



# *Take Back Your Birth*

Essays to inform and inspire moms for healthy births  
By Cristen Pascucci

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## Dear Reader...

About a year ago, I realized that what I wanted to do more than anything in the world was to grab each and every woman in America and demand that she recognize her value, and demand that others respect her for it—and especially in her maternity care.

Why in maternity care? Because I saw that too many women—people I know and love—were having needlessly complicated births and trauma, for no reason except that they didn't know they deserved better, or how to get it. They were falling, and suffering, for myths like, “Good mothers don't ask questions,” “You need to be more realistic with your expectations in childbirth,” and “A health baby is all that matters.” The truth is that giving birth is your first act as a mother. Your baby really, really needs you to look out for him as only a mother can while you, your body, and your baby all work together to get him earthside *safely*.

Suddenly, I realized there was a way I could grab women and bust these myths... I could write! I started publishing articles on Improving Birth's blog and on my own website, Birth Monopoly.

This little book represents my favorites of those articles, and I'm so happy to share these with you. I hope you are inspired; I hope you learn something; I hope you think a little differently about yourself and about giving birth.

Most of all, I hope you recognize your value, and demand that others do, too.

Love, Cristen  
September 2014

## Take Back Your Birth

**I went into pregnancy and preparation for birth “willfully ignorant.”** I'd never wanted to experience either, so my perspective on the whole thing was that of an outsider's. As I started poking around about giving birth for the first time, I had some vague ideas about lowering the lighting in the room; maybe I'd wear one of my own gowns that I felt comfortable in. I didn't want gawking strangers there while I delivered (I mean, how awkward is that?) and I thought it would be very cool if I could cut the baby's cord, if it wasn't too gross.

This was when I began hearing **a phrase that absolutely astonished me:** **“They might let you...”** or “Sometimes you're allowed to” – referring to what the medical staff may or may not allow in the labor and delivery room. I wasn't talking about life-or-death decisions here. I was simply trying to find ways to make this terrifying, traumatic, first-time experience more pleasant or more “mine.” **I was amazed to find** that the prevailing attitude was that, in every little thing, I needed the permission of my health provider and hospital staff, and that they varied so widely in what they would or would not “allow.”

That factor alone – the variation in the policies among different providers and facilities– told me that **health and safety weren't the issues.** After all, if that were the case, these policies would be standardized to protect moms and babies. There are laws, regulations, and scientific research on these things. Right?

No, this was simply a matter of preference – and not my preference, either. What an odd concept, I thought. I'm an educated adult, and it is my body, my baby, and my birth. And, frankly, I'm a paying customer. If safety is not an issue, why don't my preferences count in this very important life event? Why on earth wouldn't I get to make these decisions?

The limit for me was finding out that **“they might or might not” let me hold my own baby immediately after he was born,** even if there was no medical reason, because some nurses preferred to get stats like length and weight right away. (As if those things would change if they were measured *after* I'd had a chance to meet my baby.) And if the medical staff was of the mind to isolate the baby after birth for any kind of routine monitoring—even if he

was healthy—I was told there was nothing I could do. I might see him minutes or hours later, even the next day; it was all up to the hospital. My best bet, I was advised, would be to drag myself out of bed to follow him to the nursery and keep asking for him until someone sympathized.

Mind-boggling. I could not imagine going through the process of giving birth, lying there exhausted and helpless, and watching my own baby be whisked away before I could hold him—because of someone else's preference.

Finally, I asked the nurse who taught my childbirth class, **“Can't I say 'no'? What is the law on this?”** Was I somehow giving up my legal rights to my body and as a parent simply by going into Labor & Delivery? What were they going to do, arrest me for demanding to hold my own baby? The answer to my first question, of course, is **YES, you can say “no.”** In fact, that's one of your most fundamental rights as a patient and a human being. Your body is your own, and you decide what is done or is not done to it, and, as a parent, you have the legal right to make decisions about your baby. There are many options for birth, the majority of which are as safe as or even safer than standard practice.

In the end, I did get exactly the safe, uncomplicated birth I wanted for my baby, but it truly was a battle, and one I came close to losing. (More on that later.) I had to fight hard and, even then, luck came into play. So take it from someone who's been there: educate yourself about your options and pick a team who will completely respect and enforce your wishes. **Having to fight for yourself in birth is something no one should have to go through.**

And taking back your birth may be as simple as changing your language. You don't really need to ask permission, as if others have the ultimate authority over you or your baby. When you're handed the thin, ugly hospital gown, you don't have to ask, “Is it okay if I don't wear that?” You can say, “No, thank you, I would rather wear my own clothes.” You can be assertive without being confrontational with the people who are there to help you. This principle applies to anything during your labor, delivery, and postpartum period.

**Take back your birth.** It truly is yours, and you don't need anyone's permission.



## *Selfish Women and Their Silly Birth Experiences*

When I was preparing to give birth, I saw it as a once-in-a-lifetime event and something I wanted, more than anything, to do “right.” By doing it “right,” I meant that I wanted the safest and most positive outcome possible; to me, it was perfectly obvious that safety and a good experience were inextricably linked. And, as the person playing the most active role in the event, I felt it was my responsibility to shape those things.

