



ImprovingBirth

ImprovingBirth.org is made up of moms and those who care for us. Our mission is to bring evidence-based care and humanity to childbirth!

When

9 in 10 American women receive care that increases, rather than decreases, the risks of harm to them and their babies¹...

1 in 3 births in America ends in a C-section, and 9 out of 10 of women with a Cesarean will have all future babies by major abdominal surgery²...

We spend the most money in the world on maternity care, and have one of the worst maternal mortality rates of all developed countries³...

When

Our care is shaped more by convenience, profit, and liability than what science has proven best for moms and babies...

It's time to put mothers and babies back in the center of maternity care!

Join ImprovingBirth.org as we work toward making evidence-based care the new “standard of care” around the U.S.! We believe that every woman has the right to make her own fully informed decisions about her maternity care, and deserves respect and compassion when she gives birth.

We know we can do better with safer, more cost-effective, scientifically proven practices that lower risks of complications, injury, and death – while treating women and their bodies with respect⁴.

Parents and Providers, check out our Steps to Improve Birth at ImprovingBirth.org/StepstoImproveBirth for *simple, proven ways you can help* make birth in the U.S. safer, healthier, and happier.

¹ Declercq ER, Sakala C, Corry MP, Applebaum S. Listening to mothers II: Report of the second national U.S. Survey of women's childbearing experiences. The Journal of perinatal education. 2007; 16:9-14. ²Data accessed from September 2012 from HealthyPeople.gov. ³<http://www.amnestyusa.org/sites/default/files/pdfs/deadlydelivery.pdf>. ⁴C. Sakala et al, EvidenceBased Maternity Care: What It Is and What It Can Achieve, Childbirth Connection, The Reforming States Group and The Millbank Memorial Fund, October 2008; available at <http://www.millbank.org/reports/0809MaternityCare/0809MaternityCare.html>.

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State of Maternity Care: *Routine U.S. Care vs. Evidence-Based Care*

Labor & Delivery Procedures	U.S. Care	Evidence-Based Care
Surgical birth (C-section)	33% total 27% of low-risk women	≤15% of low-risk women
Vaginal birth after Cesarean (VBAC)	7-9%	Every eligible woman should be offered a VBAC; 74% will be successful
Artificial induction of labor	42% of first-time mothers, for whom this doubles the risk of C-section	Induction should only be used for true medical indications; suspected "big baby" is not a valid medical indication
Artificial acceleration with Pitocin	47%	Not supported by evidence
Artificial breaking of the waters	65%	Not supported by evidence
Routine electronic fetal monitoring	94%	Not supported by evidence
Routine intravenous fluids	80%	Not supported by evidence
Not allowed to eat or drink	60%	Not supported by evidence
Not allowed out of bed	76%	Not supported by evidence
Back-lying positions during pushing and birth	92%	Women should choose whatever position is most comfortable for them
Water immersion during labor	6%	This intervention has many benefits and no adverse effects
Continuous labor support from a doula	3%	The use of doulas is supported by evidence

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