Going Beyond Birthing Classes



How Parents Can Help Prevent Brain Injury to Infants During Pregnancy, Labor, and Delivery

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CPFamilyNetwork.org℠

Co-Author's Note

Dear expectant parents, grandparents and friends,

Traditional birthing classes, best-selling books and medical professionals talk about the technical–and even loving—aspects of childbirth, but I have never heard one mention the serious complications that can happen and what parents need to know to prevent infant brain injuries. This article provides a beginning for this information. It is not meant to alarm you, but to prepare you to be a better advocate for your unborn child.

I created this Beyond Birthing Classes concept over the course of a career devoted to helping parents and their families fill this information void. For more than 25 years, I have represented the families of birth-injured babies—all of these injuries could have been prevented if the pregnant mother's conditions had been properly monitored and acted upon in a timely manner. Even worse, I have seen the same errors repeated again and again during this time.

I encourage parents to go beyond birthing classes, and learn to recognize and be able to deal with serious complications that may develop during pregnancy, labor and delivery. And to never hesitate to ask questions and insist on the truth.

Howard Janet, JD, author of *Patients' Rights, Doctors'Wrongs*

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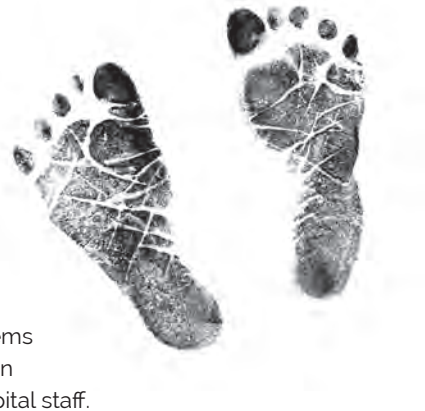
It happens thousands of times a year in U.S. hospitals: a healthy pregnancy turns into a nightmare during labor and delivery with the birth of a brain-injured child. Although many birth injuries are the result of circumstances beyond anyone's control, others are preventable.



As a board-certified obstetrician for more than 20 years, and now as an attorney who represents children with preventable brain injury, I've compiled what I call a "prevention checklist" for expectant parents.

This information is critical to your baby's safety during pregnancy, labor and delivery. Armed with knowledge about potential problems and standards of care, you'll be able to insist on appropriate actions from your doctor and hospital staff.

Have a Birthing Advocate with You

Choose a birthing advocate, either the unborn child's father or another birthing partner, who is prepared to buttonhole physicians, medical staff and hospital personnel to demand answers and action.

Selecting a Physician and Hospital

Ask your prospective obstetrician how often he or she is in the hospital and who covers for them when they're not available. Learn all you can about your backup physician as well as your primary doctor. Your local medical board can tell you if the doctor has lawsuits pending. If there are three or more, look further into the circumstances.

Choose a hospital with a 24-hour, in-house anesthesia team. If you choose a midwife, make sure your birth will be in a hospital and not a birthing center. This ensures you have immediate access to an operating room in case an emergency C-section is necessary.

The First 26 Weeks

The following information applies to healthy, normal pregnancy only. Women with complicated pregnancies require additional monitoring and testing that are not covered here.

Pre-Natal Tests

- Genetic counseling for women over the age of 34.
- If you weigh more than 200 pounds, get screened for diabetes in both the first and second trimesters.
- If you're of Eastern European, Mediterranean or African-American descent, get screening for conditions related to these genetics.
- At 16 weeks, you will be offered a "triple screen" for genetic abnormalities. Be aware that these are prone to false positives. Think about what you'd do if you learned of problems for your unborn child. If you would carry the baby to term no matter what, decline the "triple screen" and any additional testing. These diagnostic tests are invasive and put your baby at risk for miscarriage.
- An ultrasound should be conducted during your first doctor's visit. This will accurately determine your due date. A repeat is done in the second trimester. However, insist it be performed only after 18-20 weeks when the fetal anatomy is clear enough to show abnormalities.

High Fever During First Trimester

"When I was three months pregnant, I had a fever of 103 for three days in a row. I told the clinic that I was sick and couldn't break the fever. Something was wrong–terribly wrong–yet, I was put off. My daughter, Amanda, was born with a type of cerebral palsy (CP) known as bilateral schizencephaly. Doctors now believe that Amanda had a stroke at that time during my pregnancy."–Amanda's Mom

The Lesson: Education might have allowed us to monitor her better, do something to get my fever down and possibly prevent her stroke. I believe that, from start to finish of a pregnancy, education about birth defects that cause CP is of the utmost importance.

