Birthing in Awareness

A newsletter for empowered pregnancy, birthing and parenting

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Be Prepared

for emergency childbirth

When you hear the words emergency childbirth you might think of old police shows with mom giving birth in the bathroom with her older child being talked step-by-step through the birth by the operator on the 9-1-1 call. Or you might picture being stuck in a cabin in a snow storm with only your partner as the soap operas would have you believe. Either way the thought has probably crossed your mind that you might be one of these women. First of all, let me tell you that this is very unlikely. Secondly let me reassure you that when birth happens this quickly it's usually because everything is going very well (Unless you're preterm.).

Women delivering at a hospital or birth centre may fear a rapid labour, or rush hour traffic for their trip. Women who are giving birth at home may fear that their practitioner won't arrive in time to catch the baby. No matter which you are it's a good idea to talk to your midwife or doctor about your fears. They can give you a few simple instructions and help calm your nerves.

What to do!

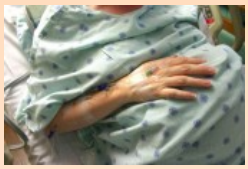
When you read these instructions you will find that they read more as a list of what not to do. That's because childbirth is a normal event, and rarely an illness.

1. *Don't panic. Remaining calm can help you focus on the birth, even if you are alone.*
2. *Call your midwife, or 9-1-1 if you are able. If you are in your car, pull over and put on your blinkers. No use killing everyone by driving wildly, you're much safer having the baby in the car while it's stopped.*
3. *Remind mother to try to pant, or only push very gently with the contractions.*
4. *As the baby's head becomes visible, place your hand on the head and provide it with support to keep it from popping out. Remind mother to try and pant during this part to help prevent tearing. If you're alone, simply place your hands over the baby's head as best as possible.*
5. *Do not pull on the baby or it's head! You may gently guide the baby out.*
6. *Gently stroke downward on the baby's nose to help expel the excess mucous and amniotic fluid.*
7. *Place the baby skin-to-skin on mom, with the baby's head slightly lower than it's body (to help facilitate draining the mucous). Cover both of them with dry blankets or towels.*
8. *Don't cut or pull on the umbilical cord.*
9. *If the cord is long enough have mother nurse the baby. This will help expel the placenta and should cut down on postpartum bleeding.*
10. *If the placenta is born place it next to the baby, again do not cut the cord.*
11. *Keep mom and baby safe until the practitioner arrives, or until help gets there. Or until you can get to the place of birth.*

Dr. Gregory White, in his book Emergency Birth, says, "When in doubt, do nothing."

Is it really labour?

First of all your body normally gives you some signs of labour ahead of time that labour is on its way. While these are signs of progress they do not mean that you will go into labour within a few hours or days. They are simply a means of saying that your body is getting ready to give birth.



False Labour	True Labour
Contractions don't get closer together.	Contractions do get closer together.
Contractions don't get stronger.	Contractions do get stronger.
Contractions tend to be felt only in the front.	Contractions tend to be felt all over.
Contractions don't last longer.	Contractions do last longer.
Walking has no effect on the contractions.	Walking makes the contractions stronger.
Cervix doesn't change with contractions.	Cervix opens and thins with contractions.

Be Spontaneous

and discover how to follow your body

Bearing down or directed pushing

There are many ways in which a labouring woman and those providing care for her can either work with the natural process, or interfere. Whether to follow the instinctive urge of bearing down, or to have another person direct the pushing efforts, is a decision that each mother needs to consider in planning for spontaneous birth.

It is normal for a labouring woman whose baby is ready to be born to feel a strong urge to bear down and push her baby out, without anyone telling her what to do.

For many years in Western cultures, midwives, doctors and nurses have practised directed or coached pushing, or the 'Valsalva manoeuvre', in which the attendant instructs the labouring woman to "Take a deep breath, hold your breath, and push …".

Directed pushing is frequently a feature of managed births, in which the labouring woman is lying on a bed, with her legs drawn up to her chest, rather than being in an upright position. The rationale for directed pushing is usually to speed the labour up, and get the baby born.

Spontaneous bearing down usually occurs in response to the leading part of your baby's head descending deeply into the birth canal, beyond the ischial spines. Continue reading ...

How do I know if I have depression?

When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

•Feeling restless or moody
•Feeling sad, hopeless, and overwhelmed
•Crying a lot
•Having no energy or motivation
•Eating too little or too much
•Sleeping too little or too much
•Having trouble focusing or making decisions
•Having memory problems
•Feeling worthless and guilty
•Losing interest or pleasure in activities you used to enjoy
•Withdrawing from friends and family
•Having headaches, aches and pains, or stomach problems that don't go away

Your doctor can figure out if your symptoms are caused by depression or something else.

