

Great!

# EXPECTATIONS



BEING MENTALLY READY FOR BIRTH IS AN OFTEN-OVERLOOKED PART OF PREPARING FOR THE BIG DAY. THE TRUTH IS, THE MORE YOU KNOW ABOUT THE PROCESS, THE LESS FREAKED OUT YOU'LL BE. OUR COMPLETE GUIDE TO LABOR AND DELIVERY WILL HELP.

*Stop and think:* How do you really feel about giving birth and caring for a baby? Terrified? Excited? Concerned? All three?

It's easy to downplay your mixed emotions as mere pregnancy hormones, but addressing your feelings is crucial, experts say. "Nine months is barely enough time to wrap your mind around the idea that you are growing a person who is going to be dependent on you in a way no one ever has been," says Catherine Birndorf, M.D., clinical associate professor of psychiatry and OB-GYN at Weill Cornell Medical Center in New York. "Use that time to contemplate."

In our guide, you'll discover how to ease your mind and prepare mentally for birth and motherhood and learn about the key people and practices that can assist you. Also, see what could unfold on delivery day via our flow chart and check out our top tips on caring for your mental well-being postpartum.

- Maternity
- NICU
- Nursery
- Ultrasound



By Kim Schworm Acosta  
Photography by Catherine Ledner

# PREPARING FOR *birth* \*

*Why is it so* important to talk about your feelings? For several reasons. “Excessive worrying about the pregnancy and the baby is a strong predictor of preterm delivery,” says Chris Dunkel Shetter, Ph.D., director of the Stress Processes and Pregnancy Lab at the University of California, Los Angeles. There’s also growing evidence that anxiety and depression in pregnancy negatively affect birth weight and fetal brain development. What’s more, the biggest predictor of emotional distress postpartum is how a woman felt while she was expecting, according to a new study of more than 55,000 Norwegian women.

Fortunately, there are many ways to ease your mind for a better pregnancy, delivery and postpartum period.

**1} TELL YOUR DOCTOR OR MIDWIFE** Often, worries are based on misinformation or misunderstanding, says Dunkel Shetter. “Your medical provider can help relieve many anxieties by explaining the likelihood of problems and what you and she can do to avoid them,” she says.

**2} GET INFORMED** Tour the labor and delivery ward, take childbirth classes (see “Get Schooled,” pg. 81) and read an authoritative book such as *Pregnancy, Childbirth, and the Newborn* (Meadowbrook), co-written by Penny Simkin, P.T. “Women need to be aware of the range of things that might happen during childbirth,” says Birndorf. “That way they’re not blindsided in the delivery room.” (See “Birth of a Baby,” pg. 82.)

**3} TALK TO MOMS** Sharing feelings was rated as the most helpful factor in easing fear of childbirth, according to a study of nearly 200 Finnish women. Ask mothers you know about their birth stories and what helped them cope—but know your limits. If a gory story is making you stressed and anxious, ask your friend to cut it short.

**4} PRACTICE STRESS-MANAGEMENT TECHNIQUES** Write down five things that make you feel happier and calmer—such as writing in a journal—and make time to do them. Guided imagery techniques and mindfulness meditation practices have been shown to reduce pain and anxiety during labor; learn more at Health Journeys (healthjourneys.com) and Mindful Birthing (mindfulbirthing.org).

**5} PRIORITIZE HEALTHY HABITS** “Behaviors that are important for fetal health—moderate exercise, a good diet, getting adequate sleep—can work to decrease stress, too,” says Dunkel Shetter.

**6} CONSULT A MENTAL HEALTH PRO** If you’re unsure whether your feelings are “normal,” seek a therapist or psychiatrist who specializes in pregnancy and postpartum health. Ask your OB-GYN, midwife, doula, primary-care doctor or future pediatrician for suggestions.

