

CALL FOR PAPERS

Sustainable Birth: Systematic Solutions Across the Continuum of Care

PLEASE SEND 150-250 word abstract to Kim.Gutschow@williams.edu by May 30, 2016

Workshop: Goettingen, Germany, Thursday – Sunday, October 2016 or Jan 2017

Chapter length: 4,000 words (Manuscript length: 80,000 words)

First Draft Due: September 15, 2016. Final Drafts: November 30, 2016

Editors: Kim Gutschow (Göttingen University & Williams College) & Robbie Davis-Floyd (University of Texas at Austin)

Birth is in a state of transition as well as crisis across the globe. The *Sustainable Birth* workshop and edited volume seeks to address the shockingly high human, social, and economic cost of birth in different parts of the world. There have been considerable gains in reducing maternal and neonatal deaths in the last 15 years. Yet with a death toll of nearly 830 mothers every day, 2.9 million neonatal deaths and 1.2 million intrapartum stillbirths every year from largely preventable causes, the status quo is neither sustainable nor particularly laudable. In accord with the current focus on sustainability, we explore systematic and innovative solutions to excess maternal and neonatal mortality and morbidity that can be adapted across nations, regions, and communities to restore mother-centered and newborn-centered models of birth.

Sustainable Birth seeks to develop flexible and creative models of birth in an era of growing environmental and political instability, rising health inequities between and within populations, and a broad trend of demographic and epidemiological shifts such as declining fertility, aging populations, increased human migration, shortages of skilled health workers, and the growth of non-communicable diseases (NCDs). These transitions will continue to pose challenges for health systems and providers as they adapt to rising co-morbidities and the related adverse maternal, neonatal and child development outcomes. *Sustainable Birth* explores the critical factors needed for 21st century models of birth, namely: cooperation and task-shifting between various providers and levels of care, improved health metrics, cost-efficacy and accountability that is based upon quality of care, and new paradigm of teaching and capacity building in reproductive, maternal, and neonatal health that places gender parity, sexual health, and the evolutionary wisdom of the female and newborn bodies at the center rather than the margins of the debate.

The *Sustainable Birth* workshop will consist of a fully-funded workshop at Goettingen University (Thursday evening – Sunday noon) in October 2016. The workshop will bring together 20 participants from across the globe who will present papers on flexible, sustainable, integrative, and contextually specific models of birth. It will be open to students and providers from nearby midwifery schools and hospitals who are interested in shifting clinical & pedagogical practices. We aim to transcend the traditional hierarchies of race, class, gender, as well as between obstetrics and midwifery in favor of greater cooperation and integration across both high- and low-income settings.

Social Complexity, Sustainability, & the Continuum of Care:

The multiple and cross-cutting impacts of socio-economic, political, epidemiological, and environmental changes require collaborative and intersectional bridges between various disciplines, methods, theories, and practices within the arena of reproductive, maternal, and neonatal health. Both high- and low-resource settings have seen rising costs of birth and insurance premiums, rising rates of intervention,

expanding technologies, and rising rates of prematurity. Dramatic demographic changes have led to later childbearing, highly variable declines in fertility between world regions, variable growth of women in the workforce, and the widespread use of new reproductive technologies among married, single, or LGBTQ populations. While some of these changes are socially visible, others such as rising infertility in both high- and low-income settings have been obscured by silence, shame, and social stigma. Each change has resulted in shifting burdens and challenges for healthcare providers that vary across settings.

Sustainable Birth explores systemic models of birth that can transcend or mitigate the pervasive historical facts and socio-cultural inequities that make every healthcare system unique. It seeks systematic solutions that avoid pitting doctors against midwives, obstetric against midwifery models of care, home against hospital settings, or even 'natural' versus technocratic models of birth and reproduction. Instead, *Sustainable Birth* is searching for a flexible set of models and practices that privilege local knowledges, bodies, and sexualities, while speaking to a broader set of goals or measures of success.

There is no doubt that that high-risk maternal-fetal medicine and obstetrics will remain critical to averting or preventing maternal and neonatal mortality or morbidity. But there is a growing awareness that midwives can and do manage many low-risk labors and deliveries more safely and more cheaply than obstetricians, if given the proper training, healthcare commodities, and organizational support to manage life-threatening complications. *Sustainable Birth* is interested in new health practices and metrics that will address rising demographic and clinical challenges as well as the perennial scarcity of funding, lack of political will, and bureaucratic inertia around gender and class divides that have prevented implementation of proven practices and policies to make birth sustainable and safe.

