



BROKEN WATER

DOES IT REALLY SPEED UP LABOR...AND IS THAT A GOOD THING?

AMNIOTOMY

'Amnio' as in 'amniotic sac' and 'otomy' as in the cutting or slicing of a body part - think **lobotomy** or **episiotomy**. This procedure holds unique distinction as being considered both a 'simple procedure' (if a doctor wants to do it) and 'surgical procedure' (in that it can be a prosecutable offense as the illegal practice of medicine for a midwife to perform).

In reality, it doesn't *seem* like that big of a deal. A hole is poked in the amniotic sac with either an 'amniohook'...a gadget that looks very much like a sharp crochet hook, or an 'amnicot'...a latex glove with a sharp barb designed right into a finger of the glove. Having one's 'water broken' doesn't usually hurt the mother physically...but that is not the only consideration.

It is considered 'the practice of medicine' because it can carry risks so substantial that a medical doctor needs to be immediately available in the likely event that a complication occurs. As such, it should never be performed without full informed consent in written form.

Complications may include:

~Infection (which is the reasoning behind why a mother is 'on the clock' to birth within 12 to 24 hours when the water bag releases naturally)

~Cord prolapse (when the umbilical cord is washed down ahead of the baby's head with the released water and the baby's oxygen source is pinched off)

~Fetal distress (due to the above cord prolapse as well as rapid head compression

when the water bag no longer provides a cushion)

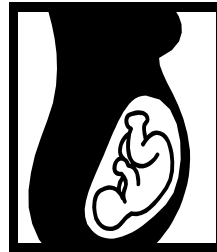
~Chemical induction (including the inherent risk)

~Surgical birth (Fraser, 2006) (with a mortality rate...death rate...4 times higher than normal vaginal birth (Mercola, 2000)

~Transverse arrest (Goer, 1999) (when the baby drops into the pelvis facing to the side and gets stuck, leading to emergency surgery)

And what of the benefits? Does it really start labor? According to the Cochrane Database, the largest collection of scientific studies on maternity care, "Data are lacking about the value of amniotomy alone for induction of labour." Does it really speed up labor? Not substantially...perhaps by about an hour or two under optimum circumstances (Cochrane Database, 2006). But even if those 20-40 surges (contractions) could be avoided, is that best for baby? At least one study reported in the American Journal of Obstetrics and Gynecology (Mercola, 2000) suggests not.

So if there is no conclusive evidence that breaking the water bag starts labor, what is the most likely outcome if it doesn't? A cascade of interventions leading to predictable complications.



The amniotic sac, or bag of water, protects the baby from infection, cord compression and in labor, head compression.

CONSIDER THIS:

- *Are your requests appropriate for your personal situation?*
- *Are your requests supported by scientific evidence?*
- *Are your requests reasonable?*
- *Are other people in your situation able to have their requests honored?*
- *Are you willing to be flexible if your situation changes and your requests are no longer appropriate?*
- *If your reasonable requests are being denied, is scientific evidence provided to support that decision?*

THINK 'BRAIN':

B-WHAT ARE THE BENEFITS?

R-WHAT ARE THE RISKS?

A-ARE THERE ALTERNATIVES?

I-WHAT DO YOUR INSTINCTS TELL YOU?

N-WHAT IF YOU CHOOSE TO DO NOTHING, OR AT LEAST WAIT AWHILE?

NOTES:

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NOT INTENDED TO REPLACE SOUND MEDICAL ADVICE. EVERY CIRCUMSTANCE IS UNIQUE, AND EACH MOTHER MUST COLLABORATE WITH HER CARE PROVIDER REGARDING INDIVIDUAL CONCERNS. EACH MOTHER ASSUMES TOTAL AND COMPLETE RESPONSIBILITY FOR ANY ACTIONS TAKEN IN REGARD TO HER MATERNITY CARE CHOICES.

RESOURCES:

- Childbirth Connection, (2006). <http://www.maternitywise.org>
- Citizens for Midwifery (2003). *Unhappy with your maternity care? File a complaint.* <http://www.cfmidwifery.org/Resources/Item.aspx?ID=1>
- Fraser, WD., Turcot, L., Krauss, I., Brisson-Carrol, G., (2006). Amniotomy for shortening spontaneous labour. *The Chchrane Database of Systematic Reviews.* The Cochrane Collaboration. <http://www.cochrane.org/reviews/en/ab000015.html>
- Goer, H., (1999). *The thinking woman's guide to better birth.* Amniotomy. <http://www.efn.org/~djz/birth/betterbirth/7bottom.html#amnio>
- International Childbirth Education Association. *ICEA statement on informed consent.* <http://www.gentlebirth.org/archives/infricea.html>
- Mercola, (2000). <http://www.mercola.com/2000/dec/24/labor.htm>
- Artificial Rupture of Membranes. <http://www.birthpsychology.com/messages/amnio/amnio.html>

A TIME AND A PLACE FOR EVERYTHING

Although there are HypnoBirthing® mothers who do go on to have comfortable births after artificial induction or augmentation, because a chemically induced labor moves birthing sensation from natural surge to painful contraction, pain medication is then often introduced to the mix with all the attendant risks. The subject of the risks of narcotics and 'caine derivatives is far too extensive to include in this report. Suffice it to say that all drugs affect the baby, either directly or indirectly.

There is an emotional component to having turned this into a painful medical event as well. Many mothers feel that if they needed medication they failed, or, they as-

sume that this labor just must be an excruciating ordeal, not realizing that not only is a pitocin induced labor unnaturally painful, but it also interrupts the natural hormonal loop that helps her own endorphins (nature's pain killers/euphoria producers). This may affect future childbearing decisions.

The risks of induction may be justifiable if a naturally occurring medical indication occurs. Are they justifiable in regard to *elective induction*, (because the doctor is going on vacation, because the mother is tired of being pregnant, because the parents have a planned upcoming social event, etc.) especially when artificial rupture of membranes precipitated

the decision to induce?. If there is *clear* evidence that a compromised baby is involved or if a mother becomes very sick for some reason, that would be a medical indication for an induction and that is what induction drugs were developed for and what pitocin is approved for.

(Note that Cytotec is now only approved for elective because it's already being used for elective induction, not because it has been deemed safe. In fact, the FDA still warns against it.)

Only you can determine what is right for you by being an informed consumer, knowing your rights, and consulting with competent physician.



You may have to do the research to get the birth want. You only get one chance to birth this baby, and what you decide may impact every baby after this one. Choose wisely.

BIRTH PREFERENCE OPTIONS BROUGHT TO YOU BY THE HYPNOBIRTHING INSTITUTE

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