

INFORM YOURSELF AND MAKE
AN EDUCATED DECISION!

ROUTINE HOSPITAL BIRTH PROCEDURES



The Spiritual Midwife

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WANT A NATURAL HOSPITAL BIRTH WITHOUT MEDICAL INTERVENTIONS?

THEN YOU NEED TO KNOW THIS!

This information is here to offer guidance about the most common labour and birth procedures offered in a hospital labour ward

It is written for women with a low risk pregnancy that want a Natural Birth.

It differs from country to country and even in different states and individual hospitals and birth centers what procedures and how often during labour and birth they are offered or done to women.

It's important to understand that most procedures in hospital aren't evidence based!
Yes you read that right!

And each procedure however small it seems, has benefits, risks and alternatives that you need to explore before you're in the midst of labour, if you don't want to be swept up in the system that currently leaves 1 in 3 women with birth trauma!

Making decisions and informing yourself during labour can influence your natural birth process as it takes you out of your primal birthing brain and into your neocortex making logical decisions, which can cause a longer and more painful labour or even stall it completely!

This is why this exploration about a hospitals or care providers routine care is
ESSENTIAL before birth!

So write your birth plan with these routine procedures in mind.
Discuss it with your provider to find out what is being practiced in your hospital or birth center. And decide. What do you want to accept and/or decline?

ROUTINES

1. Palpation of Belly
2. Observations
3. urine & Blood tests
4. IV-Cannula
5. Vaginal Examinations
6. Amniotomi
7. CTG
8. Scalp electrode
9. Synthetic Oxytocin in Labour
10. Coached Pushing
11. Vaginal Coached Pushing
12. Perineal Pressure
13. Synthetic Oxytocin at Birth
14. Active 3rd Stage
15. Cord Bloods
16. Delayed Cord Clamping
17. Skin to Skin
18. Inspection of the Perineum
19. Baby Check
20. Vitamin K
21. Hep B
22. Mother Check
23. Early Discharge



The Spiritual Midwife

PALPATION OF YOUR BELLY

At admission to hospital and during labour before a vaginal examination

A midwife or doctor touches your belly to feel for the position of the baby's back and head, as well as how far down the head is in the pelvis. It is also done to assess strength and frequency of contractions.

BENEFIT

A practitioner can feel the position of your baby which can give you somewhat of an idea of how far along you are in your labour as the head descends more and more until the baby is born.

ALTERNATIVE

Doing nothing. A skilled practitioner can sometimes look at your belly's shape and potentially see the difference in labour stages, together with other signs of labour.

RISK

It is uncomfortable and can even be painful as you have to lie on your back, and feeling for the head can be uncomfortable. This can disturb a physiological birth as feelings of discomfort/stress increases pain perception and can affect your progress by you tightening and having a spike in stress hormones.



.....
"EVERYTHING IN LABOUR AND BIRTH CAN BE ACCEPTED OR DECLINED"
.....

OBSERVATIONS

Blood pressure (every 4hrs), Temperature (every 4hrs) & Pulse (every 30min)

At hospital admission all of the observations (and more) are taken at once. Then the time intervals vary in different states and countries and even between hospitals.

BENEFIT

The observations screen for infection and pre-eclampsia for example. It can pick up if something is deviated from the normal and then treat it if it needs to be treated.

RISK

All poking and prodding disturbs the physiology of birth and the natural birth process. An elevated blood pressure and pulse can also be due to stress (white coat syndrome, anxiety, fear) or due to physiological pain. And falling out of normal ranges means more frequent observations (usually within 30min) as well as potential further investigation/interventions, which would only exacerbate the symptoms of someone with white coat syndrome, anxiety, fear or who's in pain.

ALTERNATIVE

A continuity of care provider who's present in the room and can pick up on signs of infection and pre-eclampsia by being with you throughout your labour. As with everything offered in labour you can decline.



URINE & BLOOD TESTS

(at hospital admission in many places around the world)

To check for infection, pre-eclampsia, blood group and antibodies to name a few.

BENEFIT

Pick up something that deviates from the normal and treat it.

RISK

Especially taking bloods can take you out of your birth bubble and interfere with the physiological process. The pricking of a needle and the drawing of blood can be uncomfortable and painful and increase stress hormones.

ALTERNATIVE

Have your bloods taken before labour and know your status. Going with a known provider makes this irrelevant. As with everything offered in labour you can decline.



