

# **Listening to Mothers– Lessons from the U.S.A. & Germany(?)**

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DHZ Congress

Hannover, Germany

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**Presentation will involve both existing data and material from unpublished studies.**

***Slides not involving unpublished data will be posted and available to download for free at:***

**[www.birthbythenumbers.org](http://www.birthbythenumbers.org)**

***Please do not take pictures of the data slides!***



BIRTH  
*by the*  
NUMBERS



[www.birthebythenumbers.org](http://www.birthebythenumbers.org)

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Birth by the Numbers” on Pinterest



# **Context:**

## **Who Surveys Mothers?**

# National Surveys of Mothers Concerning Maternity Experiences

- **Canada** – *What Mothers Say: The Canadian Maternity Experiences Survey. 10/23/06-1/31/07.* Primarily phone Interviews 6,421 mothers in a singleton birth (78% response rate).
- **England** – *Safely Delivered. 2014. 4/2014-6/14.* Postal Survey. 4,571 (47% response rate). Primarily mail surveys
- **Japan** – *Listening to Japanese Mothers.*
- **Germany** – ????

# ***Why It's Important to Listen to Mothers***

- **Humbling** because we find that they don't think like we do
- **Maternal Attitudes** – Determine mothers' attitudes toward pregnancy, birth and the postpartum experience
- **Mothers' Perspectives** – Document mothers' experience from their perspective

# ***Why It's Important to Listen to Mothers***

- **Identify needs** – and who has them – that wouldn't be known from other data sources
- Can get at the “**Why?**” question which is not possible from other sources which focus on “What?”
- Leads to better **Design of Systems** and better **Outcomes**



# Listening to Mothers<sup>SM</sup> III

## Pregnancy and Birth



Report of the Third National U.S. Survey of Women's Childbearing Experiences



Eugene R. Declercq  
Carol Sakala  
Maureen P. Corry  
Sandra Applebaum  
Ariel Herrlich

May 2013

# Listening to Mothers<sup>SM</sup> III

## New Mothers Speak Out



Report of National Surveys of Women's Childbearing Experiences  
Conducted October - December 2012 and January - April 2013



Eugene R. Declercq  
Carol Sakala  
Maureen P. Corry  
Sandra Applebaum  
Ariel Herrlich

June 2013

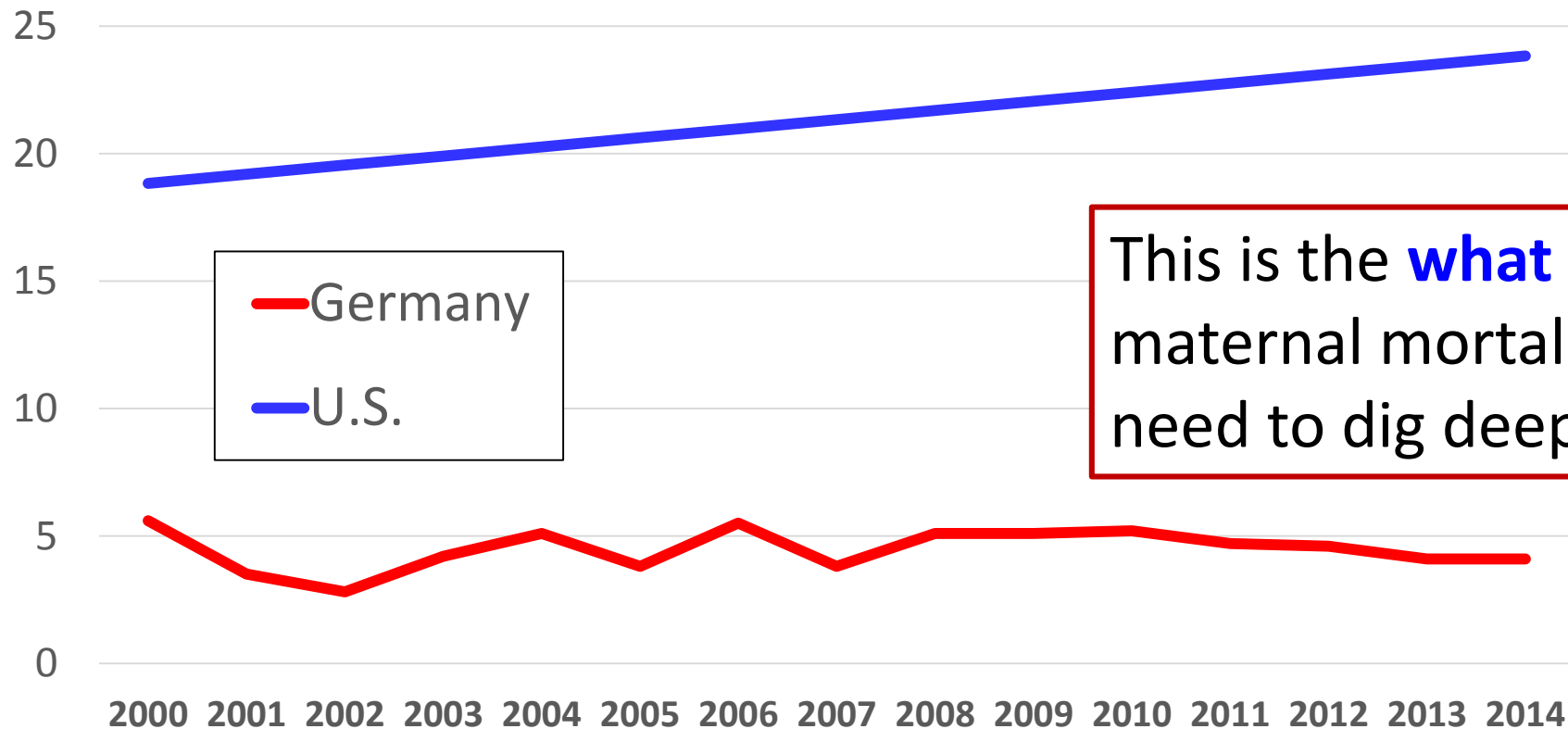
# Listening to Mothers Survey Data

- **2400 mothers 18-45** who had given birth to single babies in a U.S. hospital from **July 1, 2011 through June 30, 2012** completed the 30 minute survey online in English.
- The data were adjusted with demographic and propensity score weightings with results generally representative of U.S. mothers on age, race/ethnicity, parity, birth attendant and mode of birth.
- Mothers who completed the initial survey were recontacted and invited to complete a follow-up survey between January 29 and April 15, 2013. A total of **1072** mothers, or 45% of the initial participants, were reached and completed the survey.

## Recent Increases in the U.S. Maternal Mortality Rate

*Disentangling Trends From Measurement Issues*

*Marian F. MacDorman, PhD, Eugene Declercq, PhD, Howard Cabral, PhD, and Christine Morton, PhD*



This is the **what** – increasing U.S. maternal mortality – but we need to dig deeper to know **why**

# **Five Intriguing Findings from Listening to Mothers**

**1. The rise of the “Big Baby”**

**2. Openness to Out of Hospital Birth**

**3. Mothers experience seeking a VBAC**

# **Five Intriguing Findings from Listening to Mothers**

**4. Shared decision making**

**5. Are mothers' asking for cesareans?**

**Bonus Material!**

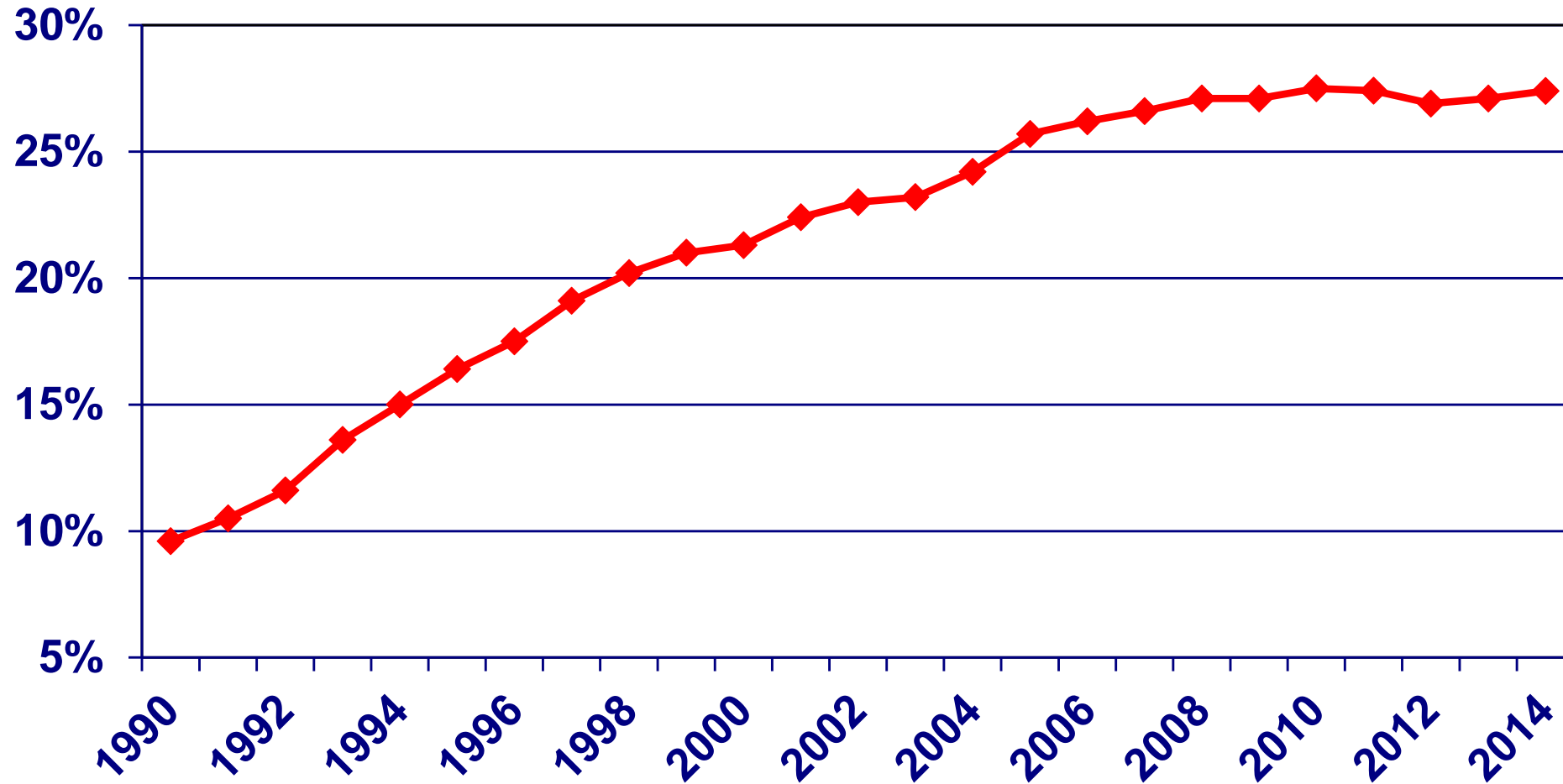
# **1. The rise of the big baby**



# Labor Induction

- Three in ten (**29%**) mothers tried to start their labor on their own.
- More than four out of ten respondents (**41%**) indicated that their care provider tried to induce their labor
- Three out of four of those women (**74%**) indicating that it did start labor, resulting in an overall rate of medically induced labor of **30%**.

