

Mama's Friend

Evidence-Based Prenatal, Labor and Postpartum Services

Class 1: Preparing for the Marathon of Childbirth

Class Agenda :

1. Introductions
2. Mama's Friend Philosophy
3. Our Curriculum
4. Birth in Alabama/Birth Statistics
5. Owning Your Birth
6. Benefits of Natural Birth
7. Optimal Fetal Positioning
8. Pregnancy Exercises
9. The Three Principles for a Healthy Pregnancy
10. Belly Mapping
11. Meet the Chiropractor

Introductions :

Mama & Partner, tell us:

1. Your name
2. Something you are passionate about
3. And what will make your partner a great parent?

And about your baby:

1. Name, due date, gender
2. OBGYN and hospital
3. Does baby have any siblings?

And finally:

1. What is your biggest fear about this birth?

Introductions :



Our Beliefs :

1. We believe our bodies are designed with a purpose.
2. We believe there is a reason for everything that happens during pregnancy and birth.
3. We believe women and families deserve safe and healthy birth outcomes.
4. We believe every mother should be respected, educated, supported, and encouraged surround pregnancy and birth, no matter her choices!
5. We believe that the more research a mother does, the more she is empowered to choose the best choice for her family.
6. We believe women (and men!) will become the best mothers (and fathers!) they can be if and only if:
 - a. They are respected as responsible decision-makers;
 - b. They are completely informed about the choices they need to make;
 - c. They are encouraged to choose the best choice for their families; and
 - d. They are supported as they try to achieve their goals.

Our Goals:

1. To help mothers and babies obtain the healthiest and lowest risk births possible.
2. To increase the enjoyment and bonding between the newborn and the parents at birth.
3. To help mothers identify, pursue, and obtain THEIR OWN ideas of a beautiful birth.

Our Mission:

We educate and support women and families so that they can prepare for and enjoy the beautiful and life-changing experience of birth!

Birth is not only about making babies.

*Birth is about making mothers--
strong, competent, capable mothers who trust
themselves and know their inner strength.*

- Barbara Katz Rothman¹

Our Curriculum :



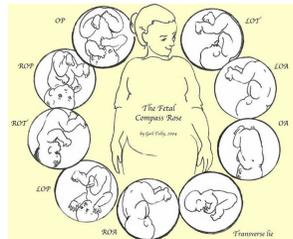
The Bradley Method[®]
of Husband-Coached Natural Childbirth

