

# understanding birth 2<sup>nd</sup> edition

a comprehensive guide

facilitator's guide

## Introduction

Congratulations on your purchase of *Understanding Birth*, the most popular, comprehensive childbirth education video available! You can rely on the second edition of this flagship InJoy program to teach all facets of your core childbirth curriculum. This powerful, versatile teaching tool provides eight stand-alone chapters 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 ultimately help viewers have more confident, informed birth experiences, while the seamless organization of the material will allow you teach with ease. This guide will help you use the program to its fullest potential.

If you used the first edition of *Understanding Birth*, you will easily adapt to the second edition. For your convenience, we have organized the material in the same chapter format as the first edition, and we cover the same content. You will find all new footage, animations, and a fresh look throughout the program. You'll also see a new birth story and unplanned cesarean story. In fact, your viewers will appreciate seeing a beautiful new birth sequence in almost every chapter!



## CONTENTS

- 1** Introduction
- 2** Suggested Facilitator Presentation
- 4** Program Overview
- 6** Family Biographies
- 8** Discussion Questions
- 14** Internet Resources

### Suggested Facilitator Presentation

#### Choosing Which Disc to Use

You probably noticed that there are two DVDs included with your purchase.



The *Understanding Birth* DVD (135 minutes) contains the complete program with eight full-length chapters and is intended for use in standard childbirth classes or for parents to watch at home.

Certain chapters can also be used in related classes. For instance, *Chapter 7: Newborns* and *Chapter 8: Postpartum* would be helpful inclusions in your baby care and breastfeeding classes, while *Chapter 1: Pregnancy* could also be shown in your prenatal care classes.

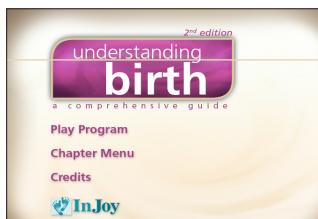


A group of seasoned childbirth instructors helped us narrow down the content to create the *Understanding Birth EXPRESS* DVD (48 minutes). It contains an edited version of the program condensed into four shorter chapters. It is designed to be used in express childbirth classes or other time-sensitive teaching situations because it delivers only the essential topics in less time.

See the Program Overview on page 4 of this guide for a more detailed, side-by-side comparison of the two DVDs.

#### Navigating the DVD Menus

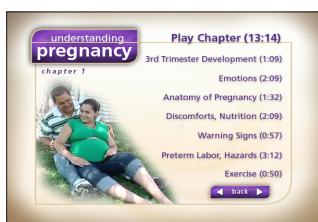
Both discs contain easy-to-use DVD menus so you can quickly find the topic you need.



Main Menu



Chapter Menu



Chapter Sub-Menu



Chapter Navigation

From the *Main Menu*, you can play the program itself or the credits. It also connects you to our contact page. Or, you can select *Chapter Menu*.

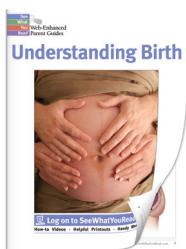
The *Chapter Menu* contains a list of all of the chapters. Select your desired chapter.

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 select 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*.

#### Class Presentation Ideas

It is recommended that you play a chapter or portions of a chapter at a time to keep your presentation brief and focused. Then, use the Discussion Questions on pages 8-13 of this guide to stimulate discussions of the various chapters. Biographies of the featured families are included on pages 6-7 of this guide, in case you'd like to provide more information about the couples as you lead your class discussions.



### Complete Your Curriculum With InJoy's See What You Read Web-Enhanced Parent Guides

Create a unified class curriculum by providing *See What You Read: Understanding Birth* printed guides to all of the expectant mothers in your class. These colorful, easy-to-use guides are the perfect companions to the *Understanding Birth* DVD because they reinforce and expand on the

information presented in the video. Each booklet also gives students exclusive access to our easy-to-use website, [www.SeeWhatYouRead.com](http://www.SeeWhatYouRead.com), where they can reinforce their learning by watching any of the dozens of video clips from this program in the comfort of their own home. Educators and parents can also download and print handy PDF worksheets like a contraction timing chart, fetal movement count chart, birth plan, and more. Call InJoy's Customer Care Department at 1-800-326-2082 x2 for more information about *See What You Read: Understanding Birth*, or visit our website ([www.InJoyVideos.com](http://www.InJoyVideos.com)). Use this chart to see how the book complements the DVD.

