

EASY STEPS ANYONE CAN FOLLOW

5 TIPS: HOW TO ACHIEVE THE BIRTH YOU WANT

WRITTEN BY CHRISTINE HUNTINGFORD

BONUS
chapter
included



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CHRISTINE HUNTINGFORD
MAGICAL BABY MOMENTS

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MAGICAL BABY MOMENTS

Thorntons Farm Avenue, Romford, RM7 0TT, UK

The moral right of the author has been asserted.

This book is designed to give you helpful tips to help you achieve the birth that you want. It does not constitute medical advice: all women should seek advice from medical caregivers throughout their pregnancy, labour and birth by a qualified midwife or obstetrician.

These tips are used successfully by thousands of women around the world, however it does not guarantee a pain-free, drug-free birth, or guarantee or promise any expected outcome of labour.

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INTRODUCTION

If you're reading this, you are most probably planning to be pregnant, are pregnant already or know someone who is pregnant. Welcome! This book will help you achieve the birth that you want.

Maybe you're a first-time mum who has never experienced labour and birth and you are wondering how you can prepare for that big day.

Maybe you have a child or children already, but your previous birth experiences were not what you had hoped for.

Or maybe you know someone who is pregnant, and you want to find out how you can support her. This book will tell you how you can.

So, if you are currently pregnant or you know someone who is, let me give you insight into how thousands of women are finding a new approach to welcoming labour and birth, as well as taking control of their birth journey.

Why am I so passionate about women reclaiming birth? Because I've been there and done it. My first birth experience was extremely traumatic and because of what happened, when I fell pregnant again, the care I was under wanted to plan for a medicalised birth, including a planned c-section on my due date. I did not want this at all. It took research, honest and open conversations with my midwives and obstetricians and planning to have the birth I wanted. It was by no means an easy path to walk, but I am so glad that I did.

It was when I was reflecting back on both of my birth experiences that I realised that the factors that contribute to having a positive experience are:

- *being in control of your birth preferences*
- *being listened to*
- *letting yourself go*
- *trusting in your instincts and understanding mother nature and your body*
- *having a supportive and calm birthing partner who can advocate for you*

I can confidently say that advice given in this book works. Follow these steps and create the birth experience that is right for you and your baby.

Every woman should have the birth that is right for her.

Let me repeat that — every woman should have the birth that is right for her.

However, this is not often the case. Women are taken down a route of care where for 8.5 months they are told to ‘do this’ and ‘do that’ in order to give the baby the best possible chance to thrive and develop in the womb – most of which I agree with. However, in those final weeks before their baby’s estimated due date arrives, their caregivers — usually midwives or obstetricians — are then often suggesting ‘plans of action’ should this baby not arrive ‘on time’, when really, in most cases, there is no medical reason or need to rush baby out.

There are many mums who will carry their baby past their ‘due date’. This is not a reason for concern. It is simply part of nature. If you and your baby are fine, you need to ask yourself why anyone should feel justified to interfere. One reason for a baby being born later than the estimated due date could simply be a matter of the due date being slightly out. Scans are not 100% accurate. But most importantly, there is *no* ‘due date’. ‘Due dates’ even vary from country to country (40 weeks in the UK, 41 weeks in France for example)! Due dates are *estimates*. All women are different, all babies are different, and all pregnancies are different. The World Health Organization states that a baby is usually born anytime between 37 and 42 weeks. Only 4% of babies are born on their ‘due date’!

Currently in the UK, caregivers are booking in thousands of low-risk mothers for an induction before they have even reached the 42-week mark. Why have they not been given the chance to get to the 42-week mark first and then weigh up the options? Is an induction really the right type of labour for them?

Don’t misunderstand me; I am not saying this lightly or flippantly. I only advocate pursuing a natural and spontaneous labour when both mum and baby are in good health. If there are any medical concerns, alternatives should be considered. But if you are a healthy mum who has experienced a straightforward, uncomplicated pregnancy, then reaching the 42-week mark is totally fine.