Hypnobabies[®]
Childbirth Hypnosis



Evidence Based Birth

Giving Birth Based on Best Evidence

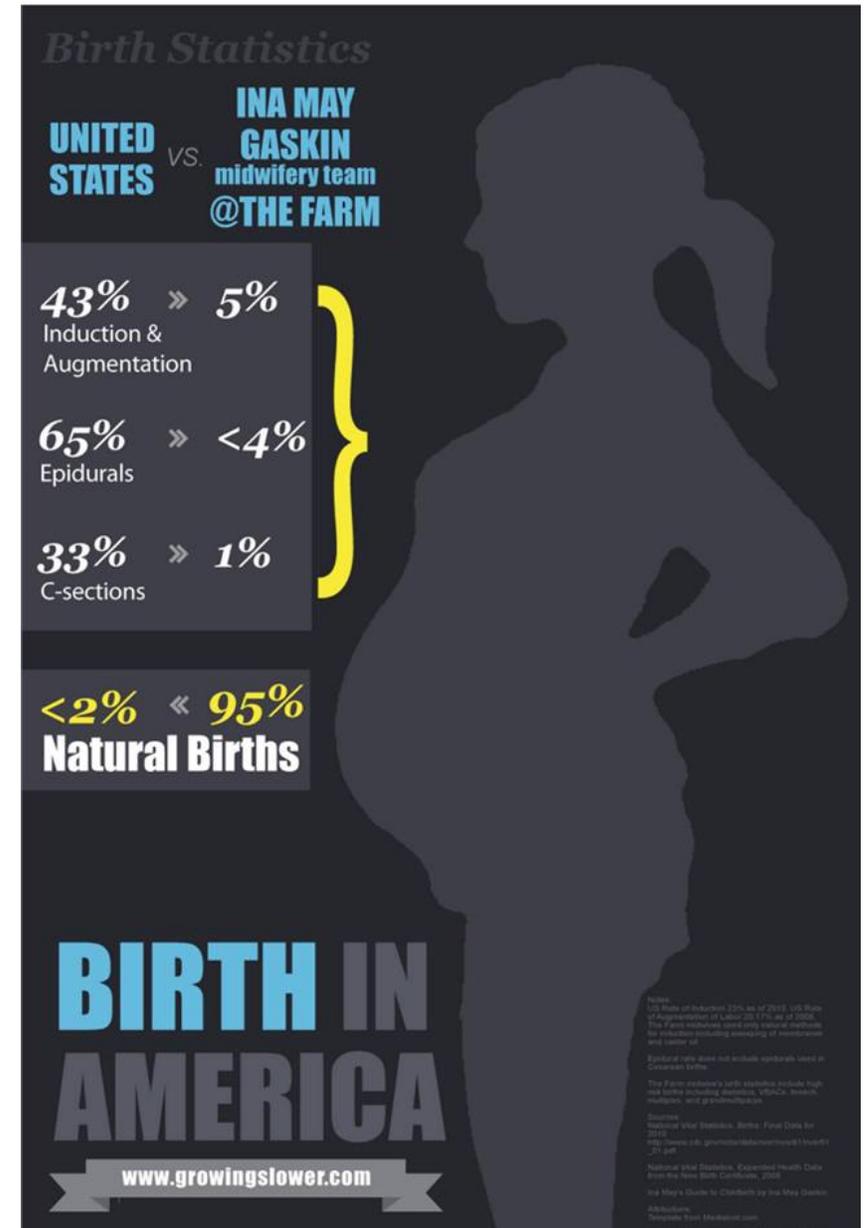


Lamaze[®]
International



World Health Organization

In the 1970s, Midwife **Ina May Gaskin** founded The Farm Midwife Center in Tennessee in hopes of creating a place for women where ***“birth was regarded as a natural and fulfilling experience that empowered women and bonded the family together.”*** The Farm focuses on birth in a home-like setting that is natural and intervention/med-free. This visual⁹ allows you to compare birth statistics in the United States with those of The Farm.



Birth Statistics in Alabama:

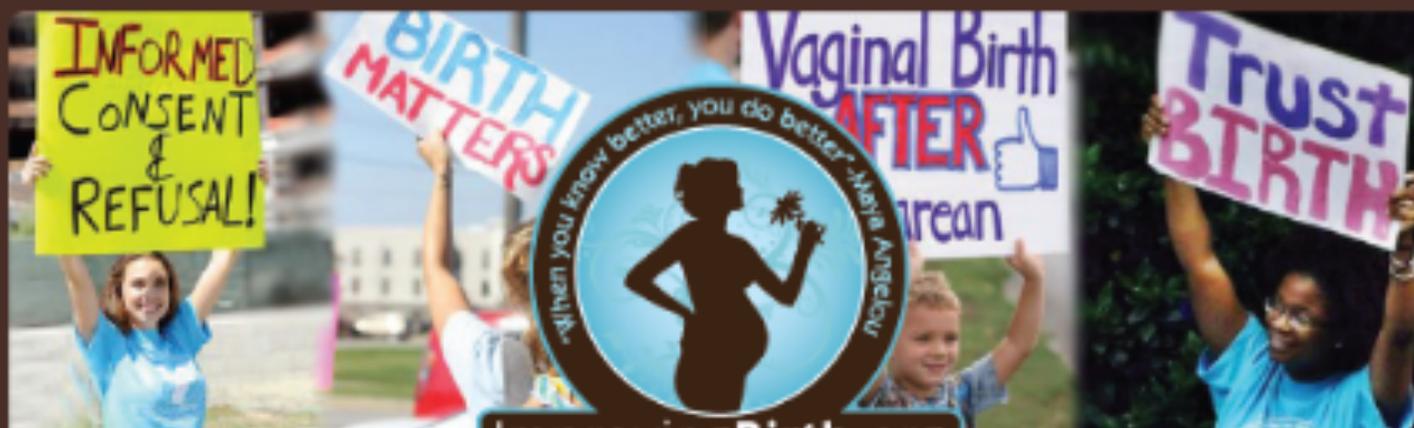
Infant Mortality Rates:

- According to the CDC : US infant mortality ranked 26th
- According to the CIA World Factbook : USA infant mortality ranked 56th
- Alabama's Infant Mortality Rate : **8.7 infant deaths per 1,000** (33% above the national rate!)

Cesarean Section Rates:

"[...] WHO has recommended since 1985 that the rate not exceed 10-15% [...] It should be noted that the upper limit of 15% is not a target to be achieved but rather a threshold not to be exceeded." 10

- According to the CDC : US C-section rate is 33%
- According to the patient portal for BlueCross BlueShield of Alabama:
 - Dothan, AL: 43%, with some doctors in the area with a rate upwards of 65%
 - Flowers Hospital: 42.3%
 - Southeast Alabama Medical Center: 36.5% (2018)



ImprovingBirth.org

**ImprovingBirth.org is made up of moms and those who care for us.
Our mission is to bring evidence-based care and humanity to childbirth!**

When

9 in 10 American women receive care that increases, rather than decreases, the risks of harm to them and their babies¹...

1 in 3 births in America ends in a C-section, and 9 out of 10 of women with a Cesarean will have all future babies by major abdominal surgery²...

We spend the most money in the world on maternity care, and have one of the worst maternal mortality rates of all developed countries³...

When

Our care is shaped more by convenience, profit, and liability than what science has proven best for moms and babies...

It's time to put mothers and babies back in the center of maternity care!

Join ImprovingBirth.org as we work toward making evidence-based care the new “standard of care” around the U.S.! We believe that every woman has the right to make her own fully informed decisions about her maternity care, and deserves respect and compassion when she gives birth.

We know we can do better with safer, more cost-effective, scientifically proven practices that lower risks of complications, injury, and death – while treating women and their bodies with respect*.

