

Having a Baby Today

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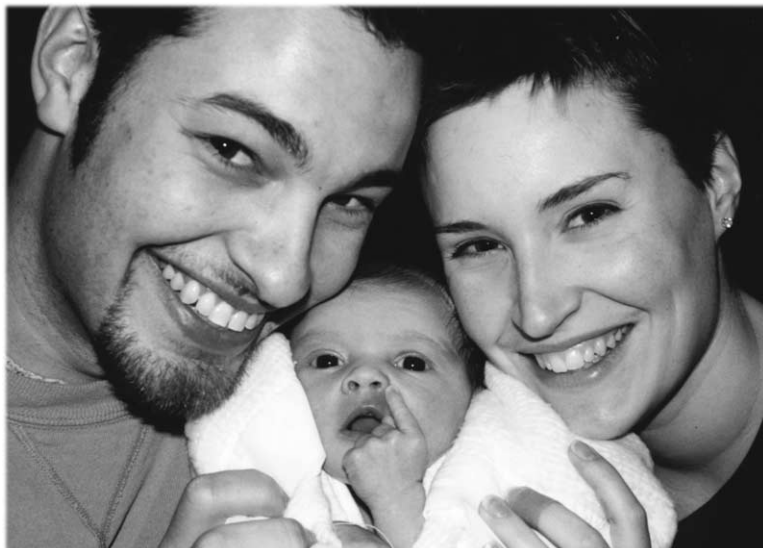
Premiere Issue, Spring 2001

A Midwifery Today™ publication



Helping you grow a healthy baby

Photo by Patti Ramos



Best of Both Worlds? Why I am Choosing Homebirth

by Christy Rogers

A little less than a year ago, my best friend had a baby, which made me painfully aware that my own biological clock was ticking away. Being the research hound that I am, I began making weekly trips to the library, bringing home every book on pregnancy and childbirth I could find. I came across *Natural Childbirth the Bradley Way* by Susan McCutcheon. I had heard about the Bradley Method from a cable television show called "A Baby Story." Curious, I took the book home. This book was the turning point for me, as I haven't viewed childbirth the same since.

I had always assumed I would have a conventional birth—hospital, epidural, IV, legs in stirrups, episiotomy, and baby tucked nicely (and quietly) away in the nursery once born. Every woman I knew had had her baby this way, so why should I be any different? And who on earth would voluntarily put herself through all that pain? After reading the McCutcheon book, I began to wonder if maybe there isn't a better way—maybe I could give birth naturally, unmedicated, and with as few interventions as possible. Admittedly, I was still skeptical. All the usual visions of childbirth were still ingrained in my head, and I was afraid of what might happen if I put myself in the position of not being able to have access to all the technology should I need it. I decided that I would *try* to have a natural, unmedicated childbirth, via the Bradley Method, in a hospital—but not be totally closed to the idea of pain relief. Best of both worlds, I thought.

The next books I read were *Husband Coached Childbirth* by Robert Bradley (the founder of the Bradley Method™), and *The Birth Book* by

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Editorial: Launching a Miracle

Don't allow yourself to be robbed of the miracle of your pregnancy or birth. Natural, woman-centered birth is miraculous, empowering and sexy. It reinvents you from woman to mother and is the highest calling on earth. When you embark on this journey, within the temple of your body you literally have the capacity to launch a miracle. Carrying a new life within you, you are truly beginning a new life for yourself as well.

Having a Baby Today is designed to help you launch this miracle—one that will sustain you through a lifetime. In the past, we've focused on helping train midwives to practice better birth. Now, we want to take what we've learned and offer it to you, the parents. We are truly delighted to be offering you this premiere issue. From our 15 years of publishing *Midwifery Today* magazine, we have assembled some of the finest writers and teachers in the childbirth field, and they all want to help you have a great pregnancy, birth and parenting experience. We also will invite the experts themselves—the moms and dads—to write for you.

Decisions for the well being of your baby belong to you—the mother and father/partner—not to the doctor, midwife or society. *Having a Baby Today* will help you negotiate the tremendous amount of misinformation circulating in the birth industry. We want you to find out what is right for you and your baby. What you believe and understand about birth is critical to outcome. Knowledge really is power.

Feelings follow thoughts, and both make up part of the soul, in this case, the soul of birth. It is easy to let fear take over—don't. Fear has all but engulfed medical birthing practices in this country. Fear will rule you and lead you to make choices that will harm you and your baby.

I am still elated by my first homebirth, and it was 24 years ago. I am still in deep and wounded pain about the epidural I was given with my first birth 28 years ago. Epidurals, inductions, cesareans, tests or any unnecessary interventions—even words—can diminish or destroy your experience. Birth is a truly singular effort by motherbaby. Control is within you. As soon as someone else takes that control, something breaks that cannot be fixed, ever. There are no second chances for this one. Love can help with healing, but scars always remain.

These insights come from personal experience with my own births and from nearly two and a half decades as a midwife. I remember one birth where a mom experienced a really hard, three-day labor that proceeded off and on, then seemed to intensify. I was thinking, *She worked so hard; here is one of the most painful labors I've seen.* When the baby finally came, the very first thing the mother said was, "That was fun; I'd like to do it again." She loved her labor and birth. She had control. Things weren't what they had seemed to me at all. The way she perceived her birth and the way I observed it were two very different experiences.

As I look back over my homebirth practice I realize why the postpartum period was generally easy. These women had

all done it themselves. Breastfeeding and mothering came quite easily, both because the parents had control and because we imparted to them the great joy and love involved in the process, reinforcing the fact that each of them was the very best one in the world to make decisions for their babies. Our prenatal efforts were always geared toward strengthening the parents' "can do" and "can enjoy" abilities as well as their trusting attitudes.

