Oula

Ask This: Your Labor Advocacy Guide

How to navigate labor in the hospital & create a space of unity with your healthcare provider

To say that birth is unpredictable would be an understatement. While the mechanics of labor and the ability of birthing bodies to do incredible things have never changed, each birth and each body are different. When medical interventions are deemed necessary it can feel a healthcare provider (doctor, midwife, nurse) is pulling us away from an incredible innate power. In this remarkable time that we live in of innovative and life-saving medical interventions, it can be difficult to overlay these advancements on our ancestral fundamental that birth can be trusted.

This toolkit is intended for birthing people in a hospital setting, to safely straddle both worlds of medical intervention and physiologic birth. It is a series of prompts to help guide an open conversation with your healthcare provider to better understand why a clinical intervention is being recommended.

A note about open conversation. Seeing your healthcare provider as your opponent can make your birthing experience difficult or adversarial. The goal of these questions is to open a conversation between you and your healthcare provider, as a team, to reach consensus on an appropriate next step in real time. Here are some tips to frame your conversation to create a space of unity with your provider.

- Can you sit down on the bed or in a chair while we talk?
- Can you explain this recommendation to me again as if you were explaining it to a friend?
- Can you give me a few minutes with my family so I can think through this decision?

"We need to start Pitocin."

Pitocin: A synthetic version of the hormone oxytocin that can be used to strengthen contractions, induce labor, or decrease risk of hemorrhage by being administered after birth. It is typically administered intravenously (IV) and can be titrated up or down.

Questions:

- Can you tell me what you are seeing in my labor that indicates labor augmentation makes sense?
- Do you think my baby's position is causing a stall in my labor? Do you have any suggestions on how to help rotate my baby?
- Are there any alternatives that we could consider right now, like nipple stimulation, position change, more movement?
- Would it be safe to wait a little bit before starting Pitocin? If so, how long could we reasonably wait?
- What risks would I be taking by waiting to start or declining Pitocin?
- What factors would you be looking to to increase the rate of Pitocin? To maintain a rate of Pitocin? To turn Pitocin off?

“We need to go for a C-section.”

Cesarean section or C-section: A method of surgical birth where a cut (incision) is made in the birthing person’s lower abdomen and uterus. This method is often recommended by healthcare providers when they believe it's safer for the overall health of the birthing person, the baby, or both.

Questions:

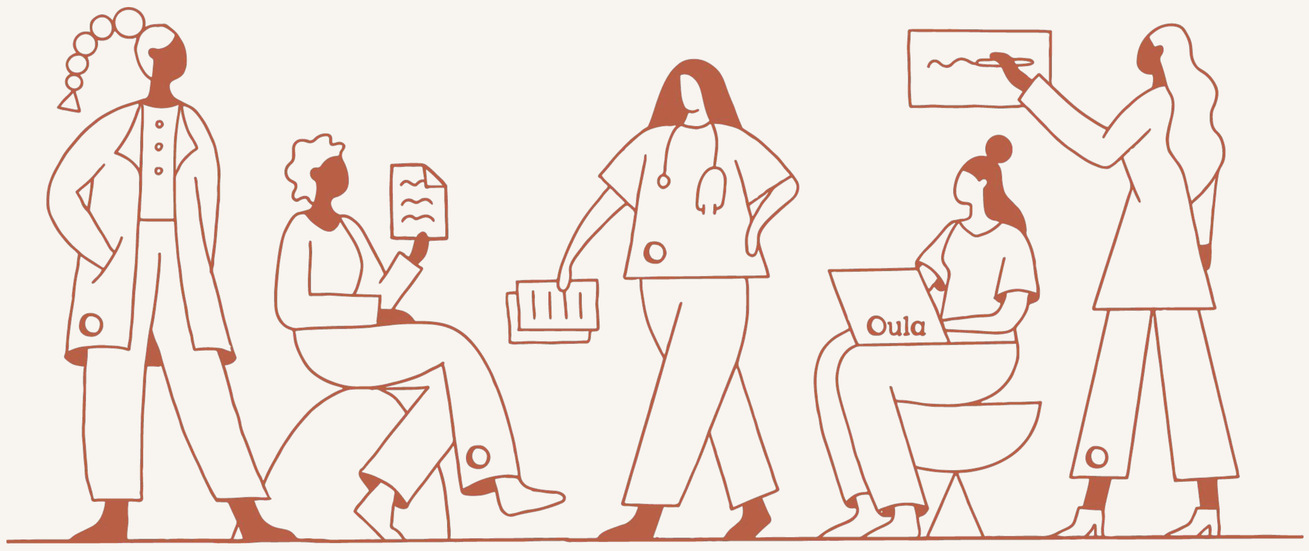
- Can you tell me what is happening to me / my baby / in my labor course that indicates a C-section is the safest option at this time?
- Are there any alternatives that we could consider?
- Is this a stat C-section (we need to go right now), an urgent C-section (we need to go in the next 30 minutes), or something that we can take some time to start (we can go in 1 to 2 hours)?
- Would it be safe to wait a little bit before proceeding with a C-section? If so, how long could we reasonably wait?
- What risks would I be taking by waiting to start or declining a C-section?

