

Birth at a  
**Hospital**

**Ob/Gyn**  
as care provider

Partner as  
**Only Support Person**

Labor is Medically Induced  
on Due Date, if it hasn't  
started yet

**Midwife**  
as Care Provider

Birth at Home or  
at Birth Center

Labor Begins  
on its Own

Additional Labor Support:  
Doula, Friend, or Family

Unhealthy Baby or  
Unhealthy Mom

Eat in labor, if desired;  
Drink fluids when needed

Be upright and moving,  
walking, dancing,  
throughout labor

Occasional monitoring  
of baby's heart rate

No food during labor,  
Routine IV for hydration

Healthy Baby,  
Healthy Mom

Continuous monitoring with  
electronic fetal monitor

Rest in bed during labor

## Positive Birth Experience

Using natural self-help methods to speed up labor (upright positions, movement, nipple stimulation, acupressure)

Endorphins for Pain Relief  
(use Bath Or Shower, Soothing Environment, Touch to encourage release of Endorphins - natural pain relieving hormone)

## No Pain Medication

Breaking bag of waters  
or using Pitocin  
to speed labor

Positive Birth  
Experience

Epidural

IV Narcotics

Freedom to Choose Position  
for Pushing (e.g. Squat,  
Hands and Knees, Kneeling)

Go to bathroom to  
urinate when needed

Spontaneous pushing  
with urge to push

Vaginal birth

Have bladder catheter

Push only in semi-sitting or side-lying position

Cesarean Birth

Directed pushing  
(or laboring down,  
if care provider OK's)

Baby on mom's chest  
immediately after birth

Baby stays in room with  
parents

Breastfeeding started in the  
first hour after birth

Feeling supported. Being  
able to use comfort  
techniques that are helpful to  
you.

Baby stays in nursery, or  
with nurses

Baby cleaned up before  
being given to mom

An environment where  
comfort techniques are  
discouraged, or dismissed as  
unhelpful.

Breastfeeding or bottle-  
feeding started after mom  
has rested for a while

### **Directions for using: Step One (Prep Work Before Class)**

Print up one set of cards for each couple you have in class. You'll need to figure out how to set them up on your printer or copier so that the options on each side of the card match (e.g. on the back of hospital birth, it says home/birth center birth)

Plan to use these at one of the final classes in a childbirth series, or at the end of a one-day seminar, so students will already be familiar with what all the options mean, and what the pros and cons of each option are.

### **Directions for using: Step Three**

Then, "Sanity check" them, using any and all of these items:

If they chose home birth, can't choose induce / augment / pain meds.

If choose induce or augment, must have continuous EFM and IV

If choose epidural, must have EFM, IV, bladder catheter, rest in bed during labor, pushing in semi-sit or side-lie, and directed pushing / labor down.

You may choose to discuss that interventions may be less likely if you have doula, midwife, out-of-hospital, or minimal routine interventions

### **Directions for using: Step Two**

Have students at tables, or sitting on floor so they have room to spread out cards.

Give each couple a stack of cards.

Tell them to spread cards out, with their choices facing up. (Note that on one card, it says "positive birth experience" on both sides of it, because we hope to have partners, support people, and care providers all working together so no matter what happens, and how labor unfolds, mom has a positive experience.)

Give them a while to do this, and talk it over with their partner, then, if desired, use this as a lead in to talking about writing up a birth plan.

### **Directions for using: Step Four**

Now: the unexpected happens. Suggest some scenarios to them: Say they have failure to progress. They need to choose whether to wait (with an epidural??), to augment or to go to cesarean.

Then say, or perhaps it's more painful than manageable. Meds??

Then, fetal distress, cesarean recommended. What other options might they explore? Would they choose cesarean?

Then give them a few minutes to discuss with partner how they would feel if faced with these choices. Then discuss with group how they feel about this exercise, and what they learned. Emphasize the idea that no matter what the outcome, mom can still have a positive birth experience, and that it's important to be flexible and resilient about birth plans.

Discuss unhealthy mom / unhealthy baby cards. None of us would choose them, but what if they happen? Then lead discussion of unexpected outcomes.