

PREGNANCY, LABOR & CHILD BIRTH EDUCATION GUIDE



BECAUSE YOU DESERVE TO TO FEEL
CONFIDENT, EMPOWERED & INFORMED!

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Welcome



Thank you for choosing and trusting us to walk alongside you on this beautiful journey of pregnancy, birth and motherhood. We are so passionate about empowering and supporting all mothers on their options surrounding their birth choices.

Our priority is to help you become a confident shared-decision maker with your care team by giving you evidenced based information.

As former labor and delivery nurses, we understand how complex it is to navigate the medical system. Your healthcare teams goal is for a healthy mother and baby but we care about the whole journey to how you get there!

Our hope is that by the end, you will feel confident that your body was uniquely designed and capable to do this!



Parents' Responsibilities

What does a calm, gentle and safe birth experience mean to you?

As you prepare for the arrival of your baby, you might be thinking about what that looks like. The answer to this question may look different for every person but it is an important one to consider to avoid conflict and disappointment in your birth experience.

YOU are your own best advocate!

Parents have the responsibility to actively participate in shared-decision making with their health care practitioner by educating themselves on the benefits and risks of their preferences and interventions.

If at any point you get a feeling that you are not being heard or respected throughout your pregnancy, trust your gut instinct and make a change.

Parents have a responsibility to seek a healthcare practitioner who supports their preferences unless there is a clear medical emergency.

Parents have the responsibility to mentally, physically and emotionally prepare for labor and the arrival of caring for their newborn.



Choosing a Practitioner

Midwife

- approaches birth as a natural physiological process
- specialists in normal low risk pregnancy & birth
- individualized care and focuses on minimizing the use of obstetrical intervention unless medically necessary
- lower rate of cesareans, episiotomies and instrumental deliveries
- emotional support and present while pushing

Obstetrician

- approaches childbirth as something that needs to be medically managed
- specialists in high risk pregnancy & surgery
- high rate of recommending medical interventions
- higher rate of cesareans, episiotomies and instrumental deliveries
- more likely to apply interventions to healthy laboring women for convenience
- present when baby is about to be born

Midwives are highly trained in maternity care. Every low risk woman should consider seeking prenatal care from a midwife.

- midwives deliver in hospitals & work with obstetricians
- support medicated and unmedicated births
- offer a more holistic approach to caring for the overall physical and emotional wellbeing of women
- work collaboratively with OB's if circumstances change during birth

***See local resource list for OB practices and Midwives we highly recommend ***

Shared Decision Making

"How will my labor start? When will my baby be born? What can I do if labor stalls? Do I have to be induced? "

- There are many unknowns leading up to the moment you meet your baby which is why being flexible and having birth preferences are an important part of birth planning. Being a shared-decision maker gives you the autonomy over your body and birth. It is important to consider mentioning the things that are really important to you as a part of your birth plan and forego anything that is less important. We encourage you to do research related to these preferences and the possible interventions that could arise in your labor.
- Remember, you ALWAYS have a choice. Hospital policy governs staff liability, it is not the law nor does it mean you *have* to do anything you do not feel comfortable with. If you have done your research and you and your baby are healthy, you can stand firm and trust your decisions.
- Discuss your birth preferences with your practitioner at your prenatal, when admitted to the hospital, and when a new medical attendant is in your room, this ensures that everyone is on the same page and sets you and your team up for success!



Interviewing Practitioner

The most important decision you will make in your birth experience is choosing the right birth team. Here are some questions to consider asking at your appointments to get to know your OB practice better to see if they are the right fit:

- What is your philosophy of childbirth?
- What is your cesarean rate? And what is the cause of the cesareans?
- Do you have a strict due date policy going past 40-41 weeks?
- How often do you support low intervention births without pitocin, amniotomy or pain medications?
- How often do you support physiologic birth? What does that look like from you?
- Are you supportive of intermittent fetal monitoring or strict continuous monitoring?
- Are you supportive of eating throughout labor?
- Are you supportive of delayed cord clamping until it stops pulsating?
- Do you have a time clock for duration of labor? What are your expectations for progress of labor?
- Is your practice supportive of doulas as a part of a patients birth team?
- Are you supportive of laboring and pushing freely with unrestrictive movement? Or do you prefer me being in bed on my back while I'm pushing?

B. R. A. I. N

Whenever your practitioner recommends an intervention it is important to ask the right questions to be a shared-decision maker and give informed consent or refusal.

