



What to Expect When You Go to the Hospital for a Natural Childbirth

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by Talk Birth--Childbirth Education Classes on Wednesday, September 9, 2009 at 5:15pm

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I've been debating about whether to share this post or not. I'm concerned that it may come across as unnecessarily negative, pessimistic, or even "combative" or "anti-hospital." However, I do think it is honest and I've decided to share it. There is a fairly "normal" course of events for women having a natural birth in a hospital setting. In order to be truly prepared to give birth in the hospital, it is important to be prepared for "what to expect" there and to know how to deal with hospital procedures. All hospital procedures/routines can be refused, but this requires being informed, being strong, and really paying attention to what is happening. I hope this list of "what to expect" will help you talk with your medical care provider in advance about hospital routines and your own personal choices, as well as help prevent unpleasant surprises upon actually showing up in the birthing room. This list is modified from material found in the book *Woman-Centered Pregnancy and Birth*. I am not saying that is how your specific hospital operates, but that many American hospitals function in this manner.

- Expect to have at least some separation from the person who brought you to the hospital, whether this separation is due to filling out admission paperwork, parking the car, giving a urine sample, being examined in triage, etc.
- Expect to remove all your clothing and put on a hospital gown that ties in the back.
- Expect to have staff talk over you, not to you, and to have many different people walk into your room whenever they want without your permission and without introducing themselves.
- Expect to have your cervix examined by a nurse upon admission and approximately every hour thereafter. Sometimes you may have multiple vaginal exams per hour by more than one person.
- Expect to have an IV inserted into your arm, or at minimum a saline lock (sometimes called a Hep lock).
- Expect to be denied food and drink (at best, expect clear liquids or ice).
- Expect to give a urine sample and perhaps a blood sample.
- Expect to have an ID bracelet attached to your arm.
- Expect to have to sign a consent form for birth and for application of a fetal monitor that states that your doctor will be responsible for making the decisions about your care (not you).
- Expect to have a fetal heart rate monitor attached around your belly—two round discs on straps that will often stay with you continuously until you give birth (or, at best, for 15 minutes out of each hour of your labor).
- Expect to have your water manually broken at about 4 centimeters (or at least, strongly suggested that you allow it to be broken). After this point, expect to be encouraged to have an electrode screwed into the baby's scalp to measure the heartbeat and a tube placed in your uterus to measure your contractions.
- Expect to be offered pain medications repeatedly.
- Expect to receive Pitocin at some point during your labor—"to speed things up."
- Expect to be encouraged (or even ordered) to remain in your bed through much of labor, especially pushing.
- Expect to either have your legs put in stirrups or held at a 90 degree angle at the hips.
- Expect to be told you are not pushing correctly.
- Expect to hold your baby on your chest for a few minutes, before it is taken away to be dried, warmed, and checked over.
- Expect the baby to have antibiotic eye ointment put into its eyes (without telling you first).
- Expect to have your baby suctioned repeatedly.
- Expect to be given a shot of Pitocin to make your uterus contract and deliver the placenta.
- Expect not to be shown the placenta.
- Expect your baby to be given a vitamin K injection.

I think it is important to note that what you can *expect* is often different than what you *deserve* and that what you can expect often reduces or eliminates your chances of getting what you deserve. In my classes, I've made a conscious decision to present what women *deserve* in birth and though I also talk about what they can expect and how to work with that, I think sometimes they are left surprised that what they actually experience in the

hospital. At minimum, what you *deserve* are Six Healthy Birth Practices:

1. **Let Labor Begin on Its Own**
2. **Walk, Move Around, and Change Positions Throughout Labor**
3. **Bring a Loved One, Friend, or Doula for Continuous Support**
4. **Avoid Interventions That Are Not Medically Necessary**
5. **Avoid Giving Birth on the Back and Follow the Body's Urges to Push**
6. **Keep Mother and Baby Together – It's Best for Mother, Baby, and Breastfeeding**

As an example of what I mean about what you can expect clashing with what you deserve, consider the second healthy birth practice "Walk, Move Around, and Change Positions Throughout Labor"—monitoring and IVs directly conflict with the smooth implementation of a practice based on freedom of movement throughout labor.

So, how do you work with or around these routine expectations and your desire for a natural birth?

- Discuss in advance the type of nursing care you would like and request that your doctor put any modifications to the normal routines in your chart as "Doctor's Orders" (if your doctor is unwilling to do so, seek a new medical care provider!)
- Labor at home until labor is very well-established.
- Go through the above list of "what to expect" and make a decision about how to handle each one on a case by case—you may choose to actively refuse something, you may be okay with accepting certain procedures or routines, and you can develop a coping plan for how specifically to work with any particular issue.
- Take independent childbirth classes and learn a variety of techniques and pain coping practices so that your "toolbox" for working with labor is well stocked.
- Hire a doula, or bring a knowledgeable, helpful, experienced friend with you. It can help to have a strong advocate with you (this may or may not be a role your husband or partner is willing to take on).
- Another tactic is to "never ask permission to do what you want, but to go ahead and do it unless the hospital staff actively stops you." (An example of this is of getting up and walking around during labor)
- "Many people, if they can find no other way to get around a dangerous or unpleasant hospital policy, unobtrusively ignore it"—a good example of this is with regard to eating and drinking during labor. Restricting birthing women to ice chips or clear liquids is not evidence-based care. Bring light foods and drinks and quietly partake as you please.
- Leave the hospital early, rather than remaining the full length of stay post-birth. This can minimize separation from baby and other routines you may wish to avoid.
- For some additional ideas see my post, "Can I really expect to have a great birth?"

Finally, and most importantly, "birth is not a time in a woman's life when she should have to FIGHT for anything," so if you find that you feel you are preparing yourself for "hospital self-defense" I encourage you to explore your options in birth places and care providers, rather than preparing for a "battle" and hoping for the best. If you feel like you are going to have to fight for your rights in birth, STRONGLY consider the implications of birthing in that setting. Also, as The Pink Kit says, "*hope* is not a plan"—so if you find yourself saying "I hope I can get what I want" it is time to take another, serious look at your plans and choices for your baby's birth.

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Katie Castle "Hospital self-defense!" That's exactly it. You're nervous enough already without the added stress of wondering how to argue and what wishes will actually be respected.

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Gina Crosley-Corcoran Thank you for this. I wish I had known all this before I walked into the hospital. Could have saved me a big, fat uterine scar, and the fighting I had to do to get my VBAC.

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