Better Birth

Preparation Workbook for Empowered People

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Hello Fellow Birthworker!

This first edition of the Better Birth Workbook *(available only to Spinning Babies confluence attendees!)* is a shorter version of a more comprehensive workbook that I'll be releasing in the spring of 2023. Please visit my website and join the mailing list to get information about further releases.

As you can see below, I'm releasing this material without copyright. Feel free to use this as you see fit. Print it out *(it's designed to be printed back and front, bound on the top)*, share it with clients: no limits or restrictions. You can even add your logo, add your own content, take out my content, change colors, add parts of it to a presentation, whatever. Do what you like! Just attribute and share alike!

I'd be happy to hear from you if you have any questions or comments.

Toward *Birth Education for Everyone*,

Lauren

www.betterbirthgraphics.com

All information contained within is not medical advice and is meant only to guide families in planning their birth experience. Please consult your medical professional.

While you can certainly work through this book on your own, you'll get a lot more out of it if you have a childbirth educator, midwife, or doula to help you.

Table of contents

Birth Matters

Take a minute to think about what you believe about birth, both of you. When people tell their stories, what are the unshared thoughts that run through your mind? When you think about experiencing birth, what do you expect?

What you read and watch can make a big difference in how you view and approach birth. Get some birth video, website, book, or film recommendations from your instructor or doula:

Birth History: Part of our beliefs about birth come from what we've personally or indirectly experienced through our family and friends' stories and their feelings about those births.

- What birth stories are told in your family? How do they describe birth?

- Do you know the story of your own birth? Was it especially hard or traumatic on you or your mother?

- Are your family and close friends supportive of the birth you want to have? Does their support or lack thereof affect your calm or confidence?

Why Birth Matters

"If you don't know your options, you don't have any."
-Diana Korte

- Birth is a big deal. Can you name something that is a bigger deal?
- Your baby's brain learns about self and what life is like from the birth experience.
- This is the first major event in your life that sets the tone for parenting.
- No one forgets their child's birth.
- There are medical and health implications for both baby and birthgiver.
- Birth is a highly vulnerable time; how you feel and are treated affects your sense of self, trust, emotional landscape, and mental health long past birthing day.

Everyone hopes for the same things for their baby. They are:

The hope for "a healthy baby and a healthy mother" is a pretty low bar. What do you want from this experience?
Here are things people commonly hope for. Which resonate with you?
Add your own to the list.

Afterward, I hope I can say I…

- *Am medically/physically healthy*
- *Am happy/calm/peaceful*
- *Had a vaginal birth*
- *Had a drug-free birth*
- *Did it 'right'/remembered things*
- *Was treated kindly, respectfully*
- *Helped make the decisions I wanted*
- *Made the 'right' decisions*
- *Feel good about myself/empowered*
- *Didn't 'loose it'*
- *Didn't poop*
- *Feel ready to be a parent*
- *Feel closer to my partner*

Draw you and your baby, with all your hopes + dreams come true. Alternately, write how it feels to hold your baby.

Informed consent

When a procedure or medication is recommended, informed consent is required. It looks like this:

What your doctor or midwife does:

- suggests a course of action
- explains benefits and risks
- shares why they are recommending it
- offers alternatives to the suggested action
- answers all your questions
- lets you think about it without pressure

What you do:

- ask questions
- take time to think/talk/pray/meditate/consider/look into it
- give your consent or give your refusal ("I don't consent.")

Deformed consent: Without giving you a viable option and without making it clear that the choice it up to you, it's not informed consent. Lack of information or pressure to agree is 'deformed consent.' Your doctor's job is to have an opinion and recommend a course of action—that's why you're paying them! It's not acceptable for them to charge ahead, make you feel bad, and belittle or ignore your wishes. They're touching your body. **What you say is law.**

What are you concerned about for the birth process and your plan?

Your Rights in Childbirth: Basic human rights are sometimes neglected during birth with insensitive or careless providers. It is vital to choose a provider you would trust with your most important decisions, with the care of your body and baby.

Especially for BIPOC families, find out your doctor/midwife's track record when it comes to listening and respecting people in labor. It is now documented that some providers minimize what (especially black) women say about their own experience; they downplay their pain or concerns. Black women in the U.S. have a higher rate of birth-related problems, even after you adjust for location, socioeconomic status, and education. Unfortunately, this is due to racial prejudice.

YOU are the boss of YOUR BODY, no matter what you sign, no matter what you said before, no matter what they say to you. This means that no one should touch you if you say "no" or "hands off." It means you don't have to take a medication or undergo a procedure, even if it's policy, even if it's dangerous not to, even if you signed a consent form.

Before agreeing to a procedure, use your…

B	R	A	I	N
What are the Benefits?	What are the Risks?	Are there Alternatives?	What's your Intuition?	What if you do Nothing?

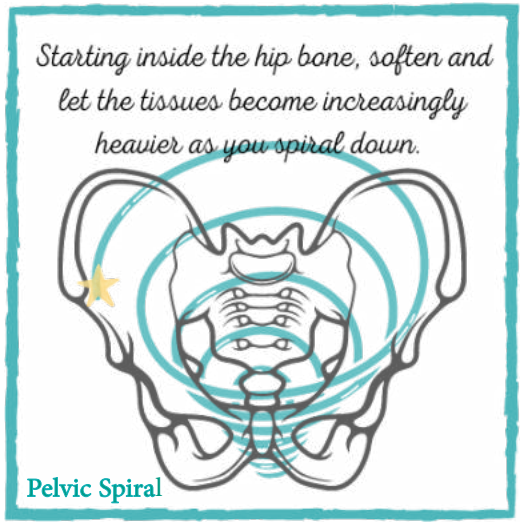
Healthy Pregnancy Checklist

Every Day…

- Eat whole foods
- Get plenty of protein + veggies
- Drink lots of water
- Take supplements
- Take a walk
- Spend time outside
- Do balance/birth prep exercises
- Engage in Creative Expression *(art, dance, cooking, music)*
- Smile + talk to your baby
- Take the alone time you need
- Let yourself express feelings *(to partner, journal, in prayer)*
- Have a good conversation
- Practice the Pelvic Spiral →
- Get your heart rate up
- 10-15 min. meditation/relaxation
- Practice birth skill(s)

If you have a partner, how can you sensibly and fairly divide the work on this page between you?

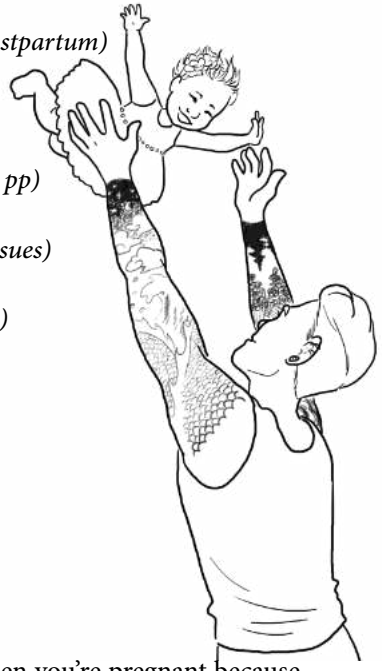
Ideas, to-dos, or reminders for daily habits.



One time tasks…

check these off once completed

- ☐ Get a big exercise ball to sit on
- ☐ Select the best doctor/midwife for you
- ☐ Hire a doula
- ☐ Identify support people in your circle *(for postpartum)*
- ☐ Make a postpartum plan
- ☐ Identify a pelvic PT *(everyone should see one pp)*
- ☐ Find a therapist or counselor *(for pp mood issues)*
- ☐ Find other pregnant or new parents *(friends!)*
- ☐ Visit a chiropractor
- ☐ Identify an IBCLC *(breastfeeding support)*



New Baby, New Habits

Starting something new in your life is easier when you're pregnant because many things are new at once and because you have a solid and serious reason to make changes to the ways you love and treat yourself. Change is still hard.

- Start very small, 1-2 minutes-ish. (If you want to do yoga every day, start by doing one sun salutation daily.)
- Tie your new habit to an old one. "When I brush my teeth, I'll send loving calm and smile energy to my baby."
- Place positive reminders around your space.

Optimal Positioning for Baby

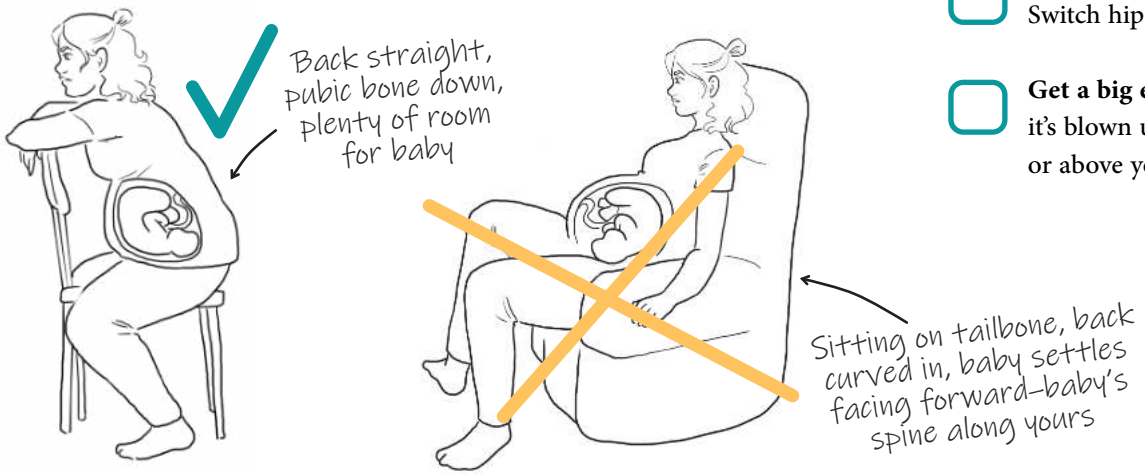
Babies are born faster and easier when they come facing your back, head tucked, crown first. Slow labor and cesareans can happen because the baby isn't in a 'good' position or can't make a needed movement.

Many babies are born just fine without being in an 'ideal' position! Posterior ("*sunny side up*") babies are facing forward and they're quite common. Breech babies are butt or feet first instead of regular head-first babies (called *vertex*). Breech babies are also born just fine, but the practice of vaginal breech birth has become a specialized skill not many have, so most breech babies in the states are born via cesarean.

