

Birthing in Awareness

A newsletter for empowered pregnancy, birthing and parenting

Volume 1, issue 5
August 2009



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Be Helped by your own hormonal blueprint

Pain in Labour: Your hormones are your helpers
By Dr Sarah J Buckley 2005

Imagine this. Your cat is pregnant, due to give birth around the same time as you are. You have your bags packed for hospital, and are awaiting the first signs of labour with excitement and a little nervousness.

Meanwhile your cat has been hunting for an out-of-the-way place -- your socks drawer or laundry basket -- where she is unlikely to be disturbed.



When you notice, you open the wardrobe door, but she moves again. Intrigued, you notice that your observation, even your presence, seems to disturb the whole process. And, wish as you might to get a glimpse into the mysteries of birth before it is

your turn, you wake up the next morning to find her washing her four newborn kittens in the linen cupboard.

Why does birth seem so easy to our animal friends when it is so difficult for us? One obvious difference is the altered shape of the pelvis and birth outlet that is caused by our upright stance; our babies need to twist and turn to navigate these unique bends. Even our nearest cousins, the great apes, have a near-straight birth canal.

However, in every other way, human birth is like that of other mammals -- those animals that suckle their young -- and involves the same hormones: the body's chemical messengers. These hormones, which originate in the deepest and oldest parts of our brain, cause the physical processes of labour and birth, as well as exerting a powerful influence on our emotions and behaviour.

Researchers such as French surgeon and natural birth pioneer Michel Odent believe that if we can be more respectful of our mammalian roots, and the hormones that we share, we can have more chance of a straightforward birth ourselves.

Find out more on how to have a straightforward birth [here](#)



!

Oxytocin is also known as the hormone of love. It is released in all instances when love is felt or experienced. Kissing and touching in labour helps the release thereof.

Interesting oxytocin facts!

Establishment of maternal behaviour: Successful reproduction in mammals demands that mothers become attached to and nourish their offspring immediately after birth. It is also important that non-lactating females do not manifest such nurturing behaviour. The same events that affect the uterus and mammary gland at the time of birth also affect the brain. During parturition, there is an increase in concentration of oxytocin in cerebrospinal fluid, and oxytocin acting within the brain plays a major role in establishing maternal behaviour.

Evidence for this role of oxytocin come from two types of experiments. First, infusion of oxytocin into the ventricles of the brain of virgin rats or non-pregnant sheep rapidly induces maternal behaviour. Second, administration into the brain of antibodies that neutralize oxytocin or of oxytocin antagonists will prevent mother rats from accepting their pups. Other studies support the contention that this behavioural effect of oxytocin is broadly applicable among mammals.

Be Patient with your body and baby

What is baby waiting for?

Your due date has passed and baby is still in there.

Hang in mom, its any minute now! Remember that **75 percent** of babies arrive in the 10 days after expected due date. Over and above the discomfort and angst though, there are other pressures (besides your huge tummy) to consider.

This usually takes the form of weigh-ins, measurements and non-stress tests (whereby you are attached to an external foetal heart monitor and the foetal heart beat as well as movements are recorded) to predict the onset of labour.



Furthermore, most obstetricians have a 14* day past due date limit, before opting for an induction. The actual definition of a post term, based on those supplied by World Health Organization (WHO) and International Federation of Gynaecology and Obstetrics (FIGO) guidelines, is a gestational age of 42 weeks or more from the first day of the last menstrual period.

[...more](#)

*7-10 days in SA.

Be Active and save yourself the pain

Posterior Labour: A Pain in the Back by Valerie El Halta [Midwifery today article](#)

I have become increasingly frustrated and angry that posterior position and its ensuing complications in labour and delivery account for an inordinate number of caesareans. Many of the women who come to us desiring VBACs have suffered a previous caesarean for "failure to progress" and "cephalopelvic disproportion" (CPD). Yet when we preview the women's records, the post-operative diagnosis usually confirms a posterior position (back of the baby's head toward the mother's back). My experience is that with appropriate diagnosis, this condition can be corrected with minimal intervention by assisting the baby to rotate. But many times, the position is not diagnosed until labour is advanced and progress has stopped. Labour and delivery nurses are often untrained in diagnosing posterior positions, and the woman may not see her physician until she nears the end of labour. Even if the physician were present to make an early diagnosis, generally he/she would do nothing to correct the position. Instead, comfort measures would be offered until the situation eventually resolved itself, or was corrected in second stage after labour had arrested.