IV - CANNULA IN YOUR HAND

(routine in many places)

Done in hospital as preparation for potential emergency to easily be able to administer drugs. It's there "just in case".

BENEFIT

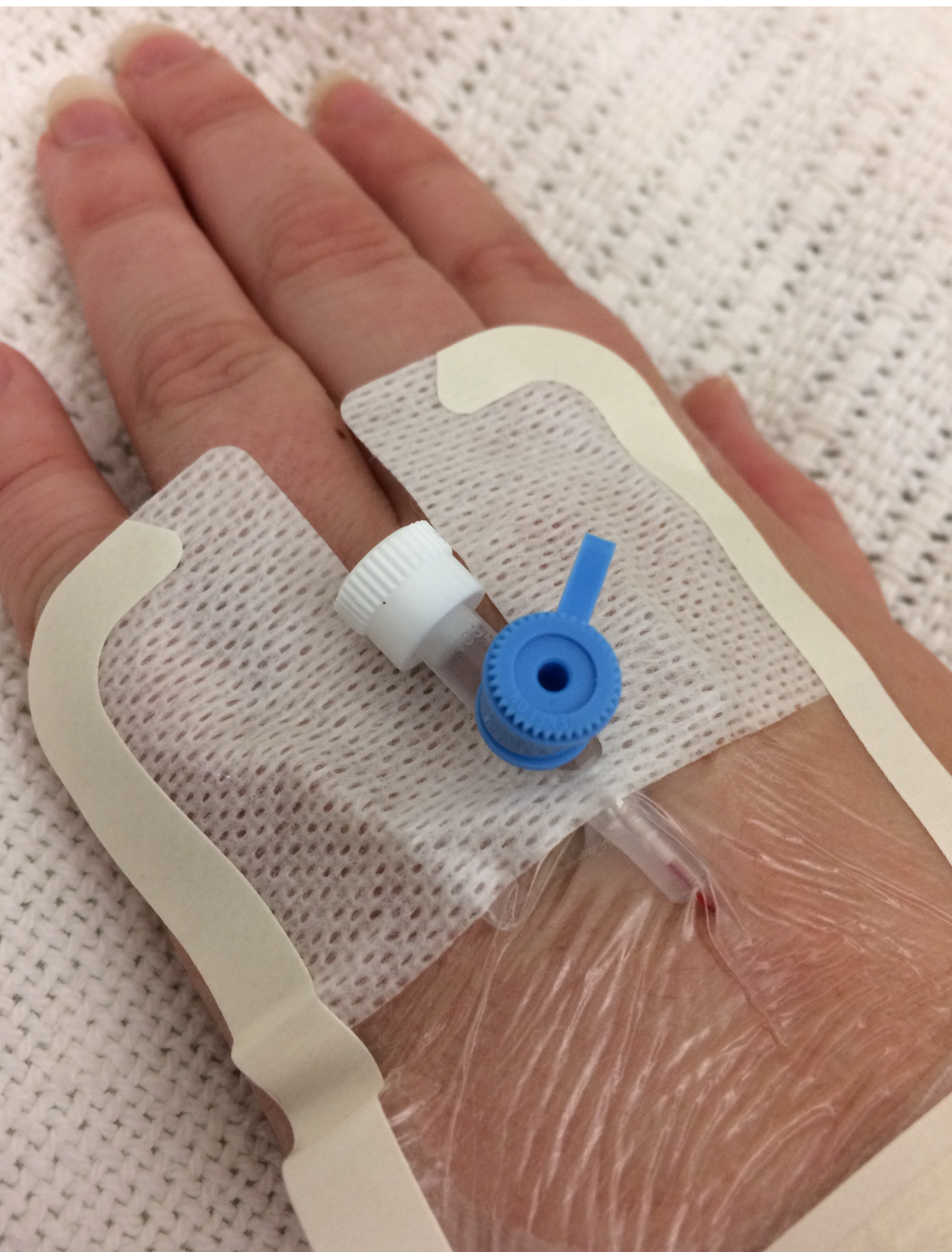
No benefit for a low risk woman having a natural physiological birth.

RISK

It's uncomfortable, in the way and totally unnecessary for a low risk mama, baby and pregnancy and only causes discomfort. The procedure pulls you out of your birth process and causes a spike in stress hormones affecting labour as previously discussed.

ALTERNATIVE

In the rarity of a true emergency happening in a natural physiological birth an IV-cannula can be put in then. As with everything offered in labour you can decline this routine procedure.



