Personal options can be used in a variety of ways during pregnancy, birth and the early postpartum. They can help prevent interventions, they can work alongside interventions, and they can work to buffer side effects of interventions.

The rebozo for hands & knees position.

As an SBD doula, it is outside the scope of your practice to diagnose, treat, or prescribe for any ailment or concern the mother may have. Instead, you can present choices, suggest that the mother consult with her provider regarding them, and you can provide non-medical support. Non-medical support primarily means "external" support. If a natural option involves ingesting or involves the mother internally, such as vaginal exams, you cannot provide this care.

Conversely, if the mother is interested in a natural option that you are not comfortable with, it is not your responsibility to diagnose or treat. Encourage the mother to consult with her provider. Learning the mother's wishes as soon as possible is important, and will be discussed in chapter 8.

The ways you can provide support to a mother are numerous and wonderful. As you discover some of these ways, this chapter should be intriguing, encouraging, motivating and fun.

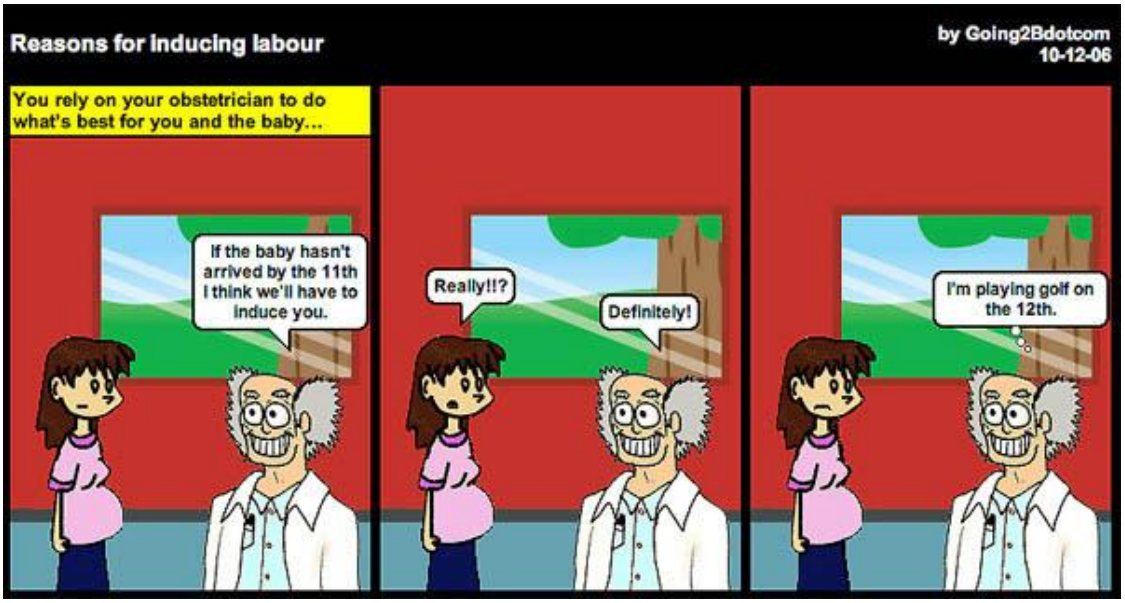
Week 4

Personal Options

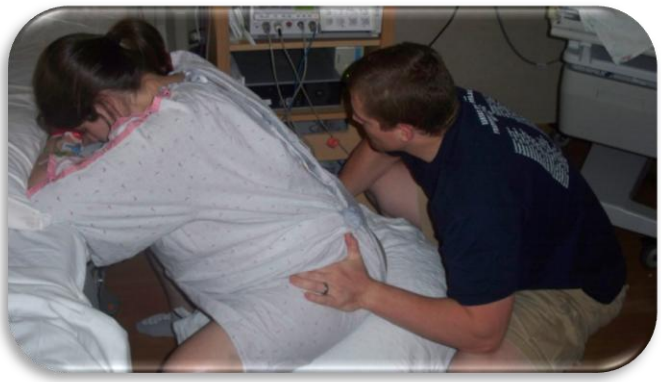
- Personal Options in Pregnancy (only a couple of situations covered)
- Personal Options in Labor (full term live birth)
- Personal Options in Labor (by trimester)
- Homebirth (planned and unexpected)

Personal Options

We are first going to look at personal options (sometimes referred to as natural or non-medical options) for a full term live birth, and then look at personal options for birth in the second and first trimesters.



It is important to know of non-medical options to support mothers in labor for several reasons. The birth of a baby is one of the most monumental events in a couples experience and in a mother's life. There may be additional factors that are considered when a medical professional presents induction, augmentation, or medicinal pain relieving options. Learning how to explore these reasons in a non-confrontational manner and provide natural alternatives, supplementation, and non-medical support for side effects will help the mother explore her options more fully and make a truly informed decision.



Personal / Natural Options for Various Maternal Diagnoses

Proper nutrition, exercise and adequate rest are generally sufficient for mothers to remain physically healthy during pregnancy. Here is a (growing) list of some additional care that may be needed or may prove helpful during pregnancy. When a mother contacts you and is interested in learning natural alternatives to medicinal support for any condition, please advise her that you are not prescribing and that she should consult her provider regarding any possible alternatives or supplements either you or her discover. This list is of a few of the most common areas where moms want supplemental homeopathy.

Gestational Diabetes

Gestational diabetes is a serious concern and can lead to macrosomia, hypoglycemia, and other serious health concerns for both the mother and baby. Getting support from a registered dietician can be very helpful. The ADA can locate one; you can visit online or call 1.800.366.1655. Continuing moderate physical activity throughout pregnancy, eating a healthy diet and maintaining healthy weight gain all can help control gestational diabetes. It will relieve itself at the birth of the baby, but mothers with gestational diabetes have an increased chance of developing type 2 diabetes later on. Gestationaldiabetesrecipes.com is one place for delicious and healthy recipes.

GBS

Some mothers feel ashamed to learn that they have tested positive for GBS. It is important for them to know that it is not an STD and in fact is perfectly healthy. There are some things the mother can do in her pregnancy to help lower the possibility of having GBS present during birth, but these options should not replace medical care, particularly in a prolonged birth when the water has been broken for several hours. In a precipitous birth where the baby was not exposed in the vaginal cavity very long, the concerns about GBS are minimized. The baby will be monitored for temperature changes within the first 48 hours of life. If there is prolonged rupture of membranes with no antibiotics, and/or prior to 37 weeks, a “full workup” may be needed which includes having baby’s blood drawn.

Bed Rest

When bed rest is needed in pregnancy, there are still things the mother has control over, including proper positioning and posture. Spinning Babies has helpful information.

Oligohydramnios

A few different factors can contribute to the assessment of low amniotic fluid, including the position of both the mom and the baby during the ultrasound exam. While some studies show that a low level of amniotic fluid alone is not reason for medical concern, the doctor may be concerned. Not only drinking plenty of water, but water with cucumber, may help. Cucumber contains fiber, magnesium (for heart health), folate, and naturally distilled water. It also supplies electrolytes and restores hydration of cells, thus offering an advantage when seeking to replenish water.

Third trimester – stalling labor

Here are some natural tips for stalling labor. Sometimes, medicines for stalling labor can negatively impact the productivity of labor once it's begun, so knowing alternatives can prove helpful.

- Contact provider immediately to inform them of possible labor.
- Resting
- Staying hydrated
- Warm bath
- Wild Yam capsules may help stop contractions because yams contain diosgenin which may be converted to progesterone
- Refrain from caffeine and other stimulants
- Ask provider about False Unicorn Root
- Ask provider about Cramp Bark
- Ask provider about natural micronized progesterone
- Alcohol, as in a single glass of wine, may stall contractions, but some believe can induce them

Third trimester – *inducing* labor

Natural induction has wonderful benefits, but comes with a few very important cautions. Natural induction is most commonly used as a supplement to "encourage" the progress that the mother's body is already undergoing on its own; overusing natural induction methods because the mother is not experiencing the desired outcome can be dangerous. I am not prescribing or suggesting any of these options; they are simply methods that have worked for other mothers, and **before attempting any of them, the mother should be encouraged to consult with her provider.** They are rarely used before 35 weeks in an uneventful full term live birth and most can usually begin at 37 weeks, and can be used in labor itself.

The first thing to consider in natural induction is, "Is the baby ready?" There are many reasons a mother way want to begin some natural induction methods. Explore these reasons with her.

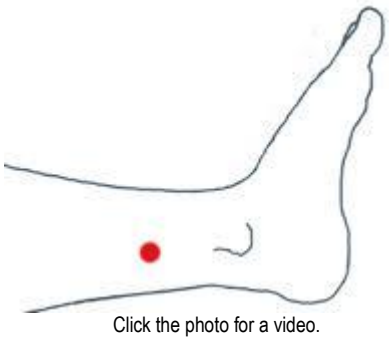
Physical Exercises

These exercises can be done in pregnancy, before labor, to help widen and loosen the pelvic area, as well as help the baby to tuck in his chin. Flexion is one area of concern in babies with difficult diagnoses, and these exercises may help.

- Pelvic tilts
- Walking briskly (the mother should still be able to talk while walking)
- Using birth ball
- Forward leaning inversions
- Swimming

Pressure Points

Pressure points, when used properly, can help naturally induce or augment labor.



Click the photo for a video.

Here are a couple of pressure points:

- Hoku - This point can be found on the top of your hand in the webbing between your thumb and index finger. Press on an angle underneath the bone that connects with the index finger. To stimulate contractions, rub the point. This point can be used for pain relief with steady pressure during contractions.

- Spleen 6 - To find the point, acupuncturists suggest feeling the bony point of the inner ankle. The point is approximately four finger widths from the inner ankle. It isn't on the shin bone, but just beside it towards the back of the calf.

  With your thumb or middle finger at a 90 degree angle to the skin, apply gradually increasing pressure. Hold for three minutes. The pressure should not be painful or uncomfortable.

- Bladder 32 - This point is halfway between the dimple in the buttocks and the spine. You can find it by tracing up one of the mother's finger width's above the top of the buttocks crease. You should feel a small depression where the point lies.

- Baby Toe- baby "moving down" technique: Press on the baby toe, or gently clip clothespins to each of them.

We use some pressure points without realizing it.

Herbs

Herbs are available today in many grocery stores, in addition to natural or health food stores. They can be purchased whole (as a plant and dried), in capsules or tablets, as a tea, in extracts or tinctures (small amount dissolved in alcohol), as a concentrate in oil or in creams or lotions.
Herbs can be either *medicinal* (useful for treating health-related symptoms) or *nutritional* (adding vitamins and minerals to your diet.).

There are several cautions for pregnancy with any and all herbs:

- Herbs are not regulated by the FDA. In some cases this can mean that herbs or herbal preparations may contain contaminants. You should read labels carefully before using any herbs or substances containing herbs.

- Herbs or herbal remedies used in pregnancy may impact the baby's development.

- Do not use any herbal induction method in a full term uneventful live birth until at least 37 weeks of pregnancy or later.

