

THE 2008/2009 GUIDE

to HEALTHY

BIRTH



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Published by Choices in Childbirth

LAURE SINNHUBER-GILES, KELLY RENN,
ADRIENNE JENSEN, MARY ESTHER MALLOY-HOPWOOD,
NEILE KING & LESLIE GOLD

EDITORS: MILON NAGI & ELAN V. MCALLISTER

DESIGNER: SIMON DOES LLC

PHOTOGRAPHERS INCLUDE: JAMIE GIAMBRONE,
JUDITH HALEK, SARA & STEVEN LANGDON AND JADA SHAPIRO

WEBMASTERS: ARAN DELTAC & FRANK FERRANTI

441 LEXINGTON AVENUE, 19TH FLOOR, NEW YORK, NY, 10017
212.983.4122 WWW.CHOICESINCHILDBIRTH.ORG

Opposite: Susan.

This Page (clockwise from top left): Jill with Jackie;
Shannon with doula; Najeer, 4 months (© S. Langdon).

Welcome to the Choices in Childbirth *Guide to a Healthy Birth!*

This guide was created to help you learn about your rights and options when planning the birth of your baby. It is published by Choices in Childbirth, a New York City-based consumer advocacy group whose goal is to educate and support women and their families in making better informed maternity care decisions. We believe that an informed woman is an empowered woman.

Founded in 2003 by a group of birth professionals, Choices in Childbirth educates the public about birth options and helps expectant parents to connect with practitioners who share the belief that birth is a normal, natural and healthy process. We work to make the United States a better place for birthing women by advocating for safe, respectful, evidence-based maternity care for all.

This guide is based on *The New York Guide to a Healthy Birth*, first published in 2006 and joined the following year by a sister publication, *The Philadelphia Guide to a Healthy Birth*. Both guides include listings of local resources and maternity care professionals, from midwives and OB/GYNs to doulas, breastfeeding support and massage therapists. The 2008-09 editions will be published in summer 2008.

If you are interested in publishing a healthy birth guide for your own city or community, please contact us at info@choicesinchildbirth.org. To learn more about Choices in Childbirth or to look at the New York or Philadelphia guides online, please visit www.choicesinchildbirth.org.

THANK YOU

Choices in Childbirth would like to thank Ricki Lake, Abby Epstein and the producers of the documentary film *The Business of Being Born* for their support and generosity in helping the *Guide to a Healthy Birth* reach a national audience. We thank Birth Network National for inspiring and continuing to support this publication. Thank you to our many volunteers for their tireless work in creating and distributing the guides.

We are grateful to our article contributors, Judith Lothian, Carol Sakala, Dr. Harvey Karp and Wendy Anne McCarty. Thank you for sharing your expertise, eloquence and wisdom.

Thank you to those practitioners across the USA who endorse and work carefully to uphold the Mother-Friendly Childbirth Initiative. Thank you for believing in women, for recognizing the power of their bodies, for trusting the birth process and for helping the next generation enter this world in a healthy, peaceful and loving way.

And thank you to the mothers, fathers and babies who continue to enrich and inspire our work and our lives.

BECOMING AN EDUCATED CONSUMER

Olive, 4 days © S. Langdon



A woman's choice of care provider for her pregnancy and birth is the single most important decision she can make to determine the type of birth experience she will have. Not all care providers are created equal. Partners in a medical practice sometimes have very different ways of practicing and very different rates of cesarean section and other interventions. It is important to consider your priorities for childbirth and to carefully interview the person who will be your healthcare provider.

The Mother-Friendly Childbirth Initiative offers a set of guidelines to define good maternity care. Created by the Coalition for Improving Maternity Services (CIMS), it states that birth is a normal, healthy process and that women have both the right and the responsibility to receive the best care—physical and emotional—in the most supportive environment. You may wish to consider these principles as you select the people who will work with you during your pregnancy, birth and postpartum period.

We suggest you use the Resources section of this guide as a starting point to help you find the right care providers. Organizations such as Midwives Alliance of North America (MANA), The American College of Nurse Midwives (ACNM) and Doulas of North America (DONA) can help you to locate practitioners in your community. By calling your state department of health, local hospitals and birth centers, you can learn about their rates of interventions such as episiotomy, induction or cesarean section and use this to help you decide where to give birth.

When choosing your maternity care providers, interviews are an important way to help ensure the right fit with your own needs and wishes. Learn about your potential providers' individual credentials, abilities and philosophy. In the following pages you will find some sample questions you may wish to ask. For more ideas, please visit www.choicesinchildbirth.org. Above all, do not be afraid to ask questions—your research and judgment are your best guides in choosing the care providers that are right for you.

Mother~Friendly Childbirth Initiative

*The First Consensus Initiative of
the Coalition for Improving Maternity Services*

PRINCIPLES

The principles outlined below are an excerpt from the Mother~Friendly Childbirth Initiative. To read the full text of this document, please visit the Coalition for Improving Maternity Services website at www.motherfriendly.org.

*We Believe the Philosophical Cornerstones of
Mother~Friendly Care to be as Follows:*

NORMALCY OF THE BIRTHING PROCESS

- Birth is a normal, natural, and healthy process.
- Women and babies have the inherent wisdom necessary for birth.
- Babies are aware, sensitive human beings at the time of birth, and should be acknowledged and treated as such.
- Breastfeeding provides the optimum nourishment for newborns and infants.
- Birth can safely take place in hospitals, birth centers, and homes.
- The midwifery model of care, which supports and protects the normal birth process, is the most appropriate for the majority of women during pregnancy and birth.

EMPOWERMENT

- A woman's confidence and ability to give birth and to care for her baby are enhanced or diminished by every person who gives her care, and by the environment in which she gives birth.
- A mother and baby are distinct yet interdependent during pregnancy, birth, and infancy. Their interconnectedness is vital and must be respected.
- Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect women, babies, fathers, and families, and have important and long-lasting effects on society.

AUTONOMY *Every woman should have the opportunity to:*

- Have a healthy and joyous birth experience for herself and her family, regardless of her age or circumstances;
- Give birth as she wishes in an environment in which she feels nurtured and secure, and her emotional well-being, privacy, and personal preferences are respected;
- Have access to the full range of options for pregnancy, birth, and nurturing her baby, and to accurate information on all available birthing sites, caregivers, and practices;
- Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests suggested for use during pregnancy, birth, and the postpartum period, with the rights to informed consent and informed refusal;
- Receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.

DO NO HARM

- Interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Many standard medical tests, procedures, technologies, and drugs carry risks to both mother and baby, and should be avoided in the absence of specific scientific indications for their use.
- If complications arise during pregnancy, birth, or the postpartum period, medical treatments should be evidence-based.

RESPONSIBILITY

- Each caregiver is responsible for the quality of care she or he provides.
- Maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and child.
- Each hospital and birth center is responsible for the periodic review and evaluation, according to current scientific evidence, of the effectiveness, risks, and rates of use of its medical procedures for mothers and babies.
- Society, through both its government and the public health establishment, is responsible for ensuring access to maternity services for all women, and for monitoring the quality of those services.
- Individuals are ultimately responsible for making informed choices about the health care they and their babies receive.

© 1996 by The Coalition for Improving Maternity Services (CIMS).

To learn more about the Coalition for Improving Maternity Services and to read their excellent report, *Evidence for the Ten Steps of Mother~Friendly Care*, visit www.MotherFriendly.org

QUESTIONS TO ASK YOUR CARE PROVIDER

Here are some suggested questions to encourage dialogue and to help you get a sense of your care provider's approach. It is a good idea to interview at least 2 or 3 providers. It is never too late to change provider if you are not comfortable with the answers you receive.

PRENATAL

- 1 How much time do you allow for each prenatal visit?
- 2 How do you handle routine phone calls between visits?
- 3 Are you part of a high risk practice?
- 4 Under what circumstances do you recommend the following prenatal tests or procedures?
 - Ultrasound (number and stage)
 - Maternal serum alpha-fetoprotein screening (AFP)
 - Chorionic villus sampling (CVS)
 - Amniocentesis
 - Gestational diabetes screening
 - Group B streptococcus screening
 - Prenatal rhogam
 - Other
- 5 Is there a limit to the number of people who can accompany me during my birth? How do you feel about a labor support professional such as a doula or massage therapist joining my birth team?
- 6 Will I be able to eat and drink in labor?

