## Optimal Care in Childbirth: The case for a physiological approach

By Henci Goer and Amy Romano

This is an excellent resource for all health care practitioners, and students, involved in the care of women and their families during the childbirth experience. The authors have presented clear arguments to support their recommendations for the provision of optimal care across a range of important aspects of maternity care such as: caesarean birth, electronic fetal monitoring and 'giving birth versus being delivered'. Issues are discussed within certain geographical contexts with further exploration and comparison of how care is provided in other areas and countries. However, discussions highlight that the medicalisation of childbirth is not limited to one country or geographical area. This book provides midwives and other health professionals with the knowledge to engage in a critical debate regarding current provision of maternity care.

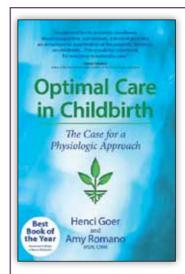
Each chapter addresses a specific issue, offering a critical review of whether current practices facilitate optimal outcomes for women and their newborns. This book challenges the compartmentalisation of maternity care into 'low' or 'high risk' by focusing on practices that optimise a

**Sheila Brown** Lecturer in Midwifery Bangor University physiological approach for all women. The following quote offers a sense of this (p 449):

"...an optimal system of care must ensure that each woman has access to a "package" of care that will provide the most benefit with the least harm given her individual circumstances, risk factors, health status, and preferences; in other words, each woman must receive "the right care in the right place at the right time given by the right people".

'Mini reviews' of research evidence are provided at the end of each chapter, providing a useful summary of the evidence relating to specific issues. The authors offer examples of a critical debate of available evidence, which for student midwives and postgraduate students, is a fantastic resource.

The reader is prompted to reflect on his or her current practice, what this is based on and how care can be 'optimised' in the future. Chapter 7 discusses labour induction highlighting the difficulties in establishing accuracy of due date and predictive signs of fetal compromise when pregnancy extends beyond 40 weeks. The authors conclude the chapter with 'Strategies for optimal care' which include, for health women at the end of their pregnancy: 'refrain from elective induction prior to 42 completed



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weeks'. This recommendation could avoid unnecessary intervention and anxiety for women when pregnancy extends beyond 41 weeks. This challenges current national guidance in the UK.

Goer and Romano have provided the global maternity care community with an excellent resource, on a range of topics, providing a platform for midwives and other health professionals to challenge current practices that do not support a physiological approach to childbirth. Chapters need not be read consecutively; they can be accessed individually depending on the reader's specific interest or the current debate within practice. Engagement with the critical discussions provided has the potential to transform how maternity care is provided with the ultimate goal of optimising care for all women.



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