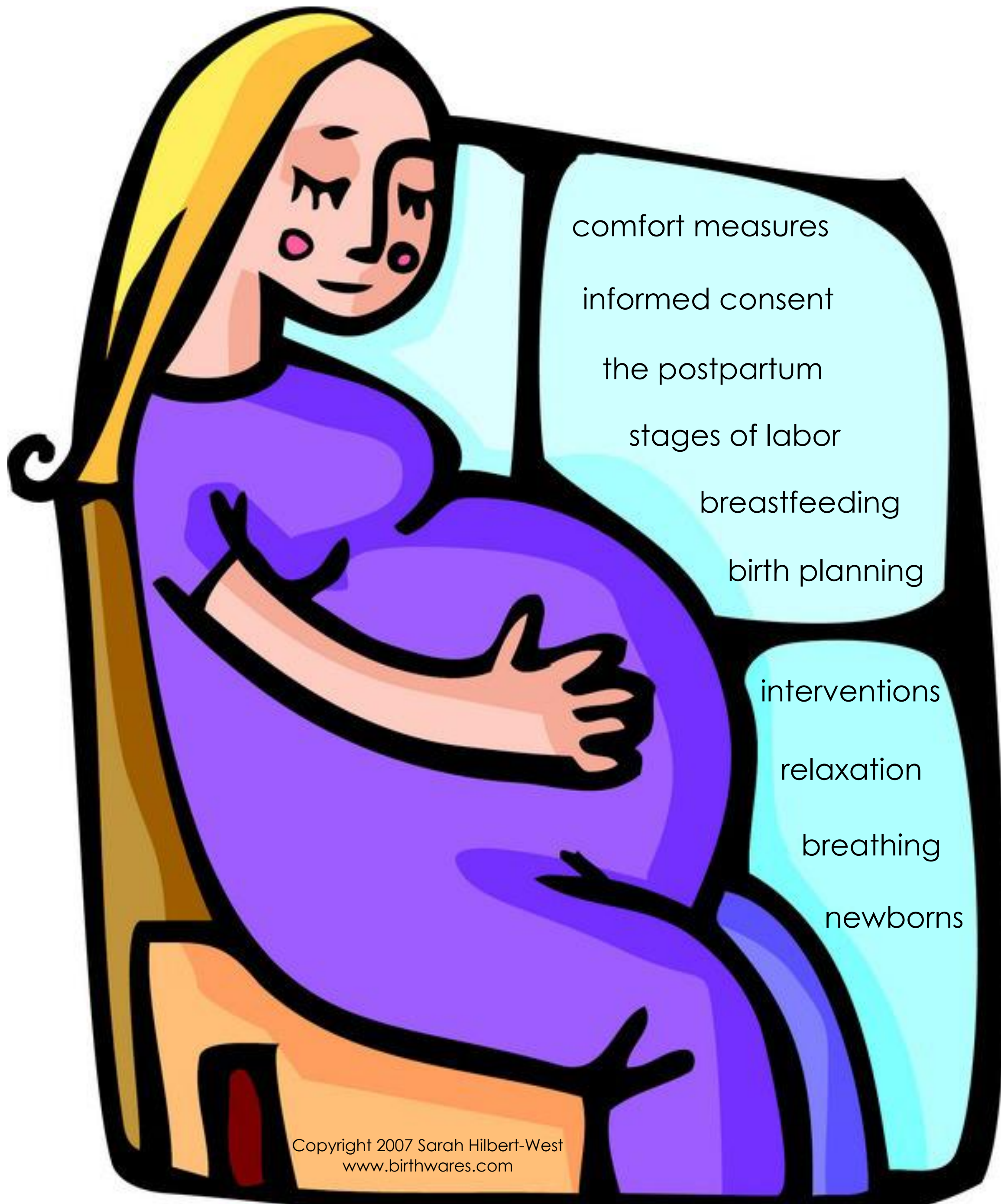
Birthwares 6 Part Prenatal Series
12 Hours of Complete Lesson Plans



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Welcome to your Birthwares 6 Part Prenatal Curriculum

Please take some time to review each lesson plan and the attachments that follow.

Never used a lesson plan like this before? It's easy: simply start at the top and work your way down!

Pre-assessment of Learner: (very top left) Contains a question or activity to assess the class's past experience with the topic. Also, usually contains a motivating statement that you can say to kick the class off.

