

Resource Information The Bradley Method®

One Teacher's Perspective NATURAL ALIGNMENT PLATEAU Susan Hathaway Bek, AAHCC

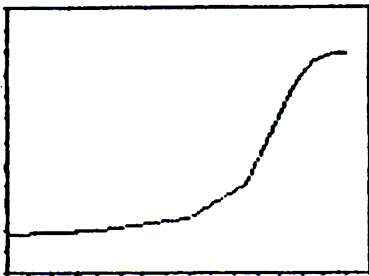


Figure 1

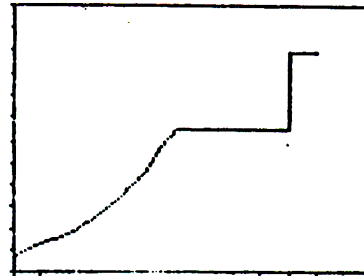


Figure 2- (Case 1)

N.A.P. stands for Natural Alignment Plateau. It is a term which is used to describe a normal period which occurs in over 50% of natural births.

I have found it very helpful in my classes to include the N.A.P. as a normal part of first stage which some women experience and some do not. I explain that there are many ways to evaluate the progress of labor including: dilation, effacement, station, strength of contractions, time between contractions, duration of contraction, behavior changes, loss of modesty, etc. None of these methods is completely reliable but it is helpful for the coach to use all of these clues to help place together some idea of where they are in labor.

The medical people deal mostly with dilation, effacement, and station. Further, many of the medical professionals deal mostly with medicated mothers. They are used to managing labors rather than allowing them to follow their natural course. Many medical people like to see a regular pattern of 'progress' relating to dilation (see figure 1). However, it is not uncommon for a mother during the normal course of her labor to reach a point where labor continues yet cervical dilation ceases for a time (see figure 2). Figure 1 represents an average but does not often apply to individual cases.

During this time many things may be happening which are necessary to accomplish before the baby should be born. Some of these things which may be happening at this time include: 1. physical alignment of the baby's presenting part in relation to the mother's pelvis. (This is something which we can not determine-it is up to the baby to find the best way through this sometimes narrow passageway.) 2. Softening of the cartilage in the pelvis and increasing flexibility of the ligaments and tendons as the mother's body prepares to best accommodate the baby. 3. Time for the breasts to form all the immunities necessary to protect the baby after birth. (Secretion from the breasts prior to the onset of labor are very low. In these immunities, yet they are full of them by the time the baby is born-this may require some extra time.) 4. The baby may be in need of more contractions which massage the baby, stimulate its nervous system and prepare its lungs for breathing on the outside. 5. Psychological changes in the mother. (Mothers go through many changes in labor. They must adjust to the fact that they are taking on a huge responsibility for another life. They may experience some anxiety at the thought of the baby's first step toward independence. Mothers have often reported that they felt unable to let go and give birth to their babies until they were in an environment where they felt safe and secure.) 6. Psychological changes in the baby. (Evidence tends to support the theory that the baby may also be undergoing psychological and emotional changes during this time.)

As this mother continues to labor, doing what is perhaps the hardest work of her life it is easy for her to become very discouraged when vaginal exams are done and statements like, "You're still 5 centimeters", "You're only 5 centimeters". "You're not getting anywhere", "You've failed to progress"

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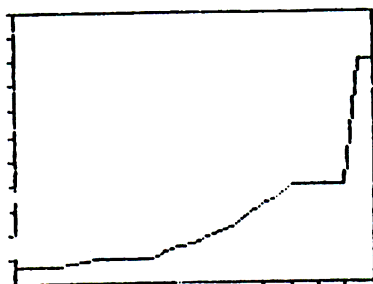
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are made.

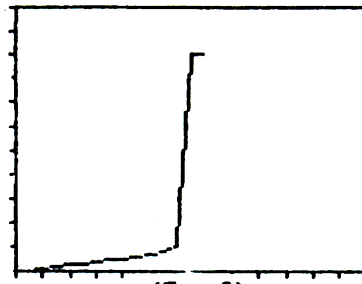
These mothers are progressing they're just not dilating right now. They're doing some of the necessary work which must be done before their babies should be born. These mothers may continue laboring but not dilating for many hours, each women according to her own needs. Medical people who work with women having natural births will recognize this stage and are often encouraging. They realize that although the mother is 'only' 5 (or 4 or 7 or whatever) centimeters dilated, she may soon be pushing.

Coaches need to keep the mother from becoming discouraged. They can remind her that she is progressing-she's just not dilating. She is doing some important work which needs to be done before her baby is born. Couples may want to put off vaginal exams for a while and explain to the medical team that as long as the mother and baby are doing fine they are willing to allow the mother and baby the time that they need.

Although I know of hundreds of cases which would apply, I will list three examples of the Natural Alignment Plateau.



(Case 2)



(Case 3)

Case #1- A woman in my class recently experienced a N.A.P. for 8 hours at 6 1/2 centimeters. She chose to go home during this time. When she felt ready they went back to the birth center. She was still 6 1/2 centimeters when she arrived but almost immediately went into transition with contractions one on top of the other for 5 minutes then confidently announced that she was ready to push. She went onto give birth to a 9 lbs. boy with no episiotomy and no tear.

Case #2- Another mother who was having a VBAC had been in labor for 24 hours. For many hours she had remained 5 centimeters dilated. She was tired and she was experiencing quite a lot of pain. Her doctor recommended breaking the bag of waters to speed things along. The doctor told the mother that if this was not done she would probably be labor for another 6-10 hours. This mother was dedicated to following the natural course of her labor and declined the amniotomy. "Within 45 minutes the bag of waters broke on its own and she began pushing. She gave birth to a 6 lbs. 11oz. girl vaginally.

Case #3- A good friend of mine had been in labor for about 12 hours when she went to the doctors office to be examined. She was 2 centimeters dilated, so they sent her home. Within an hour she was experiencing an undeniable urge to push and barely made it to the birth center when she gave birth to a 9lbs. 2oz. boy.

As a Bradley® Instructor I feel that it is my job to prepare people for as many possibilities as I can. I feel that by including information on the Natural Alignment Plateau I have helped many of my students avoid augmentation and cesarean sections. This is one thing I've done to make my classes even better.