

# **Quotation Corner**

## Marsden Wagner and Murrey Enkinet al

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#### On 'Normality'

'Logically, the abnormal cannot be identified without a clear scientific definition of the variations of normal. Obstetrics lacks this because the risk concept implies that all pregnancy and birth is risky and therefore no pregnancy or birth can be considered normal until it is over. In other words one cannot claim both the ability to separate normal and abnormal during pregnancy and the inability to determine normality until after birth. The wide variation which occurs in the healthy experience of childbirth is too large for a single, uniform definition of "normality", which can be used to define "abnormality"

Marsden Wagner (1994)
Pursuing the Birth Machine:
The search for appropriate birth technology,
Ace Graphics

#### On Achieving Normality

'...many hospitals have allocated scarce resources towards renovating their labor wards, to provide more attractive, home-like settings for birth. Such settings are undoubtedly attractive, and also provide more pleasant work environments for caregivers. It is quite possible that happier caregivers may provide better care. Nevertheless, hospitals that are considering renovations of their labor wards should be aware that there is much stronger evidence to support the need for changes in caregivers' behavior than there is to support the need for cosmetic or structural changes to labor wards. If renovations are desired, they should be geared towards factors that would encourage changes in behavior, such as removing lithotomy poles and replacing uncomfortable delivery beds with comfortable furniture and cushions.

'Efforts to change caregivers' behavior to help them to provide appropriate support to laboring women should also be introduced. Such changes do not come easily. A multicentered trial of a marketing strategy using opinion leaders to encourage nurses to provide labor support did not have the hoped for outcome. A follow-up study in those hospitals where the hypothesized improvements did occur showed that a highly involved nurse manager was critical to its success.'

#### Page 2 of 2

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Murray Enkin et al (2000)

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