

Conscious Choices, Blissful Birth - Module 2

Planning for the Best Birth

Preparing for a Birth

Let's pretend you are going to run a marathon for the first time and you've never jogged a step in your life. You have about 8 months to train for this marathon. Is it going to be tough? Probably. Are you terrified? Well, maybe, but probably not. Why is that? It's likely because you know that there are plenty of people, probably even a few that you know, who have successfully run a marathon before. So it certainly can be done. Now you could just wing it. You could check out an article or blog post here and there on running a marathon, jog for 20 minutes a few days, stretch a few times but otherwise basically just show up and expect someone to tell you which way to go and how to manage that unrelenting cramp in your calf. It probably wouldn't go well. You might finish the marathon if you thought you had to, but it might not be a story that you really wanted to tell everyone for years to come, and more than likely you would feel TERRIBLE. On the other hand, you could prepare. You could talk to a friend or two who really know a lot about running marathons. You might find a training schedule, clean up your diet a bit, get to bed a little earlier so you have more energy. You could go out and buy those icky Gu packets to be sure you have enough racing fuel. Maybe look up the marathon route in advance; know which miles are the "tough" miles. Find the right pair of shoes that won't give you a soul crushing blister. Get a cheer squad together for the miles you feel you can't go on. You'd be a finisher! A champ! And it probably would be a great experience and story you wanted to cherish forever.

Can we translate that to birth? Especially many first time mommas are fairly scared of birthing, even though so many women before them have done it, and pretty successfully. I'd wager there are a lot more women who have given birth successfully than have finished a marathon. There's no need to be afraid as our bodies were designed to do this! That being said, despite their fear, a lot of women also treat the birth process like the first example of marathon running, just wing it and hope all goes well.

In a perfect world that would actually be fine. If we were free to birth with 100% autonomy, and had the time and privacy to listen to our intuition most of us could birth a baby with no forethought no problem. The real issue is that we don't live in a perfect world. We live in a highly litigious, business oriented fear based medical system that is not set up to just let us birth as nature intended.

If you plan on having a home birth then quite a few of the birth plan components we will talk about won't really apply, as home birthing is designed to limit outside interventions. If you plan to be at the hospital for your birth, which many women are, there will be a lot of protocols, policies and procedures that are designed around what the hospital or your provider wants, not around what YOU as the Birther want. Our purpose here is to help you become aware of what your options are, and what you might want to do some additional research on to be sure of what you really want.

That way, when you go into labor you are prepared, not only by knowing what is best for you body (see anatomy of birth) but what options you truly have.

One other ground rule. Don't go getting too attached to your "birth plan"! Think of it more like a birth guideline, or a record of what your preferences are and what you want to occur. It's important to realize that nature will do what nature will do and while you may want an unmedicated glorious home birth, you might end up with an emergency cesarean due to unforeseen issues. While we always plan for the best, becoming so attached to the plan that all other possible outcomes become unacceptable can lead to a very traumatizing birth experience.

So, use these options, get clear on what YOU want, and then let nature do its thing and roll with the punches. Knowing your hard limits on certain things will make you feel all the more comfortable having to change up the game plan should the need arise.

Where do you want to have this baby?

Options include: home birth, hospital birth, or birth center

Let's talk location first. You will first need to choose where you would most prefer to give birth. A home birth is generally attended by a trained and certified nurse midwife who will both keep you and baby safe while also helping keep your birth as natural/normal as possible. This option is generally thought to be the most natural, yet it has also proven to be much safer than most people think. Complications are rare and can be transferred to the hospital if necessary.

A birth center birth can be fairly natural as well, always depending on the philosophy and practices of the birth center. When interviewing the birth center provided it's a good idea to have a handle on your birth "plan" wish list already just so that you can ask the important questions. For instance if you dream of a water birth but fail to ask the birth center if they have tubs then you may be in for some disappointment 6 months down the road when you find out. Some women (and some women's hubbys) feel that being in a birth center gives them a little more sense of security. This may not be founded to be safer than home birth in research outcomes, but it's truly in what makes you feel comfortable.

A hospital birth has the potential for being the least natural. There are many reasons for this, most based around the size of the organization, rotating staff members and long lists of protocols and procedures. While natural vaginal birth is most certainly possible at the hospital, research shows that it is much less likely to occur. More interruptions and interventions will be occurring in this environment, and if you labor longer than 12 hours, you will have a turnover of the nursing staff you have been working with. If your hospital works with midwives this reduces the risk of unnecessary interventions. The hospital does have the advantage of cutting edge technology should a rare and complicated circumstance arise. Be aware however that maternal and infant mortality rates are not on the hospitals side despite their efforts to anticipate, augment, and intercede in every step of the process. If you feel you must have a hospital birth or you just feel safer there, we would certainly recommend a doula to help guide you through the process. We find that an empowered hospital birth generally happens for women that are truly researched and armed with the right knowledge and support staff. You CAN have a beautifully empowered birth if you and your partner feel that it is the safest or only option for other reasons.

