

## Natural Birth: The Five Critical Factors

As a birth doula, I work entirely in a hospital setting, where I feel most needed, and where natural births are talked about but seldom seen. Over the past fourteen years that I have been assisting birthing families, five important factors have stood out as essential for having a natural birth. I will enlarge on these factors and explain their role, as we, as doulas, have much control of all five.

First, allow me to define *natural birth* in a hospital setting: a mother in labor is admitted to the hospital and delivers her baby with nothing more than being monitored and possibly having the requisite IV. Although all women are not aiming for a natural childbirth, and we support the decisions each woman chooses, I find through my prenatal massage practice that the clear majority of pregnant mothers would like to have a natural birth, while the vast majority does not achieve it. Why is there this enormous disparity? Two short answers are fear and expectation – the mother's fear of the process, and a hospital-driven expectation of multiple and routine interventions.

With this definition of natural birth, I believe mothers who achieve this remain below three percent (exclude the occasional precipitous birth delivered in triage in my hospital setting). Consider the high epidural rate (often above 90%), rising rates of cesarean births and inductions, decreasing support of a trial of labor following a cesarean section (VBAC), and the trivializing of artificial rupture of membranes by doctors in early labor. I would also suggest that since hospitals charge handsomely for their myriad interventions (and surely budget against that income) that they have, in fact, a *disincentive* to lower the use of any of these services. Interventions have become the American way of doing the birth business in hospitals in this country. So mothers who desire a natural birth have a system to buck and expectations to cast aside. I believe they must be proactive and assertive to achieve their goal, and I have some guides to follow – let's call them *critical factors*.

What I believe to be the five critical factors in having a natural birth have not come from the writing of others, but from my experiences over the years in labor and delivery

and through my prenatal massage practice. The critical factors are: education, fetal position, retention of amniotic fluid, choice of health care provider and use of a doula.

### Education

Education implies that a birthing couple will become knowledgeable about the whole birth process, with this important outcome: reduce fear. It should combine reading with a childbirth class, as well as seeking voices of positive expectation. This self-educating reduces the unknowns, thus bringing down fear. I like to tell mothers that, “We have complete trust that your body knows how to develop this baby. It's also true that your body knows how to give birth to this baby. There is nothing you have to figure out. Birth is all about letting go, and your job is to get out of the way. Trust the process.”

Trust is one side of a coin; the other side is fear. Ideally, as a birth doula, I want the mothers I work with to have a great trust in the process and little fear. And I know my very presence will be reassuring. This is a win/win coin.

### Fetal Position

Before labor begins, there is an ongoing dance between the baby's and the mother's movements. There is an intelligence here, wired into the baby's genes, that prompts him to seek the most favorable position entering the pelvic brim prior to the onset of labor. Our interest should be directed at what can be done prenatally to encourage this optimal fetal position – occiput anterior.

The answer to what can be done lies in mothers' maintaining upright postures and forward leaning positions that tilt the pelvis forward. These positions can encourage early engagement of the baby's head in the pelvic brim before labor starts. One of the best positions for the baby is when his back is on the left side. Mother will feel kicks on the right. Toward this end the mother can be advised to stroke her tummy from right to left every night before she goes to sleep, to picture his back on her left side and to talk to him as well.

Forward leaning positions, with the knees lower than the hips, can be sought out when reading, watching TV, and using the computer. Consider sitting upright on a birth

ball, rather than leaning back on a conventional chair. When sleeping on the left side, the right knee should be elevated with enough pillows to make it level with the right hip. Discontinue deep squatting the last six weeks, as deep squats can facilitate an OP baby to engage before it has had a chance to rotate to OA.

Encourage swimming. Many pools offer pregnancy classes that get mothers moving. Prenatal yoga classes support forward leaning and add wonderful stretching and toning exercises. Prenatal chiropractic removes tension on the ligaments that support the uterus and restores balance. This reduces torsion that can tilt the uterus, causing the baby to reside on the mother's right side – a possible OP presentation during birth. Prenatal massage, like chiropractic, can create a state of balance in pelvic muscles and ligaments, and allow mothers mobility without pain. I am sure you can add several ideas of your own here.

