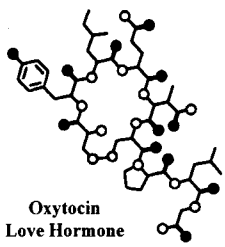
Update

Prepared Childbirth – The Family Way
2014 Edition

"Six (cm) is the new four (cm)", Pages 34, 39-41

For many years, we taught that "early labor" occurred as the cervix dilated from 0 to about 3 cm; "active labor" was 4 to 7 cm; and "transition" was 8 to 10 cm. In recent years, we have emphasized the continuum of labor and have moved away from strictly characterizing the phases of labor. Now, researchers, ACOG (the American College of Obstetricians and Gynecologists), and midwives are telling us that for most laboring women, "active labor" does not begin until about 6 cm. In order to decrease the skyrocketing cesarean rate, they recommend that cesareans for dystocia not be suggested until the cervix is dilated to at least 6 cm. We have incorporated these new guidelines on page 34, *How Long Will Labor Last?*, and on pages 39-41, *Stage I - Early Labor, Stage I - Active Labor, and Stage I -Transition.* References are provided on the reverse side of this flyer.

The Hormonal Physiology of Childbearing


Oxytocin
Love Hormone

In the spring of 2014, Childbirth Connection (now a program of the The National Partnership for Women & Families) will publish online *The Hormonal Physiology of Childbearing*, by Dr. Sarah Buckley. This meticulously researched new resource informs us of the importance of the hormones oxytocin, endorphins, catecholamines, and prolactin. These hormones affect the mother during pregnancy, the development of the fetus, and preparation of both the mother and the baby for labor, birth, breastfeeding, and attachment. The paper makes a powerful case for promoting policies that support physiological childbirth and minimizing unnecessary interventions that interfere with hormones. In addition to the professional paper, there will be resources for consumers. Where appropriate in *Prepared Childbirth – The Family Way,* we have mentioned that the birth hormones prepare mothers and babies for birth and the important role of the hormones for labor, birth, and breastfeeding. We urge you to be on the look-out for this important publication!

Childbirth Choices, Pages 49-50

We updated the information about induction to include ACOG's recommendation that elective inductions not be done between 39 and 41 weeks unless the cervix is ready for labor (http://bit.ly/1lakfrV). We added a few sentences about research that suggests that delayed cord clamping may help prevent anemia.

Breastfeeding Section, Pages 63-69

We updated page 63, *What Experts Are Saying About Breastfeeding*, according to the Office of Women's Health website at http://1.usa.gov/1feeVi4. Throughout the breastfeeding section, we tweaked our wording to emphasize Baby-Friendly guidelines of recognizing early feeding cues, feeding a newborn as often and for as long as he wants, and *not* trying to space newborn feedings out to a certain number of hours.

Recommended Reading and Viewing, Pages 114-115

As usual, we updated our recommendations by deleting older and out-of-print references and adding new references.

References for "Six (cm) is the new four (cm)"

1. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM). (2014). *Obstetric care consensus #1: Safe prevention of the primary cesarean delivery.* www.acog.org/~/media/Obstetric%20Care%20Consensus%20Series/oc001.pdf?dmc=1&ts=20140226T1006279766.

2. Spong, C.Y., Berghella, V., Wenstrom, K.D., Mercer, B.M., & Saade, G.R. (2012). Preventing the first cesarean delivery. Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologist Workshop. *Obstetrics & Gynecology, 120*(5), 1181-93.

3. Zhang, J., et al. (2010). Contemporary patterns of spontaneous labor with normal neonatal outcomes. *Obstetrics & Gynecology, 116*(6), 1281-1287.

4. Zhang, J., Troendle, J.F., & Yancey, M.K. (2002). Reassessing the labor curve in nulliparous women. *American Journal of Obstetrics and Gynecology, 187* (4), 824-8.

5. Zhang, J., Troendle, J., Mikolajczyk, R., Sundaram, R., Beaver, J., & Fraser, W. (2010). The natural history of the normal first stage of labor. *Obstetrics & Gynecology, 115(*4), 705-10.

Ob.Gyn. News digital network

News and Views that Matter to the Ob.Gyn.

Use 6-cm dilation to judge labor progress

By: SHERRY BOSCHERT, Ob.Gyn. News Digital Network

06/20/13

SAN FRANCISCO – A threshold of 6-cm cervical dilation is more accurate than the conventional 4 cm to determine when a woman enters the active phase of labor, a reevaluation of evidence suggests.

The historical evidence behind the commonly used assumption that 4-cm dilation signals the start of active labor contains methodological flaws, doesn't match today's population of pregnant women, and is contradicted by more recent studies supporting the 6-cm threshold, Tekoa King, C.N.M, Ph.D., said at a meeting on antepartum and intrapartum management sponsored by the University of California, San Francisco.

Using the 4-cm threshold, a woman "may just be in the normal latent phase of labor," she said.

Switching to the 6-cm threshold should delay or reduce the use of epidural anesthesia and might lower the high rate of cesarean sections in the United States. "Six centimeters is the new four centimeters," said Dr. King, a certified nurse-midwife and clinical professor of nursing at the university.

See website to read the entire article: http://bit.ly/1d2woVM