


Go The Full 40™ Weeks of Pregnancy



Don't RUSH ME!

Nobody likes to be rushed, especially babies.

Your baby needs at least a full 40 weeks of pregnancy to grow and develop. Inducing labor even a week or two early is associated with a host of risks, including prematurity, cesarean surgery, hemorrhage and infection.

While it may seem convenient for you or your health care provider, labor should only be induced for medical reasons.

Your baby will let you know when he's ready to come out, so give him at least a full 40 weeks.

Download a free copy of 40 Reasons to Go the Full 40 at www.gothefull40.com.

The nurses of AWHONN remind you not to rush your baby—give him at least a full 40 weeks!

AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

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40 Reasons to Go The Full 40™ Handouts
(English & Spanish)

Go The Full 40™ promotes AWHONN's Healthy Childbirth Initiative goals:

- All women are informed and supported.
- All women receive care that facilitates the physiologic processes of labor and birth.
- All women receive medications and interventions only as medically indicated.

Introducing Go The Full 40™

AWHONN Recommends Healthcare Providers & Childbearing Women Wait for Labor When All Is Well

In 2012, AWHONN first launched its public health campaign “Don’t Rush Me... Go the Full 40™” in support of spontaneous labor and normal birth, by encouraging pregnant mothers to wait until labor begins spontaneously around 40 weeks. While birthing one’s baby early may seem tempting, especially in the final weeks of pregnancy, it’s not without risks. AWHONN’s consumer website Health4Mom.org and magazine *Healthy Mom&Baby* offer a number of resources that help women understand the importance of waiting for labor to start on its own when all else is healthy and well. In this toolkit of resources, you’ll find all you need to implement **Go The Full 40™**, including handouts, ways to share the campaign, sample social media posts, and more.

AWHONN strongly recommends that women with healthy pregnancies wait for spontaneous labor to begin and progress on its own. This recommendation is based on research that shows that both moms and babies benefit from a full 40 weeks of gestation. Spontaneous labor triggers hormones that provide natural pain relief, increase mother-baby attachment after birth, enhance breastfeeding, and clear fetal lung fluid. Full-term babies are more alert and ready to breastfeed, cry less, sleep longer, and have bigger brains and improved weight gain.

As elective interventions that influence the timing of labor and birth are increasingly more common in the United States, the healthcare community needs to be educated about the risks and potential cascade of medical issues that can be caused by inducing labor or scheduling a cesarean birth without a medical need. Additionally, both healthcare providers and the women and infants for whom they provide care need to understand fully the many physiological benefits of spontaneous labor and normal birth for both mom and baby. Sharing that knowledge with women will empower them to make evidence-based decisions about their health and their pregnancies.

Please join AWHONN’s efforts to encourage women to wait for labor. After all, nobody likes to be rushed—especially babies!



Lynn Erdman, MN, RN, FAAN
AWHONN CEO



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GoTheFull40.com | [Facebook.com/GoTheFull40](https://www.facebook.com/GoTheFull40) | [@GoTheFull40](https://twitter.com/GoTheFull40)





Don't RUSH ME!

“Don’t Rush Me . . . Go the Full 40” is a grassroots, public health campaign from the 25,000+ members of AWHONN that educates women about the physiologic benefits of full-term pregnancy for themselves and their babies. The campaign flows from a holistic nursing philosophy as 40 serious and fun reasons that relay actionable, evidence-based health advice for collaborative decision-making between women and their health care providers.

“We had already worked through the 39-week hurdle and we were still trying to reduce our cesarean rate.

This just wasn’t possible if we were inducing before 40 weeks. This campaign was really where we needed to be and what our providers and patients needed.”

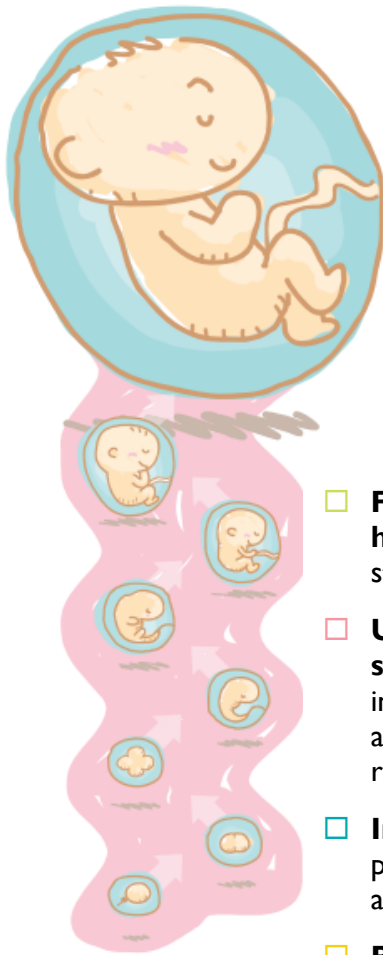
–Nurse

“My patients are seeing the posters and reading the 40 Reasons handout. **This campaign is creating conversations about all that is happening in the last weeks of pregnancy,** including when it’s appropriate or not to intervene.”

–Physician

“The new definition of 6 cm being active labor and the positive messages of Go The Full 40™ are changing culture.”

–Nurse



Don't RUSH ME!

Nobody likes to be rushed,
especially babies.

Research shows when women receive education regarding the risks of elective induction most women will not choose an elective induction.

- **For most women, spontaneous, natural labor and birth are the healthiest** and safest ways for baby to emerge and for mom to end pregnancy and start breastfeeding.
- **Unless medically necessary, research shows inductions and cesarean surgery lead to more intensive care days**, higher re-admission rates, and increase mom's and baby's risks for lifelong health consequences, including abdominal adhesions, hysterectomy, respiratory illnesses, and associated health risks from lower rates of breastfeeding.
- **Inducing labor is associated with iatrogenic prematurity** (particularly late preterm infants), cesarean surgery, hemorrhage, longer lengths of stay for women and newborns, higher rates of NICU admissions, and infection.
- **Babies born before 37 completed weeks of gestation are at higher risk** for serious complications including dying in the first year of life as compared with term infants. These risks include breathing & feeding problems, jaundice, low blood sugar and problems stabilizing their own body temperature.
- **Even babies born after 37 weeks and before 39 completed weeks—early term babies—are at increased risks of dying in the first year** of life, feeding and breathing problems and life-long learning disabilities. Experts agree the risks are greater for infants with elective induction of labor.
- **The normal length of human gestation is 40 weeks.** The neonatal risks vary among all gestational ages. Evidence shows the best neonatal outcomes occur at 40 weeks. In 2000, the largest percent of singleton births in the U.S. occurred at 40 to 41 weeks. By 2009, the largest percent had shifted to occurring at 39 weeks.
- **Overuse of inductions increases both short- and long-term costs.** For example, Intermountain Health Care's initiative to reduce elective inductions, regardless of gestational age, created savings of more than \$50 million per year in short-term costs.
- **We do not fully understand what triggers a woman's labor.** Obstetric textbooks say the exact mechanisms that start labor are yet to be clearly defined but that baby's readiness for birth—"let baby pick her own birthday" (reason #16)—and the biochemical and neurohormonal interactions between mom, baby and placenta are essential triggers.

