

The Labor Game

A Toolkit for Expecting Parents

Process Book

Remy Spring 2021 | Professor Sara Woolley 4830 OL 24

Labour and birthing

The work it takes to birth a human is an act of remarkable biology, anatomy, emotional, spiritual and mental integrity.

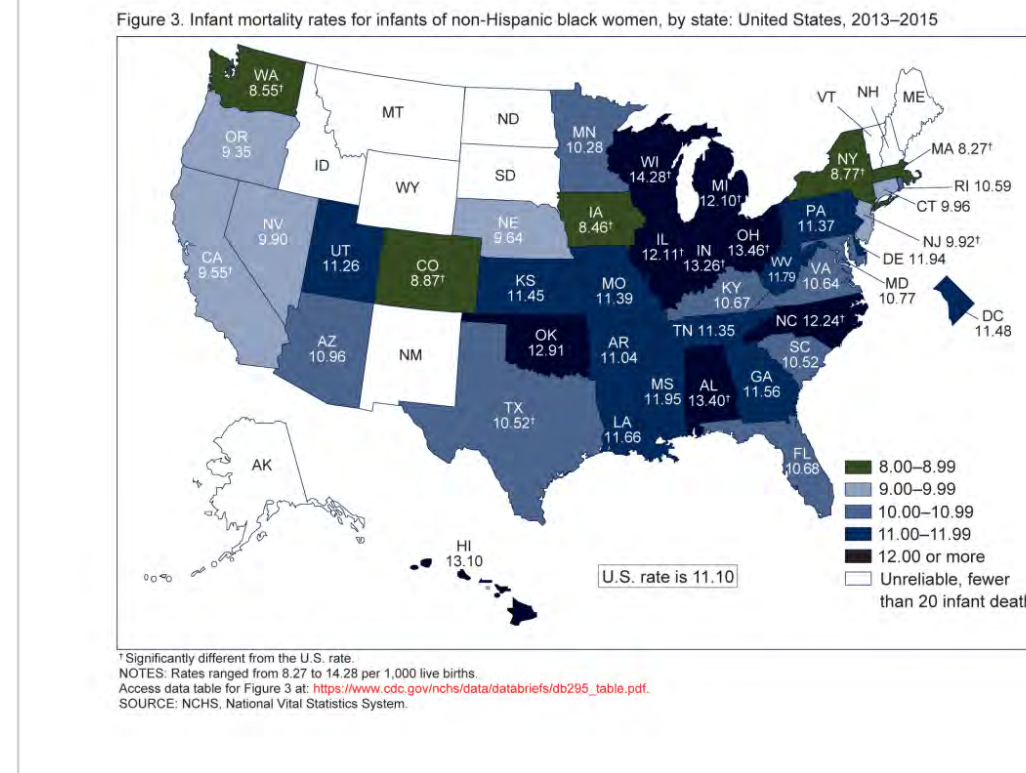
+ Looking at ways in which childbirth and labor process face empirical judgement.

+ Laws and policies in the U.S.

+ History of childbirth and labor in U.S.

+ Education on childbirth/labor.

+ Health access by location.



Question Cards
 Multiple choice
 What do you do in early labor?
 1 Time contractions
 2 work out
 3 Ask for help

Myth Cards
 True or False
 You can use Analgesics (Narcotic pain medication) at any point during labor.
 Ans: False
 Why: Hospital policies limit the use of (NPM) too early in labor.

Action Cards
 Direction for actions
 Demonstrate a labor position for back relief?
 Back stretch
 Trunk Twist
 Forward bend
 Back press

Reference Card w/ illustrations

What medication is used to cause contractions?
 1 Oxytocin
 2 Epidural
 3 Cytotec

Where do babies grow?
 1 Stomach
 2 uterus
 3 Vagina

Myth Cards
 A little wine is okay to drink during pregnancy.
 Ans: False
 Why: No alcohol is the safest to prevent fetal alcohol syndrome. Alcohol passes through placenta and into baby's bloodstream causing birth defects, physical abnormalities to mental illness.

Lamaze classes in preparation for childbirth provide information about pregnancy, labor, and delivery as well as instruction to the prospective parents in methods of relaxation and structured breathing. The goals are to lessen fear and to provide alternatives to medication in dealing with the discomfort of uterine contractions. Although much has been written on this subject in the last 30 years, objective advantages and disadvantages of this training have not been consistently demonstrated. Reported here is an observational case-control study that looked for differences in labor characteristics and outcomes in a group of primiparas who took childbirth preparation classes as compared with a matched group who received no preparation.

Methods
 From a study population of primiparous women who delivered at the University Hospital, Seattle, Washington, in 1980 and 1981, data were obtained from a master computer file of perinatal statistics to identify 64 primiparas who attended prenatal preparation classes. Their ages ranged from 20 to 35 years. All had established their first prenatal clinic visit prior to 20 weeks' gestation and had delivered at term (beyond 36 weeks' gestation). They had each identified spousal relationships as stable, either as living together or married. Attendance at prenatal classes was determined by the labor admission record, which included an item labeled "Prepared childbirth classes . . . yes/no." The accuracy of this information was verified by postpartum interviews.

This prepared group was compared with 64 primiparas who met the above criteria, excluding classes. They were matched for age (\pm five years), antenatal risk score (compiled from an initial history and physical examination risk index), ethnic

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Childbirth is the process of babies being born.

This is carried out by different stages throughout from the first signs of

Contractions

The muscles of the uterus tightens. The abdomen becomes hard.

+ Contractions may vary b/w women and pregnant persons.

When approaching the end of pregnancy babies will pass through the vagina or by surgery called a Caesarean section (C-section).

An incision made in the abdomen on uterus to deliver baby.

In 2015, the WHO Research Group on Treatment of Women During Childbirth conducted a systematic review of the literature on RMC [13]. Bohren and colleagues examined qualitative and quantitative evidence from 65 studies on the mistreatment of women during childbirth in health facilities across 34 countries, representing diverse geographical and economic settings. The investigators identified multiple examples of disrespect and human rights violations experienced by women giving birth, ranging from physical and verbal abuse, to a lack of supportive care, to neglect, discrimination, and denial of autonomy [13]. Noting wide inconsistencies in terminology and definitions of disrespect and abuse, the authors named the phenomenon "mistreatment" and delineated the phenomena across seven dimensions:

All 3 Phases of Labor has mixed cards!

