

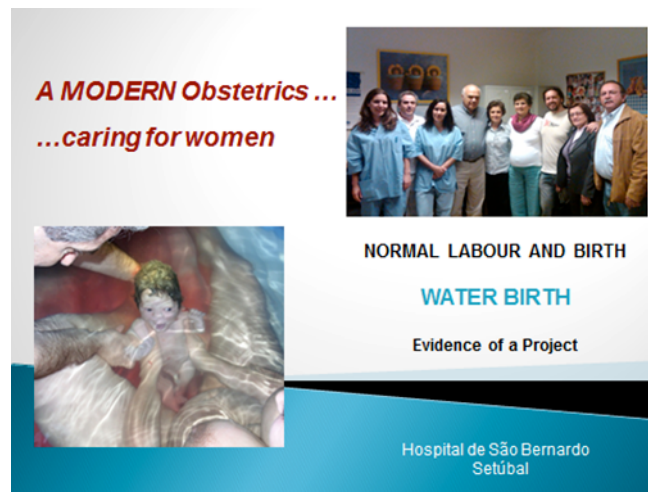
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## Normal Birth in Portugal: the waterbirth experience in Hospital de São Bernardo, Setúbal

VÍTOR VARELA

*Hospital de São Bernardo, Setúbal*

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Ok, firstly my first language is Portuguese, not English. I only speak English in these kinds of meetings! Dear colleagues, friends, members of the panel, I am delighted to have been invited by the COST Management Committee in Portugal, and thanks to Joanna White, Maria Johanna Schouten and Piedade Vaz for the opportunity to participate in this seminar. My expertise is in sexual and reproductive health and human rights. I work for the common interests of midwives and our target group: mothers, fathers and babies. My work involves promoting the visibility of midwives, and empowering midwives. This includes influencing education, developing leadership, collaboration, developing a shared philosophy and commitment, changing government policy and improving local knowledge based on evidence from other countries. This seminar is a good example of how we can work and communicate to improve global knowledge in the common interest of health professionals and others, and of course particularly for midwives.

All midwives can contribute to increasing levels of trust in service provision, through the development of robust interpersonal networks, motivated and dedicated communities of

practice based on a general feeling of respect, mutual understanding between people, and creating a sense of participation. Midwife practice is inevitably woman-centred, but a family-focused approach can not only impact on the woman but also on her baby, partner and other family members. Midwives are the lead professionals in caring and supporting delivering woman who are deemed low risk, but are also involved in the care of women who are deemed high risk. There is good research evidence that shows that midwifery care has an important impact on a woman and her family's health and well-being. The continuum of care, as well as the trust, advice and support provided by midwives have a positive impact; the public health role of midwives has a long-lasting benefit. We need to work at the professional, political, social and economic levels because the global midwifery community has developed good knowledge of what works, what does not work, of what we need to do, of what we should not do.

So in countries such as Portugal we can increase the value of midwifery care to women, babies and families, in order to improve the health and wellbeing of our society. First I will show you a short film, about three minutes long, about our experiences in our hospital.

#### **FILM. Screening of video celebrating the first 25 waterbirths at Hospital de São Bernardo<sup>1</sup>**

I have been asked to present our methodology and our experiences. We have a door, an open door, an opportunity to implement something different in Portugal. We now have five hospitals such as ours, carrying out the same project, but we face some challenges with the kind of health system we are dealing with. Organisational complexity, task specialisation, scarce or too little coordination among care levels, staff performing repetitive tasks, inefficiency, little or no ability to adapt services to user needs, an egocentric culture with a totally outdated biomedical model, where users do not have an active role in relation to the care and treatment provided to them, and also the issue of expectations - this is our reality. So we need to make a paradigm shift in the Portuguese National Health System<sup>2</sup>, with a strong involvement from professionals, including midwives, to enable the system to introduce quality in care and services which are always focused on users, not forgetting the continuity and coordination of care between different levels. We need to create a reasonable, consistent, innovative, transparent system which is open to users and providers. Only an obstetric team which is constantly looking for innovative and alternative improvements can respond to the sophisticated requirements of pregnant women, women in labour and new mothers. A modern obstetric team must be flexible and available, show