I hope you won't settle for anything less in your parenting experience. I hope you will search for the right practitioner until you find someone who instills faith in you, and who trusts you and the birth process. I plan for *Having a Baby Today* to give you this strength. We want you to know that being a mother or father is the highest calling you can have. So much is in your own hands—take it and rejoice in it. Believe it or not, you can grow a healthy baby, and babies come out.

 Jan Tritten, Editor-in-Chief

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6 Keys to a Healthy Baby

Using nutrition to prevent complications in pregnancy and birth

by Marci O'Daffer, CCE, Doula

You've probably experienced one of these, or know someone who has: Pregnancy induced hypertension (PIH) • Preeclampsia; Toxemia; HELLP syndrome • Placental abruption • IntraUterine Growth Retardation (IUGR) • Preterm labor and bed rest • Drugs to reduce blood pressure and halt preterm labor • Small for Gestational Age (SGA) babies • Premature babies • Stillbirth.

Pregnancy is scary these days, especially when we are constantly told that there is no known cause, and no known cure to any of these common complications. But is that really the truth?

More than 100 years of medical research have shown that there is indeed a way to avoid these problems: proper pregnancy nutrition. Your growing baby gets every nutrient needed for growth—from nerves to muscles to bone to brain—from your bloodstream, and nowhere else. If you don't eat the right foods, the baby cannot suck nutrients out of your body like a parasite, as myth has it. The baby is fed by placental circulation, which only gets nutrients from the mother's bloodstream, and the only way nutrients get into the mother's bloodstream is through what she eats.

What can you do to prevent complications and give birth to a healthy baby? Based on Dr. Brewer's proven Brewer Medical Diet, here are six simple steps that you can start today:

1. Eat **80-100 grams of high quality protein** every day. Protein forms the foundation of every cell of your baby's body. These can be lean meats or vegetarian combinations.
2. Take in at least **2,400 calories** every day, to prevent your body from burning the protein you eat for energy. Don't hesitate to use real butter on your bread—it's a natural and concentrated source of fat your body can use.
3. **Salt your food** to taste. You actually

need more sodium in pregnancy, not less, *especially* if you're experiencing excessive swelling or increased blood pressure. Lack of sodium will actually worsen these symptoms! Your taste buds are uniquely designed to tell you how much sodium you need and your body is naturally able to regulate how much sodium stays and how

much is excreted, according to its needs. Feel free to use alternatives to table salt, such as kelp, and let your taste buds be your guide to quantity. If your food tastes flat, don't be shy about it!

4. Make **milk and eggs** the foundation of your pregnancy nutrition: four cups of milk and two eggs a day equals

50 percent of your protein

needs, and supplies your baby with many essential nutrients for growth. Vegetarians and the lactose intolerant will need to carefully choose equivalent alternatives.

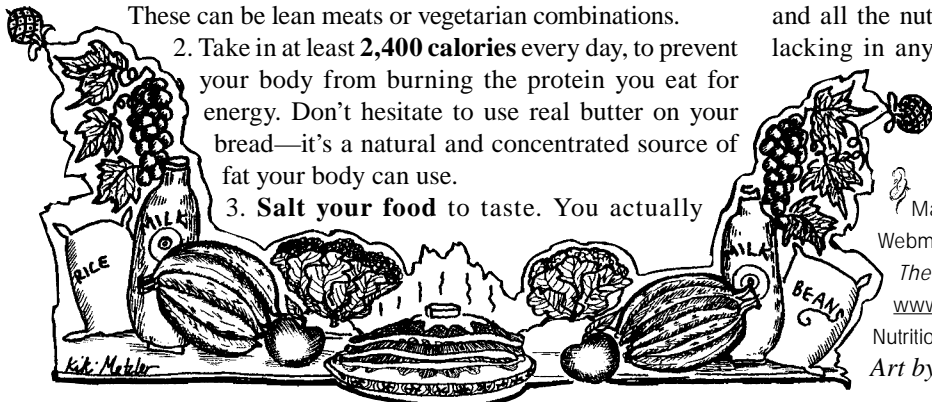
5. Choose **whole grains** over refined and processed grains whenever possible. Whole grains (including brown rice, whole-wheat flour, bran and oats) offer about 1/3 more nutrients than their processed or "enriched" counterparts.
6. Round out your pregnancy diet with **fresh fruits, vegetables, and real juices** (not sweetened juice "drinks"). Include both dark green and yellow varieties, and drink plenty of pure water when you're thirsty. Fruits and vegetables contain water, as well as important nutrients to help your body fight infection and metabolize other nutrients.

The metabolic processes that sustain life are very complex and all the nutrients are interdependent. When your diet is lacking in any single nutrient, then you are in an overall state of malnutrition. It's never too early to start. It's only too late once your baby is born. Start today!

Marci O'Daffer is a Certified Childbirth Educator/Doula, Webmaster for Dr. Tom Brewer and editor of the new ebook, *The Brewer Pregnancy Hotline*. FREE Preview Available: www.PregnancyBooksOnline.com. More Facts on Pregnancy Nutrition: www.BlueRibbonBaby.org

Art by Kiki Metzler

Photo by Caroline E. Brown



Straight from the Heart Mothering

by Robin Lim, CPM

"A baby is god's opinion that the world should go on."—Carl Sandburg

"Motherhood means being instantly interruptible, responsive, responsible."—Tillie Olsen

I wish I were sitting with you now, at your kitchen table. I would listen to your birth story. I would rub your strong shoulders and ask to hold your baby. I wish this because I admire your courage. Thank you for bringing a new baby Earth-side. You are a heroine. Some Native American tribes believe that the mother must journey to the land of the souls to bring back a child for her people. This is labor. Your own re-birth and the birth of this baby is the most significant journey, both spiritual and physical, that a human being can make. You return a mother, having completed the world's most dangerous and blessed life event. Let me celebrate your bravery. Whatever the details of your birth story, you faced your individual childbirth challenges and worked to give this world a newborn person.

