meant to judge individual performance, therefore staff should be honest when completing the appraisal checklist. Self-appraisal is not self criticism. It is a positive action. Based on the findings of the appraisal, specific action can be taken by staff to promote effective procedures, stop procedures with no evidence of benefit, and avoid using other procedures routinely when they are not always needed.

Displaying the wall charts where all staff can see them will help to motivate you to change.

How do we establish a establish a self-audit mechanism in our labour ward?

1. Make a decision to promote the 'Better Births standards' in your labour ward.

2. Arrange a meeting, or several if you have many staff, to discuss the Better Births Initiative with all the staff. You could use extra workbooks and the presentation and or video, to run your own workshop or discussions.

3. Confirm your commitment to the Better Births Initiative (BBI) by displaying posters, which illustrate the Better births standards, in and around your labour ward.

4. Choose a time to conduct your audit of practice. Elect a team (two or three enthusiastic staff members) who will be responsible for overseeing the recording and charting the use of procedures.

5. Choosewhich practicesyouwishtofocusoninyourhospital.Thiscouldincludeany of the following:

   The number of women who gavebirth:
   - beingmobileduringlabour
   - in a position other thansupine forbirth
   - with adequate foodanddrink
   - with a companionpresent
   - without unnecessarysuctioning
   - without receiving an enema
   - without pubic shaving
   - without having an episiotomy

   Additionallyyoumay wanttomonitortheuse of intravenousfluids,magnesium sulphate for eclampsia, oxytocinduringthirdstage of labour,strategiestoreduce mothertochildtransmission of HIV, oruseofthe partogram. Justadaptthewall charts to suityour priorities.

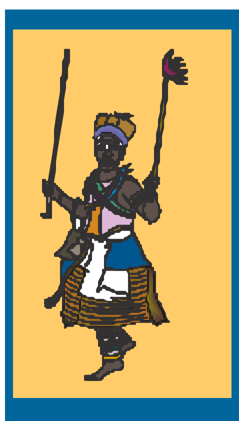
6. Use one wallchartperprocedure,andfillin theblankspaceonthechartwiththe procedureyouwanttofocuson(outcomechosenbox).Pinuptheselfappraisalwall charts in a central place, where all staff willseethem.These willbe usedtodisplay the useofeachprocedureandmonitorprogress.

7. Attach thechecklist tothedeliveryregister.For25 consecutivebirths,record the use ofsay,episiotomy, atthetimethatthematernityregisteriscompleted. Forsimplicity, do notinclude Caesareanbirths intheself-audit.

8. After all25 entriesarecompleted,theappointed team cantransfer the results on to the wall charts. Fill inthedateof theauditonthechart.Asyourepeattheaudit once a monthor 3-monthly,thewallchartswillbecomea permanentfeature of the labour ward.

9. Introduceantenatal care staff to the 'Better Births Initiative'. Ask them to display the Better Births'posters in the antenatal clinic.

10. If thereisahighturnoverofstaffinyourlabourward,makesurethatyoufind time tointroduce newstaffmemberstotheBetterBirthsInitiativeandtheself-audit.



Conclusion

Wehopethatthisworkshopandworkbookwillbeofhelptoeachofyou.Weunderstand thatimplementingthe'BetterBirths' standardsandchangingthewayyoupracticewillnot happenquickly.

MovingtowardsBetterBirthswilltakealotof time,andwilldependonyourenergyand commitment.However,onceyouhaveaself-auditmechanismestablished,itwillhelpyou to monitor your progress towards a more evidence-based, humane, and time and cost efficientservice.

Ifyouimprovethequalityofcareyouprovide,thenthereputationofyourmaternityunit willbeenhancedandwomenwillbeencouragedtoattend.Themore womenappreciate thecaretheyreceive,themoresatisfactionyouwillgetfromyourwork.

Thewayforward

Discussandwritedownspecificactionsyouwilltake,theindividualsresponsible,andthe timelimits.e.g.meetwithhospitaladministrators;within2weeks.

Remember:

- Alwaysconsider the potential benefits andharmsof the procedures you use and promote the ‘Better Birthsstandards’ among your labour ward colleagues.
- It is important to involve women in your decisions and to explain to themwhatyouaredoing.