When labour progresses slowly, the first action often taken is breaking the amniotic sac, followed by Pitocin augmentation. This is the worst thing that can be done in a posterior labour since contractions are intensified. The baby's head descends quickly, which worsens the situation. In order to become anterior, the head must go through a long rotation of up to 180 degrees. (Normal rotation requires a 90 degree turn or less.) If the head descends too deeply before rotation is accomplished, the risk of a deep transverse arrest increases, and chances for successful vaginal delivery are greatly diminished. If the position is not adequately diagnosed until late in labour, the only recourse may be to offer a paracervical block or an epidural anaesthesia as it is almost impossible for the mother to calm down enough to allow the deep muscles of the pelvic floor to relax sufficiently to allow the baby to turn. Nothing can prepare a mother for the severe, unrelenting pain that accompanies a posterior labour. Often labour begins with short, painful yet irregular contractions, which are often shrugged off by caregivers as "false labour." Even though the labour may not be "productive," since the ill-fitting posterior head is not properly applied to the cervix, the mother is experiencing discomfort. She may be sent home to wait for "real labour" to begin.

Meanwhile, she is unable to sleep and may be unable to eat, sometimes for several days. So, adding to the stress of a painful back labour, we have a mother who is already tired out. I have heard women describe the pain as: "It felt as though someone were sawing my back in half," or, "I couldn't even tell when I was having contractions because my back hurt so much." All attempts to ease the pain have little effect and the labour is a long, hard exercise in determination. Many midwives attending out-of-hospital births have not been taught to help correct a posterior position. So despite their best efforts, they may be forced to transport the woman when she begs for pain relief or when several hours of pushing have resulted in little progress or formation of a large caput. Another scenario is the mother who finally delivers her baby after a 36-hour labour, but is so exhausted by the ordeal she has difficulty bonding with the baby. Postpartum involution is delayed and she may suffer from a urinary tract infection due to pressure upon, and swelling of, the anterior vaginal wall. As a midwife, my goal is to do everything I can to help the mother achieve an optimum birth outcome. To this end, I use my skills to alleviate unnecessary pain and suffering so a new family can begin in safety, peace and joy.

Assisting with Anterior Rotation Prenatally

- Have the mother do the "pelvic rock" exercise at least three times daily in sets of 20.
- Suggest that she assume a knee-chest position for 20 minutes, three times a day.
- Have the mother lie on a slant board (as with breech position) several times a day for 30 minutes at a time.
- Have the mother take warm baths and gently massage and encourage her baby to "roll over." We have found that having mother visualize her baby in the correct position and talk to her baby, telling it to move is often effective. Once, we had a particularly stubborn baby who liked the way he was lying just fine. The mother had suffered with a previous posterior labour and was very anxious about repeating it. She had tried in vain to get the baby to cooperate, so I called the dad in and said "Show this baby who's the boss!" Dad said, "Turn over, baby!" and he did!

Be Bold and know the facts behind fearful interventions

Natural Birthing Options:
Technology in Birth- First Do No Harm

By Marsden Wagner. M.D.

Recently a woman in Iowa was referred to a university hospital during her labour because of possible complications. There, it was decided that a caesarean section should be done. After the surgery was completed and the woman was resting post-operatively in her hospital room, she went into shock and died. An autopsy showed that during the caesarean section the surgeon had accidentally nicked the woman's aorta, the biggest artery in the body, leading to internal haemorrhage, shock and death. Caesarean section can save the life of the mother or her baby. Caesarean section can also kill a mother or her baby. How can this be? Because every single procedure or technology used during pregnancy and birth carries risks, both for mother and baby. The decision to use technology is a judgment call-it may either make things better or worse. We are living in the age of technology.

Ever since we succeeded in going to the moon, we have believed that technology can do everything to solve all our problems. So it should come as no surprise that doctors and hospitals are using more and more technology on pregnant and birthing women. Has it solved all the problems that can arise during birth? Hardly.



Let's look at the recent track record.

Has the recent increasing use of technology during pregnancy and birth resulted in fewer damaged or dead babies? In the United States there has been no decrease in the past thirty years in the number of babies with cerebral palsy. The biggest killer of newborn babies is a birth weight that is too low, but the number of too-small babies born has not decreased the past twenty years. The number of babies who die while still in the womb has not decreased in over a decade.

While the past ten years has seen a slight drop in the number of babies who die during their first week after birth, the scientific data suggest an increase in the number of babies who survive the first week but have permanent brain damage. Is the increasing use of technology saving the lives of more pregnant and birthing women? In the United States the scientific data show no decrease during the past ten years in the number of women who die around the time of birth (maternal mortality). In fact, recent data suggest a frightening increase in the number of women dying during pregnancy and birth in the United States. So it may be that the increase in use of birth technologies is not only not saving more women's lives but is killing more women. This possibility has a reasonable scientific explanation: caesarean section and epidural anaesthesia have both been used more and more in this country and we know that both caesarean section and epidural block can result in death.

Contemplate the [full article](#).