It was a little alarming to me that so many of my friends and acquaintances who had given birth did not particularly want to talk about it, and didn't necessarily think it was a good idea that I learned as much as I could about it before doing it.

Before and after giving birth, I got the sense from some people that in seeking a “positive” experience, I was being high-maintenance and was somehow less concerned with my baby's well-being than someone who didn't ask questions or want to actively participate. I rolled my eyes at the speculation and barreled right through it, but, on reflection, it struck me as odd. How could it be “selfish” to do what I could to facilitate a less traumatic birth? **Didn't less traumatic mean “safer”?** My body—a body I'd come to know and like for the last 30-some years—was being subjected to a major, life-altering process. Why did it suddenly have such reduced value? Why was I suddenly not supposed to have any say over what happened to it?

**And . . . why did people assume that my baby's safety must be lower on my priority list, because I wanted his birth to be a positive experience?**

**That's a doozy of an assumption.**

Prior to giving birth, my primary motivations for attempting a normal, unmedicated, physiologic birth were so that my baby wouldn't be born with drugs in his system; so that we could benefit from the dance of hormones science hasn't come close to replicating; and so we could avoid the dreaded “cascade of interventions” that ends in 1 in 3 American babies being born by surgery. All of these things meant healthier bodies,

better bonding, and a higher chance of successful breastfeeding. That was selfish?

When I first began researching birth and options, I went in completely biased against unmedicated birth (why would anyone choose pain?), but what I found didn't support my bias. I found, to my complete surprise, that **it was possible to give birth with dignity and humanity, and that, on the whole, those births seemed to be the least medically risky.** Over and over again, I saw that the births where women were *gently supported* in the process rather than *actively managed* like children—where mom was treated by her skilled, attentive providers as the most important person in the room—the smoother the birth and the safer the baby. Bingo.

*Choices in birth are very personal. I do not believe that every woman can, should, or must have an unmedicated (natural) birth. That fact does not change a word that I write here.*

It was only after I gave birth that I grasped the real value of what I instinctively wanted. I'm not sure I knew then that my tendency toward a physiologic birth was me protecting myself and my baby. But the bigger picture is that if birth were merely a day or two out of our lives, I wouldn't have gone on to devote my career to transforming maternity care. Birth has a much bigger impact than a one-time mere medical event.

### **Birth is valuable because it is the beginning of the mother-baby relationship.**

Once you have been a mother, you will never not be a mother again. The minute you go into labor, you are on a rollercoaster that doesn't stop.

The way you meet your baby can very much set the tone for the postpartum period. It is a *tough* time. You're unsure of yourself, on no sleep, hoping you don't accidentally harm or starve this helpless, completely dependent little thing. The stress of a baby crying for no discernable reason is indescribable. I don't recall ever feeling so frustrated in my life. We all laugh about those moments of irrationality, when you have to place your baby in her crib and just walk away in order to keep your sanity.

I have seen first-hand how the birth experience impacts this time. I came off my baby's birth strengthened and confident—in complete awe of what my body had done. And it was still the most difficult time I've ever

had. I've seen what happens when women come off a traumatic birth, too, and I've seen the lack of spirit and the helplessness they sometimes exhibit. I've talked to the women who spent hours crying in the basement or listless in bed, unable to get it together, or just dragging through the day with no joy. Even the women who rally and carry on are carrying wounds they must wrestle with at some point or another, especially if they plan on having more babies.

Listen, when I say "traumatic birth," I'm not talking about medical complications. I'm talking about preventable trauma... Healthy women with realistic expectations who were treated disrespectfully or without compassion at that most vulnerable time: **women who weren't treated like the most important person in the room, as they gave birth to the most important thing in the world.** Trust me when I say that this happens more than you would ever believe.

Feelings of desperation, low spirits, and worse plague a new mother and affect how she nurtures her baby. We've only begun to explore the connection between birth experiences and incidences of postpartum depression or post-traumatic stress disorder in new moms. Coming off birth strengthened, supported, and **healthy** is invaluable to the whole family.

Something we forget, too, is that you are already a mother during birth. **Birth and postpartum are your relationship with your baby as a new mom.** The quality of that time is something you will remember all your life. Saying that it doesn't matter what happens with you and your baby during and after birth is the same as saying it doesn't matter whether you bond with your toddler or that it doesn't matter whether your teenager hates you. Birth is part of your life as a mother. *This is your life.*

### **Birth is valuable because women matter.**

It's a dangerous assumption I alluded to above: that only a woman who cares less about her baby would care more about her body and her birth. It's damaging and wrong to communicate to women that we must make a choice between ourselves and our babies, because we can't *both* matter.

**Acting as if a baby's safety is compromised by treating his mother well in birth is ludicrous,** and I'd like to call for an end to that. If I could go back in time, I'd ask those people who questioned me to please explain how I was the most important factor in pregnancy and the least important in

birth. How my value as a person deserving of positive experiences plummeted so dramatically when I crossed the threshold from pregnant woman to woman in labor. And how on earth treating my body well in pregnancy was intuitive, but treating my body well in birth was not. I'd say to those people, "Explain to me again how it's selfish to take my responsibility as a mother seriously?"

