



'Normal birth'

Definitions and differences between countries

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Europeristat-2 Workpackage 5: Positive indicators of outcome of pregnancy

Three workstreams:

Indicators from routine systems

Midwifery care

Women's views and experiences of care

Methods

- Review definitions of 'Normal birth'
- List data items needed to construct them
- Assess availability of data items
- Based on these, define indicators which could be collected through Euro-Peristat
- Test these by trying to collect the data through Europeristat
- Assess the impact of data availability on perceived differences between countries

WHO's definition of normal birth

'Spontaneous in onset, low-risk at the start of labour and remaining so throughout labour and delivery. The infant is born spontaneously [without help] in the vertex position [head down] between 37 and 42 completed weeks of pregnancy. After birth mother and baby are in good condition.'

Care in normal birth, 1997

Danish definitions of Natural Delivery and Un-complicated Delivery

Un-complicated Delivery Natural Delivery No aesarean section No caesarean section No induction of labour No instrumental delivery No instrumental delivery No episiotomy No episiotomy No oxytocin-stimulation No epidural No rupture of sphincter No postpartum haemorrhage No stillbirth No low APGAR Score (<7 at 5 mins) No admittance to NICU

Jens Langhoff-Roos et al 2006

BirthchoiceUK definition of *normal birth*

"A "normal birth" has been defined as one which starts naturally and does not involve any medical or technological intervention. This definition would therefore exclude births which involve induction, acceleration, medical pain relief (including epidurals), forceps, ventouse, a Caesarean or an episiotomy."

Web site: http://www.birthchoiceuk.com/

BirthChoiceUK



Data for defining a *normal birth*

All maternities	Data items	
Presentation and position	Vertex (OA-position) Other cephalic positions Breech Other	
Gestational age	Less than 37 weeks From 37 to 42 weeks Over 42 weeks	
Onset of labour	Spontaneous Induction Elective caesarean	
Augmentation	Augmented/ Not augmented	
Anaesthesia	Anaesthesia/ No anaesthesia	
Method of delivery	Spontaneous Instrumental Caesarean Other	
Episiotomy	Episiotomy/ No episiotomy	

Data items available

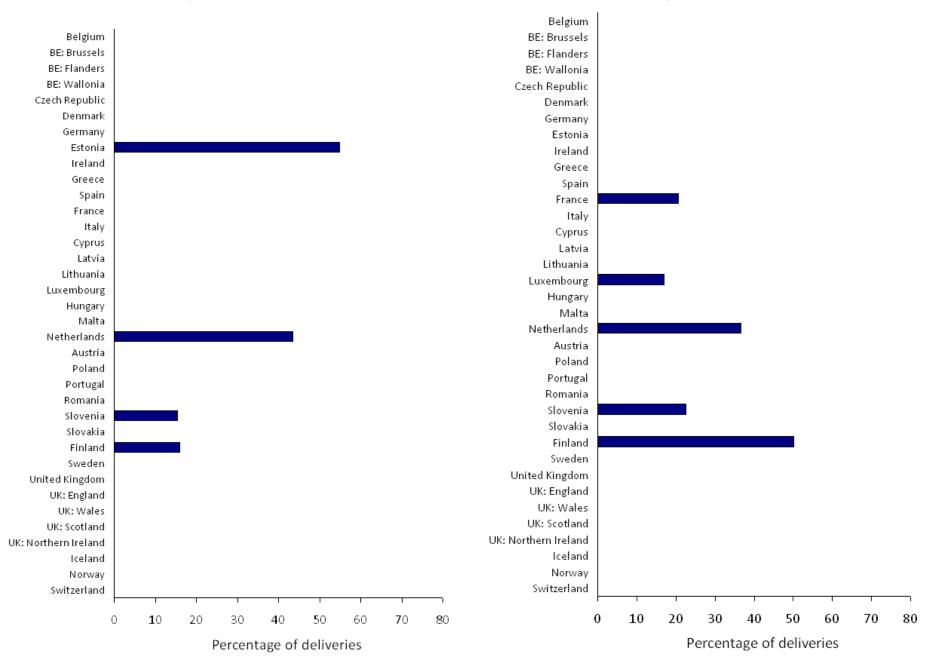
Few countries had data about Anaesthesia and analgesia Gestational age at live birth Tried to construct indicator using Onset of labour Augmentation of labour Method of delivery Episiotomy

Births without obstetric intervention

	Option 1	Option 2	Option 3	
Numerator	Spontaneous onset of labour, no induction	Spontaneous onset of labour, no induction	Spontaneous onset of labour, no induction	
	Spontaneous delivery, no augmentation	Spontaneous delivery, with or without augmentation	Spontaneous delivery, with or without augmentation	
	No episiotomy	No episiotomy		
Denominator	Number of women who deliver one or more live or stillborn babies			

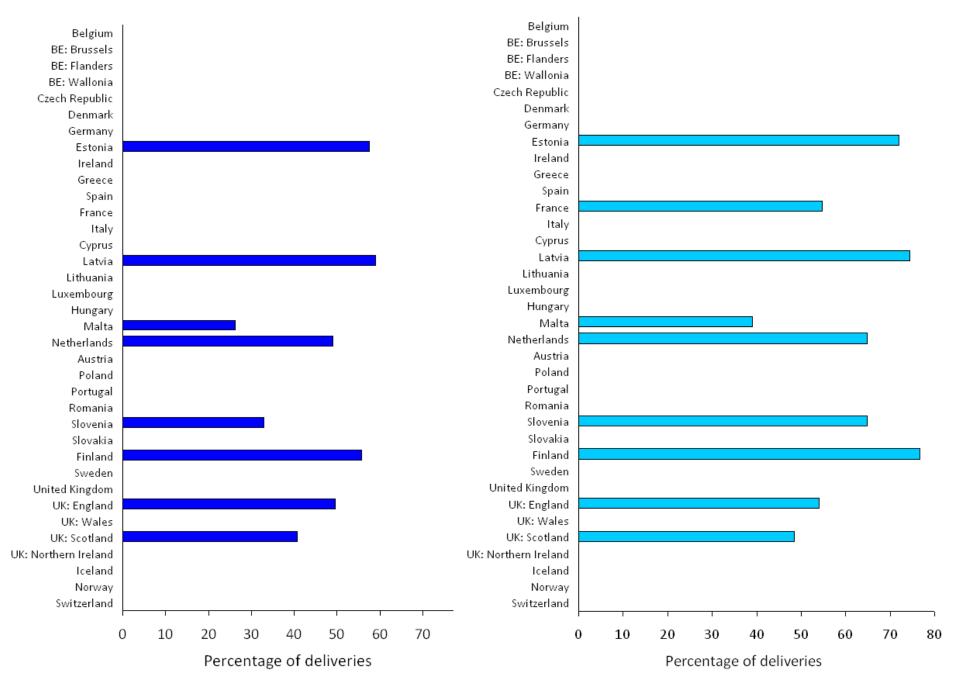
Option 1, 2004

Option 1 2010



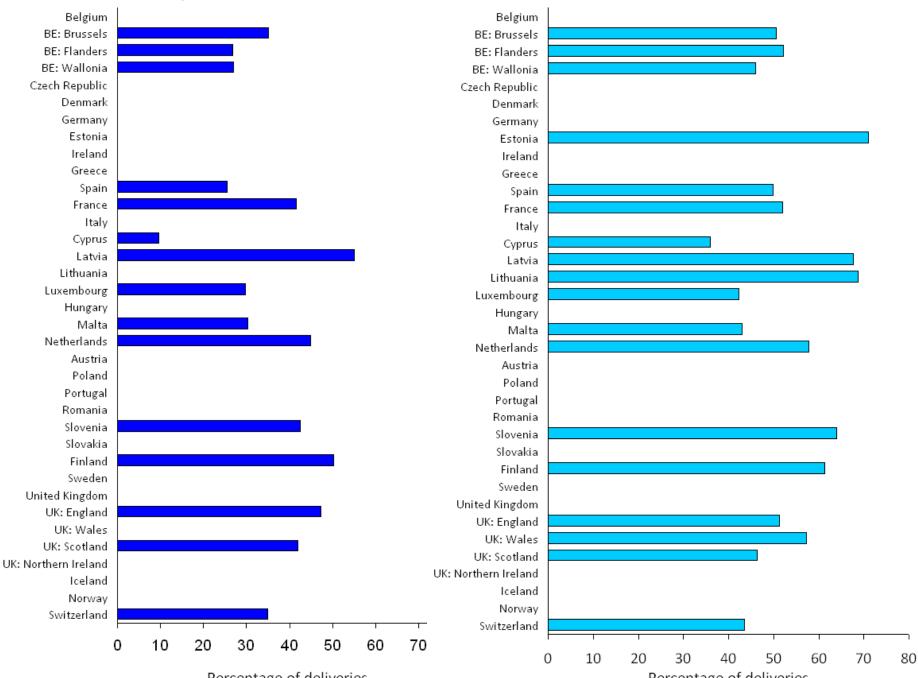
Option 2, 2004

Option 3 2004

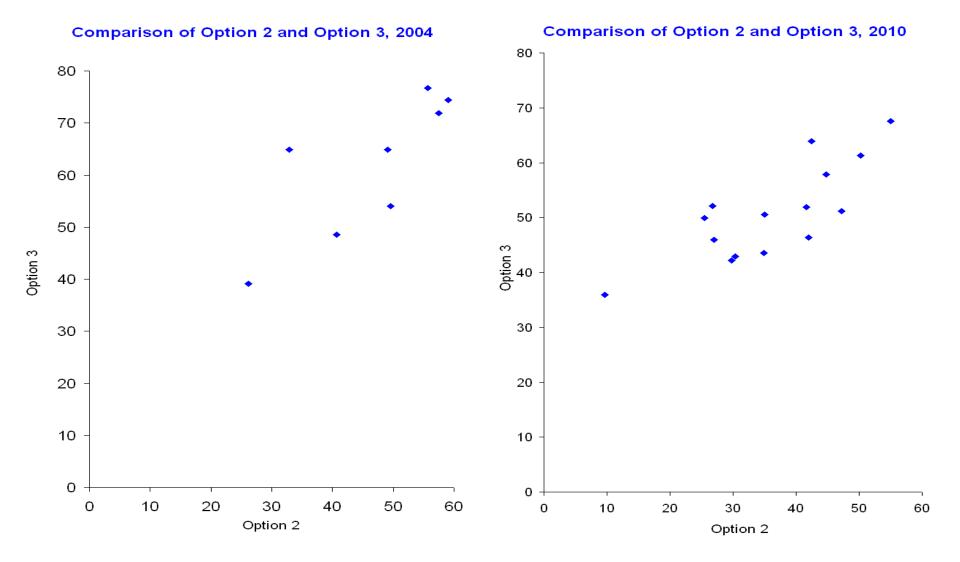


Option 2, 2010

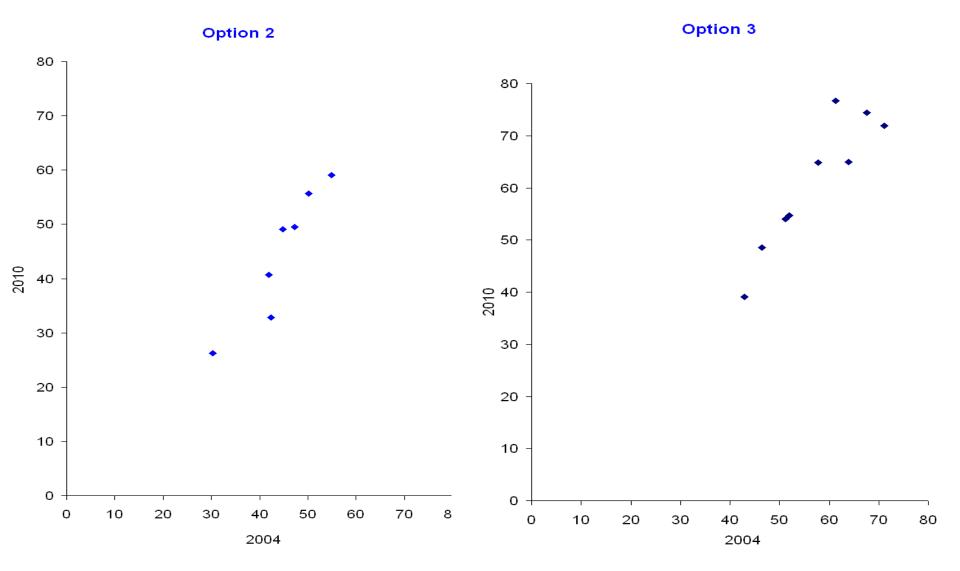
Option 3 2010



Comparisons between Options 2 and 3



Comparisons between 2004 and 2010



Are we using all the data?

Option 2 needs method of onset, mode of delivery and episiotomy

Option 3 needs method of onset and mode of delivery

