

♥ PREPARING FOR BIRTH ♥

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♥ PREVENTION

Prevention can be a hard thing to define. Even harder to see.

How do you know if (or when or how) you're preventing infection, anxiety, hypertension, preterm labor, long labor, hemorrhage, a c-section? And what does it mean, when you do everything “right” and still something happens that you did not want or plan on? We have limited control over genes, early life exposures and our larger physical and chemical environments, but virtually all of us can make choices that make a difference in this moment.

You are the expert in your body and your baby, and the most important researcher. In pregnancy, your motivation is stronger and your senses are sharper than at almost any other time of life. These are your in-built tools working to protect you and your baby. What is your body telling you? What is your baby telling you? What makes you feel strong, safe and loved?

Your microbiome (the trillions of bacteria that live in and on us)

“A newborn is a bacterial sponge as it populates its own microbiome after leaving the sterile womb; passage through the birth canal gives the baby its first dose of microbes, so it may not be surprising that the vaginal microbiome evolved to make it a healthy passage.” <http://www.nih.gov/news/health/jun2012/nhgri-13.htm>

Your microbiome is your body's living ecosystem. Choices we make can protect and nurture it or work to weaken it.

Protect it by not over-washing, not douching, avoiding unnecessary antibiotics, vaginal exams and “feminine hygiene” products. Common sense hand-washing with friction and plain water (or with non-antibacterial soap) are enough. Hand sanitizers, if used, should be alcohol-based (without triclosan). Mouth care (brushing, flossing, etc) about every 12 hours is important to limit ability of bacteria to cause decay, but make sure products used are not antibacterial. Avoid whitening, brightening, bleaching, scented and flavored products.

Feed your microbiome by eating fermented, soured, cultured and raw foods and drinking beverages such as kombucha and kefir. You can limit first-trimester nausea and prevent eczema, yeast, urinary tract and GBS infections by regularly eating probiotic foods and taking a daily probiotic supplement (see below).

After birth, breastmilk gives your baby all the probiotics he or she needs. Probiotics in breast milk colonize your baby's gut and help develop your baby's immune system and organs. Straight from the breast is always best.

Food for life

For most women, first trimester is the first challenge of mothering.

Give yourself permission to not feel like yourself (after all, you are building the basics of a whole new human being – 24/7). Go to bed whenever and as early as you feel like, if you can. If all you want to eat is food that your normal self wouldn't touch and even disapproves of, know it's ok – your baby is growing on nutrients you stored before pregnancy. Encourage yourself to eat before you feel hungry and to gain plenty of weight. Women who consistently graze, and include protein with their grazing, report less nausea and vomiting. Eat a protein-rich snack before bed to maximize sleep and minimize morning sickness.

Avoid cannabis throughout pregnancy. Though it can help symptoms of nausea and is an appetite stimulant, it acts as a hypoglycemic (lowers your blood sugar) and can make nausea actually more difficult to control. Also, THC binds to oxytocin receptors and can desensitize them to the oxytocin your own body produces and requires for toning and

coordinating your uterine muscles in late pregnancy, as well as for driving labor. Regular cannabis use can be associated with an erratic, longer labor.

Food can be a great pleasure during pregnancy and lactation. “Food” includes whole grains, beans, fruits, vegetables, full fat dairy, eggs, meat, avocados, olives, nuts, seeds, herbs and spices. If you eat animal foods, remember: healthiest foods are happiest foods – cruelty-free, artificial hormone-free, antibiotic-free, grazed or wild caught. Cold water fish (such as salmon) and seafood low on the food chain can be eaten safely once or twice a week.

Your body needs extra fluids in pregnancy and lactation. Not drinking enough water can make you feel tired and foggy, cause leg cramps and constipation and lead to hemorrhoids. Low fluid intake also increases first-trimester nausea. Avoid soda and keep juices to a minimum, due to the concentrated carb/sugar content. Adding lemon, lime or a small amount of juice to water can help you drink more.

Here's one version of a favorite portable energy snack:

No-Bake Chocolate Chip Peanut Butter Cookie Balls (vegan & gluten-free) -thank you, Jeannette and David!

