HypnoBirthing® The Mongan Method

BIRTH PREFERENCE OPTIONS
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VAGINAL EXAMS

WHAT IS THE PURPOSE AND IS THE INFORMATION THEY PROVIDE USEFUL?

WHAT DOES A ROUTINE INTERNAL EXAM TELL US?

Like all prenatal interventions that have become routine, internal exams are quite useful in selective situations.

A couple of indications for an internal exam (also called a vaginal or digital exam) might include confirming a suspected breech birth with the intent of turning the baby, or determining the position of the baby's head if there is a question of orientation that needs to be corrected before labor (i.e. posterior).

Questionable prenatal indications would include checking to see if a woman is dilated (or more likely how much, since 2 or 3…or even more…centimeters dilation is quite common weeks before labor and of no concern if the mother is not feeling regular contractions that become stronger and get closer together), to determine if there are any changes in the cervix, to assess the position of the cervix, or to gauge if the baby will fit.

Because the benefits of every test, assessment and intervention must be weighed against the risks, it is important to know if there are any risks to internal exams. It is often assumed that this is a simple, benign (albeit uncomfortable) procedure and that it would not be performed routinely if it did not provide useful information. Neither is true.

What does the routine exam tell us?

The exam is limited to the specific, measurable variables of the present moment. Yes, it can measure effacement and dilation of the cervix, as well as the position of the cervix. It can also determine baby's position and station (how far into the pelvis the baby is). None of those things are FIXED variables. All of them may be different an hour after the exam. According to *A Guide to Effective Care in Pregnancy & Childbirth*, (a collection of material from the Cochrane Database, the most comprehensive collection of scientific studies from around the world regarding obstetrical care), "The only reason to perform a vaginal examination would be to obtain information that would be useful in determining further care and that cannot be obtained by a less invasive way." In other words, the information must impact care in a positive way. Routine exams don't.

Sometimes an exam does provide useful information.

Sometimes the rationale is to 'check the position' of the cervix. The cervix is actually the 'neck' of the uterus. The sole purpose of surges…contractions…is to draw this 'neck' up and out of the way of the baby's descent. In essence, it 'disappears' into the uterus. Imagine pulling a turtle neck over your head. First it 'shortens' (effacement) and then it 'opens' (dilation). At the point where the baby actually is able to pass through may or may not be '10 centimeters'. What is being measured during a digital exam during labor (as differentiated from the routine, prenatal exam) is if the cervix is 'gone'…meaning it has thinned, opened and sort of 'pulled up'

I have heard many mothers account stories of being told that they would need cesareans because they have a 'retroverted' (tilted backwards) uterus or cervix…myself included. This declaration is patently absurd. Not only that, but be the very end of pregnancy, the uterus, now full of baby, can 'move' in relation to the weight of the baby and the baby's position…which by necessity being all parts of the same organ… can 'move' the cervix.

What of effacement and dilation? Isn't it important to know what's happening in labor?

Why? Even in labor this is a useless bit of knowledge unless labor has been unusually long and the baby seems compromised (because knowing if a mother is 3 cm or if the baby is 'right there' helps determine if a cesarean or extraction is more appropriate). HypnoBirthing® mothers utilize passive descent and 'breathe the baby down' instead pushing forcefully…which is bad for both mother and baby anyway. Knowing dilation doesn't change a thing. There are other selected situations in labor in which an internal exam can be useful, but they are very rare. There are even fewer in pregnancy.

NOTES:

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NOT INTENDED TO REPLACE SOUND MEDICAL ADVICE. EVERY CIRCUMSTANCE IS UNIQUE, AND EACH MOTHER MUST COLLABORATE WITH HER CARE PROVIDER REGARDING INDIVIDUAL CONCERNS. EACH MOTHER ASSUMES TOTAL AND COMPLETE RESPONSIBILITY FOR ANY ACTIONS TAKEN IN REGARD TO HER MATERNITY CARE CHOHICES.

RESOURCES:

Haire, D., (2001). *FDA approved obstetric drugs: Their effects on mother and baby.* Alliance for the Improvement of Maternity Services. http://www.aimsusa.org/obstetricdrugs.htm

Lenihan JP. Relationship of antepartum pelvic examinations to prema ture rupture of the membranes. *Obstet Gynecol* 1984;63

Wildner, K., (2002). Terbutaline or not terbutaline. *Midwifery Today* (63). http://webpages.charter.net/mamamojo/terbutaline.html

ARE THERE RISKS?

It can be important to know if the baby is properly positioned. Midwives use 'palpation' which is feeing the baby through the belly. It is safe, non-invasive and quite accurate with skilled hands. Mothers and fathers can be taught how to determine the baby's position themselves. However, time might be better spent teaching mothers how to get (and keep) their babies in the best birthing position.

Also, it's important to realize that babies can and do move around a lot in the last weeks of pregnancy and have even been known to change position *in labor*. That's hardly information worth the risks of internal exams.

What are the risks?

Can a routine internal exam diagnose premature labor? No, but it can *cause* it. As mentioned previously, premature labor is defined as a cervix that is progressively dilating with surges that are longer, stronger and closer together. Yet women all over America are diagnosed with pre-term labor at a single visit because an external fetal monitor registered contractions that the mother didn't feel, and this information was combined with an internal exam that found a cervix opened to 3 cm. That's not premature labor…that's the body doing a fine job of preparing to labor effectively, and very likely, easily. Treating this as true premature labor only creates problems (Wildner, 2003).

Then there are the things this exam *cannot* tell us even if they are given as reasons for doing it.

It cannot predict whether or not the baby will 'fit'. Pelvemetry is an imprecise bit of guess work. For one thing, the bones of the pelvis are not fused. They are mobile pieces held together with cartilage, so they have quite a bit of give for a boney structure. For another, there is no way to know how big the baby is (or will be). Even ultrasound is highly inaccurate at predicting weight (and gestational age) late in pregnancy. It can be off as much as 2 weeks in either direction, and 2 pounds in either direction. How many women do you know that 'had to have' a cesarean because the baby was 'too big' only to have a perfectly normal sized, or even small, baby? Finally, the bones on the baby's head are also not fused. This allows them to shift, so the baby's head can become smaller…and pointier…temporarily.

Another thing most people don't know about exams is that a cervical assessment is basically an educated guess. No two people will measure exactly the same.

One last risk is the 'rough' vaginal exam, wherein it is possible for the membranes to be 'stripped'…a procedure in which a finger is run around in between the cervix and the bag of water… sometimes unbeknownst to the mother. It is also possible the mother was asked, "Would you like me to give your body a little 'nudge' toward labor?" Either way, informed consent was not obtained if the mother was not informed that the risks of this procedure are infection and premature rupture of membranes (Lenihan, 1984)) leading to induction of labor, with all of the risks that brings, due to the complications now introduced. Dangers created, not encountered.

You control what enters your body. Without consent, insertion of anything is assault. Know when this intrusion is worth the risk.

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