Aeroflow *Breastpumps*

Birth & Breastfeeding Parts 1 & 2 RESOURCE GUIDE

Helpful Links

Part 1

- <u>The Rights of Childbearing</u>
 <u>Women</u>
- <u>Reverse Pressure Softening</u>
- Eating & Drinking in Labor
- <u>Reasons Induction May Not</u>
 <u>Be Right For You</u>
- More on Induction
- How a Cesarean Section is
 Performed
- <u>Gentle Cesarean Section</u>
- <u>Hypnobirthing Breathing</u>
 <u>Techniques</u>
- <u>Slow Breathing for</u>
 <u>Relaxation During Labor</u>
- Double Hip Squeeze

SHOP RECOMMENDED PRODUCTS PART 1

- <u>Slow Dancing to Cope</u>
 <u>With Labor Pain</u>
- <u>Doula Directory</u>
- DONA Directory
- <u>Ensure Your Pain</u>
 <u>Management Wishes Are</u>
 <u>Followed</u>
- Hospital Midwife Directory

Part 2

- Breast Crawl
- <u>Spinning Babies</u>
- <u>Miles Circuit</u>
- Dancing for Birth
- <u>How to Keep Your Body</u>
 <u>Moving with an Epidural</u>
- Birth Positions

SHOP RECOMMENDED PRODUCTS PART 2

U The Pumping Room

Your go-to source for all things pregnancy and breastfeeding.

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Canopie Mental Health App Canopie is your partner in maternal mental health. Aeroflow moms have free access to the app, including customized audio & video programs - plus live classes! Free access code: **BIRTHFEED**

DOWNLOAD APP

Birth & Breastfeeding Parts 1 & 2 RESOURCE GUIDE

Class Notes Table of Contents

PART 1

- <u>The Importance of Prenatal Birth</u> <u>and Breastfeeding Education</u>
- Which Interventions Are Right for Me?
- <u>Common Labor Pain Medications</u>
- How to Get Breastfeeding Off to a Great Start

PART 2

- <u>Uninterrupted Transition from</u>
 <u>Womb to World</u>
- <u>Labor Contractions and Braxton</u> Hi<u>cks</u>
- What Labor Looks Like
- <u>Keep Labor Moving</u>
- <u>Stages of Labor and Birth</u>
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- <u>Postpartum</u>
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Birth & Breastfeeding Part l

Class Notes

The Importance of Prenatal Birth and Breastfeeding Education

- Educate yourself to make the best choice for your specific situation.
- All markers for health point towards how a baby feeds.
- Childbirth interventions are one of the biggest disruptors to easy and successful breastfeeding.
- When considering interventions, it is important to understand:
 - The reasons for the intervention
 - How the intervention is administered
 - The risks of the intervention to the normal labor and birth process
 - The risks of the intervention to successful breastfeeding and a healthy baby
 - Alternatives to the intervention that have less risk
 - How to help breastfeeding succeed despite the intervention
- The Rights of Childbearing Women

Remember, nothing should be done TO YOU, but done FOR YOU.





Which Interventions Are Right for Me?

- Helps keep you hydrated and have access for IV medications.
- May be required if you choose other interventions.
- May limit movement.
- Excess fluids can cause an artificially inflated birth weight so consider using the 24 hour weight as the more accurate benchmark weight.
- Excess fluids can cause breast swelling and difficulty latching.
- If you have had IV fluids, consider using Reverse Pressure Softening.

<u>Reverse Pressure Softening</u>

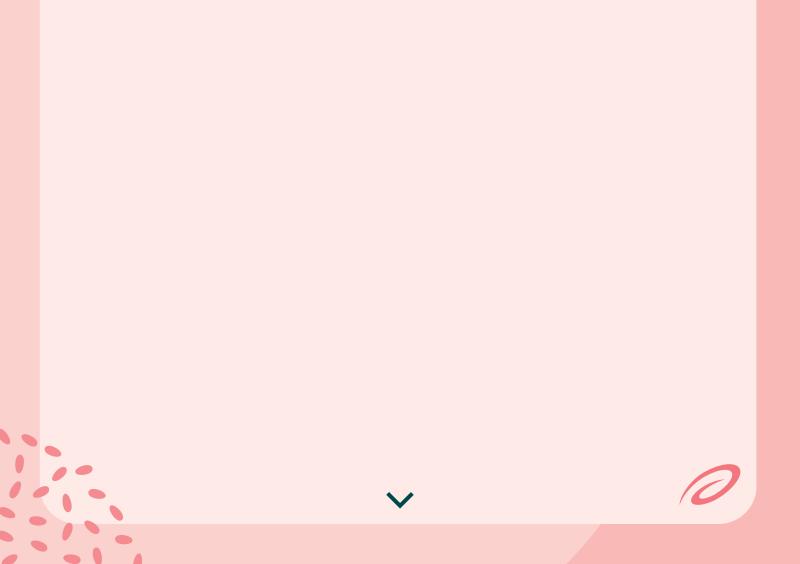
Alternatives: Stay hydrated, consider a saline lock, delay IV until closer to pushing, declining IV.