FIRST STAGE OF LABOR (DILATING)

- 7 If I were interested in having a natural, unmedicated birth, how would you feel about it?
- 8 What non-pharmacological comfort measures do you support?
 - Freely changing positions and walking around
 - Water therapy (shower/tub)
 - A birth ball
 - A doula
 - Other
 - None

- 9 Under what circumstances would you recommend an epidural/narcotics?
- 10 When would you like me to come to the birth center/hospital?
 - When my water breaks
 - When my contractions are _ minutes apart for _ long
- 11 What are your recommendations if my water breaks before contractions have begun?
 - Call and stay home until contractions start
 - Come to office/hospital/birth center to monitor baby and then return home
 - Come immediately to hospital/birth center
- 12 How long after my water breaks would you recommend induction if my labor doesn't start on its own?
- 13 What are your protocols regarding my due date, i.e. inducing labor?
- 14 When you start an induction and the cervix needs to be ripened, which synthetic prostaglandin do you recommend?
 - Cytotec (generic name: misoprostol)
 - Cervidil
 - Other



QUESTIONS TO ASK YOUR CARE PROVIDER (CONT'D)

- 15** Do you believe in active management of first stage, i.e. progress less than 1 cm per hour will call for artificial rupture of membranes (AROM) or Pitocin? If everything is fine with me and my baby, will I be able to labor at my own pace and for as long as I need?
- 16** What non-medical ways of stimulating labor do you recommend?
- Herbs
 - Nipple stimulation
 - Castor oil
 - Intercourse (before spontaneous rupture of membranes (SROM))
 - Enema
 - Acupuncture
 - None
- 17** What is your protocol regarding the following procedures and how often do you perform them?
- IVs
 - Continuous versus intermittent fetal monitoring
 - Internal fetal monitoring
 - Artificial rupturing of the membranes (AROM) at _ cm
 - Epidural
 - Assisted vaginal delivery (forceps/vacuum)
 - Episiotomy
- 18** What is your cesarean rate? What factors do you believe contribute to that rate?
- 19** Are you supportive of vaginal birth after cesarean (VBAC)? What is your VBAC rate? What are your standard protocols for VBAC mothers?

SECOND STAGE OF LABOR (PUSHING)

- 20** What percentage of women under your care give birth in the lithotomy position (on their backs with legs raised)? Will I be able to choose the position in which I will give birth such as side lying, all fours, squatting?

POSTPARTUM

- 21** Can my baby remain with me at all times from the moment of birth? Do you support skin to skin contact between me and my baby immediately after birth? Can I delay newborn procedures such as vitamin K shot, eye ointment, etc. until the first feeding is accomplished?
- 22** Will you or someone on your staff support me in establishing and maintaining breastfeeding?
- 23** What percentage of women under your care are given Pitocin following the birth of the baby? Under what circumstances do you recommend this practice?
- 24** How long will I stay in the hospital/birth center after the birth?
- 25** (*For home birth midwives*) How long will you stay with me after my baby is born?

BACK UP

- 26** If you are in a group practice:
- Can I meet your partner(s)?
 - Do you and your partner(s) share the same perspective on routine medical intervention?
 - How likely is it that one of your partners will be the one to attend my birth?
- 27** (*For home birth or birth center midwives*) What is your rate of transfer to hospital? Who is your back up obstetrician? Will I be able to meet or interview them?

For further resources on interviewing care providers, visit our website: www.choicesinchildbirth.org

THE BUSINESS OF BEING BORN

by Milon Nagi



The night is lit by a full moon. A woman drives through the quiet city, whispering as she arrives at the apartment where another woman, heavily pregnant, is smiling as she walks around her dimly lit home. La Juana is in labor, and her midwife has arrived to support her as she gives birth. Sometime later, almost before we expect it, her baby gently slips out as she squats in a tub of water.

From these opening moments, the documentary *The Business of Being Born* represents a break from the view of childbirth America usually sees—and has come to accept as normal. As an early review of the film at Salon.com noted, the film “includes very little of the screaming, gnashing, clenching horror that is the hallmark of most TLC-style obstetri-drama.” Instead, the film features a series of women—including, famously, Ricki Lake, who dreamt up and executive produced the film after the home birth of her second son—giving birth with “surprising serenity,” on their own terms and under their own steam.

The impact of *The Business of Being Born* has been palpable. Despite a documentary market largely driven by DVD rental and sales, the film achieved an impressively wide theatrical release in 8 cities across the US, including an extended run in New York and a period as the highest grossing documentary per screen in the country. Through these and over 300 private and grassroots screenings, the film has raised thousands of dollars for non-profits dedicated to improving maternity care. It has also garnered interest overseas, with screenings as far afield as Canada, Australia, Scotland and Malta.

This February, the film became available “to pregnant women everywhere” via Netflix—on release 65,000 people had placed it on their queue, while around 5000 watched it online in its first week alone. Already, over 26,000 people have rated the film on Netflix’s website—giving it an average of 4.1 stars.

Perhaps unexpectedly, the film was welcomed positively by reviewers across the board, with comments ranging from the bemused—“moving (and surprisingly ingross)” (Slate)—to “passionate” and “unblinking” (New York Times) or “an absorbing, thought-provoking inquiry into what modern birth has become and how to make it better” (Village Voice).

“I think the reviews were probably more positive than I expected overall,” says Abby Epstein, the film’s director. She found that critics were moved by the film and “forgave whatever imbalance they thought it had because they thought the message was so important.” This imbalance lay, some felt, in the film’s critique of conventional hospital births. The film underscores the important work of obstetricians in the high risk, surgical situations for which they are trained, but points out that these do not apply to most normal births. “We never hid that the film has a very strong view point,” responds Epstein. “And we also acknowledge the need for it to be one-sided to counterbalance most of the information that’s going out there.”

“We’re not anti-hospital, we’re not anti-physician,” Epstein points out, “we understand that there’s definitely a role for modern medicine and we appreciate it.” As if to demonstrate this, the film closes with Epstein’s own birth by cesarean section following a home birth transfer. Her son, Matteo, was born prematurely after suffering a growth restriction which was diagnosed after birth. Footage of Epstein’s labor at home shows her midwife, Cara Muhlhahn (who also attends the movie’s other home births) calmly assessing the situation and recommending Epstein move to a hospital. The transfer and cesarean section happen in a timely way and both mother and baby emerge safe and healthy.

THE BUSINESS OF BEING BORN (CONT'D)



Her birth has, unexpectedly, become a flash point in discussions of the film within medical circles as well as in the midwife-centered birth community. While for the most part, midwives, doulas and other birth professionals are, she says, “just so unbelievably appreciative” of the film, some have been concerned that the film ends with a potentially negative image.

Yet Epstein reports that the response from women has been gratitude that she put her own birth in the film. “It’s really great that you showed this home birth transfer—it’s actually made me feel so much more comfortable about having a home birth.’ That’s been the response,” she says. Among a series of beautiful, peaceful home births, the film’s audience sees one in which the unexpected occurs and mother and baby get exactly the calm, competent and timely care they need.

This is especially important since, anecdotally, women tend to feel that they have to give birth in a hospital *in case* something goes wrong. Instead, the film shows women that transfers from a home birth or birth center, when needed, are safe and effective for both mother and baby—a far cry from the panicked, risky emergency situations that we might otherwise imagine.

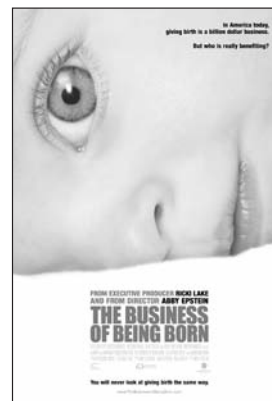
The film’s message of demystifying and taking the panic out of normal birth has already started having a huge impact on women who see it. “Ricki has a lot of celebrities calling her who want to have a waterbirth,” says Epstein. Lake is also working on plans to open new birth centers in both LA and Manhattan, while

midwives and others in the birthing community have seen an upsurge in queries about natural and out-of-hospital birth. And it may even be having an impact on how birth takes place inside hospitals—following one recent screening, says Epstein, a Labor and Delivery nurse told her that the film had changed her life, telling her; “It completely changed my entire perspective on what I’m doing.”

Perhaps most significantly, after screenings pregnant women are saying that they want to change their plans. In fact, says Epstein, childbirth educators using the film in their classes for expectant parents have reported a huge direct impact: “They said literally 30% of the women changed their birth plan! Isn’t that incredible?”

