

MEET & GREET

- Receipts, name tags, fidgets, snacks
- Breaks
- What are your names and preferred pronouns?
- (Partner's answer this one-) How far along are you?
- Do you know if you're having a boy or a girl?
- Have you picked a name/names?
- One baby or more (twins etc.)?
- What town are you from?
- Occupation?
- Where are you birthing?
- Do you have any experience with birth?
- Why did you pick your affirmation card?

The Rights of Childbearing People

* At this time in the United States, childbearing birthing people are legally entitled to those rights.

** The legal system would probably uphold those rights.

- 1 Every birthing person has the right to health care before, during and after pregnancy and childbirth.
 - 2 Every birthing person and infant has the right to receive care that is consistent with current scientific evidence about benefits and risks.* Practices that have been found to be safe and beneficial should be used when indicated. Harmful, ineffective or unnecessary practices should be avoided. Unproven interventions should be used only in the context of research to evaluate their effects.
 - 3 Every birthing person has the right to choose a midwife or a physician as their maternity care provider. Both caregivers skilled in normal childbearing and caregivers skilled in complications are needed to ensure quality care for all.
 - 4 Every birthing person has the right to choose their birth setting from the full range of safe options available in their community, on the basis of complete, objective information about benefits, risks and costs of these options.*
 - 5 Every birthing person has the right to receive all or most of their maternity care from a single caregiver or a small group of caregivers, with whom they can establish a relationship. Every birthing person has the right to leave their maternity caregiver and select another if they become dissatisfied with their care.* (Only second sentence is a legal right.)
 - 6 Every birthing person has the right to information about the professional identity and qualifications of those involved with their care, and to know when those involved are trainees.*
 - 7 Every birthing person has the right to communicate with caregivers and receive all care in privacy, which may involve excluding nonessential personnel. They also have the right to have all personal information treated according to standards of confidentiality.*
 - 8 Every birthing person has the right to receive maternity care that identifies and addresses social and behavioral factors that affect their health and that of their baby.** they should receive information to help them take the best care of their self and their baby and have access to social services and behavioral change programs that could contribute to their health.
- Every birthing person has the right to full and clear information about benefits, risks and costs of the procedures, drugs, tests and treatments offered to them, and of all other reasonable options, including no intervention.* they should receive this information about all interventions that are likely to be offered during labor and birth well before the onset of labor.
- 10 Every birthing person has the right to accept or refuse procedures, drugs, tests and treatments, and to have their choices honored. They have the right to change their mind.* (Please note that this established legal right has been challenged in a number of recent cases.)

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11 Every birthing person has the right to be informed if their caregivers wish to enroll their or their infant in a research study. they should receive full information about all known and possible benefits and risks of participation; and they have the right to decide whether to participate, free from coercion and without negative consequences.*

12 Every birthing person has the right to unrestricted access to all available records about their pregnancy, labor, birth, postpartum care and infant; to obtain a full copy of these records; and to receive help in understanding them, if necessary.*

13 Every birthing person has the right to receive maternity care that is appropriate to their cultural and religious background, and to receive information in a language in which they can communicate.*

14 Every birthing person has the right to have family members and friends of their choice present during all aspects of their maternity care.**
pregnancy rights

15 Every birthing person has the right to receive continuous social, emotional and physical support during labor and birth from a caregiver who has been trained in labor support.**

16 Every birthing person has the right to receive full advance information about risks and benefits of all reasonably available methods for relieving pain during labor and birth, including methods that do not require the use of drugs. they have the right to choose which methods will be used and to change their mind at any time.*

17 Every birthing person has the right to freedom of movement during labor, unencumbered by tubes, wires or other apparatus. they also have the right to give birth in the position of their choice.*

18 Every birthing person has the right to virtually uninterrupted contact with their newborn from the moment of birth, as long as they and their baby are healthy and do not need care that requires separation.**

19 Every birthing person has the right to receive complete information about the benefits of breastfeed/chestfeeding well in advance of labor, to refuse supplemental bottles and other actions that interfere with breastfeed/chestfeeding, and to have access to skilled lactation support for as long as they choose to breastfeed/chestfeed.**

20 Every birthing person has the right to decide collaboratively with caregivers when they and their baby will leave the birth site for home, based on their conditions and circumstances.**

KEEP CHILDBIRTH SIMPLE!

Lamaze has summed up years of research into 6 Healthy Birth Practices, proven to promote the safest, healthiest birth possible for parents and babies.

- 1** Let labor begin on its own.
- Normal pregnancy lasts 38-42 weeks!
 - Natural start of labor usually means your body and your baby are ready for birth
 - Induction could make contractions harder and stress the baby



- 2** Walk, move around and change positions throughout labor.
- Help your uterus work more efficiently
 - Use upright positions and gravity to help pull baby down
 - Actively responding to labor may help you feel more confident, less afraid



- 3** Bring a loved one, friend or doula for continuous support.
- Praise, reassurance and encouragement decrease stress
 - Physical support can help decrease pain
 - Informational support can increase confidence



- 4** Avoid interventions² that are not medically necessary.
- Many of these disrupt the birthing process, making it more difficult
 - Choose a birth setting with a low rate of interventions
 - Ask if your care provider routinely uses any interventions
 - During labor, ask if there is another alternative



- 5** Avoid giving birth on your back and follow your body's urge to push.
- Use gravity to your advantage to shorten the pushing stage
 - Push when your body tells you
 - Use upright or side-lying positions
 - Adjust the hospital bed to support your position.



- 6** Keep your baby with you – it's best for you, your baby and breastfeeding.
- Skin-to-skin during the first hour helps baby transition
 - Weighing and other routine procedures can wait
 - Ask which procedures can be done while holding baby
 - Rooming with baby doesn't prevent you from sleeping



VISIT WWW.LAMAZE.ORG TO LEARN MORE.

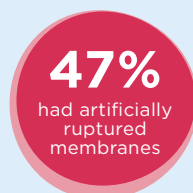
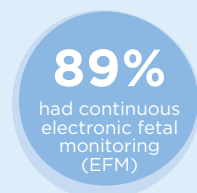
Lamaze
INTERNATIONAL

6 SIMPLE STEPS FOR A SAFE & HEALTHY BIRTH

There is A LOT of medical research that tells you and your care provider what kind of care will most likely keep your baby's birth SAFE and HEALTHY.

BUT, THE CARE PREGNANT PEOPLE RECEIVE DOESN'T ALWAYS MATCH THE RESEARCH.

Despite **risks** and **limited benefits**, a survey¹ of new parents showed:



Even though they are **"ROUTINE"** practices, some can actually make childbirth **MORE DIFFICULT** and **LESS SAFE**.

KEEP CHILDBIRTH SIMPLE!

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INTERNATIONAL

1. Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to MothersSM III: Pregnancy and Birth. New York: Childbirth Connection, May 2013. http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf.

2. The American College of Obstetricians and Gynecologists Committee on Obstetric Practice Society for Maternal-Fetal Medicine (2017). Definition of Term Pregnancy. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Definition-of-Term-Pregnancy>

3. Amis, D. et al. (2014). Healthy Birth Practices #1 - #6. *The Journal of Perinatal Education*, 23(4), 178-217.

4. The American College of Obstetricians and Gynecologists. (February, 2017). Approaches to Limit Intervention During Labor and Birth. Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Bir> th

Lamaze Six Healthy Birth Practices	Recommendations of the World Health Organization
<p>1 Let labor begin on its own.</p>	<ul style="list-style-type: none"> • "Induction of labour should be performed only when there is a clear medical indication for it and the expected benefits outweigh its potential harms."¹ • "Induction of labour should be performed with caution since the procedure carries the risk of uterine hyperstimulation and rupture and fetal distress."²
<p>2 Walk, move around, and change positions throughout labor.</p>	<p>"Encouraging the adoption of mobility and an upright position during labour in women at low risk is recommended."²</p>
<p>3 Bring a loved one, friend, or doula for continuous support.</p>	<p>"A companion of choice is recommended for all women throughout labour and childbirth."²</p>
<p>4 Avoid interventions that are not medically necessary.</p>	<ul style="list-style-type: none"> • "Intermittent auscultation of the fetal heart rate with either a Doppler ultrasound device or a Pinard fetal stethoscope is recommended for healthy pregnant women [at the time of labour admission and] in labour."² • "[L]abour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore, the use of medical interventions to accelerate labour and birth (Such as oxytocin or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring."² • "For women at low-risk, oral fluid and food intake during labour is recommended."² • "The use of amniotomy alone for prevention of delay in labour is not recommended."² • "The use of oxytocin for prevention of delay in labour in women receiving epidural analgesia is not recommended."² • "The use of intravenous fluids with the aim of shortening the duration of labour is not recommended."² • Depending on a woman's preferences, nonpharmacological pain management strategies such as progressive muscle relaxation, breathing, music, mindfulness, massage, and warm packs as well as epidural analgesia and opioids are recommended for pain relief.²
<p>5 Avoid giving birth on your back and follow your body's urge to push.</p>	<ul style="list-style-type: none"> • "For women without epidural analgesia, encouraging the adoption of a birth position [for second stage] of the individual woman's choice, including upright positions, is recommended."² • "For women with epidural analgesia, encouraging the adoption of a birth position [for second stage] of the individual woman's choice, including upright positions, is recommended."² • "Women in the expulsive stage of labour should be encouraged and supported to follow their own urge to push."² • "For women with epidural analgesia in the second stage of labour, delayed pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended...."²
<p>6 Keep your baby with you – it's best for you, your baby, and breastfeeding.</p>	<ul style="list-style-type: none"> • "Newborns without complications should be kept in skin-to-skin contact (SSC) with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding."² • "The mother and baby should not be separated and should stay in the same room 24 hours a day."²

Page 4

1. World Health Organization. (2011). WHO recommendations for induction of labor. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/44531/1/9789241501156_eng.pdf

2. World Health Organization. (2018). WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization. <http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf>

ACOG RECOMMENDATIONS AND THE LAMAZE SIX HEALTHY BIRTH PRACTICES

Lamaze Six Healthy Birth Practices

Recommendations of the American College of Obstetricians and Gynecologists (ACOG)

<p>1 Let labor begin on its own.</p>	<p>Before the publication of the ARRIVE Trial (A Randomized Trial of Induction versus Expectant Management²) in the <i>New England Journal of Medicine</i> in August of 2018, ACOG discouraged elective induction before 41 -42 weeks of gestation. In response to the ARRIVE Trial, ACOG issued a practice advisory² stating that, "It is reasonable for obstetricians and health care facilities to offer elective induction of labor to low-risk nulliparous [first-time] women at 39 weeks gestation," provided that</p> <ul style="list-style-type: none"> • The due date has been confirmed by an ultrasound early in the pregnancy;³ • Thorough discussion has taken place between the provider and pregnant woman² and • Ample time is provided for labor to progress. ACOG recommends "allowing longer durations for latent labor (up to 24 hours or longer) and requiring that oxytocin be administered for at least 12-18 hours after membrane rupture before deeming the induction a failure."²
<p>2 Walk, move around, and change positions throughout labor.</p>	<p>"Frequent position changes during labor to enhance maternal comfort and promote optimal fetal positioning can be supported as long as adopted positions allow appropriate maternal and fetal monitoring and treatments and are not contraindicated by maternal medical or obstetric complications."⁴</p>
<p>3 Bring a loved one, friend, or doula for continuous support.</p>	<p>"Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula."⁵</p> <ul style="list-style-type: none"> • "Evidence suggests that, in addition to regular nursing care, continuous one-to-one emotional support is associated with improved outcomes for women in labor."³
<p>4 Avoid interventions that are not medically necessary.</p>	<ul style="list-style-type: none"> • "...for women with normally progressing labor and no evidence of fetal compromise, routine amniotomy need not be undertaken unless required to facilitate monitoring."⁴ • "To facilitate the option of intermittent auscultation, OB-GYNs and other obstetric care providers and facilities should consider adopting protocols and training staff to use a hand-held Doppler device for low-risk women who desire such monitoring during labor."⁴ • "Multiple nonpharmacologic and pharmacologic techniques can be used to help women cope with labor pain."⁴ • "...use of the coping scale [rather than the 1-10 pain scale] can help OB-GYNs...tailor interventions to best meet the needs of each woman."⁴ • "Women in spontaneously progressing labor may not require continuous infusion of IV fluids."⁴ • Not an official position statement, but in this systematic review published in <i>Obstetrics and Gynecology</i>: "Women with low-risk singleton pregnancies who were allowed to eat freely during labor had a shorter duration of labor. A policy of less restrictive food intake during labor did not influence other obstetric or neonatal outcomes nor did it increase the incidence of vomiting. Operative delivery rates similar."⁶
<p>5 Avoid giving birth on your back and follow your body's urge to push.</p>	<ul style="list-style-type: none"> • "...each woman should be encouraged to use the technique [spontaneous versus Valsalva] that she prefers and is most effective for her"⁴ <p>Although ACOG has supported the concept of delayed pushing (laboring-down) in the past, following the publication of a new study in JAMA⁷ in October of 2018, ACOG issued a practice advisory⁸ stating that, "It is reasonable to choose immediate over delayed pushing in nulliparous patients with neuraxial anesthesia."</p>
<p>6 Keep your baby with you – it's best for you, your baby, and breastfeeding.</p>	<p>"The Ten Steps [including early skin-to-skin care and rooming -in] should be integrated into maternity care to increase the likelihood that a woman will initiate and sustain breastfeeding...Skin-to-skin is feasible in the operating room and is associated with reduced need for formula supplementation."⁹</p>

List your biggest fears/concerns when it comes
to birth.

We will revisit them in the last week.

Write your initials or a picture on the back.

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A FEW NOTES ABOUT MULTIPLE PREGNANCY

Being pregnant with more than 1 baby is exciting. It is often a happy event for many couples. But multiple pregnancy has higher risks for complications.

-You will probably have more monitoring, more ultrasounds etc.

-You are likely to deliver babies sooner than they are ready (preterm.)

A FEW NOTES ABOUT MULTIPLE PREGNANCY

Gestational high blood pressure

Women with multiple fetuses are more than twice as likely to develop high blood pressure of pregnancy. This health problem often develops earlier and can be worse than in pregnancy with one baby.

Gestational diabetes

Women with multiple fetuses are more likely to get gestational diabetes.

Anemia

Anemia is more than twice as common in multiple pregnancies as in a single birth.

CAN YOU GIVE BIRTH TO TWINS VAGINALLY?

-You'll more likely be able to try for a vaginal delivery if you don't have any health conditions that might put you or your babies at risk. These include conditions such as preeclampsia and gestational diabetes.

- **At least one or both babies are head down!**

If your first baby (the one nearest the exit) is head down but your second baby is breech (baby's buttocks or feet are positioned to be delivered first), you may still be able to give birth vaginally. In this case, you'd deliver your first little one, and then your practitioner would try to turn your second baby into the head-down vertex position. Your practitioner will do this either by applying manual pressure to your abdomen (external version) or by reaching inside your uterus to turn the second (internal version). If your second baby still won't flip, your practitioner may pull the baby out feet first. This is called a breech extraction.

Let's add those important numbers and take a quick break!

M MARCH OF DIMES

SIGNS AND SYMPTOMS OF PREECLAMPSIA INCLUDE:

Headache that doesn't go away

Changes in vision, like blurriness, flashing lights, seeing spots or being sensitive to light

Pain in the upper right belly area or in the shoulder

Trouble breathing

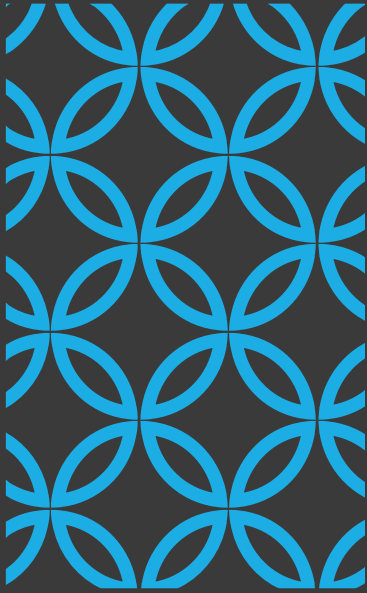
Nausea (feeling sick to your stomach), vomiting or dizziness

Swelling in the legs, hands or face

Sudden weight gain (2 to 5 pounds in a week)

Contact your health care provider if you are experiencing any of these symptoms or believe you have preeclampsia. Visit <https://www.marchofdimes.org/preeclampsia> for more information. Nov 2020





WHAT IS PRE-LABOR?

Lets you know that your body is getting ready for labor

Can occur at any time from a month before labor until the onset of labor

Does not mean that labor is starting

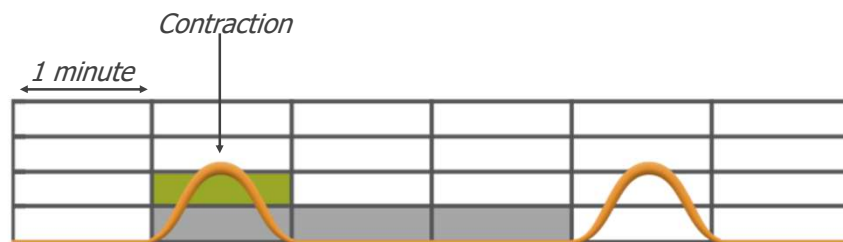
SIGNS THAT LABOR IS NEAR

- Braxton-Hicks/warm-up contractions
- Lightening
- Release of the mucous plug
- Nesting
- Weight loss (1-3 lb.)
- Increased backache
- Frequent loser BMs

TRUE VS. WARM-UP LABOR

True Contractions	Warm-Up Contractions
Eventually tighten the entire uterus	Tighten portions of the uterus
Grow closer together	Have no regular pattern
Usually cause pressure on the lower back and/or lower belly	Don't usually cause back pressure
Last longer over time	Ease up over time
Do not stop when you change your activity, and walking may make them stronger	May stop when you change your activity by resting, walking, or taking a warm bath
Become stronger over time	Lose intensity over time
Cause the cervix to thin and open	Do not cause the cervix to change

TIMING CONTRACTIONS



Duration = 1 minute

Frequency = 3 minutes (from start of one to start of next)

BAG OF WATERS BREAKS

- The bag of waters will break as the first sign of labor in about 10% of birthing people
- Water may release in a trickle or a gush

Call your healthcare provider and report the:

- T**ime
- A**mount
- C**olor
- O**dor



STAGES OF LABOR VIDEO

1st Stage

Cervix thins and opens

2nd Stage

Pushing and birth

3rd Stage

Delivery of the placenta

4th Stage

Recovery & chestfeeding

KEEP CALM AND LABOR ON!



Know what to expect in early labor.

OH BABY! YOU JUST HAD YOUR FIRST CONTRACTION. IS THIS IT? SHOULD YOU GRAB YOUR BIRTHING BAG AND HEAD OUT?

You may be in **early labor** — the phase that comes before **active labor**.

WHAT'S EARLY LABOR LIKE?

- Contractions are getting stronger and settling into a regular pattern
- As contractions strengthen, you'll need to work harder and find a rhythm
- The cervix dilates to 6 cm to prepare for birth, as the baby moves down in your pelvis¹
- Early labor is most often the longest phase, more than half of the total labor time

DID YOU KNOW?



The average length of early labor is **6-12 hours** for first-time parents (early labor is usually shorter for experienced moms).²

It may even last **24 hours or more**, which can be perfectly normal

THERE ARE BENEFITS TO STAYING HOME DURING LABOR AS LONG AS POSSIBLE:



Gives you more **flexibility** to move freely—which can **reduce** the risk of medical interventions³



Helps **increase** the labor hormone, oxytocin—which **allows** the cervix to thin and open⁴

HOW CAN YOUR PARTNER AND DOULA SUPPORT YOU?



Offering comfort, physical care and reassurance



Helping time contractions



Keeping your mind off labor with simple activities, like playing games

STAY CONNECTED

Resting and relaxing

Drinking plenty of fluids and eating what appeals to you

Going for a short walk

Moving around or changing positions

Focusing on slow, deep breathing

Using a warm pad or ice pack on your lower back

Reading a good book or watching TV

Asking your doula or partner for a gentle massage

HOW DO I KNOW WHEN TO GO?



Active labor begins when contractions are roughly 3-5 minutes apart, last 1 minute and have been that way for 1-2 hours.⁶

However, listen to your body. If you feel it's time to go to your birthing facility, follow that instinct and/or call your care provider first, especially if your water breaks.

LEARN MORE ABOUT EARLY LABOR IN A LAMAZE CLASS, IN-PERSON OR ONLINE, SO YOU CAN BE PREPARED! VISIT LAMAZE.ORG TO LEARN MORE.



1 American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine. Safe prevention of the primary cesarean delivery. Obstetric Care Consensus No. 1. American College of Obstetricians and Gynecologists.

American Journal of Obstetrics and Gynecology (2014): 123:693-711. doi: 10.1097/01.AOG.0000444441.04111.1d

2 Mayo Clinic. (2013, July 18). Labor and delivery, postpartum care - Stages of labor: Baby, it's time! Retrieved from <http://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/stages-of-labor/art-20046545>

3 Regan, M., McElroy, K., Iobst, S., and Lothian, J. (2015). Optimizing childbirth outcomes through adoption of healthy birth practices.

4 Childbirth Connection. (April 2011). Understanding & Navigating the Maternity Care System. Retrieved from <http://www.childbirthconnection.org/maternity-care/role-of-hormones/>

5 March of Dimes. (May 2014). Vaginal birth - Stages of labor. Retrieved from <http://www.marchofdimes.org/pregnancy/stages-of-labor.aspx>

6 Lothian, J.A., McGrath, K. (2012, April 24). Your step-by-step guide to giving birth. [Web log post]. Retrieved from <http://www.lamaze.org/StagesOfLabor>

First Stage Parts

Early Labor

6-12+ hours

Active Labor

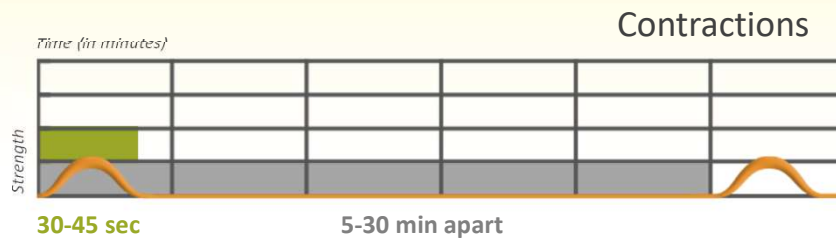
3-5 hours

Transition

30 minutes-2 hours

Every labor is unique. The length of your labor may be different!

1st Stage: Early Labor




Cervical Dilation: 0-6 cm



Emotions:

Happy,
Excited,
Some anxiety



When to go to the hospital

4

Minutes apart

1


Minute each

1

For 1 hour

You May Need to Go Sooner Than “411” if You:


- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your bag of waters has broken
- Have vaginal bleeding
- Live far from the hospital
- Progress quickly
- Tested positive for Group B Strep



Always follow your healthcare provider's instructions

1st Stage: Active Labor


Time (in minutes) Contractions



Strength

45-60 sec 3-5 min apart

Cervical Dilatation: 6-8 cm

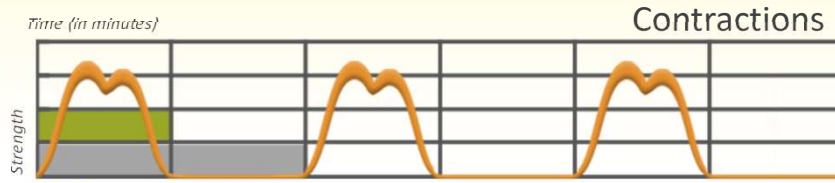


8 cm

Emotions:

Serious,
Focused

1st Stage: Transition



60-90 sec 1-3 min apart
Cervical Dilatation: 8-10 cm

10 cm

Emotions:
Frustrated,
Dependent

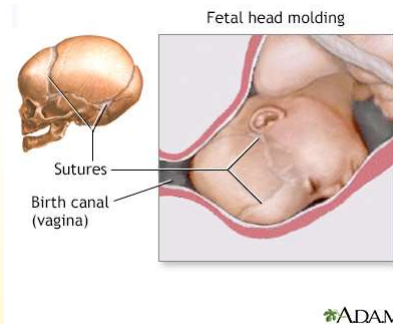
2nd Stage

Contractions (there may be a resting period before contractions restart)



60-90 sec 3-5 min apart

Emotions:
Happy,
Relieved,
Exhausted



The parts of our brain and nervous system in control of the birth process are primitive, instinctive and automatic. Our *bodies* usually know how to get our babies out, all by themselves.

During birth, our cervix ripens, our uterus muscles gather up rhythmically and the neck of the womb begins to open. Our babies inch down and down as the muscle fibres in the womb shorten, then the powerful muscles of the uterus begin to actively push babies down the birth canal - a powerful expulsive reflex that does *not* require a mother's conscious assistance from the muscles of her abdomen (although she may feel very much like *going with* those strong urges!)

When our neocortex is **quietened** (that part of our brain that analyses, overthinks and worries), our innate instincts take over, our bodies simply *flow through* the birth process, rather than *forcing* or indeed *fighting* it. People call this optimal mental state the 'birth zone'.

All (non-comatose) mammals require certain conditions to be met in order for this primitive physiology to kick in... that is - feeling relaxed before birth commences, and having a very quiet, warm, safe space where we feel loved, supported and free to do what feels good from one contraction to the next.

Emma, UK...

Emma fell into a coma after contracting pneumonia at 27 weeks of pregnancy. She went into labour prematurely two weeks later, and gave birth to a healthy daughter named Amy (3lbs 5oz). Nurses only noticed that Amy was on her way when her head emerged! Emma regained consciousness a further two weeks later, and was well enough to be discharged home after another two weeks. She says of her birth:

"It seemed incredible to think that I had given birth naturally whilst I was still in a coma. I hadn't consciously pushed or experienced a single contraction, yet my little girl was here and she was healthy. It just seemed like a miracle. It's amazing to think how Amy came into the world. Even when I was unconscious, my body knew what to do. I'd love to be able to remember giving birth to her, but I'm just grateful that we are both alive and healthy now."

So partners will have some jobs/tasks that are important in labor, but the birthing person's only job is to stay relaxed and let your body birth your baby.



BIRTH

Discussion on seeing a birth-

- What did you think?
- Was it as "icky" as you thought it would be?
- What did you think of their positions?
- What emotions did it bring up for you?
- How did they describe their baby?

A few notes-

The position they chose was just what felt the most comfortable to them!

You can use any position that feels good to you. We will give more example next class!

WHY WAS THEIR BABY STICKY?

Vernix can continue to protect your baby's skin by helping it retain moisture and stave off bacterial infections.

(It's sticky and allows your natural healthy bacteria from your birth canal to stick to baby, actually jump starting their immune system!)

It might help babies latch on too. The scent of vernix might be involved in triggering neural connections in babies' brain needed for breastfeed/chestfeeding.

So think of it like lotion, rub it in, don't wash it off!

3rd Stage

- The placenta detaches from the uterine wall 5-20 minutes after birth
- You may feel a mild contraction as it detaches
- Your healthcare provider will examine the placenta to make sure that it comes out in one complete piece
- Fundal massage for everyone is not evidenced based!



4th Stage

- The 4th stage of labor is the first few hours after birth
- Your uterus continues to contract and shrinks to about the size of a cantaloupe
- Holding your baby skin to skin and feeding him within the first hour after birth helps long-term breastfeed/chestfeeding and milk production, and helps your uterus contract to its usual size

The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice makes the following recommendations regarding the timing of umbilical cord clamping after birth:

-In term infants, delayed umbilical cord clamping increases hemoglobin levels at birth and improves iron stores in the first several months of life, which may have a favorable effect on developmental outcomes.

-Delayed umbilical cord clamping is associated with significant neonatal benefits in preterm infants, including improved transitional circulation, better establishment of red blood cell volume, decreased need for blood transfusion, and lower incidence of necrotizing enterocolitis and intraventricular hemorrhage.

-Given the benefits to most newborns and concordant with other professional organizations, the American College of Obstetricians and Gynecologists now recommends a delay in umbilical cord clamping in vigorous term and preterm infants for **at least 30–60 seconds** after birth.

-There is a small increase in the incidence of jaundice that requires phototherapy in term infants undergoing delayed umbilical cord clamping. Consequently, obstetrician–gynecologists and other obstetric care providers adopting delayed umbilical cord clamping in term infants should ensure that mechanisms are in place to monitor and treat neonatal jaundice.

-Delayed umbilical cord clamping does not increase the risk of postpartum hemorrhage.

birthing people's Health Care Physicians. (n.d.). Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Delayed-Umbilical-Cord-Clamping-After-Birth>

“**At the moment a baby's born, 1/3 of their blood is still outside their body. If you delay cord clamping 90 seconds they get 60% more blood cells. They get enough iron to last them through their first year. They get white blood cells to fight infection. They get antibodies. They get stem cells to help repair their body.**”

Dr. Alan Greene
Expert at kidsinthehouse.com






LABOR REVIEW

ANY QUESTIONS? |

Videos at tinyurl.com/ExpectingAMiracle



Thanks for a great class!
Here's what we learned today!

Week 1

Class –
Understanding Pregnancy & Labor

Homework:
Consider purchasing an exercise ball. Practice a few exercises discussed in the video “7 Easy Exercises for An Optimal Pregnancy & Labor”.

Videos at tinyurl.com/ExpectingAMiracle
Watch Videos 3–4

What to bring NEXT WEEK:
Comfortable clothing, hair ties, two pillows, and a yoga mat and exercise ball if you have one.

MYTHS AND MISINFORMATION

There are some common myths about sex during those 40 weeks of pregnancy. Remember to consider your relationship (*is it healthy? Am I doing this for me?*) and protect against sexually transmitted infections (STIs) before considering sexual contact.

MYTH

Most women do not want sex during pregnancy.

Most pregnant women do not need lubricant during sexual activity.

Sex during pregnancy will harm the baby.

Sex causes premature labor contractions.

Oral sex isn't OK.

FACT

In truth, each woman's libido (desire for sex) is different during pregnancy. A woman may feel like having sex with one pregnancy and be less interested during another pregnancy. Most women enjoy sex throughout their pregnancy without complications.

