A CONVERSATION AND
A CALL TO ACTION
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Lamaze International's 2015 Childbirth Education Roundtable Report

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Introduction

On December 7, 2015, Lamaze® International convened a roundtable of notable maternal-child health stakeholders to discuss the role that evidence-based childbirth education has in improving childbirth outcomes in the United States. Key national initiatives have prioritized reducing early elective deliveries, reducing first-birth cesarean, and decreasing maternal and infant mortality and morbidity. Lamaze International is poised to play a key role in these national goals.

The Roundtable agenda focused on three sequential objectives: 1) raise awareness of how elective-labor procedures increase childbirth costs and maternal and newborn childbirth complications; 2) communicate the role that evidence-based childbirth education has in reducing elective-labor procedures; and 3) develop a collaborative strategy to increase childbirth-education access and utilization for all women who are pregnant.

Roundtable participants included representatives from the American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives (ACNM), the Association of Maternal and Child Health Programs (AMCHP), the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN), Consumer Reports, the March of Dimes, the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB), the National Partnership for Women and Families (NPWF), the Patient-Centered Outcomes Research Institute (PCORI), The Leapfrog Group, and Young Invincibles.

The Roundtable discussion identified three trends that negatively affect childbirth outcomes: 1) increasing elective-labor procedures; 2) declining enrollment in childbirth education courses; and 3) limited numbers of available Lamaze Certified Childbirth Educators (LCCE) and quality childbirth-education programs. In discussing these trends, Roundtable participants generated three action areas that Lamaze could pursue:

- Engage the Consumer: Meet women where they are
- Make the Case through Evidence: Identify data gaps; develop a long-term research strategy for the efficacy of childbirth education
- Collaborate with stakeholders, payers, and providers: Become a resource; identify mutual opportunities and needs.

Background

The United States is one of eight countries—and the only developed country—in the world that has experienced an increase in its maternal mortality rate over the past 20 years.[1] Several factors contribute to this upswing, including the increasing prevalence of maternal chronic health conditions, the lack of access to quality prenatal care and childbirth education, overused elective medical procedures, such as early induction and cesarean sections. Childbirth complications cost the United States $17 billion each year—and many of these complications can be prevented.[2]

The statistical trend toward worsening outcomes and its short- and long-term ramifications have not gone unnoticed. Childbirth advocacy and maternal-child health stakeholders at the national, state, and local levels have launched initiatives to raise awareness of these statistics, and are developing programs and services that address the underlying factors of this trend.

Comprehensive prenatal care should include both the medical and educational components of pregnancy and delivery. Current barriers—such as insufficient access to evidence-based childbirth education—leave many women with little knowledge about healthy labor practices and their risks of pregnancy complications. Many of the leading causes of maternal mortality in the United States—hemorrhage, hypertension, and venous thromboembolism—are preventable, and non-medically indicated procedures, particularly cesarean births, increase the risk for short- and long-term complications.[3,4]

The increase of non-medically indicated birth procedures, such as hospital admission during the early stages of labor, elective inductions, and cesarean births, contribute to rising childbirth complications and costs in the United States. The overuse of cesarean births exposes a flaw in the healthcare delivery process: the notion that more is safer, better, and necessary. This mindset presumes that the patient—the consumer—does not have an informed voice in her medical care. Childbirth education provides a powerful alternative to this mindset by teaching women and their partners about the childbirth process, and how best to communicate their childbirth preferences to their prenatal care providers as early as possible.

Lamaze Is

Lamaze means something different for everyone, but its concept is meaningful to everyone. For Roundtable participants, Lamaze is: "empowerment"/"natural childbirth"/"quality education"/"a partner"/"for everyone"/"informed decision-making"/"how I entered the world"/ "intrinsic to my journey"/"peace of mind"/ and "not your mother's childbirth."

Lamaze has evolved from its 1960 inception as primarily a breathing technique to being the only childbirth-educator certification that meets the National Commission for Certifying Agencies' standards. Lamaze's mission is to equip parents with evidence-based knowledge necessary to make informed childbirth decisions. Its curriculum reinforces the innate ability to give birth and incorporates the latest evidence for preparing women for their birth experiences.

Childbirth Education: "A Spoke in the Wheel" for Improving U.S. Childbirth Outcomes

Lamaze has always been a leader in providing high quality, evidence-based childbirth information. It bases its curriculum and training on its six evidence-based *Healthy Birth Practices*.[5] But as U.S. childbirth costs and complications increase, Lamaze has stepped into the advocacy realm to identify and address a specific barrier to healthy childbirth outcomes: the lack of access to comprehensive childbirth education. Women face many obstacles to obtaining evidence-based childbirth education and Lamaze's priority is to make its services accessible to all women.

