

THE OVERMEDICALIZATION + OF CHILDBIRTH +



According to the *Listening to Mothers in California* survey, 74% of California mothers agreed that childbirth should not be interfered with unless medically necessary, but only 5% gave birth with no major medical intervention.¹ Maternity care experts agree that many medical interventions are not necessary for a safe childbirth, and could increase risks for both mother and baby.

Too many unwanted and unnneeded interventions...

Unneeded interventions can make childbirth harder and less safe for mothers and babies, and can waste resources.



14%

of women had **labor induced** solely for reasons that are not evidence-based. Induction can increase the risk of other labor interventions and the baby's use of NICU care.²

61%

of women in labor were **immobilized**³, which can prolong labor, decrease the woman's comfort, and increase the likelihood of cesarean birth.

68%

of women with vaginal births had an **epidural**, which may prolong labor and make pushing harder, among other downsides.

31%

of women had a **c-section**; 85% who had a past c-section had a repeat c-section. C-section surgeries can put mother and baby at risk for serious complications in the short and long term.

...when less invasive alternatives are available.

A number of safe and effective practices can help women avoid unneeded medical interventions during labor and while giving birth, but these practices are underused in California hospitals.



ONLY 23%

of women in labor stayed home until they were dilated to 5 or more centimeters.⁴

Staying home until active labor (dilation of at least 5 or 6 cm) can greatly reduce the risk of cesarean birth.

ONLY 9%

of women⁵ had labor support from a doula.

Working with a doula can reduce the need for medical interventions, such as a c-section and use of pain medications.

ONLY 11%

of women in labor used a tub or shower to manage pain.

Drug-free methods to cope with labor pain have no adverse effects on the mother, baby, or progress of labor.

ONLY 3%

of women in labor had their baby's heartbeat monitored exclusively with a handheld device.

Using a handheld device to monitor the baby's heartbeat frees the woman to walk around, and reduces the risk of cesarean birth.

1. Using the definition of physiologic childbirth from The American College of Obstetricians and Gynecologists reVITALize project. 2. This is a low estimate, as the survey and related documentation show that many women incorrectly indicated an evidence-based reason for induction. For example, the average gestational age of those who chose "overdue" was well short of the medical definition of "post term," which is 42 weeks or more. 3. Because they had, for example, an epidural, bladder catheter, or were attached to an IV drip or to continuous electronic fetal monitoring. 4. Of women who had a vaginal exam during labor after hospital admission. 5. Of women who primarily speak English at home.