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# Healthy Birth Your Way

## Six Steps to a Safer Birth

Presenting  
the Six  
Lamaze  
Healthy  
Birth Practices  
from  
Lamaze  
International



# Healthy Birth Your Way

## Six Steps to a Safer Birth

### Your Birth: Healthy, Safe, and Natural

Your body has kept your baby safe and healthy quite naturally throughout your pregnancy. Birth can be that way too. While modern medicine provides many benefits, it also brings a tendency to interfere in the natural process of labor and birth when it may not be necessary or helpful. The result can be health problems that might have been safely prevented with a simpler, more supportive type of care.

This guide presents six simple steps that support your body in doing what it is designed so well to do—birth your baby. These Lamaze practices are grounded in extensive research

and supported by the World Health Organization. Using them to guide your decisions before and during labor will help you have a safer and healthier birth—for both you and your baby.

You can find videos and the printable PDFs that go along with this guide online at [mothersadvocate.org](http://mothersadvocate.org).



The booklet is not intended to be a substitute for professional healthcare.

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# Introduction: Birth—As Safe and Healthy As It Can Be

Let's face it—birth isn't easy. Many mothers proudly claim it is the most challenging work they have ever accomplished. But the truth is you have everything you need to accomplish this everyday miracle.



*The Six Lamaze Healthy Birth Practices can help you have a safer and healthier birth.*

While no one can promise you what kind of birth experience you will have, common sense tells us and research confirms that there are two tried-and-true ways to make birth as safe and healthy as possible.

- First, make choices that support and assist your natural ability to give birth.
- Second, avoid practices that work against your body's natural ability, unless there is a good medical reason for them.

It makes sense that we should help our bodies with the amazing work of giving birth, rather than make the process more difficult and complicated. However, along with all the life-saving benefits modern labor and delivery units provide, many of today's routine practices and high-tech interventions can actually slow down labor, increase pain, cause unnecessary stress for babies, and make cesarean surgery more likely. Women and their care providers can make labor simpler and safer by following the *Six Lamaze Healthy Birth Practices*.

## Six Simple Ways to Have a Safer and Healthier Birth

Lamaze International, the leading childbirth education and advocacy organization, has used recommendations from the World Health Organization to develop the Six Lamaze Healthy Birth Practices that support and assist a woman's ability to give birth. Years of research have proven that each of these practices increases safety for mothers and babies.

### The Six Lamaze Healthy Birth Practices

1. Let labor begin on its own.
2. Walk, move around, and change positions throughout labor.
3. Bring a loved one, friend, or doula for continuous support.
4. Avoid interventions that are not medically necessary.
5. Avoid giving birth on your back, and follow your body's urges to push.
6. Keep your baby with you—it's best for you, your baby, and breastfeeding.

## Your Birth Team

The people who are with you during labor and birth can make the process easier or more difficult, depending on how well they care for you. Make sure you choose your care provider and other labor support companions carefully, and choose a birth setting whose staff is supportive of your birth choices. Share your preferences with your birth team well before labor starts. That way, if necessary, there is time to change to a new provider or arrange for new labor support people who will better support your desires.



### Print PDF: Choosing a Care Provider

How to choose the midwife or doctor who will best support you during pregnancy, labor, and birth

[www.mothersadvocate.org](http://www.mothersadvocate.org)



### Print PDF: Changing Your Care Provider

What to do if you have second thoughts about your choice of care provider.

[www.mothersadvocate.org](http://www.mothersadvocate.org)



# 1. Let Labor Begin On Its Own

For many women, the last days and weeks of pregnancy can be very uncomfortable and emotionally difficult. We are anxious to meet our babies and hold them in our arms. Aches and pains may become more bothersome. Sometimes, minor problems or worries arise, and mothers may feel pressure to induce their labor—even when it would be safe to wait.

It's important to remember that induction is forcing labor to begin before the baby and mother's body are ready. Going against the natural process is not always easy and often takes more than a day. Sometimes, it doesn't work at all, and the baby is delivered by cesarean surgery before labor even gets started.