When a woman is beyond 40 weeks gestation, couples should consider evidence-based research to get a clearer picture of what the risks are of going beyond 40 weeks and how likely something is to happen or not. If they have a condition that is a cause for concern, they need to choose the path that protects the well-being of both the mother and the baby.

Let me be clear from the outset. I support all options for birth, so being induced, choosing intervention or opting for an elective Caesarean section are all possible options. This book is about you finding out how to achieve the birth that is right for you and your baby.

01

Tip one: Make sure you get all the facts and options

For many aspects of life, most people will research things before they take action. Even when buying a new mobile phone (or other device) people will usually look up various models, do comparisons, maybe even ask friends for recommendations. Only once they have gathered enough information to satisfy them, will they make a decision on which one to buy.

So why is it that so many couples go into labour and birth not fully understanding the processes, their choices and their rights?

Yes, it is an everyday event and we are lucky to have midwives and obstetricians to help us through it. But hospitals are a business, like any other (whether we like it or not), and often their needs and processes are put before the needs of the mother and her baby. Hospitals are most often places for medical emergencies and interventions. In most cases, giving birth is *not* a medical emergency. Going in blind to what your options are could leave you open to helplessly being carried along by the system and potentially missing out on the birth that you had hoped for.

All too often I hear, 'Oh, I had to be induced' or 'I didn't know I had a choice, I just did what they told me'. When I dig a little deeper, I find out they didn't realise at the time that there were alternatives they could ask about. They weren't presented with the real picture of what their options were. For example, they weren't always told about the pros and cons of accepting an induction, or about the pros and cons of *declining* an induction, with evidence-based information. All too often urban myths, such as 'baby will get too big', 'your placenta might fail' or, worse still, 'your body doesn't know how to get labour started', scare a mother and her birth partner into accepting an induction earlier than necessary.

Let's think about it. No meal would taste nice if it was only half-cooked! So why would your body go through labour swiftly and easily if your body isn't ready for it yet?

In the UK the due date is set at 40 weeks, guided by the date of the last menstrual cycle and by the dating scan at 12 weeks. Did you realise that if you were having your baby in France the due date is set at 41 weeks? Remember also that the World Health Organization states that babies are *usually* born anytime between 37 and 42

weeks. This is a *5-week window*, not a single date in a given month!

So when at 40 weeks your midwife implies or even announces that she will set a date for induction before the 42-week mark has arrived, she is intervening and interrupting the body during a common period for a baby to be born. Why would you want to do that if you and baby are both well and there are no medical concerns? If you feel strongly about not wanting an induction, you can decline and ask to be monitored more closely during this waiting time. You can remain proactive, by self-monitoring your baby by checking that you feel their movements on a daily basis, and by encouraging labour naturally (acupuncture, reflexology, gentle exercise etc., something we go through in detail in the course), thus avoiding any unnecessary medical intervention.

Informed choice is about ensuring that you understand during pregnancy the most common options for labour and birth. Giving birth is your right. How you want it to be is entirely up to you. The caregivers are there to support you for a happy, healthy and safe delivery, not to enforce you to do anything you are not comfortable with.

Reading and learning what *might* happen will give you the confidence and calmness to deal with any situation that arises. It is important to take control of your pregnancy and birth, by being informed, knowing what the choices are and understanding the associated risks and benefits, so that you can look back on it as a positive birth experience that you were in control of.

During pregnancy, find out, perhaps from an antenatal class, the common scenarios that might occur during labour and birth. This preparation will help you and your birth partner decide on your birth preferences. Then if/when a situation arises during the course of labour, you:

1. *understand what options are available*
2. *know what your preferences are about those options*
3. *confidently know which choices feel right for you and your baby*

Why is informed choice so important?

Every birth experience is different. Knowing this, some women choose to write or think of a 'birth plan' to follow. However, often they are unable to stick to that particular 'birth plan' (for whatever reason) and can end up feeling disheartened and like they've been (or actually were) let down during the labour and birth process.

Perhaps it is better not to call it a birth plan, but instead I encourage you to write your labour and birth *preferences*: a list of ideal scenarios, should they be possible, as well as preferred interventions, should they be necessary. Therefore, no matter what your birth experience ends up being:

- *you know that you were in control*
- *you made the decisions*
- *it was the best possible labour and birth for you and your baby*

It therefore becomes a positive birth experience to look back on, regardless of any twists and turns in the process.