Implementation Checklist

Download posters and 40 Reasons handouts
in English & Spanish at:

Health4Mom.org/nurses-resources

Share Go The Full 40™

- Hang posters in exam rooms and triage area, on bathroom doors & in elevators
- Provide posters & handouts to hospitals, OB/GYN offices, public health clinics
- Discuss with perinatal quality improvement team
- Give 40 Reasons to Go The Full 40 article to patients
- Discuss reasons to wait for spontaneous labor with patients
- Share AWHONN's *Healthy Mom&Baby* magazine
- Broadcast on facility's closed-loop TV
- Post on facility's social media
- Dress a mannequin up like the pregnant woman in the Go The Full 40™ ad for use at health fairs and other events

Distribute 40 Reasons handouts at 6 key patient intersections

- OB/GYN offices—new patient packs, 28-week visit
- Hospital tour/registration packs
- Hospital/clinic-based health fairs
- Childbirth education & breastfeeding classes
- OB Triage
- Labor & delivery units

Hang posters at these locations

- OB triage areas
- Exam rooms
- Backs of bathroom doors
- In elevators
- Emergency department
- Labor & delivery units



Questions to Ask Moms

- Why do you want to schedule an induction or have a planned, elective cesarean?
- Are you aware of the many benefits of spontaneous labor and normal birth for you and your baby?

Graphics to Share on Social Media

Click each image to download and share!



Don't Rush Me... Go The Full 40™!

Wait for labor & gain these benefits:

- shorter labor
- best start for breastfeeding
- reduced risk of cesarean
- lower risk of uncontrolled bleeding
- shorter recovery

 **AWHONN**
GoTheFull40.com



Don't Rush Me... Go The Full 40™!

Give your baby the benefits from a full 40 weeks:

- more alert at birth
- full lung & brain development
- able to hold stable body temperature
- stronger, firmer muscles
- best start for breastfeeding

 **AWHONN**
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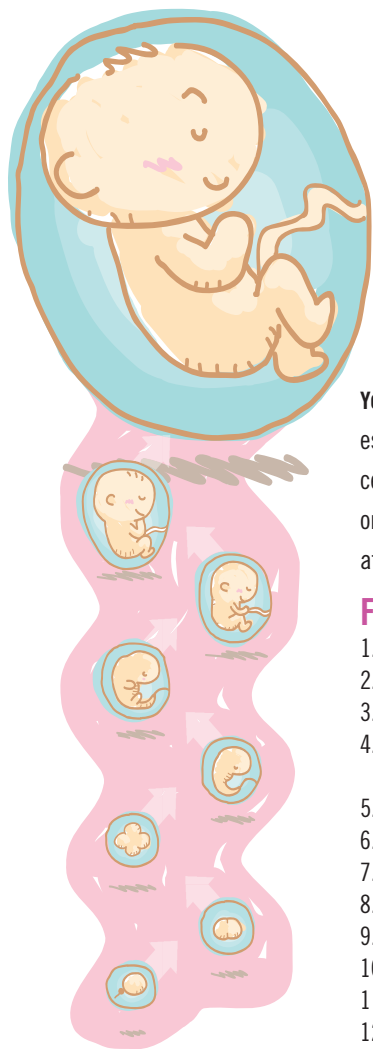
Social Media Calendar

Here are posts for every month of the year. Spread the word and share these posts, and this toolkit, with your hospital's marketing and communications teams. Then, be sure to "like" us on [Facebook.com/GoTheFull40](https://www.facebook.com/GoTheFull40) !

Month	Full 40 Posts	Facebook	Twitter
January Folic acid awareness week Birth defects prevention month Thyroid awareness month	#1. End right by starting right —keeping all of your prenatal appointments helps ensure a healthier ending. #25. Relish in the fact that right now you're the perfect mom —your healthy pregnancy habits are growing baby the best possible way.	Nurses share 40 reasons to go the full 40 weeks of pregnancy: GoTheFull40.com Baby's first 60 minutes after birth are so important; grab the Golden Hour. bit.ly/grabthegoldenhour	Waiting for labor has its definite advantages—go the #full40! bit.ly/willyouwait4labor
February Heart health/wear red Prenatal infection prevention month Valentine's Day	#3. Let nature take over —there are fewer complications and risks for both you and baby through normal birth. #18. Reduce your baby's risks of jaundice, low blood sugar and infection by waiting until he's ready to emerge.	Reduce your risk for unnecessary interventions by waiting till labor starts on its own. GoTheFull40.com	Nurses highlight 40 reasons for moms and babies to go the #full40 weeks: GoTheFull40.com
March National nutrition month Poison prevention week Trisomy awareness month	#5. Birth a brainier baby —at 35 weeks your baby's brain is only 2/3 the size it will be at term. #39. Make the best-possible birth experience; don't rush it. GoTheFull40.com	Baby may face a lifetime of risks if born too early: bit.ly/whybabyneeds40weeks During national nutrition month, learn from actress Mayim Bialik why breastmilk is the best food for your baby. bit.ly/HMBMayimBialik	Ignore people who say an induction is more convenient GoTheFull40.com #full40 At 35 weeks, your baby's brain is only 2/3 the size it will be at term—just another reason to go the #full40!
April Infant immunization week Infertility awareness week Autism awareness month STI awareness month	#6. Set her thermostat —baby will better regulate her temperature when born at term. GoTheFull40.com #20. Maximize those little lungs —babies born just 2 or more weeks early can have twice the number of complications with breathing.	Avoid an induction and reap the benefits for both you and baby of a full term pregnancy when all is healthy and well. Full-term babies are less likely to have complications breathing than those born early. GoTheFull40.com	As nurses promote skin-to-skin contact, more born-too-early babies thrive GoTheFull40.com #full40

