

## Active vs. Physiologic Management of Labor

The following are some selected excerpts from the first article in the book, "Episiotomy and the Second Stage of Labor", edited by Sheila Kitzinger and Penny Simkin, Pennypress, Inc. 1990. This article, written by Penny Simkin, is entitled "Active and Physiologic Management of Second Stage: A Review and Hypothesis".

...In ACTIVE management, interventions by the birth attendant are used with the intent of controlling and improving the birth process. In PHYSIOLOGIC management, the spontaneous birth process is maintained and encouraged by understanding, supporting and enhancing the body's normal mechanisms of birth.

On the one hand, interference in the spontaneous process is seen as improving it; on the other, interference is seen as carrying unnecessary and potentially harmful side-effects. See Table I for a comparison of the features of active and physiologic management.

TABLE I: SECOND STAGE MANAGEMENT

Features of Active Management	Features of Physiologic Management
Doral propped position, then lithotomy for birth.	Any of a number of positions (may try several), and movement.
"Pushing on command" --prolonged breathholding with maximum bearing down or straining throughout each contractions.	Spontaneous (usually short) bearing down and breathholding as urge demands.
Anesthesia (regional or local block) reduces sensation urge to push, and muscle tone in perineum.	Sensations (urge to push and burning, stinging) guide mother's efforts.
Anesthesia-induced relaxation of pelvic floor.	Conscious relaxation of pelvic floor.
Mother placed on delivery table with stirrups to enable administration of anesthesia, episiotomy, use of forceps or vacuum extractor.	Mother uses bed, birth chair or stool, beanbag chair, squatting bar, human support, or other.
Sterile field.	Mother encouraged to touch baby's head.
Episiotomy.	Perineal massage & support.
Forceps/vacuum extractor for: fetal distress, lack of progress, maternal exhaustion, approaching time limit, malposition of baby, inability to push effectively.	Combined influences of mother's pelvic floor muscle tone, spontaneous bearing down, contractions, and gravity rotate and bring baby down.

These two approaches are based on very different belief systems. Acceptance of different sets of principles logically leads people to different approaches.

...In sum, management techniques are evaluated by their potential for hastening the second stage. Active management became the rule as the result of widespread acceptance of particular assumptions about the second stage, which, although not based on research findings, were forcefully stated and actively promoted by highly respected and well-known obstetricians of the time. (My note: she goes on to describe some of the attitudes and practices of the late 19th and early 20th centuries, and how those still affect obstetrics today.)

...Principles guiding physiologic management are based on the underlying assumption that the unassisted birth process is usually safe, healthy and beneficial to mother and baby.

Physiologic management is directed toward maintaining maternal comfort, fetal well-being, an intact perineum, and progress in descent. The principles provide the basis for the features of physiologic management listed in Table I."