02

Tip two: Step back, nature has it all figured out.

Let's embrace and celebrate the wonderful world of nature and your amazing pregnancy journey so far!

Your body has undertaken a truly magnificent journey to this point, all without you really feeling and knowing what has been going on inside. After conception, there is little that you have to actually 'do' to help grow your baby, other than to maintain a healthy diet and lifestyle, as much as possible. Nature knows the stages of development and in which order things need to happen, so that your baby continues to thrive in the womb.

Day by day, your body has grown this little person inside of you. From a tiny sperm meeting an egg, your baby has grown limbs, organs, a nervous system, a brain, ears etc. and is developing her five senses in the womb to help her navigate the world that we live in. All of this has happened without you being aware of these massive milestones in her development.

So if your body, never having been told 'what to do', can recognise the signs of conception and trigger into action the necessary steps to grow your perfect little baby, what makes you think that your body would make it this far but then not be able to give birth naturally? It absolutely can. You just need to be patient, trust in nature and let it do what it needs to do when it is ready.

The Perinatal Institute states that an estimated date of delivery is rarely accurate – in fact, only 4% of the time is a baby is born on its predicted due date.

Taking this into consideration and the fact that most hospitals in the UK prefer to induce between 41 and 42 weeks, it appears that many babies could be at risk of being born before they are fully developed, meaning that they may require medical assistance once earth-side.

In our modern world, many of us are reliant on quick fixes, pills and potions to do the job for us, rather than looking into options and helping ourselves first. However, strangely enough, often these medical options are not the easiest solutions; there might be side-effects, risks and downsides to interfering with nature.

If you've had a good pregnancy, your baby is thriving, the two of you are in good health and there are no medical concerns, then trust in nature to know when your baby is ready to be born and that your baby knows (along with your body) exactly what to do and when to do it. Use the medical profession only when there is a medical situation to deal with. When there isn't, allow your midwives to take care of you from an observational point of view and to be there in a

supporting role, to guide you and be a helping hand when you need it during labour and when your baby has been born. Finally, enlist the help and love of a supportive birth partner who also believes that your body is doing what it is designed to do.

A central part of preparation in pregnancy is about connecting your body, your mind and your spirit with your baby. (Stay with me here and I'll explain, I promise this isn't mumbo-jumbo!)

It's simply about becoming more aware of your body and the amazing journey you and your baby have already been on together and are going to share during the labour and birth.

Antenatal classes, such as hypnobirthing, teach you the skills and techniques to trust in the ability of your incredible body doing what it's designed to do and embrace that journey with calm confidence.

If we just take a moment to think about the miraculous journey of your pregnancy so far... The egg and the sperm fertilised and right now your body instinctively knows how to grow that little person inside of you. This tiny being is growing and developing day by day. Nature is taking care of this process and (in the case of a natural vaginal birth), when the time is right, and your body and baby are ripe, your body will spontaneously and naturally begin to labour. Your cervix will ripen, soften and open. These muscles, which for nine months have remained tight and firm to keep your baby secure in the uterus, will expand to make way for your baby to gently make his way down into your pelvis and birth canal.

The muscles around the top of the uterus, which have gently expanded as your baby has grown, will contract and tighten to help your baby nudge his way downwards. This will happen gently to start with. However, it may grow in intensity as the body works to move your baby down into the birth canal. These are commonly known as 'contractions'.

When a mother understands this process and wishes to work with her body, she will embrace techniques to keep her calm and focused. If she were to be fearful and hold onto tension, her body would need to work harder to beat the tension (the physiological fight-or-flight response — more about this later). This creates a far more difficult task for the body because her muscles are unable to relax and will not move as efficiently as the contracting uterus would want them to. In turn, she will undoubtedly feel the contractions more intensely, likely resulting in:

- *feeling more uncomfortable during labour*
- *tiring more quickly*
- *asking for pain-relief sooner and/or more often than she would otherwise*

Invariably labour will last longer as the tension and tightness slow down or impede

the baby's descent.