We can't always control or 'help' the position of our babies. **Even if you "do everything right," baby may stay right how s/he is!**

Many midwives suspect the prevalence of couches and recliner-type sitting has caused babies to take more breech and posterior positions. The popular website SpinningBabies is predicated on the idea that we can, indeed help baby take a more ideal position–both in preparation for and during labor. **It's all about posture and balance.**

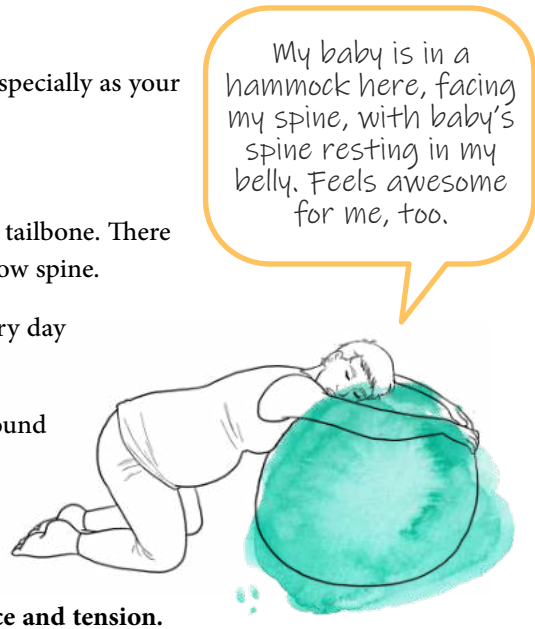
Sit with your hips at or above your knees.



Your Body, Your Baby's Body

When you're pregnant, these practices make the baby's job of getting in a good position easier.

- ☐ **Take a walk everyday.** Bonus points if it's outside or over 20 min.
- ☐ **Use good posture while sitting**, especially as your pregnancy advances.
  - Hips above knees
  - Belly falls forward
  - Sit on your butt bones, not your tailbone. There should be a gentle curve in your low spine.
- ☐ **Hands and Knees:** 5-20 min., every day
  - Try some pelvic tilts
  - Put your phone/book on the ground
  - Play with kids
  - Let your belly hang
- ☐ **Be mindful of twisting, imbalance and tension.** Switch hips often if you carry a toddler.
- ☐ **Get a big exercise/birth ball** to sit on. Make sure it's blown up big enough for you keep your hips at or above your knees when sitting.



Partners: What can you do to make these practices easier, more enjoyable, or possible?

What You Can Control

The Three Things You Can Control

So many aspects of our lives are not really in our control. Here are the things you can control about your birth:

1 **Your Maternity Care Provider**

The doctor or midwife you choose to be responsible for managing any medical aspects of birth. You hire a person or practice--most work in groups and you won't be able to choose the person who actually attends your labor. After choosing, you do not have to stick with them. No matter who you end up with, you'll benefit from the ability to advocate for yourself and understand informed consent. To help you choose, see the next three pages.

2 **Leaving Time**

When you leave for the birth place makes a difference. **How long you can be comfortable at home** affects how much time and intervention happens at the birth place. The hormones of birth work best when you're in a familiar, comfortable, private place.

3 **Preparation + Labor Skills**

Your ability to relax and manage the intensity (*both of you*!) significantly changes the experience, the length of labor, and the interventions that will be suggested. This means having some **knowledge** and **practicing labor skills**. Yay birth class! It also means finding and **hiring a doula** to help you remember your knowledge and use your skills in labor. You'll also have a number of decisions to make in labor. These might be simple and easy, or they could be agonizing, but your preparation and skills will effect your decisions.

Maternity Care Providers

Doctors

OBGYNs: OBs are specialists in the pathology (*things that can go wrong*) of women's reproductive organs. They are trained surgeons and trained to use all the modern obstetric technologies.

Family Doctors: These doctors have training in labor and delivery and may offer obstetrical care in addition to generalized medicine and primary care.

Midwives

CNM: Certified Nurse Midwives are qualified traditional nurses who get advanced obstetrical training in order to practice midwifery in hospitals, birth centers, and homes. Many CNMs have doctors they work with for backup.

CPM: Certified Professional Midwives qualify through a midwifery school and typically have more practical experience at births before graduation. Because they practice outside the mainstream medical system, they are not legal in all states and do not work in hospitals.

DEM: Direct Entry Midwives come to midwifery practice without formalized training but usually with a great deal of practical experience and self study.

Epidural Anesthesia

The epidural is widely known as the best method for pain relief during labor and birth. It is by far the best option we've had in obstetric history for removing the sensations of birth. When birthing in hospitals where epidural anesthesia is available, the percentage of its use is very high.
Obstetric epidurals are an important part of a hospital's income. Since most people do choose to have an epidural, nurses and doctors are used to and more comfortable when their patient stays in bed and has this type of pain relief.

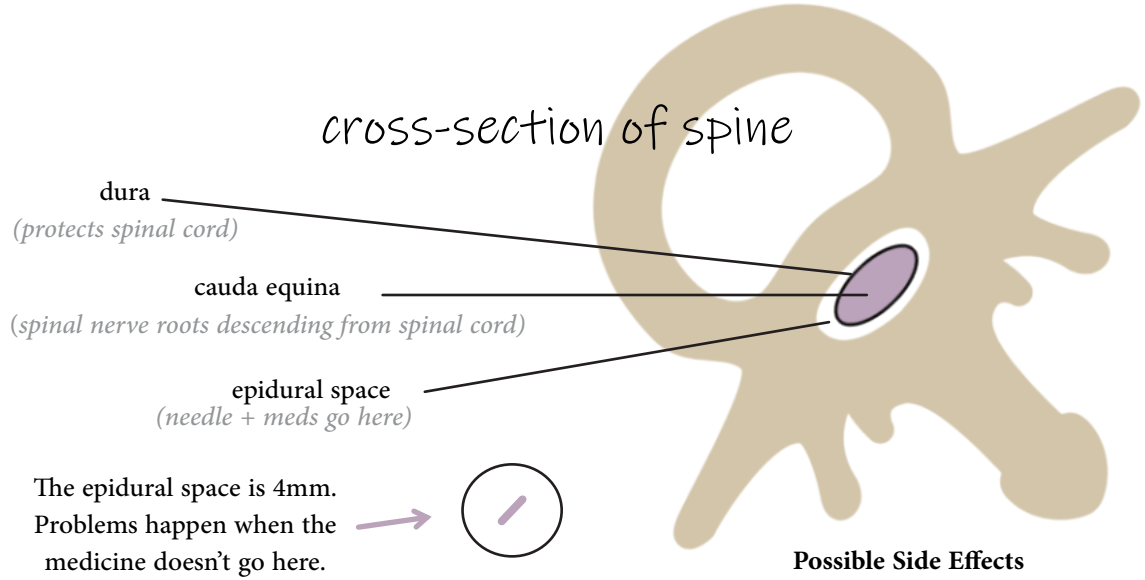
We want them because:

- Most complete pain relief available
- When it works, it works well
- Medical side effects are usually minimal
- It can allow a tense person to relax and labor move along
- May relieve high stress hormones (which affect baby)
- It can facilitate relaxation during long labor, possibly avoiding a cesarean as a result of exhaustion

We don't want them because:

- Other interventions are much more likely, including cesarean
- For some, it doesn't work well/pain relief not sufficient
- Side effects can be serious or long-lasting
- We want to be able to move
- It makes us feel like a caged animal
- We don't want baby to get the drugs (Baby gets up to 1/3 of your dose.[4])

Probable Side Effects
Slower labor[7]
Pitocin use (increases 450%)[2]
Difficult/ineffective pushing



The epidural space is 4mm. Problems happen when the medicine doesn't go here.

The failure rate of epidurals is 12%, though just under half of these are easily fixed and then subsequently provide adequate pain relief.[12]

About 5-8% of epidurals have unexplained "windows," spots where the anesthesia doesn't take effect. [12]

From the manufacturer's packaging of bupivacaine, the most common epidural drug: "*Local anesthetics rapidly cross the placenta and...can cause varying degrees of maternal, fetal, and neonatal toxicity….Adverse reactions in the parturient, fetus, and neonate involve alternations of the central nervous system, peripheral vascular tone, and cardiac function.*"

Possible Side Effects
FOR YOU
Restlessness/Anxiety
Nausea/Vomiting/Chills
Complications leading to Cesarean[9]
Develop a fever (1/7)[3]
Fluid overload from IV
Increased vaginal tearing
Forceps/Vacuum extraction[9]
Temporary urinary incontinence
Nerve injury or
Muscle Weakness (1/250)[6]
Dangerous drop in blood pressure
Long-term back problems[5]
FOR BABY
Drops in heartrate (distress)[8,10]
Low oxygen (blood) to baby
Forceps/Vacuum extraction[9]
Low muscle tone
NICU stay

Serious effects (usually from mistakes):
Spinal headache (4/1000)[5]
Convulsions
Cardiac arrest (1/3000)[11]
Respiratory distress (1/3000)[11]

1. *Gribble, RK and Meier, PR (1991)*
2. *Howell, CJ (1997)*
3. *Lieberman, E. et al. (1997)*
4. *Loftus, JR., Hill, H., and Cohen, SE. (1995)*
5. *MacArthur, C. Lewis, M., and Knox, EG. (1992)*
6. *Ong, BY et al. (1987)*
7. *Philipsen, T. and Jessen NH. (1989)*
8. *Ramin, SM et al. (1995)*
9. *Thorp, JA and Breedlove, G. (1996)*
10. *Thorp, JA et al. (1993)*
11. *Crawford, JS (1985)*
12. *Pan, PH et al. (2004)*

Oxytocin

Oxytocin from the Greek "fast birth"

birth benefits

Reduces fear and pain, speeds labor, promotes bonding, and has an amnesiac effect.

postpartum

Prevents excess blood loss as it helps return the uterus to size. Also creates euphoric birth high. Keep warm and breastfeed often.

natural morphine

Oxytocin is the hormone of love

Released by the primitive brain, oxytocin bonds with receptors in the uterus, causing contractions. No oxytocin, no labor. In undisturbed birth, oxytocin causes your brain to release morphine-like endorphins!

When do people make oxytocin?

LABOR
SEX
BREASTFEEDING
EMPATHY
SKIN-TO-SKIN
ORGASM

Fake oxytocin (Pitocin) cannot cross the blood-brain barrier so it only works on the uterus. No calming, bonding or endorphins

Oxytocin is decreased by:

thinking

Avoid: anything unfamiliar, questions, light, decisions

observation

Minimize: people or machines monitoring you

adrenaline

Prevent: perceived emergency, fear, worry, cold, stress, negativity

To release oxytocin you must feel

free of fear

unobserved

relaxed

warm

What people, environment, and activities will help you make oxytocin?