# Inductions in Vaginal Births, U.S., 1990-2014



Source: Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats.  
<http://www.cdc.gov/nchs/vitalstats.htm>.

*BirthByTheNumbers.org*

# Reasons why mothers experienced medical induction

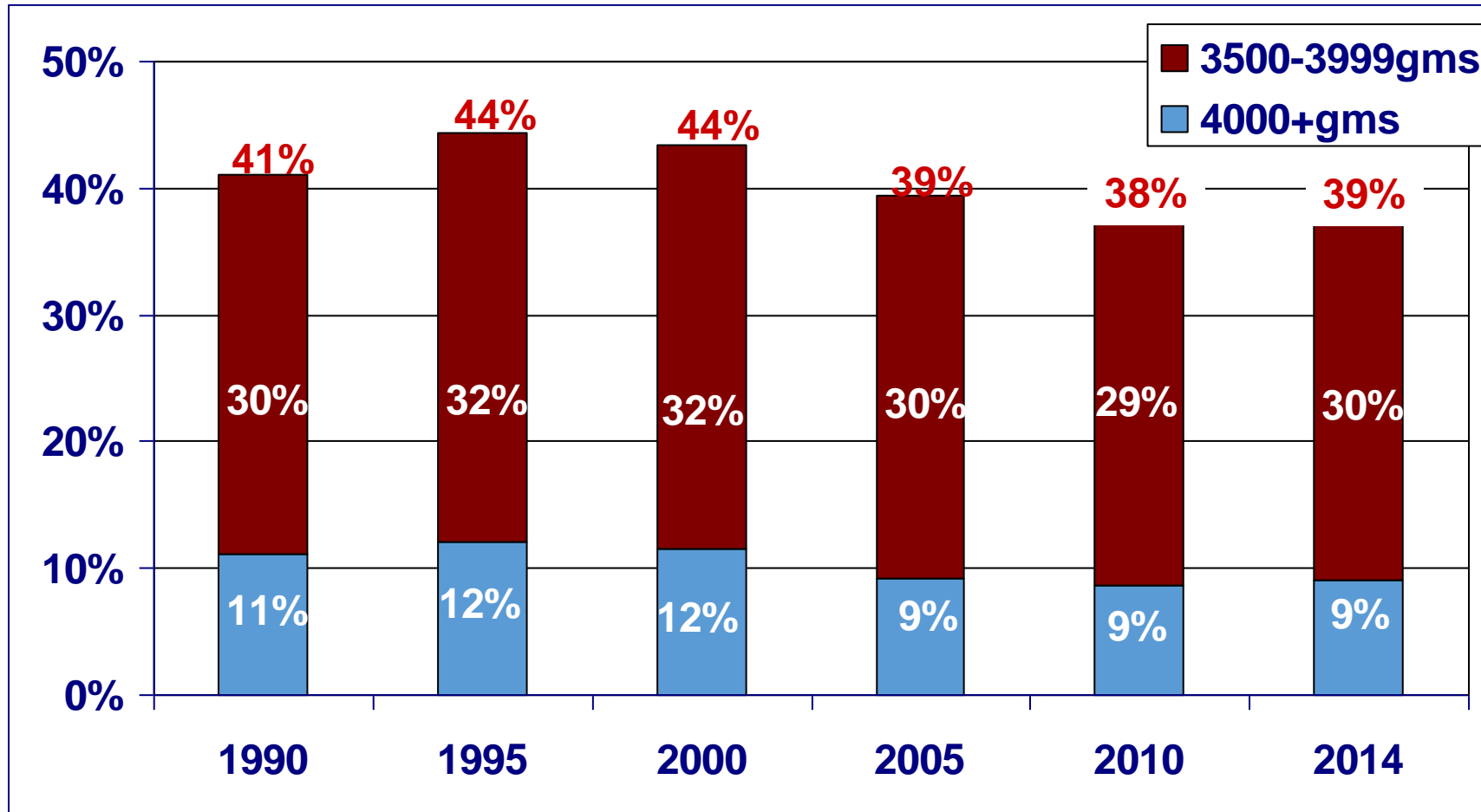
| Base: care provider tried to induce labor <i>n=991</i>                      |     |
|---|-----|
| Baby was full term/close to due date  | 44% |
| Mother wanted to get pregnancy over with                                    | 19% |
| Care provider was concerned that mother was “overdue”                       | 18% |
| Maternal health problem that required quick delivery                        | 18% |
| Care provider was concerned about the size of the baby                      | 16% |
| Water had broken and there was a concern about infection                    | 12% |
| Mother wanted to control timing of birth for work or other personal reasons | 11% |
| Care provider was concerned that amniotic fluid around the baby was low     | 11% |
| Care provider was concerned that baby was not doing well                    | 10% |
| Mother wanted to give birth with a specific provider                        | 10% |
| Some other reason   | 10% |

# Reasons for **primary** and repeat cesarean **birth**

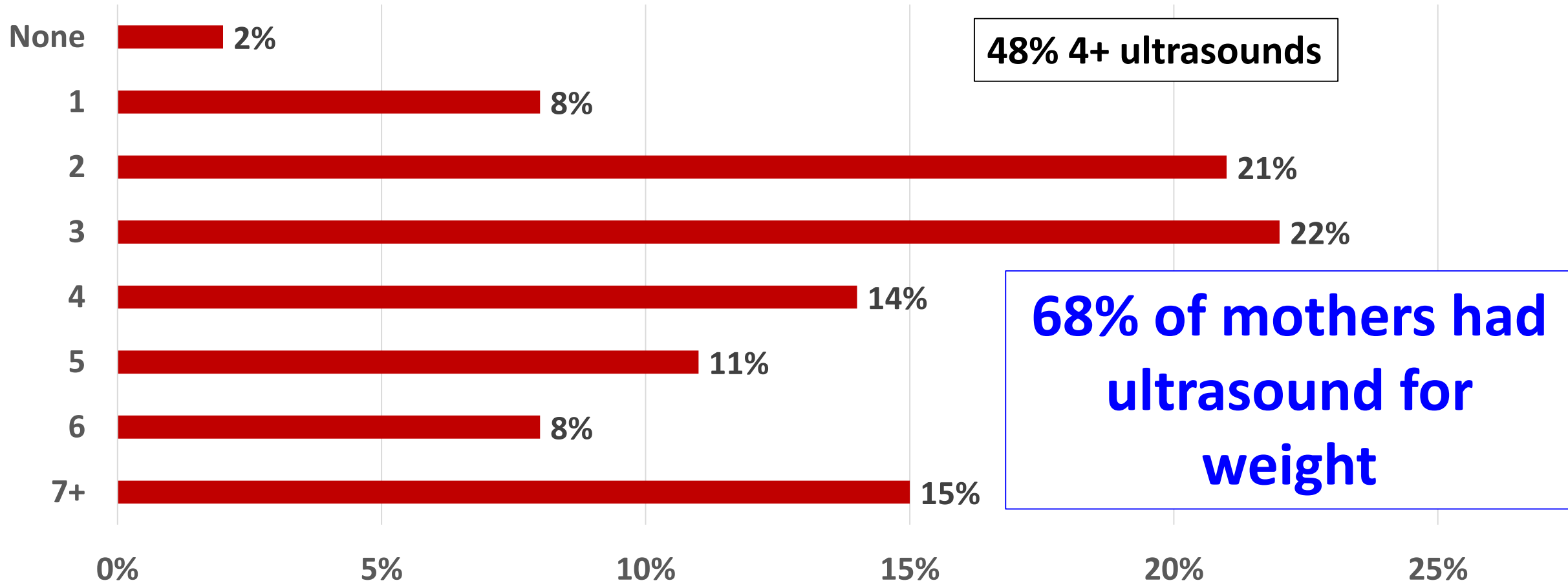
| Base: had cesarean <i>n=744</i> (choose reason that best applies)  | Primary cesarean<br><i>n=368</i> | Repeat cesarean <i>n=376</i> |
|--|----------------------------------|------------------------------|
| I had had a prior cesarean ( <i>asked of prior cesarean only</i> ) | n.a.                             | 61%                          |
| Baby was in the wrong position                                     | 16%                              | 3%                           |
| Fetal monitor showed the baby was having problems during labor     | 11%                              | 3%                           |
| I had a health condition that called for procedure                 | 10%                              | 13%                          |
| Baby was having trouble fitting through                            | 10%                              | 2%                           |
| <b>Maternity care provider worried the baby was too big</b>        | <b>9%</b>                        | <b>2%</b>                    |
| <b>Provider tried to induce labor but it didn't work</b>           | <b>8%</b>                        | 3%                           |
| Problem with the placenta  | 8%                               | 2%                           |
| Labor was taking too long  | 7%                               | 2%                           |
| <b>Past my due date</b>  | <b>3%</b>                        | -                            |
| <b>Afraid to labor and have baby vaginally</b>                     | <b>3%</b>                        | -                            |
| <b>No medical reason</b>   | <b>4%</b>                        | 3%                           |