Action / Myth / Questions	True or False	Multiple choice
EARLY LABOR Active 1 Get rest 2 Stand pushing 3 Eat & drink (Nourish + Hydrate) Dilation 1cm - 3cm Yellow No pushing in Early labor. 1 Get rest 3 Eat and drink (Nourish + Hydrate) + Contractions last 45 sec 2 mins a party 1 hour shows and more		
Active Labor Demonstrate a labor position that uses gravity 1 Squatting 2 Forward lean 3 sitting Dilation 4cm - 8cm Red Players will have an illustrated reference card w/ correct labor positions + walking + Squatting + sitting + standing + Forward +		
TRANSITION LABOR It is too late in your labor to request an epidural? Dilation 8cm - 10cm Green True or False Opponent player will ask question Ans:		
WILD CARD Choose a Path Make a care decision To get on a diff. path. Land an egg square		

Plain English summary
 Global health experts agree that how people are treated during childbirth can affect the health and well-being of mother, child, and family, but very little is known about experiences of care among childbearing populations in the United States. In this study, community members worked with researchers to design a survey that would capture their lived experiences of care during pregnancy and childbirth, including seven types of mistreatment by health providers or health systems. We collected information across the country including from communities of colour, and women who planned to give birth at home or in a birthing center. Of the 2700 women who filled out the survey, one in six (17.3%) reported mistreatment. Among all participants, being shouted at or scolded by a health care provider was the most commonly reported type of mistreatment (8.5%), followed by "health care providers ignoring women, refusing their request for help, or failing to respond to requests for help in a reasonable amount of time" (7.8%). Some women reported violations of physical privacy (5.5%), and health care providers threatening to withhold treatment or forcing them to accept treatment they did not want (4.5%). Women of colour, women who gave birth in hospitals, and those who face social, economic, or health challenges reported higher rates of mistreatment. Rates were also increased in women who had unexpected events like cesareans or transfer from community to hospital care; and women who disagreed with a health care provider, about the right care for themselves or the baby, reported the highest rates of mistreatment.

analysis identified four common themes: 'prioritizing the care provider's agenda'; 'disregarding embodied knowledge'; 'lies and threats'; and 'violation' [4]. A traumatic birth can have serious impact on postnatal mental health and family relationships. Short-term consequences of adverse experience of care include pain and suffering, and long-term consequences cited in the international literature include post-traumatic stress disorder, fear of birth, negative body image, and feelings of dehumanization [4-7]. In addition to these outcomes, fear of disrespect and abuse, and loss of autonomy have been cited as drivers for planned unattended home births, and reduce uptake of care, even among women with known risk factors [8]. Indeed, such mistreatment is itself an adverse outcome as it constitutes a violation of basic human rights [9].

Recognizing these serious health impacts, the World Health Organization (WHO) issued a statement in 2014 calling for further research on defining and measuring disrespect and abuse in public and private facilities worldwide [10, 11]; and urged health systems to protect and promote women's rights to dignified and respectful care, in addition to ensuring universal access to timely, safe and effective clinical care [11]. While significant disparities in maternal and newborn outcomes are reported across populations in the United States (US) [12], very little is known about whether mistreatment is a component of these adverse outcomes. To understand experiences of childbirth care, especially among communities of color and those who choose to deliver in community settings, service users partnered with NGOs, clinicians, and researchers, to conduct the Giving Voice to Mothers

While it is common to give birth in a medical practice or hospital. There is no current federal or local state laws or protective policies quality maternal and infant health.

+ There's monitoring birth rates.

+ Interventions: c-sections | epidural

+ Equity issues

+ Financial obligations on patients.

Many women of reproductive age are in good health. But some are at risk for long-term health problems. Did you know that one in four New York City women is obese? And one in ten smokes? Some younger women already have chronic health conditions, like asthma, diabetes, obesity and high blood pressure.

Women in this age group are also deciding whether to have children. Your health **before** and **during** pregnancy is very important – and can affect your long-term health and your baby's health. For example, women who are obese or have chronic conditions like diabetes and high blood pressure are more likely to have complications during pregnancy, such as:

- **preeclampsia** (high blood pressure during pregnancy, sometimes causing seizures)
- **gestational diabetes** (diabetes during pregnancy)
- **preterm birth** (before 37 weeks)
- **an unplanned cesarean delivery (C-section)**
- **a low birthweight baby** (less than 5.5 pounds)

Some complications during pregnancy can increase your chances of developing a long-term health condition. In fact, one out of two

Public Law 115-344
 115th Congress
 An Act
 To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve health care quality and health outcomes for mothers, and for other purposes.
 Dec. 21, 2018
 (H.R. 1318)
 Preventing Maternal Deaths Act of 2018
 42 USC 201 note.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
 SECTION 1. SHORT TITLE.
 This Act may be cited as the "Preventing Maternal Deaths Act of 2018".
 SEC. 2. SAFE MOTHERHOOD.
 Section 317K of the Public Health Service Act (42 U.S.C. 247b-12) is amended—
 (1) in subsection (a)—
 (A) in paragraph (1)—
 (i) by striking "purpose of this subsection is to develop" and inserting "purposes of this subsection are to establish or continue a Federal initiative to support State and tribal maternal mortality review committees, to improve data collection and reporting around maternal mortality, and to develop or support";
 (ii) by striking "population at risk of death and" and inserting "populations at risk of death and severe"; and
 (B) in paragraph (2)—
 (i) by amending subparagraph (A) to read as follows:
 "(A) The Secretary may continue and improve activities related to a national maternal mortality data collection and surveillance program to identify and support the review of pregnancy-associated deaths and pregnancy-related deaths that occur during, or within 1 year following, pregnancy"; and
 (ii) by inserting after subparagraph (C) the following:
 "(D) The Secretary may, in cooperation with States, Indian tribes, and tribal organizations, develop a program to support States, Indian tribes, and tribal organizations in establishing or operating maternal mortality review committees, in accordance with subsection (d).";
 (2) in subsection (b)(2)—

