

## **Group B Strep Screening**

The current recommendation is to screen all women for this bacteria between 35 and 37 weeks of pregnancy by swabbing rectum and vagina with a Qtip.

If you are “colonized” with this bacteria the standard treatment is IV antibiotics during labor to avoid transfer to baby.

If someone who carries the bacteria is not treated during labor, the baby’s risk of developing a life-threatening infection is 1%-2%. (Boyer & Gotoff 1985; CDC 2010)

If the carrier is treated with antibiotics during labor, the risk of the infant developing an infections drops from 1% to .2% (Ohlsson 2013)

There can be long term health problems for a baby infected with the bacteria at birth and can cause death.

Some women use homeopathic treatments for this bacteria during pregnancy and choose not to get antibiotics.

Additional Resources:

<https://evidencebasedbirth.com/groupbstrep/>

## **Manual Rotation & Delivery of the Baby (pulling on baby’s head)**

During the pushing stage, mom and baby are continued to be monitored just as in earlier labor. As long as mom and baby are doing well, there is no reason to rush the delivery of the baby.

After the baby’s head is out, the baby will turn to one side and one shoulder will be visible, then the next. The speed that this happens can range (all in one push to over a couple of pushes).

Most doctors do this routinely instead of letting the baby emerge more slowly.

Some feel this puts unnecessary tension on baby’s head and neck muscles & fascia which can cause mobility problems for the infant.

## **Suction of Nose and Mouth**

When the baby is born, the baby must clear their airway of lung fluid and the lungs expand with air for the first time.

Doing this can clear the airway more quickly, but it comes with serious consequences. Each doctor does this at different times and with varying intensity. My observation is that doctors seem to be doing this less often.

Babies can get an oral aversion due to suctioning. Bacteria can be carried deeper into the babies body (including GBS).

However, there is not enough research to conclude if automatic suctioning should be done to all healthy babies.

Many mothers decline this with a healthy baby and allow the baby to clear their lungs on their own.

Additional Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139400/>

## **Immediate Cord Clamping**

Babies are born with about 2/3 of their total blood volume in their body. As the cord continues to pulse (after delivery of the baby), the remaining 1/3 of blood goes into the baby. The greater blood volume results in higher iron stores (enough to last 6 to 9 months until he starts adding other foods to his diet).

Research shows that this standard practice results in higher incidence of anemia that persists for several months.

Some doctors express concern over an increased risk of jaundice if this is not done. However, early onset jaundice is usually an indication of breastfeeding problems.

Additional Resources:

<https://youtu.be/W3RywnUp2CM>

<https://www.scienceandsensibility.org/p/bl/et/blogid=2&blogaid=526>

<https://academicobgyn.com/2011/01/30/delayed-cord-clamping-grand-rounds/>

<https://youtu.be/Cw53X98EvLQ>

<https://www.ncbi.nlm.nih.gov/pubmed/18425897>

## **Active Management of Placenta Delivery**

Many providers tug or maintain tension on the umbilical cord and give an intravenous dose of Pitocin to encourage this process. Postpartum hemorrhage is the leading cause of maternal death, this is done in effort to avoid excessive blood loss.

A more natural approach is to allow the mother and baby have skin to skin contact. The baby's movements and breastfeeding release Oxytocin and cause this process to happen naturally, though it may safely take a little longer.

A review of the research tells us that it is best to use this intervention IF you do not have an all natural (Physiological) birth with delayed cord clamping in an environment that supports oxytocin release and baby is skin to skin with mom.

Additional Resources:

<https://midwifethinking.com/2015/03/11/an-actively-managed-placental-birth-might-be-the-best-option-for-most-women/>

## **Vitamin K (shot)**

Babies are born with very low levels of this, which is a critical part of the blood clotting process. To prevent a bleeding disorder in the newborn, a shot is administered immediately after birth. Bleeding due to deficiency is rare but catastrophic, including death and bleeding in the brain.

When infants do not receive this shot at birth, 4.4-10.5 out of 100,000 babies will develop bleeding. If they receive the shot, .62 or less out of 100,000 will develop bleeding. (Busfield et al. 2013)

Some parents decline the shot because they are concerned about the ingredients in it. You can research the option of a "preservative free" version. Some parents choose to use an oral version of the supplement.

Additional Resources:

<https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/>

## **Erythromycin**

It is typically applied directly to the newborns eyes immediately after birth. Prevents infections that could occur in the infant's eyes. The treatment does not seem to be painful for the infant. Application can be delayed until after initial skin to skin and breastfeeding. Some parents decline this completely because the mother does not have Chlamydia.

Conjunctivitis with the possibility of causing blindness is caused by the mother having Chlamydia. This procedure was started in the 1800s using silver nitrate (before the time of antibiotics) because many babies were going blind due to Chlamydia.

It is very effective at preventing the transfer of Gonorrhea, but not as effective at preventing the transfer of Chlamydia from mother to child. It also reducing other (less dangerous) bacteria.

