• Allow women to eat in early labor and drink throughout
• No routine IV fluids
• IA, not EFM, for low-risk women
• Encourage women to be upright and mobile
• Provide continuous 1 to 1 support
• Don’t routinely perform AROM
• Honor the “lull phase” of second stage
• No routine episiotomies or aggressive vaginal stretching
• Delay cord clamping
• Encourage immediate skin-to-skin contact and breastfeeding
• Listen to the evidence, listen to women, and trust yourself
• Have patience with labor progress
• Encourage VBAC
- Allow women to eat in early labor and drink throughout
- No routine IV fluids
- IA, not EFM, for low-risk women
- Encourage women to be upright and mobile
- Provide continuous 1 to 1 support
- Don’t routinely perform AROM
- Honor the “lull phase” of second stage
- No routine episiotomies or aggressive vaginal stretching
- Delay cord clamping
- Encourage immediate skin-to-skin contact and breastfeeding
- Listen to the evidence, listen to women, and trust yourself
- Have patience with labor progress
- Encourage VBAC