Get into your feeling, sensing/sensual body to make oxytocin. To help with this, draw yourself.

Are you comfortable with your body?

Feeling good about and comfortable in our bodies is a boon for birth. This can be difficult, especially for women. Think about your body like your home. It's home, comfortable and loving, even if it has some foibles. Maybe the water heater isn't as big as you'd like or there's a few doors that don't close completely. Maybe the color of the living room isn't your first choice or the vanity in the bathroom is outdated. Don't hate on your home just because it's not a brand new, perfectly-decorated mansion. You can still love and appreciate your home as perfect for you right now. You body deserves even more love as it grows and births your baby.

Handling Labor: A Reality Check

Birth is Healthy Stress

Like life, your experience of birth is **10% what happens and 90% what your reaction is.**

Ask yourself:

*How often do you have to just **get through** serious physical discomfort?*

"Hard things" doesn't have to mean "oh no oh no oh no!" You choose hard things when you decide to raise a child in the first place! You choose hard things when you go to the gym, or start a degree, or work through a disagreement. You do it because it's worth it!

A powerful way to respond to anything difficult is to just **acknowledge that it IS difficult and simultaneously acknowledge that the difficulty is worth it.** I can think of no place this is more perfectly applicable than labor.

No matter what kind of birth you plan or have, some aspect of it will be very uncomfortable. It will be hard. And it will be worth it.

Birth Experience Cycles

You can stop or start any cycle at any point. An epidural cuts the pain of the struggling cycle, which reduces the fear and therefore the tension. This can help a very tense woman give birth. Most of us dip in and out of all three of these cycles of experience during labor. Partners also use these same cycles of experience in labor. A doula can make a huge difference for both of you.

Think about and make notes on the following.

What might be difficult for you?

How might you handle it?

Why is it worth it?

Try smiling: Studies show that smiling helps us be positive and relaxed, even if we don't really feel that way.

Other Support People

Partners, dads, lovers and others know YOU. The following support people know BIRTH.

In Pregnancy

Chiropractor: Chiropractic care in pregnancy can relieve discomfort, help a baby find the best position for birth, speed labor, and more. I recommend everyone see a chiropractor in pregnancy. You may even be able to see yours *in labor* if labor is long or slow to start! Visit ICPA4Kids.org to find one near you who specializes in pregnancy and infants and the Webster technique.

Massage/Thai Massage/Cranio-Sacral Therapist: Massage can help your body balance to make better room for baby. Getting a few professional massages during pregnancy is a way to treat your hard-working body lovingly. It's a delicate and unique time in your life and treating yourself and your baby to a massage tells your brain that you are worth it and this baby is worth it and that you can prioritize both of you.

Physical therapist: A physical therapist who specializes in pregnant bodies may be able to help you make better movement choices and identify ways you can ease tension and sore spots. Postpartum, they're a must!

For the Birth

A Doula: Everyone should have a doula. A doula is a birth experience expert you choose and hire. She stays with you until you deliver and she makes birth more comfortable for both partners. Research is clear on the many benefits of continuous labor support.

A good nurse: Besides the ability to be relaxed and use skills (preparation), your choice of doctor or midwife makes the biggest difference in how your birth goes. At a hospital, you will have at least one nurse who will be there more than the doctor. She or he doesn't make big decisions, but she can make your day easier. You don't get to pick your nurse, but if the one you get doesn't mesh with you, you can ask for a different one!

Auxiliary support people (via phone or intermittent): You may have friends who have birth experience or knowledge or are just people that make you feel good. You may have a go-to website or app that also helps you feel like you can do this and you're not alone.

Especially consider body work support if:

- You can't sit, lay, or walk without pain
- You've had a cesarean or a difficult labor in the past
- You've had a serious injury (ever)
- You do heavy physical exercise or labor
- Your baby is posterior or another non-ideal position
- You are hoping for a low-intervention birth
- You just want to take care of your body!

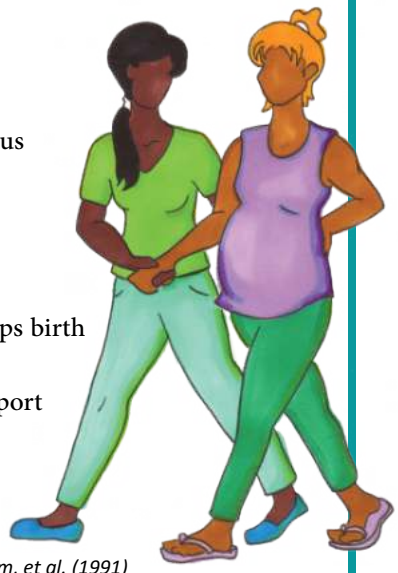
Benefits of a Doula

Studies show continuous labor support from a non-medical person who is *not a relative* and is *not on staff* at the hospital contributes to healthier outcomes and greater satisfaction with birth experience. Compared to those without continuous labor support, people with doula care are:

- 31% less likely to need Pitocin
- 28% less likely to have a cesarean
- 12% more likely to have spontaneous vaginal birth

They also:

- Have shorter labors
- Experience less pain
- Less often require vacuum or forceps birth
- Have babies with higher APGARs
- Are more than twice as likely to report satisfaction with their care and their birth experience



Sources: Hodnett, E.D. (2002); Hodnett, E.D., S.Gates, et al. (2012); Hofmeyr, G.J., V.C. Nikodem, et al. (1991)

Your "Due Date"

pre-term	<37 weeks
early term	37-38 weeks
full term	39-40 weeks
late term	41 weeks
post-term (not "too late" until 42 weeks)	42 weeks

The median length of gestation for **first and uncomplicated** pregnancies is about 41 weeks and 1 day *(Mittendorf, 1990)*. Find a provider who won't push induction of labor on a healthy pregnancy until 42 weeks.

How do we know when you're 'due?'

Human gestation is approximately 40 weeks (280 days) long as measured from the first day of the last menstrual period.

You due date was calculated via a system devised by a German-born OB in the 1700s using data from his patients. And though his 280 days average has held basically true, if you are not a white, urban, German lady in the 1700s, you may not actually be DUE on your due date.

There are many individual and family differences. Ask your mom and other close family if they delivered early or late or around the due date. By and large, babies come when they're ready and we have no foolproof way to tell when that is.

To lessen the 'due date' fervor you might:

- Not tell people the date.
- Avoid fixating on the date yourself.
- Keep it general: "I'm due at the end of July."
- Change the due date in your mind to 2 weeks later, which is when you're considered late anyway.

Kind of like popcorn, babies follow a bell curve. A few pop early (excuse the cringe-worthy expression), most all together in the middle, and a few haven't popped until the end. Wait for the ones who wait!

Let people choose their own birthdays!

When birthgiver's mom/ grandma/sisters delivered:

Our assigned due or guess date:

What we'll say when people ask when we're due:

We'll start thinking the baby needs help coming/we need help starting labor after:

When You Need Help: Induction

Induction is the process of trying to get labor to start. You might look at induction because you're approaching 42 weeks, there's a complication with the pregnancy, or you want to give birth as soon as possible. Induction can be done gently and slowly by 'home remedies' you try yourself, with professional help from herbalists, acupuncturists, and other specialists, or, most commonly, medically, with medical supervision. Medical induction with pharmaceuticals has become so common that, in many places more than half of labors do not start on their own.

Medical Induction can be hard on your body and the baby's body. Especially for those planning to labor without an epidural, letting your body regulate the contractions makes them easier to manage with your labor skills.

Induction increases the risk of:

- cesarean
- epidural
- episiotomy
- forceps/vacuum birth
- hemorrhage

(Dahlen et al, 2021)

Medical induction is advised in some cases of:

- pre-eclampsia
- post-term pregnancy (nearing 42 weeks)
- fetal growth restriction
- placental abruption
- chronic health conditions
- other reasons

Non-evidence-based reasons for an induction:

- suspected big baby
- convenience of provider or patient
- hospital/provider policy requires everyone to deliver by a certain date (unless the date is 42 weeks+)

Should you be induced at 39 weeks to avoid cesarean?

In 2018, the maternity world was shook with the ARRIVE study, which showed lower cesarean rates among healthy, first time parents when labor was induced at 39 weeks, compared to waiting until 40 or 41 weeks to induce if labor hadn't started on its own. This doesn't mean you should ask to be induced, especially if you don't have a doctor who does slow, patient induction like they did in the study.

There are much safer, less invasive, and considerably more effective ways to lower your risk of cesarean.

Lower your chances of cesarean by…

Having the heart rate monitor strapped to your belly in labor increases your chances of cesarean.
(Alfirevic et al., 2017)

Average U.S. Cesarean Rates:
Hospital
30%
Birth Center
10%
Home
5%
(Cheyney et al., 2014)

Your ability to handle the intensity of labor will affect the number of interventions offered to you.
(Gluck, et al, 2018)

The midwifery model of care (in or out of hospital) is well-documented to lower cesarean rates.
(Hanahoe, 2020)

Studies show that doulas reduce the incidence of cesarean up to 56%.
(Kozhimannil et al., 2016)

Thoughts:

Navigating Medical Induction

Prostaglandins (Cervadil): A cream is put on the cervix to soften it, often using a tiny tampon-like insert that can be removed if contractions get strong. You go to the hospital to get the application and then either go home for the night or sleep there while being monitored. Most of the time, prostaglandins soften the cervix and won't dilate it or cause contractions. If it does work to dilate or induce contractions, that's awesome. Sometimes it does nothing, and for a small number of people it induces very strong contractions. Usually it's somewhere in between. The application can be mildly uncomfortable.

Oxytocin/Pitocin: Oxytocin is the hormone that causes your uterus to contract. No oxytocin, no labor. Fake oxytocin *(Pitocin)* is used intravenously to stimulate the uterus to start or speed up labor. The drip can be started at a very low dose and gradually increased depending on how you and baby respond. Pitocin does not cross the blood-brain barrier, so you don't get any of the endorphins associated with natural oxytocin. It can kick-start a labor, but more often it is used to augment contractions. Contractions produced by Pitocin drip are notoriously harder to manage than those regulated by your own biofeedback systems.