*When labor begins on its own, you can be sure your baby and body are ready for birth.*

## Why letting labor begin on its own is almost always easier and safer

- Medications used for induction can make contractions stronger, longer, and more frequent than natural contractions, worsening the mother's pain and fatigue
- The stronger and longer squeezes of induced labor can cause distress to the baby, and this can often be seen in worrisome heart-rate changes
- Induced labor usually requires an intravenous line (IV) and continuous electronic fetal monitoring, which make it harder for the laboring woman to move and change positions to find comfort and help labor progress (see pages 6-7)

- When labor starts naturally, you can begin with the confidence that the baby is ready to be born and your body is working just right

## RESEARCH insights

There is growing evidence that induced labor holds risks for mothers and babies. In 2007, researchers reviewed the entire body of literature on the risks of induction in healthy women with normal pregnancies and found that when labor is induced, some problems may be more common.

### Induction increases the risk of the following occurring:

- A vacuum- or forceps-assisted vaginal birth
- The need for epidurals or other drugs for pain relief
- Cesarean surgery
- Babies born with low birth weight
- Admission of babies to the neonatal intensive care unit
- Longer hospital stays

## When Labor Induction Is Necessary ... and When It Is Not

Sometimes, a medical condition or complication makes labor induction necessary. In these cases, induced labor may be the safest choice for the baby, the mother, or both, despite its risks. The American College of Obstetricians and Gynecologists (ACOG) has identified six of those situations.

### When induction may be safer than waiting for labor to start on its own

- Your water has broken and labor has not begun within 12-24 hours
- Your pregnancy is post-term (more than 42 weeks)
- You have high blood pressure caused by your pregnancy

- You have health problems, such as diabetes, that could affect your baby
- You have an infection in your uterus
- Your baby is growing too slowly

However, induction is sometimes recommended when it is neither necessary nor safer for the mother or the baby.

### When induction is not necessary

- You and your baby are healthy but you baby is thought to be getting too big
- Your amniotic fluid is low, but you and your baby are otherwise healthy
- You want to get your pregnancy over with or give birth on a specific day (“elective induction”)

If your care provider suggests induction for one of these reasons, ask the questions in the "Talk it over" box to learn more about your options.



*Having a baby that appears to be “too big” is not a valid reason to induce labor.*

## take NOTE

### Your Due Date

An estimated due date is just that, an estimate. It is safe and healthy to give birth as many as three weeks before or two weeks after your due date. First-time mothers, on average, give birth an entire week after their due dates.

In the last days and weeks of pregnancy, babies are preparing their lungs to breathe air and their gastro-intestinal systems to digest breastmilk.

If you have passed your estimated due date, take comfort in knowing that your baby is making her final preparations for life outside your womb, and rest assured that your labor will begin very soon.

## TALK it over

### Questions To Ask If Your Care Provider Recommends Induction of Labor

- Why are you recommending induction of labor?
- What are the risks to my baby and me if I wait for labor to begin naturally?
- Do research studies confirm that inducing labor in this situation is safe and will reduce my risk of an unhealthy outcome?
- Can we try more natural methods of induction before using drugs?
- Is induction likely to be successful for me?
- Is my cervix ripe? (Your provider can tell you if your cervix is ripe. Women who are induced before their cervix is ripe are much more likely to have cesareans, even if cervical ripening drugs are used.)



### Print PDF: If You Have Been Induced

Learn tips on how to keep birth as safe and healthy as possible when induction is necessary

[www.mothersadvocate.org](http://www.mothersadvocate.org)

## 2. Walk, Move Around, and Change Positions Throughout Labor

Ask women who have given birth naturally what helped them ease the pain of labor, and many will say it was the ability to move around and change positions.

### Why movement and position changes make labor easier

- When you walk or move around in labor, your uterus works more efficiently
- Changing position moves the bones of the pelvis to help the baby find the best fit through your birth canal
- Upright positions use gravity to help bring the baby down
- Upright, side-lying, and forward-leaning positions allow plenty of blood flow to your baby, so he may be less likely to show signs of distress
- Actively responding to labor may help you feel more confident and less afraid

### Movements for Labor

There is no one way or right way to move in labor, and no position will feel comfortable for all women. The most important thing is to have the freedom to follow the guidance of your own body. Often, the positions that bring you the most comfort will also help your labor progress.

Many women like to walk and be upright in the earlier part of labor, but in transition (the part of labor just before pushing), they prefer hands-and-knees or side-lying positions. Those two positions continue to be useful in the second stage (pushing phase) of labor, along with upright positions like sitting and squatting (see pages 13-14).

