childbirth connection

FACT SHEET

New Professional Recommendations to Limit Labor and Birth Interventions: What Pregnant Women Need to Know

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Safer Care During Labor and Birth

In February 2017, the American College of Obstetricians and Gynecologists (ACOG) issued a new Committee Opinion recommending that maternity care providers restrict use of many common labor and birth interventions that offer limited or uncertain benefit to low-risk women. By "low-risk," they mean a woman who would not benefit from a specific intervention. The Committee Opinion states that maternity care providers and women want to avoid unnecessary interventions during labor and birth. It recommends individualized care to help each woman meet her childbirth goals by providing care that minimizes use of interventions and increases satisfaction with the birth experience. The recommended practices also facilitate physiologic processes that benefit women and newborns. Thus, widely-accepted, currently-used labor and birth interventions are not necessarily the safest care for women and babies.

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The Committee Opinion is endorsed by leading national midwifery and maternity nursing organizations, American College of Nurse-Midwives and Association of Women's Health, Obstetric and Neonatal Nurses. Childbirth Connection Programs at the National Partnership for Women & Families also welcomes and strongly supports these evidence-based recommendations. If followed, women's experiences of giving birth would be transformed, many women would avoid cesarean birth and other complications, and birth outcomes of women and babies would improve.

Unfortunately, it often takes many years before health care providers reliably carry out the recommendations of professional organizations. So, it is important for pregnant women themselves to become informed and take an active role in securing high-quality care for themselves and their babies. This fact sheet summarizes the new guidance to help pregnant women understand and discuss ACOG's recommendations with their maternity care providers and make informed decisions about safe, effective care. The fact sheet ends with trustworthy resources for learning more and helping women get the care that is right for themselves and their newborns.

Safer Care Recommendations: Highlights

The Committee Opinion notes, "Many common obstetric practices are of limited benefit for low-risk women in spontaneous labor." For such women, ACOG encourages individualized care and use of the following alternatives (listed on the right side of the table), instead of the common obstetric practices listed on the left side:

Instead of...	Many women can benefit from...
Being admitted early to the birth facility	Going to the birth facility once in "active" labor (about 6 centimeters dilation)
Using continuous electronic fetal monitoring (EFM) during labor	Listening to the baby's heart tones at intervals with a handheld device (Doppler or fetal stethoscope)
Laboring without continuous support	Having continuous labor support, e.g., from a doula
Using IV lines, with no fluids by mouth	Drinking clear liquids
Using a procedure to break membranes	Leaving membranes intact, to break on their own
Laboring while lying down in bed	Staying upright and moving around in labor
Using epidural and other pain medication	Using various drug-free pain relief measures
Pushing and giving birth while lying on her back	Giving birth in most comfortable position
Pushing when 10 centimeters dilation is reached	Resting while baby moves down and waiting for the urge to push
Following staff-directed coaching to push	Pushing in her preferred, most effective way

Safer Care Recommendations: Details

The 2017 Committee Opinion recommends using beneficial labor and birth practices that meet an individual woman's needs and preferences. Best evidence supports many safer alternatives to interventions that low-risk birthing women frequently receive. Please see the Committee Opinion for citations for research results mentioned below. Here are some beneficial forms of care that low-risk women can safely consider.

Stay home until "active" labor (when the cervix is open – "dilated" – about 6 centimeters[1]), and carry out a plan for self-care and coping. This helps women avoid cesarean birth and many other labor interventions. If admitted to the birth facility before this time (in "early" labor), women may benefit from education, support and immersion in water and other drug-free pain relief measures.

Keep track of the baby's heartbeat with a hand-held device. Periodic listening with a "Doppler" or a fetal stethoscope reduces a woman's likelihood of cesarean birth or of a vaginal birth with forceps or vacuum extraction. Not being connected to an electronic fetal monitor frees a woman to move and use positions she prefers.

Obtain continuous, one-to-one support from a labor companion such as a doula.[2] This shortens labor and reduces the likelihood of cesarean birth, use of pain medications, and dissatisfaction with one's childbirth experience, among other benefits.

Drink clear liquids during labor. Best evidence does not support an outdated labor practice restricting fluids by mouth and using intravenous (IV) lines to keep women hydrated. IV lines can limit freedom of movement. The Committee Opinion notes that some people interpret the best available evidence to support eating solid food during labor if desired, and it calls for continued assessment of the issue (though it does not recommend solids by mouth in labor).