<b>See What You Read: Understanding Birth</b>	<b>Additional Material</b>	<b>Related Downloadable PDFs</b>
<b>Chapter 1: Understanding Pregnancy (pp. 5-14)</b>	Tips for discomforts, MyPyramid, food warnings, body mechanics, preterm labor story, strength and stretching exercises, special-attention pregnancies	Daily Food Log & Tips Fetal Movement Count Chart Kegel Information Sheet
<b>Chapter 2: Understanding Labor (pp. 15-26)</b>	Purpose of labor pain, 4 P's of labor, true vs. warm-up, contractions, pelvic station, birth reactions	Contraction Timing Chart
<b>Chapter 3: Christina's Birth (pp. 27-30)</b>	Hospital packing checklist, three additional birth stories on website	What to Pack for the Hospital
<b>Chapter 4: Understanding Comfort Techniques (pp. 31-38)</b>	Practice-along breathing, relaxation, and visualization exercises, tips for long labor	Personal Relaxation Chart Labor Partner's Tip Sheet
<b>Chapter 5: Understanding Medical Procedures (pp. 39-48)</b>	Sample birth plan, induction and augmentation methods chart, contraindications to epidurals, spinal block, local anesthetics, medical decisions about pain relief	Birth Plan: Checklist Style Birth Plan: Worksheet Style
<b>Chapter 6: Understanding Cesarean Birth (pp. 49-54)</b>	Reasons for planned and emergency cesareans with descriptive illustrations, preparation procedures	
<b>Chapter 7: Understanding Newborns (pp. 55-60)</b>	Car seat installation video, choosing baby's healthcare provider, including interview questions	Baby Information Sheet
<b>Chapter 8: Understanding Postpartum (pp. 61-66)</b>	Helpful survival tips, information on intimacy, tips for dads, breastfeeding positions, breastfeeding challenges, glossary, personal contact information page	Baby's Daily Feeding Log

## Program Overview

This table shows you the program content of both DVDs in detail, including times for each chapter and sub-topic (times below are noted in minutes:seconds).

This side-by-side comparison can help you determine which DVD to use for various teaching situations.

 <b>Understanding Birth</b> 135 min.	 <b>Understanding Birth EXPRESS</b> 48 min.
<b>Chapter 1: Understanding Pregnancy (13:14)</b> <ul style="list-style-type: none"> <li>• Third Trimester Development (1:09)</li> <li>• Emotions (2:09)</li> <li>• Anatomy of Pregnancy (1:32)</li> <li>• Discomforts, Nutrition* (2:09)</li> <li>• Warning Signs (0:57)</li> <li>• Preterm Labor, Hazards (3:12)</li> <li>• Exercise (0:50)</li> </ul> <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>	<b>Chapter 1: Understanding Pregnancy (4:11)</b> <ul style="list-style-type: none"> <li>• Anatomy of Pregnancy (1:32)</li> <li>• Warning Signs (0:55)</li> <li>• Preterm Labor (1:10)</li> </ul>
<b>Chapter 2: Understanding Labor (18:25)</b> <ul style="list-style-type: none"> <li>• Birth Is Natural, Prelabor Signs (3:31)</li> <li>• Onset, Stages of Labor (2:14)</li> <li>• Early Labor (1:48)</li> <li>• Active Labor (1:53)</li> <li>• Transition (2:12)</li> <li>• Pushing &amp; Birth (4:16)</li> <li>• Placenta Delivery (0:55)</li> </ul>	<b>Chapter 2: Understanding Labor (15:20)</b> <ul style="list-style-type: none"> <li>• Prelabor Signs (2:55)</li> <li>• Onset, Stages of Labor (2:14)</li> <li>• Early Labor (1:34)</li> <li>• Active Labor (1:43)</li> <li>• Transition (1:39)</li> <li>• Pushing &amp; Birth (3:38)</li> <li>• Placenta Delivery (0:55)</li> </ul>
<b>Chapter 3: Christina's Birth (11:56)</b> <ul style="list-style-type: none"> <li>• Onset, Early Labor (2:41)</li> <li>• Active Labor (2:49)</li> <li>• Transition (1:34)</li> <li>• Pushing, Birth (2:46)</li> <li>• Breastfeeding, Newborn (0:43)</li> </ul>	Not included on the EXPRESS DVD
<b>Chapter 4: Understanding Comfort Techniques (17:46)</b> <ul style="list-style-type: none"> <li>• Labor Pain, Support Team (2:13)</li> <li>• Breathing, Relaxation, Massage (4:43)</li> <li>• Visualization, Hydrotherapy (2:40)</li> <li>• Labor Positions (3:32)</li> <li>• Back Labor (1:38)</li> <li>• Labor Companions (1:36)</li> </ul>	Not included on the EXPRESS DVD