One position that is rarely comfortable and may be unsafe for your baby is lying flat on your back. In this position, the blood vessels that bring oxygen to your baby can be compressed, and your baby may show signs of distress.



*Walking during early labor helps keep labor moving.*

## RESEARCH insights

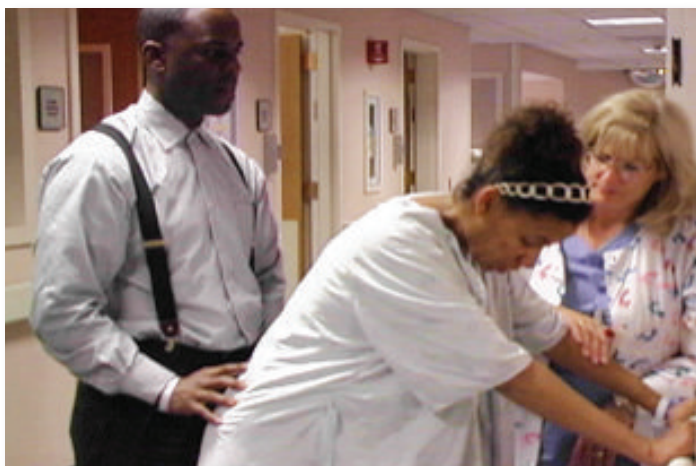
Research confirms that confining laboring women to bed increases pain and decreases women's satisfaction with their birth experience.

Some studies have shown that women who walk or remain upright have shorter labors and more vaginal births, while other studies have found no difference. But no study has shown that walking or upright positions slow labor down, increase the likelihood of cesarean surgery, or are associated with any harm to the mother or baby.

### Finding Freedom

While we know there are many benefits to being free to move around during labor, a survey of women who gave birth in U.S. hospitals in 2005 found that only one in four women walked around in labor. What is keeping so many laboring women in bed? Most women said they couldn't walk because they were "connected to things"—continuous electronic fetal monitors, intravenous lines (IVs), or both. Be careful about agreeing to these interventions (see pages 10-11), and if they are necessary, ask for mobile devices so you can still move around.





*Forward-leaning positions can help your baby rotate to an optimal position for birth.*



*Soaking in a tub can be very soothing when labor gets hard.*

## Here are some things that will help you move in different ways during your labor:

- Plenty of space to walk around in
- A deep tub to soak in
- A shower
- A birth ball (exercise physio-ball)
- A variety of comfortable furniture, such as a rocking chair and couch
- A squatting bar and/or birthing stool
- Telemetry (portable monitoring equipment that allows women to walk around even if they need continuous fetal monitoring)
- CD players for music, which can encourage movement
- An active support person to help you move and change positions

## PARTNER tip

### Helping With Movement

During active labor, some women have a hard time deciding how they want to move. Images from television and movies may leave them thinking they are expected to stay in bed.

Labor partners can encourage women to use movement and position changes to improve their comfort and help labor progress. You might help your laboring partner by taking a walk or slow-dancing with her, by making sure she has access to props such as a birth ball and squatting bar, and by suggesting different positions, especially when she seems discouraged or uncomfortable.

## take NOTE

### An Alternative to Routine IV Use

Some hospitals require that an IV be started when you are admitted. If this is the case at your birth setting, ask for a saline lock. This often satisfies the hospital requirement without limiting your mobility.



#### Print PDF: Maintaining Freedom of Movement

Learn ways you can keep mobile in any birth environment

[www.mothersadvocate.org](http://www.mothersadvocate.org)



#### Print PDF: Positions for Labor

See helpful positions for every stage of labor

[www.mothersadvocate.org](http://www.mothersadvocate.org)

### 3. Bring a Loved One, Friend, or Doula for Continuous Support

Women benefit from good support in labor. Research confirms that the better the support women receive, the easier their labor is and the more satisfied they will be with their birth experience. Feeling safe and cared for allows your brain to produce the hormones that help labor progress, decrease your need for risky interventions, and protect your baby from harm.

Continuous support from a labor companion who trusts the natural birth process and is skilled at meeting the emotional and physical needs of laboring women makes labor easier and safer. This support comes in many forms and helps for many reasons.