1 ½ cups rolled oats, blended or processed to a flour

¼ cup almond flour

¼ teaspoon fine sea salt

2 tablespoons coconut oil

2 tablespoons smooth natural peanut butter

¼ cup maple syrup

1 teaspoon pure vanilla extract

¼ cup chopped dark chocolate chips, seeds and/or nuts (flax, hemp, walnuts, macadamia, pecans, etc)

1. In a small bowl, whisk together the oat flour, almond flour, and salt. Set aside.
2. Use an electric mixer to beat together the coconut oil and peanut butter. Add the maple syrup and vanilla extract and beat to thoroughly combine.
3. Add in the flour mixture and beat until a dough forms. Stir in chocolate chips, etc. by hand.
4. Use a cookie scoop or two spoons to form tablespoon-sized balls.
5. Set the balls on a tray and place in the freezer for 10 minutes or until firm. Store in an airtight container in the freezer.

(from [*The Oh She Glows Cookbook, by Angela Liddon*](#))

Supplements

PRENATAL VITAMINS Food-based are best. They tend to be dye- and filler-free and least likely to cause nausea or constipation.

PROBIOTICS There are many high quality, refrigerated brands. Florajen 3, Garden of Life and Megafood are popular and accessible. New research recommends alternating brands over time, for wider spectrum exposure to organisms. If you have had group beta strep or repeated antibiotic use, choose a supplement with ≥ 50 billion organisms per capsule.

VITAMIN D3 D3 promotes calcium absorption, immune function, skin health and cognitive function. Generally, pregnant women need 4000-5000 IUs daily. A lab test can help refine your dose.

IRON If you experience persistent fatigue, weakness or headaches you may need more iron. A lab test will help refine your dose. Blood Builder, by Megafood, and iron-rich teas, tinctures and foods (ask Ingrid for hand-out) should improve symptoms within hours.

MAGNESIUM Leg and foot cramps, restless legs, constipation and/or hemorrhoids can mean you are low in magnesium. Epsom salt baths (3-4 cups full in a bath) or a banana before bed might do the trick, but many women need to take an extra supplement (250mg or more). If you have hemorrhoids, you can decrease discomfort with warm baths and Horse Chestnut cream (look for Welcome Relief at Community Pharmacy).

OMEGA 3s These anti-inflammatory fatty acids are found in walnuts, hemp seeds, pumpkin seeds, foods from pasture-grazed animals and wild caught fish. Supplements are sourced from purified fish or seaweed.

VITAMIN K Ample vitamin K limits active bleeding after birth. You can increase your K by eating more organ meats, dark leafy greens, cauliflower, cabbage, broccoli, Brussels sprouts, avocado, banana, and kiwi. Wheat grass and alfalfa powders/supplements are also rich in K.

Your transforming body

In a healthy pregnancy, your whole body expands – from your hair to feet and everything in between, including your hormones and your blood. To accommodate the spread, your blood vessel walls and joints literally relax. With every pregnancy, women tend to expand more and sooner.

Normal, well-rounded activities with minimal or no lifting, strain or pain are best. These include walking, house-cleaning, biking, yoga, swimming, dancing, sex, gardening, squatting. Daily activities improve your circulation, relaxation, metabolism, body alignment, bowel movements, energy, mood, stamina, and by extension, help your baby settle into a good position. Daily exercise is also the best way to maximize sleep (turning off screens an hour before bedtime and keeping the bedroom dark are important too).

To prevent or minimize hemorrhoids and varicose veins, avoid straining, standing, and crossing your legs and ankles. These positions cause circulatory back-pressure, which weakens vulnerable areas along vein walls. Wearing a prenatal cradle and/or compression stockings can help improve blood return to your upper body.

Massage, acupuncture and chiropractic adjustments also can be great investments, especially at the end of pregnancy.

Increased hormones means expanded emotions. This can make for peak joys and memories throughout pregnancy and birth. It also can make stress seem overwhelming, whether it's relational, workplace, physical or financial.

