

Medical Interventions & Caesarean Birth

Goal

To increase participants' awareness of medical interventions that may be used during labour and birth.

Objectives

By the end of the module, participants will be able to describe:

- Purpose and key points to consider when writing a birth plan.
- Key points to consider when making an informed decision.
- Common medical procedures that may be used during labour and birth including why they may be used, what might be expected if they need to be used, and benefits, risks and alternatives for the woman and baby.
- Medical pain relief options: benefits, risks and alternatives for both the woman and baby.
- Induction of labour: benefits, risks, alternatives and procedure.
- Caesarean birth: benefits, risks and procedure.
- Possible effects of labour interventions and medications on breastfeeding and how to minimize them.

Outline (120 minutes)

1. Introductions and housekeeping
2. Scenario: Suney and Tara
3. Informed decision making, and informed consent and refusal
4. Common assessments
5. Induction and augmentation of labour
6. Pain relief options
7. Assisted birth
8. Caesarean birth
9. Birth video
10. Birth plans
11. Additional resources

Special Equipment

- Posters and charts (can be purchased from health care supply companies such as Childbirth Graphics)
 - Variations in Presentation
 - Indications for Cesarean Section
 - Labour and Birth Intervention
- Blank paper
- Pens/pencils

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Handouts

- Best Start Resource Centre, *Healthy Beginnings*, (5th edition) or *A Healthy Start for Baby and Me* (2016)¹
- Best Start Resource Centre, *Interventions in Labour Key Messages* PDF www.ontarioprenataleducation.ca/interventions
- Best Start Resource Centre, *Caesarean Birth Key Messages* PDF www.ontarioprenataleducation.ca/caesarean-birth
- Best Start Resource Centre, *Pain Medications in Labour* PDF www.ontarioprenataleducation.ca/pain-medications
- Lamaze International, *Planning for Labor* www.lamaze.org/page/planning-for-a-safe-and-healthy-birth
- Society of Obstetricians and Gynecologists, *Birth Plan* <http://pregnancy.sogc.org/wp-content/uploads/2014/05/Birth-Plan.pdf>

Video Suggestions

Suggested birth videos (choose one):

- InJoy Health Education, *Healthy Steps for Teen Parents, 2nd Edition*, Volume 2: Labour & Delivery, 2010
- InJoy Health Education, *The Miracle of Birth 4: Five Birth Stories*, 2014.
- InJoy Health Education, *Stages of Labour 3rd Edition: A Visual Guide*, 2013
- InJoy Health Education, *Stages of Labour 2nd Edition: A Visual Guide for Teens*, 2007.
- InJoy Health Education, *Understanding Birth 3rd Edition: A Comprehensive Guide*, 2015.
- InJoy Health Education, *Understanding Cesarean Birth*, 2016
- InJoy Health Education, *Pain Management for Childbirth, Volume 2: Analgesics and Epidurals*, 2011
- Bupa Health UK, *How an epidural is given during childbirth*, 2013 https://www.youtube.com/watch?v=7eaFn8GmY_0

Caesarean birth and breastfeeding:

- Peel Region Public Health and Trillium Health Partners, *Breastfeeding Your Baby after a Caesarean Birth*, 2014. www.peelregion.ca/health/family-health/breastfeeding/resources/video

References

American Congress of Obstetricians and Gynecologists (ACOG) & The Society for Maternal and Fetal Medicine (2014). *Obstetric Care Consensus Safe Prevention of the Primary Cesarean Delivery*.

¹ Unless provided previously to participants.

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Retrieved from www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery.

British Columbia Ministry of Health Services, *Baby's Best Chance*. www.bestchance.gov.bc.ca

Childbirth Connection (2017). *New Professional Recommendations to Limit Labor and Birth Interventions: What Pregnant Women Need to Know*. Retrieved from www.nationalpartnership.org/research-library/maternal-health/professional-recommendations-to-limit-labor-and-birth-interventions.pdf

Childbirth Connection, *Cesarean Section*. www.childbirthconnection.org/giving-birth/c-section

Childbirth and Postpartum Professional Association Canada (CAPPA Canada). www.cappacanada.ca

International Cesarean Awareness Network (ICAN). www.ican-online.org

International Childbirth Education Association (ICEA). www.icea.org

Jordan, S *et al.* Associations of drugs routinely given in labour with breastfeeding at 48 hours: analysis of the Cardiff Births Survey. *BJOG: An International Journal of Obstetrics & Gynaecology*, 116: 1622–1632.