First and Second Trimester

You should expect to see your doctor every four to six weeks until you are 28 weeks pregnant. After that, your visits should occur every three weeks, then every two weeks, then once a week for the last four weeks.

Fetal movement should begin at 15-18 weeks. Because the placenta produces a substance that can affect how glucose is metabolized, all moms should be tested for diabetes at 24-28 weeks. Know your blood type. If you are Rh negative, have the baby's father tested. If he is Rh positive, Rhogam should be injected at 28 weeks and should be re-injected after delivery. Failure to receive the second injection could risk future pregnancies. So nag until you get it! If your baby is Rh positive, mom should get her shot after delivery.

Pregnant women are routinely tested at 32-36 weeks for Group B Strep bacteria, which is the primary cause of meningitis in newborns. This should be a vaginal and rectal swab. Be sure both areas are sampled. If you test positive, you will be treated for this when you are in labor. If you do test positive, make sure you get IV antibiotics during labor. Know your Group B status, and be sure that hospital personnel know it, too.

Tell your doctor immediately if you experience bad pain and bleeding, unusual pressure or abnormal discharge at any time during your pregnancy. Discharge with odor can be bacterial vaginitis which, if untreated, can lead to premature labor. Urinary tract infections are common and must be treated right away, as pregnancy speeds this infection to the kidneys.

Other Points to Remember

- Sexual intercourse is safe unless your doctor tells you otherwise. Spotting afterward is common, and as long as it is painless and brief, intercourse poses no concern.

- Take your pre-natal vitamins. Many studies have found vitamins and minerals–especially Omega 3 and Folic Acid–can prevent birth defects.
- Take a copy of your chart with you if you go out of town.
- Tour the hospital sooner rather than later.
- Write down questions before every doctor visit, so you remember to ask them.

Third Trimester: Don't be Afraid to "Bother the Doctor!"

If you notice any decreased activity by your baby during the last three months of pregnancy, contact your doctor immediately. Your doctor's office may advise you to eat something sweet and lay on your left side, and your baby's movement may quickly return to normal. If it doesn't, call back immediately and insist that you come into the hospital or office for fetal heart monitoring. Do not feel guilty about "bothering" your doctor after hours or insisting that you be admitted to the hospital for monitoring. Any disturbing change in your baby's prenatal activity late in pregnancy is of great concern. This is no time to be shy or intimidated.

If you develop medical issues during the third trimester that warrant fetal monitoring, and you are told you may need to be induced after fetal testing, demand a C-section. Do not risk the health of your unborn baby over a misplaced belief that one form of delivery is better than another.

Premature Labor

"I was seven months pregnant with my second child when I woke up bleeding one Saturday morning. I went to the emergency room where my baby girl had to be resuscitated. She stayed in neonatal intensive care for 39 days. Doctors finally told me she was brain injured and would develop cerebral palsy. I kept thinking, 'Why is this happening?'"–Tiara's Mom

The Lesson: Have a strong birthing advocate with you. Don't take "We'll be there in a minute" or "Everything's okay." If your doctor isn't there, call his or her office. Demand to speak to the head nurse. Don't take "later" or "no" for an answer.

Hospital Admission for Normal Delivery

When you arrive at the hospital for delivery, note the time. A delay of 30 minutes to an hour is fine, but any longer is unacceptable because the baby needs to be on a fetal heart monitor.

Labor and Delivery and Fetal Heart Monitoring

If you experience unrelenting pain, bleeding or no movement of your baby, insist on seeing a doctor immediately. If there is any delay, speak to the nurse manager. If you experience decreased fetal movement with associated changes in fetal heart rate pattern (loss of variability, which is a flattening of the pattern) for more than 20 minutes, call the doctor.

Most hospitals will hook you up to a fetal heart monitor to track your baby's heart rate during the labor and delivery process. If the monitor keeps falling off, or if there is any problem monitoring the baby (in the case of obese mothers or overly active babies), insist on an internal monitor.

Good Pregancy and Misread Fetal Monitor

"I had a really good pregnancy, very healthy and a very good doctor. Two weeks before my due date I started to swell, so the doctor thought it would be good to induce. Many hours later, an emergency C-Section was needed. Something went wrong, but they kept us in the dark. Even months later we did not know that Lizzy had suffered a brain injury. Finally, a hospital secretary confided in me that all of her records were under lock and key! The doctor had misread the fetal monitoring strips. The nurses had called her twice during the night and she hadn't come in, even though she lived only two miles from the hospital."–Lizzy's Mom

The Lesson: Before you leave the hospital, ask for the medical records including ultrasounds, sonagrams and fetal monitoring readings. If there is any decrepancy in what you experienced, ask questions.

