Lamaze INTERNATIONAL

How the Lamaze Six Healthy Birth Practices Align with Recommendations from the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

①	Let labor begin on its own.	Before the publication of the ARRIVE Trial (A Randomized Trial of Induction versus Expectant Management)[1] in the *New England Journal of Medicine* in August of 2018, ACOG discouraged elective induction before 41 -42 weeks of gestation. In response to the ARRIVE Trial, ACOG issued a practice advisory[2] stating that, "it is reasonable for obstetricians and health care facilities to offer elective induction of labor to low-risk nulliparous [first-time] women at 39 weeks gestation," provided that • The due date has been confirmed by an ultrasound early in the pregnancy,[3] • Thorough discussion has taken place between the provider and pregnant woman,[2] and • Ample time is provided for labor to progress. ACOG recommends "allowing longer durations for latent labor (up to 24 hours or longer) and requiring that oxytocin be administered for at least 12-18 hours after membrane rupture before deeming the induction a failure."[2]
②	Walk, move around, and change positions throughout labor.	"Frequent position changes during labor to enhance maternal comfort and promote optimal fetal positioning can be supported as long as adopted positions allow appropriate maternal and fetal monitoring and treatments and are not contraindicated by maternal medical or obstetric complications."[4]
③	Bring a loved one, friend, or doula for continuous support.	"Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula."[5] • "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel such as a doula, is associated with improved outcomes for women in labor."[4]
④	Avoid interventions that are not medically necessary.	• "...for women with normally progressing labor and no evidence of fetal compromise, routine amniotomy need not be undertaken unless required to facilitate monitoring."[4] • "To facilitate the option of intermittent auscultation, OB-GYNs and other obstetric care providers and facilities should consider adopting protocols and training staff to use a hand-held Doppler device for low-risk women who desire such monitoring during labor."[4] • "Multiple nonpharmacologic and pharmacologic techniques can be used to help women cope with labor pain."[4] • "...use of the coping scale [rather than the 1-10 pain scale] can help OB-GYNS...tailor interventions to best meet the needs of each woman."[4] • "Women in spontaneously progressing labor may not require continuous infusion of IV fluids."[4] • Not an official position statement, but in this systematic review published in *Obstetrics and Gynecology*: "Women with low-risk singleton pregnancies who were allowed to eat freely during labor had a shorter duration of labor. A policy of less restrictive food intake during labor did not influence other obstetric or neonatal outcomes nor did it increase the incidence of vomiting. Operative delivery rates similar."[6]
⑤	Avoid giving birth on your back and follow your body's urge to push.	• "in consideration of the limited data regarding superiority of spontaneous versus Valsalva pushing, each woman should be encouraged to use her preferred and most effective technique."[4] Although ACOG has supported the concept of delayed pushing (laboring-down) in the past, following the publication of a new study in JAMA[7] in October of 2018, ACOG issued a practice advisory[8] stating that, "it is reasonable to choose immediate over delayed pushing in nulliparous patients with neuraxial anesthesia."
⑥	Keep your baby with you – it's best for you, your baby, and breastfeeding.	"The Ten Steps [including early skin-to-skin care and rooming -in] should be integrated into maternity care to increase the likelihood that a woman will initiate and sustain breastfeeding...Skin-to-skin is feasible in the operating room and is associated with reduced need for formula supplementation."[9]

Chart and references (on next page) compiled by Debby Amis, LCCE, FACCE, for the Family Way Publications, www.thefamilyway.com.
For more information about the Lamaze Healthy Birth Practices, visit www.lamaze.org.

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