<p>May</p> <p>National Nurses' Week</p> <p>Preeclampsia Awareness Month</p> <p>Mental health month</p> <p>Mother's Day</p>	<p>#17. Skip an induction—which could lead to cesarean—by waiting for labor to start on its own.</p> <p>#14. Eat healthfully—but it's ok to indulge occasional cravings without remorse. GoTheFull40.com</p>	<p>Want the best care? Find a baby friendly birthplace. bit.ly/findbabyfriendly</p> <p>Happy Mother's Day! Wait for labor to start on its own—babies are so much easier to care for in the womb when all is healthy and well. GoTheFull40.com</p>	<p>Preterm birth is any birth that occurs before the 37th week of pregnancy. bit.ly/whatisfullterm #full40</p>
<p>June</p> <p>Men's health week</p> <p>Aphasia awareness month</p> <p>Father's Day</p>	<p>#21. Ignore people who say an induction is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean. GoTheFull40.com</p> <p>#27. Relax! Babies are usually so much easier to care for in the womb when all is healthy and well.</p>	<p>Pregnant women avoid unnecessary induction when they understand the risks of induction, nursing research shows. bit.ly/termpregnancy</p>	<p>Unless there's a medical reason, it's safer to avoid labor inductions. GoTheFull40.com #full40</p>
<p>July</p> <p>Cord blood awareness month</p> <p>Group B strep awareness month</p> <p>Juvenile arthritis month</p>	<p>#2. Savor the journey—soon you will meet your baby. GoTheFull40.com</p> <p>#19. Build your baby's muscles—they'll be strong and firm, and ready to help him feed and flex at term.</p>	<p>Nurses share 40 reasons to go the full 40 weeks of pregnancy: GoTheFull40.com @Health4Mom</p>	<p>40 Reasons to Go The #full40 weeks: GoTheFull40.com</p> <p>Declare your baby's independence—let her pick her own birthday! #full40</p>
<p>August</p> <p>World breastfeeding week</p> <p>Breastfeeding month</p> <p>Children's eye health month</p>	<p>#7. Boost breastfeeding—term babies more effectively suck and swallow than babies born earlier. GoTheFull40.com</p> <p>#10. Nourish your body—a healthy diet and breastfeeding will help you lose the baby weight</p>	<p>Breastmilk: nature's superfood. Give your baby the best chance with the breast—term babies are able to suck and swallow more effectively than those born earlier. bit.ly/babys1stfood</p>	<p>Plan to breastfeed your baby in the first hour after birth GoTheFull40.com #full40</p>
<p>September</p> <p>Women's/family health day</p> <p>Infant mortality awareness</p> <p>Ovarian cancer month</p>	<p>#22. Respond to requests to speed baby's birth with the facts that inductions often create more painful labors and can lead to cesarean surgery. GoTheFull40.com</p> <p>#29. Postpone changing the eventual 5,000+ diapers baby will use. GoTheFull40.com</p>	<p>So you're in labor—the best way to keep baby moving down and out is to keep your own body active. bit.ly/bestwaytolabor</p> <p>Healthy mama = healthy baby: Pack your meals with nutritious eats for your 40 weeks of pregnancy. GoTheFull40.com</p>	<p>How can YOU help more babies to be born full term? GoTheFull40.com #full40</p>

<p>October</p> <p>Breast cancer awareness month Domestic violence awareness Down syndrome awareness</p>	<p>#4. Recover faster from normal birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery. GoTheFull40.com</p> <p>#32. Relish parenting—right now you know exactly where baby is and what he’s doing.</p>	<p>Breastfeeding reduces mom’s overall cancer risks. Learn more at GoTheFull40.com</p> <p>Belly bumps make the perfect prop for reading material. Settle in with the latest issue of <i>Healthy Mom&Baby</i> at Health4mom.org.</p>	<p>Babies are so much easier to care for in the womb when all is healthy & well! GoTheFull40.com #full40</p>
<p>November</p> <p>World prematurity day/month Diabetes awareness month GERD awareness month</p>	<p>#15. Give baby’s development the benefit of time since you may not know exactly when you got pregnant. GoTheFull40.com</p> <p>#16. Let baby pick her birthday—if she decides to emerge after 37 weeks there’s no need to try to stop your spontaneous labor.</p>	<p>Baby’s first 24 hours after birth are so important—here’s what’s happening: bit.ly/meetyourbaby GoTheFull40.com</p> <p>Give thanks that soon you will meet your baby! bit.ly/whybabyneeds40weeks</p>	<p>Help more babies make it to their first birthday. bit.ly/preemies1styear #full40 #worldprematurityday</p> <p>Finish pregnancy well—keep all of your prenatal appointments to help prevent prematurity. #full40</p>
<p>December</p> <p>Hand washing awareness week Safe toys & gifts month World AIDS day</p>	<p>#26. Finish well—more time in the womb usually means less time in the hospital. GoTheFull40.com</p> <p>#40. Write your own healthy reason—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list. GoTheFull40.com</p>	<p>Did you know that due dates aren’t as accurate as you might think? bit.ly/estimatedduedate</p> <p>A healthy, full-term pregnancy is a gift of health you give yourself and your baby—enjoy this special season. GoTheFull40.com</p>	<p>Give your baby the gift of health—a term pregnancy. #full40 GoTheFull40.com</p>



40 Reasons

To Go the Full 40™

Nobody likes to be rushed—especially babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection. Labor should only be induced for medical reasons—not for convenience or scheduling concerns. Baby will let you know when she's ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy:

Finish Healthy & Well

1. **End right by starting right**—keeping all of your prenatal appointments helps ensure a healthier ending
2. **Savor the journey**—soon you will meet your baby
3. **Let nature take over**—there are fewer complications and risks for both you and baby through natural birth
4. **Recover faster** from a natural birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery
5. **Birth a brainier baby**—at 35 weeks your baby's brain is only 2/3^{ds} the size it will be at term
6. **Set her thermostat**—baby will better regulate her temperature when born at term
7. **Boost breastfeeding**—term babies more effectively suck and swallow than babies born earlier
8. **Delight in those kicks and flips**—marvel at the miracle of the life inside
9. **Enjoy your convenient excuse** for every mood swing and crazy craving
10. **Nourish your body**—a healthy diet and breastfeeding will help you lose the baby weight
11. **Let others carry** the groceries, mail, packages just a while longer
12. **Indulge in “we” time** before you're a threesome or more
13. **Sport your bump**—as your belly increases, so do your chances of getting a great seat almost anywhere

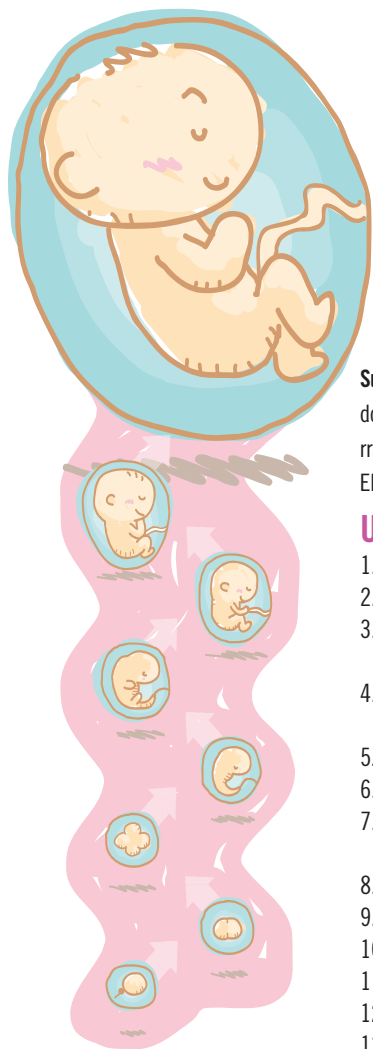
The nurses of AWHONN remind you not to rush your baby—give her at least a full 40! www.GoTheFull40.com