 <p><b>Understanding Birth</b> 135 min.</p>	 <p><b>Understanding Birth EXPRESS</b> 48 min.</p>
<p><b>Chapter 5: Understanding Medical Procedures (26:41)</b></p> <ul style="list-style-type: none"> <li>• BRAIN, Birth Plans (2:00)</li> <li>• Induction (3:38)</li> <li>• Monitoring, IVs (3:16)</li> <li>• Analgesic (3:25)</li> <li>• Epidural (6:25)</li> <li>• Amniotomy, Pitocin (4:32)</li> <li>• 2nd Stage Interventions (2:08)</li> </ul>	<p><b>Chapter 3: Understanding Medical Procedures (19:20)</b></p> <ul style="list-style-type: none"> <li>• BRAIN (0:38)</li> <li>• Induction (1:50)</li> <li>• Monitoring, IVs (3:00)</li> <li>• Analgesic (2:47)</li> <li>• Epidural (5:11)</li> <li>• Amniotomy, Pitocin (3:45)</li> <li>• 2nd Stage Interventions (1:54)</li> </ul>
<p><b>Chapter 6: Understanding Cesarean Birth (15:36)</b></p> <ul style="list-style-type: none"> <li>• Daniela's Labor (1:44)</li> <li>• Reasons for Cesareans, Risks (2:26)</li> <li>• Anesthesia &amp; Surgery Preparation (1:11)</li> <li>• Cesarean Animation (2:31)</li> <li>• Breastfeeding, Recovery (4:04)</li> <li>• Risk Reduction Tips (1:26)</li> <li>• Family-Centered Cesareans (1:50)</li> </ul>	<p><b>Chapter 4: Understanding Cesarean Birth (8:50)</b></p> <ul style="list-style-type: none"> <li>• Daniela's Labor (1:12)</li> <li>• Reasons for Cesareans, Risks (2:15)</li> <li>• Anesthesia &amp; Surgery Preparation (1:11)</li> <li>• Cesarean Animation (2:31)</li> <li>• Breastfeeding, Communication (0:58)</li> </ul>
<p><b>Chapter 7: Understanding Newborns (16:16)</b></p> <ul style="list-style-type: none"> <li>• Hospital Procedures (6:51)</li> <li>• Appearance (2:51)</li> <li>• Senses, Behavior, Sleep (4:11)</li> </ul>	<p>Not included on the <b>EXPRESS DVD</b></p>
<p><b>Chapter 8: Understanding Postpartum (15:24)</b></p> <ul style="list-style-type: none"> <li>• Hospital Recovery, Warning Signs (5:03)</li> <li>• Emotions (PPD) (3:12)</li> <li>• Support, Healthy Habits (2:03)</li> <li>• Breastfeeding (3:48)</li> </ul>	<p>Not included on the <b>EXPRESS DVD</b></p>

## Family Biographies

The following information can help you answer questions that viewers may have and lead informed class discussions about the featured births.

### Alex, 16 & Juliette (Alex's Mother): Unmedicated Vaginal Birth



Alex, a high school student, had an unmedicated vaginal birth with the support of her mother. She first went into the hospital the night before true labor started, but was sent home when the contractions stopped. True labor started later the following day and lasted about eight hours. She relied on walking, stair climbing, hydrotherapy, and visualization as non-medical pain relief techniques. Alex had a very short second stage, which lasted about ten minutes. Alex plans to finish her last year of high school and has support from the baby's father.