Lake and Epstein are building on the film’s success with a book, to be released in spring 2009 accompanied by an educational DVD and new website. “It’s a practical guide to childbirth that’s really going to help women discover natural options and take back the birth experience,” says Epstein. “We’re hoping that we’re going to have the whole mini-movement launching next spring.” After all, she points out: “it only takes a little bit of information to open the door.”

Milon Nagi is a freelance writer and Editorial Supervisor of the *Guide to a Healthy Birth*.



For more information or to buy a DVD copy of *The Business of Being Born*, visit www.thebusinessofbeingborn.com.

CHOOSING A HOME BIRTH

Choosing the appropriate place to birth your child is an important maternity care decision. In the United States the vast majority of women choose to birth in a hospital setting. Most Americans consider the hospital to be the safest place to birth. Many believe that it is the only legal place to birth. This is not true. For many women, birthing at home or at a birth center, with a qualified and experienced care provider, is a safe and legal option.

IS HOME BIRTH FOR YOU?

- I am healthy and have had a healthy pregnancy.
- I am considered low-risk by my health care provider.
- I want to labor, birth and meet my baby in a safe and familiar environment.
- I am concerned about the discomfort of the trip to the hospital.
- I want to avoid the risks of the routine interventions used in hospitals.
- I want to avoid an unnecessary cesarean section.
- I want to have access to my partner, family and support people at all times during labor, birth and the postpartum period.
- I want to be with my baby continuously from the moment s/he arrives in the world.
- I believe pregnancy and birth are normal, natural functions and not an illness to be medically treated.
- I believe in my body's ability to give birth to the baby I have conceived, grown and protected.

An extensive study recently published in the British Medical Journal shows that planned home births are as safe as hospital births for low-risk women in the United States. To learn more, please visit: <http://www.bmj.com/cgi/content/full/330/7505/1416?ehom>.

Many countries support offering women the option of home birth. The Royal College of Obstetricians and Gynaecologists (the British equivalent of ACOG) recently released a statement in support of home birth, saying: "There is ample evidence showing that labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby." You can read the full statement at: <http://www.rcog.org.uk/index.asp?PageID=2023>.

To learn more and to find resources to help you decide whether home birth may be right for you, please visit www.choicesinchildbirth.org.



Ula, 1 month

THE PURPOSE AND POWER OF PAIN IN LABOR

by Judith A. Lothian, PhD, RN, LCCE

The pain of labor and birth worries most women. No one enjoys pain and most of us are willing to go to great lengths to avoid it. The pain involved in childbirth is no exception. What women don't usually know is that pain is central to nature's simple, elegant design for labor and birth. Pain is not simply an unfortunate side effect of labor but is an important part of the normal process of labor and birth.

When I first started teaching childbirth education classes we routinely discussed pain in labor as the unpleasant side effect of a large baby moving out of the uterus, through the pelvis and down the birth canal. Only once was I questioned, by a father in my class, about whether pain just might have a purpose. I confidently told him no. I was wrong.

Our understanding of the role of pain in the normal physiology of birth came out of a deeper understanding of the hormonal orchestration of labor. Three hormones play vital roles in the initiation and progress of labor and then facilitate recovery of the mother and ease the transition of the baby to life outside the uterus: catecholamines (stress hormones), oxytocin, and endorphins.

The hormonal orchestration of labor, especially in the early stages, is quite vulnerable and easily affected by what is happening around you. Animals search out quiet, private spaces in which to labor and if they sense danger of any kind, labor stops. We are not very different. Fear, anxiety, not feeling safe increase catecholamine levels and can shut down our labors.

As levels of oxytocin rise, the contractions become stronger and more painful. Women instinctively change position and try to find comfort in a wide variety of ways in response to the pain of their contractions. Those high levels of oxytocin and the pain that accompanies them send a message to the brain. More hormones, this time endorphins, are released. Endorphins decrease pain perception,

moderate the level of oxytocin (giving the uterus, and you, little breaks) and help the laboring woman go into an almost dream-like state. Endorphins seem to make women become more intuitive, to go into themselves and to get into a rhythm as they cope with one contraction after another. It's exactly what nature intended!

At the end of labor, it is not unusual to experience some anxiety with the strong, powerful final contractions. This sudden anxiety stimulates catecholamine release in mother and baby. This surge helps you become alert, more focused and extremely strong as you push your baby out. At this stage, unlike in early labor, stress hormones actually help rather than impede the process of labor.

If mother has high levels of oxytocin, endorphins and catecholamines at birth, baby is born with high levels of catecholamines too and is bright and alert. High levels of endorphins in your breast milk will help ease baby's transition in the first hours and days after birth. Skin to skin on your abdomen, baby's head and hand movements will stimulate your body to continue to produce oxytocin, the hormone that now takes on a new role, facilitating milk let-down as well as preventing excessive maternal bleeding. High levels of all of these—catecholamines, endorphins, and oxytocin—contribute to the feelings of exhilaration, euphoria and joy that women describe holding their babies right after birth.

So, what about pain? Right from the beginning of your labor, pain lets you know that this is not "just another day." Knowing you are in labor allows you to arrange for the help and support you will need. Like other mammals we search for a safe, secure place in which to labor, a place where we have help and support. Without pain to signal the start of labor there would be many more babies born in cars, shopping malls, and on the street, quite literally.

THE PURPOSE AND POWER OF PAIN... (CONT'D)

Like other pain in our lives, this pain actually protects us. If we touch a hot stove, we respond immediately by removing our hand. In labor you feel the pain of a contraction and you move, rub, perhaps moan in response to what you are feeling—not too different from the way you respond to pain in your everyday life. As you try to get comfortable the movement, the touching, the moan also helps the progress of labor. Your actions help ease the pain a bit and you manage to get from one contraction to the next even stronger contraction.

Being able to handle increasing amounts of pain ensures increasing levels of oxytocin increasingly strong, powerful and effective contractions and ultimately the release of endorphins, “nature’s narcotic”. Interestingly, if the pain is removed oxytocin levels fall and there is no endorphin release.

In response to the pain you feel your position changes facilitating the baby’s turning and moving down through the birth canal. Every time you move the diameters of your pelvis change, the baby gets wiggle room and is gently prodded into the pelvis and through the birth canal. During this journey through the birth canal the pain and pressure you feel and your response to it actually help protect your birth canal and the baby.

Think of how changing the way you walk in response to the pain of a blister protects your foot from further injury. If you have been given an epidural and do not feel the movement of the baby through the birth canal, and therefore are unable to respond to the pressure, with oohs and aahs, by moving, by tightening and releasing vaginal muscles, the birth canal is more vulnerable to damage. Your movement, at just the right time, eases the pressure on the baby and slows his descent. You don’t need to read a book to do this. Your body moves quite naturally (if your movement is not restricted) in response to what you feel.

What does all of this mean? The important reality is that pain is part of a natural, complex system that keeps the uterus contracting, keeps the baby moving down, and keeps your body and your baby protected. Remove the pain by interrupting its flow and progression any place along the way and you remove the signals that are your guide as you move through labor.

Why feel pain in labor? The answer is quite simple: it is part of nature’s plan for birth. Pain promotes the progress of labor. Responding to pain protects the birth canal and the baby and managing pain ensures high levels of oxytocin and endorphins which are both important for a faster, easier birth as well as an alert baby, and successful breastfeeding!

To learn more, read *The Official Lamaze Guide: Giving Birth with Confidence* by Judith Lothian and Charlotte DeVries (www.lamaze.org) from which this article is adapted.

Judith Lothian, PhD, RN, LCCE, is a maternal child nurse and childbirth educator. She is an associate professor at Seton Hall University, the Associate Editor of the *Journal of Perinatal Education* and a member of the Board of Directors of Lamaze International. She has five children and eight grandchildren.



THE BIRTH SURVEY: A NEW LEVEL OF TRANSPARENCY FOR MOTHERS

Are you interested to know what experiences other moms have had with specific doctors, midwives, hospitals and birth centers in your community?

The Coalition for Improving Maternity Services (CIMS) has developed *The Birth Survey* — an online tool that asks women to provide feedback about their birth experience with a particular doctor or midwife and within a specific birth environment. These responses are then posted online so that individuals who are deciding where and with whom to birth can view summary data from their peers about specific providers and/or facilities. Paired with this experiential data are official statistics from state departments of health listing obstetrical intervention rates including cesarean section, episiotomy, induction etc. at the facility level.

The goal is to give women a mechanism that can be used to share information about maternity care practices in their community while at the same time providing practitioners and institutions feedback for quality of care improvement efforts.