The use of herbs and their safety is not well known by all medical providers. Few providers, with the exception of an experienced herbalist and some midwives, are familiar with the herbs that can be used safely during pregnancy.
Herbs have unpredictable results. Medicinal herbs can act the same as medications in how they affect people differently.
For both of these reasons, some medical providers will advise mothers to steer clear of all herbs for *any reason* or at any stage of pregnancy, just as you would with most types of medication.
The bottom line is to be sure that you do your own research, refer to the guidelines provided and encourage the mother to consult with a licensed herbalist, as well as her own provider, before she tries any herb or combination for labor induction.

The following herbs are often used to induce labor or to prepare your body for birth, according to The Natural Pregnancy Book by Aviva Jill Romm.

- Black cohosh - often used to relieve irregular contractions and encourage stronger contractions (If this causes nausea and/or lightheadedness, discontinue.)

- Blue cohosh- helps to increase uterine tone; (can also cause nausea/lightheadedness - mothers should discontinue use of this herb if they experience any of these side effects.)

Some research challenges the safety of either cohosh in pregnancy.

- Chamomile - encourages relaxation and promotes sleep; Some experts feel that this herb as a tea is gentle enough to use in moderation anytime after the second trimester.
- Cramp bark - a uterine toner that relieves cramping and increases relaxation. This herb may be contraindicated for women with hypertension or high blood pressure.

- False unicorn root - Promotes uterine tone and hormone production.

- Partridge berry - A uterine toner that relaxes the uterus as well as helps with backache, leg cramps and overall tension.

- Motherwort - encourages relaxation and reduces hypertension as well as stimulates the uterus.

- Evening primrose oil - this contains a fatty acid that helps to stimulate prostaglandins, a hormone which increases uterine contractions as well as ripen the cervix.

- Castor oil and enemas can also help stimulate labor, because they stimulate the intestines, and the uterus is nearby and so may also be stimulated.

- Red Raspbery leaf - used as a uterine toner and readily available in a tea.

It cannot be stressed enough that mothers who are considering using herbs or other non-medical resources use extreme caution and consult with experienced herbalists who can provide appropriate dosage amounts.
For more help to find an herbalist near you, see National Directories Listings for holistic medicine. Herbs that are used vaginally may also be contraindicated in some situations.

Stimulating Oxytocin

Stimulating oxytocin release can help naturally induce and certainly helps naturally augment labor. Options include:

- Connection with Husband – particularly when he has established her trust in his participation in the pregnancy. This will be discussed further in chapter 8.
- Prayer
- Effleurage (long and light massage on arms, abdomen – "giving goosebumps")
- Nipple or clitoral stimulation (caution: this can produce tetanic contractions)
- Sexual intercourse does not naturally induce labor Sayle A.E., PhD, MPH, Savitz, D.A., PhD, Thorp, Jr, J.M. MD, Hertz-Piccioto, I.A., PhD, MPH, Wilcox, A MD, PhD. Sexual Activity During Late Pregnancy and Risk of Preterm Delivery. Obstet Gynecol. 2001; 97: 283-9.
- Relaxation, comfort
- Laughter, singing
- Positive memory exploration
- Positive anticipation – hope, peace, acceptance

Mothers are more likely to have PTSD after the birth if their birth is experienced within the range of emotions of panic, fear, anxiety, dread, thoughts of death, overwhelm, and/or disassociation with the birth event. This is a foundational fact which stillbirthday birth and bereavement doulas build our care on.

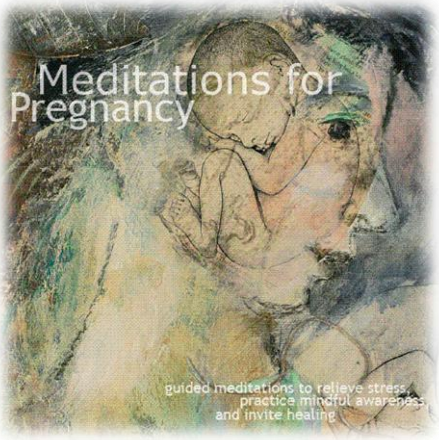
PTSD can often mirror the experiences of grief.

We aim to help facilitate feelings of calm, peace, happiness, tranquility, submission to the process, and focus on the birth itself, of welcoming their baby and meeting their baby.

Natural / Personal Options for *Augmenting* Labor

All of the above options were for helping labor to begin. They can **also** be used during labor, to help speed things along. Here are a few more personal/natural options to help induce or augment labor. In a beautiful biological choreography, many of the very things used to provide natural augmentation also serve to provide natural pain relief. This may be because being freed from the pain allows the mother to continue unhindered with the work of labor. Some of these options include:

- Trochanter Roll
- Bach Flower Remedies
- Kinesiology
- Energy Meridian Tapping
- Rapid Eye Movement Technique
- Indian Head Massage
- Meditation
- Chiropractic pelvic adjustment
- Logan Basic Technique



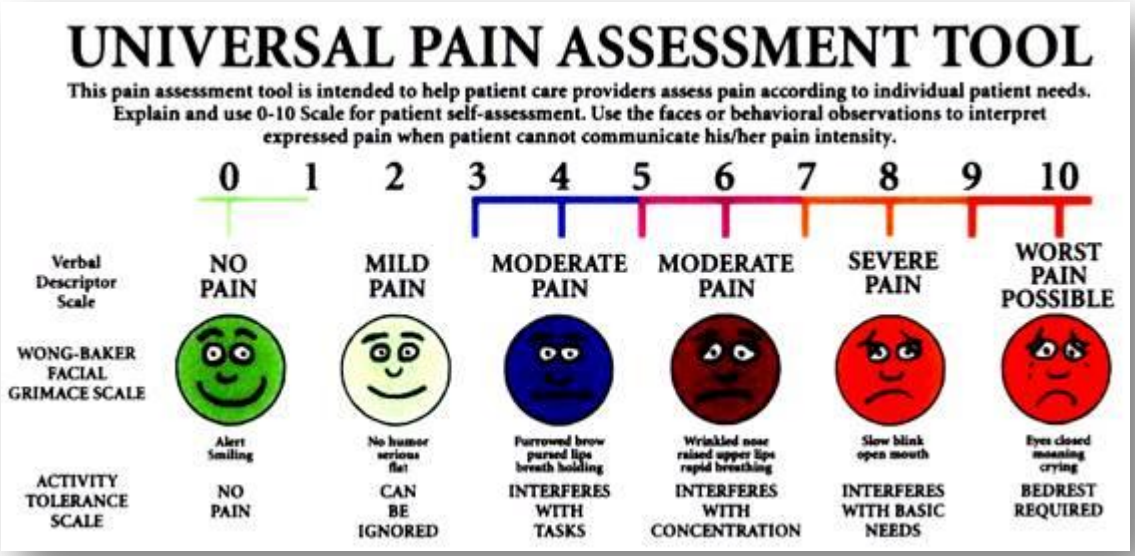
Natural / Personal Options for Comfort in Labor

The SBD doula has an important role in helping to manage the mother's pain, both the emotional and physical. Personal options for comfort measures are important for the mother to learn, because at least for the early part of her labor, she won't be able to receive medical pain relief. She will first need to be admitted into the hospital and her pain level assessed.

One of the most important roles of the stillbirthday bereavement doula in labor is to utilize natural comfort options that can help buffer some of the already established factors and the new encounters that contribute to pain in the birth experience.

Whether the mother utilizes pain medication options to help control these factors or not, there are always natural options the doula can provide, in full term live births and in any birth in any trimester.

Using the Universal Pain Assessment Tool



The universal pain assessment tool is a chart with a series of faces. The mother is instructed to "rate her pain on a scale of 1 -10. Because pain is not only physical but also subjective, the mother may report or give indication that her pain is greater than would be expected in the place she is in, in her labor. Her interpretation of her pain and of her experience can be a very helpful guide for the SBD doula.

Her Rating	What she is saying
0-2	Her pain is tolerable and she doesn't need any pain management support.
3-5	She needs very little pain management support.
6-7	Help her to find a rhythm and ritual during contractions, and help her relax in between
8-9	She may be feeling a lot of fear, anxiety, or like giving up
10	She feels like she can't do it.

If the nurse is required to use this scale, ask the nurse if she can observe the mother to determine for herself what number on the scale the mother is demonstrating her pain to be. Another option is to ask the nurse to phrase the question in a more empowering way, or after the question is asked, you can rephrase it for the mother. Try this:

> *"How well do you feel this position/technique is responding to your labor?"*

Sources of Unnecessary Pain in Childbirth

Borrowed with permission from Birthing Naturally

Does the idea of "unnecessary pain" in labor and birth sound strange to you? Perhaps you thought labor was supposed to be extremely painful, and there was nothing you could do about it.

There are things women do during labor that actually cause the pain to be intensified. Unfortunately, many women do not know what these things are. Understanding how they affect your labor can help you in preventing labor pain.

Tension If you are skeptical of this, try it while you labor. During one contraction, do whatever you want, tensing your muscles. Then, during the next contraction actively relax your muscles. You will feel a difference.

Paying Attention Too Soon Many women become obsessed with timing contractions from the very first contraction. For some, there is a fear that if you do not pay attention, you may miss something. Some of the signs of progress in labor can be subtle, but you will not miss the major signs. When contractions begin, ignore them and go about your day for as long as you can. When the contractions demand more attention, give them only as much as they demand. Contractions will demand your full attention by the time you are in good active labor, which will require a lot of energy. Don't waste your energy by paying attention too early.

Lack of Sleep A tired body is less able to deal with the stress of labor, causing everything to "feel" more even though your body is not doing more work. Be sure to get plenty of rest in the days leading up to your labor. When contractions begin, don't be afraid to take a nap. I promise you will NOT sleep through the birth of your baby. If you have the luxury of a slow starting labor, use the early mild contractions to get some sleep.

Thirst If you do not take sips of water or juice between your contractions, you stand a good chance of becoming dehydrated. When your body is dehydrated, your muscle output is decreased by 30%. That means that your uterus will contract just as hard, but it will do 30% less work. Dehydration also heightens feelings of exhaustion and can elevate your temperature. If your temperature goes up, your medical team, intent on ensuring your baby is healthy, will assume this "fever" is caused by an infection and you may begin to receive antibiotics via injection or IV (which is a pain in and of itself).

Hunger Your body uses food as its energy source. If you are not eating during labor, you are depriving your body of energy it needs to labor. Many hospitals now allow you to eat during labor. If your birthplace does not allow eating, understand that most women lose their desire to eat during active labor, so simply stay home until your desire to eat is gone.

Need to urinate There will be a lot of activity going on in your pelvic region. During active labor you may not be able to distinguish the need to urinate from the other pressures you feel. Your uterus will put pressure on your bladder as contracts, so the best way to prevent pain from an over-full bladder is to urinate frequently (at least every two hours).

