

Routine Birth Interventions in the U.S.

INTERVENTION	RECOMMENDED FOR THE HEALTHY, LOW-RISK PERSON?	% USED BY ALL BIRTHING PEOPLE (INCLUDING HIGH-RISK) IN THE U.S.
CESAREAN SURGERY	No	31.8% 2020, CDC ¹
INDUCTION OF LABOR BEFORE 41 WEEKS	Yes and No - As far as we can find, only obstetricians in the U.S. recommend routine induction at 39 weeks. ² Most other organizations and professional associations, including the American College of Nurse-Midwives, ³ the World Health Organization ⁴ and the Society of Obstetricians and Gynaecologists of Canada, ⁵ recommend AVOIDING elective induction before 41 weeks.	29.3% 2019, CDC ⁵
EPIDURAL/ SPINAL ANALGESIA	Yes, if pregnant person wants pain medication.	76% 2019, CDC ⁶
IM /IV OPIOIDS FOR PAIN RELIEF	Yes, if pregnant person wants pain medication.	16% 2013, LTM ⁷
NITROUS OXIDE FOR PAIN RELIEF	Yes, if pregnant person wants pain medication.	6% 2013, LTM ⁷
ELECTRONIC FETAL HEART RATE MONITORING	No, but required for epidurals and most inductions	89% (either continuously [66%] or in combination with a hand-held device [23%]) 2013, LTM ⁸
IV FLUIDS	No, but required for epidurals and most inductions	62% 2013, LTM ⁶
BLADDER CATHETER	No, but epidural analgesia increases likelihood ⁹	47% 2013, LTM ⁶
FORCEPS/ VACUUM EXTRACTOR	No	11% 2013, LTM ⁶
EPISIOTOMY	No	17% (of those who gave birth vaginally) 2013, LTM ⁶

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