

COMMON INTERVENTIONS

VAGINAL EXAMS (CERVICAL CHECKS)



You ALWAYS get to say yes or no - to each exam proposed. **Risk:** increases risk of infection, esp. if water broken. May be uncomfortable. **Benefit:** tells you how much progress you've made, may give you info to help you make certain decisions.

PROVIDER BREAKING YOUR WATERS ("AROM")

"ARTIFICIAL RUPTURE OF MEMBRANES"



Risk: increases risk of infection from that point forward. If baby is high in the pelvis, baby may end up malpositioned and make dilation slow or uneven. Puts you on a clock. **Benefit:** may (or may not!) speed up labor. May allow provider to use more invasive monitoring if absolutely necessary.

PITOCIN ("PIT")



A safe medication *if you agree* labor should be augmented. Even if progress is slow (*especially* in early labor/before 6cm), you can labor at your body's own pace. Pit will bring contractions closer together and likely make them feel more intense. **Risk:** may be more painful, may cause heart rate fluctuations in baby, comes w/ continuous monitoring, which may limit movement and increase the rate of interventions. **Benefit:** may speed up dilation, may help you achieve a vaginal birth if your contractions aren't making cervical change. *You can ask to turn it down/off at any time - leaves the body quickly.

CONTINUOUS FETAL MONITORING



IS NOT EVIDENCE BASED (has never been shown to improve outcomes). Intermittent monitoring should be the norm for low-risk, unmedicated labors. **Risk:** increases rate & number of interventions, including cesarean. Restricts movement (#1 coping method). Shifts focus from the laboring person to the monitors. **Benefit:** keeps medications at safe levels and ensures baby is tolerating any meds (if using Pitocin/epidural).

IV FLUIDS & NO EATING/DRINKING



NOT EVIDENCE BASED to limit food/drink in labor. You need calories - labor is hard work! They can place an IV & cap it off (called "hep lock") - no fluids are given, but they now have quick access to a vein in case of emergency. *Placing an IV on the forearm is more comfortable than the wrist. **Risk:** IV restricts movement, fluids may cause swelling of tissues over time, which increases risk of tearing and may artificially inflate baby's birth weight. **Benefit:** IV fluids necessary when unable to hydrate orally, or if choosing epidural or Pitocin.

EPIDURAL



You can request that no one mention it to you unless you explicitly ask for it! **Risk:** may increase rate of interventions, may slow labor, may increase risk of cesarean, may cause fever/itching/shaking, may make pushing more difficult, comes with continuous monitoring, catheter, IV fluids, taking frequent vital signs, no movement outside the bed. **Benefit:** good tool for pain relief & rest/sleep. May speed up dilation if birthing person is extremely tense/anxious. *There is no shame in your decision to get/not get one.*

YOU DON'T HAVE TO MAKE DECISIONS ALONE.

ASK FOR A FEW MINUTES. CALL YOUR PARTNER AND DOULA.

BREATHE. PROCESS HOW YOU FEEL, THEN DECIDE.

YOU CAN DO THIS!



ADVOCACY 101:

WHEN YOUR PROVIDER SUGGESTS AN INTERVENTION

"AM I, OR IS MY BABY, IN IMMEDIATE DANGER?"

A true emergency is very rare - you will know. There isn't much (if any) time to talk things through, as immediate action must be taken. If you can wait even 15 mins, it's not currently an emergency. If there is a true emergency, trust that you chose your providers for a reason, and they are acting quickly to take care of you/your baby. Otherwise, try following these steps:

GETTING MORE INFORMATION

Use the BRAIN acronym to ask questions

B - What are the benefits?

R - What are the risks?

A - What are the alternatives?

I - What does my intuition tell me?

N - What happens if we do nothing (or, what happens if we wait?)



IF YOU FEEL UNSURE

Remember that true emergencies are very rare. You almost always have time to make a decision.

- Ask your provider to remove their hand from your vagina, and physically sit up or stand before having any conversations - you'll feel more confident and powerful.
- Ask your provider to fully explain what's happening and *why* they're suggesting this intervention. You deserve complete information about your body and baby.
- Say, "I'd like some time to think about it," → then call your partner and doula.
- Breathe deeply.
- Take in the love and validation from your support people - you are not alone.
- Listen to your gut.



IF YOU FEEL PRESSURED OR PANICKED

Stay true to what you believe is right for you. If it's not an emergency, it's not an emergency, and you don't have to do anything. Keep your support people on speaker phone so they can help you advocate for yourself. If you feel truly unsafe with (1) your provider or (2) your nurse, ask to speak to (1) the Patient Advocate or (2) the Charge Nurse.

Language suggestions:

- "Please get my verbal consent before performing any intervention"
- "I'd like to wait an hour"
- "I'd rather wait and reassess in 4 hours"
- "Is there anything else we can try?"
- "Here's what makes me uncomfortable about that. How can you help me protect my birth goals by trying something else?"
- "I'm going to take some time to think about it. Why don't you come back in X minutes "(15, 30, 60, etc.)"
- "I need to call my partner/doula to help me decide. I'd like a few minutes of privacy to do that"
- "I've heard that X position/intervention can be effective. Have you ever done that?"
- "I'm not comfortable with that"
- "I do not consent" / "You do not have my permission to do that" / "NO" / "STOP"

