

## Ten Myths About Childbirth

Here's the skinny on childbirth. You will hear all kinds of stories about childbirth. What's true and what is simply a myth. We have listed ten of the most common myths about childbirth.

### **1. My water will break if I am truly in labor.**

Amniotic fluid surrounds your baby during pregnancy. If you are in your last weeks of pregnancy you may be expecting a gush of water prior to the onset of labor. For most women their water does not break before labor begins and often does not break until you are in active labor if it breaks on its own at all. In fact, quite often your doctor or midwife will break the bag of waters at some point during labor.

### **2. You will know when you are in labor.**

Early labor can last hours and even days. Braxton Hicks contractions can feel very real and be difficult to tell apart from true labor contractions. While most women will know once they have reached the active phase of labor, early labor can be more subtle. It is not uncommon for women to be dilated four or even five centimeters and not be aware of the fact that they are in labor. False labor contractions are irregular and usually do not increase in intensity, frequency, or duration. Moms who have given birth before may actually have a more difficult time distinguishing true labor contractions from false labor. The only way to be sure whether you are indeed in labor is to have a vaginal exam to check for cervical dilation.

### **3. Labor induction always works.**

Labor induction does not always work. Your doctor will perform a vaginal exam to check for cervical dilation and effacement and position of your cervix. Labor induction works best when the cervix has already begun to soften and dilate. You may go in for your 39 or 40 week appointment hoping for an induction only to be told that your cervix is not favorable to be induced. It is also possible to have a failed induction. If baby is not in distress you may be sent home to try labor induction again in another day or two.

### **4. Contractions feel like menstrual cramps.**

You may have heard that contractions feel like menstrual cramps. While for some women early labor contractions may feel like menstrual cramps, this is not a very realistic description of labor contractions. Natural childbirth is definitely doable and many women have an unmedicated birth. However, we feel describing contractions as menstrual cramps is a disservice to first time moms. There are more honest and accurate descriptions of labor contractions that will better prepare you for childbirth. Contractions do resemble menstrual cramps in their location and general achiness, but they also have a powerful tightening more closely resembling a charlie horse. Generally speaking contractions in the active phase of labor will be tightening, painful, and increase in intensity until you reach the peak of the contraction and then the pain will begin to subside.

### **5. Unmedicated childbirth is always best.**

Because labor is not one long sustained contraction but rather a series of contractions increasing in intensity, natural childbirth is quite possible. Natural childbirth, utilizing relaxation exercises, breathing, and resting between contractions, offers one option for pain management. Natural childbirth offers women the ability to be in complete control of their birth and there is a very empowered feeling after having a successful unmedicated birth. Benefits of an unmedicated birth include faster recovery time and shorter labor for mom, more alert and active baby (and mom too), and of course it's cheaper. However, there are occasions, where an unmedicated birth would not be best and certainly many reasons why women would prefer a medicated birth over an unmedicated one. Conditions such as an abrupted placenta, a baby in a breach position, or signs of fetal distress are all very good reasons to need a caesarian section. An unmedicated birth is ideal, but a happy, healthy birth can be attained regardless of your childbirth choice.

### **6. If you are really in labor you will not be sent home.**

Women may assume if they are truly in labor that they will be admitted to the hospital. You can be in labor and still be sent home. If you are in the early phases of labor, you may be sent home until your contractions increase in frequency or your cervix is more dilated. Many hospitals will not admit you until you are at least four centimeters dilated. Do not get discouraged if the labor and delivery nurse tells you that you have to go home. You may indeed be in labor!

### **7. Once a caesarian birth always a caesarian birth.**

This may or may not be true depending on the type of caesarian section you had along with the reasons for having a caesarian birth to begin with. VBACs or vaginal birth after caesarian are becoming increasingly more common. You will need to discuss with your doctor whether a VBAC will be possible for you.

### **8. Each labor gets easier.**

This may or may not be true for you. Generally speaking, second labors are shorter in duration, but that is not always the case. Shorter does not always mean easier. Baby could be bigger than your first or positioned differently. Also, if you have a very rapid labor, you may find you do not have as many choices for pain medication or you may simply choose different pain options. There are any number of factors that could affect your birth.

**9. You will feel an urge to push.**

Feeling the urge to push is instinctive and natural right? If baby is ready to come you will certainly feel an urge to push! Well, believe it or not this is not always true. Many women do feel an urge to push, but not always. Sometimes pushing is painful and women will avoid pushing at all costs. Other times medications such as an epidural will interfere with the sensation of needing to push. Your doctor or midwife will help you to understand what is happening during labor and help you determine when you are ready to push.

**10. Epidurals lead to caesarian sections.**

This belief is still held by some, but recent studies have shown that epidurals do not cause an increase in caesarian sections.

Source: <http://www.articlecircle.com>

**About the Author**

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