Parents and Providers, check out our Steps to Improve Birth
at ImprovingBirth.org/StepstoImproveBirth for *simple, proven ways you can help*
make birth in the U.S. safer, healthier, and happier.

* Declercq ER, Sakala C, Corry MP, Applebaum S. Listening to mothers II: Report of the second national U.S. Survey of women's childbearing experiences. *The Journal of perinatal education*. 2007; 18:9-14. *Data accessed from September 2012 from [HealthyPeople.gov](http://www.healthypeople.gov). <http://www.americanmaternity.org/sites/default/files/pdfs/deadlydelivery.pdf>. †C. Sakala et al, EvidenceBased Maternity Care: What It Is and What It Can Achieve, Childbirth Connection, The Reforming States Group and The Milbank Memorial Fund, October 2008; available at <http://www.milbank.org/reports/0800MaternityCare/0800MaternityCare.html>.

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10

women in America receive maternity care that increases, rather than decreases, risks of harm to them and their babies.

State of Maternity Care: Routine U.S. Care vs. Evidence-Based Care

Labor & Delivery Procedures	U.S. Care	Evidence-Based Care
Surgical birth (C-section)	33% total 27% of low-risk women	≤15% of low-risk women
Vaginal birth after Cesarean (VBAC)	7-9%	Every eligible woman should be offered a VBAC; 74% will be successful
Artificial induction of labor	42% of first-time mothers, for whom this doubles the risk of C-section	Induction should only be used for true medical indications; suspected "big baby" is not a valid medical indication
Artificial acceleration with Pitocin	47%	Not supported by evidence
Artificial breaking of the waters	65%	Not supported by evidence
Routine electronic fetal monitoring	94%	Not supported by evidence
Routine intravenous fluids	80%	Not supported by evidence
Not allowed to eat or drink	60%	Not supported by evidence
Not allowed out of bed	76%	Not supported by evidence
Back-lying positions during pushing and birth	92%	Women should choose whatever position is most comfortable for them
Water immersion during labor	6%	This intervention has many benefits and no adverse effects
Continuous labor support from a doula	3%	The use of doulas is supported by evidence

Table © 2012 by Rebecca Dekker, PhD, RN, APRN. See references at www.EvidenceBasedBirth.com/table

Owning Your Birth:

*I do not care what kind of birth you have...
a homebirth, scheduled cesarean, epidural hospital birth,
or if you birth alone in the woods next to baby deer.*

*I care that you had options, that you were supported in
your choices, and that you were respected.¹²*

January Harshe, birthwithoutfearblog.com

*Your body
Your baby
Your birth
Own it*

Supplemental Text Resources :



Handout 1:
*Parental Decisions
and Neonatal Health*

Benefits of Natural Childbirth :

Natural Birth Benefits:

1. Babies
2. Moms
3. Family Units
4. Future Babies
5. And More!

Supplemental Text Resources :



Handout 2:
*Natural Birth Isn't
Beneficial¹³*

Vocabulary :

1. **Core Temperature:** temperature in the innermost part of the body – normal is around 98.6 degrees Fahrenheit
2. **Kegel:** name for the pelvic floor muscle (pubococcygeus,) or exercises to strengthen it
3. **Pelvic Floor:** supportive muscle surrounding the urethra, vagina and rectum – extends from the symphysis pubis in front to coccyx in back
4. **Pelvis:** basin-like ring of bone at the bottom of the mother's spine through which the baby must pass to be born

Vocabulary :

5. **Pubic Bone:** symphysis pubis – the front portion of the pelvis
6. **Pubococcygeus Muscle:** also called the PC muscle and the pelvic floor muscle – supports the abdominal organs and uterus (**see Kegel**)
7. **Stamina:** resistance to fatigue; endurance; staying power
8. **Urethra:** tube which carries urine from bladder to exterior of body
9. **Uterus (“baby box”):** hollow muscular organ in which baby grows and is nourished – also called womb

