



---

# Introducing Emergency Preparedness in Childbirth Education Classes

Lauren DeWald, BSN, RN

Lily Fountain, MS, CNM, RN

## ABSTRACT

In the wake of recent natural and man-made disasters and emergency situations, pregnant women are especially vulnerable. The authors of this column encourage childbirth educators to include disaster preparedness instruction and emergency childbirth techniques in their class content

---

*Journal of Perinatal Education*, 15(1), xxx-xxx, doi: 10.1624/105812406X92994

*Keywords:* emergency preparedness, childbirth education

## READER'S QUESTION

In the aftermath of recent natural and man-made disasters experienced by our nation and other countries, sound emergency preparedness has re-emerged as a community focus. What should I include in my childbirth classes, if anything, in response?

– A childbirth educator in Texas


## COLUMNIST'S REPLY

Recent worldwide events have reminded all of us that disasters do and will occur. Hurricanes, floods, snowstorms, or “acts of man” sometimes disrupt childbirth educators’ usual services. Expectant mothers are at an increased risk during any emergency; thus, it is our duty, as childbirth educators and health-care providers, to prepare expectant mothers and their families for childbirth and parenting in less than perfect surroundings and, possibly, without the aid of medical personnel. Many educators nationwide have responded by adding

an emergency childbirth component to their birth preparation classes, but this is not a universal standard.

Childbirth educators might decide they need to make no or only minimal changes to their classes in response to emergency preparedness. Knowledge about birth and breastfeeding is critical in preparing expectant families to respond to emergency situations in addition to whatever they have planned for birth. Much of the information in current childbirth education classes will be relevant in being prepared for an “emergency” birth. Basic class topics are also available to promote emergency preparedness and can be added to the curriculum if they are not already there. Informed preparation can make the big difference in how much a family suffers during a community disaster, especially when they are experiencing a pregnancy, birth, or early parenting with an infant.

Expectant mothers are at an increased risk during any emergency.

 The American College of Nurse-Midwives provides a helpful resource on its Web site, “Giving Birth ‘In Place’: A Guide to Emergency Preparedness for Childbirth” (<http://www.midwife.org/about.cfm?id=288>).

### **Breastfeeding Classes**

A key change for some educators is recommending breastfeeding classes to expectant parents, even if bottle-feeding is their preferred method. In addition to numerous other advantages, breastfeeding can decrease bleeding and help maintain the firmness of the uterus of a new mother (American College of Nurse-Midwives [ACNM], 2003). Additionally, the benefits of the infection-fighting properties of colostrum hold an increased value during times of disaster (ACNM, 2003).

### **Relactation**

Educators are encouraged to mention relactation, the key recommendation of current breastfeeding studies (World Health Organization, 1998). Especially with young infants, mothers who have been bottle-feeding will begin to produce milk if they put the baby to breast. During times of limited or questionable water supply and delayed formula replenishments, breastfeeding provides safe and continuous feedings for the babies.

### **CPR and First Aid Classes**

In the event of an emergency situation, maintaining the health of the mother and baby may be the sole responsibility of someone other than medical personnel. Thus, a good emergency preparation measure would be for at least one family member to become CPR certified. Childbirth educators can promote this skill by providing information about CPR and first aid classes that are available in their hospital or community.

### **Disaster Response Kit**

Childbirth educators can encourage expectant families to prepare a disaster response kit at home. Providing handouts and Web site references in class can be helpful. The federal government and the American Red Cross urge all families to gather essential supplies and maintain them in a waterproof, plastic container (American Red Cross, 2005). A recommendation for general emergency preparedness for everyone includes basic first aid supplies, a flashlight and radio with batteries, a case or two of water, and a week's supply of nonperishable food items. The following list compiled by ACNM (2003) suggests additional supplies for expectant parents:

#### **General**

- Clean towels
- Waterproof pads

- Medium-sized bowl (for collecting the placenta)
- Disposable gloves

#### **For Baby**

- Newborn cap
- Case of diapers
- Hot water bottle (for warmth)
- Suction bulb
- Receiving blankets

#### **For Mother**

- Cold packs
- Acetaminophen
- Sanitary pads

#### **Cutting the Umbilical Cord**

- White shoelaces or cord clamps
- Sharp, clean scissors or unused razor blade
- Alcohol wipes

#### **After the Birth**

- Baby sling

### **Healthy Foods**


Childbirth educators can provide a valuable service to mothers by offering information about the foods to choose and the foods to avoid during pregnancy for a healthy outcome. In preparation for an emergency, stockpiles of foodstuffs should incorporate the nutrition requirements of pregnancy, including plenty of protein- and calcium-rich foods, as well as fruits and vegetables, in a nonperishable form such as canned or dried. Foods to avoid include those that contain dangerous additives (e.g., nitrates, hormones, and antibiotics), which are commonly used for flavor or preservation. Childbirth educators can encourage expectant mothers to read labels carefully for unwanted ingredients and additives and for product expiration dates.