The hormone a mother naturally produces to help labour start and to maintain regular contractions is called oxytocin, sometimes known as the 'happy hormone'. The other times when our body produces oxytocin is when we laugh, when we are happy and content, and when we make love. So there is no surprise that this friendly and happy hormone is present during this magical life experience.

The opposing hormone to oxytocin is adrenalin. This little mite makes an appearance when we are scared or stressed. It is also known as the fight-or-flight hormone (or, in the case of labour, the fight-flight-or-freeze hormone). It is released when you feel like you are in a compromised position that you want to get out of as quickly as possible. That rush-to-the-head feeling is the adrenalin in your body preparing you to react. This is what you *don't* want to be feeling during labour: you don't want your body secreting and circulating a host of unhelpful hormones that result in your muscles being all tense to provide speed and strength (to fight or flee), leaving you feeling anxious, scared and panicked. This is not a good place to be mentally or physically when you are about to birth your baby. It is not good for him either, as he can pick up on your emotions and feel the stress, potentially making labour more difficult for him as well. If the midwife detects a baby in distress this will be a cause for concern and alternative care may need to be considered, potentially resulting in a C-section.

As you can see, the links between the mind and the body are strong, and you can influence them one way or another. Relaxation scripts, visualisations and positive birth affirmations are all techniques used by mothers to help them remain calm, reassured and focused. All these techniques can make the labour more comfortable (often with reduced or even no pain-relief and fewer medical interventions), which tends to result in a shorter labour. How appealing does that sound?

Prepare yourself and your birth partner for a birth experience that feels right for you. Learn to connect with your body, your mind and your baby to help achieve the birth you really desire.

03

Tip three: Let your birth partner be involved

During pregnancy your partner often feels like a bystander. Partners (many of whom have played a crucial role at the beginning) are now left to watch you blossom and grow, without ever really being able to understand or feel what you are experiencing. Many partners will often leave the finding out about birth and baby matters to the mum and will only attend an antenatal class if they are asked to.

Unlike many mainstream antenatal classes, a hypnobirthing course is about connecting both parents with the pregnancy, labour and birth (and if your birth partner isn't the baby's father, it is highly recommended that whoever you choose attends the course with you). Your birth partner needs to understand all the aspects of a hypnobirthing course along with you, so that they can fully support you when the big day arrives.

By attending a hypnobirthing course with you, your birth partner is thoroughly involved in the experience. They have the opportunity to be hands-on during the course and will learn to:

- *understand the process of labour*
- *understand, explore and follow your birth preferences*
- *ask the right questions for your circumstances*
- *read the hypnobirthing scripts to you for maximum effect*
- *appropriately, calmly and confidently support you during labour*
- *look after your newborn baby*

So now you can see it is essential for birth partners to take part in your hypnobirthing journey / programme for mums to feel 100% supported.

There are so many advantages to your birth partner attending a course with you – most importantly that the experience of labour and birth is not unfamiliar when the time comes.

Let your birth partner support you during labour and birth

Your birth partner is one of the most important people involved in your birth. It's essential to have someone there in whom you have total confidence and who can support you 100%. It's vital that your birth partner is very clear about your hopes, feelings and preferences for the birth, so that he or she is able to speak up and advocate for you, if needed.

In most cases, the baby's father will be the lucky one who gets to share this extraordinary moment, but you may also opt for your closest friend, your mother, another member of the family or a doula, as well as or instead of him or her. Indeed, you may feel that you would like more than one person with you during labour and birth. If so, explain your reasons to your birth partner about having someone else there, saying that they could give him or her support too. The important thing is that you choose someone (or people) that you completely trust and with whom you are at ease. They must be a rock for you, should the going get tough. It is also a good idea to organise a back-up, if for some reason your first choice is unavailable. Most close friends and relatives will jump at the chance of helping you and witnessing a birth.