Within this area of discussion also comes “who will be your birth provider”? As in, is it an obstetrician or a midwife.

Obstetricians are surgeons. They are a highly skilled group of physicians trained in emergency medicine and procedures specifically for the expectant mother and her baby. While they are extremely well educated, obstetricians (we’re talking the majority, every physician is unique) are not generally going to help walk you through natural birth. They are pathology oriented to check for pitfalls and emergencies that could possibly arise throughout pregnancy and tend to intervene in the natural process before an actual emergency occurs. If you look on wikipedia searching obstetrician what you will see is a brief definition followed by pages and pages of tests they will run and in what trimester to check for every little variant. There is actually no mention within that page of them helping a woman to naturally birth her child, which is what most women imagine is what occurs.

A midwife is most often a certified nurse midwife, meaning a registered nurse went on to get training in midwifery. Midwives, while making sure to take the necessary precautions to avoid the rare risk, will help guide you through your pregnancy and in general will help you to keep most things as natural as possible. As with obstetricians there are differences in philosophy everywhere, but in general they try their best to keep you on the natural path your body wants to walk. A midwife would be the person to attend a home birth, and most midwives work with a referring obstetrician in case of true emergencies and hospital transfers. Women who are considered high risk may need to have both a midwife and an obstetrician. You will likely get more one to one time with a midwife both throughout pregnancy and during the labor process.

When choosing a provider a key thing to understand is the difference between tolerance and support. A provider who “allows” or “tolerates” procedures such as delayed cord clamping or VBAC (discussed later) will “let you try” to do these things. This is a huge contrast from a provider who supports or helps you to do those same things. It is the difference between having someone on your side to ensure things go right versus someone waiting in the wings to see what goes wrong. Going over your “preference list” with potential providers will help you see who will be on your side.

For example when I was interviewing birth providers I wanted to be sure that I would be allowed to go past my due date without induction should the need arise. One provider, whom I actually really like, stated that they would not induce, but would not allow a home birth (what I wanted) if things went past 42 weeks. A second provider stated that they would only induce if there appeared to be an emergency situation and that they would be sure to do everything that is naturally possible to be sure that I could have my baby at home, no matter how many weeks. Both providers were great, and both obviously wanted to keep me and baby safe, however, only one was willing to help me get the result I was looking for.

Conscious Choices Checklist

- I have researched the birth place that best fits ME personally and my desires
- I have chosen a birth provider who supports me in all of my choices
- I understand that my body is my own, and that I have every right to make empowered decisions based on solid research and my own amazing intuition!

Birth Team: who's in the room?

Think about your birth environment. You may want things super relaxed, or maybe you want things light hearted and fun. Pick the people you want with you in this environment who will add, not take away from these vibes.

Pick a support person. Someone who will be your voice when you're too mid-contraction to think let alone answer a question or defend your rights. Someone who will help you when you need support, push you when you need encouragement and will stand by your wishes at all times. For many women this is their partner. For others it might be a doula. A doula's job is literally what is described above. They will also help to coach you through labor, to rub your back when it needs rubbed, to put a cool towel on your forehead, and to make your birth experience the best it can be. Not everyone needs a doula, but I highly recommend it for your first birth.

When you consider who is in the room, consider who you feel 1000% comfortable around. If you wouldn't feel comfortable getting naked, moaning like a cow and possibly pooping on yourself in front of them then they probably don't belong in your labor room after the early labor stage.

Labor truly is a labor of love when you consider that it is regulated largely by the hormone oxytocin which is the same hormone produced during sex. That being said you will want to be sure that you can be in a loving, relaxed authentic state throughout labor if you want to move through it as quickly as possible. While your control freak sister in law might swear to keep her mouth shut, the simple thought of her putting her two cents in while she's "just visiting" might be enough to make your newly discovered labor go into hiding.

Labor is about YOU. Period. While you want to include your partner as much as possible, they are not the ones having to go through the mental, emotional and physical process of labor, you are. So be sure of what will allow you to let go. If you want a beautifully smooth labor, you have to be able to fully relax, let go, and focus all of your attention on what you are doing. Give yourself permission to set yourself up for success.

