Planning an Indie Birth – Pregnancy, Birth and Postpartum

Week 2
“Undisturbed Birth” and What Makes Labor “Work”

- Safety and Logic of Undisturbed Birth
- The Hormones of Labor and Birth
- What Disturbs Birth?
- How to Create an Undisturbed Birth
- Examples of Undisturbing Birth
  - No Such Thing as Natural Induction
  - Advantages to Keeping the Waters Intact
  - Vaginal Exams & External Ways to Observe Labor Progress
  - Physiological Pushing
  - Benefits of a Natural Third Stage

Week 3: Rethinking the Stages of Labor- Labor and Birth Physiology
Week 4: Navigating the Journey Through Labor - Coping Strategies
Week 5: Life in the Postpartum – The Fourth Trimester
Safety and Logic of Undisturbed Birth

- birth has evolved for the purpose of survival, efficiency and as a reward for reproductive success
- mother nature is equally concerned with the processes of birth, attachment and breastfeeding, not just getting the baby out alive
- Mom and baby surviving through birth is typically the base measure of success in the Western world. We think there are ways to optimize the process so that mama and baby also “thrive” beyond just “surviving”
- Core requirements are that the birthing woman feels private, safe and unobserved (she is aware of any threats, and can stop the labor process and wait until she is safer)

What are your feelings about the idea that birth is designed to be safe for mother and baby? Do you agree or disagree?

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If birth is designed to be safe, why do many birth stories focus on danger?

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What are some ways we can put these stories into perspective, and instead foster a sense of trusting the birth process for ourselves?

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The Ecstatic Hormones of Labor and Birth

- reduces fear; increases trust, bonding and love!!!
- pain relieving
- pheromone properties so everyone present feels it
- causes ejection reflexes (sperm, female orgasm, milk ejection, fetal ejection)
- pulsatile release; one pulse = one contraction
- receptor sites increase greatly through pregnancy, spike before labor
- stretch receptor feedback causes surge (Ferguson Reflex) and uncontrollable pushing (in conjunction with other hormones)
- levels peak with the placenta, and are elevated for the first 4 days; helps contract the uterus to control bleeding

Beta-Endorphins
- creates sensations of pleasure, euphoria, dependency (mother nature’s pat on the back)
- great pain reliever
- alters states of consciousness
- levels increase gradually in labor, but too high of levels inhibit labor (rationing effect)
- the baby also secretes this in labor
- peaks at birth
- released with breastfeeding and is present in breast milk (helps baby adapt); more beta-endorphins in the milk when the birth was natural vs. elective c-section
- Increases pleasurable mutual dependency

Catecholamines
- levels gradually increase when undisturbed (over 900% their normal amount)
- very high levels (saber tooth tiger)
  - reduce uterine contractions
  - shift blood to muscles and heart, away from uterus and baby
high CA in early labor were connected to long labors, fetal distress

For Mom:
• levels naturally rise at transition
• causes physiological, irrational fear (sometimes)
• triggers the fetal ejection reflex (surges even higher)
• Levels drop steeply after birth (unless mamababy is disturbed, which increases risk of bleeding)

For Baby
• CA surge with head compression
• Shifts blood from heart to brain (gives more buffer when less oxygen)
• Slows down metabolism
• Makes baby alert, dilation pupils
• Enhances smell ability

Prolactin
• important in parental attachment
• rises the 24 hours before labor
• stress reducing
• encourages care taking behaviors
• induces breast changes and milk production; suppresses the ovulatory cycle
• secreted into breast milk and is good for optimal brain development
• increases moms nutrient absorption and regulates fluid balance

What Disturbs Birth?
How to Create an Undisturbed Birth

1. Nurture a healthy pregnancy through nutrition, movement, lifestyle, emotional work, and choosing care providers that understand the principles of undisturbed birth.

2. Create and maintain a space where you/the mother feels safe, private and unobserved.

3. Dim the lighting, darker is usually better

4. Use few words and no numbers

5. Cover the clock!

6. Encourage instinctive behavior (allow her to be “on another planet”)

7. Demand astute but subtle observation if you choose to have a midwife or doctor

8. Hands on support from someone who also understands these principles (if desired)

9. Breath, sound making, movement rather than complex techniques and technologies for pain management

Use this space to reflect on the videos we discussed in the recording, as well as the additional recommended videos (and any others you find on your own!). What did you notice? What/who disturbed the process? What supported the hormonal flow? What aspects would you want to be a part of your birth?