Manage Your Risks

14. **Eat healthfully**—indulge occasional cravings without remorse
15. **Give baby's development the benefit of time** since you may not know exactly when you got pregnant
16. **Let baby pick her birthday**—if she decides to emerge after 37 weeks there's no need to try to stop your spontaneous labor
17. **Skip an induction**—which could lead to cesarean—by waiting for labor to start on its own
18. **Reduce your baby's risks** of jaundice, low blood sugar and infection by waiting until he's ready to emerge
19. **Build your baby's muscles**—they'll be strong and firm, and ready to help him feed and flex at term
20. **Maximize those little lungs**—babies born just 2 or more weeks early can have twice the number of complications with breathing
21. **Ignore people who say an induction** is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean
22. **Respond to requests to speed baby's birth** with the facts that inductions often create more painful labors and can lead to cesarean surgery
23. **Let others do the heavy lifting**—and the extra housecleaning
24. **Splurge on pedicures**—or ask a friend to do them for you, especially when you can't see or touch your feet
25. **Relish in the fact that right now you're the perfect mom**—your healthy pregnancy habits are growing baby the best possible way
26. **Finish well**—more time in the womb usually means less time in the hospital

Enjoy This Time

27. **Relax!** Babies are usually so much easier to care for in the womb
28. **Shamelessly wear comfy, stretchy clothes**
29. **Postpone changing the eventual 5,000+ diapers** baby will use
30. **Be out and about** without having to buckle, unbuckle, rebuckle baby into her car seat or stroller while running errands
31. **Carry your most stylish purses** especially the ones too small to hold diapers and wipes
32. **Relish parenting**—right now you know exactly where baby is and what he's doing
33. **Snooze when you can**—what sleep you're currently getting is actually quite a lot compared to the interruptions ahead
34. **Massage remains a must**—ask your partner to help ease the aches
35. **Enjoy nights out** without paying for a babysitter
36. **Indulge in shopping** without the added responsibilities of baby in tow
37. **Redecorate your house** around your nursery's theme
38. **Prop up your paperback**—your burgeoning belly peaks at just the right reading height
39. **Make the best-possible birth experience**; don't rush it
40. **Write your own healthy reason**—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list



40 RAZONES

Para llegar a 40 completas™

A nadie le gusta que lo apuren...
especialmente a los bebés!

Su bebé necesita 40 semanas completas de embarazo para crecer y desarrollarse. Aunque llegar al fin del embarazo quizás parezca tentador durante esas últimas semanas, inducir el parto está relacionado con un riesgo mayor de tener un parto prematuro, cirugía cesárea, hemorragia o infección. El parto sólo se debe inducir por motivos médicos, no por conveniencia o para cumplir con el programa que uno quiera. El bebé le dirá cuándo está listo para nacer. Hasta llegar a ese punto, he aquí 40 razones para llegar a 40 semanas completas de embarazo:

Un final feliz y sano

- Termine bien al empezar bien:** asistir a todas sus consultas prenatales ayudará a asegurar un parto saludable
- Disfrute la jornada:** pronto conocerá a su bebé
- Deje que la naturaleza se encargue del asunto:** hay menos complicaciones y riesgos para usted y para su bebé cuando el parto es natural
- Recupérese más rápido** de un parto natural que de una cesárea, la cual es una cirugía mayor en el área abdominal que causa más dolor y requiere una estadía más larga en el hospital y una recuperación más larga
- Cultive su cerebro:** a 35 semanas de embarazo el cerebro de su bebé sólo tiene dos tercios del tamaño que tendrá a 40 semanas
- Ajuste su termostato:** los bebés que nacen a término regulan mejor su temperatura
- Aumente el amamantamiento:** los bebés nacidos a término maman y tragan de manera más efectiva que los bebés que nacen antes
- Disfrute de las patadas y las maromas:** maravílese con el milagro de la vida que lleva dentro
- Aproveche la excusa conveniente** que tendrá para explicar cada cambio de ánimo o antojo absurdo
- Nútrase:** tener una dieta saludable y dar pecho al bebé le ayudarán a bajar el peso que ganó durante el embarazo
- Deje que otros carguen** con los comestibles y los paquetes durante un rato más
- Disfrute su tiempo de pareja antes de volverse un trío...** ¡o un cuarteto o quinteto!
- Lúzcase con su panza:** mientras más grande sea, mejores son las probabilidades de obtener un asiento de primera fila en prácticamente cualquier lugar

Las enfermeras de AWHONN se recuerdan que no debes apresurar a su bebé www.GoTheFull40.com

Mitigue sus riesgos

- Coma de manera sana** pero consiéntase sin pena cuando tenga antojos
- Déle más tiempo de desarrollo al bebé,** ya que quizá no sepa exactamente cuándo quedó embarazada
- Deje que el bebé escoja su cumpleaños:** si nace después de las 37 semanas no hay razón por la que debe detener el parto espontáneo
- Evite la inducción** —la cual puede conducir a una cesárea— al esperar hasta que el parto empiece por sí solo
- Reduzca el riesgo de que su bebé sufra** de ictericia, tenga un nivel bajo de glucosa o desarrolle una infección al esperar hasta que esté listo para nacer
- Desarrolle los músculos de su bebé:** si llega a término, estos serán fuertes, firmes y estarán listos para ayudarlo a flexionar y a alimentarse
- Maximice el poder de sus pulmones:** los bebés que nacen 2 semanas o más antes de término pueden tener dos veces la cantidad de complicaciones con la respiración
- No les haga caso a los que dicen que la inducción de parto resulta más conveniente.** No hay nada de conveniencia en tener un trabajo de parto más largo e incrementar el riesgo de tener una cesárea
- Si le piden acelerar el nacimiento del bebé,** señale que a menudo las inducciones hacen que el trabajo de parto sea más doloroso y que puede conducir a una cesárea
- Deje que otros hagan el trabajo pesado...** y los quehaceres caseros adicionales
- Dese un lujo y obtenga una pedicura...** o bien pídale a una amiga que se lo haga, especialmente si no puede ver ni tocar sus pies
- Disfrute el hecho de que en este momento usted es la madre perfecta:** sus hábitos sanos durante el embarazo están haciendo que el bebé crezca de la mejor manera posible
- Termine bien:** más tiempo en el vientre de mamá significa menos tiempo en el hospital