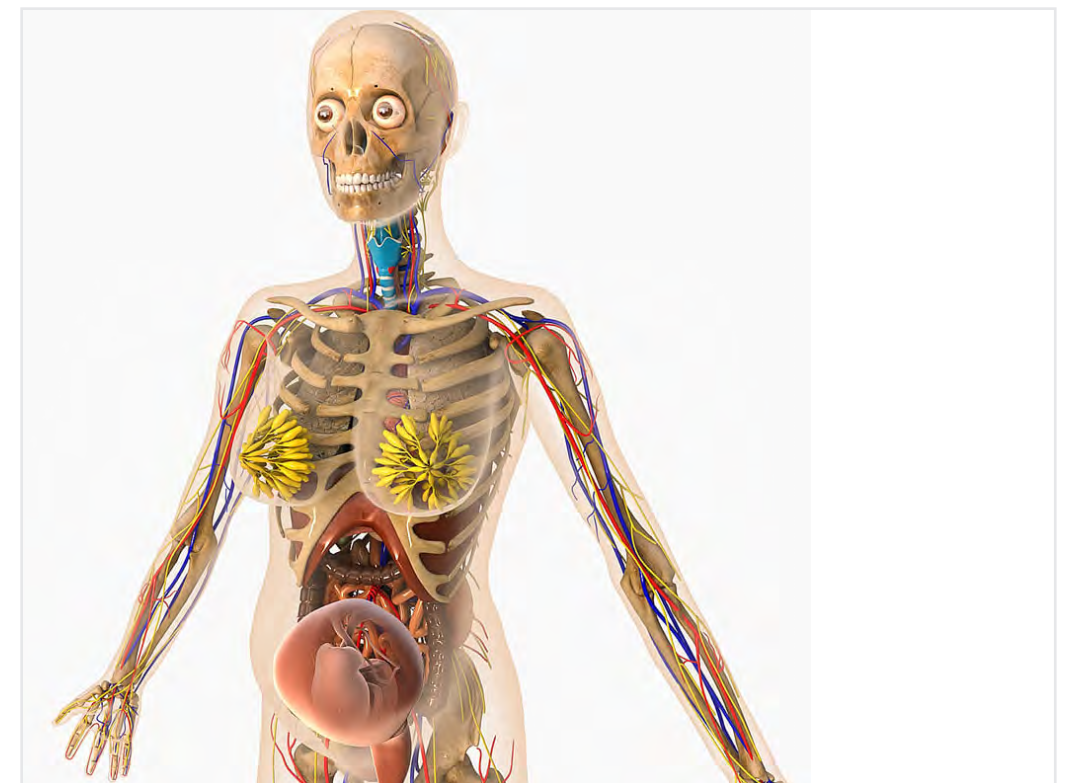
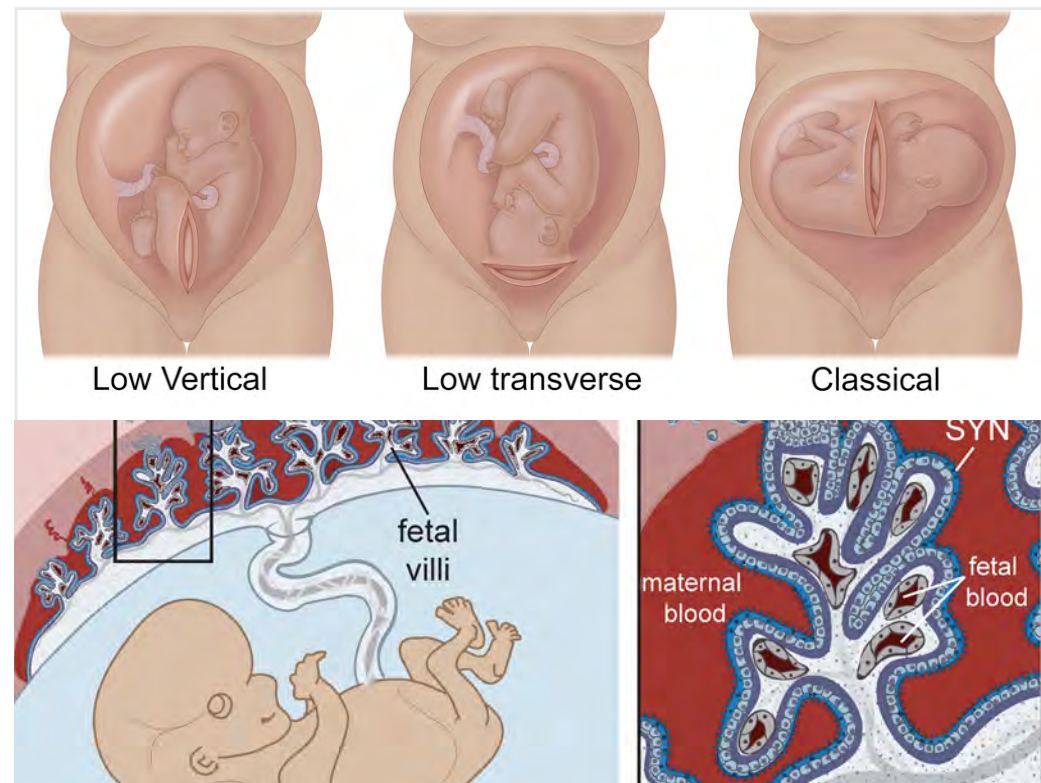
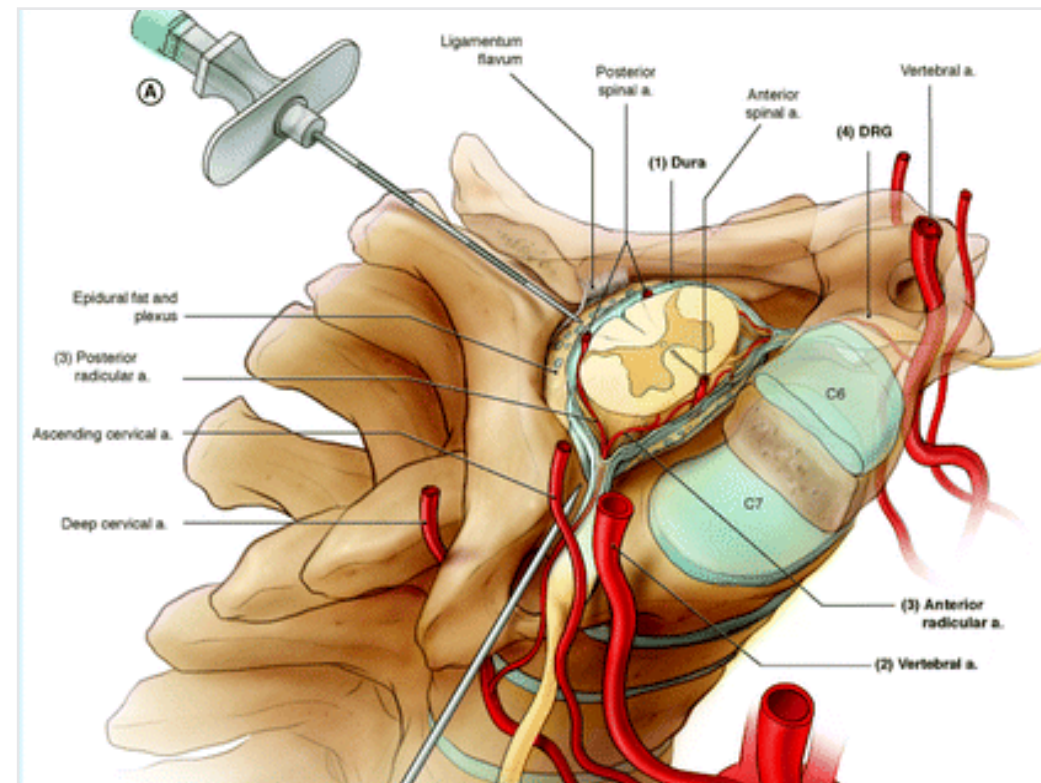
well, and then relax her arms and legs after each push. The accoucheur positions her/himself to the side of the bed as shown, and has excellent access to the perineum to do massage, and to guide the baby's head out as traumatically as possible. Delivery of the shoulders is also expedited, since the bed is not in the way. It does take some reorienting for physicians used to the conventional position, but is readily accomplished. No special bed or other equipment is required.

