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E-mail

My L&D Tips

from Pastor David, RN

(retired after 24 years of working in maternity nursing)

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BREAST-FEEDING TIPS

. . . Emma, a virgin Rottweiler, successfully breast-fed after adopting these big kittens from their natural mother (also shown in the photo)! You may not find your breast-feeding experience as easy as Emma makes it look, but her instinctive example should encourage your determination to overcome any problems or challenges you may face in giving the God-created nourishment that is best for babies.

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IS IT LABOR YET?

It's good to avoid unnecessary trips to L&D for unrewarding "labor checks." Occasionally a "first-time mom" feels "an unbearable urge to push" shortly after her contractions begin. Rare, but all things are possible with God. However, the Creator of pregnancy and birth allows most women to experience fully that miraculous

wonder called *labor*. Here are some signs to distinguish *early labor* (when to stay home) from *active labor* (when to go to the hospital, or to call for your midwife)*****:

contractions in early labor...	contractions in active labor...
are irregular or regular only at intervals	get more regular with greater consistency and strength
feel like a low backache or menstrual cramps	start high, moving down, making the whole uterus firm
are inconsistent in length and interval	become longer and closer together
may start with fatigue / may subside with rest & hydration	do not diminish with rest or drinking water
may diminish with a warm shower or change in position	get stronger with changes in position
you see little more than mucous plug loss	you may see bloody show or ruptured bag of waters

*****[In EMERGENT SITUATIONS, forget laboring at home and to GO TO THE HOSPITAL FAST! That's WHEN: **1)** you have a sudden, heavy, continuous flow of blood from your vagina; or **2)** you feel excruciating pain with no break between contractions, causing the uterus to stay rock-hard; or **3)** your water breaks and you feel the baby's cord prolapsed into your vagina. If #3 happens, CALL 911 immediately. Compressing the cord blocks the baby's oxygen supply. So, try your best to keep pressure off the cord by kneeling head-down with your buttocks sky-high till the ambulance arrives. If ambulance service is too distant, get into that position in the back seat of a car and have someone drive you straight to your hospital's L&D department. If possible, let them know you're coming. Either way, try to stay calm. Relax your body with long, slow, deep breaths. Prayer is also helpful and reassuring.]

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HELP WITH EARLY LABOR

Determine from the chart above if it's true labor, or just a false start. You can find out by taking a warm shower, drinking lots of fluids, and lying in a comfortable position on your side. *If your contractions go away... they'll come again another day!* If they don't stop, get up and take a walk to see if you can make them stronger. YES, STRONGER! After all, stronger may get the job done faster, and faster is BETTER! Walking usually increases the strength, frequency, regularity and length of contractions in both *early* and *active labor*. If it's *false labor*, contractions will diminish in strength and frequency. But don't wear yourself out in the discovery process. Alternate between walking and rocking in a rocking chair, which also can strengthen contractions. By the way, since a rocking chair is a good investment for after the baby arrives, why not buy or borrow one early on, so you can use it when labor begins?

Many have low back pain during early labor, as ligaments stretch in the posterior pelvis and sacrum. Walking may help you cope with it. This pain can also be a sign that the baby's head is in a posterior or "sunny-side-up" position. Hopefully the head may turn as it descends, but sometimes you can help it happen by bending over and leaning on a bed with your elbows, rocking your hips from side to side. Another way to help the head turn out of a posterior position is to get into bed in a knee-chest position (kneeling with your bottom up in the air and your head and chest supported on pillows), swaying your bottom back and forth. These two positions also allows your mate or coach to massage the area of discomfort in your lower back more easily. Use warm lotion when massaging to protect the skin. Also warm compresses or a stream of warm water in the shower may alleviate some of your lower back pain.

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A LESS PAINFUL PELVIC EXAM

Pain often causes us to tense up, and tension increases pain. During a pelvic exam, a woman who anticipates pain may tighten the muscles of her pelvic floor, clamping down on an examiner's fingers or on the metal speculum being inserted into her vagina. This actually creates the pain she anticipated, or magnifies it tremendously. Her brain may tell her to keep her legs apart for the exam, but her fear tells her to close them to prevent what's happening. Also, she may instinctively pull away from the intrusion by arching her back, which pulls her vagina and cervix upward and inward. This makes the examiner have to dig deeper, causing even more discomfort, especially if the cervix is "posterior," that is, behind the baby's head and hard to reach.

TRY THIS the next time you have a pelvic exam. ***First***, instead of arching your back, tilt your pelvis upward, as if trying to point your vagina toward the ceiling. Concentrate on pushing the small of your back into the bed or exam table instead of arching. This brings the cervix closer to the examiner's fingers instead of pulling it inward and away. This "pelvic tilt" position is also good for relieving low back pain, and it's a helpful position to use later for pushing out your baby. ***Second***, don't hold your breath, which almost automatically makes you tighten up. Instead, breathe in and out with short, shallow breaths, and increase their frequency (not their depth) the more discomfort you feel. This is the same breathing pattern that helps you relax through labor contractions. ***Third***, and most important, relax your inner thigh muscles so that your legs flop apart like a rag doll's. I know, this all sounds so easy for a man to be saying, but there's a good trick I learned to help you do this...

If you can't relax your inner thigh muscles, put your hands on the outsides of your knees and try pushing your hands apart with your knees. When you consciously push your legs outward against this resistance, you automatically relax your inner thigh muscles, which allows your perineum to relax, too. I learned this trick one night when a woman having a rapid delivery was hysterically clamping down her perineal muscles by keeping her knees locked together (POOR BABY'S HEAD!). I put my hands against the outside of her knees and shouted at her, "Push my hands apart!" She started to do it, and I shouted, "Farther, push them farther apart! Get angry at my hands!" And when she finally got her legs open, the baby's head was immediately delivered! You can't push your knees apart and tighten your perineal muscles at the same time. TRY IT with your next pelvic exam. Just pretend that any pain felt during the exam will go farther away from you the farther you push your knees apart, and guess what...? It will!

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AVOIDING BED EXPERIENCES

The spelling is right.... You don't want a "bed" experience! In labor, you should be having an "out-of-beddy" experience! Laboring in bed is part of our Western medical culture, but *most* births don't require hospital beds. Women in many countries outside North America and Europe don't perceive labor as an indication to lie down on their mats or in their hammocks. Lying in bed may prolong labor without giving the comfort hoped for. It can work against nature by decreasing mobility. Movement can increase the strength of contractions, speeding up the process of labor. Staying out of bed as long as possible also allows gravity to help the baby's head descend. Most laboring women who are able to move around find they can cope better with contractions. Even women who finally cry out, "GIVE ME MY EPIDURAL!!" will find that their time spent out of bed was their best insurance against a slowed labor pattern. With an epidural or spinal anesthesia, movement is limited to flipping from side to side every so often.

Unless the doctor orders strict bed-rest or an epidural temporarily paralyzes your lower half, stand up! Afraid

of dripping *bloody show*? I say, "Get the *show* on the road!" What if your bag of waters is ruptured and leaking? Amniotic fluid drips onto a pad on the floor or in a rocking chair just as well as it leaks on a pad in bed. Even having internal monitors or getting IV oxytocin (Pitocin) are not in themselves reasons to stay in bed. In fact, when you are out of bed, internal monitors make monitoring easier than external ones. Moving your pelvis out of bed stimulates contractions so that not such high doses of Pitocin are needed. Only a few conditions in labor make bed-rest medically mandatory. If a nurse says you must stay in bed, insist on asking the doctor personally about it. There may be no medical indication for "bed rest," especially if you just got back from walking to get yourself into stronger labor. OB doctors and nurses know that by sending a woman in early labor walking it often helps get labor going better. Yet, some of them forget this almost immediately after she is admitted, and inconsistently insist that their patients labor in bed. If that happens to you, question the logic.

When able to be out of bed, there are a variety of things you can do. Stand for a while, either straight up or leaning on the bed, swaying your hips to and fro (see "ROCK THOSE HIPS" below). Then squat for a while. Then use the rocking chair for a while. When you get tired, go back to bed, but do so creatively. Continue to use gravity by sitting up Indian-style with your legs open and knees pointing outward. Or kneel backwards in bed with your knees spread apart as you lean up against the raised head of the bed. Or kneel in a flattened bed with your head and chest resting on pillows for support. This "knee-chest" position may help relieve back pain and pressure on hemorrhoids, and it is the best position for a well-oxygenated placenta. If you must lie down flat in bed for rest, the best position is on your side with your upper leg flexed and supported on pillows.

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ROCK THOSE HIPS!

If you had a cork stuck in a bottle, you'd twist in a cork screw and wiggle it back and forth as you pulled to get it out. Pulling without wiggling may tear the cork apart. With babies, we don't reach up, grab them, and wiggle them while pulling them out. But we *can* wiggle the neck of the bottle (the pelvis). Instead of pulling, there's a pushing from inside the bottle (the uterus) with every contraction.