Performance Anxiety Also known as going to the hospital too soon. Some women believe that if they can just get to the hospital, everything will happen faster. That is not true. In fact, the move to the hospital can actually be stressful enough to temporarily slow down or stop your contractions. Waiting until you are in good active labor can help prevent this. Being in the hospital too early makes the labor seem slower than if you had stayed at home and busied yourself with your life. Having nurses and doctors checking on you can make the "seeming slow" labor seem even slower, causing the mom to feel that she has to perform better, labor must get moving. This anxiety can be enough to send some women into the fear/tension/pain cycle.

Lying on your Back When you are on your back, the contracting uterus has to move "up" against gravity, which is much more work than simply moving forward. Also, you can constrict the blood flow to the heart, causing you to be light-headed. Staying off you back can help in preventing labor pain.

Pain Medication Preference Scale

Rating	What it Means	How the SBD professional helps / How the dad helps
+10	I want to be numb, to get anesthesia before labor begins [an impossible extreme]	• Explaining that the mother will have some pain, even with anesthesia. • Discussing her wishes and fears with her. • Promising to help her get medication as soon as possible in labor.
+9	I have great fear of labor pain, and I believe I cannot cope. I have to depend on medicinal help to take away my pain.	• Doing the same as +10 above. • Teaching her simple comfort techniques for early labor. • Reassuring her that someone will always be there to help her.
+7	I want anesthesia as soon in labor as the doctor will allow or before labor becomes too painful.	• Doing the same as +9 above. • Making sure the staff knows she wants early anesthesia. • Making sure she knows the procedures and the potential risks.
+5	I want epidural anesthesia in active labor (4-5cm). I am willing to try to cope until then, perhaps with narcotic medications.	• Encouraging her in breathing and relaxation. • Knowing and using other comfort measures. • Suggesting medications when she is in active labor.
+3	I want to use some medication, but as little as possible. I plan to use some self-help comfort measures for part of labor.	• Doing the same as +5 above. • Helping her reduce pain medication use. • Helping her get pain medications when she decides she wants them. • Suggesting half doses of narcotics or a "light and late" epidural.
0	I have no preference or opinion. I will wait and see [a rare attitude among pregnant mothers]	• Helping her become informed about labor pain, comfort measures and medications. • Following her wishes during labor.
-3	I would like to avoid pain medications if I can, but if coping becomes difficult, I'd feel like a martyr if I did not get them.	• Emphasizing coping techniques. • Not suggesting she take pain medication. • Not trying to talk her out of pain medications if she requests them.
-5	I have a strong desire to avoid pain medications, mainly to avoid the side effects on me, my labor, or my baby. I will accept pain medication for a difficult or long labor.	• Preparing for a very active support role. • Practicing comfort measures with her prior to birth. • Not suggesting medications. If she asks for them, suggesting different comfort measures and more intense emotional support first. • Helping her accept pain medications if she becomes exhausted or cannot benefit from support techniques and comfort measures.
-7	I have a very strong desire for a natural birth, for personal gratification along with the benefits to my baby and to my labor. I will be disappointed if I use pain medication.	• Doing the same for -5 above. • Requesting a supportive nurse who can help with natural birth. • Planning and rehearsing ways to get through painful or discouraging periods in labor. • Prearranging a plan, such as having a "code word" for letting you know she has had enough and wants medication.
-9	I want medication to be denied by my support team and staff, even if I beg for it.	• Exploring with her the reasons for her feelings. • Helping her to see that she cannot be denied medication. • Promising to help but letting her know that she has the final decision.
-10	I do not want any pain medication, even in the event of a Cesarean birth [an impossible extreme]	• Doing the same for -9 above. • Helping her gain a realistic understanding of risks and benefits of pain medication.

BRAND

As you are discussing medical and non-medical options with your client, BRAND is a helpful mnemonic.

Benefits

Risks

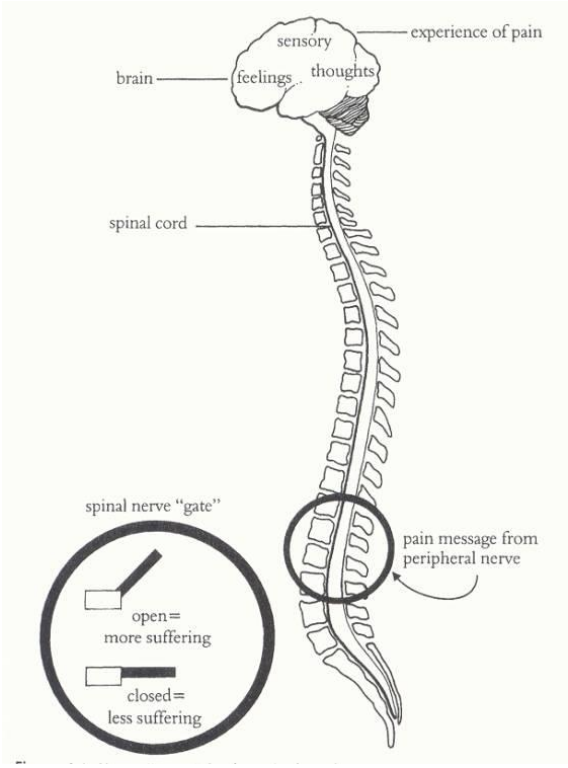
Alternatives

Nothing (as in, what would happen if we did nothing, if we observed, if we waited)

Discuss/**D**ecide

Theories for Pain

Gate Control Theory



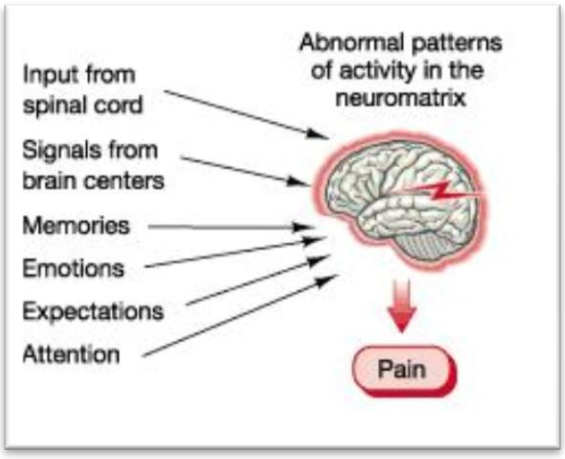
We learned in chapter 3 about the positives and negatives to the epidural in labor. One of the effects of the epidural is that it is placed into the epidural space of the spine, blocking most of the pain reception to the brain. Consequently, we learned that this can also inhibit the brains healthy responses to labor, including the release of helpful hormones which naturally control the pain.

In the Gate Control theory of pain, we learn that some factors open this gate, while some shut it:

Factors that open the gate of pain	Factors that shut the gate of pain
Inappropriate activity level	Appropriate activity level
Depression	Massage
Anxiety	Using heat or cold – temperature therapy
Tension	Focusing on positive emotions
Worry	Distraction from pain
Fear	Positive socialization
Maladaptive attitude	Positive approach or perspective
Boredom	Healthy eating
Focus on the pain	Healthy physical habits

Neuromatrix Theory

The Neuromatrix Theory of pain builds upon the Gate Control Theory to include emotions and expectations the mother may have in labor.



The cognitive – evaluative (perception) aspect of labor can impact pain. Some of these aspects are outside the control of the stillbirthday bereavement doula because they are pre-imprinted and include:

- Her cultural/religious approach to pregnancy and birth.
- Her unique personality.
- Her unique tolerance for physical pain.
- Her unique mechanisms, genetic and learned, for emotional pain.

In stillbirth or miscarriage:

- Her anticipatory grief.
- Her cultural/religious approach to loss.

Although you cannot re-imprint these aspects, it is extremely important to be aware of them, and their influence on labor. This may present itself as emotional dystocia or excess pain to the point of the mother feeling as though she is suffering in labor.

One of the most important roles of the stillbirthday bereavement doula in labor is to utilize natural comfort options that can help buffer some of the already established factors and the new encounters that contribute to pain in the birth experience. Whether the mother utilizes pain medication options to help control these factors or not, there are always natural options the doula can provide, in full term live births and in any birth in any trimester. The most important way you can support a mother enduring magnified negative emotions in labor:

Non-Clinical Progress Assessment

Some hospitals require a pelvic exam every two hours while the mother is in labor, to help determine the progress of the labor. We've learned in chapter three that pelvic exams have both positives and negatives. It can be extremely reassuring for the mother who is uncomfortable to learn that she is further along in her labor than she anticipated. However, if there is not significant change in her dilation and effacement numbers, the mother can quickly become discouraged. When the nurse begins speaking of interventions to help move things along, or pain medication to help the mother manage, she may be much more willing to utilize these medicinal tools if she is feeling discouraged.

Generally, once the mother has reached active labor, the hospital will likely want to see her dilating one centimeter per hour.

Many mothers do labor according to a similar pattern as this, however, a mother can labor outside of this pattern and still be in a very normal and healthy labor pattern.

Remember that her emotional state plays an important role in the progress of her labor. It is not uncommon for the mom to stall for a period after first arriving to the hospital. The change of environment, the noises, lights and smells can all become intimidating very quickly. If she is not taken to triage, she is still usually monitored in her laboring room, which likely requires a very passive position (laying back in a recline position). Encourage her that this early time is just for the medical professionals to get their paperwork out of the way, so that she can resume laboring once their processing is finished.

Pelvic exams are optional to the mother – in fact, most anything presented in labor is optional to the mother, but that will be discussed further in chapter 8. Here, though, are a couple of natural ways to assess where the mother is in her labor:

In Active Labor, you can note:

- Her behavior and wishes. Is she starting to get a little irritable, specific about wishes?
- Her response to contractions. Does she still talk through them? Does she put her head down, look away, or close her eyes during them? Does she utilize breathing techniques through them?

As Active Labor continues and she moves closer to Transition, you can note:

- Her response to contractions. Does she utilize breathing techniques, including occasional vocalization? Does her body clench up anywhere? Touch her where she is clenching and softly encourage her to "let go right here". Does she occasionally succumb to the pain of a contraction without breathing properly? Remind her to "go to her baby" and "breathe to her baby". The very place she is clenching from is the place she needs to open up with oxygen to make those contractions as productive as they can be (so she'll need less of them!).
- Her purple line. As labor progresses, you will see a purple line rise from the top of the mother's buttocks to her lower back/sacrum.

