Common Pregnancy Myths & Misconceptions

"Childbearing hips"

⟶ How curvy or not curvy, "big boned" or "small boned" a pregnant person appears to be has absolutely no indication of the size and capacity of their pelvis. The baby travels through the pelvic inlet, mid-pelvis, and outlet, which cannot be seen from the outside of the body. The illium and Illiac crest are the pelvic bones which make some people appear more curvy than others. These are on the outside of the pelvis, and have no correlation to the inner size or capacity of the pelvis.

"Being 35 or older automatically puts you into a high risk category"

⟶ Nope. You are not high risk unless you have a serious illness or health condition.

"The baby is getting too big to fit through the pelvis"

⟶ No-one can predict that a baby is too big or that a pelvis is too small. Period. This only happens in a very rare condition called CPD, (cephalopelvic disproportion). Even very large babies make their way through their parent's pelvis. What you need to know: The baby's head has 5 movable plates which can mold and overlap to reduce its diameter, and the pelvis has 4 moveable joints. These joints are: the pubic symphysis, 2 sacroiliac joints, and the joint at the end of the sacrum where the tailbone (coccyx) is attached. All of these joints have prepared for birth by cartilage and ligaments softening in preparation to expand, shift and stretch during labor and birth. It is normal for babies to be born with elongated misshapen heads, sometimes referred to as "coneheads." This just shows how dynamic a baby's head and pelvis both are during birth.

Even if people in your family have had cesareans for CPD, there is a good chance you can birth your baby just fine. Find a birth team that believes in you and your pelvis. The most common reason for babies getting "stuck" is a malpositioned head, which makes for a larger diameter trying to come through the pelvic bones. Malpositioned babies most often get unstuck, and are born through the birth canal with patience, lots of movement, and the support of your birth team behind you.

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"My immediate family of origin all had short, fast labors, so my labor should be short as well!"

⟶ Sorry to burst that bubble… but, your grandparent, birth parent, and even siblings have lived and birthed under different circumstances than you. The birthing person and the baby, together dictate the birth journey. If this is your first baby, plan on your labor being 24-36 hours. If it ends up being a fast labor, then all is good. If it is an average length or longer labor, you'll be well prepared to get through it. My midwifery clients often hoped that their labors would be quick and done, like their parent's or sibling's births. And in the end, all of them were grateful that they prepared for a longer birth journey. They started the birth process rested, hydrated and fed, and stayed that way throughout the entire process. Also, just a quick plug that shorter labors are not necessarily better! All birth journeys take people to their edge and beyond, no matter how many hours it takes.

"Too pooped to push"

⟶ This is a very dangerous line: "We're afraid that you will be too tired to push your baby out!" The power of suggestion is VERY VERY powerful to a person giving birth. Be aware of negative statements. Well meaning or not, they have the power to drain the birther of their energy; it steals their power.

Birthing people that are properly nourished with food (calories), fluid (hydration) and loving support from people who believe in them throughout their labors, have what it takes for as long as it takes to birth their baby.

⟶ There are breaks to rest in between each and every contraction.
⟶ The body has a surge of epinephrine (adrenaline) which releases glucose into the bloodstream during the 2nd stage (the pushing stage). Glucose is what our bodies use for energy.
⟶ The body also releases another surge of epinephrine at the moment of birth. No matter how exhausted the birthing person felt, they are now wide awake to greet and bond with their baby.
⟶ There is no good reason to tell someone they are going to be too tired to complete their birth. If something happens where this becomes true, then they will always know in their hearts that they had the best support team, and did everything in their power… because their power wasn't taken from them.

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"The cord around baby's neck is an emergency"

⟶ We are hearing stories more and more often about pregnant people being told that the umbilical cord is around the baby's neck during their ultrasound scan (sometimes qualified as a tight nuchal [neck] cord.) and that either an induction or cesarean should be scheduled. This certainly is scary to hear, and most people's gut response is that their baby is in danger; most do have an innate panic reaction to hearing about cords wrapped around the baby's neck.

The truth is that 60% of all babies are born with cords around their necks, bodies, legs, feet, under their arms, and around their bodies. Cords can get wrapped around baby's body parts, sometimes even two, three or more times. Fun fact: the vessels in the umbilical cord have a protective jelly-like substance surrounding and cushioning them so that the cord can get wrapped around the baby, or even have a knot and still carry out their oxygen carrying functions. During the birth process, the baby is getting oxygen straight through the cord into their bloodstream, and they won't use their lungs until their body is born and take their first breath. The sacs in the baby's lungs called alveoli are filled with fluid until after the first breaths. The first 1-3 breaths push the fluid out of the sacs, before they can be filled with oxygen.

In a typical birth, the cord will not strangle the baby from simply being wrapped around its neck.When a cord is wrapped many times, the labor and birth process often takes longer, as the body in its innate wisdom slows things down a bit, so that the contractions are not too strong or too fast. This gives time for the baby and the cord to work out the issues; the cord can unwind and stretch. Once in a while, the cord is just wrapped too tight, or too many times and a cesarean becomes necessary as the baby never descends. However, this scenario is not common.

*We want to warn against inductions for a diagnosed cord around the neck. Synthetic induction drugs often make contractions longer, stronger and closer together than an unmedicated labor. This can push a baby too hard before they have a chance to work out the cord issue, and cause fetal distress. Yes, cord accidents can happen in nature with no interventions on board, but they are rare because there are these protective mechanisms in place. We recommend this wonderful article by Midwife Thinking.

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"Your partner, best friend or family member is the only labor support you will need"

⟶ Supporting a person through labor and birth is not a one-person job. Whether your birth partner is your primary relationship and parent to this new baby, or someone else who is close to your heart -- they, too will need help.

If this is also your partner's baby, the birth will be paramount for both of you. While being in the very emotional experience of becoming a parent, partners are expected to hold you up, press on your back, cuddle, monitor the temperature in the room while you are hot, then cold, then hot again -- make sure you are eating, drinking, peeing, and comfortable. They are also timing contractions, fielding phone calls from the family, and wondering when it will be time to go to your birthplace or call the midwife. Being the number one support person is exhausting!

Further, it is impossible to fully relax and enjoy being in the experience with you when the primary birth partner is in charge of making sure that everything is taken care of. The same goes for any person who you have a deep relationship with, and is emotionally connected to you and baby.

Often, the primary support person has been running on some amount of stress hormones (cortisol) for days or weeks in anticipation of the event, and possibly getting interrupted sleep alongside the pregnant person. Taking on this role and being the sole support (once labor is established) for 24-36 hours or longer, when already running on little sleep, and stress is not sustainable. Securing a birth team, or birth companions who are familiar with birth and can help without disrupting or bringing their own agenda into the birth room changes this whole picture.

A birth team often is simply your primary partner, (a loved one) plus a person who attends births as a calling. Some titles of birth companions are: doula, birthworker, birthkeeper, birth companion. Birth workers understand the uncertainty of life and the birthing process, and work in partnerships or with backups. You will have them as a team, and will know that you are covered in any situation that may arise, such as a long labor where they will take shifts.

Your support person knows a lot about labor and birth. They are well rested, and can be used as a pillar of strength, an information bank, physical and emotional support, and an advocate. With an extra support person in the room, your primary partner is also supported and can eat, stay hydrated, get little breaks, and focus on supporting you and the baby with love and calm energy.