

## 5 Current Trends in Birth Environments

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### ABSTRACT

The birth environment can support or hinder physiologic birth. Although most births occur in hospitals, there has been an increase in requests for home and birth center births. Nurses can support physiologic birth in different environments by ensuring a calm environment that helps reduce stress hormones known to slow labor. In any birth setting, nurses can encourage the use of facilities and equipment that support a physiologic labor and birth and aid the transition of the newborn. Adopting a woman-centred philosophy and a human-rights based approach opens the door to many of the care options that women want such as the right to have a companion of choice with them throughout the labour and birth as well as the freedom to move around during the early stages of labour and to choose their position for birth. These recommendations are all evidence-based, optimize health and well-being, and have been shown to have a positive impact on women's experience of childbirth.

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### Introduction

Today, women have more options than ever to find and select a suitable birth center. Options include increasing numbers of hospitals, obstetricians, and midwives that are offering women the choice of giving birth at a **birth center**.

A comfortable environment is going to help you stay relaxed and this is crucial in allowing the physiologic process of labor to occur. An intricate blend of hormones is released during labor – some are helpful, but others can be destructive and even slow things down. Fear and stress may “stall” labor and create a need for medical interventions.

According to one study, pregnant women who were exposed to a restricted and uncomfortable environment were more likely to have c-sections than those exposed to a friendly and comfortable birth environment. Primarily, most women give birth either in their homes, in birth centers or more commonly, in hospitals. However, numerous studies have shown that women who give birth in homes and birth centers have more positive experiences than those who give birth in hospitals.

Various surveys indicate that cesarean section rates in the past 10 years, the number of babies born in India through Caesarean section has doubled.

In 2005-2006, the country recorded 9% births via C-section; by 2015-16, the rate had increased to 18%, according to a series of papers published recently in *The Lancet*.

As a matter of fact, many naturalists have criticized hospitals for playing a leading role in diminishing the perception of childbirth as a powerful and natural event and replacing it with the perception of childbirth as a medical procedure. It is no wonder then, that birth environments are receiving more attention. Below are some common trends in the birth environment. While some are relatively new, others have existed for decades and are making a steady comeback.

### 1. The Rise of Birth Centers



A **birthing center** or **centre** is a healthcare facility, staffed by nurse midwives, midwives and/or obstetricians, for mothers in labor, who may be assisted by doulas and coaches. By attending the laboring mother, the doulas can assist the midwives and make the birth easier. The midwives monitor the labor, and well-being of the mother and fetus during birth. Should additional medical assistance be required the mother can be transferred to a hospital. Some hospitals are now adding birth centers to their facilities as an alternative to the high tech maternity wards commonly found at most hospitals.

Birth centers feature minimal medical intervention; nurses and midwives rather than obstetricians, cater to expectant and new mothers. Birth centers often have amenities such as bathtubs, bathrooms, comfortable beds, music and soothing decors in their birth environment. Furthermore, they are considered more comfortable and more natural than hospitals.



(Healthy Mother Sanctum Natural Birth Center, Hyderabad, Telangana)

Birth centers are also growing in popularity because they are more affordable than hospitals and many a time, offer a faster check out (between 12 and 24 hours after delivery). Research has also established that midwife-led maternity care resulted in lower rates of drug-induced labor, vaginal tearing, and even episiotomies.

### 2. Patient Centered Birth Environments

One of the most important aspects of the patient-centered approach to birth environments is



the control that pregnant women have over the environment they give birth in. Studies suggest that pregnant women who have more control over elements in the birth environment are likely to experience less stress and anxiety subsequently improving the birthing experience. Important elements of patient-centered birth environments include;

⇒ **Personal Space and Privacy:-** Studies have shown that expectant women are more comfortable when they have ample space to move around and also when they have facilities that they do not have to share with anyone else.

However, it is important to note that privacy is not really about social isolation of the expectant mother but rather about allowing the expectant mother to have more control over any interpersonal relationships taking place within the birth environment.

⇒ **Ability to Personify Space and Make it Homely:**

Some hospitals and clinics have started incorporating more welcoming and homely features into their birthing rooms. This includes measures such as the installation of comfortable furniture, artwork, cupboards and drawers for the expectant mothers' belongings and even through relaxing and vibrant color schemes. Some hospitals also provide the option for pregnant women to control what they watch and even the music they listen to while in labor.

⇒ **Ability to Control Temperature and Lighting:**

More hospitals are recognizing the fact that temperature and lighting play a major role in creating a healthy/enabling birth environment. There is ample evidence to suggest that natural light compliments the bio-rhythms of the body; light can also stimulate or dampen one's mood. In recognition of the difference in preferences among women, some hospitals have implemented strategies that allow expectant mothers to control lighting and even temperature so as to keep them more relaxed.

⇒ **Material Support for Birthing:-** Hospitals and clinics have often centered the designs of their birthing rooms on the bed. While the bed is an important part of the birth environment, evidence suggests that expectant women may need other forms of material support. In fact, some studies suggest that most expectant women do not make use of the bed when other alternatives are offered.

