

Birth in Awareness

A newsletter for empowered pregnancy, birthing and parenting

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Be Whole and avoid an episiotomy

There are many simple solutions to avoiding episiotomy. This should be one of your top priorities for childbirth as episiotomy is warranted in less than 10% of births.

Currently, **1 in 3** American women has an episiotomy. It is the most common surgery performed in the US. Over 1 million unnecessary episiotomies are performed annually.



The first course of action is to discuss what measures your care provider employs for avoiding episiotomy.

Be sure to ask in what percentage of births episiotomies are performed and under what circumstances.

Don't accept "not very often" as an answer. If your care provider is evasive, you can be sure that episiotomy is on the agenda. If you can't get a straight answer and you are planning a hospital birth, the hospital should be able to provide this information for you as it is in the public domain.

If your care provider used episiotomy as a routine procedure, you can discuss your desire to avoid it and gently remind them that the American Academy of Obstetrics and Gynaecology (ACOG) does not support the routine use of episiotomy.

Your care provider's support is vital to helping you avoid episiotomy. After securing your care provider's support, the best options for avoiding episiotomy are using good perineal support measures before and during birth.

These include:

1. PERINEAL MASSAGE
2. KEGEL EXERCISES
3. SELF-DIRECTED PUSHING
4. PERINEAL SUPPORT

Read further for information on how to do these perineal support measures [here](#).

!

*Many women prefer to tear rather than be cut.
A tear may not happen but a cut is definite.*

Be Healthy with good nutrition

Preventing Complications with Nutrition

Nutrition in pregnancy—a no-brainer, right? Who would think it was so controversial? Disagreement over a healthy diet during pregnancy continues to rage, with one side saying that what a woman eats will have no effect on her pregnancy and the other saying it has an enormous impact. So what's a woman to eat?

The fact is that research has been done on this subject, but with the exception of folic

acid, it stopped somewhere around the 1980s when the focus shifted to drugs as the answer to curing all ills. The research that was done was not widely accepted due to the fact that it could not include clinically controlled studies. It would not show common sense or ethics to starve a group of pregnant women in order to supply a control group. The researchers did the logical thing and used the women's previous diet and circumstances as the control. The results were amazing.

Dr. Tom Brewer totally eradicated preeclampsia in specific populations where the former rates were upwards of 40 percent. He had the women eat a healthy, varied, well-balanced diet that included high quality foods, adequate protein and complex carbohydrates. He also had them drink water to thirst, salt to taste and avoid drugs. Unfortunately, the National Institute of Health refused to publish the results because he couldn't do a clinically controlled study.

Benefits and Risks of Episiotomy

The benefits and risks of episiotomy are very disproportionate. When compared together, the research supports that routine episiotomy should be banished as a practice of the past. Even ACOG's positions is that the research does not support the practice of routine episiotomy.

RATIONALE:

To widen the perineal opening for the baby's head and prevent tearing.

REALITY:

Episiotomy cuts through muscle tissue as well as skin, which often lead to urinary incontinence. It is also linked with creating more perineal trauma and is actually the cause of additional perineal tearing. Local anaesthetics given with episiotomies will cause the perineal tissues to swell, decreasing their flexibility and increasing the chance of a tear. Tears actually heal better than episiotomies. With proper perineal support, both tearing and episiotomy can be avoided. Over 1 million unnecessary episiotomies are performed each year.

Read about [the benefits and risks](#)

So what's the problem with pregnancy nutrition?

[Find out more...](#)

Be Fragrant with safe aromatherapy oils

Morning Sickness

Morning sickness is a feeling of stomach upset that many women experience during pregnancy. Clinical studies have shown that vitamin B6 and ginger tea can relieve mild morning sickness, and that it's safe for the baby. But when morning sickness is worse than mild, the last thing you want to do is swallow a pill or drink a cup of tea, then try to keep it down. In these situations—or any time you want quick relief from morning sickness—aromatherapy can be ideal; just smelling the right essential oil or taking a few drops of a diluted essential-oil blend can work in seconds.

