From Woman's Wisdom

Better Birth Basics™

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The following are part of the Better Birth Basics™ Series

- Book:: Mother's Intention: How Belief Shapes Birth
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Labor, the I.V. and You!*

In some hospitals it is still a 'standing order' that all laboring women get routine intravenous (I.V.) therapy.

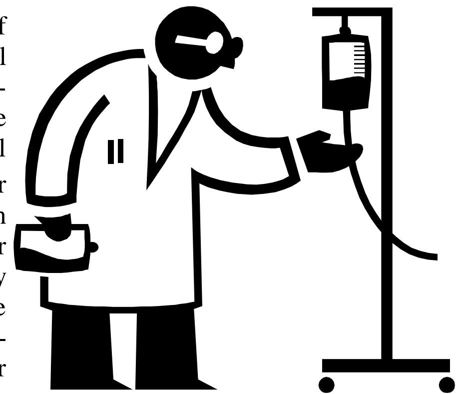
In others, either no I.V. is required, or compromises are made.

Some may wonder why protocol can differ so much from birth to birth. Why is it that women labor safely in some hospitals or at home and with no I.V., yet others are told they have no choice but to acquiesce?

Rationale

As with all interventions, an I.V. is necessary when there is medical indication for its use. For example, if a woman is throwing up throughout her labor, she may need the fluids and calories the I.V. provides. Also, if a woman requires a medication with continuous dosing, an I.V. is possibly the best way to administer it.

The origin of the practice likewise makes sense.



An I.V. in labor is used only with specific medical indication at some births

Before the age of epidurals, general anesthesia was commonly used in the event of a surgical birth. **If** a mother who had eaten in labor was fearful or in pain, her body would produce adrenaline. Adrenaline is a 'fight or flight' substance. When adrenaline is produced, digestion slows or stops. (As does labor, incidentally. That is why when you arrive at the hospital, your labor may slow or stop as blood is directed to the parts of the body active for fighting or fleeing…the brain, the lungs, heart, arms and legs.)

If general anesthesia is *incorrectly administered[1]*, one of the possible complications is that the patient may vomit. In an unconscious patient, as one is when under general anesthesia, it is possible to aspirate (inhale) the contents of the stomach into the lungs, with serious consequences. To avoid even the most remote possibility of this, it became standard procedure to prohibit food and water. Once a mother cannot re-hydrate herself or provide the nourishment needed to fuel her body as it burns calories in labor, it became necessary to replace those things through an I.V. In a day and age when most mothers wanted to labor with drugs (and many mother's were 'knocked out' and unable to voluntarily take anything by mouth), the I.V. became a way to address both issues.

*This booklet is not intended to replace sound medical advice. Every circumstance is unique and each mother must collaborate with her care provider regarding individual concerns. Each mother assumes total and complete responsibility for any actions taken as a result of knowledge gleaned from this compilation.

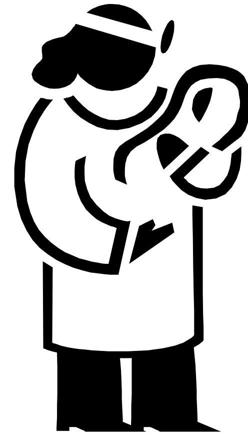
What we know today...

Today we know that to aspirate the contents of an empty, and therefore acidic, stomach can be more damaging than easily digestible, more a alkaline food such as yogurt. In fact, to counteract this known side-effect, antacids are sometimes given. [2]

General anesthesia is still used, but rarely, and usually only for time sensitive emergency cesareans, which most are not.

If the original reason for the NPO (med-speak for 'nothing by mouth') order and I.V. is no longer a concern, and there is no specific medical indication for this particular intervention, the decision then comes down to weighing the risks and the benefits.

This is why it is vitally important to initiate discussion with your provider about interventions by talking about your birth preferences (also called a 'birth plan') early.



When we know better, we do better.
Maya Angelou

Fasting In Labor

(The practice of not allowing you to eat after you arrive at the hospital)

We've already established that the only benefit to denying food and drink to a laboring woman is staff convenience. Are there any risks to withholding food and water during labor? Yes.

First of all, it makes the I.V. necessary. Without it, the mother could become dehydrated, which can lead to diminished blood flow to the placenta. The mother could also run out of fuel to burn, a condition known as ketosis (familiar to those who have knowledge of high protein/low carb weight loss plans). A compromised mother means a compromised baby isn't far behind.

According to *A Guide to Effective Care in Pregnancy & Childbirth* enforced fasting is one of a number of routine interventions that "…have unpleasant consequences, and are potentially hazardous to the mother and possibly her baby." [3]

Too much fluid, too much sugar and an imbalance of the saline (salt) content of the blood are all risks to the I.V, but possibly the most concerning risk is that of infection.

Yearly, 90,000 people die from hospital-acquired infections. This is more than all accidental deaths, including car accidents, fires, falls, burns, drownings and poisonings. [4]

The United Health Foundation [5] has great advice for avoiding nosocomial (hospital caused) infection, but the most commonsensical, preventative measure is to simply **not uselessly providing entry for pathological organisms if there is not a compelling reason to do so**. This boils down to don't cut, poke or otherwise injure the protective covering that is your skin without a darn good reason. (There are implications here for episiotomy, surgical birth and internal fetal monitoring as well.)

Are these risks common? Probably no more so than the risks they are supposed to mitigate. But why *introduce* a risk that wouldn't otherwise exist?

We might wonder why this intervention is still considered 'routine' for most women in the absence of medical indication if the original reasons for instituting the protocol no longer exist.

