

Technology-Intensive Childbirth is the Norm for Great Majority of Primarily Healthy Women

Survey of Women's Childbearing Experiences Shows that U.S. Maternity Care System Often Fails to Provide the Care that Mothers Want and that is in the Best Interest of Mothers and their Babies

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Although a great majority of pregnant women in the U.S. are healthy and have good reason to anticipate uncomplicated childbirth, a new survey conducted by Harris Interactive shows that technology-intensive childbirth care is the norm. The survey was conducted for Childbirth Connection, in partnership with Lamaze International. It is based on online interviews with a nationwide sample of 1,573 women who gave birth in 2005 and was conducted in January and February 2006. It found that most mothers experienced numerous labor and birth interventions with various degrees of risks that may be of benefit for mothers with specific conditions, but are inappropriate as routine measures. Many mothers experienced the following interventions: electronic fetal monitoring (94%), intravenous drip (83%), epidural or spinal analgesia (76%), one or more vaginal exams (75%), urinary catheter (56%), membranes broken after labor began (47%), and synthetic oxytocin (Pitocin) to speed up labor (47%).

Four out of 10 mothers (41%) reported that their caregivers tried to induce their labor. When asked if the induction caused labor to begin, more than four out of five of those women (84%) indicated that it did, resulting in an overall provider induction rate of 34 percent. Among all survey mothers whose providers tried to start their labors, 79 percent cited one or more medical reasons for being induced, while 35 percent cited one or more non-medical reasons. Overall, 11 percent of mothers reported experiencing pressure from a health professional to have labor induction; however, among mothers who had an induction, 17 percent cited pressure compared to seven percent who did not have an induction.

This research provides health professionals, payors, policymakers, hospitals and women and families with an unprecedented look at experiences of childbearing women and their infants. It also provides opportunities for all of these groups to compare their actual experiences to their preferred experiences, to care to which they are legally entitled, to care supported by best evidence, and to optimal outcomes.

“The data show many mothers and babies experienced inappropriate care that does not reflect the best evidence, as well as other undesirable circumstances and adverse outcomes. This sounds alarm bells,” said Maureen Corry, executive director of Childbirth Connection. “Few healthy, low-risk mothers require technology-intensive care when given good support for physiologic labor. Yet, the survey shows that the typical childbirth experience has been transformed into a morass of wires, tubes, machines and medications that leave healthy women immobilized, vulnerable to high levels of surgery and burdened with physical and emotional health concerns while caring for their newborns.”

Survey Reveals Gaps Between Actual and More Optimal Experiences and Outcomes

The survey identified many gaps between their experiences, their desires and best medical practice. For example:

- Within this largely healthy population, four labors in 10 were started artificially and one mother in three had a cesarean.
- A great majority (85%) felt that a woman who wants a VBAC (vaginal birth after cesarean) should be able to make that decision, but most women who were interested in a VBAC were denied this option by their caregiver (45%) or hospital (23%).
- Virtually all of the mothers asked felt that they should be informed about all (79%-81%) or most (17%-19%) of the complications related to labor induction and cesarean before deciding to have these interventions, yet the majority of mothers were poorly informed about several complications of labor induction and cesarean section and most had incorrect knowledge or were not sure.
- Among the vaginal birth mothers that experienced episiotomies (25%), only 18 percent stated that they had been given a choice about it.

TABLE 1

	%
Most recent birth¹	
Vaginally	68
By cesarean	32
Not sure	-
Decline to answer	-
Most recent vaginal birth²	
Vaginal birth with no vacuum extraction and no forceps	88
Vaginal birth with vacuum extraction	6
Vaginal birth with forceps	3
Not sure	2
Declined to answer	1
Reason did not have a VBAC³	
A medical reason for this cesarean not related to my prior cesarean	13
My caregiver was unwilling to do a VBAC	45
My hospital was unwilling to allow a VBAC	23
Some other reason	39
Not sure	3
Right to choose VBAC⁴	
Agree Strongly	56
Agree Somewhat	29
Neither agree nor disagree	10
Disagree Somewhat	4
Disagree Strongly	1

1 Base: All respondents – “The most recent time you gave birth, was your baby born...?”

2 Base: Most recent birth vaginal – “Was it a...?”

3 Base: Did Not Have VBAC option – “What was the reason that you didn’t have the option of a vaginal birth after cesarean (VBAC)?”

