

Unassisted Birth

Unassisted birth is not a decision to make lightly. Trusting birth is good; trusting birth to be as safe as life gets is better. Trusting birth to be as safe as life is, which includes the unknown possibilities of complications, is best. Many women have wonderful unassisted birth stories, as most births occur with no deviation from normal, natural, and safe. But preparing for the unexpected, understanding what to do in an emergency situation, and fully accepting the responsibility of your and your baby's healthcare is necessary for the best possible outcomes with an unassisted birth.

When a family [chooses an unassisted birth](#), there are many things that they should consider. They should consider their reasons for choosing an unassisted birth (UC), who will be there, what is their plan in the event of an emergency, and what preparation is needed.

Why are we choosing this?

If your answer is because you feel like you have no other options, think again. Most times, reaching out to someone else in the community (a childbirth educator, doula, midwife, or other naturally-minded woman) will reveal that they have an 'insider's route' to getting you in contact with midwives or doctors that will be sympathetic to your desires and/or needs.

Feelings such as you are trapped or that you have no options is NOT a good reason for birthing unassisted. Additionally, feelings of fear are not good reasons either (fear of the medical community, fear of interventions, or fear of the process itself). If fear is your motivation for choosing *any* birth option, it is not healthy. That fear should be processed and dealt with, encouraging healing, before birth starts, and then birth options should be reevaluated.

The decision to have an unassisted birth should depend on your trust and preparation, not your distrust and fear.

Who will be invited to attend?

Usually, a UC involves only the couple birthing. Sometimes, only the mother, while the partner does not support the mom or catch the baby. There are times, though, when a family might choose to have another family member, friend, or doula in attendance. One reason might be for childcare. If a couple already has children, they might want someone there as a caregiver for those older children.

Another reason a family might choose to have another person at the birth is if they would like it photographed or videotaped. A third reason is if the mother would like the woman-to-woman comfort, but not the assistance with birthing or the medical interventions/assessments.

A gentle reminder – if you invite a doula to your UC, know that she is *not* qualified to offer medical suggestions/advice, suggestions/advice for your health or the health of your baby, or to make judgment calls regarding your progress or transport. A doula should *not* be considered as an acceptable replacement for a midwife or doctor.

What should I have on hand for a normal birth as well as for a birth requiring some emergency first-aid?

A basic UC Birth Kit should be compiled before hand. This can all be stored in a large, empty, 5-gallon paint bucket with lid. In addition, a first-aid kit should be available, homeopathics should be considered to have on hand, and a plan of action in the event of an emergency should be planned and thought out.

What will we do in an emergency?

To ensure that you are given good and adequate care, if you need to or decide to transport, your medical files (obstetrical and/or regular health/allergies/surgeries) and personal records (BP taken at Walgreens, urinalysis, positive pregnancy record date, diet sheet, etc...) should be available.

I recommend having your medical and personal records in a duffle bag, along with a change of clothes for both parents, a few newborn clothes items, and travel-sized bathroom items. This should be ready and in your car at 37 weeks and left in there until after birth occurs. I also highly recommend that mom and partner get their CPR certification prior to labor/birth as well.

How will we record the birth?

It is always easiest to get a UC recorded, with less hoops to jump through, if you can get it done in the first 5 days after birth. To get a UC recorded with the state, call up your local register of deeds/vital records and they would give you the forms to fill out. You will need, as proof of birth:

- Proof of pregnancy. This is best accomplished by getting your prior doctor's records.
- Proof of residence. A bill in the mother's name is sufficient.
- Proof that the baby was born alive. This can be from a visit to your peds office if you can get a same-day appointment the day baby is born, getting an affidavit from a same-day visit to a home birth midwife's office, an affidavit from a chiropractor or Chinese medicine practitioner, or a copy of hospital records if you choose to take them there after the birth.
- Proof that the baby was born on that day. Again, this can be hospital records or the other options above.

Basically, those who need to sign off on it can be anyone with a valid license to practice medicine (paramedic, RN, chiro, firefighter, EMT, etc..) and THAT needs to be done within the first 24 hours. You would then take all of that in to the County Clerk and they will help you fill out the birth certificate. The mother's partner can sign as the attendant.

Additional Preparations:

As a doula who does attend UC, I have certain recommendations and some requirements of families that I attend. These are to better the safety and preparation of the families that I attend.

