1: ACOG Recommends Fewer Routine Interventions for Low-Risk Women

A game changer! ACOG now supports evidence-based care for low-risk women such as offering the option of staying home for a while after membranes rupture, using intermittent fetal monitoring, offering nonpharmacologic comfort measures, supporting frequent position changes, assessing coping rather than pain, and encouraging the laboring woman to choose the method of pushing that works best for her.


2: Maternal Mortality in the U.S. is the Highest of All Developed Countries

Nina Martin wrote a heartbreaking and compelling article for NPR about the (most likely preventable) death of a young nurse in New Jersey and the crisis of increasing maternal mortality in the U.S. as compared to decreasing maternal mortality in most other countries in the world. In the next two references, researchers discuss the importance of educating women about danger signs in the postpartum period as 61% of maternal deaths occur during that time frame.

Martin, N. (5/12/17). Focus on infants during childbirth leaves U.S. moms in danger. NPR. http://n.pr/2qhv5ns


3: Cesarean Surgery Increases Risks after Hysterectomy Later in Life

The mandate from professional medical organizations such as the American College of Obstetricians and Gynecologists to decrease unnecessary cesarean surgery is strengthened even further as Danish researchers find that previous cesarean surgery increases the risk by 16 to 29.6% of experiencing at least one complication following hysterectomy later in life.


For an update on the disturbing variation of cesarean rates around the country:


In late October of 2016, the American Academy of Pediatrics (AAP) softened their stance on bed-sharing by stating, “If you are feeding your baby and think that there’s even the slightest possibility that you may fall asleep, feed your baby on your bed, rather than a sofa or cushioned chair...” AAP does recommend that, after feeding, the baby be moved back to a separate sleep surface. If you belong to DONA International or can borrow a copy of the journal listed below, read this thoughtful interview with Dr. James McKenna about the new AAP recommendations for safe sleep, the evidence about bed-sharing, and “breastsleeping.”


5: Childbirth Education/Birth Plans Increase Vaginal Birth

In a large (14,630 deliveries) retrospective study, researchers found that women who attended childbirth education classes and/or had written birth plans were significantly more likely to have a vaginal birth.


Note: A brief summary of this study [poster session] can also be found in the January 2016 supplement to the *American Journal of Obstetrics & Gynecology*. 
6: Incorporating Mindfulness Techniques in Your Childbirth Education Curriculum

“Mindfulness” has been in the news with the publication of a small, pilot RCT which suggested that mindfulness training may increase childbirth self-efficacy and decrease postpartum depression. Although they may not use the term “mindfulness,” most childbirth educators have been incorporating elements of mindfulness into their classes for many years. (See handout on Complementary Medicine Strategies on page 4 of this newsletter).

“Hmmm. 45 years ago I took an amazing, successful six-week Lamaze class that appears to have included virtually every point in mindfulness preparation. Focus on the breath, focus on conscious relaxation, visual focus on a point, simulated contractions using partner’s hand squeezing on upper thigh, staying alert but busy with activities related to relaxation and breathing and focus…”

(Comment on a New York Times article on mindfulness for pregnancy and birth)


7: Is Ingesting Your Placenta Safe?

Some childbirth educators and doulas have expanded their practices to include placenta encapsulation. Read the following warning from the CDC and a fairly positive literature review.


8: ACOG joins ACNM and the WHO in Recommending Delayed Cord Clamping

Although the recommended time is shorter than other organizations (WHO and Cochrane: 1 to 3 minutes; ACNM: 5 minutes; and NICE in the UK: at least 1 minute), ACOG joins other medical and professional groups around the world in recommending delayed cord clamping for “at least 30-60 seconds after birth.”

The controversy continues as to whether current evidence supports the recommendation that women avoid all alcohol during pregnancy.


### 10. Preferred Content and Delivery Modes for Childbirth Education

Canadian expectant parents (N=181) recruited from multiple sources were surveyed about their preferred topics and preference for delivery method for childbirth education. The topics that ranked the most important were first aid guide for baby care, knowing when I am in labor, comfort measures for coping with labor pain, and guidelines to support safe infant sleep. Most parents (47.5%) preferred face-to-face education; 37% preferred a combination of face-to-face and online education; and only 6.6% preferred online education only.


### Helpful Handouts and Recommended Videos

Check out new handouts and articles from Evidence-Based Birth (http://evidencebasedbirth.com); Position Papers from ICEA (www.icea.org, under “About”), and Infographics and a new birth plan form from Lamaze International (www.lamazeinternational.org, under “Professional Resources”). The Family Way published the following new handouts on www.thefamilyway.com, under “Handouts.”

### Recommended Videos

**Why Not Home? – The Surprising Birth Choices of Doctors and Nurses**
A thought-provoking and beautifully done documentary that covers much more than just home birth

www.whynothome.com

**Vulnerable Populations and Racial Disparities in Childbirth**
We recommend that all childbirth educators watch this 13-minute video clip made available by Rebecca Dekker following the events in Charlottesville in August.

http://bit.ly/2fY8tCn