All these positions offer the advantage of having a flat bed surface to lay the baby on just after delivery to begin resuscitation. It is easier than juggling the infant in midair, as is usual.

All-fours
 The all-fours position (Figure 7) is definitely the most unconventional position of all and certainly requires reorienting. Many women, however, feel comfortable with it once they have tried it, and it can be very useful in labour with backache. Some women find that it promotes good bearing-down efforts. It may be used in late first-stage or transition labour and for second-stage labour when the woman just does not want to try one of the other positions. It is difficult to hear fetal heart tones, and perineal management will require some gymnastics by the accoucheur.

Figure 6
 Side-Lying Position Showing Accoucheur Position for Expulsion of the Shoulders

Figure 7
 All-Fours Position



Logo Exploration

Handmade logo type and **Gliker** font spells out “The Labor Game”. The Indigenous **Expecting Parent** represents the BIPOC community. The slogan is centered below, The Labor Game logo type.

- No. 3 logo type on game box packaging.



White fill + outline



Black fill + outline



1



2



3



4



5

Typography

Purchased **Gliker** font for commercial use.
Aller font used for sub copy on print and web. **Gliker** regular used for

The Labor Game

Gliker Semi Bold

Aa Bb Cc Dd Ee Ff Gg Hh Ii Jj Kk Ll Mm
Nn Oo Pp Qq Rr Ss Tt Uu Vv Ww Xx Yy
Zx 0 1 2 3 4 5 6 7 8 9 10

Gliker Regular

A Tool kit for Expecting Parents

Aller Regular

Voice & Tone

Health care disparities can be addressed by improving communication between Expecting Parent and provider, and shared decision-making.

Voice	Tone	Language
Awareness	Accountability	Affirming
Culture	Calming	Capacity-Building
Factual	Supportive	Equity
Positive	Transparency	Safety

Colors

Baby diaper icons represent colors used on board game tiles, prego game pieces, labor positions card, and the game cards. Logo colors are magenta and white.

- Early Labor - Magenta
- Active Labor - Yellow
- Transition Labor - Blue
- Board game background - Peach
- Labor Positions Card - Black