The reason usually given is that "If we don't place the I.V. early, we may not be able to 'find a vein' in an emergency situation."

However, the actual reason may have more to do with the legal safety of the hospital or doctor rather than the physical safety of you and your baby.

Because think about the logic of the reasons given…'we need to have a vein open' and 'in an emergency we don't want you to aspirate the contents of the stomach'.

Always err on the side of evidence and common sense.

If a person were in a car accident, after just eating a meal, would lifesaving surgery be denied because the accident followed a meal? No!

The stomach would be pumped and emergency care would proceed.

If a dehydrated person were in a car accident, bleeding until emergency medical technicians arrived, would the EMT find a way to get an I.V, started to save a life? Yes! That's their job and they are highly skilled.

If a mother has many nurses and doctors at her side for her labor, also highly skilled at detecting a problem and inserting I.V.s and /or stomach emptying, would emergency care be possible without prohibiting food and requiring a routine I.V. Of course! Is it extra work in the event of an emergency? Yes…but *that's their job.* They are there to attend you in the event of an emergency. An uncomplicated birth could be, and is, accomplished alone, attended by two year olds and taxi drivers. Unconscious women can give birth without assistance. The body knows what to do, and does it. You have hired doctors and nurses *just in case* something does happen that requires medical assistance… unlike natural, normal birth.

What is right for you?

In the end, that is what must drive your decision. You are trying to determine what is best for you and your baby. Hospital policy, the legal 'restrictions' of a hospital or the fear-based thinking of a care-provider should not be your concern.

However, it must be remembered that we are talking normal, healthy mother-babies, and routine…arbitrary, without medical indication…restrictions and I.V.s. If you are dealing with a special circumstance, refusing a medically indicated I.V. for a non-medical reason…for instance a fear of needles…is not in the best interest of your baby. That must always be your motivating factor.

If you wish to avoid this particular intervention, there is much you can do to minimize the special circumstances that might lead to it.

First-and-foremost is to be optimally nourished throughout pregnancy. Approximately 85% of all complications can be avoided through good nutrition. That means eating fresh fruits and vegetables, at least 75-80 grams of protein a day (for a singleton pregnancy), a minimum of eight to ten glasses of water a day, and salting your food depending on how your body's signals tell you the food should taste. It also means stopping smoking, and avoiding alcohol, caffeine and sugar.

Next, avoid other routine, non-evidence based intervention. For instance, a common side-effect of epidurals is that there is a sudden drop in blood pressure that can be life threatening for both mom and baby. In an effort to prevent that, a 'bolus push'—a quickly administered, large amount of I.V. fluid—is given. Also, with an epidural, it is common for labor to slow or become dysfunctional as the muscles become paralyzed and lax. I.V. pitocin is often administered to keep labor moving, but the use of pitocin interrupts the mother's natural hormonal loop and can lead to other complications, such as hemorrhage, that again, requires that I.V. (Not to mention constant, 24/7 monitoring of an in-room nurse, the written protocol for use of pitocin because of the risk it carries.)

Pregnancy and birthing decisions must always be made with the safety of the mother and baby firmly as the top priority.

Finally, birth methods that prevent the 'fear/tension/pain cycle' from engaging can reduce the likelihood that stress hormones like adrenaline will be released. One such technique is HypnoBirthing® The Mongan Method.

Continued on back page...

Notes:

[1] Henci Goer, on page 224 of Obstetric Myths versus Research Realities, cites 5 abstracts in relation to the rarity of aspiration and the link to substandard anesthesia practices. Page 223 quotes Doris Haire, who searched through 20 years of medical literature and found not one documented case of aspiration in patients properly anesthetized.

[2] *A Guide to Effective Care in Pregnancy & Childbirth*, Oxford University Press cites this practice as of questionable value. Instead, the authors suggest a simpler solution would be to allow women to eat and drink as desired. This work is compiled from *The Cochrane pregnancy and childbirth database*, the largest, most comprehensive and current body of scientific evidence regarding childbirth practices from around the world.

[3] *A Guide to Effective Care in Pregnancy & Childbirth*, 2nd edition, pp. 206

[4] For more fascinating statistics on the topic see http://www.gentlebirth.org/archives/nosocoml.html

[5] http://www.unitedhealthfoundation.org/default.cfm

[6]The HypnoBirthing® Institute, P. O. Box 810, Epsom, N.H. 03234 USA, Phone: (603) 798-4781 www.hypnobirthing.com

[7] *Obstetric* Myths versus Research Realities: A Guide to the Medical Literature, Henci Goer, Bergin & Garvey.

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Then, if a mother does want to eat (some mothers *don't*), the likelihood that undigested food would be in the stomach might be reduced.

If you stay healthy, avoid routine interventions, and remain relaxed throughout a labor as natural as nature intended, it is very possible to avoid an I.V. If you are at risk for certain complications that require an I.V., but the medical need for an I.V. is not immediate, a heparin lock might be an a decent compromise. (This is a device that is inserted as an I.V. would be, but is not hooked up to an I.V. bag and pole until/ unless the need arises. It keeps the blood from coagulating.)

See Obstetric Myths versus Research Realities, chapter 11 for more information. Eighteen pages are devoted entirely to this topic. Included are abstracts from **28 scientific studies** regarding I.V. in labor and the withholding of food. References are provided. However, you needn't be intimidated by the thought of sifting through this scientific jargon. Goer has done the work for you and pages 221 through 224 are an easy-to-read distillation of the **evidence supportive of allowing women to eat, and discouraging routine I.V. in labor**.

You can optimize your safe birthing experience by educating yourself about your options, creating a birth plan and hiring a doula.

If you don't know you have options, you don't have any. Now you know.