## How to choose an OB-GYN or midwife

Choosing a provider you trust is one of the most important things you can do to increase your chances of having a satisfying birth experience, says Roya L. Rezaee, M.D., assistant professor of obstetrics and gynecology at Case Western Reserve University School of Medicine in Cleveland. Here are some tips for a great match:

- ✦ **GET SUGGESTIONS** from friends with similar views and temperaments as you.
- ✦ **CALL POTENTIAL PRACTICES** and ask to speak to a nurse. They can tell you about the doctors, the call schedule, whether midwives are available and other important details.
- ✦ **ASK QUESTIONS** during your visits like “What is your birth philosophy?” and “What is routinely done or not done during labor and delivery?” “You’re looking for an OB-GYN or midwife who wants to know your expectations and is flexible,” says Rezaee. “You need to know that your provider will hear you.”
- ✦ **SPEAK UP** if your provider does or says anything that makes you doubt her, say something. If the situation doesn’t resolve, consider switching practitioners. It’s never too late to make a change.

[Support staff] Ninety percent of births in the U.S. are assisted by obstetricians who are not present throughout labor. One option for continuous support is a doula, a nonmedical person trained to support and advocate for you during your labor and delivery. Women who have doulas report less use of pain medication, fewer Cesarean sections and more satisfying birth experiences. Not covered by insurance, doulas often charge on a sliding scale. Postpartum doulas are also available for help with recovery and newborn care. Ask friends for referrals or visit DONA International (dona.org).

Hair: Georgina Penate/Georginapenate.com. Makeup: Iris Moreau/Imoreaubeauty.com. Prop styling: Amy Paliwoda. See Shopping Guide on pg. 133 for fashion and retail information.



## The new birth plan: birth ‘preferences’

Birth plans sometimes get a bad rap, but there’s nothing wrong with writing down your desires, experts say. “You may be laboring through two nursing shift changes,” says Rezaee. “It’s nice to have it written that you’d like the lights turned down low so you don’t feel the need to keep repeating yourself.”

Birth plans typically include wishes about managing labor pain, interventions, such as continuous fetal monitoring, and newborn care. A list of preferences may also help you remember topics to discuss with your provider, who may be able to reassure you. “Some women are surprised that we don’t routinely perform episiotomies or that we put the baby on the mother’s belly immediately following birth,” Rezaee says.

Whether or not you have written down your birth preferences, it’s important to remember that childbirth is inherently unpredictable. “It’s just not possible to control everything that might happen. Getting too attached to how you want your birth to go can set you up for suffering afterward because if it doesn’t go that way, then you can think you failed,” says Nancy Bardacke, a certified nurse-midwife and mindfulness-based childbirth and parenting instructor in San Francisco.

**Get schooled** You may be surprised to discover the variations in childbirth classes—some are monthslong while others last a day; some take place in a hospital and others are conducted in the educator’s home. Regardless, topics generally include labor signs, pain-relief options, stages of labor and comfort measures. Here are a few options that may be available in your area:

**LAMAZE** classes educate women about practices that have been shown to maximize your chances of having a safer birth, such as allowing labor to start on its own, walking and moving around during labor and following your body’s urges to push. [lamaze.org](http://lamaze.org)  
**THE BRADLEY METHOD** is a 12-week class for women and their partners who desire to have a medication-free birth. [bradleybirth.com](http://bradleybirth.com)  
**HYPNOBIRTHING** is a five-week course that emphasizes natural childbirth and teaches self-hypnosis techniques to combat fear and pain during labor. [hypnobirthing.com](http://hypnobirthing.com)  
**THE INTERNATIONAL CHILDBIRTH EDUCATION ASSOCIATION (ICEA)** trains and certifies educators to be advocates of the natural process of childbirth. Find ICEA-certified instructors in your area at [icea.org](http://icea.org).