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<sup>1</sup> The video screened at the seminar is not publicly available, but a short report on the first 25 waterbirth at Hospital de São Bernardo (in Portuguese) can be found at: [sicnoticias.sapo.pt/vida/2012/12/01/hospital-sao-bernardo-e-o-unico-na-peninsula-iberica-onde-se-realizam-partos-na-agua](http://sicnoticias.sapo.pt/vida/2012/12/01/hospital-sao-bernardo-e-o-unico-na-peninsula-iberica-onde-se-realizam-partos-na-agua).

<sup>2</sup> The public Portuguese Health System or SNS (Serviço Nacional de Saúde), developed on the model of the NHS in the UK, was introduced in 1979.

kindness and always be ready to satisfy women and couples' desires. Excellence in care-giving to pregnant women and mothers is our team's priority and "to be different or not to be at all" is our motto.

The current vertical structure should be transformed to a horizontal one where each team member feels responsible for the progress of the work in the delivery room and the overall service. All team members must be ready to devote themselves to their work with vigour and enthusiasm because it is the contribution of each one that determines the quality of work and the reputation of the service. Of course, this is nothing new. To make our services more attractive, as well as specialised and competent, we had to rediscover new market opportunities. Equally important was the development of the professional relationship with pregnant women and couples, mothers and babies, and also the development of communication skills not only for communicating with women but also within teams. We have doctors, physicians in our hospital too, and need to make the service together with them.

The work done in the delivery room and the overall service should be satisfactory, including the hospital stay. Nowadays women want their pregnancy and childbirth experience to be consensual and participatory, and that is why they choose a service that allows them to have the kind of experiences we offer. The possibility of giving birth in water is part of a broader concept. Normal, natural, childbirth has objectives, including the absolute safety of the newborn, while also offering parents a unique experience. From our experience water immersion during labour and birth brings benefits. Our project began in 2009, and was first implemented in 2010 and we have a very rich data sample from the short period we have been operating so far (Figure 22). During the whole of 2010 we were contacted 72 times and so far, in the first two months of this year we were contacted 73 times. You can see that we had 12 immersions in 2010 and now we have already had six immersions in the past two months; six normal births, with five water births and one immersion<sup>3</sup>. You see the difference. All couples need a hospital which offers this kind of service and has this philosophy. They want to have their baby in a place like this. You can see that in total we have had 391 initial enquiries, 364 interviews. We have had a total of 71 immersions, of these 61 (85.9%) were normal births, 31 were water births and 30 immersion only during labour, and 10 (14.1%) were instrumental deliveries or C- section. We can celebrate these outcomes.

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<sup>3</sup> "Immersion" in this context refers to immersion in water during labour but delivery out of the water.

Figure 22: Summary data on the waterbirth project, Hospital de São Bernardo 2010-Feb 2013

*A MODERN Obstetrics ...  
...caring for women*

**WATER IMMERSION DURING LABOUR AND BIRTH  
BENEFITS OF AN EXPERIENCE**

	2010	2011	2012	2013
Contacts	72	103	143	73
Interviews	61	103	143	57
Immersion	12	17	36	6
Births	12 normal births 02 water births 10 only immersion	15 normal births 09 water births 06 only immersion	28 normal births 15 water births 13 only immersion	06 normal births 05 water births 01 only immersion
	00 Instrumental deliveries or CS	02 Instrumental deliveries or CS	09 Instrumental deliveries or CS	00 Instrumental deliveries or CS
	Epidural after immersion	1	0	1

*Participant:* What explains the difference between the interviews and the number of deliveries in the unit?

*Vitor Varela:* We follow a protocol in the hospital, because it would be very problematic if we had a problem; they would close the project. Because of this our protocol is very, very risk-sensitive. Any woman or couple who is interested in a water birth has to come to the hospital and have an interview with the midwife and the doctor, and if they do not fit our criteria they are not allowed to participate in this project.