Simply by virtue of being human beings, women matter. We deserve respect, compassion, and kindness in birth, because we are human beings. But let's not forget that greatest of responsibilities given to us as mothers: we are guardians of our babies. **In pregnancy and birth, what happens to us happens to our babies.** And because the ways in which our children come into the world are some of our first acts as mothers, *our babies deserve for us to be treated as if we matter.*

I encourage you to embrace that truth, and act as if you mean it.



## *A Healthy Baby Isn't All That Matters*

We hear all the time, “a healthy baby is all that matters.” That's simply not true—especially when, **all too often, “healthy” means merely “surviving birth,”** for both moms and babies. That's not nearly good enough.

The truth is that in this day and age and place, a higher standard can and should exist: a healthy baby, a healthy mom, and a positive, respectful, family-centered birth experience for everyone.

Why is that so important? Because what we forget sometimes in merely “surviving” birth is that, for moms, giving birth isn't just a day out of your life. **For most of us, birth is about more than having a live fetus extracted from our uteruses in the most efficient way possible.**

Birth is a life-defining experience that sticks with you. Ask most moms about their birth stories, and you can see and hear the emotions rush back as they share. These are stories—good or bad—that we vividly relive over and over, whether we want to or not. And let's not forget that our experiences can have major, lasting, and permanent health consequences. **Our birth stories affect the postpartum period (baby blues, anyone?), our relationships with our babies and families, and our attitudes about ourselves and future births.**

For babies, it's their first introduction to the world and to their primary caregivers. We're communicating to our babies from Day One what the world is, how threatening or safe it is, and how we relate to it. How much better can that care be when we are launched into parenthood strengthened in birth, confident, and supported?

In the real world, of course, birth doesn't follow a textbook pattern; there are complications and changes of plans and undesirable outcomes. But even when these things happen, a woman can still be respected and supported. **We may not be able to control nature, but we can control how we treat women in labor and birth.** Even in the worst-case scenario (especially in the worst-case scenario!), there's no excuse for anything less than the utmost respect for, deference to, and compassion towards the birthing woman as she is making her choices.

**Because what's really telling about the "healthy baby" phrase is that, so often, it's used to justify a disappointing, difficult, or traumatic birth experience.** It's said to us by our providers, our friends, and our families as we're reeling from the shock of what just happened: trying to wrap our heads around something that seemed to go unexpectedly out of control. And, yes, we tell it to ourselves.

So what's the key to a new standard? It's us! It's the moms whose business drives the industry that gives us that care. Many of us don't realize it yet, but we are in the catbird seat. Imagine what could happen if we, millions of moms and dads and our friends, really took hold of that power and wielded it.

We can start by educating ourselves to know what great care looks like—respectful, evidence-based care—and actively seek it out by shopping providers. **We can tune in to the red flags—things like hearing "You aren't allowed to" from your provider**—and stop ignoring our gut instincts! In my opinion, hearing from your provider something like "A healthy baby is all that matters" during prenatal care falls into that category. It says to me, "Whatever happens in Labor & Delivery, you have no room to complain. If we present you with a live baby, we've done our job."

**Finally, and probably most important: we can exercise our power by walking away from providers** who don't offer us healthy babies, healthy moms, and a positive, respectful, family-centered birth experience.

For moms and babies, surviving birth isn't enough. It's only the beginning.



## Dear Friend, Birth Doesn't Have to Suck

Dear Friend,

If you're reading this, it's because I care about you, and I want you to rock your birth (soundtrack: Katy Perry's *Roar*). I believe you deserve the best. If "rocking your birth" sounds like something other people do, and you just want to "get through it" with a healthy baby—**girl, raise your expectations**. You're both too valuable to whiff on this one. If this is your first baby, it's even more important, because it will set the tone for your future births. It may determine your options for delivery for the rest of your life and even how many more children you can have.

Please don't feel judged that I'm sending this to you, or like I'm trying to tell you how to do things. In fact, I don't care *how* you give birth—that's your business. But because I care about you and this incredible journey you are on, you have to know you're facing a system where great maternity care is a gamble for most women. **Nine in ten women lose that gamble**. (See the table in "More Info" on page 29 of this eBook). Be clear about that: today, your odds of a C-section are 1 in 3—much higher than it should be.

I'm not trying to scare you—I'm trying to power you up. I want you to learn from my experience, and from what I've picked up from other women who have gone through this—good, bad, and ugly. I don't ever, ever want you to say, "If only I'd known....!" about your pregnancy and birth.

I'm going to lay it out for you here, so get ready.

### #1 You are in Charge

Now is not the time to "wing it" or let anyone else take over—even your care provider. This is Step #1 to becoming a mother, when you will be making all kinds of decisions and will be asked to do all kinds of things that are outside your comfort zone and that you may feel completely unprepared or unqualified for. That's okay. **Put on your Game Face**, because this is *one of life's all-time best learning and growing opportunities*.