The birth partner's job is a very important one. It's not just about providing a hand to squeeze or being able to pant loudly with you, as TV or films sometimes portray! The main responsibility he or she will have is to offer you complete support and encouragement, and keep you as comfortable as possible during labour and birth. You need someone who is prepared to respond to your every whim on the big day, and not be annoyed when you change your mind and just want the room to be silent for hours on end.

This person must be happy to pace the room with you, or to help you with optimal positioning, or to massage you. It should be someone who won't be offended if you get irritable or suddenly ask to be left alone, and someone who will remain strong during difficult moments, should they arise. Finally, it has to be someone who can be your voice: represent your thoughts and feelings, and stand up for what you want or need, if, during labour, you are unable to (or would rather not) do so yourself.

Your birth partner will experience the whole amazing process. They will be the first to see your baby's head emerging into the world (if they choose to look) and will get the chance to cut the umbilical cord, if they fancy it. It may also be their role to remain with your baby if you need medical attention or feel tired after the birth, or if, for any reason, the baby needs assistance. Your birth partner may have to endure quite a lot during labour and birth, but in doing so will receive the greatest reward: they will have the honour of being one of the first people to get a precious cuddle.

In order for them to be fully aligned with your thinking and know exactly what you are likely to need during labour and birth, it is highly recommended that they do the antenatal course with you. Not only will they be more informed about late pregnancy, labour and birth, but together you will discuss your preferences and make decisions that feel right for both of you and for your baby, beforehand and on the day. Of course, they will also learn how best to support you during labour, physically as well as emotionally, so that you can focus on connecting with your mind, body and baby.

04

Tip four: Learn natural ways to keep your body relaxed and comfortable in labour

Often at the end of pregnancy, women are eager to meet their baby. They are reaching the end of this chapter with their body in full bloom. It is at this point that they may feel like their body is no longer theirs and they are eager for baby to make an appearance. If the due date is looming, or perhaps it has passed, their patience might be running out and so they look for ways to induce labour naturally. But what's the rush...?

For labour to begin, the conditions need to be ripe. Just think of our friends in the animal kingdom. They give birth when:

- *nature decides that their baby is ready*
- *they are in a safe space*
- *when they know they will be uninterrupted*

We humans need to have this reassurance too. So a mum needs to feel ready — not only emotionally, but in every other sense too — and she will probably want to be close to home as the estimated due date approaches, reassured that what she needs for labour and birth is close by.

What starts labour off is still a bit of a mystery. There are various theories out there, but what the definitive trigger is, is still unclear.

However, when all is well, a spontaneous labour tends to come on gradually. The contractions are short in duration, spaced far apart and not too regular. As time passes and labour progresses, the contractions last longer, become more frequent and regular, and the intensity is likely to build.

For some women, spontaneous labour starts before their babies have reached full term and of course worries will immediately surface as to why this has happened and what will unfold. The best course of action in this situation is to get to hospital and let the professionals keep an eye on you and your baby.

Worrying too much and holding on to tension will not allow your body to work efficiently and help your baby descend. There are a number of ways to help you stay relaxed and comfortable, which enable your body to work powerfully and help birth

your baby with more ease, such as breathing techniques and visualisations.

During pregnancy research natural ways to stay relaxed, focused and comfortable in labour, to ensure that you are working with your body and your baby in the optimal way. These will help you have the best possible birth experience for the two of you.

05

Tip five: Learn the best positions for labour and birth

If you have only been exposed to TV and films, I am sure that when you picture a woman giving birth to her baby, she is lying on a hospital bed with her legs akimbo, possibly in stirrups (argh, this makes my blood boil!). Get that image out of your head right now and tell your brain to obliterate it from your memory. This is absolutely the worst position for you to be in during labour and when you give birth to your baby.

In order to have an efficient labour, you need to work with your body as nature intended, rather than making it easy for the medical professional to keep their eye on you. Being on a bed will inhibit your body from easing your baby out, as you will constrict the flexibility of your pelvis.

Just imagine the following two scenarios:

In room A there is a woman who has gravitated immediately to her bed and she spent her whole labour lying down or sitting inclined on the bed. Her movements are extremely limited and she only moves when she feels uncomfortable and needs to reposition herself. Her baby is having to ‘commando crawl’ horizontally or at a slight incline out of her body.