4 Base: All Web respondents – “If a woman who had a previous cesarean wants to have a vaginal birth, she should have the opportunity to do so.”

TABLE 2

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Not Sure
	%	%	%	%	%
Concerning Cesarean Birth¹					
Prevents problems with incontinence (leaking urine) later in life.	7	21	15	13	45
Increases the chance that a woman will have a blood transfusion or emergency hysterectomy.	8	18	17	16	42
Increases the chance of serious problems with the placenta in any future pregnancies.	5	19	17	14	46
Lowers the chance that a baby will have breathing problems at the time of birth.	4	18	19	16	43
Concerning Medical Induction²					
If a baby appears to be large at the end of pregnancy, it makes sense to induce labor.	22	35	18	9	16
Drugs used to induce labor increase the chance of the baby's distress.	11	35	21	6	28
About one induction in four fails to bring on labor.	10	28	9	2	51
Labor induction lowers the chance that a woman will give birth by cesarean.	5	16	27	17	34

1 Base: All Respondents (Web Only, half of sample) – “How much do you agree or disagree with each of the following statements concerning cesarean birth?”

2 Base: All Respondents (Web Only, half of sample) – “How much do you agree or disagree with each of the following statements concerning medical induction of labor, that is, using drugs or other methods to try to cause labor to begin?”

TABLE 3

	%
Artificially induced labor¹	
Yes	41
No	58
Not sure	-
Decline to answer	-
Importance to learn about side effects²	
It is necessary to know every complications	79
It is necessary to know most complications	19
It is necessary to know some of the complications	2
It is not necessary to know any complications	1
Not sure	*
Declined to answer	1
Procedures done during labor and birth (Vaginally)³	
Give you an episiotomy (cut to enlarge opening of vagina just before birth)	25
Given a choice about the episiotomy (Vaginally)⁴	
Yes	18
No	73
Not sure	9
Decline to answer	-

1 Base: All respondents – “Did your maternity care provider try to induce your labor? That is, did your provider try to cause your labor to begin by the use of drugs or some other technique?”

2 Base: All Qualified Respondents (1/3 of Sample) – “Quite a few women experience labor induction while giving birth. Before consenting to labor induction, how important is it to learn about possible side effects of labor induction?”

3 Base: All respondents – “During your labor and birth, did someone...?”

4 Base: Had An Episiotomy – “Did you have a choice about whether you had an episiotomy?”

Pressure to Accept Interventions

Eleven percent of all survey mothers reported experiencing pressure from a health professional to have labor induction. Those who had an induction were more than twice as likely to have experienced such pressure than those who did not.

TABLE 4

“Did you feel pressure from any health professional to have an induction?”

Base: All mothers

	All mothers	Induction	No Induction
	%	%	%
Yes	11	18	7
No	89	82	93
Not sure	-	-	-
Decline to answer	-	-	-

“-” indicates no response

Safe and Effective Care Practices Were Under Used

In addition to the apparent overuse of interventions, the survey showed a striking under use of several care practices known to be safe and effective, and especially appropriate for healthy, low-risk women. Only a small proportion of women experienced these beneficial practices, including use of highly rated drug-free methods of pain relief (e.g., immersion in a tub, shower, use of large “birth ball”), monitoring the baby with handheld devices instead of electronic fetal monitoring, drinking fluids or eating during labor, moving about during labor, giving birth in non-supine positions, and pushing guided only by their own reflexes rather than caregiver-directed pushing.

“These findings are of particular concern,” notes Judith Lothian of Lamaze International. “The care practices that promote, protect and support normal birth appear to be unavailable to the vast majority of childbearing women in the United States.”

TABLE 5

“Which of the following “drug-free” methods were used during labor to make you more comfortable and relieve your pain?”