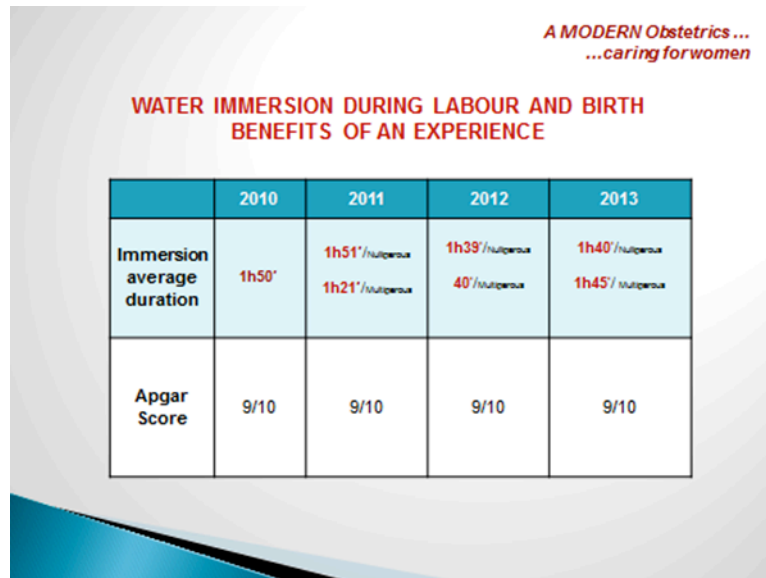
*Participant:* Is the service only available to women in Setubál or women from elsewhere?

*Interruptions – inaudible*

*Vitor Varela:* Women can come from Porto, Faro and Europe! (laughter).

[Continuation of presentation] Our clients have included women who have had C-sections and afterwards had normal birth. And you can see the data regarding the average immersion duration (Figure 23). Now this year (up until February 2013) we had six ladies. What did we do so far? We worked on the promotion of health information and education, the organisation and management of effective care-giving, marketing, increasing our visibility, promoting a change of attitude, increasing our adaptive capacity, and the promotion of health care adapted to the situation/problem presented by individual pregnant women, women in labour and new mothers. Informed choice is one of our criteria. We are constantly seeking the improvement of the quality of care offered (our aim is individual-based care) and our overall performance. We believe in a pro-active change in the context of natural birth, and are aiming for personalised and participative childbirth without intervention and in a pleasant environment. Hospital safety, normal and physiological processes are all respected, and women's decision-making should be based on the best information.

Figure 23: Average immersion duration and Apgar score at Hospital de São Bernardo



Another aim is to develop a consensual document about evidence-based care in labour and birth and build support for normal birth among women and the media in Portugal. This includes work and organisational strategies, the inclusion of a birthplan, preparing a mother for delivery, providing birth setting comfort, the sensitization of midwives and obstetricians and ensuring the correct use of the partogram as a work tool. One of our strategies includes the authorisation of food intake during labour - WHO recommends no restrictions (WHO, 2006<sup>4</sup>)- and it took two years to resolve this problem in our public hospital - two years! It is very difficult to resolve all the challenges we face, because as has been said we are operating in a system which “problematizes” delivery. Our strategy includes the evaluation of foetal well-being, intermittent foetal heart auscultation, pharmacological and non-pharmacological pain relief techniques, allowing mobility and upright posture during labour (we promote women’s decision about the most comfortable birth position), the use of a birth ball, the use of water (shower, immersion, water births), perineal care, physiological care during the third stage, and the baby always with mother, and very importantly, one-to-one care and support - my friends, my colleagues, this last one is so important!

Thank you very much.

<sup>4</sup> World Health Organization 2006. [http://whqlibdoc.who.int/publications/2006/924159084X\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/924159084X_eng.pdf)

Figure 24: Photograph of mother and newborn following waterbirth at Hospital de São Bernardo



Fonte: Hospital de São Bernardo. Copyrighted image.

Image reproduced with kind permission of the hospital.

## Plenary Discussion

*Joanna White:* Thank you Vitor. This project is quite unique in Portugal at the moment. It seems we have a lot of questions.