I suggest several kinds of "pelvic rocking" or positioning to my patients:

- Just plain walking rocks the pelvis with every step.
- Standing straight up with legs apart and rocking the hips from side to side accentuates pelvic movement even more than walking does.
- Standing and leaning forward on a bed supported on your hands or elbows allows the hips to move with even greater freedom. It also gives your coach good access to your lower back for counter-pressure or massage as needed.
- Squatting on a huge "birthing ball" to rock and roll your hips is a fun and relaxing way to keep the pelvis in motion. (Buy one now and don't forget it at home.)
- Squatting flat-footed is one of the BEST POSITIONS I've seen for helping the progress of labor. It doesn't put a strain on the leg muscles or cut off the circulation, as squatting on the balls of your feet does. Both kinds of squatting actually widens the pelvic outlet by up to 1 centimeter. However, I emphasize squatting *flat-footed* not only because it can be done easily for long periods of time, but especially because it automatically puts you into a *pelvic tilt*, bringing the pubic bone upward and backward to help the descent of the head. It's usually the best position for the pelvis when it's time to push.
- Standing with one foot up on the bed and rocking forward and backward while holding the side rail to maintain balance is a great pelvic movement for helping a baby's head in the "sunny-side-up" position

to rotate into a "looking-down" position, which is best for delivery.

- ❒ Rocking in a rocking chair tilts the pelvis forward and backward without much effort and can be very relaxing. It also enhances a rhythmic focus in breathing through strong contractions.
- ❒ IF YOU'RE REALLY ENERGETIC... watch this clip of a "38-Week Mom with Twins" trying to get herself into labor. She's got the right idea, even if it didn't get her into labor.

Pelvic rocking and squatting are by far the most effective self-help efforts I can suggest to laboring moms for helping move toward a successful vaginal delivery. But not even vigorous dancing is guaranteed to work, if it's not really the baby's BIRTH DAY....

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TIE UP THE LINES!

Having a focal point, doing Lamaze breathing, and mentally going to an imaginary place during labor, aren't just *hype*. They are based on real psychological science. Has anyone ever had to shout for your attention, because you were engrossed in a TV program or enthralled in working on a complicated project? Even though it's someone important to you, you can be oblivious to that person.

Your wonderful uterus is important to you, but don't listen to its complaints about what's happening during labor. Perhaps you've seen old movies where a PBX operator for a hotel or big business would answer telephone calls by saying, "*Number, please*," and then direct the call by plugging the line into a phone jack. In labor, your uterus repeatedly dials up the brain. When your brain says, "*Number, please*," your uterus shouts, "*I want all the numbers! Every single line, and I want them all right now!*" What you must do is "tie up the lines" in the brain so that you can answer that demanding plea by saying, "*Sorry, all lines are busy. Call back later.*" The brain can process only so much input at a single time. When you overload it, it ignores the next incoming input. So, when you concentrate on breathing rhythmically or staring intently at a focal point or listening intently to someone counting in sequence or do all three at once, the input sent by the uterus is poorly interpreted. Conversely, if you focus your full attention on the uterus, you will feel to the max all that is going on down there! Since you can't help the uterus do its job anyway, why not invest your energy in ignoring it?

Some may find the methods of concentration mentioned above helpful. I find more success in helping laboring patients to combine rhythmic breathing with the imagination. I learned it from a lady who had a looped tape on a cassette recorder playing the sound of rhythmic ocean waves and the occasional noise of a passing seagull. During her contractions, she went to the beach, walked on the wet sand, wiggled her toes in it, inspected the tide pools in the rocks, counted the number of legs on the starfish she saw there, and looked at the various colors of the sea urchins and sea anemones. A fan in the room was felt on her face as a sea breeze that left a salty taste on her lips where her sweat had dried. That wind blew some of the mist away farther out to sea, where she noticed seals playing on an island rock. Beyond that a little fishing boat floated slowly by on the waves. What was on the beach itself? Shells? Washed up seaweed? A colorful glob of jellyfish? A small piece of driftwood, that she could pick up, turn over in her hand and ponder where it came from?

So, pick a favorite spot now, a forest, a garden, your kitchen (if you like to bake), and practice seeing, feeling, hearing, and doing as large a variety of things as your imagination can create. Practice going there now, so that the process is familiar to you later. Use your imaginative energy. Focus your brain on something other than the contractions. You must deliberately remove your brain from the attention-demanding reach of your laboring uterus.

One last bit of reinforcing humor.... Did you know that during labor those little suction-cup-like arms of the uterus called Fallopian tubes disengage from the ovaries and begin to migrate upward? They stretch and stretch until they reach the skull, and if they find your brain there, "SHHLUCKOPP!" they lock onto your gray matter, quickly dragging every bit of it down into the uterus where it will be squeezed and squashed into such a pitiful mush that all you can do is blubber, "Epidural! Epidural!" So, by the time those little suction cups reach your cranium, make sure your brain has taken an imaginative trip elsewhere!

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LET GO & LET GOD

In my above tip on "A Less Painful Pelvic Exam" I said that tension increases pain. The discomforts of labor are not as much the problem of the uterus as I've described above in "Tie Up the Lines!" As all other natural processes, labor is a function of normal physiology. It's how we perceive it that determines whether it will be considered pain or not. One famous childbirth prep teacher, Nancy Wainer Cohen, who invented the term VBAC (Vaginal Birth After C-Section) described it this way: "It's not pain, it's power; it's not hurting, it's helping; it's not 'Ow! Ow!' but 'Wow! Wow!'" A different attitude about labor is obvious when one woman says, "Oh my, this is really a strong one!" and another yells, "WHAT THE #*%&@!!!, this is going to KILL ME!"

Attitude, someone has said, is everything, and cross-cultural studies about perceptions of labor and giving birth validate that. In many Third World countries women grow up with the understanding that labor and birth, while very intense, are still very natural processes. They learn this from the shared experiences of other mothers and by observation. So, their culture helps them expect and accept the intensity that comes with the process. To them, it's not something to be feared or resisted. They often carry on with normal daily activities right up into the transition stage of labor, and because they are more mentally relaxed and prepared for it, statistically they deliver more quickly than we do in the West. (The large amount of squatting and walking they are known for doing in labor may also contribute to this statistic.)

In our own culture, we've adopted a matter-of-fact attitude that the intensity of childbirth is something excruciating, almost unbearable. What a frightening prospect! This perspective engenders a fear that offers fertile ground for tension-intensified, or even tension-caused, pain during labor and birth. So, if you want to be more mentally (spiritually) healthy with this miraculous process you are going to go through, learn the attitude of "*Let go, and let God!*" What that means mentally is learning all you can about this awesome birth process orchestrated by our Creator, so that there's no fear coming from the unknown or from misinformation and hearsay. A brief study of human birth is enough to make anyone marvel at God's intricate handiwork in just this one tiny corner of nature. The next logical step is *faith*: to trust that the Maker of the birth process can take you through it and be with you in it. Indeed, your labor and delivery is a special, individual case that won't be exactly like that of your mother, grandmothers, friends, or relatives. So, "*let God*," allowing the divinely-created laws of nature do their intended work, trusting, or rather entrusting yourself, to God's care.

But you can't really "*let God*," if you don't "*let go*." What that means is for your mind not to worry or anticipate the unknown. Although you can do many user-friendly things to help this labor and birth process along, ultimately you have little control over it. So, the best attitude is one of *release*. This release is so important mentally that good childbirth prep teachers spend lots of class time trying to help pregnant women practice relaxation. Mental release ("letting go") is the foundation of physical relaxation, and your skill in relaxing is your ammunition against the tension associated with "labor pain."

You learn to "*let go*" by practicing it. Tense up, on purpose, one part of your body at a time, then release it, let it go. Which feels better, tension or relaxation? You'll want to do the one that feels better when uterine

contractions tempt you to tighten up the muscles of your legs, chest, face, neck, abdomen, and perineum. Practice tightening up these areas, then releasing and relaxing them. When you have done this several times, introduce an uncomfortable distraction, such as having someone pinch your Achilles heel tendon or hold ice against your skin. When you feel the discomfort, let your body go limp instead of tensing up. My own wife practiced this relaxing so well that my fingers always got numb pinching her Achilles heel tendon. She kept saying, "Do it harder, honey. That's not painful!" She delivered 12 children all vaginally without any medication at all. She's a wonderful woman, but she's not Wonder Woman. She just learned how to "*let go, and let God*."

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SHOWERS OF BLESSING

Waterbirths weren't available in the hospital where I worked, and in our old facility, only 2 of our 12 labor rooms had showers. Whenever I had patients in those two rooms, I tried to get them into those showers to help them cope with their labor. In our new Women & Children Center, all the rooms had showers, and using them became one of my best tools in helping moms avoid epidurals.

