



Less is More!

By Debra Pascali-Bonaro, LCCE, BDT/PDT(DONA)
www.PainToPowerChildbirth.com
www.orgasmicbirth.com
www.debrapascali-bonaro.com



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<http://www.worldwildlife.org/threats/pollution>

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Are We Polluting Childbirth?

"Beyond too little, too late and too much, too soon:
A pathway towards evidence-based, respectful maternity care
worldwide"
www.thelancet.com Published online September 15, 2016
[http://dx.doi.org/10.1016/S0140-6736\(16\)31472-6](http://dx.doi.org/10.1016/S0140-6736(16)31472-6)

Too Little, Too Late and Too Much Too Soon

- On the continuum of maternal health care, two extreme situations exist: too little, too late (TLTL) and too much, too soon (TMTS). TLTL describes care with inadequate resources, below evidence-based standards, or care withheld or unavailable until too late to help. TLTL is an underlying problem associated with high maternal mortality and morbidity. TMTS describes the routine over-medicalisation of normal pregnancy and birth. TMTS includes unnecessary use of non-evidence-based interventions, as well as use of interventions that can be life saving when used appropriately, but harmful when applied routinely or overused. As facility births increase, so does the recognition that TMTS causes harm and increases health costs, and often concentrates disrespect and abuse

Create your list: Less is More in Childbirth

Less	More
<ul style="list-style-type: none"> Fear Pain Suffering Dis-respect Unnecessary Interventions Surgery 	<ul style="list-style-type: none"> Safety Respect Natural Choices Support Comfort Pleasure Empowerment

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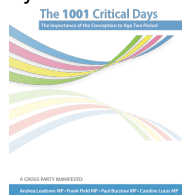


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Good for Mom = Good for Baby + Society

From birth to the age of 18 months, connections in the brain are created at a rate of one million per second!

The earliest experiences shape a baby's brain development and have a lifelong impact on that baby's mental and emotional health.



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Language & Attitude

Birth in a Culture of Risk and Fear

or

Birth as a Powerful, Pleasurable, Transformative,
Passage to Parenthood.



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Attitudes of Caregivers

- Understanding care providers' **attitudes** toward birth practices may help to explain why high rates of intervention persist in low-risk situations

Factors Associated with Differences in Canadian Perinatal Nurses' Attitudes Toward Birth Practices Sarah J. Liva, Wendy A. Hall, Michael C. Klein, and Sabrina T. Wong
JOGNN, 1-13; 2012

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- Research supports a relationship between providers' personal birth choices and attitudes toward birth practices.
- Midwives held the most positive attitudes toward birth without interventions, whereas obstetricians held the most positive attitudes toward epidurals, episiotomy, and electronic fetal monitoring and the least positive attitudes toward birth plans, vaginal birth, the safety of birth, and the degree to which mothers are influential in the birth process.

Klein, M. C., Kaczorowski, J., Hall, W. A., Fraser, W., Liston, R. M., Eftekhary, S., . . . Chamberlaine, A. (2009). The attitudes of Canadian maternity care practitioners toward labour and birth: Many differences but important similarities. Journal of Obstetrics & Gynaecology Canada, 31(9), 827-840. Retrieved from http://www.jogc.com/pastissue_e.aspx?id=77

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Prevention & Elimination of Disrespect & Abuse during Childbirth

"Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination. This statement calls for greater action, dialogue, research and advocacy on this important public health and human rights issue."

http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement_childbirth/en/

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"That's when the nurse said, 'Let's get you on your back!' and everything went haywire. She grabbed my left wrist and forced it out from under me. I pulled back, but couldn't escape her grip. She pulled my arm and rolled me over to my back. That is the moment I lost control over my birth. Forcing me to stay on my back was like forcing a person to hold their hand steady over an open flame - it was impossible for me to comply. The instinct to get off my back was overwhelming. I desperately tried to flip back to my hands and knees, struggling against the nurses to do so. The nurses held me down and pressed my baby's head into my vagina to delay delivery as he was trying to come out."

"As if birthing a baby isn't hard enough, I gave birth while engaged in a physical struggle against the people I trusted to care for us."