Disfrute la época

- ¡Relájese!** Es mucho más fácil cuidar a los bebés cuando aún están en el vientre
- Póngase ropa cómoda y elástica** sin ninguna pena
- Posponga durante un rato más los 5.000 cambios de pañal** que, en promedio, tendrá que hacerle al bebé
- Salga sin tener que abrochar,** desabrochar y volver a abrochar el bebé en su asiento de auto o coche cuando esté haciendo mandados
- Ande con sus bolsos más chic,** especialmente los que son demasiado chicos para guardar pañales y toallitas de limpieza
- Disfrute ser mamá:** ahora mismo sabe exactamente donde está su bebé y lo que está haciendo
- Duerma cuando pueda:** la cantidad de sueño que está obteniendo ahora será mucha comparada con la que obtendrá después de que nazca el bebé
- El masaje aún es imprescindible:** pídale a su pareja que le dé uno
- Disfrute salir** en pareja sin tener que pagar a una niñera
- Consíéntase al ir de compras** sin la responsabilidad adicional de ir con un bebé
- Redecore su casa** usando el tema que usó para el cuarto del bebé
- Lea con comodidad:** su panza creciente sirve para apoyar libros y los pone justo a la mejor altura para leerlos
- Haga que la experiencia del parto sea la mejor posible;** no se apure
- Anote su propia razón saludable:** si da por resultado que su bebé reciba las 40 semanas completas de embarazo, merece estar en esta lista



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

Improving Maternal and Infant Health by Reducing Cesarean Birth Rates

AWHONN's
"Don't Rush Me . . .
Go The Full 40™"
A Public Health Initiative to promote spontaneous labor and reduce cesarean birth rates



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About AWHONN

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) is the foremost nursing authority promoting the health of women and newborns and strengthening the nursing profession through the delivery of superior advocacy, research, education, and other professional and clinical resources.


AWHONN represents the interests of 350,000 registered nurses working in women's health, obstetric, and neonatal nursing across the United States.

Learn more about AWHONN at AWHONN.org.

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Why Reduce Cesarean Rates? Why does reducing the overuse of induction and cesarean matter?



CDC/NCHS, 2012

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Elective interventions are associated with increased harms for mothers and babies

While rates of elective inductions and elective cesarean have stabilized in recent years, large increases in the first decade of the 21st century have contributed to increases in maternal and infant morbidity and mortality

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October 2015

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE

SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

READYNESS

Every Patient, Provider and Facility

- Build a provider and maternity unit culture that values, promotes, and supports spontaneous onset and progress of labor and vaginal birth and understands the risks for current and future pregnancies of cesarean birth without medical indication.
- Optimize patient and family engagement in education, informed consent, and shared decision making about normal healthy labor and birth throughout the pregnancy care cycle.
- Adopt provider education and training techniques that develop knowledge and skills on approaches which maximize the likelihood of vaginal birth, including assessment of clinical methods to promote labor progress, labor support, pain management (both pharmacologic and non-pharmacologic), and shared decision making.

RECOGNITION AND PREVENTION

Every patient


- Implement standardized admission criteria, triage management, education, and support for women presenting in spontaneous labor.
- Offer standardized techniques of pain management and comfort measures that promote labor progress and prevent dysfunctional labor.
- Use standardized methods in the assessment of the fetal heart rate status, including interpretation, documentation using NCHD terminology, and encourage methods that promote freedom of movement.
- Adopt protocols for timely identification of specific problems, such as hypoxia and breech presentation, for patients who can benefit from proactive intervention before labor to reduce the risk for cesarean birth.

SAFE REDUCTION OF PRIMARY CESAREAN BIRTHS: SUPPORTING INTENDED VAGINAL BIRTHS

Safe Reduction of Primary Cesarean Births

<http://www.safehealthcareforeverywoman.org/downloads/Cesarean-Bundle/Safe-Reduction-of-Primary-Cesarean-Births-Bundle-Final-10-8-15.pdf>


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Presentation Roadmap

- Epidemiologic Profile and Outcomes
- Evidence-Based Practice Recommendations
- Go The Full 40™ Public Health Campaign

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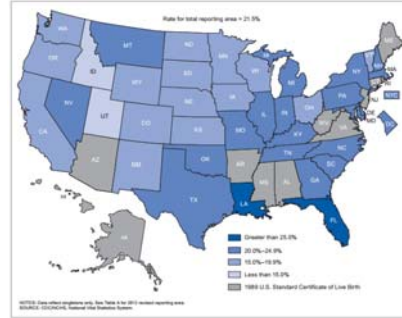
Epidemiology

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Primary Cesarean Rates By State, 2012



38 states reporting, Osterman & Martin, 2014

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Geographic Variation In Cesarean Rates

- Higher cesarean rates do not correspond with better outcomes
 - Areas with higher cesarean rates perform the intervention in medically less appropriate populations—that is, in relatively healthier women—and do not have lower maternal or neonatal morbidity and mortality.
- Geographic variation is only partially explained by women's preferences and clinical status
- Variation is largely influenced by nonmedical factors
 - provider practice patterns or differences in medical opinions
 - the capacity of the local health care system
 - malpractice pressure

Baicker, Buckles and Chandra, 2006

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Hospital Variation in Cesarean Rates

- Cesarean rates varied 10-fold (7.1% to 69.9%) across hospitals for all women.
- Cesarean rates varied 15-fold (2.4% to 36.5%) across hospitals for women with lower-risk pregnancies.
- "Vast differences in practice patterns are likely driving the costly overuse of cesarean in many U.S. hospitals."

Kozhamanni, Law & Virnig, 2013

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Variation in Induction Rates

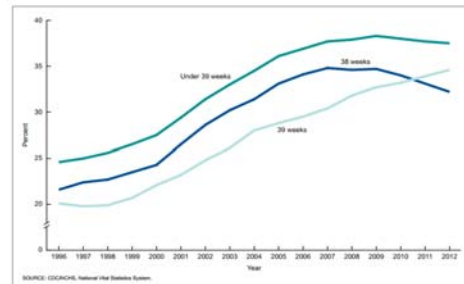
- "Induction" in one facility (or one provider) is not the same as an induction in another facility. Inductions are not managed the same, they don't have the same end points and most importantly they don't have the same outcomes.
- Data from randomized control trials (RCTs) in university hospitals do not necessarily reflect what is seen in community hospitals.
 - RCTs at university hospitals with strict protocols usually report a 13%-15% CS rate for women undergoing induction.
 - Yet, across 250 hospitals in CA the rates of CS for nulliparous women at term undergoing induction vary from 10%-60% (Main et al., 2011).

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Cesarean Deliveries By Gestational Age: 1996–2012



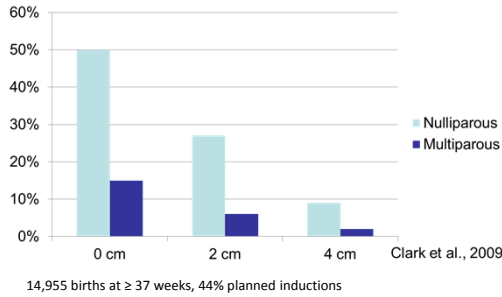
NCHS, Births (2013). Final Data for 2012. National Vital Statistics Reports, 62 (9).

