# ACOG Positions Align with The Lamaze Six Healthy Birth Practices

| LAMAZE HEALTHY BIRTH PRACTICES | POSITION OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) | |
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| 1  **LET LABOR BEGIN ON ITS OWN** | • "Before 41 0/7 weeks of gestation, induction of labor generally should be performed based on maternal and fetal medical indications. Inductions at 41 0/7 weeks of gestation and beyond should be performed to reduce the risk of cesarean delivery and the risk of perinatal morbidity and mortality."[1]<br>• "The following conclusions are based on limited or inconsistent scientific evidence (Level B): Induction of labor between 41 0/7 weeks and 42 0/7 weeks of gestation can be considered."[2] | • "The following conclusions are based on good and consistent scientific evidence (Level A): Induction of labor after 42 0/7 weeks and by 42 6/7 weeks of gestation is recommended, given evidence of an increase in perinatal morbidity and mortality."[2]<br>• "For informed women...[with spontanous rupture of membranes before contractions have started] [and no GBS], the choice of expectant management for a period of time may be appropriately offered..."[3] |
| 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 contradicted by maternal medical or obstetric complications."[3] | |
| 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."[1] | • "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support is associated with improved outcomes for women in labor."[3] |
| 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."[3]<br>• "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."[3]<br>• "Multiple nonpharmacologic and pharmacologic techniques can be used to help women cope with labor pain."[3] | • "...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."[3]<br>• "Women in spontaneously progressing labor may not require continuous infusion of IV fluids."[3]<br>• Not an official position statement, but a new systematic review: "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."[4] |
| 5  **AVOID GIVING BIRTH ON YOUR BACK AND FOLLOW YOUR BODY'S URGE TO PUSH** | • "...each woman should be encouraged to use the technique [spontaneous versus Valsalva] that she prefers and is most effective for her."[3] | • "...in the absence of an indication for expeditious delivery, women (particularly those who are nulliparous with epidural analgesia) may be offered a period of rest of 1-2 hours (unless the woman has an urge to bear down sooner) at the onset of the second stage of labor."[3] |
| 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."[5] | |

*Complete references available: www.lamazeinternational.org/acogreferences*

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