Women with histories of depression, anxiety, or trauma sometimes struggle in pregnancy. Women with a history of sexual assault or abuse can find themselves reliving traumatic body memory, even long after the trauma has been worked through. Women who've had babies before sometimes judge themselves for feeling anxious, believing they should be “pros” at pregnancy and birth by now (actually, many repeat moms feel heightened anxiety in pregnancy). However your journey unfolds, there is no wrong way of feeling or birthing.

The childbearing year can be a profound space for making new meaning and memory. If you find yourself stressed, overwhelmed or frazzled, a simple technique can bring you right back to the present – talking out loud to your baby.

“Wow, Baby, I'm feeling overwhelmed, but this is not about you. This is about x/y/z. You are fine, Baby, you are healthy and safe.” Or, “I freaked out just now, Baby, but you are safe. This is not your fault. I am so happy you are right here, Baby.” The sound of your own voice – compassionate and mothering – reconnects you with yourself in an affirmative way. It pulls you back to the present. It doesn't matter if your baby can't hear or understand words yet – your baby will feel your heart rate slow, your blood pressure relax and your muscles loosen. (By the way, your baby hears by 26 weeks and recognizes your voice in the third trimester.)

Love baths

Love baths are hormone cocktails made up of oxytocin, prolactin and endorphins. These hormones are critical to our sense of trust and safety, as well as to orgasm, labor and lactation. Their positive effects are measurable and have been well studied (google “oxytocin” for interesting reading).

A love bath is anything that empties your mind or effectively channels worry – meditation, a nap, a funny movie, time with beloved family/friends, a good book, good food, music, massage, walks, cuddling, sex, therapy. This baby-positioning song is a little love bath: *Head down, chin tucked, back to belly, hands to sides – yay baby! yay baby!*

The village

We all know parenting takes a Village. It's never too early to gather your guardians and guides and establish systems of support. The Links page at www.communitymidwives.info lists important local informational and doula networks, classes and other resources. Community Midwives offers a lending library of parenting, sibling and breastfeeding books and DVDs, as well as monthly prenatal gatherings at Happy Bambino and an annual picnic for homebirthing families.

Each woman and each labor is different, and labor changes over time, but labor always works best when a woman's sense of safety and trust stays strong. You might invite your whole tribe to your labor, or nobody but your midwives

and primary partner. You might choose to send your older child (or children) off with grandparents when labor starts, or prefer your child's presence in the house.

Young children and pets are native to natural processes and generally mirror whatever is modeled around them. Children enjoy helping during prenatal visits and watching films and reading books about labor and birth. They enjoy labor role-play, practicing what labor might look and sound like. During labor, children like jobs. They feel helpful holding a flashlight or providing sips of water and words of encouragement. Attending grown-ups like labor jobs too, such as being your child's point-person, kitchen, laundry or pet duties, picture-taking or errand-running.

Transition to hospital

When a homebirth plan changes to a hospital plan, the trip from home to hospital is typically by car and very smooth. If an ambulance is called, first responders and paramedics work collaboratively with your midwife. Whether in a car or an ambulance, your partner or midwife stays by your side. You can help ensure a smooth transition: preregister at the hospital covered by your insurance; install an infant car seat; add important contact numbers to your phone (midwife, hospital/MD, child care, pet care, etc.); assemble a list (or bag) of items you would wish to take along.

Hospital staff will receive a thorough labor report from your midwife by phone and in person and will admit you directly to the labor and delivery or neonatal intensive care unit. Hospital nurses, midwives and physicians acknowledge the fact that you had hoped to birth at home – your ongoing labor preferences and advocates are welcome. No matter where you birth, by starting out at home, you have ensured skilled continuity of care and certainty that you did everything within your power to prevent complications and minimize interventions.