# Are U.S. Babies Getting Bigger?...NO!

*% Singleton, **Full Term** Babies by Birthweight, U. S., 1990-2014*



# Number of Ultrasounds





# What's with these Big Babies?

|  |                   |                    |                  |
|--|-------------------|--------------------|------------------|
| <b><i>Near the end of your pregnancy, did your maternity care provider tell you that your baby might be getting quite large?</i></b> |                   |                    |                  |
| <b><i>31.2% YES</i></b>  | <b>ALL</b>        | <b>Yes</b>         | <b>No</b>        |
| <b><i>Actual Weight</i></b>  | 7 lbs<br>5 ounces | 7 lbs<br>14 ounces | 7 lbs<br>1 ounce |
| <b>Baby Actually Macrosomic<br/><i>(8lb 13ounces)</i></b>  | 9.9%              | 19.7%              | 5.5%             |

# What's the impact of being told you might have a big baby?

## *Labor and Delivery Outcomes*

|                                | <u>Suspected Large Baby</u> |             |            |
|--------------------------------|-----------------------------|-------------|------------|
|                                | <u>Yes</u>                  | <u>No</u>   |            |
|                                | <u>%</u>                    | <u>%</u>    |            |
| Tried Self Induction of Labor  | <b>43.0</b>                 | <b>24.7</b> | <b>***</b> |
| Medical Induction of Labor     | <b>70.1</b>                 | <b>51.1</b> | <b>***</b> |
| Cesarean Delivery              | <b>21.1</b>                 | <b>18.1</b> | <b>NS</b>  |
| Epidural Analgesia             | <b>72.7</b>                 | <b>61.7</b> | <b>***</b> |
| Requested Cesarean<br>Delivery | <b>32.5</b>                 | <b>6.8</b>  | <b>***</b> |

\*\*\*p < .001

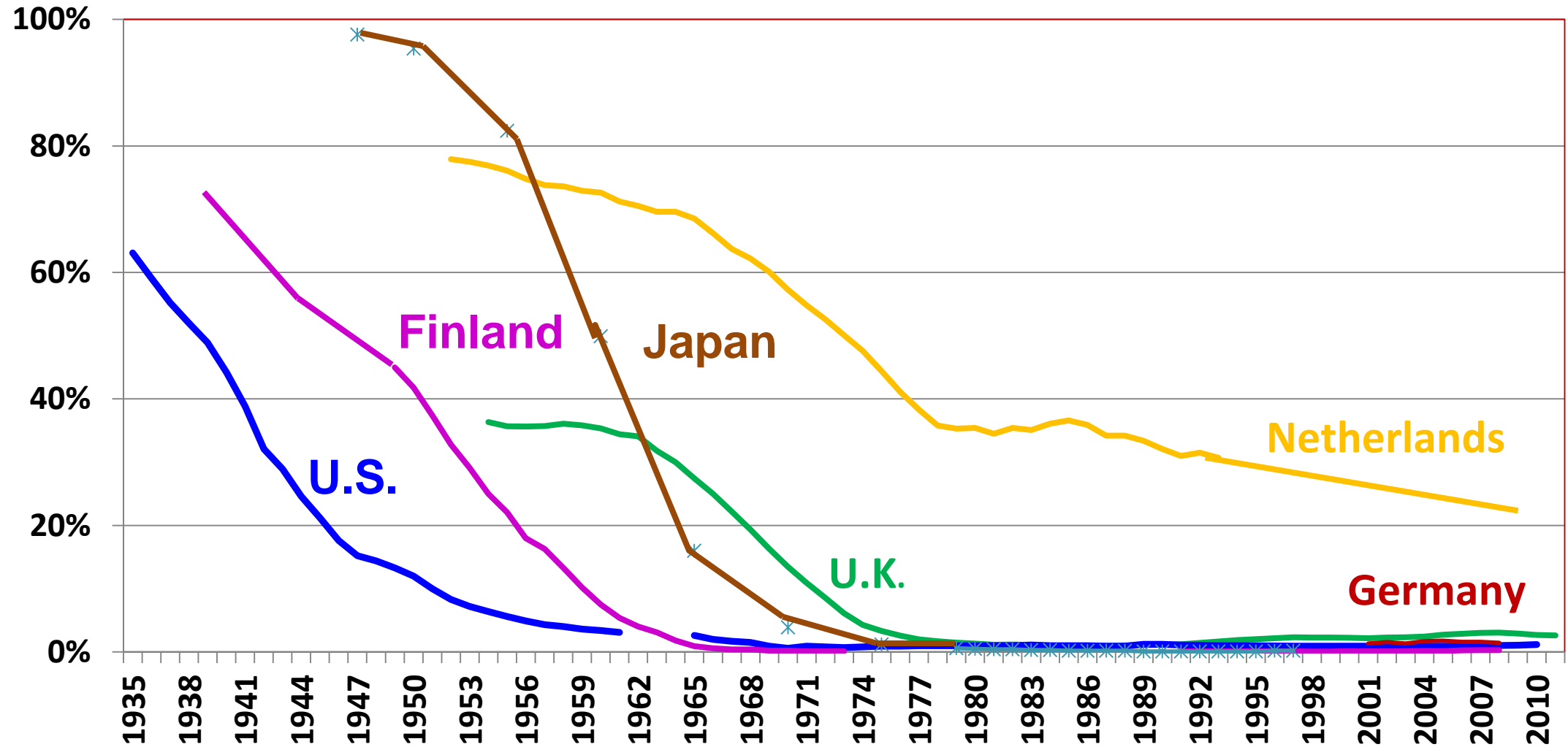
# Likelihood of Labor or Delivery Outcomes Controlling for Key Variables

- **Self Induced Labor** – almost twice as likely
- **Medical Induction** – almost twice as likely
- **Epidural** – twice as likely
- **Requesting a cesarean** – 4 times as likely

**Would have never discovered  
this phenomenon if we didn't  
listen to mothers**

## **2. Mothers' Interest in Out of Hospital Birth**

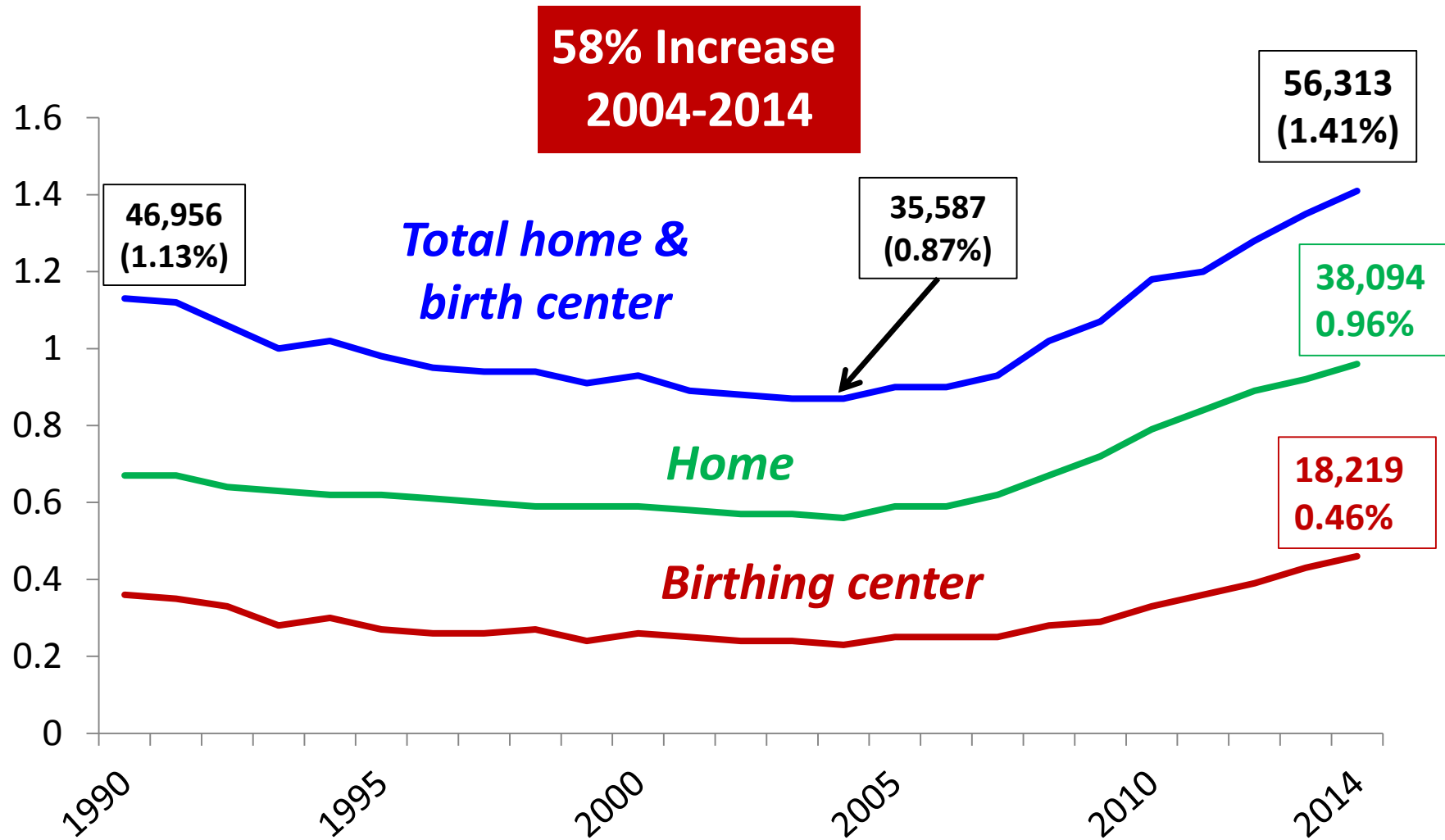
# Out of Hospital Birth Rates, Selected Countries, 1935-2010



Sources: National Vital Statistics and Birth Reports, various countries.



