



5 Keys To An *Epidural-Free Birth*

NATURAL BIRTH DEMYSTIFIED

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5 KEYS TO AN EPIDURAL-FREE BIRTH
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Introduction

The Spectrum of Natural Birth

What's a "natural" birth, anyway?

The most common descriptions I hear are either a vaginal birth (no matter how medicalized), a birth without drugs to offset pain, or a physiological birth with minimal intervention. There's a wide spectrum of views on natural birth, but whichever version comes to your mind, the keys I'm sharing with you today will empower you to have a *more* natural birth than what you might typically hear about.

The Epidural Dilemma

Why consider skipping the epidural?

Keep in mind an epidural removes not just sensations of pain but also those that prompt you to move your body or push at a certain time. Jump down to the bonus section of this guide to read more in-depth about the ins and outs of an epidural and why it isn't as straight forward as what you might believe. *Up to 80% of births at any given hospital are epidural-driven*, so if you're really wanting a different experience, these keys will help you shift your thinking and prepare for an epidural-free birth.

A note before we get started: my content comes with zero shame or judgment for the decisions you make for this birth or decisions you've made for previous births.

Repeat after me: my body is unique, my baby is unique, and my birth will be unique!

Considering going epidural-free often requires a few steps out of the norm, and this book will embolden you to take those steps and pursue your birth choice with peace. Let's go!

Key number 1: Reframe your pain

Understanding Pain's Purpose

Pain has a purpose. In birth, its purpose is often to get your body to move so that your baby can move down and out safely. Listen to it! We have been conditioned for so long that childbirth is painful, that pain is bad, and that we should remove it. We've all seen it in a movie: a woman on her back in very sudden labor, in distress, screaming for someone to save her from her birth. This isn't realistic, but it sticks with us and becomes part of our expectations.

If you can *reframe your pain*, especially in regards to birth, you will enter labor with a completely different perspective and an ability to handle the discomfort.

What are some examples of reframing pain?

I liked calling my birth pain “intense”. “Pressure” is another great one. Whatever word you choose, realize that the discomfort, intensity, or pressure is important information from your body about what's happening inside.

Sometimes that means that you need to shift positions because you feel more intensity when you stand a certain way or if you're lying on a certain side. That is critical information to help you labor *with* your baby! It'll prompt you to get up and try a new position, which has been shown to help your labor be smoother and faster. Being in touch with what you're feeling will allow you to be more present through the ebbs and flows of each contraction. Some people even prefer not to use the word contraction, because it has a negative association for them.

What words have weight to you? Jot them down and see if you can replace them with positive ones.



Your baby is experiencing the intensity of labor, too, and that's something that got me through the sharpest moments of labor. "This is how my baby gets to communicate with me right now. He's going through this labor with me."

What thoughts resonate with you? Write and post them around the room, or journal them as you approach the day of your baby's birth. If you search birth affirmations online, you'll find a huge collection of pre-printed sayings that can help. Affirmations are so important because they give you a reason for the intensity, as well as an acknowledgement that it is not forever. I remember thinking the "intensity" was doing important work, bringing my baby closer to me with every contraction. It was purposeful. It was doing *something* — thinning my cervix or helping my baby rotate, for example. Your body "laboring down" does the work when you can relax in it and move when prompted.

Changing Your Perspective

Your mindset matters! It sets the stage for your body, which will either go with the flow or brace for impact. **What does your body do as you prepare for impact?** It tenses up, head to toe. Now think about how a good masseuse sets the stage for a calming massage. Dim lights, calm music, nice smells, and a bit of time before they re-enter the room. You've intentionally soothed your nervous system and prepared for relaxation. You can do similar things for your birth, and it makes a huge difference!

Key number 2: Rest is best

The Importance of Rest Before Labor

Rest as much as you can before you're in labor. I'm going to paint a typical picture of how labors go from "I want a natural birth" to "give me every pain medication you have" very quickly, and why rest is a key component here:

Early labor starts, and you're so excited you're in labor that you don't sleep or focus on eating well, so by the time you're in active labor (usually over 12 hours later), you're exhausted. Maybe you even went to the hospital during early labor, at the first sign of a strong contraction, but it seems to have slowed because of the change in environment and anxiety, so again, by the time active labor hits, you're wiped. If you exhaust yourself before your contractions have actually ramped up, your mind and your body won't be as ready to accept the next stage. It's no wonder an epidural is so appealing then!