Additional materials to help you remember the discussions we have had today:

1. A desktop referencebookletforyoutokeep.Youcanrefertothis any time to help yourememberthebenefits of procedures to use.

2. Better Births Initiative poster. If youdecide to promote the ' Better Births standards', you candisplay the posters inthelabourward and antenatal clinic, sothatallstaff and women canreadthem.

3. Self-Audit wallcharts.One canbeputupinthelabourwardforeach procedureyouchoose tomonitor

Appendix 1

Thebestavailableevidencefor procedures used during labour

Theevidenceofbenefitorharmforproceduresdiscussedinthisworkbookcomesfromthe findings of health care research conducted all over the world. An international organisation-theCochraneCollaboration-summarises theavailableresearchevidence in'systematicreviews';theseestablishwhattreatmentsandproceduresareofbenefitto women, what procedures are harmful, and what is unclear. Below you can find useful referencesfortheproceduresmentionedintheworkbook.Copiesofthesepaperscanbe obtained from the workshop facilitator. These are published in the Cochrane library. ManyrelevantreviewsarealsopublishedintheWHOReproductiveHealthLibrary (SecP)

Mobilityduringlabour

1. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: apractical guide.Geneva: WorldHealthOrganization.
2. WorldHealth Organization. TheWHOReproductive Health Library, issue 4,2001. WHO/RHR/HRP/RHL/3/00.Oxford:Update Software.

Position during birth

1. Gupta JK, NikodemVC.Woman'spositionduringsecondstageof labour (Cochrane Review). In: TheCochraneLibrary,Issue2,2001.Oxford:UpdateSoftware.
2. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide. Geneva:World HealthOrganization.
3. WorldHealth Organization. TheWHOReproductive Health Library, issue 4, 2001. WHO/RHR/HRP/RHL/3/00.Oxford:Update Software.

Fluids and fooddduring labour

1. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide. Geneva: World Health Organization.
2. MckayS,MahanC.Modifying thestomach contentsof labouring women: why, how, withwhatsuccess,and atwhatrisks? How canaspirationof vomitus inobstetrics be prevented?Birth1988;15(4):213-221.

Companionshipduring labour

1. HodnettED.Caregiver supportfor women during childbirth(CochraneReview). In: TheCochraneLibrary,Issue2,2001.Oxford:Update Software.
2. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide.Geneva:WorldHealthOrganization.
3. Hofmeyr GJ, NikodemVC,WolmanWL,ChalmersBE,KramerT.Companionship to modifytheclinicalbirthenvironment:effects onprogress andperceptions of labour, and breastfeeding. Br J Obstetrics and Gynaecology1991;98:756-764.
4. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHR/HRP/RHU3/00. Oxford: UpdateSoftware.

Magnesiumsulphate foreclampsia

1. Duley L, Henderson-Smart D.Magnesiumsulphateversus diazepam for eclampsia (Cochrane Review). In: TheCochraneLibrary,Issue2,2001.Oxford: UpdateSoftware.
2. Duley L, GulmezogluAM. Magnesium sulphateversuslyticcocktailfor eclampsia (CochraneReview). In: The Cochrane Library, Issue 2, 2001. Oxford: UpdateSoftware.
3. Duley L, Henderson-Smart D.Magnesiumsulphateversus phenytoin for eclampsia (Cochrane Review). In: TheCochraneLibrary,Issue2,2001.Oxford: UpdateSoftware.
5. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHR/HRP/RHL/3/00.Oxford:Update Software.

Oxytocin in the third stageoflabour
1. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHR/HRP/RHL/3/00. Oxford: UpdateSoftware.