<http://birthmonopoly.com/caroline/>



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Creating Optimal MotherBaby Quality, Respectful,
Compassionate Maternity Care
Reducing Birth Stress and Trauma

Less is More

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Less is More: Pleasurable Birth

- Privacy
- Safety
- Unobserved
- Love
- Respectful care
- Support/Doulas
- Birth Ambiance
- Touch- Massage
- Move - Dance
- Breathe
- Sexuality - Sensuality



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- Positive Communication: Informed Collaborative Decision Making
- Intimacy: Couple Bonding
- Skin-to-Skin: NO separation
- Mother/Baby Bonding
- Breastfeeding
- Empowerment
- Quality Care
- Midwifery Model of Care
- Choice of birth place



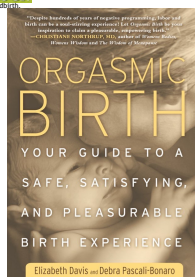
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Sexy Scientific Birth

"If only more women knew how sexy a scientific birth can be."
[Greger \(2014\) "The Hard Science Supporting Low-Tech Birth"](#)



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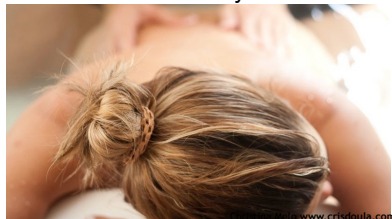
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What is an Orgasmic Birth

Our definition is broad enough to include those who describe birth as ecstatic and specific enough to give voice to those who actually feel the contractions of orgasm and climax at the moment of delivery. Many of our interviewees spoke of astounding pressure and sensation in the vagina as birth approached, followed by a flood of release and emotion as the baby emerged. Whenever a woman can look back on these moments with joy, when the physical and emotional aspects of birth are fully experienced as pleasurable, we call this orgasmic birth.

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Privacy



www.crisidoula.com

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Safety



Alice Tracy - www.sweetbirths.com

www.PainToPowerChildbirth.com

Undisturbed

“Birthing a baby requires the same relinquishing of control as does sex—abandoning oneself to the overwhelming sensation and doing so in a protective and environment.”

-Libby Bogdan-Lovis



Alice Tracy - www.sweetbirths.com

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Unobserved




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The Energy of Love




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Her Story of Continuous Support in Childbirth

Respect



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Bring More Respect, Dignity & Love to All

- How will you facilitate each woman's voice being heard as part of collaborative decision making?
- Our emotions are contagious!
- Holding space for respect and love and bringing our own unconditional love goes a long way in helping MotherBaby, partner and family to stay in their love and give birth with love.

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Respectful Care



Human Rights in Childbirth



Sexual and reproductive health
Promotion and observation of consent and choice during childbirth

WHO statement
In the WHO statement, a commitment is made to the right of women and pregnant women to safe, timely, quality, respectful, evidence-based, and non-discriminatory care during childbirth. The statement calls for a global commitment to ensuring that all women and pregnant women have access to the highest quality, evidence-based, and non-discriminatory care during childbirth. The statement also calls for a commitment to ensuring that all women and pregnant women have access to the highest quality, evidence-based, and non-discriminatory care during childbirth.

- www.imbci.org
- www.whiteribbonalliance.org
- www.humanrightsinchildbirth.org
- Sustainable Development Goals - SDG's

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Promote Continuous Support/ Doulas

"Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula."

How are you, or what will you do to promote doulas in your community?



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Photo: Kenyon Stewart Media

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Her Story of Continuous Support in Childbirth



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Birth Ambiance



- Lighting
- Smells
- Sounds

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Alternative vs. Conventional Institutional Settings for Birth

- The design of conventional hospital labour rooms is similar to the design of other hospital sick rooms
- Many questions about benefits, safety, and risk for healthy childbearing women.
- When compared to conventional institutional settings, alternative settings were associated with reduced likelihood of medical interventions, increased likelihood of spontaneous vaginal birth, increased maternal satisfaction, and greater likelihood of continued breastfeeding at one to two months postpartum, with no apparent risks to mother or baby.

Hodnett ED, Downie S, Walsh D. Alternative versus conventional institutional settings for birth. *Cochrane Database of Systematic Reviews* 2012, Issue 8. Art. No.: CD000012. DOI: 10.1002/14651858.CD000012.pub4.

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Emotional Well-Being:

Minimize stress, reduce and acknowledge the woman's fears and help her to connect with and release her emotions

- What is going thru your mind?
- Allow the flow of your emotions--weeping and laughing.
- These deep-feeling states are part of tapping into our primal tools for releasing blockages which are needed to express the baby through and out.