In room B the bed has been moved to the side of the room, giving the mum space to walk around, bounce on a birthing ball and generally keep active during labour. Her baby is vertical at all times and gravity is working with her body to help ease her baby down. She has the ability to tip herself forward, which creates more space in the pelvic area, making it easier for her baby to descend.

Which of these two ladies do you think will labour more efficiently and calmly?

Whether you intend to birth at home, in a hospital or in a midwife-led unit, these positions and techniques are applicable to all settings — you are in control of your birth and your comfort.

So if you want to work with your body to help your baby descend efficiently into the birth canal and have a quicker labour, consider doing an antenatal course: it will help you to understand the best positions for labour and birth and the logical reasoning behind them.

Bonus Chapter

How to achieve the birth that you want for a Caesarean Section Birth and/or a Vaginal Birth after a Caesarean Section (VBAC)

LET'S BUST SOME MYTHS:

- Once a Caesarean section (C-section), always a C-section — *Not true.*
- You risk having uterine rupture if you opt for a Vaginal Birth after a Caesarean Section (VBAC) — *True. However, less than 1% of VBAC women will suffer uterine rupture, so your risk is extremely low.*
- The risk of uterine rupture does not increase significantly if you have had multiple C-sections — *It increases marginally.*
- VBACs are not riskier than C-sections — *A Caesarean section is major surgery and complications can occur.*
- A C-section is safer for baby — *A Caesarean is not without risk to the baby. Babies are occasionally cut by the surgeon's scalpel. Babies who are born by Caesarean section have a higher rate of respiratory problems.*

Many women who are planning a C-section or whose pregnancy carries a greater probability of them being recommended to give birth via a C-section will think that they no longer have choices around how their birth. This is not true. Birth in whichever way it occurs should be a magical event.

If your birth requires medical procedures, you still have choices. Things you might like to consider:

- Would you like to listen to your own music during the procedure? Ask your midwives to put your music on.
- Would you like to hold your baby immediately after birth?
- Then request for the ECG patches to be placed on your shoulders rather than on your chest.
- Ask them to cover up the blood pressure cuff
- Who do you want to announce the sex of the baby? It can still be your birth partner.
- Do you want to breastfeed straight after birth? There is no reason why this can't happen.

As for mums who have previously given birth via a C-section, if they are now seeking to follow the path of giving birth vaginally (a VBAC — Vaginal Birth after Caesarean Section), I strongly believe that they should be supported along the way, and only accept a C-section if nature deems otherwise, rather than being bamboozled with horror stories. Giving birth to a healthy baby is not *always* ‘all that matters’, as unhelpful friends, colleagues, family members and medical staff like to affirm: the mother’s psychological well-being after this event is imperative too, and research suggests that mums feel better emotionally in the postnatal period when they were supported in their birth choices, whatever they were, *even if* they had to change path before or during the birth. Forcing a mum into a C-section isn’t always the right answer (just like forcing her into a VBAC isn’t) — empowering her (or, even better, the couple) to make her own decisions is what is essential.

A positive birth is when a mother feels that she has the freedom of choice, has access to accurate information and is supported in her decisions. For a positive birth, she looks forward to labour and birth without anxiety or fear and should there be twists or turns in her pregnancy or during labour, she confidently knows how to adapt.

07

Conclusion

So here we are! You now have some solid advice to help you achieve the birth that you want. Please take the time during pregnancy to get yourself fully informed about labour and birth and what could occur. If you can, do attend an antenatal class. This will help you to discover what you like and don't like the sound of. Remember, we are all different, our pregnancies are unique, and our birthing journey will vary from person to person too. So, what is right for your friend, may not be right for you.

Don't be the person who looks back after her birth wondering whether she might have had a different experience if she had been better prepared in pregnancy. Be the person who wants to shout about her positive birth experience from the rooftop! Don't be the person who gets caught up on the conveyor belt of medical care, which is rigid with timeframes, tick boxes and red tape.

