optimal**birth**bc

I want a Healthy Vaginal Birth

What do I need to know?

www.optimalbirthbc.ca

Inform yourself during pregnancy to prepare for your child's birth.

If you are planning to have a vaginal birth, you should be aware of ways to increase your chances of having a healthy and positive birth experience. This pamphlet highlights information about prenatal care to improve the likelihood of a healthy vaginal birth. Become informed about your choices and talk to your care provider.

→ **Every pregnancy and birth is different, and it is difficult to predict how a baby will be born. However, there is good research that tells us what you can do to increase your chance of having a healthy vaginal birth.**

01

Understand the patterns of normal labour

Inform yourself about the wide range of 'normal' in childbirth and learn what your body can do. Consider taking a childbirth education class with your support person, pick up a copy of Baby's Best Chance from your care provider, and seek out reputable sources of online information. See the Resources section of the Optimal Birth BC website for a selection of excellent online resources. www.optimalbirthbc.ca

02

If you have had a previous cesarean section, plan for a vaginal birth this time

Planning a vaginal birth after cesarean (VBAC) is safe for most women[1], and the good news is that among women who do plan a VBAC, most of them (70%)[2] are successful in having a vaginal birth. If you have had an uncomplicated pregnancy, talk to your care provider about planning a vaginal birth. More information can be found in our VBAC pamphlet, available in the Resources section of our website.

03

Seek help if you are afraid of childbirth.

If you are afraid of having a vaginal birth, seek some help from a qualified counselor. Some women are afraid of giving birth vaginally, either because of fear of pain or as a result of past experiences in their life. If this is your situation, ask your caregiver for a referral to a counselor, early in pregnancy or seek help on your own. Managing this fear may help you gain a sense of control over your decision-making.

04

Plan for "post dates" after 41 weeks gestation

A baby is considered to be full term between 37-42 weeks of gestation and most women will go into labour naturally during this time. Pregnancies lasting over 42 weeks can at times result in problems for the baby, so care providers may recommend a "post date" induction (between 41 and 42 weeks of pregnancy) for which medication is used to start labour. Many women are offered inductions before they are 41 weeks gestation, which is associated with higher rates of cesarean section. Waiting until 41 weeks allows your baby's brain to continue growing in the uterus, which is thought to be advantageous to brain development.[3] If your care provider suggests an induction for post dates, ask about the reasons and discuss your options.

Accurate pregnancy dating has been shown to reduce the number of women identified as being post-dates so ask your caregiver about having an ultrasound during the first four months of your pregnancy. "Sweeping the membranes" starting at 38 weeks has been shown to reduce the chance of remaining pregnant at 42 weeks by up to half.[4] It means that your caregiver uses a finger to gently detach the amniotic sac from the wall of the uterus, near the cervix.

05

Organize the help you need to stay home during early labour

By staying at home until you are in active labour (i.e. when you start having difficulty talking during your contractions) you will increase your chances of a vaginal birth. For some women, the presence of a trusted person with whom they feel a close personal connection can increase their comfort and well–being during labour. You may get support from your partner, a relative, or friend. Other women find that they

feel most comfortable on their own, with a support person waiting nearby in case they need them. You may also consider hiring a certified doula (trained in labour support) who can be with you from early labour until after your baby is born. More information can be found in our Early Labour pamphlet, available in the Resources section of our website.

06

Explore your options around monitoring your baby

Electronic fetal monitoring (EFM) is commonly used to check on the health of the baby during labour, however it is no longer recommended for healthy pregnancies. The routine use of EFM increases the likelihood that women will experience medical interventions, including cesarean section, yet it has not been shown to improve the health of babies.[5] There are other ways your care provider can monitor your baby during labour such as regularly listening to your baby's heart beat with a stethoscope or by use of ultrasound, such as a handheld Doppler. Talk to your care provider in advance about your options.

07

Choose activities and positions to support normal labour

Stay active during labour, change positions frequently and remember to keep drinking fluids and eating to maintain your energy. Research shows that movement during labour and an upright (squatting) or side-lying position can shorten labour.[6] Ask your caregiver about the best movements and positions to promote descent of the baby's head while you are in labour.

08

Use more natural methods of pain control for as long as possible in labour

Try using a shower, bath, hot or cold packs, massage, birthing ball, music, and emotional/physical support by your support team to manage your pain. You may find these methods provide enough relief without needing more invasive ways of dealing with contractions, such as narcotics and epidurals.

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09

Understand the risks and benefits of epidurals

Epidurals involve a doctor injecting a narcotic into a space close to, but not touching, the spinal cord. This also involves having intravenous fluids and electronic monitoring of the baby's heart rate, and can limit the movement of the mother with equipment, or by numbing the lower body. Epidurals are very effective in managing the pain of labour. However, there are risks associated with epidurals that you should know about. There is evidence that an epidural may make your labour longer, and you may be more likely to need forceps or vacuum to deliver your baby.[7] The research about whether or not epidurals increase rates of cesarean section overall remains controversial[8] but recent studies have reported an increased risk of needing a cesarean section for fetal distress during labour.[9]

10

Choose a care provider with whom you can plan a healthy vaginal birth

Healthy pregnant women in BC can choose which type of care provider they prefer for their maternity care, although services may vary based on your area. You may receive care from a midwife, a family physician, or an obstetrician, and they are all funded under BC's Medical Services Plan. Midwives in BC can support women to have their babies safely at home or in hospital, while doctors mainly support birthing women in the hospital. You may also wish to hire a doula to support you during your childbirth.

After reading this pamphlet you may have other questions about your own situation. Please discuss this pamphlet, and your choices, with your doctor or midwife.

Please note: The information in this pamphlet may not be appropriate if you have health issues that may affect your pregnancy and childbirth. Ask your care provider for personal advice related to your situation.

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2 Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery. Landon M, et al. N Engl J Med 2004; 351:2581-2589.
3 Children's brain development benefits from longer gestation. Davis EP, et al. Front Psychol. 2011; fpsyg.2011.00001.
4 Membrane sweeping and prevention of post-term pregnancy in low-risk pregnancies: a randomised controlled trial. de Miranda E, et al. FR BJOG. 2006; 113:402.
5 Visual analysis of antepartum fetal heart rate tracings: inter- and intra-observer agreement and impact of knowledge of neonatal outcome. Figueras F, et al. J Perinat Med 2005; 33: 241–245.
6 Overcoming the challenges: maternal movement and positioning to facilitate labor progress. Zwelling E. MCN-Am J Matern-Chil. 2010; 35:72-8.
7 Epidural versus non-epidural or no analgesia in labour. Anim-Somuah M, et al. Cochrane DB Syst Rev. 2011; 12:CD000331.
8 Does epidural analgesia increase rate of cesarean section? Klein M. Can Fam Phys 2006; 52:419-421.
9 Pain management for women in labour: an overview of systematic reviews. Othman J et al. Cochrane DB Syst Rev, 2012; 3:CD009234.