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Joint Policy Statement on Normal Childbirth

This policy statement has been reviewed and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Association of Women's Health, Obstetric and Neonatal Nurses of Canada (AWHONN Canada*), the Canadian Association of Midwives (CAM), the College of Family Physicians of Canada (CFPC), and the Society of Rural Physicians of Canada (SRPC).

* The position statement was developed with input and endorsement from AWHONN Canada but has not received endorsement by AWHONN United States.

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INTRODUCTION

In the past quarter century, maternity care has undergone significant changes; today the use of technology in birth has become the norm, which is noticeable in the rise in medical interventions in low-risk births. In 2005–2006, Canadian estimates for the total and primary Caesarean section rates were 26.3% and 18.6%, respectively.[1]

Professional associations are concerned about the increase of intervention during childbirth, as it introduces unnecessary risks for mother and baby. According to a review of the evidence by Romano and Lothian,[2] social and cultural changes have fostered an insecurity in women regarding their ability to give birth without technological intervention. The following policy statement and recommendations support best practice and serve to promote, protect, and support normal birth.

NORMAL VERSUS NATURAL

Normal Labour: Spontaneous onset and progress of labour to a spontaneous (normal) delivery at 37–42+0 gestation with a normal third stage. It can include pharmacological (opioids/inhalation) and non-pharmacological analgesia and routine oxytocic for the third stage.

Key Words: Natural delivery, natural childbirth, normal labour, normal childbirth

Normal (spontaneous) Delivery: (i.e., not assisted by forceps, vacuum, or Caesarean section, and not a malpresentation): It refers only to the type of delivery of the infant. It could, therefore, include induction, augmentation, electronic fetal monitoring, regional anaesthesia, and complications of pregnancy (hypertension, antepartum hemorrhage etc). That is, the labour may involve a complication or abnormality, but the delivery is normal (spontaneous).

Natural: The Compact Oxford English Dictionary[3] defines this as "Existing in or derived from nature; not made, caused by, or processed by humankind." Childbirth is considered to be natural childbirth if there is little or no human intervention.

Definition of Normal Birth

A normal birth is spontaneous in onset, is low-risk at the start of labour and remains so throughout labour and birth. The infant is born spontaneously in vertex position between 37 and 42+0 completed weeks of pregnancy. Normal birth includes the opportunity for skin–skin holding and breastfeeding in the first hour after the birth.

A normal birth does not preclude possible complications such as postpartum hemorrhage, perineal trauma and repair, and admission to the neonatal intensive care unit. Normal birth may also include evidence-based intervention in appropriate circumstances to facilitate labour progress and normal vaginal delivery; for example:

- Augmentation of labour
- Artificial rupture of the membranes if it is not part of medical induction of labour
- Pharmacologic pain relief (nitrous oxide, opioids and/or epidural)
- Managed third stage of labour
- Non-pharmacologic pain relief
- Intermittent fetal auscultation

A normal birth does not include:

- Elective induction of labour prior to 41+0 weeks
- Spinal analgesia
- General anaesthetic

- Forceps or vacuum assistance
- Caesarean section
- Routine episiotomy
- Continuous electronic fetal monitoring for low risk birth
- Fetal malpresentation

Why Normal Birth Matters

The SOGC and its partners believe that

1. Birthing as a natural process should be promoted by all health care professionals who provide antenatal care.
2. Health care professionals should be committed to protecting, promoting, and supporting normal childbirth according to evidence-based practice. Normal birth should be accessible and encouraged in all hospital settings.
3. There should be a valid reason (evidence-based practice) to intervene in the natural process when labour and birth are progressing normally.
4. Identification of risk factors may not affect a mother's being a candidate for a normal birth.
5. Risk assessment is not a once-only measure but a process continuing throughout pregnancy and birth. Referral of the woman to a higher level of care may be required when early signs of complications become apparent.
6. All pregnant and birthing women and their families should be able to make informed choices. All candidates for normal birth should be encouraged to pursue it.
7. Women should have access to local maternity resources and adequate support for normal delivery in a hospital setting.

The SOGC and its partners believe in working to restore confidence in the normal birth process in childbearing women, maternity care providers, and society at large.

The Maternity Health Care Providers believe that

1. Pregnant women in Canada who are at low risk of complications should be given information, encouragement, and support to experience a natural childbirth.
2. Vaginal birth following a normal pregnancy is safer for mother and child than a Caesarean section.
3. Care providers should be given information, encouragement, and support to facilitate natural childbirth.
4. Caesarean section should be reserved for pregnancies in which there is a threat to the health of the mother and/or baby.
5. A Caesarean section should not be offered to a pregnant woman when there is no obstetrical indication.

Recommendations

The SOGC and its partners providing maternity health care recommend:

1. The development of national practice guidelines on normal childbirth that address philosophy and practice expectations to provide a framework for all professional associations providing maternity health care and that include the following components:
   - Spontaneous onset of labour
   - Freedom of movement throughout labour
   - Continuous labour support
   - No routine interventions
   - Spontaneous pushing in the woman's preferred position
   - Use of fetal surveillance by intermittent auscultation
   - Institutions offering options for pharmacologic and non-pharmacologic approaches to pain relief (such as tubs/showers, access to natural light, environmental designs/adaptations, quiet area)
2. The development of interdisciplinary committees to implement standardized unit policies on normal childbirth and all aspects of maternity care with membership from all contributing disciplines.
3. Promotion among childbirth educators and maternity care providers of knowledge about and experience with the birth process and evidence-based practices so that women and families can be informed about normal birth; antenatal preparation requires a positive focus on practical skills for coping with labour and birth pain.
4. The provision of information and opportunities for discussion about natural childbirth to all pregnant women at low risk. This should include the information that unnecessary interventions increase risks to mother and baby.
5. Promotion of expert knowledge and skills in normal childbirth among health care practitioners/professionals providing intrapartum care.
6. The creation of collaborative education opportunities on normal childbirth for maternity care providers. The aim of education and training programs is to build the confidence to support women who wish to give birth without technological interventions.

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