Strategies for Optimal Rest

The time to rest are those days and weeks before labor. Early labor is also your resting time, because you can get great naps and food before your body goes into overdrive to get that baby into your arms.

If you've been struggling to rest because of physical pain, here's a freebie that you don't hear talked about often: see a pelvic therapist (OT or PT) during pregnancy. They'll give you pregnancy-safe exercises that stabilize your hips, reducing hip and back pain later in pregnancy. A pregnancy-safe massage does wonders to relieve tension in your hips, upper back, and wherever else you keep tension. It can reduce swelling (edema) from your feet and legs, and sometimes it's just the act of making time for yourself in the last weeks that helps you prioritize rest.

We all know rest isn't just physical: parents are often working right up until the day labor begins, so there's added pressure and stress building up emotionally. Counseling, a good friend, prayer, or journaling are helpful ways to find what is blocking you from releasing tension.

Your mindset is a gatekeeper of safe birth.

If you don't feel safe to start this next stage, you can find your body fighting you instead of helping you! Don't amp yourself up in the days leading up to your birth. Try and relieve the stress and anxiety as much as possible. Remember, if your goal is **not** to get an epidural, learn to rest!

Key number 3: Have it in writing

Communicating Your Epidural-Free Birth Plan

Don't want to be asked about an epidural? Really wanting to avoid one? Get it in writing and repeat it often. Get copies, discuss it with your provider ahead of time if you like. Everybody on your birth team or present in your room should know what your goals are, what your plan is, and what's important to you.

You can go so far to write and re-iterate that you do not want to be asked about an epidural, and that you will ask for it if you want one. Most hospitals have a board in the room with your statistics, and you can put it up there, too. You don't want to be combative from those who are supporting you, obviously, but you do want to make it clear so that during shift changes, your wishes are readily known.

I've even seen mothers write, "Do not ask about pain levels," on their board. If you have a support person present who knows you well (please do!), they can help remind you what your goals are if you need it. Shift changes often happen in 12-hour shifts at a hospital, so you'll typically see at least 1 shift change.

Advocating for Your Birth Choices

Here's the challenging thing about a hospital birth: they see mostly births with epidurals. Remember that some states have upwards of 80% of all births using a spinal form of anesthesia or epidural. Depending on the staff, someone might ask how much pain you're in every time they enter your room. You might be getting cervical checks from someone who isn't very careful, increasing your pain and tension every time they step foot in the room. This is the birth setup they are most familiar with, and there is an unconscious or conscious bias leading women toward the labor and birth they expect to see.

You might hear, "Don't you want something to take the edge off? Don't feel guilty, everyone gets an epidural! It'll just help you rest." (Remember key #2?) And it's true, you *do* want to do something about the intensity, and you can! Read on for what to do to support your body in this way.

Key number 4:
**Practice & prepare
other methods of pain relief**

Yes, practice pain relief methods! Literally role-play what makes you feel more calm, less tense, and less fearful.

Breaking the Cycle of Fear, Tension, and Pain



There is a cycle of **FEAR - TENSION - PAIN** that will keep repeating and increasing in intensity until you can stop the cycle. Lower *any* of those three components, and you can feel less pain. Let's look at this in practice. Say your fists and jaw clenching every time you feel a contraction start to build, and either you or your Doula or partner notice this trend. Remember that full-body bracing makes things even more tense and painful. A simple reminder can help you open up and relax that jaw or fist, helping you enter that next wave. Having a loved one hold or massage your hand, making a sound that feels open and relaxed instead of locked up, or big sighs and sways.

There are many ways to release tension, and practicing them **before** you're in labor helps you remember what tools and techniques you can use.

Remember that analogy I gave earlier about massage being calm and relaxing? There is a way to make a massage unpleasant! If you tighten your body and anticipate each touch like it's going to hurt, your brain will jump right on that and agree with you. Then the next touch has fear associated with it, and the displeasure can be even greater. Are you seeing the impact of mindset and preparation?

Pain Relief Methods

Another way to set yourself up for positive coping mechanisms is to explore other methods of pain relief that are available to you. This is obviously going to depend on where you birth, so here are a few you can look into and ask about: birth stool, squat bar, birth/yoga ball, peanut ball, rebozo technique for labor support, Spinning Babies techniques, TENS unit, sterile water injections (for your lower back), aromatherapy, acupressure, acupuncture, nitrous oxide, access to laboring in a tub or a shower, a handheld shower head, homeopathy, and cold and hot packs.