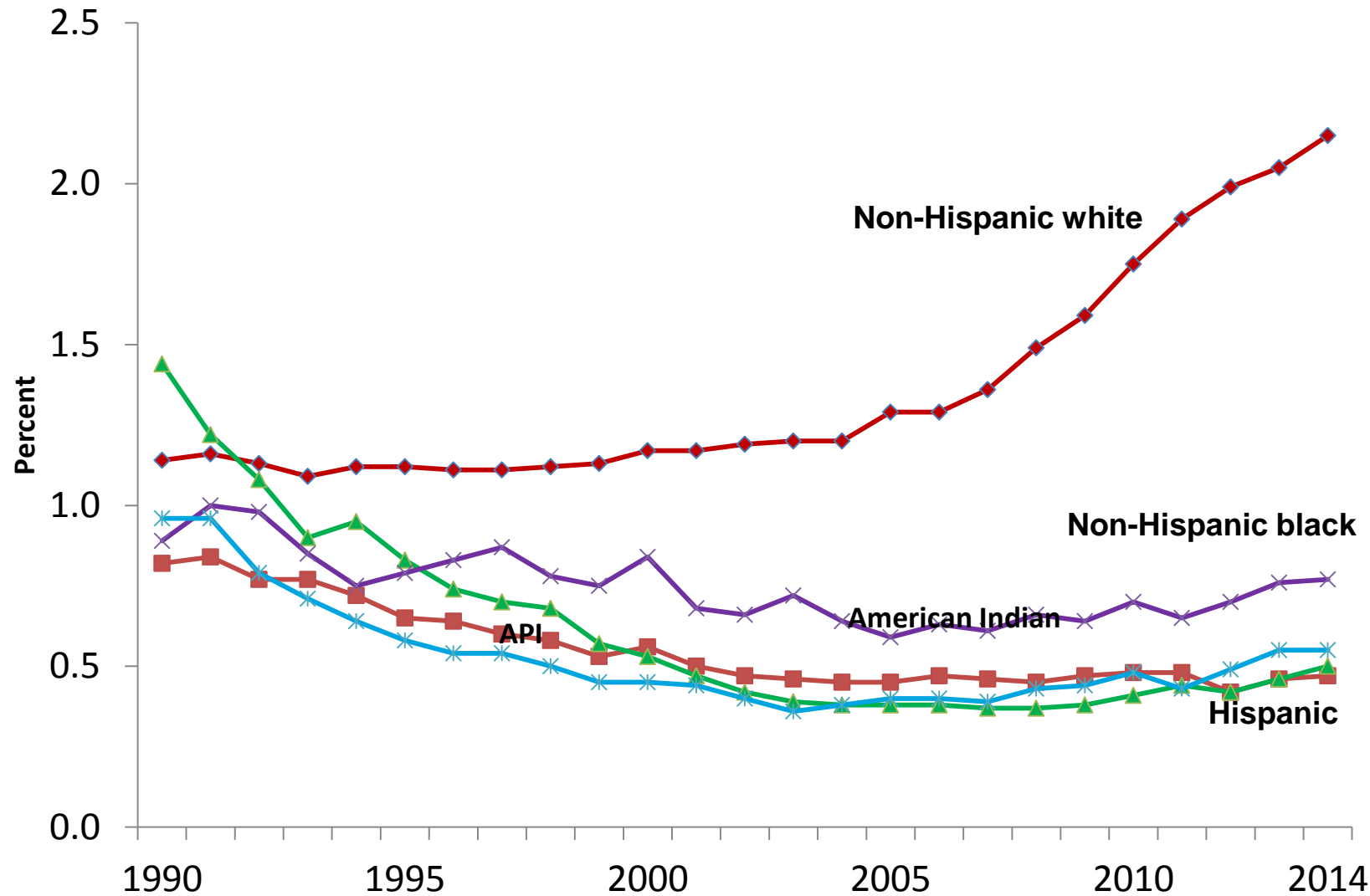
# Percent of all births at home, or in a birthing center, United States, 1990-2014



Source: NCHS Annual Birth Reports &  
CDCVitalStats. <http://www.cdc.gov/nchs/nvss.htm>

*BirthByTheNumbers.org*

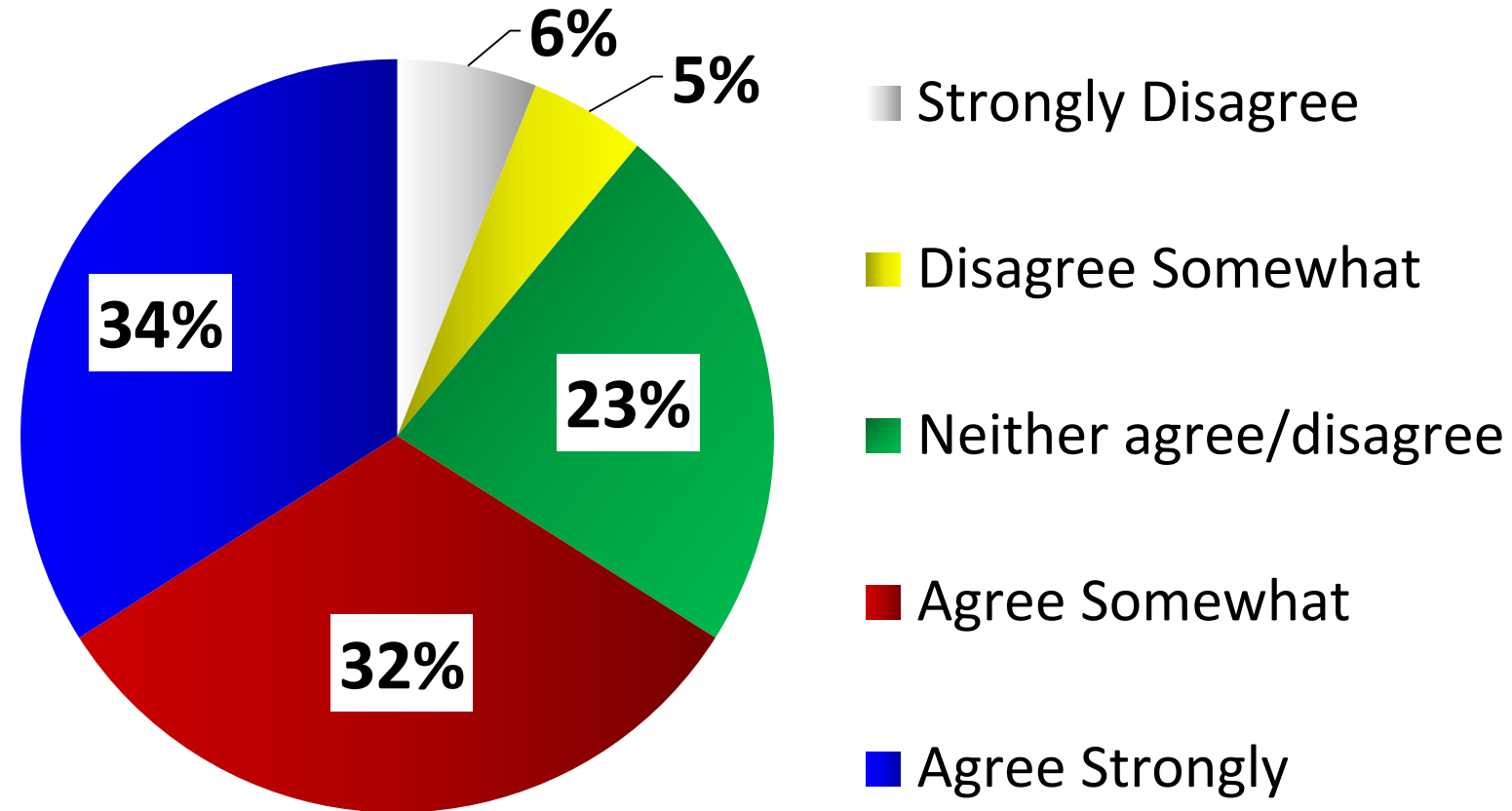
# Percentage of births occurring outside a hospital by race and Hispanic origin of mother, United States, 1990-2014



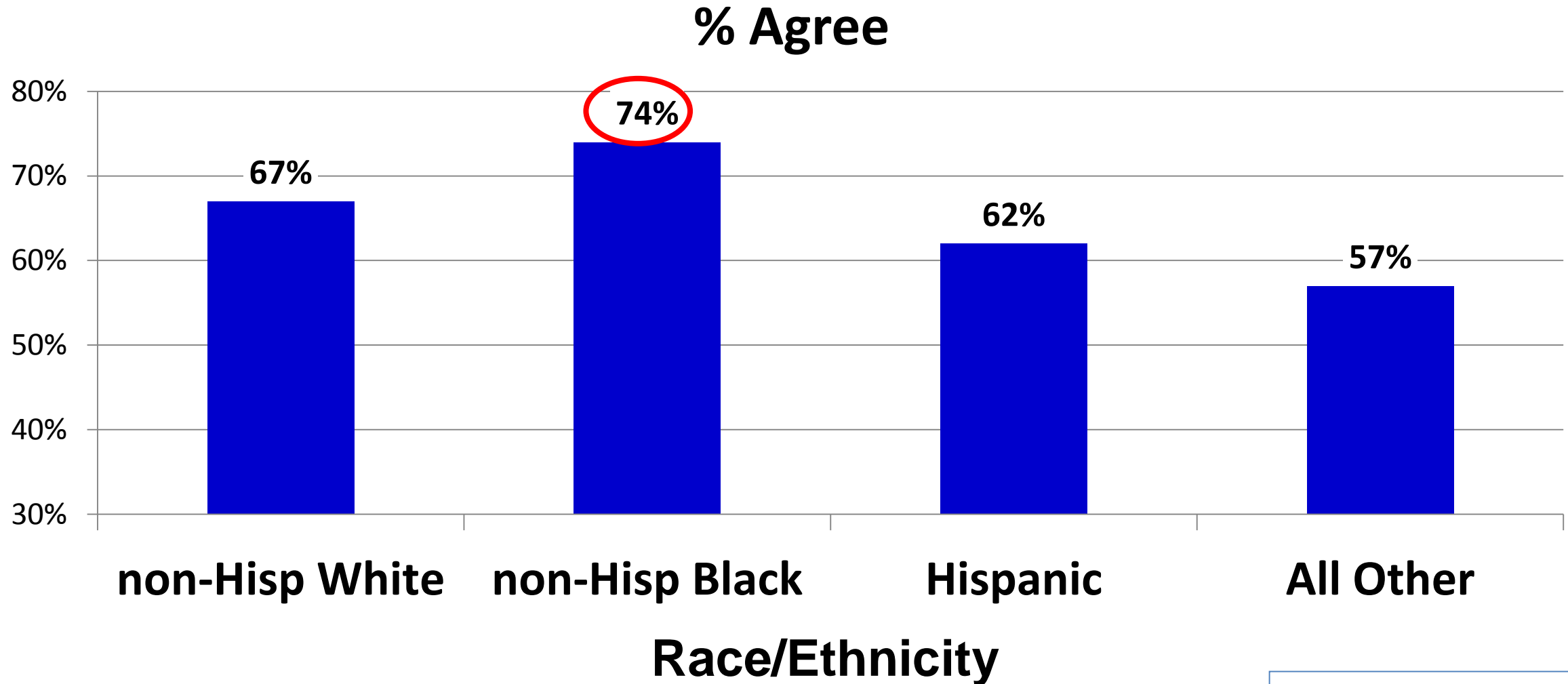
*What can surveys add to this information?*

Notes: Non-Hispanic white, Non-Hispanic black and Hispanic data exclude New Hampshire in 1990-92 and Oklahoma in 1990, as these states did not report Hispanic origin on their birth certificates for those years. API denotes Asian or Pacific Islander. Source: Birth certificate data from the National Vital Statistics System.