<u>Eating & Drinking in Labor</u>

CONTINUOUS ELECTRONIC FETAL MONITORING

- Used to monitor how well baby tolerates labor.
- Mother's movement may be restricted.
- Doesn't improve outcome of low risk labors.
- If you have had continuous monitoring, get up and get moving as soon as you feel able.

Alternatives : Hand-held doppler or wireless system



Which Interventions Are Right for Me? (cont)

INDUCTION

- An induction can be used to put a mother's body into labor with prostaglandin drugs or Pitocin.
- Inductions for medical reasons can lead to improved outcomes for mother and baby.
- Elective inductions (no true medical indication) are discouraged.
- Increases the risk of jaundice and fetal distress in baby.
- Can cause a more intense labor and increased pain.
- Can disrupt a mother's natural oxytocin level and can decrease maternal mobility during labor.
- If you had an induction, breastfeed often and prioritize skin-to-skin.

Alternatives: acupuncture, walking, sex, nipple stimulation.

- <u>Reasons Induction May Not Be Right For You</u>
- More on Induction

AUGMENTATION

- Augmentation is used to speed up labor by stripping or sweeping the membranes, rupturing the amniotic sac, or using Pitocin.
- Increases risk for fetal distress or compression of the umbilical cord.
- Increases risk of vaginal tearing and higher risk of infection in mother.
- If you have had an augmentation, consider stopping the Pitocin soon after birth and consider taking a probiotic if you had antibiotics.

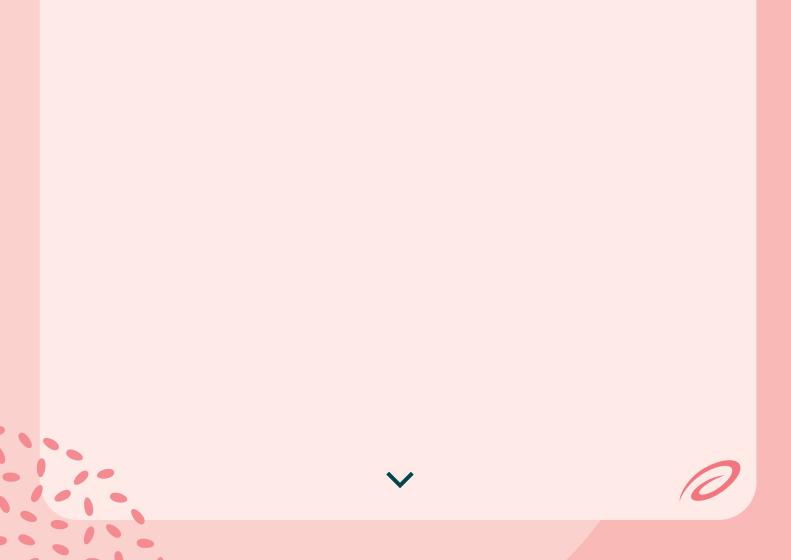
Alternatives: walking/movement, Rebozo Technique, Spinning Babies.



Which Interventions Are Right for Me? (cont)

CESAREAN BIRTH

- Reasons
 - Medical emergency
 - Suspected medical problem
 - Voluntary preference (discouraged)
- Try not to view cesarean birth as a choice to avoid vaginal birth.
 - How a Cesarean Section is Performed
- Consider a Gentle Cesarean Section
 - Clear drape so you can see baby being born
 - Immediate skin-to-skin
 - Breastfeed in the operating room
 - Baby's post-birth assessments and procedures done while baby is skin-to-skin with mom
- You may be able to have a VBAC (vaginal birth after cesarean).
- Take advantage of access to hospital lactation consultants since c-sections require a longer hospital stay.
- Focus on skin-to-skin and frequent feedings.
- Experiment with different nursing positions that don't put pressure on your c-section wound (Ex: football hold or laid-back position).
- Try non-narcotic pain medications first, then move to stronger medications if needed.
- Get up and get moving when you feel able.