C 0 M 98 Y 52 K 0
R 237 G 28 B 89
HEX EC1C58



C 59 M 79 Y 0 K 0
R 146 G 62 B 219
HEX 923EDB



C 1 M 18 Y 99 K 0
R 252 G 204 B 8
HEX FDCD08



C 4 M 6 Y 9 K 0
R 243 G 235 B 227
HEX F3EBE3



C 57 M 0 Y 71 K 0
R 43 G 255 B 140
HEX 2CFF8B



C 1 M 16 Y 18 K 0
R 250 G 217 B 199
HEX FBD9C6

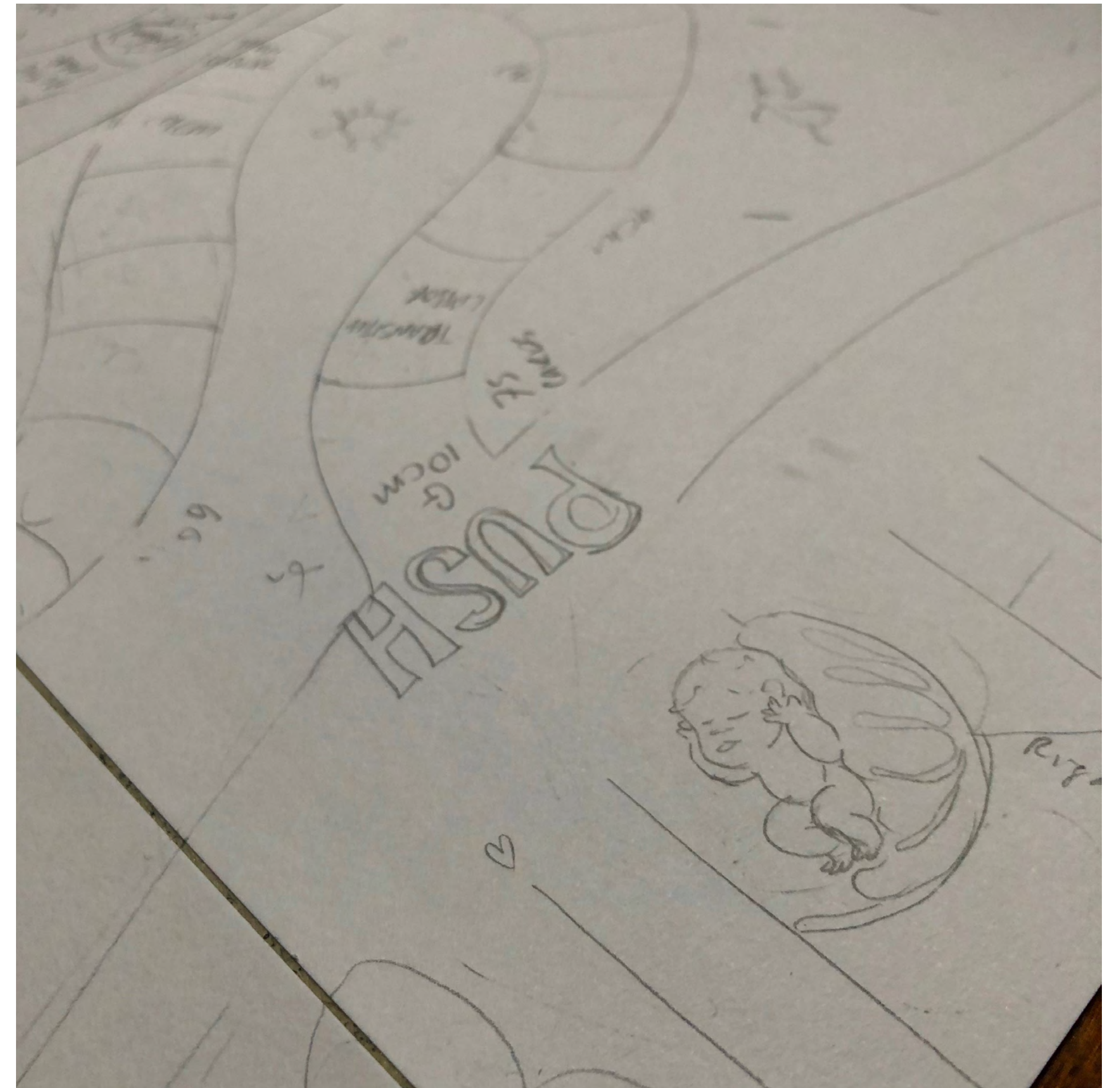


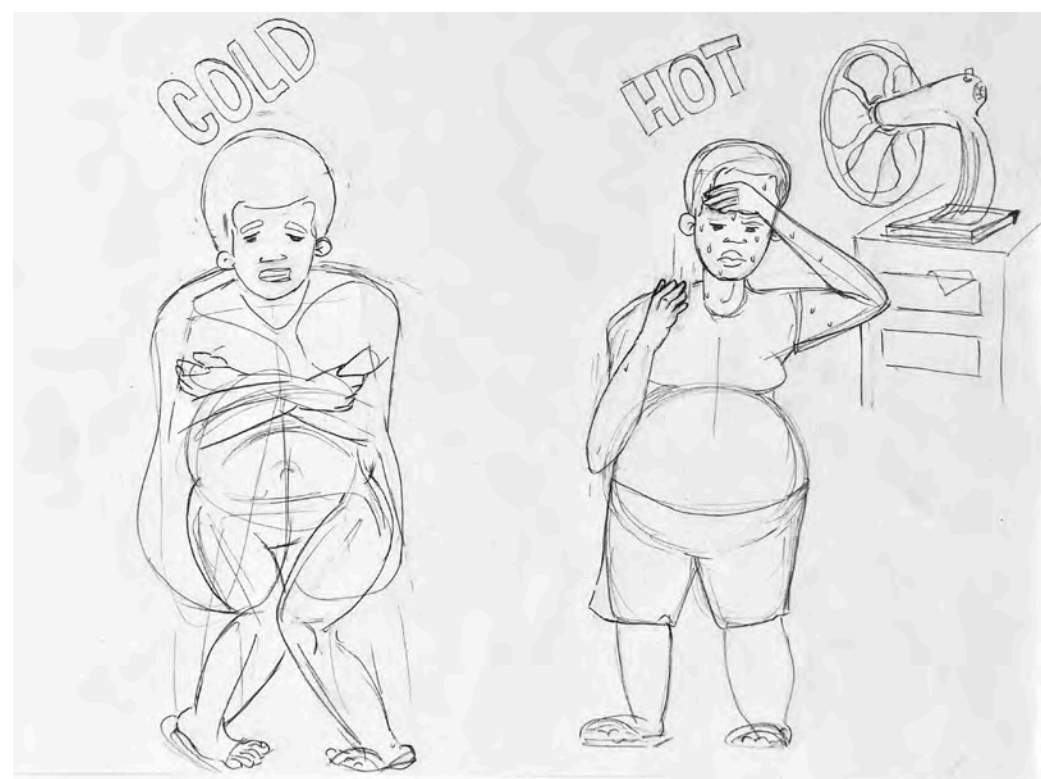
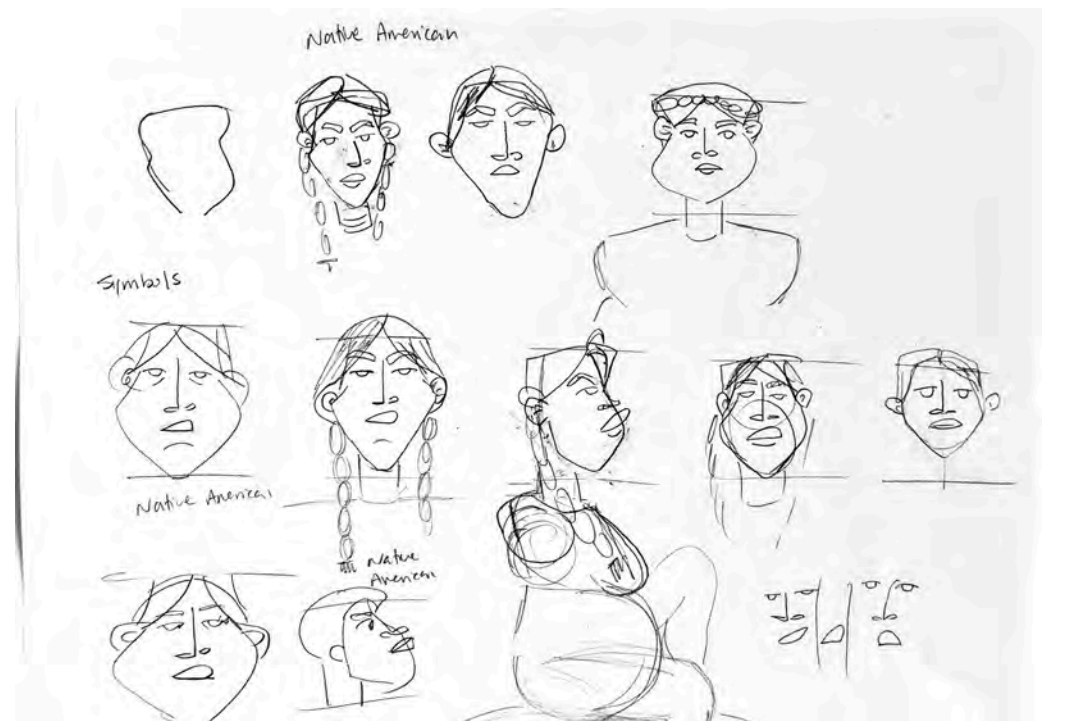
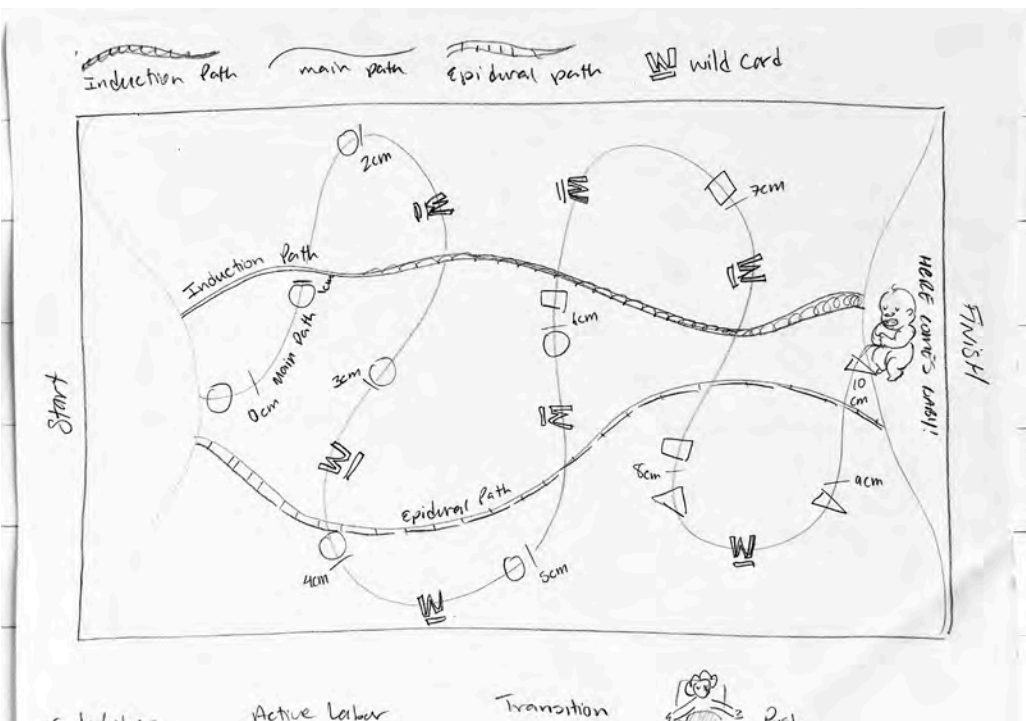