Do this by using your **B.R.A.I.N** acronym:

B- What are the **b**enefits?

R- What are the **r**isks?

A- What are the **a**lternatives?

I- What is my **i**ntuition telling me?

What further **i**nformation do I need?

N- What if I wait and do **n**othing?

Never feel rushed to make a decision. If you and your baby are safe, then it is okay to take time to make a decision that gives you peace and confidence to move forward with whatever you decide.

Example of Birth Preferences

These are just some examples of different preferences you can research and learn about before we meet for your first prenatal together. At that time, we will make your birth plan.

Refer to evidenced based research articles that include these topics

- **Labor Setting-** prefer staying at home as long as possible before going to hospital
- **Induction-** if me and my baby are healthy, I would like to give my body time to go into labor naturally up to 42 weeks
- **Fetal Monitoring-** if me and my baby are low risk I prefer intermittent monitoring, doppler, wireless monitoring
- **Position options-** free movement to labor and push
- **IV-** prefer being disconnected or not having one
- **If labor stalls or rests-** please practice patience, rest, go home, nipple stimulation/pumping, position changes, amniotomy vs pitocin
- **Membrane Status-** prefer water to break naturally unless labor stalls (consider all risks and benefits of breaking water such as infection, baby navigating pelvis better if intact, cord prolapse, more intense contractions)
- **Vaginal Exams-** prefer minimal, or decline exams after initial one for admission, only tells us what cervix is doing at that moment.
- **Pain Management-** I will ask for an epidural when I want one or please do not offer epidural, narcotics or alternative comfort measures such as water immersion, movement, etc
- **Pushing Techniques -** prefer to follow my body's prompts and instinctively push, I do not want coached/ purple pushing
- **Perineum-** prefer perineal massage, I do not want perineal massage, warm compresses, hands off approach, natural lubrication, no lubrication

Example of Birth Preferences

continued...

- **Pushing techniques-** prefer to follow the prompts of my body to instinctively push vs open glottis pushing, purple pushing (holding breath and bearing down)
- **Placenta Birth-** prefer expectant management, allowing my placenta to birth naturally vs active management, cord traction, postpartum pitocin, and fundal massage
- **Delayed Cord Clamping-** prefer until cord stops pulsating or cord is white, as long as possible if my baby is doing well
- **Pitocin-** medication used to stimulate contractions, used for induction, to speed up stalled labor & postpartum to deliver placenta
- **Amniotomy-** practitioner breaks water
- **Membrane sweeping-** induction method to help stimulate labor contractions, finger is inserted to cervix, detaches amniotic sac from uterine wall to release prostaglandin hormones
- **Skin to Skin-** prefer baby directly on to skin, do not excessively wipe off vernix
- **Vernix-** protective film on baby skin with lots of health benefits
- **Golden Hour-** 1-2 hours of uninterrupted skin to skin to help regulate temperature and breathing of baby, more effective breastfeeding
- **Erythromycin-** antibiotic eye ointment to prevent blindness in babies for women who are positive with Gonorrhea or Chlamydia
- **Vitamin K-** prevents vitamin K deficiency in newborns, intramuscular injection, request preservative free, or opt for oral drops
- **Hepatitis B -** vaccine prevents hepatitis B



My Birth Goals

How do you envision your birth?

Creating some goals surrounding your birth is important for a positive birth experience. Although we cannot control all aspects of birth, writing out what you are working towards will help you stay focused and dedicated to seeing those things through and preparing your mind and body.

My birth goals are:

What can I do to achieve this goal?

Write out some birth affirmations

Physiology of Birth



Labor is a natural process just like many other bodily functions. Similar to breathing, digesting, and blinking, you do not need to consciously tell yourself to do these things.

Your body just does it!

Labor & birth is the same way but often times - we do not give it enough time to unfold without outside control & influences.

Labor & birth is designed to unfold in a private and undisturbed environment. It is important to consider who want surrounding you and where you want to be.

The physiology of birth consists of the mind, body & environment. All of these factors have a direct physical response in your brain that release hormones and that have a direct effect on your body. If you feel tension, your body will resist rather than assist labor unfolding.

It is important to be aware of these factors so you can protect your birth space and experience birth the way it was designed to happen.



The 3 P's of Labor

For labor to progress and cervical change to happen, your body needs three components working together. The goal is for your body and baby to work together to help baby navigate their way out of your pelvis.

