

# ACOG: interventions can be limited during labor, birth

30 January 2017



continuous electronic fetal heart-rate monitoring has not improved outcomes.

"Providing emotional support and coping mechanisms have proven positive outcomes, therefore it's recommended that providers consider instituting policies that allow for the integration of support personnel in the labor experience," King said in a statement.

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(HealthDay)—Women can meet their labor and birth goals with minimal intervention, according to an American College of Obstetricians and Gynecologists Committee Opinion published in the February issue of *Obstetrics & Gynecology*.

Tekoa L. King, M.P.H., from the American College of Nurse-Midwives, and colleagues address approaches to limit intervention during [labor](#) and birth.

The authors note that obstetrician-gynecologists, midwives, nurses, patients, and those supporting patients can help [women](#) meet their labor and birth goals with minimal [intervention](#). For low-risk women in [spontaneous labor](#), many common obstetric practices are of limited or uncertain benefit. A process of shared decision making is recommended for women who are in latent labor and are not admitted. Routine amniotomy is not necessary for women with normally progressing labor and no evidence of fetal compromise. For women with low-risk pregnancies, use of

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