You might think every team and location has the same standard "birth" setup, but they are as unique as the births themselves, and sometimes policies and knowledge change what's available to you.

I've seen hospitals run out of cold packs and epidural medication because of shortages. I know women who've loved nitrous oxide (laughing gas), and those who hated it because it made them feel disconnected. A simple comb grabbed in your palm can even be an effective tool for re-orienting your focus. There's no wrong or right way to get relief, but going through the conversations and asking all of your questions ahead of time will prepare you!

Setting your environment up for relaxation is another simple way to reduce intensity. This can mean having control over lighting, sounds, smells, the temperature of the room, who is coming in and out of the room and how often, and what food and water you have access to. Most clients aren't told that you can adjust the volume of those beeps on the monitors of a hospital room: turn them down if they're driving you crazy! I know people who have put on full light shows in their rooms with a \$20 LED star projector and their favorite music playing nonstop, others that did best with a room that had a window and natural light, and others yet that wanted darkness and silence.

I'll share some insight with you about this great practicing (partners: take note, and don't take it personally!): there are women who prefer to have complete silence, even when they're usually grateful for and wanting words of encouragement. The opposite is true, too! I've been in a room with laboring women who normally loved essential oils. The day of labor, ZERO smell was what they wanted. Absolutely none.

I've been in a room where a labor and delivery nurse went right up to my client and sprayed orange mist in her face without warning. I cringed, but in our debrief, my client told me that gave her the boost of energy she needed for the last push. You don't know what will work for you in the moment, so have it all ready to try! What has worked for you as practice before labor might not work during labor, but that doesn't mean that the act of practicing the run-through was in vain. You have tools and your team has tools at their disposal to help you manage labor without it feeling impossible. That's good no matter what!

Your Body's Secret Weapon

Now pay attention:
I want you to know a secret that your body holds.

It has the best pain-relieving medication built-in, and it ebbs and flows with your contractions exactly as you need it! It's the perfect dose, at the perfect time, and it can surge as needed *if you feel safe*, and if your labor has been progressing without much intervention. Maybe you've been told your whole life that birth is the most painful thing ever, and that it's just what it is. Maybe this will shake your paradigm a bit: I've seen women laugh their babies out. Yes, laugh! I've seen peaceful, quiet births. I've seen intense, roaring births. And yes, I've heard some screams, but when birth has a chance to run its course without interrupting a laboring woman and her baby, they make an amazing team and know how to navigate it.

“How can I navigate birth if I’ve never done this?”

It’s in your DNA. I don’t just mean that in a spiritual way, I mean that in a scientific way: as much as your heart knows to beat and your lungs breathe when you sleep, your body *knows* how to birth. It has a natural progression, stages it goes through, hormones that are released at certain intervals and cadences, and it knows how to support you!

Find women who have had incredible births. If you don’t know any, I have some podcasts to recommend. There are great books about the JOY of birthing, too. It’ll take work to undo what you’ve been told your whole life to believe. Don’t let what you’ve been told about painful birth be the only story you know!

Key number 5: Choose your interventions wisely

Remember that you’ll be entering an area where things often happen routinely for the sake of liability and habit, not necessarily because of who you are and what you need. That said, avoiding **unnecessary** interventions is a helpful key for an epidural-free birth. Here’s why: there’s something called the cascade of interventions, which is a snowball effect of procedures that intervene with the physiological process. This can quickly lead to more high-risk interventions (like cesarean births).

Let's continue with the example I gave earlier where someone enters the hospital early or they've labored at home but didn't rest or eat during early labor. They're now in active labor, exhausted, and maybe contractions have slowed down. At this point, they are routinely offered Pitocin (a synthetic contraction-inducing version of your body's amazing hormone oxytocin that has very different effects). Continuous monitoring with hockey-puck like discs strapped to the abdomen has to happen when Pitocin starts, as well as an IV, and if the nurse doesn't see a good enough recording from the monitors, they might ask you to stay more still during your contractions (that's a challenge!).

The contractions might feel different: stronger, longer, and more stacked on top of each other. Your body doesn't release the same pain-relieving hormones, and the fear-tension-pain cycle rears its head. Limited movement and more intense sensations can make you doubt your "ability" to handle this, and you wholeheartedly accept an epidural. I get that! It is an absolutely reasonable choice.

So what do you do to avoid unnecessary interventions that lead you quickly away from your hope of a more natural labor? Consider the smaller interventions that lead to an epidural, such as an IV when you're not dehydrated, being limited to laboring in bed, being monitored for longer than mentioned when contractions are regular. Choose the interventions you're comfortable with ahead of time so that you don't go down the conveyor belt of interventions and find yourself at the mercy of someone else's choices.