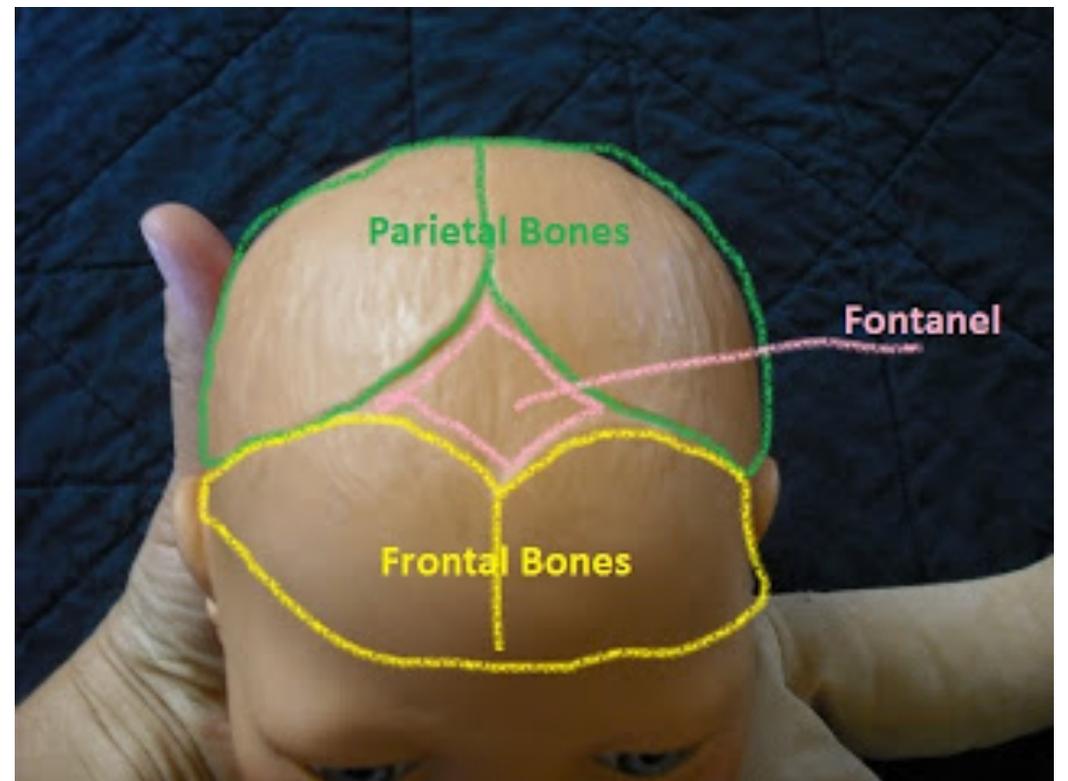
Optimal Fetal Positioning:

What is it and why does it matter?

- **Optimal Fetal Positioning (OFP):** the use of techniques and exercises during pregnancy to help encourage the unborn baby into the head-down, face-back, left-lying position inside the mother's uterus.
- *The majority of "failure to progress" babies are due to malpositioning, and that the majority of the malpositioning is due to our modern lifestyles. Instead of walking for travel, we slouch in our cars. We do not sit cross-legged on the floor, nor do we squat, we lounge on sofas and in easy chairs. The majority of our work is done while seated, and the majority of us sit poorly.*



Optimal Fetal Positioning: The Fetal Head



Labor is faster and easier on the mother if the baby's chin is tucked tightly into the baby's chest.

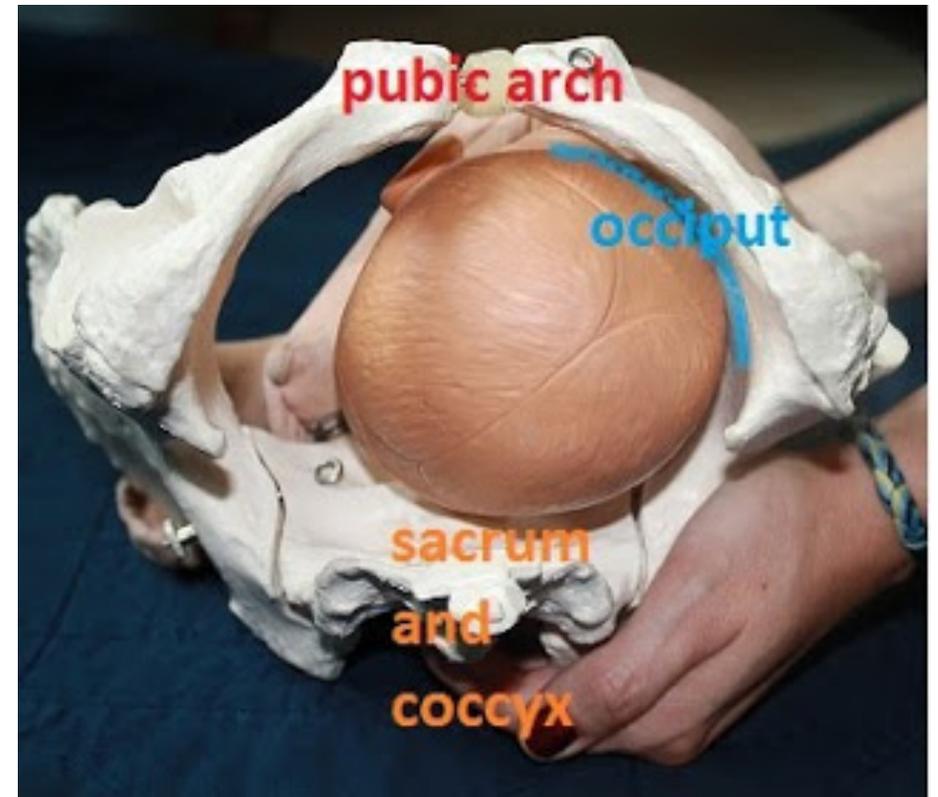
Optimal Fetal Positioning: The Fetal Head

Internal Rotation

- As the baby is pushed further into the pelvis by the power of the contractions, and enters the pelvic cavity, the dimensions change. The cavity is more equally rounded, and since body movements tend to move in a **clockwise direction** the baby is rotated from LOT to LOA.

