

Maternity Care Analysis Finds Danger of Routine Birth Interventions

WASHINGTON (March 8, 2007)—Findings from a two-year review of the science behind maternity care indicate that the common and costly use of many routine birth interventions, such as continuous electronic fetal monitoring, labor induction for low-risk women and cesarean surgery, fail to improve health outcomes for mothers and their babies and may cause harm. The review entitled, the *Evidence Basis for the Ten Steps to Mother-Friendly Care*, will be published in [The Journal of Perinatal Education](#) and the results will be premiered at the [Coalition for Improving Maternity Services](#) (CIMS) Forum today.

Research findings include:

- .. Women whose labors are induced for non-medical reasons are more likely to suffer from intrapartum fever and more likely to end up needing forceps, vacuum extraction and a cesarean surgery.
- .. Inductions add to the risk of poor outcomes for the health of the baby. Artificially-induced labors increase the rate of fetal distress and a serious complication of labor called shoulder dystocia (when the baby's shoulders have difficulty passing through the mother's pelvic bones). Elective induction babies are also more likely to need phototherapy to treat jaundice after birth, and are at higher risk for breathing difficulties and admission to neonatal intensive care.
- .. Use of electronic fetal monitors is more than 85 percent on low-risk women. They fail to reduce the number of perinatal deaths, the incidence of cerebral palsy or the number of admissions to the neonatal intensive care unit. Continuous fetal monitoring puts women at increased risk for an instrumental delivery, cesarean section and infection.
- .. Overall 1 in 3 U.S. women give birth by cesarean surgery. The majority of the operations are repeat procedures with no medical indication.
- .. When compared to women who have a vaginal birth, cesarean surgeries put women at risk for infections, hemorrhage requiring transfusion, surgical injuries, and complications from anesthesia, chronic pain, adhesions, hysterectomy, pulmonary embolism, placental problems with future pregnancies and death. Babies born by cesarean surgery are more likely to suffer from surgical lacerations, respiratory complications, and to require neonatal intensive care.

There are more than 4.1 million U.S. births a year with a cesarean surgery rate more than 30 percent. The health and economic impact of high tech birth is significant. In 2004, hospital costs for deliveries were more than \$30 billion. The record high cesarean surgery rate contradicts the national goals of Healthy People 2010 to reduce cesarean surgeries for first time mothers to 15 percent and to increase VBAC (Vaginal Birth After Cesarean) rates to 63 percent. The research also found that harm is caused by routine use of intravenous fluids (IVs), amniotomy (breaking the bag of waters), withholding food and water from women in labor and episiotomy.

[The Journal of Perinatal Education](#) is the leading peer-reviewed journal for childbirth educators. The Journal is published quarterly by Lamaze International for readers who provide parent education in the areas of childbirth, pregnancy, breastfeeding, neonatal care, postpartum, early parenting and young family development. For more information about The Journal of Perinatal Education and Lamaze International, visit www.lamaze.org.