CPR – I require that both the father and mother are CPR certified before birth. This can be accomplished at a local hospital or Red Cross. CPR is a wonderful tool to know, regardless, and especially for birth and parenting. CPR can save the life of many people in many situations, some of which include birthing situations. The more people who are trained in this life-saving practice, the better our emergency outcomes will be.

Neonatal Resuscitation – I recommend that families get their NRP, but don't require it. I *do* require that families read over [this information](#) and [this information](#) before the birthing time. I am trained in CPR/AED and NRP, but again, the more people who are knowledgeable, the better.

Alfalfa and/or liquid chlorophyll - I require that moms begin taking alfalfa supplements and/or liquid chlorophyll at 32 weeks until birth. The general recommendation is 4-6 alfalfa tabs a day, or 3-4 alfalfa and a regular dose of chlorophyll (see the labeling for recommended dose). This reduces the chances of postpartum hemorrhage, and, for more information, [see here](#).

Placentophagy – placentophagy is the consumption of the placenta. I recommend, but don't require, that moms look into this practice and consider both an immediately postpartum placenta smoothie and postpartum placental encapsulation (which the mother can do herself or hire me to do for her). For information on the nutritional and emotional/physical benefits of placental consumption, see [here](#).

Waterbirth – hydrotherapy is a great option for labor and birth. An inexpensive birth tub can be found [here](#). Additional items needed for a birth tub are: a tarp (for under the pool), an air compressor or pump (to blow up the pool quickly), two heavy-duty garden hoses, one faucet adapter, a small fish net (for 'floaties'), and an optional battery powered submersible pump (for draining the pool).

Recipes, Lists, and Forms

This is a compilation of forms, lists, and recipes for care and health before birth and during labor.

- **Unassisted Birth Kit** – a list of items to consider having on hand for the labor and birth of your baby. Additional items to consider would be a birthing tub, birthing ball, ribozo, or other birth tools.
- **Sitz Bath** – a great way to begin healing and commemorate or pamper mom and baby after birth.
- **Emergency Plan** - this is a discussion sheet for mom and partner to consider their options before hand for what to do in an emergency situation.
- **Medical Form** – this is a detailed sheet with optional screening and health history information on it for ‘in the event of’ an emergency transport. This is something that is a great asset to have on hand if a hospital transfer is necessary. An emergency transfer bag should be in the car during pregnancy and this sheet should be brought with you to the hospital during a transport.

Unassisted Birth Kit

- Round-ended scissors, sterilized (not necessary if choosing a lotus birth)
- Old underwear (for postpartum)
- Sanitary pads, maximum absorption
- 1 large packet of 25-50 chux (disposable underpads) pads
- 1 Vinyl or plastic Drop Sheet (plastic table clothes work well, the ones with one side cloth, the other side plastic)
- 12 Economy Sterile Gauze (optional)
- 15 Alcohol Prep Pads (optional)
- 2 Flexible Drinking Straws (wrapped if possible)
- 1 Paper Tape Measure
- 1 Bulb syringe
- Sterile gloves (2 pairs) (optional)
- Fetoscope or Doppler
- Blood pressure cuff
- Newborn hat
- Newborn diapers
- 4-6 newborn blankets (receiving blankets)
- Cord clamps or new shoe strings, unopened (not necessary if choosing a lotus birth)
- Bucket with a lid (a 2 gallon ice cream bucket with lid works great)

- Pulsatilla (200C malpresentation, weepy or emotional – for mom)
- Shepherd Purse (for postpartum bleeding in mom)
- Arnica (200C – for apneic or stressed newborn)
- Carbo Veg. (200C gasping, blue, or newborn who needs to be revived)
- Antimonium tartaricum (30x potency – 1 tablet to be crushed and applied to the newborns tongue for wet sounding lungs or inability to clear deep mucous).

Homemade Postpartum Herb Bath

A postpartum herbal bath is a great way to heal and soothe mom and baby immediately after birth, along with easing clean-up. The herbs used will help soothe and heal sore mama bottoms, help dry up babies cord stump, and help prevent infections. Baby and mom should take 1 herbal bath per day for the first 5 days of baby's life.

Herbs:

- 6 oz Palendula or Plaintain
- 8 oz Yarrow
- 10 oz Comfrey Leaf
- 4 oz Uva Ursi
- 6 oz Witch Hazel
- 8 oz Sea salt
- 6 oz Lavender
- 6 oz Rosemary

Mix all in a large zip lock and seal air tight until used at birth.