The Birth Survey was piloted in New York City starting in July of 2007. Within the first 6 months nearly 400 surveys were completed and feedback was provided for 22 hospitals, 162 doctors and 56 midwives. The results are available for review at www.thebirthsurvey.com under “Connect”.

In August of 2008 *The Birth Survey* will become available to women nationwide. If you've had a baby within the last 3 years, please take *The Birth Survey* and share your experience with other women in your community.

If you're interested in working with CIMS to help get the word out about *The Birth Survey* on the local level or to help us gather statistics from your state Department of Health, please contact *The Birth Survey* at info@thebirthsurvey.com and become a Birth Survey Ambassador.

Women need accurate, objective data in order to make fully informed choices about birth settings and providers. Practitioners and hospital administrators also need data to evaluate whether they are delivering quality care. This project has the potential to fill a void by providing much needed information that benefits all parties engaged in maternity care.

THE BIRTH SURVEY

Share.

Take our survey and share your birth experience with others.

Connect.

View consumer feedback on hospitals, birth centers, doctors, and midwives in your community.

Learn.

View hospital intervention rates.

www.TheBirthSurvey.com

KNOW YOUR LEGAL RIGHTS

This is a compilation of federal laws on a variety of topics relevant to maternity care and rights.

The information below is adapted from various texts.

This is not intended to be legal advice.

RESPECT AND NONDISCRIMINATION

- You have the right to considerate and respectful care from all members of the health care systems.
- You may not be discriminated against based on your race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.

ACCURATE INFORMATION

- You have the right to receive truthful and accurate information about your condition, about the risks and benefits of treatments and procedures proposed by your health care professionals, and customer satisfaction and performance measures for your health care facility.

INFORMED DECISION MAKING

- You have the right to fully participate in all health care procedures that pertain to you.
- You have the right to easily understood information and the opportunity to decide among treatment options.
- You have the right to refuse any treatment and express preferences about treatment options. Your health care professional must abide by your decisions.
- www.hcqualitycommission.gov

CONSISTENT AND TIMELY TREATMENT

- You have the right to be treated in a hospital if you arrive in active labor, unless the staff transfers you in a safe and timely manner. You are to be cared for from the time of contractions through the delivery of the baby and the placenta.
- www.emtala.com

BREASTFEEDING

- You have the right to breastfeed your child at any location in a federal building or on federal property, as long as you and your child are otherwise authorized to be present at the location.
- There are no laws in the United States forbidding breastfeeding outside the home. However, different states have different legislation around breastfeeding. For example, in New York State and North Carolina, breastfeeding is not considered indecent exposure and women have the right to breastfeed in any location, public or private. Check your local state legislation to find out your rights as a breastfeeding mother. Visit La Leche League's website (below) for more information.
- <http://www.llli.org/Law/LawUS.html>

In addition to her 1999 legislation that protects a woman's right to breastfeed on federal property, New York Congresswoman Carolyn B. Maloney has recently introduced federal legislation that would further expand the rights of breastfeeding women on a national level. The Breastfeeding Promotion Act would provide women with the kind of support necessary for successful, sustained breastfeeding.

- <http://www.maloney.house.gov>

INTERNATIONAL BREASTFEEDING ICON

The purpose of an international symbol for breastfeeding is to increase public awareness of breastfeeding, to provide an alternative to the use of the baby bottle icon, to designate baby friendly areas in public and to mark breastfeeding-friendly facilities.



KNOW YOUR LEGAL RIGHTS (CONT'D)

INSURANCE COVERAGE

You may have the right to have your maternity care and birth paid for by your health insurance company, even if it takes place with an out-of-network provider. In New York State, for example, if your insurance company does not provide a home birth midwife in-network, they must cover the qualified home birth midwife of your choice at in-network rates.

Check with your state's Department of Insurance to find out if a similar provision exists in your area. To learn more about getting your birth covered by insurance, please visit www.choicesinchildbirth.org.

• <http://www.ins.state.ny.us/ogco2005/rg050409.htm>

MATERNITY INFORMATION ACT

A Maternity Information Act is a vital tool to help prospective parents decide where to give birth. An MIA legally requires all hospitals and birth centers to provide a brochure containing clear information about the maternity care they provide. This includes their most recent annual rates of induction of labor, cesarean section, episiotomy and other obstetrical interventions. It also includes statistics relating to the proportion of vaginal births after cesarean (VBAC) or vaginal breech deliveries, as well as other information including the percentage of deliveries by midwives and the availability of rooming-in (keeping your baby with you after birth).

At present only two states have a Maternity Information Act—New York and Massachusetts. Some other states are considering similar legislation.

If you are interested in having a Maternity Information Act in your state, please contact us at info@choicesinchildbirth.org.



MOTHER-BABY BONDING DURING PREGNANCY: A LEGACY OF LOVE

by Wendy Anne McCarty, PhD, RN, D.CEP

Your world and your baby's world are intimately intertwined during pregnancy at every level of your being: physical, emotional, mental and spiritual. You are both held within a cocoon of moment-to-moment shared experiences, intimate communication, and a communion that goes beyond logic and reason or even conscious awareness. Like a synchronized dance, each of you is leading and responding to the other's being. The quality of your life and state of mind and the quality of the relationship you form with your baby before birth has a tremendous influence on the quality of your child's life over the lifespan. Here are some simple principles that come from a blend of leading edge science and ancient wisdom to help you learn how to ensure a life-long legacy of love for your baby.

Understanding our earliest relationship experiences from the baby's point of view and how these experiences set in motion life patterns has been the intense study of Prenatal and Perinatal Psychology (PPN) for over 30 years. The new discipline of Primary Psychology uses this lens to focus on our earliest human experience from preconception through baby's first postnatal year and its role in creating children who thrive and become resilient, loving adults. What we are learning from the baby's point of view reveals more of the mysteries and secrets of mother-baby bonding during pregnancy and the life-long legacy of our first relationship, and supports the deepest mother wisdoms. Until recently, 0 to 3 years has been seen as the critical developmental period for building optimal brain development, attachment, self-regulation, emotional intelligence, and resiliency. Now PPN clinical findings reveal that the prenatal and birth period is when the core blueprint for life patterns are established. Thus, creating the optimal conditions and investing in a positive relationship during pregnancy is of the highest priority.

Babies have shown us that they are more conscious, aware, and capable of connecting with their mothers than has been previously thought in Western cultures.



Tania, 8 months (© J. Giambrone)

From the beginning of life, their innate needs for security, belonging, love and nurturing, feeling wanted, feeling valued, and being seen as a person are present. Meeting these needs supports optimal development and positive mother-baby relationships.

Babies in the womb perceive, communicate, and learn at multiple levels: mind-to-mind, energetic, and physical-sensorial. Understanding their multilevel capabilities changes our basic notions about babies and our relationship with them. Babies are very aware and sensitive to their mother's experience and the environment. I remember one couple who went to a music concert and when the baby got agitated and was kicking mom, they realized the music was just too loud for their baby, so they left the hall and talked to their baby, "Oh sweetie, that music was too much for you. We're sorry. Daddy and I want you to be comfortable." That consideration and communication builds positive trust and security.

Babies have prenatal memory as if they are taking everything in to learn about human life and build their subconscious programming and ways of being. I've seen many parents stunned by watching their children reenact very complex series of events that happened during the pregnancy, including demonstrating how the mother was feeling. There are still many mysteries, yet it is evident that every baby is aware at a sophisticated level of what their mother and father think, feel and

MOTHER-BABY BONDING DURING PREGNANCY...

do. If you feel more pressure to be the perfect parent reading this, remember that babies seek realness and connection, not perfection. They seek tenderness, delight, laughter, and happiness. They seek the warmth of mother-love and connection.

Each mother and baby will have their own unique way of getting to know one another and being together. It's never too early and it's never too late to deepen your connection with your baby. Here are five tips:

Assume your baby is aware of everything you experience through your senses, heart and mind. Include your baby in your daily life. Trust your mother wisdom when you feel them communicate with you through your thoughts, feelings, inspirations, desires and dreams. Acknowledge the communication, respond and build the rapport. When they know you are receiving and honoring their communication, trust grows.

As a mother, your state of being—happy, sad, angry, stressed, relaxed or playful—becomes the baby's world. Most mothers can imagine positive ways of communicating with their babies, but they feel hesitant to connect when things are not great. If you are having a difficult experience or reaction, include your baby. Communicate with your baby, something like: "I'm feeling so stressed and angry today. I know you are experiencing this too. I'm sorry. I know that doesn't feel good. I'm going to deal with it so we can both feel better soon." By recognizing the potential impact on your baby, acknowledging it, empathizing with your baby's experience and moving towards effectively dealing with it, you are helping your baby. That is a legacy of love!