♥ SUPPLIES

After your 36th week, you and your baby have landed in your due zone. Have the following on hand by the home visit:

- 3 or more washed washcloths & hand towels; several larger washed towels for shower & pool
- 3 or more washed baby blankets & diapers
- a large clean pair of stretchy underwear (to wear with a large peri-pad after birth)
- clean laundry/linen basket or similar container in which you can place the above linens (all washed in dye- & fragrance-free, non-whitening detergent and dried without dryer sheets)
- 1 flannel-backed plastic picnic tablecloth or non-PVC waterproof shower curtain (for covering floor & furniture)
- 1-2 bottles of Hydrogen Peroxide (for stain removal from linens/surfaces)
- a cookie sheet (well-loved is fine) or other clean tray (will be covered to serve as an instrument tray)
- 2 large plastic trash bags (one for linens, one for trash)
- a working flashlight
- your favorite energy drinks
- your favorite energy snacks (avoid overly sweet, crunchy or chewy)
- Birth Kit – personal items you will use during and after labor & birth: 1 package super large/overnight pads or Depends; 2 packages regular pads; 1 package absorbent under-pads (plastic-lined and/or re-usable cloth); a couple bendy straws; a squeeze bottle (if recycled: boil for 10 minutes, air-dry thoroughly before closing); minimum 1 cup dried herbs (½ cup of one or more herb from each group): 1. Anti-infective herbs – oregano, rosemary, lavender; 2. Anti-inflammatory herbs – horse chestnut, St. John's Wort, calendula **OR**
Click below and buy the entire Birth Kit above for \$41.00, plus shipping. A Madison-area family customizes kits for Community Midwives. It contains chlorine-free maternity pads and local organic herbs and offers the option of quilted re-usable underpads (they last forever and have endless uses). Ma&Me Homebirth Supply: 608 /698-8876 or 608/695-8876 or http://www.homebirthsupply.com/store/p31/NEW!!_Ingrid_Andersson%27s_Birth_Kit_-_Community_Midwives%2C_LLC.html
- Optional:** if you plan to use the labor pool, buy a new hose (plus any necessary adapters for attaching to a convenient hot and cold water source). A non-PVC hose with non-lead fittings is recommended (Ace Hardware carries a popular red rubber one). If recycling your hose, sterilize when labor begins, using 1 cup bleach per 1 gallon water. Completely fill and leave submerged until ready for use, rinse well. If you do not have a heat-on-demand water tank, turn your water heater to maximum to help your water supply reach further.

♥ AND THE DAY COMES

“and the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom”

-Anais Nin

Labor day usually begins after dark. The world outside is quiet and calm. The world inside is safe and warm, and your nearest and dearest are at hand.

Early labor

Loose stools, lower back ache, bouts of cramps, mucous, pink or red discharge – these signs indicate that your cervix and lower uterine segment are changing. Imagine about a quarter-stick of butter set on end on a warm surface. Slowly, incrementally, the butter softens. This is your cervix ripening. Softening turns into thinning and melting. This leads to the increased discharge you might feel and see.

In first-time mothers, this process can begin days or hours before birth. In women who have had babies before, it can happen on-and-off over the last month of pregnancy, causing labor to seem as if it began a week or even a month before birth. If these signs occur before 36 completed weeks, call your midwife.

There's no way to know whether early labor will progress to active labor, or go away to return another day or night. So go back to sleep, eat, take a nap or walk – do whatever you'd normally do at that hour. Don't worry that lying down or sleeping will make labor go away or make labor longer. If early labor goes away, birth is not yet meant to be (and when your body and baby are ready, lying down and sleeping actually promote strong labor). Don't take relaxants, sleep aides or anti-inflammatories – these may be dangerous to your baby and will work against labor. Call your midwife whenever you have questions or just want to check in.

Active labor

Active labor happens when your uterus and baby have coordinated their work: your extremely powerful uterine muscles wrap around your baby and press your baby downward into your pelvis, at the same time they pull your cervix open in front of your baby's head, as it is coming down and through – the same way you pull a turtle neck over your own head (cervix means “neck” in Latin). When you feel your uterine muscles wrap around your back and through your abdomen MOST intensely, and you feel the cervical stretching low in front MOST strongly, then you know your labor is making the MOST PROGRESS. This is what you've been waiting for.

When every power-wrap is lasting longer than a full minute and feels as if it's taking your breath away, or makes you stop walking and talking, then you are probably entering active labor. Call the midwife, if you haven't already!

Invite your body and baby to lead you into the most intense positions – that's where most progress will happen. Remember, after every power-wrap, you'll get a break. Let your mind and the clock go – your body and baby are leading, break to break. The shorter your labor, the more intense it can feel.