When people come home from a hard day at work, warm tubs or hot showers are extremely relaxing. Water is a gift of God for relieving stress. Just gazing upon lakes, rivers, waterfalls, or ocean waves can calm our spirits and rest our weary souls. A laboring woman's weariness from a seemingly endless rhythm of uterine tightening is multiplied when muscles all over her body tense up to try helping out the uterus. Warm showers can be a blessing in managing this typical kind of stress in labor.

Birthing balls are great tools in the shower, where hopefully the showerhead is detachable and can be pointed at any part of the body where tension is being felt. While the mom rocks her pelvis on the ball, her husband or coach can aim the warm water's spray wherever she directs. Some women dilate more rapidly during a shower. I've had to assist with shower-births, because of this. I had to catch one baby five minutes after getting his mom into a shower. Warm, relaxing water splashing all over your labor-tense body may not do that for you, but hey, it's worth a try!

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AVOIDING CAPTAIN HOOK

When your bag of waters ruptures, we in the hospital are concerned that you get into a good labor pattern and deliver within about 24 hours. This decreases the possibility of infection. Once ruptured, the bacteria present in the vagina can invade the uterus with its rich, organic food supply and its vulnerable passenger. This is one reason "conscientious" care-givers hesitate doing numerous vaginal exams on those in early labor whose membranes are ruptured. Each exam pushes bacteria upward toward the cervical opening. At the same time, internal monitoring (intrauterine pressure catheters and fetal scalp electrodes) also provide a physical bridge for bacterial invasion of the uterus. Internal monitoring may be necessary to insure a baby's safety during labor, but never should this invasive monitoring be initiated merely for care-giver convenience. If non-invasive external monitors are doing the job, why not stick with them?

If a doctor says, "Let's rupture your membranes, so you can have this baby," remember that, medically speaking, once ruptured, you have "bought the ticket." Afterwards, if rupturing fails to speed up labor, as intended, medical intervention may be introduced to try to get you delivered in a timely fashion, before

infection occurs. Helping nature along with an artificial rupture of membranes (AROM) often does strengthen contractions, speeding up labor. But I've also watched an AROM slow down labor, even to a halt. After all, the spontaneous rupture (SROM) isn't always effective either in starting labor. In both cases Pitocin would have to be used to induce labor, and the artificial infusing of Pitocin, compared to the natural release of oxytocin from the brain, is always more painful, and harder to cope with without pain medication or an epidural.

When you're fine and your baby's heartbeat tracing looks fine, rupturing the membranes is not a medical must. You can feel comfortable saying "No" to its offer as an option. However, if external monitoring shows that the baby may be having problems, then of course, the added accuracy of internal monitoring is desirable, and an AROM is necessary for placing them. Be inquisitive. Determine whether it's truly a safety issue. When it's just for hospital staff's convenience, why increase the potential for infection? After all, you're expected to submit to AROM and internal monitor placement when the baby's safety requires a closer monitoring (even though the outcome might be fine anyway). Your desire against an optional AROM, to minimize the danger of infection, is based on the same cautionary logic. Don't be intimidated. Ask questions, and be safe. If you meet resistance, remind your care-giver about the risk of infection after the 24-hour safety window mentioned earlier. Can they promise you that after an AROM you will deliver within that window of time? No, they can't. Will they withdraw their concern about infection if the personal dynamics of your body and baby extend your labor beyond their time frame? No, again.

The amniotic sac is just one more natural barrier to protect the baby from bacteria. The fluid held in by it can also be an important factor in protecting the umbilical cord from compression during contractions. In fact, sometimes we have to infuse normal saline into the uterus to keep that from happening. So, if the baby's safety is not at risk, why not keep those extra margins of safety as long as the amniotic sac can withstand the pressures of labor. In 11 deliveries, my own wife's bag of waters never once ruptured until right at delivery.

A standardized speed for every single laboring patient is a medical invention that doesn't match reality very frequently. Experienced obstetricians know this, but they also feel professionally compelled to shoot for that standardization. Again, an optional AROM often does speed things up for a more rapid delivery. When it doesn't, however, the opportunity for infection is increased. Remember, there are other natural ways to "get things going" besides AROM, by using positioning, pelvic movement and gravity, as I have already mentioned. Ask if you may try these first, and if the labor doesn't progress, as evidenced by your cervix changing, then think about getting an AROM. That's my advice anyway.

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EFFECTIVE PUSHING

When your cervix dilates to 10 centimeters, or you get "complete," you may be ready to push. I say "may be ready," because the head may need some extra time to mold into a more oblong shape in order to pass through the birth canal more easily. Even after getting "complete," it may be wise to let the head "labor down" so that it will be more effective when you do begin pushing. You push for less time and you push more effectively when you're working with your own body's sense of what's going on. As the head moves down farther into the birth canal, you will feel an unbearable urge to push. Just follow that urge. If the urge to push is not there, you may be pushing too soon, wearing yourself out trying to do what your contractions could be doing on their own. Epidural anesthesia can numb that urge, causing ineffective pushing that wears you out without accomplishing much. If you're not making any progress pushing with an epidural, ask that it be turned down or off, so that you can get some sensation back in your bottom. God made those "bearing down" reflexes to help you deliver, but with an epidural, that area is numbed. Even so, your nurse can help you feel a target for pushing by pressing downward on the floor of your vagina with her or his fingers. If you do have an epidural,

hopefully, you will be one of those women who can still feel the sensation of pressure that indicates it's time to push.

When babies have trouble descending, trying different pushing positions can be helpful. If you're seeing little progress in one position, ask if you can try another:

- If you're pushing in a semi-sitting position (on your back with the head of the bed raised), don't arch your back. Instead, round it by pushing the small of your back into the bed tilting your pelvic outlet forward, as if you wanted to "shoot the baby toward the ceiling." This curving of your bottom upward straightens out the pelvic canal for birth. At the same time, curve your upper body forward, so that your body is like a "C" wrapping around your baby. This gives some extra pressure from above with your push. In this curved position, pull your knees apart and back, as if rowing a boat. Relax as you pull back on your legs, because if you push with them or close your knees, the inner thigh muscles tighten, closing the muscles where the head is trying to emerge. Think, "UP, OPEN, and OUT!"
- Pushing in a squatting position can spread the pelvic bones a little wider, giving more room for the head. But again, do not arch your back while pushing. Squatting flat-footed automatically tilts the pelvic outlet forward, which helps the head descend. When the squatting position is not helping, find another position. If you keep on pushing in that position, when the head is not descending well, it can cause your perineal tissue to swell more and stretch less easily.
- Another position to try is pushing on your side. With our tenth child my wife was making no progress pushing in a semi-sitting position. When the doctor had her try pushing on her left side, a 10 lbs.-7 oz. girl literally slid out with one push! As an L&D nurse, I use this position almost always, but especially when a baby needs to turn just a little more to get into the right position to come "around the corner" (under the pelvic arch). Pushing on your side, rather than in a sitting position, also takes pressure off the tail bone (coccyx), so that it's not being pressed inward by your weight on the bed. In this side-lying position, support your head comfortably on pillows and maintain the same curving around your baby, pulling back only on the knee that's away from the bed. Your coach can hold your other leg steady in bed by supporting it at the heel. I get my best results in this position by feeling which side of the uterus the baby's back is against and turning the mother on that side to push.

Some teach against holding your breath while pushing. Others say you have to count to ten with each push before taking a breath. I believe that holding the breath is a God-given reflex that helps with the delivery. Just watch a lady whose urge to bear down is uncontrollable. She'll show you what comes naturally. It helps pushing, because, when the lungs are filled with air, it creates pressure behind the large muscle of your diaphragm as it pushes down on the uterus. What I do suggest is that, during the actual pushing, you hold your breath as long as possible without letting any air out. Then, blow it all out quickly, and just as quickly, grab a completely full breath of fresh air, going back as rapidly as possible to pushing. The faster this full breath is taken the less the baby's head has a chance to slide back into the birth canal. But remember to let all the old air out before refilling your lungs with a full, fresh, deep breath for the next push.

After pushing with a contraction, let your body go completely limp like a rag doll. Don't move a muscle except for breathing, and take slow deep breathes to help you relax even more. A completely relaxed body allows better circulation throughout so that you are not only rested for the next push, but your muscles have ridded themselves of waste products and are refreshed and well-oxygenated for the work of the next push. Remember, just "*let go and let God...*"

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AVOIDING DOCTOR SCISSORHANDS

The data from medical research is in, and the statistics show that those who were allowed to tear during birth had less pain in healing, healed faster, and had less subsequent long-term vaginal discomfort, than those who were given episiotomies. A natural laceration is not as quickly sutured back together as an episiotomy, and some deliveries take longer without one. But unless the baby is in trouble and needs out fast, an episiotomy is not a necessary procedure. Find out by asking if the baby is still safe, and if so, you can choose to refuse Dr. Scissorhands' offer to cut you. The myth that episiotomies prevent women from having severe lacerations has been exploded by the sheer number of women with episiotomies that extended to become 4th degree lacerations (torn all the way into the rectum). My own wife tore naturally a few times, but her most painful healing process was when she received an episiotomy from a doctor who never asked if he could do it. Some older doctors just did them routinely, as they were taught. Happily, many younger OB doctors know the research, and are trying their best to avoid that unpleasant "snip ... snip, snip... (and then, just for good measure) snip."

