

Today, women have more choice with respect to the birthing process. It is now possible for women to decide when they wish to give birth thanks to better birth control methods. The list below includes some of the options that you as an expecting mother have as to how you wish to give birth

Birthing Alternatives



Our attitudes towards pregnancy and childbirth form over a lifetime shape by the values and beliefs of our families and our culture. The way a baby is born reflects not only personal and family beliefs, but also, the prevailing cultural attitudes.

Since the turn of the century, the ways of birth has undergone continuous change, as has society itself. When you talk to your mother and grandmother about childbearing beliefs and practices when they were having children, they probably will not tell you it was wonderful. In the good old day" Most people believe that childbirth today is better managed than it was one or two generations ago.

In looking back, we see that until the mid-1930's childbirth was truly dangerous. High percentages of women and their infants died during or soon after childbirth. Determined to correct this persistent problem, organized medicine took many steps to lower mortality rates. A new medical specialty called obstetrics, was founded, and an aggressive effort was made to eliminate risky practices [for example, lack of cleanliness and infection control, and overuse of drugs to speed up labor and obliterate pain] and to improve the training of physicians. Prenatal care also gained recognition for its benefits in preventing death. Childbirth moved from home to hospital with the promise of more efficient and controlled conditions for birth.

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BABY GIFTS & GIFT BASKETS

94,232 more boys than girls were born in 2002. This is the latest finding of the Centers for Disease Control and Prevention's (CDC). Although these statistics may seem alarming at first glance, they are well within the "normal" worldwide ratios, even at the extremes. Globally, there are about 105-107 boys born for every 100 girls.

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With these efforts, along with general improvement in public health [for example, improved working conditions, public sanitation, family nutrition, and better control of some chronic illnesses], came a reduction in the danger of death in childbirth.

The 1940's brought such advances as antibiotics and blood banks, as well as improvements in surgical techniques and anesthesia, which further increased the safety of childbirth.

But by the 1950's, routine maternity care originally designed to improve safety, had become almost too rigid; for example, the fear of infection, a major killer of mothers and babies, led to such practices as taking away all a woman's personal belongings when she entered the hospital, shaving all her pubic hair, administering large uncomfortable enemas, prohibited fathers and other loved ones from entering the maternity area, keeping babies in nurseries away from their mothers, and handling babies as little as possible. Bottle-feeding was believed more sanitary and superior in almost every way to breast-feeding.

In addition, heavy use of pain medications took away mother's ability to control their behavior and to understand and remember labor. They often remained drugged and sleepy for hours or even days after birth.

In response to these hospital routines, women protested that such practices were not necessary or beneficial; and they began seeking other, more satisfying ways to give birth. Fortunately, concerned and enlightened joined them in their quest.

Thus began the natural childbirth movement and the movement toward family centered maternity care. The 1960's was a time when national and international organizations were founded to make these changes. Women and men wrote and read books describing more humane, satisfying ways to give birth. Mothers attended childbirth classes, involved their loved ones in their support and care, breast-fed their babies and spent more time while in the hospital caring for their babies.

These improvements in care and safety have continued until the present. As the individuality of each woman was recognized, so was the uniqueness of each labor. It became clear that not all women need or want the same kind of care.

The 1970's saw the re-emergence of the mid-wife as a popular and trusted caregiver for healthy women wanting more participation in their own care, more emphasis on prevention of problems, and more recognition of their emotional needs. This was also the time when alternative settings for birth-at home, or in a birthing center-surged in popularity.

Hospitals also joined the ranks, offering more flexible family-centered care and more comfortable home-like rooms for birth. The role of the physician changed from being in complete control of the birth to being more sensitive and responsive to each woman's needs and wishes.

All this is to say that today there are many different approaches to maternity care. There is no single correct way. In this chapter we will describe and discuss many of these choices to help you decide what kind of care you think will be best for yourself during your pregnancy and birth.

Informed Consent

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There is one concept that you should understand because it is an important principal underlying health-care in the United States, and Canada today. The legal concept of informed consent designates the patient as the decision maker in medical care.

What is informed consent? It means simply that a patient understands and agrees to any treatment or procedure that is done for medical purposes. Her care-giver is legally responsible for giving her full information about any procedure before her consents to it. This is because there are often risks as well as benefits associated with medical treatments, and the patient [who has the greatest stake in the decision] has the right and responsibility to decide whether the risks are worth taking.

The principles underlying informed consent are really the features of any good relationship between patient and physician. Discussion, understanding, and agreement are the hallmarks of optimal care. Many of us, however, feel we do not know enough to have an intelligent discussion with our caregivers, and are a little insecure trying to do it. There is no need to feel that way, however, and the following general

guidelines for discussion may give you more confidence in discussing your care.

- 1 If your care-giver [doctor or midwife] suggests a test, a treatment, or procedure, the first thing you should know is why.
 - a. Is it because you have or may have a problem? If so, what is the problem, and why does it need to be detected and treated? How likely is it that you have the problem-one chance in ten? In a hundred? In a thousand?
 - b. Is it a routine procedure or your care-giver always uses? Why?
- 2 Then you want to know about the procedure itself. What is it, how is it done, and what does it cost?
- 3 What are the benefits and advantages of the test or procedure and how will the results influence your care-giver's management? In other words, what will happen next if a test result is positive or a procedure or a treatment is done?

- 4 What are the risks and disadvantages of the test, procedure or treatment? How reliable or successful is it? Is it painful? What problems can it cause and how often?
- 5 What are the alternatives to the test, procedure, or treatment [including doing nothing]? The risks and benefits and the advantages and disadvantages or the alternatives should be discussed also.

When you have discussed these issues, then you can make an informed decision.

All this may seem very complex and time consuming. It occasionally is, especially if it is a major procedure or you have a serious condition. Usually, however, this kind of discussion is fairly straightforward and not too time consumed, especially when care-givers are in the habit of informing their patients or clients as they go along, discussing what they are doing and why.

Of course, there are situations when it is not possible to become fully informed. If a mother is in an emergency situation, or if she is unable to comprehend the facts due to medication or illness, then a family member is consulted for consent or the care-giver simply does the procedure because of the need for speed.

The concept of informed consent is based on the principle that you have not only the right but the responsibility to make decisions regarding your care. This is not to say that you have to make these decisions all by yourself. Besides asking your care-giver what he or she thinks ought to be done, consult family, friends, consumer groups, childbirth educators, or other care-givers for help.