How long this descent-and-dilation process lasts depends on what number baby this is for you, as well as on your baby's position. Your partner, close family and friends know you well, and your midwives have been to hundreds of labors and births. They can offer verbal support, energy snacks and sips, massage and back support, to breathe and move with you and remind you that you and your baby are healthy, normal and safe, here comes the break, rest.

In the minutes of complete melting, as the last couple centimeters of your cervix spread over your baby's head, labor can feel so intense that it frightens you or makes you doubt your body. You might swear or scream (these are important, limbic brain coping mechanisms that cause endorphin release) or say things like: “Help me! I don't know what to do!” or “I can't do this!” or “I need a break!” Whatever coping path you find, know it is shared by other women in labor with you, all around the world.

As the baby's head comes low into your pelvis, the more familiar and goal-oriented urge to push typically takes over, at the same time, longer breaks allow some women to doze between pushes. If pushing feels painful or ineffective, it's a sign that your body is bearing down before your cervix is fully dilated. Your birth partners will be vigilant for that and

help you move into the best position until the last part of your cervix melts away. As your baby's head moves even lower, any stool in your lower colon will be pressed out by your baby's head. This “poop sign” is proof of progress and will delight your midwives (and probably any children). Soon your baby's head will be visible to your partners and reachable to your touch.

The amniotic sac

Your proactive prenatal practices (not smoking, good nutrition, probiotics, vitamin D3, avoidance of antibiotics, needless vaginal exams and membrane sweeping) made a strong amniotic sac that will probably release in late labor or while pushing.

Occasionally, in very early labor or even before labor, a woman feels a release or “pop” followed by a gush or trickle of warm watery fluid. This early breaking of the amniotic sac can efficiently jump-start labor. Sometimes, several hours might pass before labor starts. If you notice gushing or leaking fluid that is continuous or that comes out whenever you change positions, let your midwife know as soon as possible. Virtually all women are in active labor within 24-48 hours after release of the membranes. Sometimes a castor oil ice cream shake (or similar) is needed.

Birth

As with the rest of labor, how long pushing lasts depends most of all on what number baby this is for you, as well as on your baby's size and position. Your baby may still be working on flexing or molding his/her head through your pelvis or navigating through her/his cord. These are all normal situations that cause normal variations in patterns and length of physiological pushing. Some women prefer to be in water to push, others prefer to be on dry land. If your midwife has any special concern, she will explain that she prefers you to be on land, for easier visibility and quicker responsiveness.

Some women think of the last part of pushing as a Ring of Fire. This is when your skin stretches, push by push, to let your baby's head through – the way your cervix did internally, in the first stage of labor. You can ease your baby out through continuous, open-mouthed breathing, as your body pushes. In this way, your baby's head emerges gradually and gives your tissues time to stretch. Your birth team can help you keep breathing. This is the shortest part of labor, and on the other side of it, you will meet your baby.

During the Ring of Fire a woman's tissue sometimes stretches past its stretchability, resulting in tissues giving or tearing. Most women do not actually feel any difference between stretching and giving. Your tissue is made to give during birth. It most often happens with first babies and heals quickly and well.

Occasionally, a tear is more extended. Sometimes a baby holds a fist under the chin or an arm in front of the head – this increases head diameter and can make a difference, as can unexpectedly rapid births. But most causes for extended tearing do not typically occur at home (poor tissue strength, coached pushing, inexperience with water birth, supine pushing on a hard bed, episiotomy, forceps- or vacuum-assisted birth). If indicated, your midwife will discuss pros, cons and alternatives of suturing with you. If you opt for sutures, this typically is done at home with lidocaine. Your tissues rapidly renew and repair themselves during the first two weeks postpartum.

Your midwife will assist you and/or your partner to catch your baby if you wish. If in water, your baby comes directly up to your chest with attention to keeping the baby's face above water level. If not in water, both you and your baby might appreciate a few moments to “land” in your new bodies, while your baby lies beside or below you on the floor or bed. Oxygen-rich blood flows into your baby through the intact umbilical cord. You will know when you are ready to take your baby up.

*Look for an overview of the first hours, days and months following birth, in Ingrid's **Preparing for Fourth Trimester** ♥*