Perhaps your birth did not go as planned. Many do not, and so you will cry and with the help of friends, family and the Good Lord, you must heal. Please do not diminish the wonder of the job you have done only because it was not perfect in our limited human opinion.

While we are of flesh and bone we cannot hope to fully know what "perfect" is. Our best made plans will be broken a million times in the years of parenting ahead. As mothers we must learn to be flexible, for the ridged tree breaks in the windstorms of life. In birth we are utterly taken apart. In this way God guarantees that we emerge anew. This is how Mother Nature builds a new mother, by first burning down our preexisting lives. The survival of this precious being you hold close today depends upon your undoing.

"New parents quickly learn that raising children is a kind of desperate improvisation."

—Bill Cosby

Postpartum is the process of discovering who has been made. What you will now emerge? Heroic, vulnerable, afraid of being a parent. This is natural. For centuries "old wives" like me have called this shattering and regrowing, "the baby blues." Your tears are rain, your laughter fertilizer, your baby is the noonday sun, shining on your life's garden.

Perhaps if I were sitting with you at your kitchen table today, folding diapers, you would ask me, "how can I best care for this baby of mine?" My answer would be, "by taking care of yourself." Rest. Take naps when your baby sleeps. Let yourself be pampered by family and friends. A human child is so thoroughly dependent upon his or her mother that your well being is truly essential to the baby's health and well being.

By all means, breastfeed. My daughter sat at a La Leche League meeting the night before she went into labor, a mere 20 years of age, facing motherhood for her first time. When asked why she had an interest in breastfeeding her baby she said, "I'm going to breastfeed because I was breastfed for five years, and I loved it." Naturally I was so puffed up by this that I nearly floated away! Looking back on the very difficult, painful time I experienced learning to breastfeed her, my first baby, I can tell you it was well worth it. (Not all women experience pain when establishing breastfeeding. The best advice I can offer is, get good support from La Leche League and/or a lactation consultant. Don't give up if it is rough; there are caring people who will help you, and you must reach out for them.)

Well, my daughter Déjà had a very challenging birth and her resolve was further tested by a terribly painful experience of early breastfeeding.

For the first 10 days, despite correct positioning and doing all the right things, her nipples cracked, bled and began to resemble ground meat. Finally, upon the advice of a midwife/friend/lactation consultant/La Leche League leader, Déjà stopped wearing a bra and pads, simply letting the air dry out her wounded nipples. Within 24 hours she was healed. At no time during this ordeal did my young daughter stop breastfeeding. She did not supplement with bottles. She taught me so much about the power of a mother's love. "Well," said her auntie, "you may have written the book on it, but she was your first teacher, and always will be."

Editor's Note:

Breastfeeding should NOT hurt according to Suzanne Colson, a baby-feeding advisor in the United Kingdom who has worked with thousands of women. She goes on to say that pain has a purpose. It tells you something is wrong. The reason is to be found in the way the baby is latching on, and this can be remedied. *Having a Baby Today* will present her work and research in upcoming issues. Meanwhile, get your baby to suck on as much of your nipple and areola as possible. Often baby is just nibbling on the end of the nipple. Breastfeeding is a joy and should be from the beginning. See page 12 for more on breastfeeding.

Jan Tritten, Editor-in-Chief

Photo by Marilyn Nolt



Teachers—that is what I feel our children are. If we let them guide us, our lives will be more gentle. The lesson plan of the Lord is astonishing. You only gain access to it by becoming a link in the unbroken chain of humanity, parent to child, each generation guiding the last.

“The souls of pure teachers are arriving like rays of sunlight from so far up to the ground-huggers.”—Rumi


As your life as a mother unfolds you will find that there are many “experts” out there, people who claim to know what is best for your baby. Remember, you parents are the only real experts when it comes to your baby. Follow your heart. If your heart prefers sleeping with your baby rather than putting him or her in a crib in a separate room, then choose to keep a family bed. I feel strongly that it is impossible to “spoil” a new baby with too much love and attention. Yet the “experts” recommend a more hands-off approach to mothering. I am not an expert, I am a mother. I do know that many of the “experts” are actually front men for businesses, trying to make money by capitalizing on babies. By claiming it is best to make our babies sleep separately from us these business people stand to sell us cribs, crib mobiles, crib sheets, crib toys, crib lights, heartbeat simulators (to trick the baby into thinking you are right beside her), crib monitors, and don’t forget . . . bumper pads to make the crib bars safe. I rest my case.

“But the hearts of small children are delicate organs. A cruel beginning in this world can twist them into curious shapes.”—Carson McCullers

May I suggest that your chances of finding peace in your role as mother will be greatly increased as you “let go.” Putting EVERYTHING after mothering will instantly prioritize your life, freeing you to be happy in service to your baby.

If you have chosen to parent without holding back, giving limitless love and attention to your baby, you will need to be brave. It is a decision you will necessarily make every day, many times a day. Each time a well meaning friend advises you to “get a sitter, take a break” (though you and baby are far from being ready for separation), you will have to justify your parenting style. Please don’t give up. The time you spend, the attention you give, building a foundation of self-esteem and love for your child, will reap a harvest of world peace, one family at a time.

