



Preventing First Cesareans

Recently Released Guidelines that You Can Discuss with Your Doctor or Midwife

Many expectant parents are concerned about the high rate of cesareans. Indeed, they have reason for concern. One in three women in the United States (32.8%) now give birth by cesarean, and the dramatic rise in the cesarean rate has not improved outcomes for women or babies. The World Health Organization recommends a cesarean rate between 5 and 15 percent, because data suggest that rates above 15 percent may do more harm than good. Cesareans can be lifesaving when they are needed, but when they are used without a medical reason, the risks can outweigh the benefits.

In order to bring down the rising cesarean rate in the U.S., the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) released guidelines for the “Safe Prevention of the Primary Cesarean” in February 2014. These groundbreaking guidelines recommend changing many standard elements of maternity care and have the potential to dramatically improve the quality and experience of maternity care for the women of New York City and across the United States.

Choices in Childbirth (CiC) is a non-profit consumer advocacy group focused on safe, healthy, and respectful maternity care in New York City. CiC has created a summary of some of the key recommendations made by ACOG and SMFM so that you can discuss them with your doctor or midwife. ***Ask how your doctor or midwife and your hospital or birth center are responding to these new recommendations.***

The technical details of the research and citations for data can be found in the full report, available at: http://www.acog.org/Resources_And_Publications/Obstetric_Care_Consensus_Series/Safe_Prevention_of_the_Primary_Cesarean_Delivery. Choices in Childbirth has also developed a policy brief that addresses these recommendations in greater detail. To obtain a copy, please email info@choicesinchildbirth.org.

ACOG & SMFM’S RECOMMENDATIONS ON SAFELY PREVENTING INITIAL CESAREANS

WOMEN MAY NEED MORE TIME IN LABOR

First Stage Labor (dilating phase)

Labor that is slow but progressing should not be considered an indication for cesarean. The active phase of labor begins at 6 cm dilation, rather than 4, so timetables imposed on the active phase labor should not be applied until a woman has more time.

"Labor takes a little longer than we may have thought," says Dr. Aaron Caughey, co-author of the new recommendations. At present, most doctors rely on data from the 1950s to define a slow or stalled labor, but newer data suggest allowing for “substantially slower” dilation and longer periods of pushing. Currently, a woman at 4 cm dilation is considered to be entering the active phase of first stage labor. She is then expected to dilate at a certain rate. If her labor does not progress according to expectations, she is often considered to have a stalled labor. Medication to speed labor and sometimes a cesarean may follow. Now, however, ACOG and SMFM cite data that suggest active labor should be considered to start at 6 cm dilation, as dilation from 4 to 6 cm appears to be significantly slower than previously believed, in both first births and later births.

Second Stage Labor (pushing phase)

There should be no specific time limit for the pushing phase of labor. There is no time limit beyond which all women should have cesareans.

- If mother and baby are doing well, at least 3 hours of pushing during first births and at least 2 hours of pushing during second (and later) births should be considered normal.
- Use of an epidural adds an hour to these suggested timeframes. At least 4 hours pushing for first births and at least 3 hours pushing for second (and later) births should be considered normal.

Forceps and vacuum-assisted vaginal delivery by experienced physicians are safe, acceptable alternatives to cesarean delivery when mother and baby are doing well.

Induction of Labor

Before 41 weeks of pregnancy, it is not recommended to use medication to induce labor without a medical reason. Cesareans can be avoided when labor is induced with medication by allowing women to labor for a longer time before considering the induction “failed” and performing a cesarean.

VARIATIONS IN BABY’S HEART RATE ARE NOT ALWAYS DANGEROUS

Variations in the baby’s heart rate may be normal or temporary. When it appears that the baby’s heart rate may possibly be abnormal or “indeterminate,” steps should be taken to try to improve the baby’s heart rate before a cesarean is recommended. These steps can include the mother changing the position of her body, stimulation of the baby’s scalp, and introducing sterile saline solution into the uterus to improve the baby’s environment.

BREECH POSITION OF THE BABY

Try turning the baby before labor begins (version). Version has a high success-rate.

TWINS DON’T ALWAYS REQUIRE A CESAREAN

When the first twin is head down, women should be encouraged to plan a vaginal delivery.

HAVING A “BIG” BABY IS RARELY A REASON FOR A CESAREAN

A suspected large baby is not an indication for cesarean unless the baby is believed to weigh 11 lbs. or greater for women without diabetes or 9.9 lbs. or greater for women with diabetes. Ultrasound in the last few weeks of pregnancy is not a reliable method for predicting a baby’s size.

OTHER STRATEGIES TO REDUCE THE LIKELIHOOD OF A CESAREAN

DOULA SUPPORT REDUCES CESAREAN RATES

The ACOG/SMFM guidelines recommend continuous labor support, such as support provided by doulas, as one of the most effective ways to decrease the cesarean rate and improve patient satisfaction. The ACOG/SMFM statement finds that doula support is probably underutilized.

MIDWIFERY MODEL OF CARE

The ACOG/SMFM guidelines do not address the midwifery model of care, however, Choices in Childbirth notes that the midwifery model commonly employs or recommends many of the above recommendations, including supporting longer labors, version for breech presentation, and continuous support during labor and birth. A midwifery model focuses on pregnancy and childbirth as a normal and healthy event, and prioritizes protecting, supporting, and enhancing the normal physiologic processes of labor and childbirth.