### Anissa, 37 & Henning, 30: Unmedicated VBAC



Anissa, a nurse, and Henning, a German-born pilot, had an unmedicated VBAC (Vaginal Birth After Cesarean). She had an unplanned cesarean two years prior that

was attributed to labor dystocia, and she switched healthcare providers early in pregnancy in order to be able to have the opportunity for a VBAC. Anissa's labor started with her water breaking a few days after her due date. Labor contractions started a few hours later, and she labored at home with the help of her husband and doula. Once at the hospital, she used the birth ball and vocalization as coping techniques. She had an IV and continuous fetal monitoring, which were standard procedures at the hospital for women having VBACs. Her labor lasted about seven hours, and she gave birth in a forward-leaning position.

### Chelsea, 21 & Cameron, 21: Vaginal Birth With Epidural & Augmentation Procedures



Chelsea, who is studying to be a nurse, and Cameron, who works in customer service and aspires to be a chef, had been married for more than a year when they were expecting their first child. About a week before her due date, Chelsea's labor started early in the morning with contractions. About eight hours into labor at five centimeters dilation, she received an epidural. After receiving the epidural, her labor slowed down. Amniotomy had little effect on her labor, but Pitocin caused more effective contractions. She gave birth in the middle of the night after pushing for about 30 minutes. Her labor lasted about 17 hours.

### Christina, 28 & Adam, 32: Unmedicated Vaginal Birth



Christina and Adam met when they worked for the same telecommunications company. A year after being married, they were expecting their first child. They switched healthcare providers at 28 weeks into their pregnancy because their first provider was not very supportive of their birth wishes. They attended Bradley method childbirth classes to help them achieve their goal of having a natural birth. Her water broke a few days after her due date and contractions followed soon thereafter. They labored at home for several hours before leaving for the hospital. She used a forward-leaning position throughout labor to relieve pressure in her back. She also used hydrotherapy, massage, counter pressure, and breathing as comfort measures, and received continuous, hands-on support from Adam. She pushed for about two hours in a variety of positions. A lip that redeveloped on her cervix may have accounted for the longer pushing phase. She gave birth to a boy after laboring for about 13 hours.

**Daniela, 22 & Oscar, 28: Unplanned Cesarean Birth**

Daniela and Oscar operate an event photography company and were expecting their first child. Daniela grew up in the United States and is bilingual, while Oscar grew up in Mexico and is Spanish-speaking. They were hoping to have an unmedicated vaginal birth.

Daniela's labor started a few days after her due date with contractions. She arrived at the hospital in the early afternoon and received an epidural a few hours later. Later that evening, she had not progressed past five centimeters dilation, despite receiving an amniotomy and Pitocin. There were also signs that she had a uterine infection, and she developed a fever. Her midwife consulted with an obstetrician and recommended a cesarean birth. Her epidural was used as anesthesia during the surgery. She had a healthy baby girl via cesarean section late that night and breastfed in the recovery room soon after surgery. She experienced mixed emotions about having the cesarean, and relied on support from Oscar and her mother to work through her feelings and recover physically.

**Joelle, 23: Induced Vaginal Birth With Epidural**

Joelle works in the food service industry and was expecting her first child without the support of the baby's father. As a single mom, she had support from her friend, sister, and doula during labor. Her labor was induced at 41 weeks because she had developed high blood pressure. She was induced with a cervical ripening agent and started having contractions early the next morning. She received an epidural for pain relief later that morning and was fully dilated by early evening. She had a complicated delivery that was not featured in the video. She relied on support from her sister during the postpartum period.

**Lorise, 35 & Scott, 34: Planned Cesarean Birth**

Lorise, a stay-at-home mom, and Scott, an engineer, scheduled a repeat cesarean for their third child based on their doctor's recommendations. Her first labor was induced

at 41 weeks and ended with an unplanned cesarean after labor did not progress. She also had a repeat cesarean for their second child. The couple's cesarean was scheduled for early in the morning on her due date and there were no complications. She was able to bond with her baby on the surgery table and breastfeed in the recovery room. She received help from her mother during the post-operative recovery period.

**Ty, 25 & Brian, 26: Vaginal Birth With Analgesic**

Ty, a hairstylist with plans to become a doula, and Brian, a factory shift manager, were expecting their first child. Brian has a son from a previous marriage. Ty's goal was to

have an unmedicated vaginal birth with the help of her husband and sister. Her water broke late in the evening, and her healthcare provider advised her to come to the hospital soon thereafter. Contractions started several hours later. She used many nonmedical comfort techniques, including relaxation, position changes, walking, the birth ball, hydrotherapy, and breathing to handle contractions throughout active labor. Early in the morning she was exhausted and requested an analgesic for pain relief, which offered her some rest. A few hours after receiving the analgesic, she was fully dilated and ready to push. She gave birth to a baby girl after pushing for about 15 minutes. Her labor lasted about 14 hours.