Thank You—I love you....

 Robin Lim is a certified professional midwife, a mother (oh yes, seven children, five of them home schooling!) a “Lola” (grandmother), and a fierce advocate for gentle, culturally sensitive birth globally. She has lived and worked in Bali, the Philippines and the United States. Look for the newly revised edition of her book, *After the Baby's Birth... A Woman's Way to Wellness* (Celestial Arts/ 10 Speed Press, Berkeley, CA). Her husband Wil sings, tells stories and makes breakfast everyday, allowing Robin time to write.

A Father's Point of View

by Anthony Wilson

The day my wife gave birth to our firstborn was the end and the beginning of something beautiful. The culmination of nine months of physical, emotional and spiritual preparation for the birth of our baby, it was also the beginning of our life with children. The birth itself was a transition from one stage of our life together to another. I saw my wife in a whole new way that day.

There was never any doubt that I would attend our births, we just did not know the details of how. Lois and I have always done everything together. After attending childbirth classes I felt more prepared, but I was still scared at the thought of holding a new baby. Then came “the day.”

I look back and see my wife as an incredibly focused and powerful woman. The power of a woman giving birth amazed me. Labor, such an intense time of hard work, impressed on me that there is no greater work than that of bringing a new life into the world. Any man who has not seen his wife give birth has an incomplete view of what it means to be a mother. He underappreciates motherhood.

My fears of holding my baby melted into joy at the touch of new skin, skin that had never before been “outside.” We experienced the joy together, Lois and I, and it has only strengthened the bond of our marriage. It has been my privilege to attend and support my wife, the mother of my children, through each of our births in turn. Each one was different, as each of our five children is different.

Every birth is unique, and each is a life experience, one that should be shared by husband and wife, mother and father, as they grow not only a baby, but also a family. After 20 years of marriage, some of my best memories are the births of our children, and seeing my wife give in to this powerful maternal act called childbirth.


 Tony Wilson is the father of five children and the husband of Lois Wilson, CPM. Together they live in Philadelphia, where he works for the Philadelphia school district as a teacher and administrator, as well as working closely with many homeschooling families.



Photo by Patti Ramos



Cuddle Up! Slings and Baby Carriers Part 1

Jennifer Rosenberg, CD(DONA)

Of all the gadgets, gewgaws and clothing items I associate with parenting, none has been more fundamental to me than my sling. Humans have been tying babies on since knots were invented (before then we were hairier, and the kids could just hang on themselves!) and

there are as many different ways to tie a baby on as there are ways to make a baby laugh.

There are many, many different kinds of slings, ranging from a simple strip of fabric tied at the hip or shoulder to highly constructed, formed baby carriers, front packs and back packs. Everyone seems to have their own favorite... I love them all. It is clear from my experience that no one carrier is perfect for every family. But I do know that almost every family can find a carrier that works well for them. In this series, I will discuss the advantages and disadvantages of each kind of carrier, ways of making your own baby carrier, and reviews of specific brands of “ready made” carriers.

Photo by Caroline E. Brown



When are slings useful?

Baby slings are useful any time you would be carrying your baby in your arms for an extended period of time. They can substitute for a stroller, bouncy seat, playpen, plastic carrier and (outside of the car) the infant carseats many parents use as a carrier. They are useful when you are

up and moving or sitting and feeding. I've used slings for toddlers when we were walking farther than their legs were willing to go. I've used slings to make breastfeeding private. I've used slings to give me an extra pair of hands to fold a stroller while getting on the bus. I've used a sling as a way of getting a sleeping baby into and out of a carseat without waking the baby up. I've used a sling, shifted around to my

back, to hold baby while I was cooking dinner. I've used a sling to enable a busy toddler to safely visit his hospitalized mother—it kept him out of the reach of the buttons, cords, IVs, etc.

Why a sling? Why not a stroller?

All humans need touch. Babies, especially, need lots and lots of physical contact. If they can't get it one way, they'll get it another. If that doesn't work, they cry. If that doesn't work, they stop crying. Babies who don't get enough touch may not grow as well or develop as quickly as babies who get lots and lots of touch. Slings simply provide a way to hold baby more without tiring out the arms. Strollers and bouncy seats aren't innately bad, but you have to be aware when using them that you're making a tradeoff. I used a stroller when I was tired and I knew that there would be lots of time later in the day when I would have close contact with my daughter. I never really used a bouncy seat, swing or playpen. I just didn't really need them. I occasionally used the convertible infant carseat as a carrier when my daughter was already asleep, but only for a limited time.

How do you use a sling?

Most slings can be used in similar ways. Any sling that is worn “sash style” from the shoulder to the opposite hip can be used in a variety of ways. In general, think about how you would hold a baby “in arms.” This can usually be duplicated with a sling. First, put your sling on. This usually involves putting one arm and your head through the sling, resting it on your shoulder, and smoothing out the fabric. For a newborn, you can use a cradle hold or a “snuggle” hold.

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The Snuggle Hold

Bring baby up to your shoulder as if you were going to pat for a burp. Hold the baby there with one hand supporting the baby's back—if the sling is over your right shoulder, put baby on your left shoulder and hold baby with your left hand—and use your opposite hand to pull the top edge of the front of the sling away from your body. Make sure baby's feet are inside the sling, and slowly slide baby down your chest until baby is right where you would normally hold her. If the sling is adjustable, you should use your free hand (the one that is not holding the baby) to tighten the sling by pulling on the tail. Do this until the sling holds your baby securely in position. If the sling is not adjustable, keep lowering baby until the sling supports all of her weight. For non-adjustable slings, I prefer to buy them fairly small for wearing a newborn. In the New Native and Maya Pouch, although I wear a 2x1 t-shirt, the XL sizes are MUCH too big for me. An L or even an M would be better. If your sling is not small enough to support the baby relatively high and upright on your chest, you may prefer the cradle hold.