WHAT YOU CAN DO to avoid an episiotomy is to ask for *perineal massage*. This is done by a nurse or your mate, with a gloved hand, inserting the index and middle fingers into your vagina, pressing down the thumb (lubricated with olive oil) on the outside perineum (the muscular area between your vagina and anus). Gentle pressure in rubbing and stretching this area from side to side between the thumb and fingers helps to loosen up this tissue. You can practice concentrating on relaxing your perineal muscles during this massage. But massaging too long or too vigorously, you cause irritation and swelling instead of stretching. During pushing, warm wet towels held up against the perineum can also help loosen the perineal muscles. Alternate between times of warm packs and times of perineal massage. Some nurses, like myself, automatically do perineal massage with oil while you push. Some have never learned it or don't believe in it. Having a request in your birth plan for a nurse who will do "perineal massage" is a good idea, if you want this kind of help during labor.

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HEALING SORE BOTTOMS

If you tear badly or have an episiotomy, your perineum will probably be sore. Several things work together to decrease pain and promote healing in the area where the doctor stitches you back together:

- Ask for an ice pack for your bottom as soon as your recovery begins after deliver. Coldness both reduces the blood flow to the location of trauma and also slows the chemical reaction that causes tissue swelling. Keep using ice off and on for 16 hours or so, then switch to using warm "sitz" baths on the toilet. Once the natural tissue reaction that causes swelling subsides, heat actually promotes the decrease of swelling by encouraging circulation to the area to carry away the excess fluid. Coldness initially decreases swelling to relieve pain, but heat later encourages healthy blood circulation that traumatized tissue needs for healing.
- As healthy as blood is, when it is not flowing inside veins or arteries, it acts as an irritant to tissue. So, if blood-soaked pads stay up against a wounded perineum, the site of injury will be irritated and might even become inflamed. This, of course, will cause pain and lengthen the healing process. To prevent this, don't put off changing your peri-pads when you feel them soaked with blood. Also, when you are on the toilet to urinate and change pads, follow this sequence: **1)** empty your bladder completely so that it's out of the way of the uterus above it; **2)** massage the top of your uterus (actually irritate one small area with your fingertips using a circular motion) until it hardens like a rock, so that it expels all the blood in it; **3)** Then do your perineal wash with a spray bottle of warm water. If you forget to massage and expel the blood before spray-washing yourself off, the uterus may cramp up shortly

afterwards anyway and soak your new pads with blood again. Then you will be sitting again with bloody pads irritating your wound, unless you go back and change them all over again. Save yourself time and do a good, firm uterine massage while you're over the toilet. You'll heal faster and not have to change pads so frequently.

- Use your spray-bottle effectively to keep your bottom clean. Bacteria thrive inside the vulva, and they like to multiply on the wound site of your laceration or episiotomy. To keep their number down, get your legs stretched as far apart as you can when you are spray-washing over the toilet. Bring your vulva and perineum forward by using the pelvic tilt (pushing out the small of your back), so that you can cleanse everything well. You may even want to spread the outer lips of your vulva apart slightly in order to let the stream of warm water hit directly on the stitches. You do not need antiseptics or other chemicals to help you heal. Just keep blood and bacteria off with good washing, and remember to pat (NOT WIPE!) with toilet tissue **from front to back** before putting on clean pads.
- One final measure you might find very helpful in healing episiotomies and perineal lacerations is exposure to fresh air and to sunlight or a full-spectrum sun lamp. Sun lamps may be hard to come by, but on clear days the sun is free. The oxygen in fresh air is good for the skin and decreases the activity of anaerobic bacteria, and the ultraviolet rays in sunlight actually kill most bacteria. Sunlight has also been shown to strengthen lymphocytes and increase their number in the blood. These blood cells are part of your immune system and are specialized in fighting bacterial invasion at wound sites. So, if you can, find a private location where your naked perineum can be exposed to fresh air and sunlight, but only for ten to fifteen minutes at a time, unless your skin is used to nude sunbathing. Don't laugh! One obstetrician taught that women who sunbathe that area have less tearing during childbirth. And if you also have sore nipples from breastfeeding, why not use the sunbath to help heal them as well, making sure to watch the clock and not get burned.

Be patient. It takes time for a traumatized bottom to heal after a delivery, but the methods mentioned above should help the process.

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DEALING WITH THE "BLUES"

Many moms get some degree of *postpartum blues* after their deliveries. You may not, but it is good to be prepared, if you do. What are "the blues?" They're feelings, feelings of depression, panic, hopelessness, despair, worthlessness, guilt, etc. Infrequently, with some women, it worsens into *postpartum depression* with feelings of being "out of control" or thoughts of "going crazy," and hurting either themselves or their babies. In extremely rare cases, it can become psychosis, where the woman has hallucinations and becomes out of touch with reality.

What makes this happen? Hormones. But why, after such a wonderful experience as having a baby? Well, you know what your monthly emotional dip is like when your hormones do their routine menstrual flip-flop. Just compare menstrual cramps with strong labor contractions, and you'll get an idea of the comparative depth of confusion your hormonal system is in, while trying to re-organize itself after delivery. Postpartum blues can start within the first couple of days after delivery, especially if a mom is exhausted from a long, hard labor. My advice to you centers around getting the sleep you need:

- At the hospital, take advantage of your first free baby-sitting by using the nursery at night. Have them bring your baby out for breast-feeding, and send the little sweetheart back burped and swaddled, so that you can go back to sleep. If you don't, you'll be tempted to stay awake worrying about those natural little noises that babies make which always make new moms think something's wrong. Your own sleep (taking care of yourself) is, in the long run, the best care for your baby.

- Decide in advance that you are going to limit both the number of visitors and lengths of visits, not only in the hospital, but at home for the first couple of weeks. Get your mate to support these limits in advance, and make him read up on PPD (postpartum depression) using the web links listed below. Why limit visitors? Because, unless they've gone through it themselves, they can be very insensitive to your postpartum need for rest. After all, while they are sleeping sweetly each night, you'll probably be up two or three times changing diapers and breast-feeding. Again, when the baby's asleep, the visiting you need to be concerned about is your own visit to the underside of your eyelids.
- For the next month after delivery, postpone all important projects, social commitments, and any household duties that other volunteers can do for you. Don't look at this as "slacking off." Far from it! Your "having a baby" is not over until you recover, and letting your hormones get re-adjusted takes a while. So, eat healthy food, exercise, splurge on a fully body massage once in a while, and get a daily half-hour of fresh air and sunshine on as much skin as you dare to bare. And when your baby sleeps, never feel guilty for taking another nap.

If you do have weird emotional thoughts, remember their source. It's not you, it's your hormones talking. Okay, they've got to vent... they've been through a lot. But you don't have to follow their train of thought. Put on some classical music or Christian praise songs, and close your eyes. Or rock and sing to your baby. Ask your husband in advance to give you a kiss while he tells you how much he loves you five or six times spread out over the day. But don't believe those feelings, because they're not really you. They haven't got a clue about reality, and eventually they'll fade away.

If all that I've suggested doesn't help, then GET HELP from your doctor. If your OB-GYN doctor doesn't seem concerned about your postpartum depression, then he or she is a "QUACK!" Get a new doctor, pronto, and preferably not one from the same medical group, because if they can tolerate an OB-GYN in their group who doesn't take PPD seriously, then they're ALL QUACKS!

Helpful educational sites about postpartum blues and postpartum depression:

POSTPARTUM BLUES (drgreene.com article)
POSTPARTUM DEPRESSION (eMedicineHealth article)

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RECOVERING FROM C-SECTION

Thank God for Cesarean section surgery. Without it many women would lose their babies, and some would lose their lives. But everyone, including medical professionals, want to avoid C-sections. Opening the abdomen surgically can have unforeseen emergency complications, or can lead to problems later in life called surgical adhesions. So, if you have had one C-Section, it doesn't mean you won't succeed in your next pregnancy having a vaginal birth after C-section (VBAC). I got to meet and hear the childbirth educator, Nancy Wainer Cohen, whose powerful pen turned the term "VBAC" into everyday obstetrical terminology. At a class she taught in Berkeley called "C-Section Prevention," I got to tell her my little story about the famous term she coined: "Arnold Schwarzenegger just finished starring in "The Terminator" when his wife had a C-section, and on being rolled out of the OR, she pointed her finger at the doctor and said, 'I'll VBAC!'"