Misoprostol (Cytotec): This drug is taken orally or inserted vaginally. There is some risk of uterine hyperstimulation, but studies show it's not significantly more dangerous than oxytocin infusion—and the cesarean risk may be lower (Alfirevic, Alfailfel & Weeks, 2014). Still controversial in some circles, some clinicians are recommending lower doses and oral-only use. Because it is often very effective (~90%), many doctors and midwives do use it to induce labor safely (Morris, et al., 2017). It is also used to stop postpartum hemorrhage.

Foley Bulb (Catheter): In order to push dilation, a small balloon is inserted vaginally to your cervix. Saline is pumped into the balloon to manually dilate your cervix as it is inflated. The insertion can be uncomfortable or quite painful, depending on your anatomy and how gently it is done. Once your cervix is dilated sufficiently, you will likely get other help to bring on contractions.

Rupture of Amniotic Sac (Breaking your water): If your cervix is soft and open enough, a provider may use a long hook to break your water—called an amniotomy. This can help move labor along, especially if done early in the process. However, it may not help at all. Keep in mind that once your water is broken, you and baby are at greater risk of infection. After your water is broken, if birth is not imminent within a certain amount of time (typically 24 hrs), other measures may be taken to get the baby out. *If an induction isn't working, you can stop and try again another day. This is not the case once your water is broken.*

Induction Tips

If mother and baby are both doing OK, oxytocin (Pitocin) should be administered for at least 12-18 hrs before diagnosing a stalled labor/failed induction (and moving to cesarean). *(ACOG "Safe prevention of the primary cesarean," 2011)*

When using oxytocin/Pitocin to get labor started, ask about turning it off once you're in active labor to see if your body will take it from there. This may lower your risk of cesarean. *(Saccone 2017)*.

Is it too soon?

Remember that your due date is more of a guesstimate, and each baby grows at her own pace—lungs and brain develop until the baby is ready and chooses her/his best birth day. Oxytocin receptors on the uterus build up over time as your pregnancy progresses. There's no way to tell if the receptors are all there yet, though if you have labored before or breastfed for a long period of time, it happens quicker. If there aren't enough receptors, all the Pitocin in the world won't cause contractions. This is one reason early inductions often end up in cesarean.

What Do Contractions Feel Like?

Contractions feel similar to biking up a series of hills. It's slightly challenging at the bottom of the hill, gets progressively more tense and intense (harder), and then, after the peak, it begins to let go. The contraction/uphill part is done before the feeling in your muscles (uterus) is gone. Then there's a rest period where you coast downhill and don't have to work at all. You relax (and can even sleep—unlike biking!) until the next hill. You can do this for a lot of hills!—as long as you stay relaxed, rest between hills, and have some skills.

Birth always involves discomfort–for both parents. It's not an easy thing to become a parent, to bring a baby into the world. Should it be?

Birth is 'painful' only because we don't have another word to describe intense physical discomfort. It differs from what we usually think of as pain. This feeling says "PAY ATTENTION!!"

Unlike other pain in our lives, it's Purposeful, Anticipated, Intermittent, and Normal. Plus, it has a definite ending!

P *purposeful* — This feeling is doing something good. This is how babies are born.

A *anticipated* — You know labor is intense. There will be physical discomfort.

I *intermittent* — A contraction does the work. And then you rest.

N *normal* — This feeling means something is *right*. Bodies open and squeeze to birth.

Your experience of labor discomfort is impacted by:

- Your resistance to it
- How much pain you expect going into it and anticipation between contractions
- How you view pain and difficult things in regular life: we birth the way we live
- Your baby's position
- Your ability and freedom to move at will
- Many other aspects of your physical but especially mental state and habits
- Your culture and family's beliefs about pain, especially labor pain
- How you view the purpose of contractions (for example: *another crappy part of being female* or *a once-in-a-lifetime opportunity to birth and bond with this tiny human*)

What am I actually feeling?

Physical contributions to the feelings of labor include:

- strong muscle contractions (uterus)
- stretching tissues
- muscle fatigue
- nausea from hormones, intensity
- dehydration *(avoidable!)*
- caloric depletion *(avoidable!)*
- internal pressure from descending baby

Physical sensations are made more (or less) manageable by…

- stage of labor
- position of baby
- fears--physical, social, emotional
- cultural conditioning
- judgments you make about the experience or yourself
- what you believe about the experience of pain and especially pain in childbirth

Stages of Labor

Old-timey European doctors broke labor into stages based on what they could see when they watched a woman in labor (1-contracting, 2-pushing, 3-placenta). These are clinically the three stages, but being in labor does not *feel* like just those. Here, we'll break it down further into phases.

Also keep in mind that we are using medical words to mark an intimate, internal experience that is highly individual. No one can tell you exactly what it will feel like for you.

Going from one phase of labor to the next may be clear to those who are with you but not to you. Or it might be clear to you but not to them. Most likely the changes will be slow enough that no one will be able to say, for example: *"Ah ha, here we can observe the woman going into active labor."*

Preterm Labor

If you go into labor before 37 weeks, it's considered pre-term. You may feel regular tightening of the abdomen, low backache, or cramping. Your water may break or you may have spotting. These are all just signs of labor—but before 37 weeks you may need extra help. Call your provider.

When I think about labor, I feel…

When I think about labor, I feel… *(partner or more thoughts)*

People in active labor don't use their social, thinking brain the same.

Is this labor?

How Do We Know It's Really Time? It's often difficult to tell. But if you have contractions that **come and go at intervals** and <u>don't go away</u> when you:

1. Drink a big glass of water
   and
2. Lay down for 30 minutes and/or Take a bath

…then you're probably in labor. *Yay!*

- Labor contractions slowly increase in intensity and don't go away when you rest.
- You may have bright red spotting (bloody show)
- You may see your mucus plug (exactly what it sounds like) in your undies or the toilet
- You may feel nauseous

Just because you're in labor does not mean it's time to leave!

Signs it might be time to go in…

Can't tell you a phone number

Doesn't care if wearing pants

Contractions close for 1hr+

Need or want more help

Remember the 3 Things You Can Control: 1. Who's there (provider and people); 2. **How soon you go in;** 3. Your labor preparation and skills

The Beginnings of Labor

Pre-Labor

Contractions: none, or sparse
This stage lasts: a few hours to a week+
Typical dilation: 0-3cm
Feels: Exciting, bit nervous, like waiting
Needs: Normal life, rest, talk to baby

This is the body's way of getting ready and adjusted for the main event, and you may or may not experience signs of pre-labor. They can include:

- losing your mucus plug
- nesting instinct
- leaking colostrum
- baby dropping
- cervix changes
- bloody show
- contractions (infrequent, no pattern, or ones that only come at a certain time of day–called prodromal labor)

4-1-1

It's common advice to come to the hospital when contractions are four minutes apart, last one minute, and continue for at least one hour.

Early Labor

Contractions: 5-20 min apart, <1min
This stage lasts: 1-8 hours
Typical dilation: 0-3cm
Feels: Exciting, 'this is it,' nervous
Needs: distract, rest, eat, breathe

This is the beginning of your official labor journey: The baby will be born in the next day or two.

- Contractions (may feel like stomach cramps or back pain at first) last less than a minute and come every 5-20 minutes or so. They are manageable. You can talk through them.
- Moving around, drinking water, taking a bath or nap does not make the surges go away
- Digestive upset may occur
- Water may break, but probably not
- Your cervix will be softening, thinning, and opening

Early Laboring at Home: Distract + Relax

Make a list here of things you can do together when labor doesn't require your full attention. The goal is to distract and relax during those first hours of labor. You *could* stay at work if you had to, you *could* make it through a store run, etc. **If you give the labor your full attention now, you'll be more exhausted when the hard part comes.** Be sure to include some 'getting your feet wet' labor exercises—breathing, swaying, pelvic spiraling, releasing and softening in places. But don't FOCUS on these.

List fun, distracting, and calming things you can do in early labor…

You can decrease the stress of labor by:

- Learning about the process of labor
- Learning and practicing labor skills
- Expecting the unexpected.
- Remembering that birth is both safe and risky, and that you are not the one responsible for managing the safety of it.
- Being comfortable with being uncomfortable.
- Keeping in mind that you don't have to like it to handle it.
- Remembering (and believing!) that these sensations are normal and healthy and mean that something is working correctly in your body.
- Acknowledging that it's difficult and that the difficulty is worth it.

The Labor Part of Labor

Bridging

Contractions: 4-8 min apart
This stage usually lasts: 2-4 hours
Typical dilation: 3-5cm
Feels: Using birth skills, figuring it out
Needs: Relax, positive support, familiar environs

You may not be clinically considered in active labor if you're not dilated to six, but it can feel like active labor. Bridging is the speeding up of labor—where your contractions are getting noticeably longer and stronger and closer together.

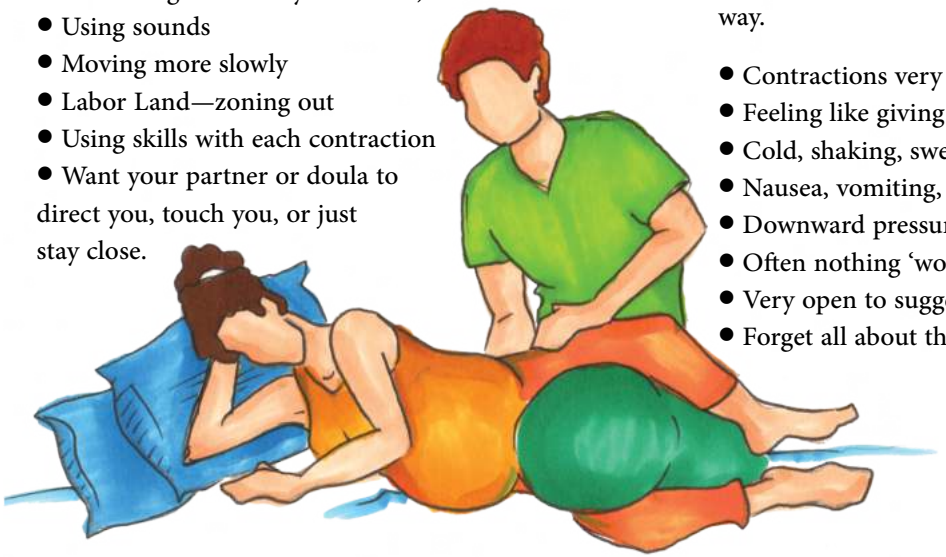
- Contractions are strong enough to require your attention: You can talk during them but you can't speak normally and maybe you can't speak at all during the peak.
- This is the period of labor where the contractions are getting more intense and you start to need some skills to cope with them.
- Get your partner and/or doula on board

Active Labor

Contractions: 3-5 min apart
This stage usually lasts: 2-6 hours
Typical dilation: 6-8cm
Feels: Like hard work; strong; need to focus
Needs: Doula; focus; total relaxation between surges

Once contractions have established a good, close pattern, you're in active labor. At the hospital, they don't think of active labor until 6 cms.