Power: the onset of the oxytocin hormone being released causes the uterus to contract. The uterus is responsible for the **power, intensity, frequency, and length** of labor contractions to cause cervical dilation & effacement. Adequate contractions to progress labor are 3-5 contractions in 10 minutes lasting 1-2 minutes.

Passengers Position: your baby and placenta are the passengers and they want to travel down the path of least resistance which can be influenced & assisted by gravity/positioning. Several variables to consider are baby's presentation, size and position in relation to pelvis.

Passage: the bony pelvis, soft tissues and resistance is the passage. Your job is to continue to frequently reposition by creating optimal space in your pelvis for baby to navigate into the birth canal.

It is important to note that in some circumstances, there are situations beyond our control that inhibit labor from progressing despite our best efforts. This is not a perfect science and some interventions are great tools to help labor progress after exhausting all options.



Cardinal Movements

Your **baby** is the **key** and your **pelvis** is the **lock**. There are **7** movements your baby has to navigate and 43 angles through their journey to being born to unlock your pelvis.

1.Engagement: largest diameter of head enters into the pelvic inlet

2.Descent: on going process of head lowering in pelvis to ischial spines, happens most in active labor

3.Flexion: when head meets resistance, baby tucks chin to chest to make more space into pelvis

4.Internal rotation: the back of the baby's head moves anterior towards the pubic bone

5.Extension: head, face and chin reach perineum

6.External rotation/ Restitution: once baby's head is out, they will align their back, shoulders & the rest of their body to fit through pelvis

7.Expulsion: baby emerges and is finally born



Engagement



Descent



Flexion



Internal rotation



Extension



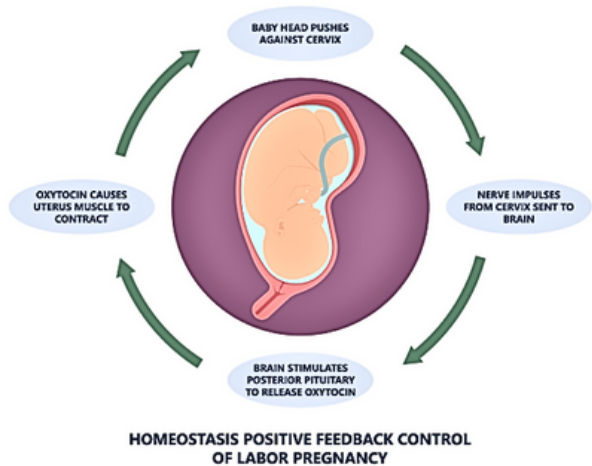
External rotation



Expulsion

Labor Positive Feedback Loop

Labor is driven and continues by a positive feedback loop within the body. As contractions begin, baby's head pushes against the cervix causing cervical stretching (**dilation and effacement**). Stretch receptors in the cervix then make contractions more intense, and then your body releases more oxytocin hormone. This continues all the way until your baby is born.



Your body was designed for labor!

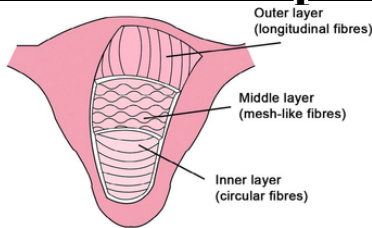
Trust the process. It knows what it is doing.

The Uterus

Did you know the uterus expands 500 - 1000 times its original size by the end of pregnancy?

The uterus or "womb" is a hollow, pear shaped organ that is about the size of a lemon and grows to the size of a watermelon by the end of pregnancy.

The Uterus is made up of 3 layers



The outermost layer is the strongest muscles of the uterus that wrap around the top to the back of your uterus. These muscle fibers tighten and pull the lower circular muscles of the uterus.

2. Middle Muscle Layers

These mesh like fibers consist of blood vessels where blood flows and sends oxygen to the uterus and allow the outer and inner layers to work together.

3. Inner Circular Muscle Layers

This layer of muscle are located mostly at the lower part of the uterus and thickest just above the opening of the cervix. These lower and thicker muscles have to relax and thin to allow the baby to move down and through the uterus into the birth canal.

The **outer longitudinal muscle fibers & inner circular muscle layers** are designed to work together to progress labor. The outer layer tightens and draws up the inner circular muscles located at the neck of the uterus. They work together by the long muscles shortening to nudge and push baby down and out of the uterus.



