Reviewer's report

Title: The facilitating factors and barriers encountered in the adoption of a humanized birth care approach in a highly specialized university affiliated hospital

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Reviewer: Michael C Klein

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Minor essential:

1. An important paper that needs further information as to context of the hospital. This is obviously St. Justine Hospital in Montreal. The concept of humanization of care is a direct translation from the French. It is a term not used in the rest of Canada, where the closest thing to the concept is Family-Centered Maternity Care. This difference ought to be explained. In the paper the concepts are discussed as different.

2. In order for the reader to understand the context the authors ought to provide the cesarean section rate for the hospital

3. Ought to provide the reality that, while the hospital is highly specialized, I speculate that only at most 20% of the patients are at high risk. The rest are just women who use the hospital for normal birth

4. Hence, there is little reason for the concepts to be limited to high risk or tertiary care environments. The issue of generalizability does need to be addressed due to the nature of the hospital, but there are many hospitals that care for a mix of high and low risk patients—including level II facilities.

5. It would be helpful therefore to know what proportion of the women considered themselves to be high risk or members of the community who used the facility because of its proximity, reputation, available services, fears etc

6. I am surprised that the authors have not considered the attitudes and beliefs of the staff to be barriers to optimal care, especially as one of the coauthors is an author and co-investigator on this paper. I fact it is likely that attitudes of the staff toward childbirth, and the way they see birth as inherently dangerous, may be the greatest barrier to humanized care or truly family-centred care.

See Klein et al JOGC 2009 re attitudes and beliefs of providers

The Attitudes of Canadian Maternity Care Practitioners Towards Labour and Birth:

Many Differences but Important Similarities

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Objective: Collaborative, interdisciplinary care models have the potential to improve maternity care. Differing attitudes of maternity care providers may impede this process. We sought to examine the attitudes of Canadian maternity care practitioners towards labour and birth.

Methods: We performed a cross-sectional web- and paper-based survey of 549 obstetricians, 897 family physicians (400 antepartum only, 497 intrapartum), 545 nurses, 400 midwives, and 192 doulas.

Results: Participants responded to 43 Likert-type attitudinal questions. Nine themes were identified: electronic fetal monitoring, epidural analgesia, episiotomy, doula roles, Caesarean section benefits, factors decreasing Caesarean section rates, maternal choice, fear of vaginal birth, and safety of birth mode and place. Obstetrician scores reflected positive attitudes towards use of technology, in contrast to midwives’ and doulas’ scores. Family physicians providing only antenatal care had attitudinal scores similar to obstetricians; family physicians practising intrapartum care and nurses had intermediate scores on technology. Obstetricians’ scores indicated that they had the least positive attitudes towards home birth, women’s roles in their own births, and doula care, and they were the most concerned about the consequences of vaginal birth. Midwives’ and doulas’ scores reflected opposing views on these issues. Although 71% of obstetricians supported regulated midwifery, 88.9% were against home birth. Substantial numbers of each group held attitudes similar to dominant attitudes from other disciplines.

Conclusion: To develop effective team practice, efforts to reconcile differing attitudes towards labour and birth are needed. However, the overlap in attitudes between disciplines holds promise for a basis upon which to begin shared
problem solving and collaboration.

Key Words: Labour, natural childbirth, attitudes of health personnel, Caesarean section, evidence-based medicine, epidural, midwifery, home birth, episiotomy

Competing Interests: None declared. Received on April 2, 2009 Accepted on May 19, 2009

SEPTEMBER JOGC SEPTEMBRE 2009

and Klein et al Birth Attitudes of the New Generation of Canadian Obstetricians: How Do They Differ from Their Predecessors?

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ABSTRACT: Background: Attitudes drive practice, perhaps more than evidence. The objective of this study was to determine if the new generation of Canadian obstetricians has attitudes differing from those of their predecessors. Methods: Employing a cross-sectional, Internet, and paper-based survey, we conducted an in-depth study of obstetricians responding to the Canadian National Maternity Care Attitudes Survey. Results: Of the 800 Canadian obstetricians providing intrapartum care, 549 (68.6%) responded. Participants were stratified by age less than or equal to 40 years compared with those over 40 years; 81 percent of those 40 years or younger were women versus 40 percent over 40 years of age. Younger obstetricians were significantly more likely to favor use of routine epidural analgesia and believed that it did not interfere with labor or lead to instrumentation; were more concerned and feared the perineal and pelvic floor consequences of vaginal birth compared with cesarean section; and were significantly less supportive of vaginal birth after prior cesarean section, home birth, birth plans, routine episiotomy, and routine electronic fetal monitoring as providing maternal or fetal benefits. They were less positive than the older generation about a range of approaches to reducing the cesarean section rate, the importance of maternal choice and role in their own birth, and peer review, and they were more likely to believe that women having a cesarean section were not missing an important experience. No significant generational differences were found for ambivalent attitudes to vaginal breech birth. Conclusions: Younger obstetricians were more evidence-based for some issues and less for others. In general younger obstetricians were more supportive of the role of birth technology in normal birth, including routine epidural analgesia, and they were less appreciative of the role of women in their own birth. They saw cesarean section as a solution to many perceived labor and birth problems. Results suggest a need to examine how obstetricians acquire their favorable attitudes to birth technology in normal birth. (BIRTH 38:2 June 2011)

Level of interest: An article of importance in its field

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.