*Skillful support people can help you find more comfortable and productive positions for labor.*

#### How Continuous Support Helps

- Physical support, such as back massage or help getting into a more comfortable position, can decrease pain and help labor progress.
- Emotional support, such as encouragement, praise, and reassurance, can decrease stress. High levels of stress hormones may slow the progress of labor and increase the amount of pain a woman experiences.
- Informational support, such as explaining to a laboring woman what to expect, providing feedback about her labor progress, or helping her understand

a recommended treatment, can increase a woman's confidence and help her make informed, healthy choices.

#### Doulas: Experts in Labor Support

Women often assume that a nurse, midwife, or doctor will stay with them throughout their labor. However, the reality is that other responsibilities usually keep care providers from being with one woman continuously. On the other hand, partners, family members, and friends may offer excellent and continuous emotional support, but they may not know what to expect in labor or how to best assist a laboring woman.

Doulas are professional labor support companions. They generally have received special training in labor support and have attended many births. Most doulas share a philosophy that labor and birth are natural processes, and they strive to support these processes and ease labor for the woman as much as possible.

## RESEARCH insights

Research confirms that labor is safer and healthier when women are supported throughout the process. Research also shows that women who have continuous support from a doula or another trained female companion are less likely to have a cesarean or other interventions.

#### Women supported by a doula are less likely to experience the following:

- A cesarean surgery
- A vacuum- or forceps-assisted birth
- The use of pain medication, including narcotics and epidural analgesia
- Negative feelings about their childbirth experience



## Getting Good Support

Many communities or hospitals offer programs that provide doula support to women for little or no cost. However, if you cannot find a doula or you decide not to have one at your birth, you can make the most of the labor support companions who are available to you.

### Make the most of your support team:

- Choose support people who are willing to learn about the birth process, what positions are most helpful, and what choices you may need to make in labor
- Choose people for your labor team who will be actively helping you and not causing you distraction and discomfort
- Ask them to attend birth classes with you
- Practice positions and relaxation techniques with them before you go into labor
- Make sure they understand your birth preferences and will speak up for you



*Doulas work in cooperation with other support people to provide continuous hands-on support.*

## PARTNER tip

### Doulas Also Support Partners

It is common for partners to wonder if a doula will replace their important role at birth. But in fact, a good doula will protect your role and provide you with needed emotional and physical support during the birth of your child.

Research confirms that the benefits of doula care occur even when the woman has her husband or partner present. And in a 2008 study, all of the nearly 200 male partners rated having a doula as either “very positive” (93%) or “positive” (7%). It is important to meet several potential doulas in order to choose one who is a good fit for both you and your partner.



*Partners who learn about labor support techniques are particularly helpful to laboring women.*

## Helpful Birth Environment

Because the birth environment can play such a critical role in your comfort level and the progress of your labor, consider having only a few key skilled support people with you during labor, and wait to invite others in until after the birth of your child. Keeping your room quiet, calm, and private will help you stay focused and comfortable enough to follow your body's natural instincts.



### Print PDF: Finding a Doula

*Learn how to find the right doula to support you during labor and birth*

[www.mothersadvocate.org](http://www.mothersadvocate.org)



### Print PDF: Creating Your Support Team

*How to choose and prepare non-professional labor support*

[www.mothersadvocate.org](http://www.mothersadvocate.org)



### Print PDF: Tips For Labor Support People

*How you can offer support during labor*

[www.mothersadvocate.org](http://www.mothersadvocate.org)

## 4. Avoid Interventions That Are Not Medically Necessary

**I**nterventions are procedures or treatments done to find, prevent, or fix problems. Certainly, some women need interventions in labor. But many hospitals and care providers have rules or tendencies that lead to routine intervention for all women, regardless of their risk or individual situations.

All interventions have risks, and many can disrupt the processes of labor and birth and make them more difficult and complicated. For these reasons, it is best to only use interventions when the woman and her care provider agree that the likely benefits outweigh the possible risks and when safer alternatives will not be effective. Using interventions with women who are unlikely to benefit from them makes labor less safe and more difficult. If you can, choose a birth setting that is less prone to use these routine interventions.

### Common Forms of Intervention

The most common routine interventions during labor include giving an IV for fluids, epidural anesthesia, continuous electronic fetal monitoring, giving Pitocin, breaking the bag of waters, and episiotomy. All of these interventions have side effects, and research does not support their routine use on healthy laboring women. Here are some of the reasons why:

**Giving Fluids Through an IV:** Labor is easier and safer when the woman has enough fluids, electrolytes (salts), and calories. Most women can safely get these from food and drinks. But in many birth settings, women are restricted from eating and drinking, and fluids and nutrients are given through intravenous lines (IVs) instead.