*Participant:* My name is Cátia – I am a sociologist and a doula so my question will be about both these areas. About the figures from the Hospital of São Bernardo, I was thinking about one of the possible causes of the difference between over 300 introductory interviews and only 71 deliveries or “immersions”. It could be because the pregnant woman or couple are sometimes far away from the hospital and because we live in a culture of fear and don’t believe in the ability of the woman to give birth naturally, so when she feels the first signs of labour she freaks out and goes to another hospital. A pregnant woman goes to a hospital in Lisbon, for example, and maybe she arrives there and receives an intervention such as the rupturing of the membranes, and so by the time she arrives at your hospital then it is already too late to have the natural birth and the immersion she wants. And I also wanted to ask if there could be a recommendation for the pregnant woman to have a doula, if that could help so that she does not arrive too late at your hospital.

*Vitor Varela:* Of course we have doulas in our methodology, and I see one of them here. There are doulas within our service. It is not a problem of midwives for us, it is a

human problem. If a woman wants a doula then she can include her, but in our regulations the father then has to leave the room. We have this problem. You must understand that these decisions are not just made by me or the midwives- it's the team: doctors and midwives. We face a lot of challenges in relation to this issue. Previously we had no doulas in our delivery room; now we have them. It takes time for things to change. You understand Portuguese culture is very different from Anglo-Saxon and Nordic culture – we have a culture in which there is very close relationship with the family and so the father is very important.

*Participant:* The law says one person can be present, it does not have to be the father.

*Vitor Varela:* Yes, but who chooses this person? It is the woman, of course.

*Rita Correia:* I would like to ask a personal question- I'm not representing anyone – not HumPar – only myself, here. I think it's very good what your hospital has been doing; I think we need good projects. My doubts are to do with the kind of high selection procedure you use on women. I will not judge the way you handle the project; we need this kind of project – pilot projects. We need people like you who are involved and engaged like you to change the situation. That to me personally – Rita – is wonderful, and we should have a lot of those.

*Vitor Varela:* We already have projects in five more hospitals in Portugal.

*Rita Correia:* My question is: aren't you creating something that is not real? Because it does not represent the real population – it is so risk-controlled, it is so controlled, that it does not reflect reality. So of course you get good outcomes, and that is good for the project, and for funding future projects because we must be pragmatic and things need to start changing, so we need good outcomes, so that governments and people who are willing to invest money are not so afraid of doing so, but are you not creating something that outside of that controlled model is not going to work in the same way?

*Vitor Varela:* Our contribution is to provide knowledge, to increase the status of women and enable them to participate in decision-making that affects their lives and their own delivery. This is our thing.

*Participant:* But if it is only one woman out of 300...

*Vitor Varela:* You must understand that we can replicate this process. We have waterbirths in Madeira nowadays; we trained our colleagues in Madeira last November. Now we have five hospitals running this project – we wanted to replicate it so we invited them to participate. It is very important for us to collaborate.

*Participant:* Can you then explain your risk selection process – how come you only came to 20% from the original women who were interviewed?

*Vitor Varela:* I must tell you two things. Firstly women must have a normal pregnancy, secondly we need to have preparation for the delivery: antenatal preparation.

*Participant:* So that's what excludes some couples, whether they do the preparation or not?

*Vitor Varela:* Yes, in our project the preparation is with midwives – the couples must participate in a preparation process led by midwives. If we have preparation without midwives then we have problems with our procedure.

*Participant:* I have supported ten couples that gave birth at the Setúbal hospital, and I am very confused about what I am hearing. Waterbirth is one of my passions and I organized the first lecture with Cornelia Enning<sup>5</sup> on waterbirth in Portugal in 2008. Maybe one of the reasons for the drop-off in figures – I don't know if it is still the case, but at least some months ago it was like that – is that couples have to pay for antenatal classes for childbirth in water. I receive many messages on my webpage from couples asking me if the opinion of Bionascimento<sup>6</sup> is that they need that kind of training. And one of the other places which offers those kind of childbirth classes in Carcavelos is not run by a midwife, is it?