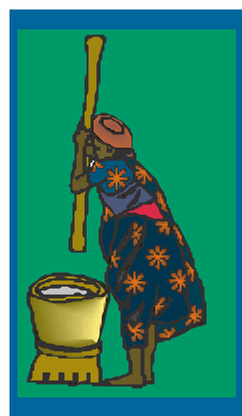
Strategies to reducemothertochildtransmissionofHIV
1. Brocktehurst P. Interventions aimedatdecreasingthe riskofmother-to-child transmission of HIVinfection (Cochrane Review), in: TheCochraneLibrary,Issue2, 2001. Oxford: UpdateSoftware.
2. DabisF, Msellati P, Newell ML, HalseyN,VandePerreP,PeckhamCetal. Methodologyof interventiontrialstoreduce mother-to-child transmissionofHIVwith special referencetodeveloping countries. AIDS1995;9SuppiA:S67-S74.
3. Dunn D,NewellM-L,AdesA,PeckhamC.Riskof human immunodeficiency virus type 1 transmission through breast-feeding. Lancet 1992;240:585-8.
4. Landesman SH, Kal'ish LA, Burns DN, M'mkoffH, Fox HE, Zorilla C etal.Obstetrical factors andthetransmissionof human immunodeficiency virus type 1 frommother tochild.NEngiJMed1996;334:ie17-23.
5. Semba RD, Miotti PG, Chiphangwi JD, SaahAJ,CannerJK,DallabettaGAetal. Maternal vitamin A deficiency andmother-to-childtransmissionofHIV-1. Lancet 1994;343:1593-7.
6. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHRMRP/RHL/3/00.Oxford: Update Software.

Artificial rupture of membranes
1. Fraser WD, Turcot L, Krauss I, Brisson-Carrol G. Amniotomy forshortening spontaneous labour(Cochrane Review). In: TheCochraneLibrary,Issue2,2001. Oxford: Update Software.

Enemasduringlabour
1. Cuervo LG, Rodriguez MN, Delgado MB. Enemas during labor (Cochrane Review). In: TheCochraneLibrary,Issue2,2001.Oxford:Update Software.
2. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide. Geneva: World HealthOrganization.
3. WorldHealth Organization. TheWHOReproductive Health Library, issue 4, 2001. WHO/RHR/HRP/RHL/3/00. Oxford: UpdateSoftware.

Shavingfordelivery
1. Basevi V,Lavender T. Routineperineal shaving onadmissioninlabour(Cochrane Review). In: TheCochrane Library,Issue2,2001.Oxford:UpdateSoftware.
2. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide. Geneva: WorldHealth Organization.
3. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHR/HRP/RHL/3/00. Oxford: UpdateSoftware.

Episiotomyfordelivery
1. Carroli G, Belizan J. Episiotomy for vaginalbirth(CochraneReview). In: The CochraneLibrary, Issue 2, 2001. Oxford: Update Software.
2. Departmentof ReproductiveHealth and Research, WHO (1999). CareinNormal Birth: a practical guide.Geneva: WorldHealthOrganization.
3. WorldHealth Organization. TheWHOReproductive Health Library, Issue 4, 2001. WHO/RHR/HRP/RHL/3/00. Oxford: UpdateSoftware.



Appendix 2

For further information:

1. Better BirthsInitiativewebsite:
   Http://www.liv.ac.uk/lstm/bbimainpage.htm.

2. Cochrane Collaborationwebsites:
   Http://www.update-software.com
   Http://www.cochrane.org/cochrane/ccweb.htm

3. WorldHealth Organization, ReproductiveHealth Library
   Forfreesubscriptioncontact: TechnicalEditor
   HRP
   World Health Organization
   1211Geneva27
   Switzerland
   Fax: +41227914171
   Email: RHL@who.ch

4. Tosearchforpapersandnewevidence,try:
   Http://www.biomedcentral.com/
   Http://www.bmj.com
   Http://www.ncbi.nlm.nih.gov/entrez/querv.fcgi/

Appendix 1
Better Births Initiative - self audit checklist

Checklisttorecorduseofproceduresduringchildbirth.
Use this form to record the use of procedures, for 25 consecutive births, at the time that the maternity register is completed. For simplicity, do not include caesarean births in the self-appraisal.Staffmembersshouldfillinthischartimmediatelyafterdeliveryofthebaby.Once25 entries are complete,thetotalsfromthenon-shaded columnsshould betransferred to the wall charts.

