

Map

Role Play for Getting Information & Making Decisions



Time: 30-45 minutes

Mentor Preparation: Read Birthing From Within, pp. 186-187, Ancient Map for Modern Birth 179-188

Suggest to Parents: Read BFW, pp. 186-187 and/or AMMB 179-188

When to use this process: Anytime parents ask directly, or indirectly, how to advocate for themselves during birth. Works well paired with discussions about interventions or unexpected surprises in labor and birth.

What to have in advance:

- One or two hospital items (not too medical or scary), e.g., blood pressure cuff, stethoscope, syringe
- Chimes
- Timer

Overview and purpose of this module

1. This module helps parents become more aware of how their beliefs and agreements may affect how they interact with medical staff, one another, and even themselves. When parents are uptight, defensive, anxious and/or hyper vigilant about controlling their birth, making birth plans, or “knowing everything,” the negative, avoidant energy can infiltrate every aspect of their prenatal preparation—and probably NOT in a good or helpful way in the long run. If parents are overly trusting and plan to let the medical professionals make all of their decisions for them, they may wind up feeling betrayed or overpowered by the medical staff, and angry with themselves.
2. To help parents learn some of the factors that may influence their ability to make decisions in the heat of labor and to have a more realistic view of their “power” in the medical system.
3. To learn how to ask helpful and effective questions to get more information in the moment, if needed.

building a framework for parents...

Tell parents that:

1. They don't need to know everything--they can't possibly know all the answers and information before labor. However, being savvy in the birth room is essential. This module will help them build self-awareness and communication skills to better do that.
2. Working collaboratively with medical staff with an open heart and mind helps to build connection with everyone on their birth team.
3. Knowing the right questions and how to ask them, and recognizing what might obstruct constructive communication can make a difference.

Practice exploring assumptions, positive intentions, and

solution-focused planning

Use an example such as “breaking the water.” Let them practice and “fill in the blanks” as a group, don’t just give them the answers.

Begin with:

Imagine a healthy person in strong labor. According to a standard labor graph, their labor is progressing a bit slowly. The birth attendant tells the parents: “We’re going to break your water to speed up labor.” Usually in labor, this always sounds like a good idea! In order for the birth attendant to have proposed breaking the water, they must have either made a specific assessment or general assumption about this parent’s labor.

“We’re going to break your water to speed up labor.”

Teach parents the following steps, while they practice with the above example, step-by-step.

- Check your assumptions...about the birth attendant, about what they're proposing, and what the birth attendant's assumption about the labor might be.
- Try to guess what the birth attendant's positive intentions might be.
- Now the parents ask the birth attendant to explain or clarify, and combine the medical expertise of the birth attendant with the expertise of the partner or the birthing parent and the expertise of the birthing parent on their own body, to make the best decision they can in that moment.
- Review question list (B.R.A.I.N): get any information needed before consenting, delaying, or declining.

Benefits - How will this be helpful to me? To the baby? Why are you proposing this? Tell us more?

Risks - What are the side effects or possible complications? What else usually goes with this? What seems to surprise other parents

who find themselves in this situation?

Alternatives - What else could we try first? What have you seen other parents try? What would happen if we waited 20 minutes/an hour/until tomorrow? Parents can also seek alternatives from a friend or family member who is knowledgeable about birth, a doula, Google, etc.

Interval - Ask the birth attendant to step out for a few minutes so you can talk things over with your partner, and check in with your gut. Decisions made under pressure are usually made from fear. Notice if any new insights or ideas come up when you have a little time to think it over.

Next Best Thing - Take all the information you have in the moment, and choose the Next Best Thing. It may or may not be what you originally planned, but with courage and resilience you can do whatever the moment seems to call for.

Key points for parents:

- They should check their OWN assumptions before they make their decision. If they are inclined to automatically refuse something or go along with whatever their birth attendant says, what are they REALLY assuming?
- Birth partners are often the primary “questioners” during labor. Make sure they practice in class.

Part of the teaching in this module is to Invoke their Love Warrior-- and act without attachment to a particular outcome.

- Explain that Laborland brings birthing parents into their non-verbal way of being. It will be hard for them, even if they are an intelligent, knowledgeable, verbal person, to be clear-headed and articulate enough to ask questions during labor. Stress and fatigue may wear the birth partners down too. Compassionately and honestly prepare them

for the possibility that they may not have the presence of mind to ask every question—there is NEVER a guarantee of making the “right choice” every time. It’s part of “doing the next best thing”, instead of focusing on “getting it right.” Part of the teaching in this module is to Invoke their Love Warrior-- and act without attachment to a particular outcome.

- Do not skip over the assessment of assumptions and positive intentions just to get to B.R.A.I.N. Having the parents interact productively (not defiantly or passively) with staff is a key part of this.
- Consent or decline. Let parents know that it is their right to have their questions answered to their satisfaction before consenting to any procedure (for the birthing parent and for the baby). They also have the right to a second opinion, and to delay or decline the procedure.

Role play:

Once parents demonstrate an understanding of this process, it’s time to get into the role-play. You are having them practice both parts: checking assumptions and identifying positive intentions, and then asking questions and making decisions.

- Ask one couple to volunteer to play themselves, while you play the birth attendant
- Pick a scenario to role play, preferably one where there isn't an obvious preferable answer.

Ex: Birthing parent is in late labor, on hands-and-knees on the floor, and the nurse comes in and says that the doctor is coming and wants them to get on the bed to push.

Someone wants the birthing parent to get in a wheelchair when they enter the hospital.

Midwife wants to break the bag of waters at the end of labor to help things move along.

What other scenarios can you think of that could be helpful or unhelpful to a birthing parent, depending on circumstances?

- Invite the whole group to identify assumptions and guess the birth attendant's positive intention in this scenario.
- Begin the conversation as the birth attendant, while ringing the chimes for contractions once in a while. If the “laboring parent” is trying to run the conversation, ring them into a contraction. Remind them that they will likely not be able to continue the conversation in the same way once the contraction begins again.
- Applaud the “actors.” Pick another scenario with new actors, if time and interest allow.