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Examples of Undisturbing Birth

No Such Thing as Natural Induction

What have you heard about induction from friends or media?
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What are the ingredients needed for labor to start?
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What are some “natural” induction techniques you have heard about? How is “natural” induction different than induction in the hospital?
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The best ways to make sure you have your baby at the “right” time are:
• Great nutrition, movement, exercise
• Gentle balancing and nurturing of the whole body (chiropractic, acupuncture, meditation)
• Deal with your emotional needs in a healthy way as they come up
• Surround yourself with people who support your choices, and share the belief in the normalcy of birth

Scenario:
Sally is 41 weeks and 2 days pregnant today according to ultrasound. At her prenatal, her midwife asks her if she would be open to trying a castor oil and herbal induction the next morning. The midwife’s reasoning is that this way, Sally may be able to still have her homebirth before 42 weeks at which point the midwife would transfer her care to the
hospital staff for “postdates” pregnancy. What questions might she ask? How might she proceed?

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Advantages to Keeping the Bag of Waters Intact - Avoiding Amniotomy

What have you heard about breaking the waters?

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What do you know about the bag of waters? What is it for? When does it usually break? Does somebody need to break it?

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An intact bag:

• Allows for free movement of the baby; better likelihood of rotation (perhaps less likelihood of malpresentations like OP)
• Offers protection against infection
• Acts as a prevention against cord prolapse
• Protects the baby and the cord from the compression of labor
• Helps the cord and even the placenta itself recover better from the squeeze of contractions
• Is beneficial if there is meconium in the waters- there should be lots of fluid in order to naturally dilute it
• Gives mom “time” to finish dilating and the baby can handle a longer labor
• May make shoulder dystocia less common - the extra body of fluid might allow more movement and lubrication, which might help avoid malrotation of shoulders.
• Is more respectful to the baby- why introduce fingers and hooks into the internal environment?

Vaginal Exams

What have you heard about why vaginal exams are important?
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What has your experience been with vaginal exams, either during pregnancy or during a well woman exam? How do you think one could influence the hormonal flow of birth?
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Vaginal Exams are rarely needed in a normal, physiologic birth. A vaginal exam cannot help anyone predict the amount of time until the baby is born. It can sometimes tell you if something has changed, but not what the change necessarily means. It might help in situations where there is a question about the baby’s position, or when a decision needs to be made about the suitability for a birth to continue at home. Not only do they give little helpful information, they are also highly invasive, uncomfortable, and put the mother and baby at risk for infection. Vaginal exams should not be routine, or undertaken lightly. Anytime a care provider suggests a vaginal exam, you should ask what information they hope to gain, and how that information will be used to make decisions moving forward.
External Ways to Observe Labor Progress

Even though vaginal exams should be used sparingly, this does not mean a woman’s progress in labor is unknown. A midwife skilled in undisturbed birth will be able to assess the progress of a labor, all the while remaining humble to the variation of normal inherent in the process. The mother may also intuitively know she is getting closer.

1. **Emotional signposts.** A woman in early labor tends to smile, be chatty, and excited. I often see the woman in early labor giggling with the first contractions, and telling me (with a smile on her face) how much they hurt! As she progresses into active labor (roughly from 4–7 cms dilation, although this can vary a lot), she becomes more serious. She doesn’t want to laugh and chat during or between contractions. She becomes very focused on each contraction and breathing through it. Nearing the end of labor, she has difficulty deciding what she wants. First she wants her back rubbed, then she doesn’t want to be touched. She may snap at people who are trying to help, or make demands. She may cry, yell, or say that she cannot do it any more. These are good signs that the pushing phase is near.

2. **Physical signs.** In a first-time laboring mother, bloody show usually is present in the early stages of labor, while women who’ve had babies before don’t often experience much bloody show until late in labor. Both first-time and experienced mothers will have heavier, mucous-y bloody show in the late stages of labor. Flushed cheeks usually appear at about 6 centimeters dilation. You may observe the mother trembling uncontrollably shortly before the pushing urge begins. A sign that pushing is near is when the mother involuntarily has a “catch” in her breath or hold her breath briefly during a contraction.