My wife suffered from strong morning sickness for about three weeks when pregnant with our son, Hasan. What we found to work best was a combination of aromatherapy treatments. To stave off morning sickness, she took 10 drops of a 2 percent dilution of ginger essential oil. She would also rub the same mixture on acupressure point PC6, which helps with nausea. (PC6 is located two finger breadths above the inside of the wrist, in the hollow between the muscles in the middle of the arm.) For occasional feelings of nausea, she would inhale slowly for about 5 minutes from the same bottle of 2 percent dilution of ginger oil.

Read on about other common [pregnancy niggles](#)



Introduction by By Kamyar M. Hedayat, MD

If I asked you to describe pregnancy, would one of the words you used be *fragrant*? Probably not. If you think of ways of describing pregnancy, scent is probably not one of them. When women do remember the scents of pregnancy, they tend to use such words as *putrid* (after throwing up from morning sickness) or *acid* (from acid reflux) or *hircine* (i.e., goat-like; from the smell of amniotic fluid and afterbirth). It would seem that there's nothing *fragrant* about being pregnant or delivering a baby. But throughout history, sweet scents and medical aromatherapy have been integral parts of pregnancy for women throughout the world. Modern medical aromatherapy has proven to be a versatile, effective, and enjoyable way to make today's pregnancies fragrant ones.

Therapeutic Aromatherapy

Aromatherapy is a 5,000-year-old healing art that has been used for many purposes, from worship to perfumery. In ancient times, because priests were also healers and perfumers, aromatherapy was employed to heal the body, mind, and spirit. What better or more blessed event is there than pregnancy for addressing a woman's needs, from cell to soul, with medical aromatherapy?

Aromatherapy makes use of essential oils extracted from plants and animals. These oils can be made from any part of a plant or tree, including the roots, leaves, bark, berries, or flowers, and are extracted by steam, carbon dioxide, or compression. Essential oils are liquids that naturally turn into a gas at room temperature, thus transmitting a scent—hence the *aroma* in *aromatherapy*. An essential oil has dozens upon dozens of healing compounds, most of which have no scent at all but are every bit as important in the healing process. Medical aromatherapy is more than just another pretty scent.

In *therapeutic* or *medical* aromatherapy, medical-grade essential oils are used to treat specific physical or emotional problems. *Medical-grade* means that the highest quality of care has been taken in growing and harvesting the plants, making the essential oil, and giving the workers a living wage. When a slow, careful process is used to make essential oils, they have the broadest possible range of active compounds, resulting in the greatest therapeutic effects. Look for a statement of this criterion when purchasing aromatherapy products.

Using Aromatherapy Safely in Pregnancy

Recently, I led a seminar for clinical psychologists in the use of essential oils. When a pregnant intern heard that I would be passing around essential-oil blends, she ran out of the room, trembling at the thought that these “dangerous” scents might harm her baby. But the artificially scented candles, soaps, detergents, and shampoos that people use every day present a far greater risk of harming a foetus than the pure, therapeutic molecules found in plants. A recent study in the journal *Paediatrics* showed that using artificially scented shampoos led to increased amounts in the blood of neurotoxins that had been absorbed through the skin.¹ In other words, what goes on your skin goes into your blood, and what goes into your blood can affect your baby, for better or worse.

Essential oils should be treated as natural drugs, and every drug should be respected. The inhalation of pure, medical-grade essential oils is generally safe in pregnancy. However, if you have a history of seizures, avoid rosemary and hyssop essential oils. If you have high blood pressure (pre-existing or from preeclampsia), don't use stimulating essential oils such as pine, juniper, grapefruit, black pepper, or rosemary internally, and avoid inhaling them directly from the bottle for more than 10 minutes per day.

When you inhale pure essential oils directly, do so from the cap instead of the bottle, so that the effect will be more gentle. To use aromatherapy blends on the skin, make a mixture of 1 to 5 percent, or as directed by an experienced aromatherapist. (A 5 percent mixture is five drops per teaspoon of oil; a 1 percent mixture is one drop in one teaspoon. Olive, sweet almond, and jojoba oils are the best blending oils to use.) Essential oils should be used internally only under the guidance of an experienced integrative healthcare provider.

