

# Pregnancy can be the Greatest Experience with the Preparation of your Birth Plan

It has been our experience that many women are robbed of their birth experience because they haven't properly planned. Most pregnant women are not aware of the rights they have, or of the choices they need to make.

Over the last few decades, artificial practices have changed the birth process from a natural physiological event to a very complicated medical procedure. Today, all kinds of drugs are utilized and invasive procedures carried out. These procedures are performed sometimes unnecessarily, and many are potentially harmful or damaging to the mother and unborn child alike.

American parents are becoming increasingly aware that well-intentioned health professionals do not always have scientific data to support common obstetrical practices.

The American Medical Association estimates that 40-60% of the 2.1 billion prescriptions written by doctors last year were provided "off label." This means that conditions are being treated with drugs which are not approved and which in many cases have not even been tested. In fact, the American Academy of Pediatrics' Committee on Drugs has stated that there is no drug, prescription or over-the-counter drug that has been proven healthy for the unborn child.

These statistics are not limited to a certain segment of the population or lower socioeconomic groups, but are prevalent in all sections of American society. The pregnant patient not only has the right but the responsibility to question the decisions being made on her behalf and the procedures being done to her and her unborn child. The concern for her own well-being and that of her child should be the woman's first concern, and she must take an active role in the decision making process.

Compiling her birth team is one of the first steps she should take. A birth team can include some or all of the following: a chiropractor, prenatal counselor (independent counselor, Bradley or Lamaz instructor), an obstetrician, a midwife (certified nurse midwife of a direct entry/lay midwife), a doula (labor and birth support coach), lactation consultant (breast feeding counselor), and post-partum counselor. All of these people can be important resources for the pregnant patient. The members of the team compiled will be different depending on the location of the birth (home, hospital, or birthing center).

One of the most significant ways the pregnant woman can plan for her birth experience is to prepare a birth plan. There are many choices she has to consider to better communicate her hopes and plans to her birth team, including procedures and practices for: a) the onset of labor, b) early labor, c) during labor, d) during birth, e) after birth, and f) preparing for the unexpected.

The following describes the most significant procedures, alternatives and choices under each stage.

\*\*\* **The onset of labor** -- Spontaneous vs. self-induced, at home vs. medical or surgical induction.

\*\*\* **Early labor** -- How soon would she like to go to the hospital? Going directly to hospital vs. staying home until active labor, vs. going to hospital to be checked then returning home until active labor.

\*\*\* **During labor** --

1. *Positions.* On bed, walking during active labor should be encouraged.
2. *Presence of others.* Who does she want around and who will the facility allow in the room?
3. *Hydration/fluids.* Water, fruit juice vs. ice chips vs. IV fluids (under what circumstances?).
4. *Vaginal exams.* Who will be performing and when?
5. *Fetal heart monitor.* When performed? Internal vs. external, doptone vs. fetoscope?
6. *Pain relief.* Relaxation, breathing, change positions vs. medications or regional anesthesia (epidermal, spinal, etc.)?
7. *Augmentation of labor.* Walking, changing position, nipple stimulation vs. pitocin.

\*\*\* **During birth** --

1. *Labor positions.* Mother's choice-on side, birthing chair/stool, squatting with "sqat bar," Lithotomy/stirrups, etc.
2. *Speeding up the birth.* gravity enhanced positions vs. prolonged pushing on command vs. episiotomy (if necessary) vs. the use of forceps or a vacuum extractor.
3. *Perineal care.* Episiotomy (avoid through massage, hot compresses), anesthesia, episiotomy, stitches, ice packs after birth, etc.
4. *Ambiance.* Lighting, noise level, music, etc.

**\*\*\* After birth --**

1. *Chiropractic care.* If she would like the baby checked after birth, this can/should be stated and discussed with the doctor or midwife.
2. *Cord cutting.* Clamp and cut after stops pulsating vs. clamp and cut immediately.
3. *Airway.* No suctioning unless necessary vs. suctioned vs. meconium present: respiratory therapy to evaluate.
4. *Warmth.* Baby skin to skin with mother vs. placed on warming table.
5. *Location of newborn.* Baby kept with mother and nursed as desired (rooming in) vs. taken to nursery and kept for newborn care.
6. *Eye care.* None (signed waiver required) vs. non-irritating ointment within one hour.
7. *Feedings.* Breast-fed on demand (no sugar water, pacifiers) vs. formula feedings on demand.
8. *Circumcision.* None vs. with parents present vs. anesthesia (with or without) vs. out of hospital circumcision.
9. **Discharge from facility.** When desired vs. early release (6-12 hours birth) vs. one or more days after birth

**\*\*\* The Unexpected --**

1. *Cesarean birth.* Include things such as: timing (planned or emergency), partners presence, anesthesia, participation of parents (screen lowered at time of delivery, obstetrician explains things as they occur, mother has immediate contact with infant), contact with baby, hospital stay, discharge.
2. *Premature or sick infant.* Consider the following: contact with baby, feeding, support groups
3. *Death of Baby.* Contact with baby (while in critical condition, hold baby while dying, unlimited contact after death, photographs, etc.), support.

There are remaining issues that can be incorporated as well. The mother-to-be should use her discretion in choosing which topics to include, but should be as complete as possible. It is better to err on the side of caution. After the birth plan has been completed, copies should be made and dispersed to her entire birth team. If there are multiple doctors in the facility where she is associated, a copy should be given to each.

The pregnant patient should be encouraged to become as actively involved in her pregnancy and delivery as possible. By assembling her birth team, and developing a birth plan early on, she will be able to more fully enjoy her pregnancy. After taking these action steps, stress will be alleviated and she will more fully enjoy her pregnancy and have the birth experience of her choice.

A chiropractor plays a pivotal role in the care of the pregnant woman. With our care, you can more fully express health and vitality. Patients tell us that their pregnancies are more enjoyable, they have less need for drugs and birth intervention while under chiropractic care than during their previous pregnancies.