Be open minded and be ready to embrace the other possible scenarios, should they arise. Be the person who savours and enjoys her birth, without any rush. Just like a good meal, favourite drink or a relaxing massage — none of these should be done racing against the clock!

This book has taught you how to achieve the birth that you want.

If this sounds like something you would like too, book yourself onto an antenatal class, whether it's a face-to-face one, or an online one that you can do in the comfort of your own home.

I wish you a positive birth experience, whatever you decide. Every woman deserves the birth that is right for her.

- If you want to ask me any questions, to book onto a course or to share your birth story, please email me at: classes@magicalbabymoments.com.

COURSE DISCOUNT

If you want to book onto a course with Magical Baby Moments, quote 'STIPS' for a 10% discount.

GLOSSARY

Acupuncture

Acupuncture is a complementary medicine in which fine needles are inserted in the skin at specific points along what are considered to be lines of energy (meridians). Acupuncture is beneficial in all stages of pregnancy. Later in pregnancy, acupuncture is useful in alleviating pregnancy-related aches, anxiety and stress. Acupuncture is also well known for helping turn breech babies into the optimal position for birth. Regular acupuncture treatments towards the end of pregnancy will help prepare the body for labour and can even start labour. These treatments have been shown to encourage an efficient labour by reducing the amount of time spent in labour and the level of medical interventions. Be sure to find an acupuncturist with prenatal experience.

Birth partner

This is your person (people) of choice to be by your side supporting you through labour and birth. It can be the father of the baby, a life partner, a family member or a close friend. Some couples also hire a doula (see below).

Birth plan/preferences

Expectant mothers are encouraged to write down their preferences for how they would like to experience birth. There are a number of factors to consider, such as venue, preferred pain-relief options, positions for labour, place for birth (on land, in a birth pool etc.) and what you want to happen to your baby in his or her first hour post-birth. Your midwife and antenatal teacher will help you with these considerations.

Birthing ball

Birthing balls and gym balls are basically the same thing. They are an aid for pregnancy and labour and they come in different sizes. Check that your ball is well inflated so that your knees are lower than your hips. Ways to use your birth ball during labour include:

- > Sitting astride the ball and rocking your pelvis from side to side or back and forth.
- > Kneeling on the floor and lean over your birthing ball.
- > Similar to the position above, but this time place the ball on the bed or another surface and lean over the ball from a standing position.

Birth pool

Birth pools can be plumbed into the birth suite and made of hard material (like your bathtub at home), or they can be free-standing pools — usually made of hard plastic or inflatable like a paddling pool. Women choose to use birth pools for relaxation and pain-relief during labour, or as the environment in which they want to give birth.

Cervix

The cervix is the narrow neck-like passage forming the lower end of the uterus.

Caesarean section (C-section)

Caesarean delivery — also known as a C-section — is a surgical procedure used to deliver a baby through incisions in the mother's abdomen and uterus. An emergency C-section is performed when either the mother or baby is compromised during labour. An elective C-section is planned for during antenatal care.

Contraction

A contraction during labour is a shortening of the uterine muscles occurring at intervals before and during birth. The mother will feel the uterus tighten during this period. It is also known as a 'surge'.

Doula

A doula gives emotional and physical support, help and information to women during pregnancy and during and after the birth.

Due date

In the UK, the due date is calculated by adding 280 days (40 weeks) to the first day of your last menstrual period. However, note that this is just an *estimated* due date: only 4% of babies arrive on their due date. The baby will usually make an appearance between 37 and 42 weeks.

Fully dilated

The first stage of labour begins when you start having contractions that cause incremental changes in your cervix and ends when your cervix is fully dilated at 10cm.

Induction/induced labour

An induced labour is one that is started artificially, usually in the hospital maternity unit. Contractions can be started by inserting a tablet (or pessary) or gel into the vagina. This is not always effective so other interventions may be offered, including breaking your waters (artificial rupture of membranes), and often a hormone drip (synthetic oxytocin) is needed to start or/and speed up the labour. It can sometimes take 24 to 48 hours to get you into labour.

Midwife/midwives

A midwife is a medical professional who specialises in pregnancy, childbirth, post-partum and newborn care.

