



NEWS RELEASE

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Contact: Yolanda Landon
Office: (240) 485-1822
E-mail: ylandon@acnm.org

Latest Review in the *Journal of Midwifery & Women's Health* Challenges Long-held Friedman Curve of Active Labor

Systematic review shows that first-time mothers typically experience longer "active labor" and may be exposed to unnecessary interventions to speed labor

Silver Spring, MD—The majority of America's maternity care providers may be intervening in women's labor too soon, according to a new systematic review in the *Journal of Midwifery & Women's Health*. For nearly 60 years, physicians and other maternity care providers have relied on the "Friedman curve" to determine a woman's progress in labor and when to provide interventions, such as artificial oxytocin, to facilitate progress.

"A revision of existing active labor expectations and/or a revision of criteria used to identify active phase of labor is needed, and efforts to do so must supersede efforts to change labor to fit existing expectations," noted Jeremy Neal, CNM, RNC, PhD, the lead author of the review and assistant professor in The Ohio State University's College of Nursing. The results of this review can help women prepare for informed decisions about labor, including the appropriate timing for interventions.

Developed in the 1950s, the Friedman curve is a graphic representation of the hours of **labor** plotted against cervical dilation in centimeters. Most US health care providers, including physicians and midwives, learned about the theory during their clinical training. Although the Friedman curve is still widely used, its current relevance is hotly debated.

ACNM President Holly Powell Kennedy, CNM, PhD, FACNM, FAAN explained, "These findings are timely because there is accumulating research about the overuse of interventions in US maternity care. Neal's research could have a significant impact on women, and can be added to the growing base of evidence on best practices in maternity care."

According to Neal and his co-authors, active labor can last an average of 13.4 hours whereas the Friedman curve estimates 11.7 hours, on average. In addition, the Friedman curve establishes the slowest acceptable rate of cervical dilation to be 1.2 centimeters per hour, while this review identified the slowest acceptable rate as 0.6 centimeters per hour. As a result, interventions based on the Friedman curve may be used unnecessarily to hasten a labor that is actually progressing normally.

Kennedy said, "Developing evidence and using it to guide practice is essential to improve the quality of maternity care, healthier mothers and newborns, and satisfaction of the mother with her childbearing experience."

Copies of this article from the July/August issue of the *Journal of Midwifery & Women's Health* (JMWH) are available by request by contacting ACNM Communications Manager Yolanda Landon at (240) 485-1822 or at ylandon@acnm.org. For more information on subscription or online access to the *Journal of Midwifery & Women's Health*, visit www.jmwh.org.

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For more information, please contact Yolanda Landon, ACNM Communications Manager at (240) 485-1822 or via email at ylandon@acnm.org.

The American College of Nurse-Midwives was established in 1929, and is one of the oldest women's health care associations in the U.S. ACNM's mission is to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by certified nurse-midwives and certified midwives. Midwives believe every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations.

8403 Colesville Road, Ste. 1550, Silver Spring, MD 20910-6374 • Phone: (240) 485-1800 • Fax: (240) 485-1818 • www.midwife.org