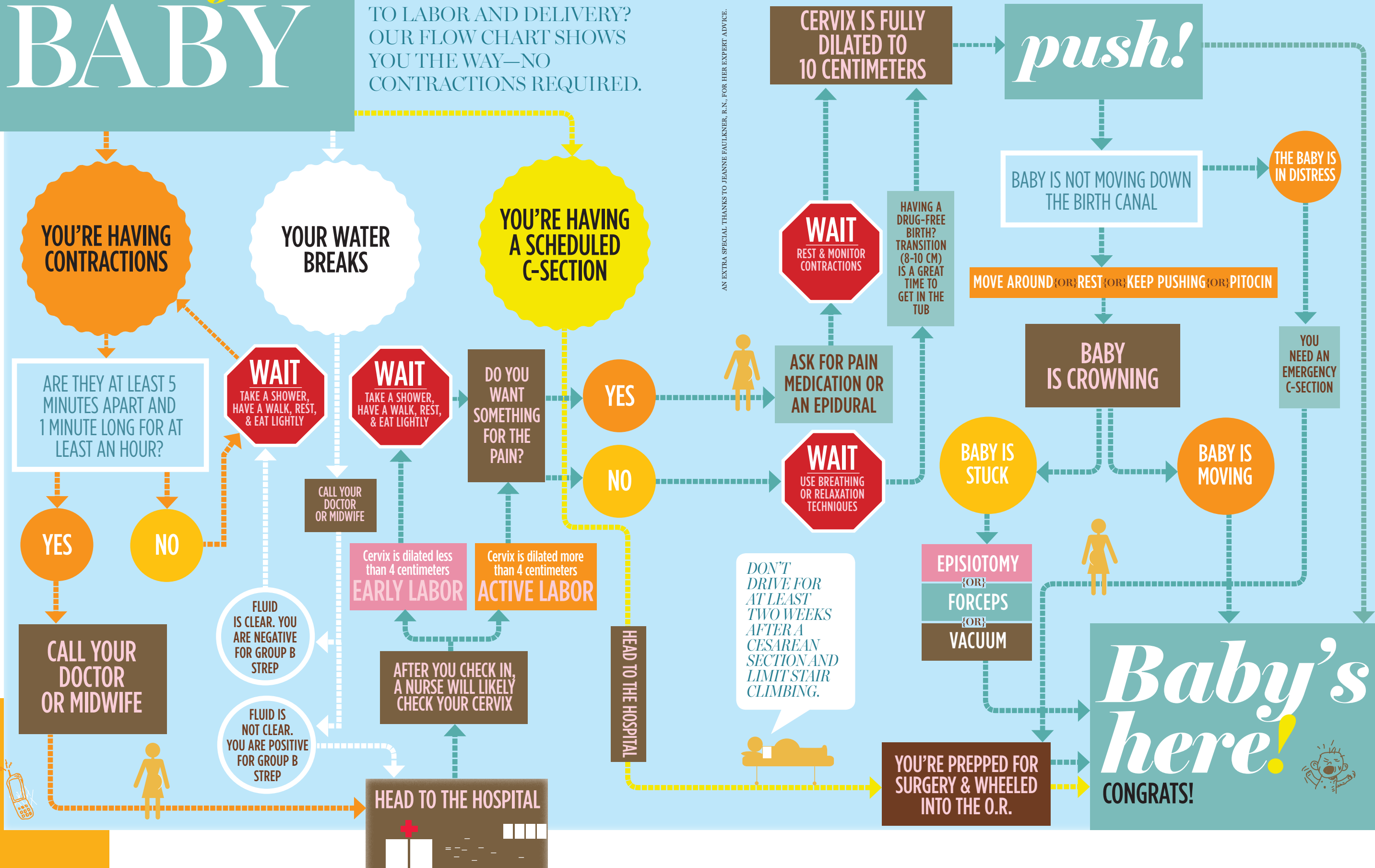
## Labor positions

The standard hospital labor position—semi- or fully reclining—is not ideal. When you’re lying on your back, your uterus compresses major blood vessels, potentially depriving the baby of oxygen and making you dizzy or queasy. In addition, when you’re reclining, the baby’s head puts pressure on pelvic nerves in your sacrum, increasing pain during contractions. Remaining upright and leaning forward reduces this pressure while allowing your baby’s head to constantly bear down on your cervix. The result? Dilation tends to occur more quickly. Here are six labor positions to try (those marked with an asterisk can be used if you receive an epidural, though you may need support):

