

Epidural

Pros

- Only pain relief that eliminates all sensation of pain
- A well-timed epidural can be left to wear off so that the mother can push the baby out herself
- Can be quick to do a full epidural to use for an emergency caesar
- Mobile epidural mother can walk around with epidural
- Tendency to lower blood pressure can be an advantage in the mom with high blood pressure problems
- If labour is prolonged and mother is very stressed, gives effective pain relief allowing mother to rest
- Does not depress the respiratory centre of the foetus
- Can cause a baby to turn if in the wrong position
- Can rectify abnormal uterine activity
- In certain medical conditions it prevents too much strain on the patient

Cons

- Increased risk for unnecessary caesar, baby can show foetal distress after epidural
- Can fail to work
- Slackens pelvic-floor muscles and so can prolong labour
- Increased risk of forceps and vacuum deliveries, because of poor pushing efforts
- Higher rates of episiotomies
- Mother lying down for long periods of time with a full epidural can cause foetal distress
- Itching can occur because of certain drugs
- Long-term backache can occur
- Long-term headache can occur
- Drop in blood pressure can cause short term foetal distress
- Baby may be born with high temperature which may lead to the administration of unnecessary antibiotics
- Crosses the placenta, so the baby can show sleepiness
- A drip and catheter are inserted
- Some mothers feel that they have been robbed from participation in the birth of their baby

Caeserean Section

The baby is birthed through an incision made through the lower abdomen and uterus.

Pros

- Safe delivery of the baby in cases where a normal birth is contra-indicated
- Can be performed quickly in cases of foetal distress

- No trauma to vagina or perineal area
- In cases where the baby is not growing because of malfunction of the placenta and the cervix is not favourable for an induction
- Safest birth for a breech presentation
- Best birth for some known infections e.g. StrepB
- Safer birth for certain conditions, eclampsia, diabetes, abruptio placenta

Cons

- It is a major abdominal operation. A higher maternal morbidity rate than vaginal births
- Greater chance for complications, e.g. infection, anaesthetic problems
- Babies are often born prematurely because operation is scheduled too early
- Difficult to establish breastfeeding afterwards
- More pain after the birth, mother needs to take more pain killers
- Impact on future births – many women are denied the opportunity to give birth vaginally afterwards
- Must always have an intravenous drip and catheter
- Although most doctors can perform the operation safely, there is still a 5 times higher risk for a maternal death with a caesar

It is beneficial to research your birthing options by attending childbirth education classes. To find your closest childbirth educators go to www.expectantmothersguide.co.za or look in the Expectant Mothers Guide

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Birth Facts



Birth research facts

Research conducted during 2009 within the private maternity sector in South Africa showed the following

- Only 10% of pregnant mothers researched their options about birth
- 67% had a caesarean section
- only 3,4% of births were accompanied by a doula
- 19% were induced
- 30% drank during labour although most of those only sucked ice
- 14% ate during labour although mostly just sucked sweets
- epidural is the preferred method for pain relief although midwives patients still opted for self-help techniques and pethidine
- 33% had vaginal births
- 42% delivered intact, 42% had a tear and 30% had an episiotomy. Research shows that hands should be off the perineum and let a mother deliver intact or with a tear
- Most women birthed in a semi-reclined back-lying position and pushed as instructed by the caregiver and not pushed as their body told them to
- 51% had skin-to-skin at birth
- 44% breastfed in the first hour
- 68% had their babies rooming-in with them in the ward after birth

Do you want your birth to be just another statistic or are you going to research your options – one of the best ways is to attend childbirth education classes and read up on your choices in the Expectant Mothers Guide – www.expectantmothersguide.co.za

Birthplace

Choosing the place of birth really determines the kind of birth choices you will have and who will be your caregiver.

- **A birth unit** – this is a homely environment usually within a medical facility. A birth unit actively encourages partner and family participation. The setting is relaxed and intimate. It may include a bath, double bed and homely furniture. The caregiver could be your gynae or a midwife.
- **A maternity ward** – this means that you would give birth in labour ward and then move to the postnatal ward for your

postpartum stay. The choice of hospital is usually determined by the doctor, who may have consulting rooms at that hospital. This is a traditional hospital setting

- **A homebirth** – is usually attended by two private midwives who will give you a lot of guidance about what you need to prepare for the birth and what to expect on the day. You would attend regular antenatal checkups with these midwives. The midwives will arrange a back up doctor and hospital facilities in case of emergencies

Caregiver

- Private midwives work independently in a self employed capacity. Midwives view pregnancy and birth as normal biological events and have a back up doctor should the need for intervention or a caesarean birth arise
- The doctor who looks after women in pregnancy is usually an obstetrician who has particularly specialised in the care of women who have a high risk in pregnancy
- Many women are choosing to have a doula / birth companion present with them during labour and birth. A doula is a lay woman who supports women and their families during labour and birth. The doula can also provide care and support at home after birth too

Normal birth

A normal birth is where the baby is born through the vagina with or without a perineal tear or episiotomy.

Pros

- Mom remains actively involved in decisions regarding her labour, she is the key player
- Able to be active during the labour
- Quick recovery after the birth
- Can be performed by a midwife or a doctor
- Women feels empowered by having a normal birth
- Feeling of achievement and satisfaction of doing it normally and naturally
- Best for mom and baby

Cons

- Do not know when the birth will occur
- Perineal pain and painful intercourse after birth
- Possibility of rectal or bladder problems after birth
- In an emergency a doctor needs to be available to do a caesar
- Transitional and second stage (pushing the baby out) of labour are emotionally intense and physically hard
- Can be hard on the husband to see his wife in pain
- Have to work with the pain and use natural pain relieving options

Water birth

The advantages of using water during labour and birth revolve around increased comfort for the labouring woman and a gentler transition for the baby from the uterus to the outside world.

These advantages include:

- easier mobility so the mother can assume any position that is the most comfortable for her
- weightlessness in water
- warmth and a softening of the tissues and ligaments facilitating an easier birth and fewer tears.

There is ample research today to show that when a woman is allowed to be mobile and is made to feel comfortable, supported and respected during her birth experience, the length of her labour and her chances of needing medical interventions is significantly lowered.

Induction

Induction of labour is the stimulation of uterine contractions prior to the onset of spontaneous labour. It is an obstetric intervention that should be used when elective birth will be beneficial to mother and baby. It can be done with prostaglandins and or oxytocin drips

Pros

- To end a prolonged or post-term pregnancy
- To prevent foetal and maternal complications in high blood pressure conditions
- To end a pregnancy when the mom is a diabetic to avoid a too big a baby or if the baby is not growing any more
- To prevent infection if the membranes rupture before going into labour and spontaneous labour does not follow

Cons

- Contractions are more painful
- Prolonged use may cause more post-partum bleeding
- Prolonged labour if done too early
- More continuous and intense foetal monitoring, less freedom to move
- Higher risk for caesarean section if done on a cervix that is not ready for labour
- Can cause foetal distress
- Can cause increased neonatal jaundice