Ask for help and what you need from your partner, family, work mates, and friends to feel good, be happy, and to have the time and space to grow your positive relationship with your baby. This is a great time for receiving as you are giving to your baby. The better you feel, the better the baby feels!

...A LEGACY OF LOVE (CONT'D)

If you have regrets about things that happened earlier in the pregnancy, communicate with your baby directly about this. For example, although we know babies want to feel welcomed and wanted, sometimes it takes us a while to feel positive. There is tremendous healing in communicating with your baby about how it really was and how you wished it could have been. When I facilitate this type of healing during pregnancy with mothers and babies, mothers often remark upon how they truly feel the changes in the baby, themselves and the relationship afterwards.

Learn to utilize new effective energy psychology tools such as Emotional Freedom Technique (EFT), Tapas Acupressure Technique (TAT), and HeartMath to more quickly help heal, de-stress and feel empowered to create what you want to create during your pregnancy. (Read my free EFT article, *EFT for Mom, Baby, and Dad*, Chapter in *15 Ways to Health, Happiness, and Abundance*, available at www.tryitoneverything.com)

Your prenatal mother-baby bonding provides a wonderful foundation for a positive birth experience. During birth, babies do best when mother feels empowered and supported, when baby is included and communicated with directly, and when your mother-baby connection is uninterrupted after baby is born.

Building mother-baby bonding during pregnancy is truly a life-long legacy of love. Best wishes to you and your baby.

This article contains material originally published in: Natural Family Living~Right From the Start (2008). *Nurturing human potential and optimizing relationships from the beginning of life: 12 guiding principles from primary psychology*. Santa Barbara, CA: www.naturalfamilylivingsb.org

Wendy Anne McCarty, PhD, RN, D.CEP is the Founding Chair and faculty member of the Prenatal and Perinatal Psychology Program at Santa Barbara Graduate Institute and the Director of Natural Family Living~Right From the Start. She is the author of *Welcoming Consciousness: Supporting Baby's Wholeness from the Beginning of Life*, keynote presenter, CE Trainer, and integrative practitioner supporting families for over 30 years. www.wondrousbeginnings.com

NATIONAL CESAREAN SECTION RATES BY STATE COMPARATIVE: 2000 & 2006*

The World Health Organization recommends that the cesarean section rate for industrialized nations should not exceed 15%.

A safe range, as determined by WHO experts, is 10-15%.

Contact your state department of health and your local hospitals directly to find out the rate of cesarean section in your community.

	2000	2006	% INCREASE
United States	22.0 %	31.1%	41.3 %
Alabama	26.4 %	33.4%	26.5 %
Alaska	17.0 %	23.0%	35.2 %
Arizona	18.6 %	25.6%	37.6 %
Arkansas	26.4 %	33.2%	25.7 %
California	23.4 %	31.3%	33.7 %
Colorado	18.3 %	25.3%	38.2 %
Connecticut	21.8 %	34.1%	56.4 %
Delaware	24.8 %	30.7%	23.7 %
District of Columbia	22.6 %	30.6%	35.3 %
Florida	25.0 %	36.1%	44.4 %
Georgia	22.6 %	31.3%	38.4 %
Hawaii	14.7 %	25.6%	74.1 %
Idaho	18.3 %	22.8%	24.5 %
Illinois	21.0 %	29.6%	40.9 %
Indiana	21.6 %	29.0%	34.2 %
Iowa	20.9 %	27.7%	32.5 %
Kansas	22.3 %	29.3%	31.3 %
Kentucky	24.8 %	34.5%	39.1 %
Louisiana	26.6 %	35.4%	33.0 %
Maine	22.9 %	29.9%	30.5 %
Maryland	24.1 %	32.2%	33.6 %
Massachusetts	23.7 %	33.2%	40.0 %
Michigan	22.0 %	29.8%	35.4 %
Minnesota	19.9 %	25.4%	27.6 %
Mississippi	28.3 %	35.4%	25.0 %
Missouri	22.5 %	30.2%	34.2 %
Montana	19.0 %	28.0%	47.3 %
Nebraska	22.6 %	28.8%	27.4 %
Nevada	21.9 %	32.3%	47.4 %

	2000	2006	% INCREASE
New Hampshire	21.1 %	29.9%	41.7 %
New Jersey	27.5 %	37.4%	36.0 %
New Mexico	17.2 %	23.3%	35.4 %
New York	24.7 %	32.6%	31.9 %
North Carolina	23.1 %	29.9%	29.4 %
North Dakota	20.9 %	27.8%	33.0 %
Ohio	20.1 %	29.3%	45.7 %
Oklahoma	24.2 %	33.3%	37.6 %
Oregon	19.5 %	28.2%	44.6 %
Pennsylvania	21.7 %	29.7%	36.8 %
Rhode Island	22.0 %	31.1%	41.3 %
South Carolina	25.3 %	32.9%	30.0 %
South Dakota	22.8 %	27.0%	18.4 %
Tennessee	24.9 %	32.4%	30.1 %
Texas	24.9 %	33.2%	33.3 %
Utah	16.8 %	21.5%	27.9 %
Vermont	17.3 %	26.0%	50.2 %
Virginia	23.2 %	32.4%	39.6 %
Washington	20.7 %	28.4%	37.1 %
West Virginia	25.5 %	35.2%	38.0 %
Wisconsin	17.5 %	24.6%	40.5 %
Wyoming	19.4 %	26.3%	35.5 %
Puerto Rico	39.1 %	48.1%	23.0 %
Virgin Islands	23.1 %	25.8%	11.6 %
Guam	18.0 %	—	—
American Samoa	—	—	—
Northern Marianas	20.4 %	20.5%	0.49 %

*At printing, the most recent information available from the Center for Disease Control (CDC) was preliminary data for live births occurring in 2006.

RESOURCES FOR LEARNING MORE

Childbirth Connection's website at www.childbirthconnection.org includes many resources to help pregnant women learn more about cesarean section and other childbearing topics. Resources include *What Every Pregnant Woman Needs to Know About Cesarean Section* and results from the *Listening to Mothers I and II* surveys.

For additional information about cesarean section and Vaginal Birth After Cesarean (VBAC), visit the International Cesarean Awareness Network at www.ican-online.org.

WHY DOES THE CESAREAN RATE KEEP GOING UP?

by Carol Sakala, PhD, MSPH

Recent studies reaffirm earlier World Health Organization recommendations about optimal cesarean rates. The best outcomes for mothers and babies appear to occur with cesarean rates of 5% to 10%. Rates above 15% seem to do more harm than good (*The Lancet*, October 28, 2006).

The national U.S. cesarean rate was 4.5% and near this optimal range when first measured in 1965. Similarly, large groups of healthy, low-risk American women who have received care that enhanced their bodies' innate capacity for giving birth have achieved 4% cesarean rates and good overall birth outcomes (*BMJ*, June 18, 2005; *New England Journal of Medicine*, December 28, 1989). However, the cesarean rate has increased steadily over the past decade, reaching record levels each consecutive year in the present century. About one mother in three now gives birth by cesarean, with no end to the increase in sight.

Most pregnant women are healthy and have good reason to anticipate uncomplicated childbirth. Cesarean section is major surgery and increases the likelihood of many short- and longer-term adverse effects for mothers and babies (some of these harms are listed below). There are clear, authoritative recommendations for more judicious use of this procedure. So why does a pregnant woman's chance of having a cesarean keep going up?

TWO MYTHS ABOUT THE RISING CESAREAN RATE

To explain this steady rise, health professionals and journalists often point the spotlight on mothers themselves. Many assume that leading factors in the trend are: 1) more and more women are asking for cesareans that have no medical rationale, and 2) the number of women who genuinely need a cesarean is increasing. Neither appears to account for a large portion of the increase.

Despite a lot of talk about "maternal request" cesareans and some high profile "celebrity request" cesareans, few women appear to be taking this step. Childbirth Connection's national *Listening to Mothers* survey of women who gave birth in hospitals in 2005 was the first study to poll women about these decisions in the United States. Just one woman among nearly 1600 survey participants reported that she had had a planned first cesarean with no medical reason at her own request. Those who have looked at this question in other countries have found similar results.

