



# INNER LIGHT BIRTH SERVICES

Courtney Stern, Doula

(610) 420-8701

[www.innerlightbirthservices.com](http://www.innerlightbirthservices.com)

## Medical Procedures

Listed below are some common procedures that may need to be used during your birth. It would be helpful to discuss them with your care provider ahead of time. Remember to ask about his or her specific rates of and reasons for using each procedure. If any medical procedures are being recommended to you, the most important thing to remember is that you must choose what happens to your body and your baby. It is your responsibility to ask questions until you feel you have received enough information to make your decision. Questions to ask include:

- What procedure is being recommended?
- Why is this procedure being recommended?
- What are the benefits of this procedure? What are the risks?
- What are the alternatives to this procedure? What are their risks?
- What happens if we wait?

### IV

While routine IVs are not used in all hospitals, at many you may be asked if you are willing to have a Heparin Lock (aka Hep Lock) in the case that you require drugs or fluids during your labor. If you consent to this, a small tube connected to a catheter will be inserted into your arm to keep a vein open.

### Vaginal Exam

Many care providers perform routine vaginal exams. They are used to assess the dilation, effacement, position, and ripeness of your cervix, as well as the station and position of your baby. Most care providers require you to get onto the bed and lay on your back while they do the exam, and the exams are usually fairly painful. While labor does not progress at a constant rate, and many women go from a few centimeters to fully dilated in a short period of time, it can still be discouraging to find out you are only a few centimeters dilated if you have been working hard in your labor for a long time. This could cause you to make a premature decision to augment your labor or receive pain medications.

A vaginal exam may be considered if:

- you want to know the condition of your cervix
- you want more information about the position and station of your baby

Vaginal exams increase your risk of:

- infection
- feeling discouraged (if the number is lower than you expected)

## Fetal Monitoring

There are a few ways that your care providers can monitor the heart rate of your baby in order to make sure that your baby is tolerating labor well. One factor to consider is whether you would prefer to have continuous or intermittent monitoring.

A **fetoscope** is a device (similar to a stethoscope) that uses the practitioner's forehead to conduct sound.

A **Doppler** is a handheld ultrasound device that allows you to hear your baby's heart rate. A small amount of jelly will be applied to your abdomen and your care provider will hold a probe to your belly to locate the heart beat. This allows you to be in any position while checking your baby's heart rate.

**External fetal monitors** are strapped onto your belly using a wide belly band. Two devices are inserted between the band and your skin: one uses ultrasound to pick up your baby's heart beat and the other determines when a contraction is taking place by registering the firmness of your abdomen. The information is sent to a machine that graphs the contractions and heart rate together. There are corded and cordless (telemetry) external monitors, some of which can be worn while in the tub or shower.

**Internal fetal monitors** are placed into your baby's scalp while still in-utero. The amniotic sac must be ruptured, and an electrode is screwed into your baby's scalp to pick up his or her heart beat. An internal pressure catheter is usually placed in the uterus at the same time in order to monitor the strength of your contractions.

It is important to remember that further research is required to determine whether the use of ultrasound technology has a negative effect on unborn babies. Further, external and internal monitoring require that you are continuously connected to a machine; even with the use of telemetry you must have the band and monitors on at all times. This can restrict your mobility.

## Amniotomy or Artificial Rupture of Membranes (AROM)

An amniotomy is when your amniotic sac (the membrane that surrounds the baby) is broken artificially. It can be performed with an amnihook (a sterile plastic hook, similar to a crochet hook) or a finger. Using the amnihook is the most common; in either case the object is inserted into your vagina and used to rupture the amniotic sac and release the amniotic fluid ("break your water"). Once the sac is ruptured you are usually put "on the clock", meaning you must deliver your baby within a predetermined number of hours. The amount of time "allowed" varies between care providers, and should be discussed with yours before labor.