Be Ecological and return to washables nappies

Bio-Baba nappies are so versatile that a single nappy can be used for:

- day nappies
- night nappies
- swim nappies
- potty training



The all-in-one design (nappy, liner and waterproof) means that they are so quick and easy to fit that anyone can do it. You will also not have to pay for more waterproofs, swim nappies or potty training pants!

Bio-Babas are made from 100% unbleached cotton with multi-layers of sustainable and super-absorbent hemp...you simply won't find a more efficient cloth nappy.

Disposables are one of the world's biggest waste contributors behind newspapers at No.1, and containers/packaging for food.

In 2 1/2 years in disposable nappies a baby will have:

- used 325kg of plastic
- 20 trees worth of paper
- produced 1 tonne of landfill space

If you are eco-conscious and want what is best for your baby then take back their future by investing in these cost-saving nappies NOW!

If you are pregnant/1st time customer and want to avoid the inevitable 'baby tax' of disposable nappies (between R12 000 - R15 000 before baby is potty trained) - **then take advantage of this sustainable nappy solution by ordering [now](#).**

If you have a baby in disposable diapers, your household will be no different... millions are thrown away annually in SA, 9 million a day in the UK and 20 billion a year in the US and Canada...they do not bio-degrade!

Did you know that if you have a baby in disposable nappies in your home, your household waste doubles! It is estimated that approximately half of household waste in the UK is made up of disposable nappies...

[10 good reasons](#) to use Bio-Baba



Be Philosophical about your birth options

Birth - What are the Philosophical Options?

By Carol Phillips D.C.

A woman's body is exquisitely designed to conceive, nurture, and birth another human being. After conception, a woman and unborn child will unite in an oceanic blend of energy and identity... where one ends and the other begins no one knows. A woman becomes a parent at the moment of conception. Every decision made from that moment on will affect her unborn child in some way. In order for her influence to have a positive affect, a woman must be prepared to make educated and informed decisions concerning the foods she will consume, the thoughts and images she will imprint on her baby's developing brain, and the birth model she will embrace - technological, holistic, or humanistic. A female child spends her entire early life preparing for the possibility of motherhood so she can inadvertently make those decisions. During childhood, a young girl learns to parent by example. She watches her mother and records subconsciously what she observes.

Later, a teenage girl prepares her body for motherhood. Without her conscious knowledge, a teenager stores some of the nutrients she consumes to insure she has the building blocks to form a body for future children. For example, she must consume folic acid to prevent birth defects; essential fatty acids to build the central nervous system and peripheral nerves of a future embryo; and calcium for future foetal bone growth. Nature does its best to insure that a woman is prepared for parenting, but the forces of nature are not enough if she is not an active participant. Her body can not store what she does not consume. Consequently, we must educate our young girls early on about the concept of preparing their bodies for conception.

Conceiving and nurturing the unborn child are only two of the most important concepts we must teach future parents. Entrusted with the guardianship of a new life, a pregnant mother must also learn that all decisions surrounding her pregnancy, labour, and delivery should be based on knowledge and confidence rather than fear or impatience.

Therefore, one of the most important concepts a parent must educate herself about is the birth model she will choose to adopt. There are three basic philosophical models that a pregnant parent may choose from. The first and most commonly adopted is the technocratic model. In this paradigm, a parent accepts that the human body functions like a machine. Robbie Davis-Floyd in *Birth As An American Rite of Passage* demonstrates how this model, which is the foundation of modern obstetrics, views the female body as unpredictable and inherently defective.

Found out what the other models are...[here](#)



Mothers model how to be mothers for their daughters. What is your daughter learning from you right now?

Be Informed of the benefits of early breastfeeding

Impact of Caesareans on Breastfeeding by Pamela Udy

One of the earliest family relationships we see strained by a caesarean is that of the mother and baby. Jennifer Block says, "The most common reason why babies are not put to the breast within the first hour is the caesarean section; and caesarean babies are more likely to be given milk substitutes in the nursery while the mother is recovering." Mothers who have caesareans are less likely to breastfeed, for many reasons. Often mother and baby are separated, which means a delay in getting baby to breast.

The mom is dealing with pain, fatigue, possibly stress, and even trauma. The incision itself causes the mom difficulty in finding a comfortable position in which to nurse. The baby may have respiratory issues. one of the most effective interventions for newborn survival." I submit that, rather than an intervention, breastfeeding is the normal biological extension of pregnancy and childbirth. It also provides many advantages to mom and baby.

Let's look beyond that to see how this disruption of the breastfeeding relationship may affect the family. The State of the World's Mothers report asserts that "Immediate breastfeeding is one of the most effective interventions for newborn survival." I submit that, rather than an intervention, breastfeeding is the normal biological extension of pregnancy and childbirth. It also provides many advantages to mom and baby. Find out what other benefits breastfeeding provides [here](#).

Be Updated with these details

Birthing in Awareness

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Taking birth

one breath at a time.

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