Many ideas and resources are available to help the baby become OA before labor begins. As doulas we can teach optimal fetal positioning to our couples/clients, and go to childbirth and prenatal yoga classes as guest speakers.

To the extent that the baby has engaged in the pelvic brim in the OA position, with his back on the left side, he is bound to descend, tuck his chin and apply pressure on the cervix. This is the kind of birth we all want to attend. The mother with the OA baby obviously has more potential to have a natural birth than mothers with mal-positioned babies during labor. Optimal fetal positioning presents us with an important opportunity to educate. A favorable position is a critical factor in enabling a natural birth.

### Keep Your Water

In my area, artificial rupture of membranes (AROM) is routine upon admission to the hospital and trivialized as an intervention. The dialogue usually goes something like this: the obstetrician says, “I would like to check you, and I would like to break your water to speed things up a little bit.” What isn't said is that in the next few minutes your pain will dramatically increase and you will be asking for the epidural. If she says nothing or consents, her plan for a natural birth has potentially been sabotaged.

The statement of the OB is very seductive. The implied promise is that labor will be shorter. There is no mention of the terrible trade-off in terms of increased pain and pos-

sible problems for the baby. I encourage my mothers to say, "No thank you. I am not in a hurry." When AROM becomes routine, medical need is not mentioned, as both mother and baby are doing fine. So I encourage my clients to keep their water and be ready to speak up on their own behalf, as I am not their voice. Keeping their water is something they should read and decide about before coming to the hospital.

Because of the pain factor, I think keeping the amniotic fluid as long as possible is crucial to having a natural birth – at least until eight or nine centimeters. Note too that an induction can be started without breaking the water. Encourage your clients to do it nicely, but just say, "No thank you" if they don't want the procedure.

Here are four compelling reasons to say, "Leave my water alone". First, the amniotic fluid that surrounds the baby also surrounds the cord. It is much less likely that the cord will become compressed if it is surrounded by the amniotic fluid. Take away the water and there may be decelerations on the monitor. The decels can be worrisome enough to begin an amnio infusion or send the client for a cesarean birth. *Leave the water alone*. Secondly, the amniotic fluid serves as a lubricant that allows the baby to twist and turn and descend. Take the water away, and the baby may get stuck. Stuck babies often go to cesarean birth. *Leave the water alone*. Thirdly, sometimes, late in labor, it may be discovered that the baby is mal-positioned. Perhaps the head is to the side or the baby is OP. As doulas, we know to get a mother to lunge with a foot up on a chair, or get on hands and knees for an extended length of time (or any number of other remedies). And we expect the baby's position to become more favorable – *if* she still has her water. No water? No luck. *Leave the water alone*. And fourthly, of greatest immediate impact to the mother is the fact that her amniotic fluid serves as a wonderful buffer for pain. She may feel like contractions are a real challenge, but they are tolerable. That cushion of water is *effective* counterpressure. *Leave the water alone*.

### Choice of Provider

The next critical factor in having a natural birth is choice of doctor. A couple needs to do some homework: talk to other birthing couples, develop a list of questions, and interview more than one obstetrician. One significant piece of information I would want to know would be the doctor's cesarean rate, for I believe this number reflects on his/her

patience with birthing mothers and the process of labor and delivery. For more information on how to get transparency from your local hospitals and doctors, see [www.thebirthsurvey.com/](http://www.thebirthsurvey.com/).

Over the past several years I've realized that all OB's fall somewhere along a continuum that falls between patient driven care to medical model or managed care. I would suggest natural birth occurs most often at the patient driven care end where the doctor is interested in the birth plan and promises to help the couple implement it. This doctor is also proud to announce his/her very low cesarean birth rate.