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Initial Cervical Dilation and Cesarean Rates



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Outcomes

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HealthAffairs

At the Intersection of Health, Health Care and Policy

By Laurent G. Glance, Andrew W. Dick, J. Christopher Glantz, Richard N. Wissler, Feng Qian, Bridget M. Marroquin, Dana B. Mukamel, and Arthur L. Kellermann

Rates Of Major Obstetrical Complications Vary Almost Fivefold Among US Hospitals

August, 2014

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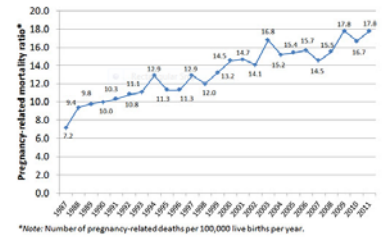
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Harms to Women

- Cesarean surgery
- Placenta previa
- Placenta accreta
- Infection
- Postpartum hemorrhage
- Cardiovascular events
- Hospital readmission

Trends in pregnancy-related mortality in the United States: 1987–2011



Centers for Disease Control and Prevention Pregnancy Mortality Surveillance System, 2014

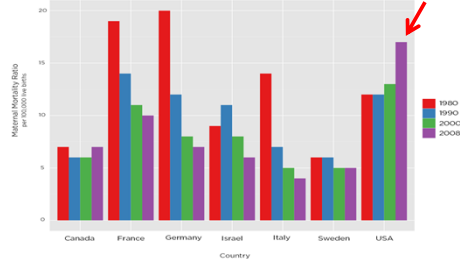
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Maternal Mortality Ratios International Comparisons

Maternal Mortality Ratios in Selected Countries Over the Past 30 Years



Hogan, M. C., Foreman, K. J., Naghavi, M., Ahn, S. Y., Wang, M., Hayashi, S. H., Murray, C. J. L. (2008). Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet*, 371(9726), 1609–1627. [http://doi.org/10.1016/S0140-6736\(08\)60888-1](http://doi.org/10.1016/S0140-6736(08)60888-1)

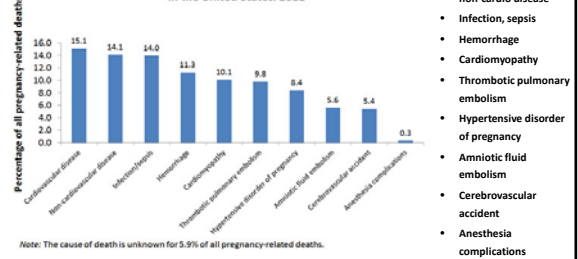
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Causes of Maternal Death

Causes of pregnancy-related death in the United States: 2011



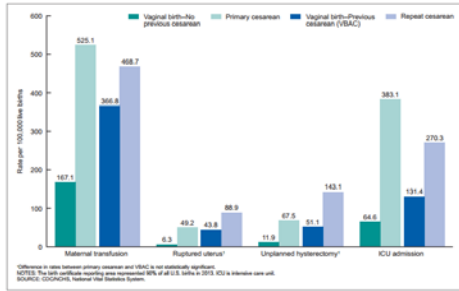
Centers for Disease Control and Prevention Pregnancy Mortality Surveillance System, 2014

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Maternal Morbidity by Delivery Mode & Previous Cesarean History



Curtin, Gregory, Korst and Sayeedha, 2015

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Severe Maternal Morbidity

Large increases in severe maternal morbidities from 1998-1999 compared to 2008-2009:

- **75% increase in severe maternal complications** during a hospitalization for birth.
- **114% increase in severe maternal morbidity** during a postpartum hospitalization.

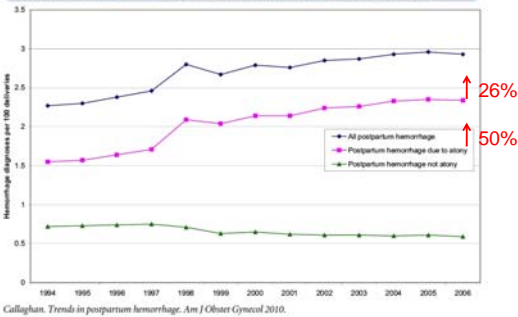
Callaghan et al., 2012

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FIGURE 1 Annual postpartum hemorrhage rates (United States, 1994–2006)

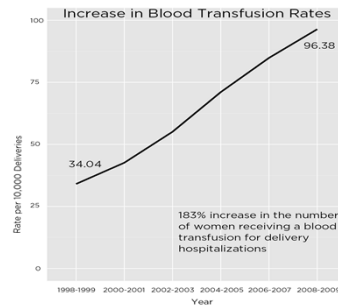


Callaghan, Kuklina & Berg, 2010.

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Rise in Blood Transfusions



193% increase in the number of women receiving a blood transfusion for delivery hospitalizations

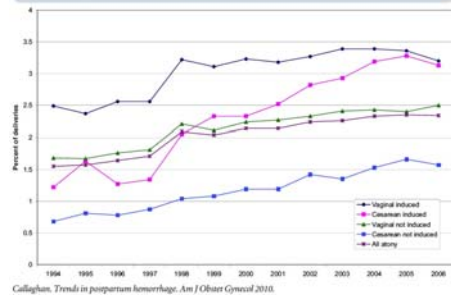
Callaghan et al., 2012

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FIGURE 2 Annual rates of postpartum hemorrhage caused by atony, by mode of delivery, and by induction status (United States, 1994–2006)



Callaghan, Kuklina & Berg, 2010.

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Increased Neonatal Morbidity Elective Delivery and CD

- Increased rates of NICU admissions for impaired respiratory function for elective delivery before 39 weeks (Clark et al., 2009)
- Risk of laceration with CD
- Risks of respiratory morbidity (CD, no labor)
- Lower rates of immediate skin-to-skin contact
- More breastfeeding difficulties

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No Increase in Term Stillbirths

- “The reduction in early-term deliveries across the United States between 2005 and 2011 was not associated with an increase in the rate of term stillbirth.” (Little et al., 2015)
- “The lack of change in prospective stillbirth rates from 2006 to 2012 suggests that preventing nonmedically indicated deliveries before 39 weeks of gestation did not increase the U.S. stillbirth rate.” (McDorman, Reddy & Silver, 2015)

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Costs Associated with Cesareans

Table 11: Average Total Maternal-Newborn Health Care Charges and Payments for Vaginal or Cesarean Births among Commercial and Medicaid Beneficiaries, 2010

	Total	Vaginal Childbirth	Cesarean Childbirth
Commercial			
Provider Charges	\$37,340	\$32,093	\$51,125
Allowed Paid Amount	\$21,001	\$18,329	\$27,866
Medicaid			
Provider Charges	\$35,481	\$29,800	\$50,373
Allowed Paid Amount	\$10,350	\$9,131	\$13,590