Directions:

Place 2-3 ounces of herbs into a pot with 8 cups of boiling water. Simmer gently for 10 minutes. Reserve one cup of the liquid for compresses/pads. Pour the hot liquid through a strainer into a clean bathtub. Add warm water until there is just enough to sit in. Do not dilute the solution any more than is necessary. Soak for 15-20 minutes.

The mixture can sit at room temperature for up to 24 hours. If not used within 24 hours, strain out the herbs and refrigerate the fluid. It will keep for 2-3 days.

To use the reserved liquid, pour over maternity pads and place in the freezer for about 30 minutes to 1 hour. These can be applied directly to mom's bottom to sooth swollen or torn tissues and help with repair.

Emergency Plan

This form should be carefully considered and be a point of discussion between the mother and partner before labor begins.

When we would consider transferring for *non-emergency* reasons:

Medical/Emergency reasons we would transfer:

We plan to transfer to: _____

The best way to get there is: _____

Non-emergency, Postpartum plan:

Newborn Care:

Mom's Care:

Pediatrician's Name: _____ Phone: _____

Medical Form

Name: _____ DOB: __/__/__

Maiden Name: _____ Age: _____

Social Security Number: _____ - _____ - _____ Height: _____

Address: _____ LMP: __/__/__

_____ EDD: __/__/__

Phone: _____ Alt Phone: _____

Birthplace (city, state): _____

Marital Status: married single divorced (please circle)

Spouse/Partner: _____ DOB: __/__/__

Monogamous Relationship: Y N Phone: _____

Insurance: Y N Carrier: _____

Insurance policy/ID: _____ Insured: _____

Have you had prenatal care outside of self care? Y N if yes:

Name of caregiver: _____ Date Last Apt: __/__/__

Name of Practice: _____ City/State: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

MEDICAL HISTORY – please indicate if you have *ever* had any of the following and when:

- | | |
|--|--|
| <input type="checkbox"/> Severe headache | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Eye/Vision problems | <input type="checkbox"/> Hemorrhage |
| <input type="checkbox"/> Ear/hearing problems | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Blood Clotting Issues | <input type="checkbox"/> Allergies |

- | | |
|--|---|
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Urinary Surgery |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Urethral Dilation |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Aching joints |
| <input type="checkbox"/> Gall Bladder Problems | <input type="checkbox"/> Pelvic/Back Injuries |
| <input type="checkbox"/> Liver problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bladder Infection | |

Dates of any marked: _____

Do you have any allergies? Y N Please list: _____

GYNECOLOGICAL HISTORY

Age of first period: _____ Date of last Pap smear: ___/___/___

Results of Pap: _____ Have you ever had an abnormal Pap? Y N

Avg. Cycle Length _____ days Regular? Y N Duration: _____ days

Please indicate if you have ever had any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Yeast Infection | <input type="checkbox"/> Cervical surgery |
| <input type="checkbox"/> Trichomonas | <input type="checkbox"/> Cervical polyp |
| <input type="checkbox"/> Gardnerella | <input type="checkbox"/> Fibroids |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Abnormal Bleeding |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Uterine Surgery |
| <input type="checkbox"/> PID | <input type="checkbox"/> Breast Lumps |
| <input type="checkbox"/> Genital Sores | <input type="checkbox"/> Breast surgery |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Condyloma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cervicitis | |

Dates of any marked: _____

PRESENT PREGNANCY

Feelings about pregnancy: _____

Father's feelings: _____

Do you plan to breastfeed?

- Yes, experienced
- Yes, no experience
- No
- Undecided or not exclusively

Most recent birth control used: _____

Please indicate if you've had any of the following problems during this current pregnancy:

- Nausea
- Vomiting
- Fever
- Headache
- Dizziness
- Urinary complaints
- Abdominal/pelvic pain
- Vaginal bleeding/spotting
- Vaginal discharge
- Bleeding
- Indigestion
- Leg cramps
- Varicose Veins
- Hemorrhoids
- Loneliness
- Depression
- Rash
- Backache
- Swelling
- Constipation
- Family problems
- Relationship problems
- Diarrhea
- Work problems
- Other: _____

