



Belly to Birth

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A Free Publication for Pregnant Women from B*E*S*T Doula Service

www.bestdoulas.com

Questions to Ask Your Doctor

WHAT PERCENT OF YOUR CLIENTS GIVE BIRTH WITHOUT PAIN MEDICATION?

Ten to 20 percent would be typical of a conventional obstetrician's practice. Eighty to 90 percent would be typical of a home-birth practitioner's practice, since clients who are transported to the hospital often receive pain medications.

WHAT METHODS DO YOU SUGGEST FOR DEALING WITH THE PAIN OF LABOR OTHER THAN DRUGS?

This list might include walking, changing position, taking a bath or shower, massage, counterpressure, applying hot or cold packs and directed vocalizations. Bonus points for the doctor who suggests a doula!

HOW OFTEN DO YOU FIND IT NECESSARY TO CUT AN EPISIOTOMY?

A conventional obstetrician may perform a routine episiotomy for most births. Many naturally-oriented practitioners almost never perform them.

DO YOU REQUIRE CONTINUOUS ELECTRONIC FETAL MONITORING (EFM), OR DO YOU FOLLOW ACOG STANDARDS?

Continuous electronic fetal monitoring has not been shown to improve outcomes compared with auscultation, and EFM monitoring tends to increase the rates of cesarean births.

WHAT ARE THE ADVANTAGES OF NATURAL BIRTH?

If your practitioner gives you a detailed and informative answer to this question, he or she is more likely to be truly supportive and will probably give you the best possible chance to birth your baby naturally.

HOW COMFORTABLE ARE YOU WITH THE IDEA OF CATCHING MY BABY IF I CHOOSE TO PUSH IN A NON-STANDARD POSITION, SUCH AS SQUATTING OR ON MY HANDS AND KNEES?

The typical hospital position for birth (semi-lithotomy) is often the most painful for the birthing woman, but most convenient for the doctor. This is not the position women choose when given the freedom to find the most comfortable and most productive position.

UNDER WHAT CIRCUMSTANCES DO YOU RECOMMEND INDUCTION OR AUGMENTATION OF LABOR?

Medically-oriented practitioners will often induce as soon as six hours after the bag of waters releases, and one week or less after the due date. Practitioners who support natural birth will often allow a woman to stay home after her bag of waters

has released indefinitely, as long as no vaginal exams are performed and there are no signs of infection. They may allow a pregnancy to go two weeks or more past the due date.

CAN I EAT AND DRINK DURING LABOR?

The World Health Organization recommends eating and drinking during labor. Giving birth is the hardest physical work you may ever do and you will need energy to do it!

CAN I HAVE MY BABY WITH ME, WITHOUT INTERRUPTION, FROM THE MOMENT OF BIRTH, IF I CHOOSE?

Many hospitals will take the baby for assessment, washing and weighing, and for time in the nursery; others may be able to perform these functions in the room with you and allow full rooming-in with no separation at all.

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Comforting Your Partner in Labor

These are just a few of the techniques birth doulas use to help women during labor.

IN EARLY LABOR, YOU CAN:

- ▶ Help her get ready for labor
- ▶ Encourage her; tell her she's strong and ready
- ▶ Make her tea or broth to drink
- ▶ Play cards or watch TV with her
- ▶ Run her a bath or shower
- ▶ Remind her to relax and focus
- ▶ Encourage her to sleep

IF SHE IS HAVING TROUBLE KEEPING FOCUSED, YOU CAN:

- ▶ Reassure and praise her
- ▶ Give her an object or picture to look at during contractions
- ▶ Suggest taking a walk or changing positions
- ▶ Ask extra people to leave the room
- ▶ Place your hands on her face and breathe with her
- ▶ Comfort her with touch instead of words



IF HER BELLY HURTS, YOU CAN:

- ▶ Remind her to go to the bathroom often
- ▶ Help her change positions
- ▶ With a light touch, massage her lower belly and thighs
- ▶ Give her warm compresses or a rice sock

IF SHE IS HAVING TROUBLE RELAXING YOU CAN:

- ▶ Place your hand over her hand
- ▶ Have her shake both hands in the air
- ▶ Touch her and remind her to relax
- ▶ Talk about a relaxing time
- ▶ Play music that helps her relax
- ▶ Massage her scalp, shoulders or back

IF SHE HAS HOT FLASHES, YOU CAN:

