Helping Patients Decide Whether to Have a Wellness Pregnancy by Dr. Claudia Anrig

You Can Be Their Information Resource

Deciding to have a baby is one of the biggest choices a patient will ever make, and with that choice comes a new world of the unknown. While pregnancy and childbirth are the most natural things in the world, our Western culture has turned having a baby into a multi-million dollar "disease" industry and essentially convinced women that a natural approach is unattainable. However, there is an important role you can play in helping patients decide whether a wellness pregnancy is right for them. Here are some of the areas in which you can provide guidance to help patients make that important decision.

Nutrition

Whether your patient is already pregnant or planning on becoming pregnant, diet and nutrition are foundational for both mother and fetus. It is important that our patients are educated as to the benefits of living a "whole-foods lifestyle." In general, the layperson does not understand that processed foods are frequently less healthy than raw/whole foods and lack the important vitamins and minerals needed for a healthier pregnancy. A simple explanation you can offer to the patient is, "If it's in a box, can or packaged, it's usually compromised."

The pregnant patient should be educated to focus on proteins (leans meats and eggs) and vegetables, with fish (be careful of the source) or poultry and dark-green vegetables being the highest priority. This will ensure that their body gets all it needs of the following important nutrients: protein, essential fatty acids, iron, calcium, fiber, folic acid and vitamin B.

When considering a patient's diet, make note of any problem areas such as skipped meals, high carbohydrate / low protein, unhealthy fats or processed foods, and high caffeine intake. These are the first areas in which you'll want to suggest changes, especially if the patient consumes a high amount of caffeine in their diet. Research has show that caffeine may cause miscarriages and can interfere with a woman's conception. For any patient who is pregnant or wants to conceive, this is one of the most important areas to suggest change if merited.

Exercise

Many women have been misinformed that exercise is dangerous during pregnancy. While overexertion can be dangerous, regular exercise is beneficial for both mother and developing baby. Exercises such as walking, water aerobics, prenatal yoga or riding a recumbent stationary bicycle will increase the woman's heart rate, which will increase blood flow. Taking deep, even breaths during exercise will also increase the oxygen content in their blood - another valuable benefit.

The most important fact to alert your patient to is that this is the worst time to become sedentary. Excessive weight gain during pregnancy has been linked to labor difficulties and gestational diabetes. Moving is very important for the expectant mother and their fetus, so encourage her to start a safe and effective workout routine.

Drugs

While it is true that the mother's health is paramount during pregnancy, she needs to be on high alert when treated pharmacologically during her pregnancy. Many drugs have been found to cross the placenta and negatively affect the fetus; these include antibiotics, antihistamines,

diuretics, anticonvulsants and diabetes treatments. With the exception of heparin and insulin, most drugs will cross the placenta.

A recent study published in the Archives of Pediatrics & Adolescent Medicine found that selective serotonin reuptake inhibitors (SSRIs), typically used for treatment of depression, anxiety and personality disorders, readily cross the placental barrier, proven by the appearance of these chemicals in the newborn's umbilical cord blood. This same study has shown that exposure to SSRIs during pregnancy may be associated with a higher risk of preterm labor, a low five-minute APGAR score and admission of the infant to the neonatal intensive care unit.

While it was always believed that if there were only trace amounts of these chemicals in the infant's plasma, the baby wasn't being affected by the drugs given to her during pregnancy, recent studies are proving this untrue.

Ultrasound

The American College of Obstetricians and Gynecologists (ACOG) recommends that ultrasound examinations only be performed for specific reasons, but many health care professionals include at least one ultrasound at 18-20 weeks as part of their routine prenatal care. Since there haven't been any documented negative effects, it's considered safe. The problem with this is that just because the effects aren't documented doesn't mean they don't exist.

Several studies performed in the past decade on mice have found that prolonged exposure to ultrasound resulted in documented developmental delays. And even the FDA says, "While ultrasound has been around for many years, expectant women and their families need to know that the long-term effects of repeated ultrasound exposures on the fetus are not fully known."