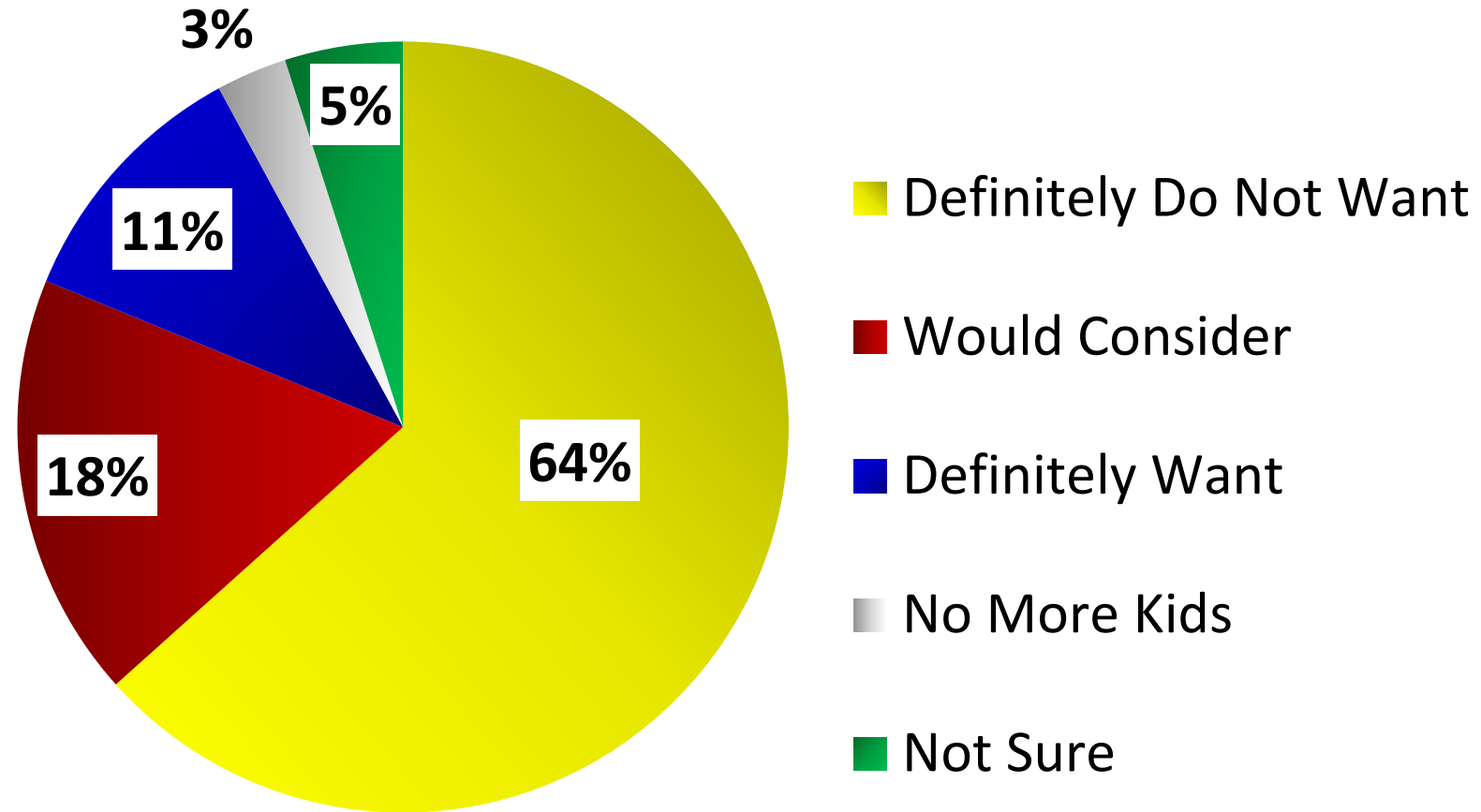
***If a woman wants to have her baby at home, she should be able to do so.***



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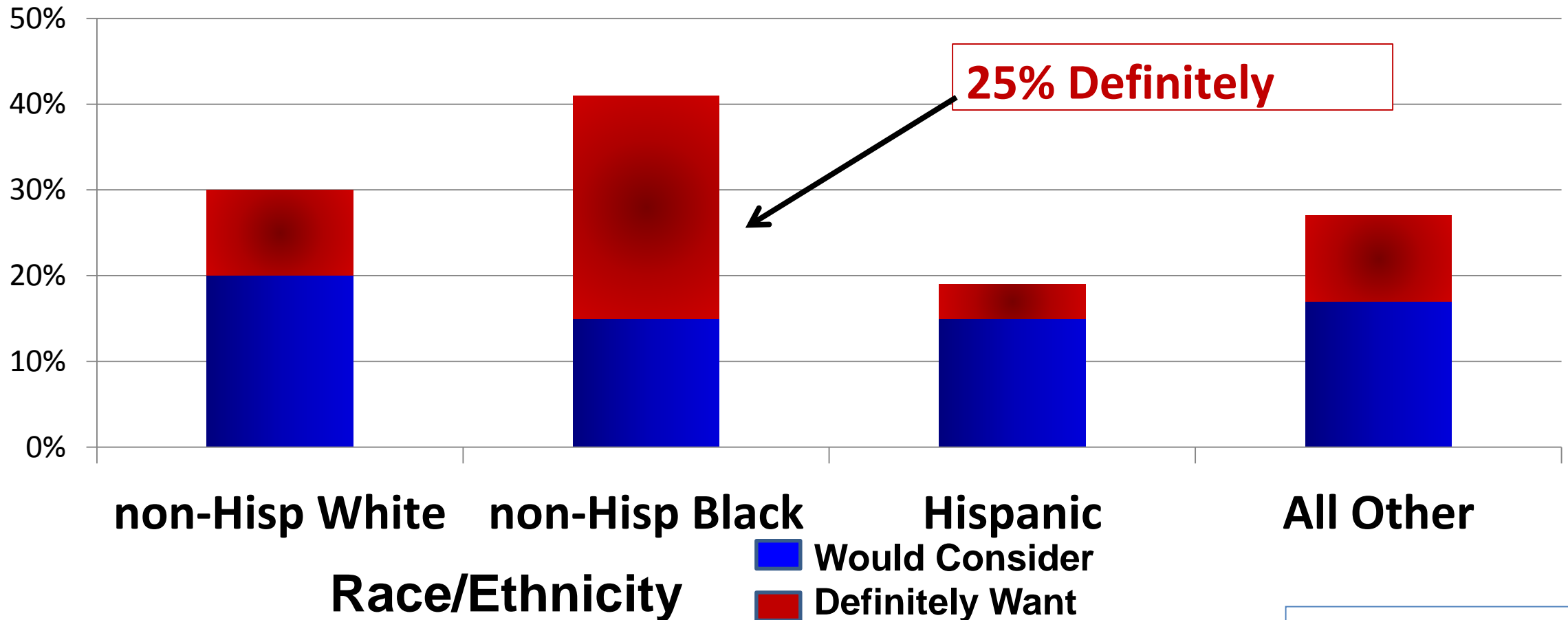