1. **SWAYING (AKA SLOW DANCING)** Wrap your arms around your partner’s neck or waist and sway as if you are slow dancing. This is a great position to receive a back rub.
2. **LUNGING:** Raise one foot onto a chair or footstool and lean forward.
3. **SQUATTING** Hold on to the back of a sturdy chair and squat. You can also squat against a wall or between your partner’s legs while he or she sits in a stable chair.
4. **ROCKING\*** Gently rock while sitting on a chair, the edge of the bed or a birthing ball.
5. **HANDS AND KNEES\*** Get on all fours on the bed, a yoga mat or the floor.
6. **STANDING AND LEANING** Lean forward on a birthing ball, bed or your partner [not shown].

# Birth of a BABY

NOT SURE WHAT TO EXPECT WHEN IT COMES TO LABOR AND DELIVERY? OUR FLOW CHART SHOWS YOU THE WAY—NO CONTRACTIONS REQUIRED.



# REFLECTING ON YOUR *birth experience*



*Once your baby* makes her appearance, the spotlight shifts from you to her. Yet your thoughts and feelings about the birth and your life now remain as important as ever. “A newborn is incredibly affected by the mother’s mental status,” says Birndorf. “If you had a bad birth experience, you may feel that you’re supposed to ‘get on with it’ for the baby’s sake. But processing the challenging experience will be helpful for both you and your new baby.” Talk therapy is an effective way to do this, she says.

A traumatic delivery or postpartum incident can even trigger what’s called postpartum post-traumatic stress disorder (PTSD). Parents of babies who spend time in the neonatal intensive care unit show high rates of traumatic stress, according to recent studies. Women who had past sexual trauma are also at risk. Symptoms of postpartum PTSD include nightmares, flashbacks, avoidance of discussions about the birth and irritability.

The most common mental disorder following childbirth, however, is postpartum depression (PPD). Affecting 15 percent of women, PPD is often difficult to recognize because depression symptoms such as feeling tired, anxious and overwhelmed are not unusual among new mothers. But if you’re crying often, feel like you never should’ve become a mother and/or cannot seem to enjoy anything, talk to your OB-GYN, family physician or child’s pediatrician immediately. Request a referral to a mental health provider with expertise in perinatal depression and anxiety. Postpartum Support International ([postpartum.net](http://postpartum.net)) also offers online chats and information about support groups in your area.

Even if you’re feeling pretty OK, make it a point to heed these three tips daily to remain that way:

**\* TAKE TIME FOR YOURSELF** “Don’t hesitate to negotiate with your partner and relatives about getting time to sleep, exercise at relaxed pace or soak up the sun,” says Helen L. Coons, Ph.D., a Philadelphia-based women’s health psychologist.

**\* GO SLOW** Even if you don’t write a single thank-you note or do one load of laundry, you are accomplishing two major things every day: Healing from a major physical event—childbirth—and bonding with your baby. Accept a relaxed pace, and put off all non-essential tasks for at least three months. Yes, three months.

**\* BE WILLING TO CHANGE DIRECTION** As with your birth “preferences,” the ability to be flexible postpartum is crucial. Evaluate how well your choices, including breastfeeding, are working for you and the baby, says Coons. If something *isn’t* working, try doing it differently. Remember, there are infinite ways to safely feed, diaper, soothe and foster sleep in babies. \*

**Kim Schworm Acosta** is the mother of two in Kansas City, Kan.



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