



# Info-paper

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## Topic:

Do not intervene to speed up birth unless real risks involved, advises WHO

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### **Women in labour are increasingly being subjected to unnecessary and unwelcome interventions such as caesarean sections, warns WHO**

By: Sarah Boseley, with ROON&RICE comment

Old guidance stating that labour which progressed at a slower rate than 1cm of cervical dilation per hour in the first stage was risky is inaccurate, says the WHO.

Medical staff and midwives should not intervene to speed up a woman's labour unless there are real risks of complications, says the World Health Organisation (WHO), warning that too many are not having the experience of natural childbirth that they want. [ROON & RICE: Looking at the case of Thailand in rural areas we see that the timing of going to the hospital can protect you against efforts by the hospital staff to speed things up. It is sad to say **but the most dangerous place for giving birth is THE HOSPITAL.** Outdated knowledge, lack of knowledge, poor staff education, pulling the act of giving birth out of the villages and into the hospitals and obstetric violence/arrogance/ignorance are all elements that make a hospital the most dangerous place for giving birth. When you can not trust the hospital (and it is proven that you can not), you have to increase your own knowledge and know that the time to ENTER the hospital is really when your contractions are 5 minutes apart and really intense. Intense means that when these contractions occur, you can not even talk so much it hurts. You also have to know the difference between "a mucus plug drop" and your waters breaking. Also a bit of blood in the mucus plug is something totally different then bleeding. All information always

says: When there is bleeding RUSH to the hospital. And many people mix this up, so when they see a bit of blood in the mucus plug, they rush to the hospital, and this is A BIG PROBLEM with disastrous effects. Bleeding is like when you have your period, a lot of blood, and then, yes, go to the hospital urgently.

But in most case, your mucus plug drops, there is still a day or 2 to go, the water may break, then yes, you can go to the hospital, **just stay in the car!!!**. Your water breaks, just fine in the car, no problem!!! If, by any chance you wait too long and give birth in a car, and this is right in front of the hospital, this is fine too. Hospitals are much better at dealing with emergencies than with births. Just do not cut the umbilical cord, and make sure the child is not cold and at mom's breast. Because if you go to the hospital too soon, thinking the hospital understands birth and means well and understand you, you have another surprise coming: they have one desire, getting you to give birth as quickly as possible, by whatever means it takes, which results in induction, forceps, vacuum, and most frequently unnecessary C-sections and other complications: The traumatic experience you take home is the bonus you have to deal with the rest of your life.

New guidance from the WHO overturns decades of previous advice, which said that labour which progressed at a slower rate than 1cm of cervical dilation per hour in the first stage was risky. Women are often given the drug oxytocin to speed up labour and end up with epidurals because of the pain, followed by forceps or vacuum deliveries and in some cases a caesarean section.

That old guidance "may be unrealistic for some women and is inaccurate in identifying women at risk of adverse birth outcomes", says the agency.

"Many women want a natural birth and prefer to rely on their bodies to give birth to their baby without the aid of medical intervention," says Ian Askew, director of the WHO's department of reproductive health and research. He added: "Even when a medical intervention is wanted or needed, the inclusion of women in making decisions about the care they receive is important to ensure that they meet their goal of a positive childbirth experience."

Every year there are about 140 million births, most of which are uncomplicated. Yet women are increasingly being subjected to medical interventions in the name of risk-avoidance, which may be unnecessary and unwelcome to them, says the WHO. The caesarean section rate in particular is too high around the world and as major surgery, carries risks of its own.

“We want women to give birth in a safe environment with skilled birth attendants in well-equipped facilities. However, the increasing **medicalisation** of normal childbirth processes are undermining a woman’s own capability to give birth and negatively impacting her birth experience,” says Dr Princess Nothemba Simelela, WHO assistant director-general for family, women, children and adolescents.

“If labour is progressing normally, and the woman and her baby are in good condition, they do not need to receive additional interventions to accelerate labour.”

About 830 women die from complications in pregnancy or childbirth around the world every day. **Most could be prevented with high-quality care** [ROON&RICE ADVICE to care givers: HANDS OFF APPROACH!!! At least 2/3 of the C-Section now done are not necessary, and are the result of a erroneous approach toward childbirth] in pregnancy and during childbirth.