

So You Want to Know the Truth about Child Birth and Labor?

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By Suzanne Doyle-Ingram

Labor and childbirth was an amazing, positive experience for me, both times . I am very fortunate, I know. But I do believe that if you prepare yourself through education (reading books, reading articles like this one, taking prenatal classes, etc) and taking good care of yourself while you are pregnant, you will have a far greater chance of a pleasant birth experience.

There are many things you can do to increase your chances of an empowering childbirth experience. These are the things I did:

- Pregnancy yoga classes
- Regular Chiropractic care
- Chose a Midwife instead of a doctor
- Hired a doula to be with me through the labor and birth
- Took high quality vitamins, folic acid and natural iron supplements (made by Flora, derived from natural sources, not metal)
- Took a 18 hour prenatal class from a former midwife (NOT at a hospital)
- Lastly, I believed, truly believed that my body knew what it was doing. I was not scared at all. I knew in my heart of hearts that pregnancy is a healthy state of being, and that my body would know exactly what to do when the time came. And it did!

So many people seem to enjoy telling stories of excruciating pain during childbirth. Others will tell you their labor was 87 hours long! I do not know why women do this to each other. Yes, I will grant you, labor is painful. But it is also powerful and incredible what your body can achieve!

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One important note: I am Canadian, and our medical system is much different than the United States. BUt I am aware that most visitors to my website are American, so that is why I often try to include American statistics and information. One major difference between our two countries is that midwives in most parts of Canada have hospital privileges, i.e. they are allowed to deliver babies in hospitals. They perform essentially the same procedures as doctors, except they do not perform surgery. Whereas doctors view childbirth in terms of what can go wrong, midwives see childbirth as a natural process and medical intervention is only necessary in the event of an emergency.

I had many questions before I gave birth the first time, and the following onformation is what I leaned about labor and child birth. I am not a doctor, and I have no medical training whatsoever, so please ask your own doctor for clarification or more information.

Am I going to be pregnant forever? In terms of when the average woman gives birth, a woman's due date is determined to be 40 weeks after her last menstrual period, which is about 280 days. Most women deliver very near their due date, but anywhere from 38 weeks to 42 weeks is normal. You

know you are in labor when you have strong (generally more painful than period cramps) contractions, five minutes apart, which last for a full minute. The first stage of labor is the longest and that is when your cervix dilates from 0 to 10 centimetres and becomes thinned out (or "effaced"). The second stage of labor is the pushing stage, which begins after you are fully dilated. The third stage of labor is after your baby is born and you deliver the placenta.²⁰ I was worried that my water would break in the supermarket and I would be mortified. However, the bag of water, (the membrane that surrounds the fetus and protects it during your whole pregnancy), contains amniotic fluid and it only breaks at the beginning of labor (mine did) 10% of the time. It does not hurt. You may not even know it has happened, but you may feel warm water on your legs. You feel a tiny "Pop!" and then a little fluid trickles out. It's not a huge gush – I think this is because the baby's head is acting like a cork. Most commonly, about 90% of the time, your water breaks when your cervix is fully dilated. Sometimes your midwife or doctor may break it. When that happens, prostaglandins are released, and contractions become stronger and more regular, and the progress of labor speeds up.

Many women also wonder when they should go to the hospital. Your doctor or midwife will educate you about what they want you to do. Some may want you to phone the hospital as soon as anything happens. A midwife usually comes to your house, so you don't have to plan so much as you would with a doctor. When you get to the hospital, you will need to register at the Maternity Department. Usually you can do this a few months prior – call the hospital where you will deliver and find out. Depending, again, on whether you have a doctor or midwife, a lot of different scenarios can take place. Also what kind of doctor you have: is he or she someone who believes that your body knows what to do? Or will he or she insist that you are given an IV and hooked up to a monitor constantly? You do NOT have to labor this way, but you need to decide before you choose a doctor what is important to you and how you want your experience to be. (A birth plan would be a good option. If you present your birth plan to your doctor and he or she laughs at you – reconsider using that doctor!)²⁰

How long does it take?