Avoid a procedure to break the membranes (bag of waters). Best evidence finds that breaking membranes doesn't offer benefits such as shorter labor or fewer cesareans. Left alone, they will generally break on their own before birth.

Use upright positions and/or move about during labor. In comparison with laboring in bed, being upright and/or moving around shortens labor and reduces the likelihood of a cesarean birth.

Try various drug-free pain relief methods. Unlike pain medications, drug-free methods have no adverse effects on the woman, her baby and labor progress. There are many options. Multiple measures can be used at the same time or one after another. Continuous support, being upright and/or moving about, and immersion in water are examples of drug-free measures that reduce use of pain medications.

Use position of comfort and choice when pushing and giving birth. For many decades, most women have given birth while lying on their back, versus such other options as lying on their side, being upright or on hands and knees. However, back-lying positions do not offer clear advantages for the woman or baby. Best current evidence supports flexible use of positions that are most comfortable for a woman and enable her to push effectively.

Best evidence supports many safer alternatives to the interventions that low-risk birthing women frequently receive.

Rest and await the urge to push after full dilation. For many decades, many women have been directed to bear down and push when their cervix is fully opened (about 10 centimeters). However, resting and giving the baby time to move down through the birth canal will generally lead to a strong, effective "urge to push" that results in the birth.

Push according to one's own urges and preferences. For many decades, hospital personnel have called out to direct women to push, once the cervix is fully opened. Forceful coached pushing has not been found to offer advantages, and possible adverse impacts have not been well researched. Women may thus benefit by letting their own bodies guide them in effective pushing.

The Committee Opinion also offers guidance for when membranes break on their own before labor has begun at 37 weeks or beyond. In the past, many women with this situation experienced one or more drugs or other methods to try to start, or induce, labor. However, nearly all women do go into labor on their own in the hours after "spontaneous rupture of membranes at term." The statement recommends counseling women about the options and pros and cons of waiting versus inducing labor, and offering women the choice of watchful waiting when intervention does not offer clear benefit.

Other Guidance for Safe, Healthy Birth

In addition to the 2017 Committee Opinion, ACOG has recently indicated support for healthy and underused practices for women and babies *just after birth*, including:

- Delayed cord clamping
- Immediate skin-to-skin contact of women and their newborns
- Early and continued breastfeeding on cue from the baby and with effective professional support

The new statement is a welcome addition to the 2014 joint recommendations on safely preventing primary (initial) cesarean births from ACOG and the Society for Maternal-Fetal Medicine (see

resources, below, for a summary of those recommendations for women). Both are well aligned with best evidence and recommend practices that improve the quality of maternity care.

Learn More

Childbirth Connection's website, **www.childbirthconnection.org**, provides trustworthy, evidence-based information to help women make informed decisions, navigate the maternity care system and get the care that is right for themselves and their baby. Resources for learning more and getting high-quality maternity care include:

These supportive resources can help women get the high-quality labor and birth care identified in the new recommendations and have good experiences and healthy outcomes.

- In-depth information about the crucial, related decisions about Choosing a Maternity Care Provider and Choosing a Place of Birth
- What to Ask series of questions when considering possible maternity care providers and places for giving birth
- *Pathway to a Healthy Birth* booklet covering many of the practices discussed above
- *Pathway to a Healthy Birth* infographic with basic guidance about healthy practices for labor, birth and beyond
- In-depth information about important labor and birth topics, including labor induction, labor support, labor pain, cesarean birth and vaginal birth after cesarean (VBAC).
- Labor pain fact sheet with summary tables about the effectiveness and safety of various options for comfort and pain relief in labor
- *Comfort in Labor: How You Can Help Yourself to a Normal Satisfying Childbirth* booklet
- *Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM*
- *What Every Pregnant Woman Needs to Know About Cesarean Birth* booklet
- *New Cesarean Prevention Recommendations from Obstetric Leaders: What Pregnant Women Need to Know*
- Reports of Childbirth Connection's national *Listening to Mothers* surveys describing women's care experiences (including widespread use of practices that may not be beneficial) and views of their care

[1] Staying in telephone contact with a nurse or maternity care provider can help a woman planning a hospital birth know when to go to the hospital.

[2] While the recommendations mention receiving support from a friend or family member, the systematic review cited found that support from someone in the woman's social network increased her satisfaction but did not reduce her likelihood of cesarean birth and offer other clinical benefits that have been found for the doula role.

Childbirth Connection, a program of the National Partnership for Women & Families, works to improve the quality, outcomes and value of maternity care in the United States. Learn more at **ChildbirthConnection.org** and **NationalPartnership.org.**

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