You canphotocopythischecklisttouse onaregularbasis(say onceevery 1-3months)

Number	Date	Birth register number	Free fluids by mouth		Companion present during labour		Episiotomy		Enema		Suspine position for delivery		Suction of baby (with no meconium)		Other Procedure	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1																
2																
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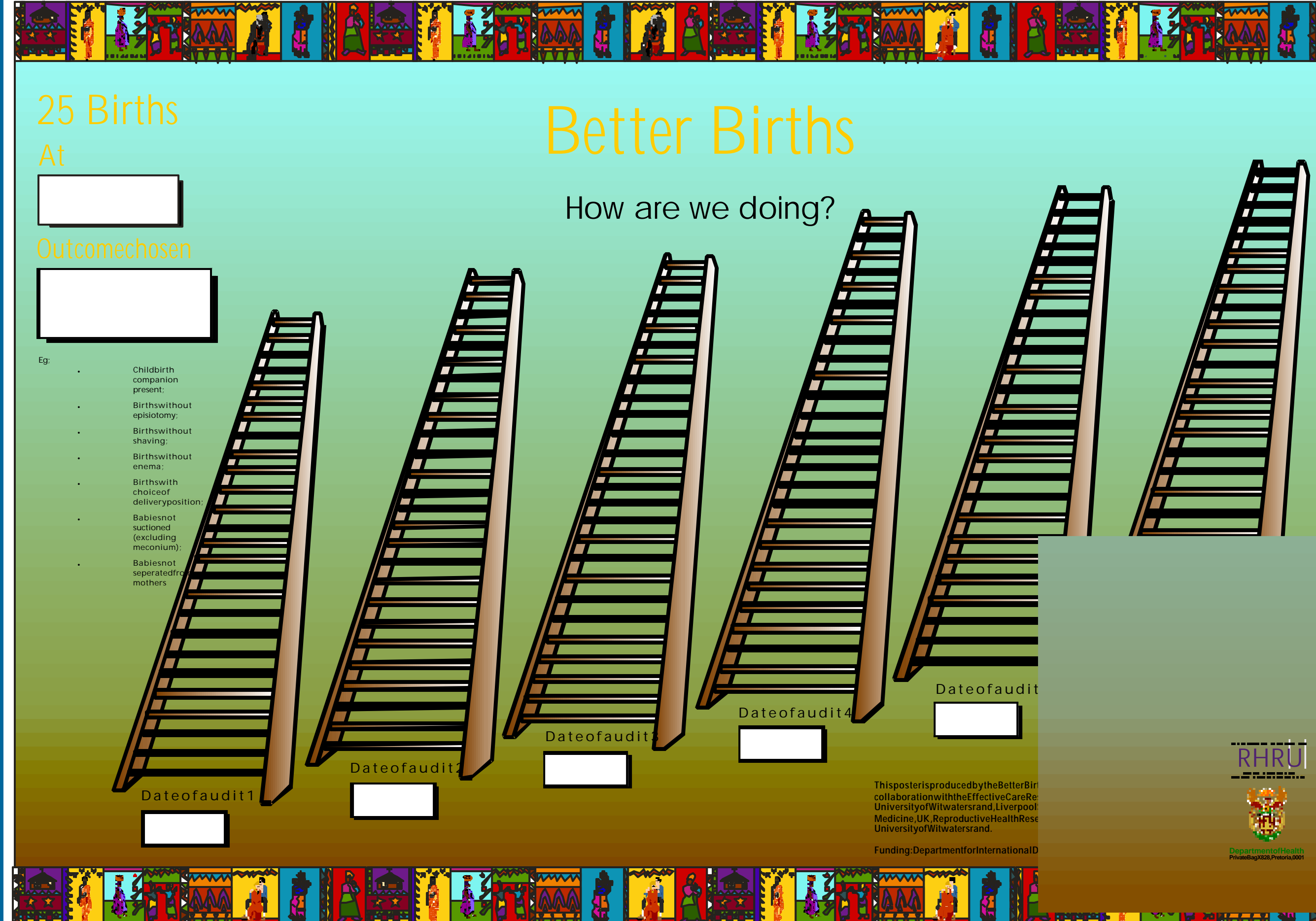
Here at
OUR GOAL IS BETTER BIRTHS
Based on the best evidence:
We encourage
Childbirth companions
Drinking fluids during labour
Being mobile during labour
More upright positions for birth
Keeping mothers and babies together
We discourage uncomfortable procedures
Shaving
Enemas
Episiotomy
RHRU
BETTER BIRTHS INITIATIVE
DepartmentofHealth


25 Births
At
Outcomechosen
Better Births
How are we doing?
Eg:
Childbirth companion present:
Birthswithout episiotomy:
Birthswithout shaving:
Birthswithout enema:
Birthswith choiceof deliveryposition:
Babiesnot suctioned (excluding meconium):
Dateofaudit1
Dateofaudit4
RHRU