“We recommend an induction of labor.”

Induction of labor: A series of medical and mechanical interventions that can stimulate childbirth using pharmaceutical or non-pharmaceutical methods. Healthcare providers may induce labor when the health of the birthing person or baby is at risk if the pregnancy continues.

Questions:

- Can you tell me what is happening to me / my baby / in my pregnancy course that indicates an induction of labor is the safest option at this time? Could there be any other clinical explanation for why this might be happening?
- What is your recommended method of inducing my labor? Would we start with Pitocin or would we start with a cervical ripening method (like a cervical ripening balloon and/or a prostaglandin analog like Misoprostol or Cervidil)? Why would you recommend starting with a particular method?
- Would it be safe to consider a less clinical alternative to stimulate my labor like a membrane sweep, enema, nipple stimulation, movement? Do you think that that would be effective based on my current cervical exam?
- Would it be safe to wait to start the induction of labor? If so, how long could we reasonably wait? Could I go home and sleep on it?
- What risks would I be taking by waiting or declining an induction of labor?



“That’s against our policy.”

Much of hospital policy is based on protecting the safety of both patients and the people providing patient care. Very few are based in state law. Clarifying the intention of a policy may be a helpful strategy for both you and your care team to proceed safely.

- Can you tell me why this is an unsafe thing for me to do right now? Is it harmful to me? My baby? Does it make it difficult or dangerous for you to do your job effectively?
- Can you show me the written version of the hospital’s policy you are referring to so I can better understand it?
- Can you think of an alternative way that we can both achieve our goal?
- For instance, if I want to take a shower but we need to monitor the baby’s heart beat could we consider intermittent auscultation? A wireless monitor? Can I have access to some warm water and a washcloth so I can attempt hydrotherapy?

The BRAIN Acronym

The BRAIN acronym is a great way to navigate questions to ask your provider. This tool can be relevant in pregnancy, labor, and even postpartum and can help you slow down decision making, make sure communication allows you to have informed consent (or refusal) and help you build a safe and meaningful birth experience.

(B)enefits Understanding the benefits helps you make sense of why a certain decision might be helpful or positive.

(R)isks There is usually a downside to any decision in labor and birth, just like in life! Understanding the context of those negatives may help clarify your decision or make peace with the possible outcomes of your decision. Transparency about this helps you build trust with your care team

(A)lternatives Understanding alternatives can help clarify why you might choose one thing over another. There are many forks in the road of labor, so understanding different paths can be useful. Especially when something being offered doesn’t sound appealing!

(I)ntuition Always listen to your intuition and escalate your concerns. No one knows your experience better than you. Please speak up and share your "gut check" about how you are feeling.

(N)othing (No, Not Now) You can always ask for more time, whether that’s 30 min or a day, to process and make a plan. We are committed to making sure you don’t feel rushed and that you are the leader in your own care on the day of your birth.