What is Evidence-Based Childbirth Education and Why is it Important?

Prenatal health is a cornerstone to healthy childbirth outcomes, but society often overlooks, underestimates, and misunderstands the role that education has in prenatal care. Lamaze's evidence-based curriculum challenges the notion that a woman's preference and active engagement during her labor process is trivial. Information empowers and Lamaze's goal is to not only prepare women and their partners for the physical and emotional components of labor, but to encourage them to become educated healthcare consumers. Equipped with knowledge, women and their partners become their own advocates and take an active role in making decisions regarding labor and delivery.

Engage the Consumer

According to Childbirth Connection's *Listening to Mothers III (LTM III)*: Pregnancy and Birth survey, 59 percent of first-time mothers took childbirth education classes in 2011-2012,[6] a rate that has dropped 11 percentage points since the 2000-2001 *Listening to Mothers I survey*.[7] Roundtable participants addressed this trend and identified access challenges and perceived irrelevance as factors. Access and relevance are two critical, but separate, pieces of the problem. Lamaze already strives to meet women wherever they are, but could enhance this effort through increased consumer outreach.

Inform; Empower

Lamaze's evidence-based childbirth curriculum helps women understand the role that they have in their own pregnancies, their right to investigate and choose their providers and place of birth, and their ability to make their own decisions about their care. The *LTM III: Pregnancy and Birth* survey found that between 22-30 percent of surveyed women reported reluctance to engage their providers in discussions regarding their personal childbirth preferences because they felt rushed, their providers had differing opinions, or they did not want to be considered difficult patients.[8,9]

As healthcare becomes more consumer-driven, more individuals are using quality and patient- satisfaction data to make informed and practical medical-management decisions. Not all hospitals are equal when it comes to providing quality, patient-centered care. Data can help consumers compare hospital early elective delivery, cesarean section, labor complication, and readmission rates. But even the most mindful consumers cannot do so if information is not transparent and readily available.

The *LTM III: Pregnancy and Birth* survey reported that while most women chose maternity care providers based on insurance coverage, 40 percent compared data to choose a provider and 41 percent used quality scores to choose a hospital.[10] This percentage could increase if more women knew about available clinician and hospital comparison data through sources such as The Leapfrog Group,[11] the Agency for Healthcare Research and Quality's (AHRQ) Healthcare Cost and Utilization Project,[12] and the Centers for Medicare and Medicaid Services' (CMS) Hospital Compare.[13]

Action Opportunity: Incorporate the importance of shopping for clinicians and place of birth into Lamaze's childbirth education curriculum; make course participants more aware of available clinician and hospital quality and satisfaction reports.

Building and Maintaining the Confidence to Pursue Preference

A woman's right to set the pace for her baby's birth should not be checked at the hospital door. In "The Myth of Childbirth Choice," Nancy Lowe describes the pressure that a woman often feels to rush her labor and submit to a schedule once she is admitted to a hospital. Childbirth is the most common reason for hospital admissions—and hospitals are often the only covered venue available for many women to give birth in the United States. The hospital's acute-care atmosphere, however, presumes childbirth to be a health condition amenable to a time table rather than a natural life event with its own rhythm and timing.[14] Equipping women with the knowledge and the confidence to voice their preferences has long-lasting effects—and is a critical component of Lamaze's curriculum.

Lamaze Consumer Toolkit—Bring the Evidence to the Consumer

Clinical practice guidelines provide a roadmap for providers and caregivers to help standardize and streamline best practices for procedures and treatments. ACOG's Committee on Patient Safety and Quality Improvement's 2015 opinion cited the lack of provider adherence to clinical practice guidelines as a barrier to standardizing best practices for healthcare management.[15] While providers are not obligated to follow practice guidelines, consumers have the right to know when and why they do not. If made more accessible, consumers could use clinical practice guidelines to help select their clinicians and hospitals.

Action Opportunity: Expand Lamaze's education resources by creating a database of relevant clinical practice guidelines or link with AMCHP's Best Practice and Evidence-Base Resources database to help women and their partners choose providers and design their childbirth preference plans.

Attract and Sustain an Audience

Knowing one's audience is the first step to sustaining a constituency. But how does Lamaze stay relevant, especially if its audience members only need its services once or a few times in their lives? Word of mouth and a recognizable brand is critical. Lamaze has a known brand—and its mission stays relevant because it addresses a demonstrable need.

