



Start With You



A workbook to help
reveal **your**
beliefs about birth.

Dig deep to decide
WHERE to have your baby
& **WHO** to hire to help you.

Kick Ass Birth

by Holly Barhamand | www.kickassbirth.com | © Holly Helps Us, LLC

Welcome! I designed this workbook to help you slow down, evaluate who YOU are as new parents, and make decisions about birth from a rooted place of those values. Each question may take you some time: half-an-hour or even a few days to reflect on yourself! I promise that this time will pay exponential dividends as you continue to prepare for both birth and new parenthood. This workbook can help steer your course to bring you to the most satisfaction and sense of accomplishment from your personal journey into the unknown.

You can refer back to my blog post describing the utter necessity of this process. Perhaps you would like to use your personal journal for this workbook. Some couples will each complete their own workbook, then reconvene to discuss. This is valuable for your relationship, for your joint decision making and can provide a framework for future parenting discussions! May you find this process enjoyable, practical and life-changing.

I recommend some hot tea, your favorite pen, sunlight and stillness. You'll notice a number below each segment, which indicates the minimum amount of time to spend on each. Set a timer to ensure that you are giving your full self to each portion of the book. And Enjoy!

Let's begin with intentions. (8 minutes)

What drew you to this workbook?

What do you NEED to know?

When your birth experience is over and you're reflecting on that journey,
what will be the sign that this workbook helped you in some small way?

The Big Reveal: Uncovering your beliefs about birth

When thinking deeply about something, we must first check our assumptions:

“What is ALREADY in your mind?”

The images and scenes that pop up determine our beliefs and thoughts, which ultimately determine our decisions. **Use this page to fill with images of what birth looks like in your mind.** Pour out onto paper every nugget of imagery or idea that crosses your imagination when someone says “childbirth”. These can be stick figures and basic shapes, symbolic items or abstractions. It doesn’t matter how beautiful or rudimentary the drawings are: the goal is to get it all out of your head and in front of your eyes.

Grab some crayons or a pencil, set your timer, go! (10 minutes)

Somewhere in that image (or group of images), you probably have elements that come from what we call your *First Birth Story*. Your First Birth Story does not have to be the first story you every heard about birth, but rather the biggest, predominant story about birth in your mind. This is the one that your younger self took as the description of what birth is and how it goes. See if you can locate that in your page of images. If not, go back and add it. (If birth was never spoken about or was taboo, even THAT is a First Birth Story.)

Write a brief description of what this First Birth Story is for you. (2-3 minutes)

The imagery that is in your mind (and now represented on the previous page) can help to uncover what your beliefs are about birth. The younger person's mind has to make sense of the world. In order to do so, you likely distilled that First Birth Story down into a simplistic *Meaning*. This simplifying is human nature and how we learn to exist in a complex world! A *Meaning* is a perception disguised as a fact. It looks like:

"Birth is hard work." or "Hospitals save women, etc" or "Women are marginalized."

Sit with this idea for a few moments. What Meaning(s) did you create, based on your First Birth Story, to help you understand birth? How did you simplify your story into a bite-sized meaning?

It may start like this: Birth is. _____,

Women are _____, Doctors are _____ . etc.

or you may have your own. **Write it here. (2-3 minutes)**

Very good work. This brings awareness to the motivations behind your decisions.

While these rules give us a sense of knowing what birth is all about, occasionally they can trip us up. By their nature, rules are an incomplete picture of the spectrum of birth. Imagine the mother whose Rule is that “Doctors should not be trusted”, but then the events of her labor ask her to put faith in her staff to keep her baby safe. Or what about a partner whose Rule is “Birth should be heavily managed by professionals”, but then s/he sees the laboring woman give birth without intervention.

Rules can serve us, but they have within them the potential for heartache if the events of our birth BREAK THE RULE! So see how you might be able to expand your Rule(s) into more of a *Guideline*. Just give it some wiggle room, a little exception. It might look like this:

“Birth is painful, so women should get pain medication...but every woman experiences pain differently.”
(meaning) (rule) (wiggle room)

“Women are made to give birth, so should be left alone....
(meaning) (rule) however, even nature has complications sometimes.”
(expand your possibilities)

Try it out for yourself. **Make your Rules into Guidelines here:. (2-3 minutes)**

We started with these steps because your motivation is so important when determining where to give birth, who to hire, what classes to take, etc. Uncovering your beliefs about birth, the Meanings and Rules, can help guide you to the right places/people. Finding those Care Providers and settings who have *similar beliefs* often means less negotiating, surprise or disappointment during labor.