Photo by Caroline E. Brown

The Cradle Hold


Bring baby up to your left shoulder (with the sling resting on the right shoulder, crossing to the left hip). Support baby with your left hand and arm, your hand will be cupping the back of baby's head and your arm will be along baby's back, with baby's legs straddling your arm. Use your right hand to open the sling. Lean forward a little and lower baby across your body so that baby and your arm are in the sling. If baby is very tiny, you may want to pad the sling first with a rolled up towel. Let the baby's weight be supported by the sling and gently withdraw your arm.

Holds for Older Babies

When baby is sitting up better and supporting her head fully, you may want to sit her in the sling cross-legged, facing sideways or outward.

For any baby big enough to sit on your hip (including toddlers and preschoolers) the sling can be used as a "substitute arm." Simply pick your child up, help her get her feet into the sling and through, and sit her on your hip as usual, with the sling supporting her bottom and back. Tighten to fit comfortably. See the picture at the top of this article.

From this hip-sitting position, your child can be shifted behind your arm so that she's sitting on the back of your hip. This is a more convenient position for cooking and cleaning. Simply grab the shoulder of the sling and give a firm hoist forward. This will tend to move your baby back.

 Jennifer Rosenberg, CD(DONA) is Kailea's mom, a doula and Midwifery Today's Design Editor.

Next issue: *Part 2: Which sling should you buy?* This discussion of different types of slings will help you decide what kind of sling you need. In future issues we will discuss making your own simple sling. For detailed reviews of specific sling brands, look at my Web site, <http://www.jenrose.com>.



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VBAC: The Lesson of Labor

by Shel Franco

I have been a quitter all my life. From school sports to college, I just couldn't seem to fulfill my obligations. When the going got tough, I made excuses and then I quit. My pregnancies were no different. In 1996, my first child entered the world through cesarean section. Nine months prior to the event, I remained true to form. My cravings for not-so-healthy foods were too strong, so I quit eating well. I was too tired, so I quit exercising. The doctors knew what to do, so I quit searching for information. And when it counted most, I lost my will to fight, so I quit pushing.

When I was pregnant with my second child, I discovered the world of natural childbirth. I read about numerous physical benefits. The idea of working with my body's chemical and hormonal changes during labor and delivery fascinated me. I felt comfort in knowing a natural birth could keep my perineum intact. I was moved to tears by the thought of experiencing the first few moments of my baby's life without either of us under the groggy and potentially harmful influence of drugs. I owed the best possible birth to my unborn baby and myself.

Still a quitter at heart, I struggled through nine months of lukewarm decisions. Some days I insisted on a completely natural birth, but at other times I thought about leaving my

midwives and opting for an elective cesarean. My respect for and the support of my midwives kept me in check most of the time, but I still had my moments. Shuffling through the hospital's parking garage, I thought, "I don't care what my midwife or doula thinks, I'm getting an epidural." When the midwife checked my dilation, there was no time for debate. My body and my baby were ready for birth.

As soon as my son slid out into this world, I felt marvelous. I left for home hours after the birth, carrying my newborn in my arms. I sat in the car without pain. With no drugs in my system, I was aware of it all. The true miracle, however, was what I didn't know yet.

Months after my son's birth, I realized I was calmer, happier and more in control. I found myself delving into projects and dreams long since forgotten. I started to write again. This time, however, I submitted my work to publishers. As time went on, I kept at it. There were ups and downs, points when I wondered what all the effort was for. But something deep inside insisted that I keep putting words down on paper. I

finally realized—after all these years, I had quit quitting.

The many lessons of labor speak to my heart every day: "Just stick with it. The reward is worth the effort. I can do it. I am strong enough." If ever I don't believe these

lessons, all I have to do is look at my son. He is the proof that I have walked the long road and arrived at an amazing place, a place where I know one thing—the day that I went into labor, I gave birth twice, once to my son, and once to me.


 Shel Franco is a freelance writer living in Northwestern Pennsylvania with her husband, Todd, and their sons, AJ and Luc.



Photo by Cornelia Enning

How to Find a Midwife

Sometimes you have to be a private detective to find a midwife. Since the choice of a birth practitioner is one of the most important decisions you'll ever make, a careful search is worth the extra effort.

You can:

- look in the Yellow Pages under midwife
- call childbirth educators, planned parenthood and other birth resources in your community
- call state organizations
- do a search on the Internet
- call Midwives Alliance of North America (MANA) at (888) 923-6262 www.mana.org/
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Whose Schedule? The Risks of Induction

by Gail J. Dahl

Photo by Patti Ramos. Digital manipulation by Jennifer Rosenberg

"It is apparent that the overwhelmingly redundant message of the ... literature ... is that there is absolutely no study, no evidence whatsoever, that routine induction at any gestational age improves perinatal outcome" (Nichols 1985a).