American Dietetic Association releases updated position paper on breastfeeding
Posted by Gina Ciagne

The American Dietetic Association published an updated position paper on breastfeeding in the November issue of the Journal of the American Dietetic Association. This is their official stance:

"It is the position of the American Dietetic Association that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life and breastfeeding with complementary foods from 6 months until at least 12 months of age is the ideal feeding pattern for infants. Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality and improving maternal morbidity and helping to control health care costs."

ADA's issuance of their updated breastfeeding position puts them in good company with other medical organizations like the American Academy of Paediatrics (AAP), American Academy of Family Physicians (AAFP) and others who state the specific importance of breastfeeding exclusively for 6 months and for 12 months with complementary foods. Given that nutrition and is one of the major facets of this issue, it is essential that breastfeeding is recognized and protected as a vital public health issue. Healthcare professionals from several disciplines are instrumental in providing the support and education that breastfeeding mothers need to persevere.

Here is the rundown of reasons that the ADA has made the above their official stance, taken from the position paper.

Health benefits of breastfeeding for infants include:

* Enhanced immune system
* Reduced risk for nonspecific gastroenteritis, severe lower respiratory tract infections and asthma
* Protection against allergies and intolerances
* Promotion of correct development of jaw and teeth
* Association with higher intelligence quotient and school performance through adolescence
* Reduced risk for chronic disease such as obesity, type 1 and 2 diabetes, heart disease, hypertension, hypercholesterolemia and childhood leukaemia
* Reduced risk for sudden infant death syndrome.

Benefits for the mother include:

* Strong bonding with infant
* Increased calorie expenditure, which may lead to faster return to pre-pregnancy weight
* Faster shrinking of the uterus
* Reduced postpartum bleeding and delays in the menstrual cycle
* Decreased risk for chronic diseases such as type 2 diabetes, breast cancer and ovarian cancer
* Improved bone density and decreased risk for hip fracture
* Decreased risk for postpartum depression
* Enhanced self-esteem in the maternal role
* Time saved from preparing and mixing formula
* Money saved from not buying formula and increased medical expenses associated with formula feeding.

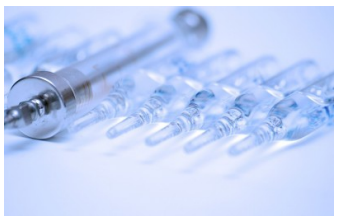
I commend the ADA for making their firm statement about the huge importance of breastfeeding for infants, mothers and for the impact it has on public health.

Read this article online

Be Ready

to know when your baby is ready

Induction of labor and when to consider it



Induction of labour means the artificial initiation of labour after the period of viability. In the well-dated pregnancy past 41 weeks gestation, induction of labour provides the safest alternatives for the woman and foetus to reduce the potential for foetal compromise and decrease the incidence of foetal macrosomia. Other complications of pregnancy that may require induction include pregnancy-induced hypertension, diabetes, haemolytic disease, and post maturity.

Nearly 40 years ago (1964), Bishop (Bishop, E. Pelvic scoring for elective induction. *Obstetrics and Gynaecology* 24(2), 266-268) developed a pelvic scoring system to predict inducibility by evaluating the *position* of the cervix as it relates to the vagina, the cervical *consistency*, *dilation, effacement* and *station* of the presenting part.

The higher the score, the more favourable the cervix with a clinical trial showing a score of 6-7 or more associated with successful inductions. But the cervix should not be the only item considered in determining readiness of an induction. The *baby's* readiness to survive on the outside should also be considered, as well as how well the baby will tolerate the cascade of medications he/she is about to endure.

Bishop Scoring System

Criteria	Scores			
	0	**1**	**2**	**3**
Dilation (cms)	0	1-2	3-4	5-6
Effacement (%)	0-30	40-50	60-70	80
Station	-3	-2	-1	+1, +2
Consistency	Firm	Med	Soft	---
Position	Posterior	Mid	Anterior	---

Be Nourished

and stay healthy with good hydration tips

Summer time. Time for fun outside, even when you are pregnant. Even if you're just swimming leisurely, drink plenty of fluids—especially water. Otherwise, you run the risk of dehydration, which can lead to heat-related problems such as heat cramps, heat exhaustion, heatstroke – and for some expectant mothers – preterm labour. Yes, dehydration can cause preterm labour!

Fortunately, you can avoid dehydration with some slight changes to your routine.

What is dehydration?

Dehydration occurs when the body loses more water than you take in. It leads to serious health complications because water makes up almost 70% of our bodies. The human brain is 95%; blood is 82%; and the lungs are composed of 90% water.

How can I prevent dehydration?

