

**Little Facts that Make a BIG Difference—Keys to a More Satisfying Birth**  
**Presented at API of Peoria April 8, 2006, Childbirth Preparation Meeting**  
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**Prenatal Care and Preparation:**

- Proper nutrition, including adequate protein, salt, and water intake, reduces the risk of complications such as pre-eclampsia, placenta abruption, prematurity, stillbirth, and infant mortality. (Brewer, Thomas H. 1996. *Metabolic Toxemia of Late Pregnancy: A Disease of Malnutrition*. Springfield: Thomas)
- Posterior presentation significantly increases the chance of a c-section. ([www.spinningbabies.com](http://www.spinningbabies.com))
- Tailor sitting, pelvic rocks, a proper side-lying position, and sitting with knees below hips help prevent posterior fetal positioning and increase circulation.
- The cure for low amniotic fluid is usually as simple as having the mother drink more water. (Maternal hydration for increasing amniotic fluid volume in oligohydramnios and normal amniotic fluid volume. *Cochrane Database Syst Rev*. 2002;(1):CD000134)
- Kegel exercises strengthen the pelvic floor muscle reducing the likelihood of tearing.

**Relaxation—Physical, Mental, and Emotional:**

- Analgesic drugs do not relieve neuromuscular tension. (Dick-Read, Grantly. 1994. *Childbirth Without Fear: The Original Approach To Natural Childbirth*. New York: Harper Paperbacks: 242)
- Relaxation enhances pain medications (Lieberman, Adrienne B. 1992. *Easing Labor Pain*. Boston: Harvard Common Press: 54)
- Relaxation releases endorphins, which have analgesic affects similar to morphine (Dick-Read, Grantly. 1994. *Childbirth Without Fear: The Original Approach To Natural Childbirth*. New York: Harper Paperbacks: 32)
- A tense jaw creates a tense cervix. A tense cervix causes the uterus work harder. (Sears, William. 1994 *The Birth Book* New York: Little Brown and Company: 141 and 131)
- Relaxation conserves energy, lessening exhaustion (Bradley, Robert. 1996. *Husband-Coached Childbirth*. New York: Bantam Books: 73)
- Relaxation enhances mental acuity for decision making (Sources: Sears, William & Martha. 1997 *The Pregnancy Book* New York: Little Brown and Company: 305 / Jones, Carl. 1987. *Mind Over Labor*. New York: Penguin Books: 48)
- Fear causes tension. Tension causes pain. Pain causes more fear. (Jones, Carl. 1987. *Mind Over Labor*. New York: Penguin Books: 48)
- Fear causes adrenalin production, which can make labor stop, stall, or become ineffective. (England, Pam, CNM, MA, and Horowitz, Rob, PhD. 1998. *Birthing From Within*. Albuquerque: Partera Press: 118)

**Breathing:**

- Abdominal breathing completely oxygenates the blood and removes toxins and waste products for both the mom and the unborn baby. (Balaskas, Janet. 1991. *Active Birth: The New Approach to Giving Birth Naturally, Revised Edition*. Boston: Harvard Common Press: 48)
- “Breathing is emotionally tied to your ability to relax and your power to accomplish...Slow, deep, rhythmic breathing communicates peace and safety to mind and body. Fast, spasmodic breathing communicates fear, anxiety, and danger.” (Sears, William & Martha. 1997. *The Pregnancy Book* New York: Little Brown and Company: 164)

### **Other Pain Coping Information:**

- The uterus has very few pain receptors.
- Staying active in labor for as long as possible can reduce pain in labor.
- Less pain is reported and less pain medication is used in women who labor in upright positions. (O'Mara, Peggy. 2003. *Having a Baby, Naturally*. New York: Atria Books:161)
- The incidence of persistent posterior babies increases by 450 percent with epidural use. (Epidural vs. non-epidural analgesia in labor. In: Neilson, J.P. et al. eds. *Pregnancy and Childbirth Module of the Cochrane Database of Systematic Reviews*, updated September 1997)

### **Birth Provider and Birth Place:**

- The risk of infant mortality is 19 percent lower for births attended by CNMs than by doctors. (<http://www.cdc.gov/nchs/pressroom/98news/midwife.htm>)
- The environment surrounding the mother in labor directly affects how she perceives labor, the discomfort she is experiencing, and how easy it will be for her to relax.
- Planned homebirth with a certified midwife is as safe as hospital birth for low-risk mothers and babies and is associated with a lower rate of interventions. (Johnson, K.C., and Davis, B.A. Outcomes of planned home births with certified professional midwives: large prospective study in North America. *British Medical Journal* June 18, 2005 Volume 330(7505):1416)

### **Vaginal Exams:**

- A woman who is not effaced or dilated at all can go into labor within hours. A woman who is 60% effaced and 3cm dilated can stay pregnant for a couple of weeks before going into labor. Vaginal exams cannot predict when a woman will go into labor.
- A woman who is dilated to 4cm can already be in transition. A woman who is dilated 8cm can remain in labor for hours. Vaginal exams during labor give us 4 pieces of information—dilation, effacement, station, and presentation—but they also cannot tell us how much longer labor will be.
- Vaginal exams increase the risk of infection and fetal distress [and fetal distress increases chance of cesarean section]. (Johnson, N. et al. Randomised trial comparing a policy of early with selective amniotomy in uncomplicated labour at term. *Br J Obstet Gynaecol* 1997;104(3):340-346)