External Rotation

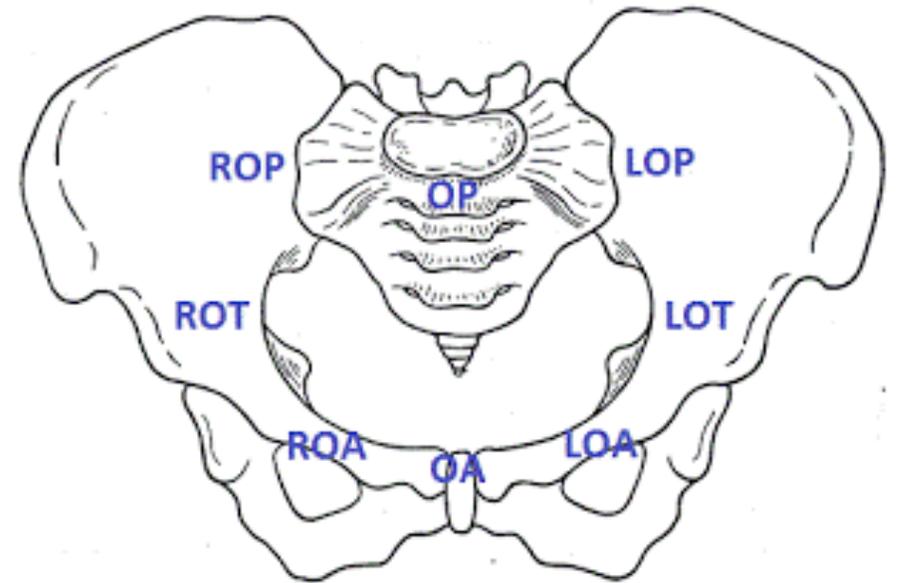
- The pelvic cavity is where head flexion really has a big impact.** With an equal diameter of 12 cm, a **well-flexed head will have a much more successful journey past the ischial spines** than an extended head with an 11-13.5 cm diameter. As the baby moves through the cavity, it will continue its rotation from LOA to OA.



Optimal Fetal Positioning: Why The Left

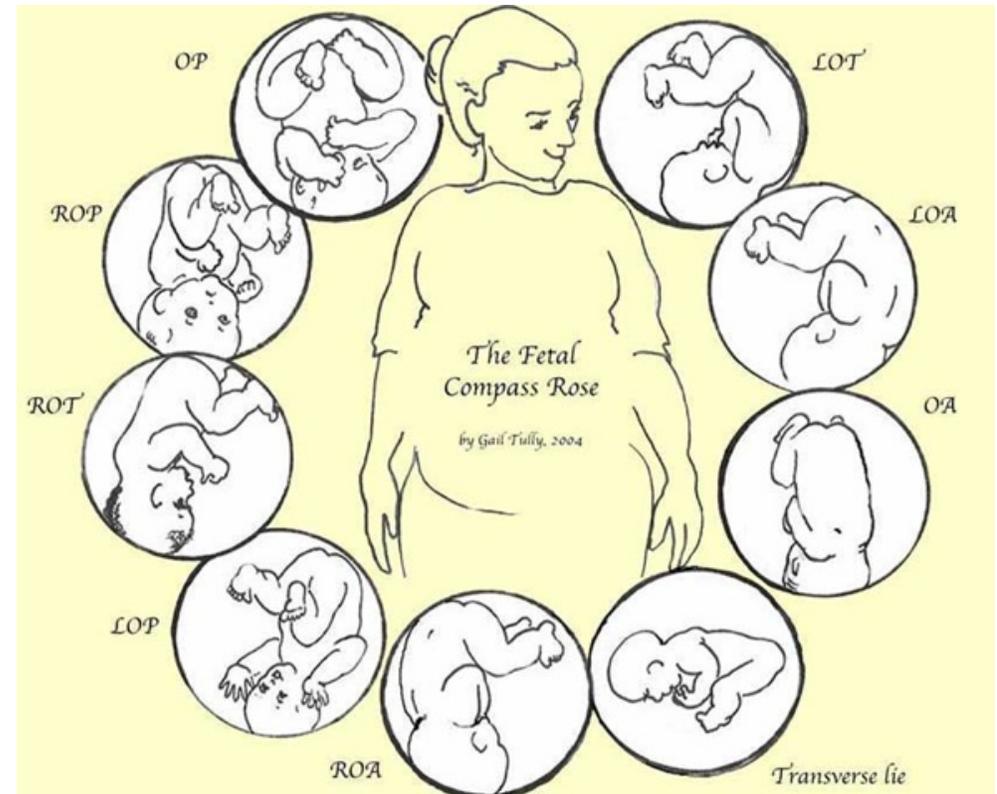
Dextrorotation

- *Why does it matter if the baby starts in a left position or a right position?* Inside the body, there's a certain phenomenon that takes place called dextrorotation. This describes the body's tendency to have its processes move in a **clockwise direction**. Our uteri move the same way. **As the uterus contracts and releases, babies are turned in a clockwise manner.** If a baby were to start out in an ROA position, this would mean that the baby would need to rotate all the way from ROA to ROT to ROP to OP to LOP to LOT to LOA. That's quite a long journey and includes a nice length of time moving through the posterior position, which can be extra painful for many mothers. **Starting out in the LOA position means that the uterus can focus on pulling open the cervix and moving the baby down, instead of also working on getting a baby into a good position.**



Optimal Fetal Positioning:

- **Occiput:** the back of the baby's head
- **Transverse:** baby is lying in a sideways position across mom's abdomen
- **Posterior:** toward mom's back
- **Anterior:** toward mom's front



The Exercises:



Tailor Sitting



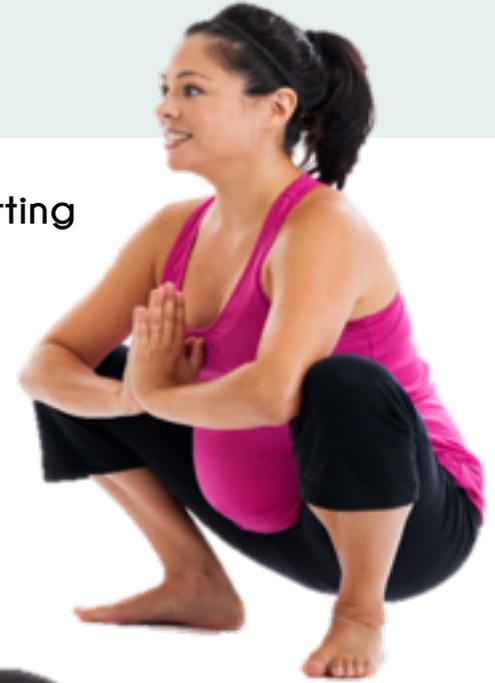
Butterfly

1. Walking
2. Kegels
3. Relaxation

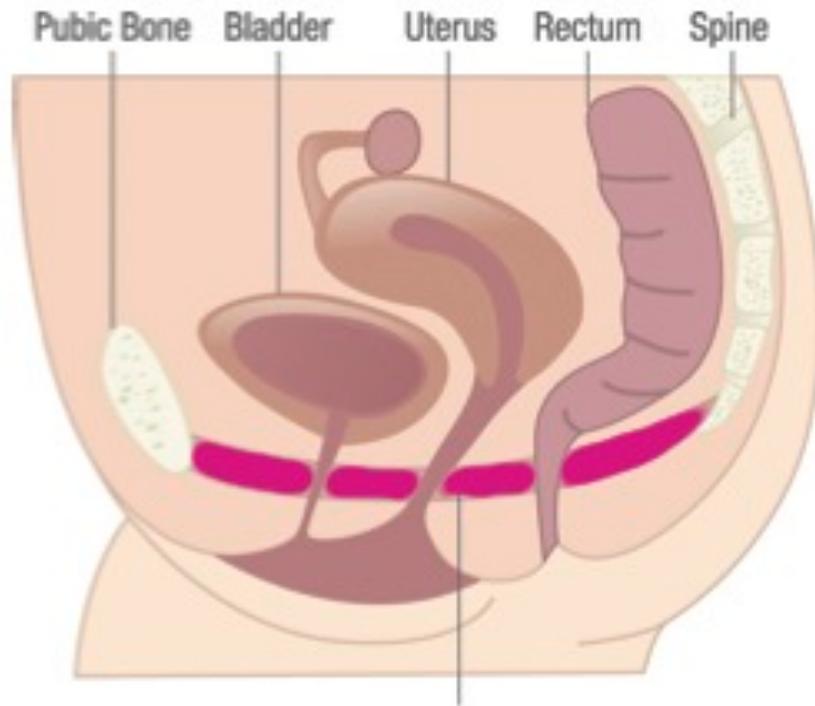


Pelvic Rocking

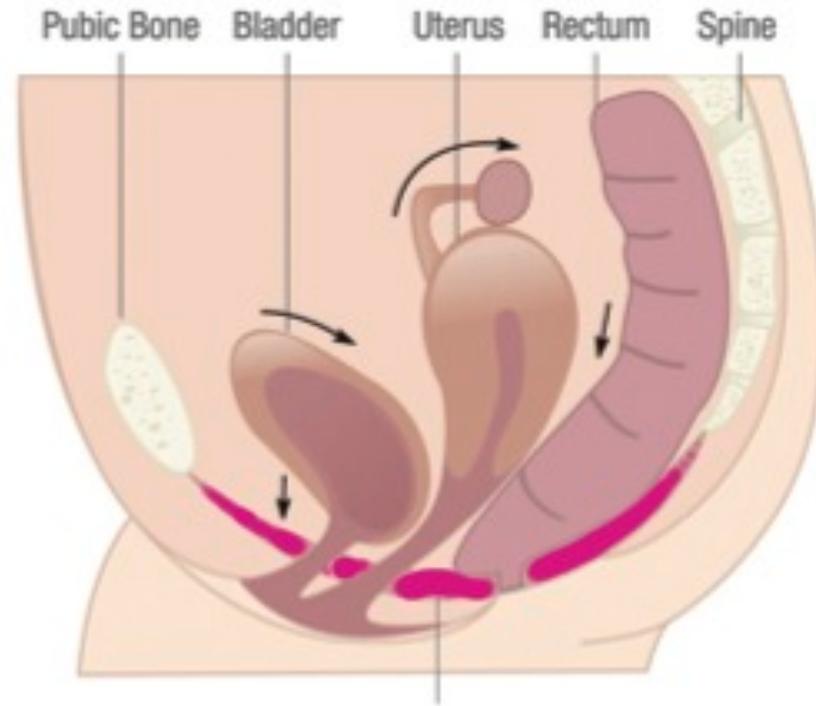
Squatting



The Exercises: Kegel



Normal Pelvic Floor



Weakened Pelvic Floor

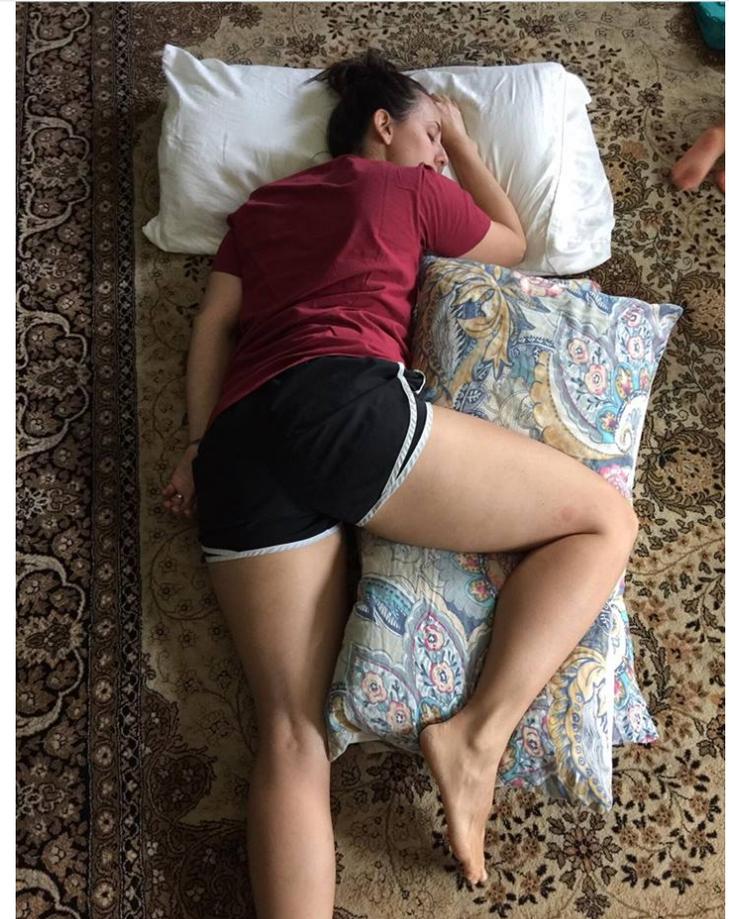
The Exercises: Keegel

There's an app for that!



The Exercises: Relaxation

This position helps with circulation and allows the bed to support the baby's weight. It is also important during labor to reduce stress or strain on body parts and to enable the uterus to work unencumbered.



The Exercises: Birthing Ball



A birthing ball is a great tool for pregnancy and labor. Using a birthing ball in place of a chair or couch for time spent sitting, as well as for exercising and rotating the hips is a great addition to your daily routine.

***IMPORTANT TIP:** Do **NOT** bounce on birthing ball.

Your Height	Birth Ball Size
up to 165 cm/5'5"	55cm
up to 173 cm/5'9"	65cm
over 173 cm/5'9"	75cm

The Three Principles of a Healthy Pregnancy:

The three principles balance muscle and ligament tension/looseness so that gravity and movement will be more successful for a **healthy labor onset**, for **fetal repositioning** and/or for **labor progress**.

1. **What is balance?** Balance is “not too tight and not too loose.” That’s it! THINK: The Three Sisters of Balance (next slides.)
2. **What is gravity?** The female pelvis is designed to birth a baby in an upright position, so being in line with gravity makes sense! THINK: sleeping position, sitting posture, hands and knees, floating in a pool belly down, etc.
3. **What is movement?** Moving your hips, your legs, your whole body can be used to relax what your mind can’t relax or open the level of the pelvis where baby is moving through. THINK: yoga, walking, swimming, stretches, lunges, pelvic tilts, etc.



The Three Principles of a Healthy Pregnancy:

The Three Sisters of Balance :

1. Rebozo

(3-5 minutes daily after 25 weeks)



The Three Principles of a Healthy Pregnancy:

The Three Sisters of Balance :

2. Forward Leaning Inversion

(1x/day after 35 weeks for Optimal Fetal Positioning;
if baby is breech, 1x/day after 32 weeks)

****DO NOT** perform this exercise if you have high blood pressure or glaucoma.



The Three Principles of a Healthy Pregnancy:

The Three Sisters of Balance :

1. Side Lying Release

(3-10 minutes – until you feel a release or relaxation) per side daily after 25 weeks)