Time: (The very left hand column) gives you an idea of how long each bit of teaching should take and the optimal pacing for a 2 hour class.

Instructor's Activities: (The next left hand column) contains a comprehensive script for your teaching and includes activities (A.) and questions (Q.) for the students.

Learner's Activities: (The immediate right hand column) contains words to describe what the learners are doing (reading, watching, practicing, writing). The purpose of this is to mix up the pace and style of learning to keep the classes engaging.

Learning Aids: (next column on the right) Lists the teaching aids you may wish to have at each point in the class. Some are included. Some, like charts, videos/DVDs, models are things you will have to find. We give options for items to use, if you don't have resources readily available.

Instructor's References: (far right column) This gives you a small idea of the resources used in the creation of this curriculum. As you'll find, classes evolve over time with changes in practice and feedback from students. Our current curriculum has had years of input from parents and professionals to reach this point.

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What are we about?

Philosophy: Birthwares practices a philosophy of harm-reduction and informed consent. We aim to inform and share with good humor and respect. Without judgement, Birthwares strives to offer up-to-date plain language information to provide expecting moms and their support people with the knowledge necessary to make informed choices. The choices are theirs.

Please enjoy your teaching and please be encouraged to make the classes your own. This is a starting point for you, as an individual, to create your own model of teaching. We aim to continually offer the latest, up to date information, but it is the responsibility of each individual educator to revise her teaching to reflect the latest recommendations nationally and the policies in her local community. We have included a blank lesson plan that you can copy to use to draft your own lessons. The Birthwares curriculum is under copyright, so please do not re-sell or distribute. However, you may make additional copies for numerous teachers in one institution.

Handouts and Worksheets: We respect copyright so we WILL NOT duplicate and send handouts that are not for duplication or only available by purchase. Birthwares does include their own handouts and worksheets and those that are in the public domain.

We highly recommend Penny Simkin's handouts, available for purchase at www.pennysimkin.com under "Articles and Presentations"

Free handouts for your use may be found at a number of excellent sites, such as:

(This is a Sample copy. Websites are revealed when full curriculum is purchased)

Happy Teaching!

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Childbirth Class Outline

Class 1 - Introduction - Labor and Delivery Overview

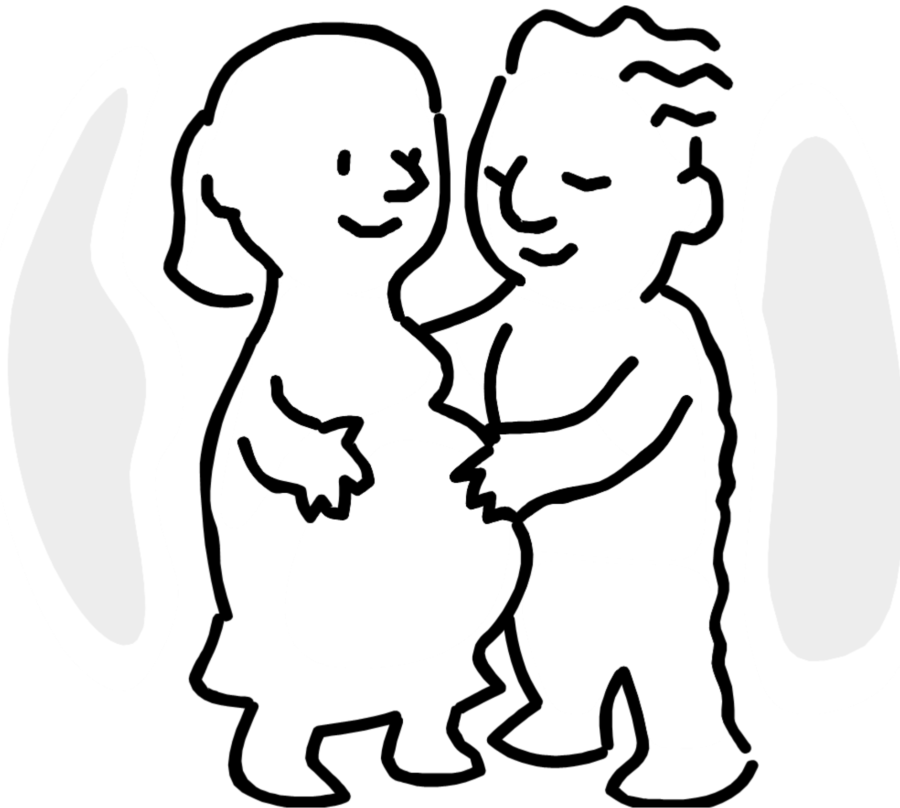
Class 2 - Breathing and Relaxation

Class 3 - Comfort Measures and Birth Planning

Class 4 - Interventions and Informed Consent

Class 5 - Breastfeeding

Class 6 - Labor Rehearsal and Post-Partum Issues



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Class 1:

Labor and Delivery Overview

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Lesson Plan – Class 1 – Labor Overview

Pre-assessment of Learner	Instructor's Refs	Learning Objectives
Collect "You and Your Baby" forms during class. Review on break or after class.	"Childbirth Education – Practice, Research and Theory" "The Birth Partner" "Pregnancy, Childbirth and the Newborn" "Pregnancy and Birth: The Best Evidence" "Childbirth Educator's Certificate Program" Douglas College	By the end of the class the participants will be able to: 1) Find the classroom, bathrooms, mats, pillows, and handouts. 2) Be able to reach me outside class time 3) Identify the stages of labor. 4) Perform pelvic tilt, tailor sit, squat and kegel exercises 5) Perform a cleansing breath 6) Gain peer and community support

Time (mins)	Instructor's Activities	Learner's Activities	Learning Aids
15	As students enter, ask them to sign in on white attendance sheet. Give each couple a paper balloon and a felt pen to write in big letters NAMES and DUE DATE. Stick balloons on wall. [or use name tags) Write my name and phone number on the white board or direct them to my card. ***Tell them about myself:*** ____ ____ ____ Q: How do you feel about being at prenatal class? Q: Have any other kids or ever been to a prenatal class before? Classes are _________________(day and time). Time is tight so we will start on time. Q. How many women are still working outside the home? by end of class you'll be pretty tired] Halfway through each class we will take a 10-min break. So get out and walk around. It gets hot in the room and the room is awkward. As pregnant women, take control of your own comfort. Use the washroom when you need to, get a pillow if you want one, sit where you'd be most comfortable sitting. Articulate your needs and we will accommodate you. This is a good attitude for labor, too.	Creating Balloon sign or name tag Sharing with Class Sharing with Class	Attendance Sheet Colored paper cut out into shape of balloons or name tags Business Cards with contact info for instructor Suggested charts or posters: • Stages of Labor • Dilation and Effacement • Pelvic Station /Descent

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	There are bathrooms ______________________. Make sure you bring snacks and something to drink if you need them.		
	Q. Any questions for me at this point?		
	Handout – Labor and Delivery Class Outline: This is just a general outline. We touch on each topic and others that come up – this is not in any particular order. I will touch on some topics and build on them as we go. Please let me know if there are other things you'd like to cover (write me a note, call me at home, or bring up in class)		"Class Outline" Handout
	Discuss "You and Your Baby" Pamphlet. This just gives me a bit of info about you and things we might cover. It is optional and confidential. Fill It out now or on break and give to me after class.	Writing	"You & Your Baby" Handout
	Our hope is that this class will prepare you for labor and delivery. There is not too much on parenting or your new baby, just because we are pressed for time.		
10	A: INTRODUCTIONS. Introduce yourself to the person sitting next to you (that is not your partner). Find out their name and due date and something that you have in common with them (besides pregnancy, if you can). After you've chatted, I'll get you to introduce them to the class with the info you've learned.	Small Group Activity	
5	Over the next weeks, you'll get to know each other. Other moms can be an excellent support.		
	Tonight, we'll be talking about what a normal labor is like. We'll be watching a video and then discussing what we saw.		
	Q. Who is watching those "Baby Story" or "Maternity Ward" shows on TV?	Sharing with Class	
	I know that they can be addictive, but I have to warn you that they show a highly medicalized view of labor and delivery. They quite often show pregnancies and births that have had complications. I call them "A Cesarean story" for that reason. The videos we watch will be more realistic but more graphic too. No blurs over the birth canal here!		
	I think what you want to learn from watching shows and videos are how the woman can work with her body and how support assists her.		
30	Show Birth Video	Watching Video	Suggested Video: "Works of Wonder, Pt 2 – The Miracle Within" or "Stages of Labor"
	Take a break – when we get back, we'll review the video		