When I switched care providers at 41 weeks, 6 days pregnant, I believe that's when I became a mother. Until then, I'd been floating along, doing my best to advocate for myself while also getting along with my care

provider, who I actually really liked. When I decided to switch from her to someone else, I was choosing my baby over everyone else: over that nice provider, who I felt so guilty about leaving; over my family, who would surely call me “high maintenance” behind my back; and over my friends, who already thought I was crazy for wanting a natural birth. But I didn’t feel 100% safe and supported with that provider, and I knew that’s what my baby and I deserved. (p.s. Best decision ever.)

I can’t say this enough: **this is your show**. It’s your body. It’s your baby. You are responsible for the decisions you make, and you will bear the consequences—good or bad—for any decisions made about your care. There are a few ways this can go: it can be traumatic and life-changing in a bad way; you can “get through it” just to get to the other side with some minor complications; or you can grab the bull by the horns and do everything possible to make it the safest, most positive, most life-affirming experience you’ve ever had, and something that will make you love and respect your own body in a profound new way—and raise the chances of the healthiest birth possible for your baby.

Childbirth is unpredictable, but that is all the more reason to prepare for it and embrace it. *You will never have another chance to give birth to this child.*

## #2 Education

“Unlearning” about birth is almost as important as learning about it. There’s so much inaccurate, outdated information and so many negative, fearful messages out there, you kind of have to start from scratch.

**Accept that a lot of what you think you know is simply not true.** We live in a country where 1 out of 3 births is by surgery, and many of those surgeries are “emergency,” even though optimal care says that the vast majority of women could give birth safely without medical interventions and without complications. We create a lot of emergencies in the U.S., and have a stunning number of complications in pregnancies that started out healthy. (How many of your friends have had unplanned C-sections?)

**Do not** waste your time on *What to Expect* and websites like BabyCenter.com. Don’t even think about taking the “childbirth class” at the hospital.

**Do** start with *Birth Book #1* by Steve and Sarah Blight, which covers finding the best care provider and having less pain in labor, and then *Birth Book #2*, about how to have a healthier baby in that critical first hour after birth. These short books are easy to read and are full of the most current information. Both are on Amazon.

**Do** get over and watch *The Business of Being Born*. Today. Right now. (I will warn you: it is somewhat biased. But it does a good job of introducing some ideas you probably won't see anywhere else.) **Do** watch and read birth stories of healthy, peaceful births (they are all over the Internet).

Improving Birth has a list of great, evidence-based, websites and other resources at their website (<http://bit.ly/pregnancyresources>).

Finally, get in a good, reputable childbirth class *outside* of a hospital. This is an amazing process and the more you know, the less there is to fear. Education is power.

My personal favorite is Hypnobabies, which is one of the most comprehensive childbirth preparation programs out there, and offers you the opportunity to give birth without pain and without drugs. You heard that right. No pain, no drugs, and wide awake. It sounds too good to be true, but I know for a fact it works. Just check out their website.

### #3 The Thing About Routine Birth

I'm going to skip you ahead a few steps here. When you start researching and really learning how awesome birth can be—and not some emergency horror show like you see in the movies—and when you start formulating a plan for how to make birth the safest it can be, you're going to find that the care most places provide doesn't resemble what the latest, best research shows as most beneficial and least risky for you and your baby.

Here's a (really long) example:

> Evidence-based care for you means freedom of **movement**, freedom to **eat and drink** as you like, intermittent auscultation to monitor your baby's heart rate during labor, one-to-one continuous **support** by someone who is educated in childbirth, **water immersion** for pain management, **privacy** so you can focus, **no vaginal exams** during labor unless there is a specific reason for it or you want to know your dilation, and freedom to push in whatever position feels **comfortable** to you. It also means that labor and

pushing go as long as you feel comfortable and you and baby are doing fine. It includes having appropriate medical interventions *when necessary* and not before. If medical interventions are recommended, it means full and accurate information on their risks (every one carries risks), benefits (every one carries benefits), and alternatives (most have alternatives), and support of whatever decision you make.

> BUT... Routine hospital care usually looks more like: **strapped** into bed with belts for continuous monitoring of your baby (this kind of monitoring has an over 99% false positive rate), **no food or drink** allowed (they might give you ice chips?), no one-to-one support, maybe a tub for water immersion, but you can't get in if you're on monitoring belts, an automatic **IV catheter** in your hand that hurts and makes it hard to move, lots of interruptions by people wanting to give you **vaginal exams** (that serve no medical purpose, are usually painful, and increase your odds of infection down there), plus constant **pressure** to "hurry things along" with medication or "give you a break" with an epidural. It's unlikely that anyone will tell you the significant **risks** of medications that speed things up (Pitocin causes fetal distress, which is a #2 cause of C-sections) or the downsides of an epidural (primarily, that you won't be able to move around to get baby positioned better, which makes it much harder for him or her to descend through the birth canal and can result in a need for **episiotomy**/forceps or vacuum or even **surgery!**).

You are free to choose any of these things, and they may even be necessary. The thing is that most women don't choose these things—they're just done to them—or they "consent" without all the information about what's being done. I don't want that to happen to you.

So what's a girl to do?

#### #4 Get a Damn Doula

Have you ever cut your hair yourself? It might turn out okay, but then you get it done at the salon with the hypnotizing head massage and the mysterious, magical products and the blow-out-you-can-never-replicate and you realize, yeah, that was better with professionals. That's kind of what doulas are to birth.

