AIMS For a better birth...

Common Criticisms of Active Management of Labour

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Companion article to Active Management of Labour - The Irish Way of Birth

- The examination to judge the exact beginning of labour is an arbitrary judgement, and will differ from one caregiver to the next. The "beginning" of labour is not agreed upon scientifically.
- The partogram has no scientific basis, and neither does standardising the 12-hour time allocation. The expected rate of increase (1 cm per hour) in all labours is a standardisation, and not proven to be applicable in all first labours. Prolonged labour can be judged only in retrospect.
- Artificial rupture of the membranes, routinely carried out at early dilatation, is not recommended by numerous authorities because, like all interventions, it carries a number of risks. It must be made clear that these risks are very slight. They include bone disalignment of the baby's skull, and the potential to damage to the veins of the placenta (velamentous cord insertion).
- Synthetic oxytocin is a hormone which its manufacturers recommend should be used with extreme caution, and only to simulate normal contractions, as it carries a number of potential risks for mother and baby.
- Active management of labour is a policy which assumes that the capacity of women to labour is deficient and imperfect, and seeks to control and manage the event.

Editor's Note: For a view on low-tech management in a hospital setting at the Semmelweis Clinic in Vienna see the AIMS Journal 1996; 8(1): 6-8 and 18-19.