*Vitor Varela:* No comment.

*Participant:* OK. I understand.

*Joanna White:* Every time someone is trying to respond to a question could everybody please respect them and let them finish. I feel that sometimes we are getting questions jumping out and I don't know if Vitor managed to finish the point he was trying to make just now, so can we do things a bit more systematically?

*Vitor Varela:* I must say that I think midwives are fundamental. To assure that all people have access to the best reproductive healthcare: birth control, safe abortions, antenatal care, birth and postnatal care.

In my opinion it is necessary for midwives to have an active participation in all discussions and activities related to improving the situation. First of all we have people present today here who chose our place to give birth. Some of them said to me that they did not want to give birth in their hometown because instead they wanted to participate in our project and follow our philosophy and methodology. So they requested to give birth in Setúbal. It is true, our protocol is very controlled. But many choose our system – and some of the people present here today delivered with us.

*Participant:* That is not the question. In fact, the hospital we have in Setúbal is the best hospital we have right now for natural birth. But considering the evidence that we have about normal pregnancy, the question is: why do so many of the women who are interviewed not continue the process, because for sure your guidelines about risk control are not different from evidence-based guidelines. Are they? No?

*Vitor Varela:* No. We have here some people who had antenatal classes for our project.

*Participant:* My name is Manuela Neves. I am a certified Lamaze childbirth educator. I have been preparing couples for nine years now: waterbirths, non-waterbirths. I have trained with Aquanatal International so I have been doing this for a long, long time. And honestly I

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<sup>5</sup> Cornelia Enning is a German midwife specializing in home waterbirths, waterbirth obstetrics and swimming for babies. She has attended waterbirths and homebirths since 1975. See [www.midwiferytoday.com/international/germany.asp](http://www.midwiferytoday.com/international/germany.asp). See Enning and Jakobi, 2000; Halseide, 2013.

<sup>6</sup> Bionascimento, founded in 2005, is a project which supports physiological childbirth. Its activities include the dissemination of information and the provision of services such as personalized support during childbirth. See [www.bionascimento.com](http://www.bionascimento.com).



have had lots of people going from Lisbon to Setúbal, and not one or two or ten, lots of people, who have come to me to prepare their waterbirths. Not only for waterbirth in Setúbal but also other facilities. I have been working with an obstetrician for two years. Almost all the births we prepared were waterbirths, and some of these occurred at other facilities. I am not a midwife, I am a certified Lamaze childbirth educator.

*Participant:* I would like to ask, in the UK what percentage of women request or would like a waterbirth but actually end up not having a waterbirth? Because I bet the percentages are not that different from those provided by Vítor, and I bet it is not because of exclusion due to cost. It's because of exclusion because maybe they had the baby already, before they get to the unit, or because there is meconium in the water so they can't have a waterbirth, or there are other complications so they need monitoring, so people are excluded not because of cost – I don't really understand that question from some of the people here.

*Soo Downe:* It's really interesting listening to the debate, and I can understand the kind of emotions that are running in the room, but I think the only thing I would say is celebrate your successes! Please. Because you run the risk here of "divide and rule". I can understand the frustration, but I also think what changes practices and philosophies in most countries is not the majority, it's the minority. If you can get something like this which has been discussed in this room up and running it presents the possibility to people who do not believe it's possible. And whether it's 2% or 10% or 15% DOES NOT MATTER! This is a really important – not just what Vítor did but what everyone else is talking about – crack in the wall, you know it's a break in the façade and I would strongly recommend that you all work together on this, and acknowledge the fact that it's limited, because it has to be pragmatically speaking, but it's the beginning of a crack in the wall and use it, really, don't fight it, is all I would say.

