

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Wayne Terai

Planning a Natural Childbirth

Childbirth in industrialized countries today tends to be a carefully managed medical procedure. But more and more women are having their babies in a different way. Natural childbirth minimalizes or eliminates medical interventions, letting the mother do what countless generations of mothers have done before her — trust her body and instincts to give birth.



Dr. Terai applauds the growing return to natural childbirth. It echoes the philosophy of chiropractic that the body's own knowledge and power is more powerful than medication. If you or someone close to you is pregnant or planning to become pregnant, consider the risks of medical interventions into childbirth and the benefits of a drug-free delivery.

Common Birth Interventions

Many common interventions do have value in certain situations — indeed, they can be life-saving in high-risk deliveries. For the majority of births, however, the potential risks of these procedures warrant close examination.

Pain medication — often via epidural analgesia — has become a routine part of childbirth. An epidural is an injection of local anesthesia and opioids into the space just inside the vertebrae, the bones that surround the spinal cord. Like any anesthesia, the epidural is not without risks. A review of seven clinical trials links epidural anesthesia to longer labor (*BMJ* 2004;328:1410).

If given before the active phase of labor, an epidural more than doubles the likelihood of a C-section (*Can Fam Physician* 2006;52:419-28).

The effects of the analgesia on the baby also concern Dr. Terai. In one



inquiry, researchers found that almost half of the newborns whose mothers got an epidural did not breastfeed in the first 2.5 hours, had higher temperatures, and cried more compared with those born without use of an epidural (*Birth* 2001;28:5-12).

Normally, the baby releases a protein telling the mother's body to begin labor, and her body works instinctually to give birth. However, induction with drugs like Pitocin has become extremely common.

Although there are times when induction is called for, it is increasingly being done for reasons that are not medically necessary, such as scheduling preferences, or in cases where the mother is only slightly past her due date. Elective induction more than triples the likelihood of a C-section (*Obstet Gynecol* 2005;105:698-704).

Another delivery-room procedure is an episiotomy, a surgical incision in the external vaginal wall and/or perineum intending to prevent tearing when the baby emerges. While this technique is very beneficial in certain situations, studies discredit the value of routine episiotomies. Findings show that tissue damage is often less serious when a woman does not receive an episiotomy (*JAMA* 2005;293:2141-8).

Benefits of Chiropractic Care for New and Expecting Moms

Chiropractic care is highly beneficial both during and after pregnancy. Research shows that chiropractic care during pregnancy leads to an easier birth. After delivery, a woman's joints and ligaments need special care. Dr. Terai helps new moms regain strength and mobility in their backs, pelvises and shoulders, halting troublesome headaches and back pain. With chiropractic care mom can focus on caring for her new bundle of joy — not back pain.

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Risks of C-Sections

For some mothers and babies, a Caesarean delivery — or C-section — is a life-saving intervention. However, many doctors perform C-sections that are not necessary, using them routinely in cases of prolonged labor, larger babies, multiple births and mother's history of previous C-sections.



Besides the typical hazards of any abdominal surgery — severe blood loss, hernia, infection and excessive internal scar tissue — C-sections carry a unique set of risks. The mother's chance of bowel or ureteral injury and the need for hysterectomy, blood transfusions, ventilation or intensive care unit admission increase substantially with each Caesarean delivery (*Obstet Gynecol* 2006;107:1226-32).

Babies born surgically tend to have lower levels of normal intestinal bacteria and higher levels of the bacteria that cause diarrhea and other gastrointestinal problems.

Furthermore, respiratory distress is four times more likely in babies born by elective C-section, according to a recent investigation of 500 low-risk pregnancies (*Tunis Med* 2010;88:924-7).

While some doctors and hospitals insist “once a Caesarean, always a Caesarean”, those who will work with women seeking a VBAC (vaginal

birth after Caesarean) are often quite successful.

Plan Ahead for the Birth You Want

For a positive natural birth experience, start interviewing care providers and visiting birth facilities early to find a good fit. Consider a midwife — their philosophy is typically a good match for women seeking a natural birth.

Studies show that women who take a childbirth preparation class exhibit less anxiety and pain and more self-efficacy in labor and delivery (*J Clin Nurs* 2009;18:2125-35).

Ask questions about the curriculum before signing up — not all courses are geared toward natural birth. Look for a class that emphasizes drug-free techniques of pain management, such as Lamaze, Bradley Method or HypnoBirthing. These techniques are more often taught by independent instructors, rather than those affiliated with a hospital.

Another valuable tool in natural birth preparation is a birth plan. This document outlines the mother's wishes for her birth experience, including elements like acceptable interventions, fetal monitoring, freedom of movement and treatment of the newborn. Copies of the birth plan go to all involved in labor and delivery.

Women who use birth plans report a more positive experience and a greater sense of control over the process (*Int J Nurs Stud* 2010;47:806-14).

Labor Support

Several investigations confirm the importance of a continuous emotional support person for a woman in labor. A woman can choose her partner, a family member or a close friend. Also consider hiring a doula.

A doula is a trained professional who gives physical and emotional support to women during birth. A doula also acts as a liaison with other caregivers, assists with natural pain management and provides a constant presence throughout labor.

Reviews covering 27 clinical trials show that women receiving continuous labor support have shorter labors and are less likely to require pain medication, vacuum or forceps deliveries or C-sections (*Cochrane Database Syst Rev* 2007;3:CD003766).

Movement and Position

Healthcare professionals are increasingly aware that keeping a woman flat on her back through labor and delivery is an ineffective and outdated practice. This position blocks circulation and constricts the pelvis, often resulting in a longer and more painful labor. Women who remain upright or on their sides enjoy shorter labors, less pain, fewer episiotomies and fewer incidences of abnormal fetal heartbeat (*Cochrane Database Syst Rev* 2009;2:CD003934).

Women laboring with the baby facing mom's front (rather than her back as normal) experience much less pain when laboring on their hands and knees. Lie on your left side to maintain blood flow to your baby when you need a break. Many women also find sitting on or lying over a birth ball helpful.

Drug-Free Pain Relief

Chiropractic care throughout pregnancy can lead to an easier, less painful birth.

Several other techniques safely and effectively make labor more comfortable. Many hospitals, birth centers, and rental companies offer special birthing tubs women can labor and even give birth in.

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