

## The real question about safety is not whether you want a pleasant birth at home or a safe birth in the hospital?

It is, "Do you want to give birth at home and run the miniscule risk of an emergency that might (but not necessarily would) be handled better in the hospital, or do you want to give birth in the hospital and run the considerably increased risk of infection, the certainty of additional stress, and the near certainty of having unnecessary (and potentially risky) interventions?" Henci Goer, Author

### Local Anesthetic including Epidural

Absorption in maternal blood occurs in 10-15 minutes regardless of site of injection. All medications cross the placenta.

Epidural may increase length of labor; risk of hyperthermia resulting in need for antibiotics for the mother and sepsis workup, possibly a spinal tap, for the baby; need for suction or forceps; potential for C section; increase the risk of malpresentation (misspelled); hypotension, toxicity; extreme post-dural headache; backache; tingling of extremities; metallic taste; confusion; uneasy feeling; convulsion; fetal bradycardia; and maternal and fetal death.

### Caesarean section is major abdominal surgery

Elective caesarean carries the risk of documented medical risks to the mother's health

- anesthesia complications
- iatrogenic infections requiring diagnostic evaluation for mother and baby
- wound at the point of incision
- injury to other organs
- increased chance of psychological problems (including but not limited to postpartum depression)
- increased maternal morbidity

### An elective cesarean section poses striking risks to the infant's health

- breastfeeding and bonding are interrupted
- drugs have a great effect on the baby, emotionally and physically
- Respiratory Distress Syndrome a problem in one out of eight babies
- greater risk of prematurity, low birth weights, birth injuries, SIDS, lower apgar scores
- infections including staph and MRSA
- increased likelihood of ending up in intensive care

### Commonly used Drugs for Induction

**Dinoprostines** (PGE<sub>2</sub> gel, Cervidil, Prepidil)  
**Misoprostal (Cytotec)** Not FDA approved for cervical ripening, Cochrane libraries suggests not to use misoprostal due to lack of studies and propensity for hyperstimulation  
**Oxytocin (Pitocin)** IV, Subuchal, IM: for stimulation of uterus.

**All medications require continuous fetal monitoring of uterine activity and fetal heart tones. Complications include: fetal distress, hyperstimulation, uterine rupture, fetal hypoxia, and possible fetal and maternal death.**

### Pain Medication used orally, IV, and IM

**Opioids:** Depress CNS, along with respirations and decrease sensitivity to Co<sub>2</sub>; causes urinary retention, diaphoresis, decreases gastric motility and causes nausea and vomiting.

**The physiological response:** Reduce pain without loss of consciousness however can produce physiological dependence. The fetal side effects decrease FHR, variability, respiratory depression, increase metabolites, abnormal neurological behavioral exams, delayed breast feeding, possible dependence, low APGAR score, may require greater resuscitation and may cause fetal death.

### Commonly used Analgesics in labor:

- **Stadol (Butorphanol)**, narcotic, moderate sedation
- **Fentanyl Citrate**, narcotic, moderate sedation
- **Nubain (Nalbuphine)**, narcotic, mild sedation
- **Demerol (Meperidine)**, narcotic, mild sedation
- **Morphine Sulfate**, narcotic, sometimes combined with vistaril or phenergan to sleep a woman before labor, moderate to severe sedation
- **Phenergan (Promethazine)**, ataractic, decrease anxiety
- **Vistaril (Hydroxyzine)**, ataractic, decrease anxiety, moderate sedation

### For More Information, Contact

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This brochure was a collective effort of obstetricians, midwives and concerned birth advocates in the U.S. and Greece  
For a printable PDF copy of this brochure, go to:  
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# Choices

are the first part of parenting



**All traditional peoples have birthing ceremonies. We must go back to our ancestral practices to ensure the healthiest passage for our children and women. Birth opens a woman's body, mind and spirit. It is a time of empowerment, a ceremony that allows women to bring in the next generation.**