While some women report adequate arousal and enhanced lubrication during pregnancy, some women report the opposite – everybody is unique. Try a body-friendly silicone-based lubricant for long-lasting lubrication that never gets sticky.

The baby is protected in the amniotic fluid sac, so sexual activity will not hurt the baby. Old wives' tale of sex during pregnancy causing a cleft or dimple in a baby's chin is untrue.

Women can experience many contractions without going into active labor, causing cervical dilation. Oxytocin can increase breast stimulation and/or orgasm resulting in an increase in contractions, especially near the end of a pregnancy. Sex alone is not known to cause labor, as there are a number of other changes, such as changes in hormone levels, that occur to determine when labor will begin.

Oral sex is a sensual activity that many couples enjoy whether they are pregnant or not. One of the most common challenges deals with concerns about an air bubble being blown into the women's blood stream or causing a women discomfort. A partner should be careful not to blow air forcefully and directly into the vagina.

MYTH

You should not use self-stimulators and vibrators during pregnancy.

All sexual positions are comfortable during pregnancy.

All couples resume sexual activity by the 6-week postpartum visit

Breastfeeding moms do not need lubricant.



FACT

Sexual accessories like self-stimulators and vibrators are perfectly safe to use for some added enhancement during pregnancy. Be sure to clean them between uses without sharing them between partners.

As pregnancy progresses, some sexual positions may become more uncomfortable as the uterus grows. Some women find missionary position uncomfortable; others prefer positioning where the woman can take control over the depth and force of penetration. Refer to the positions section of this class for more information.

There is no universal timeline to resume sexual activity – each body and its need will differ. Refer to our postpartum handouts for more tips and information regarding postpartum challenges and needs. Resuming sexual intercourse between new parents is an important milestone. Consult your healthcare professional if you are experiencing difficulty.

Women breastfeeding exclusively may see hormonal changes affect menstrual cycles or vaginal dryness. Try a lubricant to help improve sexual comfort and consult your healthcare professional should you have further concerns.

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TO OUR SPONSOR:



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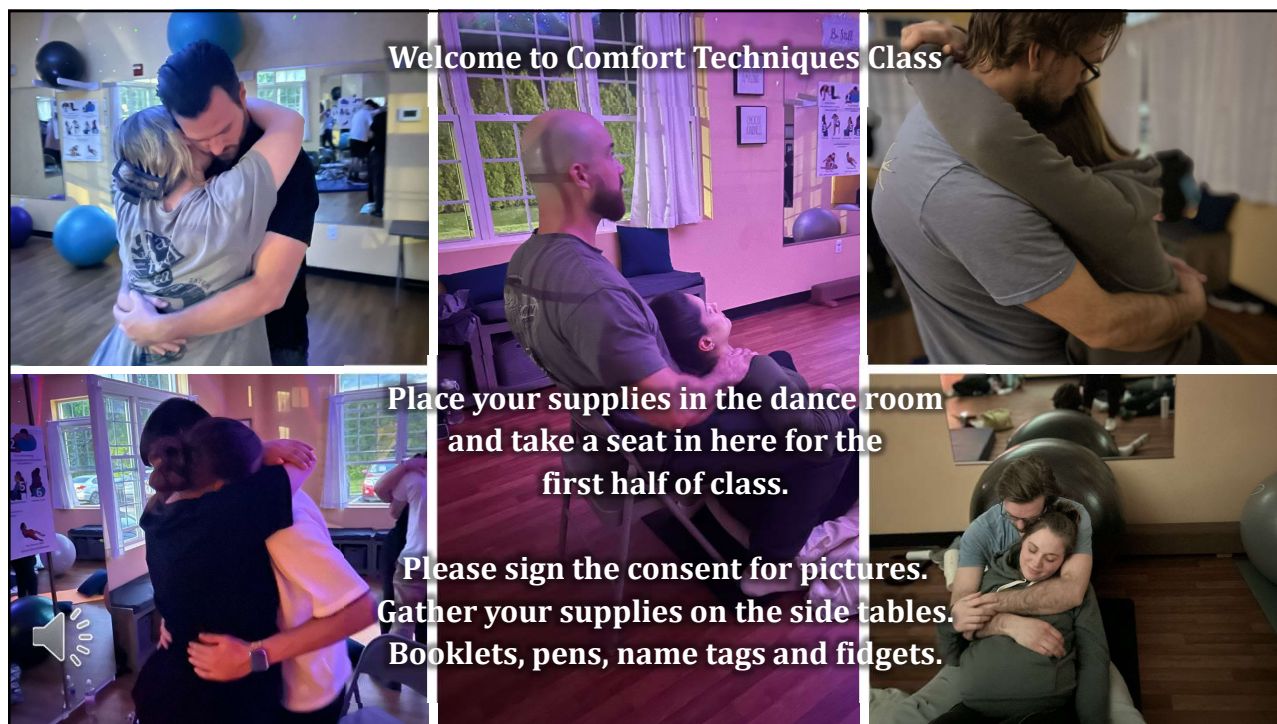
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Date _____



How was
your week?

- Any doctor appts?
- Nursery set up?
- Fun baby news?
- New symptoms?
- Did you do any of the homework?
- Homework- Watch videos. Consider purchasing an exercise ball. Practice a few exercises discussed in the video "7 Easy Exercises for An Optimal Pregnancy & Labor".

KEEP CHILDBIRTH SIMPLE!

Lamaze has summed up years of research into 6 Healthy Birth Practices, proven to promote the safest, healthiest birth possible for parents and babies.

- 1** Let labor begin on its own.

 - Normal pregnancy lasts 38-42 weeks!
 - Natural start of labor usually means your body and your baby are ready for birth
 - Induction could make contractions harder and stress the baby
- 2** Walk, move around and change positions throughout labor.

 - Help your uterus work more efficiently
 - Use upright positions and gravity to help pull baby down
 - Actively responding to labor may help you feel more confident, less afraid
- 3** Bring a loved one, friend or doula for continuous support.

 - Praise, reassurance and encouragement decrease stress
 - Physical support can help decrease pain
 - Informational support can increase confidence
- 4** Avoid interventions² that are not medically necessary.

 - Many of these disrupt the birthing process, making it more difficult
 - Choose a birth setting with a low rate of interventions
 - Ask if your care provider routinely uses any interventions
 - During labor, ask if there is another alternative
- 5** Avoid giving birth on your back and follow your body's urge to push.

 - Use gravity to your advantage to shorten the pushing stage
 - Push when your body tells you
 - Use upright or side-lying positions
 - Adjust the hospital bed to support your position.
- 6** Keep your baby with you - it's best for you, your baby and breastfeeding.

 - Skin-to-skin during the first hour helps baby transition
 - Weighing and other routine procedures can wait
 - Ask which procedures can be done while holding baby
 - Rooming with baby doesn't prevent you from sleeping

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Packing your bag

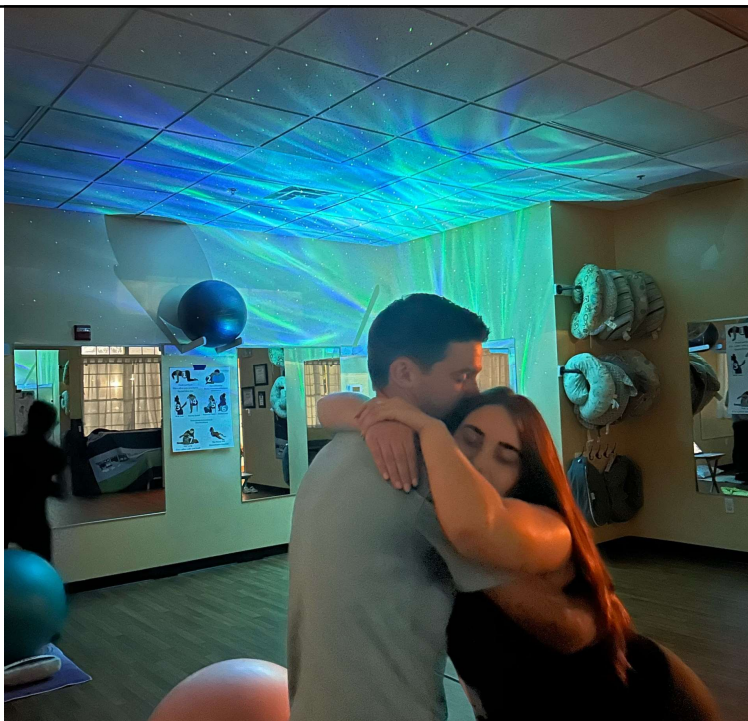
- **Please bring:**
- Insurance card, ID, paperwork (birth certificate worksheet and birth preference/birth plan)
- A cell phone charging cord (extra-long is best). And any other chargers you may need (like for your watch, headphones, or toothbrush.)
- Snacks and drinks for you and your partner.
- Cash and coins for the vending machine.
- Comfortable clothing for you and your partner for 4 days including sleepwear and bathing suit (in case you are helping birthing person in the shower or tub.)
- A properly installed, unexpired, car seat.
- A going-home outfit. Pack two different outfits in different sizes because you don't know how big or small your baby will be! Aim for one outfit in newborn size and one 0-3 months. Don't forget hats and/or socks if weather appropriate.
- Your pediatrician's contact information.

Optional:

- Pillows and/or blankets from home to make the room more comfortable.
- Mints or chewing gum for your partner to ensure fresh breath.
- Toiletries for you and your partner. You'll want your hairbrush, regular or dry shampoo, toothbrush and toothpaste, deodorant, lip balm, extra hair ties and face wipes. Remember extra contacts and/or glasses if you wear them.
- Bring slip-on shoes like Birkenstocks, Crocs, or flip-flops for going home. Your feet might be swollen from IV fluids, so you'll be thankful for shoes you can easily slip on.
- A comfortable bathrobe.
- A few nightgowns or comfortable dresses for those having a c-section (pants over an incision can be uncomfortable.)
- Nursing or stretchy bras and breastfeeding friendly comfortable clothing/pajamas if you plan to breastfeed.
- Microwaveable heating pad for back aches during labor.
- Portable Bluetooth speaker or headphones for playing music or meditations during labor.
- A small portable fan for night sweats or hot flashes during labor and/or postpartum (like a stroller fan that can attach to a bed rail or table.)
- Adult diapers and other postpartum care products. The hospital will give you pads and mesh underwear, but many parents said adult diapers, like Depends, were more comfortable.

Labor Positions

- Help a baby descend and turn into a more optimal position for birth
- Cause more efficient contractions
- Reduce the pain of contractions
- Help mom actively participate in their labor
- Provide a change of pace



8 KEY LABOR POSITIONS PROVEN TO HELP LABOR PROGRESS

Lamaze suggests these 8 labor positions to help you progress through labor. Practice these positions at home with your birth partner and bring this sheet with you on the big day as a reminder of how you can keep moving!

WALKING/STANDING

Benefits

- Uses gravity to encourage descent
- Helps encourage baby into good position for delivery
- Provides a distraction
- Being upright and staying active during labor can help increase comfort, shorten labor and avoid cesarean section

How To

- Grab your partner and take a stroll



SLOW DANCING

Benefits

All of the left (walking/standing), plus:

- May be more restful than standing
- Allows partner to provide physical support
- Allows you to move your hips in rhythm with contractions or music
- Moving your hips can increase your comfort and help baby descend

How To

- Slow dance with your partner and sway to the rhythm of music or your contractions
- Move your hips to increase your comfort



USING A REBOZO

Benefits

- May help increase comfort
- May help baby rotate into a favorable delivery position, especially for a baby that is face up
- May relieve uterine ligament tension or back pressure

How To

- Use a woven shawl (rebozo) or a sheet that is about 5-7 feet long
- While on hands and knees, have partner place rebozo around your belly
- Using gentle, tiny jiggling movements, shift the rebozo from side to side

Consult your professional labor support team before attempting this position.



SQUATTING

Benefits

- Uses gravity to encourage descent
- May help rotate baby into an ideal delivery position
- May increase pelvic diameter by as much as two centimeters
- Allows the freedom to shift your weight for comfort

How To

- Squat with your feet flat on a sturdy, low surface and hold a squatting bar, sheet, rebozo, support person or strong piece of furniture for stability
- Keep feet wide and don't let your knees pass your toes
- You can also sit on a toilet or birth ball to achieve this position
- Allows partner or doula to gently massage your belly in circular motions



KNEELING ON HANDS AND KNEES

Benefits

- Can relieve pressure on your back
- Can help baby rotate to a more favorable delivery position
- Allows for rocking hips
- Allows partner to provide back massage, counterpressure (very firm massage against the lower spine) or applications of warm or cold compresses

How To

- Support your weight on your hands and knees, or kneel with your upper body on a birth ball or stack of pillows
- Once in this position, you can also lean forward to bring your knees towards your chest



LUNGING

Benefits

- Helps open your mid-pelvis
- May help baby rotate to a more ideal delivery position
- May help relieve back pressure
- Can help when labor stalls

How To

Standing:

- Place one foot on the floor pointing forward and raise your opposite leg onto stairs or a chair positioned beside you
- While facing forward, point your raised foot at a right angle to the foot on the floor and gently lunge in toward your raised knee and stand straight again
- Don't let your knees pass your toes



SIDE LYING

Benefits

- Helps get oxygen to the baby
- Can use with epidural
- Used during pushing and delivery, can lower chances of tearing or the need for episiotomy
- Helpful if you have elevated blood pressure
- Can slow a birth that's moving too fast
- Can relieve hemorrhoid pain discomfort

How To

- Lie on your side with a pillow or peanut ball under your top knee for support



SITTING

Benefits

- Uses gravity to encourage descent
- Can be used with continuous electronic fetal monitoring
- Encourages rhythmic movement
- Good for resting
- Sitting on toilet can help release perineum muscles
- Allows partner to provide back massage, counterpressure (very firm massage against the lower spine) or applications of warm or cold compresses

How To

- Straddle a chair, sit on a toilet or a firm but not hard birth ball - keep your knees lower than your hips to allow baby to rotate
- Sway right to left or back and forth



Content reviewed by Susan Givens, BSN, RNC-OB, MPH, LCCE



WHO SAYS THREE'S A CROWD? BRING THE LABOR SUPPORT YOU'LL NEED!



It's helpful to have continuous support from loved ones, friends and nurses. But research suggests having a doula on your team improves outcomes most.¹



Lower risk of a cesarean



Less use of pain medication



Reduced risk of vacuum or forceps



More likely to have a positive birth experience

IN LABOR, YOU NEED EXPERT CARE...

but you also need comfort, encouragement, information, physical and emotional support.

You might think that your nurse will provide this support, but nurses have many other responsibilities.

Nurses take care of your health and safety. Your partner and doula will be with you continuously, contraction-by-contraction.



Caring for multiple people



Managing technology



Record-keeping

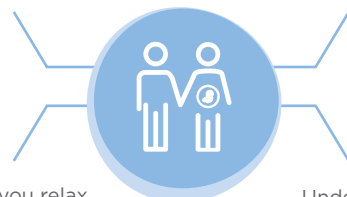
SAVVY PARENT TIP

In most hospitals **NURSES CANNOT realistically stay by your side throughout your entire labor.**

HOW CAN YOUR PARTNER AND DOULA HELP YOU?³

Provides physical and emotional comfort

Partner



Helps you relax and stay positive

Communicates your needs during labor

Understands and cares for you

Is a resource before, during and after birth

Doula

Suggests techniques for pain relief

Helps partner provide support

Assists with breastfeeding

Helps you find comfortable positions

Provides tips on how to relieve stress

Supports you in advocating for your wishes

Understands birth

GET THE SUPPORT YOU NEED AND PUSH FOR BETTER CARE

1

Attend class as a team!

Enroll your partner, family member or friend in your Lamaze class. The more they know about how to have a safe and healthy birth, the more helpful they can be on the birth day.

2

Pick the pro

Consider a doula. Interview 2-3 doulas to understand their perspectives and experience. Chemistry is key, as is their knowledge.

3

Tap your team

Your whole team – your partner, family, nurse, doula, midwife and doctor – plays an important role. Make your needs clear so you get support through your entire labor.

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



1 Bohren, M.A., Hofmeyr, G.J., Sakala, C., Fukuzawa, R.K., & Cuthbert, A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews, 2017(7), 1-169. Retrieved from <http://www.nationalpartnership.org/research-library/maternal-health/continuous-labor-support-cochrane-review-2017-takeaways.pdf>
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003766.pub5/abstract;jsessionid=10A630308980E1422671517FFCB76864.f01t01>

2 Childbirth Connection. (2018). Retrieved from <http://www.childbirthconnection.org/giving-birth/labor-support/research-evidence/>

3 Hotelling, B.A. (2012, April 24) [Web log post]. Supporting cast: You're not in this alone. Surround yourself with a caring birth team. Retrieved from <http://www.lamaze.org/p/bl/et/blogid=3&blogid=17>

NO FOOD, NO DRINK DURING LABOR?

NO WAY!



HOW LONG DO YOU USUALLY GO WITHOUT EATING?

What if you had to get through a **16 or 24 hour childbirth**

WITH NO FOOD OR DRINK?



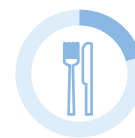
RESTRICTING FOOD AND DRINK DURING LABOR IS COMMON

One large survey¹ of U.S. women who gave birth showed:



40% DRANK FLUIDS

21% ATE FOOD



YOUR STOMACH IS ACTUALLY NEVER EMPTY EVEN IF YOU DON'T EAT OR DRINK³



SO WHY ARE THERE RESTRICTIONS?

Fear of medical complications from stomach contents is still common among health care professionals.

**BUT WHAT DOES
THE EVIDENCE SAY?**

A 2017 research analysis of almost 4,000 women found:²



NO EVIDENCE to support restrictions on what you eat or drink in a typical labor.



Restrictions may mean a longer and more painful labor for you.

SO DON'T TOSS THAT APPLE...

Labor is hard work! You need a good fuel source to power through it.
Eat what appeals to you... and drink plenty of water!



SHOW ME THE... EVIDENCE!

Will you face restrictions in your labor? Make sure you're getting quality, evidence-based care:

1

Learn more about preparing for labor in a **Lamaze childbirth education class**

2

Ask if your **care provider or birth place** routinely restricts eating and drinking during labor

3

If you don't agree with the restrictive policies, **consider switching** your **provider or your place of birth**

4

If there is a **restrictive policy**, ask to see the evidence that your care provider is using!

VISIT WWW.LAMAZE.ORG TO LEARN MORE.

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¹ Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to MothersSM III: Pregnancy and Birth. New York: Childbirth Connection, May 2013.

² Ciardulli, A., Saccone, G., Anastasio, H., & Berghella, V. (2017). Less-Restrictive Food Intake During Labor in Low-Risk Singleton Pregnancies: A Systematic Review and Meta-analysis. *Obstet Gynecol*.

³ Singata, M., Tranmer, J., Gyte, G.M.L. (2013). Restricting oral fluid and food intake falling on labor. [Abstract]. *Cochrane Database of Systematic Reviews*, Issue 8. Art. No.: CD003930. <http://summaries.cochrane.org/CD003930/eating-and-drinking-in-labour>

Why Movement Helps During Labor

- **Speeds Up Labor** – Moving and changing positions can help the baby move down and shorten labor time.
- **Uses Gravity** – Upright positions help the baby descend naturally.
- **Improves Comfort** – Movement gives you more control and helps you find positions that feel better.
- **May Lower Interventions** – Staying active can reduce the chances of needing a C-section or other procedures.
- **Reduces Pain** – Walking, swaying, or using a birthing ball can make contractions feel less intense.
- **MOVEMENT THEORY**- Any movement during a contraction can lessen the sensation of the contraction!

Oxytocin (The Love Hormone)

- Oxytocin is the hormone your body makes when you feel safe, loved, or close to someone.
- During labor, it tells the uterus to tighten and helps labor move forward.
- No oxytocin = no contractions.

WE LIKE TO MOVE IT, MOVE IT!



HOW COMMON IS BEING CONFINED TO BED IN LABOR?

A survey of new parents showed that

3 OUT OF 5  

DID NOT WALK AT ALL DURING LABOR!

BUT IF YOU COULD...



Shorten your labor by up to an hour or more



Reduce your need for an epidural



Reduce your risk of a cesarean

...WOULD YOU WANT TO MOVE AROUND AND CHANGE POSITIONS IN LABOR?

These are some of the **proven benefits**² of moving and changing positions in the first stage of labor.

SO, LET **GRAVITY** HELP YOUR BABY MAKE THE **EASIEST EXIT** POSSIBLE!²

TIPS TO STAY ON THE MOVE:

1

Choose a **birth setting** that encourages movement

2

Watch out for **interventions that limit movement**, like an IV, epidural or electronic fetal monitoring

3

Plan for **continuous support** during labor

MAX OUT YOUR **LABOR POWER** AND **TRY THESE POSITIONS**.³



Standing, supported squat:
allows baby to descend



Walking:
less painful contractions



Side-laying:
may make contractions more effective



Squatting:
can increase pelvic diameter up to 2cm

A 2018 report from the World Health Organization recommends movement and upright positions in labor.³
HELP YOUR BABY OUT! AND CHANGE POSITIONS THROUGHOUT LABOR.

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



- 1 Declercq, E.R., Sakala, C., Corry, M.P., Applebaum, S., Herrlich, A. (2013, May). Listening to Mothers III: Pregnancy and Birth. New York: Childbirth Connection. Retrieved from http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf
- 2 Lawrence, A., Lewis, L., Hofmeyr, G.J., Styles, C. (2013). Maternal positions and mobility during first stage labour. [Abstract]. Cochrane Database of Systematic Reviews, Issue 10. Art. No.: CD003934. <http://summaries.cochrane.org/CD003934/mothers-position-during-the-first-stage-of-labour>
- 3 World Health Organization. (2018). WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization. <http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf>

When Does the Body Release Oxytocin?

During labor

When breastfeeding/nipple stimulation

When you feel close or cared for

With skin-to-skin contact

During sex – so hopefully most of you have felt this hormone before!

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Benefits

Birth Benefits

Helps lower fear and stress.

Makes contractions more effective.

Helps labor go faster.

Helps you feel calmer afterward and remember the birth in a softer way.

Natural Pain Relief

When oxytocin is flowing well, the body also makes endorphins.

Endorphins are your body's natural pain relievers.

They help contractions feel more manageable and help you stay in a calmer headspace.

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Pitocin (Synthetic Oxytocin)

Pitocin is medicine used in hospitals to start or strengthen contractions.

It works on the uterus, but not the brain.

This means:

- It does not create bonding

- It does not create natural pain relief

- It does not create the “birth high”

It can be helpful or necessary for medical reasons, but it is not the same as your body’s natural oxytocin.

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So, we like oxytocin, right?

Well partners let’s learn what lowers it and what can increase it!

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What Lowers Oxytocin?

1. Too Much Thinking

Bright lights

Lots of questions

Feeling rushed

These things make your “thinking brain” turn on—and oxytocin works best when your “instinct brain” is leading.

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What Lowers Oxytocin?

2. Feeling Observed

Too many people in the room

Being watched or monitored closely

Loud talking or a busy environment

Oxytocin is shy—it flows best when you feel private and comfortable.

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What Lowers Oxytocin?

3. Stress Hormones (Adrenaline)

Adrenaline rises when you feel:

Scared

Worried

Cold

Stressed

Unsafe

Adrenaline slows or stops labor because it blocks oxytocin.

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To Make Oxytocin Flow:

Birthing person must feel:

Safe

Warm

Relaxed

Private

Protected

Free from fear

These are the same things that help you feel close and loving in everyday life—and they help labor work better too.

Bottom Line

The same feelings that help you make love also help your body give birth.


The more safe, warm, and supported you feel, the more oxytocin your body can make.

Oxytocin = stronger contractions, less fear, less pain, and better bonding.


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Breathing


(We will practice two breathing techniques later.)



Breathe in and out through your nose or mouth, or use a combination of both



Begin and end with a *cleansing breath*



Use breathing exercises anytime during labor

©iJoy Productions, Inc.

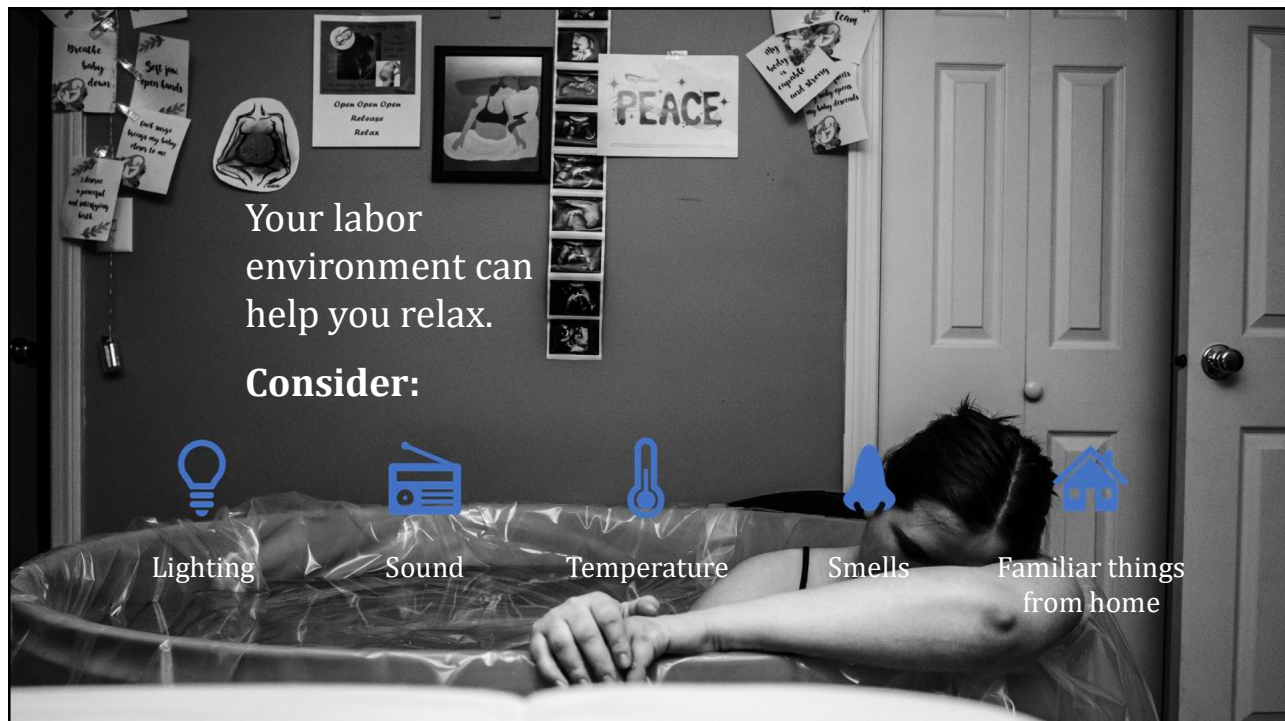
We can also use:

Essential Oils

- Clary sage causes contractions to become more regular or intense to move the labor along.
 - It also decreases pain.
- Lavender is relaxing
- Jasmine is energizing and helps to bring regular contractions
- Peppermint helps with nausea and is also energizing

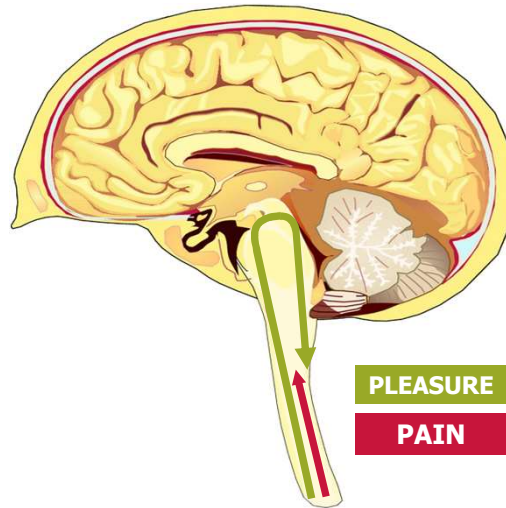
What does the evidence show?

- <https://pubmed.ncbi.nlm.nih.gov/33927109/>
- Lavender
 - 3 drops in palm and inhaled decreased rates of postpartum mood disorders
 - (18% Lavender group vs 35% No aromatherapy)
- Can low blood pressure
- Can decrease perception of pain in labor, post c/s and post stitches
 - (2% in jojoba oil mixed with warm water in sitz bath)
- Studies show it helps sleep quality
- Avoid diffusers because it can make users too tolerant to the scent
- Use by diluting in any liquid skin safe oil to a 2% solution
 - 12 drops per ounce or 2 drops per teaspoon
- Risks- can lower blood pressure so use with caution if you already have low bp or if you have an epidural as epidurals can also lower bp
- Lemon helped with nausea during pregnancy (risk of photosensitivity if directly on skin.)
- Peppermint helped with post c/s nausea but not with nausea in pregnancy



Gate Control Theory

- Pleasure and other sensations reach the brain first and block pain sensations



TENS Units

- There is some evidence that using TENS during labor does decrease pain and may increase maternal satisfaction.
- Most people who use TENS say that they would use it again in a future labor.
- One recent study that compared TENS to injectable opioids found that TENS relieved pain just as well as the injectable opioids, but without causing side effects for the birthing person s and babies.
- Mostly used in Europe, Canada and Australia but are becoming more popular here.
- For more info go to <https://evidencebasedbirth.com>
- **Rent one for 60\$ at tensforlabor.com**



\$60.00 (Deposit: \$80.00)
In stock

Add to cart

6-Week TENS Rental

Easily and quickly rent an Elle TENS 1 unit right here! Rentals are for 6 weeks! This is a streamlined process. Reserve your rental 3 weeks prior to your due date. Choose regular or expedited shipping. You'll receive your TENS unit in the mail.

- Please keep the mailing box and shipping label for return.
- PLEASE do NOT return used electrode pads!

*Return These Items:

- TENS unit
- Spare batteries, (unless used)
- Carrying pouch
- Lead wires
- Neck lanyard.