- Talking during contractions hard or impossible
- More closing of eyes
- Not caring who sees your butt :)
- Using sounds
- Moving more slowly
- Labor Land—zoning out
- Using skills with each contraction
- Want your partner or doula to direct you, touch you, or just stay close.



Transition

Contractions: 2-4 min apart, 1-2min long
This stage lasts: <1hr
Typical dilation: 9-10cm
Feels: Overwhelm; giving up; nothing working
Needs: Strong, positive external support; hold on

This is the most intense phase of labor, and also almost always the shortest—usually much less than an hour. It may feel much harder, or it may feel no different than the last few hours of labor have been. These contractions pull the cervix all the way around the baby's head and out of the way.

- Contractions very close together/peak twice
- Feeling like giving up, crying
- Cold, shaking, sweating, hot
- Nausea, vomiting, passing gas, burping
- Downward pressure
- Often nothing 'works'
- Very open to suggestion
- Forget all about the baby

Partner Guide to Stages of Labor

Early Labor

5-20 min apart

This part feels like the stretching and warming up before a race or event.

This is super exciting! Wait--is this it? What if I forget something? What are we supposed to do? I need to stay calm...

Main Goals:

- Distract
- Relax together
- Keep up calories & hydration
- Get as much sleep as possible
- Double check/pack the birth bag
- Make sure logistical odds and ends are taken care of before leaving time.

Take a shower yourself

Brush your teeth

Use massage + loving touch

Get food for both of you

Suggest fun activities

Bridging

3-5 min apart

This is the first leg of the journey. You'll get a taste of what you're in for.

This is really it! This is surreal...Is this really what labor is? We're going to have a baby? What if we don't leave on time? We're using our breathing and birth skills--we're on top of it! Should we go now?

Main Goals:

- Call birth location/doula to update them.
- Initiate the use of deep breathing and other birth skills
- Keep your partner comfortable as long as possible at home, especially if you're hoping to avoid interventions.

Last minute packing
(earbuds, snacks, ball)

Smile!

Cuddle

Walk together

Active Labor

2-4 min apart

This is the hard part–the big hills. It takes effort and concentration.

Gosh, this is harder than I thought. I don't know if I'm helping at all. Is this normal--can we do this? This isn't like the movies at all. I'll just keep doing the things we practiced.

Main Goals:

- Stay close, keep hands or eyes on your partner
- Keep offering drinks ~10min
- Remind her to pee 1x/hr.
- Use the skills you practiced
- Help your lover relax after each contraction

Encouraging talk

Positive, calm demeanor

Hip/tailbone pressure

Offer drinks

Jiggling and release

Transition

1-4 min apart

This part can be overwhelming. Grit and the confidence of others sees us through.

Woah. What is happening!? I don't think either of us can go on much longer. Is this normal? What can I do? What can I do?

Main Goals:

- Stay close or keep hands on
- Eye contact between surges
- Breathe deeply together
- Verbal encouragement
- Maintain calm
- Help your lover relax after each contraction

Make eye contact

Offer your hands to squeeze

Deep breathing together

"Breathe in 2, 3, 4 out 2, 3, 4"

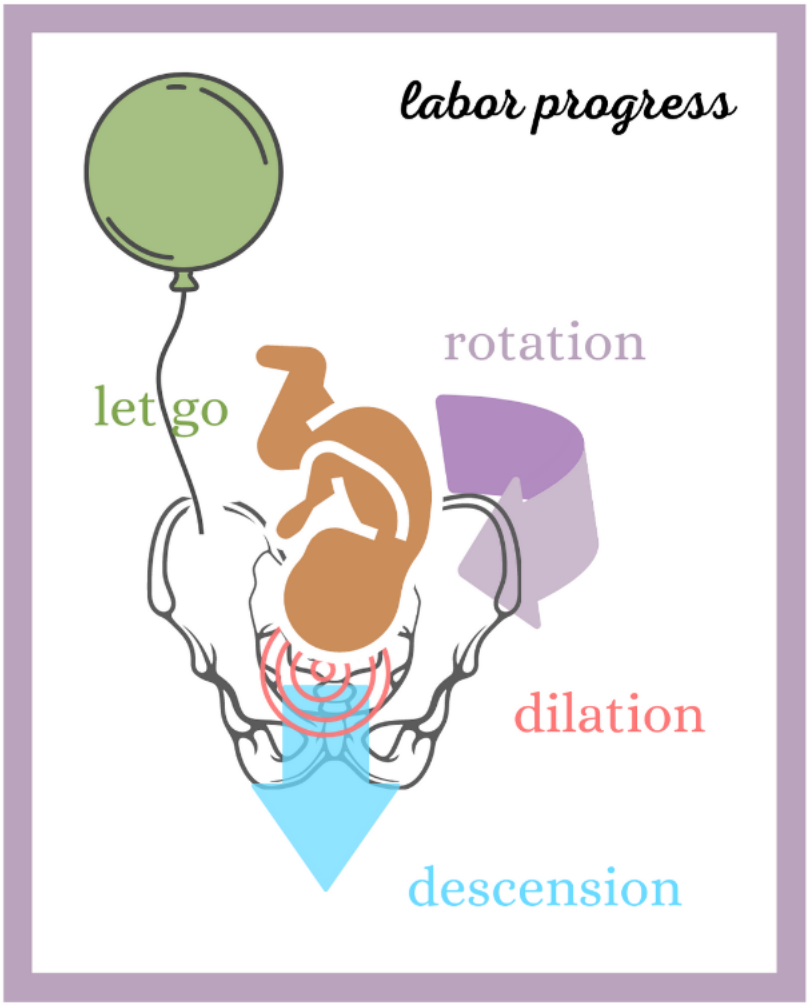
"Shake it off."

"I got you."

1 cm 2 cm 3 cm 4 cm 5 cm 6 cm 7 cm 8 cm 9 cm 10 cm

Labor Progress

Progress in labor happens in many ways, much of it invisible.
Dilation: Your uterus will contract to open the cervix, pulling it over the baby's head.
Rotation: The baby will rotate as it comes through the pelvis.
Descension: The baby is squeezed and pushes itself down your body and birth canal.
Let Go: Less clinical. There is always progress when the birthgiver softens into the birth process and decides to go with it instead of against it.



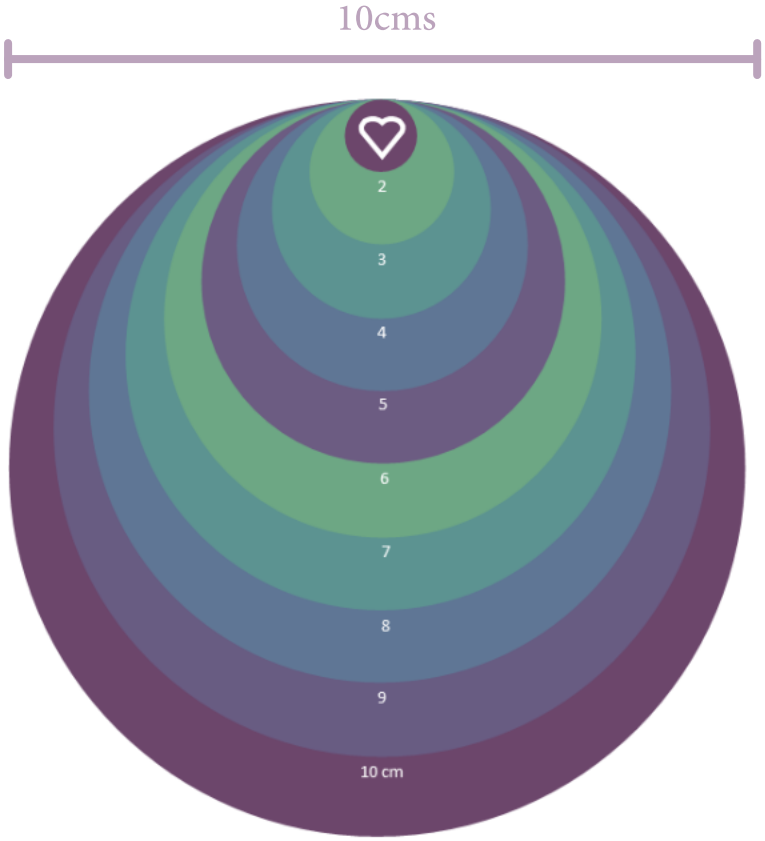
When will my water break?
Could be anytime! Often during intense labor or pushing. Sometimes it's before contractions even begin, and very occasionally babies are born inside their bag of water! This is called being born *en caul.*

Don't be discouraged if dilation isn't happening 'on a schedule.' It may happen 'all at once!'

Dilation: The cervix must soften (efface) and open (dilate) around baby's head at the beginning of the birth canal. You cannot see this. Openness (dilation) is determined blindly by the caregiver's fingers. There is no reason you need to know this number.

Though very fancy, your cervix is not a crystal ball. It will never tell you how soon your baby will be born. Do not perform labor math!

Vaginal exams may be uncomfortable and/or have a detrimental effect on your emotional state. Frequent exams are not beneficial.



Working With Contractions: The Let Go

The Let Go

At the end of each contraction you:

- ☐ Take a deep clarifying breath + 'shake it off.'
- ☐ Consciously relax your whole body. Scan and check off: cheeks, jaw, shoulders, belly, thighs.
- ☐ Do a pelvic softening spiral.
- ☐ Enjoy the break: talk, zone out, sleep, notice nice things, communicate with your baby, get a massage, change positions, have a drink or snack, dance, listen to music, celebrate, smile.

an audible exhale is nice!

with the exhale, gently shake your whole body- or a part that needs it

Try having your partner gently touch or say the name of each body part to cue you to soften there

see page 8

Have some pleasant things in mind-maybe a small list for each stage of labor.

PRACTICE THIS!
Partners: Know what words to use and how to touch her body to lead her through this method.

