

Understanding Birth



A Comprehensive Guide

FACILITATOR'S GUIDE

The most comprehensive childbirth education video available!

This versatile teaching tool provides information covering late pregnancy through early postpartum, and features a variety of labor experiences, including natural birth, medical procedures, and cesarean birth. The instructive animations, compelling birth footage, and illuminating parent commentary will make viewers feel more confident and allow them to have more informed birth experiences. This guide helps you use the program to its fullest potential.

- Available in Spanish (Basic Package only)
- Available in a variety of formats (see p. 11)



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Available in two packages:

1. Premium Package: Double Disc & Classroom Website

Perfect for classroom education.

- Complete disc (8 chapters)
- Express disc (5 chapters) – Ideal for condensed schedules!
- Includes classroom website (see p. 4)

2. Basic Package: Single Disc

Perfect for one-on-one education. Available in Spanish.

- Complete disc (8 chapters)



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Program Overview

This table shows you the program content in detail, including times for each chapter and sub-topic (times below are noted in minutes:seconds). If you purchased the premium package, this side-by-side comparison can help you determine which DVD to use for various teaching situations.

 Understanding Birth DVD (Available in the Basic and Premium Packages)	 Understanding Birth EXPRESS (Available in the Premium Package)
Understanding Pregnancy (15:09) <ul style="list-style-type: none"> • 3rd Trimester Development (2:05) • Emotions (2:50) • Anatomy of Pregnancy (1:31) • Discomforts, Nutrition* (2:43) • Preterm Labor, Hazards (3:21) • Exercise (2:07) <p>*Note: Each sub-topic that is separated by a comma is a skip point on the DVD for easy access (i.e., you can skip from Discomforts to Nutrition). There is also a skip point at each chapter's conclusion.</p>	Understanding Pregnancy (7:14) <ul style="list-style-type: none"> • 3rd Trimester Development (1:29) • Anatomy of Pregnancy (1:32) • Discomforts (1:19) • Preterm Labor, Hazards (2:46)
Understanding Labor (24:12) <ul style="list-style-type: none"> • Birth Is Natural, Prelabor Signs (2:48) • Onset, Stages of Labor (2:52) • 1st Stage: Early Labor (2:38) • 1st Stage: Active Labor (5:24) • 1st Stage: Transition (2:13) • 2nd Stage: Pushing and Birth (4:53) • 3rd & 4th Stages: Placenta and Recovery (2:42) 	Understanding Labor (16:42) <ul style="list-style-type: none"> • Prelabor Signs (2:04) • Onset, Stages of Labor (2:41) • 1st Stage: Early Labor (1:37) • 1st Stage: Active Labor (3:06) • 1st Stage: Transition (1:12) • 2nd Stage: Pushing and Birth (3:58) • 3rd & 4th Stages: Placenta and Recovery (1:54)
Brandy's Birth Story (12:58) <ul style="list-style-type: none"> • Onset, Early labor (3:26) • Active Labor (4:25) • Transition (1:12) • Pushing, Birth (2:10) • Breastfeeding, Newborn (:58) 	Not included on the EXPRESS DVD
Understanding Comfort Techniques (15:31) <ul style="list-style-type: none"> • Labor Is Natural, Support Team (2:47) • Massage, Visualization, Vocalization (2:37) • Breathing, Hydrotherapy, Relaxation (3:08) • Labor Positions (3:34) • Pushing Positions (2:58) 	Understanding Comfort Techniques (10:12) <ul style="list-style-type: none"> • Labor Is Natural, Support Team (1:55) • Massage (:52) • Breathing, Hydrotherapy (2:11) • Labor Positions (2:44) • Pushing Positions (2:20)

