HypnoBirthing® The Mongan Method

BIRTH PREFERENCE OPTIONS BROUGHT TO YOU BY THE HYPNOBIRTHING INSTITUTE

IV OR NO IV?

THE WHY AND WHEN OF INTRAVENOUS IN LABOR AND BIRTH.

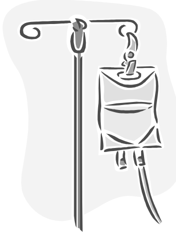
RATIONALE

As with all interventions, an I.V. is necessary when there is medical indication for its use. For example, if a woman is vomiting throughout her labor, she may need the fluids and calories the I.V. provides. Also, if a woman requires a medication with continuous dosing, an I.V. is possibly the best way to administer it.

The origin of the practice likewise makes sense.

Before the age of epidurals, general anesthesia was commonly used in the event of a surgical birth. **If** a mother who had eaten in labor was fearful or in pain, her body would produce adrenaline. Adrenaline is a 'fight or flight' substance. When adrenaline is produced, digestion slows or stops. (As does labor, incidentally. That is why when you arrive at the hospital, your labor may slow or stop as blood is directed to the parts of the body active for fighting or fleeing… the brain, the lungs, heart, arms and legs.)

If general anesthesia is *incorrectly administered[1]*, one of the possible complications is that the patient may vomit. In an unconscious patient, as one is when under general anesthesia, it is possible to aspirate (inhale) the contents of the stomach into the lungs, with serious consequences. To avoid even the most remote possibility of this, it became standard procedure to prohibit food and water. Once a mother cannot re-hydrate herself or provide the nourishment needed to fuel her body as it burns calories in labor, it became necessary to replace those things through an I.V. In a day and age when most mothers wanted to labor with drugs (and many mother's were 'knocked out' and unable to voluntarily take anything by mouth), the I.V. became a way to address both issues.



There is a time and a place for every

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?*

HOW DO YOU AND YOUR CAREGIVER DECIDE?

At some births it is still a 'standing order' that all laboring women get an I.V. routinely. In others, either no I.V. is required, or compromises are made.

Some may wonder why protocol can differ so much from birth to birth. Why is it that women labor safely in some hospitals or at home and with no I.V., yet others are told they have no choice but to acquiesce?

Today we know that to aspirate the contents of an empty, and therefore acidic, stomach can be more damaging than easily digestible, more a alkaline food such as yogurt. In fact, to counteract this known side-effect, antacids are sometimes given (Enkin et al, 2000). General anesthesia is still used, but rarely, and usually only for time sensitive emergency cesareans, which most are not.

If the original reasons food restrictions and I.V. is no longer a concern, and there is no specific medical indication for this particular intervention, the decision then comes down to weighing the risks and the benefits.

This is why it is vitally important to initiate discussion with your provider about interventions by talking about your birth preferences (also called a 'birth plan') early.

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 chohices

RESOURCES:

Goer H., (1995). *Obstetric myths versus research realities: A guide to the medical literature.* Pp. 221-238.
This book, along with Goer's *The Thinking Woman's Guide to Better Birth* are a collection of all the research on topics regarding birth technology. Some of the best researched work available can be found at http://www.hencigoer.com/

Enkin, M., Keirse, M., Neilson, J., Crowther, C., Duley, L., Hodnett, E., Hofmeyr, J., (2000). *A Guide to Effective Care in Pregnancy & Childbirth (3rd ed.)*, Oxford University Press. This work is com piled from *The Cochrane pregnancy and childbirth database*, the largest, most comprehensive and current body of scientific evi dance regarding childbirth practices from around the world. It can be found for free at the Childbirth Connection, http://www.childbirthconnection.org/article.asp?ck=10218

Multiple sources/compilation, (n.d.) *Hospital-Acquired Infections and Re sistant Bacteria.* http://www.gentlebirth.org/archives/nosocoml.html

United Health Foundation, (2006). Take charge of your care. http://www.unitedhealthfoundation.org/charge.html

Why Can't I eat in Labor?

The only benefit to denying food and drink to a laboring woman is staff convenience. Are there any risks to withholding food and water during labor? Yes.

First of all, it makes the I.V. necessary. Without it, the mother could become dehydrated, which can lead to diminished blood flow to the placenta. The mother could also run out of fuel to burn, a condition known as ketosis. A compromised mother means a compromised baby isn't far behind.

Enforced fasting is one of a number of routine interventions that "…have unpleasant consequences, and are potentially hazardous to the mother and possibly her baby." (Enkin et al, 2000)

The most concerning risk is that of infection.

Yearly, 90,000 people die from hospital-acquired infections. This is more than all accidental deaths, including car accidents, fires, falls, burns, drownings and poisonings (UHF, 2006).

The United Health Foundation has great advice for avoiding nosocomial (hospital caused) infection, but the most commonsensical, preventative measure is to simply **not uselessly providing entry for pathological organisms if there is not a compelling reason to do so**. This boils down to don't cut, poke or otherwise injure the protective covering that is your skin without a darn good reason. (There are implications here for episiotomy, surgical birth and internal fetal monitoring as well.)

Are these risks common? Probably no more so than the risks they are supposed to mitigate. But why *introduce* a risk that wouldn't otherwise exist?

We might wonder why this intervention is still considered 'routine' for most women in the absence of medical indication if the original reasons for instituting the protocol no longer exist. The reason usually given is that "If we don't place the I.V. early, we may not be able to 'find a vein' in an emergency situation."

However, the actual reason may have more to do with the legal safety of the hospital or doctor rather than the physical safety of you and your baby.

Because think about the logic of the reasons given…'we need to have a vein open' and 'in an emergency we don't want you to aspirate the contents of the stomach'.

If a person were in a car accident, after just eating a meal, would life-saving surgery be denied because the accident followed a meal? No!

Complications of birth often have predictors, or symptoms, long before they reach that point.

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