⇒ **Ability To Connect With Nature:-** studies have suggested that human beings derive numerous physiological and psychological benefits from engaging with nature. Modern birthing room designs are therefore paying more attention to the role of nature in relaxing expectant women. Some hospitals feature large windows with views of beautiful sceneries. Other hospitals are designing their birthing rooms in such a way that expectant women or new mothers can easily access courtyards and gardens.

### 3. The Re-emergence of Doulas



A doula is a Greek word that loosely translates to “a woman’s servant.” Doulas have helped care for expectant women for centuries, and they are now making a come-back. In New York, for example, there are approximately 400 doulas; what’s more, doulas are present in the birth environment of at least 5,600 births annually in New York City.

Doulas are professionally trained to provide expectant women with the emotional, physical and even educational support needed in childbirth. In most cases, doulas are synonymous with labor support companions or birth/labor assistants. Doulas have adequate knowledge of the medical aspects of labor and delivery; they do not provide medical care. However, they can help expectant women understand medical procedures and even the complications that may come with the pregnancy or in delivery.

Research suggests that when doulas are part of the birth team, the overall cesarean rate reduces by 50% while the length of labor reduces by 25%. In addition to that, the use of doulas is associated with a 40% reduction in the use of oxytocin and a 60% reduction in requests for epidurals.

Currently, India does not explicitly recognise independent midwifery. The Indian Nursing Council, the regulator, registers its graduates as either a registered auxiliary nurse-midwife (ANM) or a registered nurse and registered midwife (RNRM). These students receive a few months of midwifery training along with other nursing training, compared to a full-fledged midwifery training spanning a couple of years, as is common in European countries and the US. In 2014, there were 756,937 ANMs and 1,673,338 RNRMs in India.



#### 4. Modern Birthing Chairs



Birthing chairs are also appearing more in the birth environment of expectant mothers. Interestingly, birthing chairs are some of the oldest labor aids in the world. With the advent of hospital-based maternity care, however, the popularity of modern birthing chairs fell in the 20th century. Ancient birthing chairs had simple designs that allowed the woman to move her pelvis freely.

Modern birthing chairs are even more advanced, and some even feature specific spaces for the feet and the arms. Some chairs are even convertible to delivery tables if the situation demands it. However, experts suggest birthing chairs that allow freedom of movement. Birthing chairs are especially suitable for women who prefer delivering while squatted or seated. It is believed that they make the process of delivering easier by facilitating gravitational support.

#### 5. Non-Medicinal Pain Relief Techniques

The birth environment is more than the physical attributes; it is also about the physiological and psychological environment of the expectant woman. Proponents of natural childbirth favour non-medicinal pain relief methods to help expectant women relax during the delivery process.



- ⇒ **Massage and heat:-** Massage and hot packs can ease your pain in labour. Massage helps distract you from the pain. Heat packs can help your body release its natural painkillers – endorphins.
- ⇒ **Water immersion:-** Most hospitals and birthing centres will have facilities that allow mother to have a bath or shower during the first stage of labour. Many women find that being in a warm bath is relaxing and helps them to cope with the contractions. You might also find having a shower can help with any back pain you might be experiencing. Having a bath or shower to ease pain during labour is not the same as having a water birth. Not all hospitals are equipped for water birth. Your midwife and doctor need to be specially trained and they need to be able to get you out quickly if there is a problem with the birth.
- ⇒ **Relaxation:-** Mother can use different relaxation techniques to ease pain. Some people like music, some like meditation, some like incense. Generally, relaxation techniques help ease pain in labour. Just check that the hospital or birth centre can cope with your plans.
- ⇒ **Aromatherapy:-** Essential oils are used with massage or heated over a burner. There is no evidence aromatherapy provides pain relief, but some women find it pleasant. If you're thinking of using aromatherapy, check that your hospital or birth centre allow it.
- ⇒ **Acupuncture:-** Acupuncture can reduce pain in labour and reduce the need to use forceps. It is not clear how it works. There are no known side effects of acupuncture for mother or baby. Only a trained person should perform acupuncture. Not all hospitals have an acupuncture therapist on staff. You may need to discuss arranging your own practitioner.
- ⇒ **TENS (Transcutaneous electrical nerve stimulation):-** A TENS machine uses two electrodes stuck to your skin. They are usually attached to your lower back. The machine sends a small electric current through your body. It is generally safe for mother and baby. TENS doesn't work for everybody, but some women say it helps. They can't be used in the shower or in water.

## Conclusion

Alternative settings for birth, such as birth centres, are associated with reduced levels of intervention and a positive experience of labour and birth for women. In this environment, midwives are charged with the task of facilitating normal physiological birth. Although facilitation of normal physiological birth is supported by state health policy, rates of normal birth are low in the hospital environment. Caseload midwifery can significantly reduce rates of c-section before labour for women of all risk. When actual care received is considered caseload care demonstrated a significantly higher rate of unassisted vaginal birth rate. Caseload midwifery care shows potential as a catalyst in the systematic reduction of c- section rates across a whole maternity service.

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