I began to be interested in induced labor shortly after I experienced a birth induction, also known as induced labor, forced birth, scheduled childbirth, daylight obstetrics, Vitamin P, and also described as "a little something to get you going." My daughter was born in a large Canadian city hospital in 1995. Nearing the end of the last trimester, exactly one week after a 40-week due date, I was told by my obstetrician that my baby was overdue, my baby was starving, weighed only five pounds, and that my placenta was aging. He also mentioned it was hospital policy to induce labor at 41 weeks gestation. Reasons given on hospital records for induction were recorded as low weight and fetal distress. Although I had read many books during my pregnancy I did not find any references on induced labor or its relatively high risks and possible side effects. After thinking it over during the weekend I had difficulty coming to terms with the suggested route of care. Weight gain throughout pregnancy was normal; I was healthy and the baby was healthy during the previous 10 prenatal visits. I resigned myself to the obstetrician's advice and arrived at the hospital on Monday morning highly concerned with the health of my baby.

As the prostaglandin gel (also known as Dinoprostone, Prostin E2, PE2, or Prepidil) was inserted, I began to have serious misgivings about the procedure. I asked if I could leave the hospital to move about during labor. The obstetrician looked at me and said, as this procedure was still relatively new they could not be sure of its effects, so I would not be allowed to leave. My labor started with a bang, and I was soon overwhelmed with violent, unceasing contractions—a hypertonic reaction to the drug. Only because of the tremendous emotional support and technical support from the nurse-midwives and others on my team was I able to give birth normally and avoid an emergency cesarean operation.

During the labor I often felt as though my womb was being torn from within me, and I began to hemorrhage. It



took months and months for the bleeding to stop entirely and the pain in my womb to subside. When my daughter emerged from my womb and was placed on my breast a refrain was whispered throughout the room: "There is nothing wrong with this baby." As I gazed into her eyes I began to feel the white-hot rage of betrayal. She had obvious signs of prematurity including a covering of soft down lanugo and vernix. This was not an overdue baby, but a premature baby. Her medical records record her at barely 40 weeks. She could have easily been two or three weeks premature.

Later I realized we both experienced many side effects from an adverse reaction to the induction drug. I experienced bleeding during labor and prolonged bleeding for months after the birth, blood pressure problems, prolonged and severe postnatal depression, reduced immune function, and persistent pelvic pain. My daughter experienced reduced immune function, which contributed to eczema, asthma, allergies to foods and environmental substances, and brain seizures. Pharmacia & Upjohn report the following adverse effects with this particular prostaglandin: vomiting, nausea, diarrhea, fetal heart rate changes, uterine hypertonus, headache, hypertension, postpartum hemorrhage, fever, dizziness, chills, tachycardia, dyspnea, bronchospasm and rash.

I believe we have yet to see all the results to the health of babies forced out of the womb prematurely in order to schedule childbirth. No studies currently available show the long-term effects of this drug on mothers and babies. One of the reasons for the high failure rate is the drug's inability to completely mimic the hormones that cause both muscles of the uterus to work together to squeeze baby out. Instead

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only one set of muscles is activated, causing the baby to be pounded out rather than squeezed out, often with the head of the baby smashing against the pelvic floor. This action can cause irreparable damage to the baby's brain; this action also places stress on the baby's heart and oxygenation to the brain. These ineffective and incomplete contractions create a longer labor, tiring the mother out and often causing her to ask for pain-relieving drugs to counteract the intense and unending artificial contractions.

A factor to consider when setting a due date is that new research shows a first-time mother to require a longer gestational period, from 38 to 42 weeks and longer (Mittendorf et al. 1990). Sheila Kitzinger reports that over 70 percent of first-time mothers normally give birth 10 days after an estimated due date (Kitzinger 1996). Inducing an unripe cervix leads to long, hard labors requiring additional pain relief (Arulkumaran et al. 1985a). Devoe and Sholl (1983) found that 30 percent of fetuses testing normal developed fetal distress when labor was electively induced, and the cesarean rate was 15 percent versus 2 percent for spontaneous labor. Whether the process has gone awry or the mother simply is not as far along as her doctor thinks, if her body is not ready for labor, induction will likely fail. Study after study shows us that routine induction creates more problems than it solves.

I began to write a book for my daughter that would give her guidance when dealing with her own childbirth. The book, *Pregnancy & Childbirth Tips*, began gaining prominence in the health community and great attention from media as I began a cross-Canada tour to promote the book and the concept of having a faster, easier and safer childbirth. During this time the seeds for the Canadian Childbirth Association began to be formed. This association would work toward informed consent on birth inductions in Canada and work to see that all women, regardless of birth setting or chosen caregiver, would have the opportunity to have a faster, easier and safer childbirth.

New research shows that by reducing the number of labor inductions we can also reduce the number of episiotomies and unplanned emergency cesarean sections. A new study, "First Births—A Continuous Quality Improvement Project with the British Columbia's Women's Hospital," shows that by reducing labor inductions in first-time mothers by 22 percent, there is a corresponding decrease in unplanned

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emergency cesarean section by 21 percent with no change in newborn outcomes. Also included in the study were a reduction in early admission, reduction of electronic fetal monitoring and a reduction of epidurals offered compared to non-induced labors. The input of over 80 clinicians went into creating this manual of improved maternity results for first-time mothers.

The Canadian Childbirth Association is now lobbying to have informed consent in place across Canada. *Pregnancy & Childbirth Tips* is now a national bestseller and has shown thousands of women how to have a faster, easier and safer childbirth regardless of their chosen birth setting.

 Gail J. Dahl is the Executive Director of the Canadian Childbirth Association, childbirth researcher, educator, media advisor and best-selling author of *Pregnancy & Childbirth Tips* (1998), Innovative Publishing, ISBN 1896937-00-4, \$18.95. International Toll Free Order Line 1-888-999-2080. Visit the Web site at www.pregnancytips.com

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Breastfeeding is the Bestfeeding

by Roni M. Chastain, RN, FACCE



Congratulations on your decision to breastfeed your baby. No formula can duplicate the many benefits of breastmilk. Breast is best.