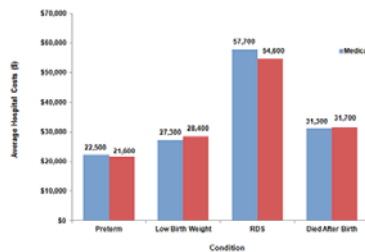
Truven Health Analytics, 2013

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Costs Associated with Inductions



Average hospital costs for select conditions among live hospital births by insurance category for 2011

Kowlessar, Jiang, & Steiner, 2013

- Lower nurse to patient ratio
- Cost associated with medical interventions
- Longer hospital stays and readmissions
- Higher NICU admissions

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Understanding Healthy Childbirth

Perinatal Hormonal Physiology

- Evolved over the millennia to ensure reproductive success.
- Hormonal physiology is interrelated, coordinated, and mutually regulated between mom and baby to optimize outcomes for both.
 - Example: skin-to-skin contact after birth mutually regulates maternal and newborn oxytocin systems
- “Disruption of perinatal hormonal physiology may thus adversely impact not only labor and birth, but also breastfeeding and maternal-infant attachment via biological bonding.” (Buckley, 2015)

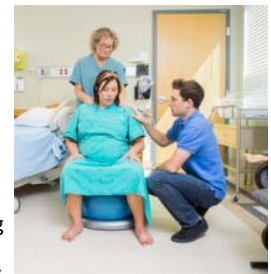
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Spontaneous Labor is a Powerful Hormonal Process

- Increases in oxytocin and prostaglandin receptors prime the uterus to promote effective contractions in labor.
- Increases in brain-based (central) receptors for beta-endorphins prepare endogenous pain-relieving pathways to benefit mom in labor



Buckley, 2015

Image: Shutterstock

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Spontaneous Labor Provides Critical Benefits to Moms and Babies

- Elevations in mammary and central oxytocin and prolactin receptors prepare for breastfeeding and maternal-infant biological bonding.
- Rising cortisol supports maturation of the fetal lungs and other organs.
- Pre-labor preparations in oxytocin and catecholamine systems promote fetal protective processes in labor and optimal newborn transition.

Buckley, 2015

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Practice Recommendations

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Recommendations for Practice

- Encourage and support women in the early stage or latent phase of spontaneous labor (usually < 6 cms) to labor at home prior to hospital arrival.

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Recommendations for Practice

- Implement criteria for admission for women with uncomplicated pregnancies presenting in spontaneous labor at term with intact membranes in order to promote admission in active labor.

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Recommendations for Practice

- Promote no elective inductions according to AWHONN and ACOG position statements.
- Document the Bishop score for all women getting an induction. A Bishop score of 6 or less is unfavorable.

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Position Statements

“Before 41 0/1 weeks of gestation, **induction of labor generally should be performed based on maternal and fetal medical indication.**”

The American College of Obstetrics and Gynecology
Society for Maternal-Fetal Medicine

“Labor is a **complex physiologic event involving the intricate interaction of multiple hormones that should not be initiated or altered without a medical indication . . .**

Reserving induction and augmentation of labor for pregnant women with medical indications promotes the best health outcomes for women and infants and is the best use of health care resources.”

Association of Women’s Health, Obstetric & Neonatal Nurses

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Recommendations for Practice

- Apply standardized approaches to care during labor that promote labor progress and prevent dysfunctional labor.
 - Movement and positioning
 - Physical comfort measures, including pain management
 - Physiologic second stage practices
 - Emotional support
 - Education about what to expect and advocacy for women’s preferences

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Recommendations for Practice Positioning with the Peanut Ball

- Use a peanut ball to encourage labor progress for women who are in bed, especially with epidurals
- Research findings:
 - Decreased first and second stage labor
 - Lower CD incidence (significant)



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Tussey et al., 2015, Roth et al., 2015

Recommendations for Practice

- Use evidence based methods of interpretation and documentation in the assessment of the fetal heart rate status including adoption of NICHD terminology.

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Recommendations for Practice

- Implement ACOG/SMFM criteria for dystocia in labor management practices:
- “Cervical dilation of 6 cm should be considered the threshold for the active phase of most women in labor. Thus, before 6 cm of dilation is achieved, standards of active phase progress should not be applied.” (Caughey et al, 2014)

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ACOG & SMFM, 2014

ACOG/SMFM Criteria for Dystocia

1. Diagnosis of Dystocia/Arrest Disorder (All 3 should be present)

- Cervix 6 cm or greater
- Membranes ruptured, then
- No change X 4 hours with adequate uterine activity

2. Diagnosis of Failed Induction before 6 cm dilation (both should be present)

- Bishop Score \geq 6 cm before elective induction
- Oxytocin used for a minimum of 12 hrs after membrane rupture

3. Diagnosis of Failed Induction after 6 cm dilation (see criteria 1)

Caughey et al, 2014

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Recommendations for Practice

- Develop and utilize performance *and outcome* measures of sufficient detail to
 - compare to similar institution practices,
 - utilize to conduct appropriate case review to allow care system analysis and
 - allow individual provider performance recommendations.

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Options for Measuring Cesarean Births

- Total Cesarean Rate
 - Includes repeat and primary cesareans
- Primary Cesarean Rate
 - Includes nullips and multips (rate of nulliparity varies greatly among facilities and states)
- NTSV Cesarean Rate
 - More difficult to collect these data
 - Provides patient risk stratification
 - The best measure for comparing hospitals

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The Joint Commission Perinatal Core Measures

PC-01 Elective Delivery

PC-02 Cesarean Birth (NTSV)

PC-03 Antenatal Steroids

PC-04 Health Care-Associated Bloodstream Infections in Newborns

PC-05 Exclusive Breast Milk Feeding

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Defining NTSV: Nulliparous, Term, Singleton, Vertex Presentation

- Nulliparous women in labor with a term, singleton vertex fetus account for the most variable portion of the CS epidemic.
- This population has the lowest risk for CS at the start of labor.
- Management of labor in this population is most affected by subjectivity.