.....
"ASK YOURSELF. IS THIS PROCEDURE MAKING ME TRUST MY
BODYS ABILITY TO BIRTH?"
.....

VAGINAL EXAMINATION

(at admission and then every 2-4hrs)

Routine vaginal examinations is preformed to have a baseline of where you started when you came to hospital (and also if you're dilated enough to be admitted) as well as to assess progress. However dilatation tells us very little about how soon you're going to birth your baby! You can be 1cm and have a baby in the next hour or 10 cm and take another 5hrs or more!

BENEFIT

There is no benefit with routine vaginal examinations in a natural physiological birth. It is only beneficial in circumstances that deviates from the normal physiological (sick mother, sick baby, emergency situation for example).

RISK

Uncomfortable. Painful. Affect labour process due to increase in stress hormones. Disappointment for the woman if she's not as far as she'd hoped. Increased risk of infection. Risk of breaking the waters accidentally (which increases risks of more painful labour, baby's head becoming asynclitic in the birth canal, cord prolapse, increased risk of infection for baby, stress to baby and quicker birth process to name a few).

ALTERNATIVE

There are many other signs that can tell where a woman is in labour. One is the purpol line - many women will have a purpol line on their sacrum that shows dilatation. Other signs are behaviours, discharges and sounds for example. Continuity of care and a care provider who's constantly present during the labour is a better way of assessing labour than vaginal examinations. As with everything offered in labour you can decline this routine procedure.

.....
**YOU CAN CHECK YOURSELF IF YOU WANT.
IT CAN BE EMPOWERING AND IT CAN ALSO BE AN ALTERNATIVE TO YOUR CARE
PROVIDER! YOU NEED TO START CHECKING IN PREGNANCY OR BEFORE PREGNANCY
FIRST TO KNOW WHAT A CERVIX FEELS LIKE TO HAVE A REFERENCE.**
.....

AMNIOTOMI

Breaking your waters

One of the most common interventions to speed things along if you don't meet the hospitals or care providers timeline..

BENEFIT

Can speed things along if that is desired.

RISK

Can cause stronger and more intense contractions, make you feel like you loose control instantaneously after the procedure and labour takes over in an over powering way. Increases the need for pain relief.

As mentioned above there is increased infection, an asynclitic application of your baby's head in the birth canal as it drops down with the release of the waters which can cause labour to take longer or need help to birth (instrumental or C/S), cord prolapse which is life threatening for your baby and need an instant birth to happen vaginally or through C/S.

ALTERNATIVE

Allow nature to take its course. Birth has no timeline if mama and baby are coping well, time is irrelevant.



.....
"EVERYTHING IN LABOUR AND BIRTH CAN BE ACCEPTED OR DECLINED"
.....

CTG - CONTINUOUS MONITORING

Of Baby's Heart Rate & Your Contractions

CTG on hospital admission for a minimum of 20min or continuously throughout labour on a low risk woman during a natural physiological birth is widely criticized around the world where it is still practiced as it has no evidence behind it.

BENEFIT

No benefit to woman or baby having a natural physiological birth!

A care provider who can't be present in the labour room can see from the monitoring how often you have contractions and how your baby is responding to them and can therefore care for multiple labouring women at once. That is the only benefit with CTG on a low risk woman having a natural birth.

ALTERNATIVE

Intermittent auscultation with a doppler or pinard. This means listening to the babies heart rate for 1minute at regular intervals or a few times during labour and birth depending on the woman's wishes. The norm in hospital is every 15min in labour and after every contraction during the pushing phase. As with everything, this is your choice. There is no evidence suggesting better outcomes for mum and bub with listening to baby frequently during labour. It's up to you how often, how and if at all you want to monitor your baby's heart rate during labour and birth.

RISK

Increased risk of intervention and medicalization of birth. Increased risk of caesarian, instrumental delivery, scalp electrode and other complications for the woman. It interferes with a woman's freedom to move and feel undisturbed in the birth space.



SCALP ELECTRODE

Because CTG is commonly used so is the scalp electrode, even in low risk mums and bubs.

Because CTGs work best on women lying still on their backs, which is impossible if you follow your natural birthing instincts which will most likely tell you to move around, your movement will probably interfere with the CTG reading, hence the offer of a scalp electrode will be made. An offer that will be given to most women having a hospital birth in our day in age.

A scalp electrode is a spiral metal wire screwed on top of your baby's head just under the skin to get an accurate reading of your baby's heart rate during labour.

