



*Perfectly,
Wonderfully
Made*

CHILDBIRTH
EDUCATION
COURSE
HANDOUT

Alise Thorsh
YOU ARE PERFECTLY, WONDERFULLY MADE

HOUSEKEEPING

- We purposefully **left music out** of the course (aside from the Welcome clip). You can choose to set your own mood at home by choosing some relaxing background music to have playing that you will enjoy. I've created a spotify playlist for you to use while you learn! It's the same playlist I use for my clients in labor. I think you're going to love it! Find it here: ([My Spotify Labor Playlist](#)).
- **Stretchy pants** are preferred! Get as comfortable as possible. Grab some snacks, a birth ball (aka a yoga ball with a pregnant person on it) if you have one, drink plenty of water, and have fun!
- We wanted to create an experience that is both **realistic**, and **informative**. We mix in some segments filmed during a live private class, as well as some studio segments. The live sessions weren't completely controlled for filming purposes for the sake of our couple, so please forgive any brevity and hiccups :)
- This course is designed for you to follow along with this **HANDOUT**. We have left plenty of space for notes, filled in some of the important information for you, and inserted plenty of images and diagrams. Please feel free to use your own journal for note-taking if you prefer! This handout is lengthy. If you don't have a printer accessible, you can order a paper copy on my website www.alisemarsh.com
- We strongly encourage you watch this course **with your birth partner**. Whomever you plan to have with you during your birth will greatly benefit from watching this course with you. In fact, the human brain will likely recall about 3% of this information while in labor. So it is incredibly important to take notes, and for your birth partner to engage and retain the information. They will be able to recall much of this information during labor.

Session 1: Welcome, Mama and Birth Partner!

Thank you so much for making this incredibly important decision to invest in your pregnancy and birth. You will not regret this investment in your education. I believe information and education builds confidence in laboring women. When mamas feel confident they decrease fear, which makes labor smoother! You will be well-equipped as you near the end of your pregnancy.

I am excited to journey with you in this adventure! I absolutely love all things birth, and I hope we can have some fun together.

Having a baby is not like what you see on TV. Your birth experience can be and incredibly enjoyable and satisfying experience.

I want to encourage you not to let the fear and “what-if” narrative hold you back. The more you can build your confidence by preparing for birth, the more you decrease fear & anxiety surrounding labor. When we boost a mamas confidence, decrease her level of anxiety, her labor is shorter & less painful! Hooray, that sounds pretty good if you ask me!

All women have the innate ability to birth their babies. You ALREADY have all you need. It is within you. I just get to remind you how strong you are. I’m so excited to help you build trust in yourself.

Session 2: Birth Terms and Anatomy

A.

Pelvis (0:48)

During pregnancy, mamas develop a hormone called _____.

It relaxes the ligaments in the pelvis and softens and widens the cervix.

Your baby's job is to **rotate, turn, and descend** through the pelvis.

There is more room on the _____ side of the uterus in a first time mom.

We want your baby to face your back. We call this _____ position.

Front facing babies are called _____ position. (8:03)

About 50% of _____ presentation babies are delivered via cesarean birth.

*Check out the [Spinning Babies Online Course](https://spinningbabies.com/shop/cart/) for more information!
(<https://spinningbabies.com/shop/cart/>)

Placenta (9:32)

The placenta transfers _____ and removes _____ products.

Everything you consume also passes to the baby through your placenta.

The outer membrane of the amniotic sac is called the _____. (10:38)

The inner layer of the amniotic sac is called the _____.

Inside the amniotic sac ("bag of waters") is the _____ fluid. (10:47)

The _____ fluid has 3 major jobs to help protect the baby: (11:14)

1. _____ from movement
2. _____ against infection
3. _____ regulator

ACOG (American Congress of Obstetricians & Gynecologists) encourages providers to leave the bag of waters intact if at all possible and there is no medical indication to break it.

Read more about ACOG's recommendations for limiting interventions in labor here:

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth>

Baby is always the perfect temperature in the womb.

The first _____ after birth is important to promote optimal brain development for your baby. Mama's brain is creating new neural-pathways when her baby is on her chest for immediate skin to skin contact after birth.

Babies go through _____ instinctual phases in the first hour after birth (sacred hour).

You can find a YouTube video of baby's doing the "**breast crawl**." Here:

<https://www.youtube.com/watch?v=OMUzOo1L90>

<https://www.youtube.com/watch?v=a9SH55UzCS0>

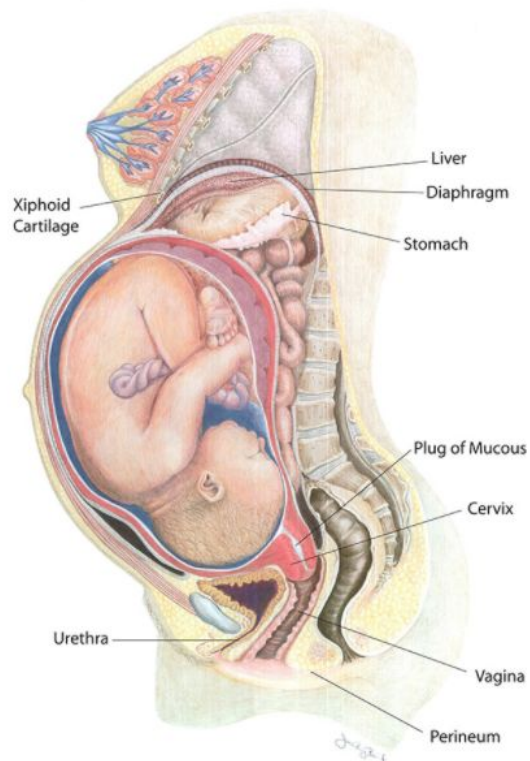
Babies can smell their mama up to _____ feet. Smelling your baby helps initiates your body's readiness to nurse.

B.

Cervix (0:00)

The cervix is gradually _____ out during labor.

The thinning out process is called _____.



Effacement (1:06)

0-100% is the scale in which your cervix is measured.

The _____ needs to get all the way (100%) thinned out for baby to be born.

What hormone causes the cervix to open? _____ (1:54)

The cervix eventually completely _____ away.

_____ is the measurement of the opening of the cervix. (3:01)

It is measured between 0-10 centimeters. 10cm is fully dilated cervix meaning there is no more cervix in front of your baby's head.

_____ : how high up or how low the baby's head is in the pelvis.

ZERO station is when baby's head is equal to the *ischial spines*. (3:41)

It is very helpful during active labor to know how high or low your baby is in the _____ (station).

"When there is room in the _____, the baby will move." - Gail Tully.

C.

Braxton Hicks Contractions (0:00)

They are the _____-up contractions. Your uterus needs to prepare itself for labor.

They typically feel tight and uncomfortable. You might feel them in specific and isolated areas of your belly. They should be very _____ and non-progressing, and eventually they will go away.

_____ is the biggest contributor to Braxton Hicks. You should be drinking 96 ounces of water a day!

True Labor Contractions (1:36)

These will be very regular and will not go away, until your baby is born.

They will get longer lasting, stronger in intensity, and closer together.

True labor back pains will be felt in the middle of your _____ (low back).

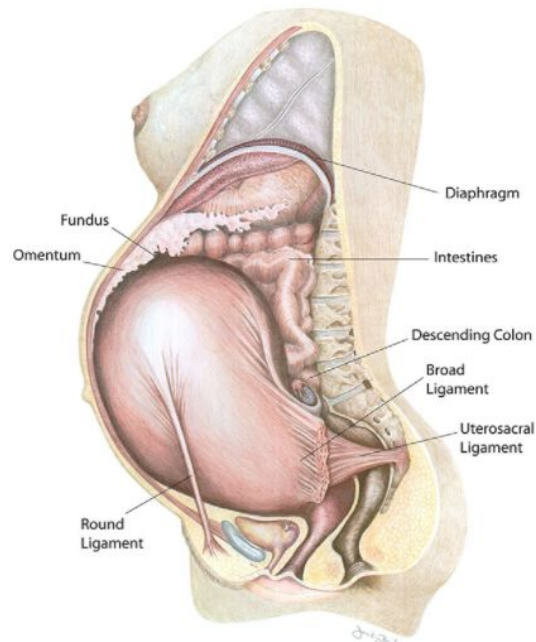
The best place to feel your contractions is low and in the _____. This tells us that baby is in a great position for birth.

They could go down your thighs. You may feel back pain, pelvic pain, hip pain, or pain in your vagina.

Pregnancy Back Pain vs. Labor Back Pain (2:08)

True labor back pains will be felt in the middle of your _____ (just above tailbone area).

Pregnancy related back pains will be felt in the **uterosacral ligament** area above your bun-cheeks.



_____ **tilts** will be your best friend to help with that pregnancy related back pain. If you are having a hard time managing your pregnancy related back pain, please ask your health care provider (dr. or midwife) for a referral to a women's health physical therapist.

Sacrum (True Labor Back Pain)



Session 3: Labor, Coping and Delivery

A.

Going Into Labor (0:00)

Labor is not like what you see in the movies. Going into labor is a very _____ process.

Signs and Symptoms of Labor

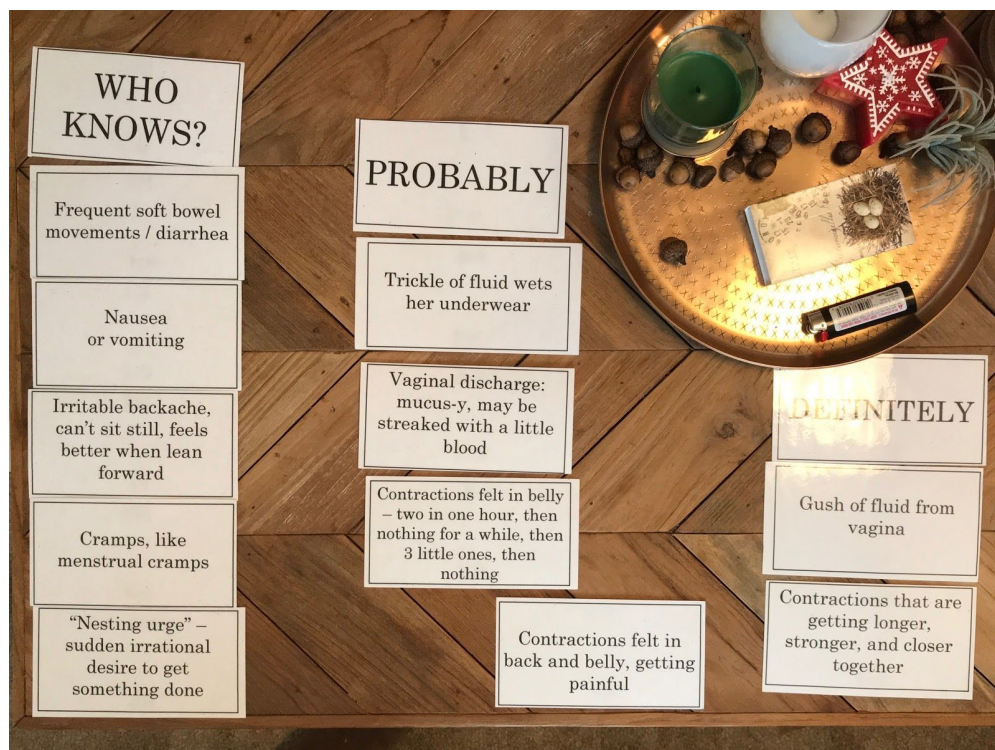
3 Categories:

Who Knows?

Probably?

Definitely!

Signs of Labor - Card Game (1:23)



Warning Signs (4:07)

Fever above _____F.

Vaginal bleeding

Pain or burning with urination

Sudden _____ in face and extremities

Vision problems of _____, let your healthcare team know ASAP!

Vomiting or diarrhea for _____ hours

Major change in your baby's _____ (5:35)

Kick Counts (5:45)

Pay attention to your **baby's daily movements**.

If you haven't felt your baby move during their normal active times, do your **kick counts**.

Drink some **water, relax** on the couch or bed, and count until you get TEN movements.

We want to see TEN movements in _____ hour. If you have less than 10, please contact your health-care provider.

Warning Signs - Continued (6:44)

Sudden pain in your _____ that doesn't go away.

Card Game - Continued (7:15)

You may see color when your mucus plug removes itself.

Bloody show (pink-ish tinged, brownish tinged, or reddish tinged mucus) could mean you are making progress and the cervix is opening.

If you think you peed yourself, or that your water might have broken, grab a **fresh pad** and a **clean pair of underwear**.

Sometimes the outer or inner layer of the amniotic sac tears, and can cause some constant leaking. If your pad soaks in 15 minutes, it is likely that your bag of water has ruptured. Please call your healthcare provider and let them know what you are experiencing if you pad is soaked after 15 minutes.

P.R.O.M. - _____ Rupture of Membranes. (11:07)

Trickle of fluid can happen with or without contractions.



With Contractions
Labor

Without Contractions
Choices: **Induction** or **Wait**
*98% of mamas go into labor on
their own 24-48 hours after
PROM.*

ACOG - Says both induction and waiting are good options, but induction happens more frequently. (12:45)

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth>

Have a conversation with your health care provider at your next visit about how long they are comfortable with you waiting for labor to begin if your bag of waters has broken and you are not having contractions (PROM). 6 hours? 12 hours? 24 hours?

The RISK of waiting is _____.

If mama and baby both are doing well and are healthy, there is no reason you cannot wait for labor to begin on its on.

They would likely induce with _____. (13:50)

If your water breaks:

If your bag of waters breaks **at home**, use the acronym C.O.A.T.

C. _____. Typically amniotic fluid is clear. If there is color, call.

O. _____. Typically the bag of waters is odorless. If there is a strong smell, call.

A. _____. Was it a trickle or was it a gush?

T. _____. When did it happen? If mama has fever, call.

The bag of waters can break at any time before or during labor.

If you are smelling odor from the fluid, it may mean there is **meconium** in the fluid. Call your healthcare provider immediately if this happens.

Your contractions will get stronger, longer, and closer together if they are **true labor contractions**

B.

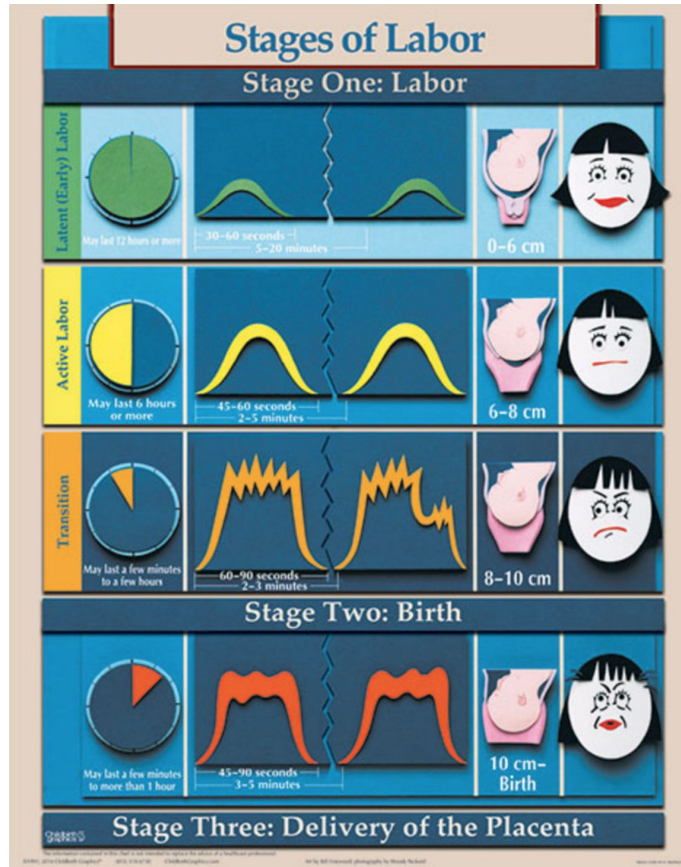
3 Stages of Labor (0:00)

Stage 1: -----

Stage 2: ----- and birth

Stage 3: Delivery of the -----

In **STAGE 1**, there are 3 PHASES: -----, ----- and transition.



*There is a full page version of this chart at the end of this HANDOUT

Stage One: Labor (0:45)

The first stage of labor is all about dilating to _____ centimeters.

Early Labor

Average total length of labor for a first time mama is 12 - 24 hours.

Early labor is the longest part, but the most manageable.

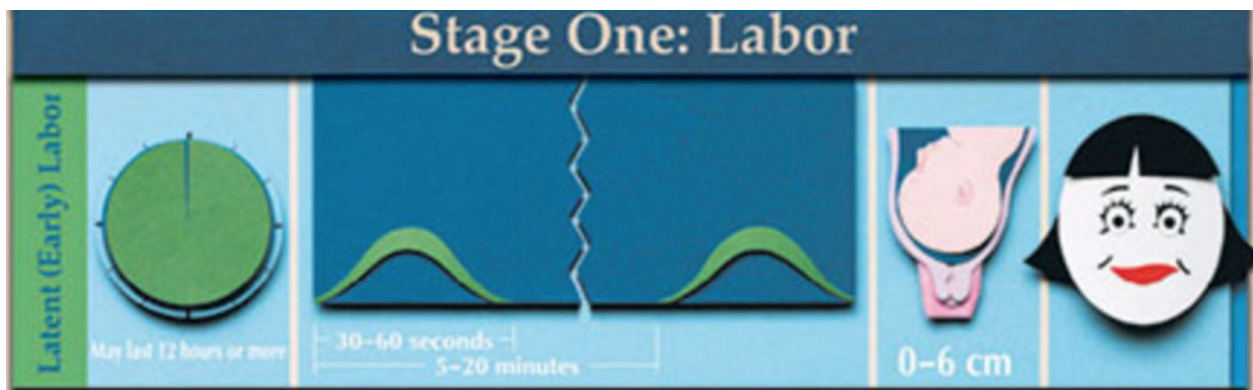
_____ are 30-45 seconds long, and 5-20 minutes apart.

You will dilate from 0-6 cm during early labor. 6 cm is the beginning of ACTIVE labor.



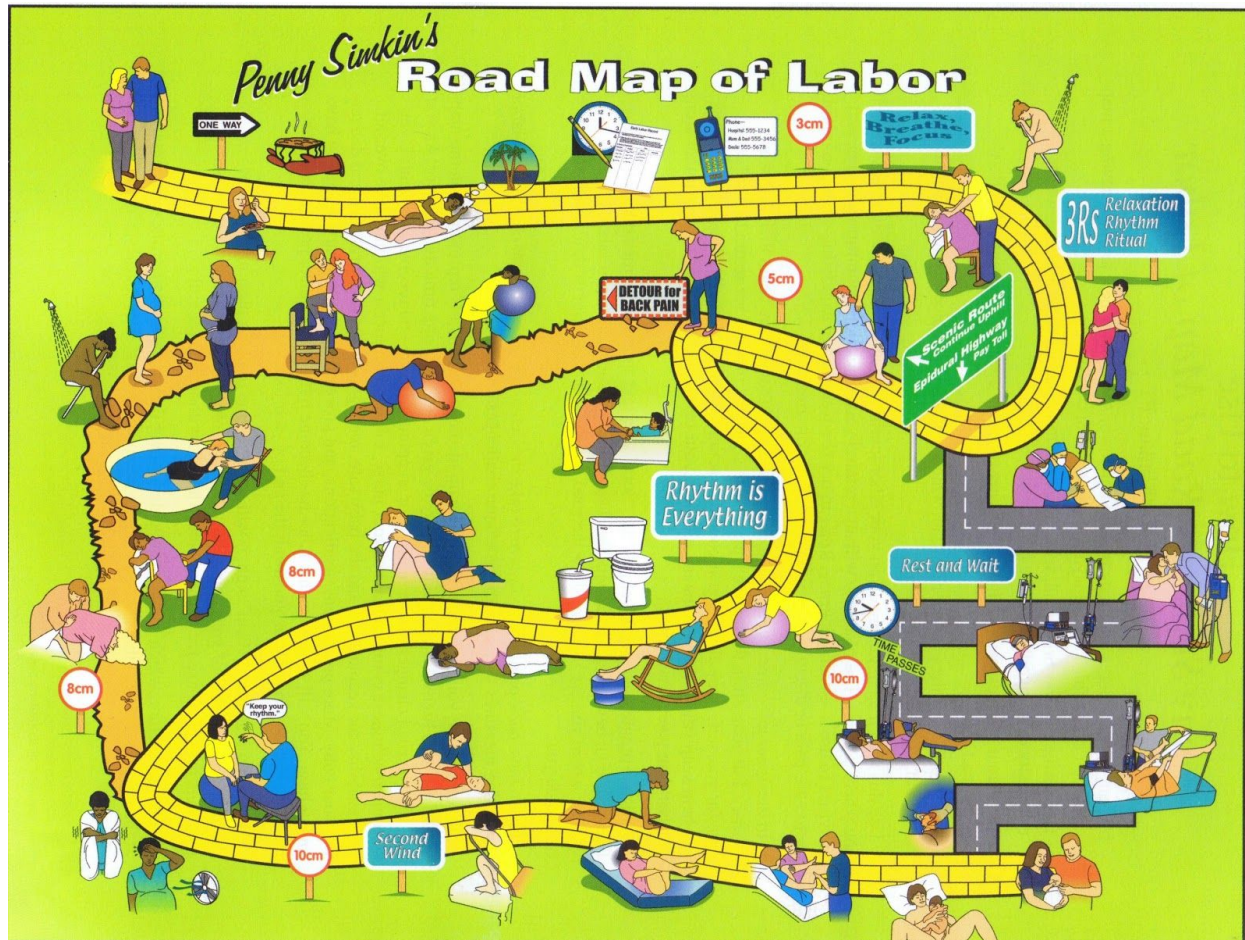
Mama's face is doing ok during the EARLY labor phase.

Mama is maybe a little anxious, but glad to finally be in labor.



Road Map of Labor - Penny Simkin (3:25)

There is a full page print out of this at the end of the handout



<https://www.pennysimkin.com/>

What are some things we might do to **cope & distract** during early labor?
(4:00)

Dance, walk, sit on the birth ball.

Do a **Labor Project**:

Something to keep you active and moving during early labor. Cook, craft, clean, scrapbook...

A good Labor Project will keep you physically moving, mentally engaged, and be something you find enjoyable!

MOVEMENT is key during active labor. Movement helps move the _____.
(6:30)

MOVE, MOVE and _____ some more.

Rotate _____ activities and _____ activities. (6:55)

Sleep as long as you can. When you are awake try to change positions every 30-60 minutes.

Labor is NOT a _____, it is a marathon.

_____ is your greatest adversary during labor. When you are well rested, you can cope and manage the pain much better.

If **early labor** starts during the _____, you need to take a bath and _____.

Submerge your whole belly in a warm bath.

Make sure you are **resting in good positions for baby**. (Try not to lay on your back - this encourages the baby to be in the posterior position).

If early labor starts in the **morning**, I want you to take a _____.
Let the warm water beat down on your chest and belly. This will stimulate your body to produce _____, which helps your body to progress in labor.

Eating During Labor (10:50)

Your uterus is like the muscle of an athlete. You need to fuel it well for it to perform at its highest potential.

Proteins and electrolytes need to be consumed frequently to keep energy up and prevent fatigue.

Soups, nuts, protein bar and shake, smoothie, broth, coconut water...

Take a **sip of water** or juice after EVERY contraction. A hydrated uterus means we get ----- (13:20)

EAT something every ----- to ----- hours.

You need to **REST** between -----.

Any kind of ----- **leaning position** is great to help your baby rotate and descend.

Here is a [great blog post](http://wellroundedbirthprep.blogspot.com/2011/04/good-labor-snacks-and-why-moms-need.html) about foods to focus on, as well as what to pack for your birth place. I also suggest packing a bag of food for your birth partner!

<http://wellroundedbirthprep.blogspot.com/2011/04/good-labor-snacks-and-why-moms-need.html>

SLOW DANCE (15:00)

The slow dance position does several things for us:

Gets you close to someone you love, which helps you feel encouraged, loved, and safe. The same hormone (_____) that gets the baby inside you (hormone during intimacy), also helps get the baby out, by stimulating uterine contractions.

So rest, shower, and nap with your partner to help stimulate those “love” hormones.

Go to the potty at least _____ an hour. When the bladder is full, it can get in the way of your baby descending in the pelvis. Empty the bladder as often as possible. If you are well hydrated, this should happen fairly easily.

C.

Timing Early Labor Contractions (0:00)

Track the time from the beginning of one contraction to the beginning of the next contraction. This will be called the _____.

Duration: How long are the contractions lasting? 0-60 seconds. Sometimes up to 90 seconds.

[Full Term App](#) *Search for the Full Term App in the App Store. (1:05)

Regular intervals means they are coming at a consistent time (frequency) apart.

5 - Contractions are happening **5 minutes apart** (1:37)

1 - Contractions are **lasting 1 minute**

1 - This pattern has been going on for at **least one hour**.

If this is your pattern, you need to call your healthcare provider or birth place.

This pattern can last for up to several days for some pregnant women, and then suddenly go away. This is called **PRODROMAL** labor.

This happens most frequently with **mal-positioned** babies. (3:33)

The baby may be trying to get in better position. Sometimes we see prodromal labor in a 3rd time mama. The goal is to get back on track as quickly as possible.

***At your next prenatal visit, please ask your provider at what point they would like you to call them when you think you are in labor (each provider has different preference).**

When your **contractions** are: (2:45)

3 - Minutes apart

1 - Lasting one minute

1 - Contractions have been at this consistency for one hour

GET YOUR BOOTIES IN THE CAR!

Going into labor is not something you can simply WILL your body to do. It is not a thinking thing. It is something our bodies instinctively know how to do. The more we LET GO, and let our bodies do what they need to do the smoother labor will be. We have to get out of our own heads. (5:20)

***Birth partner:** it is very important for you to help mama tune out the world around her, and go inside of herself.

Dilation:

0-3 centimeters: You may be uncomfortable, but the intensity of the pain is often manageable.

4-6 centimeters: The contractions are feeling quite a bit more intense. It is a great idea to labor at home until you 6cm dilation if at all possible. Ideally, you want to be in the comfort of your own home for some of the stronger contractions. (3-1-1 is when 1st time moms will head to the hospital).

You likely won't be admitted into the hospital until you are **6 centimeters or close to approaching 6cm**. This is true for hospitals & birth centers in the state of Washington. Check with your local birthplace for their current standards for admission when in labor. (7:35)

***Birth partner:** You will notice some big, emotional changes in mama when she approaches active labor. How is she sounding? Where is she feeling her contractions? How are her emotions? What kinds of sounds is she making?

3-minute-apart-contractions will also be a big indicator that mama is transitioning into active labor.

Phase 2: Active Labor (8:50)

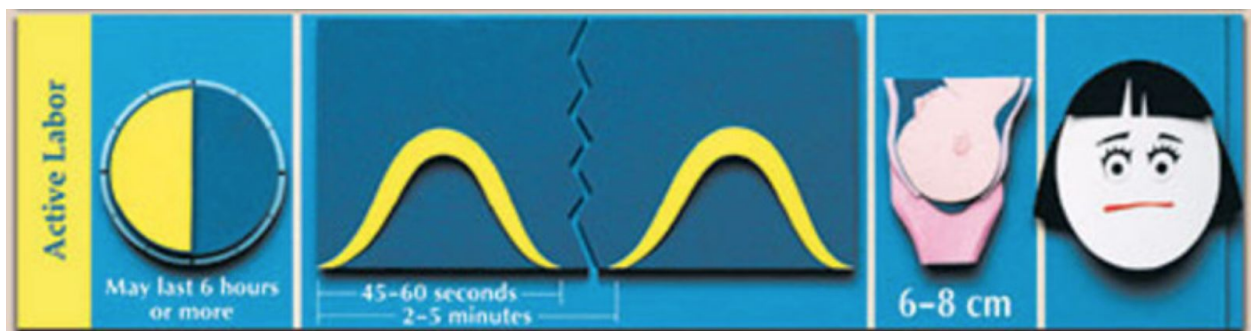
Mama is going to start looking, acting and moving **differently**. She will begin to go inside herself mentally and emotionally more than she did in early labor. We want to see her transition to what we call "labor land." Labor Land is a deep meditative state, where mama is extremely inwardly focused on getting through one contraction at a time.

Active labor is generally around **6 hours long** for first time mamas.

Contractions are still around **60 seconds long**, and **2-5 minutes apart**.

The contraction will act like a wave, starting mild, building up and rising until they peak, and then tapering off. Eventually going completely away.

REST must happen during the break in-between contractions.



The cervix dilates _____ **centimeters** during active labor.

During the shift into active labor, mamas will either mentally check out, or shift into a more **instinctual mindset**. You **MUST** shift out of your thinking brain and all allow your body to do what it was designed to do. Find your rhythm, focus inward on your heart, soul, and baby. Trust that your body

knows what to do. Find assurance knowing it was made just for this moment.
(10:30)

***Birth partner:** It is very important you help her during this phase to tune out the outside world and control her thoughts and emotions. Provide a lot of encouragement, support, love, and firm, confident touches. Your emotional support will be crucial to mama believing she has the power to keep going.

D.

***Birth partner:** focus on encouraging her to keep her **tones low** and keep her **sounds low**. Low sounds and moaning noises are great indicators that mama is feeling in control and focused. Higher pitched tones often mean mama is fearful, increasing adrenalin, which _____ labor down.

We want her to have any kind of moaning noises (**ooooohs and ahhhhhs**) she can make. These sounds will start to pick-up at the end of _____ labor and the start of *active labor*.

As long as you can feel like you can eat, try to eat something every 2-3 hours.

Active Labor Coping:

Eating, drinking, hip circles or forward leaning positions on the birth ball, lunges, squats, combs, counter-pressure, and hydrotherapy might all be helpful in this phase.

Back labor will be a bumpy road, but there are coping techniques and comfort measures to help mama get back to a normal, expected labor pattern.

Forward leaning positions on the birth ball, a shower on the lower back, the tub (often called the midwife's _____ - has proven to decrease your perception of pain) will be helpful if you're feeling the contractions in your back. (3:30)

*We will learn about counter-pressure and double hip squeeze in session 6

The 3 R's (5:15)

Re_____ - conserves energy. Drop your shoulders away from your ears and close your eyes. Massages from your labor team are helpful.

Rh_____ - any kind of movement or motion. Sometimes a simple repetitive motion

Ri_____ - birth partner: help her find that ritual

If mama is able to do the 3 R's, she is crushing it!

***Birth partner:** Help mama practice the 3R's in early labor so that she can continue in this pattern through the more intense phases of labor.

E.

Transition (0:00)

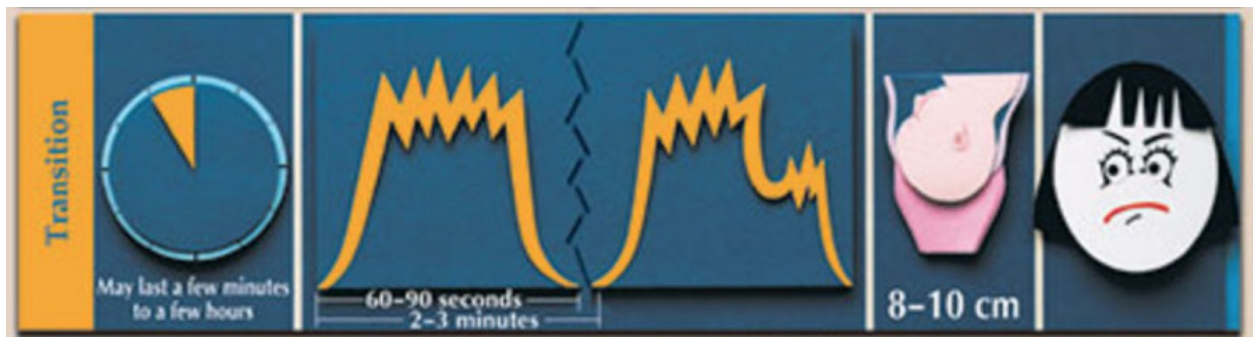
This is the hardest part of labor, but thankfully the shortest!

Contractions will be 60-90 seconds long, and 1.5-2 minutes apart.

We don't know how long transition will take.

***Birth partner:** please help keep mama *in the moment*. Don't let her think in the past or future. Stay in the PRESENT.

Many mamas will find themselves at a point during transition where they don't think they can do it. NOW is the time to dig deep. Just beyond transition is your BABY!



After we finish _____, we head into stage 2.

Stage 2: Pushing & Birth (2:20)

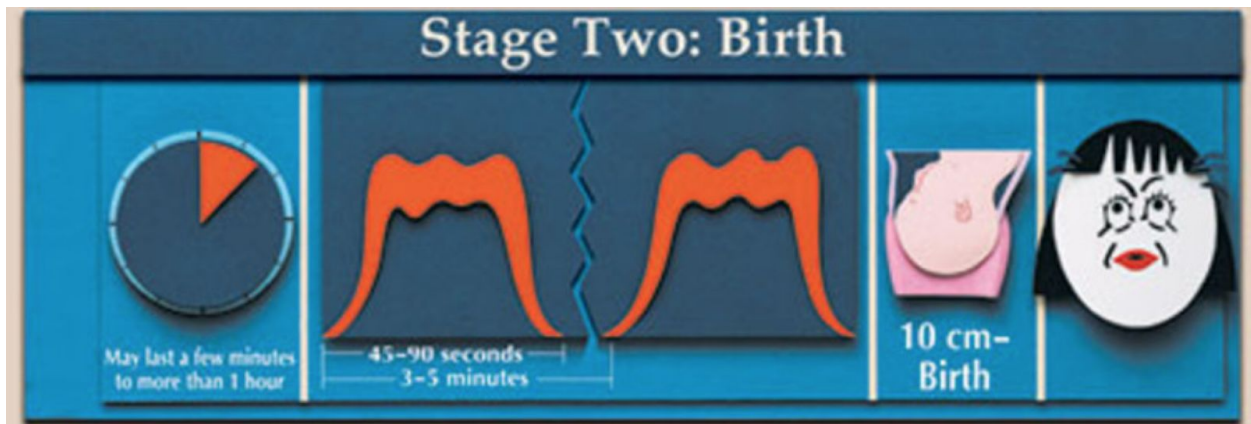
First-time mamas can push anywhere from **0-3 hours on average**. There is NO MAX length of time for a mama to push the baby out. If you have an epidural, you may push up to 4 hours. As long as mom & baby are healthy and in good spirits you can push for as long as you need to.

Contractions will last 45-90 seconds long and slow down to 3-5 minutes apart.

You need to continue to move and change positions throughout the pushing stage.

***Birth partner:** put a cool wash cloth around her neck & forehead. Give her sips of water and encourage her with each push. Sometimes it is helpful for partners

to tell mama what they see while she is pushing. (Do you see baby's head?
Does baby have hair?)



Stage 3: Delivery of the Placenta (3:35)

You will feel some contractions, but they won't be nearly as intense. The placenta usually delivers 5-20 minutes after delivery of baby.

As long as mom & baby are healthy after birth, the baby should be delivered to mom's belly or chest. We want babies to remain undisturbed, skin to skin, on a mom's chest for at least 1 hour after birth. All newborn procedures should be delayed until baby has had its first feeding.

***Birth partners:** if mom needs a distraction while she is delivering her placenta or having a tear repaired, encourage her to talk to and look at her baby.

Labor Recap (4:45)

Things to remember:

MOVEMENT

REST & nap

FUEL your body with food

HYDRATE with water and electrolytes

FOCUS inward on your strength and desire to see your baby

BREATHE move your air all the way in and all the way out

LOW TONES are the best kind of labor sounds to make

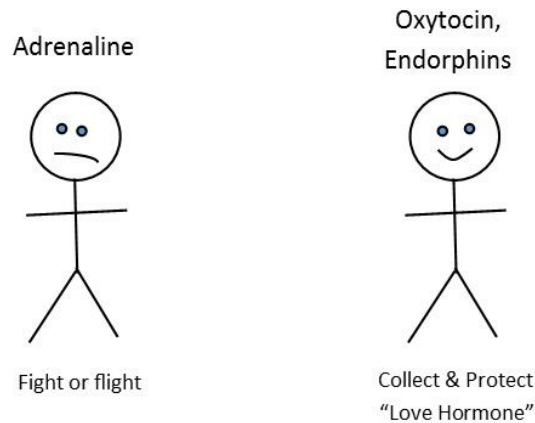
Begin to envision what you want your **SUPPORT TEAM** to look like. Who do you want to have with you **during labor and delivery**? What **role** do you want each of them to take? Please have these conversations now so that your expectations are met, and your support team knows how to best support you.

Think about the **environment** you want to have a baby in. What will make you feel most comfortable and safe? How much privacy and modesty do you desire? Music and LED candles? Aromatherapy? Quiet? Dark?

You need to be able to let your guard down; to feel completely free to express yourself in exactly the way you desire. You need to create your safe, sacred birthing space. When you are able to let your guard down, your body is able to work most effectively! A safe, private environment is imperative to minimize complications and delays in labor.

Session 4: Birth Hormones (0:00)

It is very important to understand how our bodies go into labor naturally, on their own. Our bodies have been designed with hormones that support **normal, physiological birth**.



Adrenaline (0:45)

"The fight or flight" hormone.

When **adrenaline** is running high in mama's body, she may be feeling:

She may look _____

Muscles will _____
Her face and words will _____

Blood flow and resources are flowing to your extremities so you can fight or run away. **The uterus loses resources as a result.**

This will cause your labor to _____ or stall. Our blood pressure may increase. You may become stressed or anxious.

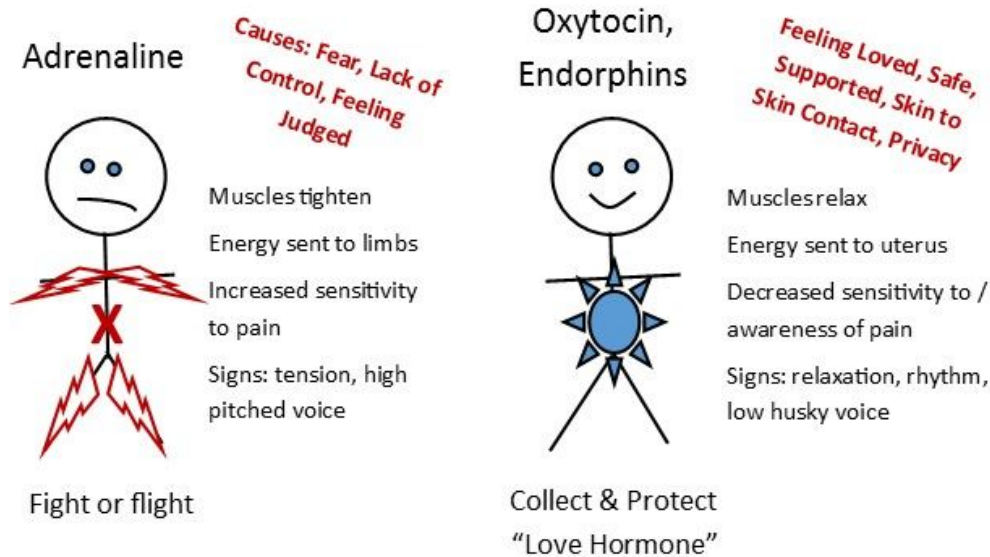
We need to create the opposite effect in our body's to promote labor progress.

_____ and endorphins will help **suppress the adrenaline** and take us to "labor land," a deep meditative state. (3:50)

Oxytocin is the _____ hormone. (collect and protect)



_____ make us feel good. The pain fighters.



Endorphins & oxytocin means blood flow & resources will be sent to the **uterus**.

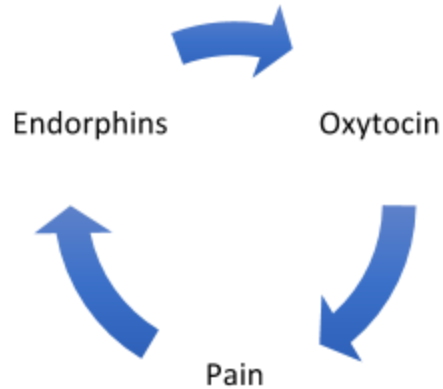
What type of environment will help produce endorphins & oxytocin in labor?

Women **NEED** to feel safe and be able to let their guard down in labor. ALL women in labor need a **quiet, private, dimly lit space** where they feel safe to birth their baby's.

Animals often find very private, quiet, safe and dark places to labor and deliver. Humans need the same. We must promote this private, safe and sacred place.

***Birth partner**, you are essential to promoting this environment. Mama won't have the wherewithal to set this mood during labor, so it is your job to make it happen. Your role is the guardian of the birth place.

HORMONAL FEEDBACK LOOP



_____ causes uterine contractions that hurt. That brings us discomfort and **pain**. Your brain counteracts that pain with **endorphins** (pain fighters).

More oxytocin, more pain, more endorphins. Your pain actually has a _____. It is not for nothing. It doesn't feel good, but you are totally ok.

Your **placenta** produces a hormone that signals it is time for the baby to come out. This then causes the baby to produce hormones. The hormones produced by your baby start a chain of events that eventually lead to contractions and eventually the birth of your baby.

Your baby is the one who determines their BIRTHDAY!

50% of all first time mamas who have given birth before will deliver by 40 weeks and 5 days. *Around 41 weeks is the best guess for full gestation for first time mama.*

75% of all first time mamas will give birth by 41 weeks and 2 days. (Jukic et al. 2013).

Session 5: Induction & Pain Meds (0:00)

Read more about the evidence for inducing labor [HERE](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3777570/)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3777570/>

50% of all mamas who've given birth before (multips) delivered by 40 weeks and 3 days past their estimated due date.

The earliest you can be induced for going past your "guess date" is 40 plus _____.

Plan to add a week to your due date.

Indications (the why) for a Medical Induction (3:30)

Ideally, and if at all possible we let labor begin on its own. Sometimes, the safest option for mama and baby is to **induce** labor.

*See the clipboard chart at end of this HANDOUT

- Placenta begins to detach from inner wall of uterus
- Infection in the _____
- Fever
- High blood pressure (gestational hypertension) - Preeclampsia
- Post-term pregnancy (42 weeks)
- Kidney or lung disease in mama
- Baby is measuring small

When a pregnant person has not gone into labor by 42 weeks a few things could be happening.

- Baby could be malpositioned
- Due Dates (guess date) could be off
- The pregnant person has gone to or past 42 weeks in a previous pregnancy making them more likely to deliver post dates.

- The pregnant person could be experiencing stress.

You can read more about factors that might make your pregnancy longer [HERE](#)

Induction is sort of like a **cold start** to an engine. It is a long and slow process. PATIENCE IS KEY to a successful induction.

Some things you might consider talking to your care provider about introducing into your routine during the last month of your pregnancy:

- Eating 4-6 dates a day (read the evidence [here](#))
- Drinking 2-3 cups of organic raspberry leaf tea a day (read the evidence [here](#))
- Evening primrose oil (read the evidence [here](#))
- Herbal tinctures

****NOTE: I am NOT a healthcare provider. Please consult with your health care provider when deciding what foods or supplements to introduce into your routine.***

Very large babies are **NOT** a medical reason for induction. Just because it appears big doesn't mean it is.

<https://evidencebasedbirth.com/evidence-for-induction-or-c-section-for-big-baby/>

Naturally Preparing Your Body For Labor (14:20)

Dialogue with your provider and care team about the options that are right for you.

Please check out the **Spinning Babies: Daily Essentials** videos at the following link:

<https://spinningbabies.com/start/in-pregnancy/daily-activities/>

Chiropractic care, **massage** and **acupuncture** for labor prep are also excellent options for naturally preparing your body for labor. *Please reach out to your local doula or health care provider for local referrals in your area.*

B. Methods for Induction (0:00)

Bishop Score 0-13 score range

Your goal is to score a 9 as a first time mama. If you have given birth before, your goal would be to be a 6. The score is based on the qualities of your _____. How **thinned out** (effaced), how **open** (dilation), and what is your **station** (how high up or how low is the baby's head in the pelvis).

A score of _____ for a **multip** (second, third, fourth... time mamas) would be great! (0:25)

1.) **Sweeping or stripping** your _____ is one common method for trying to jump start labor to begin. Sweeping your membranes has been shown to shorten the length of your pregnancy. It may cause you to be a little crampy. You may have irregular contractions that keep you up at night. This can cause PROM to occur (Premature Rupture of Membranes). You can read the evidence for sweeping your membranes [here](#).

2.) **Mechanical Dilator** - Foley Bulb or Foley Catheter or Cook Catheter.
(4:00)

3.) **Cervical Ripening Agent** - Medications called Cervidil or Cytotec (misoprostol).

- **Cervidil** is a tampon-like insert placed in the vagina about 12 hours (usually at night so mama can sleep)
 - What are the benefits? What are the risks?
- **Cytotec** is a pill, dosing is every 2-3 hours. It could be taken orally or vaginally.
 - What are the benefits? What are the risks?

Pitocin - IV use of artificial oxytocin. It is given through your IV. The dose is typically started at a very low rate and increased gradually. Usually started around 3 centimeters dilation. Cervical ripening typically happens for 1 day before Pitocin is administered in a first time mama.

Most inductions are about _____ **hours**. 24 hours of cervical ripening (getting the cervix to thin out and begin to open), and usually another 12-24 hours until you meet your baby.

A.R.O.M. - _____ Rupture of Membranes - Small puncture to the amniotic sac.

C.

Policies and Procedures (0:00)

Please check with your provider and birth place to find out some of their common policies and procedures during labor and delivery.

Do they allow you to labor in the tub?

Do they have the capability to monitor baby in the tub?

Do they support freedom of movement?

Do they allow you to eat during labor?

When do they typically induce patients?

How often do they utilize assisted delivery tools? (forceps & vacuum)

Do they allow an additional labor support person in the OR for a cesarean birth?

Do they offer birth balls, birthing stools, or other comfort measures?

Does your birth place welcome and support doulas?

What type of analgesics and anesthetics do they use?

What types of intervention do they typically use? Do they routinely give IV fluids in labor?

On a scale of 0-10, how would you rate your desire for pain medications during birth? ____

*0 means you want an all-natural birth, unmedicated birth. 10 means you want all the meds available to you as soon as possible.

Analgesics (1:23)

The most common analgesic we see used is **Fentanyl**. Check with your provider which medication is most commonly used at your birth place for use of IV (intravenous) or IM (intramuscular) narcotics.

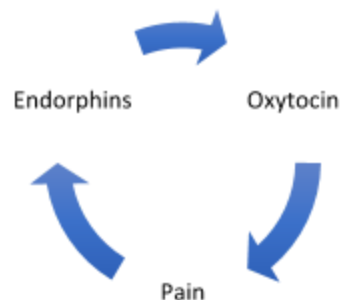
Fentanyl is **short term** method of pain relief. It can cause the pregnant person to feel dizzy, nauseous, very sleepy, or itchy. You want this medication to wear off before baby is born so baby can be alert and ready to nurse at birth.

Fentanyl can cause baby to be extra sleepy and have slowed breathing.

Your nurse might say. . .

"Would you like something to take the _____ off?"

Fentanyl will simulate a longer break between contractions to give mama rest and sleep.



(7:45)

Fentanyl decreases your brain's perception of the pain. The first dose is the most effective. Subsequent doses are typically less effective. Fentanyl is a short term

method of pain relief for pregnant people who just need a little help managing their contractions for a short period of time.

D.

Long Term Pain Management

Anesthetics:

Epidural - After receiving the first dose of medication through the epidural catheter, you should begin to feel some of the effects within the first 10-15 minutes. Your contractions will get shorter and less intense, until you are numb from the waste down to your toes. Typically, you will feel the full effect of the epidural within 1 hour after the epidural has been placed.

Any time we introduce a medication, whether an induction medication or a pain medication, there is a **trade off**. We must decide if we are willing to make that trade.

With an **epidural**, you may have very **limited movements**, such as positions that are preferred for labor progress and pushing. (1:35)

It is very common for the epidural to lower mama's _____
_____.

To limit the trade-offs for the epidural, I recommend waiting to get your epidural (if that is your plan), until you know:

- Baby is in great position
- You have strong and effective contractions
- Your labor pattern is normal and expected

Windows of _____. Certain areas in your body that are still experiencing the full intensity of your contractions. (4:05)

Overall, labor is typically **slower with an epidural**. If your labor slowed down, pitocin may be administered to speed up or (augment) your labor.

Your urge to push may be limited with anesthetics because your pelvic floor area has been numbed. (5:45)

Instrumental delivery tools (forceps or vacuum) may be used to assist mom to bring her baby down & out of her birth canal while she is pushing.

If you don't need the extra boost of medication from your patient-controlled analgesia (PCA) pump, I would encourage you not to push your button. That might allow you to have an increased ability to feel the pressure of your contractions, which will allow you to push more effectively. Pushing effectively will help you bring your baby into your arms sooner rather than later.

Sometimes mama can get a back ache or headache after an epidural. Epidurals can also have an effect on _____. (9:10)

Side effects of common interventions in labor often compound on each other (cascade of intervention). I recommend utilizing the least amount of interventions possible.

How can you know how and when to push when you have an epidural?
(9:50)

*If mama is **extremely anxious, afraid, not coping well with her contractions, and / or is not able to rest in between contractions** an epidural may be the best choice for her.*

Nitrous Oxide is ----- acting.

It is fast acting pain relief and short lasting. It is administered through a mask. You breath in the nitrous from the mask as the contraction starts to build. You receive the greatest amount of pain relief for the top of the contraction (peak of the pain).

What would it take for you to have an unmedicated birth? Is there anything holding you back from desiring an unmedicated birth?

A mama who is **calm, confident, centered, willing to be adaptable,** and **flexible** often has a very smooth, uncomplicated birth. I would encourage you to be willing to try many different options and comfort strategies in labor.

"Ok yes, I can try that" is a great motto to have in labor!

Remember these thoughts when you need to make a decision:

B. _____

R. _____

A. _____

I. _____

N. _____

Take the time to make the decisions that are the best for you and your baby. You are the boss in labor. You are the consumer. You have a right to know your options!

Session 6: Comfort Measures

A.

Labor Coping:

You will need: yoga pants, birth ball, yoga mat, towel, bowl of ice

*Turn on some soft and comfortable **music**. Turn off your phone for a bit. Enjoy this moment whether you are alone or with a birth partner.

My Spotify Labor Playlist:

<https://open.spotify.com/user/1239631542/playlist/7Egy8ct8PumtpNE3fpbR9g?si=gahRWTvFSVa6BzGG97iU3Q>

***Birth partner**, your role in labor is huge! I know some of these positions we are going to practice may seem awkward at first, but the more you **practice** them the better at them you will get. You & your partner are a team. This is a great time to bond with your partner!

There will be very few notes taken *during this session*. You can review this session later if you want to jot some notes down, but feel free to set this handbook down and engage in the video.

Slow Breathing - Really low, from the belly, while on the birth ball. Breathe all the way in through your nose, and out through your mouth. Breathe in for

3 seconds and out for 3 seconds. You will want to practice this a lot, as this is how many pregnant people like to breathe during labor.

***Birth partner**, give mama a nice, slow shoulder and back massage while she practices the breathing on the ball. Most women in labor like a firm, steady touch.

How many breaths did mama have while you (birth partner) had your hands on her belly? _____

B.

Paced Breathing (0:00)

“Heeeeeeee - heeeeeeee - heeeeeeee” Breathe in and out through your mouth. Move and rock on the birth ball while breathing in this pattern.

The Slow Dance (3:00)

Very helpful during contractions. Especially when done with a loved one or birth partner. It stimulates the LOVE hormone that helps mama relax. This position utilizes gravity and upright positions to help bring the baby down.

Supported Squat and the “Potty Squat.”

Practice these daily, at least 3-4 times a day during pregnancy. This will continue to help the baby get into the best position for birth, while increasing your endurance for labor.

Other **squat** positions:

- Birth Ball against the wall.
- Seated supported squat with your birth partner



C.

Lunges on the couch



Comfort Measures (6:04)

Double Hip Squeeze and Sacral Counterpressure



Forward Leaning Positions (8:22)



Rebozo (9:43)



D.

Sink Hangs (0:00)



Pelvic Tilts (1:05)



Pushing (5:47)

If you have an **unmedicated** birth, you will have a very strong urge to push that baby out.

If you are having a **medicated** birth, it is important to pay attention to those contractions and have help to know exactly when to push.

You will take a big breath in (fill your lungs), hold your air in, tuck your chin to your chest, curl around that baby, and bear down like you are having a bowel movement.

Let your body guide you as you work to move your baby down.

Grunty, pushy noises are welcomed and encouraged during the pushing phase of labor.

*Please **DO NOT** actually push while doing the pushing exercises in the video. Just pretend to bear down like you are having a bowel movement.*

Pushing Positions (8:02)



BONUS Session 7: Conversation with Michele Augur, Midwife

We get the privilege to hear from midwife, Michele Augur LM, CPM, MSM with a degree from [Bastyr University](#). Michele attends home births and birth center births all over the south puget sound region of Washington. We talk to her about the roles and responsibilities of a midwife, preparing your body for birth, and what to expect with midwifery care during pregnancy. We also discuss the differences between midwifery care and the obstetrical model of maternity care.

Michele Augur, LM, CPM, MSM

www.naturalbeginningsmc.com



To find a midwife in Washington state, check out this resource:

MAWS: www.washingtonmidwives.org

**We believe every low risk, healthy mama deserves to have access to midwifery care. Here is a great place to start to search for a midwife in your local area: <http://www.midwife.org/find-a-midwife>*

Spinning Babies: www.spinningbabies.com

YOU DID IT!

You have worked your way through this entire course. Thank you so much for trusting us with your childbirth education, and for making this investment in your education. We believe in you. Trust yourself. You already have everything you need inside of you to have this baby.

We will continue to add value to this course over time! We plan to add many new sessions to this course, as well as some other courses in the near future. We will stay in touch via email.

In the meantime, we want to invite you to join the conversation over on my [Perfectly, Wonderfully Made](#) podcast, and follow along on Facebook.com/yourbirthclass and Instagram.com/perfectlywonderfullymade.

God Bless,

Alise Marsh

Alisemarsh.com

Resource Page

Penny Simkin - Comfort Measures <https://www.pennysimkin.com/>

Spinning Babies Online Course (<https://spinningbabies.com/shop/cart/>)

Food to eat before and during labor:

<http://wellroundedbirthprep.blogspot.com/2011/04/good-labor-snacks-and-why-moms-need.html>

My Hospital Bag Checklist: <https://www.alisemarsh.com/hospitalbag>

[Full Term App](#): Search "Full Term App" in the app store

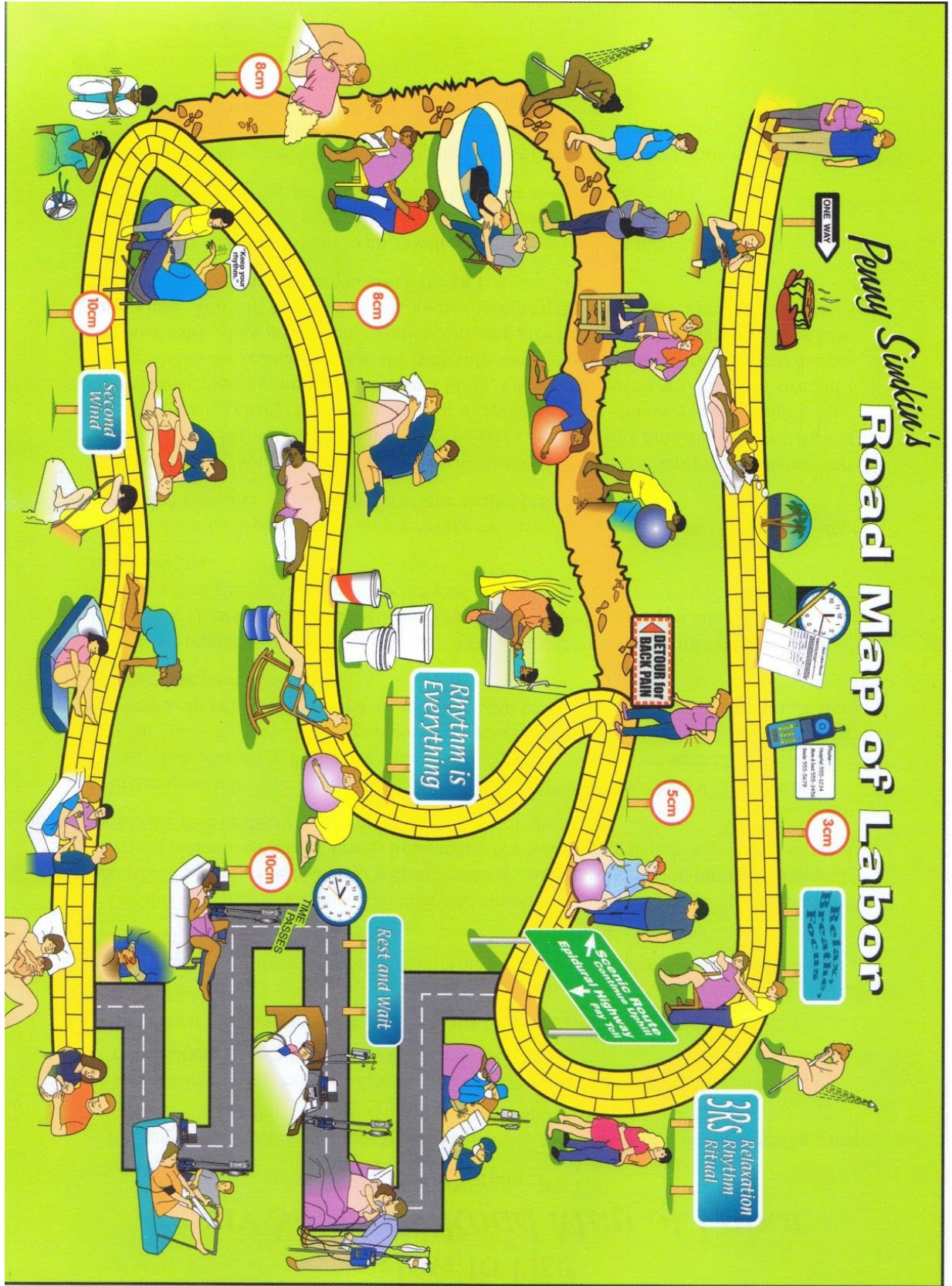
Spinning Babies Daily Essentials:

<https://spinningbabies.com/start/in-pregnancy/daily-activities/>

My [Perfectly, Wonderfully Made](#) podcast

[Facebook.com/yourbirthclass](https://www.facebook.com/yourbirthclass)

[Instagram.com/perfectlywonderfullymade](https://www.instagram.com/perfectlywonderfullymade)



Stage One: Labor

Stage One: Labor

Latent (Early) Labor



0-6 cm



Active Labor



May last 6 hours
or more



45-60 seconds
2-5 minutes



6-8 cm



Transition



May last a few minutes
to a few hours



60-90 seconds
2-3 minutes



8-10 cm



Stage Two: Birth



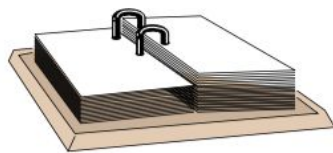
May last a few minutes
to more than 1 hour



45-90 seconds
3-5 minutes

10 cm-
Birth

Stage Three: Delivery of the Placenta



Medical Reasons for Induction

Reasons for inducing labor may include one or more of the following conditions:

- ✓ The placenta begins to separate from the inner wall of the uterus before the baby is born (abruptio placentae).
- ✓ Infection in the uterus (chorioamnionitis) .
- ✓ High blood pressure caused by the pregnancy (gestational hypertension or more serious conditions known as preeclampsia or eclampsia).
- ✓ Premature rupture of membranes (the bag of water has released too early).
- ✓ Postterm pregnancy (more than 42 weeks).
- ✓ Mother's health problems such as kidney or lung disease.
- ✓ The baby is not growing as he or she should and/or the environment inside the uterus is no longer safe for the baby.

(Note: A large or even very large baby is not given as a medical reason for induction.)

Source: American College of Obstetricians and Gynecologists (ACOG). 2009. Practice bulletin #107 – Induction of labor. *Obstetrics & Gynecology*, 114(2), part 1, 386-397.