Joint Commission, 2015

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AWHONN Quality Measures

- *The actions of nurses have significant impact on patient outcomes. For that reason, measuring the quality of care provided by registered nurses is a vital component of health care improvement.*
 - Second Stage of Labor: Mother Initiated, Spontaneous Pushing (*Measure 2*)
 - Labor Support (*Measure 10*)
 - Non-pharmacologic labor support options
 - Freedom of Movement During Labor (*Measure 11*)

AWHONN, 2013

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Primary Cesarean Bundle: Outcome Metrics

O1: Severe Maternal Morbidity	Denominator: All mothers during their birth admission, exclude ectopics and miscarriages Numerator: Among the denominator, all cases with any SMM code
O2: Severe Maternal Morbidity (excluding transfusion codes)	Denominator: All mothers during their birth admission, exclude ectopics and miscarriages Numerator: Among the denominator, all cases with any non-transfusion (99.0x) SMM code
O3: C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population	Denominator: Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position. Numerator: Among the denominator, all cases with a cesarean birth
O4: C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction	Denominator: Women with live births who are having their first birth ≥37 weeks and have a singleton in vertex (Cephalic) position AND with a labor induction Numerator: Among the denominator, all cases with a cesarean birth



C/S rates derived from Birth Certificate (via state agency SMM derived from from Hospital Discharge Diagnosis file (via state agency))

<http://www.safehealthcareforeverywoman.org/#>

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Primary Cesarean Bundle: Process Metrics

P1: Provider Education	Report estimate in 10% increments (round up) What cumulative percent of OB physicians and midwives have completed an education program (within the last 2 years) on new ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S (Support for Intended Vaginal Births) bundle and a unit-standard protocol?
P2: Nursing Education	Report estimate in 10% increments (round up) What cumulative percent of OB nurses have completed education program (within the last 2 years) on new ACOG/SMFM labor management guidelines that includes teaching on the Safe Reduction of Primary C/S (Support for Intended Vaginal Births) bundle and a unit-standard protocol?
P3: Cesarean Bundle Compliance Rate <i>Alternate Measure for S4: Multidisciplinary Case Reviews for C/S Bundle</i>	Report Actual Compliance Rate What proportion of cases reviewed met the ACOG/SMFM criteria? see S4 next slide for examples—Choose one or more bundles based on local need





<http://www.safehealthcareforeverywoman.org/#>

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All reported by Hospital (to AIM Data Portal) quarterly.

Primary Cesarean Bundle: Examples of Multidisciplinary Case Reviews	
(1) Dystocia/Failure to Progress Bundle	<p>Denominator: NTSV women in labor with a cesarean birth for Dystocia or Failure to Progress Numerator: Among the denominator, those who did not meet ACOG/SMFM criteria (Ob Gyn 2014;123:693-711) BOTH CRITERIA SHOULD BE PRESENT: ●Cervix 6 cm or greater at time of Cesarean ●Membranes ruptured, and No cervical change X 4 hrs with Adequate Uterine activity (or 6hrs with oxytocin)</p>
(2) Induction Bundle	<p>Denominator: NTSV women whose labor was induced (including cervical ripening) with a cesarean birth for Dystocia or "Failure to Progress" before 6cm dilation (if ≥6cm, then use Dystocia bundle) Numerator: Among the denominator, those who did not meet ACOG/SMFM criteria (Ob Gyn 2014;123:693-711) BOTH CRITERIA SHOULD BE PRESENT: ●Bishop Score > 6 before elective induction ●Oxytocin used for a minimum of 12 hrs after membrane rupture</p>
(3) Fetal Concern Bundle	<p>Denominator: NTSV women who had a cesarean birth during labor for Fetal Concern (Fetal Distress or non-reassuring Fetal Heart Pattern) Numerator: Among the denominator, those who did not meet a unit-standard criteria most commonly utilized criteria are: ●Spong et al (Ob Gyn 2012;120:1181-93) or Clark et al (AJOG 2013;209:89-97)</p>


<http://www.safehealthcareforeverywoman.org/#>


GoTheFull40.com All reported by Hospital (to AIM Data Portal quarterly)

Improving Maternal and Infant Health by Reducing Cesarean Birth Rates

AWHONN's Campaign:
"Don't Rush Me . . . Go The Full 40™"

A Public Health Initiative to promote spontaneous labor and reduce cesarean birth rates





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Barriers: Provider Attitudes

- *"MDs make the decisions and they have been slow to change their practice. Many nurses have gone along with elective inductions for so long that they are slow to change too."*
- *"Lots of pressure is put on the physicians to induce early (in relation to patient satisfaction scores.)"*

—Hospital-based nurses



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Barriers: Women's Attitudes

- *"Women all seem to know someone who had a baby early and 'they are fine.'"*
- *"Moms are tired at end of pregnancy and want to deliver."*

—Hospital-based nurses



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What is "Don't Rush Me . . . Go The Full 40™"?



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Goals of Go The Full 40™ Campaign

- #1 Increase the percentage of women who wait for labor to start on its own, thereby reducing overall elective induction and primary cesarean rates.
- #2 Increase awareness among providers and consumers regarding the documented physiological benefits of term pregnancies that culminate in spontaneous labor.

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Benefits of Spontaneous Labor

<h3>Benefits of Spontaneous Labor for the Fetus</h3> <ul style="list-style-type: none"> Enters labor with mature vital organs (lungs, brain, liver) at term Fetal lung fluid clearance with onset of spontaneous labor Improved placental perfusion without tachysystole associated with oxytocin 	<h3>Benefits of Spontaneous Labor for the Woman</h3> <ul style="list-style-type: none"> More effective contractions/less tachysystole so easier to tolerate Freedom of movement facilitated Physiologic blood loss (less PPH) Adrenaline surge at birth energizes mom Psychological benefits of knowing you went into labor on your own
<h3>Benefits of Spontaneous Labor for the Mom & Baby</h3> <ul style="list-style-type: none"> Spontaneous labor process facilitates newborn transition and early breastfeeding Faster recovery for mom (fewer cesareans) improves all aspects of first weeks and months postpartum for mom, baby and family 	

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How Go The Full 40™ is Shared



- Print handouts: 40 Reasons article
- Discuss with women
- Hang posters in exam rooms & triage units; back of bathroom doors, in elevators
- Share AWHONN's *Healthy Mom&Baby* magazine
- Post on facility's social media, including text messages
- Discuss w/Perinatal QI team
- Broadcast on facility's closed-loop TV

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Where Go The Full 40™ is Shared




40 Reasons handouts distributed at 6 key intersections:

- Maternity care offices — new patient packs, 28-week visit
- Hospital tour/registration packs
- Hospital/clinic-based health fairs
- Breastfeeding & childbirth education classes
- Obstetric triage and evaluation units
- Birth units


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Go The Full 40™ Campaign Components


Ads & Posters



40 Reasons article



Implementation Toolkit




<http://bit.ly/Full40Toolkit>

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Go The Full 40™ Online


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Interactive Engagement Zone



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Facebook Champions Group



Facebook.com/GoTheFull40

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Healthy Mom&Baby

Health4Mom.org




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Implementing Go The Full 40™



- Discuss w/Perinatal QI team
- Provide posters & handouts to affiliated hospitals, maternity care offices, public health clinics, community health centers
- Hand out 40 Reasons article to women and families
- Discuss going the full 40 with women
- Hang posters in exam rooms & triage; back of bathroom doors & in elevators
- Share *Healthy Mom&Baby* magazine
- Broadcast on facility's closed-loop TV
- Post on facility's social media

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Questions about Go The Full 40™



Tell us how you're using these slides and contact us to learn more about or receive campaign materials for Go The Full 40™:

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