As you can guess, my favorite OB's are not in a hurry. Similar to midwives, they are on baby time and display trust in the process by being willing to wait rather than intervene where possible. Sometimes I feel body language says it all. Doctors broadcast their impatience in their movements, their choice of words and the time/clock expectations they voice ("I'll be back in two hours, and I expect you to have dilated two centimeters by then.") Know that obstetricians need your business. They may tell you what they think you want to hear. Talk specifically about birth without interventions and listen carefully to their responses. Any time they say, "We'll have to talk about that later," they're hedging and that's a red flag. Does he/she seem to be in a hurry in the interview? Yes? Don't expect it to be any different when you're in labor! Couples are really on their own here in this most important of decisions to make. Now, *they* need to be patient. Interview some more.

Of course my favorite providers are doula friendly and offer their pregnant mothers doula names to call. Do you want a natural birth? Ask doulas who they recommend! Expect them to name OB's who practice like the midwifery model: preserve the amniotic fluid, largely ignore the clock, suggest no interventions when mother and baby are looking good, and support her birth plan to the extent possible. Also expect doulas to recommend midwives, for many of them embody the behaviors that stem from seeing birth as a natural process, with great patience and positive expectations.

### Hire a Doula

With a nation-wide natural birth rate in hospitals of an estimated 3% or less, most mothers have fallen victim to a system that lives by the clock, is ever ready to use their

tools and inject their medicines, and is often in a hurry. Their expectations result from their daily experiences of natural birth being obstructed in countless ways. Now include the doula. Having assisted at 145 births, my natural birth rate is 72%, with nearly three-fourths of my mothers only being monitored and having an IV. As a fellow birth doula, your rate may be similar to mine.

So a birth doula is often the agent that brings the other critical factors together. Having a doula is like bringing a childbirth education class to labor and delivery. Having a doula is key to lowering fear because doulas are a continuous and calming presence that makes a mother feel fully supported; thus she feels safe and can let go of fear. After my daughter's second wonderful birth experience (yes, I was her doula), we were discussing how well she had done and she responded, "You know, Dad, I was just never afraid." What an important statement! What an impact that made on her progress! And I say to couples when they ask me to assist them, "In inviting me to your birth, you have put trust in me and have let go of a certain amount of fear." These are important dynamics that help her step aside to allow the baby to come down and meet its new parents.

A doula at the birth can help with fetal positioning – or repositioning – especially if the mother still has her water. It has been my experience that some providers will give a mother more time to labor, not even suggest AROM, use less interventions and demonstrate more trust in the process with a doula present that they like and respect. And we doulas have all come away from a natural birth in which we knew our emotional and physical support was the favorable, deciding factors. We helped that mother dig deep and she rose to the occasion; she surprised even herself and was euphoric over the outcome and extremely proud of herself. Yes, and all of that courage and satisfaction ultimately enhanced bonding and breastfeeding.

For many mothers in my prenatal massage practice, I have been the first person to suggest that they could have a birth without narcotics or an epidural. Due to their fears they hadn't really entertained such a possibility. True, a natural birth was their desire; they just hadn't see themselves in that picture. There is an opportunity here for every doula to say, "You can do it too. We can do it together." Your voice may well be the first

one to give her the courage to try. Ask her to talk about her fears, and let her know how your participation can be the all-important support she needs to meet her goal.

I see every birth as being like a game of cards. The families will be dealt some good cards and perhaps some bad cards. Whatever the hand, they have to play it. And as doulas our job is to help them play the hand well. Our experience helps us see the bigger picture and helps the couple navigate the system. Additionally, we can tailor out support to allow the husband or partner to also rise to the occasion, follow our lead, and become the strong emotional supporter he/she is surely capable of being. In the end, we have facilitated the natural birth and allowed the father/partner to shine. I call this doula magic.

Which of these five critical factors is the most important? Can they be ranked in a 1-5 order? No, they are of equal importance. In their own way, each is crucial. It is up to each of us as doulas to continue to hone our skills, attend national conferences, cultivate relationships of acceptance and respect with providers, and garner sterling reputations as valuable and effective contributors, in our own right, to mothers and fathers during birth. Let us nurture ourselves as we continue to be the catalyst that allows a natural birth in a hospital setting. Let us continue to deliver our very own magic.

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