*Vítor Varela:* I must acknowledge all my colleagues in my service, because I am not the most important person – my team is very important; all the midwives. We had a lot of problems some years ago – six years ago, ten years ago, in Setúbal hospital. Nowadays we discuss everything with the doctors; they have no time, but we have our time, women have their own time for delivery. We don't operate according to the C-section schedule. We work closely with women, with couples. To give one example, we had a couple in a delivery room for 48 hours having a normal birth. This sounds impossible for Portugal, but we once had this situation. Our midwives put our philosophy into practice. It's very challenging, but we have a modern approach. I think in my hospital we have a very talented team, beautiful midwives. I know I have responsibilities in Portugal – in 1997 we created the first movement for normal birth amongst midwives here.

*Joanna White:* It's coming up to six o'clock and I feel that a lot of people have other things to share, and I wish we had the time. All I would like to say is that in organising this event, and the massive response we received, I think there is great potential to organize other similar events, or more specialized events for different kinds of sharing and exchange,

and that is our plan in the future. I would like to thank everyone very much for giving their time and coming here, especially Soo for her keynote speech, which I think gave us a lot of food for thought. And I totally agree about celebrating our success. We have a small project which may seem “unreal”, but let’s celebrate and be proud of that, and see how we can move forward in the future. Before we finish I would just like to ask one of my colleagues from the COST project, Jette Clausen, a midwife from Denmark, to say a few words.

*Jette Aaroe Clausen* (midwife, Denmark): Firstly I would like to say please listen to what Soo has to say to you because it is so right! You know, fifteen years ago or something like that I was the one who introduced waterbirth in Denmark and I can follow you very well, you know, and today it is mainstream practice, so you have to stick together and celebrate. It is so beautiful that video celebrating the first 25 you know. Keep on that track.

What I want to share with you is that there is a movement in Europe that is very relevant to you, and the demedicalization of childbirth, and last May there was a conference in The Hague<sup>7</sup>, in the Netherlands, that tried to frame the question of childbirth slightly differently. I have been in this business for 25 years and in the last 15 years evidence-based practice has been the focus. But there is also another issue: women’s rights in childbirth. And what we came together in The Hague to celebrate was that in 2010 the European Court of Human Rights made a statement about women’s rights in childbirth. And what they stated was that women have the right to choose where and how they give birth. And this conference came into being to make people aware of this statement from the European Court of Human Rights.

Agnes Geréb is a Hungarian midwife who is currently under house arrest in Hungary because of her support for physiological birth, and homebirth<sup>8</sup>. And Agnes is one of those who has become famous because of her case, but there are many other midwives, especially in the Eastern part of Europe who face great difficulties because they want to support physiological birth. So we can say we have a “shortage” of physiological birth.

What I want to share with you is that on this website ([humanrightsinchildbirth.com](http://www.humanrightsinchildbirth.com)) you will find a lot of information about human rights in childbirth. This is a website established by childbirth activists, midwives, professionals and lawyers from all over the world. If you go into the site, under the section Ternovszky vs. Hungary you will find the case which resulted in the statement from the Court of Human Rights. Ternovszky was the woman denied the right to give birth at home and who took her case to court. So you will find information about this, and if you go to the section What Can I Do? – if you click on that link - you will find a link to a petition that calls on the European Parliament to table this discussion on their agenda. I would like you to open this link and scroll down and you will find the petition in 14 different languages, including Portuguese. And I hope you will help me to spread the work in Portugal, and ask people to support this. And then we will see

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<sup>7</sup> The title of the conference was “Human rights in childbirth”. See [www.humanrightsinchildbirth.com/](http://www.humanrightsinchildbirth.com/)

<sup>8</sup> <http://www.freeagnesgeréb.com/>. See also: <http://www.szuleshaz.hu/letter-campaign-2013/?lang=en>

what happens to it. I don't know what will happen but at least what we want to try and do is to raise awareness about the problem women in Europe have in having a birth without medical intervention. And that is all.

*Applause.*

*Joanna White:* Thank you Jette. All that is left for me now is to close the meeting and thank everyone again for coming, thank you to our speakers, and can I just confirm that any ideas that come out of this meeting, any ideas for further events, for example, or for working groups – we are already talking about setting up a group of sociologists and anthropologists to set up some new studies as we feel there is a lot of further research which could be carried out here in Portugal – we will be in touch with you by e-mail.

Thanks again for being here.