

# 10 'Standard' Childbirth Procedures You Should Skip

by [Adriana Velez](#) November 21, 2013

In the past couple hundred years, doctors have found many ways to make childbirth safer and less painful. But as many of us know first-hand, not all of the changes in modern childbirth have actually been good for laboring women or their babies. In fact, in the U.S., the **rate of maternal deaths in childbirth is actually on the rise**. So are the numbers of **low-weight and premature births**. What are we doing wrong? It could be our increasing reliance on **unnecessary pregnancy procedures** that prioritize convenience and cost-saving over the health of moms and babies.

Sometimes in pregnancy or labor, you find yourself in an emergency and your doctor intervenes to save your life or the life of your baby. But other times women are urged to go along with procedures that aren't medically necessary, and we may not even realize we have a choice. **Here are 10 procedures expecting moms should avoid if you don't really need them.**

- 1. Scheduling an early delivery.** "Women who are induced early are more likely to need other interventions and to wind up delivering their babies surgically through a cesarean section and the infants are more likely to require intensive care," says Maureen Corry, M.P.H., Executive Director at Childbirth Connection. Plus, babies born at full-term rather than earlier have far fewer health problems.
- 2. Inducing labor when it's not medically necessary.** Sometimes moms are induced at full-term for reasons of convenience, theirs or the doctors. But this can cause problems. First, this means more of your labor happens at the hospital rather than at home. Worse, you're laboring before your body may actually be ready. Inductions also increase your chances of a C-section.
- 3. Elective C-sections for low-risk, first-time moms.** The rate of C-sections is on the rise, and not all of them are medically necessary. "The safest method for both mom and baby is an uncomplicated vaginal birth," says Catherine Spong, M.D., of the Eunice Kennedy Shriver National Institute of Child Health and Human Development.
- 4. Second C-sections.** If first baby is delivered via C-section, don't assume you're stuck with C-sections for the rest of your babies. Around three quarters of women who attempt a VBAC (vaginal birth after cesarean) actually do deliver vaginally, so it's worth talking about with your doctor to see if you are a good candidate.

5. **Ultrasound after 24 weeks.** Studies show this will not give your doctor reliable information that can lead to a better outcome. If anything, late-term ultrasounds are linked with slightly higher rates of C-sections.

6. **Continuous electronic fetal monitoring.** Unless you're on oxytocin or an epidural, or you're in a high-risk birth, this is just going to restrict your movements and make labor more difficult for you. Ask your nurses if they can use a hand-held monitor or stethoscope or periodic checks instead.

7. **Early epidural.** Don't be so afraid of the pain that you ask for an epidural before you really need one. Epidurals can slow down your labor and lead to other complications.

8. **Rupturing your membranes.** Breaking your water won't strengthen or hurry along your labor. Instead, it could put you at higher risk for a C-section and other complications.

9. **Episiotomy.** You know, that incision doctors make to open your vagina? Oh my God, is anyone still doing these anymore? Your vagina was designed to stretch -- it doesn't need to be cut open wider! Not necessary. Tearing naturally does happen occasionally, but there are things you and your provider can do to minimize the likelihood that you'll tear at all.

10. **Sending your baby to the nursery right away.** They don't have to whisk that baby away so quickly if you don't want them to. As long as you're both healthy and well, you're better off spending some time bonding together from the beginning. Tired? Need a rest? Studies show moms who part with their babies immediately don't get any more sleep than moms who hold onto their babies longer. Something to think about.

The more stories I hear, the more amazed I am to hear how much labor varies from doctor to doctor, hospital to hospital. **So ask about these BEFORE you go into labor.** Don't worry about looking foolish -- just ask your doctor or midwife what their standard practice for all these procedures is. Hopefully, you can avoid all of these unnecessary procedures and enjoy a safer, more healthy delivery.