

News Release

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National opinion survey: Canadian maternity care providers agree on reducing episiotomies & electronic fetal monitoring; disagree on elective C-sections, epidurals & home births

Over 2500 professionals surveyed on attitudes towards birthing practices

(Vancouver, B.C. – September 22, 2009) – A national survey of 2583 Canadian maternity care providers on their attitudes towards labour and birth shows they agree on reducing episiotomies (surgical incisions that enlarge the vagina during childbirth) and continuous electronic fetal monitoring during childbirth. However, they disagree on the use of epidural analgesia, elective Cesarean sections and in their opinions about the safety of home births.

“Differing attitudes may explain differences between practitioners in actual approaches to managing birth,” says the study’s lead author Dr. Michael Klein, Senior Scientist Emeritus at the Child & Family Research Institute and Emeritus Professor in the Department of Family Practice at the University of British Columbia. “Caregiver attitudes influence women’s perceptions, opinions and decisions on birthing procedures. Women need to be informed about the risks and benefits of each option.”

Funded by the Canadian Institutes of Health Research (CIHR), the study explored the attitudes of 549 obstetricians, 897 family physicians, 545 nurses, 400 registered midwives and 192 doulas (labour support providers) to common birthing practices for low-risk pregnancies. The survey took place from 2008-2009 and results are published in the September issue of the *Journal of Obstetrics and Gynaecology Canada*.

“This research helps clarify the complicated landscape of pregnancy and childbirth in Canada,” says Dr. Michael Kramer, Scientific Director at CIHR. “The differences in attitudes among health care providers to important and charged issues such as the use of medical technologies, home birth, and elective caesareans are striking but provide an essential basis for future discussions and policies.”

Obstetricians are most comfortable with using technology during birth. Family doctors who don’t deliver babies have similar attitudes to obstetricians while midwives and doulas prefer more selective use of technology. Family doctors who deliver babies and nurses hold attitudes and beliefs that usually fall between those of obstetricians and midwives.

“Everybody is trying to do the best for the mother and baby, but they disagree on what is best and the means to get there,” says Dr. Klein.

For example, 42 per cent of obstetricians agree that it’s a woman’s right to choose an elective caesarean section, compared to 19 per cent of family physicians (both those who deliver babies and those who don’t), 25 per cent of nurses, 19 per cent of registered midwives, and 29 per cent of doulas who agree with that statement.

Fifty-nine per cent of obstetricians agree that epidural analgesia should be routinely offered to all women in labour, while 56 per cent of family physicians who don't deliver babies, 38 per cent of family physicians who deliver babies, and 30 per cent of nurses agree with that statement. Meanwhile, two per cent of doulas and three per cent of registered midwives agree.

“We have a paradox in that more than 70 per cent of obstetricians are in favour of regulated midwifery but 85 per cent of them are against home birth, which constitutes approximately one-third of midwifery practice,” says Dr. Klein, who is also a member of the Women's Health Research Institute. He co-authored a study published September 15th, 2009 in the *Canadian Medical Association Journal* showing that home birth with a registered midwife is as safe as hospital delivery for low-risk pregnancies.

The authors recommend consensus building among health disciplines to develop evidence-based best practice approaches, as professional practice is informed by individual beliefs and attitudes, which vary greatly among the disciplines assisting women with birth but also within disciplines.

“Women will need to know more about the benefits and risks of all procedures associated with birth and how attitudes of different individual providers match or fail to match with their own views,” says Dr. Wendy Hall, a co-author of the study. Dr. Hall is Senior Associate Clinician Scientist, CFRI and Professor in the UBC School of Nursing.

The research team's next report will be about the attitudes and beliefs of women approaching their first birth and how they do or don't synchronize with the attitudes of their chosen maternity care provider.

The Child & Family Research Institute (CFRI) conducts discovery research, clinical investigation, and applied health research to benefit the health of children and families. It is the largest research institute of its kind in Western Canada. CFRI works in close partnership with the University of British Columbia; BC Children's Hospital and Sunny Hill Health Centre for Children, BC Women's Hospital & Health Centre, agencies of the Provincial Health Services Authority; and BC Children's Hospital Foundation. For more information, visit www.cfri.ca.

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Dr. Michael Klein and Dr. Wendy Hall are available for telephone interviews.

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