AROM may be considered if:

- you want to augment uterine activity
- you want to attach an electrode to your baby's scalp to monitor his or her heartbeat
- you are in the second (pushing) stage of labor and your water has not broken

AROM increases your risk of:

- umbilical cord prolapse
- a malpositioned baby
- infection

## Pitocin

Pitocin is a synthetic form of oxytocin. Oxytocin is the hormone your body naturally produces that causes your uterus to contract. When given intravenously, Pitocin does not cross your blood brain barrier and will not activate the natural endorphins (pain killers) that your body produces in response to your own oxytocin. Some care providers administer Pitocin routinely after delivery to assist with expelling the placenta and prevent hemorrhage.

Pitocin may be considered if:

- you want to augment uterine activity

Using Pitocin increases your risk of:

- anaphylaxis
- postpartum hemorrhage
- cardiac arrhythmia
- mortality
- uterine rupture
- hypertonic (unnaturally strong and painful) contractions
- severe water intoxication leading to convulsions, coma, and/or death

Using Pitocin increases your baby's risk of:

- bradycardia (decreased heart rate)
- permanent CNS or brain damage
- low Apgar scores at 5 minutes
- retinal hemorrhage

## Induction

Inducing labor is starting the process of labor through artificial means.

Induction of labor may be considered if:

- your pregnancy continues beyond your estimated due date
- there is not enough amniotic fluid around your baby
- your water has broken and you are not having contractions
- you have an illness, such as heart disease, diabetes, or high blood pressure
- you have developed a condition that necessitates delivery, such as preeclampsia
- your baby is no longer growing at the expected rate

Induction can be done by:

- sweeping your membranes
- breaking your amniotic sac
- putting a prostaglandin gel or suppository into your vagina
- inserting a mechanical dilator into your cervix
- giving you pitocin by IV

Induction increases your risk of:

- cesarean section
- premature birth
- unnaturally strong and painful contractions
- decreasing your baby's oxygen supply and lowering his or her heart rate
- infection (for both you and your baby)
- umbilical cord prolapse
- uterine rupture
- excessive bleeding after delivery

## Epidural Anesthesia

You may choose or be offered an epidural to ease labor pain. If you decide to have an epidural an anesthesiologist will administer the drug by inserting a catheter into your spine. Side effects include shivering, ringing of the ears, backache, soreness where the needle is inserted, and nausea. Once given you will be numb from the waist down and you will be confined to the bed you to the bed. You will also have a catheter inserted into your urethra so that you can pee. Removing the pain of labor removes an important feedback loop that promotes labor's progress. It also decreases the natural endorphins that would fill you and your baby during a natural labor.

An epidural may be considered if:

- you need pain relief

An epidural increases your risk of:

- hypotension (you will be given IV fluids to prevent this)
- convulsions or cardiovascular collapse
- hemorrhage
- lack of tone in the pelvic floor, making it challenging for your baby to complete the movements that are necessary for birth
- fever (indistinguishable from sepsis; if it occurs you will most likely be given an antibiotic drip and after the birth your baby will be taken away for testing to rule out infection)
- fetal heart rate changes
- ineffective pushing in the second stage
- episiotomy, or delivery with forceps, vacuum or by cesarean
- spinal headache
- breastfeeding difficulties

## Episiotomy

An episiotomy is an incision made in the area between the vagina and rectum. This cut enlarges the space for a baby to pass through the vaginal opening. After the placenta comes out the cut is sewn shut with self-dissolving stitches.

An episiotomy may be considered if:

- your baby is in distress and there isn't time for your tissues to stretch slowly
- you need a forceps or vacuum assisted delivery

An episiotomy increases your risk of:

- infection, bruising, swelling and bleeding
- extended postnatal discomfort and recovery time
- pain during sex in the months after delivery
- pain while using the toilet during your recovery time
- urinary and fecal incontinence

## Forceps

Forceps are instruments that are placed around a baby's head and used to help pull the baby out. An episiotomy is often done before forceps are used.

The use of forceps may be considered if:

- you have a medical condition which contraindicates pushing

- you have a prolonged pushing stage of labor
- you are exhausted and unable to push effectively
- you have had an epidural
- your baby's heart rate slows showing signs of stress during the second stage
- the position of your baby's head needs to be changed

The use of forceps increases your baby's risk of:

- cuts and bruises
- facial nerve injury (uncommon and generally transitory)
- clavicle fracture

The use of forceps increases your risk of:

- increased postnatal pain and recovery time
- pain while using the toilet

## Vacuum Extraction

A soft plastic vacuum cup is sometimes used to assist with the second stage of birth. It is put on the baby's head and can then be used to help pull out the baby through a combination of suction and traction.