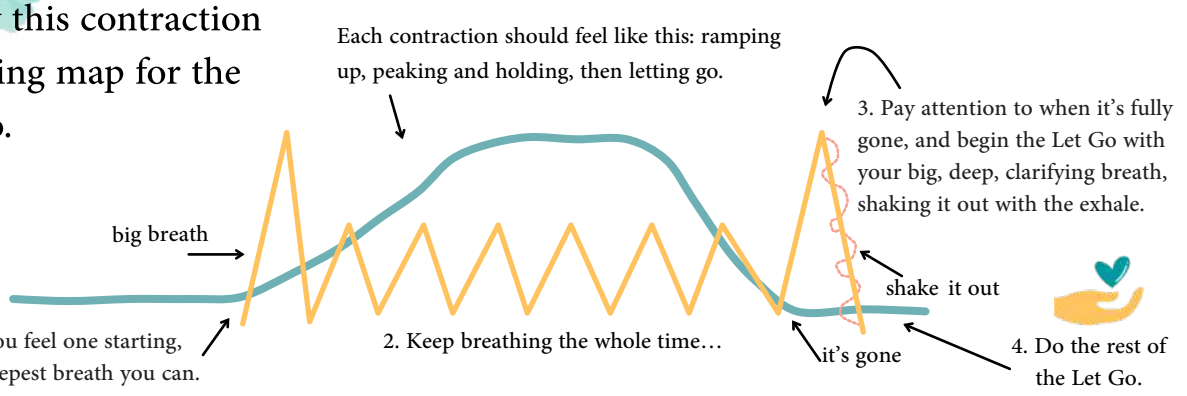
The most important thing you DO to work with your labor is to

let each contraction go when it goes

Weightlifters know that a **tight muscle is a weak muscle**. To contract well, a muscle needs to be relaxed first. This applies to your uterus and the surrounding core and pelvic muscles. Holding tension between contractions means the next contraction will be weaker but feel more intense.

Incidentally, it's the same for life:
You need to be relaxed in order to stress well.

Follow this contraction breathing map for the Let Go.



In active labor, if there's no peak or the contraction is not strong, you can change position, move, or relax fully until they become more effective.
You may think you want weaker contractions, but that just prolongs the labor. It's ineffective and therefore uncomfortable without doing much. That's tiring!

Minimizing Discomfort: An Overview

We can work with our physiology in labor by:

1. Optimizing body mechanics
2. Blocking or 'confusing' the pain
3. Promoting Relaxation
4. Sending safety signals to the brain

To optimize body mechanics…

- Move as your body directs, maintain mobility
- Try different body positions
- Dance, hip circles
- Pelvic Relaxation Skills
- See the section on body comforts to aid labor progress

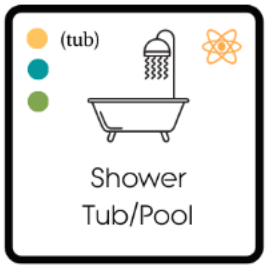
The Let Go!

To 'confuse' pain…

- Acupressure
- Tailbone pressure
- Deep/painful massage
- Effluerage: light/tickly massage
- Ice

To promote relaxation…

- Breathing Skills
- Massage+ Body Comfort Skills
- Mindfulness, hypnosis
- Hot packs
- The Let Go routine



To send safety signals…

- Surround yourself with people who make you feel awesome.
- Choose a birth place and provider who also make you feel good.
- Avoid immobility- it's a danger sign for your brain
- Avoid hunger- another danger sign for brains
- Hold your partner's hand or stroke something that feels good
- Big, luxurious exhales paired with loving thoughts
- Slow Breathing Skills
- 60 second hug

Scientific studies suggesting benefits

Working Together

Research and common sense tell us that continuous support in labor results in better outcomes and greater satisfaction with the birth–even if it didn't go according to plan.

Anyone loving can provide this support: husbands, lovers, mothers, aunts, friends. A doula provides professional support that helps these family and friends be *more* involved.

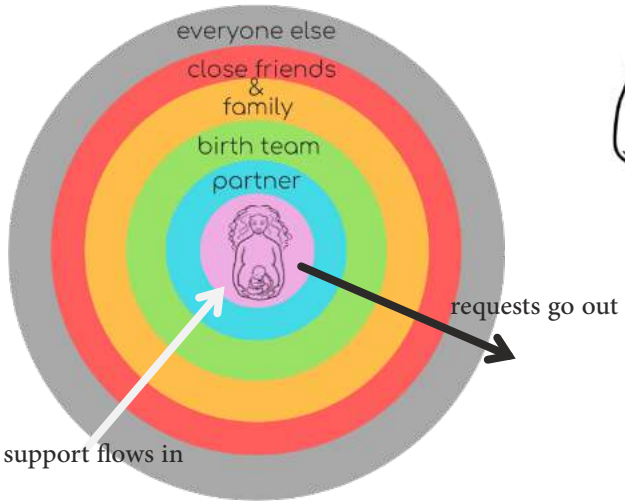
If you're supporting someone in labor, focus on the person having a baby—not the monitors, the staff, or your phone. If you're not having positive, encouraging thoughts or you're getting upset: take a break. Leave the room. Labor is intense for helpers, too.

Be a Body and Soul Guard

Protect the space. Make the environment conducive to birth (see page 12). Mind the mood. Ask people who are being negative or rough to leave. If it seems like the birthgiver is struggling internally, ask about it. All thoughts and feelings are OK, and you can remain supportive and calm.

Just Be

A reassuring, calm, zero-judgment presence can bring a great sense of peace to labor. Be willing to go on the journey *without trying to fix it*. Trusting a person helps them to trust themselves. We call this "holding the space."



Make some notes about specific things you can do in labor to be loving and supportive.

What do I DO to help in labor??

TOP JOBS OF LABOR SUPPORT

Stay close (body and mind)

Offer drinks regularly (~every 10 min)

Remind her to pee (~every hour)

Walk her through The Let Go

Suggest new activities, skills

Provide levity: smile, joke, hum

Listen and acknowledge

Physical support (*hands-on skills)*

Manage the Environment *p. 45*

Body Positions to Know + Try

Changing Position: Mobility is a safety sign to your brain. When you are immobile—such as in bed with an epidural—your subconscious is sending out warning signs about your safety. Even if consciously you are happy to have the relief of an epidural and mentally feel safe, some part of your primitive brain may be saying "ummm….warning!"

Changing positions also helps the baby make the movements required to come down the pelvis, and it's more comfortable for you.

Partners: If you notice the birthgiver looking increasingly uncomfortable in a position, especially during a contraction, that's a good time to suggest a new position.

Changing positions requires muscle tension to make the movements, so moving all the time isn't necessarily good. Instead: get comfortable and relaxed, melting into one position for as long as it is working and then slowly move to another place when desired, taking time to melt into that position.

Walking, squatting, dancing, and lunging are great for early labor to speed things up. They're also helpful at the end of labor to help the uterus fully open or the baby make a movement. During the bulk of heavy labor, choose a resting position where you can move only as much as your body demands.

squatting

Helps baby come down or rotate. Allows mobility in hips and legs. Have something to hold on to!

lunging

Opens mid-pelvis. Can help baby find better position or intensify labor. May relieve back pain.

standing

Uses gravity to help birth progress. Allows freedom of movement and partner support.

semi-reclined

Most common hospital bed position. Use sparingly--not ideal for labor progress.

hands+knees

Neutral gravity. Can reduce labor intensity or help a posterior baby.

sitting

Allows you to rest while gravity assists.

side-lying

Good for when you're tired or have an epidural. Keep hips open with ball/pillow.

knee-chest

Moves pressure off the cervix. Can help baby adjust position or slow down a too-fast labor.

walking

Uses gravity and the beneficial side to side rhythm of the pelvis to help labor progress.

Breathing Skills

You can **control the physical, mental, emotional, and chemical elements of calm through breath**.

Breathing is magic. It's one of very few ways we have of 'force' relaxing ourselves. Even if you don't *believe* you're OK, slowing your breathing will tell your mind and body that you are. Do it long enough, and you'll believe it, too.

Breathing is also the only way to get oxygen to your baby. Sometimes in labor when the baby is freaking out a little (we see her heart rate going up), we can calm the baby down by helping you get some good deep breaths. Breathe deeply for yourself and your baby.

Muscles that don't have good oxygen supply feel terrible. Your uterus is a big 'ol muscle. It's working harder than you've probably ever worked your muscles of your own volition (*and sometimes it feels like it!*). If you don't give it enough oxygen, it will feel sharper—and not work as well, either–which prolongs labor.

Most aspects of labor you cannot control. Breathing is a skill that guides your body with your mind/will. This is especially true if you **breathe into your belly and always consciously soften and release physical tension with each exhale.**

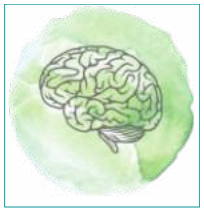
When in doubt, just lengthen your exhale. Breathe out as slowly as you can. Use the inhale to suck the intensity out of your body and your exhale to release and relax it. Try that now.

Your first breathing exercise:

One person rubs or pats a slow pulse on the arm or thigh of the other, who focuses on steady breathing in and out with the count. Start with 3 beats in, hold 1, and 6 beats out.

#1B Partner Rhythm
Inhale: 3-6 counts
Hold: 1 count
Exhale: 6-12 counts

Why Breathing Works to Calm the Mind and Move Labor Along



Using receptors in the respiratory system, the parasympathetic nervous system sends messages to your brain about the way you're breathing. Breathing slowly, deeply, or consciously activates the calming parasympathetic functions, lowers cortisol and increases oxytocin, seratonin, dopamine, and low brain waves–all excellent for labor.

Lip Tips

Try to keep your jaw and cheeks loose and soft while you breathe. If that's hard, exhale through your mouth and make an "ahhh" sound.

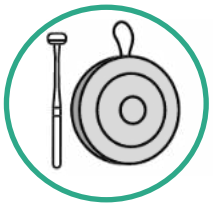
Use lip balm so your lips don't get uncomfortably dry.

Keep your mouth hydrated with water, ice, popsicles.

Breathing Pattern Skills

You can use some of the techniques on this page, find your own, or make some up. The goal is to **have 2-3 breathing patterns that you have PRACTICED** and used regularly in pregnancy to help you feel good. Then, in labor (and the rest of your life) you can pull these out as tools for taking care of yourself.

Breathing is the only way to get oxygen to your baby.



