Maternal Mortality and Strategies to Reduce/Eliminate Disparities in Maternal Health Care

Although health care professionals have recognized and proposed strategies to reduce racial inequities and disparities in health care for several decades, news coverage of the enormity of the problem made headlines and several excellent papers were published in the last year.


Also:


AIM website: [https://safehealthcareforeverywoman.org/aim-program/](https://safehealthcareforeverywoman.org/aim-program/)


Cesarean Rate Doubles Worldwide

In an excellent 3-part series, *Lancet* explored cesarean rates around the world. The first article focuses on epidemiology, the second on short-term and long-term effects of cesarean surgery, and the third on interventions to reduce unnecessary cesareans.


Also:


### The ARRIVE Trial

*Upon publication of the long-awaited results of the ARRIVE Trial, ACOG immediately issued a practice bulletin saying that, under certain circumstances, it is reasonable to offer elective induction at 39 weeks to low-risk nulliparous women.*


Also:


(Note: You will have to provide your email address in order to access free one-page handouts.)


### ACOG No Longer Supports Laboring-Down

*ACOG no longer supports laboring-down after researchers in a new study found some increased risks for both the mother and baby with delayed pushing. However, women in the immediate pushing group had increased risks for 3rd and 4th degree lacerations. The mean duration of second stage for both groups was less than ACOG's 2014 recommendation of allowing at least 3 hours for second stage for nulliparous women.*

*In their new practice guidelines for second stage, AWHONN includes evidence both in favor of and in opposition to laboring-down (the Cahill study) and recommends that nurses provide information about advantages and disadvantages of both options to the laboring woman.*


Also:

Obstetricians Update Recommendations to Limit Interventions

Changes to the 2019 ACOG committee opinion, Approaches to Limit Intervention in Labor and Birth, include a specific time period of 12-24 hours for expectant management after spontaneous prelabor rupture of membranes in the healthy woman, a recommendation for immediate pushing rather than laboring-down for nulliparous women with neuraxial analgesia, and support for family-centered interventions (such as clear or lowered drapes) for cesarean birth. ACOG. (2019). ACOG committee opinion #766: Approaches to limit intervention during labor and birth. Obstetrics & Gynecology. 133(2), e164-e173.

Canadian obstetricians already support low-tech policies for women with healthy pregnancies such as no routine induction until 41 weeks and intermittent auscultation. In a remarkable practice guideline issued in February of 2018, SOGC recommends replacing the paradigm of “pain relief” with that of “working with pain” by focusing on nonpharmacologic pain management strategies during labor and birth. SOGC. (2018). SOGC Clinical practice guideline #355: Physiologic basis of pain in labour and delivery: An evidence-based approach to its management. JOGC, 40(2), 227-245.


The World Health Organization Publishes New Guidelines


Role of Midwives in Improving Maternal-Newborn Care

New studies affirm the role of midwives in improving maternal and newborn outcomes.


Also:


Listening to Mothers in California


Team Birth Study

Bebinger, M. (November 24, 2018). Twin’s difficult birth put a project designed to reduce c-sections to the test. NPR. https://n.pr/2AfzGde

New Edition with Gender Neutral Language


NOT a New Edition (This 2018 book is lovely with added color, but the content is the SAME as the 2016 edition).


AWHONN New Editions


New Books


Fun Children’s Board Book


New Safe Sleep Recommendations (includes guidelines for co-sleeping families)


Sincere thanks to birth photographer, Brittany Fisher, http://micahlynnbirthstories.com/about, who shared her award winning photo with me to use as my closing slide at the 2019 LamazeLive Conference.