There is no evidence that this approach is safer for women, and some women find IVs painful and stressful. IVs also make it hard to change positions and move around freely, and they are unlikely to offer the ideal balance of nutrition or energy that food and fluids provide.

**Epidurals:** Epidurals provide excellent pain relief and, for most women, make it much easier to cope with the pain of labor. But this often comes at the expense of making labor itself more difficult. Research shows that epidurals

make it harder for babies to rotate to a position that fits easily through the pelvis. They make it more difficult for women to use movement and position changes that help labor progress. Epidurals also make it harder to feel and respond to normal pushing urges. These challenges make long pushing stages and forceps- or vacuum-assisted vaginal delivery more likely.

For women with particularly long or difficult labors, easing the pain of labor can help ensure a healthy vaginal birth. But there are many non-drug pain-relief methods that are very effective and can make birth easier rather than more difficult. These include movement, position changes, a hot shower, soaking in a tub, massage and other “hands-on” techniques, and breathing and relaxation exercises.



*Using comfort measures, drinking water and having intermittent monitoring can help you avoid unnecessary interventions.*

**Continuous Electronic Fetal Monitoring:** Electronic fetal monitoring (EFM) became commonplace in delivery rooms in hopes that more information about the baby's heart rate during labor would help care providers identify babies in distress and deliver them by cesarean surgery before the situation worsened. But many studies confirm that continuous EFM in low-risk pregnancies does not lead to healthier babies. It does, however, double the likelihood of cesarean section. It also makes labor unnecessarily high-tech, confines a woman to bed, and distracts her labor support team. (It is not uncommon to see a woman laboring while her partner, other support companions, and even her care providers stare at the EFM machine!)

In most cases, listening to the baby's heartbeat periodically during labor (called "intermittent monitoring") is just as safe for babies and safer for mothers. And it does not interfere with a woman's ability to move around in labor.



*Letting labor progress at its own pace makes natural methods more effective.*

**Speeding Up Labor With Pitocin:** Having a quicker labor may sound appealing, but quicker is not always easier or safer. This is especially true when labor is sped up artificially. One common method of speeding up labor is using Pitocin (a drug given through an IV).

Pitocin can make contractions longer, stronger, and more frequent, which can be stressful for the baby. So women receiving Pitocin in labor require continuous electronic fetal monitoring to help nursing staff know if the contraction pattern is more than the baby or mother can safely handle. This limits women's ability to use helpful positions and coping techniques. These stronger, longer contractions may also increase the need for an epidural.

**Breaking the Bag of Waters:** Breaking the bag of waters (called "artificial rupture of the membranes" or AROM) is another way care providers may try to speed up labor. The bag of waters (the liquid which surrounds the baby in the uterus) usually breaks on its own once active labor has started. Until then, it softens the impact of the pressure from contractions on the baby and umbilical cord, protects the baby from germs, and may help the baby rotate to come down through the mother's pelvis. If the membranes are ruptured artificially, the baby no longer has these advantages. AROM also increases the pain many women experience, probably because the baby's head, rather than the softer cushion of fluid, is pressing on the cervix. It also increases the risk of uterine infection.

Many care providers believe that AROM speeds up labor and increases the chance of a vaginal birth. Unfortunately, research tells us that AROM doesn't significantly speed up labor and may actually increase the likelihood of cesarean surgery.

**Episiotomy:** An episiotomy is a surgical cut to enlarge the opening of a woman's vagina during birth. Episiotomies used to be performed on all birthing women, based on the erroneous belief that it led to easier recovery. Its use these days is less common, but it is still overused.

An episiotomy actually makes recovery from birth more difficult. Postpartum pain is worse and lasts longer in women with episiotomies than those who have natural tears. And since some women don't tear at all, an episiotomy might create a wound that could have been avoided entirely. Episiotomies also affect the strength of the muscles in the perineum (the skin and muscle between the vagina and the anus), which may later lead to such problems as incontinence (involuntary leaking of urine, gas, or feces).