The ACOG may only recommend ultrasounds in cases of suspected atopic pregnancy, or concerns regarding a miscarriage or birth defects, but even this isn't wise. A more conservative approach would be that ultrasound only be used in high-risk situations.

Health Care Team

OB/GYN: Many women are choosing to not just have a midwife or OB/GYN, but to have an entire health care team involved during their pregnancy. Obviously the first person in this team is going to be their midwife or OB/GYN. This person should be chosen carefully based on the patient's desires for her delivery. Encourage your patient to interview several before making a decision, making a point to ask about their C-section rate. While it's true that C-sections should be treated as a last resort, the fact that the national average has jumped 50 percent in the past decade proves this isn't always the case.

Doula: Another important member of a health care team is a doula. She is the patient's advocate during her delivery; making sure that the mother's wishes are considered is the doula's primary responsibility. She will stay with your patient throughout the entire labor and delivery, being emotionally supportive as well as doing what she can to see to the mother's physical comfort.

Lactation Specialist: While it is generally thought to be instinctive, many factors can affect a baby's ability to latch on. Having a lactation specialist to address these issues is critical. We should encourage our patients to select one as a backup just in case the need arises. Preferable is a referral from you, her chiropractor, particularly if you've trained the lactation specialist to be on the alert if the origin of the latching problem may be related to TMJ, cranial or upper cervical subluxation.

Chiropractor: Finally, those of you in a family wellness practice know the many benefits of prenatal chiropractic care. By addressing pelvic biomechanics chiropractic care can prevent or improve pelvic function. This may lead to reducing the possibility of in-utero constraint, less lumbar pain, and a shorter more quality labor and delivery.

For those looking to improve their prenatal clinical skills and learn the Webster technique, I suggest attending one of the courses provided by the ICPA (www.icpa4kids.com).

Hospital or Home Delivery?

Choosing whether to give birth at home, in a birthing center or at a hospital is definitely an important decision and can be based on a number of factors. It is encouraging to see more women choosing to give birth in the comfort of their own home with family and friends nearby. Recent studies have shown that home births are actually safer than hospital births, with reduced rates of perinatal death and obstetric interventions as well as other adverse perinatal outcomes when compared with planned hospital births attended by either a midwife or OB/GYN.

A study published in September 2009 in the Canadian Medical Association Journal reported that the rate of perinatal death per 1,000 planned home births was .35 percent, while the rate for planned hospital births was .57 percent among those attended by a midwife and .64 percent among those attended by a physician. Women who had a planned home birth were found to have significantly less obstetrical interventions or adverse maternal outcomes. Additionally, newborns in the home birth group were less likely than those in the hospital births to require resuscitation, oxygen therapy or meconium aspiration after birth.

Birth Plan

Creating a birth plan may be one of the best things your patient can do to make sure her wishes are considered during the delivery. A birth plan should include basic decisions such as moving around during labor, when to start pushing, fetal monitoring and labor induction, and should also include contingency decisions including whether to pursue an epidural, episiotomy or a C-section.

Your patient's birth plan can also have special instructions for the nurse and staff regarding who should be with her during the delivery, whom she wants to stay with the baby should there be complications, and other instructions. A birth plan tool is available at www.birthplan.com.

Empowering Our Patients

When all is said and done, our patients should be in charge of their pregnancy. She needs to make decisions based on the information provided to her and be able to trust those who are part of her health care team. As her advocate, you can encourage your patient to ask questions and get second opinions when she is not sure. She needs to remember that at every turn, she controls what she allows during her pregnancy and delivery, and that at any time it is alright to say "no" and to be honored for this decision.

Resources

■Najaaraq L, Pedersen LH, Henriksen TB. Selective serotonin reuptake inhibitor exposure in utero and pregnancy outcomes. Arch Pediatr Adolesc Med, 2009;163(10)949-954.
■"Ultrasound and development. (exposure to ultrasound waves in utero doesn't adversely affect children's intellectual skills)." Pediatrics for Parents. Pediatrics for Parents, Inc., 1992.
■Baltodano B. "Caesarian Nation." University Wire, May 8, 2003.

■Janssen PA, Saxell L, Page LA, et al. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician. CMAJ, 2009;81(6-7).