

# Birth & Breastfeeding

## Parts 1 & 2

### RESOURCE GUIDE

## Helpful Links

### Part 1

- [The Rights of Childbearing Women](#)
- [Reverse Pressure Softening](#)
- [Eating & Drinking in Labor](#)
- [Reasons Induction May Not Be Right For You](#)
- [More on Induction](#)
- [How a Cesarean Section is Performed](#)
- [Gentle Cesarean Section](#)
- [Hypnobirthing Breathing Techniques](#)
- [Slow Breathing for Relaxation During Labor](#)
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- [Slow Dancing to Cope With Labor Pain](#)
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- [Ensure Your Pain Management Wishes Are Followed](#)
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- [Breast Crawl](#)
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# Birth & Breastfeeding

## Parts 1 & 2

### RESOURCE GUIDE

## Class Notes

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# 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.
- 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**

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

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# Which Interventions Are Right for Me?

## IV FLUIDS

- 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.
  - **Reverse Pressure Softening**

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

- **Eating & Drinking in Labor**

## 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.*

- [Reasons Induction May Not Be Right For You](#)
- [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
  - **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 use of pain medications
- **Doula Directory**
- **DONA Directory**
- **Ensure Your Pain Management Wishes Are Followed**

- 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+
  - 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

- 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

- Questions to Ask Your Provider Before Writing a Birth Plan
  - 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.



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# Birth & Breastfeeding

## Part I

### Class Notes

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# Birth & Breastfeeding

## Part 2

Class Notes

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