Oh well, Nancy didn't think it too funny either. But I do suggest you check out her books, or do a search about VBACs on the web. Many unnecessary repeat surgeries have been prevented because she blew the whistle on the medical establishment, and for a time, OB physicians were encouraging VBACs. I have seen lots of them. BUT, the fear of uterine rupture during labor, especially when it's medically induced labor, has silenced many doctors. This is unfortunate. The risk of trying to VBAC is certainly real, but so is the risk of any and every

C-Section. If you risk laboring for a VBAC and fail, you will then be forced to undergo the risks of a repeat C-Section anyway, right? Both options are risky, and no obstetrician will guarantee you absolute safety with either one. So, as in all risks that confront you in life, you must decide. I say pray about it, and go with the risk that God gives you peace with.

BUT ONCE YOU'RE CUT, what then? What can you do your first days in the hospital to get you on the road to recovery? One big key is to "pass gas!" Yes, it sounds simple, but abdominal surgery makes your intestines *sleepy*. The normal peristalsis that helps push everything through often shuts down and "goes to sleep." Gas continues to form, but it stays in the bowel. I've seen post-surgery patients so bloated that they look like they're pregnant again, but it's just gas! And the pressure the gas puts on their incision site causes pain that isn't always relieved by pain pills. You must pass the gas! So, you should do the following things that helps that happen:

- DRINK WARM LIQUIDS. Cold liquids slow down the bowel's peristaltic movement; hot liquids speed it up. "*Sucking on ice may feel real nice, but you get more pain from the gas you gain!*" You want to get peristalsis going again, not slow it down, so have a hot cup of tea. Let cold juices become room temperature before drinking them. Enjoy lots of hot broth or soups.
- USE YOUR INCENTIVE SPIROMETER. That *inspiring* toy they give you to suck air into after surgery not only opens up your lower lungs to prevent post-surgical pneumonia, but also causes the diaphragm to come down again and again, slapping the sleepy bowels and saying, "Wake up! Wake up!"
- GET OUT OF BED. After they first get you up to ambulate, never stay in bed longer than four hours at a time, round the clock. If you do, you'll pay painfully for every hour after the four by getting stiffer and more sore than you would if you had got up and moved. Take your pain medication, but about 45 minutes afterward use your pain relief to help you get up and walk. And try to capture in your memory how much better you feel after you've walked, so that you can remember the reward your discipline of walking every four hours will bring you, if you stick to it. Also, walking in itself is exercise for your muscles, and it has been shown that surgical wounds heal faster and better when the muscles start moving again early on in the recovery period.

Try to get into a routine that will help you do all three of these: **1)** When you start to feel relief from your pain pills, get out of bed, go to the bathroom, do your peri-wash, change your pads, then take a good long walk up and down the hallway. **2)** Before returning to bed, stop at the nurses station to ask for a hot cup of tea, and carry it back to your bed. **3)** After you get back into bed, use your incentive spirometer about ten times in a row, then sip on your cup of tea, which by then has steeped and is ready to drink. When it's finished, go back to sleep. Follow that routine, and you've done about all the natural things you can do to pass gas, except standing on your head, or doing cartwheels down the hall, which might work for the gas, but will probably extend your hospital stay a few more days.

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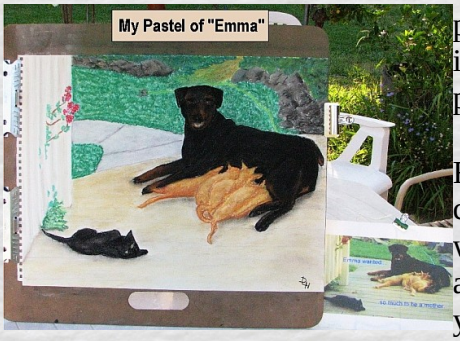
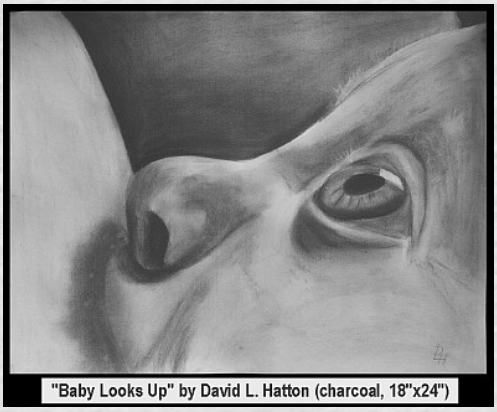
BREAST-FEEDING TIPS

Excellent nourishment is automatically given to babies through the placenta during pregnancy. To extend that natural nurture, God equipped women with those beautiful organs called breasts that are specifically designed for infant feeding. The benefits of breast-feeding, for both you and your baby's physical and psychological health, are too many to enumerate here, so I encourage you to read as much as you can beyond what I'm saying. It will reinforce your determination to provide your newborn with God's best *baby food*, as well as with the ongoing skin-to-skin bonding that comforts growing infants. For your further study about such benefits, please, explore the web sites listed at the end of this section. But what I want to do here is give you



practical "tips" at gaining success right at the start. This is part of my job in the hospital as an RN trained in lactation education: helping babies get properly latched on and helping moms breast-feed with confidence.

First, don't feel guilty if, for some very rare but legitimate reason, you cannot physically feed your baby at the breast. Some say that, no matter what, you MUST do it. I say, do your BEST to overcome every problem, and if you still must switch to a bottle, then be content to know you gave it your best shot. If you have flat or inverted nipples, start now to wear vented breast shields that keep your nipples from being pushed in by the pressure of your bra. In conjunction with using these shields, you can also get into a daily routine of gently rolling and tugging on the nipple to stretch the shortened supporting ligament that causes it to be flat or inverted. If these two methods do not help the nipples stick out better, that still may not stop you from nursing your baby. Just be determined, and if all tricks fail, buy or rent a good pump and feed your baby a bottle filled with God's formula!

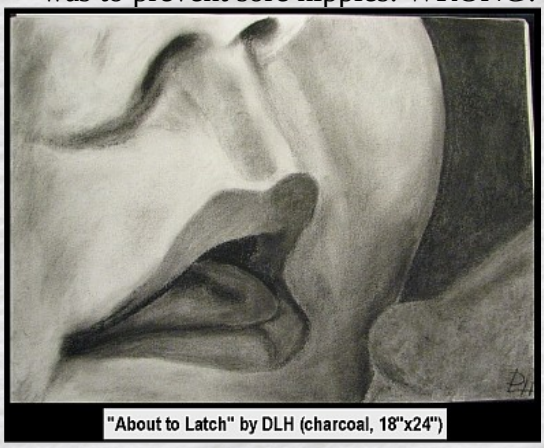

"Baby Looks Up" by David L. Hatton (charcoal, 18"x24")

I tell people that everything I learned about breast-feeding I learned from a baby. That's not really true, but it's almost right. Have you seen or heard of the film of a newborn baby placed on its mother's tummy inching its way up and latching on to the mother's breast without any help at all. I watched it, and the clear message in it for me was that we have to work with nature. So, first, watch the natural reflexes!

1. The areolae usually get bigger during pregnancy. That must mean more is supposed to go in the mouth! Right! Babies often naturally rub their lips back and forth over the areola right before latching on. This stimulation causes the areolar tissue to pucker and bunch up, so that when the baby does hook on, more of it goes into the mouth. If the puckering needs some help from you, use your fingers to tease the areolar tissue at the edges (not on the nipple itself) before trying to get the baby to latch. You only get one shot at this, because God designed it to pucker up only once, then to relax, allowing the areola to move back farther into the mouth (if it continued to pucker with stimulation, this wouldn't happen.... such a Divine design!) After this "back and forth" motion the baby usually opens the mouth really wide and lunges forward at the puckered areola. The hungrier the baby is, the more pronounced this reflex is. Then, as the areolar tissue relaxes and moves farther back in the mouth, the milking motion of the baby's tongue, by pushing this larger amount of areola against the palette, compresses the inner ducts and stimulates them to eject the milk. This milking from the ducts is much nicer than the baby going for the nipple and treating it like a straw. Sucking the milk out from the nipple can quickly damage it. If your baby gets just the nipple, immediately stick a finger in the mouth and pull the cheek away to break suction, then try re-latching. Nipple-sucking is a habit that MUST be broken from the start. Just keep working with getting more areola into the mouth!
2. How do we like to eat when we sit at a table? It's not comfortable to eat with your head turned sideways, so make sure your baby is facing the table (tummy parallel to the direction in which your nipple naturally points). Also, bring the baby to the table and not the table to the baby. Find out where the breast freely dangles by itself before you grasp it. Position the baby's head directly in front of the nipple comfortably, using pillows, etc., to make holding the "little suckler" less work on you. A direct latching on, where the baby's mouth is centered and aligned parallel to the nipple, creates less stress on the areolar tissue and keeps the baby's nose from being so buried into the breast that breathing is difficult.
3. How do you eat a sandwich? Doesn't it fit your mouth best horizontally? Just try taking a bite out of a sandwich held vertical to your mouth. Yet I've watched many moms grasp their breasts sideways and try thrusting it vertically into their babies' mouths. All they can possibly latch onto that way is a nipple sticking out at them. Make sure, then, that you're holding your breast with your full hand shaped like a "C" (not a scissors or cigarette-hold), so that it looks like you're offering your baby a sandwich to eat.