Laboring/Birthing Positions

Standing

+Excellent for oxygenation of baby
+Gravity of baby's head helps smooth away the cervix
+Contractions are less painful
+Helps to speed up labor
+Intensifies the urge to push
-Powerful contractions result with inability to control delivery
-Birth attendant has a more difficult time seeing what is happening
-Makes management of shoulder dystocia more difficult

Walking

+Uses gravity
+Contractions often less painful
+Encourages uterine contractility
+Baby well-aligned in pelvis
+May speed up labor
+Reduces backache
+Encourages descent
-Unable to use if mom has high blood pressure
-Can't be used with continuous fetal monitoring

Sitting

+Good for resting
+Uses gravity
+Can be used with continuous electronic monitoring
+Can be used with birth ball to encourage descent
-Possibly can't be used if mom has high blood pressure

Sitting on Toilet

+Helps relax perineum
+Mom accustomed to open-leg position and pelvic pressure in this environment
+Uses gravity
+Allows mom to relax any fear of leakage of fluids and stool
-Pressure from toilet seat can cause pain

-Not much room in the bathroom for attendants
-Not as much movement in the pelvis

Squatting

+Encourages rapid descent
+Uses gravity
+May increase rotation of baby
+Allows freedom to shift weight for comfort
+Excellent for access to the perineum
+Excellent for baby's circulation
+May increase pelvis diameter by as much as 2cm
+Requires less bearing-down effort
+Upper trunk presses on fundus to encourage descent
+Thighs keep baby well-aligned
-Often tiring for mom
-Sometimes hard to hear FHTs
-May be hard for mom to assist in delivery

Hands & Knees

+Good for bradycardia (low fetal heart tones)
+Good for back labor
+Useful with birth ball or rebozo
+Assists with rotation of posterior presentation
+Takes pressure off hemorrhoids
+Best position to avoid laceration or need for episiotomy
+Good delivery position for large baby
+Excellent for should dystocia
-Hard to maintain eye contact with mom
-Hard for mother to see
-Baby must be passed through mom's legs
-Can be disorienting to inexperienced attendant

Side-Lying

+Good fetal oxygenation
+Good resting position for mom
+Helpful if mom has elevated blood pressure
+Useful if mom has epidural anesthesia
+Often makes contractions more effective
+May promote progress of labor

+Easier for mom to relax between contractions during 2nd stage
+Allows posterior sacral movement in 2nd stage
+Can slow precipitous delivery
+Labor partner can assist in delivery (support leg)
+Lowers chance of laceration or need for episiotomy
+Excellent access to perineum
-Access to FHTs poor if mom is lying on same side as baby's back
-No help from gravity
-Mom must support leg under knee if no labor partner
-Mom may feel too passive

Leaning/Slow Dance

+Great for rotation of posterior position
+Uses gravity
+Contractions often less painful
+Contractions often more productive
+Baby is well-aligned in pelvis
+Relieves backache
+Facilitates use of back pressure
+May be more restful than standing
+Allows mom to rest as many muscles as possible
-Hard for attendant if used at delivery

Click photo for more positions

Birth Ball

+Great for rotation of pelvis
+Provides constant source of movement
+Less pressure on the perineum
+Uses gravity
+Contractions often less painful
+Contractions often more productive
+Baby is well-aligned in pelvis
+Relieves backache
+Facilitates use of back pressure
+May be more restful than standing
+Is versatile in many positions, even in the shower
-Hard for attendant if used at delivery
-Mom may feel insecure, wobbly
-Some balls are not equipped with deflation protection
-May not be offered or available by hospital

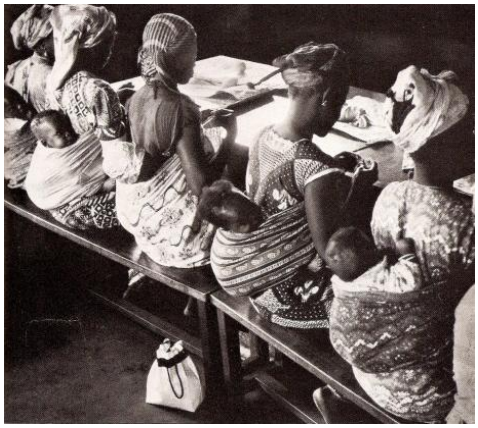
A hands and knees variant on the birth ball.

Tools

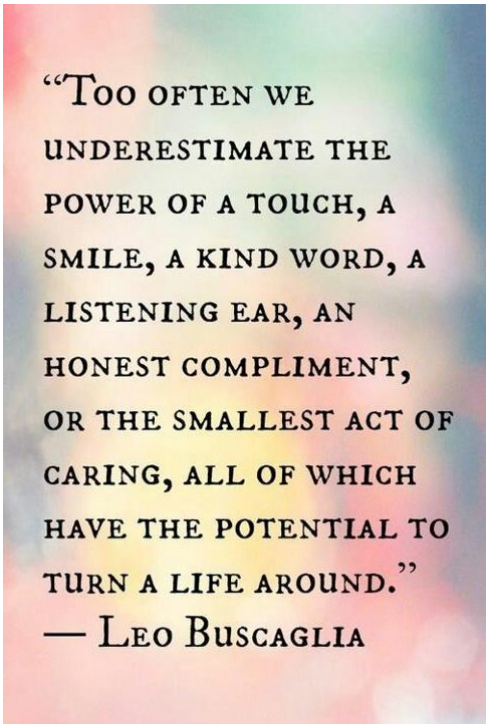
Here is a helpful list of tools the SBD doula can bring to support in labor:

Affirmations (written)	Almond oil (or other unscented, easily absorbable oil)	Aromatherapy (lavender and cinnamon both have induction properties)
Birth ball (and pump, cover, or straps)	Birth plan	Camera
Candles (battery operated tea light in hospital birth)	Cold therapy	Focal points
Heat therapy	Honey sticks/straws	Lip balm
Lotions	Massage tools	Music/player
Paper fan	Rebozo – how to provide comfort	Rice pack
Scalp massager	Sound therapy	TENS unit

Homemade rice sock with aromatherapy.



Click the photo of mothers using rebozos for a video on modern uses of a cloth as old as antiquity.



Breathing

Breathing for labor is very important and is one of the things the mother can actually control herself during the birth. There are a few ways she can choose from:

Slow Pace Breathing

At the start of a contraction, take in a deep, cleansing breath

- *inhale through nose for 4 counts*
- *exhale through mouth for 4 counts*
- *finish with a cleansing breath once contraction ends*

Modified Pace Breathing

- *At the start of a contraction, take in a deep, cleansing breath*
- *inhale through nose for 2 counts*
- *exhale through mouth for 2 counts*
- *repeat through contraction*
- *finish with a cleansing breath once contraction ends*

Pant-Pant-Blow Breathing

- *At the start of a contraction, take in a deep, cleansing breath*
- *through your mouth, take 3-4 short, quick breaths in and out*
- *follow with a long, relaxing breath in and out*
- *repeat through contraction*
- *finish with a cleansing breath once contraction ends*

Controlled "Power" Breathing (not fully dilated)

This is one form of breathing when the mother has the urge to push but is not fully dilated--and does not have the OK from the doctor to bear down (risk of cervical lip or bulge)

- *At the start of a contraction, take in a deep, cleansing breath*
- *allow yourself to bear down for 1 second, then blow the rest of the breath out slowly through contraction*
- *finish with a cleansing breath once contraction ends*

Valsalva Maneuver (pushing)

This is one form of her pushing her baby out.

- *When you have the urge to push, take in a long, slow breath.*
- *Close your mouth and slowly release the exhale through your nose and downward, through the duration of contraction or as long as your breath will allow.*
- *(you should be making a "steaming" kind of sound within your mouth).*
- *finish with a cleansing breath once contraction ends*

Spontaneous Pushing

This is when the mother controls the pushing, once the caregiver gives the go-ahead to do so.

At the start of each contraction, she should take in a deep, long breath, and, chin to chest, grabbing her own legs, she pushes for the contraction. She should not push when she is not contracting; this is counterproductive.

Mothers who use spontaneous pushing are more likely to have intact perineums postpartum and less likely to have episiotomies, and second or third degree lacerations.

Directed Pushing

If she's had a very long, difficult labor, she may be exhausted by the pushing stage, and may need additional direction in pushing her baby out. She will be guided to push for a count of ten, relax, and repeat.

Finding her own Breathing Style

All of the above options are just suggestions. It is important for her to work with her body and get into a breathing pattern that will be successful for her. To practice, I suggest having her take an ice cube and squeezing it in her hand for one minute, with one minute intervals, to prepare her for breathing through a bit of discomfort. This is a great way to practice any other comfort and relaxation methods she may like to try during the birth.

Vocalization

Some vocalization, such as shrieking or yelling, may not be productive in labor. This may not utilize her oxygen as efficiency as vocalization that opens the diaphragm.

Placing one hand on your chest and one on your abdomen, when you breathe in, your breath should be directed downward into your abdomen – or, for the mother, downward to her baby. You should feel your abdomen fill with air. Deep vocalization such as humming, singing, laughing and some mantras can help keep the diaphragm open even while the mother is experiencing the intensity of labor.

"New Here-04"

"Woman sings while in labor"

Click the photos to be taken to two examples of healthy vocalization in labor.

“Destination Birth”

You may have heard of a "destination wedding", where the couple travels to a different locale for the ceremony of their dreams. Maybe they exchanged vows on a tropical island, or in a different country, some exotic place, or just in a different part of the country.

Is there a place the mother has been, a memory she has, or an event that took place in her life that holds special significance and lovely feelings for her? She can bring some of those most fond sensations into the experience of welcoming and meeting her child.

Last minute travel, especially while she is in labor, isn't a realistic option, *but* by using her creativity, and yours--and a few items you can provide--you can draw from her most special memories, so that she can experience some of those favorite sensations during her labor and the unforgettable meeting of her new child.

If she is planning a highly medicalized birth (planned Cesarean birth), she can still benefit from the comfort of any of these packages. You can come over to her home before the birth and provide these comfort measures.

If she is anticipating the possibility of using an epidural during labor, many of these comfort items can be tailored to still provide soothing comfort during her birth experience.

Here are a few "Destination Birth" packages. These can also be used in full term live birth, as well as be tailored for stillbirth, fatal diagnosis, or birth in any trimester:

Romance

Items: husband's cologne, flower petals, wedding photos, soft blanket on birth bed, fresh strawberries and cheese cubes, sparkling juice, and more...

Beach

Items: sand bucket, ocean sounds, foot bath, bathing suit, coconut aromatherapy, misting spray, lemon water, and more... (you can transport sand in a freezer bag and bring clean litter box to pour it into)

Seasons (Fall, Winter)

Items: fireplace images and sounds DVD, cinnamon or pine aromatherapy, apple cider, warm robe, warm soft blanket on birth bed, and more...

Celebrating Someone (who cannot be present at the birth)

Maybe it's a grandparent who is the baby's namesake, or her husband (deployment, serious injury, etc.), or even an older sibling.

Items: music or sounds that the person most enjoys, photos of the person (include one to tape inside the hospital bassinet), items that person most enjoys, aromatherapy (the person's favorite smells or cologne), recording or letter from that person, item of clothing or blanket from that person to wrap the baby in, eat their favorite food as the first meal after the baby is born (she would have the added benefit of sharing this special meal with her baby, too, as it makes its way into her breastmilk), and more...

Religious Ceremony

Newborn Dedication, Newborn Baptism, New Parent Communion

Working with the family's Pastor or Women's Pastor for assistance is helpful.

Baby

Items: hydrotherapy with rubber duckies and baby bath products, her own baby blankets (one to lay on scale and two for swaddling), baby outfit for before first bath (will get soiled), lullabies, and more...

