

# Information evening about *An Optimal Birth*



by

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# PROGRAM

- The Dutch system
- The optimal birth
- Oxytocine
- Home/hospital



Pauze

- Positions and fotographes
- When to call us
- Tips

# The Dutch system

Role of the midwife

As natural as possible

Home or hospital versus referral

Pain relief





# An optimal birth.....

...is a birth where you didn't undergo unnecessary medical interventions, where mother and baby are healthy and you can look back on with satisfaction.....



# Oxytocine



# Oxytocine...



- Loud noises
- Unsafe / unknown environment
- Shame
- Cold
- Aggression
- Bright light
- Being watched...



...very shy hormone

Adrenaline





# Pain

The only way to give birth without pain is to become a father

# Pain why



- Warning
- Neocortex: switching off the ‘conscious system’
- Cerebellum: intuition, involuntary system
- Production of birth hormones
- Oxytocine
- Endorfine



# Dealing with pain

Mindset: you can handle normal pain!

- Sweet attention
- Massage
- Warmth (bath: BCW and OLVG-w,  
OLVG-o , VU en AMC inflatable)
- Positions
- Pressure points
- Breathing



# Abnormal pain > pain relief!

Pain relief > Medical birth

> Always 30-45 min CTG first

Types of pain relief:

- Pethidine
- Remifentanyl
- Epidural

Special kind of pain relief:

- Nitrous Oxide

# Pethidine

## (Injection in thigh or buttock)

### Pro's:

- Used at early start
- Fairly analgesic effect
- 50-70% satisfaction
- Every hospital
- Any time
- Easy administration

### Con's:

- Short effect: 4-6 hours
- Nausea/headache and dizziness
- Passes Placenta (so also effects the child)
- You become sleepy (memory lapses)
- Administration only in hospital
- You can not walk around
- Not given in last part of delivery

# Epidural

## Pro's

- Very effective form of pain relief
- 90-95% satisfaction
- Hardly any complications for the baby

## Con's

- Fever mother and child (30%) -> admission (antibiotics)
- Extended delivery time
- Anesthesiologist needed
- More vacuum deliveries
- Drop in blood pressure
- Headache
- Breathingproblems (very rare)

# Remifentanyl

(OLVG's, VU en AMC )

## Pro's

- Easy administration
- At all times available
- Mother is in control

## Con's

- Contractions often decrease
- Various reporting
- Breathing problems and cardiac arrest (very rare)
- Not registered for use during birth



# Relivopan (Nitrous oxide)

Only in BCW en Amstelland ZH

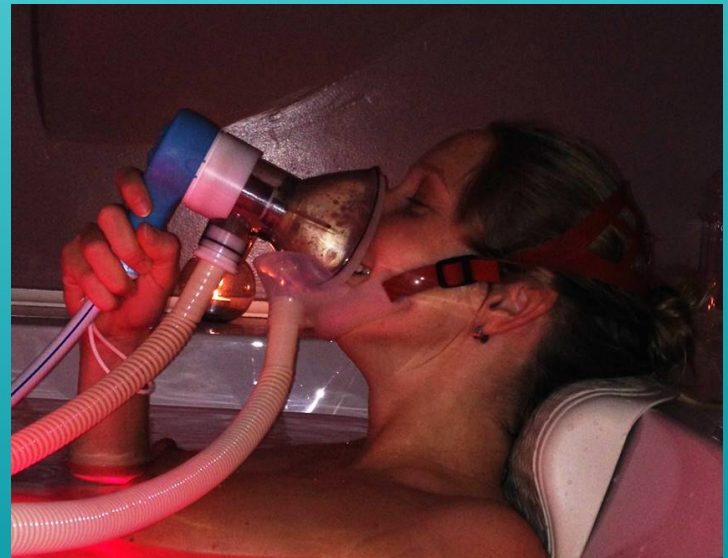
## Pro's

- Easy administration
- At all times possible
- Mother is in control
- Administration by midwife
- No negative effects on the contractions
- Safe for baby

Therefor no CTG required and  
no medical birth

## Con's

- Costs
- Not completely painfree
- Nausea / headache / dizzy



# Figures of referrals

• Breach	8%
• > 42 weeks pregnant	4%
• Meconial amniotic fluid	9%
• Pain relief	20%
• Non-progressive dilation	7%
• > 24 hr broken membranes	7 %
• Non progressive pushing fase	1%
• > 1 liter of blood loss	1%
• Placenta is not coming	1%
• Big rupture	1%
• Vacuum	20%
• C-section	17%

# Where to deliver?

Women who delivered their baby at a home-like environment were more content, used less pain relief and delivered more often spontaneously than women who delivered their baby in a clinical setting.