Doulas (a.k.a "birth sherpas") are trained to support women in continuous, one-to-one support throughout pregnancy and childbirth, and **their use is strongly supported by science**, including 2014 guidelines from the nation's

obstetricians that call doulas “one of the most effective tools to improve labor and delivery outcomes” (“Safe Prevention of the Primary Cesarean Delivery” at <http://bit.ly/safeprevention>). They will answer your questions if you’re having heartburn at 28 weeks or refer you to the best chiropractor if your hips hurt, and help you create a birth plan; during labor, they will gently help you get in different positions, encourage you, inform you about what is going on, bring you snacks, and let your partner have bathroom breaks so he can stay comfortably by your side when you want him. If you or your partner is wondering what a doula does, read this: <http://bit.ly/whatsadoula>.

**Doulas are so much more than just a luxury.** They really, truly, are a safety measure. Look at these stats! Look at the decrease in the risk of C-section!



More at: <http://bit.ly/doulaevidence>

When you’re doing the math on whether to spring for a doula, compare the one-time cost of a doula with the lifelong effects of potentially preventable health complications, preventable major abdominal surgery, and the effects on future births. There’s also the priceless benefit of having the best experience possible in an event that occurs just once in a lifetime. Would you skip a wedding photographer just because they are not necessary for your marriage to be legal? Now imagine that wedding photographer somehow lowers your chances of a divorce by 25%. No brainer, right?

Doulas can also help you with #5 “Best Provider Ever” because they work together with many different providers and see how they practice! They

know if Dr. A tends to be more patient with first-time moms, or Dr. B's bedside manner sucks during birth even after being so laid-back during pregnancy, or that the nurses at Hospital C are exceptional. Every single hospital culture and staff are unique, and doulas can help you figure out where you'll have the best shot at the safest, best birth possible.

## #5 Best Provider Ever

Every provider is different, and research shows that the #1 determinant of whether or not you end up with a C-section isn't you—it's your provider! That's saying something.

Know that your options include obstetricians, family doctors, and midwives. This is significant, because the U.S. is unusual in that we often send healthy, uncomplicated pregnancies to surgeons (obstetricians) rather than normal childbirth experts: midwives (See <http://mana.org/IAAM/>). Midwives specialize in keeping you and your baby healthy and *preventing complications*, including surgery. If you have access to midwifery care where you live, at least give it one appointment and see what you think. If it's not a fit, you haven't lost anything, but if it is, understand that *this kind of care is statistically safer for healthy moms and babies*.

Speaking of, don't be shy about vetting your provider. What is his or her rate for Cesarean section? What about episiotomy and other common but usually unnecessary interventions? This is your vagina we're talking about. You have a right to know.

My advice: Ask your doula. "In your opinion, what are the top five providers in my area for respectful, evidence-based care?" Look at the statistics for the hospital where you're giving birth. Always ask for a provider's statistics—if they are anything other than thrilled to share them, that's a red flag. To get a read on how they like to practice, and, therefore, the kind of care you will most likely get, ask them, "So you can tell me what it will look like when I go into labor? Can you walk me through it?" Take in a birth plan *as early as possible* in pregnancy and ask open-ended questions: "How do you feel about this item? Is this something you normally do?" Watch their reactions carefully and trust your gut.

Know that **whomever you pick owes you the best**. If you've done your research, you have an idea of what to look for. If you hear things like, "You're not allowed" or "We can't let you,"—if you are getting any of these

“red flags” (<http://bit.ly/providerredflags>)—please, take your business elsewhere, to someone who will treat you like a competent adult. It is never too late to switch care!

## #6 You don't have to go to a hospital

Wait, aren't hospitals the safest place to give birth? Surprisingly, the answer is: NOT ALWAYS. Frankly, some (many) hospitals adamantly refuse to provide or allow evidence-based care, and that can be truly risky to moms and babies. Some, on the other hand, are exceptional.

If you're a healthy, low-risk woman, birth centers may actually be safer for you. They provide comfortable, high-quality, family-centered care with a Cesarean rate of approximately 6% (compared to the 32% national average) and a less-than-2% urgent transfer rate (for either mother or baby) with no adverse health consequences for moms or babies compared to hospitals. Here, you can see research on birth centers and find a list of locations near you: <http://www.birthcenters.org/research>

Home birth isn't just for hippies anymore. More and more women are taking advantage of this option, as they recognize the benefits of truly supportive one-to-one, individualized care and avoiding the routine risks of a hospital. The acceptance of home birth as a legitimate health choice makes it more safe in some places than others. If you're open to this possibility, do some homework and see if it's a fit!

## #7 Know Your Rights

Most women are totally unaware about what their rights are or why they'd ever need to know them. **Pregnant women have the same rights as everyone else**, but women are very often treated as if they're in a special category because they're pregnant. Legally, you are entitled to informed consent and refusal: a full discussion with your care provider about the risks and potential benefits of anything they are suggesting, and about your alternatives, with the right to say “no” to anything (a great article: <http://bit.ly/informedconsentinchildbirth>). You—not your care provider—have the legal and moral right to say, “You are not allowed.”