Sometimes a pregnant couple will interview me for doula work, hoping for a certain kind of birth. Perhaps she wants a hands-off, unmedicated birth. However, if this couple has chosen a hospital and doctor who is more conservative and managerial in their style, the couple has a high risk of being disappointed with their experience. But if they find a birth location and Care Provider that has a hands-off approach, then there's a higher chance of satisfaction in their care. It's not the events of birth that upset our experience of it; it's the meaning behind them and if our rules were broken.

So as you begin to think about your approach to this birth, your Beliefs and Rules will be your guide. But I would be partnering in pain if I didn't also help you expand your ideas a little. Creating wiggle room in your Rules - seeing how Rules are subjective and not absolute, is one of the kindest things you can do for yourself as you prepare. You've already done some of that on the previous pages. Keep adding to it as you remember more memories or thoughts about birth. (You can do the same thing for parenting, relationships, work, etc)

Deciding WHERE to have your baby

Now let's apply all that rich self-reflection to your options for Birth!

When planning your medical care, there are two aspects to consider: where (what location) and who (what Care Provider). Answering some of the following questions, then comparing them to your local options, is a great place to start.

Location, Location, Location.

Depending on where you live (what country, state, city, etc), you may have several options. To find out what is available to you, do some hard-core web searching (just a search for "labor and delivery" or "birth center" will reveal many possibilities) or ask your friends. The quickest way to get a solid list of possibilities is to ask a local, experienced doula or childbirth educator (doulas are like secret shoppers and go to many locations in the same area). Fill in below as you learn.

Common possible locations to give birth are:

Hospital (categories not mutually exclusive. The same hospital may be a private, teaching hospital. etc)

Large Public Hospital

University based hospital

Small Hospital

Private Hospital (usually religious affiliation)

Teaching hospital

Birth Center

Hospital-based birth center

Independent/free-standing birth center

Home Birth

Each birth locale has advantages and disadvantages. When deciding which location to choose, think again about your beliefs about birth. The mammal brain (like yours!) will usually labor most efficiently when it feels safe. This feeling of safety can be a huge guide to making this decision. Fill in answers as you know them.

**Circle or check off questions that resonate with you,
especially the ones that are MOST important to you. (20 minutes)**

Is your pregnancy considered high risk?

In your family history, has pregnancy or childbirth been straightforward?

What does your insurance cover? (There are often exceptions to what a representative initially says on the phone. Calling Care Providers directly may be more accurate.)

What out of pocket expense can you afford? (A birth center or home birth completely out of pocket is sometimes cheaper than out of pocket expenses at a hospital. Or a specific hospital may be covered more extensively by your insurance.)

Are you comforted by an Operating Room just around the corner?

Are you comforted knowing that there is NOT an Operating Room just down the hall?

Do you feel safer being at home, with just a few people that you have formed relationships with?

Do you feel safer with a high level NICU (Neonatal Intensive Care Unit)?

Not all hospitals have the same NICU facilities.

Does the most advanced technology give you comfort?

Does a beautiful, modern setting get you excited?

Do you like knowing that your Medical Staff is highly trained and even trains others?

Would you prefer a location with no students (teaching hospital)?

If considering a birth center or home birth, what distance from a hospital is reasonable to you? If you live an hour from a hospital, home birth could be riskier than for someone just a mile away.

What are your feelings about pain medication? This is usually unavailable in a birth center setting, and not available at a home birth.

What is your experience and feeling about hospitals, in general?

What else is important to you?

Pay close attention to the several voices that may be filling your head as you answered:

perhaps you have one that really desires one of these options,
but a more measured voice barking back, or
perhaps a voice that's parroting other people's opinions more than your own.

While all of those voices are valid because they are part of you, the voice that we're tuning in to right now is the first: what do you WANT. Once you start from that place of dreaming, you can negotiate with yourself later. Again, we're starting with you. What do you WANT at your place of birth?

Deciding WHO to hire for your birth

There are many types of skilled Care Providers (CP) available for childbirth. Again, these options vary by which state you live in, urban area vs. rural, etc. Your choice of birth location on the previous pages will also dictate which Care Provider is available to you. Before I break down the common types of CP, lets #startwithyou.

