American Academy of Nursing Supports Physiologic Approach to the Improvement of Outcomes at U.S. Hospital Birthing Units

Academy releases policy brief recommending research on reducing overuse of medical interventions to improve maternal and infant outcomes and reduce costs

Washington, D.C. (May 25, 2017) — The American Academy of Nursing issued a policy brief calling for initiatives at hospitals that place an emphasis on the normal physiologic approach to baby delivery on birthing units, rather than continue the prevalence of unnecessary medical interventions that increase costs without improving outcomes.

The Academy’s policy brief, “Improving maternal and infant outcomes by promoting normal physiologic birth on hospital birthing units,” states that the physiologic process of pregnancy, labor and birth in the US has become medicalized by the high volume of costly and unnecessary interventions such as labor inductions, epidurals and cesareans. Because of these tendencies, both health professionals and pregnant women are less prepared for normal physiologic birth (defined as the spontaneous onset of labor at term and without medical intervention). Despite spending more than any other developed country on maternity and newborn care, outcomes in the US remain worse than most.

“Promoting normal physiologic birth is important to improve outcomes and reduce costs, as well as to return pregnancy, labor and childbirth back to a normal life event in our country,” said Academy President Bobbie Berkowitz, PhD, RN, FAAN. “Among the recommendations made in this policy brief is the importance of the standardization of quality indicators and research to reduce the overuse of medical interventions to make physiologic birth practices the norm.”

Published in the March/April 2017 issue of the Academy’s journal, Nursing Outlook, the full policy brief can be read here.

Earlier, as part of its Choosing Wisely initiative of “Twenty Things Nurses and Patients Should Question,” the American Academy of Nursing recommended that providers not “promote induction or augmentation of labor and don’t induce or augment labor without a medical indication; spontaneous labor is safest for woman and infant, with benefits that improve safety and promote short- and long-term maternal and infant health.” Read all of the Choosing Wisely recommendations here.

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