*Fee will be deducted from your rental deposit for non-returned accessories. Those fees are as follows:

- Carrying pouch: \$7.00
- Lead wires (2): \$5.00 each
- Neck lanyard: \$5.00

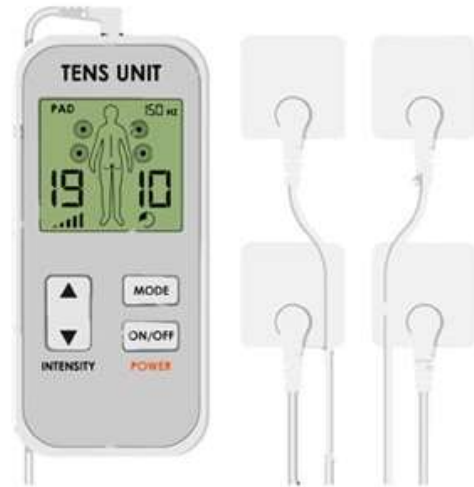
- Please send the unit back after you deliver your baby.
- If the unit is not returned within 6 weeks from the date on your printed invoice, your \$80 deposit will be forfeited. (There are no exceptions to this policy)
- If you have any further questions or concerns, please feel free to email us right here!

TEN Units

TENS or Transcutaneous electrical nerve stimulation is a kind of treatment that is used for relieving several types of pains.

This massage therapy works by passing the electrical charges (which have low-intensity) through the skin.

These charges work as an interruption to stop the pain signals sent to the brain, and this therapy may also alter the way your brain responds.



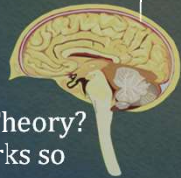
Massage

Helps you relax

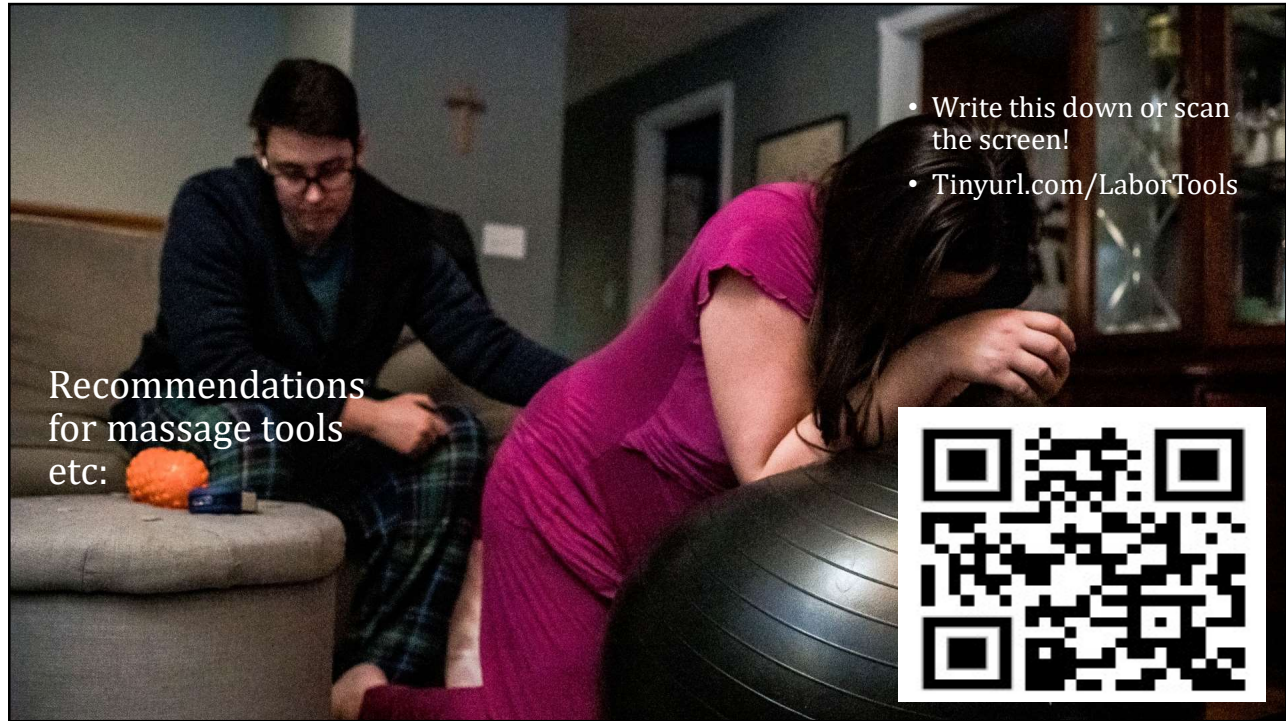
Brings oxygen to your muscles

Find out what kind of touch feels best and where the massage is most helpful

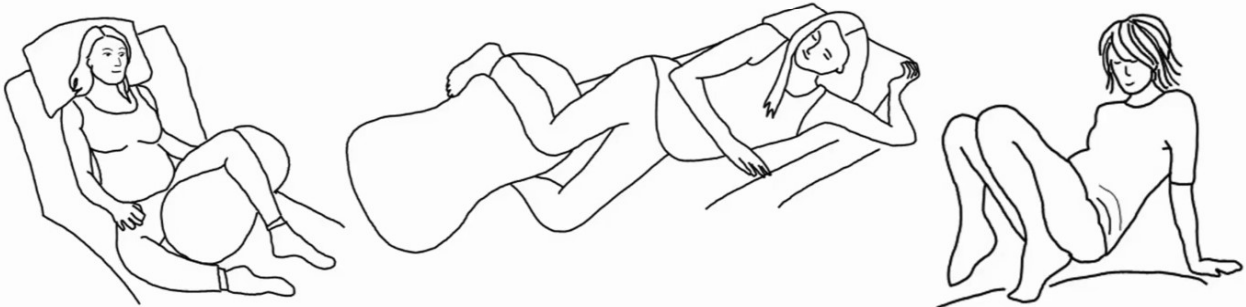
Some childbearing people are too sensitive to be touched during labor

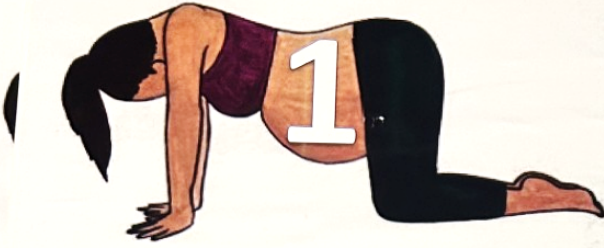


Remember Gate Control Theory?
That's why massage works so well!

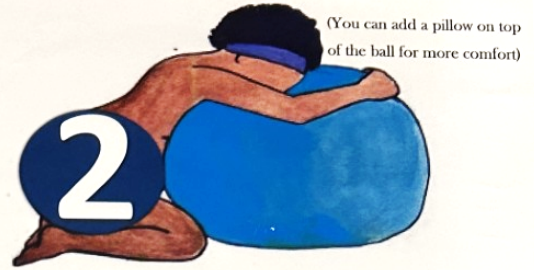


- Cover peanut ball
- Knees together pushing positions
- Brittany McCollum's info on positioning: if baby high (-5 to -2 station) choose knees out; at -1 to +1 with pelvic pressure, try asymmetric; at +2 to +5 knees together back arched





Hands and Knees
(Use a pillow under your knees)
Practice Pelvic Tilts



Forward Leaning
Practice Counterpressure and Hip Squeeze
with positions 2-4



Wall Lean



Reverse Seated



Supported Squat



Partner Lean

Practice Massage (In any position 1-4)
Then Labor Rehearsal



Side Lying
(Use a pillow under your head)



The Partner Bed
(Practice Progressive Relaxation)

Visualizing & Focusing


- Focusing on a specific object can help you through each contraction
- Visualization uses the power of mind over body
- Use escape visualization to go to a beautiful place

**Thanks for a great class!
Here's what we learned today!**

Week 2

Class-
Understanding Comfort Techniques
Relaxation Exercises

Homework- Begin packing your labor bag. Put relaxing music on your phone or MP3 player for labor. Practice double exhale before bed most nights. Read article on oxytocin.



"The power and intensity of your contractions cannot be stronger than you, because it is you."

~Unknown

Lamaze
THERAPEUTICALS

Push
for your baby



Thank you for a fabulous class!

Email me at AMS.Lamaze@gmail.com

Videos at tinyurl.com/ExpectingAMiracle



Here is a link to some of the massage tools/oils we used week 2 (or make your own!)

Tinyurl.com/labortools

I am attaching the article on oxytocin

Helpful videos here: tinyurl.com/expectingamiracle

Homework list

If you didn't, watch videos 3 and 4 at tinyurl.com/expectingamiracle
Practice a few exercises discussed in the video "7 Easy Exercises for An Optimal Pregnancy & Labor".

Begin packing your labor bag.

Put relaxing music on your phone or MP3 player for labor.

Practice relaxation breathing before bed most nights.

Read article on Oxytocin.

Double our exhale breathing to help relax-

When you do breathing exercises, just try to breathe out for more counts than you are breathing in. Usually, the recommendation is double, like in for 4, out for 8, but really any count will do.

In 1 2 3 4

Out 1 2 3 4 5 6 7 8

An interesting article on oxytocin-

If your body could make a substance that releases morphine-like painkillers during labor, surges at just the right time to help with delivery, and connects you with your baby so deeply that your heartbeats synchronize, you'd want it right? Good, because it totally does.

That substance is oxytocin, which is also known as the "Love Hormone." We all make it, but pregnant mamas make more of the "Molecule of Kindness" throughout pregnancy, birth, and breastfeeding. That's a fantastic thing, as we'll discuss below!

How much do oxytocin levels rise during pregnancy?

The answer to that depends on a woman's baseline oxytocin levels (some people make more than others) and lifestyle factors. However, it's not all up to biology and circumstances that we may not have the ability to influence – there are several ways we can boost the production of oxytocin naturally for the best possible birth, breastfeeding and bonding experience.

5 Benefits of Oxytocin for Birth, Breastfeeding and Bonding

There are so many, such as helping the cervix soften prior to labor, but here are some worth mentioning:

1. Oxytocin triggers The Endorphin Effect – It stimulates the production of beta-endorphins, which are 18 to 33 times more potent than morphine. (1)

2. Helps the uterus work harmoniously during labor – We know that pain can activate the fight or flight response, which can cause the the inner uterine muscles (which are horizontal) to work against the outer uterine muscles (which are vertical). When oxytocin flows to the brain, it activates the calm and connection response (along with beta-endorphins for pain) to help relax the cervix. When that happens, the outer and inner muscles work in harmony to open.
3. Sends signals that can help prevent hemorrhaging – Oxytocin surges just before birth, which can trigger the “Fetal ejection reflex” (making birth easier) and sending a signal that helps the uterus contract and expel the placenta quickly to minimize blood loss.
4. Love and bonding – Oxytocin is the “Love Hormone” that helps mama and baby bond.
5. Induces a state of calm – When a baby latches to breastfeed, oxytocin and another hormone – prolactin – start flowing. Oxytocin helps with let down and is also associated with an increased sense of calm and lower stress levels. (2) (3)

How To Increase Oxytocin During Pregnancy

Later on we’ll talk about strategies that work anytime (pregnant or not), but number one on our list is pretty specific:

1. Start eating dates 4-6 weeks before your due date.

Yep, research has shown that they have oxytocin-like effects that help ripen the cervix, increase tolerance to pain, and reduce the risk of hemorrhage. (4)

In the study referenced above, mamas ate about 1/3 cup of dates per day divided into three doses.

Ways To Increase Oxytocin During Labor

Did you ever play on a seesaw when you were little? If so, you know that when one side goes up, the other goes down. That’s kind of the way oxytocin and cortisol works – when the fight or flight hormone (cortisol) goes up, oxytocin goes down. (5)

On the flipside, when the calm and connection hormone (oxytocin) goes up, cortisol goes down. The important thing to know about this link is that during birth, the best thing we can do to keep oxytocin production flowing is to minimize exposure to stressors that can trigger the fight or flight response.

Here are some ways to do that:

2. Eat And Drink As Needed

Dr. Michel Odent, whose work I first became familiar with via the Happy Healthy Child DVD, “cautions that even hunger, which also causes the body to release fight-or-flight hormones, can stop labour from progressing. He advises women to eat – if they are hungry – in the earliest stages of labour; many hospitals, though, have a policy that prevents labouring women from eating once they are admitted.” (6)

3. Warm Water

Have you ever wondered how water birth became popular? It happened when French obstetrician Michel Odent (mentioned above) noticed that his patients seemed to have a powerful attraction to showers and bath during labor. He picked up an inflatable blue wading pool at a local shop, and the rest is history. (7)

So what’s behind this powerful attraction? Dr Hannah Dahlen, who is the Associate Professor of Midwifery at the University of Western Sydney, offers this insight:

“A recent study showed the amazing impact of putting women in warm water when their labour slowed down. In this study they randomised women to either having the traditional medical approach of speeding up the labour with a synthetic hormone or putting them in warm water. More of the women who got into water gave birth normally without medical intervention.

Michel Odent calls this amazing response ‘releasing the brakes’ that the stimulated neocortex has put on labour. This means our bodies calm in the warmth of the water, endorphins are released, pain is reduced and oxytocin begins to flow again. A similar effect can be seen when women are massaged or are just generally well supported and comforted.” (8)

4. Create A Calm Environment

Instead of stressful bright lights and loudly beeping machines, most relax into the process more when surrounded by dim lights (or candlelight) and their favorite playlist or nature sounds. Some also enjoy aromatherapy via diffused essential oils.

5. Avoid Unnecessary Interventions

Though Pitocin is chemically equivalent to oxytocin, it works very differently in the body.

Oxytocin is produced within the brain, so it has “psycho-emotional effects, it’s a hormone of calm and connection, a hormone of love, a hormone with natural pain-relieving properties. When we inject it into the mother’s body it doesn’t cross back into her brain and it doesn’t have these beneficial psycho-emotional effects.” (Happy Healthy Child DVD)

Boosting Oxytocin After Birth

7. Skin-To-Skin Care

There are so many reasons to be skin-to-skin with your baby after birth – better sleep, improved gut health and immune function for baby, and of course the production of oxytocin to help mama and baby create a strong bond. Here’s a guide to skin-to-skin care.

8. Breastfeeding

Breastfeeding triggers the release of oxytocin from the Pituitary, which relaxes both you and baby.

9 More Ways To Boost Oxytocin Naturally

These strategies work anytime, not just during pregnancy, labor and postpartum.

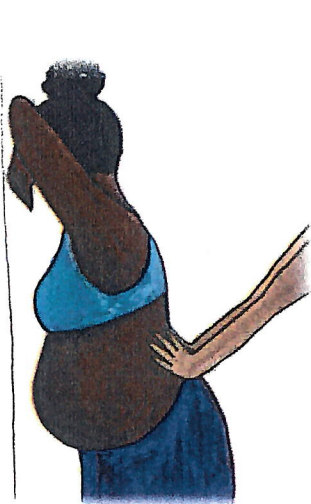
- Watch a movie that makes you laugh, preferably out loud
 - Snuggle your children
 - Cuddle up with a pet
 - Have sex
 - Exercise
- Plan a girls night out and laugh with friends
- Share a meal with someone you love
 - Give a gift
 - Get a massage

Counter pressure-

Not be use all the time (try alternating with the hip squeeze).

Can also be done with a flat fist (using the middle part of your fingers), a tennis ball or massage tool.

Counter pressure is easiest when mom is leaning against a wall, all fours, or leaning on a ball/chair.



"What really helped me was the massage - I wanted more, harder, harder. It was wonderful!"



Firm pressure or massage on your lower back can help during a contraction







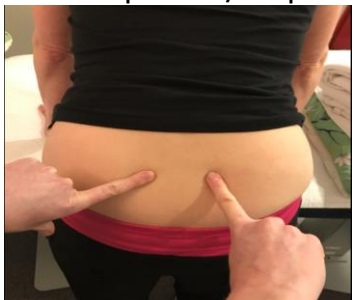

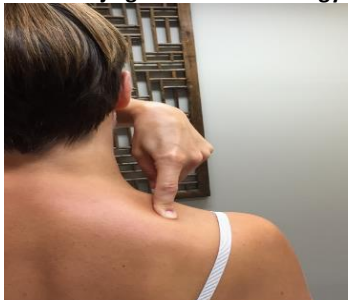
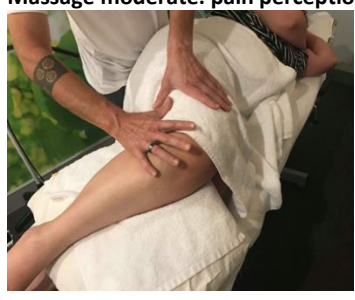

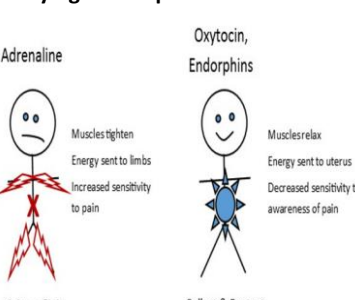
Double hip squeeze-

Support person should have their elbows out!

Lean in towards the mother with a flat back.



QUICK REFERENCE GUIDE: ACUPRESSURE FOR LABOUR & BIRTH

<p>Sp6 Sanyinjiao – augmentation</p> 	<ul style="list-style-type: none"> · Strengthen contractions · Use with epidural · Cervical ripening · Posterior position · Cervical lip · After pains 	<p>GB30 Huantiao – counter pressure</p> 	<ul style="list-style-type: none"> · Counter pressure · During contractions · Transition · Pain/weakness in legs
<p>LI4 Hegu – pain relief</p> 	<ul style="list-style-type: none"> · Pain relief · Promotes labour · Cervical ripening · Use with epidural · Calming 	<p>Pc6 Neiguan – nausea / anxiety</p> 	<ul style="list-style-type: none"> · Calming · Anxiety · Nausea/vomiting · Use with epidural
<p>BI32 Cilao – pain relief/back pain</p> 	<ul style="list-style-type: none"> · Pain relief · Cervical ripening · Smooth contractions 	<p>BI60 Kunlun – OP presentation</p> 	<ul style="list-style-type: none"> · Posterior or malposition · Use with Sp6 · Use with epidural
<p>GB21 Jianjing – downward energy</p> 	<ul style="list-style-type: none"> · Cervical ripening · Breastfeeding · Postpartum bleeding 	<p>Massage moderate: pain perception</p> 	<ul style="list-style-type: none"> · Partners massage in labour · Stimulates baroreceptors under the skin · Regulation of ANS, cortisol reduction, emotional regulation
<p>Ki1 Yongquan – Calming anytime</p> 	<ul style="list-style-type: none"> · Calming · Anxiety · Transition · Use anytime preg or birth 	<p>Staying on the path</p> 	<p>Tools to support Oxytocin and endorphin release</p> <ul style="list-style-type: none"> - Touch/massage - Eye contact - Feeling safe - Low lights - Warmth - Food and water - Decision making



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Adjunct Research Fellow, NICM Research Institute, Western Sydney University

QUICK REFERENCE GUIDE: ACUPRESSURE FOR LABOUR & BIRTH

Labour preparation, cervical ripening

Sp-6	LI-4	BI-32	GB-21	Massage	Method
					<ul style="list-style-type: none"> - Press slowly and firmly - Hold for 1-2 mins - Release gradually - ≥37 weeks' gestation only - 37/40 – 1-2 x weekly - 38/40 – 3-4 x weekly - 39/40 – every day - 40+ - every 2 hours

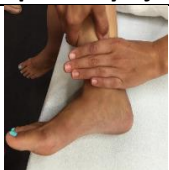
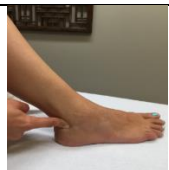


Anxiety / nausea

Ki-1	Pc-6	LI-4	Method
			<ul style="list-style-type: none"> - Press slowly and hold gently or firmly as desired - Hold until anxiety or nausea eases - Release gradually - Can use Ki1 and Pc6 anytime - LI4 ≥37 weeks' gestation only

Pain relief

Sp-6	LI-4	BI-32	Massage	GB-30	Method
					<ul style="list-style-type: none"> - Press slowly and firmly to tolerance - Hold, squeeze or massage for length of contraction or as long as wanted - Release gradually

Posterior/breech during pregnancy

Sp-6 Sanyinjiao	BI-60	BI-67	Moxa	Turning mal-position
				<ul style="list-style-type: none"> - Ideal 34-37 / 40 - Muscle relaxation (Spleen) - Move St Qi / Lv Qi - Hold moxa 20 mins over BI-67 - Repeat for 10 days and assess - Can continue for 5 more days

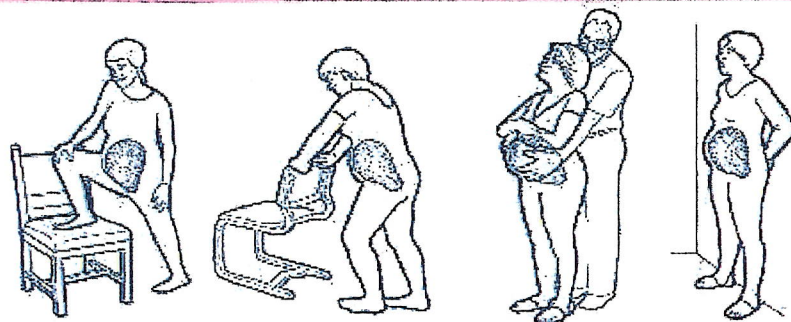
Second stage of labour

GB-21	LI-4	BI-32	Method
			<ul style="list-style-type: none"> - GB21 Press slowly and hold gently while on hands and knees or sitting/squatting/lying - LI4 Pain management and regulation during transition - BI32 Pain management press with body weight while standing or sitting or lying



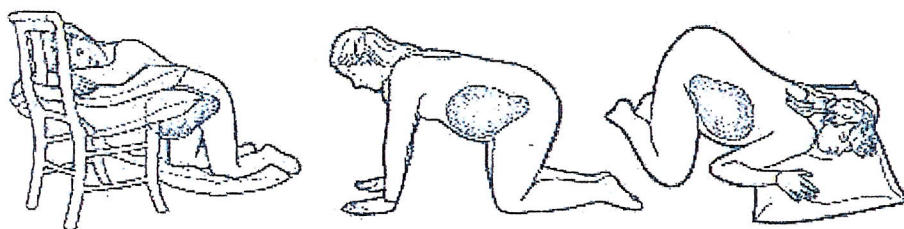
Positions for Laboring Out of Bed

WALKING, STANDING, AND LEANING



- All may help stimulate effective contractions
- All use gravity to help baby's descent

KNEELING



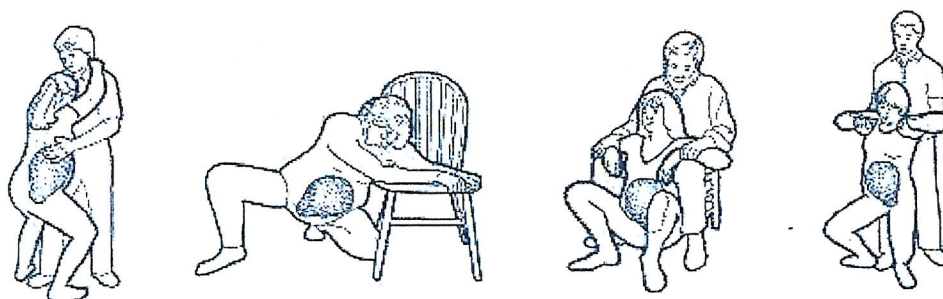
- May relieve back pain
- Helps baby rotate to most favorable position: occiput anterior (OA)
- Relieves hemorrhoids

SITTING



- Uses gravity to help baby's descent
- Allows rest between contractions

SQUATTING



- Uses gravity to help baby's descent
- Opens pelvis to provide more room





Fitness Ball



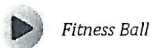
Sitting



Forward-leaning



Peanut ball between legs



57

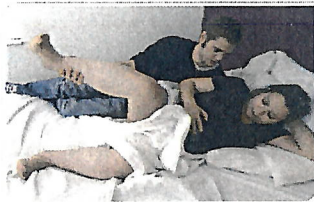
Pushing Positions-



Forward Leaning



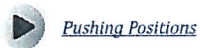
Squatting



Side-lying



Semi-sitting



58

Labor Positions



Side-lying



Forward-leaning



Sitting



Hands-and-knees

55

Labor Positions



Squatting



Lunging



Slow Dancing

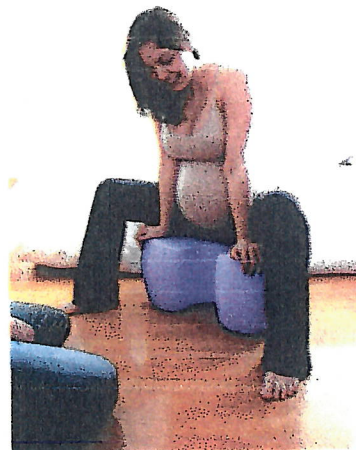
56

A8



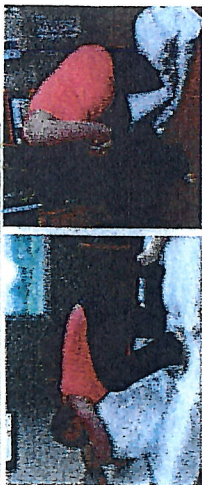
KAYA Birthing Stool
Positions to Try!

P



Position For Asymmetric OP

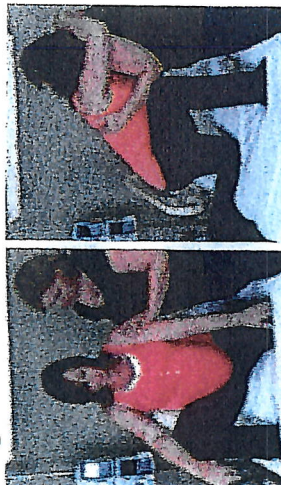
Asymmetric Lunge Positions



Kneel Over Ball Lunge



Kneeling One Leg



Lunges in Bed



Kneeling Lunges

Asymmetric Positions



Sitting



Standing Lunge



Asymmetric Lunge Side to Side

Texas Roll Position



Texas Roll Side Lying

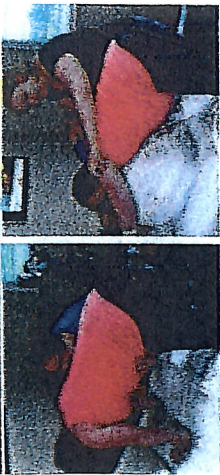


Belly Dancing Shower

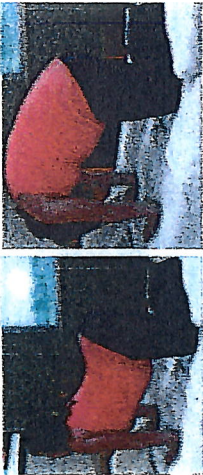


Sitting Backwards Forward Leaning

Hands and Knees Positions



Stroke Baby



Over Birth ball

Pelvic Tilt Down



Pelvic Tilt Up



Over bean bag



Frog Leg



Lower Bottom of Bed

Epidural Frog Leg with Stirrup Support
By Heather Knief Chief RN

Rollover Technique - Penny Simkin



Side-lying Left side



Semi-Prone Left Side



Hands and knees



Semi-Prone Right Side



Side-Lying Right Side



Semi-Sitting

Belly Lift

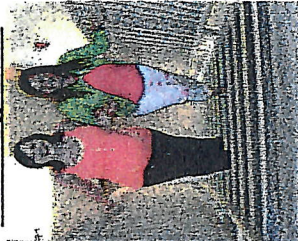


Standing

Slow Dancing

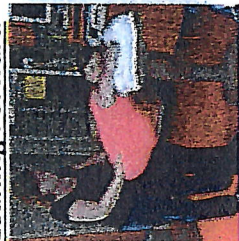


Climbing Stairs



Side to Side

Leaning Forward



Climbing Stairs



Leaning Over the Over Bed Table

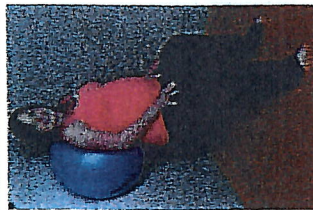


Leaning

Leaning over Head of Bed

Birthing Ball Positions

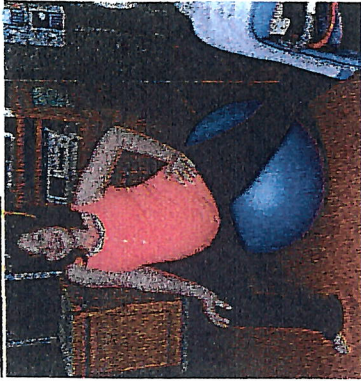
Leaning on Ball



Sitting on Ball



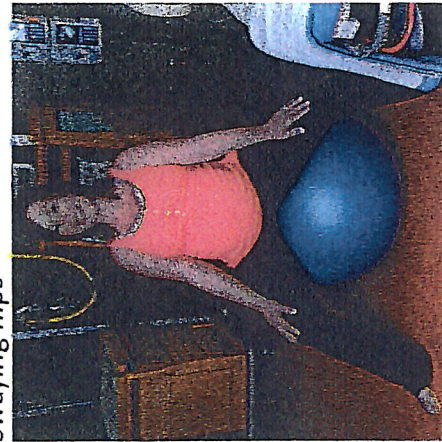
Sitting on Ball



Supported squat



Leaning on ball



Swaying hips



Asymmetric sit lunge side to side

Holding onto ball for epidural



Standing, leaning on ball and swaying



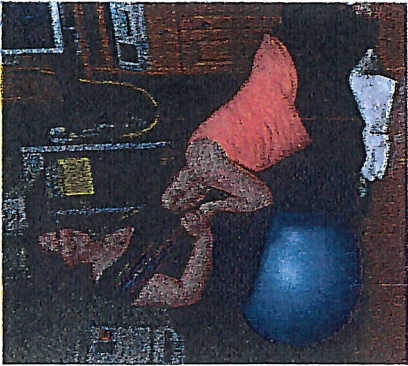
Asymmetric kneel over ball in bed

Hip Circles



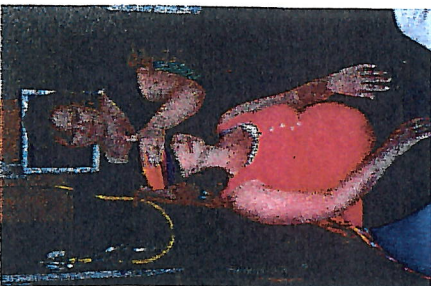
Sit and lean over bed

Sitting upright on ball rocking



Kneeling over ball partner support

Sitting on Ball



Centering on ball



Abdominal lift on ball



Double hip squeeze on ball

Positions Using Ball



Partner support with ball



Squatting bar sitting on ball



Feet on Ball

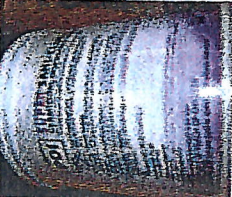
Using the Birth Ball



Sit in Shower on ball

Cleaning_ Measuring inflation

Clean with Wipes 3 months check height

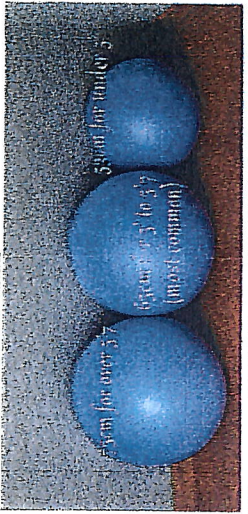


Covering Ball



Cover patient Gown, sheet & pad

Choose Correct size



75cm over 5'7"-65cm 5'to 5'7"-53cm under 5'