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10	BREAK – ask partners to get mats/pillows		Pillows or mats
15	Q. What did you think of the video? Any questions?	Feedback	
	Important to remember that stages of labor are just man-made parameters. Just like trimesters, they are just a way for medical staff to try to predict how things might go and to “organize” your labor. Every woman and every labor is unique, however, so just use them as guidelines. The terms you hear in these videos are terms you’ll hear your Dr and nurses say. Review from video:	Review	
	<u>Stages of Labor</u>: Stage 1 usually lasts less than 20 hours for first-time mothers. During this stage, the cervix lifts and dilates to a width of 10 centimeters (nearly four inches) and enables your baby to pass into the vagina. It is split into early labor (1-4 cms, irregular contractions 5-20 mins apart), active labor (4-8 cms dilation, contractions 5 mins apart or closer) and transition (8-10 cms dilation, contractions 2-5 mins apart).		
	Stage 2 is the pushing stage and usually lasts less than two hours. At this time, you will actually push the baby down the birth canal to be born.		Pelvis Model/poster of Pelvis
	Stage 3 occurs within minutes of your baby's birth when the placenta separates from the wall of your uterus and is delivered.		
	<u>Rupture of Membranes:</u>		
	When you think your membranes have ruptured call a health professional or the hospital as they may wish you to come into to confirm. They can test the fluid to confirm that it was amniotic fluid (and not baby kicking you in the bladder). They will want to know:		Pillows or Mats
	Time of rupture (as risk of infection increases and they’ll want you to deliver within 24-48 hrs)		
	Odor (looking for signs of infection)		
	Color (greenish or brownish fluid is a sign that the baby may have pooped in amniotic fluid)		
	If it ruptured with a gush or a trickle (a gush can indicate that the baby’s head was not fully engaged and there could be a risk of the umbilical cord coming down past the baby).		
	<u>When to go to Hospital:</u>		
	General Rule: Go to the hospital when your contractions are regular, 5 mins apart or closer, lasting 45 secs to one minute, do not stop or slow when you sit, rest or bathe, and you are unable to speak during one.		

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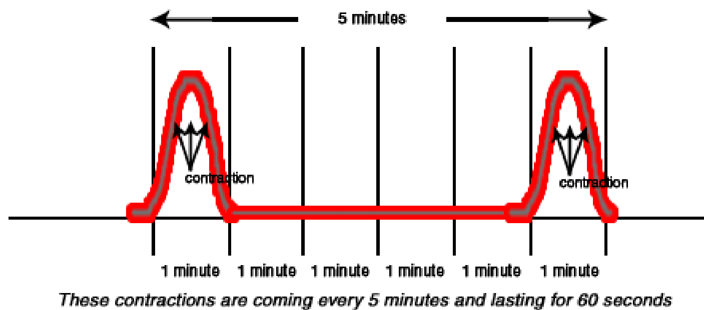
	Encourage moms to discuss with their midwife or doctor when their caregiver wishes them to come in, based on individual variables around health history, distance from hospital and time of year. **<u>Arriving at the Hospital:</u>** When you arrive at hospital these are the normal procedures: Paperwork (try to pre-register if you can) Urine sample. Q. Why would they want a urine sample? *To check for signs of dehydration or high blood pressure* Blood pressure check Vaginal exam. Q. What information can they get from a vaginal exam? *Dilation, effacement, station of baby, exact position of baby using landmarks on baby's skull* Electronic Fetal Monitoring Strip (20 mins or 5 contractions) Q. What will that tell them? *How frequent the contractions are now and how the baby's heartrate responds to each contraction.* **<u>How to time Contractions:</u>** "Time apart" is the time passed from the <u>beginning</u> of one contraction to the <u>beginning</u> of the next. "Length" is the time from the beginning of <u>one</u> contraction to <u>its end</u>. DURATION: begining to end of one contration FREQUENCY: begining of one contration to the begining of the next contration.  *These contractions are coming every 5 minutes and lasting for 60 seconds*		
15	**<u>Pelvic tour (with poster and pelvis)</u>** Inlet is wider vertically Outlet is wider horizontally Baby has to turn to come through. A. Pelvic tilt: Your pelvis is made to be used. Stand up and feel your pelvic bones, hipbones. Place your feet shoulder width apart and move your pelvis forward and now back. Focus on your pelvis and tilt.	Exercise	Pelvis Model/poster of pelvic floor or draw on whiteboard

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This is a sample of Birthwares 6 part prenatal class curriculum, giving you a preview sample of just the first 4 pages of the Lesson Plan for Class 1.