3. **Rectal pressure,** feeling of “wanting to push” without spontaneous signs of pushing. The mother will report wanting to bear down, yet if she is encouraged to “do what your body is telling you to do” the midwife or doula will not notice any obvious bearing down or breath-holding. This point often comes around 6 centimeters, as the baby is descending in the birth canal.

4. **The purple line.** Shepherd, et al, studied a ‘purple line’ that was reported to rise from the anal margin, extending between the buttocks as labor progressed. The investigators confirmed a positive correlation between its length and cervical dilation/station of the fetal head. The Shepherd study confirmed an earlier study with similar findings. While additional research is needed, anecdotal evidence among traditional midwives shows that this method has long been used to assess labor progress without vaginal exams.”

- from http://birthsen.tmdhosting950.com/?p=1605
Pushing

What have you heard (or seen) about pushing?

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Do you think pushing is something you need to “learn” or be taught? Is this something you’re worried about doing “right”?

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What have you heard about vaginal tearing, and ways to prevent it? Does it make sense that we would “tear” and need sutures under natural circumstances (if birth is designed for survival of mother and baby, and a bonded breastfeeding relationship?)? How are you feeling about this topic? Do you have a “method” you are trying or want to know more about?

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It is an interesting notion that women need to “learn” how to push their babies out. Coached pushing is probably evolved from women being highly sedated and anesthetized, thus not being connected to their body’s urge to push. Really, what is needed is more a process of UNlearning all the strange things we (some of us) are culturally taught about birth and pushing. Here are some basic guidelines to help you relearn a more natural and logical approach to pushing for a healthy mom and baby.
1. Push in whatever position feels right in the moment – most women naturally choose upright positions rather than the typical flat-on-your-back position.

2. Follow your body’s urges to push – it is rare for a woman to cause herself problems by pushing “too early”. Your care provider should not be in the routine of telling you when you should and should not be pushing.

3. Your body will push when the baby descends to a certain point, not necessarily when you are “10 centimeters”. This is called the Ferguson Reflex.

4. If you have to ask if you should be pushing, you probably aren’t ready to push – you won’t be able to STOP a true urge to push.

5. If the birth has been undisturbed up until this point, it is more likely that the fetal ejection reflex will take place, and there won’t be much time to sit around and discuss pushing technique anyways!

6. The best way for the mother to support her tissues as the baby is born, is by putting her hands down at her vaginal opening and instinctually supporting herself (this requires certain positioning, which could be gently facilitated by those attending your birth).

* If your birth has NOT been undisturbed, if you have had an epidural, an induction, lots of vaginal exams, strangers in the room, etc., it may complicate the usually automatic process of pushing, thus necessitating some degree of coaching. If coaching is necessary, it should mimic physiologic pushing as best as possible - waiting for contractions to build before pushing, pushing multiple times per contraction (3-5) and for a maximum of 5-6 seconds with breath held.
Benefits of a Natural Third Stage –

What happens after the baby comes out? What does the first hour postpartum look like? How do you want it to look?

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After the baby is born, you should pick your baby up to your chest when you are ready to do so. This begins the first hour after birth, and the peak experience of oxytocin in a woman’s life, which helps facilitate the intense love between mama and baby. When the baby is first born, most moms wait a few moments to first look at their baby and take a few breaths before picking them up. Your body quickly gets the message that the baby is out and safe, and begins the process of birthing the placenta, which is made possible by the continued release of oxytocin, causing contractions which easily expel the placenta, and shrink the uterus back to its prepregnant size over the course of the first few weeks postpartum. These after-birth contractions also help the uterus contract down around the part of your uterus where the placenta had been attached, stopping any excess loss of blood. This is why it is crucial that the birth and first hour after are not disturbed. Disturbing the mother during this time can have serious consequences, including postpartum hemorrhage.

The surge of catecholamines before birth is still in effect for the first few minutes after birth, making mom and baby’s pupils dilated as they meet each other for the first time and enhancing the bonding potential of this moment. Then, once the adrenaline’s job is done with, through undisturbed touching, skin to skin contact and eventually breastfeeding, both mom and baby’s catecholamine levels drop until everyone is in a lovely post-birth hormonal haze. Interrupting this time has serious consequences both physically and emotionally for all involved. The hormonal flow continues with afterbirth contractions (oxytocin) and the onset of milk production (prolactin). So if we are trying to stay out of the way of this amazing design so that mamas and babies are also
optimally bonded and easily breastfeeding, we have to respect the time after the baby is born just as much as we respected the labor and birth process.

