

## Pregnancy and Childbirth Notes F2022

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### Pregnancy Facts:

Length of gestation: 9 months? 40 weeks

Significance of the “due date”

Pregnancy Development

Pregnancy is divided into three trimesters

0-12 weeks

13-27 weeks

28-40 weeks

### Pregnancy Hormones

Pregnancy starts at implantation

Pregnancy changes in the body

Cardiac output

Blood volume

Red blood cells

Kidneys

Lungs

Within each trimester significant changes occur and some “landmark” events happen

#### First Trimester

No Menstruation

Frequent urination

Nausea and vomiting

Dizziness

Breast tenderness

Fatigue

#### Second Trimester

Hear Heart Tones by 12 weeks

Increased weight gain, increased abdominal size

Lessening of some first trimester symptoms

Decreased fatigue

Continued increased urination

Beginning to feel movement

Physiological Changes:

Resp., Heart Rate, GI slow down

#### Third Trimester

Increased growth of the baby

Backaches

Shortness of breath

- Continued increased frequency of urination
- Less stomach capacity but continued hunger
- Continued movement with increasing intensity
- Return of increased fatigue

#### Early pregnancy losses

##### Spontaneous abortion

- 10-20% of all known pregnancies (30% of all pregnancies)
- Often due to genetic anomalies in embryo/early pregnancy development
- About 50% require medical treatment (medication or surgery to empty the uterus)
- Risks of too much bleeding and infection

##### Ectopic pregnancy

- 2% of all pregnancies
- Never able to continue pregnancy
- Requires urgent medical treatment
- Delayed treatment can affect future fertility
- Can be life-threatening

##### Fetal anomalies

- 2-3% of all pregnancies
- Usually diagnosed by 20 weeks gestation at ultrasound
- Some life limiting/incompatible with life
- 50% terminations, 30% intrauterine death, 20% continued pregnancy

#### Labor and Birth

##### Are you in Labor?

- Frequency of Contractions
- Intensity of Contractions

##### Cervical Change in Response to Contractions

- Effacement
- Dilation
- Descent of the Baby
- Station

##### Progress in labor

- Cervical Change
- Effacement: 0-100%
- Dilation: 0-10 centimeters
- Descent
- Station: measured in relation to the ischial spines and the top of the baby's head
- 3 to +3

#### The Labor Process

##### Stages of Labor

###### First Stage

- The labor process
- Dilation and descent

0-10 centimeters

6 cm for active labor

Average length 12-14 hours for a first baby and 6-8 for a second or greater baby

#### Second Stage

The pushing stage or birth of the baby

Completely dilated until the baby is born

Lasts 1-2 hours for a first baby and 20-30 minutes for second or greater baby

#### Third Stage

Following birth of the baby to the completion of the birth of the placenta or “afterbirth”

Lasts 10-30 minutes regardless of number of prior births

#### Fourth Stage

Initiation and stabilization physiologically following birth

Emotional/Social aspects: Bonding phase

#### Cesarean Birth

1 in 3 pregnant people

Humanizing surgical birth

#### Childbirth Practices

An individual’s cultural beliefs about health risks, as well as provider culture, including technological advances, obstetric training, and fear of litigation, all impact the experience of birth

Birth is commonly treated as an illness in the United States and has gradually become more intervention-intensive

The range of birth possibilities runs from home to the surgical suite, from physiologic birth to elective cesarean or induction

#### How are we doing?

The United States has experienced increasing maternal mortality ratio over the last 25 years.

This is the highest maternal mortality rate among developed nations

#### Maternal Mortality Data

African American women are 3 to 4 times more likely to die of pregnancy complications than white women.

Women aged 35 to 39 are almost twice as likely to die of pregnancy complications as women aged 20 to 24.

The risk becomes even higher for women aged 40 or older.

Maternal Morbidity – for every 1 death- there are 100 cases of severe maternal morbidity

The Impact of Paradigms on Women’s Experience of Birth

From “High Technology” to “Perfectly Natural”

Paradigms:

A basic set of beliefs that make up a world view or way of seeing the world

Based on beliefs not necessarily facts

Is not right or wrong

We try to see the things in a way that is in agreement with our world view.

We explain things so that they are consistent with our paradigms or beliefs.

“ As a woman lives ....

so does she birth” Gayle Petersen

Paradigms of Birth: Definitions

Biomedical Paradigm

Birth as Illness needing medical attention, monitoring and often surgery. The outcome is focused on the health of the baby and the use of surgery or interventions are often viewed as better for the health of both the mother and the baby.

Technocratic Paradigm

Similar to biomedical but with greater focus on the role of technology in the belief that it is superior to women's bodies. The outcomes are primarily focused on the use of technology to assure the health of the baby.

Holistic Paradigm

Birth as a natural, healthy process that can be fulfilling both in terms of the process of labor and birth. The outcomes are focused on both the mother and the baby.

The manner in which the health care provider deals with the varied aspects of childbirth is related to their world view or paradigm

You see what you know....you know what you see

But what is Natural?

Expectations are driven by the paradigm women have about birth.

What women say they want is affected both by what they believe and what they think they should say.

Competing Paradigms

Davis-Floyd

“Many pregnant women consciously espouse one (paradigm) while at the same time unconsciously believing in the other. When this is the case, a woman may only find out what she really believes in the act of giving birth.”

What women believe

Internalization of the Dominant Paradigm

Results in the “Just in Case” Ideology

Examples of birth paradigms

Biomedical paradigm- routine episiotomy

One of most common OB procedures- 60% in 1979, 24.5% in 2004

Initial rationale- shorter second stage, less pelvic floor trauma

Actually: No benefits and increased harm

Technocratic paradigm: routine continuous fetal monitoring

Continuous electronic fetal monitoring (EFM)

Started in 1960

Goal- identify fetuses at risk for morbidity or mortality

Routine in most US hospitals (>90% of women report use)

In Cochrane study (13 RCTs, n>37,000) increase cesareans/forceps/vacuums, NO improvement for fetal/baby well being

Holistic paradigm: continuous labor support

doula work

Partners and families banned from birth until 1970s and 1980s

Cochrane review (22 RTC with n>15,000)

More spontaneous birth, shorter labor, less use of pain medications, increased satisfaction

“If doulas were a drug it would be unethical not to use them” BH Kennel

Changes in Working Together: Weaving Models of Birth

While value is there for responses to emergency and addressing maternal mortality the role of “low tech, high touch” care is seen as the key to improving success in accomplishing a vaginal birth

Models of Childbirth

What becomes “perfectly natural” is a combination of the paradigms and the medical story of labor and birth depending on the paradigm the woman believes.

Natural/Holistic---Medical/Technical Continuum

Middle Ground Approach

“Best of Both Worlds”