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Enhance Comfort and Pleasure

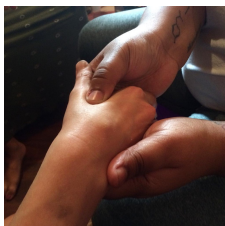
- Movement, staying active and upright
- Hot and Cold Compress
- Birth balls
- Breath awareness
- 5 -R's:
 - Respect
 - Relaxation
 - Rhythm
 - Ritual
 - Rebozo



Modified Penny Simkin -3 R's

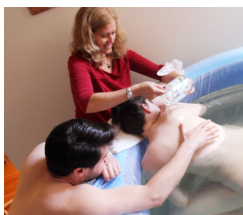
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Touch/Acupressure



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Water



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Eat, Drink and Move



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Dancing



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Breathe



**KEEP
CALM
AND
BREATHE
DEEPLY**

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Promote Feelings of Calm & Relaxation

Dr. Buckley says: "Aspects of contemporary pregnancy care may have unintended negative **nocebo** effects by increasing maternal stress and anxiety. Stress and anxiety in pregnancy can elevate maternal stress hormones, including epinephrine-norepinephrine and cortisol, with detrimental long-term effects on offspring, including impacts on brain development and stress responsiveness, as established in human and animal studies. Studies suggest that maternal relaxation techniques may reduce pregnancy stress and its detrimental effects."

Birth Professionals play a vital role in teaching and sharing relaxation techniques prenatally, at (home) visit(s), as well as facilitating the relaxation response in labor.

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Open to Your Sacred Sensuality



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FREEDOM
FOR
BIRTH
ROME ACTION GROUP

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How do you define Sexuality?

- Sexuality includes our gender identity (the core sense that we are female or male).
- Sexuality includes gender role
- Sexuality includes our sexual orientation (heterosexual, homosexual, or bisexual).
- Sexuality includes how we feel about our bodies - "body image."
- Sexuality includes our sexual experiences, thoughts, ideas, and fantasies.
- Sexuality includes the way in which the media, family, friends, religion, age, life goals, and our self-esteem shape our sexual selves.
- Sexuality includes how we experience intimacy, touch, love, compassion, joy, and sorrow.

Sexuality Resource Center for Parents

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Sexuality

"Sexuality is an integral part of who we are, what we believe, what we feel, and how we respond to others.

Which means that whether you like it or not and whether you say anything or not, you will have a strong influence on the sexuality of your children. Silence may even speak louder than words."

Sexuality Resource Center for Parents

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The World Health Organization
defines sexuality as:

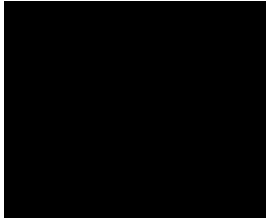
"Sexuality is an integral part of the personality of everyone - man, woman and child: It is a basic need and aspects of being human that cannot be separated from other aspect of life."

(World Health Organization, 1975)

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Birth or Sex?



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A single orgasm is thought to be 22 times as relaxing as the average tranquilizer. When you add to this the fact that the average vagina widens 2" during sexual arousal, it only makes sense to fantasize, masturbate or make love in labor.

The Unofficial Guide to Having a Baby,
Ann Douglas and John R. Sussman, M.D.


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Niles Newton points out,
"pain and pleasure are not opposites. It's quite possible to experience both simultaneously."

Moving to Pleasure requires:

- Surrender
- Letting go of fears
- Freeing self from inhibitions
- Idea of moving towards and thru the pain, rather than tensing and resisting
- Opening to Intimacy



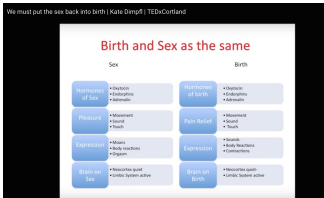
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Sexuality of pregnancy, labor, birth & breastfeeding

Hormonal connection between intimacy, lovemaking and birth

We heard just the sex back into birth (Katie Dimpfl TEDxCortland)



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**Hormonal Physiology of Childbearing:
Evidence and Implications for
Women, Babies, and Maternity Care**



Sarah L. Buckley
January 2011

www.childbirthconnection.org

www.PainToPowerChildbirth.com

Hormones

- **Oxytocin** - Causes labor contractions (surges or waves), reduces stress, promotes healing and feelings of love, calmness and connection to others.
- **Beta-endorphins** - Help relieve stress and pain around the time of birth and create feelings of pleasure and reward.
- **Catecholamines** - Create MotherBaby alertness and readiness for birth, help protect baby's heart and brain during strong labor contractions and prepare for the huge newborn transition
- **Prolactin** - A major hormone of reproduction, reduces stress and is called the "mothering hormone." Its many roles include making milk, as well as helping the mother adapt to her mothering role (maternal adaptations).