Base: Experienced labor

	%
Breathing techniques	49
Position changes and/or movement to relieve discomfort	42
Mental strategies (such as relaxation, visualization or hypnosis)	25
Hands-on techniques (such as massage, stroking, or acupressure)	20
Use of large “birth balls” for support	7
Application of hot or cold objects to my body	6
Immersion in a tub or a pool	6
Shower	4
Changes to environment (such as music or aromatherapy - pleasing smells)	4
Some other method	2
None	31

Cesarean Section: Making the Decision and the Implications

Despite considerable media attention to the concept of “maternal request cesarean,” our survey of mothers found that the phenomenon barely existed in 2005. Less than one-half of one percent (1 woman out of 252) of mothers in the survey who had a first-time cesarean reported that they had requested it themselves. Another contention – that vaginal birth is a threat to a mother’s pelvic floor – also had not been embraced by the mothers in the survey, with far less than one percent of mothers who had either a first or repeat cesarean citing this as the reason for their cesarean.

Study director Eugene Declercq, PhD, of the Boston University School of Public Health, explained, “The survey found scant evidence of maternal request cesareans. Rather, mothers indicated that the primary decision-maker concerning their cesarean was their care provider, either during or before labor. In contrast to an image of doctors pressured by mothers to perform a cesarean, one-fourth (25%) of

those mothers who had a cesarean indicated that they felt pressure from a health professional to receive their cesarean. This hardly supports the theory that the rapidly rising cesarean rate is based on maternal request. Research is needed for complex interplay between mothers and their doctors regarding cesarean decision-making to better understand why the U.S. cesarean rate has risen 41 percent in the past decade.”

TABLE 6

“Did you feel pressure from any health professional to have a cesarean?”

Base: All respondents who had a cesarean

	%
Yes	25
No	75
Not sure	-
Decline to answer	-

“-” indicates no response

Pain and Its Impact on Postpartum Health

Mothers with cesareans described how abdominal surgery had a big impact on their postpartum health. More than three-quarters (79%) reported pain at the site of the incision in the two months after birth, with 33 percent citing it as a major problem, and 18 percent of those with a cesarean had ongoing pain at the site of the cesarean scar at least six months after giving birth.

Mothers with a cesarean were also twice as likely to report that postpartum pain interfered with their daily life as did mothers with vaginal deliveries, with 22 percent describing that pain interfered “quite a bit” or “extremely” with routine activities compared to 10 percent of mothers with a vaginal birth.

TABLE 7

“In the first two months after birth, how much did pain interfere with your routine activities?”

Base: All respondents

	Vaginal	VBAC	Primary Cesarean	Repeat Cesarean
	%	%	%	%
Extremely	2	10	7	5
Quite a bit	8	2	21	11
Moderately	18	4	20	24
A little bit	38	47	38	34
Not at all	34	37	15	26

Missed Opportunities

Given the increased recognition of the importance of the period before and between pregnancies, and the conditions under which women enter pregnancy, the data shows that there are deficiencies in care that could potentially lead to less optimal outcomes for mothers and babies.

Alarming, about half of the mothers surveyed had a body mass index considered to be “overweight” (25%) or “obese” (24%) and most did not visit a healthcare provider to plan for a healthy pregnancy.

Less than half (47%) of mothers reported being asked during pregnancy about feelings of depression and only one-third (35%) were asked about physical or verbal abuse. However, more than three-quarters of providers (76%) did discuss signs of premature labor with the women and they reported being confident in their ability to recognize them.

Despite the importance of early contact for attachment and breastfeeding, most babies were not in their mothers’ arms during the first hour after birth, with a troubling proportion with staff for routine, non-urgent care (39%). Although 61 percent of the mothers wanted to breastfeed exclusively as they neared the end of their pregnancy, just 51 percent of all mothers were doing so one week after birth, a troubling missed opportunity.

On the positive side, most mothers learned of their pregnancies in the early weeks of their pregnancy, started prenatal care well within the first trimester and saw the same provider throughout the pregnancy. Nearly all mothers (96%) reported having received supportive care (comfort, emotional support, information) while in labor from at least one person, most often husbands/partners or the nursing staff.

Mothers and Work

Listening to Mothers II also explored mothers’ experiences with work and child-birth and found mothers under considerable stress to balance work and family obligations. More than half the mothers (58%) reported working during pregnancy, working on average until 10 days before the due date. Only half the mothers who were working full-time received paid maternity leave. Most mothers (57%) who worked during pregnancy returned to work by 12 weeks after the birth of their baby. Less than half the mothers (46%) indicated they were able to stay at home as long as they liked.