Your care provider have to break your bag of waters (amniotomy), do a vaginal examination and insert the wire and screw it on your baby's head and then attach the wire with tape on your leg and secure it with one of the CTG bands you have around your tummy that tracks your contractions.

BENEFIT

Picks up an accurate heart rate of your baby. No benefit for a low risk mum and bub having a physiological birth.

RISK

Breaking the waters have risks for both mum and bub as mentioned above under risks of vaginal examination and amniotomi.

The wire screwed into the baby's head have the risk of causing pain and stress for baby and increased risk of infection at the site once born. There is also a risk that the care provider misplaces the electrode on the mother instead of baby.

ALTERNATIVE

Studies have shown no difference in outcomes with CTG readings compared to scalp electrode use. Continue with CTG or intermittent auscultation on nothing at all.



SYNTHETIC OXYTOCIN

Use in Labour

Most spontaneous labours that starts and progresses naturally today is still labeled "failure to progress" in the hospital and by care providers that follows the outdated view of women as machines established by 17th century men. A timeline of having to open by 0.5-1cm an hour is still widely used even though this is far from evidence based or useful and actually causes most women to "fail" to follow it's timeline.

BENEFIT

For a low risk woman and baby none.

RISK

The use may have an affect on postpartum mood disorders and can cause lactation difficulties in the mother and reduced Apgar scores and increased NICU admissions for baby. Increased neuro-developmental risk in children has also been suggested by some new studies.

ALTERNATIVE

As long as baby and mother are coping with labour then protecting the physiology should be priority number one! Help the woman feel safe, calm, supported, loved and undisturbed and her labour will most likely progress naturally at her own pace. There is no time limit on labour and birth.



"LABOUR & BIRTH HAS NO TIME LIMIT!"

COACHED PUSHING

A midwife or doctor telling you when and how to push

Coached pushing is rarely needed at a natural, physiological birth. The urge to push and your womb takes over and all you need to do is allow that force to come through.

BENEFIT

Most women only need loving and encouraging support as she allows the force of birth to come through her. A very few percentages of women don't get the urge to push and for some who's in the bearing down phase for hours might appreciate some guidance. Here guidance and some coaching can be of benefit, but should be done in loving communication with the woman, and not the purpol pushing on back as seen in the picture but position changes and verbal cues.

RISK

Disempowering. Takes away the woman's trust in herself. Instead of following her own rythmn and that of her body she follows outer guidance. Increases risk of stress on mother and baby and decrease oxygen for the baby if coached to hold your breath and push. Increased risk of tearing as the woman is not following her body's signals but that of someone else.

ALTERNATIVE

Follow your own instinct! As with everything offered in labour you can decline coaching.



VAGINAL COACHED PUSHING

Pressing down inside your vagina

Yes it is a thing. And in some places way over used in normal physiological birth. It means that your care provider puts two fingers just inside your vagina and pushes down to show you where you should aim your pushing. A way of taking coached pushing to a whole other level where you have to be birthing on your back so that your provider can do this maneuver on you.