Numbers of countries providing data

	All 3 indicators Option 2		Both indicators	Option 3
2004	13	8	17	9
2010	21	15	24	18

Conclusions

The percentages of births which were deemed to be straightforward were sensitive to the selection of data items.

A fuller range of data items should be recorded and links with outcome and women's views of their care should be established.

More recent definitions should be reviewed, along with the potential for using data linkage to link data about mothers and babies 5.1. Delivery with bodily integrity (Following birth, the woman has not sustained any of the following: an abdominal wound (caesarean), an episiotomy (incision at the vaginal opening to facilitate birth), or a second-, third- or fourth-degree perineal tear)

Healthy mother (Delivery with bodily integrity (as above), no instrumental delivery, no maternal sepsis, no anaesthetic complication, postnatal stay 2 days or less, not readmitted within 28 days)

Healthy mother and baby (combination of both healthy mother, defined above and healthy baby defineded below

Healthy baby⁵ (*birthweight 2,500-4,499g, gestational age 37-42 weeks, live baby).* The birthweight range will differ by ethnic group and be different for twins.

Any conclusions?

- The percentages of births which were deemed to be without obstetric intervention varied widely but were sensitive to the selection of data items.
- A fuller range of data items should be recorded and links with outcome and women's views of their care should be established.

Done so far

Delphi exercise conducted by email

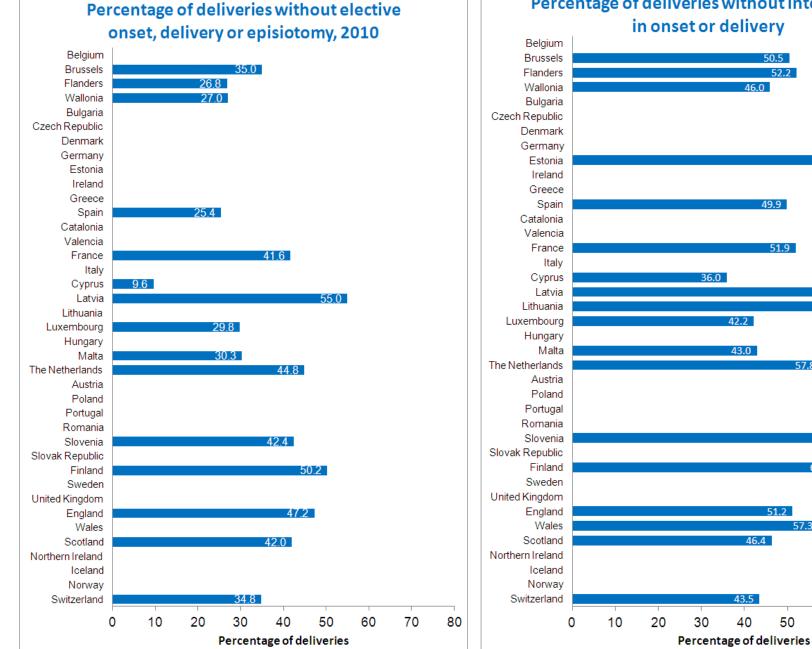
Workshop at Grange over Sands 2005

Inclusion in data collection for 2004

Data for 2004 included in first Euro-peristat report

Results presented at Normal Birth Conference 2009 Paper drafted.