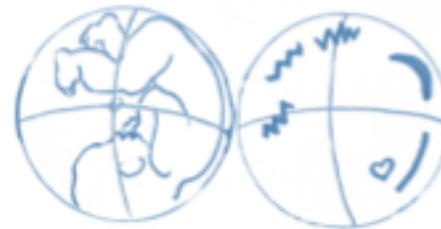
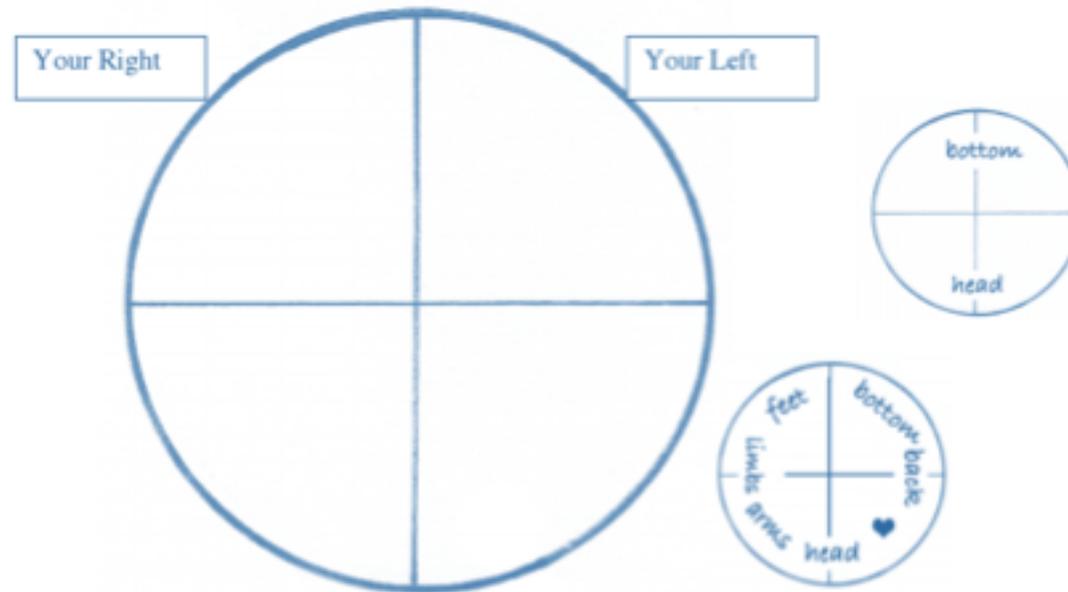
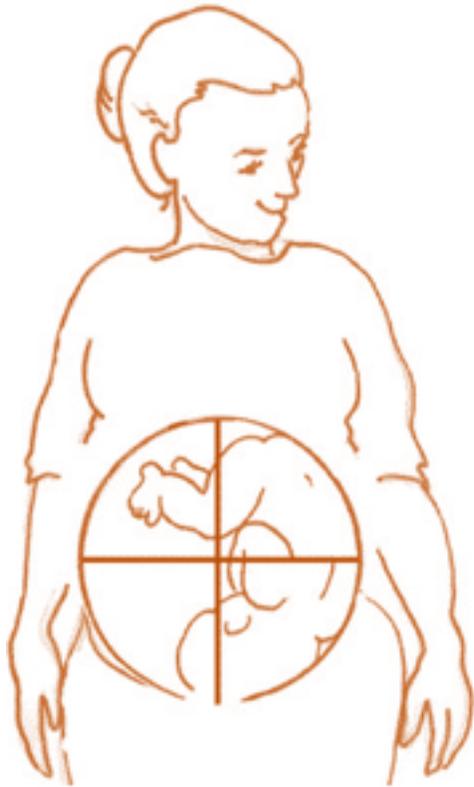
Supplemental Text Resources :



Handout 3:

*Perineal Massage in
Pregnancy from
American College of
Nurse-Midwives*

Belly Mapping:



Here is a Belly Map of a baby whose back is felt as firmness on the mother's left side. The baby's bottom bulges up in the upper left. The midwife or doctor hears the baby on the left and feet kick in the upper right side.

Supplemental Text Resources :



Handout 4:
*Belly Mapping Parent
Handout¹⁶*

Meet the Chiropractor: Dr. Jessica Bullock Scarratt

Dr. Jessica, a Dothan native and Auburn University Alumni, received her Doctor of Chiropractic degree at Life University and practices at **Family First Chiropractic in Dothan**. Dr. Jessica is certified in the Webster Technique, a chiropractic technique developed specifically for pregnant patients that **optimizes health benefits for both mother and baby**. Having your spine checked by a chiropractor ensures that your pelvis and spine are in alignment promoting **optimal fetal positioning**. A well-functioning nervous system also allows a mother to **combat many of the discomforts of pregnancy**, rather than simply dealing with them.



Dr. Jessica with her son, Brady, husband, Bryan, and fur baby, Honcho.

Goals and Take Away:

Now that you have learned the benefits of natural birth and optimal fetal positioning you can :

- Continue to make educated and informed parental decisions for you, your baby, and your family.
- Make an effort to pay attention to your posture and sleeping position.
- Incorporate the new exercises and movements you've learned into your daily routine - remember, every little bit you accomplish adding to your routine is more than you were doing yesterday!
- Schedule a consultation with Dr. Jessica at Family First Chiropractic in Dothan.
- Explore new concepts you've learned today, read your supplemental resources, and come back with any questions you have over the week.

*the body
achieves
what the mind
believes*

Citations

*The information referenced in this presentation belongs to Mama's Friend Birth Services.
This curriculum has been supplemented by the following resources:*

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