The complete curriculum consists of over 100 pages of lesson plans and handouts. The pages come in a clamp style binder which allows you to easily remove pages to make photocopies of handouts for your class.

It also comes with five popular teaching aids.

Two examples of handouts are shown below.

Visit www.birthwares.com to purchase the full lesson plan!

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Preventing Shaken Baby Syndrome

Ron Ensom, M.S.W., C.S.W., Children's Hospital of Eastern Ontario

- Never shake a baby for any reason!
- If a baby appears to have stopped breathing, call 911 or an ambulance or police. Shaking won't restore breathing but it may injure the child. CPR must be given when a child (or adult) stops breathing. Courses on CPR are available in most communities.
- If a baby's crying, refusal to eat or resistance to a diaper change is really frustrating you, ask someone reliable to quickly take over for you. If you can't find someone on the spur of the moment, make sure that nothing obvious is wrong with the baby, put the child in a safe place such as a crib, and walk away from the room for a while – **you** need a break.
- Before a baby's crying pushes you too far, check out the possibility that the crying is a sign of a particular problem like hunger, being too hot or cold, a fever, needing a diaper change, or being pinched by something.
- If you worry that you might hurt your baby, speak to a professional. Call your doctor, public or community health nurse, midwife, a qualified counselor, a children's services provider, or a community crisis line.
- If your baby cries a lot, it may be due to a condition called "colic." Consult your doctor and organize a plan for coping with your child's demands. Set up a team of reliable family, friends or neighbors who are willing to give you regular babysitting relief or come quickly if you call. If you don't have reliable help available, or don't want to ask for it, ask a professional for advice.
- Caring for a baby is very demanding. Every parent and caregiver needs relief: adequate sleep, a change of scene and activity, and to be able to share thoughts and feelings. Make sure that you are getting support from someone you can rely on.
- Know your caregiver. Never leave a baby with someone you don't trust or whose references you haven't checked. Never leave a child with someone known to have violent reactions.

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Breastfeeding—Starting Out Right

Breastfeeding is the *natural, physiologic* way of feeding infants and young children milk, and human milk is the milk made specifically for human infants. Formulas made from cow's milk or soy beans (most of them) are only superficially similar, and advertising which states otherwise is misleading. Breastfeeding should be easy and trouble free for most mothers. A good start helps to assure breastfeeding is a happy experience for both mother and baby.

The vast majority of mothers are perfectly capable of breastfeeding their babies ***exclusively*** for four to six months. In fact, most mothers produce ***more than enough*** milk. Unfortunately, outdated hospital routines based on bottle feeding ***still*** predominate in many health care institutions and make breastfeeding difficult, even impossible, for some mothers and babies. For breastfeeding to be well and properly established, a good early few days can be crucial. Admittedly, even with a terrible start, many mothers and babies manage.

The trick to breastfeeding is getting the baby to latch on well. A baby who latches on well, gets milk well. A baby who latches on poorly has difficulty getting milk, especially if the supply is low. A poor latch is similar to giving a baby a bottle with a nipple hole which is too small—the bottle is full of milk, but the baby will not get much. When a baby is latching on poorly, he may also cause the mother nipple pain. And if he does not get milk well, he will usually stay on the breast for long periods, thus aggravating the pain. Here are a few ways breastfeeding can be made easy:

1. The baby should be at the breast immediately after birth. The vast majority of newborns can be put to breast within minutes of birth. Indeed, research has shown that, given the chance, babies only minutes old will often crawl up to the breast from the mother's abdomen, and start breastfeeding all by themselves. This process may take up to an hour or longer, but the mother and baby should be given this time together to start learning about each other. Babies who "self-attach" run into far fewer breastfeeding problems. This process ***does not take any effort*** on the mother's part, and the excuse that it cannot be done because the mother is tired after labour is nonsense, pure and simple. Incidentally, studies have also shown that skin to skin contact between mothers and babies keeps the baby as warm as an incubator.

2. The mother and baby should room in together. There is *absolutely no medial reason* for healthy mothers and babies to be separated from each other, even for short periods. Health facilities which have routine separations of mothers and babies after birth are years behind the times, and the reasons for the separation often have to do with letting parents know who is in control (the hospital) and who is not (the parents). Often bogus reasons are given for separations. One example is the baby passed meconium before birth. A baby who passes meconium and is fine a few minutes after birth will be fine and does not need to be in an incubator for several hours' "observation".

