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Birth Practices Committee Holds Inaugural Meeting at CIMS Tenth Anniversary Meeting in Boston

Ponte Vedra Beach, Fla. (PRWEB) April 26, 2006 -- The US Birth Practices Committee (USBPC) held its inaugural meeting in Boston, MA on February 25, 2006. The mission of the multidisciplinary group is to encourage, conduct, evaluate and disseminate research related to the best practices in birth care for childbearing women and their families in the United States and its territories. The USBPC is composed of prominent individuals and representatives of many American organizations with interest in the health of women and families.

The first act of the USBPC was to endorse the Mother-Friendly Childbirth Initiative (MFCI), a 1996 document that initiated consideration of the 10 essential components of mother-friendly care. The principles and recommendations of the MFCI have been widely discussed both nationally and internationally, and serve as the basis for a model of care that employs evidence-based techniques to promote and support the best possible care for childbearing women.

In its evaluation of the American health care delivery system (*Crossing the Quality Chasm: A New Health System for the 21st Century*), the Institute of Medicine (an agency within the US Academy of Sciences) exposed the fact that the US system is “unreliable,” “inconsistent,” “unresponsive,” “uncoordinated,” and “in need of fundamental change”. Nonetheless, the widespread dissemination of information with regard to evidence-based care continues to fail to influence the care provided to childbearing women and their families. The US Birth Practices Committee will provide the opportunity for the members of the group to use their collective wisdom and experience to bring knowledge, skills, data, and research together in such a way as to make an impact on the birthing industry. Ultimately, this will provide increasing access to information and the very best in evidence-based, safe, and nurturing maternal-child care for childbearing families.

The USBPC’s first challenge presented itself soon after its first meeting when several committee members attended the National Institute of Child Health and Human Development, NIH sponsored State-of-the-Science Conference: Cesarean Delivery on Maternal Request, March 27-29, 2006 in Bethesda, Maryland.

In response to the rising number of US cesareans performed for no medical indication, the NIH asserted that it charged an impartial, independent panel with reviewing the current published literature to assess the evidence on: the trend and incidence of cesareans in the US and other

countries; the short-term (under one year) and long-term benefits and harms to mothers and babies associated with cesareans “by request” versus vaginal delivery; the factors that influence benefits and harms; and future research directions needed to make appropriate decisions regarding elective cesareans with no medical indications or vaginal birth.

Committee members who took the opportunity to publicly address and respond to the panel’s findings immediately challenged the premise of the conference itself -- that the recent US rise in non-medically indicated cesarean surgery was due to “maternal request.” All cesareans performed for non-medical diagnoses were named and repeatedly referred to as cesarean deliveries on maternal request or “CDMR”. USBPC Committee member, José J. Gorrín Peralta, MD, MPH, FACOG, FABM stated, “The conceptual core of the conference was based on a false paradigm that mothers are requesting cesareans. For the panel to infer from patient charts and birth certificates of cesarean sections performed for no medical indications that it was mothers themselves who asked for the surgical procedure is unadulterated fraud. For 2 1/2 days the conference proceeded as if maternal requested cesareans was a validated reality.” Furthermore, if the premise on which the NIH report was based was false and misleading, the same might well be said of the results of that report.

Case in point: The NIH Panel members did not acknowledge or consider the results from one very large and well-designed US national study, “Listening to Mothers,” which found that less than 1% of mothers who had a first cesarean actually requested one. In a Boston Globe Opinion piece (March 31, 2006), USBPC member and Executive Director of Our Bodies Ourselves Judy Norsigian and Gene Declerq, professor in Maternal and Child Health and Assistant Dean for Doctoral Education at the Boston University School of Public Health stated, “there is much we still don’t know about the impact of cesarean or vaginal birth on health outcomes. What is clear, however, is that the growth in cesareans -- which includes mothers of all ages, races and across all medical conditions -- is the result of a complicated shift in professional practice. It is not primarily about mothers pressuring doctors for cesareans, as contemporary media coverage would have us believe.”

The USBPC is preparing a comprehensive response to the NIH sponsored conference to address many of the controversial findings and conclusions of the panel members’ final report.

The draft statement of the NIH State of the Science Conference Statement is posted on the Office of Medical Applications of Research (OMAR) Web site at <http://consensus.nih.gov>. Information on Mother-Friendly Care can be accessed through the website of the Coalition for Improving Maternity Services (CIMS) -- www.motherfriendly.org.

The Coalition for Improving Maternity Services (CIMS), a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs; CIMS developed the Mother-Friendly Childbirth Initiative in 1996. A consensus document that has been recognized as an important

model for improving the healthcare and well being of children beginning at birth, the Mother-Friendly Childbirth Initiative has been translated into several languages and is gaining support around the world.

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The *Coalition for Improving Maternity Services* (CIMS) is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families. Our mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.