



1500 Sunday Drive, Suite 102
Raleigh, NC 27607

Tel: 919.863.9482
Fax: 919.797.4916

www.MotherFriendly.org

For Immediate Release

March 1, 2007

Contact: Nicette Jukelevics
Phone: 310-767-6911
CIMS Office Phone: 1-888-282-CIMS

Care Supporting Normal Birth is Best for Mothers and Babies

Ponte Vedra Beach, Fla. (PRWEB) March 1, 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 Coalition for Improving Maternity Services (CIMS) Expert Work Group study entitled, *Evidence Basis for the Ten Steps to Mother-Friendly Care*, reviewed the evidence in support of each of the Ten Steps of the Mother-Friendly Childbirth Initiative for Mother-Friendly Hospitals, Birth Centers, and Home Birth Services. 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 over 85% 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 US 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, cesareans 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 are more likely to

suffer from surgical lacerations, respiratory complications, and to require neonatal intensive care.

- There are more than 4.1 million US births a year with a cesarean rate over 30%. The health and economic impact of high tech birth is significant. In 2004, hospital costs for deliveries totaled over \$30 billion dollars. The record high cesarean rate contradicts the national goals of Healthy People 2010 to reduce cesareans for first time mothers to 15% and increase VBAC (Vaginal Birth After Cesarean) rates to 63%.

The CIMS study found that harm is also caused by routine use of intravenous fluids (IVs), amniotomy (breaking the bag of waters), withholding food and water from women in labor, and episiotomy. CIMS recommends supporting normal birth for birthing women and limited use of many common and costly birth interventions.

The CIMS Evidence Basis for the Ten Steps to Mother-Friendly Care will be published as a supplement to the Winter Issue of The Journal of Perinatal Education. The results will be premiered at the CIMS Forum on March 8th at the DoubleTree Atlanta-Buckhead in Atlanta, Georgia.

Members of the CIMS Expert Work Group include: Henci Goer, BA, Project Director; Judith Lothian, RN, PhD, LCCE, FACCE, Project Coordinator; Mayri Sagady Leslie, CNM, MSN; Amy Romano, MSN, CNM; Katherine Shealey, MPH, IBCLC, RLC Sharon Storton, MA, CCHT, LMFT; Karen Salt, CEE, MA; Deborah Woolley, CNM, PhD, FACCE

The Coalition for Improving Maternity Services (CIMS), a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs, CIMS developed the Mother-Friendly Childbirth Initiative in 1996. A consensus document that has been recognized as an important model for improving the healthcare and well being of children beginning at birth, the Mother-Friendly Childbirth Initiative has been translated into several languages and is gaining support around the world. For more information about CIMS and the Mother-Friendly Childbirth Initiative, visit www.motherfriendly.org.

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The *Coalition for Improving Maternity Services* (CIMS) is a coalition of individuals and national organizations with concern for the care and well-being of mothers, babies, and families. Our mission is to promote a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. This evidence-based mother-, baby-, and family-friendly model focuses on prevention and wellness as the alternatives to high-cost screening, diagnosis, and treatment programs.