If the baby's mouth opens poorly, you may try slightly flattening the areola even more like a sandwich. You see, although the mouth itself is round like your areola, the gums form an oblong opening for the areola to fit into. I learned this by observing the shape of a baby's mouth and by my experiences of "latching on" successes with a myriad of problem latchers. But later, I watched a video-presentation by an expert *female* obstetrician who taught this same "sandwich hold" method in her lactation education. It works! "Just feed 'em a sandwich!"

4. The best way I've found for new babies to learn proper latching is for the mom to hold her breast in the C-hold with one hand, supporting the baby's head with her other. The "football position" allows this. Or, with the head and body still held like a football, move the baby across your chest to the other breast. Your grasp now on the other breast will look more like a U-hold than a C-hold, as your hand come upward from underneath. This new position, as well as the football position, gives the mom full control of the head so that, after tickling the baby's lips with her nipple (move the head, not the breast to do this), she can help stimulate the baby's reflex to open the mouth wide. Watch for the "big mouth" and be lightning quick to shove in the areola "to the hilt!"
5. Stroke the cheek of a baby with an empty tummy and it will turn its mouth in that direction. Try it on an infant with a full tummy and ... no response! So, don't supplement your breast-feeding just because you fear your baby isn't getting anything from you at the beginning. The hungrier they are, the harder they suck, and the harder they suck the faster your milk comes in. It's nature! If you do not seem to be giving enough milk (the baby has less than 6 wet diapers a day and seems hungry even after you've offered both breasts and felt them drained), then you can help your mammary glands produce more by extra stimulation. Two or three times between feedings, massage each breast as if it were like a clock, starting at 12 noon with your thumb and at 6:00 with your index finger, working your way around the 12 hours by stroking inward from where your breast tissue starts to the point where your areola begins. A couple times around the clock is sufficient, and by doing both breasts using both hands at the same time, it does not take long to do. Along with this, make sure you're eating right and drinking lots of water! You require 500 calories more a day for breast-feeding and should be drinking 6 to 8 glasses of water or more a day.
6. When I first started maternity nursing, I was told to teach moms not to feed longer than 10 to 15 minutes on one breast, then break suction with your finger, and start the baby on the other breast. This was to prevent sore nipples. WRONG! Having all the areola in the mouth so the baby can "milk you," instead of sucking on your nipple, is the best insurance against sore nipples. And do babies naturally pull off after 10 minutes and look around for the other breast? No, they drink until you're drained or until they're done. But even more important, 10 minutes isn't enough. It's only after about 15 minutes of nursing with a good latch that the calorie-rich "hind milk" reaches the front of the breast to nourish the baby. If they leave the breast too soon, they only get the thin, skim or "fore milk." They may sleep, but their hunger returns quickly. They wake up starved, and vigorously tear into you at the next feeding. Now THAT makes sore nipples! But giving one breast at a feeding, offering the other only if the first one is drained, makes happier, fatter little babies who sleep longer between feedings, and wake up gently licking their lips as a feeding cue, rather than screaming from hunger pains and ripping away at you. Just remember which breast you started with at the last feeding, and offer the other one. In this way, if you do have sore nipples, each breast gets a longer rest between feedings. So, like you may have heard someone say, "Let them drink until they pass out like a drunken sailor." Let them stay latched until they drain the breast dry. It's nature's way!


"About to Latch" by DLH (charcoal, 18"x24")

7. Some babies seem to have more trouble latching on than others, but the problem might be caused by our habits, not theirs. You might have seen on a "good" breast-feeding video how the lactation educator has the mom bare her whole chest and undress her baby down to the diaper or even to full nakedness. This is not just to give viewers of the video a better educational look at what's happening.

It's because babies latch on better with a skin-to-skin sensation. Remember that they were naked inside the womb, with their whole body being snuggly hugged by the uterus. Clothing is a new, foreign addition to their life that insulates them from skin-to-skin touch. When babies have trouble latching on, removing their clothes not only makes them more alert, but their skin-to-skin contact with the mother's naked chest heightens their rooting and latching on. This reflexive response is a very clear cue from our Creator that humans need touch, and this is especially so for little humans. Although this fact is now common psychological knowledge, the voice of social custom often overshadows the lessons of nature, and we can let our clothing-compulsiveness hinder healthier, more natural practices.

I am man, of course, but I think breast-feeding, beyond being such a healthy emotional and physical blessing to your child, has to be an extremely validating experience for a woman. At last, you get to use those beautiful gender-specific organs adorning your chest for their God-designed purpose. NO, they were not designed for men, but for babies. In our sex-crazed society, the breast has become so sexualized that some women hesitate to breast-feed, because they cannot mentally pull away from our culture's sexual expectations for the breast. The saddest part of such thinking is that it alienates women from their own bodies, making them see their breasts as objects of sexual enticement rather than as symbols of the nurturing potential of their gender. Our society needs a re-education about the real purpose for breasts, and the object lesson of mothers breast-feeding their babies openly in public view is exactly the curriculum needed (see my "Teaching God's design for BREASTS - A Message about 'the Visible Breast' for Christian Leaders"). All the States have laws similar to that in California, which say that moms can nurse whenever, wherever and however they want without harassment. I stand in support for all women who want to try to take back their breasts from this culture's insane sexualization of them, which has only gotten worse with time. If you feel insecure about breast-feeding because of how our society views the breast, please, check out the extremely informative website below (007 Breast), and reinforce your determination to give your baby "the best feeding" by learning all you can from the other sites listed.

007 BREAST
"Loving Support" form WIC Learning Center
LA LECHE LEAGUE
International Breastfeeding Centre's video clips

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SHOULD I HIRE A DOULA TO HELP ME?

From a hospital nursing perspective, I looked at doulas as assistants to labor nurses the way labor nurses assist obstetricians or midwives. The word *doula* in Greek means "a female servant" (its counterpart, *doulos*, is "a male servant"). A doula's service is varied: coaching, teaching, assisting both before and after childbirth. In the past, they might have been caring relatives or friends who felt called to become skilled in helping mothers through the birth process. Today, it's not necessary to know one personally to obtain such service. They can be hired. And just as with professionally educated midwives, good doulas usually obtain special training in order to be the best labor "servants" possible.

"***Why would I want one? My mom and husband will be there.***" Husband, parents, relatives and friends may be there in abundance, each overwhelming you with different "great ideas" for your labor. I've watched some moms of laboring women seek to *mother* "my sweet baby through this tough journey." Moms, grandmas, or even mothers-in-law and aunts, might feel their experiences of giving birth qualify them for the task. But, as labor lengthens, their trust in the limited knowledge gained only from their specific individual journeys, can often erode into an unhelpful, sometimes frustrated *well-wishing*. They, and even husbands well-trained in the Bradley method, aren't usually prepared to intervene with expertise in the dynamic array of unforeseen twists and turns a labor might take. And that's where experienced doulas are most helpful.

"***But won't my labor nurse help me through these things?***" I hope so. I feel there ought to be a bit of a *doula-spirit* in every labor nurse. But not all are as pro-active for natural childbirth as I was before retirement. Nurses may get to spend more time at the bedside than doctors or midwives do. But they are also dealing with monitors, IV pumps, medications, charting, and running around looking for supplies out of stock!

A doula, however, can be there all the time. As a nurse, I often loved working with them, unless they were the kind that saw medical professionals as "the enemy." (Sadly, that attitude, on the part of a few, has caused some labor nurses to distrust doulas also as "the enemy.") But truth be told, I put some great tricks into my laboring toolbox from doulas, and when they were open to learn from me, I'd load up their toolboxes as well. And when it came time for pushing, and my body needed more than two hands, I often found perceptive doulas anticipating what I needed even before I asked their help.

If you decide to engage a doula's services, check out their credentials and background of experience. Below is a link that will prove helpful, if you want more information or need help finding a qualified doula.

DONA Internationaly (formerly, Doulas of North America)

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CHOICES AFTER THE BIRTH OF YOUR BABY

Birth plans are great, because they help you anticipate what's involved in the labor and birth process, but they rarely get to be followed out to the letter. You've got to be ready for incidental detours in the birthing journey you have hoped and planned for. However, it is important to plan for the options, when they are available, especially when it comes to that exciting, emotional time when the baby is out. This little one just had to leave the most comfortable place on earth, and the process was a bit traumatic, to say the least. The most comforting place to be immediately afterwards, unless an emergency arises, is naked against the mother's naked bosom. This is not only for nursing, but for the benefits of warmth and maternal skin contact. I want to reproduce here the advice of one hospital, posted in every labor room.