Please list more detail for any checked above, including if ongoing: _____

Please indicate if you have used or been exposed to any of the following during pregnancy:

- Tobacco
- Alcohol
- Caffeine
- Cocaine
- Street drugs
- Prescription medications
- Non-Prescriptions
- Vitamins
- Herbs
- Fumes/Sprays
- X-Rays
- Measles
- Viruses
- Vaccinations
- Cats
- Other: _____

Please list more detail for any checked above, including if ongoing: _____

Your Family History (anyone in your immediate family who has):

- High Blood Pressure
- Cancer
- Diabetes
- Twins
- Severe Emotional Problems
- Alcohol/drug use
- Other: _____

Father of the Baby:

- Sexually transmitted diseases
- Alcohol/drug use
- Utethritis
- Tobacco use
- Herpes
- Other: _____
- Severe emotional problems

Your Mother's History:

of pregnancies _____ # of live births _____ Miscarriages _____

Any birth complications Y N Your weight at birth _____

Did she take DES while pregnant with you? Y N

PREVIOUS PREGNANCY OUTCOMES (please complete this table regarding your own pregnancy history):

Date:	# weeks	Birth/MC/abortion	Concerns/mode of birth	Sex	weight

EMOTIONAL HISTORY

Do you consider your relationship with your partner to be healthy? Y N

Do you feel safe in your home environment? Y N

Do you feel unsafe with anyone in your current life? Y N

Are you a past physical abuse survivor? Y N Unknown

Are you a past sexual abuse survivor? Y N Unknown

Have you ever suffered from an eating disorder? Y N

LABOR CARE

Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Bleeding: Y N Contractions: Y N

Frequency: _____ Duration: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nausea: Y N Dilation: _____ Effacement: _____ Station: _____

Non-Contraction pain: _____ Drink/Eat: _____

Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Bleeding: Y N Contractions: Y N

Frequency: _____ Duration: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nausea: Y N Dilation: _____ Effacement: _____ Station: _____

Non-Contraction pain: _____ Drink/Eat: _____

Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Bleeding: Y N Contractions: Y N

Frequency: _____ Duration: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nausea: Y N Dilation: _____ Effacement: _____ Station: _____

Non-Contraction pain: _____ Drink/Eat: _____

Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Bleeding: Y N Contractions: Y N

Frequency: _____ Duration: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nausea: Y N Dilation: _____ Effacement: _____ Station: _____

Non-Contraction pain: _____ Drink/Eat: _____

Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Bleeding: Y N Contractions: Y N

Frequency: _____ Duration: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nausea: Y N Dilation: _____ Effacement: _____ Station: _____

Non-Contraction pain: _____ Drink/Eat: _____

PUSHING Date: _____ **Time:** _____ **am/pm**

Fetal Movement: _____ Membranes: intact ruptured: _____ am/pm

Fluid Color: _____ Amount of Fluid: _____ Odor: _____

Maternal BP: _____ FHT: _____ Temperature: _____

Nuchal Cord: Y N Reduceable: Y N Shoulder birth: Easy Difficult Extended

Tear: Y N

IMMEDIATE POST PARTUM

Date of Birth: _____ Time of Birth: _____ am/pm Sex: _____

Time	BP	Food/drink	Bleeding	Fundus	Mother	Baby

Placenta

Separation Bleed Noted: _____ am/pm Placenta Released: _____ am/pm

Estimated Blood Loss with placenta: _____ Cord length: _____

Vessels: _____ Knots: Y N Date/Time consumption: _____

Newborn At Birth

Color: _____ Cry: Y N Moving: Y N Vernix: Y N Temp: _____

Molding: Y N Ant. Fontanel: Y N Post. Fontanel: Y N

Symmetrical Eyes: Y N Symmetrical Ears: Y N Lips: _____ Palate: _____

Tongue: _____ Shoulders/Clavicles: _____ Fingers: _____ Palm Crease: Y N

Nipples: _____ HR: _____ Lungs: wet dry bilateral breathing

Grunting: _____ Umbilicus: _____ Hips: _____ Genitalia: _____

Anus: _____ Meconium: _____ am/pm Urinated: _____

Spine: _____

Reflexes Moro: Y N Giant Step: Y N Rooting: Y N Suck: Y N Swallow: Y N

Grasp: Y N Babinski's Left Y N Right Y N

Measurement Head: _____ Chest: _____

Length: _____ Weight: _____