- ▶ Wash her face and neck with a cool, wet cloth
- ▶ Give her ice chips
- ▶ Fan her face and body
- ▶ Open a window

IF HER BACK HURTS, YOU CAN:

- ▶ Help her change positions
- ▶ Put a warm cloth on her back
- ▶ Put a cold cloth or ice pack on her back
- ▶ Apply counter pressure with hands or tennis ball
- ▶ Sit back to back with her so your backs can press together
- ▶ Have her lean against the hurt with her own fists
- ▶ Help her stand and lean against the wall
- ▶ Help her get on her hands and knees and rock back and forth

IF HER LEGS AND ARMS SHAKE, YOU CAN:

- ▶ Rub her feet and hands
- ▶ Hold her steady so she feels more in control
- ▶ Use a soft touch or long, firm stroking on her legs and arms
- ▶ Put a warm blanket on her (you can put one in the dryer for a few minutes)

IF HER CONTRACTIONS STOP, YOU CAN:

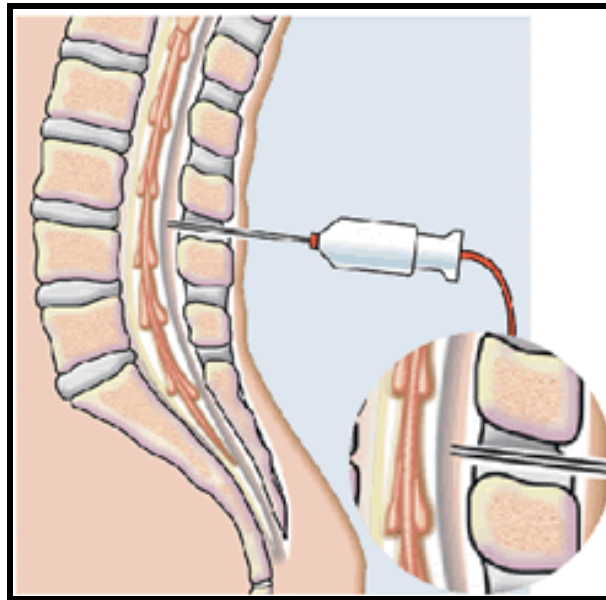
- ▶ Both rest or sleep
- ▶ Suggest a hot shower
- ▶ Take a walk with her
- ▶ Rub her back
- ▶ Provide nipple stimulation
- ▶ Dance with her

Epidural? Why Not?

I'M AFRAID OF THE PAIN -- WHY NOT GET AN EPIDURAL?

Women are often in a lot of pain when their cervix is around 2 to 3 cm dilated because they are scared and unable to relax. With good labor support, they can relax benefit from the endorphins, the natural morphine-like chemical that their own body produces to provide natural pain relief. They often find that labor actually becomes easier to bear as it progresses through active labor. Many of our clients are very comfortable for most, if not all, of their labor.

These endorphins also provide pain relief for the baby during labor. When a woman receives an epidural, her body stops producing endorphins. When her endorphin level drops, so does the supply of endorphins which helps the baby cope with labor. Since the endorphins are also the bonding hormones, epidurals deprive both the woman and her baby of bonding hormones as well as natural pain relief.



labor, requiring Pitocin to augment her contractions. Once active labor begins, the epidural is much less likely to cause labor to stall.

Women often say they've heard that there's a time when it's "too late" to get the epidural and they are afraid that if they wait too long, they won't be able to get it. There are no hard and fast, absolute rules for when you can or can't get an epidural, although many hospitals won't give you one until you're 3 or even 5 cm dilated (this is when you'll be glad you have a doula to get you through those long hours until you can get the epidural).

So, when is it "too late" to get an epidural? Is it 8 cm or 9 cm? Is there a magic formula? It's really common sense. Imagine you're driving home on a hot day and you have the windows open and the A/C turned off. Would you turn the A/C on if you were only 2 or 3 blocks from home? Probably not, because you know that by the time you could benefit from the A/C, you'll already be home! On the other hand, if you were 2 or 3 blocks from home and there was a big traffic jam and it looked as if you might be stuck

for a while, you would want to turn on the A/C.

WHEN CAN I GET AN EPIDURAL -- AND WHEN CAN'T I?