The Cervix

The cervix is the narrow end of the uterus that stays closed throughout pregnancy to protect your baby and opens when it is time to give birth. As labor progresses and contractions intensify, the cervix begins to **efface (soften/ shorten)** and **dilate (open)**. It is also very normal if notice some blood mixed with mucous when you wipe throughout labor. This is called **bloody show**.

At the end of pregnancy your cervix is softening and ripening in preparation for labor. Imagine your cervix is like a fruit on a tree, the riper the fruit the more ready it is to eat. The same thing goes for birth, the riper your cervix is, the more ready it is for labor! Which is why it is best for labor to start on its own!

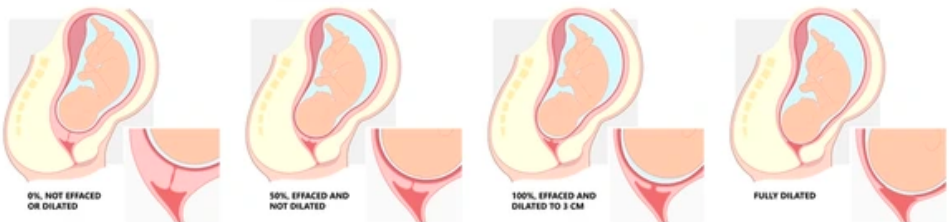
There are **3** numbers that providers will use to assess a cervical exam:

1. Cervical dilation in centimeters (0-10cm)
2. Cervical effacement in a percentage (0-100%)
3. Station is how low baby has descended into your pelvis (-3 to +3)

Feel free to ask them these three numbers when they do an exam!

Cervical exams are not linear, can be subjective from person to person and only tells you what your cervix is doing at the moment in time. Excessive amounts of cervical exams increase risk of infection

CERVICAL EFFACEMENT AND DILATION

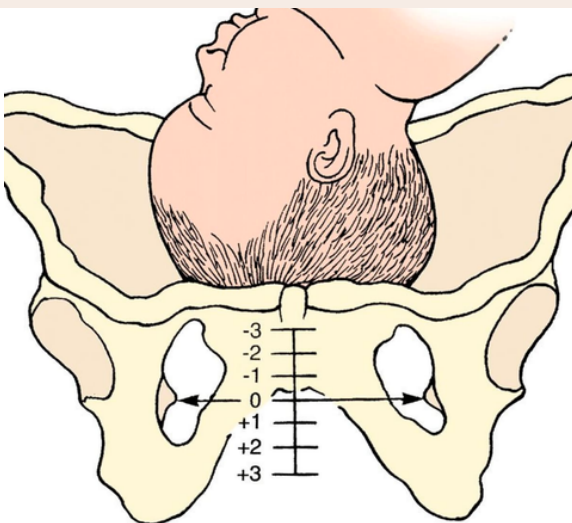


The Pelvis

During labor and birth, your baby is going to pass through your pelvis using the path of least resistance. With the help of the **relaxin hormone**, the bones and ligaments of your pelvis will soften, stretch and shift to make birth easier. This is why you may experience lots of back and pelvic pain throughout pregnancy.

Usually around the end of the third trimester, your baby is nestled head down and facing your back in preparation for labor. Your provider may mention the **fetal station** when they do a cervical exam. Fetal station is how far baby's head has descended into your pelvis. Stations range from **-3 to +3**, with **0 station** meaning the head is aligned with your ischial spines. Fetal station can help determine how labor is progressing based on baby exiting the pelvis. This is why using gravity and frequently repositioning in labor is important to create more space for your baby to descend into your pelvis.

Remember these cervical exams can be subjective from person to person



Labor Hormones

Oxytocin is also known as "the love hormone"

- released by the pituitary gland that stimulates the onset of contractions & breastfeeding
- oxytocin receptors on the uterus increase drastically in third trimester to prepare for the onset of labor
- has anti-stress effects and increases pain thresholds
- initiates the bonding and deepening attachment between mother and infant
- crosses the blood brain barrier and rises in your blood levels as labor progresses

Endorphins are also known as the "pleasure hormone"

- acts as an analgesic that binds to pain receptors to block pain
- calm & pain relieving effects
- released by brain when body is under stress
- increases as the intensity of labor increases
- works with oxytocin so labor progresses

Melatonin is produced by your body in response to darkness

- precursor to oxytocin
- increases at the end of pregnancy
- the reason why contractions often start and are strongest at night
- the reason why low dim lighting helps the onset and progression of labor