There is no evidence that mothers who are separated from their babies are better rested. On the contrary, they are more rested and less stressed when they are with their babies. Mothers and babies learn how to sleep in the same rhythm. Thus, when the baby starts waking for a feed, the mother is also starting to wake up naturally. This is not as tiring for the mother as being awakened from deep sleep, as she often is if the baby is elsewhere when he wakes up.

The baby shows long before he starts crying that he is ready to feed. His breathing may change, for example. Or he may start to stretch. The mother, being in light sleep, will awaken, her milk will start to flow and the calm baby will be content to nurse. A baby who has been crying for some time before being tried on the breast may refuse to take the breast even if he is ravenous. Mothers and babies should be encouraged to sleep side by side in hospital. This is a great way for mothers to rest while the baby nurses. Breastfeeding should be relaxing, *not* tiring.

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3. Artificial nipples should not be given to the baby. There seems to be some controversy about whether "nipple confusion" exists. Babies will take whatever method gives them a rapid flow of fluid and may refuse others that do not. Thus, in the first few days, when the mother is producing only a little milk (as nature intended), and the baby gets a bottle (as nature intended?) from which he gets rapid flow, he will tend to prefer the rapid flow method. You don't have to be a rocket scientist to figure that one out, though many health professionals, who are supposed to be helping you, don't seem to be able to manage it. Nipple confusion includes not just the baby refusing the breast, but also the baby not taking the breast as well as he could and thus not getting milk well and /or the mother getting sore nipples. Just because a baby will "take both" does not mean that the bottle is not having a negative effect. Since there are now alternatives available if the baby needs to be supplemented (see handout #5 *Using a Lactation Aid,* and handout #8 *Finger Feeding*) why use an artificial nipple?

4. No restriction on length or frequency of breastfeedings. A baby who drinks well will not be on the breast for hours at a time. Thus, if he is, it is usually because he is not latching on well and not getting the milk which is available. Get help to fix the baby's latch, and use compression to get the baby more milk (handout #15 *Breast Compression*). This, ***not*** a pacifier, ***not*** a bottle, ***not*** taking the baby to the nursery, will help.

5. Supplements of water, sugar water, or formula are *rarely* needed. Most supplements could be avoided by getting the baby to take the breast properly and get the milk that is available. If you are being told you need to supplement without someone having observed you breastfeeding, ask for someone to help who knows what they are doing. There *are* rare indications for supplementation, but usually supplements are suggested for the convenience of the hospital staff. If supplements are required, they should be given by lactation aid (see handout #5), not cup, finger feeding, syringe or bottle. The best supplement is your own colostrum. It can be mixed with sugar water if you are not able to express much at first. Formula is hardly ever necessary in the first few days.

6. A proper latch is crucial to success. This is the key to successful breastfeeding. Unfortunately, too many mothers are being "helped" by people who don't know what a proper latch is. If you are being told your two day old's latch is good despite your having very sore nipples, be skeptical, and ask for help from someone who knows.

Before you leave the hospital, you should be shown that your baby is latched on properly, and that he is actually getting milk from the breast and that you know how to know he is getting milk from the breast (open—*pause*—close type of suck). If you and the baby are leaving hospital ***not*** knowing this, get help quickly.

7. Free formula samples and formula company literature are not gifts. There is only one purpose for these "gifts" and that is to get you to use formula. It is very effective, and very unethical, marketing. If you get any from any health professional, you should be wondering about his/her knowledge of breastfeeding and his/her commitment to breastfeeding. "But I need formula because the baby is not getting enough!". Maybe, but, more likely, you weren't given good help and the baby is simply not getting your milk well. Get ***good*** help. Formula samples are not help.

Under some circumstances, it may be impossible to start breastfeeding early. However, most medical reasons (maternal medication, for example) are *not* true reasons for stopping or delaying breastfeeding, and you are getting ***mis***information. Get good help. Premature babies can start breastfeeding *much, much* earlier than they do in many health facilities. In fact, studies are now quite definite that it is *easier* for a premature baby to breastfeed than to bottle feed. Unfortunately, too many health professionals dealing with premature babies do not seem to be aware of this.

Written by Jack Newman, MD, FRCPC

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