It's also important to know that hospital policies don't trump your rights. Just because it's “hospital policy” to get on monitoring belts or have a timeline in labor *does not* overrule your right to say, “No, thanks. Not for

me." Policies are guidelines for people who work for the hospital—not you, when your best interests are served by something other than policy.

You've got to know your rights if you're going to use them!

### Once again...

Birth doesn't have to suck. Keep your expectations high and do the work to have those expectations met. **Don't let anybody convince you that you need to step aside for your baby. You need to step up for your baby.**

I'm rooting for you in this once-in-a-lifetime process. I know you can rock this thing.



## *You're Not Allowed to Not Allow Me*

For most women, pregnancy and childbirth are one of the few times we let other adults tell us what we are “allowed” and “not allowed” to do with our own bodies. It's time to change our language around this to reflect the legal and ethical reality that it is the patient who chooses to allow the provider to do something—not the other way around—and to **eliminate a word that has no place between true partners in care.**

We hear the word “allow” used regularly, by well-meaning care providers and family members, and by pregnant women themselves. During my own pregnancy, I was told I “**may or may not be allowed**” to hold my baby immediately after he was born, depending on what hospital staff was on shift. It struck me as so odd that I might be in the position of asking to hold my own baby, especially when I'd chosen to hire these care providers. Who was allowing whom here?

Most recently, it has been all over the media following the March 2014 release of guidelines<sup>1</sup> for lowering the primary Cesarean rate from the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine:

“Women with low-risk pregnancies should be *allowed* to spend more time in labor, to reduce the risk of having an unnecessary C-section, the nation's obstetricians say.” (NPR.org)<sup>2</sup>

Or:

“That may mean that we *allow* a patient to labor longer, to push for a longer amount of time, and to *allow* patients to take more time through the natural process.” (CBS News Philadelphia)<sup>3</sup>

For women giving birth in the American maternity system, these guidelines are welcome, but they are no magic bullet. Medical practices take years and even decades to change, and while that happens, **what assurances do women have** about the care they are receiving *today*? Is it ethical to hold women to what an individual provider will “allow,” with the full knowledge that not all providers are practicing to the standards science show is best for moms and babies?

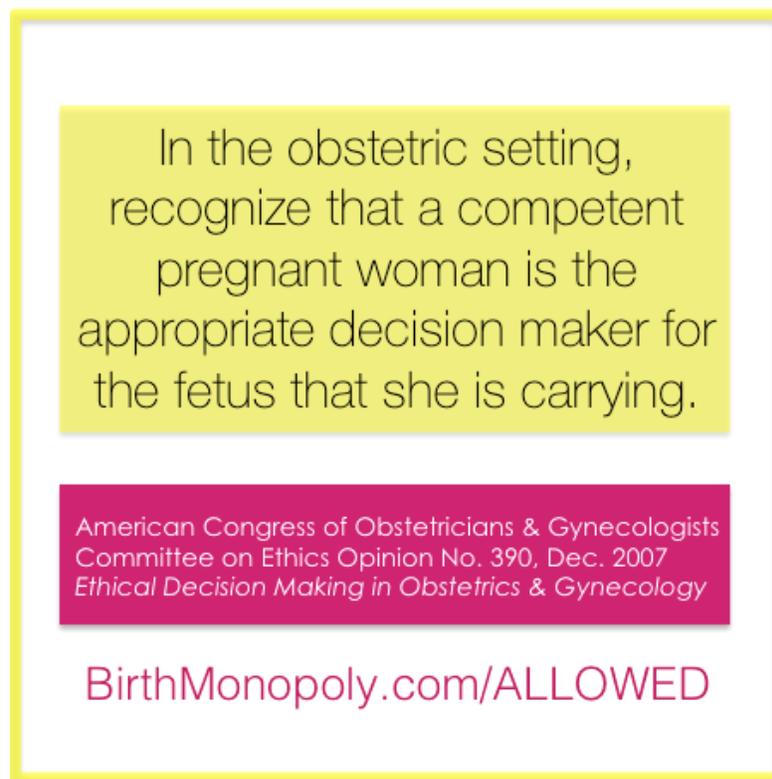
These are not rhetorical questions. In the U.S., outdated, non-evidence-based practice is routine and accepted<sup>4</sup>; Cesarean section rates vary ten-fold among U.S. hospitals; and those rates vary fifteen-fold among the low-risk population<sup>5</sup>. Over 40% of hospitals defy national health policy<sup>6</sup> by “not allowing” vaginal birth after Cesarean, to the detriment of hundreds of thousands of mothers and babies. The United States is the only developed country in the world with a RISING maternal mortality rate.<sup>7</sup> One factor in that rise is our overuse of surgery for childbirth. **We simply cannot operate on the assumption that the surgeries women are receiving are always in their best interests, or that of their babies.**



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But it's about more than just a stand-alone decision around whether to do a Cesarean. There's a sequence of events leading up to that possibility, and many women have been relieved of their decision-making well before that time. When women have been given messages all along that they are not the authority in their own childbirth, it's easy for a care provider to make a unilateral decision about surgery. What woman, who has experienced nine months of language like “we can't let you” and “you're not allowed,” is going to suddenly have the wherewithal to refuse an unnecessary surgery—or to even know she has the right to do so?