#2B
Resonant Exhale
Inhale: naturally
Exhale: "Mmm/Ahh/Ohh"

#3B
Counting Up
Inhale: silently count fast
Exhale: explosive, melting

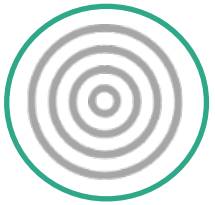
#4B
Ocean Breathing
Inhale: loudly, with nose
Exhale: loudly, with mouth

#5B
Yoga Hand Breath Pulse
Inhale: touch each finger to thumb
Exhale: with mouth, try to go through all the fingers 3x or more

#6B
Mantra/Affirmation
Inhale: think a mantra
Exhale: another or the second half of the mantra

#7B
Horse Lips
Inhale: deeply
Exhale: blow out floppy, noisy lips

#8B
Balloon Belly
Inhale: fill the balloon
Exhale: let it fly



#9B
Target Breathing
Inhale: into the center of the intensity
Exhale: relax around it in circles

Yawning is another great tool—great for stamina and refreshment!

Mix and match! In active labor, my personal favorite is Counting Up on my inhale and Horse Lips on my exhale. In super heavy labor I prefer to do Resonant Exhale while I Target Breathe. See what feels good to you in pregnancy when you feel tight, stressed, or uncomfortable.

Energetically, birth is like a mega-powerful yawn: It's not happening to you. You're not doing it. It's just happening. All you can do is get out of the way.

Birth Plans

A birth plan is for you and your partner to figure out what you want and get on the same page. It can also communicate your preferences to a birth team at the hospital or birth place.

Without proper planning, you may feel that your birth plan was a joke, a waste, or a bummer.

For us to remember	For them to keep in mind

Consider these lesser-known aspects of birth planning:

- What happens if you're still pregnant after 40 weeks?
- Who will catch the baby?
- What do you want to do with the placenta?
- Do you care if they give your baby a bottle/pacifier?
- Are there ways you'd like to manipulate the environment?
- What might get in your way of getting what you're hoping for?
- What will you do if [the above] does happen?

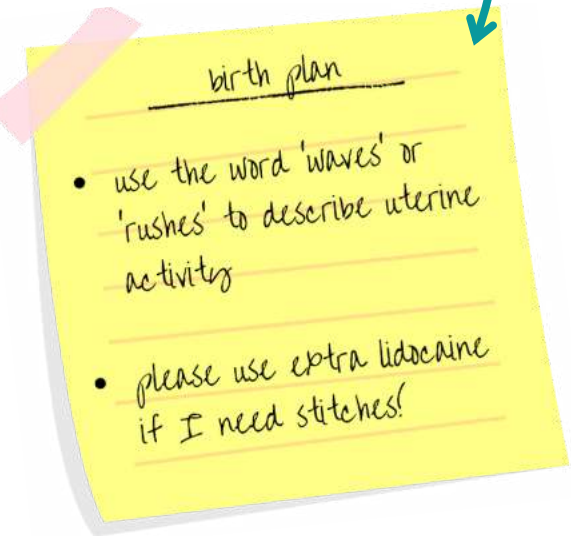
Birth plans work when…

1. You fully understand each thing you're planning or asking for and can say *why* you want it.
2. There aren't too many special requests—things your provider doesn't normally do.
3. They're short.
4. They include ways to handle the unexpected.
5. They function as more of a map than a list of needs. If having a list of things you want will make *not getting them* harder, the birth plan can backfire and make you feel helpless and victimized.

Your official, shareable birth plan is a short list
Learn about birth and what your options are. Ask a ton of questions about what is a typical birth at your birth place and with your provider. Then, make a list of the things that are really important to you or not usual aspects of birth for that place and provider. If your doctor always does delayed cord clamping unless there's an emergency, you don't need delayed cord clamping on your birth plan.

Careful: If you notice there are lots of things that are not what usually happens, so you have a long birth plan with what amounts to special requests, you are probably planning your birth in the wrong place or with the wrong provider. Have your baby with someone who regularly does the kind of birth you want!

Perhaps shorter than most, this is all the birth plan you may need with a provider who really matches your birth wishes. :)



***Tell your birth story ahead of time**: While you are pregnant, imagine your birth unfolding. Write, draw, or fantasize a detailed story of what you do and feel that you can go back over in your mind many times. This helps the body-mind actually do the thing in the moment when it counts.*

Cesarean Birth

In 1970, the cesarean rate was 5%.
In 2019 the cesarean rate in the U.S. was 31.7% (CDC).
That's down a bit over the previous years. Are our modern bodies really failing us 1/3 of the time?

No. Though many more births are now c-section births, the outcomes for mothers and babies have not gotten any better. We're doing **lots more surgery and not preventing any more problems than we were when the rate was much lower**.

C-section rates vary by state, by hospital, and by doctor by quite a bit. Some doctors and (more often) midwifery practices have cesarean rates below 10% or even 5%. Some babies do need to be born by cesarean.
If you have a cesarean, your **future pregnancies will be regarded as different** because of the scar on your uterus. The labors will be considered more dangerous and your birth choices will be more limited. Many cesareans are performed because the mother had a previous cesarean.

In order **to prevent more primary (first) cesareans**, the American College of Obstetricians and Gynecologists issued a statement calling for change in the way they practice, including:

- Allowing more time for labor
- Encouraging the use of doulas
- Offering external cephalic version (ECV)for breech babies
- Waiting until 6cm to consider a woman in active labor
- "Improved…fetal heart rate interpretation and management"**

Find a provider who follows these guidelines.

Why are Most Cesareans Done?

- Labor was taking too long (labor dystocia)
- Baby's heartbeat was concerning (abnormal or indeterminate/non-reassuring heart rate tracing)
- Baby's position (breech, transverse, etc)
- Multiples (twins, triplets)
- Baby was 'measuring large' (suspected fetal macrosomia)

What are the Risks of Cesarean?

Most are safely done and recovery is total, but as with any surgery, there are risks:

- Increased maternal morbidity and mortality
- Placental abnormalities in future pregnancies
- Laceration
- Trouble breathing for the infant (up to 4x more likely)
- Cesarean birth for future babies

Should I be induced to prevent cesarean?

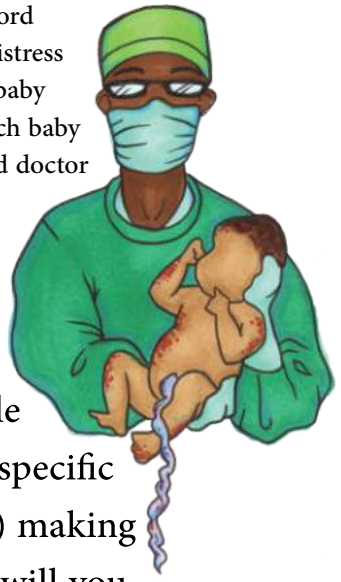
Many doctors are asking people to schedule inductions, but there are a number of problems with the studies that show benefits. Induction also has risks.

Here are 5 risk-free ways to lower your chances of surgical birth:

***We already have "improved fetal heart rate interpretation and management." It's called intermittent monitoring and uses a hand-held doppler to listen to baby at intervals. It's more of a hassle to use, though, so hospitals tend to opt for the belt monitor despite the known increase in cesareans when using the belt.*

What are Good Reasons for a Cesarean?

- Placenta previa or abruption
- Prolapsed cord
- True fetal distress
- Transverse baby position; breech baby with untrained doctor



Are you comfortable with **your** specific provider(s) making the call or will you question it?

Studies show that doulas reduce the incidence of cesarean up to 56%. *(Kozhimannil et al., 2016)*

Cesarean Experience

Scheduled cesarean surgeries are only slightly different from unplanned ones that happen during labor. If you decide to have a cesarean in labor, it may be 30 minutes to an hour or more before you actually get in the operating room. A true emergency cesarean involves a lot of people and a lot of hurrying—the goal is to deliver the baby in minutes. In any case, since so many births are cesarean births, the staff is very practiced and prepared for surgical birth. That is to your benefit if you do need one.

Even if you plan a homebirth, it's wise to have a Plan C–it will help you stay calm and allow more options in case you find yourself headed for the O.R. Talk about what elements of your birth plan you could preserve (immediate skin-to-skin or delayed cord clamping, for example). Many hospitals are offering more choices now.

What is it Like to Have a Cesarean?

Before the surgery they will…

- Start an IV for fluid and antibiotics
- Ask questions
- Deliver anesthesia (typically a spinal—it is deeper and faster than an epidural, without the drip)
- Have you lay on a specialized table with arms out on armboards
- Place a drape (sometimes clear, if you like) over your belly to separate you from the surgical site
- Place a bladder catheter
- Wash your abdomen with antiseptic solution

During the delivery…

~ 10 minutes

- The surgeon cuts a line about two fingers above your pubic bone, separating skin and muscle
- With that opened, the surgeon locates your uterus and cuts, reaching in for the baby
- Using pressure on the top of your belly and pulling from inside, they deliver the baby
- You'll feel some pressure or pulling but it won't hurt
- You may feel nauseous
- The pediatrician looks at the baby and then passes it to a nurse or the mother

In planning for a cesarean, consider getting THE OK:

After the baby is out…

~ 30 minutes

- The surgeon and team will deliver the placenta and may remove the uterus from your body
- The surgeon will close the incision on your uterus (double layer stitching for uterine integrity in the next pregnancy) and then put it back in your body—this can feel weird, cold.
- The incision on your stomach is closed
- You should be able to hold your baby skin-to-skin while they stitch you up, but you might have to insist.
- Some hospitals take the baby and partner to another, warmer room after a brief kiss from the birthgiver and wait there for the surgery to be completed.
- Some hospitals have the baby in the room but at a warmer where the birthgiver can't see.

After the surgery…

- You'll be moved to a recovery room where they'll keep an eye on you and you can breastfeed
- You'll keep the catheter for awhile and then a nurse will help you get up to use the toilet
- The staff will keep an eye on your bleeding (vaginal) and the healing of your incision
- The hospital stay is typically 3 days
- You may have staples that will be taken out at an appointment in the future

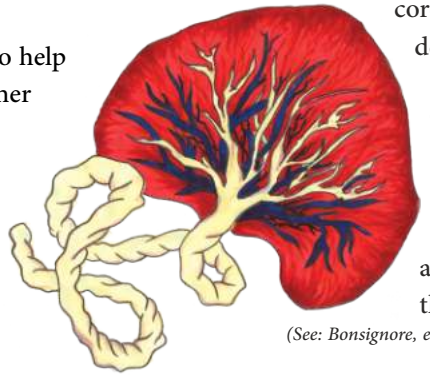
The Immediate Postpartum

The Golden Hour

Your baby will not be this awake for another 6-8 weeks. Take advantage of baby's hyper-alert state and look into the baby's eyes, talk and sing, and maintain skin-to-skin contact.

