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Our 2018 Newsletter

We have traditionally published our annual newsletter highlighting our "Top Ten" studies, books, or topics in the birth world in the fall when several childbirth conferences are usually held. With both ICEA and Lamaze holding spring conferences this year, we are publishing a spring newsletter highlighting our **TOP 5 TOPICS** (since our last newsletter). If you missed the Fall 2017 newsletter, you will find it and other helpful handouts on our website at [www.thefamilyway.com](http://www.thefamilyway.com) (go to "Handouts").

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1: The ARRIVE Trial

Childbirth educators and health care providers have been eagerly awaiting the results of the ARRIVE (A Randomized Trial of Induction Versus Expectant Management) trial. Although the full, peer-reviewed study has not yet been published, an abstract was published in the *American Journal of Obstetrics and Gynecology* and the results were presented on February 1st, 2018, at the Annual Meeting of the Society for Maternal Fetal Medicine.

The RCT compared nulliparous low-risk women who were induced at 39 0/7 weeks to 39 4/7 weeks (routine induction group) to women who either went into labor spontaneously or were induced between 40 5/7 weeks and 42 2/7 weeks (expectant management group). The primary outcome was a composite of adverse perinatal events; the secondary outcome was cesarean delivery. Researchers found no difference between the two groups in the composite of adverse perinatal events and a small reduction in the cesarean rate (3.6%) in the routine induction group.

Although some news reports are touting the idea that routine induction at 39 weeks may be a beneficial strategy to reduce the cesarean rate, researcher Rebecca Dekker makes a strong argument that there are far more successful, low-intervention strategies. Listen to her podcast listed below. We created a chart summarizing the March 2018 strategies recommended by the National Partnership for Maternal Safety and the research presented in Dr. Dekker’s podcast. We entitled it, "MUCH Better Ways to Reduce The Cesarean Rate Than Routine Induction at 39 Weeks." You can find this chart as well as other up-to-date handouts for consumers, such as our "Top Ten (Proven) Ways to Avoid Cesarean Surgery" (on page 3 in this newsletter) on our website (see "Handouts.").


See also:


2: WHO Recommendations – Intrapartum Care for a Positive Childbirth Experience

In this groundbreaking document, the World Health Organization lists 56 specific recommendations for care of healthy pregnant women, most of which childbirth educators already teach, support, and promote. The recommendations for care include policies related to low-intervention procedures from intermittent auscultation to immediate skin-to-skin contact between mothers and babies, and no separation of mothers and babies.

The list of the WHO recommendations can be found on pages 3-7 in the Executive Summary of the full report (link below). A chart showing how the recommendations support the Lamaze Six Healthy Birth Practices can be found on the Family Way website at www.thefamilyway.com (go to “Handouts”).


Many of the same recommendations are in this March 2018 consensus bundle from the National Partnership for Maternal Safety.


3: Childbirth Education Curriculum Could Save $97 Million Dollars a Year

Researchers looked at the potential health savings in Australia of widespread adoption of a childbirth education curriculum focusing on complementary pain management strategies that was shown to reduce epidural use by 65% and cesarean rates by 44% (see our 2016 Fall Newsletter and our handout, Complementary Medicine Strategies, on our website.) The cost savings were mainly due to a reduction in the cesarean rate.


4: Midwives Could Improve Maternity Care in the U.S. and Reduce Disparities

It is not surprising to us that, in this comprehensive analysis, researchers found that states such as Washington, New Mexico, and Oregon, who have done the most to integrate midwives into their health care systems, have some of the best outcomes for mothers and babies.


5: Increasing Severe Maternal Morbidity in the U.S.

An excellent analysis by ProPublica.

Top 10 (Proven) Ways to Avoid Cesarean Surgery
For the Healthy Low-Risk Pregnant Woman

Let labor begin on its own. Some medical studies have shown that induction increases the risk for cesarean surgery, especially for a first-time mom. Induction also increases the need for other interventions.

Hire a doula or arrange for a woman experienced with childbirth to stay with you and your partner throughout labor. A good doula will not interfere in the relationship between you and your partner. Instead, she will provide reassuring support for both of you and recommend comfort measures.

Stay at home in early labor. Labor can take much longer than you might expect. At home, you can move around freely, take a walk in a nearby park, relax in your tub, and eat lightly according to your appetite. Experts now recommend that hospital admission be delayed until the onset of “active” labor at about 6 cm dilation.

Ask that your baby be monitored intermittently (at regular intervals) rather than continuously. Because continuous monitoring increases the risk of cesarean surgery and does not improve outcomes for the baby, it is now recommended that low-risk women be offered the option of intermittent monitoring of the baby’s heartbeat. Women who need continuous monitoring for a medical reason should be offered telemetry, a type of monitoring that allows a laboring woman to be upright and mobile.

Ask to maintain hydration by drinking fluids. Being “hooked up” to an IV restricts your ability to move freely and to use comfort measures such as the bath and shower. Both physicians and midwives now say that women whose labors are progressing well may not require continuous IV fluids. Some providers may recommend a saline lock, in case of emergencies.

Move around! Bring your birth ball and use it. Ask for a room with a rocking chair. According to medical researchers, there is clear and important evidence that walking and upright positions during the first stage of labor reduce the duration of labor, the risk of cesarean surgery, and the need for epidural analgesia.

Try natural methods of pain relief to delay/avoid epidural analgesia. Although it is controversial as to whether epidurals increase the risk for cesarean surgery, there is no question that the interventions required when you have an epidural (for sure, continuous monitoring and IV fluids; and often, medications to speed up labor, a catheter in your bladder, and a forceps or vacuum delivery) change the ways in which you labor and birth. Many women find that a warm bath substantially reduces the pain of labor. A shower, walking or dancing, bouncing or swaying on a birth ball, massage, and reassurance from your partner, your doula, and your health care team all will help you to cope with contractions. Remember that the hardest part of labor is also the shortest part. If you choose an epidural, ask for one that allows you as much movement as possible; change positions frequently; and ask for extra time during second stage.

Ask for more time. As long as you and your baby are doing well, it is safe for labor to last a long time. Plateaus, when labor slows or even stops for a while, are considered normal. According to ACOG, it can be normal for progress to be very slow before the cervix is dilated to 6 cm, taking more than 6 hours for the cervix to dilate from 4 to 5 cm and more than 3 hours to dilate from 5 to 6 cm. Once 6 cm is reached, labor becomes “active” and moves much more quickly. Medications to speed up labor or cesarean surgery for slow labor should not be suggested before active labor (6 cm) is reached.

Do not begin pushing until you feel the urge to do so. Whether you have an epidural or not, waiting to push until you feel the urge will decrease the time you spend pushing. Pushing in response to your body’s urges, rather than being “coached” to push, is safer for you and for your baby.

Believe in birth and in yourself. Most women (at least 85 to 90% according to the World Health Organization) can and should give birth vaginally. Do all that you can to make birth as safe as possible for you and for your baby.

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