The truth is that women, like all other U.S. citizens, have the right to make decisions about their bodies based on informed consent<sup>8</sup>—a legal, ethical standard which requires the provider to convey all of the information around a suggested procedure or course of treatment, and the person receiving the procedure or treatments gets to decide whether or not to take that advice. ACOG states clearly about informed consent in maternity care: “The freedom to accept or refuse recommended medical treatment has legal as well as ethical foundations. . . . In the obstetric setting, recognize that a competent pregnant woman is the appropriate decision maker for the fetus that she is carrying” (ACOG Committee on Ethics Committee Opinion No. 390 *Ethical Decision Making in Obstetrics and Gynecology*; Dec 2007, reaffirmed 2013).



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This stands in stark contrast to women being told they are “not allowed” to decline potentially harmful interventions like continuous electronic monitoring<sup>9</sup> in a low-risk pregnancy, or to make an informed decision for a vaginal birth rather than a surgical one<sup>10</sup>—or even to eat, drink, or go to the bathroom in labor.

At its heart, this language is about **a lack of respect**. It's how we speak to children, not competent adults. It's a sloppy way of skipping meaningful and necessary conversations about what should be a common goal for both mother and provider: a healthy, happy birth.

It's also a reinforcement of deep cultural beliefs about women as passive objects, not full owners of their bodies nor representatives of their babies, and having lesser decision-making capacity than those they've hired to support them. These ideas will take time to change. But birth is a great place to start.

Words have power, and **we can take back that power** in some simple ways:

- Don't stay silent when you hear this kind of language in casual conversation. Say something—even if it's just a little something. Don't let it go unnoticed.
- Be gentle while you are being firm. Remember that most people are just repeating something common and accepted, and they probably haven't thought much about it. Make it your goal to inform, not convince.
- Choose to give your business to providers who use respectful language. If you're hearing this language during pregnancy, you can be pretty sure you're going to hear it during childbirth—and that can be a problem. You can't act like a mother when you're being treated like a child.
- Partners, stand up for your loved ones. When she is vulnerable, be her voice. There is no one better positioned to be a vocal advocate for her and her baby.

Today, American women are gambling with their bodies when they give birth, with a one in three average Cesarean rate in facilities where practices vary widely, even among individual providers. And **we are tying women's hands when we continue to reinforce this dysfunction** by using words like "allow" to describe an outdated dynamic that doesn't recognize us as competent, rights-bearing adults.

**The legal authority in childbirth lies with the woman giving birth, not the providers of care.** Yes, they are a team, but of the two, it is the woman who truly bears the rights and the risks of childbirth. Our words should reflect that reality.



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- <sup>2</sup> Shute, Nancy. "Doctors urge patience and longer labor to reduce c-sections." NPR.org, February 20, 2014. Accessed June 1, 2014. Available at <http://www.npr.org/blogs/health/2014/02/20/280199498/doctors-urge-patience-and-longer-labor-to-reduce-c-sections>
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- <sup>9</sup> Dekker, Rebecca. "Evidence-Based Fetal Monitoring." Evidence Based Birth. July 17, 2012. Accessed June 8, 2014. <http://evidencebasedbirth.com/evidence-based-fetal-monitoring/>
- <sup>10</sup> Pascucci, Cristen. "VBAC Bans: The Insanity of Mandatory Surgery." ImprovingBirth.org. April 14, 2014. Accessed June 15, 2014. <http://www.improvingbirth.org/2014/04/bans/>

## *A Midwife Changed My Life*

I remember my very first visit to the obstetrician. I was young and naïve and alone, and a nurse laughed at me because I didn't know I was supposed to get dressed after the doctor left the room. I'd never been before, and no one told me what to do, and I was almost in tears when I left. My teenage pride was hurt. That woman had looked right at me and laughed.

It was more than 13 years later that I had an emergency appointment with the midwife who would take everything I'd internalized about birth, my body, and my responsibility as a woman—and dump it on its head. She would do it by allowing me dignity, respecting me, and, most of all, by showing me compassion.

I was 41 weeks, 6 days pregnant with my first baby, and healthier than I'd ever been. That morning, I'd been told by a different provider that I must be induced the same night because my pregnancy could not go one day past 42 weeks. And because the hospital couldn't fit me on their schedule the day I hit 42 weeks, I needed to come in the night before.

This was devastating to me. I'd come a long, long way from requesting a Cesarean at my first prenatal appointment to realizing how important a natural, unmedicated birth was to me and my baby. Reading Peggy Vincent's *Babycatcher* (short stories from a homebirth midwife in California during the 1970s) helped to chip away at the paradigm of birth I'd held my whole life: one long, out-of-control rollercoaster of pain, trauma, and humiliation—on one's back, in a bed, in a hospital, under direction.

Good God, I thought as I read this book, look at these women having babies in these absurd circumstances, on their own terms, and, wow, how different each one is! These women weren't checking themselves into institutions to be delivered of their babies by strangers. They were actively giving birth to their babies.

That was something I very much wanted to do.