While over 90 percent[16] of women between the ages of 18-34 use smartphones and other app-related devices for information, many women in poor or geographically isolated areas do not readily have access to the internet.[17] Lamaze's audience includes both ends of this spectrum. Internet apps, Facebook, and online resources are critical to reaching much of the 18-34 demographic. But many women who could most benefit from childbirth education are not online.

How does Lamaze locate those who cannot easily be found? Triagularization may be a method to reach those who could benefit most from childbirth education. Just as food banks use diaper donation programs to identify hunger,[18] Lamaze could utilize existing community programs, health programs, state-based services, and other integrated aid programs to reach women who are unaware of childbirth education opportunities or who face barriers to pursuing childbirth education.

Roundtable participants discussed the importance of small-scale efforts to reach multiple demographics and HRSA's *Strong Start for Mothers and Newborns* initiative demonstrates the success of tapping into state and local infrastructures.[19] A community-based approach to providing childbirth education helps bring Lamaze's resources to women of every demographic.

A woman may feel more comfortable attending a childbirth education course with an instructor who shares her culture and/or ethnicity. Working with community leaders may help Lamaze reach more women—and encourage women from diverse backgrounds to become LCCE instructors. Lamaze is for every woman—and it is critical that Lamaze consider unique needs when reaching out to specific communities.

Action Opportunity: Continue to engage trusted community leaders and those on the ground who understand the nuances within their communities to identify barriers and connect with women who cannot reach Lamaze. Encourage trusted community members to become LCCE instructors.

Addressing Barriers to Comprehensive Childbirth Education

One of the greatest barriers to evidence-based childbirth education courses is the perceived cost. Many health plans do not recognize childbirth education as a prenatal benefit and do not provide adequate information on childbirth education options. If payers do not deem evidence-based childbirth education an essential benefit, neither will providers, policy makers, and consumers.

Action Opportunity: Engage payers by providing cost-benefit analyses of Lamaze's curriculum to increase the number of health plans that cover comprehensive evidence-based childbirth education.

CMS covers almost half of all U.S. births each year through Medicaid—and engaging this program is critical.[20] In 2009, Medicaid paid for over 44 percent of all complicated births in the United States[21] and over half of all hospital stays for preterm and low-birth rate newborns.[22] Many of these complications could be correlated with the lack of sufficient prenatal care or understanding of the ramifications of overused obstetric procedures, such as early elective deliveries. Public awareness campaigns, such as the March of Dimes' *Healthy Babies are Worth the Wait*,[23] address the importance of full-term pregnancies and play a critical role in communicating this message.

Medicaid presents Lamaze with the unique opportunity to advocate on the national and state levels to implement coverage determinations. Many states are making progress in addressing childbirth outcome disparities among Medicaid beneficiaries—and the state structure is conducive to collaborative pilot projects that target childbirth complications.

In 2011, South Carolina addressed the overuse of early elective deliveries by launching a multi-stakeholder effort called *Birth Outcomes Initiative*. By denying coverage for early elective deliveries, South Carolina reduced its early elective delivery rate by 50 percent and saved the Medicaid program $6 million in the first quarter of Fiscal Year 2013.[24] Other states including Washington, Oregon, and Texas have launched similar efforts.[25]

CMS' Preventive Services Rule 42 CFR 440.130(c), which reimburses non-licensed providers who administer preventive services to Medicaid beneficiaries,[26] may be an opportunity for Lamaze's LCCE instructors. Approving LCCE instructors as non-licensed providers for Medicaid reimbursement would require state legislative approval, but the effort would familiarize legislatures with Lamaze's advocacy efforts, the role childbirth education has in preventive care, and the high standards that Lamaze holds for its LCCE instructors.

Action Opportunity: Launch state efforts to acknowledge LCCE instructors as Medicaid preventive-services providers through 42 CFR 440.130(c). Engage state Medicaid programs to partner on pilot projects that would demonstrate Lamaze's childbirth curriculum's effect on improving childbirth outcomes.

Marketing Lamaze's Impact

What makes Lamaze relevant to women and their partners? Childbirth is physically and emotionally challenging. Fear or perceptions often increase women's childbirth anxieties. Lamaze's curriculum educates women on what to expect during labor, provides practical guidance on pain management, and instills confidence in their abilities to handle labor.