Ask yourself these questions to help you sort out your preferred approach to birth:

Are you considered high risk?

Do you view birth as a medical event or a physiological event?

Do you see birth as rarely, sometimes or frequently dangerous?

Does the gender of your Care Provider matter to you?

If labor were to become “dysfunctional” (everyone is safe, but the birth may be long or have stops and starts or stalls in progress, etc), would you prefer a CP who is proactive or one who is patient? Is the idea of a long labor tolerable to you, or would you prefer pro-active management?

If labor progress slows, would you prefer to try non-medical solutions first, or go directly to medication?

Some low-risk providers have to hand over management if the pregnancy or birth becomes high risk. Do you prefer having the same CP no matter what happens in birth, or would a potential transfer of care be worth an initial low-risk approach?

Do you prefer a solo practitioner, small size practice group or larger group?

Do you desire a lot of in-person time with your CP prenatally and during the labor?

Does bedside manner and personality matter to you? What kind of personality?

Does a confident, possibly managerial approach appeal to you?

Would you like to be in primary control over any decisions during pregnancy/labor?

Would you prefer that your medical professional be in primary control of decisions during pregnancy/labor?

Styles of Care

Generally, there are two overarching models of prenatal and labor care. They are the Medical Model and the Midwifery Model. While most doctors and midwives fall firmly in the camp where they were trained, there are exceptions among individual practitioners. Your answers to the questions above may help you determine which end of the spectrum would best suit you.

Medical Model	Midwifery Model
<ul style="list-style-type: none">- Birth is a medical event and managed with technology- Focus on managing problems and complications- Higher rates of interventions- Staff delivers baby- Staff manages the process- Care is routinized- Institutional event	<ul style="list-style-type: none">- Birth is a physiological event and assumed to be normal- Focus on health, wellness and prevention.- Lower rates of interventions- Mother gives birth- Mother has active role in process- Care is individualized- Life cycle event

There is a wide spectrum of approaches toward pregnancy and birth. Each CPs approach is molded by type of training, geographical location, protocols of the birth facility, and even their own First Birth Story! While there are generalized approaches for each category of CP, there are exceptions within each one. In my urban area, there are some Certified Nurse Midwives that are more medicalized in their practice, and there are a few OBs who are more hands-off in their approach. It may not be enough to just pick a category, but to also interview a few CPs in the category you choose.

Obstetrician or OB/GYN - These can be MDs (Medical Doctor) or DOs (Doctor of Osteopathy), which have a slightly different medical training. OBs are able to care for low-risk women, high-risk cases and everything in between. Some even specialize in the most high risk cases. They are able to perform Cesarean Births, and often back up other Care Providers in the event that a Cesarean Birth or instrumental delivery is needed. They also become the recommendation if a pregnancy or labor becomes high risk. In some countries (the US included), OBs are the more common type of Care Provider hired - over 90% of births in the US. In other countries, Midwives or Family Practice Doctors are the standard for most women, with OBs being called in for the few high risk cases. They work mostly in hospitals, though there are a small number of out-of-hospital OBs. The training model of OBs is generally more medicalized, with higher rates of interventions used.

Family Practice Doctor - It is increasingly less common for Family Practice Doctors, sometimes called General Practitioners, to attend births. Malpractice insurance is very high for obstetrics, which has lowered the number of doctors able to afford it. Some of these doctors can perform Cesarean Births, but many will work collaboratively with an OB. The general style of FPDs is less interventive than OBs but more-so than Midwives. FPDs generally work in hospitals, but some will support out-of-hospital births.

Certified Nurse Midwife - A Certified Nurse Midwife is a Nurse who has completed graduate work or higher in Nurse Midwifery. The training emphasizes low-risk women and non-interventive care. If a pregnancy or birth becomes high risk, then a CNM will transfer oversight to a collaborating physician. Sometimes they will work together for patients. CNMs are generally trained in a hospital setting, but many also serve in Birth Centers or as home birth midwives. Sometimes they will work as home birth midwives but have privileges at a hospital so the patient has continuity of care if she has to transfer.

