

Lamaze Six Healthy Birth Practices	Recommendations of the World Health Organization
<p>1 Let labor begin on its own.</p>	<ul style="list-style-type: none"> • “Induction of labour should be performed only when there is a clear medical indication for it and the expected benefits outweigh its potential harms.”¹ • “Induction of labour should be performed with caution since the procedure carries the risk of uterine hyperstimulation and rupture and fetal distress.”
<p>2 Walk, move around, and change positions throughout labor.</p>	<p>“Encouraging the adoption of mobility and an upright position during labour in women at low risk is recommended.”²</p>
<p>3 Bring a loved one, friend, or doula for continuous support.</p>	<p>“A companion of choice is recommended for all women throughout labour and childbirth.”²</p>
<p>4 Avoid interventions that are not medically necessary.</p>	<ul style="list-style-type: none"> • “Intermittent auscultation of the fetal heart rate with either a Doppler ultrasound device or a Pinard fetal stethoscope is recommended for healthy pregnant women [at the time of labour admission and] in labour.”² • “Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore, the use of medical interventions to accelerate labour and birth (such as oxytocin or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.”² • “For women at low-risk, oral fluid and food intake during labour is recommended.”² • “The use of amniotomy alone for prevention of delay in labour is not recommended.”² • “The use of oxytocin for prevention of delay in labour in women receiving epidural analgesia is not recommended.”² • “The use of intravenous fluids with the aim of shortening the duration of labour is not recommended.”² • Depending on a woman’s preferences, nonpharmacological pain management strategies such as progressive muscle relaxation, breathing, music, mindfulness, massage, and warm packs as well as epidural analgesia and opioids are recommended for pain relief.²
<p>5 Avoid giving birth on your back and follow your body’s urge to push.</p>	<ul style="list-style-type: none"> • “For women without epidural analgesia, encouraging the adoption of a birth position [for second stage] of the individual woman’s choice, including upright positions, is recommended.”² • “For women with epidural analgesia, encouraging the adoption of a birth position [for second stage] of the individual woman’s choice, including upright positions, is recommended.”² • “Women in the expulsive stage of labour should be encouraged and supported to follow their own urge to push.”² • “For women with epidural analgesia in the second stage of labour, delayed pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended...”²
<p>6 Keep your baby with you – it’s best for you, your baby, and breastfeeding.</p>	<ul style="list-style-type: none"> • “Newborns without complications should be kept in skin-to-skin contact (SSC) with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.”² • “The mother and baby should not be separated and should stay in the same room 24 hours a day.”²

1. World Health Organization. (2011). WHO recommendations for induction of labor. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/44531/1/9789241501156_eng.pdf

2. World Health Organization. (2018). WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization. <http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf>