

## Winning at Birth

"Coach" Linda J. Smith

Winning at birth - what an odd concept. Birth isn't a contest. Or is it? We call fathers "birth coaches." Birth is a very physical event, one in which our bodies have to exert themselves, perform. Birthing requires muscle control, determination, and grit. We even urge women to sign up for classes and practice. Women often grunt, groan, and make noise during birth just as athletes do. And because there is risk and a possibility for injury, the athlete is surrounded by skilled attendants.

Let's take the position that a mutually satisfying and safe birth is a contest, one that the vast majority of women can win. There are a few fundamental rules to know:

1. Attitude matters.
2. Gravity works.
3. What's in is coming out.

There are only two ways for the baby to get out: (1) you push, or (2) they cut. As obvious as this may seem, the fact remains that until recently the "cut" part meant serious illness or death for the mother and baby. And pushing a baby out is healthier, more satisfying, and a lot more fun for both you and your baby.

Even though labor and birth may only take a few hours, how you birth has a direct, immediate, and sometimes profound effect on how you and your baby breastfeed. Research establishes that birth drugs and procedures affect the baby's ability to suck, swallow, and/or breathe. Babies who can't breastfeed well in the first few days are often given formula, bottles and nipples, which can affect the baby's suck, trigger allergic responses, and further compromise breastfeeding. Birth drugs often lead to more procedures, more difficult births, and increased risk of Cesarean section, all of which affect mother emotionally and physically. If a baby cannot breastfeed well from birth onward, mother's milk supply may be in jeopardy unless she turns to mechanical pumps, which introduce yet another piece of technology. Here's the coach's tips on winning at birth.

First of all, get an attitude that you are going to birth this baby. The midwife or doctor isn't going to "deliver you." You get to say who gets to help and watch, how others behave in your presence, where you will give birth, and how you will labor. Trust your instincts because you and your baby have the wisdom, strength and ability within you to birth this baby well. If someone tries to tell you that you don't know what's best for yourself and your baby, replace them, fire them or tell them to mind their own business! Allow only those who contribute to your feeling strong and safe to be part of this event.

Hire a skilled birth attendant as your coach. Your professional birth attendant's attitudes and skill will play a major role in setting the stage for your baby's birth. A professional midwife is an excellent choice, and many physicians actively support normal birth. Your professional attendant's attitudes and beliefs about your ability to give birth normally and naturally will color

all of her/his decisions and actions on your behalf. A good birth coach instills confidence, skill, and a winning attitude in her/his clients. Some signs of a good birth coach are:

- Excellent attitude: encourages the mother to choose the number and kind of additional attendants, especially a doula (trained labor-support person).
- Philosophy of non-intervention: uses few drugs in labor, and only for very specific rare situations to correct a true complication.
- Great statistics: Cesarean rate under 15%, episiotomy rate under 20%, induction & augmentation rate less than 10%, and vaginal birth after cesarean more than 60%.

Ask midwives and physicians about their style of care. Visit birth centers and hospitals in your area and ask for statistics of affiliated practitioners. Get references from their clients and your peers/friends. Join La Leche League and ask the group mothers for ideas on how to find a provider who does birth well. Once again, you get to say who will attend your birth. Trust your instincts. If anything about your attendant/coach makes you uncomfortable or uneasy, find someone else.

Pick the playing field. Home births, birth centers, hospitals... Where is birth the most normal and safest? You might be surprised to learn that home births have been found to be safer than hospital births for all except the most high-risk women. Again, look for great statistics and trust your instincts. One writer says "If you don't want a Cesarean birth, then don't go where they do them." Go for the home court advantage and birth where you feel the safest and strongest.

Choose your teammates and trainers. Look for people who help you feel strong, smart, safe and courageous. Stay away from anyone who is bossy, patronizing or distant. Unfortunately, the goal of some childbirth education programs is to produce compliant patients who will accept birth medications and routines without question. Run the other way from programs like this! Look for an educator who is a proactive advocate of normal birth and will teach you why and how to use many non-drug methods of pain relief. A private or independent childbirth educator with no financial incentive to promote compliance to hospital routines may offer more options than a hospital-based program. Consider hiring a Doula, a professional birth attendant, to be your advocate during labor and birth. Research shows that having doula care during labor can reduce your chance of a Cesarean birth by half, shorten your labor by 25%, and reduce the chance of needing forceps and other risky interventions. Doula care also reduces the chance that your baby will have difficulty breathing after birth. A birth doula is a caring, trained woman who will be your advocate and spokesperson continuously during your labor. A doula adds to but does not substitute for your partner's caring support.

Eat right. Labor is hard physical work for your body. Good nutrition builds strong muscles which help you stay upright and mobile, making your labor shorter, more effective, and more comfortable. Gaining about 30-40 pounds during your pregnancy from healthy food choices will create good stores of energy to enable your uterus do its labor work more comfortably and effectively, and will help you maintain your energy and strength in the months after birth. You are also building 25% of your baby's brain with your food choices, so eat enough calories from a well-balanced diet of foods in as close to their natural state as possible.

Exercise and practice. I've never met a woman who said she "practiced too much" for her labor. Labor is hard physical work, which is why it's called labor! Walking, bicycling, swimming and other gentle aerobic exercises expand your lungs and supply great blood flow to your whole body. These activities also strengthen your legs and back muscles to carry you through birth and later. Well-rehearsed muscles will support you as you stand, sit, squat, walk, move, and work during labor. You can't voluntarily exercise your uterus before labor begins, but this happens automatically during Braxton-Hicks (warmup) contractions. You can exercise your ability to remain loose, calm, comfortable, and in different positions during these automatic contractions in anticipation of your baby's birth.

Stay away from drug pushers, especially during labor. You avoided medications, even an aspirin, during pregnancy because of the potential harm your baby. Now is NOT the time to start doing drugs just when you are near the finish line and the baby is the most vulnerable! Drugs intended to relieve birth pain also dull your responses, make you foggy, and rob you of your victory. Research shows that drugs intended to relieve labor pain can jeopardize your baby's ability to breathe, suck, and focus her attention. These effects are dose-related, which means that the more medication you get, the more your baby is affected. Mechanical aids to birth (forceps and vacuum extractors) exert strong pressures on your baby's delicate head and neck. There is no such thing as a labor drug or procedure with "no effect" on your baby. [Ever try to use your non-dominant hand for eating after you've had a couple of beers? Can you imagine the headache you'd have if you were pulled out of a tight hole with metal salad tongs (forceps) or vacuum strong enough to make your scalp swell?] Non-drug pain relief methods such as massage, movement, attention focusing, warm water, and sensory strategies are very effective and have no bad effects on you or your baby. Your doula and childbirth educator can help you learn these skills.

Have a game plan for all situations. Talk to other players who have had wonderful births (especially homebirths), and copy their strategies. Listen to those who had bad experiences, and plan to avoid their mistakes. Read, read, read. Develop plays and strategies for an easy labor, long labor, hard contractions, back labor, fast birth, etc. Work through the "worst-case" scenarios with your coach and trainers, then write them down and forget about them for now. Once you've planned for the worst, go back and mentally prepare for and expect the best.

Picture yourself winning. Create a mental image of your healthy full-term baby sliding out of your body into your own hands. Visualize this at least twice a day, especially as you go to sleep and as you wake up. As top athletes know well, visualization and mentally rehearsing the intended result is incredibly powerful. As you learn more about the birth process from your coach and trainers, add significant details to your mental image.

On the big day, remember that you are trained and ready. You are prepared, healthy, well-nourished and strong. Go with the flow! The cells of your body know what to do. Birth is a muscular process, so let your muscles do the job they were designed to do. Stay in the moment. Labor is your job for today. It might hurt. Let it hurt. You know what to do about it. No pain, no gain. You can do it. No matter what, it'll be over in a matter of hours. Stay alert and involved. Focus inside yourself when you need to. Go with your game plan. Athletes make powerful noises, and you can too. You're doing the most womanly, feminine work in the world. (Besides,

you probably made noise and moved getting this baby started!) Sweat. Groan. Swear. Walk. Moan. Squat. Shout. Move. Wiggle. Rock. Grunt. Squeal. Work hard - this is IT! You're birthing your baby NOW with the help of all your ancestors down through the ages. Your body was designed for birth. Your baby's body was designed for birth. YOU are doing this birth. You alone. You - powerful strong capable woman!

Then celebrate your victory! As your baby glides out, have your coach help you lift her into your arms, resting her on your abdomen. Keep her warm as she figures out where she is and begins to move to your breast. Relax and soak up her wonderful smells and rosebud soft skin. Enjoy the relief as the placenta slides out and your uterus contracts to preserve your blood. Cuddle, cuddle, cuddle... And soon she'll find your breast and make the transition from placenta to breast complete. Bask in the glow of what you did. You and your baby will probably relax into a deep sleep together for a while for a well-earned rest.

Trust your infant teammate. Keep your baby at your breast, in your arms, and at your side continuously for the next few days. Leave her only briefly for your bathing and grooming, and only if she is peacefully asleep. Learn her rhythms of sleeping, nursing, looking around, and cuddling without any attempt to find a pattern. Look into her eyes. She'll tell you how she's feeling with a deep and rich honesty. Trust her, and trust yourself to know from the depths of your soul what to do. She will probably nurse many times each day for varying lengths of time, as she completes the transition from in-utero passive nutrition through her umbilical cord to actively taking nourishment from your breast. Your milk is matched to her stomach size and physical needs, so notice how she sets the pace of nursing sessions as your milk evolves from colostrum into mature milk. She's your partner and guide in breastfeeding now.

You did birth. You won! Now you and your child begin the external gestation (outside) phase of your nurturing relationship. Breastfeeding long and well is the natural extension of pregnancy and birth. You can win at this, too.\*

Coach Smith's rules for breastfeeding are:

1. Feed your baby. Babies have small stomachs and are trying to double their birth weight in a few months, so they need to eat often around the clock.
2. As her mother, you are right. And,
3. She's your baby. You grew her in your own body and birthed her, and you know her better than anyone else.
4. Nobody knows everything. Babies and families have many aspects, and many people have different pieces of the mystery of babies.
5. There's always another way, for everything you will encounter.

Get an attitude that you are doing breastfeeding until its normal and natural end. Find and spend time with helpful breastfeeding coaches and trainers, just like you did for birth. If breastfeeding is ever painful or you think there is a problem, call for help quickly, that same day! Hang out with other breastfeeding mothers.

As you learn your new teammate's personality, needs, and abilities, you both will become more and more skilled with the many combinations of plays in this breastfeeding game. And just as there is a natural and satisfying end to pregnancy, there will eventually be a natural and satisfying end to breastfeeding as you both move on to other stages in your lives. And lastly,

Have fun! Children change our lives permanently. There's no going back to "before." So enjoy life's sometimes surprising and always interesting journey with them!

©2000-2018 Linda J. Smith

[lindaj@bflrc.com](mailto:lindaj@bflrc.com)

## REFERENCES

- Anderson GC. Risk in mother-infant separation postbirth. *Image: Journal of Nursing Scholarship* 21(4), Winter 1989, 196-199.
- Brimdyr, K., Cadwell, K., Widström, A.-M., et al. (2015). The Association Between Common Labor Drugs and Suckling When Skin-to-Skin During the First Hour After Birth. *Birth*, 42(4), 319-328.
- Crowell MK, Hill PD, Humenick, SS. Relationship between obstetric analgesia and time of effective breastfeeding. *Journal of Nurse-Midwifery* 39(3), May/June 1994, 150-156.
- Daly SEJ, Hartmann, PE: Infant demand and milk supply. Part 1: infant demand and milk supply in lactating women. *Journal of Human Lactation* 11:21-26.
- Daly SEJ, Hartmann, PE: Infant demand and milk supply. Part 2: The short-term control of milk synthesis in lactating women. *Journal of Human Lactation* 11:27-31, 1995.
- Enkin M, Kierse MJNC, and Chalmers I. A Guide to effective care in pregnancy and childbirth. Oxford: Oxford University Press, 2000.
- Kennell J, Klaus M, McGrath S, Robertson S, Hinkley C. Continuous emotional support during labor in a US hospital. A randomized controlled trial. *JAMA* 1991; 265(17): 2197-2201.
- Poore, M and Foster JC. Epidural and no epidural anesthesia: differences between mothers and their experience of birth. *Birth* vol. 12:4, Winter 1985, 205-219.
- Sepkoski CM, Lester BM, Ostheimer GW, Brazelton TB. The effect of maternal epidural anesthesia on neonatal behavior during the first month. *Devel Med Child Neurol*, 1992: 34, 1072-80.
- Simkin, Penny., & Ancheta, Ruth. (2017). *The Labor Progress Handbook, 4<sup>th</sup> edition*. John Wiley & sons
- Smith, L. J., & Kroeger, M. (2010). *Impact of birthing practices on breastfeeding* (2nd ed.). Sudbury, Mass.: Jones and Bartlett.
- Widstrom, AM, Wahlberg V, et al. Short-term effects of early suckling and touch of the nipple on maternal behavior. *Early Human Development*, 21 (1990) 153-163
- Woolridge, M. Anatomy of infant sucking. *Midwifery* 2: 164-171, 1986.
- World Health Organization. (2018). *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva: <http://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>