If the drug pitocin is administered, be aware of its effects on both you and your baby. A laboring mom on pitocin should be on a fetal heart monitor or an external monitor to measure the duration of contractions, and an internal pressure catheter to monitor the strength of contractions. If you have more than six contractions every 10 minutes, it could mean the drug is hyper stimulating the uterus, which can have adverse effects on the fetus. Time the contractions and alert nurses to excess contractions.

Watch The Fetal Heart Monitor

A baby's baseline heart rate will vary between 110 and 160 beats per minute. It's normal to have dips below the baseline rate for a few seconds, but a drop in rate for more than 60 seconds is a matter of great concern. Insist on calling a doctor. Furthermore, if decelerations, no matter how long their duration, become recurrent for 10 minutes, a physician needs to evaluate the monitor strips.

Labor and delivery nurses are trained to read fetal heart monitors. If your nurse puts you on oxygen or places you on your left side, that means she is concerned, and you should be too. Do not accept any delay seeing a physician. If your baby is in trouble, it is essential that the hospital be prepared to deliver you by C-section.

Use of Forceps or Vacuum

The use of forceps or vacuum carries risks to your baby. If your baby is younger than 34-36 weeks, a vacuum should never be used. Neither vacuum nor forceps should be used unless the baby is at the "plus 2 station or greater." If this becomes an issue, request a C-Section. If the request is refused, document your request and get hospital personnel to sign it. While some laboring moms may feel a C-Section is a failure, it is far better than injuring your unborn child.

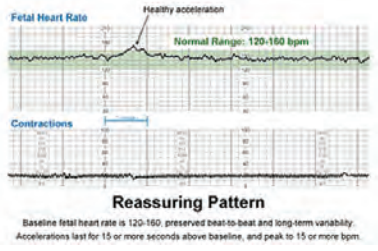
Excerpts from:

How Electronic Fetal Monitoring Can Prevent Cerebral Palsy

By Howard A. Janet, JD
Published author on birth defects and how they can be prevented

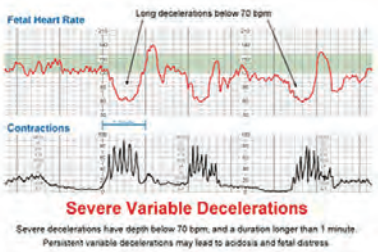
(For full article visit www.cpfamily.org)

Electronic fetal heart monitoring (FHM) is a method for examining the condition of an unborn infant in the uterus by noting unusual patterns in its heart rate. FHM is a dependable measure of how the unborn child is withstanding the changes in environment and stimuli that it experiences during the birthing process. By monitoring the baby's heart rate and graphing it on strips of paper, called "tracings," doctors and labor room nurses have a real-time, and an overall, picture of the baby's condition throughout labor.



Reassuring Pattern

Baseline fetal heart rate is 120-160, preserved beat-to-beat and long-term variability. Accelerations last for 15 or more seconds above baseline, and peak to 15 or more bpm.



Severe Variable Decelerations

Severe decelerations have depth below 70 bpm, and a duration longer than 1 minute. Persistent variable decelerations may lead to acidosis and fetal distress.

Some studies report that 85 percent of all births in U.S. hospitals use FHM, which is generally a reliable technology. The problem arises when the results are misread or necessary action is not taken. Just as parents are encouraged to enroll in Lamaze-type classes to learn how to ease the pain of labor and delivery, every parent also should be taught the meaning of certain FHM patterns so they can be aware of the right questions to ask their obstetrician and labor room nurses about their baby's FHM tracings.

It is imperative to recognize significant fetal heart rate decelerations (dips below the baseline rate) in the fetal monitor tracings. You must also understand the relationship of decelerations to contractions. Isolated decelerations of short duration (less than 30 seconds) generally are thought to be inconsequential. However, if certain types of decelerations become repetitive or prolonged, this could mean your baby is not being adequately oxygenated. You should also realize that the presence of variability (the second-to-second and longer-term jagged lines or variations in the fetal heart rate tracings) is usually re-assuring. On the other hand, decreased or absent variability can be foreboding.

Pain Management

Epidurals can affect a laboring mother's blood pressure and the baby's heart rate. Before getting an epidural, it is imperative that a laboring mom receives one liter of intravenous fluids. This will help decrease the possibility of adverse effects. After the epidural is placed, fetal monitoring is critical. Around 10% of babies will experience a slowing of the heart rate due to the epidural. Most recover fairly quickly. If, however, it goes on past three to five minutes, insist on being transferred to the C-section room immediately. Once there, the heart rate should be rechecked. If back to normal, it's all right to continue laboring. If it's still down, a C-section should be performed immediately. If you're getting an epidural for an elective C-section, the baby should be monitored after the epidural placement until the surgery is ready to begin.