Peanut Ball Positions

Side Lying Position



Left side then Right side



Switching sides every 30 min -1 hour



Bend bottom leg slightly to comfort
Opens Pelvic Outlet

*Note-Do not straighten bottom leg as this closes outlet more

Tuck Position



Pull Both Legs up to chest



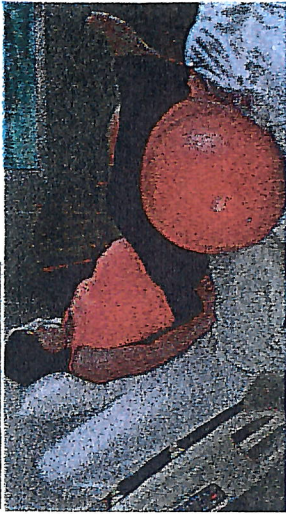
Switching sides every 30 min -1 hour



Opens outlet wider

Make sure to choose correct size
Of Peanut Ball

Semi-Sitting Lunge



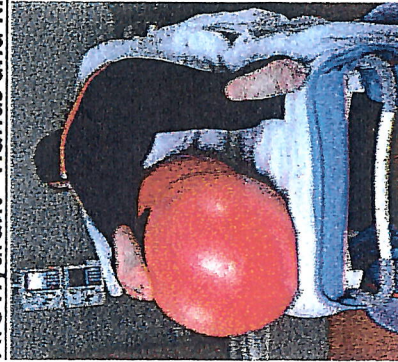
Sit bed up- top leg over indentation



Other leg Taylor sitting

Switching sides every 30 min-1 hour

Fire Hydrant –Hands and Knees



Lower foot of bed on hands and knees
Place one leg up on ball fire hydrant
Switching sides every 20-30min

Forward Leaning



Lower Foot of bed on knees
Pushing

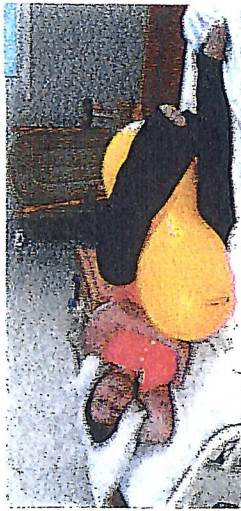


Rest leg on Peanut ball for pushing
Sitting on Peanut ball – No Epidural



Also use 70 cm sitting next to monitor
Movement forward and backward
Up and down is subtle motion

Choose Correct size



40 cm – Small Clients

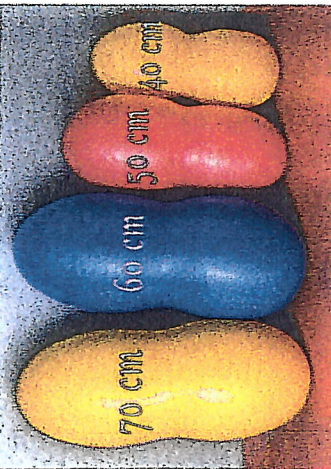


50 cm – Average Clients



60 cm – Tall Clients

*Note -If ball is too large too much torque is placed in lateral aspect with abduction of hip joint causing guarding not relaxing

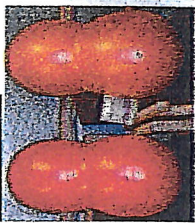


Covering Peanut Ball



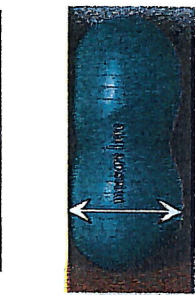
Cover with Patient Gown or sheet

Cleaning



Clean with Wipes 3 months check height
40cm 15.5" 50cm 19.5"
60cm 23.5" 70cm 27.5"

Measuring inflation



Compare Leg Stirrup to Peanut Ball



Pelvic Outlet not as open



Opens wider with peanut ball

Guided Imagery

Water Gliding

Close your eyes and become aware of your breathing. Inhaling and exhaling. Breathing in and breathing out. Think of healing light. Breathe in white light and breathe out tension. Allowing your body and your mind to go deeper and deeper in relaxation. Give yourself permission to go deeper and deeper. (Pause)

You are gliding underwater, able to breathe like a dolphin. As you swim about in the warm, blue and quiet sea you can see waving seaweed, bright coral and glistening fish. Looking down you see rocks and sea horses and anything else you can imagine. Looking up you can see the sunshine

beaming down on you and warming your back.

Gliding and gliding. You are a dolphin moving with grace and ease through a warm, friendly ocean. You can feel the sunshine and the support from the water. You glide with ease and happiness. You are weightless, without worries and cares, knowing that your body and environment are supporting you.

Shower Waterfall

Close your eyes and become aware of your breathing. Inhaling and exhaling. Breathing in and breathing out. Think of healing light. Breathe in white light and breathe out tension. Allowing your body and your mind to go deeper and deeper in relaxation. Give yourself permission to go deeper and deeper. (Pause)

As you stand in the warm, safe shower feel the warmth of a gentle breeze on your skin and cool green moss beneath your feet. The feel of the waterfall spray is gently touching your skin and you relax with each drop of water that touches your beautiful skin. You can hear the sound of the water as it falls off the rocks ledge, a gentle rushing sound and the distant sound of birds in the trees calling back and forth to each other. The smell of the fresh water, the green foliage, and the mild perfumed tropical flowers growing around the pool invite you to relax and find peace. The vision of the sun shining on the gently moving waves on the water from the fall increases your feeling of safety and peace. A foggy, mystical mist gently begins to float around the falling water and in the background. Visualize colorful fish swimming in the water below your feet, sunlight dancing off their colorful backsides. This same sunshine is warming your shoulders and promising you that you are safe and relaxed.

During Contractions

Close your eyes and become aware of your breathing. Inhaling and exhaling. Breathing in and breathing out. Think of healing light. Breathe in white light and breathe out tension. Allowing your body and your mind to go deeper and deeper in relaxation. Give yourself permission to go deeper and deeper. (Pause)

With the next contraction feel the pressure of the tightening womb on yourself and your baby, gently pushing your baby down. Imagine your cervix opening up a little more with each surge of power from your uterus. Picture your sweet baby moving and finding a comfortable position for him

to be in when the surges come on. As your cervix opens fully like a new flower, visualize your baby moving down, slowly but firmly down your vagina and out into the world of mortality to be greeted with great enthusiasm and joy.

Night Labor

Close your eyes and become aware of your breathing. Inhaling and exhaling. Breathing in and breathing out. Think of healing light. Breathe in white light and breathe out tension. Allowing your body and your mind to go deeper and deeper in relaxation. Give yourself permission to go deeper and deeper. (Pause)

Imagine you are standing on the quiet, empty ocean beach under the bright and safe light of a full moon. You begin to walk and search for a comfortable place to lay down and rest. The moonlight is dancing on the

dark water and a big, full, rising moon is on the horizon. There you are on the beach, walking soft and proud with your hands resting gently on your belly. You see a comfortable place to lay down and the sand is warm against your feet and body as you lay back relaxed. The stars twinkle in the sky and the cool, gentle breeze smelling of the ocean is around you. As you lay on the soft sand feeling warm and safe, you begin to relax your muscles, one by one, beginning with the muscles of your face. As you release a breath, you

also release the work from your face. (continue throughout the body). You feel you are a part of all things in the universe. You are relaxed.

Guided Relaxation

To begin the relaxation during pregnancy exercise, find a comfortable position. Sitting in a semi-reclined position (sitting but leaned back) in a comfortable chair is best.

Focus your gaze on one spot in the room. Look at this one spot as you begin to relax. Take a deep breath in, and as you exhale, allow your body to begin to relax.

Breathe in...and

out... In...out...

Breathe slowly and naturally. Allow a bit of tension to be released with each breath...so that with every breath you take, you relax more and more deeply.

Raise your shoulders toward your ears. Then, let your shoulders relax...dropping into a comfortable, loose position, and feel yourself sinking into the surface you are on.

Allow your jaw to drop slightly, letting the muscles of your face and jaw become loose and relaxed.

Wiggle your toes once or twice and feel your feet and legs relaxing.

Gently open and close your hands once...and again...and then relax your hands and arms.

Take a deep breath in, feeling the tension in your chest and stomach as you hold that breath...

And allow your chest and stomach to relax as the breath escapes slowly.

Allow the muscles of your back to relax...from your neck...to your upper back...middle back...lower back...feeling your whole body relaxing.

Notice any areas of tension in your body, and relax those areas now.

Your body will continue to relax...deeper and deeper...loose...heavy...relaxed.

(Pause)

Focus on your eyelids. You may notice a feeling of heaviness in your eyelids...and that's okay...just think about your eyelids and allow your eyelids to become relaxed.

Blink your eyes slowly...closing your eyes...and then opening your eyes...closing...and opening...slower...slower...with each blink of your eyelids your eyelids become even

more relaxed...heavy with relaxation...so heavy it is hard to even open your eyes...

Think about how good it would feel to close your eyes...just a little bit longer...gently allowing your eyes to close...it feels so good to close your eyes...so deeply relaxed...

(Pause)

You can safely use relaxation during pregnancy to feel calm and relaxed, and to learn the skill of relaxation. With practice, you can relax quickly, any time you want to. Relaxation during pregnancy is an excellent way to promote health and wellbeing, and to feel calm.

Let's proceed with this relaxation during pregnancy. Notice

now how your body is feeling.

Where is your body the most tense? Allow the muscles here to relax and let go of their hold...becoming loose and comfortable...releasing tension...becoming smooth and relaxed.

Where is your body the most relaxed? What does the relaxation feel like? Allow this relaxed area to grow...spreading to relax more and more of your body...let the relaxation become bigger...growing more relaxed...

(Pause)

Direct a feeling of relaxation to the core of your body. Allow your body to be filled with relaxation and peace. Focus on increasing the relaxation and comfort...directing this relaxation to you and the baby.

Feel the peace...calm...and relaxation...a feeling of serenity shared by you and the baby...as both of you rest comfortably and relax...feeling so calm and peaceful...completely serene...

(Pause)

While keeping this feeling of relaxation and calm...so completely relaxed...think about the upcoming birth of the baby. This will be a calm, happy time.

You can be completely relaxed and comfortable when it is time for the baby to be born. Let's practice relaxing right now, so when the time comes it will be so easy for you to be completely numb and relaxed and calm.

Begin with your stomach and pelvic area. As you breathe in, imagine directing your breath to this area. When you exhale, allow all tension to be released.

Relax more and more deeply with each breath.

Focus on your back...relaxing the muscles of your back all the way from the top of your neck...all the way down...down...relaxing to the bottom of your spine...relax all the muscles of your back...feeling so comfortable...

Now imagine a feeling of numbness...so comfortable...completely numbing and relaxing your lower body...allow your body to relax completely...all the way from the bottom of your ribcage down to the tips of your toes.

This numbness may feel warm...or may feel cool...it might feel tingly...light or heavy...it may feel like nothing at all...but this numbness is a wonderful feeling of relaxation...erasing any discomfort and leaving only relaxation.

Notice how your body feels different now...completely absent of feeling except for comfort and relaxation.

(Pause)

You can direct this feeling of numbness wherever you like. You can relax your forehead and scalp...so completely relaxed...cool...comfortable...

You can relax your body inside and out...

You are completely in control of your relaxation and can relax whenever you want to. It is so easy to relax...to quickly and deeply relax and feel peaceful and calm.

Scan your body right now, for any sensations of tension or discomfort. Notice that you can change the feeling of discomfort...perhaps to a feeling of warmth...or heaviness...or gentle pressure...or coolness...or numbness...perhaps simply to a feeling of relaxation.

Feel the sensations in your body changing...becoming relaxed...comfortable...

If you find any areas that need to relax, focus on one location at a time. Imagine directing your breath to this area. Imagine that when you breathe in, the relaxation flows to the area you want to relax. As you exhale, feel the tension leaving with your breath.

Breathe in relaxation...and breathe out tension...

Breathe in relaxation...and exhale tension...

Keep breathing like this...becoming more relaxed and comfortable with each breath.

(Pause)

Now, you can relax even more deeply as you focus the mind to meditate on a calming word. You can use the word, “serenity.”

Every time you breathe out, mentally say, “serenity.”

Concentrate all of your attention on the word,

“serenity.”

When thoughts arise, let them pass as you re-focus on the word, “serenity.”

Keep repeating “serenity” every time you breathe

out. (Pause)

Focus again on the word,

“serenity.” (Pause)

Keep focusing on the word, “serenity,” finding that the longer you focus, the more relaxed you become.

Keep repeating the word “serenity” each time you exhale, focusing completely on the word “serenity.”

(Pause)

Good. Now you can just relax...allow your mind to drift...enjoy the relaxation during pregnancy as I talk.

Hearing the word “serenity” causes you to relax.

Every time you think the word, “serenity,” you do relax, instantly and deeply.

Thinking about the birth of the baby causes you to relax, instantly and deeply.

Thinking about the baby causes you to feel completely relaxed, comfortable, and confident.

(Pause)

Now you have completed the relaxation during pregnancy exercise. You can use this relaxation during pregnancy or after the birth of the baby to feel calm and relaxed.

Relaxation during pregnancy can help you feel calm and serene.

Now it is time to reawaken your body and mind. When you are ready, start to move your muscles a little, feeling each muscle reawaken.

Wiggle your fingers and toes. Open your hands...then close them...and open them once again. Roll your shoulders forward...and back...feeling your muscles reawakening.

Lean your left ear toward your left shoulder...return to center...and move your right ear toward your right shoulder...then return to neutral.

Stretch a bit, feeling the energy flowing through your body.

Take a deep breath, reaching your arms up above your head as you inhale, and lowering your arms out to the sides and down as you exhale.

Take one more deep breath in, feeling fully alert and awake as you exhale. Return to your usual activities feeling calm and refreshed.



How was
your week?







- Any doctor appts?
- Nursery set up?
- Fun baby news?
- New symptoms?
- Did you do any of the homework?
- Homework- Begin packing bags, practice double exhale, read article on oxytocin, practice a few exercises.
- Which position can you demo for us?

Comfort Techniques Review:


- Explain double exhale breathing.
- Show me the double hip squeeze.
- Show me counterpressure.
- How do you help someone to relax?
 - (think 5 senses)
- What essential oil can cause contractions?
- Name an example of gate control theory
 - (signals reaching the brain and blocking pain signals.)
- What is oxytocin? How do we release it?
- What is the enemy of oxytocin?

KEEP CHILDBIRTH SIMPLE!

Lamaze has summed up years of research into 6 Healthy Birth Practices, proven to promote the safest, healthiest birth possible for parents and babies.

<p>1 Let labor begin on its own.</p> <ul style="list-style-type: none"> • Normal pregnancy lasts 38-42 weeks! • Natural start of labor usually means your body and your baby are ready for birth • Induction could make contractions harder and stress the baby 	<p>4 Avoid interventions² that are not medically necessary.</p> <ul style="list-style-type: none"> • Many of these disrupt the birthing process, making it more difficult • Choose a birth setting with a low rate of interventions • Ask if your care provider routinely uses any interventions • During labor, ask if there is another alternative 
<p>2 Walk, move around and change positions throughout labor.</p> <ul style="list-style-type: none"> • Help your uterus work more efficiently • Use upright positions and gravity to help pull baby down • Actively responding to labor may help you feel more confident, less afraid 	<p>5 Avoid giving birth on your back and follow your body's urge to push.</p> <ul style="list-style-type: none"> • Use gravity to your advantage to shorten the pushing stage • Push when your body tells you • Use upright or side-lying positions • Adjust the hospital bed to support your position. 
<p>3 Bring a loved one, friend or doula for continuous support.</p> <ul style="list-style-type: none"> • Praise, reassurance and encouragement decrease stress • Physical support can help decrease pain • Informational support can increase confidence 	<p>6 Keep your baby with you – it's best for you, your baby and breastfeeding.</p> <ul style="list-style-type: none"> • Skin-to-skin during the first hour helps baby transition • Weighing and other routine procedures can wait • Ask which procedures can be done while holding baby • Rooming with baby doesn't prevent you from sleeping 

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



THE STRAIGHT SCOOP ON INDUCTIONS



LABOR INDUCTION IS A COMMON PROCEDURE.

Almost
1 IN 4 WOMEN 

have labor induced in the U.S.

MANY INDUCTIONS OCCUR FOR **NO MEDICAL REASON.**

BUT IS IT A GOOD IDEA?

Inductions pose increased risks of:



UNDER PRESSURE



15%
of parents feel pressure from their provider.¹

Additional pressures may come from family or the calendar.

ASK QUESTIONS

Before you agree to accept an induction, take the time to discuss important questions with your care provider.



Is there a medical reason to induce labor?



How ready is my body for induction?



Is my baby in danger if I don't go into labor now?



Am I in danger if I don't go into labor now?



What does the research say about the risks?

PUSH FOR BETTER CARE

Here are a few ways to make sure you're prepared to discuss these questions and push for better care:



Get educated - take a Lamaze childbirth education class



Discuss induction when choosing a care provider



Hire a doula for labor support

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



1 Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to MothersSM III: Pregnancy and Birth. New York: Childbirth Connection, May 2013. http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf
 2 "Labor induction: Risks - MayoClinic.com." Mayo Clinic. Web. 9 Sept. 2013. <http://www.mayoclinic.com/health/labor-induction/MY00642/DSECTION=risk>.
 3 Amis, Debby. "Healthy Birth Practices #1: Let Labor Begin on Its Own." Lamaze International. 2009. Web. 9 Sept. 2013. <http://www.lamazeinternational.org/p/cm/ld/fid=8>.
 4 CDC. (January 31, 2018). National Vital Statistics Reports Volume 67, Number 1. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf

Video: Let labor begin on its own.

Use your BRAIN

Benefits?

Risks?

Alternatives?

Intuition?

No/not now?

Induction of Labor

Reasons to Induce:

- Pregnancy continues too far past the due date
- The health of birthing person or baby is at risk if pregnancy continues
- The bag of waters breaks and contractions don't start
- Non-medical alternatives in the back of this packet.



If the cervix is "ripe," induction is usually more successful

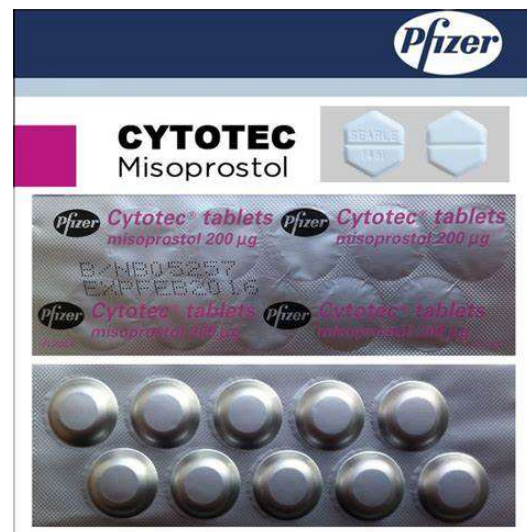
If your body is already close to starting labor, there might be some nonmedical alternatives you could try. Talk to your healthcare provider.



Induction

Cervical Ripening Agents

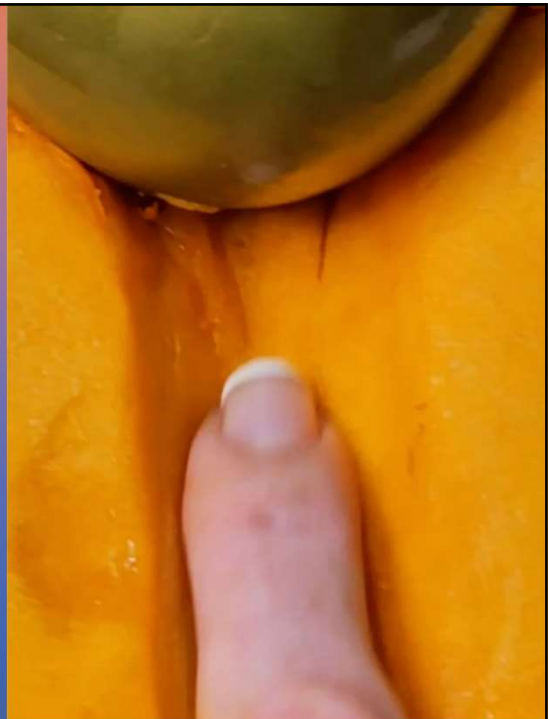
- What's the deal with Cytotec (Misoprostol)?
- While this ripening agent tends to be very effective for most birthing persons needing inductions, there are some risks associated with this medication.
- This medication is not currently FDA approved for inductions and is used "off label."
- These drugs can cause harder, more frequent uterine contractions than occur naturally. Rarely, these contractions can put stress on the fetus, requiring an emergency cesarean.
- Other side effects of ripening agents include nausea, vomiting and diarrhea.
 - If you have asthma, be sure to tell your clinician.
- Some ripening agents may not be the best option for you.
 - If you have concerns about using this medication speak to your provider.



Cervadil/Dinoprostone

- **What is Cervidil?**
- Cervidil is the brand name of the drug dinoprostone. Dinoprostone may come in gel or jelly form or the way Cervidil does – as a vaginal insert containing synthetic prostaglandin, a hormone-like substance that your body produces naturally.
- Cervidil is used during labor when the cervix isn't showing signs of dilating (or opening) and effacing, which means thinning. The medication works to ripen the cervix and start labor contractions so your baby can exit your uterus and descend into the birth canal.

What is a
membrane
sweep?



Augmenting Labor

Using medications or interventions to speed up a stalled or slowing labor

Should only be done if medically necessary because there are risks involved

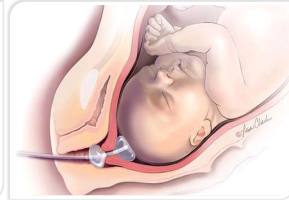
Induction



Stripping the membranes



Cervical ripening agent

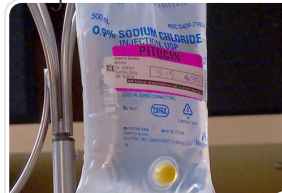


Foley catheter (mechanical dilators)

Induction or Augmentation



Amniotomy



Pitocin

CAN GOOD INTENTIONS BACKFIRE IN LABOR?



A Closer Look at Continuous Electronic Fetal Monitoring (EFM)

1960s:

Continuous electronic fetal monitoring (EFM) was introduced for high risk labors¹



1970s:

EFM became a routine part of maternity care²



2000s:

A 2012-13 survey of new parents revealed that 89% percent had electronic fetal monitoring in labor

EFM WAS DESIGNED WITH GOOD INTENTIONS, TO HELP DIAGNOSE FETAL STRESS DURING LABOR AND PROVIDE EARLY WARNING OF A BABY IN TROUBLE

SO DOES CONTINUOUS EFM WORK AS INTENDED? **NO. EVIDENCE SHOWS IT:**




-  Does not improve well being of baby⁴
-  Can restrict laboring person to bed
-  Frequently gives false signals of a baby in trouble
-  EFM records can be confusing, leading to an increased risk of a cesarean delivery

SITUATIONS WHERE CONTINUOUS EFM MAY BE RECOMMENDED:





-  Labor is induced or sped up with Pitocin/Syntocinon
-  Baby's heart rate changes or shows that more monitoring is needed
-  You have an epidural
-  You or your baby have a health problem that makes your birth high risk

In 2018, the World Health Organization said that for healthy women in spontaneous labor, Dopplers or Pinard stethoscopes should be used instead of EFM. This includes not using EFM for an "admission strip" when a woman arrives at the hospital.⁵

AVOID UNNECESSARY EFM:

-  Find a care provider who doesn't recommend routine use of continuous EFM
-  Talk to your care provider about intermittent monitoring with handheld devices instead of constant monitoring
-  Ask whether your place of birth offers wireless monitors ("telemetry" units)

IF YOUR SITUATION REQUIRES CONTINUOUS EFM - HERE ARE A FEW TIPS:

-  **GO WIRELESS**
Ask to use the wireless telemetry device so you can walk around
-  **HIT MUTE**
Turn the beeping sound down or off, because it can be distracting
-  **CONTINUE TO MOVE**
Change positions in and out of bed as much as the EFM allows; ask your nurse or doula for positioning tips
-  **HIT PAUSE**
Get disconnected for regular bathroom breaks or a shower to help you manage the pain. Even walking a little can help move baby down and out

There's much more to know about safe monitoring during labor. **TAKE A LAMAZE CLASS** to learn about your options and how to push for a safe and healthy birth.

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



1 Stout, M., & Cahill, A. (2011). Clin Perinatol (1st ed., Vol. 38, pp. 127-142). Philadelphia: Elsevier.
 2 Stout, M., & Cahill, A. (2011). Clin Perinatol (1st ed., Vol. 38, pp. 127-142). Philadelphia: Elsevier.
 3 Declercq ER, Sakala C, Corry MP, Applebaum S, Herrlich A. Listening to MothersSM III: Pregnancy and Birth. New York: Childbirth Connection, May 2013.
 4 Alfirevic Z, Devane D, Gyte GML, Cuthbert A. Continuous cardiotocography (CTG) as a form of electronic fetal monitoring (EFM) for fetal assessment during labour. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD006066. DOI: 10.1002/14651858.CD006066.pub3.
 5 WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO



Due to the limited number of these devices available, traditional monitoring may be suggested to those who may not benefit from the freedom of movement this device enables. As in, patients who are currently or imminently (within the next hour) receiving an Epi-dural or other strong analgesics (as those medical interventions require patients to stay in the bed while in effect.) Even if you plan to eventually use pain medicine this can be a great option before that time as mobility has been shown to decrease the need for medical pain management.

The Monica Novii monitors fetal heart rate, maternal heart rate and uterine activity, all with a single patch.

Advantages of Nitrous Oxide in Labor

- **Fast-acting pain relief**
Begins working within seconds and wears off quickly after stopping.
- **Patient-controlled**
Birthing person controls when and how much they inhale.
- **Doesn't slow labor**
Unlike epidurals or IV meds, nitrous does *not* typically interfere with contractions or mobility.
- **Minimal effect on baby**
Rapid clearance means very low transfer to the fetus.
- **No need for IV access**
Can be used independently, helpful for low-intervention births.
- **Maintains airway reflexes**
Patients stay awake, alert, and able to participate.

Disadvantages of Nitrous Oxide in Labor

- **Less effective than an epidural**
Provides *reduction* of pain/anxiety, not full analgesia.
- **Possible side effects**
Nausea, dizziness, lightheadedness, or feeling “loopy.”
- **Requires proper timing**
Works best when inhaled *before* a contraction peaks.
- **Mask dependency**
Must hold the mask themselves; not ideal for exhausted or uncoordinated patients.
- **Not appropriate for everyone**
Avoid in patients with B12 deficiency or certain respiratory conditions.

Analgesic

- Administered through an IV or injected into a large muscle group (usually in the thigh or hip)
- Systemic medication (affects the whole body)
- Lessens pain without causing numbness (“takes the edge off”)

Advantages

- Can be given soon after requested
- Provides fast relief
- Does not numb your muscles (mobility is still possible after the drug has worn off)

Disadvantages

Does not provide total pain relief

May cause drowsiness, disorientation, itching, or nausea

May slow breathing or lower blood pressure

May inhibit mobility while in effect

Side Effects for Baby

May be sleepy and have difficulty breast/chest feeding at first

May slow breathing and reflexes temporarily

Avoid just prior to birth to reduce these effects

Using Narcotics for Pain Relief During Labor: Types & Side Effects

Many women end up relying on some type of method to reduce the physical pain of childbirth. As you prepare for labor, it is important to become familiar with the pain medications that are available, how they work, their risks and their benefits.

The method you choose for pain relief will depend on your personal preference, your health care provider's recommendation, and the availability of medications at your birthing facility.

What are Opiates?

Opiates are a type of analgesic given to relieve pain. When used during childbirth, opiates are considered the first option after natural methods for pain relief such as labor in water, deep breathing, and massage.

Opiates are given in small doses and usually administered during the early stages of labor in an attempt to avoid potential side effects for both the mother and baby.

What are the advantages of using opiates during childbirth?

Opiates offer pain relief and do not interfere with a woman's ability to push during labor. Unlike an epidural, an opiate does not numb the pain; it instead helps to take some "edge" off of the pain. Opiates can help reduce anxiety and improve the mother's ability to cope with painful contractions.

What are the potential side effects of opiates?

Mothers can experience the following side effects:

- Nausea
- Vomiting
- Itching
- Dizziness
- Sedation
- Decreased gastric motility
- Loss of protective airway reflexes
- Hypoxia due to respiratory depression

How will the opiates affect my baby?

Opiates cross the placenta during labor and can produce the following side effects in the baby:

- Central nervous system depression
- Respiratory depression
- Impaired early breastfeeding
- Altered neurological behavior
- Decreased ability to regulate body temperature

For these reasons, your baby might need other medication to counteract the effects of the opiate. Naloxone is a medication given in small doses that can reverse the respiratory depression that opiates can cause in a baby. It is usually given intravenously and its effects can be seen within a few minutes and can last up to 2 hours.

