



Six Signs You Should Dump Your Prenatal Caregiver

By Cynthia Overgard, M.B.A., HBCE

No doubt about it: Deep breathing, visualization and relaxation tools are powerful when it comes to having a positive birth. HypnoBirthing has helped not only me, but also hundreds of my client couples to have comfortable, natural births. But the tools alone aren't enough, and they won't serve anyone in the care of an obstetrician with a sky-high cesarean rate.

Embracing Change

While many couples are aligned with the right practitioner from the start, others realize somewhere along the line that they're with a caregiver who's all wrong for them. When I was twelve weeks pregnant with my son, my own obstetrician drew an imaginary C-section line across my bare abdomen with her finger, presumably to acquaint me with the scar she anticipated despite my perfectly healthy, low-risk pregnancy.

To me, changing practitioners is an indication that a birthing mother feels informed, empowered and ultimately responsible for her birth outcome. She realizes it's up to her to hire—yes, hire—the right birth expert. For some, this “right practitioner” is a hospital obstetrician; for others, it's a midwife (who can attend your birth in hospitals, birth centers or your own home). Unfortunately in modern culture, we tend to put more energy into choosing the right real estate agent than the right childbirth practitioner. Philosophies and practices can differ dramatically from one practice to the next, and your job is to find the caregiver whose values, goals and approach are best aligned with your own. What matters

is how much you trust her, and the degree to which you are convinced she shares your desire for the most natural, unhurried, satisfying birth and postpartum bonding experience possible.

The notion of ending a relationship with one's caregiver is intimidating to some, but it needn't be. For me it was as easy as requesting a copy of my records from the receptionist (remember, these are yours by law, so you owe no explanation), and handing them over to my new caregiver.

What's Love Got To Do With It?

Some women admit they aren't crazy about their caregiver's philosophy, but insist they just love her as a person. No matter how much you love your OB, just remember, you love your baby more. And sure, you can engage in an emotional and lengthy "breakup" conversation if you wish ("I'm sorry, doctor...It's not you, it's me"), but make sure doing so will serve you in some way—and I don't mean to alleviate your guilt. No complaining, no explaining. Your baby is counting on you to align with the right person.

In retrospect, I was lucky to have been with an obstetrician who was wrong for me on every level. Once I was clear on the kind of birth I did and didn't want, it was obvious I had to leave. It's far tougher for women who just aren't sure. Their heads tell them they made a sensible choice, but their intuition nags at them to reconsider. It's the women in this category to whom I dedicate these six red-flag signs you should break up with your caregiver.

RED FLAG #1: Your doctor engages in presumptuous usage of the word "let." For example: He says he won't let you go past 40 weeks, won't let you eat or drink in labor, or can't let you labor without an IV.

You are the hiring manager here. It's his job to serve you. Before engaging in any medical procedure, he must inform you of the risks, benefits and alternatives before then asking your permission to move forward. (The law of voluntary informed consent has your back on this one.)

RED FLAG #2: She has a high cesarean rate—or, worse, doesn't know what her cesarean rate is.

The World Health Organization has long stated that no country on Earth should have a cesarean rate greater than 10 to 15 percent. Cesareans are our country's most common major surgery, and childbirth has become our nation's top revenue-producer for hospitals. (The fact that most hospitals are for-profit institutions is troubling to begin with.) Consider this: In 1970, one in

twenty births in the United States were cesareans. Today that statistic is one in three, and climbing every year. If your OB doesn't seem to care about her own cesarean rate enough to track and disclose what it is, then maybe you should find someone who does.

RED FLAG #3: He speculates with concern about the size of your big baby or small pelvis.

The pelvis that conceived your baby would hardly recognize the pelvis that's going to deliver it. Hormones cause the pelvis to relax and "stretch" significantly during labor, allowing an impressively wide passage for your baby. Second, babies' skulls aren't fully formed at birth for a reason: The baby's head is designed to compress in order to fit through the passage. So even if your baby has an unusually large head, nature has this additional trick up its sleeve—it's called molding—in its magnificent quest toward survival. Third, most of the baby's weight is in the body, and the body tends to slip out very quickly and easily once the head and first shoulder have presented. So why do we spend so much time worrying about big babies? The head positioning is far more important than the baby's size. As for macrosomia (the medical term for excessive birth weight, defined as newborns who weigh more than 8 lb. 13 oz.), it's best not to get anxious over it. For one, it's impossible to determine a baby's weight in utero with ultrasound or any other technology—so there's no way to know if your baby fits the definition until after the birth. And on a personal level, I have a hard time taking it seriously: My son and daughter both handily satisfied the definition of macrosomia according to their "excessive" birth weights. Not only did I birth my big babies naturally, but also unusually quickly, and without molding or tearing. Big babies are born all the time, often to very small-framed women. This is not pathology. It's not even an anomaly.

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RED FLAG #4: She treats your due date like a deadline.

The only reason you have a due date is that our culture is determined to turn the art of childbirth into a science. All other mammals seem to be birthing just fine without them. But okay, let's go along with it: Your due date marks 40 weeks of gestation. Now here's where it gets interesting: Babies born between 37 and 42 weeks are considered "full term"; less than 37 weeks of gestation is considered premature; and post-term or "overdue" is greater than 42 weeks. By its very definition, your due date is a midpoint in the bell curve of your baby's likely arrival dates. Research suggests that at least 80 percent of babies are born +/- two weeks of the due date.

What does this mean? Going past your due date is normal. Labor-induction drugs like Pitocin have only been FDA-approved for usage when medically necessitated. Going past your due date is not a medical event. It's as normal and common as can be. You might not feel concerned about this in mid-pregnancy, but your caregiver's approach to due dates can end up being the make-or-break of your birth plan. If you haven't done so already, ask your practitioner when she'll consider you "overdue."

RED FLAG #5: He expects you to give birth in the supine position (lying on your back).

The supine position significantly restricts your pelvis. All that wonderful space I mentioned earlier is now countered by the mattress pressing into your lower back. Not to mention that most women find the supine position to be

downright unbearable, when other positions (e.g. hands-and-knees or squatting) feel totally manageable. You might as well use gravity to your advantage whenever something in your body is attempting to come down and out. If you're birthing naturally, the pressure and weight of your baby will tend to guide you into the safest and easiest position for birthing. At the very least, your caregiver should encourage you to be in a position that's comfortable and convenient for you, rather than anybody else.

RED FLAG #6: Your intuition is telling you something.

Having second thoughts about your caregiver, but you can't put your finger on it? You don't have to. But don't ignore your intuition. Giving birth gently and easily is only possible with trust—a trust in nature, your body and your baby. Relinquishing control to these forces of nature is rooted in self-trust.

Your intuition is already telling you if you're in the right hands.

Are you listening? 📌



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