When I was confronted, then, with what seemed like the door slamming shut on my natural birth plan, I decided I had to know if waiting just one more day was a possibility. It could mean the difference between a

painful, invasive induction and something more peaceful. That Saturday afternoon, I managed to get in touch with a midwife who agreed to see me for a second opinion.

Melissa examined me with a care, patience, and gentleness I'd never experienced in a medical setting. I saw her wince at my own sharp intake of breath. She explained everything she was seeing and feeling as she saw and felt it. Then, she talked to me for almost half an hour about my options, folded her hands, and waited for my decision.

It was almost too much for me. I had literally never been placed firmly in charge of my own body by a health professional. There were no scare tactics or ultimatums; it was simply, "Here's the information—all of the information. Now what shall we do?" It was the first time I'd really been given that sort of responsibility. The dynamic was so different from anything I could remember having experienced with a care provider. This woman wasn't there to manage me. She considered me capable and worthy of making my own decisions.

Most of all, though, Melissa showed me compassion. She saw a human being in distress, not a liability risk or a scheduling problem. I needed help and she was able to help, and that was all that mattered. The value she placed on my body, on the sacredness of my first birth, and my right to make my own decisions carries forward to this day.

On that day, it was the respect she showed me that gave me the courage to make probably the most important decision I've ever made. I left the provider who gave me only one option, for the provider who allowed me all of my options and showed me compassion and respect.

It was after dusk when I got home from that appointment, and I went into labor before dawn. I went back to *Baby Catcher* for more courage. A note in my journal from that morning reads, "Thoughts: All the women who have done this before me."

Ten hours later, I gave birth to my baby, naturally and unmedicated, no complications. Melissa caught him. I pulled him up to me and cut his cord. It was the single most strengthening experience of my life.

It wasn't so much that I gave birth "according to plan," but that someone in what I perceived as a position of authority handed my power back to me. A midwife showed me that the choice was mine and always had

been. I have carried that new feeling of trust in myself into parenting and even into a new career.

I decided after that day that every woman should have that opportunity. Birth matters. Our introductions to our babies matter. Our bodies have value.

No one should ever stand in the way of a woman coming into her own strength as a mother, in the act that makes her one.



## More Info

This table, by Evidence Based Birth, shows what typical maternity care looks like in the U.S., compared to what best practices are. There's a big gap between the two, even in the simplest things like not being allowed to eat and drink and being kept in bed and on your back.



**Maternity Practices in the United States:  
"Routine" vs. Evidence Based Care**

Labor and Delivery Procedures	U.S. Care	Evidence-Based Care
Surgical birth (C-section)	33% total <sup>1</sup> 27% of low-risk women <sup>2</sup>	≤15% of low-risk women <sup>3</sup>
Vaginal birth after Cesarean (VBAC)	7-9% <sup>2</sup>	Every eligible woman should be offered a VBAC; <sup>4</sup> 74% will be successful <sup>5</sup>
Artificial induction of labor	42% of first-time mothers, <sup>6</sup> for whom this doubles the risk of C-section <sup>7</sup>	Induction should only be used for true medical indications; <sup>8</sup> suspected "big baby" is not a valid medical indication <sup>9</sup>
Artificial acceleration with Pitocin	47% <sup>10</sup>	Not supported by evidence <sup>11</sup>
Artificial breaking of the waters	65% <sup>10</sup>	Not supported by evidence <sup>12, 13</sup>
Routine electronic fetal monitoring	94% <sup>10</sup>	Not supported by evidence <sup>14</sup>
Routine intravenous fluids	80% <sup>10</sup>	Not supported by evidence <sup>15-18</sup>
Not allowed to eat or drink	60% <sup>10</sup>	Not supported by evidence <sup>19</sup>
Not allowed out of bed	76% <sup>10</sup>	Not supported by evidence <sup>20</sup>
Back-lying positions during pushing and birth	92% <sup>10</sup>	Women should choose whatever position is most comfortable for them <sup>21</sup>
Water immersion during first-stage labor	6% <sup>10</sup>	This intervention has many benefits and no adverse effects <sup>22</sup>
Continuous labor support from a doula	3% <sup>10</sup>	The use of doulas is supported by evidence <sup>23</sup>

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See footnote references at [www.EvidenceBasedBirth.com](http://www.EvidenceBasedBirth.com)



Check out [EvidenceBasedBirth.com](http://EvidenceBasedBirth.com) for more on this table, and the latest high-quality evidence on common birth practices.

[Childbirth Connection.org](http://ChildbirthConnection.org) and [YourBabyBooty.com](http://YourBabyBooty.com) have excellent, easy-to-understand information geared towards pregnant women and their families.

**For support or to ask questions about anything you've read here, join me at the Facebook pages for [Improving Birth](#) and [Birth Monopoly](#).**

## *Thank you and share...*

Now it's your turn to share.

Many people are working hard to transform American maternity care into something better. In the meantime, we can spread the “good news” about birth and respect in childbirth, woman to woman.

Every time you share this eBook (available at <https://gumroad.com/l/dearfriend>), you're introducing the possibility of a healthier, safer, more joyful birth to someone you care about.

Please keep sharing this and other resources.

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p.s. I love hearing from moms—please feel free to contact me through my website for any reason.