 Understanding Birth DVD	 Understanding Birth EXPRESS
<p>Understanding Medical Procedures (25:41)</p> <ul style="list-style-type: none"> • Birth Plans, BRAIN (1:26) • Induction (3:37) • Monitoring (2:31) • Analgesics (3:47) • Epidural (5:54) • Amniotomy, Pitocin (5:08) • 2nd Stage Interventions (2:46) 	<p>Understanding Medical Procedures (18:04)</p> <ul style="list-style-type: none"> • BRAIN (:34) • Induction (1:54) • Monitoring (2:03) • Analgesics (3:02) • Epidural (4:53) • Amniotomy, Pitocin (3:41) • 2nd Stage Interventions (1:46)
<p>Understanding Cesarean Birth (18:50)</p> <ul style="list-style-type: none"> • Family Introductions (4:43) • Reasons for Cesareans (1:13) • Risks, Surgery Preparation, Anesthesia (2:45) • Cesarean Surgery Animation (4:06) • Breastfeeding, Recovery, Reducing the Risk (5:24) 	<p>Understanding Cesarean Birth (11:41)</p> <ul style="list-style-type: none"> • Family Introduction (2:37) • Reasons for Cesareans (1:00) • Risks, Surgery Preparation, Anesthesia (1:55) • Cesarean Surgery Animation (3:19) • Breastfeeding, Recovery, Reducing the Risk (2:51)
<p>Understanding Newborns (18:17)</p> <ul style="list-style-type: none"> • First Hours (7:21) <ul style="list-style-type: none"> » Newborn Appearance » Immediate Procedures » Breastfeeding » Procedures After Feeding • First Days (2:53) <ul style="list-style-type: none"> » Rooming-In » Hearing Test » Circumcision » Bowel Movements » Car Seats • Newborn's World (7:35) <ul style="list-style-type: none"> » Skin Appearance » Senses » Crying and AHT » Sleeping and SIDS Safety 	<p>Not included on the EXPRESS DVD</p>
<p>Understanding Postpartum (15:14)</p> <ul style="list-style-type: none"> • Hospital recovery (4:23) <ul style="list-style-type: none"> » Involution and Lochia » Perineum Care » Breastfeeding • Home recovery (10:16) <ul style="list-style-type: none"> » Emotions (PPD) » Support, Healthy Habits » Breastfeeding 	<p>Not included on the EXPRESS DVD</p>

Navigating the DVD Menus

Once you select the version of the program (Full-Length or Express) you'd like to play, the *Chapter Menu* allows you to play the program in its entirety or to select your desired chapter.

Once you select a specific chapter, you will be taken to a sub-menu where you can choose to play the entire chapter or select from a detailed list of sub-topics. Once you finish playing your desired segment, simply hit 'pause,' 'stop,' or 'menu' on your remote control to stop playing.

Use the arrows at the bottom of the sub-menu page to access the previous or following chapter, or select, "back," to return to the *Chapter Menu*.

Parent Handouts

The parent handouts that come with this video are designed to expand your presentation by offering parents information for home reference on one side, and then test their knowledge with a helpful quiz on the other side. Handouts are included as separate PDFs on the DVD and at **InJoyHealthEducation.com**. Review the handouts and print or email to students.

Handouts include:

- *Pregnancy*
- *Labor*
- *Medical Procedures*
- *Comfort Techniques*
- *Cesarean Birth*
- *Newborns*
- *Postpartum*

Using the Classroom Website (*Premium package only*)

Use a laptop or computer with an Internet connection in your classroom. To access the site, go to **InJoyHealthEducation.com** and log in to your customer account. The link to the site will be included in your account. You can use the website as the primary way to present the content, and you have the discs as backup if needed!

The Classroom Website includes:

- Full-screen streaming of video chapters
- Simultaneous multi-user access
- Image slideshows
- Bonus material that's added to regularly
- Easy navigation

Presentation Ideas

- Use the *Discussion Questions* in this guide (see p. 5) to facilitate a discussion in class.
- Use the Express Class for your time-sensitive classes or appointments
- Use the Classroom Website to stream chapters and project images as digital posters

Discussion Questions After Viewing

Choose from the following questions and use them to stimulate discussion after viewing each chapter.

Chapter 1: Understanding Pregnancy

- 1. What important fetal development occurs during the third trimester? What did you learn about a baby's capabilities in utero when you saw the images of the 4D ultrasound?**

During the third trimester, the baby gains body fat, his brain is wired for thinking, and his lungs develop. The 4D ultrasound images in the program showed distinct facial features on one baby, a baby licking his arm, and a baby stretching her fingers. See if your viewers were surprised to discover how much the baby can do in utero during the third trimester. As viewers comment on the baby's capabilities, you can also remind them why it's so important to stay healthy and avoid hazards late in pregnancy.

- 2. What fears did the parents in the video share? Do you have any fears? How do you overcome these fears?**

Jini shared fears about managing two children. Brandon shared fears about the unknown. Other common fears include the health of mom and baby, and parenthood. Ways to overcome fears include open communication between partners, family members, and friends; and consulting a professional counselor if needed.

- 3. What kinds of snacks did Tim and Marimar get the most mileage out of? What are some tips you can share for healthy eating during the third trimester?**

Tim said finger foods. The video suggested checking the Nutrition Facts label on food packaging to make healthy choices. Other tips for healthy eating include making smart choices when eating out, choosing low-cost healthy foods, and packing healthy snacks to bring to work.