M. Reinders, TNO, 2006

More satisfaction: - expectations  
- support (doula app)



- relation with your midwife  
- involvement in decisions

# Home delivery

## Pro's

- Own atmosphere
- Familiar
- Less chance to leave
- Already at home after delivery
- For free
- Less chance of interventions
- Less asthma, less excema

## Con's

- Noise disturbance
- Sense of on-safety
- Maybe leave late
- Chance to be lifted out
- Fear of mess in the house
- No pain medication



# Tips to achieve an optimal birth

- Give birth in a familiar environment
- Retire
- Soft, friendly lights
- Warmth
- Let go.....
- Love!

AND NOW....



# How long does it take?

## First child

- Can take a long time
- Transition of the cervix
- First fase: ours to days
- Active fase: 5-10 hours

## Next child

- Often shorter (max 6 hours)
- False labour

# WHO Guideline Intrapartum care for a positive birth experience (2018)

**Table 3.16 Time to advance centimetre by centimetre in nulliparous women**

Cervical dilatation	No. of studies	Pooled median traverse time (hours)	95th percentiles (range, hours)	Median rate of dilatation (cm/hour)	Certainty of evidence
2 – 3 cm	3	5.28	7.20–15.00	0.19	Low
3 – 4 cm	6	2.00	4.20–17.70	0.50	High
4 – 5 cm	6	1.46	4.00–15.70	0.68	High
5 – 6 cm	6	0.92	2.50–10.70	1.09	High
6 – 7 cm	6	0.70	1.80–9.30	1.43	High
7 – 8 cm	6	0.55	1.40–6.80	1.82	High
8 – 9 cm	5	0.52	1.30–4.40	1.92	High
9 – 10 cm	5	0.49	1.00–2.60	2.04	High