The Cascade of Interventions: A Typical Path

Note: This section can be a bit of a trigger as you're reading it, so take a deep breath and digest at your own pace. Every hospital, nurse, and OB is different, but this is a typical experience.

The cascade of interventions works like this:

You're in early labor, and instead of laboring at home until active labor, when you have consistent and strong contractions, you rush to the hospital and you're put in a triage room alone before you can get an actual bed. Anxiety kicks in while you're separated from your support team. A nurse says they need to check you to see how far along you are, and you wonder if that's really necessary. A gloved hand blindly measures your cervix opening, estimates then gives you a number confidently. Maybe discouragement and doubt creep in now, depending on the number. If they let you stay in the hospital, you might get a bed an hour or more later. They've suggested a hep lock, a needle in your arm so you can have IV fluids and so you're ready in case of an emergency later.

Now there's a seed planted of emergency situations, and this is feeling very much like medical prep. They tell you not to eat or drink anything, because if you need a cesarean you could inhale that and it's not worth the risk. Fatigue, hunger, thirst, anxiety all rolled up into one package before you're really even that far into your labor.

More cervical checks to see how far along you are, and if the number is low or not changing much, the nurse recommends helping your body with Pitocin. Doubt, loss of focus, loss of peace, confusion and trying to remember what your original plan was and if you can voice it here.

Now you're feeling this back to back contraction pattern of consistently increasing intensity instead of ebbing and flowing, and they suggest something to take the edge off and to let you rest. So you accept an epidural, naturally. That leads to laboring without being able to feel that intensity and discomfort that signals how your body should move.

If you've prepared for this and know how to change positions with an epidural, and you have a supportive nurse and support team, this part might go smoothly. If the epidural was too high of a dose or not placed correctly, it's trickier. Pushing is usually coached at this point, since you can't feel the intensity of contractions, and it's usually done by having a couple of people hold your legs wide and high in the air and telling you to hold your breath and push — none of which are practices supported by evidence. You might hear someone mention how long they'll "let" you labor before needing to prep for a cesarean, or how your baby's heart rate looks concerning.

Fear, pressure, panic.

Honestly, I don't even like writing that out, because I can feel the tension of a mother in that position. It doesn't have to be this way.

The above example is a common birth scenario when you enter a space that views birth as a medical emergency you need to be saved from.

Hospitals have amazing technology and life-saving equipment and staff that are absolutely helpful when needed, and they may or may not be supportive of your choice to allow time, your body, and your baby to run through the natural process of birth uninterrupted. I doubt anyone reading this experience thinks that's what they're signing up for, but the truth is no one really preps parents for the reality of what typical interventions look and feel like. (And if that inspired you to want to be more versed in interventions and alternatives, contact me for that content!)

Making Informed Decisions

Now let me give you an example of how to choose your interventions wisely: Get educated on normal labor patterns ahead of time so you don't head to the hospital too early. If your location has a midwife program, those are often more supportive of uninterrupted, physiological births, so ask well ahead of time. If you have a partner or other supportive family with you, ask them to stay with you in triage when you get to the hospital, and let the staff know you really need them as you're coping with contractions during this time.

You can choose to decline the cervical check, but you may get pushback or be declined admittance if you decline — mentally prepare for that. Maybe knowing your starting point is helpful for you, but keep in mind dilation is only one measurement of labor. You can choose to accept or decline the hep lock for the IV, or to accept it and decline actual fluids unless you're showing signs of dehydration. You can eat, drink, move as you wish (and with labor being the equivalent endurance level of an elite male athlete, I'd say you'd be crazy not to eat or drink when you can!). You can ask for intermittent instead of continuous monitoring, mobile monitoring so you can move around more freely, or a water-safe monitoring pack so you can labor in the tub and shower. You can choose low lights, low noise, few people in and out of the room. You can choose no cervical checks unless you request one.

You get the point: the bottom line is you are advocating for yourself and taking a more active role in your care!

When you're told you "must" do something, ask what alternatives there are, or if there's harm in waiting. Being pushed to making a decision you haven't thought through isn't truly informed choice, and you are making decisions that will affect both you and your baby. If an emergency, they will let you know!