Fragrant Pregnancy Today

From conception to delivery, aromatherapy can be an enjoyable part of pregnancy for a mother and her baby. Babies not yet born can smell what their mothers smell, and remember those smells after birth. Recent studies have confirmed this, and researchers have coined the term *smell memory* to describe it.² In a future article, “The Fragrant Baby,” I will talk about how you can get a fussy baby to eat through smell memory and smell training. Aromatherapy can be a child's first introduction to the natural world outside the womb, and can create an appreciation for nature and natural things that can remain deep in the baby's soul.

Be safe by knowing the risks of early elective caesareans

Early Repeat C-Sections Linked to Health Complications in Newborns

In order to make childbirth a smoother process, many pregnant mothers and their families schedule Caesarean sections a little earlier. However, a recent study has revealed that this could, literally, be a very unhealthy practice, as it greatly increases the risk of breathing problems, blood infections and other potentially dangerous complications in newborns.

About Caesarean sections

A Caesarean section, or C-section for short, is a procedure whereby a baby is removed from his mother's body via a surgical incision in her abdomen, as supposed to being delivered vaginally. And statistics reveal that the use of this procedure is on the rise and has reached an all-time peak. There are several possible reasons for the increase. More women in modern society today are having children at a later age, when their bodies would be less able to cope with the whole pregnancy and delivery process. Doctors may also be detecting potential complications earlier and stepping in to prevent their occurrence. It is also likely that many women are opting for C-sections with the hope that it would be the easier choice of delivery.

And the thing about C-sections is that, once a woman has had it once, she is very likely to use the same method for subsequent pregnancies.



Details and Findings of Study

The said study was sponsored by the National Institute of Child Health and Human Development. It was led by Alan TN Tita from the University of Alabama at Birmingham and published in the *New England Journal of Medicine*. Statistical data from the institute, which collects information on pregnancies from 19 medical centres across the country, was used. The study team had looked at 24,077 women who underwent a repeat C-section from 1999 to 2002. Of those ladies, 13,258 were found by the study team to have undergone "elective" C-sections, which means that there was no indication that mother or child was in distress, or that there was any other medical reason that the women could not have undertaken normal labour. Of this group, almost 36% had delivered their babies before the 39-week mark of pregnancy.

Delivery Milestones

What is the significance of the 39-week milestone? The full term of a pregnancy is actually considered to be at the 37-week mark. However, the recommendation of the American College of Obstetricians and Gynaecologists is for elective repeat C-sections to take place not before the 39-week mark. This is to help ensure that the baby has developed fully.

However, many women choose to deliver early for a few possible reasons, including being eager to end the pregnancy process or simply for convenience, such as to meet doctor or family schedules.

Considering that these are elective procedures, having one-in-three going against official recommendations already sounds pretty alarming. However, because the study data was collected from academic medical centres, which would be more likely to adhere to official recommendations, the reality is that the actual rate could be even higher.

Increased Risk of Complications [read on](#)

Be Protected and protective of your loved ones

Dog Tags make for ideal Identification tokens.

They are durable, the information is permanently marked into the tags and they are compact enough to be carried on the person at all times or attached to pets and personal belongings.

Just yesterday my 5 year old daughter got lost at a huge flea market and before 10 security people and two frantic parents found her she used her own dog tag to ask someone to please call us on the numbers engraved. Thankfully she has one around her neck all the time!



It's a girl/boy personalized birth tags.

Includes a solid brass dog tag with rolled edge. Supplied with a key ring brass ball chain, a pink silicone rubber silencer and a small display pouch with pressure sensitive adhesive for mounting in baby's photo album. Manually debossed with baby's details on a genuine Graphotype machine. Text reads with hole to the left and the rolled edge to the back. The text is deeply indented and crisply defined on BOTH sides of the tag. You have space for 5 lines of text, 16 characters and spaces per line excluding the first and last lines with only 15 characters.