- 4. What is preterm labor and why is it a concern?**

Preterm labor is when labor begins before 37 complete weeks of pregnancy, and it is a concern because babies benefit from growing 40 weeks inside the womb. Premature babies have underdeveloped organs, less insulating body fat, and smaller, less developed brains. All these factors can lead to short- or long-term health problems.

- 5. What are some of the symptoms of preterm labor? Why is it important to contact your healthcare provider right away if you experience these symptoms?**

Symptoms of preterm labor include feeling your baby moving less, leaking fluid, having vaginal bleeding, or having more than four contractions in one hour. It's important for parents to seek help right away because attempts can be made to keep the baby inside for a longer period of time.

- 6. What are some steps you can take to reduce your risk of preterm labor? Jini talked about taking it easy and not doing all the chores in one day.**

The video stressed seeking regular prenatal care, staying free of infections (including using good dental hygiene), and reducing stress levels (including women working fewer hours on their feet, having a loving support network, and getting help to improve any relationship problems).

- 7. What are the benefits of staying active throughout pregnancy? What are some tips you can share on how you are getting exercise during your third trimester?**

Keeping active can help labor and postpartum recovery, and might relieve pregnancy discomforts.

Chapter 2: Understanding Labor

1. How do the births presented in this chapter compare to those you see on TV, the Internet, or in the movies?

Parents might not have an accurate vision of labor and birth based on their media exposure. Most entertainment outlets dramatize birth, and many show fast or high-risk labors. Sometimes, childbirth is depicted as a comedic event with women screaming at their partners. Use this question to gauge your class's knowledge, and talk about the importance of having realistic expectations.

2. What are some signs that labor is near? What do they tell you?

Prelabor signs include warm-up contractions, lightening, the mucous plug release, weight loss, backache, diarrhea, and the nesting instinct. These signs tell you that your body is preparing for labor, but they do not mean that labor has started. They can occur from weeks to hours before labor actually begins.

3. What are the two main ways that labor can begin? What should you do when your labor begins?

Most commonly, labor begins with contractions that become stronger, longer, and closer together. Parents should follow their healthcare provider's instructions for what to do if they have regular contractions, but they are usually encouraged to labor at home until their contractions are five minutes apart (511 rule). Less frequently, labor begins when the bag of waters breaks—contractions usually start within hours of the rupture. Parents should call their healthcare provider right away and report the color, odor, amount, and time of the rupture (COAT), and then follow their healthcare provider's instructions.

4. How does a woman's body change during labor to accommodate childbirth? What are some changes/movements that the baby makes to ease her delivery?

In general, contractions that grow stronger and closer together cause the cervix to efface (thin) and dilate (open), allowing the baby to move into the birth canal. The vagina and perineum stretch to accommodate her passage. The baby rotates inside to an anterior position to more easily fit through the pelvic outlet. The baby's skull is made up of bony plates that mold to help her fit into the birth canal.

5. Describe the typical emotional progression of labor. Why do you think it usually progresses this way?

The typical emotional progression described in the chapter is as follows: nervous excitement in early labor; a more serious, internal focus during active labor; overwhelmed, disoriented, and dependent on support people during transition; excitement, frustration, and/or fatigue during second stage; and joy, relief, and/or fatigue during third and fourth stages.

Chapter 3: Brandy's Birth Story

1. What were some of the things Brandy and Shane did at home during early labor?

Brandy used massage, the birth ball, and yoga, along with different positions and breathing.

2. What did Brandy visualize in the tub? Why do you think that helped?

Brandy's doula asked her to visualize each contraction as a wave in the ocean. It helped Brandy to visualize this, and she commented, "Okay, I can do this."

3. List some of the coping techniques Brandy and Shane used during labor at the hospital.

Brandy used a variety of forward-leaning positions, slow dancing, counter pressure, pelvic rocking, hydrotherapy, and massage.

4. What were the different ways you saw Shane and the doula support Brandy?

Shane was there more for emotional support, while the doula had tips and tricks to help Brandy physically.

5. What technique did Brandy come up with on her own that was interesting to Shane?

Brandy was tired and had her support people rock her legs during contractions, in a kind of assisted manual squat.

6. Why did Brandy find pushing challenging?

Brandy was very tired during pushing. She had no more energy to try other positions and decided to stay in bed in a semi-sitting position.

7. Did you see anything in this birth story that you want to integrate into your own? Did you see anything that surprised you?

Use this question to start an open-ended discussion with your class about what they learned and to discuss any parts that they didn't understand.

Chapter 4: Understanding Comfort Techniques

1. Why is it important to learn about comfort techniques, even if you're planning to have an epidural?

The narrator commented: "You'll still need to use natural comfort measures before the medication is administered, and if it wears off. You might find that you already have all of the coping skills you need to get through labor without medication."