Only the woman in labor should decide if and when she wants an epidural. It's important to know, however, that there may be times when you want to get an epidural, only to learn that you can't have one. These might include: the anesthesiologist is tied up in surgery and won't be available for a long time; several women are ahead of you in line to receive an epidural; your labor is going too quickly for the epidural to take effect before the baby is born; you have a slight, previously undiagnosed, curvature of the spine which prevents you from being a candidate for an epidural; it may be too early in your labor -- or too late!

When is it too early for an epidural? When a woman receives an epidural before she is in active labor and her cervix is less than 5 cm dilated, an epidural may stall her

labor, requiring Pitocin to augment her contractions. Once active labor begins, the epidural is much less likely to cause labor to stall. That's the same philosophy used in determining if it's "too late." I've had clients receive an epidural after they had been pushing for a while. The doctor was able to determine that it was likely that she still had lots of pushing ahead of her. I've also had clients who were told it was "too late" when they were only 6 cm because they had dilated from 2 cm to 6 cm in only half an hour and the baby would most likely be born long before the epidural could relieve the pain.

A doula's job is to inform and support - not to judge. Your doula should support your decision to get an epidural, once you are fully aware of the potential side effects, if that is your choice.

For more information about epidurals, including a comprehensive list of the side effects, please read the Epidural Agreement at www.bestdoulas.com.

Puzzled about Labor?

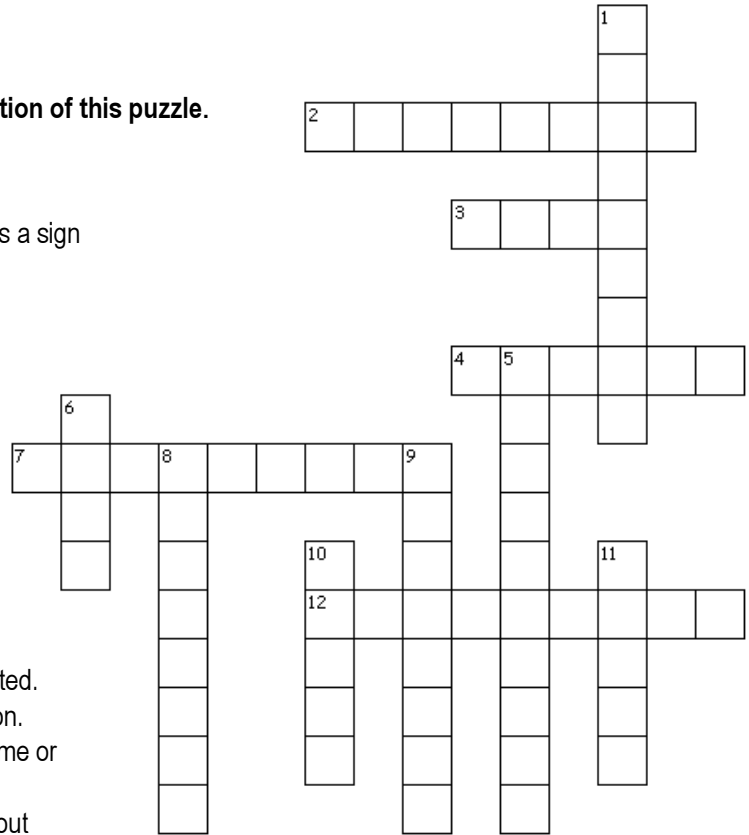
\$50 off B*E*S*T doula services with correct completion of this puzzle.

Across

- 2. Baby's pre-birth bowel movement which is sometimes a sign of stress.
- 3. Helps with back labor.
- 4. Creamy coating on your baby's skin.
- 7. New studies show it's as safe as hospital births.
- 12. Tool used to rupture your bag of waters to "speed things along."

Down

- 1. The best position to let gravity help your baby.
- 5. The unkindest and unnecessary cut.
- 6. If you wear one, you'll look and feel like a patient.
- 8. Can slow your labor if given before you are 5 cm dilated.
- 9. Can relieve or reduce pain and provide total relaxation.
- 10. Free and freeflowing pain relief available in your home or hospital.
- 11. She provides comfort, support and information without judgment.



About B*E*S*T

B*E*S*T doulas have provided support to hundreds of women and their partners during pregnancy, childbirth and immediate postpartum in the greater Los Angeles area since 1996.

Contact B*E*S*T now to insure that you can have a doula to support you at your birth.

How to Reach us

For birth doula services in the greater Los Angeles area or to order additional copies of Belly to Birth:

- tracy hartley (818) 448-0817
- or (877) I-Doula-U
- or (877) 436-8528