## Discussion Questions After Viewing

Choose from the following questions and use them in combination with your own questions 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. 4D ultrasound images in the program showed distinct facial features on one baby, a baby licking his arm, and a baby stretching her fingers and making jabs with her arm. See if your viewers were surprised to see 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 late in pregnancy, including avoiding hazards.*

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

*Chelsea and Cameron shared fears about labor and finances. Other common fears include the health of mom and baby, and parenthood. Open communication between partners, family members, and friends, and consulting a professional counselor if needed, is recommended to overcome fears.*

- 3. What motivated Daniela to eat healthy foods? What are some tips you can share for healthy eating during the third trimester?**

*Daniela's husband encouraged her to make healthy food choices, along with her own desire to change a family history of weight problems. The video suggested checking the Nutrition Facts label on food packaging to make healthy choices. Ask viewers to share other tips for healthy eating, such as making smart choices when eating out, choosing low-cost healthy foods, or packing healthy snacks to bring to work.*

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

*The incidence of preterm labor is on the rise in the U.S. 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 this can lead to short- or long-term health problems, and some premature babies do not survive.*

- 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?**

*Review symptoms of preterm labor: mild abdominal cramps; regular or frequent contractions, which may be painless; pelvic or lower abdominal pressure; low, dull backache; a change or increase in vaginal discharge; vaginal bleeding; or a gush or trickle of fluid from the vagina. 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. Anissa talked about drinking water frequently and taking breaks during her nursing shifts. What are some steps you can take to reduce your risk of preterm labor?**

*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 troubles).*

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

*Keeping active can help labor, postpartum recovery, and might relieve pregnancy discomforts. Ask parents to share tips for how they are getting exercise late in pregnancy. Ty stressed the importance of drinking water, walking, and stretching to prepare her body for labor.*

**Chapter 2: Understanding Labor**

- 1.** How do the births presented in this chapter compare to those you see on TV, the Internet, or 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.** At the beginning of this chapter, the narrator says, "your body already knows how to give birth." What do you think this means?

It is important that parents understand that birth is a natural process. Remind them that women have been giving birth for thousands of generations, even before today's medical technology was available. Anissa also stressed at the end of this chapter that women can trust their bodies, and that every woman has the inner strength to give birth. Use this discussion to build parents' confidence in their upcoming birth experiences.

- 3.** What are some of the signs of prelabor? 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 do not mean that labor has started. They can occur from weeks to hours before labor actually begins.

- 4.** 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. 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.

- 5.** Why was such a wide range of time given for the length of labor (6-24 hr)? What things can influence the length of labor?

A wide range was provided because every labor is unique. Some factors that influence the length of labor are: passenger (the baby's position), passageway (the pelvis and birth canal), powers (the strength and frequency of contractions), and psyche (the woman's mental state during labor). Also, second-time mothers generally have shorter labors than first-time mothers.

- 6.** How does a woman's body change during labor to accommodate childbirth? What are some changes/movements that the baby makes?

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 his 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 him fit into the birth canal. The baby's "cardinal movements" enable him to exit the vagina and enter the world.

- 7.** Describe the emotional progression of labor. Why do you think it typically 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 stage. A woman's emotions typically reflect her body's physical changes during each stage of labor.

**Chapter 3: Christina's Birth  
(not included on the EXPRESS DVD)**

- 1.** What were some of the benefits for Christina and Adam of staying home during early labor?

Adam commented: "Being at home really helped us handle the contractions. It really helped to be at home for as long as we could. We were in a familiar environment. We had our familiar tools to use with the contractions until we figured out exactly what was going to help her."