~ Clare Loprinzi, Traditional Midwife

# Reclaim your right to fully experience the power of birth

The United States and Greece's maternal and infant mortality rates are amongst the highest in the industrialized world with cesarean rates in the U.S. at 31% and 50% in Greece. United States obstetricians are getting hard to find with the litigious situation arising, and in Greece there are no Baby-Friendly Hospitals. In contrast, Holland has a low maternal/fetal mortality rate where 1/3 of the women give birth at home and "**maximum result with minimal intervention**" is the goal. Dutch studies show the more interventions birth has, the more need for further intervention and treatment of chronic problems for both mother and child. In Holland **the more educated a woman is, the more likely she is to choose to birth at home.**



## Birth at Home allows you to

- Have the freedom to move, dance, and potty at will.
- Have a midwife there to help you find your unique birthing way.
- Have the ability to move to a position and place where you feel safe.
- Renew your strength by eating and drinking as needed.
- Have a midwife or doctor there to monitor both you and your baby.
- Feel safe and allow the process to unfold on your time.
- Feel safe from all the bright lights, loud noises, and strangers.
- Avoid unnecessary infections and antibiotics in the comfort and cleanliness of familiar surroundings.
- Be the first one that holds your baby for as long as you want.
- Have a choice about the baby receiving shots, tests or any other intervention at birth

## Natural ways to work with birth

- Time, being present for the process.
- Emotional and/or spiritual support.
- Kind, encouraging words, reminding the woman to breathe.
- Massage and heat to work with contractions.
- Working with relaxation techniques to release natural endorphins.
- Movement and change of position.
- Hot baths or showers.
- Feeling and touching our baby being born through our bodies.
- Connecting and working with the baby.
- Receive holistic treatments like acupuncture, massage and homeopathy



*Crossing through the intensity of giving birth leaves a woman knowing she can endure and surmount anything for her child and for herself. We find ourselves stronger and more self-*

*assured after we give birth. We also understand the price of a human life.*

Birth is recognized as a natural process. The midwifery model of care in the Netherlands where there is a multidisciplinary team approach amongst the homebirth midwives, hospital midwives and obstetricians is an approach that can help this crisis of high infant mortality and cost in the United States and Greece. England is now following the Dutch model and their goal is to have a third of their births back at home by 2009. \*Wieggers, MJNC Keirse, J van der Zee, G A H Bergths. Outcome of planned home and planned hospital births in low risk pregnancies: a prospective study in midwifery practices in the Netherlands. BMJ 1996; 313:1309-1313 (23 November)

Members of the home birth movement have chosen their alternative form of care not through faulty understanding of medical principles, but as a result of active and reasoned disagreement with them. Bonnie O'Connor

## Remember:

- Once the baby is out the intensity is gone and we are left feeling ecstatic.
- Mom and baby are ready and fully awake to bond and breastfeed.
- The mom delivers the placenta naturally, the gift that grew their baby.
- Least possible disturbances while being provided with careful observant care.

## Ultrasounds: Sonograms or Doppler

**"The largest study of its kind to date states that routine ultrasound does not benefit mothers or babies in terms of pregnancy outcome. It did not reduce the number of infant or maternal deaths and did not lead to better care for the newborn. The only thing it did was exposing the families to increased cost and risks. A study in Helsinki showed that the physiotherapists who used ultrasound equipment for 20 hours a week had a significant increase of spontaneous abortion."**

Ewigman, B., Crane, J.P., Frigoletto, F.D., et al. Impact of prenatal ultrasound screening on perinatal outcome. N Engl J Med 1993 Sept 16;329:821-7.  
LeFevre, M., Bain, R., Ewigman, B., et al. A randomized trial of prenatal ultrasound screening: Impact on maternal management and outcome. Am J Obstet Gynecol 1993 Sept 15;169:483-9.

## Babies exposed to five or more doppler ultrasounds were 30% more likely to develop

- Intrauterine growth retardation.
- Premature ovulation
- Preterm labor or miscarriage
- Low birth weight rates
- Poorer condition at birth
- **Delayed speech development.**
- **Not helping psychologically with women who terminated their pregnancies because ultrasound showed their baby dead.**

(Silver R, University of Utah School of Medicine, Reuters Health Obstetrics and Gynecology, June 2006)