Skin-to-skin Heart-to-heart

Your chest is the best place for your baby to adjust to life in the outside world. Ask your health care provider about the health benefits of spending some time in skin-to-skin contact with your baby immediately after birth.

What is "skin-to-skin"?

Skin-to-skin means your baby naked on your naked chest, without bedding or clothing in-between. Skin-to-skin contact is recommended for newborns right after birth. The first hours of snuggling let you and your baby get to know each other. Newborns crave skin-to-skin contact. It helps for a smooth transition in beginning life's journey.

What are some of the health benefits?
- best for bonding
- calms baby
- keeps baby warm
- regulates baby's heartbeat and breathing
- gets breastfeeding off to a good start

Dads can snuggle too! Fathers and mothers who hold their babies skin-to-skin help keep them calm and cozy. Infants are more awake, more active and cry less. Continue skin-to-skin contact at home with your baby while nursing or just relaxing.

ANOTHER issue is whether or not your baby should be cared for in a nursery. If the dad or a friend or relative is able to stay in your postpartum room with you, and you have already been assured that your baby is healthy and normal, there's no need for the baby to leave the bedside for any reason other than procedural care. There are some mothers who are so exhausted or medically compromised that they must have their infants totally cared for by others. If this happens, and no one is able to stay with you, you should not feel guilty that nursery nurses are caring for your baby instead of you. Even if that is the case, you should still ask for help in getting the skin-to-skin contact mentioned above, by having the baby brought to you, even for short periods of time. Skin-to-skin contact is important for both you and the baby, especially at feeding times, even if nursing directly from the breast is not an option.

FINALLY, a very big issue is your decision about early baby vaccination with hepatitis B vaccine. For years, cases have been reported on the internet by people who claim that their healthy newborns developed a tragic condition after hepatitis B vaccine was administered. I cannot confirm the validity of those claims, but neither will I fail to warn you that drug companies who make vaccines have more control over what the medical establishment prescribes than either group dares to admit. Similar claims reached a court in France (Paris, January, 2008) where certain drug company managers were being investigated on manslaughter charges for failing to divulge the side effects of this specific vaccine during their campaign to get 100% of the babies of that nation vaccinated. As much as you may trust doctors, you should learn to protect yourself from information they mimic from drug companies without doing their own research about the safety of what they are prescribing. The drug industry is profit-driven and sales-dependent, and it has become dangerously powerful in its influence over the FDA and policy-making in our government. That means that, as long as there are still choices involved in health-care, we need to do our own research, avoiding the studies colored by vested-interest groups, whose motives are basically financial. I have given hepatitis B vaccines to babies, when their parents request it. But when asked my opinion about it, I had my own question: "Have you done research on it yourself? If not, you might want to study it thoroughly before making your choice." (One resource for research is the National Vaccine Information Center.)

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BIRTH POEMS FOR YOUR SOUL


"Touch" by DLH (charcoal, 18"x24")

BABY

Where did you come from, baby dear?
Out of the everywhere into the here.

Where did you get those eyes so blue?
Out of the sky as I came through.

What makes the light in them sparkle and spin?
Some of the starry spikes left in.

Where did you get the little tear?
I found it waiting when I got here.

What makes your forehead so smooth and high?
A soft hand stroked it as I went by.

What makes your cheek like a warm white rose?
I saw something better than any one knows.

Whence that three-cornered smile of bliss?
Three angels gave me at once a kiss.

Where did you get this pearly ear?
God spoke, and it came out to hear.

Where did you get those arms and hands?
Love made itself into bonds and bands.

Feet, whence did you come, you darling things?
From the same box as the cherubs' wings.

How did they all just come to be you?
God thought about me, and so I grew.

But how did you come to us, you dear?
God thought about you, and so I am here.

by George MacDonald (1824-1905)

(download and print "BABY" in an embellished .PDF file format)

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MATERNAL BOND

A womb of warmth, then mother's mirth
And cuddling love to follow birth
Fulfill the bond of special grace
That nourishes the human race.

-- David L. Hatton, 3/3/89

(from ***Poems Between Heaven and Hell*** ©1991)

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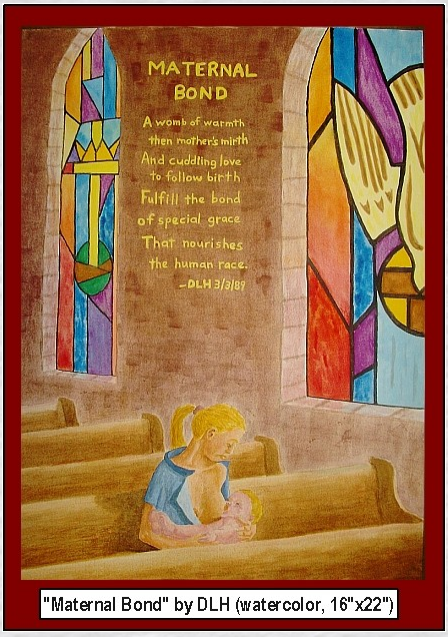

"Maternal Bond" by DLH (watercolor, 16"x22")

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"MAMA"

"Mama" is a term we hear, a title used each day.
It often is the name we first conform our lips to say:
A common, household epithet, a word that stands for her
Who runs the show at home and makes important things occur.
But "mother," "mom," and "mama" cannot ever be the same
When it becomes a woman's turn to bear that lovely name.
For nothing in our history of dwelling on the earth

Compares with what can happen in the time surrounding birth.
For never did another person live in someone's space,
So cozy soft and hugging warm: the womb's a magic place
Where heels and knees and elbows kick reminding, "I am here!"
And dance into a woman's dreams and plans till they appear.
There's something God creates inside that nothing can reverse--
A call to bring into the world a special life to nurse.
And she who bears the challenge has an everlasting claim
To be a child's "Mama," and she'll never be the same . . .

-- David L. Hatton 3/17/92

(from ***Poems Between Darkness and Light*** ©1994)

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SPECIAL DELIVERY

A precious, sacred mystery, the miracle of birth:
A little bit of Heaven comes to visit us on earth.
A worn and weary woman, who was tuckered in her task,
Amazingly regains new strength as those around her bask
In luminescent afterglow that glimmers from the face
Of someone freshly breathing air within the human race.
The blood and sweat of labor are forgotten for a while,
And she, with womb still cramping, greets her child with a smile.
The infant, crying briefly, to her naked bosom pressed,
Is softly stilled to suck upon the mother's supple breast.
And I who see this often always marvel at those eyes
That open on a brand new world but seem divinely wise
With quiet confidence and knowledge coming from above,
Expecting that this new home will be also filled with love.
In years they toddle upward, these sweet babies that we hold,
And sadly we may teach them to forget what angels told.
But in the gleaming aura that still shines when they arrive
We read a special message meant for everyone alive:
These babies tell of Heaven after labors end on earth,
For God who gives us children also offers "second birth."
These tiny newborns beg for us to imitate His care,
For it's God's wish someday to hold us close to Him up there.

--- David L. Hatton, RN

(from ***Poems Between Darkness and Light*** ©1994)

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WHAT IF I HAVE TO SAY GOOD-BYE...

Years ago, when I worked in ER nursing, I met several parents who lost their infants to SIDS (Sudden Infant Death Syndrome) or to some accident. I used to give out photocopies of two pages from an old book published in 1926 called "The Spiritual World" by a Christian evangelist from India named Sadhu Sundar Singh. According to a French songbook, he was author of the popular song "I Have Decided to Follow Jesus." His conversion testimony is similar to the Apostle Paul's, and the story of his ministry is replete with miracles. During his times of regular prayer, he often had visions in which he saw Heaven opened to him. The excerpt I quote below from the two pages I gave out to grieving parents is from one of his visions....

DEATH OF A CHILD

A little child died of pneumonia, and a party of angels came to conduct his soul to the world of spirits. I wish that his mother could have seen that wonderful sight, then, instead of weeping, she would have sung with joy, for the angels take care of the little ones with a care and a love that no mother ever could show. I heard one of the angels say to another, "See how this child's mother weeps over this short and temporary separation! In a very few years she will be happy again with her child." Then the angels took the child's soul to that beautiful and light-filled part of heaven, which is set apart for children, where they care for them, and teach them in all heavenly wisdom, until gradually the little ones become like the angels.

After some time this child's mother also died, and her child, who had now become like the angels, came with other angels to welcome the soul of his mother. When he said to her, "Mother, do you not know me? I am your son Theodore," the mother's heart was flooded with joy, and when they embraced one another their tears of joy fell like flowers. It was a touching sight! Then as they walked along together he kept on pointing out, and explaining to her the things around them, and during the time appointed for her stay in the intermediate state, he remained with her, and, when the period necessary for instruction in that world was completed he took her with him to the higher sphere where he himself dwelt.