Journal of Midwifery & Women's Health (2016). *Perineal Massage in Pregnancy*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12427/full>

Lamaze International. www.lamaze.org

Mayo Clinic, *Lower back tattoo: OK to have an epidural?* = www.mayoclinic.com/health/lower-back-tattoo/AN01357/METHOD

Ontario Public Health Association (2016). *Informed Decision-Making for Labour & Birth*.

Simkin, Penny *et al* (2010). *Pregnancy, Childbirth and the Newborn - The Complete Guide*, 4th Edition.

Society of Obstetricians and Gynecologists of Canada. www.sogc.org

Women's College Hospital, *Women's Health Matters*. www.womenshealthmatters.ca

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Medical Options and Practices Activity

Time: 15 minutes

Teaching Method: Large group activity

Purpose: To learn about the pros and cons of different medical options and practices and the possible alternatives to them.

Materials

1. Flipchart paper.
2. Markers.
3. Masking tape.

Instructions

1. Tape several pieces of flipchart paper on the walls.
2. Split group members into pairs.
3. Label each paper with different medical practices, e.g., episiotomy, epidural, electronic fetal monitoring, medications, augmentation/induction by Pitocin, forceps/vacuum extraction, etc.
4. Under each heading, write “pros”, “cons” and “alternatives”, leaving space between each.
5. Give each pair a marker and ask them to choose a different heading and write what they know about the pros, cons, and alternatives of that medical practice. Suggest that they think about the pros and cons to the baby, mother and the labour companion.
6. Rotate pairs from one poster to the next, so that each pair is given a chance to work on 3 to 4 topics. Give this about 3 to 4 minutes.
7. Circulate among the pairs and offer suggestions where necessary.
8. When all pairs are finished, ask each to report back to the larger group.
9. Provide additional handouts as necessary.

Source: Special Delivery Club Kit – Kingston Community Health Centres.

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Ideal Birth Game

Time: 15 minutes

Teaching Method: Individual/couple activity and/or review activity.

Purpose: This activity helps families identify personal priorities in labour and birth. It is a values clarification exercise.

Materials: One set of cards per couple. Each set of cards requires 15 index cards and 30 labels.

Instructions:

Each couple is provided with a set of index cards. Each card is labeled with different opposing preferences. For example a card might read “Hospital” on one side and “Home” on the opposite side. Couples are instructed to select their preference and discuss with each other why they have made that choice. By the time they are done they will have 15 cards face up with their preferences. They need about 5-7 minutes for this stage of the activity.

The prenatal educator discusses how “labour can be unpredictable and we need to be flexible in our views about how things unfold, that labour isn’t always very predictable or plan-able.” Participants are asked to look at their options and consider 5 things that they’d be ok if it went a different way. They will flip 5 cards over, and are now getting the opposite of their preference. Observe how the groups prioritize their decisions. What really matters to them? Remind them that some cards go together (cascade of interventions) and how, in an uncomplicated labour for example, research says we don’t need an IV, but if they have the epidural card facing up that they MUST also have the IV card facing up. That if they have an epidural they will also be labouring in bed.

Ask about any questions people may have about what “goes together” and ask how they felt about flipping the cards and now getting something different from their initial preference. The prenatal educator then discusses how “sometimes labour REALLY doesn’t go how you expected”. Learners are asked to flip 5 MORE cards. They will have only 5 of their original preferences face up. The prenatal educator should walk around the room and helps people identify what interventions might lead to another if they aren’t sure. The prenatal educator then processes the second flip with the class. Acknowledge how the 5 cards left must be meaningful to them and invite them to role play with the 5 cards they have left. How would they negotiate their wishes? What questions would they ask? If you’ve covered Informed Decision Making in another class, invite them to pull out their question cards if they’re feeling stuck.

We’ve included the link to the labels [here to share with you](#) (also see next page for labels).

Source: Adapted with permission from the Institute of Childbirth Educators.

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Bag of waters releases on its own	Doula, family or friend support	Your preferred caregiver
Amniotomy <i>(artificial rupture of membranes)</i>	Limited labour support	Another provider
Shower or bath in labour	Episiotomy	Walk & move freely in labour
No shower or bath	No episiotomy	Labour in bed
Eat & drink as desired	Pain medication	Intermittent fetal monitoring
IV and/or restricted fluids	Non-medicated comfort measures	Continuous fetal monitoring
Home or birth centre	Healthy baby	Vaginal birth
Hospital	Healthy baby	Cesarean section
Baby to warmer	Pitocin induction	Epidural
Baby to mom's chest at birth	Labour starts on its own	No epidural