## TALK it over

### Informed Choice About Interventions

Talk about these common labor interventions with your care provider well before labor. Make sure you understand how often and for what reasons they are likely to use them. If your provider tends to use an intervention, your risk of having that intervention is greatly increased. Knowing this information beforehand can help you choose a caregiver who will help you have a safe and healthy birth.



## 5. Avoid Giving Birth on Your Back, and Follow Your Body's Urges to Push

Watching women give birth on TV and in the movies, it is easy to think that there is only one way to push during birth—with the woman on her back with her legs propped up, holding her breath and pushing while others count to 10 and coach her to push harder. In fact, this is how most women in the United States push. But research tells us that this type of pushing is harder on mothers and babies than a more supportive approach.



*Upright pushing positions use gravity to your advantage.*

### Use Upright Pushing Positions

Pushing while lying on your back is literally like pushing uphill. But if you stay off your back in the second stage of labor and use more helpful positions like standing, kneeling, squatting, or lying on your side, you use gravity to your advantage and allow your pelvic bones to stay loose and open to help the baby come down. This makes the entire pushing phase of labor shorter and easier—for you and your baby.

Most pregnant women have heard the advice that they should never lie on their backs late in pregnancy because the weight of the growing belly can reduce blood flow to the baby. This same advice holds true in labor! Babies are more likely to show signs of distress when women are flat on their backs while pushing.

Most labor rooms have adjustable beds that support a variety of upright pushing positions. Try adjusting the bed to experiment with different positions, such as squatting or kneeling and leaning toward the head of the bed. You might also want to have a squatting bar or birth stool available.

### Spontaneous Pushing

When a woman follows her own body during the pushing stage of labor, she is likely to push when she feels a strong urge to do so, and she will hold her breath for only short periods of time, if at all. This is called “spontaneous pushing.”

Pushing when and how your body tells you to means you are pushing just the way you need to give birth to your baby. Pushing any harder, longer, or more often than you need to can be exhausting, and it puts more forceful pressure on the baby and the muscles and tissues of your pelvic floor. Not surprisingly, this increased pressure may cause stress for the baby and damage the pelvic floor. In addition, holding your breath while pushing may decrease your baby's oxygen supply.

## PARTNER tip

### Supporting Without Coaching

While coaching a woman how and when to push is rarely necessary and can even cause problems, most women do appreciate feedback when they are pushing.

Rather than give instructions, let your partner know she's doing a great job, and remind her that she knows just how to birth her baby. When you start seeing the baby's head, tell her! You can even show her the baby's head in a mirror or encourage her to touch the head as it begins to emerge. This can help her sense which type of pushing is most effective.



*Hospital beds can be adjusted to support a variety of pushing positions.*

## RESEARCH insights

Researchers who looked at the entire body of research on position in the pushing stage found that women who gave birth using upright positions had a shorter pushing time and less severe pain than women who gave birth while lying on their backs.

### Benefits of Upright Pushing

- A shorter second stage of labor
- A possible reduction in vacuum- or forceps-assisted birth
- Less severe pain
- Fewer abnormal fetal heart-rate patterns
- Fewer episiotomies
- Less damage to the vagina and perineum

Research also suggests that spontaneous pushing is more beneficial than coached pushing.

### Benefits of Spontaneous Pushing

- Less damage to the perineum
- Stronger pelvic floor muscles several months after birth (this may reduce incontinence)
- Fewer abnormal fetal heart-rate changes

## Pushing With an Epidural

An epidural will likely decrease and delay your ability to feel and respond to the urge to push and makes it harder to assume some upright positions. However, research finds that there are ways to increase the likelihood of your giving birth vaginally when an epidural is used:

- Wait for the urge to push before beginning to bear down. This may take an hour or longer. During this time, the force of your contractions alone will help bring the baby down and rotate her head into the best position.
- Ask for help getting into a side-lying or an upright position—such as sitting or squatting, using a support bar. Most women with epidurals can use these positions with a little assistance.

Some care providers suggest letting the epidural wear off before pushing. Unfortunately, research suggests that this practice does not decrease the likelihood of a forceps- or vacuum-assisted birth.

## TALK it over

### Speaking Up for Good Care During Pushing

The pushing stage of labor tends to be the part of labor that is most managed by care providers, who often have a certain way they prefer to care for women while they push. Discuss this with them well before labor, and share your desires to use upright positions and spontaneous, non-directed pushing.