There, on all sides, were wonderful and joyous surroundings, and unnumbered souls of men were there, who in the world had borne all kinds of suffering for the sake of Christ, and in the end had been raised to this Glorious place of honour. All around were matchless and exceedingly beautiful mountains, springs & landscapes, & in the gardens was abundance of all kinds of sweet fruits & beautiful flowers. Everything the heart could desire was there. Then he said to his mother, "In the World, which is the dim reflection of this real world, our dear ones are grieving over us, but, tell me, is this death, or the real life for which every heart yearns?" The mother said, "Son. this is the true life. If I had known in the world the whole truth about heaven, I would never have grieved over your death. What a pity it is those in the world are so blind! In spite of the fact that Christ has explained quite clearly about this state of glory, and that the Gospels again and again tell of this eternal kingdom of the Father, yet, not only ignorant people, but many enlightened believers as well, still remain altogether unaware of its glory. May God grant that all may enter into the abiding joy of this place!"

(pp. 24-25, *The Spiritual World*, by Sadhu Sundar Singh)

"Crib-Death Consolation" (18"x24", oil on wood panel)

When I left the ER to cross-train to OB, I came into contact with the sad side of maternity nursing, when babies do not make it. Early in my OB orientation, one of my patients and her husband asked me to come anoint with oil and pray for their anencephalic newborn who was soon going to die. As I was praying, I had the awesome sense of hearing "vibes" from the spirit of this dying baby as if he were saying to his mother, "Thank you for loving me so well and wanting me. I can't live here, but your love has enriched me and is sending me off to Heaven with the greatest start I could have." I communicated this to her, and I knew that I would be writing a poem somewhere down the line to give to her and other grieving moms who have stillborns or newborn deaths. In fact, to the next seven women I took care of during the birth of their stillborns, I promised a copy of the poem that was yet to be written. When the right inspiration for it finally came, I sent it to them and gave it to many other mothers who suffered these painful losses. Now my hospital no longer allows me to give them out privately to patients, so I've done it publicly....

BABY'S FAREWELL

She was sobbing on the pillow, as the night about her crept.
"It's not fair that God should take you," was the whisper that she wept.
Futile now, the preparations, baby showers, hopeful dreams . . .
Wasted, all the pains of labor, muffled moans and stifled screams.
Senseless seemed the fervent pushing, ending with a mournful cry:
Forty weeks of expectation for the baby that would die.
In the midst of grieving passion, as she languished on the bed,
Tears had trickled down to dampen where the pillow met her head.
Bearing him had left her weary, now remorse had made her worn,
Worn and weak with restless hours, since her little boy was born,
So she tried to close her eyelids on the shadows in the room,
Finding needed sleep to drown the empty cramping in her womb.
And she dreamed that he had lingered, staying with her, at her breast,
Not to nurse, but just to nestle, to be cuddled and caressed.
Such a joyful little spirit, swaddled in an angel's cloud . . .
It amazed her when he stared and spoke these gentle words aloud:
"Darling Mother, you are precious! You have carried me so well!
You can't see the way you've blessed me, but eternity will tell."

As he snuggled in her bosom, she could feel his body grow,
First a toddler, then a child, with his angel face aglow.
"Mother," said his shining spirit, "you bestowed a gracious gift.
I received the greatest send-off . . . it was like a special lift.
Holding me with hope and longing, you encircled me with love.
See how fast your welcome nurture helps my growing up above?"
Then he soared past adolescence on into a manly state,
Standing by the bed she lay in, saying, "I can hardly wait!
Heaven is so vast and lovely, every part is rich and true.
When at last you get to come here, I will show it all to you!
You must also meet the Master who prepared it from the start,
He has known the loss you're feeling, and He waits to heal your heart."
When she tried to cling to him, as he began to fade away,
She was only clutching blankets at the dawning of the day.
She arose to face the morning, prayed a prayer and read a psalm,
And reflecting on the vision, sensed God's peace and felt His calm.
Though her arms were still as empty as they were the night before,
Hope was mingled with her sorrow, and she feared her grief no more.

--David L. Hatton, 7/1/93

(from ***Poems Between Darkness and Light*** ©1994)

(to save or print out BABY'S FAREWELL download the .pdf file.)

I was instructed in my initial nursing courses always to encourage in the patient's mind a sense of "hope". In the case of perinatal loss, hope is nonexistent without the reality of an afterlife. Atheism offers only despair for those whose loved ones are taken in death, because it means that the separation is final. But if our human survival instinct makes any spiritual sense at all, it declares atheism a bankrupt form of thinking for humans.

The Bible's God, the God of all earthly lives and heavenly afterlives, tells us that reunion with our loved ones in the hereafter is not only possible, but exactly what He desires for us. Of course, "You must also meet the Master..." The love that flows from God's heart is not only the source of healing for our temporary wounds but also the power for the spiritual new birth that we all need for our eternal future. That's why believers say that Christianity is not a religion but a relationship. "Knowing God" through His Son Jesus Christ is the unique offer of the Gospel message, and God's gift of human free-will requires that each individual make a response. As a minister of Jesus Christ, I urge you to make the choice to come to know God personally through Christ. In His prayer to His Father, Jesus said, "Now this is eternal life: that they may know you, the only true God, and Jesus Christ, whom you have sent." (John 17:3).

If you need more help in working through this time of grief from the loss of your baby, look up in your phone directory to see if there is a SHARING PARENTS support group in your area. Also, there are other web sites designed to help you, as the ones listed below. It might be a healing thing for you to write a poem about your feelings and thoughts as the people did whose poems are on these some of these sites....

The COMPASSIONATE FRIENDS support groups
Sources of Help from SilentGrief.com (archived articles & personal stories)

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"WHAT ABOUT THE HOSPITAL NUDITY PROBLEM?"

"Spectator Sport" by DLH (graphite, 18"x24")

My **short answer** is simple.... It didn't take me long in the nursing field to learn that our cultural ideas about nudity aren't based on reality, but on a ridiculously false and sordid imagination. Naked anatomy becomes a problem only where unreal or irrational expectations make it one. By itself, the nude body doesn't create the lustful thinking that preoccupies American culture. Jesus said that lust comes from an *impure heart* (Matthew 15:19), which is exactly what our society mentally nourishes by proclaiming the naked body an indecency.

So, based on Christ's teaching, *lust* is never a direct result of merely seeing the opposite sex in an unclad condition. In the same way, our human dignity isn't lost just because the opposite sex see us *au naturel*. Normal, non-sexual nudity−so common in healthcare−confirms these two statements. Your own hospital stay might provide a convincing example of this. If males are among your caregivers, and you find yourself without the embarrassment you anticipated, congratulations! You will see firsthand why my own experiences with female nudity have failed to produce the trouble our sex-crazed society predicts.

The human body, designed by our Creator in the precise appearance and form He meant for it, is not the problem. Society has artificially created a problem by fostering a lewd view of nudity that God never intended. However, the social problems arising from that view are real and sometimes devastating. All our lives we've been trained to think of nudity as a *sexual issue*. How refreshing to find it's really a *non-issue*!

I often correct patients who say, "I guess this is where I lose my modesty." I tell them, "Not at all! You're as modest now as the day you were born." True modesty is an attitude, both in mind and in behavior, not a state of dress or undress. Modesty can be lost by trying to attract attention through suggestive body postures or facial expressions, or even through wearing certain kinds of clothing, but not by simple nakedness.

Believe me, I'm not saying this because of growing numb to nudity through years of exposure to it. My work as a male nurse has in no way blinded me to God's artistic beauty in the naked feminine form. I simply know the wholesome reality of appreciating such beauty without the lustful thinking that our culture grooms us to have and then declares unavoidable. Nor is my experience, and that of millions of others, just so much psychological *wishful thinking*. On the contrary, this surprising discovery about human nakedness is a healthy mental emancipation from *warped thinking*. Our culture has persistently sexualized and pornified the human body. But most people are liberated from this "vain imagination" almost instantaneously upon their first exposure to the "naked truth."

I could say more. This is my **short answer** to "What about the hospital nudity problem?" My **long answer** (on another web page) gives a more thorough explanation. Since the popular, sexualized view of the body directly contradicts my own experience with nakedness, this area has been one of much personal thought and ongoing research. What I've learned historically, culturally, psychologically, and theologically, has unanimously confirmed the viewpoint expressed above. These discoveries and insights deepened my own appreciation for God's original will in creating us in a nude condition. They have also expanded my understanding of how important our physical embodiment is in God's plan. The human body, so exploited by society, is actually a realm of spiritual insight and celebration, when understood from a godly, creational perspective. If this short answer is insufficient and unconvincing, or if you are interested in learning more about why I believe as I do, study "My View On Nakedness" or read my book *Meeting at the River*.

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