***For any future births, how open would you be to giving birth at **home**?***



# *For any future births, how open would you be to giving birth at home?*

% Agree





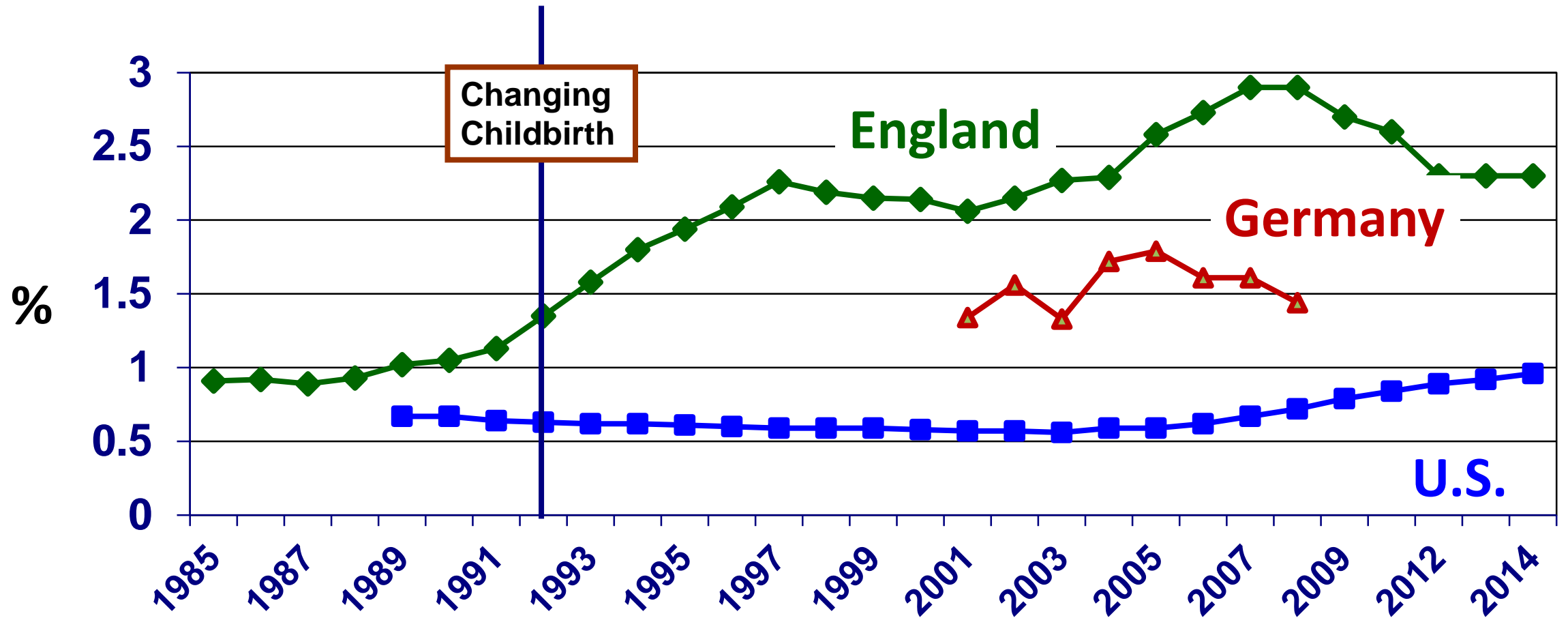
- *So home births are really rising in the U.S. and some industrialized countries.*

*In absolute numbers there are more home births in the U.S. than in the Netherlands.*

*This trend will keep going right?*

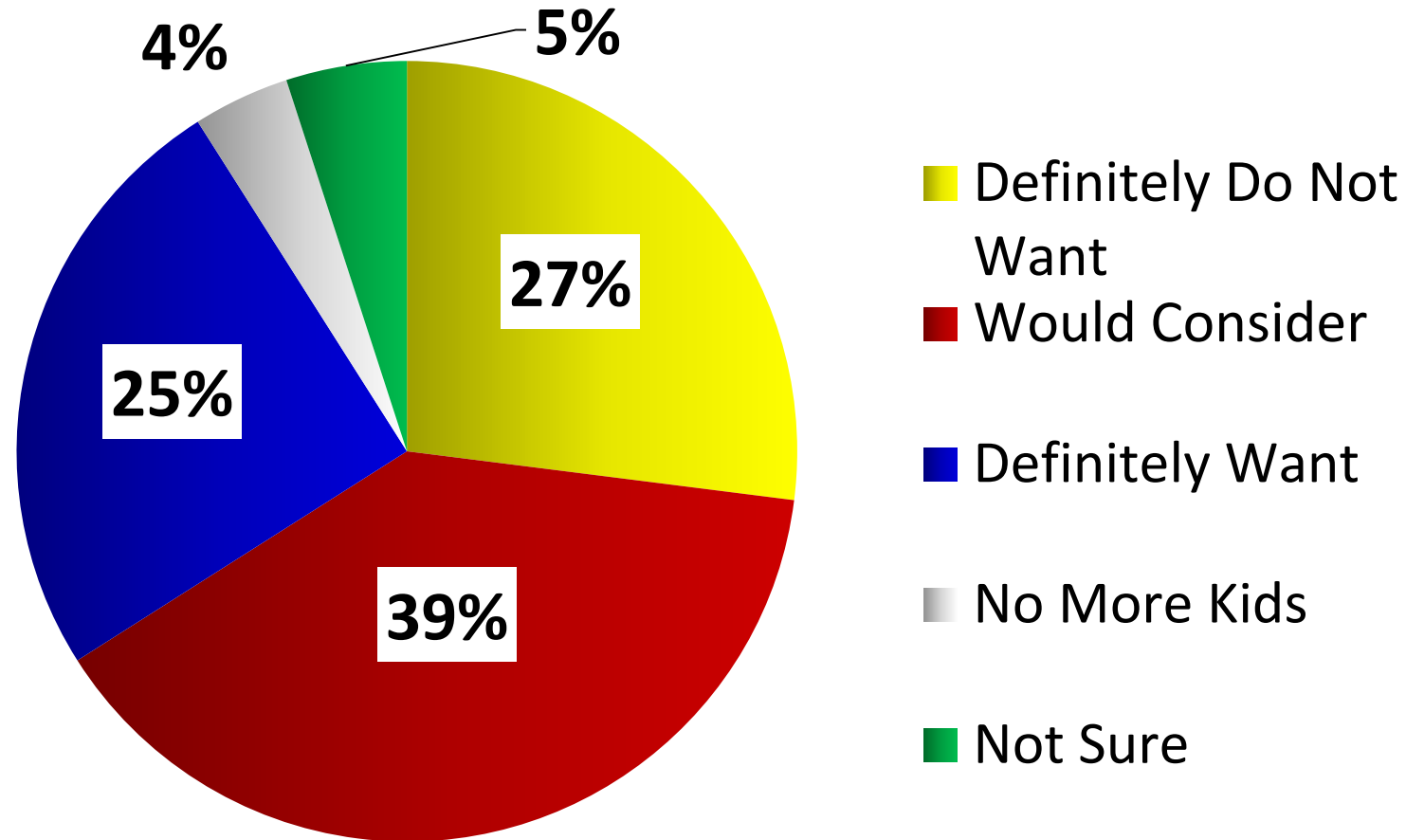
# *Not too much more*

Proportion of Home Births, England, U.S. Germany



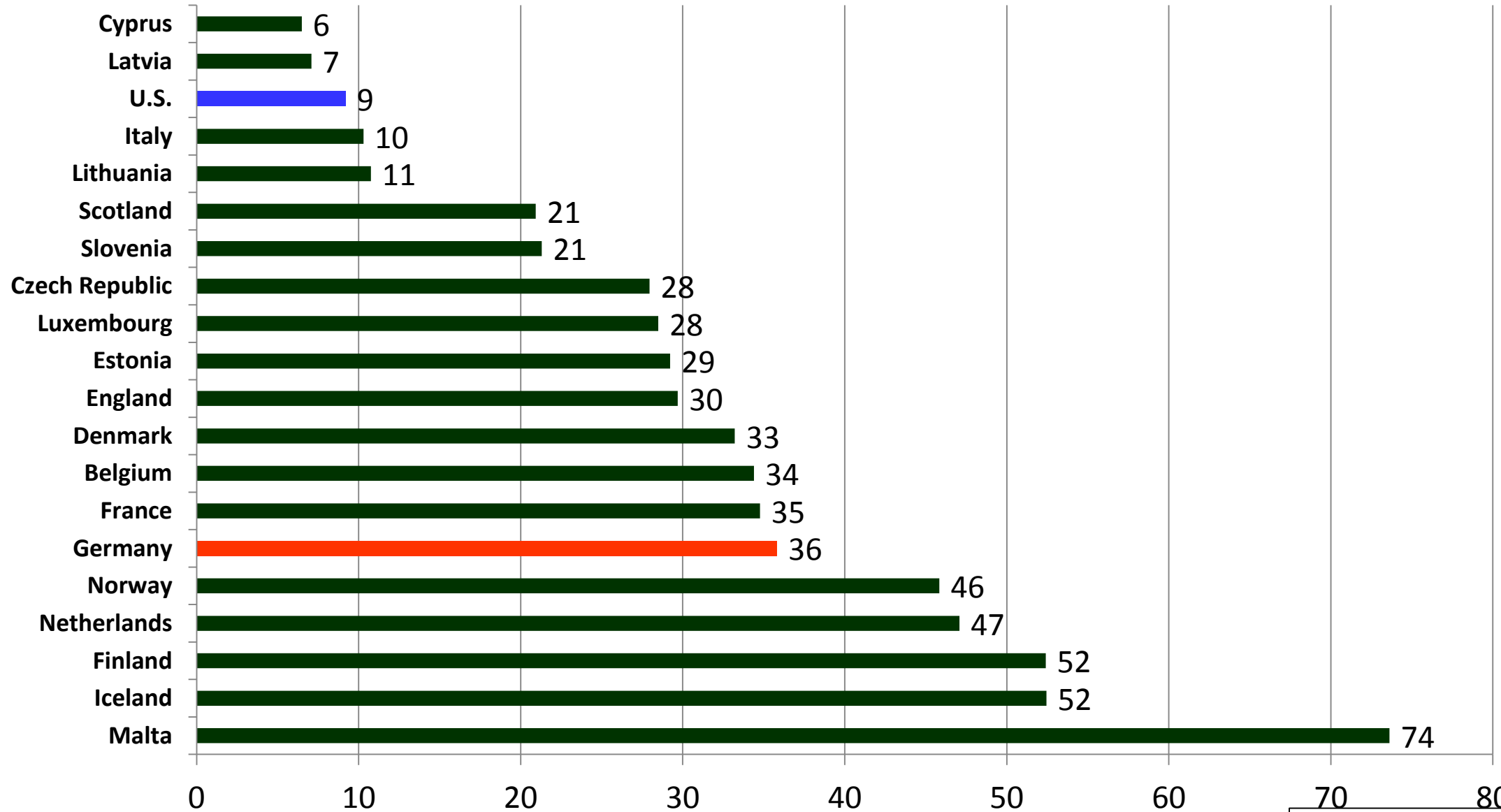
# ***EVEN GREATER INTEREST IN BIRTH CENTERS***

***For any future births, how open would you be to giving birth at a **birth center that is separate from a hospital?*****



***3. Mothers' Experience  
with Vaginal Birth After  
Cesarean***

# VBAC Rates Industrialized Countries, 2010



# ***Bulletin followed an NIH Consensus Meeting and Publication of Evidence Report***

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
WOMEN'S HEALTH CARE PHYSICIANS



## **PRACTICE BULLETIN**

***CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN—GYNECOLOGISTS***

Number 115, **August, 2010**

(Replaces Practice Bulletin Number 34, July 2004 and Committee Opinion Number 342, August 2006), Reaffirmed 2013  
Committee on Practice Bulletins—Obstetrics. This Practice Bulletin was developed by the Committee on Practice Bulletins—Obstetrics with the assistance of William Grobman, MD, and Jeffrey Ecker, MD. The information is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