Many have also pointed to changes in the population of childbearing women, such as more older women who have developed medical conditions and more women with extra challenges of multiple births. While there are some overall changes in this population, researchers have found that cesarean rates are going up for *all* groups of birthing women, regardless of age, the number of babies they are having, the extent of health problems, their race/ethnicity, or other breakdowns. In other words, there is a change in practice standards and professionals are increasingly willing to follow the cesarean path under all conditions. In fact, one quarter of the *Listening to Mothers* survey participants who had cesareans reported that they had experienced pressure from a health professional to have a cesarean.

REASONS FOR THE RISING CESAREAN RATE

The following interconnected factors are pushing the cesarean rate upward.

LOW PRIORITY OF ENHANCING WOMEN'S OWN ABILITIES TO GIVE BIRTH. Care that supports physiologic labor, such as a doula or other companion providing continuous support during labor or use of hands-to-belly movements to turn a breech (buttocks or feet first) baby to a head-first position at the end of pregnancy, reduces the likelihood of a cesarean. The decision to switch to cesarean in labor is often made

WHY DOES THE CESAREAN RATE KEEP...

when caregivers could use watchful waiting, positioning and movement, comfort measures, oral nourishment and other approaches to facilitate labor progress. Increased use of such care could greatly lower the cesarean rate.

SIDE EFFECTS OF COMMON LABOR INTERVENTIONS. Current research suggests that some labor interventions make a cesarean more likely. For example, labor induction among first-time mothers or when the cervix is not soft and ready to open appears to increase the likelihood of cesarean birth. Continuous electronic fetal monitoring has been associated with greater likelihood of a cesarean. Having an epidural early in labor or without a high-dose boost of synthetic oxytocin ("Pitocin") seems to increase the likelihood of a cesarean.

REFUSAL TO OFFER THE INFORMED CHOICE OF VAGINAL BIRTH. Many health professionals and/or hospitals are unwilling to offer the informed choice of vaginal birth to women in certain circumstances. The *Listening to Mothers* survey found that many women with a previous cesarean would have liked the option of a vaginal birth after cesarean (VBAC) but did not have it because health professionals and/or hospitals were unwilling. Nine out of ten women with a previous cesarean are having repeat cesareans in the current environment. Similarly, few women with a fetus in a breech position have the option to plan a vaginal birth.

CASUAL ATTITUDES ABOUT SURGERY AND CESAREANS IN PARTICULAR. Our society is more tolerant than ever of surgical procedures, even when not medically needed. This is reflected in the comfort level that many health professionals, insurance plans, hospital administrators and women themselves have with cesarean trends.

LIMITED AWARENESS OF HARMS THAT ARE MORE LIKELY WITH CESAREAN. Cesarean section is a major surgical procedure that increases the likelihood of many types of harm for mothers and babies in comparison with vaginal birth. Short-term harms for mothers include increased risk of infection, surgical injury, blood clots, emergency hysterectomy, intense and

...GOING UP? (CONT'D)

longer-lasting pain, going back into the hospital and poor overall functioning. Babies born by cesarean are more likely to have surgical cuts, breathing problems, difficulty getting breastfeeding going, and asthma in childhood and beyond. Perhaps due to the common surgical side effect of "adhesion" formation, cesarean mothers are more likely to have ongoing pelvic pain, to experience bowel blockage, to be injured during future surgery, and to have future infertility. Of special concern after cesarean are various serious conditions for mothers and babies that are more likely in future pregnancies, including ectopic pregnancy, placenta previa, placenta accreta, placental abruption and uterine rupture.

PROVIDERS' FEARS OF MALPRACTICE CLAIMS AND LAWSUITS. Given the way that our legal, liability insurance, and health insurance systems work, caregivers may feel that performing a cesarean reduces their risk of being sued or losing a lawsuit, even when scientific evidence supports vaginal birth.

PRESSURE TO PRACTICE EFFICIENTLY. Many health professionals are feeling squeezed by tightened payments for services and increasing practice expenses. The flat "global fee" method of paying for childbirth does not provide any extra pay for providers who patiently support a longer vaginal birth. Some payment schedules pay more for cesarean than vaginal birth. A planned cesarean is an especially efficient way for professionals to organize hospital work, office work and personal life. Average hospital charges are much greater for cesarean than vaginal birth and may offer hospitals greater scope for profit.

These factors contribute to a national cesarean section rate that passed 31% in 2006, despite scientific data recommending a safe rate of no more than 10%.

Carol Sakala is Director of Programs at Childbirth Connection, a national not-for-profit organization in New York City that has worked to improve the quality of maternity care since 1918.

RESEARCH RESULTS: IT'S TIME TO CUT THE EPISIOTOMY RATE

Episiotomy is a surgical procedure in which the perineum (the skin, muscle and connective tissue between the vagina and anus) is cut to enlarge the vaginal opening during birth. Episiotomy is routinely performed by many doctors and some midwives who believe that it will make birth faster and safer and will reduce the chance of the vaginal opening tearing as the baby is born.

A recent study has shown that routine episiotomy does not benefit women and their babies, and in fact causes unnecessary harm to the mother. The 2005 study, titled *Outcomes of Routine Episiotomy*, shows that women who receive this procedure sustain more damage to the perineum than do women with no episiotomy. The children of women given routine episiotomies were not healthier than children of women with no episiotomy.

EFFECTS OF EPISIOTOMY

Much of the rationale behind the liberal use of episiotomy is that it prevents tearing of the perineum which would otherwise occur during delivery. It was once believed that episiotomy incision healed better than a possible tear. Research has proven these ideas incorrect. Episiotomy is more likely to result in a severe tear, as a result of the incision tearing open further. Midline episiotomies, the type usually performed in the US, are much more likely to extend into the anus than are tears that occur naturally. Further, an incision seems to heal poorly compared to a tear. And most women who receive episiotomies would have had only a small tear or no tear at all.

Damage to the perineum can cause problems ranging from discomfort during intercourse to fecal incontinence. Because tears which extend from an incision are more likely to extend into anal muscle than are spontaneous tears, long term effects of episiotomy are worse. Episiotomy is associated with a longer healing time, and infection is more likely to

occur. Formation of scar tissue and adhesions in the pelvic floor are both more likely for women who receive episiotomy.

HOW YOU CAN AVOID EPISIOTOMY AND VAGINAL TEARING

Many hospitals around the world have begun efforts to lower their episiotomy rates and to eliminate its routine use. The authors of the 2005 study recommend conservatively that episiotomy rates be below 15%.

The most important measure a woman can take to avoid an episiotomy is to find a care provider and hospital with a low episiotomy rate. When considering a provider for your pregnancy, ask about his/her episiotomy rate. Make sure the provider you choose knows your wishes regarding episiotomy.

Kegal exercises, strengthening the muscles of the perineum, and Perineal massage, a stretching of your vaginal opening using your fingers, are two things you can do during your pregnancy to reduce the risk of your perineum tearing during birth. Ask your doctor or midwife how to do them. Birthing on your back and using directed pushing seem to put more pressure on your perineum, making tearing more likely. Find a care provider who will allow you to give birth in a different position, such as hands and knees, sidelying, or in water. Ask to push only when you feel the urge to push.

An episiotomy might be helpful in cases of fetal distress, breech position, or shoulder dystocia. If your care provider thinks an episiotomy is needed, he or she should explain the procedure to you and ask for your consent before performing it.

To read the full text of the study *Outcomes of Routine Episiotomy*, visit <http://www.cwhr.unc.edu/pdf/Hartmann-Episiotomy-2005.pdf>.

CALMING YOUR BABY... AND GETTING SLEEP: THE 4TH TRIMESTER, THE CALMING REFLEX & THE 5 "S'S"

by Dr. Harvey Karp, M.D.

"JUST PUT COTTON IN YOUR EARS AND GIN IN YOUR STOMACH!"

— 19th Century colic advice

Having a baby is indeed a miracle of life! As everyone will tell you *your life will never be the same...* and while the changes require hard work the reward is truly a treasure. The growing love and pleasure that our babies give to us is hard to fully appreciate before they are born. It may start at the moment of birth or a short while after, but it is one of the sweet experiences that truly make life worth living.

Once your baby is born, you will need to know a few things to help keep her healthy and happy. Of course you need to know how to feed her (breast milk is best...don't be shy to ask for help) as well as how to calm her crying and how to help her sleep.

If you haven't been around babies very much, your job will definitely take practice. In fact, many new parents say that parenting initially feels a little like riding a bike for the first time...exciting, scary and pretty wobbly. But, believe it or not, with the right approach you'll soon master these simple skills.