BENEFIT

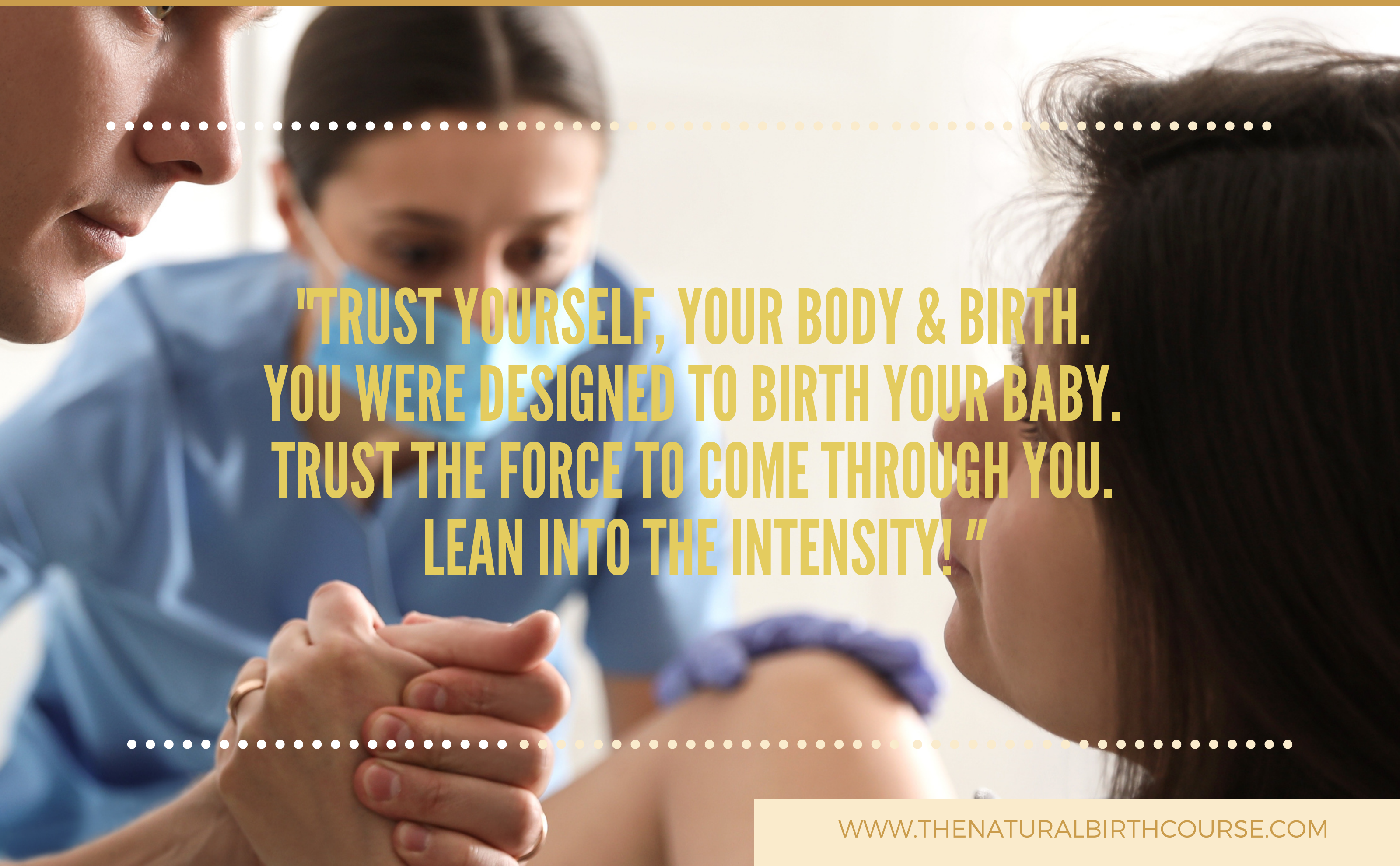
Not in a natural and physiological birth. Only in case of true emergency.

RISK

Same as previous page. Very disempowering and distressing, affecting the physiology of birth.

ALTERNATIVE

Follow your own instinct! As with everything offered in labour you can decline coaching.



**"TRUST YOURSELF, YOUR BODY & BIRTH.
YOU WERE DESIGNED TO BIRTH YOUR BABY.
TRUST THE FORCE TO COME THROUGH YOU.
LEAN INTO THE INTENSITY!"**

PERINEAL PRESSURE AT BIRTH

Hands On the Peri or Not?

While the baby's head is crowning and being birthed many practitioners around the world puts their hands on your perineum and on the baby's head to slow things down. They squeeze or pinch together your perineum and push against the baby's head.

BENEFIT

There is actually no good evidence to show that the risk of tearing with this hands on technique is lower than a midwife just observing close by and verbally guiding, hands ready if she sees signs of potential tearing or that the birth of the head goes to fast.

RISK

Uncomfortable and painful.

ALTERNATIVE

Water birth and warm compress on the perineum does have good evidence to lower risk of tearing! This increases blood flow to the area which lowers the risk of tearing.

As with everything offered in labour you can decline routine perineal pressure.



SYNTHETIC OXYTOCIN AFTER BIRTH

To prevent a massive bleed?

It's routine to give synthetic oxytocin straight after the baby has been born.

Actually, it's stated in the guideline to give it as the shoulder of the baby is born.

This means giving you an injection in your leg as you're birthing or just after birth.

Why?