[PDF Format](#)

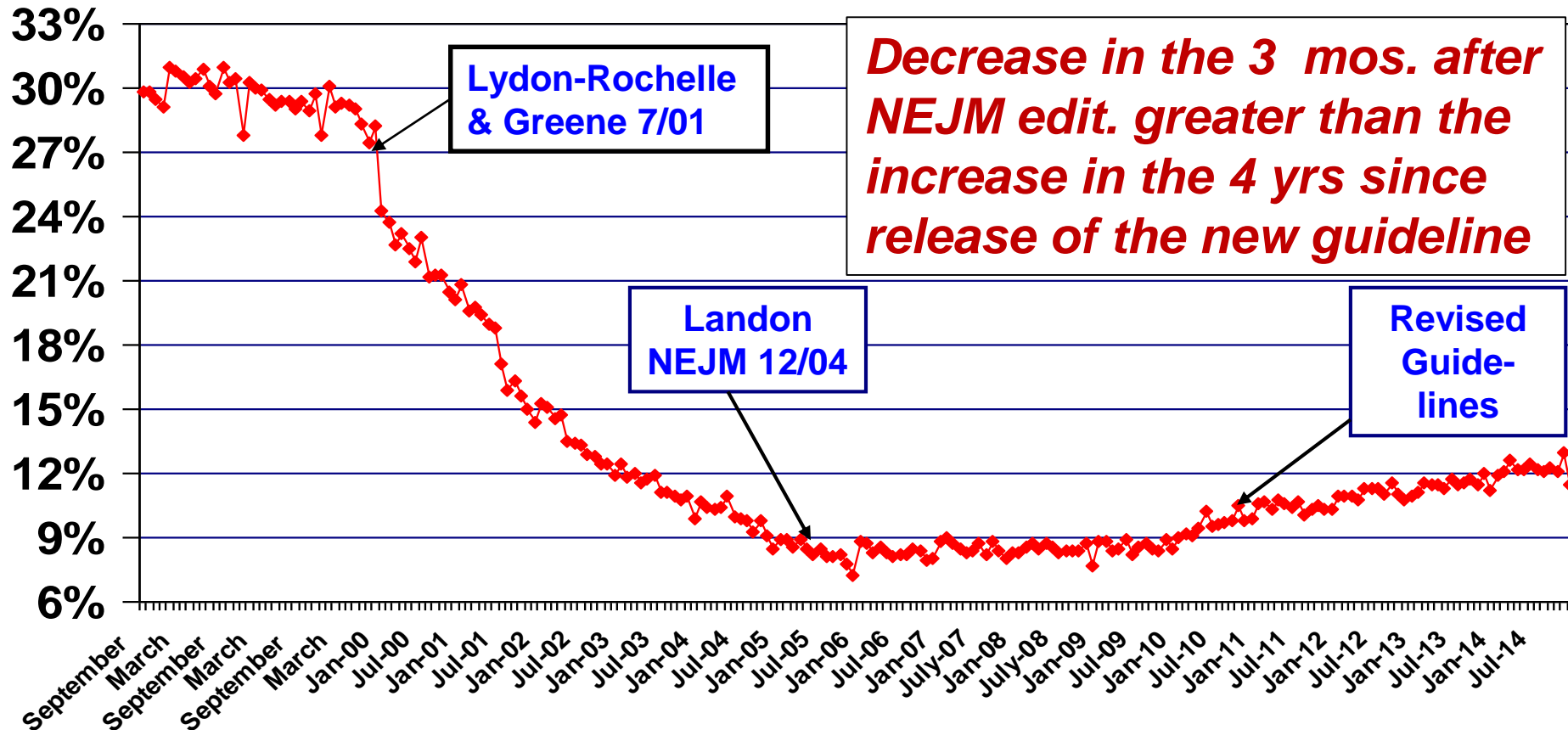
### **Vaginal Birth After Previous Cesarean Delivery**

#### **Summary of Recommendations**

*The following recommendations are based on good and consistent scientific evidence (Level A):*

***Most women with one previous CD with a low-transverse incision are candidates for and should be counseled about VBAC and offered TOLAC.***

# % VBAC Lower Risk\* Mothers, U.S., Monthly Rates, 2000-2014



\* Full-gestation(37+ weeks), vertex presentation, singleton births

**If ACOG puts out new  
guidelines, why so little  
effect?**

**Need to ask mothers!**



## Mothers' Interest in and Access to VBACs

| Base: had cesarean in the past and for most recent birth       | LTM I<br>2000-02 | LTM II<br>2005 | LTM III<br>2011-12 |
|--|------------------|----------------|--------------------|
| Was interested in the option of a vaginal birth after cesarean | n.a.             | 45%            | 48%                |
| Did not have the option of a vaginal birth, or VBAC            | 42%              | 52%            | 56%                |

**New VBAC Guidelines**

# U.S. Mothers Report of Experience Seeking a VBAC, 2000, 2005, 2012

| <i>Mother had cesarean in the past, and did not have the option of a VBAC for recent birth.</i> | LTM I<br>2000-02 | LTM II 2005 | LTM III<br>2011-12 |
|---|------------------|-------------|--------------------|
| <i>Did not have the option because caregiver was unwilling to do a VBAC</i>                     | 36%              | 45%         | 24%                |
| <i>Did not have the option because hospital was unwilling to allow a VBAC</i>                   | 12%              | 23%         | 15%                |
| <b><i>Medical reason unrelated to prior cesarean</i></b>  | <b>38%</b>       | <b>20%</b>  | <b>45%</b>         |

Source: *Listening to Mothers 3.*

**New VBAC Guidelines**

*BirthByTheNumbers.org*

## **4. Shared Decision Making**

**All about surveying  
mothers**

# Patient Centered care requires....

*“..... a partnership between the provider and the patient with shared power and responsibility in decision making and care management [and] giving the patient access to understandable information and decision support tools that help patients manage their health and navigate the health care delivery system.”*

# Mothers' experiences of making labor & birth decisions

**Induction mentioned because baby might be getting quite large. *n=163***

|  |                 |
|--|-----------------|
| How much did you and your maternity care provider talk about the reasons you <u>might want</u> to have an induction (% “some” or “a lot”)?     | <b>61</b>       |
| How much did you and your maternity care provider talk about the reasons you <u>might not want</u> to have an induction (% “some” or “a lot”)? | <b>38</b>       |
| Did your maternity care provider explain that there were choices (% yes)?  | <b>82</b>       |
| Did maternity care provider express opinion about whether or not you should have induction?  | <b>81</b>       |
| Did your maternity care provider think you should or should <u>not</u> have (% should have induction among those who expressed opinion)?       | <b>80</b>       |
| Did your maternity care provider ask you whether or not you <u>wanted</u> to have... (% yes)?  | <b>77</b>       |
| Who made the final decision whether or not to have induction?(% mother's /% MCP/% shared)?   | <b>46/20/34</b> |
| If you knew then what you know now, do you think you would make the same decision about having ... (% definitely yes”)?                        | <b>64</b>       |
|  |                 |

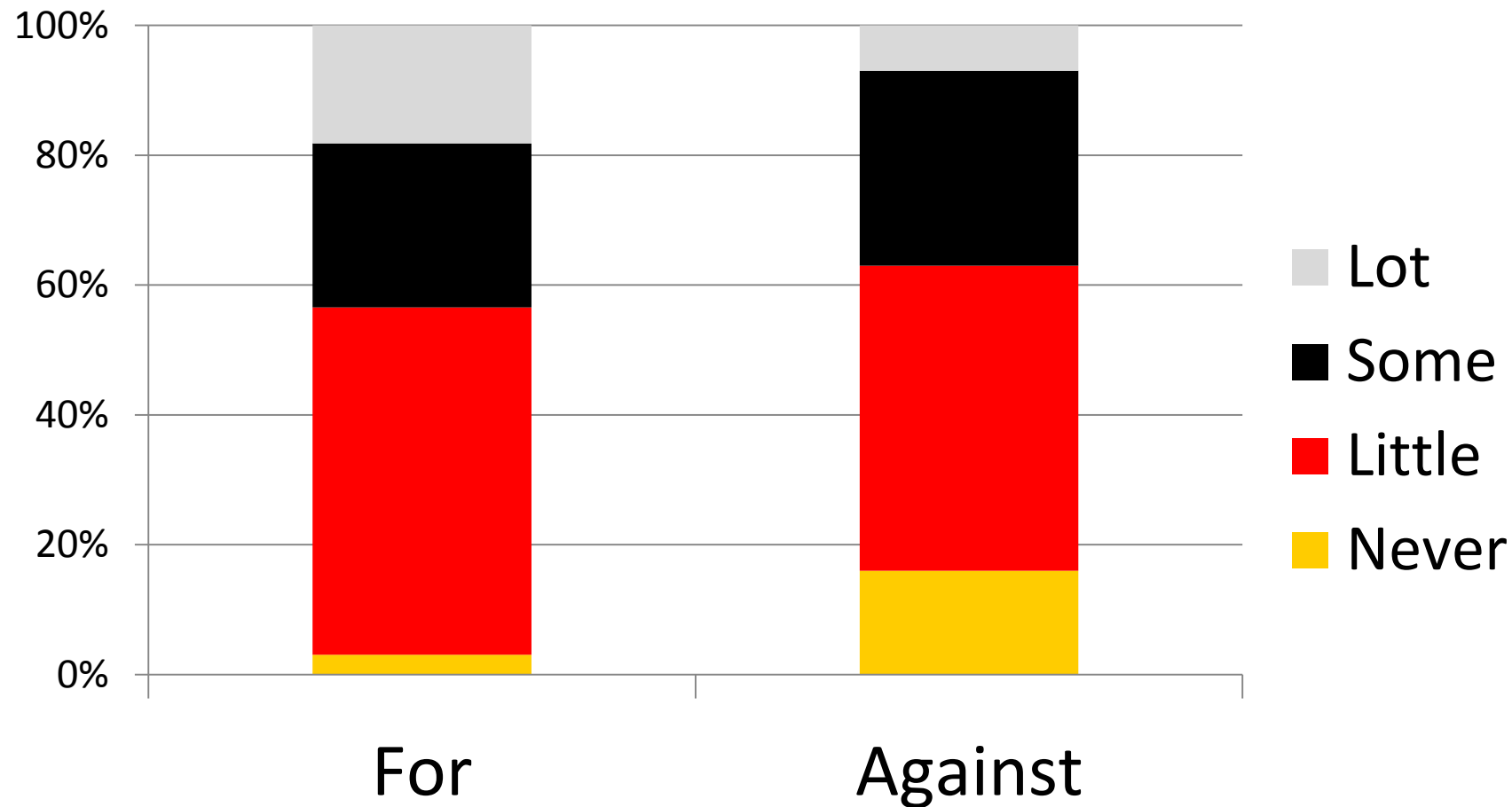
# Mothers' experiences of making labor & birth decisions

