



Michelle M. Mulder, M.D.

300 West White Mountain Blvd, Suite D; Lakeside, AZ 85929

Phone (928) 367-1444

Natural Labor and Birth Plans

Many times patients have specific requests regarding the circumstances of the delivery of their baby. The purpose of medical care for pregnancy both before delivery and during labor is to reduce risks to and ensure the health of the mother and the baby. Many hospital policies and physician practices exist with these goals in mind. The purpose of this letter is to explain the logic behind many of these policies and procedures.

Labor, Delivery, Recovery, Postpartum Suite

The Family Birth Center at Summit Hospital is designed with the concept of the mother and her family's comfort and with contact with her infant in mind. The rooms are comfortable and aesthetically pleasing with hardwood floors, armoires, DVD/CD players, and internet access. They are designed for full rooming-in of the baby and under normal delivery circumstances, all treatments to the baby, such as weighing, bathing, and administration of medicines, will be done at the bedside. The lighting and temperature of the rooms can be adjusted to the patient's preferences. The beds are designed to be converted to birthing beds with a range of positions and with optional leg supports. The beds can be fitted with a bar to facilitate squatting, if desired. Labor bars are also available for the patient's use. There are two tubs for laboring in water with the provision that the bag of waters is not ruptured. Walking during labor is also allowable, provided the mother has not been administered any anesthesia which would increase her risk of a fall.

Maternal Safety and Comfort Measures

A common request by mothers is to avoid an IV and to be able to eat and drink during labor. Labor has an inherent risk of emergent cesarean. This is usually accomplished with epidural anesthesia allowing the mother to be awake. In the event that there is no epidural in place, or adequate pain relief is not able to be obtained, it is possible that the mother may have to "go to sleep" with general anesthesia. This carries with it a risk of vomiting the contents of the stomach and aspirating into the lungs. This is a life threatening complication that pregnant women are much more susceptible to due to the effect of pregnancy hormones to relax the muscles that hold the stomach closed and on pressure placed on the stomach by the size of the uterus. For this reason, laboring patients are only allowed ice chips to minimize the contents in the stomach. It is important for women to remain hydrated during labor and have energy for delivery - it is labor, after all! This is made possible with an IV solution with balanced electrolytes and sugar for energy. At a minimum, it is required by the hospital that laboring patients have a "saline lock IV" which is placed but not attached to any fluids. This facilitates the administration of medications or fluids in the event of an emergency such as hemorrhage or fetal distress.

Traditionally, women were given enemas and genital shaving on admission to labor and delivery. This is no longer the standard practice, but is available if the patient desires.

Many patients express a desire to avoid a Foley catheter (a tube to continuously drain the bladder). A catheter is not necessary unless she has an epidural and is unable to walk and control normal urination or if she requires a cesarean section.

Another common request is to avoid an episiotomy. Some patients will have room for delivery of the baby without one. I practice perineal massage and use mineral oil to facilitate stretching of the perineum during delivery. Delivery of a baby after the first is usually possible through these methods with only minor tearing. A mother's first delivery will more often need an episiotomy as the tissues are less easily stretched. Situations that may require an episiotomy include fetal distress requiring vacuum or forceps for delivery or difficulty delivering the shoulders. Each patient is different and I am willing to work with you for your individual desires, but I often need to make the final decision during pushing. I will always discuss with you what I am doing and why I think it is necessary.

Infant Safety

The goal of modern obstetrical care is to deliver a healthy baby to a healthy mother. Fetal monitoring developed to help detect fetal distress through monitoring the baby's heart rate. This can be done either through external monitors or through a small electrode that is placed on the baby's scalp. Two monitors are placed on the abdomen to record the contractions and to record the baby's heart rate. Drops in the heart rate during or after contractions are common but can indicate a problem with the baby getting enough oxygen. This may allow intervention before the baby is in serious distress. Occasionally, a baby that has looked fine will suddenly develop a problem. For this reason, monitoring of the baby during labor is required by the hospital for at least 15 minutes of each hour during dilation and 5 of each 15 minutes during pushing. The hospital has a limited number of wireless monitors which facilitate walking during early labor.

Critics of fetal monitoring claim that it increases the rate of cesarean sections. This is true, but it is for the reason that fetal distress is detected and may require an emergent cesarean to save the baby's life.

In summary, many of the policies and procedures related to childbirth seem unnecessarily invasive in what should be a normal process. In 1900, one out of every six babies born died before two months of life. Thirty percent of babies died before their first birthday. In 2001 there were only 7 infant deaths for 1000 live births. In 1900, 850 mothers died as a result of complications of childbirth for every 100,000 live births. This number decreased to 7.5 mothers dying for every 100,000 live births by 1982. Modern medicine has brought the ability to prevent infections, stop hemorrhage, and save babies before they are stillborn. It is true that labor is natural and usually occurs without complications. However, when problems occur during labor, they often do so suddenly and without warning. Being able to detect problems and to act quickly to resolve them is the hallmark of safety to both babies and mothers with modern obstetrical care.