Common Labor Pain Medications

- Nitrous Oxide taken by breathing in gas through a tube or mask
 - Can help with relaxation
 - Mother may feel dizzy or nauseous
 - No negative effects on breastfeeding
- Narcotic Pain Medications- Typically given through an IV
 - (Nubain, Stadol, Fentanyl, Morphine)
 - Helps alleviate pain or reduce feelings of stress
 - Can make mother sleepy and nauseous
 - Can cause a drop in blood pressure
 - Crosses the placenta to baby
 - Can make baby sleepy, delay rooting, and decrease the sucking reflex
- **Epidural** administered by using a needle to insert catheter in the epidural space of the spine
 - Helps block pain
 - Can make it difficult to push effectively
 - Risk of spinal headache
 - Mother's back may feel stiff, achy or sore
 - Baby may be less alert and less able to orient to the breast
- **Spinal Block** one-time shot of anesthesia into the intrathecal space of the spine
 - Helps block pain

 - Similar to epidural, but only lasts 1-2 hours
 - Risk of spinal headache
 - Baby may be less alert and less able to orient themselves to the breast



Common Labor Pain Medications (cont)

• Alternatives

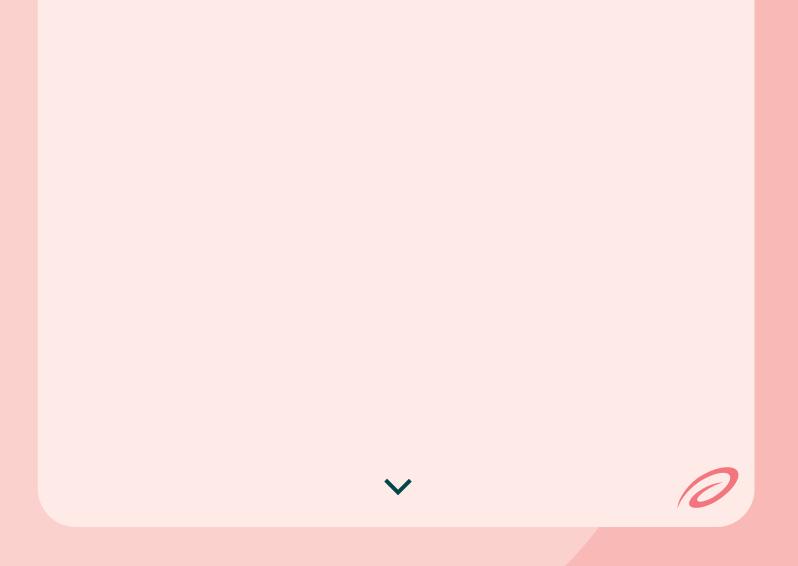
- Epidural/Spinal without narcotics/opioids
- Meditation
- Hypnosis Hypnobirthing

Hypnobirthing Breathing Techniques

- Water shower or tub
- Prayer
- Music
- Breathing Exercises
 - <u>Slow Breathing for Relaxation During</u>
 <u>Labor</u>
- Movement/Dance
 - Double Hip Squeeze
 - Slow Dancing to Cope With Labor Pain

Doula Support

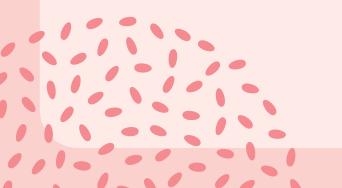
- Doulas can reduce the rate of cesarean sections, increase the likelihood of labor starting on its own, and decrease the use of pain medications
- <u>Doula Directory</u>
- DONA Directory
- <u>Ensure Your Pain Management Wishes Are</u>
 <u>Followed</u>
- Looking for a midwife?
 - Hospital Midwife Directory



How to Get Breastfeeding Off to a Great Start (No Matter What Happens During Labor and Birth)

- Skin-to-Skin
- Delay baby's first bath until you get home
- Ask that suctioning only be done when medically necessary
- Keep baby with you room in
- Don't offer artificial nipples until breastfeeding is well established and baby is gaining weight well
- Express colostrum and give to baby if supplement is needed
- Ask for procedures and tests to be done with baby in your arms and while nursing
- Educate yourself on newborn tests and injections before birth
- Try different breastfeeding positions
- Opt for pain medications that don't include narcotics/opioids
- Write a birth plan
- Nurse as often as you can!
- Get support:
 - Watch videos of birth
 - Join a support network of parents and parents-to-be
 - Work with a doula
 - Get to know your healthcare provider's approach to childbirth

 - Choose a birth place that is best for you





Birth & Breastfeeding Part 2

Class Notes

Uninterrupted Transition from Womb to World

- Respect baby's oral cavity by avoiding suctioning unless medically indicated.
- Skin-to-skin immediately after a vaginal birth or cesarean birth.
 - Helps stabilize baby's blood sugar, temperature, breathing, and heart rate.
 - Promotes breastfeeding.
- Mother's nipple and areola introduced to baby first.
- Self-attachment to the breast after birth to complete brain wiring.
 - Breast Crawl
- Colostrum will prime the baby's gut and offer protection.
- Colonization of the baby's gut with mother's normal bacterial flora.