Every labor is so different, but generally speaking, first labors take about 12 to 24 hours. My first labor

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was about 10 hours but my midwife said that I was only in "active" labor for 5 hours, which I disagree with because the first 7 hours were not spent sitting around comfortably!

What about the pain? Is it really that bad?

Answer: I am not going to lie about it, it is painful, but your body is an amazing machine. I did not take anything for the pain during my labors, but I was very fortunate to have a wonderful doula and husband who supported me throughout. Studies have shown that continuous support during labor decreases the need for pain relief by 60%. See my article entitled "What would I do without my Doula?" here

<http://www.pregnancy-leads-to-new-babies.com/doula.html>

What's wrong with having an epidural? Why go through the pain if you don't have to?

This is simply my opinion – I am not a doctor, but I have done the research. For me, I was not trying to be a martyr. I just wanted my baby to have the very best chance of being healthy. Generally, it is true to say that epidurals are a safe and effective method of relieving pain in labor, but safe does not mean risk free. There are risks; I would be lying to say there are none. See Thorp, J.A. & Breedlove, G (1996) Epidural Analgesia in Labour: An evaluation of Risks and Benefits 23(2) 63–83.

In terms of risks for your baby, epidurals can cause maternal fever and this can potentially harm your

baby. Newborns sometimes also exhibit poor nursing behavior for up to one month. Many newborns exposed to epidural anaesthesia in labor are very sleepy and they would rather sleep than nurse, which can be problematic because the more you nurse at the beginning, the faster your milk will come in and the better your experience will be. It's shocking to me that most women take such exceptional care of their babies while they are pregnant, i.e. no alcohol, no Tylenol, etc., but they willingly expose their babies to drugs during childbirth without fully educating themselves of the risks.

Here's something you want not want to know: Hospital-employed childbirth educators WANT you to have an epidural. Hospitals make a lot of money from epidurals. The nurse often comes into your room and says, Are you ready for your epidural now? In the U.S.A, an epidural costs from \$500 to \$2500, depending on the hospital. The United States spends more money on birth (\$50 Billion a year!) than any other nation in the world, without necessarily getting the best results. The average hospital birth costs \$8,000 – \$10,000 and that doubles for caesareans, providing very nice profits for obstetricians, anaesthesiologists and drug companies. Hospital policies are routinely set based on financial goals. This is a fact, and if you don't believe it, you are being duped.

Just hear me out on this one: It makes sense, doesn't it? Since midwifery care and doula care reduces the rates of intervention, they also reduce the profit for doctors and hospitals. Of course, they will try to convince you that midwives are dangerous. They want your money!!! That is why, in Canada, where we have arguably the best government-run medical insurance system in the world, governments

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realised that by allowing midwives to deliver in hospitals, they are saving millions of dollars.

Back to epidurals (which I am NOT completely against, by the way! I do believe they are warranted in some cases) If you have an epidural, you must also have a urinary catheter inserted to empty your bladder. Epidurals can cause your blood pressure to decrease, so a nurse will check your blood pressure very often. The nurse or doctor will also periodically rub your abdomen to make sure there is enough paralysis but not so much that your breathing becomes impaired.

There is also a domino effect that plays into it as well – once you have one intervention, you are more at risk for more and more. For example, a woman who has an epidural is FOUR times as likely to have to have a caesarean section. Sometimes it relaxes the pelvis so much that you cannot push out your baby, so the use of Vacuum and forceps are significantly increased. This means you also have to have an episiotomy (where they cut your perineum from your vagina to your rectum) in order to get the forceps into your vagina. Sometimes there are complications from episiotomies, as you can well imagine, such as bowel incontinence and urinary incontinence. Note: According to Childbirth practices researcher Katherine Hartmann, MD, PhD, close to 1 million unnecessary episiotomies are performed in the U.S. each year. She says episiotomies are probably medically warranted in fewer than 10% of cases. Currently 1 in 3 American women get episiotomies. Hartmann is director of the Center for Women's Health Research at the University of North Carolina in Chapel Hill.