These guidelines will help you to maintain and increase your milk supply. Breastfeeding is a learning experience for mom and baby. Don't be discouraged; it gets easier with time and practice.

Breastfed babies need to feed every one-and-a-half to two hours. Your breastmilk is so perfect for your baby, it gets digested very quickly and baby is hungry sooner. Nursing often also prevents engorgement. You should be nursing at least eight to 12 times in 24 hours.

If your baby seems frantic or upset when s/he fails to latch on, try to comfort your baby before trying again.

If your baby is sleepy and seems disinterested in nursing, unwrap the blankets and wash your baby's face with a cool cloth. S/he may be too warm.


Allow baby to nurse on the first breast for as long as s/he wants; when baby lets go, then burp your baby and offer the second side. By allowing the baby to let go on his or her own, your baby gets the hind milk. This is the milk that has more calories and helps your baby gain weight.

Most moms produce more milk than their baby needs. To be sure your baby is getting enough milk, keep track of how many times you have to change the baby's diapers. Your baby should be wetting at least six to eight diapers in 24 hours. It's more difficult to tell if the diaper is wet when you use disposable diapers. Some moms prefer cloth diapers for this reason.

Try to eat a healthy diet, with a variety of foods. Your breastmilk will be nutritious and healthy for your baby even if your diet is not perfect. Drink enough fluids to quench your thirst, but also be sure to drink a glass of water, juice or milk each time you nurse.

Your nipples do not need to be washed prior to each feeding. Your body produces special oils that help to protect them. Avoid using soaps or creams directly on your nipples, as these can interfere with the natural cleansing action of your own body oils.

If baby is not wetting at least six times in 24 hours, seems too sleepy or just not "right," or if the soft spot on your baby's head is sunken in, your baby might be becoming dehydrated. Seek medical attention immediately.

 Roni M. Chastain, RN, FACCE has been teaching Lamaze classes on Long Island, New York for 27 years. She has worked in labor and delivery. For the past 21 years she has worked for the Visiting Nurse Service of New York in a maternal and child health program. She has two children, a 30-year-old born by cesarean section, and a 14-year-old born by vaginal delivery (VBAC). Both children were breastfed.

Essential books for parents

The Nursing Mother's Companion

by Kathleen Huggins

Bestfeeding: Getting Breastfeeding Right for You

by Mary Renfrew, Chloe Fisher and Suzanne Arms

There are lots of books on breastfeeding—of the ones I've had in my hands, these are the most practical and helpful. *The Nursing Mother's Companion* saved my nursing relationship with my daughter, but it is a very "text" oriented book and is better for people who learn well from reading. *Bestfeeding: Getting Breastfeeding Right for You* has marvelous illustrations and simple "how-to" solutions to common problems that will help almost any mother breastfeed successfully. With these two books in hand, there are few problems that cannot be solved quickly and easily. What is your favorite breastfeeding book? Let us know! Go to www.havingababytoday.com and share your wisdom in our forums! We'll share some of your suggestions in the next issue of *Having A Baby Today*.

—Jennifer Rosenberg, CD(DONA), Design Editor for *Having a Baby Today*

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The Prenatal Water Workout

by Jill Cohen. Photos provided by author.

Combining the benefits of water and exercise helps create better birth. The women I have worked with tend to have fewer interventions, shorter labors and less c-sections. They show fewer complications in the prenatal period and recover faster. The benefits of water are ancient knowledge. While there is no formal documentation of outcomes of labor due to water exercise, I know from three years of observation what is true. It makes perfect sense for the pregnant body to gravitate toward a water environment.

Why Water?

Exercise in the water is becoming more popular during the prenatal period and offers many benefits for the pregnant mother, both physiological and psychological. Water provides a safe, inspiring atmosphere that women can use and work with as their bodies change and grow.

In order to understand the physiologic dynamic of water, you must understand hydrostatic pressure. When you immerse a body in water up to the shoulders, two great things occur. One is that the body becomes buoyant. The other is that the pressure of water against the skin surface while the body is in motion creates hydrostatic effect, which causes body fluids to move effortlessly upward. For example: If you have swollen feet and you kick through the water, hydrostatic pressure combined with the movement alleviates swelling.

The hydrostatic force of water pushes extravascular fluid into the vascular space, producing an increase of uterine blood flow. Uterine blood flow is essential to grow a healthy baby and placenta. By moving a body immersed to the shoulders and at an adequate depth so that it's not touching the bottom of the pool, hydrostatic pressure makes the blood flow back to the heart easier. This is an excellent way to stabilize blood pressure.

Another benefit to water workout is alleviation of edema. Movement in water creates 12 pounds of pressure. The pressure squeezes and massages fluid back into the tissue where it is reabsorbed

and eliminated. The buoyant effect of a water workout causes no jarring and easier motion, a no-impact form of exercise. The pregnant body can move in ways not possible on land.

Pregnant women should not overheat themselves. Because water has a cooling effect, women can work hard without compromise. Water exercise poses little to no chance of hurting oneself. Buoyancy in pregnancy is so relieving! It enables women to relax and enjoy movement uninhibited.



Jill Cohen has been a lay midwife for more than 18 years. She is an associate editor at *Midwifery Today*.