The social bonds that form during Lamaze classes often have long-lasting effects. Childbirth is intimate and personal, but it may also be a positive social experience. Preparing for labor in a supportive and comforting atmosphere fosters a camaraderie that often lasts far beyond the birth. Many Roundtable participants stated that their personal experiences with Lamaze classes created strong friendships and generated life-long skills. Information derived from patient-satisfaction surveys could facilitate this message—especially as insurance companies and health organizations place more value on the patient/consumer experience.

Peer-to-peer advertising is effective, genuine, and inexpensive. *LTM III: New Mothers Speak Out* reported that 78 percent of survey responders read blogs pertaining to pregnancy and childbirth for information.[27] Using personal blogs and social media to spread the word, the benefits, and the strong relationships that a Lamaze course provides are effective methods for increasing Lamaze's audience.

Action Opportunity: Continue to facilitate peer-to-peer marketing through social media, online and in-person community groups, and patient-satisfaction surveys.

Teach for the Lifetime

The relationship that the Lamaze instructor builds with her students need not stop at the end of the course. New mothers often feel overwhelmed and isolated at a time when postpartum maternal care is critical.[28] Offering a continuum of care through supportive pre- and postnatal social forums engages the consumer and keeps Lamaze relevant to women long after they give birth. Mothers who benefit from such long-term support may encourage their friends—and one day, their daughters—to seek out Lamaze classes when they become pregnant.

Action Opportunity: Continue to encourage LCCE instructors to keep informal postnatal relationships through private Facebook groups, organized play dates, or social networking forums to facilitate continuous support.

Make the Case: Generating, Collecting, and Communicating Evidence

Approximately 4 million births occur in the United States each year, at a cost $98 billion.[29] Payers are becoming keenly aware that childbirth is expensive and overused obstetric procedures—and their associated complications—only increase these costs.[30] As the payer model shifts from volume to value, health insurers may consider covering supplementary services, such evidence-based childbirth education courses, if data shows that they improve outcomes and reduce costs.

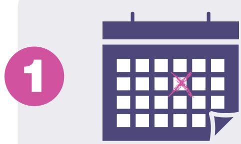
Action Opportunity: Link evidence-based childbirth education with reduced-elective procedures.

Identify the Gaps

Lamaze recognizes that although evidence-based, its six *Healthy Birth Practices* currently do not have enough quantified value associated with them to establish a causal relationship between Lamaze's curriculum and improved childbirth outcomes. But these *Practices* are a foundation for making the case. Applying value to the *Practices* by focusing on components that can be tested and measured is a starting point for research. Roundtable participants suggested that Lamaze jumpstart this effort by honing in on one or two of the *Practices* that can readily be measured or tested.

Action Opportunity: Continue to collect evidence by pursuing grants through AHRQ, HRSA/MCHB's Healthy Start Program, and state and community organizations. Synthesize existing evidence to pursue comparative effectiveness research channels by engaging PCORI and the Institute for Clinical and Economic Review. Once ready, take generated evidence to the U.S. Preventative Services Task Force for grading.

Lamaze Six Healthy Birth Practices

1 

LET LABOR BEGIN ON ITS OWN

2

WALK, MOVE AROUND AND CHANGE POSITIONS THROUGHOUT LABOR

3

BRING A LOVED ONE, FRIEND OR DOULA FOR CONTINUOUS SUPPORT

4

AVOID INTERVENTIONS THAT ARE NOT MEDICALLY NECESSARY

5

AVOID GIVING BIRTH ON YOUR BACK AND FOLLOW YOUR BODY'S URGE TO PUSH

6

KEEP YOUR BABY WITH YOU – IT'S BEST FOR YOU, YOUR BABY AND BREASTFEEDING

Commissioning Data

Conducting systematic research and generating evidence requires a long-term strategy. Tapping into the systematic reviews for epigenetics and clinical epidemiology that relate to women's physiology—especially during pregnancy and childbirth—can help guide research efforts. Some evidence suggests that women who participate in evidence-based childbirth education courses have lower rates of early elective delivery, cesarean sections, and childbirth complications. But without significant evidence linking childbirth education to fewer elective procedures, and complication, the relationship is simply a correlation—one that could merely be associated with a woman's proclivity toward a natural birth.

Action Opportunity: Organize research strategy sessions among Lamaze members at Lamaze's annual conferences to encourage research on childbirth education. Invite academic researchers to coordinate research efforts and funding proposals and assist researchers in current or future initiatives.