It's part of "the management of 3rd stage" or the birth of the placenta which I like to call it :)



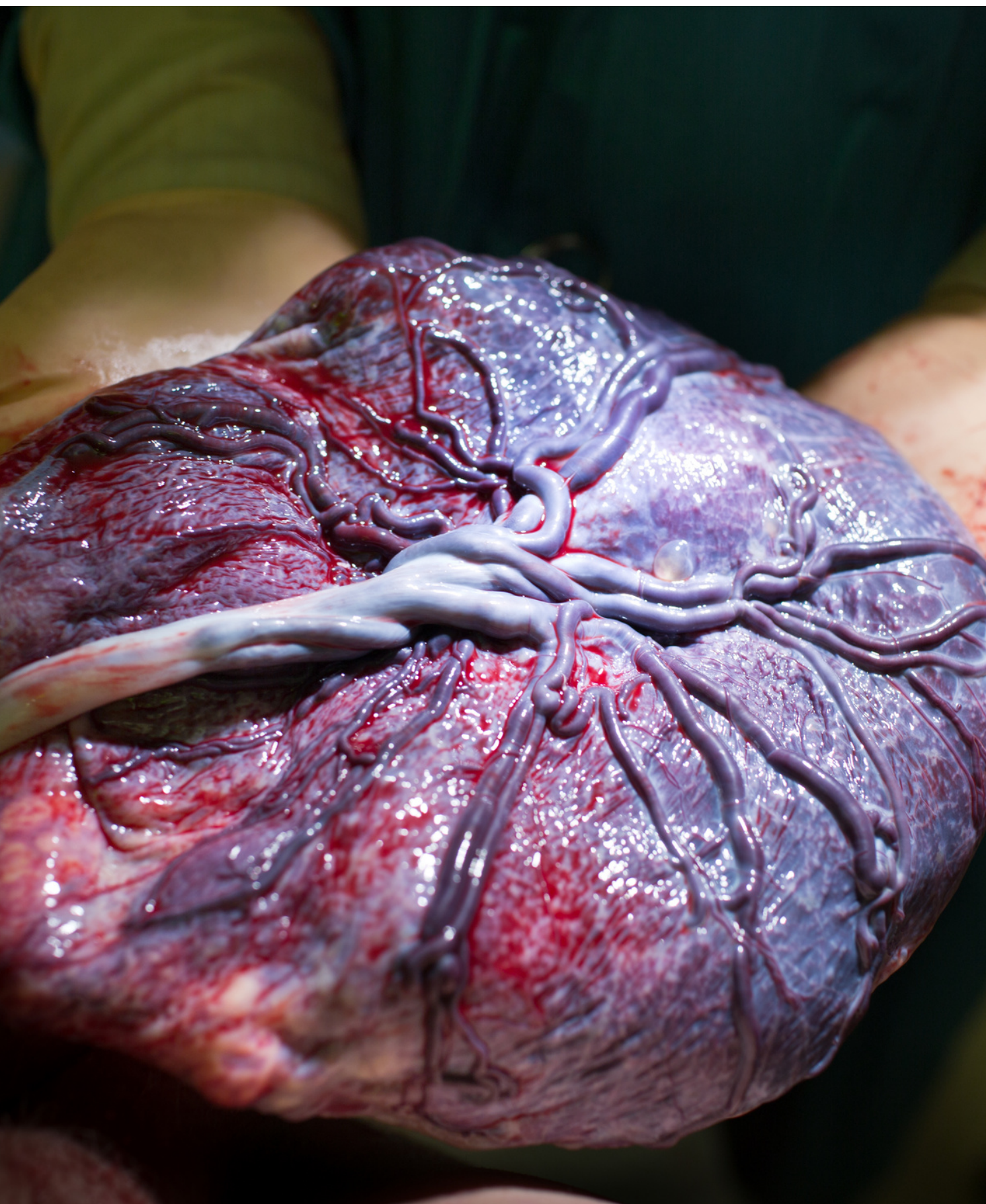
"DO YOU WANT AN INJECTION STRAIGHT AFTER BIRTH?"

BIRTH OF THE PLACENTA

3rd Stage Management

This is again a natural physiological process that the body does beautifully but that hospitals and care providers have turned into a medical event.

The routine is to "manage" the placenta which means giving the birthing woman an injection of oxytocin at birth and then pulling on the cord to expel the placenta.



BENEFIT

To a low risk woman and natural birth, none.

RISK

All the above for synthetic oxytocin + risk of cord snapping and bleeding. But the biggest risk is that it prevents delayed cord clamping which then deprives the baby of a 3rd of its blood! This in turn has great implications on baby that loses access to the oxygen, nutrients and stem cells found in that blood. More on that below.

ALTERNATIVE

Birth your placenta naturally when it's time. There is no rush. As long as you don't bleed heavily to the point of being symptomatic, which incase active management of the placenta should be considered and accepted. As with everything offered in labour you can decline routine active third stage if not medically indicated..

