

# Village Obstetrics

minimally invasive obstetrics

## Birth Preferences

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It might at first seem surprising that your doctors have put forward a suggested birth plan. But then again we have had the opportunity to care for thousands of women in labor. We have seen how birth plans performed against the real thing and have had a chance to talk to couples about what helped and what didn't after it was all over. Our advice also considers factors not always fully explored in some of the childbirth education classes. So here we go:

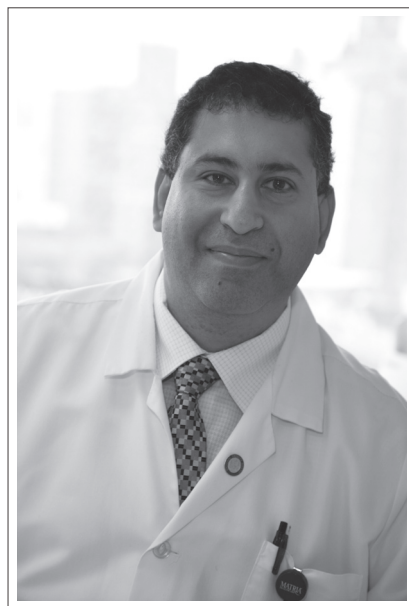
- 1. Be Flexible With Your Preferences.** We have so often heard from couples that what they were most concerned about turned out to be no big deal and something else they never considered was very significant. We can't often predict the circumstances we might find ourselves in, so have a plan but be ready to adjust. Children will continue to be full of surprises, not just in labor!
- 2. Don't Stay Home When Labor First Begins.** We know that the placenta has been serving your baby well through the pregnancy, but labor is a different state. We like to check that the placenta is still working well during contractions. If everything looks good and the labor is still early, we will happily support you going back home where you can be more comfortable. Sure it's an extra trip, but you and your baby are worth it. The shuttling back and forth from sports, to music lessons, to parties etc. will be part of every parent's daily burden soon enough. What's one extra trip in early labor to confirm that all is well?
- 3. If Your Water Bag Is Broken Stay In The Hospital.** The fluid around the baby plays many important roles including being a floating cushion of protection for the umbilical cord. When the water bag is broken monitoring is needed to know if the cord is being squeezed and causing the fetal heart rate to change.
- 4. Monitor As Much As You Can.** The best reason we've heard to monitor less is to allow the mom the freedom to move around. We very much support that and St. Vincent's has balls, traction bars, and adjustable beds to help you experiment with the positions that work best for you. If walking is what you want to do, and all is well with the baby, then intermittent monitoring can be done. Frequently however, many of the positions in the active part of labor can all be done while being monitored. The monitoring allows us to know that all is well with the baby so that we can continue to support your labor without need for other interventions. We are very experienced at fetal tracing interpretation and do not overreact to what we see. Having a tracing (as continuous as possible) really helps us to see how the baby is holding up over the many hours of labor. Our goal is to maximize freedom while maximizing safety for you and the baby.
- 5. Don't Be Afraid Of Trying An Unmedicated Birth.** Pain is unfortunately part of the process of birthing. Prepare yourself in the months leading up to labor for the confidence and control that will

help you cope with the pains. Many may wish to avail themselves of professional support services including doulas. Remember also that the body adjusts during labor and an unmedicated birth typically is faster than that of a medicated one.

6. **Delay The Epidural If You Can.** Whether you planned on having one or not, try to avoid having an early epidural especially if it is your first vaginal birth. Early epidurals, in our opinion, are the single biggest threat to successful vaginal delivery. Epidurals can pause or stop progress of labor. If you find the pain unbearable and you are still less than 7cm dilated strongly consider using IV medication. It is safe when advised by us and allows you a breather from the pain. Often you may get a couple of hours of much desired sleep. When your pains return you are likely then in a much better stage to receive the epidural.

7. **Keep The Momentum Of Labor Going.** If labor stalls (usually because of an epidural), don't be afraid of the low dose oxytocin (pitocin) that we will suggest to you. The uterus is a muscle and will eventually quit from exhaustion if it is asked to contract for too long a period of time. Timely low dose oxytocin is safe, does not cause you more pain than the unstimulated contractions you were having, and can help you achieve a vaginal delivery. Waiting too long risks the uterus being unresponsive to oxytocin and increases the likelihood that a c- section might be needed. While we don't have set timetables we very much encourage you to allow us to keep the momentum of labor going as the best way to achieve vaginal delivery.

8. **Consider Forceps Delivery Rather Than C-section.** Sometimes the baby has come down low enough for us to assist you with a forceps delivery. Forceps have been used to deliver babies since the 17th century. In fact many Kings and Queens were delivered with this instrument! Forceps are a safe way to allow a vaginal delivery in some cases that otherwise get stuck so close to the exit but alas not out! Rarely a vacuum cup may be an alternative, but forceps are typically the best instrument to avoid the c-section in some cases.



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