

Burger King and Birth: Have it Your Way!

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Let's say you've decided to go out to eat. As you're driving around you see a few different options and you choose to go to Burger King. You wait in line and when it's your turn you say:

1. "I'll have whatever she had" (pointing to the woman who just ordered);
2. "I'd like a number 3 meal";
3. Or maybe you want to customize it a bit and you say "I'd like a number 3 with no mayonnaise, no pickles, heavy tomato, and cheese." No problem, right? They should be able to handle those variations (although you'll probably have to repeat your instructions at least once).

What would happen if instead of ordering something on the menu you said, "Hi, I'd like a fillet mignon steak, cooked medium-well, with a baked potato, steamed asparagus with hollandaise sauce, and garlic bread. I'd like that served on fine china and I'd like to sit at a private table for two with candlelight and a white linen tablecloth." Would the Burger King employee say, "No problem, ma'am, we like you to 'have it your way'?" Unlikely, since that isn't the type of service or food that Burger King normally provides. They don't even stock that kind of food and probably don't have the equipment or knowledge how to prepare it, either.

The Burger King employee would more likely say, "I'm sorry, ma'am, we don't have those things here." Or maybe he'd say, "Um, I'm sorry, ma'am, but this



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is Burger King. We only serve fast food, not gourmet food. If you want gourmet food you should go to the sit-down gourmet restaurant across the street. Otherwise, please order something on the menu."

Now, at this point, you could decide to go with one of the first three options and stay at Burger King. Or, if you decide that you really want that gourmet meal, you'll find a restaurant that caters to delivering that type of meal as a normal matter of course.

The reality of hospital births is that hospitals are not generally set up to cater to the individual desires of each woman that comes in to give birth there. Certain requests can usually be accommodated without a lot of fuss or bother, like requesting Burger King to hold the pickles and the lettuce. If a woman comes in wanting to wear her own clothes or listen to CDs or turn off the lights, no one usually cares about that.

Other requests come closer to requesting fine dining in a fast food joint. If a woman comes in declining a routine IV, choosing to eat and drink as she desires, opting for monitoring 10-15 minutes per hour instead of all the time, declining

pain medication, avoiding pitocin or other interventions to “speed things up”, getting into the tub or shower even after her water has broken, and pushing in an alternative position such as a squat, *some* doctors, nurses, or midwives are going to have a difficult time feeling comfortable with those requests. A few of those choices are against typical hospital policy and the rest of them are likely to be *very different* from the types of births most hospital care providers and nurses usually attend. They may not be prepared to support that type of birth and they may not feel comfortable with those sorts of requests.

Now, it’s not really your problem if your requests make anybody else uncomfortable. **The birthing mom is the boss, period.** However, as you make choices regarding your baby’s birth, including what you would ideally like to have be a part of that birth experience, you need to make sure that you are *wisely* choosing a care provider and birth location that are *conducive to the type of birth you’d like to have*. Hospital birthing moms may find that they need to exert



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more effort in communicating their ideal birth preferences *and* they may find that they need to make concessions regarding certain aspects of those birth preferences. A hospital birthing mom may find a compromise that is still ok or good enough for her while also allowing her doctor or nurses to feel

more comfortable. For example, a woman who may not have wanted any vaginal exams may find that she’ll agree to having one upon admission and one prior to pushing since her doctor feels very uncomfortable about not doing any. If she feels ok about that compromise after considering the benefits and/or risks of that course of action, that’s fine. It’s her birth experience.

Moms who choose to give birth outside of a hospital typically find that they have many more automatic birthing options—like having a caterer or personal chef come to your house and deliver a meal that is customized for your tastes and desires. A woman who desires to give birth without any routine interventions (no IV, no continuous monitoring, no vaginal exams, no episiotomy, etc.) and wants the freedom to do pretty much whatever she likes during her birthing time without anyone batting an eye (walk, use the tub during labor and/or birth, eat, drink, adopt whatever positions suit her, wear her own clothes or even no clothes, etc.) would do well to consider birthing outside of a hospital, where that type of birth is pretty much the norm. A woman who wants the postpartum period to be more relaxed and low-key (no routine procedures for the baby, no separation from the baby, etc.) may also prefer out-of-hospital birth. Planned home and birth center births have been proven to be at least as safe as hospital births for most women and babies.² There is a very large body of research available documenting the safety of out of hospital births.^{3,4}

The bottom line is that you *can*, for the most part, have it your way. You need to decide for yourself what “your way” is, exactly, and where and with whom you’re most likely to be supported to give birth in the manner that best suits

you. Are you more likely to have your ideal birth in a high tech hospital with a surgeon (OB/GYN) attending? Are you more likely to have your ideal birth in a smaller community hospital with a family practice doctor or CNM attending? Are you more likely to have your ideal birth at an alternative birth center or at home with a midwife attending? **These choices are aspects of your baby's birth that you *directly control* that have an *enormous* impact on what kind of birth experience you ultimately have.** It's really very important that you carefully *research* and consider *all* of your options and choose the option that you feel most comfortable with, whatever that may be.

If a woman decides that an OB/hospital birth is her best option does it follow that she should just choose any old random OB that happens to be on her insurance list? Are all OBs the same?

I've attended births with OBs that respect a woman's wishes and strive to meet those wishes *even if they don't personally agree with all of her choices*. These OBs offer their opinion and the facts and then *leave it to the woman to decide*.