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Rogers, continued from page 1

Dr. William Sears. These two books were also pivotal points in my transformation, in that the more I read, the more I came to the realization that my dream of having the best of both worlds would more than likely not come true. Simple statistics show that by walking into a hospital you are upping your chances of being subjected to *routine* hospital policies and time limits, invasive procedures, and about 25 percent of the time, a surgical delivery via cesarean section. The conditions a laboring woman is expected to endure in a hospital are simply not conducive to achieving a natural, unmedicated childbirth. The more research I did, the angrier I became at the obstetrical field in general, not only for unnecessarily tampering with something that was created perfectly by God, but for robbing countless women of their inherent right to give birth to their babies.

I am so saddened by story after story of completely healthy women with completely normal pregnancies being made to feel that their bodies do not know how to operate properly. Failure to progress is one of the most common reasons doctors give for initiating a c-section. Have you ever known a woman to be stuck at seven centimeters forever? To be in labor forever? Or to be pregnant forever? Who on earth do these doctors think they are kidding! Why won't they acknowledge that nature progresses at its own pace, not according to a textbook, and certainly not according to any hospital schedule!

After reading these books, I made my decision final. I wanted to have a natural birth, the way God intended it, with no drugs and no interventions unless absolutely necessary. I could not have such a birth in a hospital environment. I knew I'd made the right decision. Convincing my family, however, was going to be another story.

My husband, Randy, was a little nervous about embarking on a tremendous unknown without the benefit of close-by technology. However, he totally trusted that I had done enough research on the subject and told me that if I felt comfortable with my choice, he would support me. After taking a little time to get used to the idea, he totally agreed with me. My mother was another story. When I told her my plans, she freaked out. I wasn't quite prepared for her reaction but should have expected it, considering that when she gave birth it was quite common for a woman to be totally anesthetized. For weeks she questioned me about every aspect of my choice, but finally she said she would support me. Showing her the books I'd read as well as sharing the statistics helped a lot. The others in my family have been totally supportive. In fact, I learned a neat bit of family history when sharing the news with my family. My grandmother informed me that my great-grandmother was a midwife!

When I talk about childbirth with my friends, they look at me in fear. They ask if I am really going to try to give birth unmedicated, as if I am some freak of nature for wanting to do so. They tell me I am brave. But I don't believe my choice has anything to do with bravery. Ask me if I am scared, and I will tell you yes. Even though I am not yet pregnant, I am scared of putting myself in the position of having to handle

something that I don't have the first clue about. I am afraid that I might not be able to manage the pain, and I am afraid that some unforeseen emergency might occur that would jeopardize the life of my baby. God made my body to handle the job of childbearing perfectly, however, and knowing this, I am more afraid of what might happen to me if I surrender myself to the care of a hospital and an obstetrician.

A friend of mine had a baby a little over a month ago. She'd eaten well and exercised regularly, and she'd gained 37 pounds, which according to the standard, is just about perfect. Hers was the epitome of a healthy pregnancy. When her labor started on a Sunday night, she told me she had thought, "okay . . . here we go!" Her contractions stopped the next morning. That afternoon, the contractions started back up, but they were sporadic and not very strong. This lasted into the night. About 7 o'clock that Tuesday morning, her water broke. Even though her contractions were still sporadic, she and her husband decided to head to the hospital around 11 a.m. on the advice of the nurse that was on duty. Once at the hospital, my friend wanted an epidural because she had not been able to rest at home. However, since her cervical dilation hadn't even reached four centimeters, the nurse gave her Demerol, which necessitated an IV. Demerol only made her feel dizzy and out of it, and finally she was able to get her epidural. Because the epidural slowed her labor, the doctor decided to administer Pitocin to get labor started again. Finally, around 5:30 the next morning, even though her cervix had dilated to nine centimeters, the doctor decided to do an emergency c-section, stating that the baby was in distress.

I didn't understand the decision then, and I don't understand it now. From my point of view, my friend had her right to birth her baby stolen from her, and that makes me mad. And it angers me even more that her chances are lessened of ever being able to give birth the natural way. That's not to say that natural birth will be impossible for her in the future. But next time, it will be even more difficult. And here's what saddens me the most. She told me before she had the baby that she was going to try to give birth unmedicated, because she believed it was the best way. She told me that she was scared to have her baby with a midwife in case of an emergency, and that if she could make it through the first birth with no drugs, she would have her second baby at home. She thought, like I thought in the beginning, that she could have the best of both worlds. But this didn't happen. Unfortunately, it rarely ever happens.

So, yes, I am scared, but not necessarily of the pain or the possibility of an emergency. Instead, I am terrified of having my right to birth ripped from me, and that after nine long months of taking care of my unborn baby and myself, some doctor or on-call nurse will deem my pelvis too small or my labor too long. Most importantly, I am scared of being reduced to being a *patient* in a hospital, rather than being a *mother* gloriously giving birth the way God intended it.



Christy Rogers is a veterinary technician who lives in Texas. She has been married for two years and is still trying to get pregnant.

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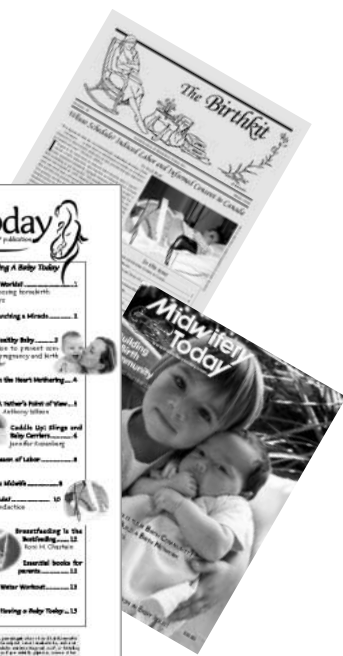
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