Prostaglandins are produced by uterine cells to ripen cervix & cause uterine contractions

- softens & stretches cervix
- stimulated by baby's head pressure on cervix
- works together with oxytocin

Adrenaline known as the "fight or flight hormone" - we need a good balance of this hormone

- released in response to stress
- can help give boost of energy for labor to continue
- if too much, can cause labor to stall or slow
- causes tension in muscles and tissues & sends blood to vital organs



Influence of Hormones

1. Oxytocin disruptions:

- there is a change in the environment, going to the hospital, leaving your safe space at home, lack of privacy
- if you feel intimidated or uncomfortable around other people & strangers
- if you feel discouraged, like labor is not progressing (a cervical exam can do this)
- triggered by something, someone, subconscious trauma
- feel fear and suffering

How to increase oxytocin :

- bring something familiar from home or a comfortable gown
- bond with partner in labor, massage, physical touch, slow dancing, words of encouragement
- play music that makes you feel relaxed and happy

2. Melatonin disruptions:

- abrupt bright hospital lights being turned on
- exposure to stress and brightness during the day

How to increase melatonin:

- dim lighting like candles or complete darkness
- eye covering to block out bright light

3. Prostaglandin disruptions:

- baby's head is not positioned optimally in pelvis to stimulate cervical change and release hormones

How to increase Prostaglandin:

- pressure from baby's head
- use gravity and upright positions throughout pregnancy & labor to baby navigate their head lower in pelvis to press on cervix

4. Adrenaline increases:

- you may feel fearful or intimidated
- triggered by something or someone
- feel like you are suffering in labor
- tension in muscles and pelvic floor and can stall labor

How to decrease adrenaline:

- therapeutic touch
- slow controlled breathing
- refocus mentally, relax tension in muscles from face to feet
- consider an epidural in order to relax and progress labor if not coping well

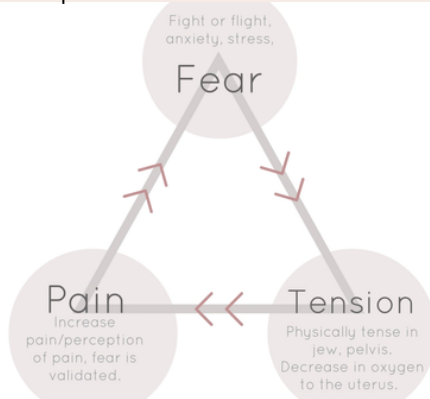


Fear Tension Pain Cycle

There is a direct **physiological** response to the **psychological** thought of fear that begins in your brain. Labor is this beautiful symphony of hormones working together to start and make labor progress. But we want to remember that fear is the enemy of the oxytocin hormone.

Where your mind leads your body follows.

Thoughts or feelings of fear is a natural protective instinct to danger. When your body perceives a threat, it activates your bodies **sympathetic nervous system** also known as your **“fight or flight”** response and releases **adrenaline**. Blood flow decreases to and from your uterus, and sends blood to vital organs. This can lead to increased pain and decreases effectiveness of surges. This is why it is important to mentally and physically prepare to cope in labor and develop a game plan with your partner and birth team so fear does not take over your labor experience.



It is normal to be nervous about the unknowns surrounding labor & birth but the JOY of new life should shape the journey of labor going into motherhood. It is important to release and talk about any fear before labor starts and welcome the feel good oxytocin and endorphin hormones.

Breathing Techniques

Breath work is the most important tool in labor to help you focus your mind and relax your body. The goal is to activate your parasympathetic nervous system, which is your **relaxed** and **calm state**. Your parasympathetic nervous system functions optimally in a relaxed state which allows your body to open rather than remain closed. Deep breathing releases endorphins which are a natural pain reliever. You want to think of **assisting** in labor rather than **resisting**. You want to avoid activating your sympathetic nervous system also known as your "fight or flight" response which increases tension in your body. Practice these breathing exercises every day, multiple times per day.

For example: every time you answer your phone, every time your alarm goes off, every time you're stressed, etc.

Cleansing Breath is used between contractions to help with relaxation and to refocus when you feel like getting tense.