A vacuum may be used if:

- you have a medical condition which contraindicates pushing
- you have a prolonged pushing stage of labor
- you are exhausted and unable to push effectively
- you have had an epidural
- your baby's heart rate slows showing signs of stress during the second stage

Infants who are born with the use of vacuum extraction have an increased risk of:

- bruising, swelling, and laceration of the scalp
- retinal hemorrhage
- intracranial hemorrhage
- brachial plexus injuries
- convulsions
- central nervous system depression
- need for mechanical ventilation

Vacuum extraction increases your risk of:

- perineal lacerations
- increased postnatal pain and recovery time
- pain while using the toilet during your recovery time
- urinary and fecal incontinence

## Cesarean Birth

A cesarean birth is the birth of a baby through a cut in your abdomen and uterus. A cesarean can be performed before or during labor.

A cesarean birth may be considered if:

- you have had a cesarean before
- you have previously undergone vaginal or perineal reparative surgery
- you are carrying more than one baby
- your baby is in a breech or transverse position
- the placenta has implanted over part or all of your cervix

- the shape of your pelvis will interfere with your baby's descent
- you have obstructive lesions in your lower genital tract
- your cervix does not open completely
- labor is not progressing
- your baby is in distress

Infants who are born by cesarean have an increased risk of:

- premature birth
- breathing problems
- low Apgar scores
- intracranial hemorrhage (if the cesarean was performed during labor)
- the need for mechanical ventilation
- the need for special care in the neonatal intensive care unit (NICU)
- difficulty with breastfeeding

A cesarean increases your risk of:

- uterine lacerations
- bladder and bowel injuries
- uterine atony (lack of uterine tone)
- wound infection
- hemorrhage
- mortality
- postpartum endometritis (inflammation of the endometrium)
- nausea, vomiting and severe headache in the postnatal period
- reactions to medications
- additional surgeries
- extended hospital stay and recovery time
- urinary tract infection
- slow return of bowel function
- deep venous thrombosis
- placenta previa, accreta, increta, and percreta in future pregnancies
- uterine rupture in future pregnancies or labors

## Postpartum/Newborn Procedures

### Bath

Your baby will be given his or her first bath by the nursing staff unless you request otherwise.

### Hepatitis B

Babies routinely receive a Hepatitis B vaccine as part of the newborn procedures. You can choose whether or not your baby will be vaccinated against the Hepatitis B virus and if so, when.

### Vitamin K

Vitamin K is important for blood clotting. As newborns have low levels of vitamin K until about the 8th day of life they are routinely given shots of vitamin K in the immediate postpartum period. You can consider your baby's first experiences when you are making your decision about this procedure. For example, if you required an instrumental or surgical delivery, or if you plan on circumcising, you may want to ensure that your baby has significant clotting abilities.

## Erythromycin

If you have untreated gonorrhea or chlamydia and you birth your baby vaginally there is a chance that your baby will develop a serious eye infection that could lead to blindness (if it is not treated early). Erythromycin eye ointment is an antibiotic that is applied to the eyes of newborn babies prophylactically in an effort to reduce the number of neonatal infections; you need to decide whether or not you would like your baby to receive a prophylactic dose of topical antibiotics and discuss your decision with your care provider.

## Cord Cutting

In many vaginal deliveries in hospitals the umbilical cord is cut within a minute or two after the birth. Delaying cord clamping until there is no longer a flow of blood between the placenta and the baby will allow your baby to get all of his or her blood from the placenta; your baby will therefore receive oxygen from the placenta while he or she transitions to breathing air.

Sources:

<http://www.fda.gov/>

<http://www.aafp.org>

<http://www.americanpregnancy.org>

[www.aap.org/](http://www.aap.org/)

[www.jpeds.com/](http://www.jpeds.com/)

<http://www.ncbi.nlm.nih.gov/pubmed/>

<http://www.who.int/mediacentre/factsheets/fs110/en/>