Encourage the Tipping Point

Recent increased regulatory oversight shows that private and public payers, government agencies, and regulatory agencies recognize that certain overused medical procedures during labor increase costs and complications. CMS has included early elective delivery as a patient-safety measure for its 2017 hospital value-based purchasing criteria[31] and The Joint Commission now tracks Nulliparous-Term Singleton Vertex (NTSV) cesarean sections as a perinatal core measure for hospitals with more than 300 births per year.[32] These recent policy implementations suggest that sufficient evidence exists that links overused elective procedures to increased cost and complications.

Action Opportunities: 1) Work with the same data that the above regulatory bodies, agencies, and payers used to implement recent regulatory policies; and 2) become a resource to clinicians and hospitals to help reduce their early elective delivery and NTSV cesarean section rates.

The Roundtable participants also discussed the Council on Patient Safety in Women's Health Care's initiative: the Alliance for Innovation on Maternal Health (AIM)—and the opportunity that it presents Lamaze. With its goal to improve childbirth outcomes—particularly by reducing maternal mortality and morbidity—by 2018, AIM is a fast-paced innovation that could be a vehicle for implementing standardized childbirth education.[33]

Action Opportunity: Implement evidence-based childbirth education into future models of the Safe Reduction of Primary Cesarean Births: Supporting Intended Vaginal Births, one of AIM's core bundles.[34]

Combining Talents

Individual Roundtable participant presentations showed that like-minded organizations have already spearheaded successful initiatives to improve childbirth outcomes. Although these efforts are often independent, many present opportunities to collaborate. Simple actions, such as linking to partner organizations' websites and collaborating on social media campaigns, are easy ways to guide consumers toward more information. Collaboration provides countless opportunities to showcase different components of maternal and childbirth advocacy.

Promoting midwifery with ACNM, doulas with NPWF, and special-enrollment periods with Young Invincibles to strengthen individual campaigns; teaming with MomsRising's[35] efforts to enhance community support for mothers; and partnering with Consumer Reports on research and social media opportunities could be mutually beneficial. Presenting at partner organizations' conferences, publishing in peer journals, and coordinating media communications are opportunities for Lamaze and its partner organizations to collectively increase exposure.

Action Opportunity: Support and partner with maternal advocacy organizations on current and future maternal and childbirth initiatives.

Competition is Accountability

The Roundtable participants also discussed the importance of competition. Efforts to provide accessible and transparent information to the public would be insufficient without insight into how advocacy organizations perform against each other. Websites such as *www.charitywatch.org*[36] and *www.charitynavigator.org*[37] hold the attention of charitable organizations just as much as they do donors/consumers. Keeping organizations accountable to their missions may help improve performance and to push partner organizations to provide the best advocacy possible to improve childbirth outcomes.

Action Opportunity: Establish and publicize a gold standard for childbirth education to remove unwarranted practice variation in all childbirth-education curriculums. Use this data to set Lamaze apart and make the information available to consumers, payers, providers, and policymakers.

Engaging Payers, Clinicians, and Hospitals

Is limited short-term investment worth long-term cost savings? With adequate evidence, most recognize the value of a return on an investment. As patient satisfaction data gains more leverage, payers and providers become an eager audience for feedback. Delineating Lamaze-specific patient-satisfaction data may encourage payers to specifically cover Lamaze childbirth classes and influence providers to recommend Lamaze courses to women who are pregnant.

The Roundtable discussion also addressed the role that providers have in conveying critical information to their patients. Many LCCE instructors are midwives and nurses who develop a long-lasting trust with their patients. They are on the front lines in hospital obstetric departments and physicians' offices; they understand the importance of comprehensive childbirth education—and they can communicate it to expecting parents.

The relationships that Lamaze enjoys with midwives, nurses, doulas, and other like-minded providers could help Lamaze develop an influential presence within hospitals, birth centers, and provider practices. Promoting Lamaze during the first prenatal wellness visit and providing information on paying for childbirth education classes could help increase access and utilization.

Action Opportunity: Mobilize Lamaze's midwife, doula, and nurse support and connect with groups such as AWHONN and ACNM; partner with undergraduate nursing programs by offering training programs vignettes that communicate the importance of evidence-based childbirth education.

Conclusion

The Roundtable discussion highlighted the individual and collaborative opportunities that participants and other stakeholder organizations have in improving U.S. childbirth outcomes. These initiatives create a multi-faceted strategy that includes diverse efforts on local, state, and national levels. Increasing childbirth education access and utilization is just one piece of the solution, but it is the gateway to improving childbirth outcomes. Lamaze has a unique role in this effort. The Roundtable discussion has helped Lamaze not only fine-tune its strategy to link measurable value to its childbirth education curriculum, but to establish itself as a core partner among the collective efforts to improve U.S. childbirth outcomes.

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