Antibiotics During Labor

- Given via IV for Group B Strep (GBS+), preterm labor, prolonged rupture of membranes, prophylaxis (just in case).
 - Need to get to the hospital earlier to get

antibiotic doses for GBS+

- $\circ~$ Can disrupt baby and mom's gut microbiome
- Risk factor for a mother developing a yeast infection or thrush
- Prebiotics and probiotics can help.
- Breastfeeding helps baby's gut microbiome recover.



Labor Contractions and Braxton Hicks

• Braxton Hicks:

- Last for less than 30 seconds
- Subside with rest
- Not regular
- Slow down and stop
- Mostly felt in front

• Labor Contractions:

- Last for more than 45-60 seconds
- More intense when lying down
- Develop a regular pattern
- Get closer together
- Often felt in lower back

What Labor Looks Like

- Due Dates are an estimation and can be off by as much as a couple of weeks.
- Signs of Early Labor
 - Loose bowels, upset stomach, losing your mucus plug, vaginal discharge, rupturing of the amniotic sac, increased pressure in the lower pelvis, irregular contractions.
- How to Time Your Contractions
 - Time from the start of a contraction until the start of the next one.
 - Time when the contraction ends.
 - Time for 30 minutes at a time.
 - Note when the contractions hit 4-1-1:
 - Contractions are 4 minutes apart.
 - Contractions last for 1 minute.
 - This pattern has been happening for 1 hour.
- Contacting Your Provider
 - When your contractions reach 4-1-1, notify your midwife or doctor unless they have instructed you differently.

Keep Labor Moving

- <u>Spinning Babies</u>
- <u>Miles Circuit</u>
- Dancing for Birth
- How to Keep Your Body Moving with an Epidural

Stages of Labor and Birth

- Stage 1: Cervix dilates (0-10 cm) and thins out (0%-100%)
 - Early Labor: 0-5 cm
 - Longest phase of labor
 - Rest, nourish, hydrate, labor at home if possible

• Active Labor: begins at 6 cm

- More intense contractions
- Stay hydrated
- May need to vocalize (low tones are better)
- May become more inwardly focused
- Support person should minimize interruptions to your focus
- Will get to 4-1-1 in this phase
- Transition: 8-10 cm
 - Shortest phase of labor
 - Most intense part of labor
 - Frequent and strong contractions lasting up to 2 minutes
 - May feel lots of back and rectal pressure
 - May have nausea, shaking, or hot/cold flashes





Stages of Labor and Birth (cont)

• Stage 2: Pushing and Birth

- Completely dilated to 10 cm and 100% effaced or thinned out.
- May have a strong urge to bear down.
- May need to "labor down" if baby isn't low enough in the pelvis yet.
- If you have an epidural, it can be turned down so you can push more effectively.
- If you are not able to feel your contractions, staff will guide you.
- If you are able to feel the contractions, push instinctively.
- Let gravity help you by being in an upright, squatting, or hands and knees position.
 - Birth Positions

• Stage 3: Delivery of the Placenta

- Uterus contracts to expel the placenta.
- Less intense contractions.
- Breastfeeding assists the uterus to contract.
- The placenta is naturally expelled within 5-30 minutes after birth.
- Consider denying additional Pitocin unless medically necessary.

Delayed Cord Clamping

- Talk to your provider about plans for delayed cord clamping.
- Allows more placental blood to flow to baby.
- Improves baby's red blood cells and iron stores.





Postpartum

- Fundal checks to assess fundal tone
- Rest!
- Consider a postpartum doula
- Six-week Postpartum Visit
 - Pap test
 - Discuss family planning
 - Check on healing and recovery

Tips for Writing a Birth Plan

 <u>Questions to Ask Your Provider Before Writing</u> <u>a Birth Plan</u>

- Keep it simple
 - Bullet points
 - Sections such as:
 - 1) Labor
 - 2) Pushing
 - 3) Birth
 - 4) Immediate postpartum
 - For cesarean section moms, consider separating into:
 - 1) Surgery Prep
 - 2) Birth
 - 3) Immediate Postpartum
- Write "I decline_____" if you don't want something.
- Identify and name your support team.
- Set up an appointment with one of our consultants for help making a birth plan.

 - A written plan will be provided to you after the appointment.
- Make sure your partner knows your wishes and is ready to advocate for you.



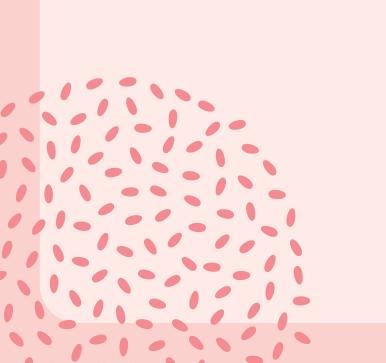


Shop Recommended Products Part l

Shop Recommended Products Part 2

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Book an Appointment



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Birth & Breastfeeding Part l

Class Notes

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Birth & Breastfeeding Part 2

Class Notes

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