The biggest risk of epidural is death – if the anaesthesiologist injects the wrong dose, or makes a mistake, you're in trouble. You can also be paralysed (in very rare cases, permanently) due to nerve damage. Let me repeat, MOST epidurals are safe, but these are some of the risks you need to be aware of. The evidence of epidural risks is well documented, but it is not readily available.

Don't you think it is easier for the doctor to be able to "control" their patient if they are lying still and quiet in the bed, paralysed and unable to move around? Ask your doctor what percentage of their patients receive an epidural. Can you go one step further and ask them how much money they make if they give an epidural? Or does it make their job easier if their patient has an epidural? I think that would

be very interesting! If he or she has an alarming rate of epidurals, I would seriously consider changing doctors.

If you are still thinking, "I don't care what anybody says, there is no way I am going to go through that pain like some freaky natural childbirth nut", I am here to say that I thought exactly the same way when I was pregnant – at first. But once I did some reading, I thought, wait a second, maybe I could at least try to do it naturally. In my birth plan I wrote that I wanted to try to do it naturally, but if I ask for an epidural, give me one. (Where we live, Midwives can order epidurals.) I also want to say that I do believe that in some cases, epidurals are a really good idea. For example, if you have been laboring a very long time and you need to rest a few hours so that you can gather your energy to push the baby out. I was present at my friend's birth as her support person, and she was not making any progress after about 10 hours. We tried all sorts of positions and everything, but finally her doctor suggested an epidural and I agreed. She was able to rest, and calm down, and then it wore off and she was able to push out her baby without any problems. It was beautiful. (Note: she did not experience any of the above complications.)

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Please educate yourself by reading some of the books I recommend. You will feel much better about yourself knowing that you did your research and made the right decision for you. Finally, please take a GOOD prenatal class and read as much as you can so that you are prepared and educated. It's your body and your baby!

Suzanne Doyle–Ingram is the mother of two daughters, Hana and Alexa, and married to her best friend James, who is a stay–at–home dad and educational game developer (and he makes a mean grilled chicken!). Visit her website at

<http://www.pregnancy–leads–to–new–babies.com>

Adoption: Making Sure You're Ready

By Yvonne Volante

Adopting a child of any age is a very difficult, long process, and it should be an equally well–thought–out personal consideration — whether you will be a single parent, want to adopt a child outside of your native country, or are already in a marriage with your biological children.

Here are some of the things you will need to ponder to be able to make a fully informed, satisfying decision for both the child or children and yourself and your family.

For example, do you feel that it's possible to love an adopted child as much as a birth child? What if this is an infertility issue, yet you haven't given up hope that one day your family may produce a biological child? How will this interfere, if at all, with your feelings toward your adoptive child, should this happen?

One red flag should be obvious, but often isn't: Make absolutely certain that, if you have a partner, he or she does not have any mixed feelings about adopting, and really would prefer to have birth children. Make sure you and your partner have thoroughly discussed what you believe it will be like to raise an adopted child.

And even if you "sometimes" have these same feelings, that's another really important thing to consider; you should most likely give this more thought if you are having any doubts at all. Maybe you've always dreamed of adopting, even if you had birth children. Do you still feel that way? What about your extended family? Will they support your decision, and if not, will that matter to you?

Another, more obvious red flag is, are you in a position to financially afford to adopt and raise this child?

Financial preparedness is just one aspect; are you also emotionally prepared to be a parent, for either the first time or in the case of an additional child? And do you worry about adopting a child who may have serious emotional and/or physical problems, either now or in the future?

Another, last thing, is something many people don't think about: Are you adopting out of "guilt," or do

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you believe that adoption is a good thing because it saves a child from a difficult life?

There are a lot of questions associated with adoption, but they are all for the benefit of, first, the child; and second, you and your family or lifestyle. If the two don't connect in a way you find satisfying, it may be time to seriously reconsider your decision or put it off for another day. It's that important.

Yvonne Volante, the author, is a big fan of

<http://www.fdforadoption.com>

and writes for

[fdforadoption.com](http://www.fdforadoption.com), which is the premier adoption resource on the internet. You can see all of the articles over at

<http://www.fdforadoption.com>



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