Three Sections: Global Issues, High-Resource, and Low-Resource Settings

The first section of *Sustainable Birth* examines the obstacles and innovations in both high and low-income settings that are aimed at avoiding the unsustainable costs of obstetric care, in both financial and human terms. It addresses the wide divergences in how birth is managed across the globe while defining shared clinical and social standards that can speak across increasingly pluralistic healthcare settings and populations. It explores the routine practices such as delayed cord clamping as well as basic provisions of emergency obstetric and neonatal care that promote mother-friendly and baby-friendly deliveries, as well as improved maternal and neonatal outcomes. It is interested in the new focus on metrics and accountability that specify how clinics, providers, and healthcare systems record deliveries and health outcomes so that the risk factors shaping mortality and morbidity are more apparent and transparent to all.

This first section considers the hybrid and innovative models of birth that are better adapted to growing climate change, political and economic instability, internal migration, and refugee populations that disproportionately affect women, children, and other marginalized or vulnerable communities (by race, class, ethnicity, sexual orientation). It describes how providers and policy makers are adapting to shifting fertilities, the rise of new reproductive technologies and practices, rising rates of prematurity, and increased rates of infant and child disease and disability. At the same time, there are innovative measures promoting gender equity within the health workforce, health financing, and an emphasis on access and accountability that aim to reduce health and income disparities with local and creative solutions.

The second section of *Sustainable Birth* addresses the declining fertilities and aging populations in high-income nations that have altered family structures, vocational paths, gender roles, and precipitated crises in healthcare costs and management. It explores flexible solutions to the medico-legal battles that have pitted midwives against obstetricians, patients against providers, and healthcare systems against insurance regimes or regulatory agencies. It considers the wide variation in how obstetric models of care routinely apply standard interventions such as electronic fetal monitoring, inductions, epidurals, episiotomies, and cesareans that do not always produce optimal outcomes for low-risk mothers and newborns. It will examine the mismanagement or inefficiencies of healthcare and the over-medicalization in many high-resource settings that result in excess costs and interventions such as cesarean rates well above 30%.

This second section of *Sustainable Birth* challenges the simple assumption that birth everywhere is shifting unilaterally from home to hospital or from midwifery to obstetric care by examining the small but significant fraction of births that are shifting out of the hospital to home or birth clinic settings. It depicts the notable midwifery models of care that promote timely or limited use of interventions as well as feminist practices and discourses that optimize maternal confidence, bonding, and outcomes. It asks how these midwifery models can better address the inequities in care and access that produce a landscape of birth where the most marginalized women and newborns inevitably experience the worst outcomes.

The third section of *Sustainable Birth* examines the conundrum that while one-third of all women across the globe still deliver at home, many without access to skilled care, institutional deliveries alone do not assure skilled or humane care. Even when women can and do reach health centers, they face delays, discrimination, and poor quality of care or lack of commodities in both public and private facilities. Across Asia, Africa, and Latin America, mothers and newborns from marginalized communities (by class, race, or ethnicity) suffer worse health outcomes while health inequities are increasing. *Sustainable Birth* explores how institutions, providers, and patient advocates can alleviate poor access to healthcare, poor transport and referral systems, even as brain drains and corruption lead to a lack of skilled healthcare workers in rural areas in low- or middle-income settings.

The section explores factors within clinical and educational settings that best harness the required skills, commodities, and best practices that produce integrated models of across a continuum of care. It will also consider why and how these resources and systems are lacking when artificial oppositions dominate such as horizontal versus vertical models of care, traditional versus skilled birth attendants, and routine antepartum or intrapartum care versus emergency obstetric and neonatal care. This section will review the social discourses, clinical practices, and policy initiatives that are actively promoting integrated models of childbirth where cooperation rather than competition is the norm.

Book Section 1: Sustainable Solutions & Ongoing Challenges:

Themes: Sustainable Obstetric Care, Sustainable Reproductive Technologies, Rising Prematurity and Sustainable Newborn Care, Mother-friendly and Baby Friendly Birth Models, Sustainable Care in Refugee, Disaster, or Crisis Settings....

Book Section 2: Sustainable & Innovative Care in High-Resource Settings:

Themes: Sustainable Midwifery, Sustainable Maternal-Fetal Medicine, Sustainable Breech Models, Sustainable Home Birth Models, Sustainable Surrogacy...

Book Section 3: Sustainable & Flexible Care in Low-Resource Settings:

Themes: Sustainable Birth in Africa, South Asia, Latin America, India, China, Sustainable Models of Task-shifting, Midwifery Centered Care....