



FOR IMMEDIATE RELEASE  
February 16, 2011

CONTACT: Kat Song — 212 777 5000 x8  
katsong@childbirthconnection.org

## **Continuous Labor Support Reduces Risk of Cesarean Section and Other Adverse Outcomes in Women and Newborns**

### **Type of Caregiver Can Make a Big Difference in Labor Experience**

**New York City** — Women who labor with a dedicated support companion are less likely than women without such support to experience a series of risky birth procedures, according to a review published in the current issue of *The Cochrane Library*. The comprehensive study of experiences of 15,061 women who participated in 21 randomized controlled trials confirms previously known benefits for maternal health, identifies an additional benefit for newborns, and finds no downsides. The study was carried out through the prestigious Cochrane Collaboration, an independent international organization that prepares and keeps up to date rigorous systematic reviews of evidence from the best available studies.

Overall, women who received supportive care from a companion throughout labor were less likely than women without such support to have a cesarean section, to use narcotics or any other pain medication, to use regional pain medication such as epidural analgesia, to give birth with vacuum extraction or forceps, and to rate their childbirth experience poorly. Having continuous support shortened labor and increased the likelihood of having a “spontaneous” birth with neither cesarean nor vacuum extraction nor forceps. These results confirm previous research. With the inclusion of six new randomized controlled trials, the present systematic review, identified another benefit of continuous labor support: reduced likelihood of a baby with a poor “Apgar score” rating of well being five minutes after birth. The authors conclude that all women should have continuous support while giving birth.

Ellen D. Hodnett, RN, PhD, Professor and Heather M. Reisman Chair of Perinatal Nursing Research, University of Toronto, and co-authors of “Continuous Support for Women During Childbirth” limited the study to randomized controlled trials. This type of

research helps ensure that study groups are similar and that results are a true reflection of the effects of the care being studied — here, continuous labor support.

“Cesarean section, vacuum extraction and forceps, and pain medications are interventions that increase the likelihood of adverse short- and longer-term effects in women and babies. Continuous labor support is an important way for women to avoid overuse and harms of these practices, and to have a positive experience at this special time,” said Carol Sakala, PhD, MSPH, Director of Programs at Childbirth Connection. Dr. Sakala is a co-author of the report.

Supportive care during labor and birth does not involve clinical care, and may include:

- helping women with physical comfort
- providing emotional support
- offering information
- helping women communicate their wishes to caregivers
- engaging women’s husbands or partners, as desired by the couple.

### **Impact Depends on Type of Caregiver**

The study provides new knowledge about effects of continuous labor support under different conditions. A major finding is that the impact of this care appears to differ, according to the type of person providing the care. Effects were strongest when the caregiver was neither a member of the hospital staff nor a person in the woman’s social network, and was present solely to provide one-to-one supportive care, such as a doula. Compared with women who had no continuous support, women with companions who were neither on the hospital staff nor in the woman’s social network were:

- 28% less likely to have a cesarean section
- 31% less likely to use synthetic oxytocin to speed labor
- 9% less likely to use any pain medication
- 34% less like to rate their childbirth experience negatively.

When compared with no continuous support, continuous support by members of the hospital staff did not appear to reduce the likelihood of having a cesarean section or improve ratings of the childbirth experience and may have increased the likelihood of using synthetic oxytocin. These results may reflect the fact that hospital staff can experience divided loyalties, additional duties, and constraints of institutional policies when providing continuous support. Continuous support from a person in the mother’s social network (for example, her partner, husband, other relative, or friend) appeared to

increase the mother's satisfaction with her childbirth experience, but did not seem to impact her likelihood of undergoing a series of labor and birth interventions.

## **Background**

Historically, laboring women routinely received support from female companions. However, more recently in hospitals worldwide, continuous labor support has become the exception rather than the norm. "There is concern about widespread dehumanization of women's birth experiences," said Dr. Hodnett. "Concern about institutional routines, high rates of intervention in healthy women and newborns, limits on women's autonomy and control, unfamiliar personnel, and lack of privacy is leading to calls for making continuous labor support widely available to childbearing women."

Leading options for continuous labor support in the United States include trained labor support companions known as doulas and — for satisfaction with the childbirth experience — the help of a friend or family member who is invited to be present when a woman gives birth. Childbirth Connection's second national *Listening to Mothers* survey found that just 3% of women who gave birth in U.S. hospitals in 2005 experienced the most beneficial type of labor support, in the form of doula care. Although insurance coverage of doula services is limited, trained doulas are available in many communities throughout the United States. Typically, a woman (and her partner, if she has one) selects a doula during pregnancy, and they discuss the woman's goals, preferences, and concerns. Some hospitals sponsor doula programs to increase access to continuous labor support. In addition to continuous presence during labor, birth doulas may provide some support in the days after birth.

"Hiring a doula was one of the best decisions my husband and I made during pregnancy," said new mom Jenny McElroy. "Though we prepared by reading books, taking childbirth classes, and practicing comfort techniques, we were inexperienced with childbirth. Our doula knew exactly how to help my husband support me, help me cope with the pain, and help us stay calm and have the birth experience we wanted."

## **Effective Strategy for Improving Maternity Care Quality and Value**

Medicaid programs and taxpayers cover about 42% of the nation's births, and private insurers and employers cover about half. The review authors encourage policy makers

to provide coverage and hospitals to provide programs for continuous labor support. “The benefits of continuous labor support for mothers and babies are numerous, well established, and compelling, and warrant economic analyses of the relative costs and benefits,” said Maureen Corry, MPH, Executive Director of Childbirth Connection. “Medicaid programs and others seeking ways to improve maternity care quality and value and women’s experiences of care should consider continuous labor support as a key component of a high-quality, high-value maternity care system.”

### **Resources for Childbearing Women, Health Professionals and Policy Makers**

Childbirth Connection’s website includes an in-depth evidence-based section to help childbearing women understand the benefits of continuous labor support, decide whether to have a continuous labor support companion, and arrange for such care (see [www.childbirthconnection.org/laborsupport/](http://www.childbirthconnection.org/laborsupport/)). The professional area of the website includes a summary of results of the updated review and provides access to the full review, at [www.childbirthconnection.org/laborsupportreview/](http://www.childbirthconnection.org/laborsupportreview/).