What types of opiates are used during childbirth?

The most frequently used narcotic medications are:

- Morphine
- Stadol
- Fentanyl
- Nubain
- Demerol

Demerol:

Demerol is a popular choice for pain relief during labor. Demerol alters how the mother recognizes the pain she is experiencing by binding to the receptors found in the central nervous system.

The advantages of Demerol include:

- Can be given by injection into the muscle, the vein or by a Patient Controlled Analgesia (PCA) pump
- Fast acting – starts working in less than 5 minutes

How can Demerol affect me and my baby?

Demerol can cause drowsiness, nausea, vomiting, respiratory depression, and maternal hypotension (low blood pressure). If injected within 2-4 hours of delivery, Demerol has been found to cause breathing difficulties in some babies.

Morphine:

In recent years, morphine has not been routinely used as a method of pain relief during labor because it has been found to depress the baby's ability to breathe.

Stadol:

Stadol has been found to relieve pain when given in the first stage of labor. This narcotic is considered more potent than Demerol. It is usually given intravenously in small doses, usually 1 to 2 mg.

The advantages of using Stadol include:

- Starts working in less than five minutes
- Is a sedative
- Has minimal fetal effects
- Causes minimal nausea

How can Stadol affect me and my baby?

Stadol can cause the mother to have respiratory depression, dizziness, and dysphoria (a state of feeling unwell and unhappy). Stadol can cause respiratory depression in the baby.

Fentanyl:

Fentanyl is a synthetic opiate that provides mild to moderate sedation. The advantages of using Fentanyl include:

- Begins working quickly (although, usually only lasts 45 minutes)
- Minimal sedation
- Minimal fetal effects

How can Fentanyl affect me and my baby?

You and your baby can experience some sedation and/or nausea. According to Danforth's Obstetrics and Gynecology, babies born to mothers who used Fentanyl to relieve pain during labor were less likely to need naloxone (medication to help with breathing) than babies born to mothers who used Demerol.

Nubain:

Nubain is an opiate agonist-antagonist comparable to morphine. The advantages of using Nubain include:

- Begins working within 5 minutes of administration
- Minimal nausea
- Minimal fetal effects

How can Nubain affect me and my baby?

Nubain can cause the mother to have sedation and dysphoria (a state of feeling unwell and unhappy).

How will my pain medication be given?

Medication can be given in any of the following ways:

- A one-time injection into the spinal column.
- IV or Intravenous placement into a vein on the back of the hand or arm. A needle is inserted into a vein with a plastic tube connected to a bag holding fluid that slowly drips into your body. In a hospital setting, an IV is usually placed to help you stay hydrated throughout labor and ensure access to medications if they are needed.
- Patient Controlled Analgesia (PCA) pump is a way that a mother can control doses of pain medication during labor by pushing a button. The advantage of having a PCA is that it can give a mother an increased sense of control, and the mother does not have to rely on a nurse to bring pain medication. Fentanyl and Demerol are common narcotics that can be given using a PCA pump. The pump is pre-programmed to provide dosages small enough to relieve pain without releasing too much medication.

Last Updated: 08/2015

Compiled using information from the following sources:

Williams Obstetrics Twenty-Second Ed. Cunningham, F. Gary, et al, Ch. 19. Danforth's Obstetrics and Gynecology Ninth Ed. Scott, James R., et al, Ch. 3.

What types of medications for pain relief are used during labor and delivery?

In general, there are two types of drugs for pain relief: 1) *analgesics* and 2) *anesthetics*. Analgesics lessen pain without loss of feeling or muscle movement. Anesthetics relieve pain by blocking most feeling, including pain. Pain relief medications can be either systemic, regional, or local. Systemic medications affect the entire body. Local medications affect only a small area of the body. Regional medications affect a region of the body, like the region below the waist.

What are systemic analgesics?

Systemic analgesics reduce your awareness of pain and have a calming effect. The medications used are known as *opioids*. These drugs will not cause you to lose consciousness. Systemic analgesics usually are given as a shot or through an intravenous (IV) line. This is a small tube that is placed into a vein through which medications or fluids are given.

What are the side effects and risks of systemic analgesics?

Side effects are minor and include itching, nausea, vomiting, feeling drowsy, or having trouble concentrating. Opioids can affect your baby's breathing and heart rate for a short time. Your baby may be drowsy, which can make it harder for your baby to breastfeed in the first few hours after birth. You may not be able to get systemic analgesics within the hour before delivery.

What is nitrous oxide?

Nitrous oxide is a tasteless and odorless gas used as a labor analgesic by some hospitals. It reduces anxiety and increases a feeling of well-being so that pain is easier to deal with. Nitrous oxide is mixed with oxygen and inhaled through a mask. A woman holds the mask herself and decides when she will inhale. It works best when a woman begins inhaling 30 seconds before the start of a contraction.

What are the side effects and risks of nitrous oxide?

Nitrous oxide is safe for the mother and the baby. Some women feel dizzy or nauseated while inhaling nitrous oxide, but these sensations go away within a few minutes.

What is local anesthesia?

Local anesthesia is the use of drugs to prevent pain in a small area of the body. The anesthetic drug is injected into the area around the nerves that carry feeling to the *vagina*, *vulva*, and *perineum*. Local anesthetics provide relief from pain in these areas. The drug also is used when an *episiotomy* needs to be done or when tissues need to be repaired after childbirth. When used to relieve pain during childbirth, the drug is given just before delivery.

What are the side effects and risks of local anesthesia?

Rarely, a woman may have an allergic reaction to a local anesthetic or may have nerve or heart problems if the dose given is too high. Local anesthesia rarely affects the baby.

What are regional analgesia and regional anesthesia?

Regional analgesia and *regional anesthesia* are used to lessen or block pain below the waist. They include the *epidural block*, *spinal block*, and *combined spinal-epidural (CSE) block*. The medication includes an anesthetic that may be mixed with an opioid analgesic. The medication may be given as a single shot or through a thin tube placed in the lower back.

What is an epidural block?

An epidural block (sometimes referred to as “an epidural”) is the most common type of pain relief used for childbirth in the United States. In an epidural block, medication is given through a tube placed in the lower back. For labor and vaginal delivery, a combination of analgesics and anesthetics may be used. You will have some loss of feeling in the lower areas of your body, but you remain awake and alert. You should be able to bear down and push your baby through the birth canal. For a *cesarean delivery*, the dose of anesthetic may be increased. This causes loss of sensation in the lower half of your body. An epidural also can be used for *postpartum sterilization*.

Will I be able to move or feel anything after receiving an epidural?

You can move with an epidural, but you may not be able to walk. Although an epidural block will make you more comfortable, you still may be aware of your contractions. You also may feel vaginal exams as labor progresses.

What are the side effects of an epidural?

When opioids are used, itching is common. This itching can be treated with another medication. Other less common side effects related to opioids include nausea, vomiting, and breathing problems.

What are the risks of an epidural?

As with systemic analgesia, use of opioids in an epidural block increases the risk that your baby will experience a change in heart rate, breathing problems, drowsiness, reduced muscle tone, and reduced breastfeeding. These effects are short term.

Less common side effects include the following:

- Decrease in your blood pressure
- Fever
- Headache
- Soreness

Serious complications with epidurals are very rare and include the following:

- Injury to your spinal cord or nerves
- Breathing problems if the anesthetic affects your breathing muscles
- Numbness, tingling, or rapid heartbeat if the anesthetic is injected into a vein instead of a nerve

What is a spinal block?

A spinal block—like an epidural block—is a form of regional anesthesia. Medication is given as a single shot into the fluid around the spinal cord. It starts to relieve pain quickly, but it lasts for only an hour or two. A spinal block is commonly used for cesarean delivery. It has the same side effects and risks as an epidural block.

What is a combined spinal–epidural block?

A CSE block is another form of regional anesthesia. It has the benefits of a spinal block and an epidural block. The spinal part acts quickly to relieve pain. The epidural part provides continuous pain relief. Lower doses of medication can be used with a CSE block than with an epidural block for the same level of pain relief. It has the same side effects and risks as an epidural block.

What is general anesthesia?

With *general anesthesia*, you are not awake and you do not feel pain. It can be started quickly and usually is used only for emergency situations during childbirth. It is given through an IV line or through a mask. After you are asleep, your anesthesiologist will place a breathing tube into your mouth and windpipe.

What are the risks of general anesthesia?

A rare but major risk is aspiration of food or liquids from a woman's stomach into the lungs. If you have undigested food in your stomach, it can come back into the mouth and be inhaled while you are unconscious. This can cause a lung infection (pneumonia) that can be serious. General anesthesia usually requires the placement of a breathing tube into the lungs to help you breathe while you are unconscious. Difficulty placing this tube is another risk. General anesthesia can cause the newborn baby's breathing rate to decrease. It also can make the baby less alert. In rare cases, the baby may need help breathing after birth.

Glossary

Analgesics: Drugs that relieve pain without loss of muscle function.

Anesthetics: Drugs that relieve pain by loss of sensation.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Combined Spinal–Epidural (CSE) Block: A form of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid (spinal block) as well as through a thin tube into the epidural space (epidural block).

Epidural Block: A type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Nitrous Oxide: A gas with no odor that is commonly known as "laughing gas." When people inhale this gas, they feel relaxed and calm.

Opioids: Medications that blunt how you perceive pain and your emotional response to it.

Perineum: The area between the vagina and the anus.

Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.

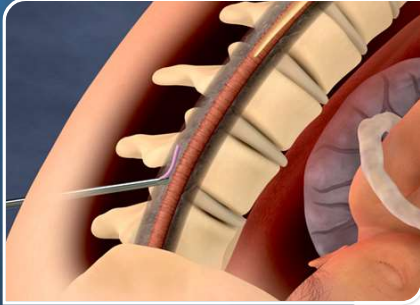
Regional Analgesia: The use of drugs to relieve pain in a region of the body.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Spinal Block: A type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid.

Systemic Analgesics: Drugs that provide pain relief over the entire body without causing loss of consciousness.

Vulva: The external female genital area.



Epidural Anesthesia

- Administered by an anesthesiologist or a nurse anesthetist
- Regional anesthetic that numbs sensations in the uterus, abdomen, and lower back
- Women may still feel pressure with contractions and on the pelvic floor
- Not everyone is a good candidate for epi-durals
- *Patient's with head, neck, jaw or back problems may not be eligible for an epi-dual but this depends on the provider.*

Advantages

- Very effective pain relief
- Allows rest
- Does not affect birthing person's mental state

Risks

- May offer incomplete areas of relief
- May lower blood pressure and cause fetal heart rate to drop
- May cause shivering, fever, itching, and/or nausea
- May cause soreness or bruising at the administration site
- Rare but serious risks are listed on the consent form

- **Effect on Labor**

- Continuous fetal monitoring
- birthing person must stay in bed and needs a urinary catheter
- May affect labor progress
- May decrease birthing person's ability to push effectively

Epidural Tips

Also, consider nonmedical pain-management techniques if you wish to avoid the potential side effects of epidurals.

Wait

Wait until you have regular contractions that are changing your cervix before requesting an epidural.

Rotate

Periodically rotate from one side to the other for better pain relief and to help the baby's position.

Allow

Once you are fully dilated, allow the baby's head to descend further down before pushing.

IS AN EPIDURAL MY ONLY OPTION?



67% OF PEOPLE



opt for an epidural to help ease some of the pain of childbirth

EPIDURAL PROS AND CONS

Like any medical procedure, an epidural can have **pros** and **cons** that are smart to consider.

So let's talk information¹, not judgment!

PROS

- ✓ Can provide effective pain relief
- ✓ Easy to access in most hospitals
- ✓ May promote progress in previously slow labors

CONS

- ✗ Restricted movement
- ✗ Disruption of hormones needed for labor
- ✗ Longer pushing stage
- ✗ Concerning changes blood pressure and baby's heart rate
- ✗ Potential challenges with breastfeeding
- ✗ Spinal headache, itching, nausea and vomiting

MANAGING YOUR PAIN IN OTHER WAYS

Here are some less invasive options² for **keeping pain in check**:



Labor support doula



Movement



Alternate positions



Focused breathing



Warm shower or bath



Warm pack, cool compress or icepack on painful areas



Gentle massage

SAVVY PARENT TIPS



Inform your care provider that you want to **delay the epidural and communicate your pain management preferences** with the nursing staff.



If you do opt for an epidural, **talk to your nurses about helping you move and change positions** during labor to keep baby moving.

USE THESE QUESTIONS TO GET THE INFORMATION YOU NEED




- What are the potential **side effects** and **risks** involved?
- What are my pain management **alternatives** in my chosen birth setting?
- What **options** are provided to women laboring without an epidural?
- Do you support using a **doula** to help me manage my pain?

VISIT WWW.LAMAZE.ORG TO LEARN MORE.


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1 Grant EN, Tao W, Craig M, McIntire D, Leveno K. Neuraxial analgesia effects on labor progression: facts, fallacies, uncertainties, and the future. BJOG : an international journal of obstetrics and gynaecology. 2015;122(3):288-293. doi:10.1111/1471-0528.12966. [https://www.uptodate.com/contents/adverse-effects-of-neuraxial-analgesia-and-anesthesia-for-obstetrics?source=search_result&search=epidural%20analgesia&selectedTitle=2-150#H1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4308552/UpToDate: Adverse effects of neuraxial analgesia and anesthesia for obstetrics. June 28, 2017 https://www.uptodate.com/contents/adverse-effects-of-neuraxial-analgesia-and-anesthesia-for-obstetrics?source=search_result&search=epidural%20analgesia&selectedTitle=2-150#H1)

2 Simkin, P. (2012, April 24). Ten ways to relieve labor pain. [Web log post]. Retrieved from <http://www.lamaze.org/p/bl/et/blogid=3&blogaid=22>



2nd stage interventions

- Q: Is it ever too late for an epidural?
- A: You may have heard that it's best to receive an epidural in early labor because you won't be able to receive one in late labor. It's true that if your labor is progressing quickly and birth is anticipated within thirty minutes, your caregiver may recommend against an epidural. However, if labor progress is slow, it's possible to receive an epidural even during transition or the second stage. If comfort techniques are helping you cope, don't feel that you have to get an epidural in early labor because you fear it'll be your only chance to get one. Keep using comfort techniques for as long as they help you manage contractions. If you decide later that you want an epidural, it's very likely that you'll be able to get one.
- Excerpted from: Pregnancy, Childbirth and the Newborn
- © copyright Parent Trust for Washington Children with permission from its publisher Meadowbrook Press.
- An epidural can generally be performed at any stage; it is never too late. This is, however, not the case if baby's head is crowning (within the birth canal). Another risk of waiting is that the anesthesiologist may be involved in another procedure so that you may need to wait longer when you decide to undergo epidural. The procedure takes 10-15 minutes to have the catheter in place, and an additional 20 minutes to take full effect.
- Alternatively, you can undergo a single spinal injection procedure, in case you are late in labor. The single injection spinal block injection can be in place in five minutes and takes a further five minutes to take full effect. It gives you complete pain relief lasting for several hours.
- It is also possible to have both an epidural and a spinal injection. It is worth to note that most anesthesiologists are not comfortable with the combination procedure.

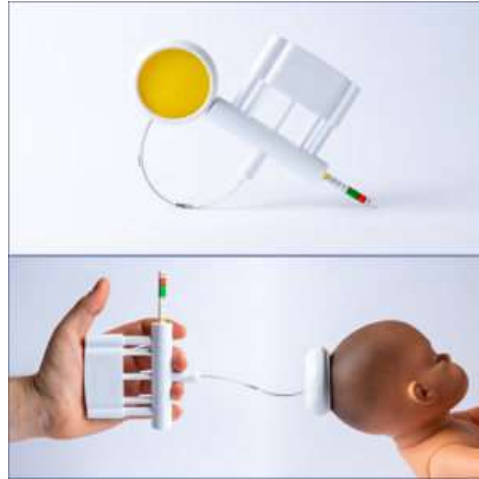


2nd stage interventions

- Used to assist the baby through the birth canal if birthing person cannot push effectively due to anesthesia, exhaustion, or the position or size of the baby
- Used if the baby needs to be born quickly due to distress (a sudden change in heart rate)

Using upright pushing positions and following your body's natural pushing urges may reduce your need for these interventions.

2nd stage (pushing) interventions



Episiotomy

Increases the size of the vaginal opening at birth

A local anesthetic is injected before the procedure

Does not substantially shorten the birth of the head

The incision becomes infected more often, is more painful, and may extend farther than a natural tear

Most common birth fears:

- Tearing
- Pooping during birth
- Worst case scenarios

How to reduce your risk of tearing:

Perineal massage

- A 2020 review of research on perineal massage done prior to birth found that it:
 - Reduced pushing time .
 - Reduced the risk of perineal tears that reached the anus (grade 3 and 4).
 - Reduced pain in and around the vagina after birth .
 - Improved APGAR scores at one and five minutes after birth (Abdelhakim et al., 2020) .
- How much perineal stretching should I do? Perineal massage is often started eight to four weeks prior to the expected due date. It can be done daily, however, performing it just three times per week might be equally effective in preventing moderate and severe perineal tears (Leon-Larios et al., 2017). Daily stretching is associated with developing no tearing whatsoever (Leon-Larios et al., 2017).

(Lamaze.org)

How to reduce your risk of tearing:

Kegels! (We will learn this next week!)

- One recent study found that pairing Kegels (also known as pelvic floor muscle contractions) with perineal massage aided in protecting the pelvic floor. People who did perineal massage and Kegels:
- Increased the chance of having no tearing at all from 6% to 17%.
- Notably reduced the risk of perineal tears that reached the anus (grade 3 and 4).
- Had less pelvic pain after delivery (Leon-Larios et al., 2017).

(Lamaze.org)

How to reduce your risk of tearing:

- Recent research suggests that upright positions in general are less likely to lead to tears (Rocha et al., 2020)

(Lamaze.org)



How to reduce your risk of tearing:

- In one study, the combination of waiting for an urge to push, as well as breathing during pushes (as compared to holding the breath and pushing), was associated with a reduction in perineal tears (Simpson & James, 2005).
- More recent studies have also found that blowing during pushing is associated with a lower risk of perineal tearing, when compared to breath holding (Ahmadi, et al., 2017).
- If someone plans on doing delayed pushing without breath holding, it can be helpful to discuss this decision with the midwife or obstetrician ahead of time, so that the birthing person does not receive unwanted coaching.
- (Lamaze.org)

Poo during birth?

- The thought of having a bowel movement in labor terrifies many women. If you were to have a bowel movement (BM) in labor, it typically occurs when you are pushing the baby out. This happens as the baby's head descends and presses on the rectum, flattening it. This causes any stool in that area to be expelled.
- If this happens, the people who are caring for you are prepared for it. They will immediately remove it and clean you up. They will not say anything about it.
- Some women let this fear interfere with their pushing efforts. This is not necessary. While you may be worried, those around you are used to the occurrence.
- Some women will have loose, frequent stools leading up to labor. This can act as a natural enema. Some women choose to do an enema at home in early labor to try to clean out their colon. This can be miserable and potentially lead to dehydration and will not necessarily prevent the presence of stool during your labor or birth.

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Series: The Body in Birth - Seven Ways to Prevent Tearing During Childbirth

Introduction

Tearing during childbirth is one of the most common concerns of pregnant people. While over 90% people birthing through their vaginas for the first time do develop some tearing, most tears are not serious and heal on their own or with a few stitches (Smith et al., 2013).

But what about those more significant tears? It is true that large tears do happen. Fortunately, research has shown us that there are ways to reduce the risk of tearing during a vaginal birth. Some of these ways of preventing tears can be done before childbirth, while others are done during childbirth.

1. Perform perineal massage.

Perineal massage is a type of stretching for the vagina to prepare for childbirth. Typically, a pregnant person does the stretching on themselves by using one or two thumbs to widen the opening of the vagina, although sometimes a partner helps. Here's a [link](#) to directions on how to perform perineal massage.

A 2020 review of research on perineal massage done prior to birth found that it:

- Reduced pushing time .
- Reduced the risk of perineal tears that reached the anus (grade 3 and 4).
- Reduced pain in and around the vagina after birth .
- Improved APGAR scores at one and five minutes after birth (Abdelhakim et al., 2020).

How much perineal stretching should I do? Perineal massage is often started eight to four weeks prior to the expected due date. It can be done daily, however, performing it just three times per week might be equally effective in preventing moderate and severe perineal tears

(Leon-Larios et al., 2017). Daily stretching is associated with developing no tearing whatsoever (Leon-Larios et al., 2017).

Pregnant people should check with their medical provider before starting perineal massage. Frequently, people on pelvic rest or at risk of early delivery are instructed not to perform perineal stretching.

2. Consider Kegels

One recent study found that pairing Kegels (also known as pelvic floor muscle contractions) with perineal massage aided in protecting the pelvic floor. People who did perineal massage and Kegels:

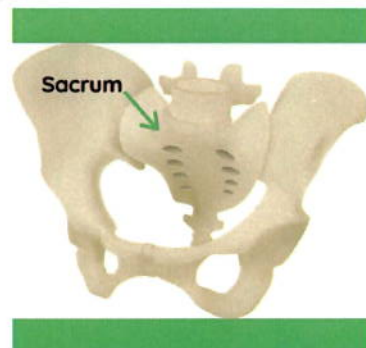
- Increased the chance of having no tearing at all from 6% to 17%.
- Notably reduced the risk of perineal tears that reached the anus (grade 3 and 4).
- Had less pelvic pain after delivery (Leon-Larios et al., 2017).

How many Kegels should I do? The study mentioned above prescribed 5-second Kegels repeated 10 to 15 times, twice per day, starting at 8 weeks prior to the expected due date. It is worth noting that pelvic floor exercises by themselves do not prevent perineal tears (Schantz, 2018). However, they can be helpful with preventing urinary incontinence during pregnancy and after birth (Woodley et al., 2020)! As with perineal massage, pregnant people should check with their medical provider before starting Kegels.

3. Practice birthing positions ahead of time.

Certain positions are more likely to lead to larger perineal tears. In particular, these positions are ones where the sacrum (part of the low back) is pressed against another surface, such as a bed or chair (Jansson et al., 2020). Often, it is easier to remember what TO DO when it comes to birthing, versus what not to do. For this reason, I encourage birthing people to practice positions that will be less likely to cause tears (sacrum is freer to move). Here are some to practice before going into labor:

- Sidelying
- Kneeling
- Squatting



Recent research suggests that upright positions in general are less likely to lead to tears (Rocha et al., 2020), while horizontal positions are more likely to lead to a birthing person having an episiotomy performed (Souza et al., 2020). Use of an epidural has not been found to increase the risk of severe perineal tearing (Loewenberg-Weisband et al., 2014). Labor induction studies on the risk of perineal tearing show mixed results.

4. Make a perineal tear prevention plan.

Make a visit to the midwife or obstetrician to talk about ways they can help reduce the risk of perineal tearing during birth. It is much easier to include perineal tear prevention strategies in the birth process if they have been agreed upon before labor starts. Here are some of the common ways a midwife or obstetrician might try to reduce the risk of perineal tearing:

- Good visualization of the perineum during pushing (Sveinsdottir et al., 2019).
- Warm compress on the perineum during pushing (Magoga et al., 2019).
- Hand on back part of vulva during delivery of the fetus' head (manual perineal support) (Sveinsdottir et al., 2019).
- Controlled delivery of the fetus' head (Sveinsdottir et al., 2019).

In addition, sometimes a carefully placed episiotomy can prevent the occurrence of a large perineal tear that injures the anus (Marty & Verspyck, 2018). Occasionally, birthing people will decide that an episiotomy is a safe choice for their vaginal delivery. Similarly, if given the option to choose, some birthing people know that they would rather have a Cesarean delivery than risk developing a large perineal tear through the application of forceps or vacuum extraction.

5. Consider fewer vaginal examinations during labor.

Having five or more vaginal examinations is associated with a higher risk of a severe perineal tear, even when other factors are controlled for (Gluck et al., 2020). A birthing person might consider requesting the medical team to only perform medically necessary examinations.

6. Get in the water for pushing.

Waterbirth has been associated with having fewer severe perineal tears (Sidebottom, et al., 2020). If a birthing person is interested in a water birth, they should be sure to check (a) that they have a provider who will honor their wish to birth in the water and (b) that a tub will be available. A tub may need to be rented or purchased depending on the birthing location.

7. Push with an urge and breathe through pushes.

Some birthing people are instructed to push right when they reach 10 centimeters of dilation, while others wait until they feel the urge to push. In one study, the combination of waiting for an urge to push, as well as breathing during pushes (as compared to holding the breath and pushing), was associated with a reduction in perineal tears (Simpson & James, 2005). More recent studies have also found that blowing during pushing is associated with a lower risk of perineal tearing, when compared to breath holding (Ahmadi, et al., 2017). If someone plans on doing delayed pushing without breath holding, it can be helpful to discuss this decision with the midwife or obstetrician ahead of time, so that the birthing person does not receive unwanted coaching.

Conclusion

Keep in mind that regardless of the amount or type of tearing, the human body has a tremendous capacity for healing. This includes the ability to heal from tears and episiotomies. If a perineal tear does occur, with or without preventative measures being taken, it is not the birthing person's fault. There are many forms of support for recovering from a perineal tear, from medical treatments to support groups. Regardless of the outcome, birthing people have options for feeling restored. These days, there are many specialists from pelvic floor physical therapists to medical doctors who are board-certified in female pelvic medicine and reconstructive surgery (FPMRS) and colorectal surgery. No one should have to suffer alone. If you have a student, client or patient with a significant tear who needs support, please share the resource [Life after Fourth Degree Tears](#).

Worst Case Scenarios- Should I really worry?

- 5.4 infant deaths per 1,000 live births (less than half a percent)
 - More likely to be audited by the IRS (less than half a percent)
- About 1 birthing persons deaths per 5,000 live births (that's just one per year in ALL of Boston hospitals COMBINED!) Or statistically just one every 15 years at the hospital I work at.
 - More likely to score perfectly on the SATS
- For every 1,000 babies delivered in the U.S., only about 6.6 of them will be born with a birth injury. (less than 1%)
 - More likely to play for a professional sports team (1.2 percent of athletes)
- 6% chance of a really bad tear
 - You are more likely to become a millionaire (6-20% chance depending)
- Your odds of dying in a motor vehicle crash stand statistically higher than most causes of death, at 1 in 101.

C-sections

- Surgical delivery of a baby through an incision in the abdomen and uterus
- Performed if a vaginal birth is not possible or safe for birthing person or baby
- About 30% of birthing persons in the U.S. will have a cesarean birth
- The reasons for a cesarean fall into three main categories:

Medical Procedures Handout

Procedure	How It's Done	Why It's Done/ Benefits	Risks to Mom	Risks to Baby
Induction <i>(Using medication or procedures to start labor)</i>	<ul style="list-style-type: none"> • Mechanical dilator (device inserted in cervix and expanded) • Sweeping membranes (provider separates amniotic sac from uterus) • Cervical ripening agents (medication applied on or near cervix) • Pitocin (medicine added to IV) 	<ul style="list-style-type: none"> • Too far past due date • Water breaks without contractions • Pregnancy has put you or baby at risk 	<ul style="list-style-type: none"> • Increased chance of cesarean birth • Increased labor discomfort • Infection (with mechanical dilator and sweeping membranes) 	<ul style="list-style-type: none"> • Fetal distress
Augmentation <i>(Using medication or procedures to speed up labor)</i>	<ul style="list-style-type: none"> • Pitocin (medicine added to IV) • Amniotomy (breaking the bag of waters) 	<ul style="list-style-type: none"> • Labor slows down • Need for stronger, more frequent contractions 	<ul style="list-style-type: none"> • Doesn't always shorten labor • Infection (with amniotomy) 	<ul style="list-style-type: none"> • Fetal distress
Analgesic <i>(Narcotic pain medication)</i>	<ul style="list-style-type: none"> • Nurse adds medication to an IV or injects it into your thigh or hip 	<ul style="list-style-type: none"> • Can be given shortly after requested • Provides fast relief • Doesn't numb muscles 	<ul style="list-style-type: none"> • Drowsiness, nausea, and itching • May slow breathing • May lower blood pressure 	<ul style="list-style-type: none"> • Slow breathing • Sleepy and less alert at birth <p><i>(Avoid 1-3 hours before birth to reduce those effects)</i></p>
Epidural <i>(Regional anesthesia that numbs pain in the lower body)</i>	<ul style="list-style-type: none"> • Anesthesiologist or nurse anesthetist places a catheter in your lower back that carries medication to you 	<ul style="list-style-type: none"> • Safe, effective pain relief • Chance to rest • Does not affect mental state 	<ul style="list-style-type: none"> • Shivering, fever, itching, nausea • Lowered blood pressure • Incomplete pain relief • Other rare risks are listed on consent form 	<ul style="list-style-type: none"> • No significant risks to the baby are known • Higher doses and longer administration could impact breastfeeding
Second Stage Interventions <i>(Procedures that help baby through birth canal)</i>	<ul style="list-style-type: none"> • Episiotomy (an incision in the perineum) • Vacuum extractor (a suction cup and pump that helps guide the baby out) • Forceps (an instrument shaped like tongs to help guide the baby out) 	<ul style="list-style-type: none"> • Too tired to push • Epidural causes ineffective pushing • Baby needs to be born quickly 	<ul style="list-style-type: none"> • Doesn't offer substantial benefit (episiotomy) • Increased pain and infection after birth (episiotomy) • Tearing of the perineum, vagina, or anus (forceps and vacuum extractor) 	<ul style="list-style-type: none"> • Temporary marks/bruising on the baby's face or head (vacuum/forceps) • Temporary nerve problems in baby's face (forceps)

Understanding PREGNANCY TO PARENTING

Medical Procedures Quiz

1. Why should you create a birth plan?

- A. To outline your birth preferences
- B. To use as a communication tool with your healthcare provider
- C. To help you think about the kind of birth you want
- D. All of the above

2. What acronym should you use to remember what questions to ask if a procedure is suggested?

- A. COAT
- B. SCRAP
- C. BRAIN
- D. BRAT

3. What are the risks of induction?

- A. An increased risk of cesarean birth and fetal distress
- B. Headaches and sleepiness
- C. Nausea and vomiting
- D. None of the above

4. What are the main pain medications used in labor?

- A. Analgesics
- B. Epidural anesthesia
- C. Pitocin
- D. A & B

5. What is Pitocin used for?

- A. To induce (start) labor
- B. To slow labor down
- C. To speed up labor
- D. A & C

Sample Birth Plan

Labor Environment

- | | | | |
|--------------------------|--|--------------------------|-------|
| <input type="checkbox"/> | Dim Lighting | <input type="checkbox"/> | Quiet |
| <input type="checkbox"/> | Play music | | |
| <input type="checkbox"/> | Wear my own clothing | | |
| <input type="checkbox"/> | Aromatherapy scents | | |
| <input type="checkbox"/> | Bring things from home, such as blankets or photos | | |

Pain Relief

Non-Medical Options

- | | | | |
|--------------------------|----------------------------|--------------------------|-----------|
| <input type="checkbox"/> | Relaxation | | |
| <input type="checkbox"/> | Changing positions/walking | | |
| <input type="checkbox"/> | Visualization | <input type="checkbox"/> | Massage |
| <input type="checkbox"/> | Fitness ball | <input type="checkbox"/> | Breathing |
| <input type="checkbox"/> | Tub/shower | | |
| <input type="checkbox"/> | Hot and cold packs | | |

Medical Options

- | | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | Analgesic | | |
| <input type="checkbox"/> | Epidural anesthesia | | |
| <input type="checkbox"/> | I prefer that medication only be offered at my request. | | |

Baby Care

- | | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | I want to hold my baby skin to skin immediately after birth and breastfeed as soon as possible. | | |
| <input type="checkbox"/> | I am breastfeeding exclusively. Don't give my baby pacifiers, bottles, or formula. | | |
| <input type="checkbox"/> | I want to room-in with my baby. | | |

WHAT'S THE DEAL WITH CESAREANS?