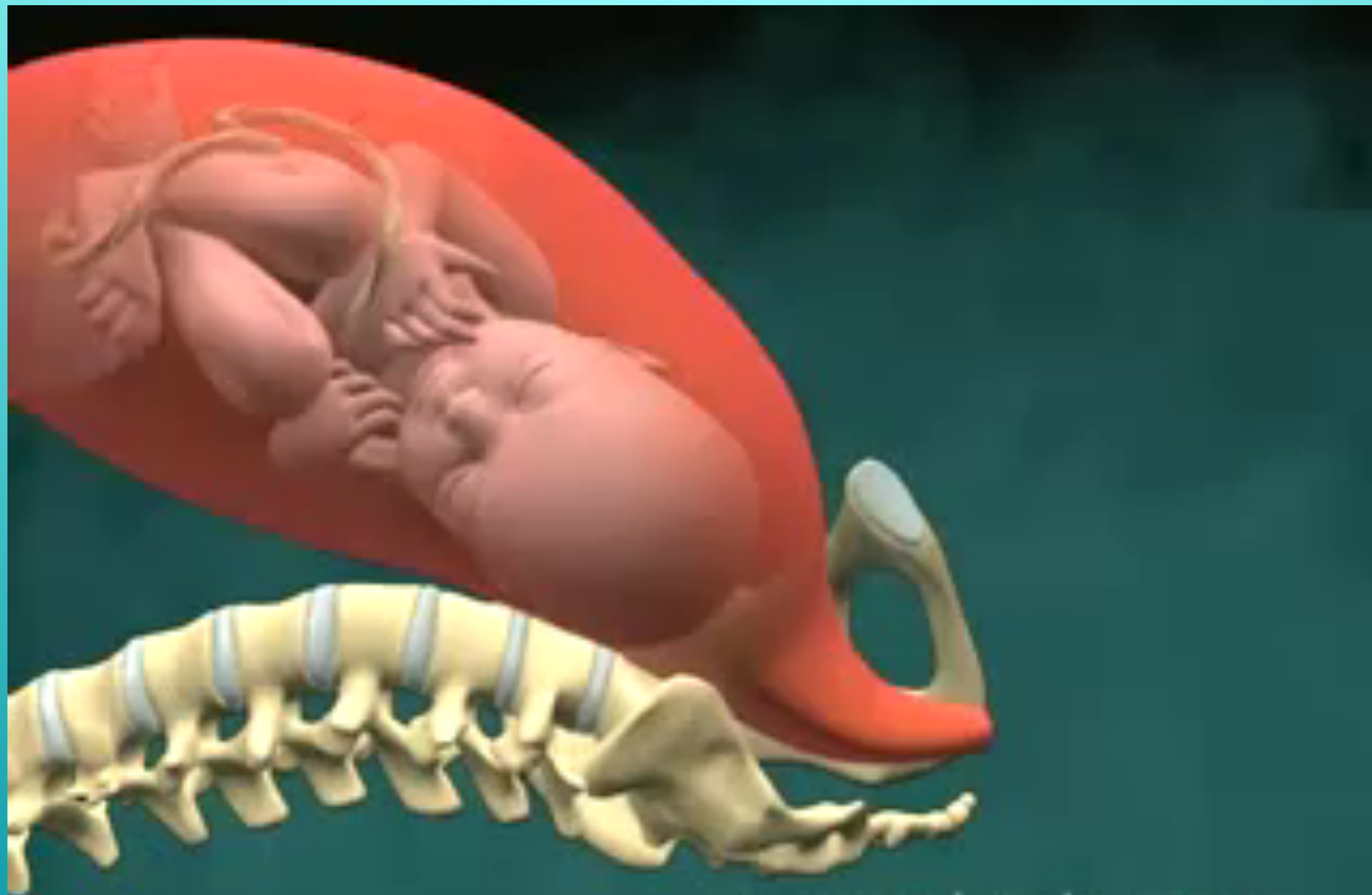
# First baby

## **Dilation with regular contractions:**

0-6 hrs	25	%
6-12 hrs	50	%
12-24 hrs	25	%
> 24 hrs	2,2	%

## **Pushing fase:**

0-30 min.	20	%
30-60 min.	40	%
60-90 min.	20	%
90-120 min.	10	%



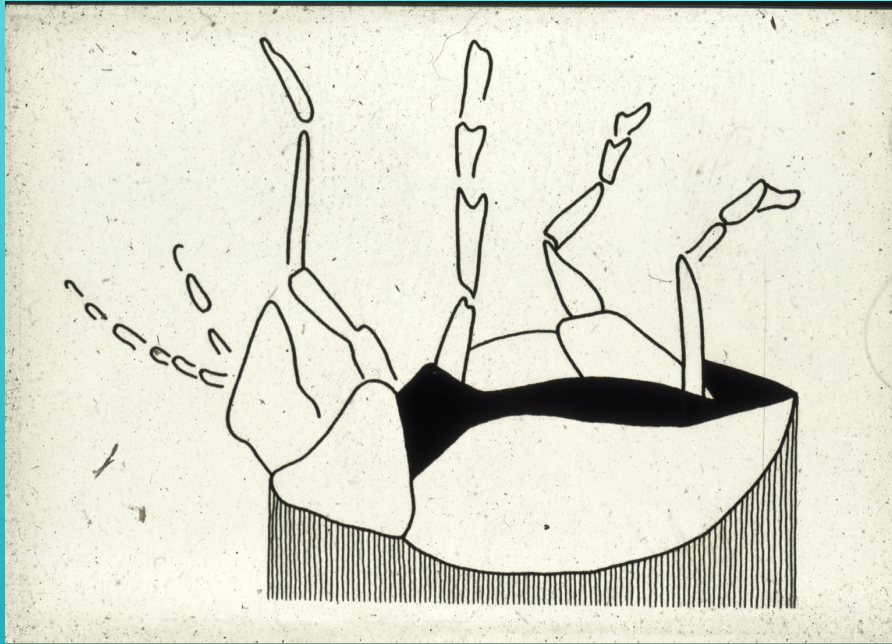
[www.nucleusinc.com](http://www.nucleusinc.com)