Conscious Choices Checklist

- I have thought about what my most relaxed birth environment looks like
- I have chosen the people to be there who will best support me and my environment
- I respect myself enough to tell others what my wishes are and stand behind my choices

Do You Want Meds?

A “natural” vaginal birth is considered to be unmedicated. While most women are aware of what an epidural is/does, there are many other ways that medicine is used during a labor when in the hospital.

Induction: A process where medication is used to start labor when a practitioner deems it time even though the natural labor process has not started on its own. An obstetrician will jump to induction much sooner than a midwife in most cases. While there can be some extenuating circumstances that require an induction, the most common used reasons such as “being past 40 weeks” and “measuring big” are not only not supported by the literature, they are actually not even recommended by ACOG (American College of Obstetricians and Gynecologists), yet they are still used regularly to get women to induce. There are a few different options for induction, all of which have side effects and consequences some of which include protracted (long and slow) labor, increased pain from contractions, increased risk of uterine rupture, increased risk of requiring an epidural and increased incidence of cesarean. It would be wise to research this more on your own before making a choice.

***if you are against induction and it is being recommended, be sure you ask all the questions you need to be sure that it is truly necessary. If it is in fact something that does need to happen, find out if they will let you use nipple stimulation (generally using a breast pump) to “induce” naturally.

Augmentation: similar to induction, labor augmentation is a procedure done in the hospital to speed along the labor. There are very few real medical reasons this needs to happen and it has similar side effects/consequences as induction. There of course can be cases where this is truly medically important, so be sure to look into this for yourself prior to labor.

Epidural: An epidural is an injection placed in the lower spine that delivers an anesthetic to the lower abdomen and sometimes extremities. It will most certainly take away a large amount of pain during labor. There are side effects as well such as infection, long term back pain, and chronic headaches. In addition, you cannot be nearly as effective at knowing instinctively when to push and how hard if you cannot feel what’s going on down there. (See anatomy of birth module for further information on this)

Conscious Choices Checklist

- I have researched common medications given throughout the labor delivery process and I fully understand their risks/benefits
- I have chosen which interventions I would/would not opt for unless a true medical emergency arises
- I have discussed my medication preferences with my birth team to be sure I can be supported in my choices

How do you want to have this baby?

It is important to decide whether you want to have a natural birth, a vaginal birth with medication, or a cesarean section. While there is no wrong way to have your baby, do not let anyone tell you that how the baby is born doesn't matter as long as it's born. Yes, no matter how you give birth, you still gave birth and should feel accomplished and even proud. That does not negate the fact that there is a best way to birth for you and the baby and that is a fully natural unmedicated vaginal birth.

Vaginal birth does many things for the baby such as squeezing fluid out of the lungs as it is compressed through the birth canal. This reduces the risk of asthma/respiratory issues by nearly 95%. It also helps to seed the baby's microbiome (intestinal good/bad bacteria balance) from mom's natural vaginal flora which is what nature intended. This method of birthing will give a powerful bonding experience to both mom and baby and ensures that both are producing the post birth hormones like oxytocin that create that special bond. Babies who are birthed without medication are also more alert and effective at breastfeeding right away.

Cesarean section (c-section) birth should be reserved for emergencies only as the only true benefit to a cesarean is to avoid an outcome for mom or baby that would be considered worse than surgery. While many obstetricians today will make cesarean sound like just an easy routine procedure, we must not forget that it is truly a major inpatient abdominal surgery. The recovery period for cesarean is much longer than a vaginal birth, there is a much higher risk of infection, the baby does not get its lungs compressed or mom's flora and the general separation that often happens after the procedure can often hamper the initial phases of breastfeeding. There are more serious risks, including death, for the mother that are very often not discussed before the procedure.

Please understand, no one who has a cesarean should be judged by themselves and others, especially if it's a true medical emergency, but we do encourage you to research the procedure so you can make an empowered decision if the option is offered, particularly in a non-emergent situation. In addition, research has shown that mothers who exclusively breastfeed their babies for six months after birth can eliminate the increased risk of asthma from C-section birth.

Conscious Choices Checklist

- I have researched the benefits/risks of natural vs surgical childbirth
- I have chosen which route I would like to take should no medical emergencies arise.
- I understand that while things might seem difficult, labor is in fact a very short time in the scheme of things and these decisions can affect my child long into their life

Are You a Mover and a Shaker?

Women often feel the need to do all sorts of moving during labor to help the body and baby get where they need to be and should be allowed to do so freely. That will always be the case if you have your baby at home. Should you have your baby in the hospital some options can be to walk the halls, to sit on a birthing ball, to get in a tub, to take a shower or to move around in bed. You need to be clear before you choose your hospital just which of these things are available and allowed.