One of the first surprises that you, as a new parent, face is realizing that your little one is not fully ready for the world at birth. In a sense she needs a "4th trimester" of holding and rocking.

Here's what I mean: Unlike a baby horse (which is able to run the very first day of life) our newborns are smushy and immature. In a way, we "evict" our babies from the womb after 9 months even though they aren't fully ready—if we waited any longer their large human brains and heads would get big enough to make birth dangerous for them and for mom. Once your baby passes 3 months her eyes will follow you as you cross the room, she'll smile and coo in response to your smiling face. But, for the first few months she'll need quite a bit of help.

That's why we rock and hold our babies so many hours a day after birth (even 18 hours is an immediate 25% cutback from the constant holding your baby got in the womb). But, if we are supposed to imitate the womb for the first 3 months it is really important to know what your baby's life was like inside there...and it was busy! In fact, in the womb babies are constantly jiggled, softly touched by the soft, warm walls and they hear the whooshing sound of the blood flowing through the placenta...a sound about twice as loud as a vacuum cleaner!

Now you can begin to understand why so many babies have trouble after they are born. It is not that our world is overstimulating to them (although, of course, they will cry if you clang pots by their heads), but rather that our world is profoundly understimulating to them. For them, being alone in a quiet room on a flat bed is like an adult being locked in a dark closet. No wonder babies usually fall asleep when we take them to noisy basketball games or parties! And, no wonder they can cry so much! The total quiet and stillness drives some babies crazy and ruins their sleep. That's where the "calming reflex" comes in!

It turns out that babies have many reflexes from the very first seconds of life. For example, grasping, blinking, sucking, etc. are all automatic responses—reflexes—that are essentially "built in software." What I discovered a few years ago is that all babies have another incredible reflex that no one ever knew about... the calming reflex.



Philippa with Tommy

CALMING YOUR BABY... (CONT'D)



Sylvan, 2 days

The calming reflex is a virtual off switch to crying that can soothe 95% of fussy babies in minutes (or less)—even colicky ones—and can help any baby sleep an extra few hours each night! Like the knee reflex, the calming reflex requires some precision to turn it on, in this case five specific steps...the 5 “S’s”:

1. **SWADDLING:** Wrapping makes your baby feel magically returned to the womb and it will keep her from flailing her arms. If not done correctly, the baby may cry even harder. Remember to swaddle snugly. Loose blankets may be a choking risk. Also, don't force your baby's legs to be straight (let the hips flex a bit) and avoid overheating (babies should never be sweaty and flushed).
2. **SIDE/STOMACH:** This position triggers the calming reflex by imitating your baby's position in the uterus. Keep in mind the side/stomach position is great for calming crying, but babies should only sleep on their backs.
3. **Shhhh:** “Shhhh”ing imitates the loud whooshy sound your baby heard in your uterus. Your shush must initially be loud enough to match the sound of your baby's crying or she won't hear it. Using a soothing sounds white noise CD will calm crying and boost sleep.

4. **SWINGING:** Rhythmic moving imitates the jiggling your baby felt inside the uterus. Ways to use motion are: baby slings and carriers, dancing, infant swings, rocking, car rides or bouncy seats.

5. **SUCKING:** Putting a breast, pacifier or finger into a baby's mouth satisfies a baby's sucking need and turns on the calming reflex.

As amazing as it sounds, babies rarely cry from gas, overeating, acid reflux and the like. Gas seems a logical cause of a baby's crying. After all, fussy infants often double up, make a pained sounding cry, have rumbling stomachs and pass gas. It's no wonder generations of physicians have given newborns opium, antispasmodics and burp drops to settle them.

But why would the old home remedies of going for a car ride or running a hair drier work to calm a baby if the crying were caused by real pain? A car ride won't help us when we have a stomachache. As you can probably see by now, these things work because they imitate the rich and strong sensations that babies experience in the womb...24/7. And these are exactly the sensations that turn on the calming reflex.

Most parents around the world intuitively mimic the rocking, holding and shushing of the uterus, but in our culture, we are mistakenly taught to whisper and tiptoe around our babies, believing that they need a quiet and still environment. Nothing could be further from the truth!

By doing the 5 “S’s”—exactly right—we can imitate the womb and activate the calming reflex. You can learn more about this from my book and DVD *The Happiest Baby on the Block*. Parents who get really good at doing the 5 S's can usually soothe their babies in minutes and add 1-3 hours to their nighttime sleep.

Dr. Harvey Karp is a pediatrician and child development specialist and assistant professor of pediatrics at UCLA. He is the author of the bestselling books/DVDs *The Happiest Baby on the Block* and *The Happiest Toddler on the Block*. Dr. Karp and his wife and adult daughter reside in Los Angeles. www.thehappiestbaby.com.

RESOURCES

Like care providers, there are innumerable organizations and agencies who offer services of interest to birthing women. Here are a few we think you might find helpful.

ADVOCACY

birthNETWORK

Phone: 888.45birth (888.452.4784)

Website: www.birthNetwork.org

Childbirth Connection

Phone: 212.777.5000

Website: www.ChildbirthConnection.org

Circumcision Resource Center

Phone: 617.523.0088

Website: www.Circumcision.org

Citizens for Midwifery

Phone: 888.CfM.4880

Website: www.CfMidwifery.org

Coalition for Improving Maternity Services (CIMS)

Phone: 888.282.2467

Website: www.MotherFriendly.org

International Center for Traditional Childbearing (ICTC)

Phone: 503.4609324

Website: www.blackmidwives.org

National Advocates for Pregnant Women

Phone: 212.255.9252

Website: www.AdvocatesForPregnantWomen.org

National Women's Health Information Center

Phone: 800.994.9662

888.220.5446 TDD

Website: www.4Woman.gov

National Latina Institute for Reproductive Health

Phone: 212.422.2553

Website: www.Latinainstitute.org

SisterSong Women of Color Reproductive Health Collective

Phone: 404.756.2680

Website: www.SisterSong.net

hello
 sweet thing
 puckered lips
 tiny fingers
 eyes old and wise
 look at how
 you've softened the edges
 of my craggiest landscape
 look at how you've merged
 my graffiti with my murals
 look at how you've tattooed
 your heart onto my soul
 and with the greatest ease
 look at how you've cancelled
 my will to escape
 sans a warrior's sword
 sans my rebel howl
 (not even a whimper!)
 and all you had to do
 was grunt and coo
 and fist your tiny fingers
 over your puckered lips
 with eyes so old
 eyes so wise
 sweet thing
 hello

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RESOURCES (CONT'D)

BREASTFEEDING**Breastfeeding Café**

Phone: 607.272.5436
 Website: www.BreastfeedingCafe.com

Dr Jack Newman Online Breastfeeding Resource Center

Website: www.DrJackNewman.com

Human Milk Banking Association of North America

Phone: 919.861.4530
 Website: www.HMBANA.org

Kellymom Breastfeeding and Parenting

Phone: 727.823.1000
 Website: www.KellyMom.com

La Leche League

Phone: 800.LA.LECHE
(to be referred to someone for free breastfeeding advice)
 Website: www.LaLecheLeague.org
(website lists free local meetings and resources)

National Women's Health Information Center

Phone: 800.994.9662
 Website: www.4Woman.gov

Promotion of Mother's Milk, Inc.

Website: www.ProMom.org

World Health Organization Recommendations

Website: www.WHO.int/child-adolescent-health/nutrition/infant_exclusive.htm

CESAREAN**Childbirth Connection**

Phone: 212.777.5000
 Website: www.ChildbirthConnection.org

International Cesarean Awareness Network, Inc. (ICAN)

Website: www.ICAN-Online.org

VBAC.com

Phone: 310.375.3141
 Website: www.vbac.com

CHILDBIRTH EDUCATION**Birthing from Within**

Phone: 805.964.6611
 Website: www.BirthingFromWithin.com

The Bradley Method

Phone: 800.4.A.BIRTH
 Website: www.BradleyBirth.com

Childbirth and Postpartum Professional Association (CAPP)

Phone: 888.MY.CAPP
 Website: www.CAPP.net

The Childbirth Education Association (CEA)

Phone: 212.645.4911
 Website: www.CEAMNY.org

Lamaze International

Phone: 800.368.4404
 Website: www.Lamaze.org

CHILDREN WITH SPECIAL NEEDS — EARLY INTERVENTION**Family Voices, Inc.**

Phone: 888.835.5669
 Website: www.familyvoices.org

The Arc of the United States

Phone: 800.433.5255
 Website: www.thearc.org

The National Dissemination Center for Children with Disabilities (NICHCY)

Phone: 800.695.0285
 Website: www.nichcy.org

Through the Looking Glass (TLG)

Phone: 800.644.2666
 800.804.1616 (TTY)
 Website: www.lookingglass.org

DOULAS**Association of Labor Assistants & Childbirth Educators (ALACE)**

Phone: 888.222.5223
 Website: www.Alace.org

RESOURCES (CONT'D)

Doulas of North America (DONA) International

Phone: 888.788.DONA (3662)

Website: www.DONA.org

INTIMATE PARTNER VIOLENCE

Safe Horizon

For victims of crime and abuse

Phone: 800.621.HOPE (4673)

Website: www.SafeHorizon.org

Domestic Violence Hotline:

Phone: 800.621.HOPE

Crime Victims Hotline:

Phone: 866.689.HELP

Rape, Sexual Assault & Incest Hotline

Phone: 212.227.3000

Battered Mothers Resource Fund, Inc.

