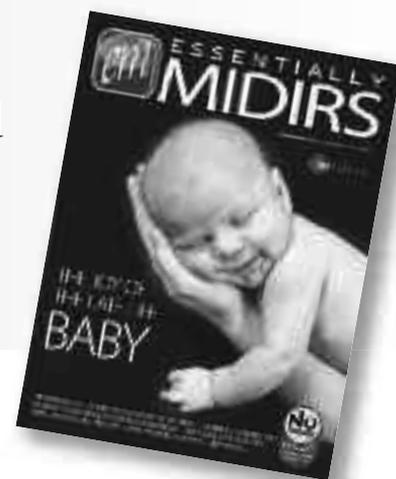


midirs Writes



Editorial comment on issues addressed
in this month's Essentially MIDIRS...

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Comment by

Sara Wickham Editor

Media mayhem

Debates about the ethical responsibilities of the mass media have been fairly prevalent in the British news over the past few weeks and a few days ago, while talking to friends about the wider issues, it really struck me that I have also spent several days over the past month or so dealing with problems created by the media in relation to birth and midwifery. While the wider issues have been more concerned with the way in which information is gathered, however, the problems that we continue to face in relation to birth and maternity care are related to spin, sensationalisation and other elements of the way in which information is reported.

Irresponsible and unhelpful reporting of birth-related research, news and issues isn't a new problem, and several commentators have raised concerns about this over the years (Newman 2003, Romano *et al* 2010, Newburn *et al* 2011). One of the most recent examples

is a study that was published in the *BMJ* (the abstract for which we have reprinted below). The study, carried out in Auckland, New Zealand, compared the sleeping position and other sleep behaviours of 155 women whose babies were stillborn with those of 310 women who gave birth to live babies. The researchers found that women who had given birth to live babies were more likely to have slept on their left side on the night before their birth than women whose babies were stillborn. The authors of both the original study (Stacey *et al* 2011) and the related editorial (Chappell & Smith 2011) acknowledged the limitations of the research, discussing (among other issues) the possibility of bias and/or reverse causation and calling for further investigation into this area. As was to be expected, this didn't stop the mass media picking up on and reporting the story in ways which made the study conclusions sound far more definitive than they were. Even worse, if the calls that I and colleagues took as a result were anything to

go by, was that this created a good deal of unwarranted anxiety in pregnant women.

Many pregnant women have trouble sleeping as it is, especially in the last few weeks before they give birth, and it is outrageous that some may now be worried about what position they sleep in when we really do not know whether this is an issue or not. Worrying about this may lead to anxiety and even less sleep, both of which create problems in their own right. While a couple of broadsheet newspapers reported the story in a much more sensible manner and the team from NHS Choices posted a timely and comprehensive but also very readable critique of the study on their website soon after, it is questionable whether every pregnant woman who read the original headlines would also have read their more rational response to them.

Meanwhile, midwives around the world continue to face unfair and unfounded attacks from the media. In New Zealand, for

example, the cover of the August 2011 issue of *North & South* magazine depicted a crying baby held upside down by its feet along with the phrase, 'Midwives - bungled deliveries and the myth of "natural" childbirth'. The magazine itself contained an article (Chisholm 2011) that claims to comprise an investigation of the state of maternity care in New Zealand, yet, after reading what was written, many people have used the magazine's Facebook page to complain about what they see as misrepresentation and inaccurate reporting. Media attacks on New Zealand midwives are not uncommon (Guilliland 2008) and whether they are related to the fact that the country has one of the most woman-centred maternity care systems in the world is a matter for debate, but there is an interesting similarity between this example and the study on maternal sleep position. Publication of the *BMJ* article prompted the team at NHS Choices to publish a full explanation and critique and led to a number of (unrelated) blog entries giving a more measured assessment of the research and its implications, and many people have responded to the *North & South* piece with comments on social media websites and by hitting the magazine where it hurts - by cancelling subscriptions and encouraging others to do the same. People are fighting back.

This doesn't negate the original problem, and it certainly doesn't mean that we can be complacent about it, not least because we do need to work out how to reach those women who (for whatever reason) see only the headlines and not the subsequent debate. But in the absence of any hope that the focus the media tends to place on emphasizing risk and generating fear is going to change anytime soon, we can at least take some comfort from the fact that, despite the challenges that the internet brings in other areas, it does at least offer a vehicle for timely criticisms of the publication of material that may not be accurate, fair or helpful.

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Objectives:

To determine whether snoring, sleep position, and other sleep practices in pregnant women are associated with risk of late stillbirth.

Design:

Prospective population based case-control study.

Setting:

Auckland, New Zealand.

Participants

Cases: 155 women with a singleton late stillbirth (≥ 28 weeks' gestation) without congenital abnormality born between July 2006 and June 2009 and booked to deliver in Auckland.

Controls: 310 women with single ongoing pregnancies and gestation matched to that at which the stillbirth occurred. Multivariable logistic regression adjusted for known confounding factors.

Main outcome measure:

Maternal snoring, daytime sleepiness (measured with the Epworth sleepiness scale), and sleep position at the time of going to sleep and on waking (left side, right side, back, and other).

Results:

The prevalence of late stillbirth in this study was 3.09/1000 births. No relation was found between snoring or daytime sleepiness and risk of late stillbirth. However, women who slept on their back or on their right side on the previous night (before stillbirth or interview) were more likely to experience a late stillbirth compared with women who slept on their left side (adjusted odds ratio for back sleeping 2.54 (95% CI 1.04 to 6.18), and for right side sleeping 1.74 (0.98 to 3.01)). The absolute risk of late stillbirth for women who went to sleep on their left was 1.96/1000 and was 3.93/1000 for women who did not go to sleep on their left. Women who got up to go to the toilet once or less on the last night were more likely to experience a late stillbirth compared with women who got up more frequently (adjusted odds ratio 2.28 (1.40 to 3.71)). Women who regularly slept during the day in the previous month were also more likely to experience a late stillbirth than those who did not (2.04 (1.26 to 3.27)).

Conclusions:

This is the first study to report maternal sleep related practices as risk factors for stillbirth, and these findings require urgent confirmation in further studies.

Stacey T, Thompson JMD, Mitchell EA *et al* (2011). Association between maternal sleep practices and risk of late stillbirth: a case-control study *BMJ* [Online version ahead of print] <http://www.bmj.com/content/342/bmj.d3403.full.pdf>.