CORD BLOODS

which actually is the baby's blood

A routine blood test taken from the baby's cord straight after birth to check the oxygen and ph levels for research, statistics and incase a baby might need help.

BENEFIT

For a natural normal physiological birth, none!

RISK

The baby is deprived of some of its blood as it leaks from the place it was taken or in some places the cord is clamped immediately after birth to be able to take this blood, depriving the baby of 1/3 of its blood.

ALTERNATIVE

Not take the baby's cord bloods. Or take it from the placenta after a delayed cord clamping. As you can see on picture below its rich, even after an hour or more after birth.

As with everything offered in labour you can decline this routine procedure



DELAYED CORD CLAMPING

Wait for White!

Delayed cord clamping in hospital means clamping after 1-3min after birth. Even though all evidence shows there is only benefits of not clamping the cord at all or at least not until after it has stopped pulsating, most hospitals and care providers still clamp before this.

BENEFIT

Only Benefits! Any delay is better than none. If your baby comes out needing help it is even more important that it is connected to it's lifeline the cord!

ALTERNATIVE

Wait for white. If you want to clamp and cut then wait until the cord is white or after the placenta is birthed. There is no rush.

RISK

As mentioned before, clamping the cord before it has stopped pulsating deprives the baby of 1/3 of its blood. Imagine you loosing a 3rd of your blood. It is insane that this is still routine practice in hospitals today..



THE BEST WAY TO BIRTH THE PLACENTA IS NATURALLY
WHEN IT'S READY AND TO NOT CUT THE CORD UNTIL AFTER
THE PLACENTA IS OUT!

SKIN TO SKIN

Straight onto Mama's chest

This should be routine and is in most hospitals today. It should happen straight after birth. Naked baby on mama's bare chest.

BENEFIT

This is important for baby's transitioning to life and regulating its heart rate, respiration, temperature and is calming and decreases the baby's stress levels. It prevents low blood sugars in baby and promotes breastfeeding and self initiation at the breast. It is vital for bonding and for the baby to imprint on the mamas face.

RISK

No risk with skin to skin. The risk of Not doing skin to skin is a stressed dis-regulated baby with increased risks of low blood sugars and instability, and for the mother increased risk of bleeding and problems bonding with baby with long term effects and potential postpartum depression.

ALTERNATIVE

Ask for it to be delayed. Ask to check your own womb! Be guided to try and do it yourself. As with everything offered in labour and birth you can decline this routine procedure.



INSPECTION OF YOUR PERINEUM

To check for tearing

After birth it is routine to check for tearing. This is routinely done very quickly after birth in a hospital. There is no rush however and as long as you are not bleeding from a tear you can wait with this routine.

BENEFIT

To check for tearing. If it's a 1st or 2nd it might not need stitches, it's up to the care provider to inform you about your tear and give their recommendation and for you to make a decision. If it's a bigger tear or a complicated one you will need stitches.

RISK

If done too soon after birth it can interfere in the golden hour after birth and the bonding between mum and bub as well as the baby's transitioning to life and breastfeeding initiation.

ALTERNATIVE

Check after the golden hour and uninterrupted bonding time. As with everything offered in labour you can decline this routine procedure.



.....
"DON'T LET ANYTHING DISTURB YOUR GOLDEN HOUR WITH
YOUR BABY UNLESS MEDICALLY NECESSARY!"
.....

BABY CHECK

After a minimum of an hour of uninterrupted baby bonding time the routine is to do a baby check.

Taking the temp, heart rate, respirations, weight and length.

Checking all is normal and no abnormalities, for example checking that the upper pallet is whole and no visible tongue ties, normal reflexes and that the anus is open.

(If the baby hasn't pooped by now some places actually places a little stick up their bum hole to make sure it is open!)

Some offer a bath. Baby's are not dirty and this exposes them to the elements and separates mum and bub which is not advisable for so many reasons!

BENEFIT

Checking that the baby doesn't have obvious abnormalities is helpful to give baby the best start in life.

RISK

Apart from the stick up the bum and potential injections (vit K and Hep B) the baby check is non invasive and can be done next to mum or even on her belly. Risk is if care provider wants to separate baby and mum early for this check and do it away from parents or give injections without parental consent.

ALTERNATIVE

As with everything offered in labour and birth you can decline this routine check.