Spinals are commonly used for anesthesia during C-sections. They have the same effect as epidurals, only much more quickly. It is imperative that surgery occurs immediately after placement of the spinal. Be sure the operating team is ready to go. The doctors should be in the operating room, scrubbed and gowned prior to the placement of the spinal. If there is any delay, insist on fetal monitoring until the surgery can begin. Both spinals and epidurals are safe forms of anesthesia, as long as the hospital staff takes the proper precautions to monitor your baby's well being.

Laboring mothers should always have an IV inserted even for normal deliveries. This is so precious minutes won't be wasted if an emergency arises and medication or anesthesia is required.

Midwives

If parents elect to use a midwife, make sure of the following:

- You have continuous fetal heart monitoring
- You have a backup physician whom you've met
- Your labor and delivery are in a hospital setting
- You know where your backup physician is and how long it will take him or her to reach you

A Hospital Birthing Plan is Your Right

Present your hospital birthing plan to your obstetrician and hospital. Make sure they acknowledge your expectations, include your plan in your medical records and post it on your hospital chart. They may not be eager to do this. They may make you feel like an overly "pushy" parent, but know that you're doing the right thing for your baby.

Past Due Delivery Date

"My pregnancy was normal, but then due date came and went. Two weeks later the doctors decided to induce. The next day they decided to do a C-section. That's when everything started going wrong. The spinal anesthetic caused my blood pressure to drop. Then the incision wasn't big enough. They tried the vacuum three or four times. They made the incision bigger, and cut through things they shouldn't have. I started hemorrhaging. I remember seeing a first year resident pass out against the wall. All the while they weren't monitoring Nathan's heartbeat. They didn't know he was in trouble."–Nathan's Mom

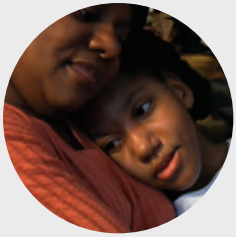
The Lesson: Learn what happens when you are induced. Ask how and who will be monitoring you and the baby. Have a birthing advocate who can demand action.

My Hospital Birthing Plan

I expect, and my physician and hospital agree, that:

1. I will be placed in a labor and delivery room and my unborn baby will be hooked to a fetal heart monitor within one hour of entering the hospital for a routine delivery.
2. Once in labor and delivery, I will see a physician immediately if I experience unrelenting pain, bleeding or cessation of activity by my baby.
3. I expect an IV to be inserted and ready, even if no fluids are needed.
4. If any problems develop using the fetal heart monitor, I expect to be switched to an internal monitor.
5. If given pitocin, I expect an internal pressure catheter to be used.
6. If my baby's baseline heart rate drops below 110 for 60 seconds or longer, I expect a physician to be called and to arrive within 30 minutes.
7. If I am placed on oxygen or advised I should lie on my left side, I expect to be seen by a physician within 30 minutes.
8. I expect to be consulted prior to use of vacuum or forceps and my decision to have a C-section instead to be respected, if I make this choice.
9. I expect no more than a 10-minute delay between administration of spinal anesthetic and delivery of my baby.
10. I expect my baby to be monitored after the placement of an epidural. If the epidural is being used for a C-section, I expect my baby to be monitored until surgery is ready to proceed.
11. I expect a pediatric team to be available in the delivery room to provide any necessary resuscitation of my child as the result of a problem delivery.

_____	_____
Mother's Name (Printed)	Mother's Signature
_____	_____
Father or Birthing Advocate (Printed)	Father or Birthing Advocate Signature
_____	_____
Physician's Name (Printed)	Physician's Signature
_____	_____
Hospital Representative (Printed)	Hospital Representative Signature



Tiara's Story

"For other parents in our position, I would say information is the key. You need to find out everything about what happened." –Tiara's mother, Donna

Elizabeth's Story

"I believe that God had a plan for us when he gave us Lizzy, although it wasn't always easy to accept, especially in the beginning." –Lizzy's mother, Lisa

Nathan's Story

"My son can't walk, talk, sit up or use his hands, but he's exceptionally bright. He smiles all the time. He's happy. And he's the highlight of my life." –Nathan's mother, Deborah

For more about these parents' stories, visit: www.CPFamilyNetwork.org.

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Janet, Janet & Suggs, LLC attorneys have represented clients in the majority of the United States and the District of Columbia. They practice subject to court approval in states where they are not members of the bar.

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