Additional Resources:

<https://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/>

## **Newborn Metabolic Screening**

A blood test (heel prick) for a wide variety of rare but serious conditions for which early detection can dramatically improve outcomes. There are many false positives for these tests, because the hospital does them before discharge, to insure they are done. Do not be too alarmed if there is a positive, you will be told to redo the screening at the Department of Health. This later screening is much more accurate. You may ask that the test be delayed until just before discharge to improve accuracy. Although the baby is normally taken to the nursery, you can hold or breastfeed your baby during the procedure, just ask.

Additional Resources:

[http://www.msdh.state.ms.us/msdhsite/\\_static/41,0,101.html#Screening](http://www.msdh.state.ms.us/msdhsite/_static/41,0,101.html#Screening)

## **Glucose Screening**

This test is done to determine the blood sugar level of the baby. The best way to prevent low blood sugar is to hold him skin to skin and nurse often. Breastfeeding is the best treatment for low blood sugar, not sugar water. This is not a standard test, it is ordered based on certain factors. If this is suggested for your baby, ask questions to understand the concerns.

Additional Resources:

<http://www.bfmed.org/Media/Files/Protocols/HypoglycemiaEnglish922.pdf>

## **Hepatitis B vaccine**

This disease is an STD and virtually unheard of in childhood. The first dose of this vaccine is usually given immediately after birth. According to the vaccine package insert, there are a variety of side effects that could be very concerning for a newborn. This is why many families are choosing to delay this particular vaccine.

You have a right to decline this and all other childhood vaccinations.

Research each vaccine and determine what is best for your family. There are a wide variety of vaccines, each with its own Benefits and Risks. Many families are choosing to vaccinate on a schedule different than the one recommended by the CDC

Additional Resources:

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>

[http://www.msdh.state.ms.us/msdhsite/\\_static/resources/2030.pdf](http://www.msdh.state.ms.us/msdhsite/_static/resources/2030.pdf)

## **Hearing Screening**

This is a routine assessment done in the hospital. False positives, indicating a problem, are not uncommon. If you decline this test or a positive result is found, do not be too alarmed. The test can be completed after discharge from the hospital.

Additional Resources:

<https://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=104>

## **Transition in Nursery or Warmer**

Research firmly supports keeping baby skin-to-skin with mother from the moment of birth through the first feeding, which could last several hours. Babies left on their mother's chest cry less and stay warmer than those placed in warmers. All hospital procedures can be completed (or delayed) while baby is with mother. Baby is healthiest when he is with his mother. After the initial feeding, research supports continuing keeping mother and baby together. Babies who are with their mothers benefit from more milk production, both mom and baby are more relaxed due to hormones.

Keeping your baby with you in the early hours and days is not a "nice option" it is healthiest for mom and baby.

Additional Resources:

<https://www.scienceandsensibility.org/p/bl/et/blogid=2&blogaid=334>

<https://www.scienceandsensibility.org/p/bl/et/blogid=2&blogaid=50>

<https://evidencebasedbirth.com/the-evidence-for-skin-to-skin-care-after-a-cesarean/>

## **Circumcision**

No professional medical association in the world recommends that this be routine because potential benefits are small. Rates of the procedure continue to decline.

There are no compelling scientific arguments for or against routine infant circumcision. There are small risks and small benefits.

There is debate that it reduces risk of acquiring HIV. But, this study is questionable.

The American Cancer Society says that "current consensus is that it should not be recommended as a strategy to prevent penile cancer"

There is debate over the risks of the procedure. There is no system for collection of circumcision complications data.

Additional Resources:

A kind of funny take - <https://www.youtube.com/watch?v=gCSWbTv3hng&feature=youtu.be>

<http://pediatrics.aappublications.org/content/130/3/585>

<http://www.circumcisiondebate.org/health-vs-harm>

## **Baby Bath**

Routinely the baby is taken to the nursery and this is done by a nurse. You can request that it be done in your room or that it not be done at all.

Some research shows that avoiding this reduces chance of hypothermia and increases breastfeeding rates. It can also cause blood sugar levels to drop due to the stress of crying.

Vernix, that covers the baby at birth contains proteins that prevent common bacterial infections.

There is NO reason to do this.

Additional Resources:

<https://www.evernote.com/shard/s289/sh/362925ba-2f3a-4a2f-aeb1-2ed6367d944c/e3180b0cbd6a990801d46e105e50b20d>

<https://www.evernote.com/shard/s289/sh/8bf93e91-c40d-415b-a8d7-4a9039a84b80/ce4ab25aef6b24450d9a41dd51da79f8>

## **Visit to Nursery**

Each day, pediatricians “make rounds” at the hospital to examine each newborn baby.

The pediatricians typically are leaving their practice to do this and need to be as time effective as possible.

It saves time for the pediatrician to have all the babies in one location and not need to speak with the parents.

Many families decline this and the pediatrician comes to the hospital room.