4. Avoid Interventions That Are Not Medically Necessary

Interventions are procedures or treatments done to find, prevent, or fix problems. Certainly, some women need interventions in labor. But many hospitals and care providers have rules or tendencies that lead to routine intervention for all women, regardless of their risk or individual situations.

All interventions have risks, and many can disrupt the processes of labor and birth and make them more difficult and complicated. For these reasons, it is best to only use interventions when the woman and her care provider agree that the likely benefits outweigh the possible risks and when safer alternatives will not be effective. Using interventions with women who are unlikely to benefit from them makes labor less safe and more difficult. If you can, choose a birth setting that is less prone to use these routine interventions.

Common Forms of Intervention

The most common routine interventions during labor include giving an IV for fluids, epidural anesthesia, continuous electronic fetal monitoring, giving Pitocin, breaking the bag of waters, and episiotomy. All of these interventions have side effects, and research does not support their routine use on healthy laboring women. Here are some of the reasons why:

Giving Fluids Through an IV: Labor is easier and safer when the woman has enough fluids, electrolytes (salts), and calories. Most women can safely get these from food and drinks. But in many birth settings, women are restricted from eating and drinking, and fluids and nutrients are given through intravenous lines (IVs) instead.

There is no evidence that this approach is safer for women, and some women find IVs painful and stressful. IVs also make it hard to change positions and move around freely, and they are unlikely to offer the ideal balance of nutrition or energy that food and fluids provide.

Epidurals: Epidurals provide excellent pain relief and, for most women, make it much easier to cope with the pain of labor. But this often comes at the expense of making labor itself more difficult. Research shows that epidurals make it harder for babies to rotate to a position that fits easily through the pelvis. They make it more difficult for women to use movement and position changes that help labor progress. Epidurals also make it harder to feel and respond to normal pushing urges. These challenges make long pushing stages and forceps- or vacuum-assisted vaginal delivery more likely.

For women with particularly long or difficult labors, easing the pain of labor can help ensure a healthy vaginal birth. But there are many non-drug pain-relief methods that are very effective and can make birth easier rather than more difficult. These include movement, position changes, a hot shower, soaking in a tub, massage and other "hands-on" techniques, and breathing and relaxation exercises.

Using comfort measures, drinking water and having intermittent monitoring can help you avoid unnecessary interventions.

Continuous Electronic Fetal Monitoring: Electronic fetal monitoring (EFM) became commonplace in delivery rooms in hopes that more information about the baby's heart rate during labor would help care providers identify babies in distress and deliver them by cesarean surgery before the situation worsened. But many studies confirm that continuous EFM in low-risk pregnancies does not lead to healthier babies. It does, however, double the likelihood of cesarean section. It also makes labor unnecessarily high-tech, confines a woman to bed, and distracts her labor support team. (It is not uncommon to see a woman laboring while her partner, other support companions, and even her care providers stare at the EFM machine!)

In most cases, listening to the baby's heartbeat periodically during labor (called "intermittent monitoring") is just as safe for babies and safer for mothers. And it does not interfere with a woman's ability to move around in labor.

Letting labor progress at its own pace makes natural methods more effective.

Speeding Up Labor With Pitocin: Having a quicker labor may sound appealing, but quicker is not always easier or safer. This is especially true when labor is sped up artificially. One common method of speeding up labor is using Pitocin (a drug given through an IV).

Pitocin can make contractions longer, stronger, and more frequent, which can be stressful for the baby. So women receiving Pitocin in labor require continuous electronic fetal monitoring to help nursing staff know if the contraction pattern is more than the baby or mother can safely handle. This limits women's ability to use helpful positions and coping techniques. These stronger, longer contractions may also increase the need for an epidural.

Breaking the Bag of Waters: Breaking the bag of waters (called "artificial rupture of the membranes" or AROM) is another way care providers may try to speed up labor. The bag of waters (the liquid which surrounds the baby in the uterus) usually breaks on its own once active labor has started. Until then, it softens the impact of the pressure from contractions on the baby and umbilical cord, protects the baby from germs, and may help the baby rotate to come down through the mother's pelvis. If the membranes are ruptured artificially, the baby no longer has these advantages. AROM also increases the pain many women experience, probably because the baby's head, rather than the softer cushion of fluid, is pressing on the cervix. It also increases the risk of uterine infection.

Many care providers believe that AROM speeds up labor and increases the chance of a vaginal birth. Unfortunately, research tells us that AROM doesn't significantly speed up labor and may actually increase the likelihood of cesarean surgery.

Episiotomy: An episiotomy is a surgical cut to enlarge the opening of a woman's vagina during birth. Episiotomies used to be performed on all birthing women, based on the erroneous belief that it led to easier recovery. Its use these days is less common, but it is still overused.

An episiotomy actually makes recovery from birth more difficult. Postpartum pain is worse and lasts longer in women with episiotomies than those who have natural tears. And since some women don't tear at all, an episiotomy might create a wound that could have been avoided entirely. Episiotomies also affect the strength of the muscles in the perineum (the skin and muscle between the vagina and the anus), which may later lead to such problems as incontinence (involuntary leaking of urine, gas, or feces).

TALK it over

Informed Choice About Interventions

Talk about these common labor interventions with your care provider well before labor. Make sure you understand how often and for what reasons they are likely to use them. If your provider tends to use an intervention, your risk of having that intervention is greatly increased. Knowing this information beforehand can help you choose a caregiver who will help you have a safe and healthy birth.