# Pushing phase

- Push contractions:
  - Fully dilated and urge to push
  - Duration
- Spindle turn
- Baby's heartbeat
- Blood loss
- Tearing / episiotomie



# Labour postures

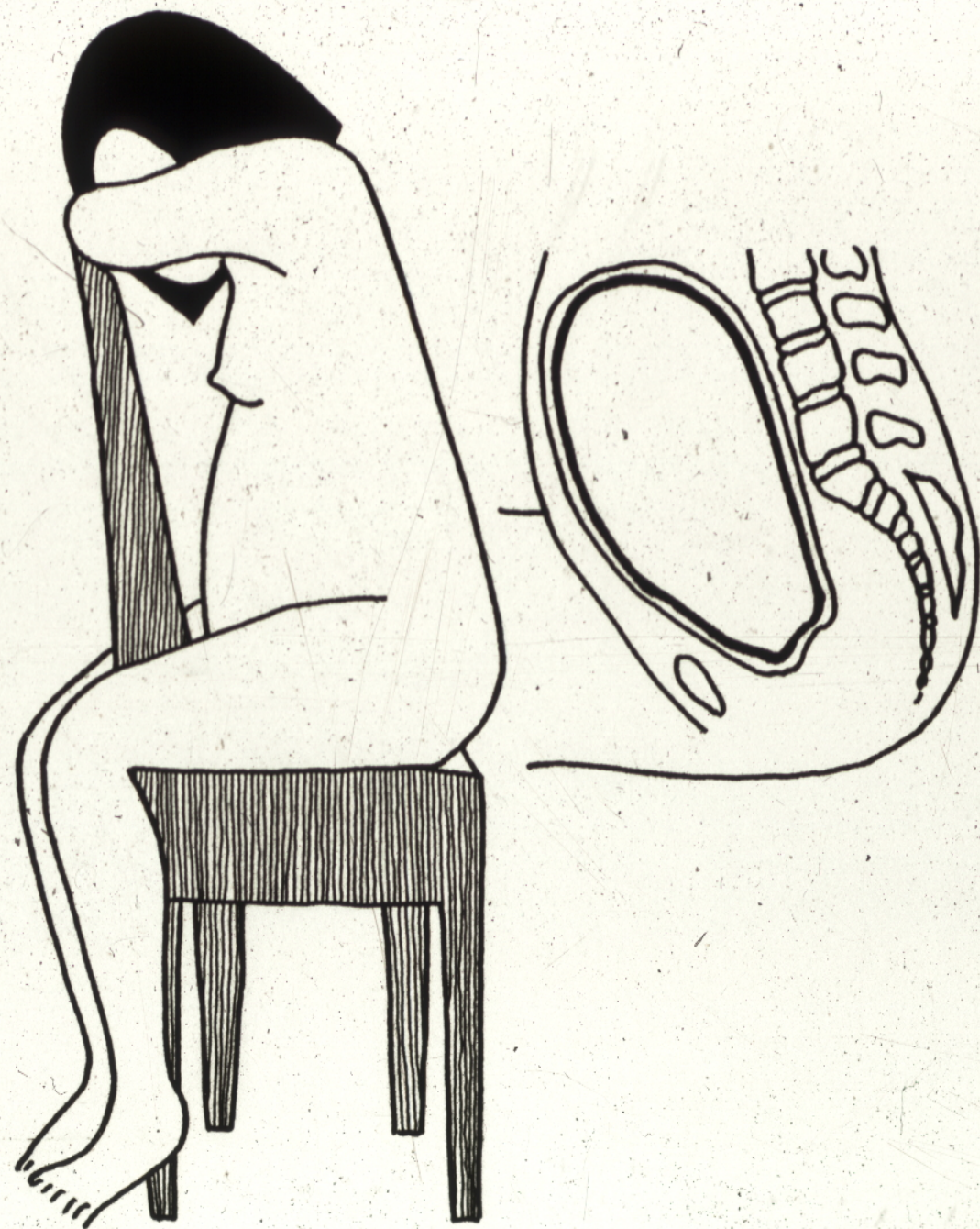


Passive and 'helpless'