What Happens For You Right After Birth?

- You may feel euphoric, bewildered, relieved, in-love, or just tired.
- You'll start to care again about people seeing you naked. :)
- Contractions will come back to help you push out the placenta.
- The placenta may be delivered with traction (pulling) on the cord, or without. They will look at the placenta to make sure it's whole and healthy.
- The doctor or midwife will be keeping an eye on your bleeding, visually as well as by feeling your belly to see how small the uterus is getting.
- You may experience 'mashing' (uterine massage) to help close the uterus. Sometimes a shot of oxytocin or other drugs are used to help slow bleeding.
- You will get checked for tears and stitched up if necessary.
- A nurse or aide will clean you up down there, change the sheets, and get you set with a big pad.
- You'll need to eat something.
- You may want a shower.



Stitching: If repair is called for, the midwife or doctor will do that before you get cleaned up. Most tears are just skin or skin and some muscle. You don't feel it when you tear but you do feel it when they sew it up. It shouldn't be painful, just awkward and tugging discomfort. If the medicine isn't strong enough to keep you from crawling up the bed, ask for more! No reason to feel that.

Your stitches will either dissolve or fall out after a couple weeks.

What Do We Do With the Placenta?

Standard care of the placenta and umbilical cord is to cut the cord soon after birth and dispose of the placenta. Here are other options. Ask in birth class or at an appointment about choosing more than one.

Delayed Cord Clamping: Wait a few minutes to allow baby to get all the blood back after birth. Find out when your provider clamps the cord. Delayed clamping has benefits for baby's red blood cells and iron levels. It is especially good for babies born early. There may, however, be a higher risk of jaundice.
(Academic OB/GYN: Fogelson, Dec. 2009; McDonald & Middleton, 2008)

Stem Cell Collection: Order a kit and send stem cells from cord blood to a bank for safe keeping. Using a kit you get ahead of time, blood containing stem cells is collected from the cord. You pay a yearly storage fee for the 1/2700 chance the child or a family member develops a disorder treated with those stem cells. You can also donate baby's stem cells to a public bank to help others heal from these disorders.
See Cord Blood Information: Waller-Wise, 2011; ACOG FAQ 2016; ACOG #399, 2008; Sullivan, 2008

Lotus Birth: Wait for the cord to dry up and fall off on its own (~1 week). Not cutting the cord at all may be a more gentle transition for the baby. Carrying the attached placenta may increase risk of infection from the attached dead tissue. At this time, there is little research to support safety or confirm dangers.
(See: Bonsignore, et al., 2019)

Encapsulate: Hire a specialist to dehydrate the placenta and make pills to help ease the postpartum transition. Studies indicate that there is little or no difference in hormone or iron levels, mood, or bonding with placenta consumption, but many anecdotal accounts show it has dramatically eased the postpartum period for some people.

Other Options: You may have cultural traditions that direct how to handle the placenta. Some people bury the placenta with a sapling. Some placenta workers will make artistic prints or keepsakes.

Common Newborn Procedures

Vitamin K Shot

Newborns have low vitamin K, which helps blood clot. Vitamin K is added to infant formula so breastfed babies are at increased risk. Vitamin K is recommended for all babies and is given as an injection in the thigh. It is not a vaccine.

PROS

> Prevents dangerous spontaneous bleeding, including brain bleeds from vitamin K deficiency, and sometimes death. Reduces incidence from 5-10/100,000 to zero (Shearer, 2009)

> Standard of care for over 60 years: side effects minor and/or very rare (American Academy Pediatrics)

> Oral K is also sometimes used but isn't 100% effective (Mihatsch et al 2016).

CONS

> Pain during injection, bruising

> Objections to black box warning about *intravenous* vitamin K: unfounded because the shot is intra*muscular*

> Possible objections to ingredients: Preservative-free version is available.

Hepatitis B Vaccine- *dose 1*

A shot given at birth to prevent a liver-destroying infection that is spread through blood and sex. According to the WHO (2015), 80-90% of infants who are infected (usually by mom during birth) will have life-long problems.

PROS

> If exposed to Hep B in hospital, by mom, or at any time, it can protect baby from infection.

> Protection from Hep B is >90% effective for life w/3 doses (CDC, 2015)

CONS

> Risks of vaccines and/or ingredients (NVIC, 2008)

> May mess with baby's new immune system (Lee, et al., 2008)

Eye Ointment

An antibiotic gel put in baby's eyes to reduce incidence of eye infection from germs passed to baby during birth. Chlamydia is the most common cause, but infection can happen from anything, including very common strep and staph. If baby develops an infection after birth (from anywhere, whether or not the gel was given), systemic antibiotics successfully treat it and prevent eye damage if given immediately.

PROS

> Prevents most eye infections from gonorrhea and some from chlamydia (Darling & McDonald, 2010; Ghaemi et al. 2014). A way to play it safe if you may have STIs

CONS

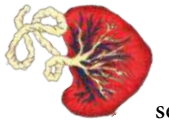
> Also kills the good microbes, contributes to antibiotic resistance (Hedbert et al. 1990)

> Makes eyes blurry during important bonding time

> Not 100% effective; important to monitor regardless (Lund et al., 1987)

> A drop of colostrum/breastmilk in the eyes, multiple times per day, reduces infections (Ghaemi et al 2014; Verd, 2007)

> Eye infections that do develop are 100% treatable with antibiotics if given immediately



Delayed Cord Clamping

Clamping (and then cutting) the umbilical cord encourages the placenta to separate and separates the baby from the mom/placenta. Waiting 2+ minutes is delayed clamping.

PROS

> Safety net for slow to perk-up babies (oxygen from cord blood). (Raju & Singal, 2012)

> Some of baby's blood gets backed up into the cord/placenta and will pulse back to baby (Raju & Singal, 2012)

> No one can take the baby if it's still attached

> Higher iron levels (Hutton & Hassan, 2007)

CONS

> If cord is unusually short, baby may not reach your chest.

Newborn Procedures + Prep

Selecting a Pediatrician

Your choice of pediatrician, when s/he complements your parenting style and philosophy on developmental or medical issues, can make your parenting experience much easier. The wrong pediatrician can cause anxiety or worse.

Consider:

- philosophy on the use of antibiotics
- breastfeeding philosophy and support
- vaccine schedules
- knowledge about intact genitalia
- philosophy of infant sleep
- view on nutrition
- alternative therapies
- How easy is it to get a same day appointment?
- If you have a question during or after office hours, can you reach the doctor?

Male Circumcision

Removal of part of the penis, typically for cosmetic reasons (in some cases during a religious rite (~70% of circumcisions worldwide). The rate of newborn male circumcision is falling in the U.S. In 2010, it was 58% *(CDC)*.

PROS

> Slightly lower risk HIV & possibly STD transmission as an adult *(Sigfried, et al., 2009; Weiss et al., 2006; Morris et al., 2012)*

> Lower risk of UTI. *(Dubrovsky et al, 2012)* [Lifetime risks of UTI: circumcised males, 9%; intact males, 32% *(Morris & Wiswell, 2013)*; females 50% *(Foxman, 2002)*]

CONS

> Very painful *(Brady-Fryer, et al., 2004)*

> Risks of complications, mistakes, reoperation *(Talini et. al, 2018; Weiss et al., 2010)*

> Risk of Meatal Stenosis (scarred + narrowed urethra) 7-20% *(Van Howe, 2006; Koenig et al., 2021)*

> May increase risk of SIDS *(Elhaik, 2016, 2018)*

> Shortens penis 25% *(Davenport, 1996)*

> Reduced sexual sensation *(Kim/Pang, 2007; Sorrels et al., 2007; Bronselaer et al., 2013)*

> Irreversible: An ethical issue. He may wish he was intact *(Hammond, 1999; Bossio & Pukall, 2018)*

Bathing

Wiping away the vernix and bathing the baby are common in the first day. The WHO recommends waiting 24 hrs.

PROS

> Baby looks clean

> Removes any stool that may have got on baby during birth

> Can be pleasant for baby if done the LeBoyer way

CONS

> Removes baby's natural scent, may interfere with breastfeeding *(Smith, 2009)*

> Vernix is antioxidant, anti-fungal, antibacterial, hydrating. *(Singh & Archana, 2008)*

> Harder for baby to maintain body temp *(Bergstrom, 2005)*

> When done in first hours, interferes with bonding

Find the following in your area…

As part of your preparation for having a newborn, you will want to be familiar with the specialists in your area.

- ☐ Pediatrician: _____
- ☐ Lactation Help: _____
  - ☐ Breastfeeding counselor: _____
  - ☐ IBCLC: _____
  - ☐ Support Group: _____
- ☐ A PP Doula or Support Person: _____
- ☐ Therapist familiar with postpartum issues: _____
- ☐ A pelvic health physical therapist: _____
- ☐ Who will be there to help when you get home? _____

Your New Life: Parenting with Baby!

Consider **the baby's first three months of life** your postpartum period (PP)—sometimes called the fourth trimester. During this time you rest and relax with baby. Treat yourself. Take care of yourself. You get whatever you want. And you don't care about non-you things you used to care about (like saving the earth, how the dishwasher is loaded, or if your hair looks good enough). Give yourself three+ months off to adjust to all the *new* things to care about!

Planning for and respecting this significant and unique time of life can mean the difference between crushing overwhelm and charming pandemonium.

Ask for, accept, and pay for extra help as desired (*not* as needed). Treat yourself.

Who might be willing and able to help?

What can those other people do to support you both?

How many days will you rest and recover? This means zero responsibilities besides caring for yourselves and baby. All meals are ordered or brought in, everything that can possibly wait waits or you get someone else to do it.

As a Couple :

Birthgiver:

How long do the two of you want to **wait before visitors**? Who/when?

Close family:

Close friends:

Family + Friends:

Associates:

birth is just the door

Nursing Parent: List pleasant things you can do while you rest and nurse.

Partner: What will you do when they're nursing?

List simple things that make you feel good for self-care.

Ideas: diffuse essential oils, put on music, call a friend, write in your journal, go on a walk, ask someone to bring a snack, take 20 min for yourself, sit outside and breathe.

Notes & Thoughts

Notes & Thoughts