Typical wording would include

First names
Surname
Date, time and place of birth
Mass and length at birth

[Order here.](#)

The technology to mark identification tags has not much improved with the changes in technology. The quality of work possible with a legacy Graphotype machine as issued to the US forces cannot be duplicated with any other technology.

The tags and chains are made of stainless steel (or brass) but will never rust and are compatible with the skin they do not leave a mark around the neck such as some nickel plated chains do.

We supply Dog Tags debossed with your personalized details, either in the military styles of the past or any way you like.

Place an [order with us.](#)

Be Reassured and look after your heart

Breastfeeding lowers risk of heart attacks or strokes

[The Medical News reports](#)

The longer women breastfeed, the lower their risk of heart attacks, strokes and cardiovascular disease, report University of Pittsburgh researchers in a study published in the May issue of Obstetrics & Gynaecology.

"Heart disease is the leading cause of death for women, so it's vitally important for us to know what we can do to protect ourselves," said Eleanor Bimla Schwarz, M.D., M.S., assistant professor of medicine, epidemiology, and obstetrics, gynaecology and reproductive sciences at the University of Pittsburgh.

"We have known for years that breastfeeding is important for babies' health; we now know that it is important for mothers' health as well. "According to the study, postmenopausal women who breastfed for at least one month had lower rates of diabetes, hypertension, high blood pressure and high cholesterol, all known to cause heart disease. Women who had breastfed their babies for more than a year were 10 percent less likely to have had a heart attack, stroke, or developed heart disease than women who had never breastfed.



Dr. Schwarz and colleagues found that the benefits from breastfeeding were long-term – an average of 35 years had passed since women enrolled in the study had last breastfed an infant. "The longer a mother nurses her baby, the better for both of them," Dr. Schwarz pointed out. "Our study provides another good reason for workplace policies to encourage women to breastfeed their infants." The findings are based on 139,681 postmenopausal women enrolled in the Women's Health Initiative study of chronic disease, initiated in 1994.

Have a good laugh with Hathor the Cow goddess' [comics](#)

Be Proactive about your choices and rights

Why is the decision between VBAC (vaginal birth after caesarean) and repeat c-section important?

If you have had one or more caesareans, your decision about whether to plan a VBAC ("vee-back") or a repeat caesarean section can have far-reaching consequences for you, your baby, and any future pregnancies. You will want to become well-informed about VBAC, understand the trade-offs between VBAC and repeat caesarean, and weigh your own values and concerns so that you can come to a decision that is best for you. Once you reach a decision about VBAC delivery or caesarean delivery, careful planning can help you reach your goals. repeat caesarean. Unfortunately, a growing number of hospitals and doctors, fearing lawsuits, do not allow you to weigh the facts, consider your preferences and choose for yourself regarding VBAC and planned.

If you wish to use their services, you must accept surgical delivery. Your best approach is to become informed and clarify your goals well in advance and then seek care that is in line with your preferences and birth plan.

Why do I hear conflicting information about VBAC vs. repeat c-section?

During much of the last century, a woman who had a caesarean section almost always had a planned repeat c-section and not a VBAC for any births that followed. Doctors were concerned that the scar from the past cut in the uterus could open during labour (*uterine rupture*), and cause serious complications for mother or infant.

During the last quarter century, however, many health professionals, advocates, pregnant women, policy makers and researchers encouraged *vaginal birth after caesarean* (VBAC) in light of:

- change in location of the uterine cut to an area much less likely to open during a VBAC labour
- growing body of research establishing the safety of VBAC
- growing recognition of c-section risks.

Now the pendulum is swinging back from vaginal birth after delivery, with new calls for routine repeat c-sections. This reversal leaves many women with caesarean scars struggling to make sense of conflicting, incomplete, and sometimes misleading information about the safety of VBAC vs. repeat c-section and about what birth plan to make this time around.

[For VBAC info and support.](#)

Be Updated with these details

Birthing in Awareness

www.birthing.co.za

Taking birth
one breath at a time.

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