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Birth, 1990, off on line, 60 x 44 in.

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“Each time a drug is used during labor, it tends to replace a hormone and therefore tends to inhibit the release of the natural substance.”

Michel Odent. *We are All Water Babies.*

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Ensure that mothers, fathers, partners and families have access to information



Pathway to a Healthy Birth
How to Help Your Partner
Do Their Wonderful Work

Birth hormones can do an amazing job of getting you and your baby on the path to a healthy birth. Your presence and love are even more of a help, helping the body for labor to unfold safely and smoothly. An active support group is a great idea.


And now here you can help your birth hormones do their wonderful work for you and your baby.

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Intimacy
Minimize disruptions in the oxytocin system

- Encourage ways women can release their own oxytocin:
- Movement
- Kissing
- Touching
- Connection
- Eye contact with loved ones
- Nipple stimulation
- And other ways she is comfortable connecting with her sensuality and sexuality



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Skin-to-Skin



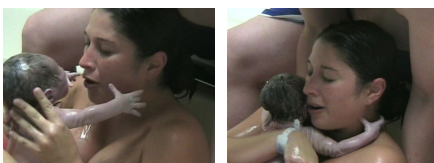
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MotherBaby Bonding



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Safe Satisfying Birth Experience = Empowerment!



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“I felt an intense peace and a flood of emotions when I first nursed my son. The most joyous tears came to my eyes, and my heart just soared.”

-Wendy S., Wayne, NJ



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The Midwives Model of Care

Includes:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle.
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support.
- Minimizing technological interventions
- Identifying and referring women who require obstetrical attention
- The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

[Citizens for Midwifery](http://CitizensforMidwifery.org)

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Is the Global Tide Turning? What about in the Netherlands?



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STANDARDS FOR IMPROVING QUALITY OF MATERNAL AND NEWBORN CARE IN HEALTH FACILITIES World Health Organization 2016

Box 2. Operational definitions of the characteristics of quality of care

- **Safe** - delivering health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors
- **Effective** - providing services based on scientific knowledge and evidence-based guidelines
- **Timely** - reducing delays in providing and receiving health care
- **Efficient** - delivering health care in a manner that maximizes resource use and avoids waste
- **Equitable** - delivering health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status
- **People-centered** - providing care that takes into account the preferences and aspirations of individual service users and the culture of their community

http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/

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Quality Statements

Standard 1: Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.

Standard 2: The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.


Standard 3: Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

Standard 4: Communication with women and their families is effective and responds to their needs and preferences.

Standard 5: Women and newborns receive care with respect and preservation of their dignity.

Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.

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Standard 5: Women and newborns receive care with respect and preservation of their dignity.

Quality statements

s.1: All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected

s.2: No woman or newborn is subjected to mistreatment, such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.

s.3: All women have informed choices in the services they receive, and the reasons for interventions or outcomes are clearly explained.

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Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.

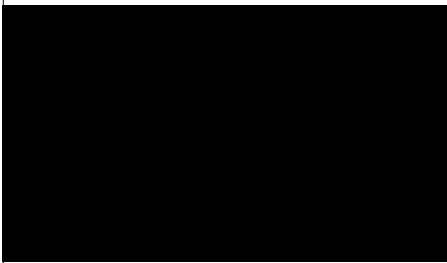
Quality statements

6.1: Every woman is offered the option to experience labour and childbirth with the companion of her choice

6.2: Every woman receives support to strengthens her capability during childbirth.

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- What impact can couple bonding have on parenting?
- How is this interaction different that what we see and encourage in hospitals?
- Are you comfortable with intimacy in birth?
- How will you bring body, mind, spirit and sexuality to your birth practice?

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Less is More - Has your list modified?

- Has anything changed? If so what?
- Is there anything you have added to your tool kit for comfort and pleasure?
- What are your top ten tips for comfort, pleasure, satisfaction and POWER in childbirth?
- Tweet #OrgasmicBirth

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"The way a woman gives birth has the potential to change how she feels about herself forever. The way she feels has consequences for how she mothers and cares for her baby, her relationships, and society."
-Debra Pascali- Bonaro



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"Every baby deserves to be welcomed into their mother's arms with love and respect. Let your voice be heard to ensure quality, safe, pleasurable, compassionate care for all MotherBabies and families."
-Debra Pascali- Bonaro



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Happy Birthday Thea!