### **Induction/Augmentation:**

- The average gestational length in first-time mothers is 41 weeks and 1 day. (Mittendorf, R. et al. The length of uncomplicated human gestation. *OB/GYN* June 1990;75(6):907-932)
- Diagnosis of macrosomia (excessive birth weight) by ultrasound is wrong 30-50% of the time. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 230)
- Semen contains prostaglandins, which ripen the cervix. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 228)
- First-time mothers with unripe cervixes have a 50% c-section rate if they undergo induction. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 230)
- Pitocin contractions differ physiologically from regular contractions, so they don't work the way contractions were designed to work. (<http://www.childbirth.org/articles/pit.html>)

### **Vaginal Birth After Cesarean (VBAC):**

- A woman attempting a VBAC with a supportive caregiver has about a 70% chance of having a vaginal birth, but labor induction increases the risk of problems with the previous scar. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 169, 172)

### **Professional Labor Support:**

- Doula decrease cesarean section rate by 50%, length of labor by 25%, need for epidurals by 60%, and the use of Pitocin by 40%. (Klaus, Kennel, and Klaus. 1993. *Mothering the Mother*)
- How a woman feels about her labor depends upon whether she felt supported. (Tarkka, M.T., and Paunonen, M. Social support and its impact on mothers' experiences of childbirth. *J Adv Nurs* 1996;23(1):70-75)

### **First Stage Labor:**

- Women who eat and drink during labor have shorter labors, use less pain medication, and are less likely to have Pitocin. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 241)
- Labor is 36% shorter in women laboring in upright positions than lying down. (O'Mara, Peggy. 2003. *Having a Baby, Naturally*. New York: Atria Books:161)
- Walking opens the inlet of the pelvis and speeds labor by 28%, almost as much as Pitocin. (Dr. Roberto Caldiero-Barcia, Italian physician and researcher)
- Continuous fetal monitoring in first stage labor increases the risk of cesarean section without improving the rates of intrapartum and neonatal death, short-term morbidity, and long-term morbidity. (*The New England Journal of Medicine*, March 7, 1996 Volume 334; #10 "Uncertain Value of Electronic Fetal Monitoring in Predicting Cerebral Palsy" Karin Nelson, MD; James Dambrosia, PhD, Tricia Ting, BS; and Judith Grether, PhD Editorial by Dermot MacDonald, MB, MAO)
- ACOG standards only call for intermittent fetal monitoring on low-risk mothers (Coughlin, Laura, and Huntzinger, Amber. ACOG recommendations for fetal heart rate monitoring. *American Family Physician*, August 1, 2005)
- Fatigue increases chances of complications, including the need for cesarean.
- The average bag of waters releases around 8 cm or beyond when left alone. The bag of waters provides a protective barrier to the baby for most of labor and allows the amniotic fluid to equalize the pressure of the surges on the baby and cord.
- Amniotomies (artificial rupture of membranes or AROM) do not significantly reduce the length of labor, but they do increase the risk of c-section. (Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group: 250-251)

### **Second & Third Stage Labor:**

- True cephalopelvic disproportion (CPD) is rare and is usually the result of labor mismanagement causing failure to progress. (Sears, William. 1994. *The Birth Book*. New York: Little Brown and Company: 49)
- Squatting increases the pelvic outlet by 15-20% and shortens the birth canal.
- The risk of perineal tearing, perceived need for an episiotomy, and the use of forceps or vacuum extraction are increased when pushing in a lithotomy position. (O'Mara, Peggy. 2003. *Having a Baby, Naturally*. New York: Atria Books:161; and Goer, Henci. 1999. *The Thinking Woman's Guide to a Better Birth*. New York: The Berklee Publishing Group)
- By increasing space in the pelvis, the all-fours position can fix shoulder dystocia and encourage a baby to move from the posterior position to the proper fetal positioning. (Bruner, J.P., et al. All-fours maneuver for reducing shoulder dystocia during labor. *J Reprod Med* 1998;43(5):439-443)
- Episiotomies only decrease the pushing stage by nine minutes in first-time moms (first-time moms typically have twice as long second stage labors as women with previous vaginal births). (Klein, M.C. et al. Does episiotomy prevent perineal trauma and pelvic floor relaxation? *Online J Curr Clin Trials* 1992;1(Document 10))

- Increased blood volume in pregnancy is self-protective (there is extra blood in the mother to allow for some bleeding at birth).
- Immediate cord clamping deprives the baby of oxygenation and 30-50% of his/her blood volume. An intact cord can provide oxygen to a baby during emergency resuscitation and can prevent brain damage. (George M. Morley, MB. CH. B. Cord Closure: Can Hasty Clamping Injure the Newborn?. *OBG Management* July 1998)
- Breastfeeding releases oxytocin, which can help prevent excessive bleeding in third stage by causing uterine contractions.

#### **Newborn Baby:**

- Newborn babies are equipped with an antibacterial skin defense that protects them against infection in the very early stages of life, researchers have found. This barrier is made up of so-called peptide antibiotics and is present in the skin of all babies, as well as the vernix caseosa—the white creamy substance they are coated with in the womb. (*British Journal of Dermatology* 2002;147:1127-1134)
- Suctioning during delivery of infants who present with meconium staining does not necessarily prevent meconium aspiration syndrome. (<http://www.demarests.org/birth/vollissue2.htm>)
- Holding the baby for the first hour of life without the interruption of routine procedures “activates nature’s hormonal blueprints for the brain and nervous system of both mother and baby. (O’Mara, Peggy. 2003. *Having a Baby, Naturally*. New York: Atria Books:177)