TABLE 8

	%
Employment at time of pregnancy¹	
Employed (Net)	57
Yes - part time for someone else (on average, less than 30 hours a week)	14
Yes - self-employed part time	3
Yes - full time for someone else (on average, 30 or more hours a week)	39
Yes - self-employed full time	1
Not employed	41
Average days worked up to due date²	10
Employer offered Maternity Leave (Working Full time)³	
Yes	50
No	50
Average weeks home before returning to work⁴	12
Stayed home as long as you liked⁵	
Yes	46
No	52
Not sure	2
Decline to answer	-

1 Base: All respondents – “Were you employed when you were pregnant?”

2 Base: Employed Before Giving Birth – “How many weeks prior to your due date did you stop working?”

3 Base: Employed By Someone Else Before Giving Birth – “Did the company you worked for during your pregnancy have a paid maternity leave benefit?”

4 Base: Returned To Work – “How many weeks after you gave birth did you return to work?”

5 Base: Returned To Work – “Were you able to stay home as long as you liked with your baby before you went back to work?”

Methodology

Harris Interactive conducted *Listening to Mothers II: The Second National U.S. Survey of Women’s Childbearing Experiences* on behalf of Childbirth Connection. The survey consisted of 1,373 online and 200 telephone interviews with women who had given birth in a hospital to a single live baby in 2005, with weighting of data to reflect the target population. The weighting includes including propensity scores, to adjust for the propensity to be online, a methodology developed and validated by Harris Interactive. Interviews were conducted from January 20 through February 21, 2006, and the survey took approximately 30 minutes to complete. The *Listening to Mothers II* survey will also serve as the basis for quarterly issue briefs that will explore in greater detail the key issues described in the report.

With a pure probability sample of this size, one could say with a ninety-five percent probability that the overall results would have a sampling error of +/- 3 percentage points. Sampling error for data based on sub-samples would be higher and would vary. However, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

Downloadable PDFs of the Harris Interactive *Healthcare News* can be found at: http://www.harrisinteractive.com/news/newsletters_healthcare.asp.

About Childbirth Connection

Childbirth Connection is a national not-for-profit organization that was founded in 1918 as Maternity Center Association. Childbirth Connection has grown from a small group of influential community leaders that was successful in reducing maternal and infant deaths in New York City, to a nationally recognized advocacy organization working to promote high-quality maternity care. Childbirth Connection is a voice for the needs and interests of childbearing families. Our mission is to promote safe, effective and satisfying maternity care for all women and their families through research, education and advocacy. More information about Childbirth Connection may be obtained at www.childbirthconnection.org.

About Lamaze International

Since its founding in 1960, Lamaze International has worked to promote, support and protect normal birth through education and advocacy through the dedicated efforts of professional childbirth educators, providers and parents. An international organization with regional, state and area affiliates, its members and volunteer leaders include childbirth educators, nurses, nurse midwives, physicians, students and consumers. More information about Lamaze International may be obtained at www.lamaze.org.

About Harris Interactive

Harris Interactive is the 12th largest and fastest-growing market research firm in the world. The company provides research-driven insights and strategic advice to help its clients make more confident decisions which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*[®], one of the longest running, independent opinion polls and for pioneering online market research methods. The company has built what could conceivably be the world's largest panel of survey respondents, the Harris Poll OnlineSM. Harris Interactive serves clients worldwide through its United States, Europe and Asia offices, its wholly-owned subsidiary Novatris in France and through a global network of independent market research firms. The service bureau, HISB, provides its market research industry clients with mixed-mode data collection, panel development services as well as syndicated and tracking research consultation. More information about Harris Interactive may be obtained at www.harrisinteractive.com.

To become a member of the Harris Poll Online and be invited to participate in online surveys, register at <http://go.hpolsurveys.com/Health>.

For a complete copy of the report, including mothers' verbatim quotes, tables and charts, and comparison of Listening to Mothers II survey results and federal vital and health statistics, please contact Katie Hellmuth at hellmuth@childbirthconnection.org. The survey questionnaire can be found on the Childbirth Connection web site at www.childbirthconnection.org/listeningtomothers

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