

Birth & Breastfeeding Parts 1 & 2

RESOURCE GUIDE

Helpful Links

Part 1

- [The Rights of Childbearing Women](#)
- [Reverse Pressure Softening](#)
- [Eating & Drinking in Labor](#)
- [Induction and Breastfeeding](#)
- [More on Induction](#)
- [How a Cesarean Section is Performed](#)
- [What If I Have a Cesarean Birth?](#)
- [Gentle Cesarean Birth](#)
- [Hypnobirthing Breathing Techniques](#)
- [Slow Breathing for Relaxation During Labor](#)
- [Double Hip Squeeze](#)
- [Doula Support](#)

- [Slow Dancing to Cope With Labor Pain](#)
- [Doula Directory](#)
- [DONA Directory](#)
- [Ensure Your Pain Management Wishes Are Followed](#)
- [Hospital Midwife Directory](#)

Part 2

- [Breast Crawl](#)
- [Spinning Babies](#)
- [Miles Circuit](#)
- [Dancing for Birth](#)
- [How to Keep Your Body Moving with an Epidural](#)
- [Birth Positions](#)
- [Birth Control](#)

SHOP RECOMMENDED
PRODUCTS
PART 1

SHOP RECOMMENDED
PRODUCTS
PART 2



The Pumping Room

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

JOIN TODAY!

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

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

PART 2

- Uninterrupted Transition from Womb to World
- Labor Contractions and Braxton Hicks
- What Labor Looks Like
- Keep Labor Moving
- Stages of Labor and Birth
- Delayed Cord Clamping
- Postpartum
- Tips for Writing a Birth Plan
- References



Birth & Breastfeeding

Part I

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.
- Birth Interventions and 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?

IV FLUIDS

- Helps keep you hydrated and provides access for IV medications.
- May be required if you choose other interventions. (IV pain medications)
- May limit movement.
- Excess fluids may cause an artificially inflated birth weight so consider using the 24 hour weight as the more accurate benchmark weight for baby..
- Excess fluids may cause breast swelling and make it difficult for baby to latch.
 - If you received IV fluids, try using **Reverse Pressure Softening** before latching your baby to the breast.

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

- **Eating & Drinking in Labor**

CONTINUOUS ELECTRONIC FETAL MONITORING

- Typically on the monitor for 20 mins, then off the monitor for 40 mins.
- 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.

- [Induction and Breastfeeding](#)
- [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

- Cesarean Birth and Breastfeeding
- Reasons:
 - Medical emergency
 - Suspected medical problem
 - Voluntary preference (discouraged)
- Try not to view cesarean birth as a way to avoid vaginal birth. While sometimes necessary, it's still major abdominal surgery with a unique recovery process.
 - How a Cesarean Section is Performed
- Consider a Gentle Cesarean Birth.
 - Clear drape so you can see baby being born
 - Immediate skin-to-skin contact with baby
 - Breastfeed in the operating room
 - Baby's post-birth assessments and procedures done while your baby is skin-to-skin with you
- You may be able to have a VBAC (vaginal birth after cesarean).
- Take advantage of access to hospital lactation consultants since cesarean births 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 cesarean section wound (Ex: football hold or laid-back position).
- Use a step-wise approach with pain medications.
- 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
- **Opioid 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 a 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 opioids
- Hypnosis - Hypnobirthing
 - Hypnobirthing Breathing Techniques
- Water - shower or tub
- Meditation
- Prayer
- Music
- Breathing Exercises
 - Slow Breathing for Relaxation During Labor
- 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 need for pain medication.
- Doula Directory
- DONA Directory
- Ensure Your Pain Management Wishes Are Followed

- Looking for a midwife?

- Hospital Midwife Directory

- The Importance of Early Milk Removal



How to Get Breastfeeding Off to a Great Start

*(No Matter What Happens During
Labor and Birth)*

- Skin-to-Skin
 - Vaginal Birth
 - Cesarean Birth
- 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 opioids.
- Write a birth plan.
- Create a hospital breastfeeding 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+
 - 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

- Spinning Babies
- Miles Circuit
- 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

- **Mothers' Postpartum Care**
- 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

- **Birth Plan Questions For Your Provider**
 - 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 1

Shop Recommended
Products Part 2

View Upcoming
Classes

Book an Appointment



Birth & Breastfeeding

Part I

Class Notes

References

- <https://doi.org/10.1515/jpm-2016-0345>
- <https://doi.org/10.1089/bfm.2013.9979>
- <https://evidencebasedbirth.com/iv-fluids-during-labor/>
- <https://doi.org/10.1891/1058-1243.22.3.156>
- <https://www.acog.org/womens-health/faqs/induction-of-labor-at-39-weeks>
- <https://www.acog.org/womens-health/faqs/when-pregnancy-goes-past-your-due-date>
- https://icpa4kids.com/media/1160/webster_technique.pdf
- <http://austinpublishinggroup.com/nursing-research-practice/download.php>
- <https://doi.org/10.1089/bfm.2019.0166>
- <https://www.acatoday.org/news-publications/aca-statement-on-pediatric-chiropractic-care/>
- <https://doi.org/10.5772/intechopen.96658>
- <https://doi.org/10.1111/birt.12601>
- <https://www.sciencedirect.com/science/article/pii/S0378378219300945>
- <https://doi.org/10.1111/birt.12103>
- <https://doi.org/10.1891/j-pe-d-20-00037>
- <https://pubmed.ncbi.nlm.nih.gov/29356561/>

Disclaimer: This class is intended for general education purposes only and should not replace any medical direction from your healthcare provider. Please seek advice from your own healthcare provider and lactation consultant (IBCLC) for individualized recommendations.



Birth & Breastfeeding

Part 2

Class Notes

References

- <https://doi.org/10.1542/peds.2019-1881>
- <https://doi.org/10.1089/bfm.2013.9979>
- <https://doi.org/10.1097/jpn.0000000000000498>
- <https://doi.org/10.1002/ncp.10490>
- <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/prevention-of-group-b-streptococcal-early-onset-disease-in-newborns>
- [https://www.sfnjournal.com/article/S1744-165X\(18\)30081-7/abstract](https://www.sfnjournal.com/article/S1744-165X(18)30081-7/abstract)
- <https://evidencebasedbirth.com/evidence-on-due-dates/>
- [https://www.sfnjournal.com/article/S1744-165X\(18\)30081-7/abstract](https://www.sfnjournal.com/article/S1744-165X(18)30081-7/abstract)
- <https://europepmc.org/article/NBK/nbk544290>
- <https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/birth-plan/>

Disclaimer: This class is intended for general education purposes only and should not replace any medical direction from your healthcare provider. Please seek advice from your own healthcare provider and lactation consultant (IBCLC) for individualized recommendations.

