

Definition of Physiological Management of Normal Labor & Spontaneous Birth

Science-based principles of care for spontaneous labor and normal birth care include the following physiologically-sound practices:

∞ **Physiological defined:** "...in accord with, or characteristic of, the normal functioning of a living organism (Stedman's Medical Dictionary – 1995)

Characteristics of the physiological management of labor and birth include:

1. **Continuity of care**
2. **Patience with nature**
3. **Social and emotional support**
4. **Full-time presence of the midwife during active labor**
5. **Mother-controlled environment (place) for labor and birth**
6. **Provisions for appropriate psychological privacy (maternal control of persons present)**
7. **Mother-directed activities, positions & postures for labor & birth**
8. **Opportunity for an upright and mobile mother during active labor**
9. **Recognition of the non-erotic but none-the-less sexual nature of spontaneous labor & normal birth**

10. Non-pharmaceutical pain management strategies such as walking, one-to-one care, touch relaxation, showers, deep water tubs, other traditional midwifery methods

11. Judicious use of drugs and anesthesia when needed for hospitalized mothers

12. Absence of arbitrary time limits as long as making progress, mom & babe ok

13. Vertical postures, pelvic mobility and the right use of gravity for 2nd stage/pushing

14. Birth position by maternal choice unless medical factors require otherwise

15. Mother-without holding



16. Physiological umbilical cord, between baby stopped (3-6

directed pushing – prolonged breath-(Valsalva maneuver)

clamping/cutting of after circulation and placenta has minutes)

17. Immediate possession and control of healthy newborn by mother and father

18. On-going & unified care and support of the mother-baby during the postpartum/postnatal period.

Physiological management is the science-based model of normal maternity care and should be the foremost standard of care for all healthy women with normal pregnancies, regardless of the category of maternity care provider (physician or midwife) and regardless of the setting for labor and birth (hospital, home or birth center).