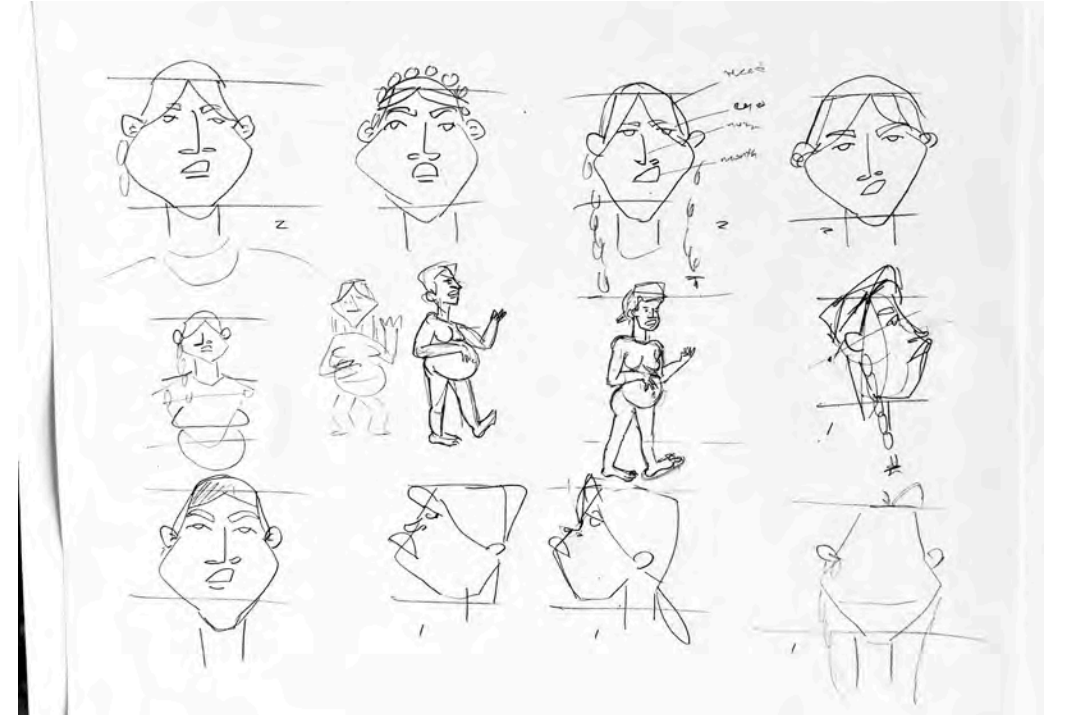
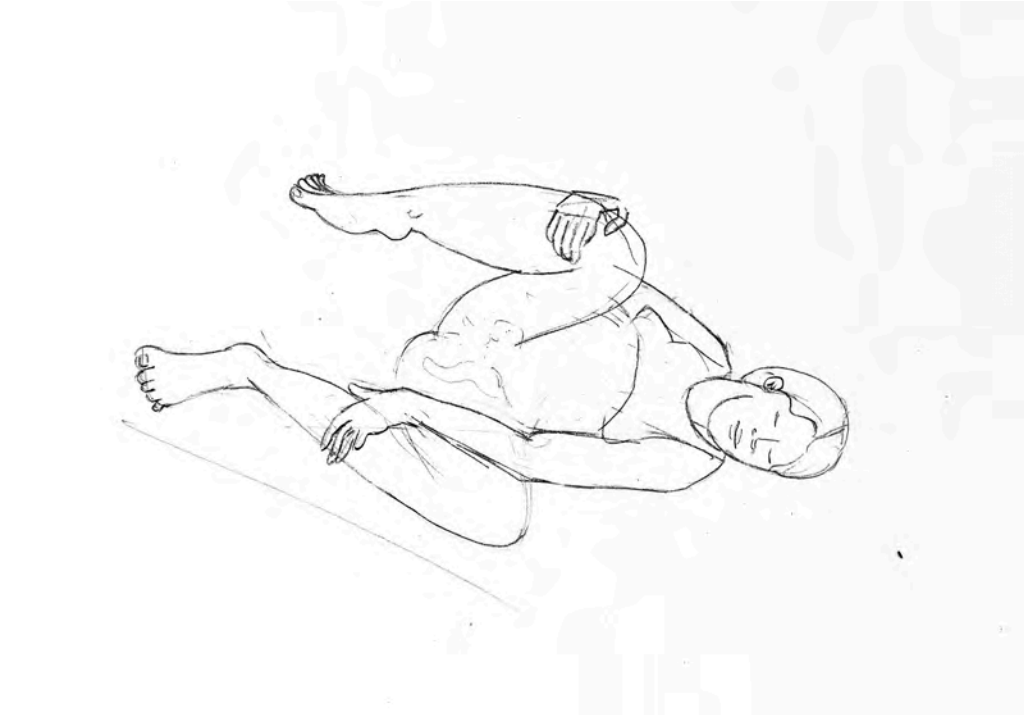
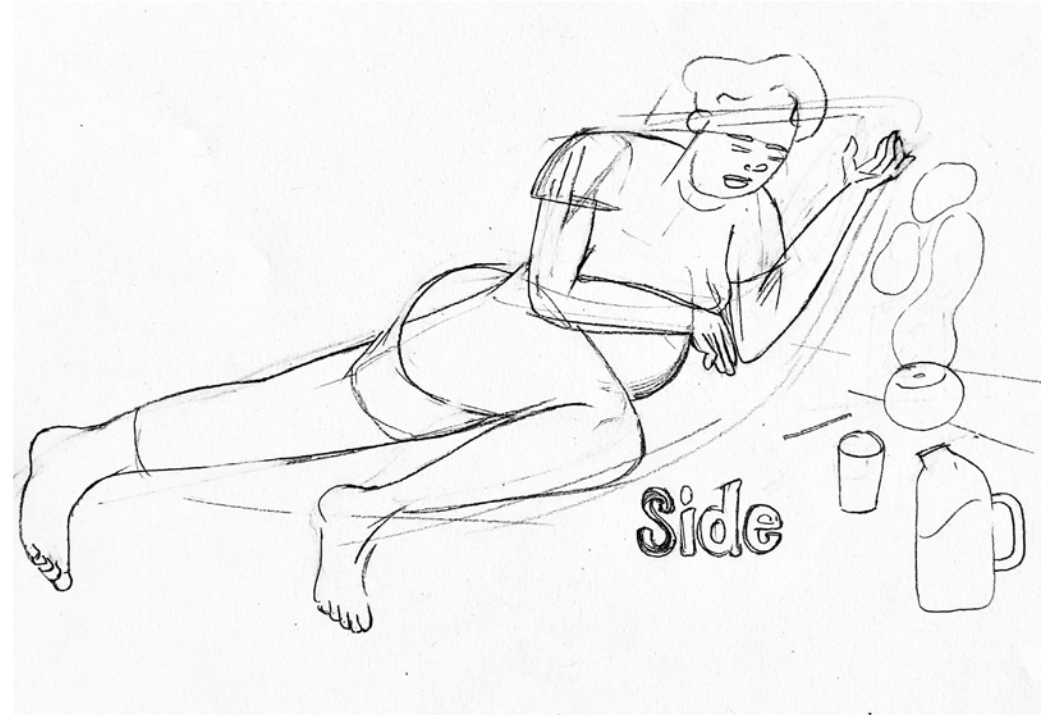
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R 59 G 190 B 190
HEX 3BBEBE