### **Toxins**


Childbirth educators can advise families that pregnant women and infants are especially vulnerable to toxins in air and water. During an emergency, they should avoid exposure and be protected from these as much as is realistically possible.

### **Emergency Childbirth**

An emergency childbirth may be a special concern of expectant couples. In some locations, fathers and other family members of mothers who expect to give birth during winter months commonly express a fear about getting to their care provider if the mother goes into labor during a big snowstorm. The advice for any other disaster or emergency is the same advice given to these couples. To prepare

 For a complete and thorough list of important items needed for a disaster response kit in the home, visit the following link on the Web site for the American Red Cross: [http://www.redcross.org/services/prepare/0,1082,0\\_91\\_00.html](http://www.redcross.org/services/prepare/0,1082,0_91_00.html)

 Baby slings facilitate skin-to-skin contact while allowing freer use of the parent's hands. Baby slings may be purchased or can be assembled at a minimal cost. For more information on baby transport in an emergency, visit the Web site [www.wearyourbaby.com](http://www.wearyourbaby.com) or refer to the book *Babywearing* by Maria Blois, MD.

 For a list of safe fish for children, teens, and all women of childbearing age, visit the following link on the Web site for the Children's Health Environmental Coalition: [http://www.chechnet.org/healthhouse/education/quicklist-detail.asp?Main\\_ID=716](http://www.chechnet.org/healthhouse/education/quicklist-detail.asp?Main_ID=716)

## BOX

### Resources for Perinatal Emergency Preparedness

- American College of Nurse-Midwives. (2003). *Giving birth “in place”: A guide to emergency preparedness for childbirth*. Retrieved November 23, 2005, from <http://www.midwife.org/about.cfm?id=288>
- Centers for Disease Control and Prevention. (2005). *Emergency preparedness and response: Keep food and water safe after a natural disaster or power outage*. Retrieved November 23, 2005, from <http://www.bt.cdc.gov/disasters/foodwater.asp>
- La Leche League. (2005). *Emergency breastfeeding resources*. Retrieved November 23, 2005, from <http://www.la lecheleague.org/emergency.html>
- March of Dimes. (2005). *Hurricane recovery*. Retrieved November 23, 2005, from [http://www.marchofdimes.com/pnhec/159\\_16943.asp](http://www.marchofdimes.com/pnhec/159_16943.asp)
- World Alliance for Breastfeeding Action. (2005). *Fact sheet on feeding babies in emergencies*. Retrieved November 23, 2005, from <http://www.waba.org.my/pdf/Factsheet.pdf>

couples for birth and to relieve their anxiety, childbirth educators can remind helpers that birth is normal (the mother will “birth” whether or not she is “delivered”) and their support role will be similar no matter where the mother gives birth. Also, educators can advise helpers about the importance of cleanliness during birth and offer instruction on basic cord-cutting techniques.

## CONCLUSION

Disasters can occur anytime and affect all of us. Some disasters will limit society’s ability to assist expectant mothers and their families through the birthing process. Recent events have created an increased awareness of the need for childbirth education and an opportunity for all educators to promote preparedness. Childbirth educators can advocate for emergency childbirth and disaster preparedness to be incorporated into all childbirth education classes. Educators can accomplish this thoughtfully and with

Childbirth educators can advocate for emergency childbirth and disaster preparedness to be incorporated into all childbirth education classes.

very little additional cost in time or other resources. Educate not only the couples in your classes, but also other providers and community leaders. Tell them that promoting advanced preparation for parents-to-be must be recognized as a priority in community disaster response planning.

## NOTE TO READERS

“Ask an Expert” answers are not official Lamaze International positions and are not intended to substitute for consulting with your own certified professional. Nayna Philipsen, coordinator of the “Ask an Expert” column, welcomes your questions or your own expertise on various topics. Please send them to “Ask an Expert,” Lamaze International, 2025 M Street NW, Suite 800, Washington, DC 20036-3309, or via email to [naynamom@aol.com](mailto:naynamom@aol.com).

## REFERENCES

- American College of Nurse-Midwives [ACNM]. (2003). *Giving birth “in place”: A guide to emergency preparedness for childbirth*. Retrieved November 23, 2005, from <http://www.midwife.org/about.cfm?id=288>
- American Red Cross. (2005). *Prepare at home – Prepare for disasters before they strike: Build a disaster supply kit*. Retrieved November 30, 2005, from [http://www.redcross.org/services/prepare/0,1082,0\\_91\\_00.html](http://www.redcross.org/services/prepare/0,1082,0_91_00.html)
- World Health Organization. (1998). *Relactation: A review of experience and recommendations for practice*. Retrieved December 6, 2005, from [http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO\\_CHS\\_CAH\\_98.14.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/WHO_CHS_CAH_98.14.htm)

---

LAUREN DEWALD is a birthing nurse at Mercy Hospital in Baltimore, Maryland. LILY FOUNTAIN is a member of the Maternity Nursing and Midwifery Faculty in the School of Nursing at the University of Maryland at Baltimore.