1. With your hands on your belly, focus on breathing & pushing your belly out rather than breathing with your chest. Inhale through your nose and mentally recite "in 2,3,4."
2. Keeping your mouth closed (*increases oxygen consumption*), focus on forcing the air to the back of your throat while you exhale through your nose. Allow your whole body including your shoulders to sink into your body and relax. Mentally recite "out 2,3,4,5,6,7,8."
3. Repeat and feel your body relax more and allow tension leave your body.

Surge/ Contraction Breathing is used during contractions. Apply the same technique used with a cleansing breath.

1. Inhale slowly and controlled and mentally recite to a rapid count of 20.
2. Exhale slowly and controlled and mentally recite to a rapid count of 20.

Birth Breathing is instinctual and may often be used to help your natural reflexes to birth your baby. Follow your bodies lead and trust yourself.

1. Take a deep breath in while relaxing all your muscles and allow your shoulders to sink into your body.
2. Exhale slowly and visualize sending that breath from your mouth down to your baby in a J or C shape. If you are vocal, focus on deep "mooing". Continue to relax all your muscles and allow your shoulders to sink into your body.
3. Repeat until you meet your baby!

What if My Water Breaks?

Typically your water breaks as labor progresses and intensifies. However, in some cases your water may release before labor starts known as Prelabor Rupture of Membranes (PROM).

T.A.C.O is an acronym to note:

Time: what time did you notice leaking?

Amount: was it a gush? Trickle? Large amount?

Color: clear or pink is normal

**green or bright red bleeding is something that warrants notifying your practitioner **

Odor: amniotic fluid does not have an odor.

*If an odor is noticed, *Notify practitioner**

What do I do now?

Please notify your doula!

Lay down, put a pad on and see if you notice more leaking or gushes. If fluid is clear, you are full term with a head down baby, GBS negative and you are feeling baby move, wait for labor to start on its own! If it is night time, go to sleep. You can check your temperature every so often. Yes you can get in the tub still! Just do not insert anything in the vagina to decrease risk for infection.

Labor usually starts on its own within 12-24 hours.

Stages of Labor

FIRST STAGE

FROM WHEN LABOR BEGINS UNTIL THE CERVIX IS FULLY DILATED TO 10CM, FURTHER DIVIDED INTO 3 PHASES.

1. Early labor: 0-5cm

Contractions are normally 5-30 minutes apart

This stage can last 8-12+ hours for first time moms. Contractions feel like cramps/ aching.

What to do - rest, relax, bake, cook, go for a walk, clean and organize, watch a movie, sleep/nap, stay hydrated and snack!

2. Active labor 6-7

Contractions are normally 3-5 minutes apart, lasting 45-60 seconds.

This stage can last 3-6+ hours for first time moms.

Contractions become difficult to talk or walk through.

What to do - practice breathing, use birthing ball, try a hot shower, counter pressure, change positions, head to hospital / birth center

3. Transition 8-10cm

Contractions are normally 1-2 minutes apart

This stage can be extremely fast, but last up to 3 hours.

Contractions are strong, intense, and many start to feel an urge to have a bowel movement/ push. This is the hardest and fastest stage!

What to do - rely on support, focus on breathing, change positions, know you are getting close!

SECOND STAGE

From 10cm to the birth of your baby! This stage can last for 2 hours for first time moms. It is the time where you are actively pushing and birthing your baby.

THIRD STAGE

The birth of the placenta! Usually 3-30 minutes, but can take longer.
Strong contractions will release and expel the placenta.

Labor Cheat Sheet

“How do I know if I’m in Labor?”

WHEN TO CONTACT YOUR DOULA

- **During the day:** Keep me updated through text if you think things are just slowly starting or are seeing signs of early labor.
- **Night time:** I want you to ignore contractions and SLEEP. If it is the middle of the night and things really start to pick up to where you need me, please **CALL ME!** Otherwise, try to keep resting even if things are starting!
- **3-1-1** (contractions 3-4 minutes apart, lasting 1 minute for at least 1 hour)
- Contractions are intensifying, regular, consistent, and you want my support.
- **Your partner will notice your body language shift from being able to talk and walk through contractions, to focusing and breathing as they intensify .**

WHEN TO CALL PRACTICE AND GO TO THE HOSPITAL OR BIRTH CENTER?

