

# SUPPORTED

## "How will I get my baby out?"

Giving birth is a momentous occasion, even more so when it is the birth of your first child. All women wonder how it will feel. Will it hurt? Will I be able to cope? Just how does something that big come out of something that small? We have all heard the jokes and the horror stories of long labours, stuck babies and "stitches from here to here". You only have to watch an episode of *Holby City* to assume that every birth is a major medical emergency. It's hardly surprising that you would feel a little nervous. Add SPD to this mix and it can seem that giving birth is a total impossibility – the baby will just have to stay inside forever! The fact that all babies do come out testifies to the fact that it is in fact possible – even if you do have SPD. In this article we hope to give you some facts about labour and the various options for delivery. We hope that this will enable you to make your own choices about the birth you would like.

Having SPD does not mean that your birth options are limited. It does not automatically mean that you need a Caesarean section, or that you must give birth standing up, or that you mustn't have pain relief. It does not mean that you will necessarily have an awful time of it – many of our members have had very positive birth experiences. (In fact some have gone so far as to say that the birth was categorically the best bit of the whole pregnancy!) It does mean however that you should think about and plan your delivery carefully. You should take time to discuss it with your partner, your midwife and other medical professionals who may be caring for you e.g. consultant, physiotherapist etc. It is important to remember that SPD is only one aspect of your pregnancy; others will also impact on what manner of delivery is appropriate for you. The ultimate goal is to have a healthy baby whilst avoiding anything that may cause undue stress on the pelvis.

### Vaginal Birth

When planning for the birth you should consider your SPD and how it affects what you can and cannot do (e.g. can you lie comfortably on your back, stand unaided, walk without crutches, remain in one position etc.) It is unlikely that things will change dramatically during labour so it is worth noting which positions are comfortable – and which are best avoided. SPD may mean that some suggested positions for giving birth are not appropriate for you. Experiment before the onset of labour and record your preferences on your birth plan. The key to preventing stress to the pelvis is controlling the position of the legs. You should measure your pain free gap – 'the distance you can open your legs without pain' - and make sure that this is never exceeded. Write it in your birth plan and make sure that your birth partner and all those involved in your delivery know about it.

Some women tie a ribbon around their legs so that they cannot inadvertently be opened too far. Good positions to try are on all fours, side lying with the upper leg supported or in a supported kneeling or standing position. One to avoid is lying on your back with your feet in stirrups (the lithotomy position). This position is often used for suturing (stitching), but you can ask them to do this whilst you are lying on your side with your upper leg supported. This can be quite a tricky procedure and you may have to ask for a senior midwife or consultant to do it. Sometimes it is necessary to use the lithotomy position. If so, you should ensure that both legs are moved at the same time and that they are up for the shortest time possible. You should not put your feet on the midwife's hips or shoulders to push.

You should also consider what method of pain relief you would like to use. An epidural completely removes all pain but you should be aware that it not only masks the labour pains but the pain of SPD as well. This means that you need to be extra vigilant about the position of your legs as you will not be aware of whether or not something hurts. The pain free gap should not be exceeded and all movements need to be symmetrical. The anaesthesia of the

# SUPPORTED

"How will I get my baby out?"

page 2

epidural can last for some hours so you need to think about this after as well as during the delivery. You should also take care to be helped change position regularly so your joints do not 'block' in one position. You should be aware that research shows that an epidural can prolong labour and increase the chance of needing an assisted delivery.

## Caesarean Section

For most women having SPD is not a reason to need a C-section, although there may be other factors that make it necessary, such as the position of the baby or if there are other medical problems. However some women with SPD choose to have a C-section. There are valid reasons for doing so, particularly if you are very immobile, very frightened, if the delivery is likely to be problematic or if you have had a traumatic previous delivery. Choosing to have a C-section can be quite a contentious issue and you should take time to discuss the matter fully with your midwife/consultant. A Caesarean is a major surgical procedure and as such there are risks involved. These are explained in recent NICE guidelines ([www.nice.org.uk/CG013quickrefguide](http://www.nice.org.uk/CG013quickrefguide)). You should also be aware that you will have pain from the abdominal wound in addition to your SPD pain, that you will have to stay in hospital for several days and that your recovery time may be longer overall. There is also a limit on how many c-sections you can have – so if you are planning to have lots and lots of children this may not be the right option for you. Despite these issues several of our members who have had Caesareans have reported it as being a very positive experience, one that was absolutely the right choice for them. As with a vaginal birth, you should make sure that everyone in the medical team knows that you have SPD and is aware of what you can and cannot do. The pain free gap should not be exceeded and you should remain aware of the masking effects of pain relief both during and after surgery.

## Water Births

A water birth can be a great option if you have SPD. The water is warm and comforting and provides natural pain relief. Many women report a sense of freedom of movement that they haven't experienced for some time. Most hospitals ask that you are mobile enough to get in and out of the pool without their assistance (although your partner can help) and that you are able to get out relatively quickly should an emergency arise.

## Home Births

You can also choose to hire a birthing pool for a home birth. SPD does not mean that you cannot have a home birth. In lots of ways it is an ideal choice – you can give birth in an environment where you are comfortable and at ease, you have already assessed and dealt with any mobility and access problems and you can have people you are close to at hand to help you with your care and the baby's care after the birth.

## Complications

Birth is unpredictable and complications can and do arise. Whilst birth plans are very useful in describing concerns and wishes for the birth, it is important to remember that things don't always go to plan. There is no right way or wrong way of giving birth and you should be prepared to be flexible as the need arises. It is worth thinking in advance about certain complications and how you would deal with them – that way you can make an informed decision at the

# SUPPORTED

"How will I get my baby out?"

page 3

time, should the need arise. For example: would you consent to a forceps or ventouse delivery that involved the lithotomy position? What would be the other options?

The information in this article is based on information we have learnt from talking to many women with SPD. It is not based on evidence-based research (we haven't come across any!) Please note that we are not medical professionals, but women who have/have had SPD and who wish to pass on information we wished we had known at the time. We recommend that you seek further advice from the midwives and medical practitioners caring for you.

If you would like any further information about giving birth with SPD, please do not hesitate to contact us, either by telephone or email. We can try to put you in touch with other women who have had specific types of births – water births, C-sections etc. We are still compiling our booklet "Birth with SPD" and are collecting your birth stories for publication. If you would like to send us yours, or if you would like your birth announcement to appear in the newsletter, please forward the details to The Pelvic Partnership, 26 Manor Green, Harwell, OX11 0DQ or email them to [enquiries@pelvicpartnership.org.uk](mailto:enquiries@pelvicpartnership.org.uk).

## Further reading

Jean Sutton (2002) *Let Birth Be Born Again* – contains information about optimal foetal positioning (getting the baby in a good position so it comes out easily, used to great effect by several of our members)

- 
- Website: [www.pelvicpartnership.org.uk](http://www.pelvicpartnership.org.uk)
  - General enquiries: [enquiries@pelvicpartnership.org.uk](mailto:enquiries@pelvicpartnership.org.uk)
  - Support for SPD: [support@pelvicpartnership.org.uk](mailto:support@pelvicpartnership.org.uk)
  - Membership: [membership@pelvicpartnership.org.uk](mailto:membership@pelvicpartnership.org.uk)
  - Call The Pelvic Partnership on: 01235 820 921
  - If you are enquiring from Ireland: 028 4063 8116