MANY CESAREANS ARE UNNECESSARY.

Cesareans can save lives but,

1 IN 3 PEOPLE¹



have cesareans in the U.S.

Much more than what UNICEF and the WHO recommends.²

WHAT ARE THE RISKS?³

Post-operative wound infections

You

Blood clots

Complications from anesthesia



Injury to organs

Infertility and placental complications in future pregnancies

Accidental surgical cuts

Baby

Need for intensive care

Being delivered prematurely



Breathing difficulties at birth and beyond

Correlates with higher rates of asthmas, allergies and microbiome changes.

HERE ARE A FEW WAYS TO REDUCE YOUR RISK OF CESAREAN, AND PUSH FOR BETTER CARE.



Get educated – take a Lamaze childbirth education class



Choose a provider and birth setting with low cesarean rates



Hire a doula for labor support



Let labor start on its own



Avoid “routine” interventions



Question a cesarean if you and your baby are in no immediate danger



Evaluate your options for vaginal birth after cesarean

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



1. American College of Obstetricians and Gynecologists, Society for Maternal Fetal Medicine. (March, 2014). Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery>
2. World Health Organization. (2015). WHO Statement on Cesarean Section Rates. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf;jsessionid=6A73B7977BD4E1A954126A9F7D84B848?sequence=1
3. Childbirth Connection and National Partnership for Women & Families. (2018). Cesarean Section. Retrieved from <http://www.childbirthconnection.org/giving-birth/c-section/>

VBAC - YES, IT'S AN OPTION!



If you've had a previous cesarean birth, you've probably heard a lot of myths about Vaginal Birth After Cesarean (VBAC).

NOT ALLOWED... TOO MUCH UNCERTAINTY... WE DON'T DO THAT... YOU PROBABLY WON'T SUCCEED

HERE ARE THE FACTS



YOU CAN HAVE A VBAC!

Average VBAC success rate is **60-80%**^{1,4}.
The overall vaginal birth rate for all women is **68%**²

The **KEY INGREDIENT** for a VBAC? A **supportive provider**, not just one who will "let you try."



VBAC HAS RISKS AND SO DO REPEAT CESAREANS.

Research shows the risk of uterine rupture is **less than 1%** for VBAC. Some studies show it is as low as **.22%**.
When there is a uterine rupture, other research shows that about 6% of those ruptures result in the death of the baby, or 3% if it's a full-term pregnancy. Your risk is highest if there is less than 18 months between your cesarean and your next birth, and gets lower the more time passes.



VBAC IS UNDERUSED

MOST people with a past cesarean **ARE CANDIDATES**. Yet **only 12%** get a VBAC². Many people are **discouraged** by unwilling care providers or policies at the birth facility.



THINK CAREFULLY ABOUT THE BENEFITS AND RISKS, ESPECIALLY IF YOU WANT MORE CHILDREN.

Uterine rupture decreases significantly after first VBAC

- 2008 study showed the rate of UR decreased by 50% after the first successful VBAC and did not increase with additional VBACs⁶

Each **cesarean increases risk**

- Chances of placenta position and growth abnormalities and hysterectomy increase with each cesarean⁷
- For example, risk of a serious medical complication known as placenta accreta with placenta previa increases with each cesarean

IF YOU CHOOSE A VBAC:



Step 1: Get the facts on VBAC

The National Institutes of Health, ACOG and other medical organizations agree. VBAC is a safe option for most women!



Step 2: Get support

Connect with parents who have been there. Check out some of the questions others have about VBAC



Step 3: Find the right provider

Ask tough questions to be sure you have a supportive provider

Here are questions to start with:

- Do you think I'm a good candidate? Why or why not?
- Do you have any routine policies or restrictions for VBAC candidates?

Learn more about VBAC by signing up for a Lamaze class, in-person or online!

VISIT WWW.LAMAZE.ORG TO LEARN MORE.



1 Cunningham, F.G., Bangdiwala, S., Brown, S.S., Dean, T.M., Frederiksen, M., Rowland Hogue, T.C.J., ... Zimmet, S.C. (2010). National Institutes of Health Consensus Development Conference Statement:
Vaginal Birth After Cesarean: New Insights. *Obstetrics & Gynecology*. 2010; 115(6):1279-1295. Retrieved from http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf
2 CDC. (January 31, 2018). National Vital Statistics Reports Volume 67, Number 1. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf
3 No. 155-Guidelines for Vaginal Birth After Previous Caesarean Birth. Martel, Marie-Jocelyne MacKinnon, Catherine Jane et al. *Journal of Obstetrics and Gynaecology Canada*, Volume 40, Issue 3, e195 - e207
4 Vaginal birth after cesarean delivery. Practice Bulletin No. 184. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;130:e217-33.
5 Guise, J.M., Eden, K., Denman, M.A., Marshall, N., Fu, R., Janik, R., McDonagh, M. (2010). Vaginal Birth After Cesarean: New Insights. Evidence Report/Technology Assessment No.191. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0008253/#ch3.s8>
6 Mercer, B., Gilbert, S., Landon, M.B., Spong, C.Y., Leveno, K.J., Rouse, D.J., ... Ramin, S.M. (2008). Labor Outcomes with Increasing Number of Prior Vaginal Births after Cesarean Delivery. *Obstetrics & Gynecology*. 2008; 111(2-1): 285-291. doi 10.1097/AOG.0b013e31816102b9

Planned C-section

- birthing person is having multiples (twins may be born vaginally)
- Medical condition in birthing person or baby
- Previous cesarean birth (VBAC may be an option)

Unplanned C-sections

- Abnormal fetal heart rate
- Labor is not progressing
- Baby moves into a position where vaginal birth is difficult or impossible
- Baby's head does not fit into pelvis (although true CPD is uncommon.)

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



FAQ

FREQUENTLY ASKED QUESTIONS
FAQ079
PREGNANCY

If Your Baby Is Breech

- What does it mean when a fetus is breech?
- What factors are related to breech presentation?
- How can your health care professional tell if your fetus is breech?
- What is external cephalic version?
- When will external cephalic version not be attempted?
- How is external cephalic version performed?
- What complications can occur with external cephalic version?
- How successful are attempts at external cephalic version?
- What are the options for birth if my fetus is breech?
- What complications can occur during a vaginal birth of a breech fetus?
- What complications can occur during a cesarean delivery?
- What things do I need to consider if I want to have a vaginal birth and my fetus is breech?
- Glossary

What does it mean when a fetus is breech?

In the last weeks of pregnancy, a **fetus** usually moves so his or her head is positioned to come out of the **vagina** first during birth. This is called a **vertex presentation**. A **breech presentation** occurs when the fetus's buttocks, feet, or both are in place to come out first during birth. This happens in 3–4% of full-term births.

What factors are related to breech presentation?

It is not always known why a fetus is breech. Some factors that may contribute to a fetus being in a breech presentation include the following:

- You have been pregnant before.
- There is more than one fetus in the **uterus** (twins or more).
- There is too much or too little **amniotic fluid**.
- The uterus is not normal in shape or has abnormal growths such as **fibroids**.
- The **placenta** covers all or part of the opening of the uterus (**placenta previa**).
- The fetus is **preterm**.

Occasionally fetuses with certain birth defects will not turn into the head-down position before birth. However, most fetuses in a breech presentation are otherwise normal.

How can your health care professional tell if your fetus is breech?

Your health care professional may be able to tell which way your fetus is facing by placing his or her hands at certain points on your abdomen. By feeling where the fetus's head, back, and buttocks are, it may be possible to find out what part of the fetus is presenting first. An **ultrasound exam** or **pelvic exam** may be used to confirm it.

What is external cephalic version?

External cephalic version (ECV) is an attempt to turn the fetus so that he or she is head down. ECV can improve your chance of having a vaginal birth. If the fetus is breech and your pregnancy is greater than 36 weeks your health care professional may suggest ECV.

When will external cephalic version not be attempted?

ECV will not be tried if

- you are carrying more than one fetus
- there are concerns about the health of the fetus
- you have certain abnormalities of the reproductive system
- the placenta is in the wrong place
- the placenta has come away from the wall of the uterus (**placental abruption**)

ECV can be considered if you have had a previous **cesarean delivery**.

How is external cephalic version performed?

The health care professional performs ECV by placing his or her hands on your abdomen. Firm pressure is applied to the abdomen so that the fetus rolls into a head-down position. Two people may be needed to perform ECV. Ultrasound also may be used to help guide the turning.

The fetus's heart rate is checked with fetal monitoring before and after ECV. If any problems arise with you or the fetus, ECV will be stopped right away. ECV usually is done near a delivery room. If a problem occurs, a cesarean delivery can be performed quickly, if necessary.

What complications can occur with external cephalic version?

Complications may include the following:

- **Prelabor rupture of membranes**
- Changes in the fetus's heart rate
- Placental abruption
- Preterm labor

How successful are attempts at external cephalic version?

More than one half of attempts at ECV succeed. However, some fetuses who are successfully turned with ECV move back into a breech presentation. If this happens, ECV may be tried again. ECV tends to be harder to do as the time for birth gets closer. As the fetus grows bigger, there is less room for him or her to move.

What are the options for birth if my fetus is breech?

Most fetuses that are breech are born by planned cesarean delivery. A planned vaginal birth of a single breech fetus may be considered in some situations. Both vaginal birth and cesarean birth carry certain risks when a fetus is breech. However, the risk of complications is higher with a planned vaginal delivery than with a planned cesarean delivery.

What complications can occur during a vaginal birth of a breech baby?

In a breech presentation, the body comes out first, leaving the baby's head to be delivered last. The baby's body may not stretch the **cervix** enough to allow room for the baby's head to come out easily. There is a risk that the baby's head or shoulders may become wedged against the bones of the mother's pelvis. Another problem that can happen during a vaginal breech birth is a prolapsed **umbilical cord**. It can slip into the vagina before the baby is delivered. If there is pressure put on the cord or it becomes pinched, it can decrease the flow of blood and **oxygen** through the cord to the baby.

What complications can occur during a cesarean delivery?

Although a planned cesarean birth is the most common way that breech fetuses are born, there may be reasons to try to avoid a cesarean birth.

- A cesarean delivery is major surgery. Complications may include infection, bleeding, or injury to internal organs.
- The type of **anesthesia** used sometimes causes problems.
- Having a cesarean delivery also can lead to serious problems in future pregnancies, such as rupture of the uterus and complications with the placenta.

With each cesarean delivery, these risks increase.

What things do I need to consider if I want to have a vaginal birth and my fetus is breech?

If you are thinking about having a vaginal birth and your fetus is breech, your health care professional will review the risks and benefits of vaginal birth and cesarean birth in detail. You usually need to meet certain guidelines specific to your hospital. The experience of your health care professional in delivering breech babies vaginally also is an important factor.

Glossary

Amniotic Fluid: Fluid in the sac that holds the fetus.

Anesthesia: Relief of pain by loss of sensation.

Breech Presentation: A position in which the feet or buttocks of the fetus would appear first during birth.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a fetus from the uterus through an incision made in the woman's abdomen.

External Cephalic Version (ECV): A technique, performed late in pregnancy, in which the doctor attempts to manually move a breech baby into the head-down position.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

Oxygen: An element that we breathe in to sustain life.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Placenta: Tissue that provides nourishment to and takes waste away from the fetus.

Placenta Previa: A condition in which the placenta covers the opening of the uterus.

Placental Abruption: A condition in which the placenta has begun to separate from the uterus before the fetus is born.

Prelabor Rupture of Membranes: Rupture of the amniotic membranes that happens before labor begins. Also called premature rupture of membranes (PROM).

Preterm: Less than 37 weeks of pregnancy.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Umbilical Cord: A cord-like structure containing blood vessels. It connects the fetus to the placenta.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vertex Presentation: A presentation of the fetus where the head is positioned down.

If you have further questions, contact your obstetrician–gynecologist.

FAQ079: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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Emergencies
(Less than 1% of
all births)

Cord prolapse

Placental abruption

Uterine rupture

Severe fetal distress


Anesthesia

**Planned/unplanned
cesareans:**

- Epidural
- Spinal block
- Combined
spinal-epidural

Emergency cesareans:

- Existing epidural
- General anesthesia



Advantages

- Life-saving procedure if vaginal birth is unsafe
- Quick
- Relatively safe procedure



- **Disadvantages to Mother**
 - Infection
 - Blood loss/hemorrhage/blood clots in legs
 - Future pregnancy problems
 - Injuries to organs
 - Longer, more painful recovery
 - Higher risk of emotional trauma/perception of negative birth
- **Disadvantages to Baby**
 - Breathing problems
 - Injury (rare)

Ways to reduce c-sections:

- **Enter labor in good health**
 - Eat healthy foods
 - Exercise
- **Labor**
 - Let labor start on its own
 - Stay at home during early labor
 - Have continuous, hands-on support (consider a doula)
 - Use upright labor positions
- **Epidural**
 - Wait until labor is well-established to get one to avoid the chain of intervention



Family Centered C-sections

- Ask to have the screen lowered to see the birth
- Use prepared childbirth techniques to relax
- Have photos or video taken if permitted
- Hold or touch your baby while your surgery is being completed
- Ask if skin to skin is an option
- Breastfeed/chest feed as soon as you can

Birth Story | KEDocumentary.co

Cesarean Birth Handout

Reasons for Cesareans

A cesarean birth is the surgical delivery of a baby through an incision in the mother's belly and uterus. Cesarean births are done if a vaginal birth is impossible or unsafe for you or your baby.

Unplanned Cesareans

Unplanned cesareans are performed when they become necessary during labor.

Reasons for unplanned cesareans:

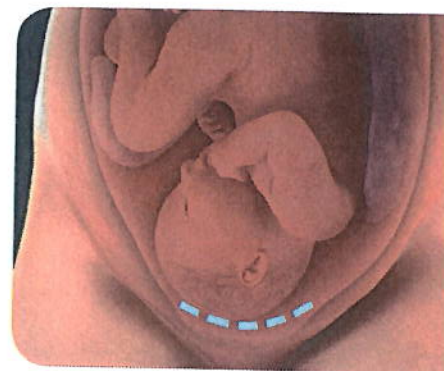
- Cephalopelvic disproportion (CPD), a rare condition in which the baby's head does not fit through the pelvis (it is common for labor to slow down, and pushing efforts may be long and ineffective)
- Abnormal fetal heart rate
- Labor is not progressing despite augmentation efforts
- The baby moves into a position that makes vaginal birth difficult or impossible

Emergency Cesareans

Emergency cesareans are rare and may be done at any point during labor. If an emergency situation occurs, general anesthesia may be given because it takes effect quickly. Using an existing epidural or rapid spinal block as pain relief during surgery is sometimes possible.

Reasons for emergency cesareans:

- A placental abruption, which is when the placenta separates from the uterus wall before the baby is born. This can cause severe bleeding.
- Cord prolapse, which is when the baby's head is still high and the umbilical cord slips through the dilated cervix. The cord can get pinched by the baby's head as it descends. A pinched cord blocks the flow of oxygen to the baby.
- Uterine rupture, which is a tear in the wall of the uterus that can cause dangerous bleeding for the mother and fetal distress.
- If your baby has a major drop or rise in his heart rate or has a flat heart rate that can't be resolved by your healthcare providers.



The cesarean incision is just above the pubic hair



This mother holds her baby skin to skin as her surgery is being completed

Understanding PREGNANCY TO PARENTING

Cesarean Birth Quiz

1. **When the baby's head doesn't fit through the pelvis, this type of cesarean will be performed.**
 - A. Planned
 - B. Unplanned
 - C. Emergency
 - D. None of the above
2. **One reason that an emergency cesarean occurs is when:**
 - A. The placenta separates from the uterus
 - B. Mom is tired
 - C. The doctor plans it ahead of time
 - D. None of the above
3. **Some risks of cesarean birth to the mother include:**
 - A. An infection at the incision site or an internal infection
 - B. Increased blood loss or hemorrhage, blood clots in the legs
 - C. Injuries to organs, and increased risk of future cesareans
 - D. All of the above
4. **What are some things that will be done to prepare you for a cesarean surgery?**
 - A. Signing consent forms and getting an IV
 - B. Your partner will be asked to put on scrubs
 - C. Anesthesia is administered or boosted
 - D. All of the above
5. **After a cesarean birth, babies benefit from being held skin to skin as soon as possible because:**
 - A. It helps stabilize the baby's heart rate, body temperature, and blood sugar
 - B. It wakes the baby up
 - C. It keeps them from getting bored
 - D. None of the above

Reducing the Cesarean Risk

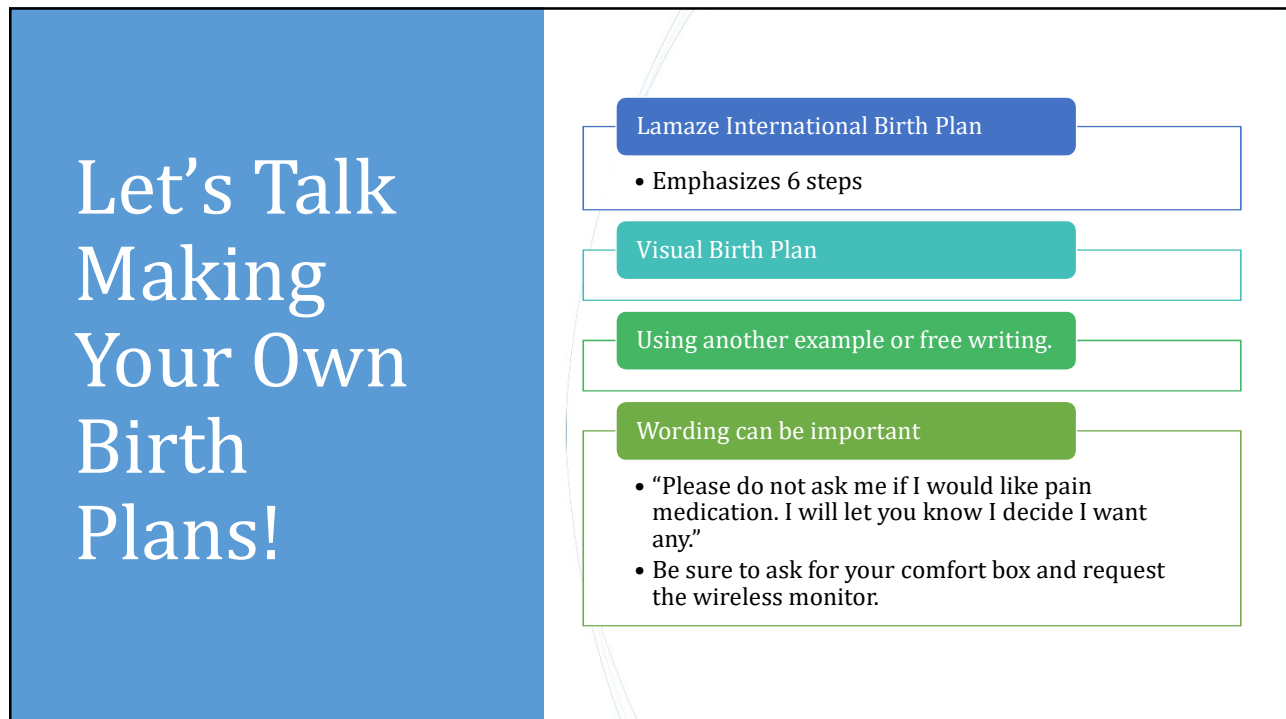
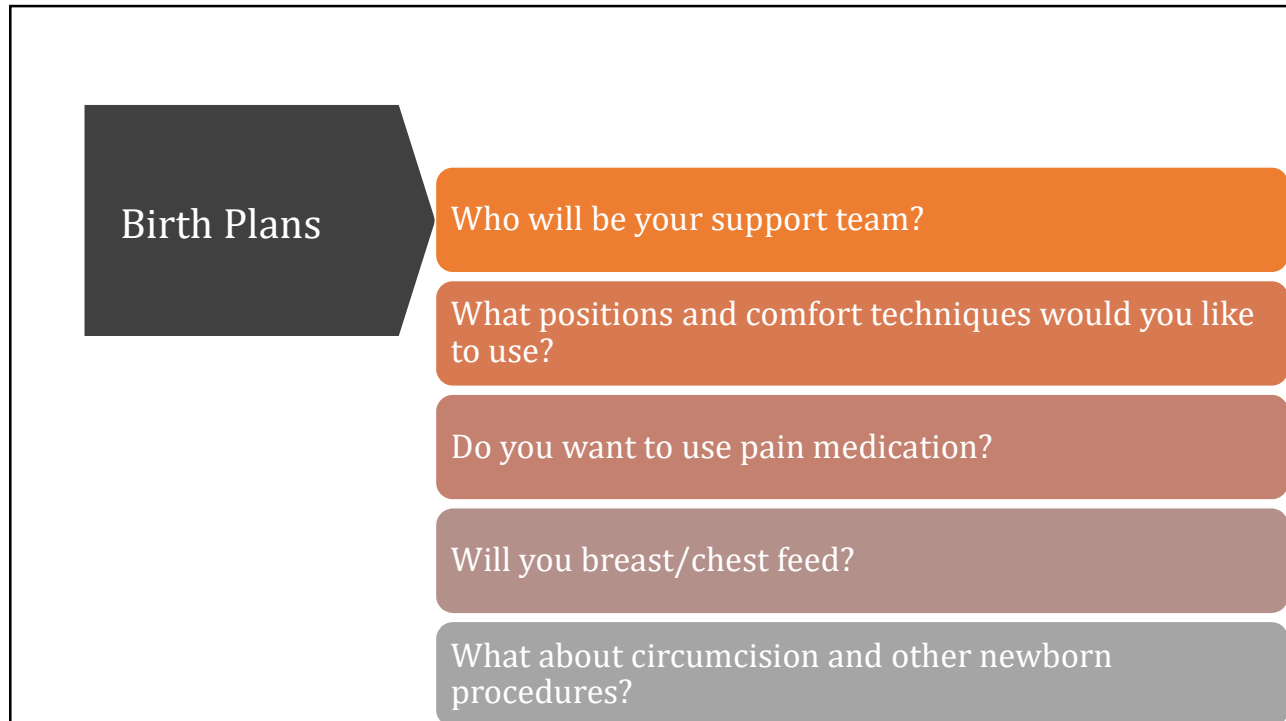
Studies indicate that some cesareans are avoidable.

How to lower your risk

- Avoid gaining more than the recommended amount of weight.
- Have continuous, hands-on support throughout labor. Consider hiring a doula, who can suggest the most useful comfort strategies.
- Avoid inducing labor unless medically necessary.
- Stay at home during early labor
- Use upright or forward-leaning positions during labor and pushing.
- If you opt for an epidural, wait until labor is well established before getting it.

Table 3. Recommendations for the Safe Prevention of the Primary Cesarean Delivery	
Recommendations	Grade of Recommendations
<i>First stage of labor</i>	
A prolonged latent phase (eg, greater than 20 hours in nulliparous women and greater than 14 hours in multiparous women) should not be an indication for cesarean delivery.	1B
	Strong recommendation, moderate quality evidence
Slow but progressive labor in the first stage of labor should not be an indication for cesarean delivery.	1B
	Strong recommendation, moderate quality evidence
Cervical dilation of 6 cm should be considered the threshold for the active phase of most women in labor. Thus, before 6 cm of dilation is achieved, standards of active phase progress should not be applied.	1B
	Strong recommendation, moderate quality evidence
Cesarean delivery for active phase arrest in the first stage of labor should be reserved for women at or beyond 6 cm of dilation with ruptured membranes who fail to progress despite 4 hours of adequate uterine activity, or at least 6 hours of oxytocin administration with inadequate uterine activity and no cervical change.	1B
	Strong recommendation, moderate quality evidence
<i>Second stage of labor</i>	
A specific absolute maximum length of time spent in the second stage of labor beyond which all women should undergo operative delivery has not been identified.	1C
	Strong recommendation, low quality evidence
Before diagnosing arrest of labor in the second stage, if the maternal and fetal conditions permit, allow for the following: <ul style="list-style-type: none"> • At least 2 hours of pushing in multiparous women (1B) • At least 3 hours of pushing in nulliparous women (1B) Longer durations may be appropriate on an individualized basis (eg, with the use of epidural analgesia or with fetal malposition) as long as progress is being documented. (1B)	1B
	Strong recommendation, moderate quality evidence
Operative vaginal delivery in the second stage of labor by experienced and well trained physicians should be considered a safe, acceptable alternative to cesarean delivery. Training in, and ongoing maintenance of, practical skills related to operative vaginal delivery should be encouraged.	1B
	Strong recommendation, moderate quality evidence
Manual rotation of the fetal occiput in the setting of fetal malposition in the second stage of labor is a reasonable intervention to consider before moving to operative vaginal delivery or cesarean delivery. In order to safely prevent cesarean deliveries in the setting of malposition, it is important to assess the fetal position in the second stage of labor, particularly in the setting of abnormal fetal descent.	1B
	Strong recommendation, moderate quality evidence
<i>Fetal heart rate monitoring</i>	
Amnioinfusion for repetitive variable fetal heart rate decelerations may safely reduce the rate of cesarean delivery.	1A
	Strong recommendation, high quality evidence
Scalp stimulation can be used as a means of assessing fetal acid-base status when abnormal or indeterminate (formerly, nonreassuring) fetal heart patterns (eg, minimal variability) are present and is a safe alternative to cesarean delivery in this setting.	1C
	Strong recommendation, low quality evidence
<i>Induction of labor</i>	
Before 41 0/7 weeks of gestation, induction of labor generally should be performed based on maternal and fetal medical indications. Inductions at 41 0/7 weeks of gestation and beyond should be performed to reduce the risk of cesarean delivery and the risk of perinatal morbidity and mortality.	1A
	Strong recommendation, high quality evidence
Cervical ripening methods should be used when labor is induced in women with an unfavorable cervix.	1B
	Strong recommendation, moderate quality evidence
If the maternal and fetal status allow, cesarean deliveries for failed induction of labor in the latent phase can be avoided by allowing longer durations of the latent phase (up to 24 hours or longer) and requiring that oxytocin be administered for at least 12-18 hours after membrane rupture before deeming the induction a failure.	1B
	Strong recommendation, moderate quality evidence
<i>Fetal malpresentation</i>	
Fetal presentation should be assessed and documented beginning at 35 0/7 weeks of gestation to allow for external cephalic version to be offered.	1C
	Strong recommendation, low quality evidence
<i>Suspected fetal macrosomia</i>	
Cesarean delivery to avoid potential birth trauma should be limited to estimated fetal weights of at least 5,000 g in women without diabetes and at least 4,500 g in women with diabetes. The prevalence of birth weight of 5,000 g or more is rare, and patients should be counseled that estimates of fetal weight, particularly late in gestation, are imprecise.	2C
	Weak recommendation, low quality evidence
<i>Excessive maternal weight gain</i>	
Women should be counseled about the IOM maternal weight guidelines in an attempt to avoid excessive weight gain.	1B
	Strong recommendation, moderate quality evidence
<i>Twin gestations</i>	
Perinatal outcomes for twin gestations in which the first twin is in cephalic presentation are not improved by cesarean delivery. Thus, women with either cephalic/cephalic-presenting twins or cephalic/noncephalic-presenting twins should be counseled to attempt vaginal delivery.	1B
	Strong recommendation, moderate quality evidence
<i>Other</i>	
Individuals, organizations, and governing bodies should work to ensure that research is conducted to provide a better knowledge base to guide decisions regarding cesarean delivery and to encourage policy changes that safely lower the rate of primary cesarean delivery.	1C
	Strong recommendation, low quality evidence

Abbreviation: IOM, Institute of Medicine.





- <https://www.lamaze.org/parent-information>

Lamaze PLANNING FOR BIRTH DAY IS IMPORTANT
MY PREFERENCES FOR A SAFE AND HEALTHY BIRTH

Name _____ Care Provider _____

Important Notes (Areas of high concern or risk, cultural preferences, VBAC): _____

BEFORE LABOR BEGINS Use Lamaze Healthy Birth Practices #1 & #2	DURING LABOR Use Lamaze Healthy Birth Practices #2 & #4	DURING BIRTH Use Lamaze Healthy Birth Practice #5	IN CASE OF COMPLICATIONS	NEWBORN CARE Use Lamaze Healthy Birth Practice #6

Describe your plan for letting labor begin on its own and your plan for support during labor, including the possibility of a doula.