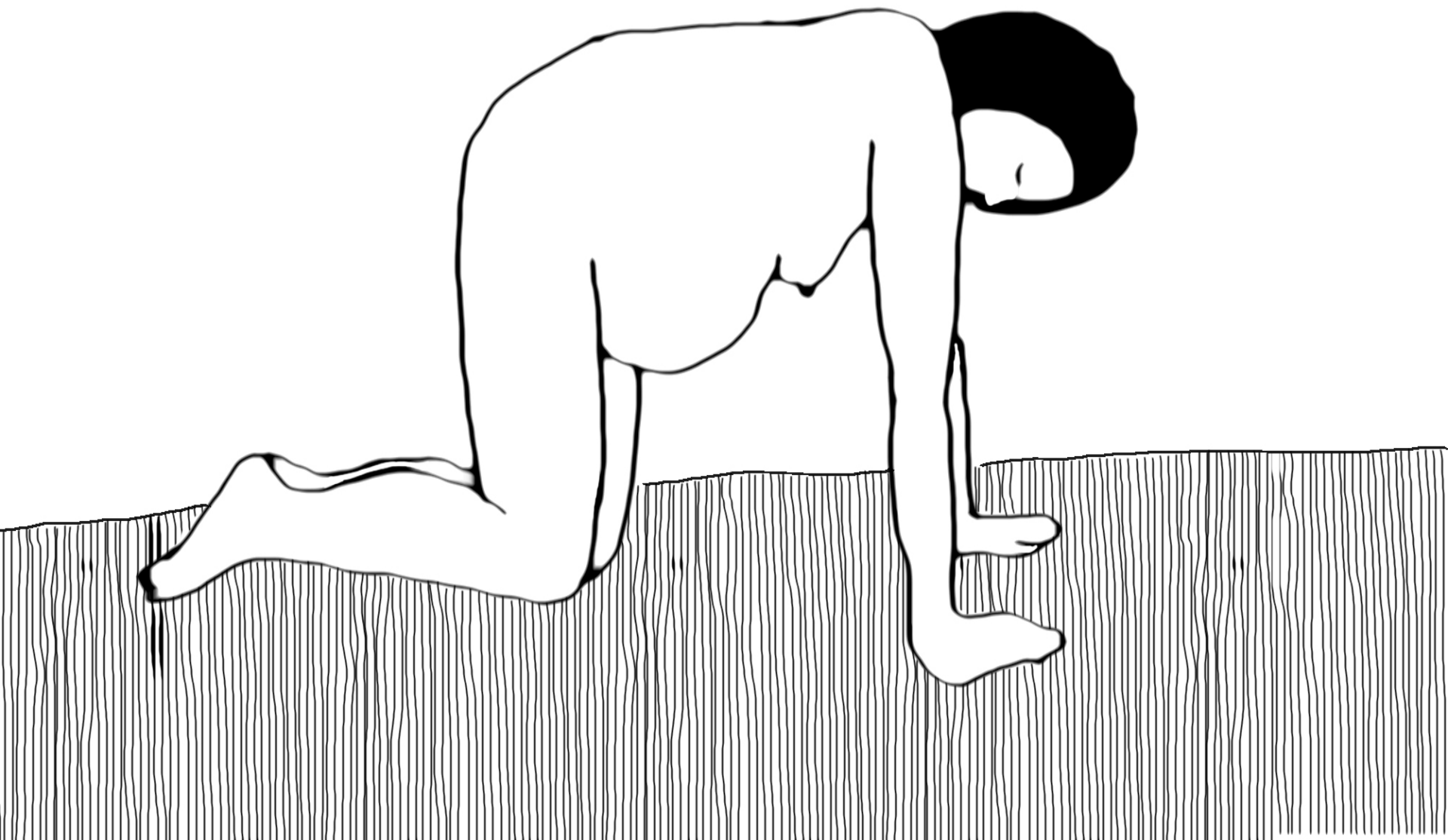


















# Birth photo's



















Baby's head is crowning.....





