- For first time moms, remember **4-1-2**
- Contractions **3-4 minutes apart**, lasting **1 minute**, for **1-2 hours**.
- If it is not your first baby, remember the **5-1-1**
- Contractions **5 minutes apart**, lasting **1 minute**, for **1 hour**
- If your water breaks and there is a **Green/Brown** tinge to amniotic fluid
- You haven't felt baby move in **2 hours** (after drinking something sugary or eating and laying down)

Signs of True Labor

- Your water breaking
- Strong and regular contractions that only get stronger and closer together. if you aren't sure- you aren't in labor! ignore it, wait, and you'll know if true labor picks up :)
- Bloody show (pink tinged mucus)

**** loss of the mucus plug and baby "dropping" are not true signs of labor, sometimes labor can still be weeks away!**

Birth Partner Cheat Sheet

Partners have an important and special role in the labor process. You are a safe and familiar touch and presence. This allows labor to progress and feel good hormones to be released!

- **Distraction-** suggest you and your partner watch a movie, bake cookies, clean the house, go to the mall, go on a long walk, hangout with friends or family... if you are still able to distract them it may be too early to go to the hospital. Labor can be a marathon!
- **Rest** - both you and your partner need rest. Encourage your partner to take a nap or go to bed if early labor is just starting. You also need to try to rest, this way you can better support them when the real thing kicks up!
- **Nutrition-** both you and your partner need to stay hydrated and fueled. Encourage plenty of water, ice chips and nutrient dense snacks.
- **Environment-** create a calm space by low and dim warm lights like candles. Check the temperature, as labor hormones fluctuate - you may feel very hot and need a fan or change in temperature. You may want silence, music or relaxing sounds. You may want to be alone or distracted by others. Smell, essential oils may be helpful for relaxation but certain smells may bother you.

EMOTIONAL SUPPORT

- **Reassurance-** sometimes all a woman needs to know is that everything is okay and that they are doing amazing.
- **Provide words of encouragement**
- **Make them laugh-** this naturally produces oxytocin

PHSYCAL SUPPORT

- **Once active labor starts encourage and suggest frequent position changes** (try squatting, lunging, the birthing ball, the peanut ball, ect)
- **Use massage-** lower back & shoulders releases endorphins and oxytocin
- **Counter pressure-**helps to relieve lower back pain/ back labor
- **Hip squeezes-** causes the pelvis to flare out slightly, allowing the baby room to move around and down into pelvis
- **Heat/cold packs & clutch**
- **Provide water/juice, ice chips, or a snack**
- **Slow dance-** play some music and stand upright holding your partner, this will connect you and release labor hormones while also using gravity to progress labor

Natural Labor Induction Methods

**Please do not attempt sooner than being full term.
CONSULT YOUR DOCTOR BEFORE TRYING ANY OF THESE METHODS.**

These "methods" are not proven and do not have much evidence to back them up. It is hard to say if women who tried these methods went into labor from these methods or went into labor simply because it was time.

- 1.Exercise** - get moving, it wont induce labor but gets your body ready for labor + can release oxytocin which is the labor hormone! Also can help with gravity moving baby lower into pelvis.
- 2.Sex**- sexual activity + having an orgasm releases oxytocin which may help jumpstart uterine contractions. listen to EP:24 where I also touch on the important role of oxytocin in labor. There are also prostaglandin hormones in semen that might help ripen the cervix (Not recommended after your water is broken due to infection risk).
- 3.Nipple stimulation**- Nipple stimulation increase oxytocin production which can cause the uterus to contract and the breast to eject milk. You can do this manually or with a breast pump.
- 4.Spicy food**- irritates your intestines (but more gently) and that can cause your uterus to contract. Therefore, many doctors advise against trying spicy food, as it may only cause stomach upset. Plus, there's no evidence that proves that spicy foods are natural labor inducers. But if you generally tolerate spicy food well and think your belly can stomach a couple of chili tacos, go for it. Just remember that you might bring on heartburn instead of labor!
- 5. Pineapple**- not to induce but ripen. Pineapple is loaded with an enzyme called bromelain that is thought to help cervical ripening.
- 6. Acupuncture / pressure**- In Chinese Medicine, it's believed that it balances the chi or vital energy within the body. Acupuncture might also stimulate changes in hormones + oxytocin release. have this done only by a licensed acupuncturist. If you don't like the idea of tiny needles you can try acupressure or massage.



Natural Labor Induction Methods

continued...

7. Dates- Consuming 60-80 grams of medjool date fruit everyday starting at 36/37 weeks until labor. Studies shows that pregnant women who consumed 7 dates per day starting at 36/37 weeks and beyond it increased cervical ripening and cervical dilation at the start of labor. Dates can decrease the need for Pitocin use during labor. Study notes: Date fruit contains 13 vital substances and 5 kinds of vitamins, fatty acids, and sugars. Thus, this fruit, which is rich in minerals, is recommended for pregnant women who need energizing and nutritious foods (18). Date fruit also influences estrogen and progesterone hormones, which are effective in preparing the uterus and cervical ripening (16).

8. Red Raspberry Leaf Tea- This tea may tone and strengthen the uterus in preparation for labor. Even if it doesn't work, you'll stay hydrated. Start drinking in last few weeks of pregnancy. Talk with midwife or OB for dosing.

9. Evening Primrose Oil- Many midwives suggest evening primrose oil for their pregnant patients, since this herb can help the cervix thin and dilate and prep it for labor. You can take evening primrose oil capsules during the last weeks of pregnancy. But be sure to talk to your practitioner before trying evening primrose oil – women with placenta previa should stay away from the herb.

10. Castor Oil- IT IS A LAXATIVE. Drinking 1-2 ounces (30-60 mL) of castor oil stimulates prostaglandin release, which can help ripen the cervix and get labor started.

PLEASE do this under the supervision of a midwife or doctor. People should be careful not to drink too much because it will cause vomiting and diarrhea. If you really want to try a spoonful, talk with your practitioner first.

11. **Black cohosh** - Cohosh has been associated with fetal heart failure and stroke as well as maternal complications during labor. There is not much evidence on it being effective for labor induction.

12. **Membrane sweeping-** EP 46: done by your OB starting about a week before your due date. a finger is inserted through the cervical opening and swept in a clockwise motion to separate the lower part of the membranes from the uterine wall - may be uncomfortable for some women and is only possible if your cervix is at least 1-2cm dilated.

13. **RELAX AND MEDITATE AND TRUST YOUR BODY.**



Hospital Packing List

- Toiletries**
Specifically anything you use in the shower or after the shower, bring! Shampoo, conditioner, body wash, face wash, tooth brush, tooth paste, hair brush, face cream, dry shampoo, anything in your beauty routine!
- Electronics and chargers**
Mainly an extra long phone charger, the outlets are not close to the beds so this is a must! Many people like to bring tablets or laptops in case they want watch Netflix, I highly recommend this especially if you're having an induction because they can be long!
- Snacks**
Bring a few of your favorites, you will of course be provided hospital meals during the day (while not in labor) but it's always good to have something quick that you know you'll like! You can also always have food delivered. Think granola bars, protein bars, fruit, gatorade, coconut water (great while in labor), and trail mix!
- Nursing pillow or boppy**
Your nursing pillow will make feedings so much easier in hospital beds because they provide the perfect support, without them we can manage by basically building a pillow tower around you but a nursing pillow makes it much easier!
- Infant Car seat!**
Most hospitals will not discharge you without it, so please please bring it with you! You can totally leave it in your car until the day of discharge then send you significant other / support person to grab it.
- Comfortable blanket / pillow**
Again, something the hospital provides for both you and your support person, but it's totally worth it to bring your pillow from home. Hospital pillows and blankets are flat and thin. If you forget, no big deal at all. But if you remember it will make you much more comfortable!
- Comfortable clothes / slippers**
Think clothes that are easy to nurse in (if that's what you plan to do). Slippers for the floors, they're clean, but still I do not recommend walking around barefoot. Nursing gowns or tops are great to make nursing easier and keep the rest of you covered! Also if you want a cute going home outfit for you and baby, pack it!
- Birth Plan**
print and bring a few copies!
- Some extras to consider!**
 - If you plan on cord blood banking, bring your cord blood kit (EP 22 of the podcast)
 - a reusable water bottle
 - chapstick
 - a portable bluetooth speaker to play music a fan / white noise machine

Things you DO NOT need

- Tons of baby clothes! You will not use them, the hospital provides swaddles and tee shirts, which are about all baby will wear those first two days. I recommend only bringing 1-2 outfits / swaddles. Lots of clothes for yourself or any normal underwear. I'll be honest, you're basically naked for the first week and you won't be in normal undies for a little bit.
- Towels and linens, the hospital will have tons.
- Diapers and wipes! The hospital will provide all of that during your stay.
- Pads and ice packs! The hospital will provide these and send you home with some. Buy some to keep at home (FridaBaby Mom on Amazon), but you do not need to bring them to the hospital.