This Destination Birth can be especially meaningful for stillbirths.

Play Time

Items: finger paint, crayons, play doh, fruit slushie or push-pops, and more...

Luxury

Items: skin treatment (body scrub and moisturizing massage), warmed slip-sole socks, refreshing cucumber water, and more...

Flowers

Items: floral aromatherapy, fresh flowers, petals on bed, and more

Experiencing the fullness of labor and birth can help the mother better identify the reality of her baby.

Dad

One of the most common questions about the role of the doula, is where it leaves the dad. The doula does not replace the dad. Instead, the doula helps to magnify the important role the dad has – in the family, and throughout the pregnancy and in the birth. The presence and occasional direction of the doula helps the dad to participate in the labor alongside his wife, relieving him from the need to be the protector and rescue his wife from the work of labor.

Here are a list of questions you can present to the dad during pregnancy (inspired by InJoy):

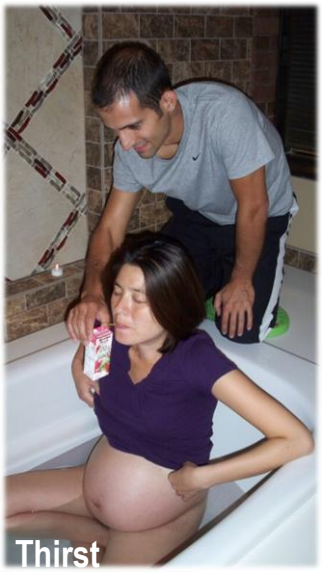
What are you looking forward to in becoming a dad? What are you nervous about?
Who has been a father figure to you? How did you benefit from their involvement?
How do you feel about your own father? What did you like and not like about his parenting?
How will you be different from your father? How will you be the same?

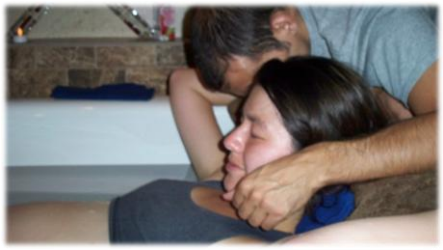
How do you benefit from going to prenatal visits and attending birth classes?
Why is it important for your wife/partner to not drink, smoke or take drugs?
What are your concerns about money?
What are your concerns about sex?

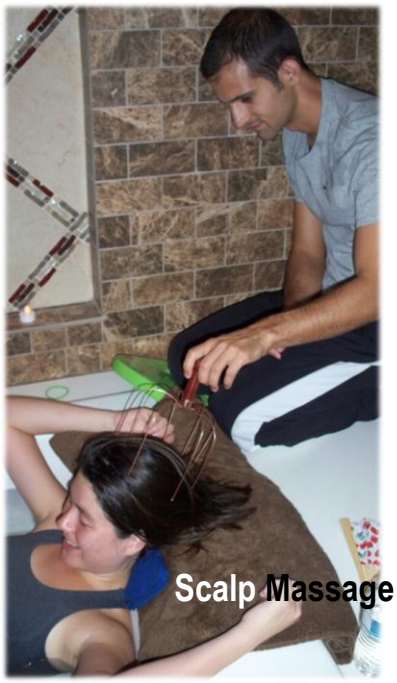
LABOR, BIRTH and POSTPARTUM
How will you benefit from being at the birth? How does your baby benefit?
What are your plans about circumcision, breastfeeding and taking time off from work?
How can you support your wife/partner during the birth? How will you need to be supported?
What are some emotions you might feel after the birth of your child?
What are the signs of depression in men and women? Have you ever experienced any of them?
What are ways to deal with depression?

BABY CARE (revise in stillbirth or fatal diagnosis)
When can your wife become pregnant again? When do you want another child?
What are the benefits of breastfeeding to baby, mother and father?
How can you support breastfeeding?
Why is it important to hold, talk to and play with your baby as much as possible?
What are some reasons that babies cry? How can you soothe a crying baby?
What are some safe ways to express anger or frustration?
How can you decrease the chance of Sudden Infant Death Syndrome?
How do you know if your car seat is right for your baby?
What are the signs of illness in your baby?

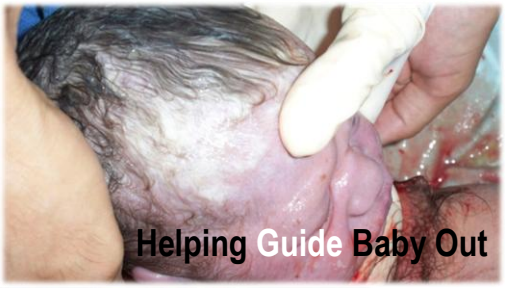
The Dad in Labor

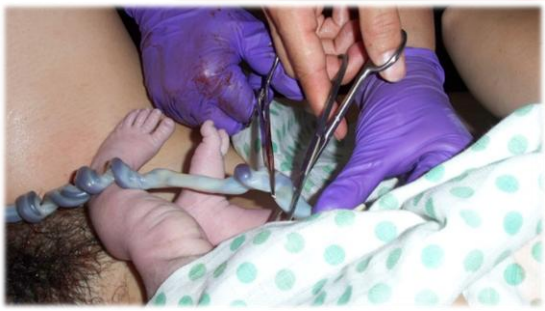






Encouragement





Doula

The SBD doula has an important role during pregnancy and birth, in helping the mom prepare for the work of labor and to minimize unnecessary interventions, which can serve to interrupt the natural progression of labor and create additional side effects and complications.

The doula keeps a journal during the labor, to jot down important milestones in the progress so she can later write a birth story for the mother. She takes photos throughout, of various things including:

The hospital entrance	The room number
Mom trying various comfort measures	Mom in various laboring positions or using various tools
Letters, drawings from extended family or older siblings and mom's focal point(s)	The clock at important milestones (exam, water breaking, birth
Dad helping	Placenta expelling
First several minutes bonding (making keepsakes)	Poses and close-ups: feet, hands, everyone with baby

While the role of midwife, nurse or doctor should often be quiet observer, allowing the mother to labor on her own and only interrupting to make sure things are progressing safely, the role of the doula is to provide continual support throughout labor. Once you have joined the mother in labor, you will stay with her, near her, until shortly after the baby is born. Times you may be away from the mother include:

- when she uses the restroom (ask her if she needs help – she may or may not want you in the restroom with her, depending largely on what phase of labor she is in)
- when you use the restroom (you can use the one near the waiting room if you'd like – there may be blood, amniotic fluid or urine on her toilet)
- when you use your phone (unless you use silent text)
- when you have a snack or take a nap during a long labor

Your role doesn't end, nor does it get easier, when interventions are introduced. The doula who believes her only role is to prevent interventions puts a conditional relationship on the mother she is serving and can create unnecessary expectation.

Every mother brings a lot of her own personal history with her into the laboring room, as we learned with the Neuromatrix Theory. Because of this, each labor has a number of variables, including some which are subjective. Every birth is different, even by the same mother. Interventions are available for birth because they are sometimes needed. It is wise to remember this in the work of a doula.

Honoring Refusal

We will address refusal again in chapter six as we look at options directly related to the Welcoming and to the Farewell, things like, "what do you do if mom simply doesn't want to hold her baby?"

Refusal though, can come up at any point in your relationship with the mother. Here are a few examples:

- You mentioned a birth plan option, and she rejected it.
- You offered a comfort measure during labor, and she turned it down.
- She mentioned previous losses but becomes dismissive when you ask further.

Honoring Refusal is one aspect of Supplementing Resources. In our steps of service, we first validate. Validation includes slowing things down, listening and asking questions. Providing Options means that there is literally always something we can do or something we can offer. Supplementing Resources means that when we provide options, it always leads to resources beyond our own physical selves.

Hopeful.
Prayerful.
Intentional.
Mindful.
Still.
Doula.

Supplementing Resources means, then, *in addition to the doula…*

You can honor refusal by supplementing resources in a tangible way, such as:

- If mom doesn't want to view any of the photos taken during laboring, birth, or postpartum/bonding, is there a person she'd like to have them until she may be ready to view them at a later time?

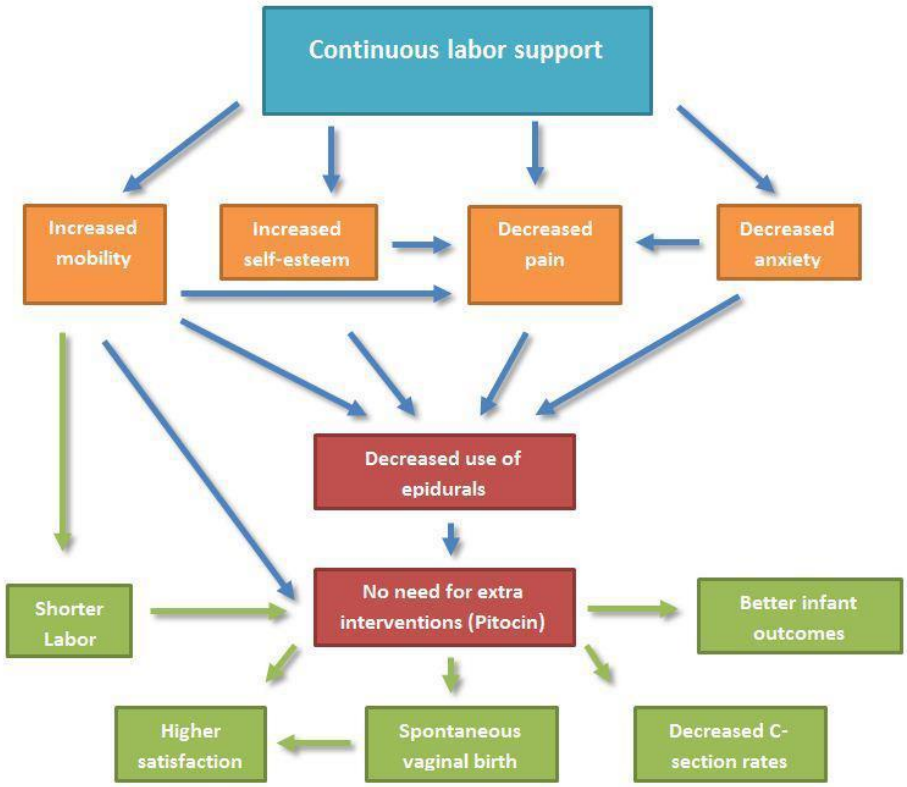
And, you can honor refusal by supplementing resources in intangible ways as well, through silent presence. Here is what that would look like:

- You've invited the mom to discuss further with you, about _____ (birth options, her past experiences, etc.). She has dismissed the need.
- You still have a nagging feeling that something is unsettled, but you don't want to push her away or badger her about the issue.
- You validate by reiterating to her:

"I am glad that you shared these things with me. And I'm hearing that you're pretty confident that these things are probably not an issue in your life right now, and you don't foresee them surfacing in any way during labor. From now until labor, though, if you do feel that your opinion changes on this subject we can pursue this further, and if something does surface during labor unexpectedly about this, know that I am here and I will give you my love and support as we take that path together."