Drink water. Many maternity care providers are recommending between 64 and 128 fluid ounces of water daily. Sound like a lot? Caffeinated drinks and alcohol may sound refreshing when you're thirsty, but they take moisture out of your system. They are termed "diuretics" as typically they will deplete your body of twice the intake. Thus, if you drink 3 -8 ounce glasses of iced tea, you will urinate out the equivalent of 6 – 8 ounce glasses! Stick with water, especially when the temperature soars.

Drink, even when you're not thirsty. Most adults lose about 2.5 litres of water a day, so be sure to replenish constantly. Expectant mothers need fluids to replenish/recycle the amniotic fluid, maintain an increase blood volume to support the pregnancy, and nourish the baby growing inside.

Take a water bottle <u>wherever</u> you go. Even walking to and from the office, car or home takes energy and may deplete your body.

How can I tell if I'm dehydrated?

Thirst isn't the best gauge of your body's need for fluids. By the time you're thirsty, you already may be dehydrated. A better way to tell is to check the colour of your urine. Dark yellow urine usually indicates dehydration. Light-colored, clear urine is usually a good sign.

You also should know the common symptoms of dehydration. They include:

- Thirst or dry mouth
- Lethargy
- Decreased urine output
- Weakness
- Headache
- Dizziness
- And for preterm labour, 4 -6 contractions in an hour or less.

Read this online

Be Together

and take look at how to sleep

Solitary or Shared Sleep: What's Safe?
By Patricia Donohue-Carey

For more than ten years, I have been helping expectant families prepare for birth and early parenting. During this period I have become accustomed to hearing strong and conflicting positions on many topics, including epidural anaesthesia, circumcision, and the best age for weaning. But no subject has been more challenging than that of bed sharing.

Biologic Model versus Cultural Message
Night time solitary infant sleep is not practiced in traditional societies,
and even during daylight hours it is the exception. Babies are kept near their mothers.
Shared night time sleep may take the form of bed sharing (actually sharing the same sleep surface)
or co sleeping (when the baby is within arms reach of its mother, but not on the same sleep surface).
According to Katherine Dettwyler, adjunct professor of anthropology at Texas A&M University,
any people in the United States assume that non-Western cultures co sleep or bed share because
limited resources prevent them from creating separate sleep areas for their children. This is simply not true.
Mothers in non-Western cultures traditionally sleep with their children to monitor them and keep them safe, to facilitate breastfeeding, and simply to be near them.1 If shared sleep is the behavioural template from earliest human history, why, of late, are some voices seeking to erode its legitimacy?
The American cultural values of independence and control explain a great deal of the societal encouragement of parent-infant separation and the priority placed on parental convenience. (Think of the many products designed to spell parents from their children during daylight hours, such as the swing, infant seat, playpen, jumper, activity centre, and walker.) Since bed sharing literally embodies maternal-infant interaction in order to meet a child's night time needs, it may appear both out of sync and just plain unattractive.
These overarching cultural messages have long been apparent. What is less clear is the percentage of US infants who have slept in cribs versus adult beds versus a bit of both. Breastfeeding rates decreased dramatically after World War II, and the primary motivation for keeping one's baby nearby at night was considerably diminished. ... Finish reading this interesting article

Be Sensitive *to the pain of losing a baby*

Miscarriages are labour; miscarriages are birth. To consider them less dishonours the woman who womb has held life, however briefly. The physical pain from miscarriage can be as intense as that of a full-term birth.

Early Pregnancy Loss
Studies show that 71–75 percent of women who miscarry experience the miscarriage as the loss of a baby. When they interviewed over 100 women who miscarried, Allen and Marks found that their experiences went beyond the physical realm. Searching for reasons that the miscarriage occurred, feeling isolated and lonely, wondering if their dreams mean they are going crazy, grieving differently than their partner or other family members, and wondering how long these feelings would last were issues of importance to women who miscarried. The message is, when pregnancy ends in a miscarriage, it is a crisis within a crisis. The whole person is affected —physically, emotionally, socially and spiritually.
Physically, the hormonal changes of early pregnancy require the body to use much energy adapting to a new state of physical equilibrium. With miscarriage, the body needs even more energy to readjust hormonal levels once more.
Driven by a desire to decrease morbidity and mortality, medical care is inundated with new techniques designed to increase the efficiency of health care delivery. The focus of care with early pregnancy loss is on the physical needs of the mother. But there are psychosocial effects from adjusting to the idea of being pregnant, preparing to become a new parent or parent a baby again. When suddenly it all ends, many questions arise: "Why me, why my baby, what did I do wrong?"
Socially, seldom is there a public display of sympathy or an acknowledgement of the loss for the parents. Family and friends may express concern over the other's traumatic experience, but may not acknowledge the experience as the loss of their baby. A sense of aloneness or isolation can be very deep.
— Fran Rybarik, excerpted from "Early Pregnancy Losses," *Midwifery Today*

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