VITAMIN K

Injection offered to all babies at birth

Vitamin K is a prophylactic synthetic vitamin given via injection or orally to all babies to prevent the life threatening disease hemorrhagic disease of the new born. Baby's are naturally born deficient in vitamin K. It's not known why, maybe it's physiological and what nature wants? However, a very few percentage of babies end up with hemorrhagic disease of the newborn each year and this is life threatening and very serious.

BENEFIT

If your baby is one of the rare few who without the prophylactic vitamin K would die, the vitamin K will save their life.

RISK

Pain, irritation and redness at sight. If taken orally then we don't know how much really is absorbed by the gut.

There has been side effects reported back in the 50s and 60s of jaundice and anemia and in the 80s about seizures, all before the current dosages was established. There was also an event of anaphylactic shock in a case report from 2014 about one infant. However since then there has been no more reports about severe side effects

ALTERNATIVE

Decline and be aware of bleeding and bruising in your baby. However for those with this condition it happens very fast and is very serious and can be fatal.

As with everything offered in labour and birth you can decline this routine procedure.



HEPATITIS B

Vaccination at birth

To give a hepatitis B vaccination at birth has been a routine world wide since 1991 (not given in Sweden).

Hep B is a viral infection spread by blood and bodily fluids. High risk groups are illegal IV drug users, prostitutes or having multiple sexual partners without using protection as well as receivers of blood transfusions.

BENEFIT

If you are a part of the high risk population or live amongst them and will expose your baby to this environment or community there is benefit in vaccinating.

ALTERNATIVE

Start with the vaccine schedule at 6-8 weeks or wait until you deem your baby will be exposed to such a threat. There is a very small risk of infection for a baby not in a high risk environment and that doesn't have high risk parents. As with everything offered in labour and birth you can decline this routine procedure.

RISK

There are risks with vaccinations. The biggest direct one being anaphylactic shock which is rare but happens. Do your own due diligence and research all vaccinations in the childhood schedule to determine benefit vs. risk for your baby.

"IS YOUR BABY GOING TO BE EXPOSED TO A HIGH RISK ENVIRONMENT OR COMMUNITY?"

MOTHER CHECK

Blood pressure, pulse and temp will be taken an hour after birth.

There will be checking of your blood loss after birth and continually about every 15min after birth and your womb to make sure that she is well contracted.

BENEFIT

Make sure you're coping well transitioning from pregnant to not pregnant. Can be done with minimal interference.

RISK

Can disturb bonding and breastfeeding if not done gently and with care. Some are forceful in checking that your womb is contracted which is not necessary if you don't bleed heavily.

ALTERNATIVE

Ask for it to be delayed. Ask to check your own womb! Be guided to try and do it yourself.

As with everything offered in labour and birth you can decline this routine procedure.



EARLY DISCHARGE

4-6hrs after birth

If you've had a natural physiological birth you can discharge home anywhere from 4-6hrs after birth.

BENEFIT

Be in your own home, sleep in your own bed and get a proper sleep (the longest you'll have after your baby is born! Trust me). Integrate the birth, establish breastfeeding and bond with your baby in your own homely environment. Inform the baby's immunity by your own bacteria in your own home.

RISK

Minimal risk for a low risk mama and baby after a natural birth.

ALTERNATIVE

Stay on the postnatal ward, be disturbed day and night by nurses or midwives checking your observations (temp, heart rate, blood pressure), get 10 different opinions on how to breastfeed and care for yourself and your baby if the staff has time to help you on their busy ward. Stay in a clinical environment and expose the baby's microbiome to the flora of the hospital with cleaning products, disinfectant and antibiotics in the air.





WANT A NATURAL HOSPITAL BIRTH WITHOUT MEDICAL INTERVENTIONS?

LET ME HELP.

There's a lot to consider before birthing your baby.
And you need to take these informed decision before the birth.

This e-book is not exhaustive in its information, it's only here to give you
some of the basics to prepare your birth plan.

I know it can feel overwhelming trying to figure out what you need to
know and and not and where to source it all.

This is why I have condensed all you need to know and how to prepare
body, mind and soul for your birth in The Natural Birth Course.

It's given to you in bite size video lessons that you can rewatch at your
own leisure.

And if you want even further assistance in preparing for a Natural &
Empowering Birth then book in for a 1:1 with Anna The Spiritual Midwife
for more personalized birth mentoring and guidance!

Find out more at www.thenaturalbirthcourse.com



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Send it to a friend, post it in your mamas group or on
your social media.

Let's help more women have an empowering birth!

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