Together, we've learned the important hormonal, emotional, and physical changes that facilitate a safe and healthy labor and delivery. We've looked at interventions, including their side effects and additional complications. We've addressed additional factors that contribute to interventions being presented – factors that are non-emergency or even counterproductive to the mother's work of labor. We looked at natural alternatives to interventions.

Conceptual model for continuous labor support



It is important, as the doula builds a relationship with the mother, to not only show the mother why less interventions may be better for her and her baby and how it is possible to labor without them, but also to guide the mother in determining her own motivation for the use or lack of use of medical interventions. If the mother wants interventions, it is important to understand why, without bullying, shaming or coercing her. If the mother wants to labor without certain or any interventions, it is also important to understand why, without bullying, shaming or coercing her. Some reasons mother may have for avoiding medical support actually include shame, competition, pride or fear. The Pain Medication Preference Scale is a very useful tool to open up this dialogue when creating a birth plan with the mother.

Each labor is unique, and while having the uninterrupted support of a doula can lower the chances of interventions, it is important to remember that this isn't our only objective. Our priority is to serve the mother, helping her to navigate her many options so that she can determine the best choices for her, her labor, and her baby.

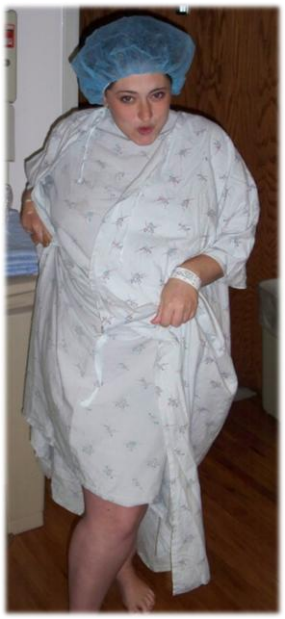
When Natural Doesn't Work

When medical involvement in birth is necessary, it is important to encourage the mother that she didn't fail, and that everything you taught her about natural childbirth doesn't seem hypocritical now as you come alongside her during interventions. Interventions should be avoided if they are not serving a life saving or critical function, but when they are, they should be embraced.

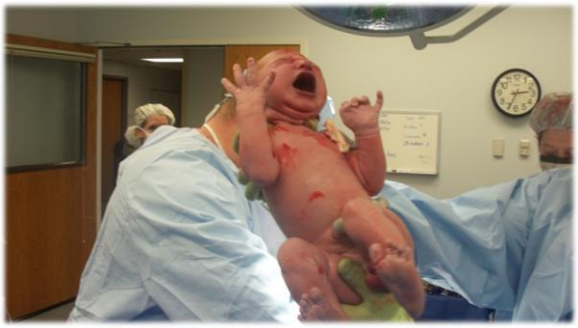
When the provider suggests an intervention, he will be directing his attention to the mother, not you. You should not speak for the mom, but you can turn to the mom and suggest that maybe the two of you can talk about options before considering. Ask her if she'd like a few minutes to consider all of her options, and you can go over possible natural options instead of the intervention, and you can encourage her with how far she has come and how close she is. If the intervention is necessary, remind her that she is a good mother and that this is only a tool to help guide her through this time. Remind her that you will work together through any negative side effects and encourage her in her decision.

Some mothers believe Cesarean birth to be the ultimate insult to their womanhood,

but even Cesarean birth holds opportunity for fun, connection, and special moments.



Cord was cut long, baby was given to mom on table, and doula was present.



Birth Plan Building

The following checklist can be used with the mother prior to the birth, to help piece some of her desires together. This is for a full term live birth, but is a great start in building a plan for a fatal diagnosis or stillbirth. It is important to note in this exercise the number of things that are likely to be out of her control; these things are included here to give her an idea of her options and ways to work with her provider. A birth plan should be very brief – this is only an outline to build one. The final plan to submit to her provider should be only one page – possibly two when building a plan with extra wishes, such as a stillbirth plan or a fatal diagnosis plan.

BIRTH PREFERENCES

___I acknowledge my need to be well informed of options prior to birth, and that while I should seek the reasons for any medical augmentation, it is not necessarily the responsibility of the nurses or doctor to offer alternative, less invasive, non-medical alternatives.

___I understand that realistic birth preferences will be in harmony with a reasonable and honest assessment of the Pain Medication Preference Scale (PMPS).

___I understand that natural, non-medical methods of labor progression may not be successful, and that medical staff, for the safety of both my baby and me may need to resort to medical interventions for the successful delivery of my baby.

___I understand that medical augmentation, whether medically necessary or preferable to me, has side effects that I should in fact anticipate and be prepared for.

___I know that creating my birth preferences, and discussing them with my doctor prior to delivery, does not automatically ensure they be followed exactly. It is only a guide, and is intended mostly for my own preparation, rather than the nurses'.

___I understand that the following pages are to be used only as a template, for me to create my own customized birth plan. I also understand that any items that are not clear to me, I may consult with my SBD doula and gain more understanding on them.

BEFORE LABOR BEGINS

Stripping the membranes during regular, prenatal exam:
___please do, so that I might deliver a few days sooner
___please do not, so that my body might naturally prepare for birth

FOR HOSPITAL ADMISSION

___I elect in advance, wheelchair assistance to delivery room, for my safety
___I would prefer to walk to room if I am able, as this may help me continue uninterrupted labor

___I request routine IV prep upon admission, for electrolytes and prep for medications
___I request a Heparin Lock upon admission, ready for emergency

DURING THINNING AND OPENING PHASE

___I request to have the following persons present during my birthing, at all times:
___my mother ___the baby's father ___my friend/relative ___doula

On using the telephone:
___please relay all telephone inquiries to my room
___please do not relay any calls—please take messages only

On pain discussion:
___please remind me at intervals what medical options I might have
___please refrain from any discussion of pain medications or pain tolerance whatsoever—I will ask when I feel I may need them, and have an "emergency exit" word if needed

On medical augmentation in general, or moving things along:
___please suggest options that may move labor along, and side effects of those options
___please refrain from offering or administering NON-emergency practices or procedures that will interrupt my natural progression of labor

On ripening agents, and possible preparation for Pitocin (some circumstances override preference):
___I prefer Prostaglandin Gel, to be directly applied every 4-8 hours
___I prefer Cervidil insertion, to be removed on demand
___I prefer Cytotec tablet to be directly applied
___I prefer to try natural methods, including walking and differing positions

On medical staffing:
___I understand (___) is a training hospital, and I expect techs and students to possibly observe or aid in any part of my labor
___please, refrain from any unnecessary staff during my labor progression

On blood pressure cuff:
___I have no opinion as to where the cuff is when not in use
___please, remove the cuff when not in use

On external fetal monitor:
___I either have no opinion of the monitor, or I find comfort in it, please feel free to continue monitoring me, with no urgency to remove the monitor
___I feel the monitor may be cumbersome and distracting, please remove between readings

On eating/drinking:
___I plan on relying totally on the IV, and possibly some water or ice chips
___Please, I'd like to take nutritional snacking, especially in a longer labor, such as broth, juice, honey, crackers, yogurt, tea

On clothing:
___Thank you for the hospital gown, to protect my own clothes from being soiled
___I plan on wearing my own gown or other material if it does not inhibit the birth in any way

On contacts:
___I plan on wearing glasses the entire time, for my safety if a Cesarean is needed
___Please, I'd like to wear contacts, unless a Cesarean is needed

On movement (check all that apply):
___I plan on moving around only if comfortable and I can work around the IV, cuff and monitor
___Please, allow me the freedom, and encourage me to walk, if just to get out of bed to urinate
___Please, allow me the freedom to explore labor positions

On vaginal exams (check all that apply):
___I either have no opinion of exams, or encourage them, as they can aid in progressing labor
___Please, only minimal exams, to avoid premature release of membranes
___Please, work with me to perform exams when I've found comfortable positions

On amniotomy:
___I encourage breaking my waters to speed labor along if I've stalled labor
___Unless medically necessary for the safety of my baby and me, please refrain from amniotomy, allowing me to try other methods of progressing labor, like walking or trying another position first

On internal fetal monitoring:
___I encourage this if suggested since it will give the most accurate reading of baby's heart rate
___Please, I prefer to try another position first, if possible, to best assess baby's heart rate

On Pitocin:
___I encourage the use of this synthetic oxytocin, to help with productive contractions
___If available as injection, I still opt for the IV to best regulate the dosage
___Please, allow me to work on creating my own oxytocin, by creating a safe, comfortable, peaceful, welcoming place to birth, for speeding up a stalled labor and for increasing strength of contractions

Ways of creating a soothing environment for birthing include (but definitely not limited to):
___dimmed lights
___soft music
___massage (scalp, feet, legs, back, even brushing teeth)
___inspirational messages and scriptures written on index cards or spoken aloud
___letters written from extended family and friends who can't attend the birth (read by husband)
___pictures drawn by older siblings posted in room
___praying
___water therapy (bath until waters rupture, shower, misting spray)
___hot and cold therapy
___intimacy and bonding with husband

On medicinal pain relief:
___I prefer *systemic*:
___I prefer sedative in early labor
___I prefer narcotic alone in active labor
___I prefer narcotic combined with tranquilizer in active labor

___I prefer *regional*:
___Please use local anesthetic for episiotomy
___I prefer epidural for anticipated 80% relief of pain

___I prefer as little as possible medical pain relief, following my PMPS. My "emergency exit" word for relief is _____

CESAREAN BIRTH

On watching:
___Thank you for the screen, so that I may not see what is taking place at all
___Please, lower the screen a small bit just so I may see baby being born

On music:
___Please allow me to bring headphones to listen to worship music during the procedure, just as I listened to music before this point
___I have no preference on music

On labor partner:
___Please, my labor partner would like to be present at all times
___Please, give my baby to my labor partner as soon as baby is dried, postponing procedures that are not medically necessary for several minutes

On initial bonding:
___Please, take care of baby completely until I am fully prepared to handle baby
___Please, if possible, allow me to try to breastfeed or have skin contact immediately

On cord care:
___Please, perform cord cutting as needed. I have no opinion on the cord cutting in Cesarean
___Please, cut the cord at a longer length, that my labor partner may "trim" the cord later

DURING BIRTHING

On episiotomy (some circumstances may override preference):
___midline (vertical)
___hockey stick
___mediolateral (slant)
___I prefer to tear

On extraction aids (some circumstances may override preference):
___I prefer forceps, if needed
___I prefer vacuum, if needed
___I understand that aiding in delivery is needed if I have reached exhaustion, if I am unable to push due to epidural, if baby is in posterior position, and possibly fetal distress. In any of these conditions, I opt for the selection my doctor prefers and is most skilled in

On prompting:
___please, tell me when to push!
___please, let me know when it is safe to push, but do not coach, cheer, or prompt me

On positions:
___I do not have an opinion on the position I birth my baby
___please, allow me the freedom to explore what birth position might be safest and most comfortable for both my baby and me

On the extras:
___I would like the use of a mirror to see the baby's head crowning
___I would like photography
___I would like to be reminded and encouraged to touch baby's head while crowning

If mom doesn't want to view any of the photos taken during laboring, birth, or postpartum/bonding, is there a person she'd like to have them until she may be ready to view them at a later time?