When it comes time to push, get into whatever position feels best, and remind your care provider and support people that you want to follow your own urges and will ask for direction if you need it.

## 6. Keep Your Baby With You—It's Best for You, Your Baby, and Breastfeeding

In the moments right after birth, babies go through an amazing and challenging transition. Inside the womb, they are kept at the perfect temperature and get everything they need through their umbilical cords. After birth, they must keep themselves warm, their lungs must shift to breathing air, and they must learn to suckle, swallow, and digest their mother's milk. Whether or not all these changes will happen safely and easily depends in large part on the care babies and mothers receive right after birth.

### Skin-to-Skin Contact

Fortunately, every change required for your baby to safely make the transition to the outside world happens quite easily when one basic need is met; the need to be held in your arms, skin to skin, with no blankets or clothing between you. The familiar sounds, smells, and tastes, and the perfect warmth of your skin help your baby know he is safe and sound.

Skin to skin, your baby more easily transitions to breathing, stays at just the right temperature, and learns instinctively how to nurse. In fact, scientists have discovered that unmedicated babies who are held skin to skin and undisturbed in the hour after birth need no help at all to start nursing. They scoot and crawl up the mother's belly, find the nipple by sight and smell, and latch on all on their own!

The more time spent with skin-to-skin contact in the first days after birth, the stronger the benefits. One amazing benefit is a greater mother-baby attachment. Women who hold their babies skin to skin after birth care for their babies with more confidence and recognize and respond to their babies' needs sooner than mothers who are separated from their babies after birth.

Most babies who are not in their mother's arms after birth are with staff who are routinely evaluating, weighing and measuring them, or wrapping them in blankets. None of these activities is more important for the new baby than having skin-to-skin contact with her mother. In most cases, routine newborn procedures—such as suctioning

baby's nose and mouth, giving routine medications, or taking the baby to the warmer for observation can be delayed, performed while baby is skin to skin, or avoided altogether.



*In most cases, your baby gets everything she needs when you hold her skin to skin.*

### TALK it over

#### Taking Control of Your Newborn's Care

Find out what your hospital's newborn practices are ahead of time, and tell your care provider and nurse that you plan to keep your baby skin to skin after birth and rooming-in for the rest of your stay. If the hospital policies require many routines in the first hour of birth, consider choosing a different birth setting.





*Holding your baby skin to skin naturally supports breastfeeding.*

## RESEARCH insights

Research studies have compared babies who have skin-to-skin contact in the hours after birth with babies placed in a bassinet or wrapped in blankets. The studies found that babies held skin to skin do better in many ways.

### Benefits for Babies Held Skin to Skin After Birth:

- They have more stable temperatures
- They cry less
- They have more stable blood sugar
- They breastfeed sooner, longer, and more easily
- They have lower levels of stress hormones
- They are exposed to the normal bacteria on the mother's skin, which may protect them from becoming sick due to harmful germs

## Rooming-in

Many women welcome the idea of getting as much sleep as possible after labor. Once the initial high of giving birth passes, it is common to feel unbelievably tired. It can be tempting to send your baby to the nursery so you can get some sleep.

But research shows that you are likely to get just as much sleep with your baby in your room as you would if your baby were in the nursery. Research also tells us that babies who go to the hospital nursery at night cry more and are more likely to have trouble breastfeeding than babies who room-in with their mothers.



*Rooming-in with your baby makes it easier for you to respond to her needs.*

# Conclusion: Preparing for a Healthy Birth Your Way

The six care practices described in this booklet are supported by extensive scientific research, yet surprisingly, only 2 percent of women actually experience all of these practices in U.S. hospitals. Carefully choosing a care provider, taking a childbirth class, and writing a birth plan will increase your chances of experiencing them in your labor.



*Following the Six Lamaze Healthy Birth Practices can help you have the safe and healthy birth you want—naturally.*

## Choose Your Care Provider Carefully

Research suggests that the best way to ensure a safe and healthy birth is to choose your care provider and birth setting carefully. It is important to know that not all birth settings are alike. They differ in their approach to care as well as health outcomes for mothers and babies. Find out what the policies are where you plan to give birth, and if they don't appeal to you, choose another birth setting.

You also want to ask your healthcare provider what they think about these six healthy birth practices. If their views are not compatible with yours, consider finding another provider who shares your vision.

