Prenatal Development and Birth

Chapter 4:

Pregnancy: The Mother’s Perspective

1st Trimester

- Physical Experience
  - Missed period
  - Tender, enlarged breasts
  - Morning sickness (misnomer)
  - Tired
- Cognitive Experience
  - Nervous about miscarriage
  - Excited
2nd Trimester

• Physical
  – Most women feel less morning sickness
  – Weight gain
  – Feel baby move for the first time
  – Hair changes (fuzz on tummy, etc…)
• Cognitive
  – Excited to see baby (ultrasound)
  – Starting to bond
  – Feel unattractive
  – Clothes don’t fit anymore

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3rd Trimester

• Physical
  – More Weight gain
  – Frequent urination
  – incontinence
  – Hard to breath
  – Trouble sleeping
  – Difficulty getting up, rolling over
  – Back pain
  – Swelling, Edema
  – Hip discomfort
• Physical cont’d
  – Heart burn
  – Constipation
  – Stretch marks
• Cognitive
  – Excitement for birth
  – Fear, apprehension
  – Not in control of body
  – Need to “nest”
  – “baby brain”

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Birth

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Pain, Anesthesia, and Drugs

• Pain is a subjective, psychological phenomenon that cannot be easily measured
• Epidural anesthesia produces numbness from the waist down and an inability to walk or push during delivery
• Walking epidurals, or dual spinal epidurals, use smaller needles and administer a continuous dose of anesthetic so woman may walk around and have fewer side effects
• Effects on baby and mom?

Approaches to childbirth

• Natural childbirth: Bradley Method
  • aims to reduce pain by decreasing fear and educating parents

• Prepared childbirth: Lamaze
  • special breathing and education about anatomy and physiology.

The Bradley Method

• Natural childbirth - Nearly 90% of Bradley® moms having vaginal births do so without pain medication.
• Active participation by the husband/partner as coach.
• Excellent nutrition (the foundation of a healthy pregnancy and baby).
• Avoidance of drugs during pregnancy, birth, and breastfeeding, unless absolutely necessary.
The Bradley Method cont’d

• Relaxation and NATURAL breathing
• “Tuning-in” to your own body and trusting the natural process.
• Immediate and continuous contact with your new baby.
• Breastfeeding, beginning at birth provides immunities and nutrition.
• Parents taking responsibility for the safety of the birth place, procedures, attendants, and emergency back-up.
• Parents being prepared for unexpected situations such as emergency childbirth and cesarean section.

• Other non-medicated techniques to reduce pain
  – Waterbirth
  – Hypnosis
  – Acupuncture
  – Massage
  – Music therapy

Cesarean Delivery
Cesarean Delivery:
- May need to be used if baby is in breech position or other complications.
- Women in need of cesarean delivery are more quickly identified.
- Doctors may order cesarean out of caution, and to avoid lawsuit if there is a possibility of maternal or fetal distress.
- Many today are choosing cesarean delivery.
- VBAC (Vaginal Birth After Cesarean)
- Today, 29.1 percent of all US births are cesarean.
- 1999 study of 3283 women in Sweden found only 8% wanted a C-section (fear of birth, anxiety, previous c-section)

C-Section v. Vaginal Birth

• Physical problems in mothers:
  – potentially life-threatening problems,
    • hemorrhage (severe bleeding),
    • blood clots
    • bowel obstruction
  – more common concerns
    • longer-lasting and more severe pain
    • infection.
    • scarring and adhesion tissue increase risk for ongoing pelvic pain and for twisted bowel.

C-Section v. Vaginal Birth

• Longer Hospitalization of mothers
• Emotional well-being of mothers
• Early contact with, feelings toward babies
• Breastfeeding
C-Section v. Vaginal Birth

• Health of babies: Babies born by cesarean are more likely to:
  – be cut during the surgery (usually minor)
  – have breathing difficulties around the time of birth
  – experience asthma in childhood and in adulthood.

C-Section v. Vaginal Birth

• Future reproductive problems for mothers:
  The likelihood of experiencing some of these conditions goes up sharply as the number of previous cesareans increases. ectopic pregnancy
  – reduced fertility
  – placenta previa
  – placenta accreta
  – placental abruption
  – rupture of the uterus

C-Section v. Vaginal Birth

• Concerns about babies in future pregnancies: A cesarean section in this pregnancy can affect the babies of future pregnancies. Studies have found that they are more likely to:
  – be born too early (preterm)
  – weigh less than they should (low birthweight)
  – have a physical abnormality or injury to their brain or spinal cord
  – die before or shortly after the birth
C-Section v. Vaginal Birth

- Extra risks associated with vaginal birth: In a few areas, mothers or babies with vaginal birth have poorer outcomes in comparison with cesarean birth.
- Perineal pain
- Incontinence
  - (urinary incontinence)
  - (bowel incontinence).
- Nerve injury in babies: In comparison with a baby born by cesarean section, a baby who is born vaginally is more likely to have a nerve injury that affects the shoulder, arm or hand.

Physical Appearance and Initial Encounter

- The neonate is covered by vernix, a thick, greasy substance that covers the entire infant.
- The infant is also covered in fuzz, called languno, which soon disappears.
- Bonding of parent to infant has its strongest components at this moment after birth.
  - C-section, premature babies, & others…not given directly to mom?
  - Breastfeeding v. bottle feeding

- Bonding (formation of emotional attachment) between infant and mother:
  - Usually occurs in period shortly after birth.
  - Critical component in child's development.
  - Isolation of premature baby and use of drugs in birth process may harm bonding process.
  - Some experts advocate a rooming-in arrangement while mother and child are in the hospital.
A Father’s Adjustment:

– Generally ignored, but fathers go through considerable adjustment.

– Some feel baby has replaced them in terms of mother’s affection.

– Fathers should actively care for the baby.

– Parents should set aside time to be together.

"The Virgin Mary Nursing Her Child"
Hans Memling