Certified Professional Midwife - (term varies by state. Can also be called Lay Midwife, Certified Midwife, Direct Entry Midwife) A non-nurse midwife is the only CP in our list who is trained specifically in home birth. The safety of home birth depends on a specific criteria of a low-risk pregnancy, careful monitoring of mother and baby's health and a skillful midwife. At this time just over half of the states in US recognize a Non-Nurse midwife licensure. You can find out the specifics of your location at mana.org (Midwives Alliance of North America). The mother would transfer to a different care provider if she became high risk or opted to give birth in a hospital during labor.

Ask around for people who have had good or bad experiences with each care provider. Keep in mind that the people you ask also have Rules surrounding birth, and their reviews will often reflect whether or not those Rules were reinforced during their births. So if one friend LOVED this doctor, but she believes birth is one way (and you feel the opposite), then her 5 star review may not be helpful.

To get to the heart of someone's experience, ask the specifics:

"I want _(low intervention, high tech care, etc)_____ Is this CP like that?"

Interviewing a Potential Care Provider

You're doing great, and you're almost done! So far, you have distilled your understanding and values around birth, and also given yourself a little wiggle room in those beliefs. You have thought about what sort of birth locale appeals to you and what sort of Care Provider resonates with your ideals. Now it's time to meet some people face to face and get the best match.

The questions asked in the "Deciding WHO to hire" segment can be your springboard. **Use this space to come up with questions you'd like to ask as you interview with doctors or midwives. What is important to YOU?**

The following questions can also help you get to know these Care Providers and THEIR values around birth. You may not find some of these relevant to you, though. Choose what you like to include in the interview process.

What is the Cesarean Rate of your practice?

How many doctors/midwives are in the practice? How likely is it that you will be the one who attends the birth?

Do residents provide care or can I expect to work with my attending physician/midwife?

What is your routine for inducing labor after my due-date has past?
Is 41 weeks or 42 weeks your standard?

What percentage of mothers labor without pain medication in your practice?

What is your policy about eating and drinking during labor?

How often can I expect to see you during labor?

What is your opinion of doulas? Would you recommend that I hire one?

Their answers to these questions can reveal whether or not this practice is more conservative in their approach (Medical model) or less (midwifery model). More than the answers you receive, their attitude and openness to your questions can tell you hugely if this is the right Care Provider for you.

Touring the Place of Birth

Many expectant couples take a tour of the facility a month or two before their due date. This list of things to look for or ask about can help you gain a better understanding of the approach of your birth locale. However, if you are earlier in your pregnancy and unsure where you would like to birth your baby, you can use this as a wishlist. Then you can call around or tour places to see what location fulfills your wishlist.

How does arrival or triage work? How is parking?

How many births occur in a day, on average?

Are anesthesiologists available at all hours?

What NICU capabilities are here? (Level I, II, or III?) What is the protocol if baby needs more than what this location can provide?

What water-therapy options are there? Showers in every room? Bathtubs? Birth tubs (and do all providers have access or comfort with those?)?

Are there birth balls or peanut balls available? Do I need to bring my own? Are there birth stools available?

Does anesthesia interview everyone as they labor or will I only see them if I ask?

What sort of beds are there? (full size beds in birth centers vs. hospital beds)? Do the beds have squat bars?

How many support people/visitors are allowed in the labor room? Postpartum?

What do you have available for partners to rest? (ask both labor floor and postpartum recovery, if separate). What cafes or cafeterias are available, for what hours?

Will students or residents be present for any of my labor? Can patients refuse their presence?

Are any of the nursing staff trained or excited in supporting women through unmedicated births?

Are doulas welcomed here? How often do women bring a doula with them?

Do you have lactation specialists on staff? When are they available?

Unfortunately, hospital Labor and Delivery tours are often directed by volunteers or people who do not know many answers to these questions. In this case, you may need to contact the Charge Nurse for the Labor floor to have some questions answered. If you have already chosen your Birth Care Provider, that person can also answer many of these questions.

You've done it! Some self-reflection, some research and big decisions are behind you now. You can rest in peace that the groundwork is laid for the best possible birth experience. We can't control birth, but we sure as hell can influence it. Thoughtful, intentional choices will go a long way toward your health and happiness.

ALREADY you are a good parent. Well done.

Warmly,

A handwritten signature in black ink that reads "Holly". The signature is written in a cursive, flowing style with a large, prominent 'H' and a long, sweeping tail on the 'y'.