



Ogi Ressel, DC

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Preparing for Birth

Protecting the Rights of Pregnant Moms

It has been my experience that many pregnant moms are often robbed of a wonderful birth experience because they haven't planned properly. Most pregnant women are not aware of the rights they have or the choices they need to make.

The pregnant mom has not only the right but also the responsibility to question what is being done to her and her unborn child. This should be her first concern, and I urge all “preggies” to take an active role in the decision-making process.

Compiling a “birth team” is the first step. A birth team can include: a chiropractor, prenatal counsellor, obstetrician, physician, midwife, doula (labour and birth support coach), breastfeeding counsellor or post-partum counsellor. These members can be an invaluable resource to a pregnant mom but may differ depending on the location of birth.

There are six stages of preparation in the birth plan:

1. The onset of labour: Will it be spontaneous or self induced? At home versus medical or surgical induction?
2. Early labour: When should you go to the hospital or birthing centre? Wear own clothes or hospital drab? Should a prep be done? Shaving or none? Should you have an enema? None, self-administered at home or at hospital. Empty bladder? Walk to toilet, bedpan or catheterization.
3. During labour: Your positions?

Walking during active labour should be encouraged. Sitting on toilet facing the tank also works well. Presence of others? Spell out whom. Relaxation techniques? Breathing, focal point, visualization, soft music, dim lights or heating pad. Hydration/fluids? Vaginal exams: who performs them, when and why? Fetal heart monitor? (I have always found that this alone tends to increase parent panic and the incidence of Caesarean sections.) Pain relief? Relaxation, breathing, changing positions, medications or epidural block. When should medication be given? Augmentation of labour? Walking, position change, nipple stimulation or intravenous Pitocin drip.

4. During birth: Labour positions? Mother's choice, side, birthing chair, in water, squatting or stirrups. Speeding up birth? Gravity-friendly positions, prolonged pushing, episiotomy, self-

tear, forceps or vacuum extraction. Pushing? Prolonged, spontaneous or directed. Perineal care? Episiotomy, anaesthesia, stitches or ice packs after birth, etc. Ambiance? Lighting, noise level, music or persons present.

5. After birth: Cord cutting, who and how? Chiropractic care? If you would like the baby checked immediately after birth, you should state this clearly. Airway suction? No, or if needed. Warmth and bonding? Baby's skin placed next to mother or warming table. Baby kept with mother? Rooming in or in nursery. Eye care? Silver nitrate placed in eyes of newborn? (This is a barbaric ritual that assumes that all women have gonorrhoea.) Vitamin K injection? (Linked to liver failure and jaundice in newborns.) Feeding? Breast, bottle, sugar water or on demand. Circumcision? Ask why. (Latest research indicates no benefits.) Discharge from facility? When?

6. The unexpected: Caesarean section? Timing, planned or emergency. Presence of partner, video or screen used? Contact with baby afterwards, doula present or midwife? Premature? Neonatal unit? Where? Feeding, visiting, support groups? Death of baby: contact with baby or photos. Who, when and where?

These are realistic issues that need to be thought about. I have always felt that it is better to err on the side of caution. After the birth plan is completed, it should be given to every team member so that each is aware of the parents' wishes and it becomes a binding agreement.

A chiropractor plays an important role in the care of a pregnant mom—from simple pain relief to providing an environment for mother and child that can enhance labour and delivery and optimize the healthy expression of the newborn. Should you have any questions, you are welcome to call our centre or check out our Web site for additional information. ■

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