Describe your plan for coping with labor such as movements (walking and changing positions), baths and showers, massage, and breathing and relaxation techniques. Describe your wishes for eating and drinking during labor.

Describe your plans for listening to your body when it comes time to push, including choosing the position that feels best for you and pushing when your body tells you to.

If for a medical reason you need to have labor induced or cesarean surgery, describe your plans to keep labor and birth as normal as possible, including frequent changes of position (induction) and having the baby placed immediately on your chest after birth (both induction and cesarean). Note the importance of being involved in the decision making process.

Describe your plans for delayed cord clamping, skin-to-skin contact immediately after birth, baby allowed to wet/soak and frequently breastfed and keeping parents and baby together including all newborn care done at the bedside.

Go to
<https://www.mamanatural.com/birth-plan-template/>
 (not sponsored)

To make your own customized visual birth plan!

Please be aware that while some of this website's resources are good/helpful, not all are evidence based.

Mama Natural

My Natural Birth Plan

During Labor

- no medication
- free movement
- natural water rupture
- intermittent monitoring
- lights dim
- water bath
- no episiotomy
- limited cervical exams

After Delivery

- immediate skin-to-skin
- delayed cord clamping
- save placenta
- partner to cut cord
- breastfeeding asap
- no vitamin k
- no circumcision
- no eye ointment
- no bath for baby
- delay exams for bonding



PLANNING FOR BIRTH DAY IS IMPORTANT

MY PREFERENCES FOR A SAFE AND HEALTHY BIRTH

Name _____

Care Provider _____

Important Notes (Areas of high concern or risk, cultural preferences, VBAC): _____

BEFORE LABOR BEGINS Use Lamaze Healthy Birth Practices #1 & #3	DURING LABOR Use Lamaze Healthy Birth Practices #2 & #4	DURING BIRTH Use Lamaze Healthy Birth Practice #5	IN CASE OF COMPLICATIONS	NEWBORN CARE Use Lamaze Healthy Birth Practice #6

Describe your plan for letting labor begin on its own and your plan for support during labor, including the possibility of a doula.

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Describe your plans for listening to your body when it comes time to push, including choosing the position that feels best for you and pushing when your body tells you to.

If, for a medical reason you need to have labor induced or cesarean surgery, describe your plans to keep labor and birth as normal as possible, including frequent changes of position (induction) and having the baby placed immediately on your chest after birth (both induction and cesarean). Note the importance of being involved in the decision making process.

Describe your plans for delayed cord clamping, skin-to-skin contact immediately after birth, baby allowed to self-latch and frequently breastfeed and keeping parents and baby together including all newborn care done at the bedside.



Let's start the planning process, shall we? Don't stress if you can't finish it all at once. Feel free to take a break. Take a power nap. Take a three-week vacation. Your birth plan will be waiting for you to finish it when you're good and ready. **Discuss these preferences with your OB or midwife so you can decide which options are best for you and your baby.**

My name: _____

Expected due date: _____

Partner's name: _____

Baby-to-be's name:
(optional) _____

OB/Midwife: _____

Pediatrician: _____

Doula/Birthing coach:
(if applicable) _____

I have completed the following:

- Hospital admission forms, if applicable Insurance forms
 Cord blood/placenta banking materials and instructions Other: _____

Please note that I:

- Have group B strep Take the following prescription medications: _____
 Am positive for herpes Have the following medication allergies: _____
 Am Rh-incompatible with my baby Other: _____
 Have gestational diabetes None of the above

Your Labor Preferences

My preferred method of delivery is :

- Vaginal Birth
 A prior C-section
 Surgery on your uterus
 Neither
 C-section (if checked, move to page 2)

If I have a vaginal birth, I want:

- To view the birth using a mirror
 To touch my baby's head as it crowns
 The hospital staff to help me with pushing techniques
 To be able to feel the urge before starting to push

I want these people in the delivery room:

- My partner: _____
 A family member: _____
 My doula: _____
 A friend: _____
 Other: _____

In the delivery room, I want:

Note: Some hospitals may not honor all requests, based on hospital policy.

- Dim lighting
 Birthing ball
 Music that I will provide
 Minimal sound
 Blankets and/or photos from home
 Aromatherapy scents that I will provide
 One of my support people taking photos
 Other: _____

Help for managing labor discomfort:

- Natural techniques
 Bath or showers Breathing techniques
 Massage Hypnobirthing techniques
 Epidural
 IV medications
 Please do not offer me pain medicine. I will request if needed.
 Other: _____

Your Plan for the Unexpected

The idea of something not going as planned is probably the last thing you want to think about. Fortunately, talking to your OB or midwife ahead of time can help you plan for the unexpected and understand the decisions you may have to make.

If my doctor or midwife believes induction is necessary, I would prefer the following:

Options to help prepare my cervix* (also referred to as cervical ripening):

- Dinoprostone cervical ripening vaginal insert, FDA-approved
- Dinoprostone cervical ripening gel, FDA-approved
- Pill (Cytotec®/misoprostol), not FDA-approved for cervical ripening
- Balloon Catheter, some are FDA-approved
- Other: _____

In case of interventions such as vacuum, forceps or episiotomy, what requests can I make?

Note: Certain situations and emergencies can prevent these options from being available.

- If I need any of these procedures, please discuss with me beforehand.
- I would prefer not to have an episiotomy unless medically necessary.
- I would prefer not to have forceps used.
- I would prefer not to have a vacuum used.

Options to help with contractions:

Note: If medically indicated, your doctor may order an IV drip medication.

- Walking around
- My doctor or midwife will break my water
- Nipple stimulation
- Other: _____

If I need a C-section and it's not an emergency:

- If possible, I'd like to have a moment alone or with my partner/family/other prior to the procedure.
- I'd like to have a support person present for the procedure.
- I'd like a sheer screen to watch, if possible.
- I'd like to have the procedure explained as it happens.
- I'd like to have music playing.
- If possible, I'd like to have immediate skin-to-skin contact with my baby.
- Other: _____

* **Note:** Some options are not FDA-approved, so it's best to speak with your OB or Midwife well before your due date to discuss options in case an induction is required. All drugs must be proven safe and effective to FDA's regulations before companies can market them. If the FDA grants approval to a drug, it means they have determined that the benefits of the product outweigh the risks for the intended use.

Your First Moments Together

I want to hold my baby for the first time:

- Immediately after delivery (skin-to-skin)
- After being wiped clean
- After being weighed and cleaned
- Other: _____

Procedure for the umbilical cord and placenta:

- My partner or support person will cut the cord.
- I prefer delayed clamping or cutting of the cord.
- I want to take my placenta home.
- I want the following collected for banking:
 - Cord Placenta
 - Blood All of the above

Company name(s): _____

If my baby is a boy:

- I want my baby circumcised prior to leaving the hospital.
- I do not want my baby circumcised prior to leaving the hospital.

I want the following medications for my baby:

Note: Most states and hospital policies mandate that babies receive vitamin K and eye ointment as soon as possible after birth.

- Hepatitis B vaccination
- Other: _____

I want to feed my baby with:

- Breast milk
 - I prefer my baby not receive bottles at this time.
 - My baby may receive a bottle of breast milk if needed.
- Formula
- Both

If breastfeeding, I want to start:

- As soon as possible after delivery
- When I feel comfortable
- I would like to see a lactation consultant in the hospital, if possible

Birth Plan Checklist

Fill out this page according to your own wishes for your birth. Keep in mind that you might not be able to follow every wish on this page, depending on hospital policy or if complications arise during your labor. Share your plan with your support team, practitioner, and labor nurse.

My Name: _____

Due Date: _____

Labor Companions: _____

Healthcare Provider: _____

Labor

- Dim lighting Quiet
- Play music Wear my own clothing
- Bring things from home, such as blankets or photos
- Aromatherapy scents
- Video/photos taken by _____

Mobility

- I prefer to maintain all mobility, including walking and changing positions.
- I prefer to be able to move around in bed only and get up to use the bathroom.
- Mobility is not important to me, and I understand that if I get an epidural I may be confined to bed and need a urinary catheter to go to the bathroom.

Hydration & Nourishment

- I would like to eat light snacks and drink clear fluids whenever possible during labor.
- It would not bother me to have an IV for hydration if necessary.
- If no fluids or medication are needed during my labor, I'd prefer a saline lock if the placement of an IV is required by my hospital.

Monitoring

- I prefer my baby to be monitored as minimally as possible.
- I would like as much monitoring as possible.
- I prefer a method that allows me to remain mobile.
- Fetal monitoring in bed is fine with me.

Pain Relief

Nonmedical Options

- Relaxation Changing positions/walking
- Visualization Massage Fitness ball
- Breathing Tub/shower Hot/cold packs

Medical Options

- Analgesic Epidural anesthesia
- Nitrous oxide (if available)
- I prefer that pain medication only be offered to me at my request.

Augmentation

Methods to Speed Up Labor

If my labor slows down, I would:

- First try nonmedical methods like walking and using upright labor positions.
- Prefer that my practitioner breaks my bag of waters.
- Prefer that my bag of waters breaks on its own.
- Be open to having an IV of Pitocin and understand the benefits and risks involved.
- Prefer to receive an IV of Pitocin only after all other methods are tried, and only if medically necessary.

Birth Plan Checklist (cont.)

Pushing

- I prefer to wait to push until I feel the urge or until my baby descends.
- I would like to use a variety of positions during pushing.
- I would like a mirror placed at the foot of the bed so I can watch my baby's birth.
- I would like to push whenever I feel like it.
- I would like to be directed as to when to push.
- I would like to avoid forceps and/or vacuum extraction unless absolutely necessary.
- I would like to touch my baby's head as it crowns.
- I would like my healthcare provider to hand me the baby immediately if there aren't any complications.

Birth & Baby Care

- I would like to hold my baby skin to skin immediately after birth and breastfeed as soon as possible.
- I would like _____ to cut the umbilical cord.
- I would like to wait to have the cord cut until the baby receives all the blood from the placenta.
- I would like to donate the umbilical cord blood.
- I would prefer that routine hospital procedures be done while I hold my baby if possible.
- I would like all routine tests, shots, and procedures for my newborn.
- I prefer to choose the tests that are done and discuss it with my baby's pediatrician ahead of time.
- I am breastfeeding exclusively and don't want my baby to be given pacifiers, bottles, or formula.
- I want to room-in with my baby.
- If I have a boy, I prefer to have him circumcised.
- I do not want my baby boy to be circumcised.

In Case of a Cesarean

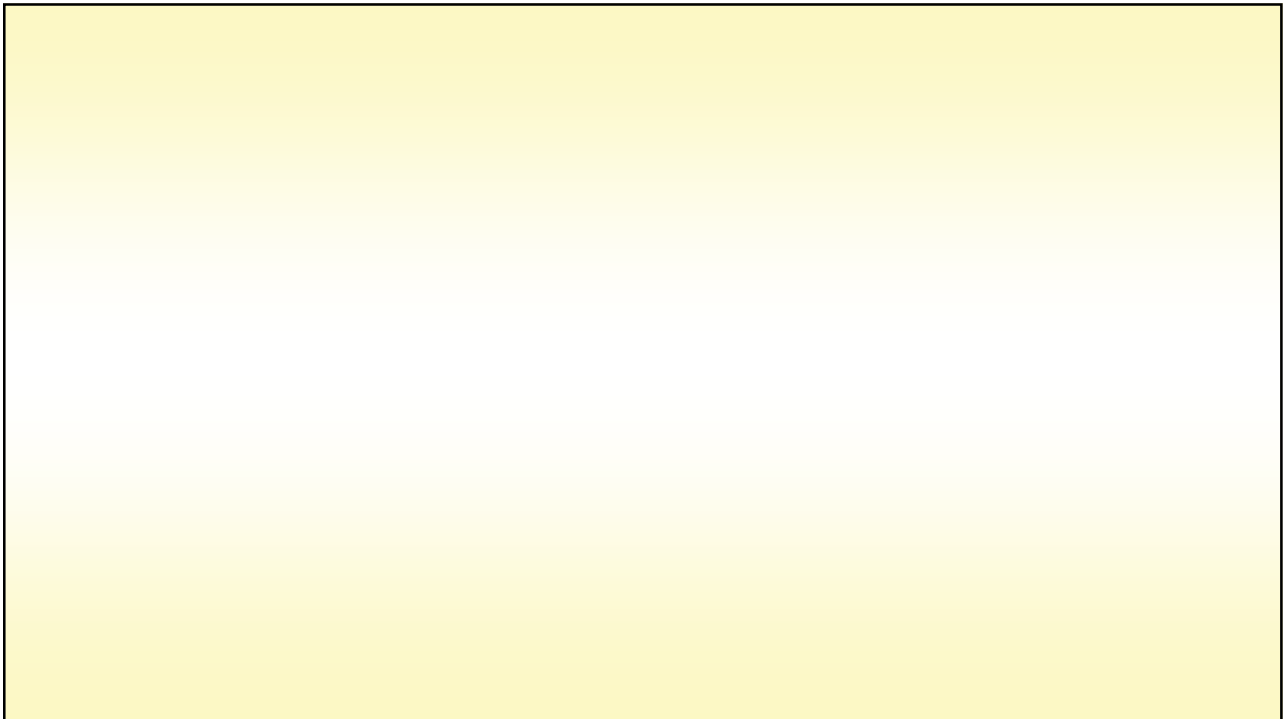
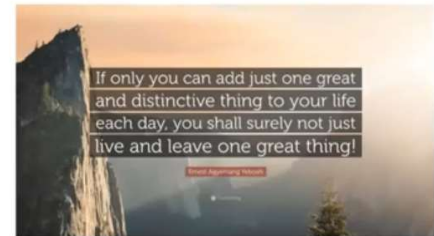
- I would like _____ to accompany me during surgery.
- If possible, I would like two people to accompany me.
- If anesthesia is a choice for me, I would prefer an epidural.
- If anesthesia is a choice for me, I would prefer a spinal.
- If possible, I would like music played in the operating room.
- I would like the drape/screen lowered during surgery so I can see the birth.
- I would like the surgeon to describe the surgery as he or she goes along.
- I would like to have a video or photos taken.
- I would like my support person to cut the cord.
- I would like to have at least one arm released so I can hold my baby right away.
- I would like to hold my baby skin to skin as soon as possible after the birth.
- I would like to breastfeed as soon as possible in the recovery room.

Retrieval Learning Activity #4

Leave One, Add One



1. ~~Get a piece of paper. Don't write your name on it (this is not for a grade!)~~
2. **Quickly** draw a small animal in the top right corner
3. Write down **one** thing on the paper that you've learned in our class
4. **Leave one:** Hold your paper up when you're done
5. You'll be given someone else's paper
6. **Add one:** add one new thing that's not listed
(something that's new for you, too)
7. Repeat! (**new** concept each time) www.lamaze.org



**Thanks for a great class!
Here's what we learned today!**

Week 3

Class-
Understanding Medical Procedures
and C-sections

Homework: Finish packing your labor bag. Work on your birth plan. Practice a few exercises discussed in the video "7 Easy Exercises for An Optimal Pregnancy & Labor". Practice double exhale before bed most nights.

This website provides great resources all around about pregnancy and birth! Go to this link or search evidence based birth wherever you get podcasts.

Interested in natural labor induction?

<https://evidencebasedbirth.com/category/series/natural-labor-induction-series/>

[EBB 144 – Evidence on Pineapple and Sex for Natural Labor Induction](#)

by [Rebecca Dekker](#) | Sep 8, 2020 | [Natural Labor Induction Series, Podcast](#)
Don't miss an episode! Subscribe to our podcast: [iTunes](#) | [Stitcher](#) In this episode I answer several questions about natural labor induction: Can eating pineapple help induce labor contractions? What about having sex?

[EBB 139 – Evidence on Red Raspberry Leaf Tea for Natural Labor Induction](#)

by [Rebecca Dekker](#) | Aug 18, 2020 | [Natural Labor Induction Series, Podcast](#)
Don't miss an episode! Subscribe to our podcast: [iTunes](#) | [Stitcher](#) In this latest episode in our series on natural labor induction, I cover the evidence on consuming red raspberry leaf tea during pregnancy.

[EBB 134 – Evidence on: Evening Primrose Oil \(EPO\)](#)

by [Rebecca Dekker](#) | Jul 14, 2020 | [Natural Labor Induction Series, Podcast](#)
Don't miss an episode! Subscribe to our podcast: [iTunes](#) | [Stitcher](#) In this episode, I cover the evidence on evening primrose oil (EPO) for natural labor induction.

[EBB 128 – Inducing Labor with Castor Oil and Dates](#)

by [Rebecca Dekker](#) | May 8, 2020 | [Natural Labor Induction Series, Podcast](#)
Don't miss an episode! Subscribe to our podcast: [iTunes](#) | [Stitcher](#) In this latest episode in our series on natural labor induction, I cover the evidence on using castor oil or eating date fruit to induce labor.

[EBB 125 – Evidence on Acupressure, Acupuncture and Breast Stimulation](#)

by [Rebecca Dekker](#) | Apr 21, 2020 | [Natural Labor Induction Series, Podcast](#)
Don't miss an episode! Subscribe to our podcast: [iTunes](#) | [Stitcher](#) In this episode I kick off a new series on natural labor induction – starting with the evidence on acupressure, shiatsu or acupuncture, and breast stimulation.

Initiation of Labor

Natural Ways to Help Induce Labor*

1. Sex - Semen has prostaglandins (a type of lipid) which ripens the cervix and helps it soften and ripen. After sex, lie on your side for about a half an hour if possible to help keep the semen in the proper place.
2. Nipple Stimulation - Oxytocin, a hormone that causes contractions, is released with breast stimulation. This is done by mimicking how a baby nurses. You or your husband can place your palm or fingers over the nipple and areola. Give firm but gentle pressure in a "rolling" manner. You can do this on bare skin or over thin clothing.

Nipple stimulation can have strong effects so just make sure to follow these guidelines

- Only massage one breast at a time.
- Massage one nipple for 5 minutes, wait 15-30 minutes, then massage other nipple. Continue this pattern for a few hours each day until labor starts to progress.
- Do not stimulate the breast during a contraction.
- Do not use nipple stimulation after the contractions are 3 minutes apart or 1 minute long.

*These methods should only be used when you are at least 38 weeks pregnant and with the supervision and permission of your doctor.

Initiation of Labor

Natural Ways to Help Induce Labor*

3. Walking - This helps the baby drop into position and the head to put pressure on the cervix which helps ripen the cervix for labor.
4. Acupressure - There are two pressure points that can be stimulated to help produce contractions.
 - In the webbing between your thumb and index finger - Pinch the webbing of your hand and rub in a circular motion for 30-60 seconds....this should cause a contraction. Wait about 2 minutes and repeat.
 - Four finger-widths above the inside of your ankle bone - Press your fingers firmly on this spot. It should feel a little sore (but not painful) if you have hit the right spot. Press down while rubbing in a circular motion until you have a contraction. Repeat once contraction is finished.
5. Rocking - Stand at bottom of stairs with one foot on step and the other foot on the ground. Hold on to the railing or wall for support. Slightly rock forward and then back a few times. This helps the baby drop down and angle toward the cervix. This again, helps the cervix ripen and it also helps with delivery because the baby is in a better position for delivery.

*These methods should only be used when you are at least 38 weeks pregnant and with the supervision and permission of your doctor.

*

Initiation of Labor

Natural Ways to Help Induce Labor*

6. **Massage** - This can be very relaxing and some believe that massage releases oxytocin. Practitioners trained in pregnancy massage also know certain pressure points and techniques to help induce labor.
7. **Acupuncture** - Acupuncture has been used for many years to help with various aspects of pregnancy. It is not only safe during pregnancy, but also beneficial to both mom and baby. Similar to the acupressure, there are certain places on the body that when stimulated by acupuncture can help to bring on labor naturally.
8. **Aromatherapy** - I know that certain smells don't work for certain people so only try this if you feel ok! Clary Sage, Lavender and Jasmine oils all help promote contractions. Rub a few drops of any of the oils on a warm, wet facecloth and place on abdomen or lower back. You can also place the drops in a small bowl of warm water, soak the facecloth in the water and place on stomach/back. Just be careful not to use more than 3 or 4 drops of the oil in the mixture.

***These methods should only be used when you are at least 38 weeks pregnant and with the supervision and permission of your doctor.**



Chapter 8

Understanding Postpartum

- Please get name tags, fidgets and pens

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How was your week?

Any doctor appts?

Nursery set up?

Fun baby news?

New symptoms?

Did you do any of the homework?

Homework: Finish packing your labor bag. Work on your birth plan. Practice a few exercises discussed in the video "7 Easy Exercises for An Optimal Pregnancy & Labor". Practice double exhale before bed most nights.


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KEEP CHILDBIRTH SIMPLE!

Lamaze has summed up years of research into 6 Healthy Birth Practices, proven to promote the safest, healthiest birth possible for parents and babies.


1 Let labor begin on its own.

- Normal pregnancy lasts 38-42 weeks!
- Natural start of labor usually means your body and your baby are ready for birth
- Induction could make contractions harder and stress the baby




4 Avoid interventions² that are not medically necessary.

- Many of these disrupt the birthing process, making it more difficult
- Choose a birth setting with a low rate of interventions
- Ask if your care provider routinely uses any interventions
- During labor, ask if there is another alternative




2 Walk, move around and change positions throughout labor.

- Help your uterus work more efficiently
- Use upright positions and gravity to help pull baby down
- Actively responding to labor may help you feel more confident, less afraid




5 Avoid giving birth on your back and follow your body's urge to push.

- Use gravity to your advantage to shorten the pushing stage
- Push when your body tells you
- Use upright or side-lying positions
- Adjust the hospital bed to support your position.




3 Bring a loved one, friend or doula for continuous support.

- Praise, reassurance and encouragement decrease stress
- Physical support can help decrease pain
- Informational support can increase confidence



6 Keep your baby with you – it's best for you, your baby and breastfeeding.

- Skin-to-skin during the first hour helps baby transition
- Weighing and other routine procedures can wait
- Ask which procedures can be done while holding baby
- Rooming with baby doesn't prevent you from sleeping



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Lamaze
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healthy gut microbiome for baby during birth and postpartum.

- Let waters break on their own
- Minimize vaginal exams
- Support vaginal birth whenever possible
- Allow baby's head to rest on the perineum
- Minimize contact between the health care providers and the baby
- Use a blanket or towel from the family's home to cover the baby
- Encourage skin to skin for a prolonged period and for at least 2 – 3 hours preferably with the birthing person or with the non-birthing parent or a family member if that is not possible
- Encourage the non-birthing parent or family member to hold the baby when he/she is going to be weighed
- Support and encourage exclusive chest/breastfeeding, expressed milk or donor milk if needed
- If cesarean birth is needed, support labor for as long as is safe, preferably with the waters having broken. Avoid separation between the birthing person and the baby whenever possible
- If separation is necessary, encourage pumping/expressing colostrum and ensure that the baby receives the colostrum in a timely manner
- Postpartum, encourage consumption of warm, cooked foods for the birthing person such as soups, stews and broths, and foods high in protein and fat.

POTENTIAL POSTPARTUM INTERVENTIONS



- For baby:
 - Bifidus infantis has been shown to be beneficial in cesarean born babies and babies in the NICU.
 - Supplementation of B. infantis was associated with a significant reduction in NEC.
 - Moreover, B infantis contributes to creating a gut barrier integrity.
- For the birthing parent:
 - Probiotic and prebiotic interventions are being explored as potential treatments for improving microbiome health and reducing the risk of PPMD's.
 - Research is on going

(Pediatr Res 94, 1887-1905 (2023).
<https://doi.org/10.1038/s41390-023-02716-w>)

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- Cesareans: vaginal swabbing not recommended by AAP
- Post-Cesarean Pain Relief: shift from opiates to other options
- Postpartum appointments at 3 weeks and 12 weeks rather than 6 weeks (earlier if hypertension – by day 10, or day 3 – 5 if severe)
- Lochia
 - (is vaginal bleeding, not a period):
 - Normal for 3-6 weeks after birth
 - Use pads, not tampons
 - Changes color from red to brown to whitish

Request a Referral for Lactation Help!

- Lactation support is a **mandated preventive benefit** under the Affordable Care Act (ACA). Most insurance plans are required to cover these services at **100% with no copay or deductible**.
- **Step 1: Get a Referral (Recommended)**
- Ask your Pediatrician or OB/GYN for a simple written referral or "prescription" for "**Lactation Consultation and Support.**" While the ACA states a referral should not be required, having one attached to your claim makes a denial much less likely.
- **Step 2: Log Into Your Insurance Portal**
- Go to your insurance company's website (e.g., Blue Cross, Aetna, UnitedHealthcare) and look for the "**Submit a Claim**" or "**Member-Submitted Claim**" section.
- **Step 3: Upload Documents**
- You will need to upload or mail the following:
 - **The Signed Superbill**
 - **Proof of Payment:** A copy of your receipt or credit card statement showing the \$120 payment.
 - **The Referral:** (If you obtained one from your doctor).
- **Step 4: Use the Right Terminology**
- If the online form asks for a "Procedure Code," use **99404** (Preventive Counseling). If there is a notes section, write: "*Preventive lactation counseling per HRSA/ACA guidelines. This service should be processed with \$0 cost-sharing.*"
- **Step 5: If Your Claim is Denied**
- If the insurer denies your claim or applies it to your deductible, they may be in violation of federal law. You can use the National Women's Law Center (NWLC) Appeal Toolkit to find scripts and form letters to demand your reimbursement.

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Call Your Healthcare Provider

- Fever over 100.4°F or 38°C
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding (more than a pad an hour or clots larger than a ping pong ball)
- Pain or burning with urination
- Lump, hard area, or pain in your breast
- Red, tender, or painful area on your leg
- Any other concern about your health

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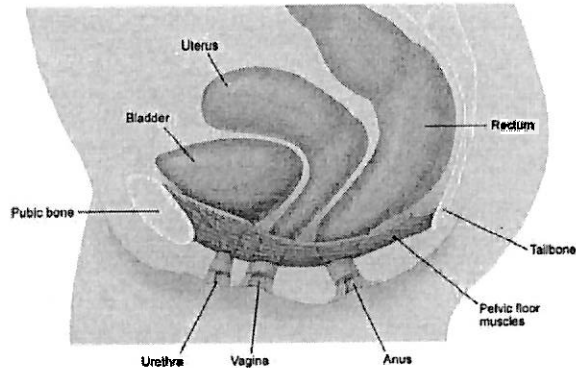
What is pelvic rehab therapy?

Pelvic rehabilitation is a type of physical therapy that can be very helpful for postpartum moms. Pregnancy and childbirth can damage the muscles and connective tissue of the pelvic floor, causing all kinds of inconvenient and uncomfortable symptoms for women after they give birth.

The pelvic floor stretches between the pubic bone and the tailbone and cradles your bladder, bowel, and uterus. The pelvic floor muscles enable you to keep urine and feces in – and release them – when you need to. They also help you contract and relax your vagina during sex.

When the pelvic floor muscles are tight or weak, they can cause annoying symptoms or even pain. A urogynecologist or a pelvic floor physical therapist (PT) can evaluate these muscles and determine whether they're contributing to your symptoms.

If they are, the PT can work to release trigger points – areas where the tissues are stuck together rather than sliding easily against each other. PTs also teach you to do exercises at home to help relax muscles that are tight and strengthen muscles that are weak.



 babycenter

What is pelvic rehab therapy like?

Physical therapy for pelvic rehabilitation involves several different kinds of techniques that focus on the muscles and connective tissue of your pelvic floor and abdomen.

Your therapist will teach you to identify various muscles, so you can strengthen or release them. All of the muscles in this area work together to help you maintain your core strength and prevent incontinence.

Women lose a lot of tone in their abdominal muscles during pregnancy. About two-thirds end up with what's known as diastasis recti, a separation of the rectus abdominis muscle along the center of the belly. This condition can contribute to lower back pain, constipation, and urine leaks, as well as that stubborn postpartum stomach pooch that may last for months or even years.

Diastasis recti cannot be fixed with crunches or sit ups. In fact, these exercises can make the problem worse. Instead, the condition requires special strengthening exercises that focus on the deeper transverse abdominal muscles. Your therapist can teach you how to do these abdominal rehabilitation exercises at home.

Your therapist will also use her fingers to massage your thighs, buttocks, and the tissue inside your vagina. The goal is to gently stretch this area and release trigger points that are causing pain. This can be uncomfortable, particularly if you have chronic pain or are reluctant to allow probing inside your vagina.

First, you should know that the physical therapists who do this work have learned it by having it done to them and have a good idea of what you are feeling when they touch you in intimate places. They are trained to be very gentle and will adjust their touch to make sure it's not too intense for you.

Patients say it feels much like a regular massage. They feel discomfort when the therapist presses on tight muscles, but then a sense of release or relief afterward, when the tightness eases. Over time, the therapy becomes less uncomfortable and your symptoms should improve.

Which postpartum problems can be helped by pelvic rehab?

This is all normal but treatable!! Get the help you need, (there is no need to suffer!!)

Various conditions can be related to problems with the pelvic floor. These problems are particularly common in postpartum moms, but they can last beyond the first six months or strike later in some women.

- **Urinary difficulties.** Women with urinary incontinence leak urine when they sneeze, cough, or run. Some women feel a frequent or sudden, compelling urge to pee, even when their bladder isn't full. Others are unable to start the flow of urine at will or empty their bladder completely when urinating.
- **Anal incontinence.** Many postpartum women have trouble controlling gas or bowel movements.
- **Perineal pain.** This is common in postpartum women, especially those who tore during childbirth or are recovering from an episiotomy. (The perineum is the area of skin between the vagina and the anus.) A tight pelvic floor causes some new moms to experience persistent perineal pain, even after their wound heals.
- **Pelvic pain.** Some women have pain during sex for many months or even years after childbirth. And some have chronic pain, itching, or burning in their vulva – the tissue surrounding the opening of the vagina. This can make it hard to tolerate wearing tight clothing and even underwear. Others have pain during bowel movements. These symptoms are often caused by tight pelvic floor muscles, which can lead to inflamed tissue and nerve endings.
- **Pelvic organ prolapse.** When pregnancy and childbirth weaken the pelvic floor muscles, one or more of the organs they support – the uterus, bladder, and bowel – can slip out of place. Rehabilitating these muscles can help prevent or improve this condition.