## Repeat cesarean or VBAC decision for mothers with 1 or 2 prior CS. N= 321

|   |                 |
|---|-----------------|
| How much did you and your maternity care provider talk about the reasons you <u>might want</u> to have a repeat cesarean(% “some” or “a lot”)?      | <b>61</b>       |
| How much did you and your maternity care provider talk about the reasons you <u>might not want</u> to have a repeat cesarean (% “some” or “a lot”)? | <b>38</b>       |
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| Did maternity care provider ask you whether or not you <u>wanted</u> to have a repeat CS (% yes)?   | <b>77</b>       |
| Who made final decision whether or not to have a repeat CS ?(% mother's /% MCP/% shared)?   | <b>46/20/34</b> |
| If you knew then what you know now, do you think you would make the same decision about having a repeat CS ... (% definitely yes”)?                 | <b>64</b>       |
|   |                 |

***If this is a shared process how  
did so many mothers end up  
with the intervention?***

# Extent of provider discussion about reasons for having and not **having an induction**



***Induction rate for mothers engaged in shared decision making:***

**67%**

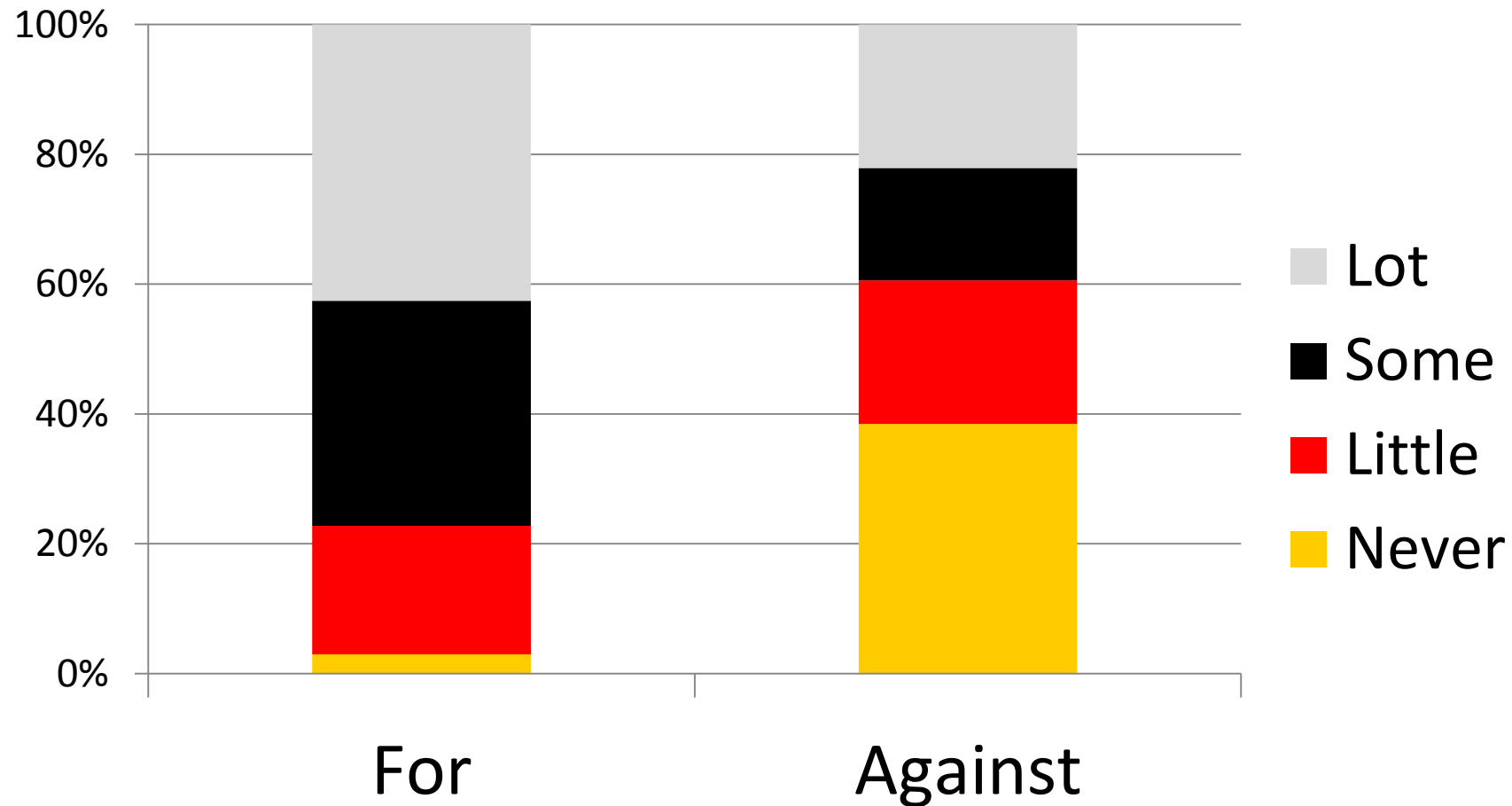
***Induction rate for mothers not engaged in shared decision making:***

**43%**

[BirthByTheNumbers.org](http://BirthByTheNumbers.org)



# Extent of provider discussion about reasons for having and not **having repeat cesarean**



***VBAC rate for mothers engaged in shared decision making: 7%***  
***VBAC rate for mothers not engaged in shared decision making: 14%***

# Mothers' experience of pressure to have interventions, by whether mothers had intervention

| Intervention     | Experience of pressure among<br>mothers who did not have<br>intervention* | Experience of pressure among<br>mothers who had intervention |
|------------------|---|--|
| Labor induction  | 8%  | <b>25%</b>   |
| Primary cesarean | 7%  | <b>28%</b>   |
| Repeat cesarean  | <b>28%*</b>   | 22%  |

\* Mothers having a VBAC

## 5. Are Mothers asking for Cesareans?

*Have maternal request  
cesareans played a major role  
in increased cesareans?*

# Two Components to Maternal Request Primary Cesarean

1. Mother made request for  
planned cesarean before labor

# Two Components to Maternal Request Primary Cesarean

1. Mother made request for planned cesarean before labor
2. Cesarean for no medical reason

# Reasons for primary and repeat cesarean birth

(choose reason that best applies)

| Base: had cesarean <i>n</i> =744                                   | Primary cesarean<br><i>n</i> =368 | Repeat cesarean<br><i>n</i> =376 |
|--|-----------------------------------|----------------------------------|
| I had had a prior cesarean ( <i>asked of prior cesarean only</i> ) | n.a.                              | 61%                              |
| Baby was in the wrong position                                     | 16%                               | 3%                               |
| Fetal monitor showed the baby was having problems during labor     | 11%                               | 3%                               |
| I had a health condition that called for procedure                 | 10%                               | 13%                              |
| Baby was having trouble fitting through                            | 10%                               | 2%                               |
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| <b>Provider tried to induce labor but it didn't work</b>           | 8%                                | 3%                               |
| Problem with the placenta  | 8%                                | 2%                               |
| Labor was taking too long  | 7%                                | 2%                               |
| <b>Past my due date</b>  | 3%                                | -                                |
| <b>Afraid to labor and have baby vaginally</b>                     | 3%                                | -                                |
| <b>No medical reason</b>   | <b>4%</b>                         | <b>3%</b>                        |

# Patient Choice Primary Cesareans

- Combining reason for cesarean and timing of decision found only about 1% of respondents had a planned primary cesarean for no medical reason.

*"I think that [cesarean] is... the best way ... to give birth. It is a planned way, no hassle, no pain, the baby doesn't struggle to come out, the baby is not pressed to come out ...I think that ... everybody should have the baby by cesarean section." (quote from LtM2)*

***Studies from England, Canada and U.S. states confirm very low rates of maternal request cesareans***

# Mothers' experience of pressure to have interventions, by whether mothers had intervention

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\* Mothers having a VBAC



**Bonus Insight!!**

**Trends in U.S. Mothers  
Attitudes toward  
Intervention in Birth**

# Trends in Mothers Attitudes toward intervention in birth

| <i>Birth is a process that should not be interfered with unless medically necessary</i> | LTM I<br>2000-02<br><i>n=1583</i> | LTM II 2005<br><i>n=1573</i> | LTM III<br>2011-12<br><i>n=2400</i> |
|---|-----------------------------------|------------------------------|-------------------------------------|
| <b>Disagree strongly or somewhat</b>  | 31%                               | 24%                          | 16%                                 |
| <b>Neither agree nor disagree</b>   | 24%                               | 25%                          | 26%                                 |
| <b>Agree somewhat or strongly</b>   | 45%                               | 50%                          | 58%                                 |

# ***Why It's Important to Listen to Mothers***

- **Humbling** because we find that they don't think like we do
- **Maternal Attitudes** – Determine mothers' attitudes toward pregnancy, birth and the postpartum experience
- **Mothers' Perspectives** – Document mothers' experience from their perspective

# ***Why It's Important to Listen to Mothers***

- **Identify needs** – and who has them – that wouldn't be known from other data sources
- Can get at the “**Why?**” question which is not possible from other sources which focus on “What?”
- Leads to better **Design of Systems** and better **Outcomes**

**Key Question:**

**When will Germany begin  
their own Listening to  
Mothers study?**



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Questions &  
Comments?