

## The Compassionate Birth Project

The Compassionate Birth Project (CBP) will improve the quality of the birth experience for South African women by developing a culture of compassion in the public health care sector. Our vision for the CBP includes four broad elements.

### 1. Compassion training for maternity healthcare workers (MHCW).

Compassion training will include modelling compassionate birth practice for MHCW, mothers, and babies, such as:

- Training of facilitators, train-the trainers for midwives to model compassionate birth
- Establish a compassionate birth facility at a public hospital or MOU to model compassionate birth to health care providers after their compassion tutorials/refresher courses
- Integrate into midwifery curriculum
- In-service compassion tuts and refresher courses

### 2. Antenatal birth preparation and perinatal education for the empowerment of women.

Regular sessions would include:

- Screening of videos on compassionate birthing techniques and their impacts on mothers and babies
- Free, illustrated, multilingual, culturally relevant information booklets
- Training for women to manage the physical aspects of labour e.g. breathing, use of different positions
- Teaching partners/husbands/relatives how to participate meaningfully during the process of birth
- Addressing fear of birth<sup>i, ii</sup> that exists within South African maternity systems, which is shown to increase length of labour<sup>iii, iv, v</sup> and foetal distress<sup>vi</sup> and decrease maternal self-esteem<sup>vii</sup> with potentially negative bonding implications<sup>viii</sup>
- Empowering labouring women to know their rights, and to expect compassionate treatment in labour

### 3. The option of a doula for every labouring woman

Community Health Workers would be trained as doulas, as evidence suggests that doulas improve birth outcomes.<sup>ix</sup> A meta-analysis from The Cochrane Collaboration 2010<sup>x</sup> reported women with continuous labour support from a doula were:

- 28% less likely to have a Caesarean section
- 31% less likely to use synthetic oxytocin to speed up labour
- 9% less likely to use any pain medication
- 34% less likely to rate their childbirth experience negatively

### 4. Debriefing and support for maternity healthcare works to prevent workplace burn-out.

A menu of options to support every midwife at participating sites would include:

- Monthly debriefing groups run by skilled facilitator or access to single one-on-one debriefing sessions provided by appropriately trained personnel and biyearly workshops to provide refresher training
- Individual adhoc sessions for debriefing and conflict resolution where needed
- Feedback, self-care ratings and acknowledgment of improved care within ongoing education and development of all health care professionals aligned with structures of the Western Cape Department of Health, in the Western Cape

## Why focus on compassionate birth in South Africa?

We aim to decrease the abuse of labouring women and improve health outcomes for labouring women and babies. Labour is a vulnerable time in every woman's life, however, abuse of this vulnerability is marked in South Africa where:

- Conditions of employment create stressed, overworked and underpaid maternity health care workers in the public sector
- South Africa's history of Apartheid has led to unhealthy power dynamics, where nurses are often still significantly inferior to doctors and other figures of authority in the health care context
- Violence in communities and domestic violence is an ever present stressor in the lives of midwives and nurses
- South African women do not generally have access to teachings on the physical and emotional aspects of labour and birth
- Women delivering in State funded facilities frequently do not know their patient rights
- Abuse of labouring women at the hands of midwives and doctors has been documented throughout South Africa<sup>xi, xii</sup>
- South Africa is one of only 6 countries in the world whose maternal mortality rate has risen since 1990 - instead of dropping to a third of its 1990 levels in order to meet the MDGs by 2015<sup>xiii</sup>

## References

- <sup>i</sup> *Great Expectations A Prospective Study of Women's Expectations and Experiences of Childbirth.* JM KitzingerJV Coupland (1998)
- <sup>ii</sup> *Reduced pain tolerance during and after pregnancy in women suffering from fear of labor* Terhi Saisto\*, Risto Kaaja, Olavi Ylikorkala, Erja HalmesmaEki Department of Obstetrics and Gynecology, Helsinki University Central Hospital, P.O. Box 140, Haartmaninkatu 2, FIN-00029 HUS, Finland Received 21 August 2000; received in revised form 23 January 2001; accepted 13 February 2001
- <sup>iii</sup> Buckley Sarah J. MD. *Gentle Birth, Gentle Mothering: A Doctor's Guide to Natural Childbirth and Gentle Early Parenting Choices*, Celestial Arts, 2009. *Pain in Labour. Your Hormones are Your Helpers.*
- <sup>iv</sup> Laursen M, Johansen C, Hedegaard M. *Fear of childbirth and risk for birth complications in nulliparous women in the Danish National Birth Cohort.* BJOG. 2009 Sep;116(10):1350-5. Epub 2009 Jun 17.
- <sup>v</sup> Bak. C. *The role of fear in the U.S. birthing process.* Midwifery Today Int Midwife. 2003 Fall;(67):24-7.
- <sup>vi</sup> Wolf, Naomi. *Misconceptions.* New York: Doubleday (2001)
- <sup>vii</sup> Lowe NK. *Self-efficacy for labor and childbirth fears in nulliparous pregnant women.* Journal of Psychosomatic Obstetrics and Gynaecology. 2000 Dec;21(4):219-24.
- <sup>viii</sup> Lederman R, Weis KL. *Psychosocial Adaptation to Pregnancy: Seven Dimensions of Maternal Role Development.* Prentice Hall, 3rd Edition. 2009
- <sup>ix</sup> Hodnett ED, Gates S, Hofmeyr GJ, Sakala C. *Continuous support for women during childbirth.* Cochrane Database Syst Rev 2007; CD003766. [DOI: 10.1002/14651858.CD003766.pub2].
- <sup>x</sup> Hodnett ED, Gates S, Hofmeyr GJ, Sakala C, Weston J. *Continuous support for women during childbirth.* Cochrane Database of Systematic Reviews 2011, Issue 2. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub3
- <sup>xi</sup> Human Rights Watch. "Stop Making Excuses": *Accountability for Maternal Health Care in South Africa* ISBN: 1-56432-798-1
- <sup>xii</sup> Jewkes R, Abrahams N, Mvo Z. *Why do Nurses Abuse Patients? Reflections from South African Obstetric Soc. Sci. Med. Vol. 47, No. 11, pp. 1781±1795, 1998*
- <sup>xiii</sup> UNFPA. *The State of the World's Midwifery 2011. Delivering Health, Saving Lives.*