2. What qualities make a labor-support person or team effective? What might not be helpful?

Someone who can offer continuous, hands-on labor support and who is well-informed about the labor process and the woman's birth wishes can be invaluable. A doula is a professional labor companion who can offer informed advice for women and their partners during labor. Inviting a lot of people who aren't directly helping the woman can be distracting.

3. How does the phrase "mind over body" apply to labor?

Many of the techniques presented in this chapter have a psychological benefit on top of physical benefits. Breathing exercises, visualization, and focal points can be useful distraction techniques; creating a supportive environment can help women feel relaxed; and using movement or walking can offer a soothing rhythm or a refreshing change of pace.

4. What are some benefits of using a variety of labor and pushing positions? What positions are available?

Using different positions during labor and pushing can improve a woman's comfort and help the baby get into position for birth, which might help labor progress more quickly. Sitting, standing, squatting, hands and knees, forward-leaning, and side-lying are all effective labor positions. Squatting, semi-sitting, side-lying, hands and knees, forward-leaning, and sitting on the toilet or birthing stool are all effective pushing positions. Remind parents that they can use a fitness or peanut ball or add movement to the various positions, and that not all of these positions will be possible with an epidural.

5. Support people: What did you learn from watching this chapter? Did anything surprise you?

Use this question to start an open-ended discussion with your class about what they learned and to discuss any parts that they didn't understand.

6. What are some things you can pack in your hospital bag to help you make use of comfort techniques during labor?

Massage tools, items to use as focal points, music, aromatherapy, LED candles, and snacks for support people can all be packed in their hospital bag.

Chapter 5: Understanding Medical Procedures

1. What is a birth plan? Have you made a birth plan?

From the video: You can create a birth plan that outlines your preferences ahead of time. This will be a good communication tool that guides your decision-making process during birth. It helps you think about the birth experience you want, including how you might handle unexpected medical procedures.

2. What does the acronym BRAIN stand for, and why is it important?

If a procedure is recommended, parents can use the acronym BRAIN to remember what questions to ask and what to consider before agreeing to it. They should find out about the benefits (B), risks (R), and alternatives (A) to each procedure. Then, they should listen to what their intuition (I) is telling them about having the procedure. Finally, they can ask questions about what would happen if they said "no" or "not now" (N). It is important for parents to ask questions so they can make informed decisions during labor, which leads to a more positive birth experience.

3. How can you increase the odds of having a successful induction?

It's most helpful to wait until the cervix is "ripe," meaning it's soft, thin, and ready for labor. Also, if there is no pressing medical need to induce labor, it's usually best to simply wait for labor to begin naturally.

4. What are some ways you can be mobile during labor with a monitor?

Women are usually confined to a bed or a nearby chair during periods of fetal monitoring. However, many hospitals have wireless or handheld devices that allow women to be mobile, which can enhance comfort and help labor progress.

5. How did the analgesic affect Jini's labor?

Jini was calmer and sleepier after she received the analgesic, and it took the edge off the pain for her. The analgesic wore off after an hour or so, and several hours later she pushed and gave birth.

6. How did Marimar's labor change after she received the epidural?

Marimar and Tim were able to rest. However, she was not able to move around; she needed an IV, catheter, and closer monitoring; and she later required augmentation procedures because her labor slowed down.

7. What are some non-medical alternatives to the procedures presented in this chapter?

An alternative to induction is waiting; an alternative for pain medication is using non-pharmacologic comfort techniques (review Chapter 4); an alternative to augmentation is using upright positions and walking; and an alternative to second-stage interventions is using upright pushing positions.

Chapter 6: Understanding Cesarean Birth

1. How did Louisa and her healthcare provider come to the decision to have a cesarean?

Louisa's amniotic fluid was low, and the midwife induced her labor with Pitocin. After no progress with the induction, the baby showed signs of fetal distress with an abnormal heart rate. That's when the midwife suggested the safest thing to do was to have a cesarean that afternoon.

2. What questions would you ask your healthcare provider if a cesarean is recommended to you?

Parents can use the acronym BRAIN (see question #2 under Chapter 5). Stress to parents the importance of having a good and informed relationship with their healthcare provider before labor begins. Creating and sharing a birth plan helps.

3. What are some things you can expect during surgery?

Partners will change into scrubs and will most likely be able to sit by the mother; the operating room will be brightly lit and may feel cold; there will be a team of staff members; the mother might feel pulling or tugging sensations; and the surgery and closing of the incisions takes about an hour. The baby might be taken to the nursery for an exam if there are any concerns.