Paper redrafted late 2012, put aside until 2010 data ready Data for 2010 not included in second Euro-peristat report Results presented at Normal Birth Conference 2013 Paper being redrafted, version 13!



Percentage of deliveries without intervention in onset or delivery

50.5

49.9

51.9

57.8

64.0

60

70

80

61.3

57.3

51.2

50

46.4

46.0

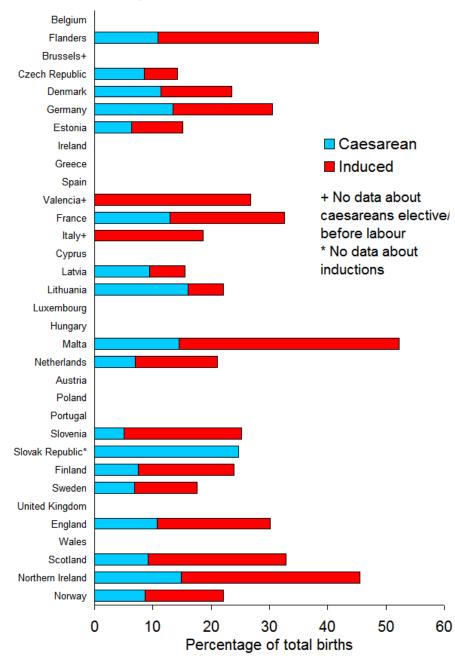
52.2

71.0

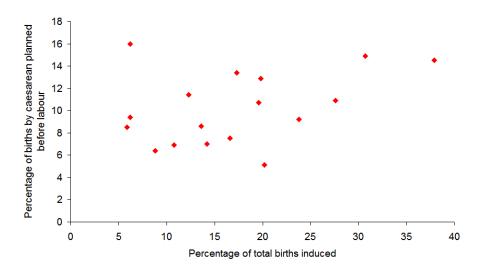
67.6

68.7

Non-spontaneous onset of labour



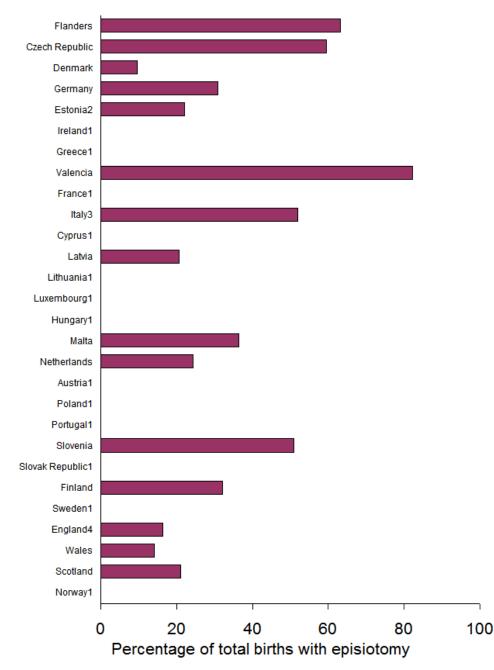
Rates of non-spontaneous onset of labour



Episiotomy rates

Episiotomy

Many countries do not record this item. Wide variations between rates for those which do.



BirthchoiceUK and Department of Health

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BirthchoiceUK and Department of Health for England

The proportion of women who:

Started labour without induction Did not have any regional anaesthesia

Did not have a caesarean

Did not have an instrumental delivery

Data items available

Few countries had data about Anaesthesia and analgesia Gestational age at live birth Tried to construct indicator using Onset of labour Augmentation of labour Method of delivery Episiotomy