Don't Kegels help?

It depends on what's causing your symptoms. Kegels are exercises you can do to support your pelvic floor muscles. Your doctor may have recommended doing Kegels to relieve urinary symptoms. Kegels help some women, particularly those with weak pelvic floor muscles, who may be leaking urine.

But many women are not taught to do Kegels correctly. And if your problem is caused by chronic tightness in the pelvic floor muscles, practicing contracting but not releasing them can actually make the muscles tighter and the symptoms worse.

Instead, these muscles need to be retrained so you can tighten and then relax them when you need to.

How do I find a pelvic rehab physical therapist?

You can start by asking your doctor or midwife for a referral to a urogynecologist or a PT or doing an online search for pelvic rehabilitation in your area.

- Visit the American Physical Therapy Association website. Click on Find a PT and search for a women's health physical therapist near you.
- Visit the International Pelvic Pain Society website and click on Find a Provider.
- Visit the Herman and Wallace Pelvic Rehabilitation Institute website and search the practitioner directory.

Make sure the program you choose offers manual therapy (such as trigger point release) and not just pelvic floor strengthening techniques.

Note: This article was also reviewed by Stephanie Prendergast and Melinda Fontaine, physical therapists at the Pelvic Health and Rehabilitation Center in San Francisco.

Not all cues work for all people. Take a read through these suggestions and try each out to see how you perform. A good way to know is to see a Pelvic Floor Physiotherapist (<https://www.belliesinc.com/directory/>), cue and contract during the exam. You can also "try it at home"; insert your own finger inside your vagina. While thinking of a cue, contract the muscle by pulling up and in. If you can feel the muscle surround the finger and pull the finger deeper inside of you, this cue is working for you. Disregard the visualizations that don't lead to the proper contraction of the muscle.

How to do a kegel correctly with these cues,

- Picking up a blueberry with your vagina;
- Drawing someone's finger deeper inside of you;
- Drinking through a straw inserted in your vagina;
- Your vagina is a jelly fish opening and closing;
- Your vagina is a flower blooming and retracting;
- Picking up a jelly bean with your vagina;
- Pulling your pelvic floor up to the crown of your head;
- Your vagina is dumbo's trunk sucking peanuts up and in;
- Imagine a drawstring lifting the perineum up to the crown of the head.

A popular cue is to imagine yourself "stopping the flow of urine." We find this cue to be ineffective; it directs you to squeeze the muscle, but not to pull up and in. Try these cues instead and see a Pelvic Floor Physiotherapist (<https://www.belliesinc.com/directory/>) to be sure you are "legalline" correctly.

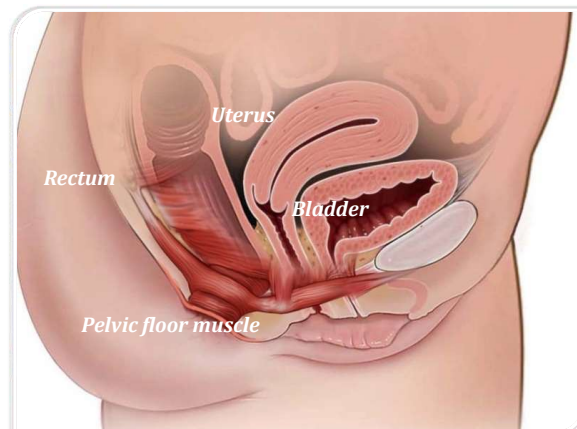
Some other healing tips:

Buy depends, they are more comfortable than giant pads

Ultrathins work great too, feel free to bring your own to the hospital!

Why Do Kegels?

- Shortened, easier pushing and birth
- More control during crowning (less tearing)
- Improved healing of perineum
- Greater pleasure during intercourse (for men too!)
- Urinary continence
- **Best if done sporadically throughout the day instead of a ton in a row.**
- **Be sure to relax completely in between each Kegel.**



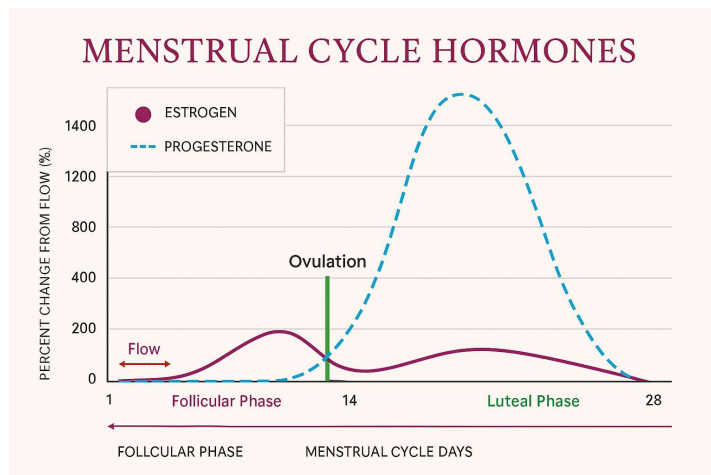
How to do Kegels correctly:

- **How to do a Kegel correctly with these cues,**
- Picking up a blueberry with your vagina;
- Drawing someone's finger deeper inside of you;
- Drinking through a straw inserted in your vagina;
- Your vagina is a Jelly fish opening and closing;
- Your vagina is a flower blooming and retracting;
- Picking up a jelly bean with your vagina;
- Pulling your pelvic floor up to the crown of your head;
- Your vagina is Dumbo's trunk sucking peanuts up and in;
- Imagine a drawstring lifting the perineum up to the crown of the head.

A popular cue is to imagine yourself "stopping the flow of urine." We find this cue to be ineffective; it directs you to squeeze the muscle, but not to pull up and in. Try these cues instead and see a Pelvic Floor Physiotherapist to be sure you are "kegelling" correctly.

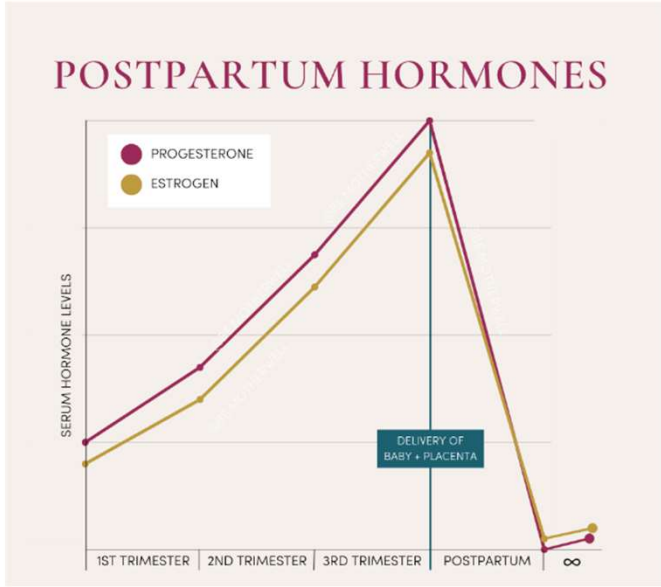
©Tejoy Productions, Inc.

This is a chart from a women's menstrual cycle. What does the hormone progesterone do during PMS? (Right before flow?)



©Tejoy Productions, Inc.

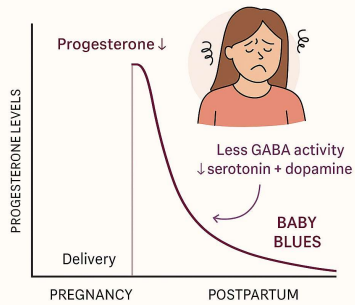
This is a chart of what our hormones look like after birth. What does the progesterone do?



©iJoy Productions, Inc.

WHY THE PROGESTERONE DROP CAUSES BABY BLUES

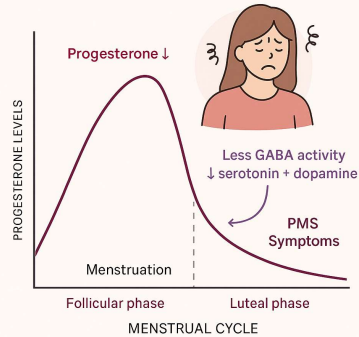
'Baby blues' commonly occur in the days after childbirth due to hormonal changes.



- Mood swings
- Irritability
- Anxiety
- Poor sleep

WHY THE PROGESTERONE DROP CAUSES PMS

Premenstrual syndrome (PMS) occurs in the days before menstruation due to hormonal changes.



- Mood swings
- Irritability
- Anxiety
- Poor sleep

©iJoy Productions, Inc.

Premenstrual Syndrome (PMS)

- **Prevalence:**

- About **75–80% of menstruating individuals** experience at least one PMS symptom.

Baby Blues (Postpartum Blues)

- **Prevalence:**

- Occurs in **50–80% of postpartum individuals** within the first **few days to 2 weeks after delivery**.

This hormonal effect- what I call postpartum PMS is sometimes called the baby blues.
(Video)

	NO MOOD DISORDER	THE BABY BLUES	POSTPARTUM ANXIETY	POSTPARTUM DEPRESSION
SLEEP DEPRIVATION	MAKES YOU FEEL TIRED	MAKES YOU FEEL EMOTIONAL	MAKES YOU FEEL IRRITABLE	MAKES YOU FEEL ANGRY
BONDING WITH BABY	HAPPENS SHORTLY AFTER BIRTH	DOESN'T HAPPEN IMMEDIATELY	CAN BE EXTREME AND OBSESSIVE	CAN BE DIFFICULT
THE CHANGES IN YOUR LIFE	MAKE YOU FEEL EXCITED	MAKE YOU FEEL OVERWHELMED	MAKE YOU FEEL A LOSS OF CONTROL	MAKE YOU FEEL WORTHLESS
YOUR MIND IS	FORGETFUL AND DISTRACTED	FOGGY AND UNCLEAR	IMAGINING WORST CASE SCENARIOS	FULL OF INTRUSIVE THOUGHTS
YOU CRY TEARS OF	JOY	SADNESS	OVERWHELM	FRUSTRATION
YOU WORRY	FOR GOOD REASONS	ABOUT MINOR THINGS	ABOUT EVERYTHING	IF YOU ARE FIT TO BE A MOTHER
MOST OF THE TIME YOU FEEL	HAPPY AND HOPEFUL	WEEPY AND EMOTIONAL	WORRIED	NOTHING
THE FUTURE SEEMS	FULL OF POSSIBILITIES	FAR AWAY	SCARY AND DANGEROUS	NON-EXISTENT
LEAVING THE HOUSE	IS SOMETHING YOU LOOK FORWARD TO	IS INTIMIDATING	IS SOMETHING YOU TRY TO AVOID	IS IMPOSSIBLE
AFTER A FEW WEEKS	YOU GET INTO A GOOD ROUTINE	YOU FEEL MUCH BETTER	YOU FEEL EXHAUSTED	YOU FEEL MUCH WORSE

https://tinyurl.com/PostPartumScale

- You can take the PPD quiz online and track your score in a notes app on your phone, in a journey or whatever way helps you keep track.
- If you notice your score slowly ticking up or you score over a 10, consult your health care provider.

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.

No, not very often Please complete the other questions in the same way.

No, not at all

In the past 7 days:

<p>1. I have been able to laugh and see the funny side of things</p> <p><input type="checkbox"/> As much as I always could</p> <p><input type="checkbox"/> Not quite so much now</p> <p><input type="checkbox"/> Definitely not so much now</p> <p><input type="checkbox"/> Not at all</p> <p>2. I have looked forward with enjoyment to things</p> <p><input type="checkbox"/> As much as I ever did</p> <p><input type="checkbox"/> Rather less than I used to</p> <p><input type="checkbox"/> Definitely less than I used to</p> <p><input type="checkbox"/> Hardly at all</p> <p>3. I have blamed myself unnecessarily when things went wrong</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, some of the time</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, never</p> <p>4. I have been anxious or worried for no good reason</p> <p><input type="checkbox"/> No, not at all</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Yes, very often</p> <p>5. I have felt scared or panicky for no very good reason</p> <p><input type="checkbox"/> Yes, quite a lot</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No, not much</p> <p><input type="checkbox"/> No, not at all</p>	<p>6. Things have been getting on top of me</p> <p><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</p> <p><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p><input type="checkbox"/> No, most of the time I have coped quite well</p> <p><input type="checkbox"/> No, I have been coping as well as ever</p> <p>7. I have been so unhappy that I have had difficulty sleeping</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> <p>8. I have felt sad or miserable</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Not very often</p> <p><input type="checkbox"/> No, not at all</p> <p>9. I have been so unhappy that I have been crying</p> <p><input type="checkbox"/> Yes, most of the time</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Only occasionally</p> <p><input type="checkbox"/> No, never</p> <p>10. The thought of harming myself has occurred to me</p> <p><input type="checkbox"/> Yes, quite often</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Hardly ever</p> <p><input type="checkbox"/> Never</p>
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KEEPING PACE
with Multiple Miracles

Home **About Us** Classes Resale Boutique Donations Directions The Tiny Table

babycafé

The Baby Café is a welcoming place where mothers meet, make friends, ask questions, and get free high quality guidance for breastfeeding.

Baby Cafés educate, assist, and sustain families in all stages of their breastfeeding experience while utilizing available community resources.

The Baby Café meets at Keeping Pace with Multiple Miracles 389 West Center Street West Bridgewater.

Tuesdays 8:15-9:30 am and 4:30-6 pm

©Enjoy Productions, Inc.

Healthy Habits



Get support



Find ways to get sleep



Nourish yourself



Nurture your relationship



[Support & Healthy Habits](#)

Simplify Your Life

- Choose easy-to-prepare meals, and make extra so you have leftovers
- Limit outside obligations
- Make housework a low priority
- Limit visitors who aren't helpful
- Make a to-do list, and designate jobs to people who want to help

Tip: Pass around a meal sign-up sheet at your baby shower!
www.MealTrain.com

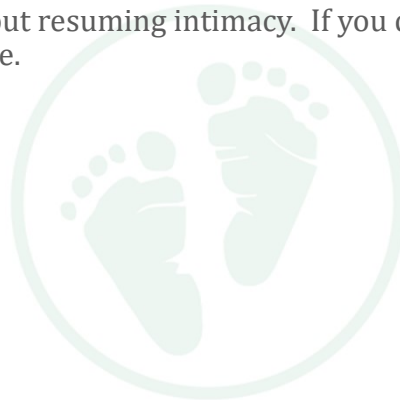


Spend time with your newborn

©tejoy Productions, Inc.

Intimacy

- There are a number of factors that influence when you'll feel ready to resume sexual intimacy, including exhaustion, physical discomfort, hormones, your baby's needs, and your overall emotional well-being.
- Talk to each other about how you're feeling about resuming intimacy. If you don't feel ready, find other ways to connect for a while.
- Realize that sex may be different at first:
 - You may need to use a vaginal lubricant.
 - Your milk may let down during sex.
 - Your body image may have changed.



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Postpartum Handout

Involution

- This is when your uterus starts to get smaller—it continues to shrink for about six weeks until it reaches its original size
- During involution, you might feel mild to moderate contractions called “afterpains”

Vaginal bleeding

- This is called lochia, and it occurs when the uterus sheds tissue and blood after birth
- Bleeding is heaviest after birth and then slows down
- Wear pads instead of tampons to reduce your risk of infection

Soreness in the Pelvic Floor

You will have some soreness in your perineum (the area between your vagina and anus) and your pelvic floor.

How to ease soreness:

- Use ice packs in the first 24 hours
- Run warm water over the area while you shower
- Take a warm bath or use a plastic sitz tub
- Use witch hazel pads or a numbing spray

How Can I Take Care of Myself at Home?

- Eat healthy foods and drink plenty of water
- Exercise when you feel up to it
- Get out with your baby for fresh air
- Schedule some time for yourself
- Sleep when your baby sleeps
- Ask for help

Call Your Healthcare Provider

Postpartum Warning Signs

- A fever of 100.4°F (38°C) or higher
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding or passing clots larger than a ping-pong ball
- Pain or burning with urination
- Lump, hard area, redness, or pain in your breast
- Red, tender, or painful area on your leg
- Swelling of the face and limbs

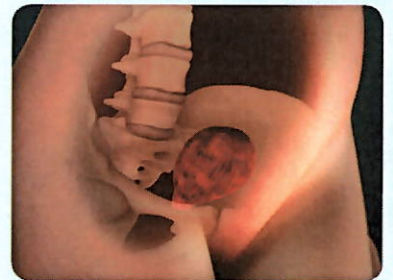
Involution of the Uterus



Immediately after birth



At 3 weeks



At 6 weeks

New Dad Checklist

- Hold your baby skin to skin on your chest
- Eat well and exercise
- Sleep or rest when the baby sleeps
- Take an Infant CPR/First Aid class
- Find other new dads you can reach out to
- Pay attention to your emotions—dads can get depressed too
- Go to well-baby checkups

Family Planning

Ovulation occurs before you get your period, and breastfeeding does not protect you from becoming pregnant.

Talk to your healthcare provider about family-planning options before resuming intercourse.

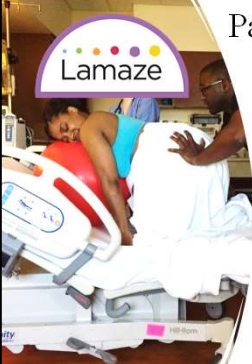


©iJoy Productions, Inc.



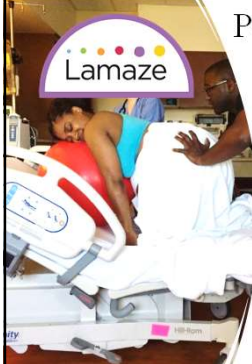
Partner's "Jobs"

- Time Contractions (beginning of 1 to the start of the next)
- 511 head to the hospital
- Ask TACO if water breaks
- Make sure the birthing person is **CONSUMING CALORIES**
 - Even on a clear liquid diet use juice, jello, sports drinks, popsicles etc
- Create a relaxing atmosphere and help birthing person to relax
- Help birthing person change position every 30 minutes or so
- Apply counterpressure during contractions (double hip squeeze or tailbone.)
- If birthing person is in bed (like once they get an epidural etc) request a peanut ball.
- Use essential oils as needed
- Massage with tools or your hands
- If birthing person requests an analgesic help they get comfortable before the medicine is injected.
- EVERY time they chestfeed, bring them water! And offer a snack.



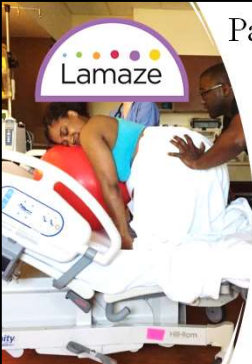
Partner's "Jobs"

- Time Contractions (beginning of 1 to the start of the next)
- 511 head to the hospital (5 mins apart; lasting 1 min; and that cycle for 1 hour)
- Ask TACO if water breaks (Time, Amount, Color, Odor)
- Make sure the birthing person is **CONSUMING CALORIES**
 - Even on a clear liquid diet use juice, jello, sports drinks, popsicles etc
- Create a relaxing atmosphere and help birthing person to relax
- Help birthing person change position every 30 minutes or so
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- Use essential oils as needed
- Massage with tools or your hands
- If birthing person requests an analgesic help they get comfortable before the medicine is injected.
- **EVERY** time they breastfeed, bring them water! And offer a snack.



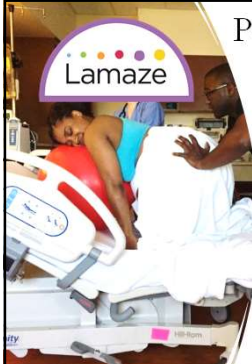
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- **EVERY** time they breastfeed, bring them water! And offer a snack.

Check out the appendix
and course evaluation.



Tinyurl.com/AMSLamazeEval

The Edinburgh Postnatal Depression Scale

As new parents, you may not recognize signs of depression or anxiety because you're sleep deprived and feeling overwhelmed. However, it's important to pay attention to your feelings. Use this scale to see how you are doing and if you have symptoms of a postpartum mood disorder. It does not tell you if you definitely have a disorder, but it helps you know if you should seek help.

Circle the answer that comes closest to how you have felt in the LAST 7 DAYS, not just how you feel today.

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things:</p> <ul style="list-style-type: none"> 0 As much as I always could 1 Not quite so much now 2 Definitely not so much now 3 Not at all <p>2. I have looked forward with enjoyment to things:</p> <ul style="list-style-type: none"> 0 As much as I ever did 1 Rather less than I used to 2 Definitely less than I used to 3 Hardly at all <p>3. I have blamed myself unnecessarily when things went wrong:</p> <ul style="list-style-type: none"> 3 Yes, most of the time 2 Yes, some of the time 1 Not very often 0 No, never <p>4. I have been anxious or worried for no good reason:</p> <ul style="list-style-type: none"> 0 No, not at all 1 Hardly ever 2 Yes, sometimes 3 Yes, very often <p>5. I have felt scared or panicky for no very good reason:</p> <ul style="list-style-type: none"> 3 Yes, quite a lot 2 Yes, sometimes 1 No, not much 0 No, not at all | <p>6. Things have been getting on top of me:</p> <ul style="list-style-type: none"> 3 Yes, most of the time I haven't been able to cope at all 2 Yes, sometimes I haven't been coping as well as usual 1 No, most of the time I have coped quite well 0 No, have been coping as well as ever <p>7. I have been so unhappy that I have had difficulty sleeping:</p> <ul style="list-style-type: none"> 3 Yes, most of the time 2 Yes, sometimes 1 Not very often 0 No, not at all <p>8. I have felt sad or miserable:</p> <ul style="list-style-type: none"> 3 Yes, most of the time 2 Yes, quite often 1 Not very often 0 No, not at all <p>9. I have been so unhappy that I have been crying:</p> <ul style="list-style-type: none"> 3 Yes, most of the time 2 Yes, quite often 1 Only occasionally 0 No, never <p>10. The thought of harming myself has occurred to me:</p> <ul style="list-style-type: none"> 3 Yes, quite often 2 Sometimes 1 Hardly ever 0 Never |
|--|---|

Add your score using the numbers to the left of your answers. Don't skip any questions. If your total score is 10 or higher, there is a possibility you have a postpartum mood disorder and you should talk to your healthcare provider as soon as possible. If you scored anything other than a 0 on question 10, you should seek help immediately.

TOTAL SCORE



Insurance Form

Educator Name: Arielle Staal RN BSN LCCE CBS		
Address: 389 W Center St		
City: West Bridgewater	State: MA	Zip/Postal Code: 02379
Tax ID: 77-0697869	RN License #: RN2286879	

Complete the patient information section of this form; sign and date the form, and mail it directly to your insurance company. Please attach your own insurance carrier's claim form.

Patient Information:

Last Name:	First:	Initial:
Birth:	Relationship to Subscriber:	
Address:		
City:	State:	Zip/Postal Code:
Phone:	Subscriber Name:	
Referring Physician/Midwife:		Due Date:

Insurance Information:

Carrier:	ID#:
Coverage Code:	Group:

RELEASE: I authorize the undersigned health care provider to release any information acquired in the course of my examination or treatment.

Signed: _____ Date: _____
(Insured or Authorized Person)

Arielle Staal RN BSN LCCE CBS



<i>Description of Service</i>	<i>Dates of Service</i>	<i>CPT/HCPCS Code</i>	<i>Fee</i>
<i>Childbirth Classes - Group (non-physician provider)</i>		S9436	\$
<i>Breastfeeding/ Lactation Education (non-physician provider) (Infant Feeding)</i>		S9443	\$
<i>VBC Classes (non-physician provider)</i>	_____	S9439	\$ _____
<i>Parenting Classes (non-physician provider) Newborn Ess. and CPR or infant care</i>		S9444	\$
<i>Education Supplies (books, tapes, etc. provided to the client at cost to the educator)</i>		99071	\$
<i>Total Fees (And dates you paid)</i>	<i>Amount Paid</i>	<i>Balance Due</i>	
\$	\$	\$	

Insurance Reimbursement

Lamaze International encourages you to submit this form to your insurance company for reimbursement for your childbirth and lactation education classes. Many insurance companies offer at least partial, if not full coverage for classes. If your insurance company does not, we suggest you write a letter detailing how important your classes were to your birth experience. You may even request that your care provider write a brief note about the importance of meaningful childbirth or lactation education - a "prescription" of sorts.

How to submit a claim:

- 1. Call the customer service number on the back of your insurance card. They can tell you if you have coverage for childbirth or lactation education and how they prefer that you submit the claim.*
- 2. If any additional documentation is needed from your educator (i.e., class description or a more detailed billing), please contact your educator directly for the additional information.*
- 3. Attach your own insurance carrier's claim form with a copy of this completed Insurance Form.*

Flexible spending accounts:

Lamaze childbirth education classes are also an acceptable healthcare expense that is covered by flexible spending accounts benefits offering you pre-tax savings on the cost of classes.

Fill out this paperwork online:

<https://tinyurl.com/ClassReimbursement>



RECEIPT

Keeping Pace With Multiple Miracles
 389 W. Center Street W, Bridgewater, MA
 02379

Receipt #
 Date

Item	Description	Unit Price	Quantity	Amount
Product	1 Lamaze Childbirth Class	125.00	1.00	125.00
Subtotal				125.00
Total				125.00
Amount Paid				125.00
Balance Due				0.00

Anelli Steal RNBSN LCCE

HCPCCS Modifiers

ANY modifier for another post to use additional
 equipment and add this "one time" fee to the
 existing FOSTER fee - (includes post, one - (one) (one) post fee)
 in appropriate circumstance
 for HCPCCS (use if modifier not included or you didn't

HCPCCS Code Details - S9436

HCPCCS Level II Code
Commercial Payers (Temporary Codes)

Search HCPCCS code

Search

HCPCCS Code

S9436

Description

Long description:
Childbirth preparation/lanazaze classes, non-physician provider, per session
Short description:
Lanazaze class

HCPCCS Modifier¹

HCPCCS Pricing Indicator²

09 - Physician Fee Schedule And Non-Physician Practitioners - Service not separately priced by part B (e.g., services not covered, bundled, used by Part A only, etc.)

Multiple pricing indicator³

9 - Not applicable as HCPCCS not priced separately by part B or value is not established

Coverage code⁴

1 - Not payable by Medicare

BLTOS⁵ code⁶

Z2 - Undefined codes

HCPCCS Action code⁷

N - No maintenance for this code

Type of service⁸

9 - Other medical items or services

Effective date⁹

Effective Apr 01, 2002

Date added¹⁰

Added Apr 01, 2002

[HCPCCS Coding Procedures](#)

[State this page](#)

HCPCCS Modifiers

Search...

Go

In HCPCCS Level II, modifiers are composed of two alpha or alphanumeric characters.

Example: E0200-NU - Hospital bed, semi-electric (head and foot adjustment), with any type sofa rails, with mattress
-NU- Identifies the hospital bed as new equipment

[Browse all modifiers](#)

Name

Full Name: Arielle Monaghan Staal

License Information

License Number:	RN2286879	License Type:	Registered Nurse
Profession:	NURSING	Date of Last Renewal:	3/10/2022
Issue Date:	6/25/2013	Expiration Date:	3/16/2024
License Status:	Current	Today's Date:	10/27/2022
Reciprocity State:			

Address Information

City:	Avon
State:	MA
Zipcode:	02322
Country:	United States

Education Information

School Name:	University Of Massachusetts Amherst
Degree Certificate:	Bachelor of Science in Nursing

Prerequisite Information

No Prerequisite Information

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

Certificate of Completion

Prepared Birthing Parent and Trained Labor & Birth Coach

Have completed a full Lamaze Prepared Childbirth Program at Keeping Pace with Multiple Miracles

Kelli Howard RNBSNCCF

Instructor Date



"She believed she could, so she did."

This handout reviews the essentials you need to know. Our Newborn Care and Infant Feeding classes go into much greater detail and give you hands-on practice. We'd love to see you there! Go to KeepingPace.org to see class options!

Understanding Newborn Procedures

Most routine newborn care can be done while your baby stays on your chest.

Common procedures include:

- Vitamin K injection
- Eye ointment
- Weight and measurements
- Newborn screening tests

These can almost always wait until after that important first hour of skin-to-skin and feeding.

Normal Newborn Appearance & Behavior

Newborns can surprise parents with how different they look and act!

You can expect:

- Periods of deep sleep mixed with alert, wide-eyed moments
- Cluster feeding (very frequent feeds, especially at night)
- Irregular breathing and funny noises
- Sneezes, hiccups, and occasional spitting up

These are all normal parts of newborn life.

Understanding Baby Sleep States

Babies move through several states:

- Quiet sleep – calm and deeply asleep
- Active sleep – twitching, noises, lighter sleep
- Quiet alert – the perfect time to feed and interact
- Crying – a late hunger cue or sign of overstimulation

Soothing Your Newborn

Every baby needs help calming down. Gentle, proven techniques include:

- Skin-to-skin holding
- Swaddling
- Soft rocking or rhythmic movement
- White noise
- Feeding on cue

You cannot “spoil” a newborn—responding quickly builds trust and security.

Feeding Your Newborn: The Basics

Why Breastfeeding Matters

Human milk is uniquely designed for human babies. Research shows that breastfeeding:

- Protects babies from infections, allergies, and SIDS
- Lowers the risk of obesity and diabetes later in life
- Helps mothers recover from birth and lowers certain cancer risks
- Promotes lifelong health for both mother and baby

Learning Baby’s Feeding and Satiety Cues

Babies tell you what they need—long before they cry.

Early hunger cues:

- Rooting or turning head
- Sucking on hands
- Smacking lips
- Wiggling and stirring

Signs baby is full:

- Relaxed hands and body
- Slowing or stopping sucking
- Turning away or falling asleep

Feeding when cues first appear makes breastfeeding easier for both of you.

Risks of Not Breastfeeding

While every family makes the best choice for their situation, it’s important to know that not breastfeeding is linked to higher risks of:

- Ear infections and respiratory illnesses
- Diarrhea and stomach problems
- Asthma and allergies
- Later health issues such as obesity and diabetes

If breastfeeding is difficult, support and solutions are available—don’t struggle alone.

Go to Keepingpace.org or zipmilk.org to get help!

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