AFTER BIRTH

On baby procedures (Erythromycin, Vitamin K, APGAR):
___I would like to wait until all testing and procedures are done, baby is clean and swaddled, before receiving baby
___I would like to receive baby right away, please delay all medical procedures for 30 minutes, unless medically necessary

On baby's vernix:
___Please rub off vernix as much as possible; I don't have an opinion on vernix
___Please, allow vernix to be absorbed into baby's skin as much as possible

On placenta expulsion:
___Please aid with ripening agent or Pitocin if needed
___Please allow possibly 20 minutes postpartum
___Please offer fundal massage to prevent postpartum hemorrhage

On bonding and care:
___Please allow me to rest, with baby in nursery, for much of the time
___Please, I request 24 hour room in care for baby

On feeding:
___I prefer any aid in feeding baby: bottles, formula, sugar water pacifier or artificial nipples as suggested and explained by nurse
___Please, breastfeeding only

On my first meal postpartum:
___I would prefer to have a special home cooked meal prepared by my family and brought to me shortly after birth.
___I have no preference on food.

On education: I would like the following demonstrated to me during my visit in the hospital:
___proper bathing of baby
___umbilical cord care
___taking baby's temperature
___breastfeeding techniques
___using breast pump
___calming the fretful baby
___normal sleep patterns
___circumcision care ___other:

Birth Plans

These are helpful for you to familiarize yourself with. A helpful idea is to print each of these out and begin a binder that you can bring with you to visit your clients or for those emergency births where you haven't met the family prior to the birth, it can give them some time to consider personal aspects of the birth. These are basic templates – information on the family's postpartum desires including medical options would need to be included (this is discussed in chapter 6). We have 15 birth plans available at stillbirthday.

Full Term Live Birth

- The template above will help create a birth plan
- Cesarean Birth Plan (live birth)

Full Term Stillbirth

- Vaginal Birth
- Cesarean Birth

Planned home stillbirth can be a valid option and so can waterbirth.

Home Stillbirth

- Unexpected homebirth or Planned Homebirth with unexpected stillbirth
- Planned homebirth of a known stillborn/fatal diagnosis

Fatal Diagnosis

- Basic Plan
- You've learned some options in chapter 3 (pages 146-147)

Multiples

- With one or more surviving — With one or more surviving – Cesarean birth
- When all multiples are stillborn — When all multiples are stillborn – Cesarean birth

Early Stillbirth

- 20-30 Weeks Birth Plan

Early Pregnancy

- Early Pregnancy Hospital/Office Plan
- Early Pregnancy At Home Plan

Clinic / Elective Abortion: Clinic Birth Plan

Serving Birth & Adoption Transition

Here are a few helpful pages for you to have, if you serve during a birth that also involves a subsequent transition including fostering or adoption. Just as in bereavement support, it is important to remember that first a birth is taking place, and subsequent to that is the family transition.

FOR HOSPITAL ADMISSION: ADOPTION SPECIFIC

___I preferred to be called _____.
___Birth Father's name, if involved _____.

___Agency, Facilitator, or Attorney information:
Name: _____.
Address: _____.
City: _____. State: _____. Zip: _____.
Phone Number: _____.

Contact Person From Agency (the person the expecting mom has worked with the most from the agency, and who she may want present at the birth) Name _____.
Phone Number: _____.

Expectant Mom's Doctor: _____.
Phone Number: _____.

Due Date: _____. Gender of
Baby: _____.

Adoptive Parents' Names: _____.
Contact Number: _____.

My Options for the Intending Adoptive Family

This is a list for the pregnant mother to complete.

Check all that may apply, and please add these into your medical options birth plan. It is OK to change your mind about any of these choices at any point at all.

___I would like the intending family present at the hospital during the labor.

___I would like the intending mother in the labor room during labor.

___I would like to play music after the birth that the intending family chooses and provides.

___I would like both intending parents in the room during the labor and/or birth.

___I would like the intending (father / mother) to cut the baby's cord.

___I would like my baby to be passed to the intending parents immediately after birth (before / after newborn screening).

___I would like my baby to be wrapped in a blanket brought by the intending family (or by doula).

___I would like my baby to "room in" with the intending family if they can have their own room at hospital.

___I would like to have the intending mother and my baby both "room in" in my room (intending father might get a hotel room nearby).

___In the event of a Cesarean birth, I would like the intending mother present with me.

___In the event of a Cesarean birth, while I am recovering in the operating room, I would like the intending mother present with my baby in the nursery.

___I would like the intending family to make medical decisions for my baby, including circumcision if the baby is a boy, and Hepatitis B vaccine.

___I would like the intending family to bring a photo to place in the hospital bassinet for baby.

___If my baby has to be moved to the NICU, I would like the intending family to have access.

___The adopting family can bring visitors.

___*I would NOT like the intending family to do ANY of these things.*

Ways to Support Through Family Transition

Understand who is making medical decisions for the baby. Is this aspect outlined in the kind of adoption plan the birth mother selected? Will the birth mother make decisions such as Vitamin K, erythromycin, Hepatitis B vaccine, and circumcision, or will the adopting family? In most cases, standard medical treatment is given to all newborns being placed for adoption, but you should confirm with the hospital staff what policies they have (if any) and with the agency in what the adoption plan outlines.

Understand what other decisions the birth mother can make. The birth mother can legally name her baby and receive the original birth certificate, but the adopting family is not required to keep this name, and at the time of adoption can legally change it. Depending on hospital policy and the birth mother's wishes, she may be able to give the baby his first bath (or the adopting family may be able to).

Know how to best support her after the birth if she chooses the parenting plan. You will likely need to review the support resources from your resource binder; if her basic needs have not yet been resolved, she will still have the legal right to keep her baby. If you believe that the baby would be in imminent danger by being exposed to the environment or circumstances that the birth mother has, it is important for you to share this information with the medical staff. If after the birth she chooses to parent, you should support her breastfeeding decision, continue to help her bond with her baby, but please keep in mind that she may also change her mind again before being discharged from the hospital.

Be with the birth mother at the hospital discharge, if she indeed chose the adoption plan. Leaving the hospital childless is very painful, and it would be nice if you had a small gift to present to her such as a teddy bear or baby blanket. Encourage her by reminding her that this time is hard and that adoption is not an easy decision even when it's the best decision. If she has decided on a parenting plan, you don't have to leave the hospital with her.

Visit the birth mother postpartum. Regardless if she decided on a parenting or adoption plan, you should offer one postpartum visit. This could be over the phone or email if that is what seems best. You can give her any photos you took of the birth, refer to the baby by the name she has selected, and if she has decided on adoption, help make sure that her breastmilk has dried and that her lochia is a safe amount. You can offer a postpartum depression screening, and present postpartum support resources, including counseling resources for birth mothers (if she's working through an agency, they will have these as well). It is extremely important to articulate to the birth mother that your contractual relationship is ending. It is not OK for the birth mother to call you, asking for information regarding the baby she placed for adoption. You will need to decide in advance how to protect yourself against the possibility that she may harass you or otherwise abuse the relationship. You may need to be willing to change your cell phone number altogether, and you should not give her your home phone number or address.

If you are permitted to be present during birth, and the intending family is not, you will need to outline that you are not a representative of the adopting family, but a representative of the baby, helping facilitate a smooth transition for him.

If you and the intending family are all permitted to be present during the birth, you will need to outline what the adopting mother should expect from you, and what the birth mother should expect from you.

If the intending family is permitted to be present during the birth, and you are not, you will need to outline what the adopting family should expect of you. Will you join them in the hospital and wait in the waiting room? Will you standby via phone and email support?

If neither you nor the intending family are permitted to be present during the birth, you will need to outline what the adopting family and the birth mother should expect of you. Does the birth mother have access to reach you, if she changes her mind and decides at any point in labor that she does want you to support her during the birth?

If the intending family received the baby, you should provide either one or two postpartum visits, as outlined in your contract. Because the amount of involvement and work truly is limited in most cases when the adopting family hires you, I strongly encourage you to provide the family with two postpartum visits. During this time, help the family establish strong bonding with skin-to-skin and even dry nursing if the adopting mother is using formula. Help them navigate the overwhelming transition from "hoping to one day adopt" to the reality that they are now parents of a newborn. Some adopting families are afraid to bond until the adoption process is totally complete and legal, which can take 6 months or even longer for the final legal decree to be made. Encourage them not to miss out on this time by being reserved, but of lavishing love onto this precious newborn. Help them navigate the many new parenting questions they may have, including formula selection, diaper changes, what is normal in a newborn, etc.

If the intending family did not receive the baby, you should still visit the family one time postpartum, and this can be in person or over the phone or email, whatever the family is most comfortable with. Listen to their feelings. Validate their feelings, and encourage them not to make any hasty decisions regarding giving up hope on adoption. Reiterate the boundaries and expectations set forth through your contract; give them the hope of whatever you have set forth for them in your contract regarding future pregnancies.

Once your contractual agreement has ended, make it clear that it has.

Lactation Induction

Inducing lactation, which is the process involved in nursing an adopted baby, is more challenging than relactating. You will find that there is a lot of contradictory information out there about inducing lactation. I think that's because there are no exact answers about a 'right' or 'wrong' way to do it. Relatively few mothers have tried adoptive nursing (many people are surprised to know it's even possible) although the numbers are increasing as the many nutritional and emotional benefits of breastfeeding become more well known. What works for one adoptive mother may not work for another, so a lot of the research has been on a trial and error basis.

Breastmilk production is a function of the pituitary gland. When your breasts receive stimulation, either from the baby or a pump, signals are sent to the pituitary gland to start producing prolaction (the hormone that makes the milk) and oxytocin (the hormone that releases the milk). During pregnancy, breast changes occur over a period of 4-5 months. These changes are, of course, not present in the adoptive mother. Sucking stimulation can cause these changes to occur over a much shorter period of time, but the supply builds very slowly. Because your body doesn't have the benefit of these hormonal changes during pregnancy, much more sucking stimulation is needed to induce lactation than it takes to establish lactation after giving birth. Previous breastfeeding experience (or lack of it) is not a major factor in inducing lactation.

It is important to have realistic expectations. An adoptive mother may or may not ever produce a full milk supply. Most women will produce some milk, some produce a full supply relatively quickly, and some never produce milk at all. The majority of adoptive mothers will not produce enough breastmilk to adequately nourish their baby without supplements. How much you produce depends on many factors, such as the baby (his age, sucking needs, previous feeding experience, and temperament; how frequently and effectively you stimulate your breasts (type of pump used, baby's willingness to suckle, how often you are able to find time to pump/nurse, etc.); your individual response to stimulation, since each mother's body chemistry is unique; and how long you have been nursing or pumping (some mother's supplies build slowly, then level off; some keep increasing for many months or years).