# Placenta





# When to call us

- Whenever you need us
- No rules regarding contractions
- If the membranes are broken, during the day
- When the amnion fluid is green or brown, also at night
- When you lose a lot of blood



# Tips

- We try to have a ‘normal’ night
- Emergency number
- Correct name at your door bell
- Route with details
- Student welcome?
- Bed raisers (klossen) for maternity care



After the delivery:  
warmth, skin-to-skin, cuddeling (breast-)feeding







# Where do you chose to deliver?

- Your decision!
- Wait to decide until you are in labour
- Possible to delay your decision until the end of dilation
- Always possible to move to hospital
- Always call the midwife first!
- Do NOT go to the hospital on your own



# Questions?





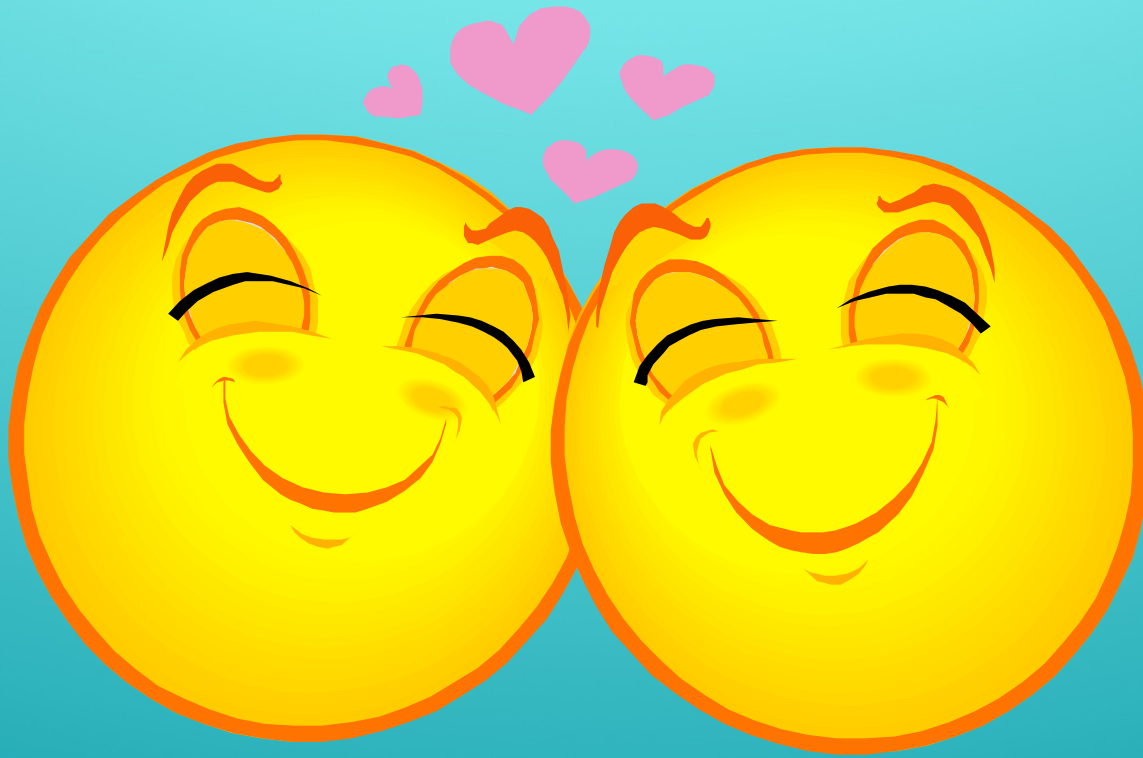
# Birthplace study 2011:

UK: 65.000 pregnant ladies

Differences between 1e Home-2e Birthcenters- 3e Hospitals:

- Chances of being referred: 1e 40%, 2e 10%.
- Not in hospital: less chances of having C-Section, Vacuum delivery or episiotomie

Pain is **not** the enemy



It keeps the delivery safe

# Optimal Birth= optimal working of oxytocine domino effect:

