

The Woman with a Plan

A popular country song states “if you wanna hear God laugh, tell him your plan” (Van Zant). I know from personal experience many obstetricians feel the same way in regards to birth plans. Murphy’s law always seems present in labor and delivery units and the more strict a birth plan becomes the more likely the final outcome will deviate from it. The absolute goal of all pregnancies should guide us in the balance of a woman’s autonomy and an optimal delivery outcome. That goal is and always will be a healthy mother and healthy baby.

Birth plans are a popular topic among pregnant women and their care providers. In preparing for this article, a Google search on “birth plans” showed more than 700,000 hits. These birth plans range from very basic outlines of desires and preferences to in-depth, play by play instructions for all parties involved. There are advantages and disadvantages to birth plans in general. The positives include prompting young couples to discuss and explore the birth process, think about decisions that will have to be made, and open a dialogue with their care provider. Negatives include a feeling of failure if events stray from the plan and causing tension between the patient and the health care team. The easiest way to avoid negative situations is to choose a physician, nurse practitioner, or midwife with whom you can communicate openly. Discussions in the office should always include the wishes of the patient in regards to labor and delivery and the typical process of the care provider. These discussions can cover topics such as epidurals, episiotomies, forceps, Cesarean section, and more.

Some basic information to remember in regards to pregnancy is that labor and delivery is a natural process which most women experience without complication. The

majority of women will labor between 39 and 40 weeks and will deliver vaginally. Approximately 25% of pregnant women will undergo Cesarean section. That being said, we can explore some of the common recommendations and decisions that will come about in labor and delivery.

First, what is required in terms of monitoring the baby? The American College of Obstetricians and Gynecologists (ACOG) recommends that patients with low risk pregnancy should have the fetal heart rate monitored at least every 30 minutes in labor and every 15 minutes with pushing. These requirements become more strict if there are complications or if certain risk factors are present. This means that outside of these times, the mother may be out of bed, walking, sitting in a chair, or on a “birthing ball.” Intravenous (IV) access is also recommended in labor. Some physicians will allow access sites to be placed (heparin or saline locks) but not connected to fluid or pumps which limit mobility.

No discussion on labor and delivery can be complete without a mention of pain management and epidurals. Perhaps no topic in relation to labor will bring up more controversy. The majority of women in Amarillo will have epidurals placed while in labor. This method of pain control allows for continuous dosing of medicine to ensure labor and delivery is as comfortable as possible. Epidurals can also be used for other procedures such as tubal ligations and operative deliveries (ex. Cesarean section, forceps, and vacuum assisted delivery). Intravenous drugs and comfort measures such as dim lighting, light touch, music, and relaxation techniques may also be used to manage pain during labor and delivery. ACOG opinion on pain management in labor is clear –

maternal request is a sufficient medical indication for pain relief in labor. This means if a laboring woman wants pain medication she should be provided with it.

Many women worry about the risks and possible complications with epidural placement. Popular opinions in regards to epidural are often fraught with misinformation. Recent studies should help alleviate some of these fears. First, current research studies show Cesarean section rates are similar with or without epidural. Also, even epidurals placed early in labor have not been shown to increase the Cesarean section rates. Therefore, the literature shows there is no “centimeter cutoff” for the placement of an epidural and maternal perception of pain is reason enough to have one placed. Second, studies have shown equivalent rates of back pain after delivery in women who received epidurals and those who did not. Finally, some research has shown that epidurals can slow the progress of labor (others have shown it speeds things up) and this is to be accounted for when following dilation of the cervix.

Another topic which brings forth much anxiety for expectant mothers is episiotomy. Newer recommendations are that episiotomies should be limited and performed for medical reasons only (not just physician preference). Some experts have suggested that episiotomy rates should not exceed 25%. Women who undergo midline episiotomy (the most common type in the U.S.) are more likely to have significant tearing and delayed recovery in terms of pain and sexual function. Episiotomy may avoid tearing in more sensitive areas of the vagina such as the urethra, clitoris, and labia. As with all medical procedures, episiotomy should be discussed with the patient and only performed with the patient’s consent.

Other important issues in regards to birth plans include allowed visitors, eating and drinking in labor, and personal hygiene. First, the number of people allowed in the delivery room is hospital policy. Most hospitals will allow two support people to be present but this should be discussed with the physician and labor and delivery nurse. Visitors must understand that emergency situations do arise and they may be asked to leave. Photography and video are typically not allowed during the birth for obvious liability reasons. In the case of Cesarean section, one support person is typically allowed but emergency situations may eliminate this. It is important to remember that Cesarean section is performed in an operating room and will be managed accordingly. Most physicians will allow ice chips during labor and some even clear liquids. Almost no one will allow a patient to eat during labor. Finally, no one will make the patient shave her pubic hair (although it may be required for Cesarean section) or receive an enema prior to labor.

This is a very brief overview of typical topics covered in a birth plan. It is by no means an all inclusive review and I strongly encourage patients to discuss these issues and more with their prenatal care provider. Nothing eliminates worry and stress more than good information and preparation. Hopefully, all pregnant women will find themselves under the care of someone in which they have the utmost confidence, trust with their most precious gift, and can communicate with openly. Remember, the ultimate goal of all pregnancies is a healthy mom and healthy baby.