Since nursing involves so much more than just transferring milk from breast to baby, many adoptive mothers find that the act of nursing, with the physical and emotional closeness it brings, is just as important as the amount of milk the baby actually receives. Even if you produce only small amounts of breastmilk, your baby will get significant benefits from both the milk itself and the security and warmth of nursing at the breast.

The following is what I recommend for the mother who has 6 months or more to prepare for her baby's arrival (this plan can be modified for mothers who have less time to prepare):

Skin to Skin by presenting the breast can be a form of bonding.

- Start taking birth control pills that contain both estrogen and progesterone continuously, without the usual one week break each month. This simulates the high levels of these hormones that are produced during pregnancy, and stimulates breast development.
- Two weeks before the baby's arrival (or immediately afterward if you don't have advance notice), begin taking either Reglan (10 mg, 3 times a day – call your OB for a prescription) or Domperidone (10 mg 3 times a day, increasing to 20 mg 4 times a day after you have been taking it for a few weeks) See the previous section for more information on these medications.
- Two weeks before the anticipated birth of the baby, stop taking the birth control pills and continue taking the Reglan or Domperidone. Start expressing milk with a hospital grade electric double pump, like the Symphony or the Hygiea. These pumps are too expensive to buy, so most moms will rent them. Try to double pump for at least 8 times a day, and remember, you're going for stimulation. Don't get discouraged by the amount of milk you're producing, because it may take weeks for you to see results.
- Once the baby is born, put him to the breast using a supplemental feeding system (SNS by Medela, or Ameda's Lact-Aid). These tube-feeding devices allow you to deliver formula while the baby is nursing at the breast, and your breasts receive stimulation at the same time. Most babies will accept the supplemental feeding systems because they are receiving a steady flow of milk with each suck, much as they would with a bottle. Babies older than 3-6 months are often resistant to any feeding method other than a bottles, while younger babies tend to accept the breast more readily. As your milk supply increases, the amount of supplement will level off while your baby continues to gain weight. This means that your supply is filling the gap, and you can gradually reduce the amount of supplement offered. In the meantime, your baby is feeding at the breast and you can enjoy the physical closeness of the nursing relationship, regardless of the amount of breastmilk the baby is receiving.

It is important to monitor the baby's weight gain to ensure that he is receiving enough milk. Since he will most likely need to be supplemented in order to ensure adequate nourishment, using a tube feeding device at most nursing sessions will ensure that he receives the milk he needs and also reduce the time you spend supplementing. Preparing a whole day's supply of formula and feeding equipment can save time and energy. As you replace the formula supplement with your own milk, you need to proceed slowly, decreasing the amount by no more than 25 ml per feeding (a little less than an ounce). Monitor urine and stool output and weight gain for about a week before decreasing the supplement again.

These are general guidelines for inducing lactation. Individual responses will vary. The most important thing to keep in mind is that it is possible to establish a very close and rewarding nursing relationship with your baby, regardless of the amount of milk you produce.

There is a great website for adoptive nursing moms, and you might find some answers there, as well as lots of support. The address is: http://www.fourfriends.com/abrw/ (ABRW stands for Adoptive Breastfeeding Resource Website). Written by Anne Smith, IBCLC

Second Trimester and First Trimester – *stalling* labor

Not much can be done naturally to help stop labor in the first or second trimester once it has begun. Chapter one discussed the basic changes a mother makes prior to and during pregnancy to help sustain the pregnancy, including proper nutrition, exercise and rest.

Here are some non-medical approaches to stalling labor. *Like all non-medical options, these are not recommendations.* They may have cultural or personal significance to a mother you may serve, and learning about them can help you better determine their uses. Progesterone may be prescribed as it relaxes smooth muscles However, it also might increase the risk of an incomplete miscarriage or an abnormal pregnancy. Unless there is a luteal phase defect, progesterone should not be used.

- Contact provider immediately to inform them of possible labor.
- Resting
- Staying hydrated
- Warm bath
- Wild Yam capsules may help stop contractions
- Refrain from caffeine and other stimulants
- Ask provider about False Unicorn Root
- Ask provider about Cramp Bark
- Moxibustion
- Black Haw
- Alcohol, as in a single glass of wine, may stall contractions, but some believe can induce them
- Acupuncture points: Stomach 36, Kidney 9, PC 6, Governing 20, Yin Tang, Ming Men, Pi Shu, Shen Shu

Second Trimester and First Trimester – *inducing* labor

Because first and second trimester prodromal labor (natural miscarriage) is unpredictable and can take even weeks before it completes, knowing some ways to help naturally augment the labor can bring the mother some peace of mind. These are similar to natural augmentation in the third trimester.

The physical exercises, pressure points, herbs, oxytocin inducers, pain management, positions, tools, breathing/vocalization and birth plan information used for third trimester natural induction and pain relief support can also be applied in second and first trimester births. Here are some additional ideas:

- Lady's Mantle
- Oregano
- Pineapples
- Coffee or other stimulants
- Fresh parsley
- Cotton root bark
- Angelica
- Pennyroyal
- Don Quai
- 1 shot of vodka every hour for three hours, but alcohol is also said to stall labor

"First Semester Prodromal Labor" is a term coined by stillbirthday.

To help complete a miscarriage, an herbal bath can help. One tablespoon of the following in a mesh bag, steeped in a warm bath, may help draw out lochia and ease abdominal pain:

- Yarrow
- Sage
- Oregano
- Nettle

It cannot be stressed enough that mothers who are considering using herbs and other non-medical alternatives use extreme caution and consult with experienced herbalists who can provide appropriate dosage amounts.

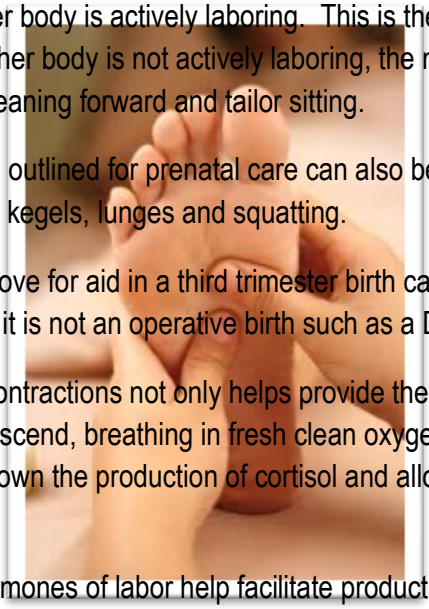
For more help to find an herbalist near you, see National Directories Listings for holistic medicine. Herbs that are used vaginally may also be contraindicated in some situations.

Second Trimester and First Trimester – comfort in labor

Pain Medication Preference – if the mother is utilizing medical support for the birth of her baby, medicinal pain relief is usually available to her. If she is miscarrying naturally, she can still utilize medicinal pain relief through over the counter medications if she chooses, as discussed in chapter 3.

Nutrition – Omega 3 Fatty Acids help with abdominal pain; studies suggest that the two compounds in fish oil, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) may decrease prostaglandin levels (so look for capsules with these on the label). Fish oil capsules may interact with blood-thinning drugs such as warfarin (Coumadin) and aspirin. Magnesium is also helpful for pain relief, however it can interact with certain medications, such as those for high blood pressure (calcium channel blockers), as well as some antibiotics, muscle relaxants, and diuretics. Calcium, Vitamin E, Vitamin B1 and Fennel provide some pain relief as well.

Positions – all of the positions outlined above can also help a laboring mother in the second or first trimester. If the mother is experiencing bleeding and cramping intermittently, it is best to utilize active participation during the times her body is actively laboring. This is the same as the approach to prodromal labor in a full term birth. When her body is not actively laboring, the mother can still be mindful of positions that can help in labor, such as leaning forward and tailor sitting.



Exercises – all of the exercises outlined for prenatal care can also be used when the birth is in the second or first trimester. These include kegels, lunges and squatting.

Tools – all of the tools listed above for aid in a third trimester birth can also aid in a birth in the second or first trimester, particularly when it is not an operative birth such as a D&C.

Breathing – breathing during contractions not only helps provide the myometrium with the oxygen needed to expand and help the baby descend, breathing in fresh clean oxygen can help the mother exhale impurities and stress, slowing down the production of cortisol and allowing the mother to create some much needed oxytocin.

Emotions/Hormones – the hormones of labor help facilitate productive contractions and help the mother's emotional acceptance of the transition of pregnancy to postpartum. This is true in second and first trimester births as well. If the mother is going to give birth via an operative birth such as a D&C, the mother would still benefit tremendously from "early laboring at home" just as in a full term live birth. The SBD doula can go to the mother's home prior to the scheduled birth, and provide a session of effleurage and massage while utilizing birthing equipment such as the ball or rebozo. Schedules birth times vary, so this session may be very early in the morning or the night before. Just an hour or two can help validate to the mother that she is, in fact, giving birth, and can help her body prepare for the birth.

Personal Options – Subsequent Pregnancy

Just the hormonal changes of pregnancy can open up the possibility of intense re-encounters with grief and other feelings regarding a previous loss. It is important for the mother to bond with her baby during the pregnancy and not wait to reach any particular milestone before doing so. The information learned in chapter 2 about bonding will be helpful for her.

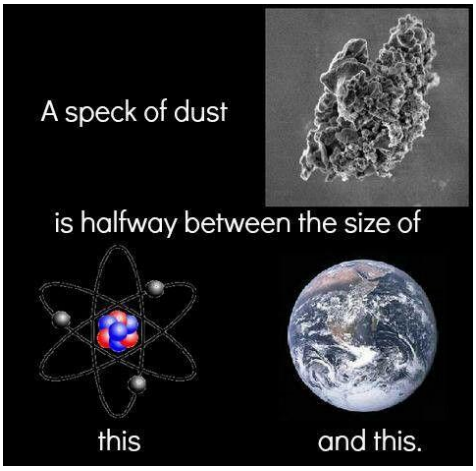
If you served as her doula during her loss, it will open up your relationship with her and allow her to really address the emotional and personal aspects of her loss. You will help her shape the birth order of her family and help her to understand that any number of losses prior to this pregnancy do not dictate and should not diminish the hope she is allowed to have in this pregnancy.

Any pregnancy following a loss can resurface deep emotions, not just and not always the first subsequent pregnancy.

Stillbirthday provides information for mothers who are pregnant following a loss.

A Mexican Bola necklace is worn in pregnancy is said to help soothe the baby with its gentle chiming sound. The Bola ball is also called an Angel ball. There are many different places online that sell Bola necklaces in a variety of styles and colors. Choosing one such as the heart shaped Bola below – one that opens and allows the ball to be removed – can also allow the mother to transfer another special piece into her necklace if she wishes.

The center Angel Ball holds ashes. Click to visit link.



You have worked hard these past 4 weeks.

Treat yourself to something special as you prepare to embark on the final semester!