Bonus key: Birth at home

Exploring Homebirth as an Option

One clear path to an epidural-free birth is to birth where an epidural isn't even an option: at home or a free-standing birth center. For those of you reading this who have never considered that option, you might think it's a ridiculous way to avoid an epidural and it is. But if you've been on the fence about home birth and you're concerned you can't cope without the possibility of an epidural, I want to put your mind at ease. When you're in your own space, you are more likely to feel safe, supported, having the smells, sights, sounds, and comforts of your own home, your own people, and even your own pets. You can have several medically trained midwives present during the actual birth, as I did, and a Doula to support you in active labor. You don't feel rushed or on a timeline, and you can (and I suggest strongly that you do) have a backup plan for a potential hospital transfer.

When I knew that an epidural was off the table because of my choice of birthing at home, my mind went about researching, practicing, and really adopting the mindset that I could handle whatever came my way. I asked my midwives a million questions about emergencies and how they would handle them. Does it always go that smoothly? No, but that's the case for birth anywhere.

For low-risk births, home birth has been proven to be a safe choice for many women, and it brings with it an excellent chance for your body's hormones to flow without disturbance.

I encourage you to look at options that make sense for you. If a hospital is where you feel safe, open, and supported, I encourage you to go that route and to set yourself up with the best team possible, knowing ahead of time that you will have to advocate for yourself and your baby more than some other settings. If home is that safe place for you, consider the option of home birth in your area and do some digging into what that would look like! For homebirth-specific prep, reach out for our classes and guides that will help make that research easier.

Epidural basics

Remember being told that certain foods aren't pregnancy-safe, and that you can't take your normal decongestant to relieve a stuffy nose? Many medications pass the placental barrier and reach your baby, and an epidural is no different. You're getting these pain-relieving effects, and so is your baby. This means a less active baby during labor, and a slightly groggy baby after birth (and if you're unaware of that, it can impact how willing they are to wake and eat those first 24 hours). Every epidural is a mix of different pharmaceuticals and dosages, depending on the anesthesiologist. It's no wonder there's such a wide range of experiences!

The effectiveness of an epidural depends on the placement of the needle into the fluid of your spine. I have been at births where mothers had no issues with the epidural working effectively, they still had some movement in their legs, and the birth of their baby went as well as they'd hoped. And I've been at births where the epidural didn't work at all, worked on only half of their body, or was too strong so they had no feeling in their legs (and couldn't put weight on them at all during active labor). There are ways to labor with an epidural that are effective, even then. Educate yourself ahead of time!

This is not a fear-driven book, but being aware of the range of possibilities helps you pause to consider the benefits and risks when you're faced with the decision to get an epidural.

3 Bonus Tips

1. Back pain and labor: If you feel intense pressure on your hip or back during contractions, chances are your baby's head is tilted to the side or their face is up toward your belly instead of your spine, and movement is your friend! Many unplanned epidurals happen due to the intensity of bone on bone in these situations. Keep moving until you find a position where pressure is relieved and you can labor. See my course on labor positions for more detail on this, and take a Spinning Babies class in-person if you can.

2. Breastfeeding: Epidurals require IV fluid, so there's often full-body swelling, including breast tissue. This can make latching more difficult for your baby in those first few hours, and the medication can also make them groggy. Don't get discouraged! There are simple ways to combat both of those side effects and to kick off a healthy breastfeeding relationship. Check out my breastfeeding highlights in my socials for practical hands on tips.

3. You know best: Trust your intuition. You've been with your baby for many months now, and you know your baby's natural rhythms and movements. If something feels off, act on it. Sometimes trusting your intuition is choosing an intervention you thought you'd decline. This is not the time to judge or rationalize your choices. Follow your peace and know that the preparation you're doing **now** is the one that sets you up for a peace-filled birth.

Final Notes

If you choose an epidural, it has nothing to do with how “well” or “poorly” you labored. It's not a reflection of you as a mother or your ability to handle labor and birth. Everyone has different tension in their body, and even anatomy differs from one woman to the next. Every baby is positioned slightly differently, which impacts how contractions feel and how you have to move. At the end of the day, you don't need to justify to anyone why you did or did not get an epidural.

Plan for the birth that you'd like to have and that lines up most with your values. Be flexible in case the intervention you were hoping to avoid is the one you actually need.

I hope this guide has been helpful in shifting how you think about labor pain, its role, and purpose. You have plenty of options for non-epidural pain relief at your disposal, and you likely have some mindsets to shift, questions to ask, and research to do. Go for it! You and your baby are worth it.

Wishing you a peace-filled birth!

Naomi

The content in this book should not be taken as medical advice.

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