**2. Why was Christina using a forward-leaning position throughout labor? What positions didn't work for Christina?**

*She was feeling pressure and pain in her back and learned in her birth classes that “hanging the baby underneath your body” can help relieve the pressure and help the baby rotate into the optimal position for birth. Christina did not like being on her back during labor or standing.*

**3. List some of the coping techniques Christina and Adam used during labor.**

*Christina used a variety of forward-leaning positions, a heating pad, counter pressure, pelvic rocking, hydrotherapy, patterned breathing/chanting, and massage.*

**4. What kind of sounds did Christina make during labor?**

*Christina vocalized by moaning during contractions and also used a “hee, hee, ho” pattern while she was in the tub. Stress to your class that making sounds is normal during labor and can increase comfort.*

**5. What challenges did Adam face as the main support person?**

*Adam found it challenging to keep up with Christina and keep her focused. He was also challenged during transition because it was hard for him to see her in pain, while at the same time he tried to appear confident to her. While not mentioned in the video, you can let your class know that Adam was also very hungry, which can be a reminder for support people to pack bland-smelling snacks because it might not be possible to leave the laboring woman’s side for long.*

**6. Why did Christina find pushing challenging?**

*Christina was very tired during pushing and had a hard time figuring out how to push in an effective way. She also did not enjoy the squatting position as much as she thought she would.*

**7. Did you see anything in this birth story that you want to integrate into your own birth experiences? 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  
(not included on the EXPRESS DVD)****1. Describe a pain experience you’ve had. How does it compare with labor pain?**

*In the program, Ty compared labor to spraining her ankle. Use the PAIN acronym to initiate a discussion about labor pain compared to other pain experiences [it is Purposeful (P), Anticipated (A), Intermittent (I), and Normal (N)].*

**2. 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.”*

**3. What qualities make an effective labor support person or team? 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.*

**4. 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, 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.*

**5. 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 helps 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 ball or add movement to the various positions, and that not all of these positions will be possible with an epidural.

**6. 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.

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

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  
(Chapter 3 on the EXPRESS DVD)**

**1. 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.

**2. What is a birth plan? Have you made a birth plan?**

From the video: "A birth plan helps you think carefully about the kind of birth experience you want, including how you might handle interventions. It should concentrate on what you need to feel confident and supported during labor, and be flexible enough to accommodate changes." Ask parents if they have thought about their own birth plan and give them a resource to create one.

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

By waiting 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? With an IV?**

Women are usually confined to bed or a nearby chair during periods of fetal monitoring. However, many hospitals have a handheld device that allows women to be mobile, which can enhance comfort and labor progress. To allow for more freedom of movement with an IV, women can request a small plastic catheter (called a buff cap or heparin/saline lock) that is inserted into the hand and sealed. This prepares the woman for an IV, but allows complete freedom of movement. It also allows an IV line to be used and then disconnected. Or, women might be able to push the IV unit around with them.

**5. How did the analgesic affect Ty's labor?**

Ty was able to rest after she received the analgesic, but was dizzy and "out of it." The analgesic wore off after an hour or so, and several hours later she pushed and gave birth.

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

Chelsea was able to rest and not feel pain with her contractions. However, she was not able to move around, needed an IV, catheter, and closer monitoring, and later required augmentation procedures because her labor slowed down. Also, she wasn't able to feel her contractions during pushing, so she was instructed to feel when her uterus tightened by placing her hands on her abdomen and then push.

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

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

**Chapter 6: Understanding Cesarean Birth**

(Chapter 4 on the EXPRESS DVD)

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

After laboring all day, Daniela had not progressed past five centimeters dilation, despite efforts to augment labor. This is referred to as “labor dystocia.” She also showed symptoms of a uterine infection, which can be dangerous for the baby.

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

Parents can use the acronym BRAIN (see question #1 under Chapter 5). Stress to parents the importance of having a good relationship with their healthcare provider before labor begins.

**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 woman’s arms might be secured to the table, she might feel pulling or tugging sensations, she might smell a burning odor if the incision is cauterized, 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 are some ways you can make cesarean birth a family-centered experience?**

From the program: “Ask if you can have more than one support person with you in the operating room, which allows one person to go with the baby to the nursery and one to stay with you while the surgery is completed. Use deep breathing and visualization to help you relax. Ask the hospital staff if they can play music during the operation. Have your partner take photos or video. Digital photos of your baby can be shown to you, if you can’t see her right away. Have the surgical screen lowered at the moment of birth to see your baby. Hold or touch your baby as soon as you can after birth, even while your surgery is being completed, and breastfeed as soon as you can.”