Something to consider in the hospital setting is fetal heart monitoring. Continuous fetal heart monitoring is a commonly prescribed hospital procedure because doctors and nurses like to see at any given moment what it going on with the baby's vitals. That being said the research is clear that more often than not this constant checking has absolutely no improvement in maternal or fetal outcomes and actually has shown to result in increased use of unnecessary interventions that lead to poor outcomes.

The reason we're discussing this in this section is that you may not be informed before agreeing to CFHM that you will not be able to move around any longer once this monitoring has begun. So you will have to stay in bed, and in relatively the same position. Having an epidural often also changes the amount of movement you will be allowed.

You can consider intermittent fetal heart monitoring if you feel the need as it will offer some of the reassurance that some people like from the monitoring while you will still be able to generally move about freely.

Most midwives/home birth situations will often occasional checks on the heartbeat via fetoscope.

Conscious Choices Checklist

- I am aware of what interventions will lead to me being unable to move around as my baby might require to get itself into the birth canal
- I have checked into what my provider/place of birth will allow to be sure we are on the same page
- I know that as a woman I have AMAZING intuition as to how to move and what to do throughout labor as long as I can be allowed to listen to it!

Odds and Ends

Here are some other terms to consider and research prior to labor so that you know what to expect.

Episiotomy - An incision made to prevent tearing during a vaginal birth. While some providers have gotten very used to using these, the research has shown very little improved outcome between an episiotomy and a tear. If a midwife is well practiced they will do everything they can to be sure you don't tear and can easily sew a tear. Generally an episiotomy is not required and tearing can occur anyway, sometimes more so than if there had not been an incision.

Hepatitis B/Vitamin K/Silver nitrate - we will not be discussing vaccinations in this course except to say that the science is certainly not settled. Please do your own research on this and vitamin K prior to giving birth as they will be given pretty much immediately while you are not in a state to think logically and discuss them. It is wise to have a firm yes or no decision on these before you go into labor

Group B Strep - another topic that I will not be discussing here but that you should look into before going into labor. Your research would include whether or not you would prefer to take antibiotics should you come up positive for group B strep during the time of labor.

Delayed Cord Clamping - studies show that there is a benefit to delay clamping the umbilical cord. Even delaying for one minute has been shown to improve infant oxygen levels and red blood cell levels. Keep in mind that the cord is the infant's source of blood and that it's like an external machine filtering and adding nutrients to the baby's entire blood supply. This means that a decent portion of the baby's blood volume will be outside their body being sent through the cord/placenta and back during the time of birth. If the cord is clamped right away, there is certainly still going to be some volume of blood outside the baby's body that won't get back in which can cause issues down the line. Not clamping until the cord has stopped pulsating is considered a best practice by many.

Placental encapsulation - there is a lot of debate out there about whether or not there is any merit to consuming the placenta after your baby is born. Yes, I just said consuming your own placenta. The fact is that humans are the only mammal that does not do this after birth and in fact it is actually done in many tribal communities. Some have been trying to bring it back by putting it in stews or purée into smoothies. For those of us less inclined there is now placental encapsulation where the placenta is dried and pulverized and then put into pills to be taken. Why would you do this? Some anecdotal evidence is emerging that it can help with postpartum depression and depletion. It also can boost levels of oxytocin and iron, helping with mother/baby bonding and warding off anemia. Other evidence shows that taking the capsules over a longer period of time (weeks) can actually slow milk supply. It would seem that the "best" way of getting the benefit of placenta without the risk of reduced supply is to consume all of it immediately following birth. There is very little evidence supporting any of this, so be sure to do your own research and go with what feels best for you.

Postpartum Doula - this will be discussed in more detail in the postpartum support/depletion module, but a postpartum doula may or may not be the same person as your birth doula. They are someone who comes and assists you and your family after birth. They do quite a bit from helping with breastfeeding challenges, cooking meals, watching baby while you sleep or shower, doing laundry, watching older children and more.

This list is not exhaustive of all of the things that might come up for you during your pregnancy, labor and birth, but our goal is that you will be able to reduce the amount of uneducated decisions you have to make in the moment while you are in labor. Most women feel the most empowered when they have time to look into all the options and weigh what they feel is best for them while things are calm. It will enable you to feel powerful in the moment, when you are the master of your body and you will know you are doing what is right for you.

You made it! Congrats on completing the Birth Prep Module! Check out the review, take some notes if you need to, then move on to the next module when you're feeling ready!

Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5602659/>