I've attended births with OBs who use fear, misinformation, and anecdotes to manipulate a woman into complying with *his* wishes and desires. After all, *he's* the expert. *He's* the one that went to medical school. This type of OB typically feels strongly that the only birth plan a woman should have is "Go to hospital. Have baby." He believes birth is dangerous and needs to be carefully monitored and manipulated in order to be "safe". I've heard this type of OB say to a mom whose progress has stalled for a few hours that she'd better start dilating again or else she'd have to have a c-section.



There are OBs that respect a woman's wishes...even if they don't personally agree with all of her choices. They offer their opinion and the facts and then leave it to the woman to decide.

After waiting an hour I heard this OB say "this is just Mother Nature's way of telling us that it ain't gonna happen this way." He then proceeded to inform the mom (who was in tears) that c-sections are actually better and safer than vaginal birth anyway (not true!)^{5, 6}, so she shouldn't be upset.

Which type of OB more rightly deserves the trust of his patients? Which OB would *you* rather have? How can you tell which type you have right now?

Well, for starters you can ask **lots** of questions. Find out what s/he thinks about natural birth (birth without interventions or medication). How many of his/her patients give birth without IVs? How many need, in that OBs opinion, to be induced? How many need, in that OBs opinion, c-sections or episiotomies? How many give birth in "traditional" positions such as semi-sitting vs. "alternative" positions like squatting? How does s/he feel about a birth in an alternative position? How does s/he feel about intermittent vs. continuous monitoring?

As you have this discussion with your care provider, watch his/her body language and be careful with your own wording. You want to ask the questions

in such a way that you aren't leading his/her response (you want your care provider to be honest rather than just tell you what you want to hear, which doesn't help you). You want to ask open-ended questions "how do you feel" instead of yes/no questions. Of course you will want to avoid asking questions like "How often do you cut episiotomies?" Because s/he's likely to respond with "only when they are necessary" which, again, tells you nothing. Instead you might ask "About what percentage of first-time moms do you think end up needing episiotomies?" (or c-sections or continuous monitoring or IVs, etc.).

Henci Goer has some excellent ideas for questions to ask and how to interpret a care provider's responses in her book *The Thinking Woman's Guide to a Better Birth*.

If a doctor says that 80% of first-time moms need episiotomies and you are a first-time mom, what are your chances of "needing" (and receiving!) an episiotomy if you choose to use this doctor? Are you comfortable with those odds? Can you trust that doctor's judgment on whether or not that episiotomy is truly necessary? Do you want to be in a position where you have to wonder whether or not an offered intervention is needed? **Choose your care provider carefully!** Obviously there are questions that can and should be asked if an intervention is offered, but it is **much easier** to avoid unnecessary and unwanted interventions if you do some legwork before the birth and choose a care provider that doesn't routinely offer or per-



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form them!

Every woman is individual in what would make a good birth experience just as every person has their own individual tastes and preferences for what they want to eat for dinner. There's no one right kind of birth just as there's no one dish that will satisfy everyone's unique appetites. The bottom line is that you, the consumer, need to make sure your birth choices (all of which impact your ultimate experience) are likely to result in the birth you desire. You can't go to Burger King to get a gourmet meal, but maybe what you wanted was a hamburger, anyway. Just make sure that what you order is satisfying.

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Notes

1. "Have it Your Way" is copyrighted by Burger King Corporation.
2. Johnson KC, Daviss BA. [Outcomes of planned home births with certified professional midwives: large prospective study in North America](#). *BMJ*. 2005 Jun 18;330(7505):1416. PMID: 15961814 [PubMed - indexed for MEDLINE]
CONCLUSIONS: Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States.
3. Anderson RE, Murphy PA. [Outcomes of 11,788 planned home births attended by certified nurse-midwives. A retrospective descriptive study](#). *J Nurse-Midwifery*. 1995 Nov-Dec;40(6):483-92. PMID: 8568573 [PubMed - indexed for MEDLINE]
This study supports previous research indicating that planned home birth with qualified care providers can be a safe alternative for healthy lower risk women.
4. Olsen, O. [Meta-analysis of the safety of home birth](#). *Birth*. 1997 Mar;24(1):4-13; discussion 14-6. PMID: 9271961 [PubMed - indexed for MEDLINE]
CONCLUSION: Home birth is an acceptable alternative to hospital confinement for selected pregnant women, and leads to reduced medical interventions.
5. Kolas T, Saugstad OD, Daltveit AK, Nilsen ST, Oian P. [Planned cesarean versus planned vaginal delivery at term: comparison of newborn infant outcomes](#). *Am J Obstet Gynecol*. 2006 Dec;195(6):1538-43. Epub 2006 Jul 17. PMID: 16846577 [PubMed - indexed for MEDLINE]
CONCLUSION: A planned cesarean delivery doubled both the rate of transfer to the neonatal intensive care unit and the risk for pulmonary disorders, compared with a planned vaginal delivery.
6. Wax JR. [Maternal request cesarean versus planned spontaneous vaginal delivery: maternal morbidity and short term outcomes](#). *Semin Perinatol*. 2006 Oct;30(5):247-52. Review. PMID: 17011394 [PubMed - indexed for MEDLINE]
INTERPRETATION: Although the absolute difference is small, the risks of severe maternal morbidity associated with planned cesarean delivery are higher than those associated with planned vaginal delivery. These risks should be considered by women contemplating an elective cesarean delivery and by their physicians.