In addition to talking to friends and family, you can find out about the hospital, birth centers, and providers in your community from mothers who have been there at the [TheBirthSurvey.com](http://TheBirthSurvey.com).

## Take a Childbirth Class

A good childbirth class, like those taught by Lamaze Certified Childbirth Educators, will help take the mystery out of birth so you can understand how your body works in labor and what you can do to keep you and your baby healthy during the process. A childbirth class will build your confidence and trust in your body; and the information you learn can help you work effectively with your care provider so that together, you can make the decisions that will give you and your baby the best start.

## Create a Birth Plan

A birth plan is a document that describes how you want your birth to be. It can be a very helpful tool for thinking through your options and communicating your preferences with your birth team. It doesn't need to be complicated; it can be as simple as stating the Six Lamaze Healthy Birth Practices that are described in this guide. The birth planning worksheet on the next page is a good basic outline.

No birth plan can be set in stone, but writing down your preferences ahead of time will help you explain to others what you want for your birth. Be sure to review your plan with your care provider and primary support people. It can also be helpful to have a couple of extra copies to bring to the hospital to share with your nurses.

## Birth With Confidence

You have prepared yourself as best you can, gathered good support people around you, and spoken up for what you want. You can be confident in knowing that you have done all you can to make this a healthy birth—your way.



### Print PDF: Birth Planning Worksheet

Outline your preferences for your birth

[www.mothersadvocate.org](http://www.mothersadvocate.org)



### Print PDF: References

See what research backs up the information in this booklet

[www.mothersadvocate.org](http://www.mothersadvocate.org)

# Birth Planning Worksheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I have prepared myself for a birth that is as safe and healthy as possible and prefer that interventions be used as a last resort, if at all. I plan to be actively involved in all decisions related to my labor and birth and request clear and open communication between myself and all medical support staff. While I know that I may need to respond to unexpected situations, this birth plan reflects my current intentions. Thank you for helping me have a safe, healthy, and satisfying birth.

☐ I would like my labor to begin on its own, unless there is a medical reason why induction would be safer.

☐ I plan to walk, move around, and change positions throughout my labor.

Other comfort techniques I would like to use: \_\_\_\_\_

☐ I plan to have continuous labor support from a loved one, friend, or doula.

Names and roles of people I would like to have at my labor: \_\_\_\_\_

☐ I would like my labor room to be quiet and calm.

Other environment requests: \_\_\_\_\_

☐ I plan to minimize interventions during my labor and birth. I would like to have no routine interventions and intend to avoid the following interventions unless there is a medical reason and assurance that they are safer than the low-tech alternative or doing nothing:

☐ Continuous electronic fetal monitoring (I prefer intermittent monitoring)

☐ Artificial rupture of the membranes (I would like my waters to break on their own)

☐ Pitocin (I am comfortable with letting labor progress at its own rhythm, and I prefer non-drug methods to help labor progress)

☐ An intravenous line (I prefer to eat and drink, but if it is the hospital's policy to start an IV, I would like a saline lock so I can stay mobile.)

☐ Epidural analgesia (I plan to use non-drug methods of pain relief)

☐ An episiotomy (I prefer to let my perineum stretch on its own, and I realize I may experience a natural tear)

Other intervention requests: \_\_\_\_\_

☐ I don't want to give birth on my back, and I will follow my body's urges to push.

Other pushing support I would like to have: \_\_\_\_\_

☐ I want to keep my baby with me after birth, allowing us to have as much skin-to-skin contact as possible and unlimited opportunities for breastfeeding.

Other requests for newborn care: \_\_\_\_\_





## Your Birth—As Healthy and Safe as it Can Be

This guide presents six simple practices that research has shown to greatly improve birth outcomes for both mothers and babies. These Six Lamaze Healthy Birth Practices have been developed by Lamaze International and are based on recommendations by the World Health Organization. Not surprisingly, medical research confirms what common sense suggests: the best way to a safe and healthy birth is by following and supporting your body's own natural processes during labor and birth.

This booklet will show you how to apply these simple steps to your own birth. It presents the supporting research in clear, direct language, describes the harmful side effects of common birth practices, and provides strategies for communicating your values and preferences to your caregiver. This is the information you need to have the safest and healthiest birth for both you and your baby.

You can find video clips and printable documents that complement this booklet at [MothersAdvocate.org](http://MothersAdvocate.org).