Midwife-led unit/birth centre

This is a birthplace that is not necessarily linked to a hospital. The aim of a birth centre is to offer women a place for normalised care during childbirth. To give birth here, women usually need to meet certain criteria.

Obstetrician

An obstetrician is a doctor who specialises in pregnancy, childbirth and a woman's reproductive system. Although other doctors can deliver babies, many women see an obstetrician. Your obstetrician can take care of you throughout your pregnancy and will be there for mothers and babies that need extra care during childbirth.

Oxytocin

A mother naturally produces this hormone to help labour start and to maintain regular contractions. The other times when our body produces oxytocin is when we laugh, when we are happy and content, and when we make love.

Pain-relief (in labour)

There are two forms of pain-relief in labour: natural and artificial. Natural options include hypnobirthing, breathing techniques, visualisations, meditation, taking a bath, using a TENS machine and other self-help tools to enable you to relax. Some women prefer drugs to help alleviate the pain; this may be in the form of gas and air (nitrous oxide, also known as one of the brand names 'Entonox'), diamorphine, pethidine or an epidural.

Reflexology

Reflexology is a form of massage used to relieve tension and treat illness, based on the theory that there are reflex points on the feet, hands, and head linked to every part of the body. It is very safe, but most practitioners will not perform procedures on a pregnant woman during the first 13 weeks of her pregnancy. Many women choose to have reflexology in late pregnancy to encourage labour to start. Be sure to find a reflexologist with prenatal experience.

Spontaneous labour

This is when the body naturally goes into labour without any medical intervention.

Surge

See 'contraction'.

TENS Machine

TENS stands for Transcutaneous Electrical Nerve Stimulation. A TENS machine is a hand-held device that has two cables, each of which leads to two electrode patches. Two patches are placed on the woman's back on her bra line and two in line with her pelvis. These patches send out continuous mild electrical impulses that trigger the brain to release endorphins (nature's own painkillers). During a surge (contraction), the woman presses the boost button to send more impulses out through the patches, which helps the brain release more endorphins. This offers comfort to the labouring woman.

Uterus

The uterus, also known as the womb, is a hollow muscular organ of the female reproductive system. The foetus grows in the uterus during pregnancy. It is an incredibly strong organ, able to contract forcefully to push a full-term baby out of the body during birth.

Vaginal birth

This is when the baby is born through the mother's vagina, as opposed to being born by Caesarean section.

Vaginal Birth after a Caesarean Section (VBAC)

A vaginal birth after a Caesarean section is also known as a VBAC (pronounced 'vee back'). Vaginal birth has physical as well as psychological benefits for both mum and baby, and women who are pregnant after a previous Caesarean may want to experience a vaginal birth.

RESOURCES

ONLINE

Association for Improvements in Maternity Services (AIMS)

www.aims.org.uk

Birth Choice UK

www.birthchoiceuk.com

NHS Choices

www.nhs.uk/conditions/pregnancy-and-baby

FURTHER READING

The Association for Improvements in Maternity Services (AIMS) provides a number of unbiased, evidence-based factual booklets:

- × Am I Allowed?
- × Inducing Labour: Making Informed Decisions
- × Birthing Your Baby: The Second Stage
- × Birthing Your Placenta: The Third Stage
- × Breech Birth – What Are My Options?
- × Birth after Caesarean
- × Caesarean Birth – Your Questions Answered
- × Safety in Childbirth
- × Group B Strep Explained
- × Vitamin K and the Newborn

BOOKS

- × *The Calm Birth School: The Practical Guide for Modern Mamas to Create a Calm, Positive Hypnobirth* by Suzy Ashworth
- × *Why Hypnobirthing Matters* by Katrina Berry
- × *Childbirth without Fear: The Principles and Practice of Natural Childbirth* by Grantly Dick-Read
- × *Ina May's Guide to Childbirth* by Ina May Gaskin
- × *The Power of Hypnobirthing: 10 reasons why it's for you* by Christine Huntingford
- × *The Hypnobirthing Book* by Katharine Graves
- × *HypnoBirthing* by Marie Mongan