4. What are some ways that you can reduce your risk of having an unplanned cesarean?

From the program: "Let labor start on its own, unless an induction is medically necessary. Once labor begins, stay at home during early labor. Be sure to have continuous, hands-on support throughout labor, and consider hiring a doula (a professional labor companion) who can suggest the most useful comfort strategies. Use upright positions throughout labor, such as walking, rather than lying in bed the whole time. Also, if you're considering an epidural, wait to get one until you have an active labor pattern well established."

5. What is something Louisa did with her baby right after surgery?

She held her skin to skin. Skin-to-skin contact with the baby helps promote breastfeeding. Talk about breastfeeding positions that will help to avoid the incision.

6. How did Judith feel about having a cesarean? What helped her?

Judith was scared, even though her cesarean was planned. Her husband assured her she that was not doing this alone. She also had the support of a doula. At home during her recovery, she continued to have open communication about her feelings with her husband.

Chapter 7: Understanding Newborns

1. What newborn procedures can be performed while you hold your baby?

Removing mucus, taking baby's temperature, Apgar score, and cutting the cord can all be performed while parents hold their baby.

2. What are some important things to consider about your baby's first feeding?

Babies should feed (or nipple at the breast) within their first hour of life. After this, they may be too sleepy to latch on. Use this question as an opportunity to discuss colostrum, which is a mother's first milk, and the benefits of skin-to-skin contact.

3. What are the benefits of rooming-in with your newborn?

Rooming-in helps facilitate bonding and breastfeeding, and provides the opportunity to hold the baby skin to skin frequently. Studies indicate that parents actually get more sleep when their babies are kept with them, instead of in the nursery.

4. What surprised you about the way the newborns looked in this chapter?

Use this question to initiate discussion about common newborn characteristics, including cone-shaped head, vernix, purplish skin tone, enlarged genitals, and such skin characteristics as milia, birthmarks, and newborn rash.

5. Why is it important to interact with your newborn in the early weeks?

Early contact between parents and their newborns has proven to be critical for boosting brain development and establishing a strong bond. Babies are born ready to interact with their parents, and with their senses intact.

6. What are the six states newborns go through?

Deep sleep, light sleep, drowsiness, quiet alert, active alert, and crying. Encourage parents to play with their babies during the alert states.

7. What can you do if you're feeling frustrated by your baby's crying?

Use this question to open up a discussion about Abusive Head Trauma (formerly known as Shaken Baby Syndrome) and anger-management techniques.

Chapter 8: Understanding Postpartum**1. What are some of the physical changes Cara and her midwife talked about that happen in the days and weeks after giving birth?**

They talked about involution, lochia, and soreness of the perineum.

2. What is the difference between the baby blues and postpartum depression?

The baby blues are experienced by most new moms to some degree. The baby blues usually start suddenly during the first week or so after giving birth. Symptoms can include mood changes, sadness or crying, anxiety, lack of concentration, and feelings of dependency or inadequacy. Postpartum depression (PPD) and related mood and anxiety disorders are experienced by more than 10% of women. PPD can start suddenly or gradually in the first year or so, lasts longer than the baby blues, and is more severe; PPD usually doesn't go away without treatment. Symptoms can include excessive worrying, anxiety, or irritability; persistent crying or sadness; inability to sleep, even when you're exhausted; difficulty concentrating; loss of interest in activities you used to enjoy; major changes in appetite; and/or thoughts of harming yourself or your baby.

3. Who will make up your postpartum support network? What support might you need?

A family's postpartum support network might include family members, friends, neighbors, community agencies, faith-based groups, and medical professionals. Families might need help with meals, chores, older siblings, emotional support, baby care, and more.

4. What did you learn about breastfeeding that was new to you?

Emphasize the importance of making breastfeeding a priority (even if that means limiting visitors); feeding often, including night feedings; getting a good latch; and seeking help when needed. Partners may have learned the importance of their support to the nursing mother.

Using the Complete *Understanding Birth* Curriculum

Accommodate all types of learners and situations by teaching with our entire *Understanding Birth* product line. Ask your area representative for more information or call InJoy Customer Care at 800.326.2082. Ask about branding and customization options.

Choose Your Method of Teaching Birth Preparation

Book + Web App – Each book includes access to a web app with videos.

Book – Printed book only. No videos or web app included.

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Other *Understanding* Curriculums

InJoy's *Understanding* curriculums allow you to share consistent, evidence-based information at every touchpoint and are available in a variety of formats.

Additional *Understanding* curriculums:



Acknowledgements

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