Many “natural” births and even homebirths include a frantic third stage with lots of commotion as evidenced by the plethora of birth stories and birth videos we have access to. This is nothing more than customary (and rooted in fear and misunderstanding of natural newborn transitions), and doesn’t need to be this way if you desire a more physiologic third stage. Some concrete considerations for keeping the third stage undisturbed after an undisturbed birth:

- The baby does not routinely need to be suctioned, stimulated, or listened to with a fetal stethoscope.
- The cord does not routinely need to be clamped and cut in the minutes or hours after birth.
- The birth of the placenta need not be routinely rushed or managed
- *No hatting, no patting, no chatting!!!! (credit to Carla Hartley)
- Just to further emphasize the point, there should definitely be no taking the baby away from the mother, period.

**Homework:**

1. Notice all the ways in which oxytocin affects your life over the next week, and what triggers your fight or flight response. Reflect on how that might inform your choices about labor and birth.
2. Look around online or in books/magazines and find two or more homebirth stories that showcase the way that labor lengths, sensations and experiences can be so different.
3. Try the Birth Place Exercise (at the end of this week’s workbook), especially if you are still in the process of making this big decision.
4. Write a paragraph or two about your deepest desires for your birth - how you feel about the more common interventions, what you want your birth to be like and how you plan to make that possible, and what you expect from your midwife or doctor if/when they want to make intervention suggestions. This is a great idea for both you and a partner to do separately and then talk about together, too. Include some research questions you still have, or that you might want to
ask your midwife or doctor at your next visit. Sharing on the Forum or with Maryn and Margo is optional!

Resources

Gentle Birth, Gentle Mothering by Sarah Buckley

http://www.sarahbuckley.com/
- for many more great articles written by Sarah Buckley

http://www.midwiferytoday.com/articles/pushing.asp
- article by Gloria Lemay about pushing for first-time moms

http://www.birthologie.com/birth/what-you-dont-know-about-your-cervix/
- an article about the cervix and the myths of dilation in birth

- rethinking “assessment” of progress in labor

http://www.mamamuse.com/2012/05/how-cervical-dilation-checks-undermine-the-imaginal-power-of-birthing-women/
- a great, holistic piece about why vaginal exams are not needed, and actually hinder the experience of birth

Birth Place Exercise:
Month Seven is a good time to consider whether the birthing environment you have chosen is truly right for you. We suggest that you practice the visualization part of the exercise while you are in the state of alert progressive relaxation so that you are especially attuned to your innermost feelings and thoughts. Please have your journal and pen or pencil by your side before you begin.

The first step of this exercise is to visit the actual place in which you will give birth, if you have not already done so. When you conduct your visit, explore the environment to your satisfaction and ask as many questions as you can.

At some point within twenty-four hours of the visit, find a comfortable place to sit and enter a state of alert progressive relaxation. You may use “Quick into the Deep” (Exercise 23), described in Month Five. Once you are deeply relaxed, picture, in your mind’s eye, the environment in which you have decided to give birth. See the physical surroundings in as much detail as possible. Recall the people with whom you spoke and the questions that you asked. Now, while still deeply relaxed, ask yourself whether you feel good about giving birth in this environment. If you feel like it, you may even imagine the experience of going into labor, arriving at your birthing location, and ultimately giving birth at this locale. After you have envisioned your birth environment to your satisfaction, wiggle your fingers and toes, open your eyes, and assume a state of complete waking consciousness.

Once you are completely alert, take your journal and write down the following questions. Then, make sure you answer each one:

How did your birth place feel to you?

What objects did you see? Do you need to add anything to your space, or get rid of anything in your space to make it feel more safe and comfortable?

Who did you envision at the birth besides you? Did you subconsciously leave anyone out of your visualization?

How did having people in the birth space make you feel? Do you feel like there are issues you would like to address prior to birth with any of the people invited to your birth?
What sounds did you hear? Were they helpful or a hinderance?

Reflect on these questions and any others you think of. Feel free to brainstorm, map, draw, or write. Feel free to share with the Forum or Maryn and Margo.