**6. What kind of feelings did Daniela have about having a cesarean? What helped her?**

Daniela was disappointed when her midwife suggested the cesarean: “I wanted to be strong and have a natural labor. And when they decided that I’d have to have a cesarean, I felt like I wasn’t being strong for me or for my baby.” During the weeks after birth, she felt depressed and wasn’t sure if her feelings were normal. It helped her to talk to her husband and mother to work through her feelings.

**Chapter 7: Understanding Newborns**  
(not included on the EXPRESS DVD)

**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 nuzzle at the breast) within their first hour of life. After this, they may be too sleepy to latch on. Use this 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 skin characteristics like 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. Newborn babies are born ready to interact with their parents with their senses intact.

**6. How do newborns communicate?**

Newborns communicate through innate behaviors called reflexes. These signs can tell parents if they are hungry, ready to play, or over-stimulated. Babies also communicate by crying.

**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  
(not included on the EXPRESS DVD)****1. What are some of the physical changes Christina 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. Symptoms can include mood changes, sadness or crying, anxiety, lack of concentration, and feelings of dependency or inadequacy. Postpartum depression (PPD) and related mood disorders are experienced by more than 10 percent 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 sad mood; inability to sleep, even when you're exhausted; difficulty concentrating; loss of interest in activities you used to enjoy; major changes in appetite; or thoughts of harming yourself or your baby. Fathers can also experience postpartum depression.

**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 Chelsea and Cameron learn about their relationship during the postpartum period?**

They learned that they were taking their frustrations out on each other, and needed to set aside time and make an effort to keep their relationship strong.

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

Use this question to initiate a discussion about breastfeeding in the early weeks and dispel common myths. Emphasize the importance of making breastfeeding a priority (even if that means limiting visitors), feeding every one to three hours, 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.

## Internet Resources

### Mother's Advocate

[www.MothersAdvocate.org](http://www.MothersAdvocate.org) – Mother's Advocate was founded in 2009 as a service of InJoy Birth and Parenting Education. This website provides free, easy-to-use information about practices that have been proven to lead to healthier, safer, and more satisfying birth experiences. We partner with leading maternal health education and advocacy organizations to develop products based on substantial research. All of the Mother's Advocate products are provided at no charge and may be freely duplicated and distributed. At the website, you will also find a sample birth plan page that you can print for your class, or you can send parents to the website to print one for themselves.

### Additional Pregnancy, Birth, & Postpartum Resources

Lamaze International – information about normal birth [www.lamaze.org](http://www.lamaze.org)

March of Dimes – preventing premature birth and help for parents with premature babies  
[www.marchofdimes.com](http://www.marchofdimes.com)

Postpartum Support International – postpartum depression support groups and helpline  
[www.postpartum.net](http://www.postpartum.net)

### Breastfeeding Resources

La Leche League – breastfeeding information and local support groups [www.lalecheleague.org](http://www.lalecheleague.org)

Women, Infants, and Children (WIC) – federal agency supporting early childhood nutrition  
[www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

International Lactation Consultants Association (ILCA) – find certified lactation consultants in your area [www.ilca.org](http://www.ilca.org)

### Infant & Child Safety Information

American Heart Association – find CPR classes in your area [www.americanheart.org](http://www.americanheart.org)

First Candle – Sudden Infant Death Syndrome (SIDS) prevention and support [www.firstcandle.org](http://www.firstcandle.org)

National Center on Shaken Baby Syndrome – prevention education about Shaken Baby Syndrome (also known as Abusive Head Trauma)  
[www.dontshake.org](http://www.dontshake.org)

National Highway Traffic Safety Administration – travel safety and car seat installation instructions  
[www.nhtsa.gov](http://www.nhtsa.gov)

Red Cross – disaster preparedness and CPR classes  
[www.redcross.org](http://www.redcross.org)

SeatCheck – car seat information and inspection site locator [www.seatcheck.org](http://www.seatcheck.org)

### Healthy Lifestyle Information & Support

My Pyramid – government website with personalized nutrition plans [www.mypyramid.gov](http://www.mypyramid.gov)

National Partnership to Help Pregnant Smokers  
Quit – smoking cessation for pregnant and postpartum moms [www.helppregnantlysmokersquit.org](http://www.helppregnantlysmokersquit.org)

SmokeFree.gov – help with quitting smoking for men and women [www.smokefree.gov](http://www.smokefree.gov)

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