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Natural Labor and Birth Plans

Pregnancy is an exciting but anxiety producing time in a woman's life. Nothing could be more important than preparing for the birth of your baby. Many patients have specific requests regarding the circumstances surrounding the delivery of their baby. The purpose of medical care for pregnancy, both before and during labor, is to reduce risks and ensure the health of the mother and the baby. Hospital policies and physician practices exitst to further these goals. The policies and procedures related to childbirth often seem unnecessarily invasive in what should be a "normal process." The purpose of this letter is to explain the logic behind many of these policies and procedures and to inform you about what options are available to increase your autonomy and comfort during the delivery of your baby.

Labor, Delivery, Recovery, Postpartum Suite
The Labor and Delivery Center of Summit Healthcare Regional Medical Center is designed to increase the comfort of the mother and her family and to facilitate contact with her infant. The rooms are private, comfortable and ascetically pleasing to include hardwood floors, Wi-Fi accessibility, with patient-controlled lighting and temperature. Each room includes a private bathroom with whirlpool. The whirlpool may be used to relax and ease the discomfort of labor provided the bag of waters has not ruptured. **Water birth is strictly prohibited with no exceptions.** Each bed is designed to be converted to birthing beds with a range of positions and optional leg supports. The beds can be fitted with a bar to facilitate squatting; if desired. Labor, or 'Peanut', balls are also available for the patient's use. As the hospital does not provide a 'well baby' nursery, family is encouraged and welcomed to stay with the expectant mother during labor and may assist the patient with the newborn for the duration of their stay.

Maternal Safety and Comfort Measures

- **Intravenous fluids:** A common request by mothers is to avoid an intravenous line (IV) and to be able to eat and drink during labor. Labor has an inherent risk of an emergent cesarean. This is usually accomplished with epidural anesthesia allowing the mother to be awake. In the event that these is no epidural in place, or adequate pain relief is not able to be obtained, it is possible that the mother may have to "go to sleep" with general anesthesia. This carries with it a risk of vomiting the contents of the stomach and aspirating into the lungs. This is a life threatening complication that pregnant women are much more susceptible to due to the effect of pregnancy hormones to relax the muscles that hold the stomach closed and on pressure placed on the stomach by the size of the uterus. For this reason, laboring patients are allowed only ice chips and/or clear liquids to minimize the contents in the stomach. It is important for women to remain hydrated during labor and have energy for delivery. This is made possible with an IV solution with balanced electrolytes and sugar for energy. At a minimum, **all** patients that are laboring **must** have a "saline lock IV" which is placed but not attached to any fluids. This facilitates the administration of medications or fluids in the event of an emergency such as hemorrhage or fetal distress.
- **Enemas and Genital Shaving:** Traditionally, women were given enemas and genital shaving on admission to labor and delivery. This is no longer the standard practice, but is available if the patient desires.
- **Foley Catheter:** Many patients express a desire to avoid a Foley catheter (a tube to continuously drain the bladder). A catheter is not necessary unless the woman has an epidural, as it prevents normal bladder control, or if she requires a cesarean section.
- **Episiotomy:** Another common request is to avoid an episiotomy. Dr Mulder routinely practices perineal massage and uses lubricants to facilitate stretching of the perineum during delivery to avoid episiotomy, if possible. A mother's first delivery will more frequently need an episiotomy as the tissues are less easily stretched. Delivery of a baby after the first is usually possible through stretching with only minor or no tearing. Situations that **may require** an episiotomy include fetal distress, vacuum or forceps delivery, or difficult delivery of the shoulders. The final decision for episiotomy often needs to be made during pushing. **Dr Mulder will always discuss with you what she is doing and why she thinks it necessary.**
- **Pain relief:** Dr Mulder fully supports a patient's desire to forego medications for pain relief and will allow whatever safe methods of pain relief she finds necessary for her comfort. Patients experience pain differently and every patient's ability to tolerate pain (pain threshold) is different. How quickly or slowly a woman's labor progresses certainly may affect her ability to manage her pain without medications. Dr Mulder does not believe in withholding pain relief once requested and will allow an epidural at anytime once labor or induction has

begun. Frequently labor will arrest in a patient who is not able to relax effectively. It is common for such a patient to rapidly dilate once her pain is relieved. The medications used during labor are safe for the baby however **intravenous (IV) medications**, typically Stadol or Nubain, have the potential to cross the placenta and cause a mild, treatable respiratory distress once the baby is born. This makes IV medications not possible at advanced dilation or when delivery is imminent. **Epidurals** surround the spinal cord with medicine so none is transmitted to the baby. Women often request a "walking epidural". In the strict sense, all epidurals are designed to relieve pain while preserving movement. However, once an epidural is administered, hospital policy is that the woman must remain in bed to avoid the risk of falling. ***For patient relaxation, some of the nursing staff is experienced with lavender massage aromatherapy***

Infant Safety

Fetal monitoring developed to help detect fetal distress through monitoring the baby's heart rate. Monitoring is routinely done by external monitors (on the mother's abdomen) that record the contractions and the baby's heart rate. Internal monitors include a small electrode placed on the baby's scalp to more accurately measure the heart rate and/or a small tube inside the uterus alongside the baby to measure the strength of the contractions. Internal monitors are only used when specific circumstances indicate the need for more accurate monitoring. While drops in the heart rate during or after contractions are common and usually harmless, they may indicate a problem with the baby getting enough oxygen. Detection of these problems may allow intervention before the baby is in serious distress. Occasionally, a baby that has looked fine will suddenly develop a problem. Critics of fetal monitoring argue that it increases the rate of cesarean sections. While this may be true, it is for the reason that fetal distress is detected and allows a cesarean to save the baby's life.

Monitoring of the baby during labor is required by the hospital for at least 20 minutes of each hour during dilation and 5 of each 15 minutes during pushing, however, continuous monitoring is preferred. The hospital has a limited number of wireless monitors which facilitate walking during early labor.

In 1900, one out of every six babies born died before two months of life and 850 mothers died as a result of complications of childbirth for every 100,000 live births. Thirty percent of babies died before their first birthday. In 2001 there were only 7 infant deaths for 1,000 live births. By 1982 only 7.5 mothers died for every 100,000 live births. Modern medicine has brought the ability to prevent infections, stop hemorrhage, and save babies before they are stillborn. It is true that labor is natural and usually occurs without complications. However, when problems occur they often do so suddenly and without warning. Being able to detect problems and to act quickly to resolve them is the hallmark of safety to both babies and mothers with modern obstetrical care.

Thank you for taking the time to read this information on practices regarding labor and delivery. Please feel free to ask any questions of Dr Mulder or the labor and delivery nurses. We are all on the same team to help you have a safe delivery with a healthy mom and a healthy baby!

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