Phone: 866.592.7870

Website: www.batteredmothers.org

National Coalition Against Domestic Violence

Phone: 800.799.SAFE

Website: www.ncadv.org

LAMBDA-GLBT Community Services

Phone: 206.600.4297

Website: www.lambda.org

LESBIAN & GAY PARENTING

Children of Lesbian and Gays Everywhere (COLAGE)

Phone: 415.861.5437

Website: www.colage.com

Gay Parent Magazine

Phone: 718.380.1780

Website: www.gayparentmag.com

National Center for Lesbian Rights

Phone: 415.392.6257

Website: www.nclrights.org

Family Equality Council

Phone: 617.502.8700

Website: www.familyequality.org

LOW-INCOME & TEEN PARENT RESOURCES

National Advocates for Pregnant Women

Phone: 212.255.9252

Website: www.AdvocatesForPregnantWomen.org

Planned Parenthood

Phone: 800.230.PLAN (7526)

Website: www.PlannedParenthood.org

What to Expect Foundation

Phone: 212.712.9764

Website: www.WhatToExpect.org

Women, Infants and Children Program (WIC)

Phone: 800.WIC.WINS (*refers to local agency*)

Website: www.NorthWIC.org

MIDWIVES' PROFESSIONAL ORGANIZATIONS

American College of Nurse-Midwives

Phone: 240.485.1800

Website: www.ACNM.org
www.midwife.org/find

Midwives Alliance of North America (MANA)

Phone: 888.923.MANA (6262)

Website: www.MANA.org

National Association of Certified Professional Midwives (NACPM)

Phone: 866.704.9844

Website: www.nacpm.org

Foundation for the Advancement of Midwifery

Website: www.formidwifery.org

PRE- & POSTNATAL SAFETY

American Lung Association (*smoking cessation support*)

Phone: 800.LUNG.USA

Website: www.LungUSA.org

HUD Lead Listing

Phone: 800.LEAD.LIST

(*for a list of qualified lead testers*)

National Lead Information Center:

Phone: 800.424.LEAD

Website: www.EPAgov/lead

RESOURCES (CONT'D)

March of Dimes

Phone: 914.428.7100

Website: www.MarchOfDimes.com

Mother-Baby Behavioral Sleep Laboratory (Co-sleeping Information)

Website: www.ND.edu/~jmckenn1/lab/index.html

RESEARCH

Association for Improvements in the Maternity Services (AIMS)

Website: www.AIMS.org.uk

Alliance for the Improvement of Maternity Services (AIMSUSA)

Phone: 212.759.5510

Website: www.AIMSUSA.org/howSAFE.htm

Centers for Disease Control and Prevention (CDC)

Phone: 800.CDC.INFO (800.232.4636)

TTY 888.232.6348

Website: www.CDC.gov

Childbirth Connection

Phone: 212.777.5000

Website: www.ChildbirthConnection.org

The Cochrane Collaboration

Website: www.Cochrane.org

National Library of Medicine's PubMed Database

Website: www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed

WATERBIRTH

Birthworks

Phone: 888.TO.BIRTH

Website: www.Birthworks.org

Waterbirth International

Website: www.Waterbirth.org

ADDITIONAL ONLINE RESOURCES

www.AttachmentParenting.org

www.BirthingNaturally.net

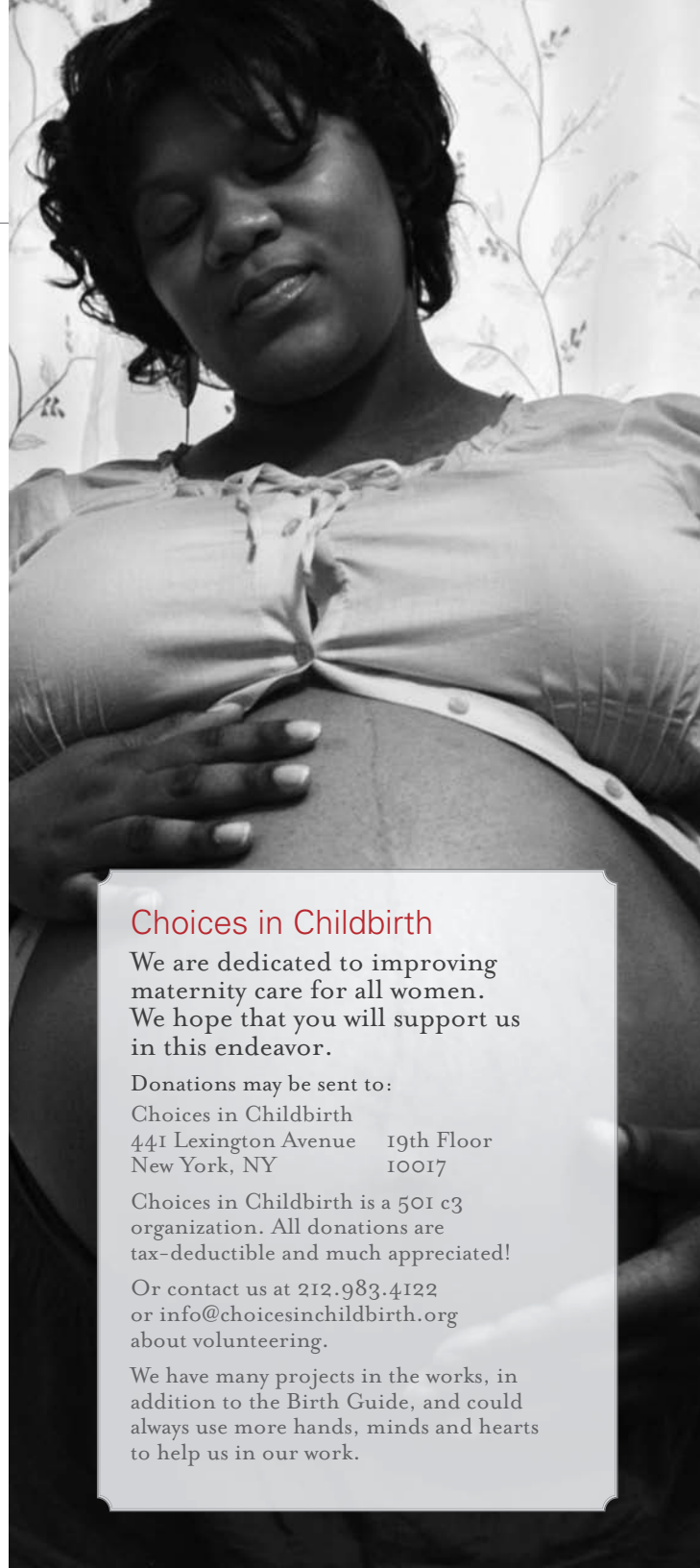
www.HolisticMoms.org

www.MidwifeInfo.com

www.MidwiferyToday.com

www.Mothering.com

www.MothersNaturally.org



Choices in Childbirth

We are dedicated to improving
maternity care for all women.
We hope that you will support us
in this endeavor.

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Or contact us at 212.983.4122
or info@choicesinchildbirth.org
about volunteering.

We have many projects in the works, in
addition to the Birth Guide, and could
always use more hands, minds and hearts
to help us in our work.

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441 LEXINGTON AVENUE, 19TH FLOOR, NEW YORK, NY, 10017

212.983.4122 INFO@CHOICESINCHILDBIRTH.ORG

WWW.CHOICESINCHILDBIRTH.ORG