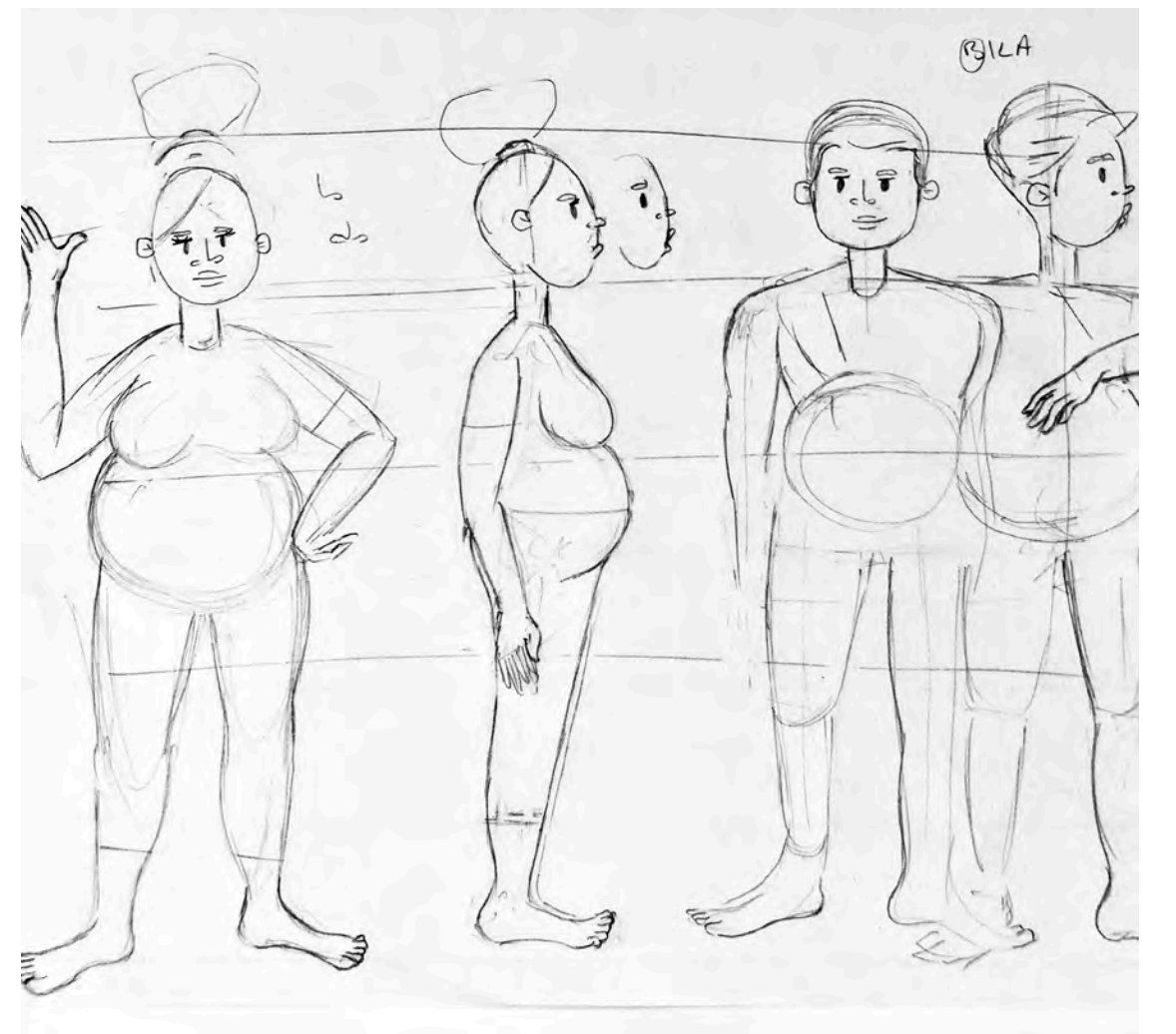
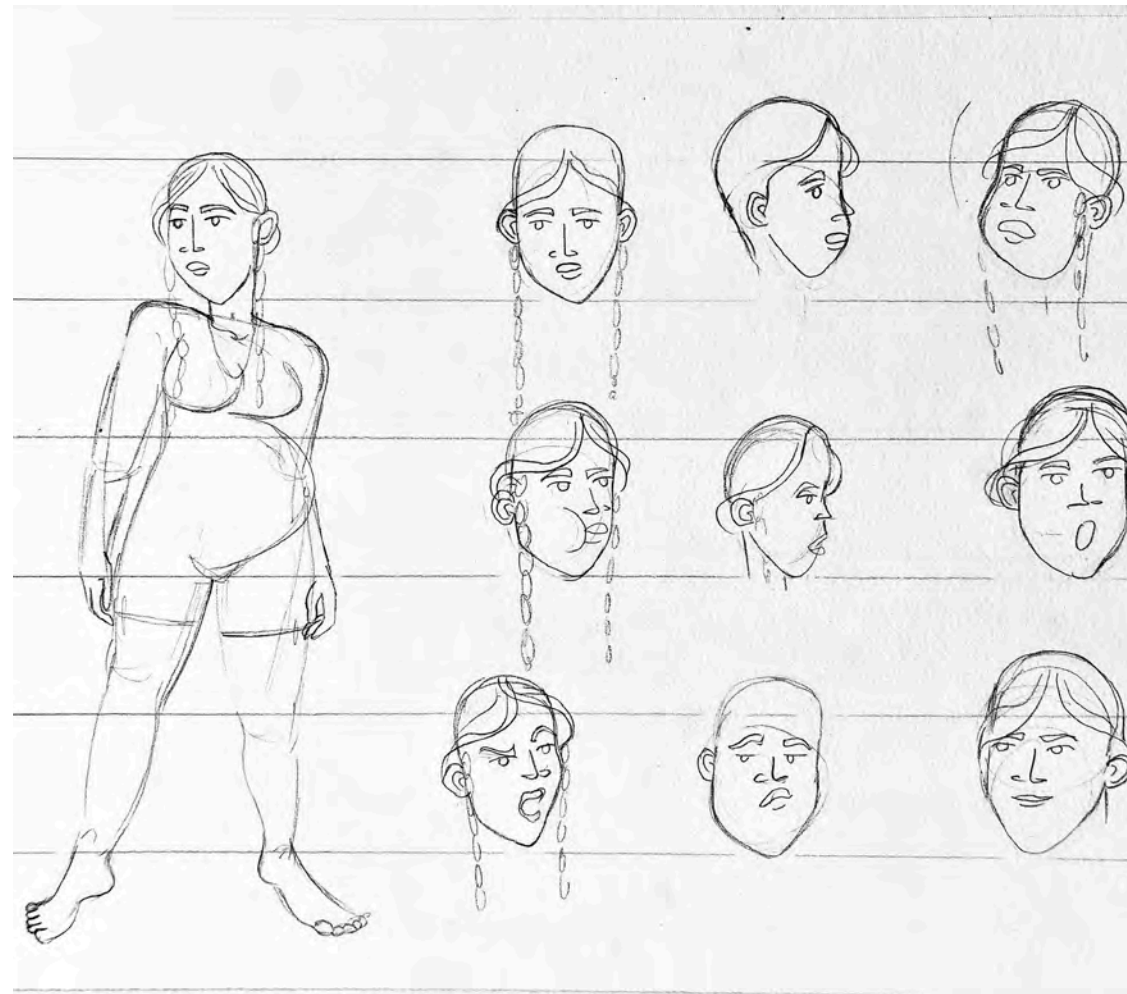
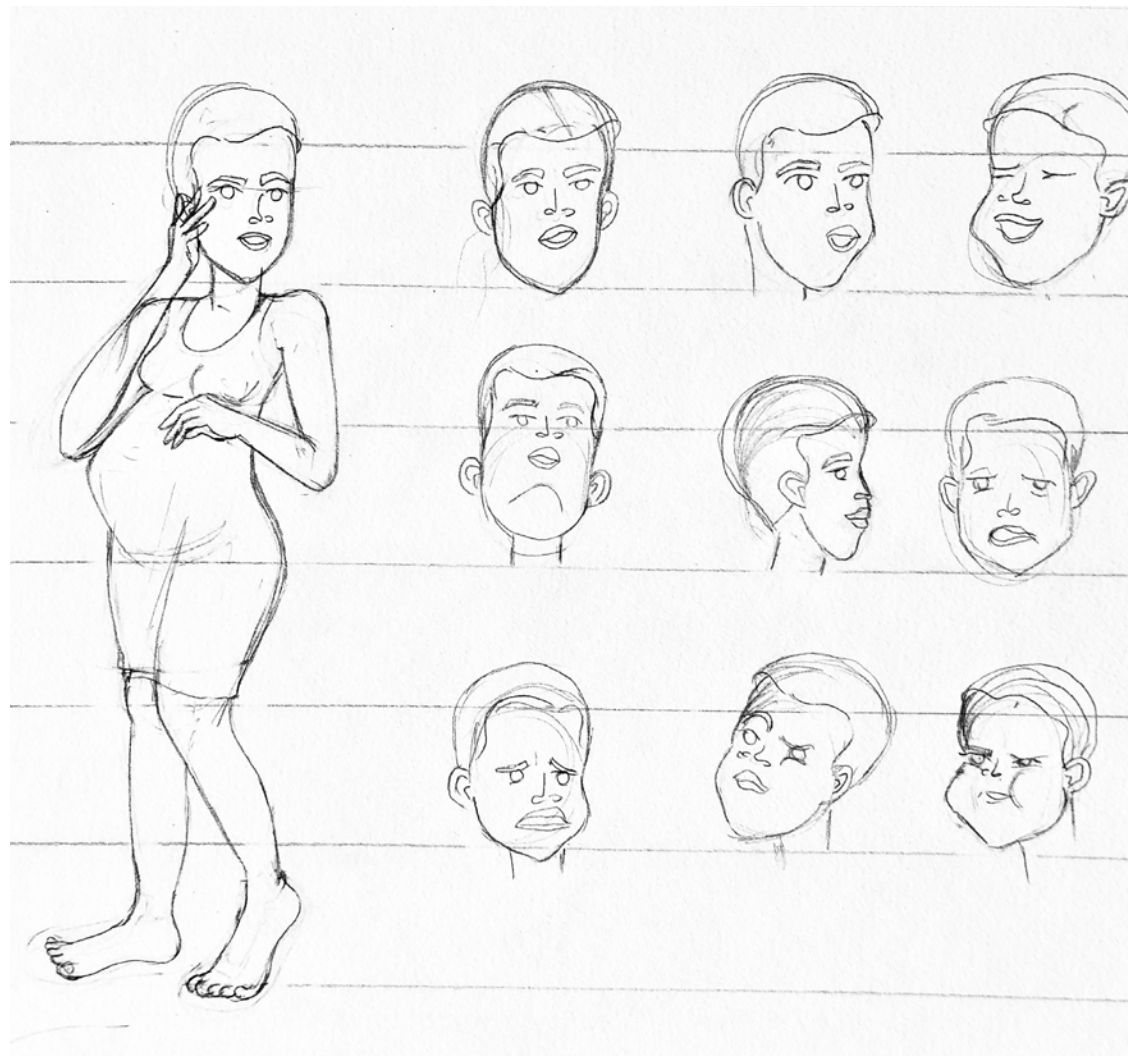
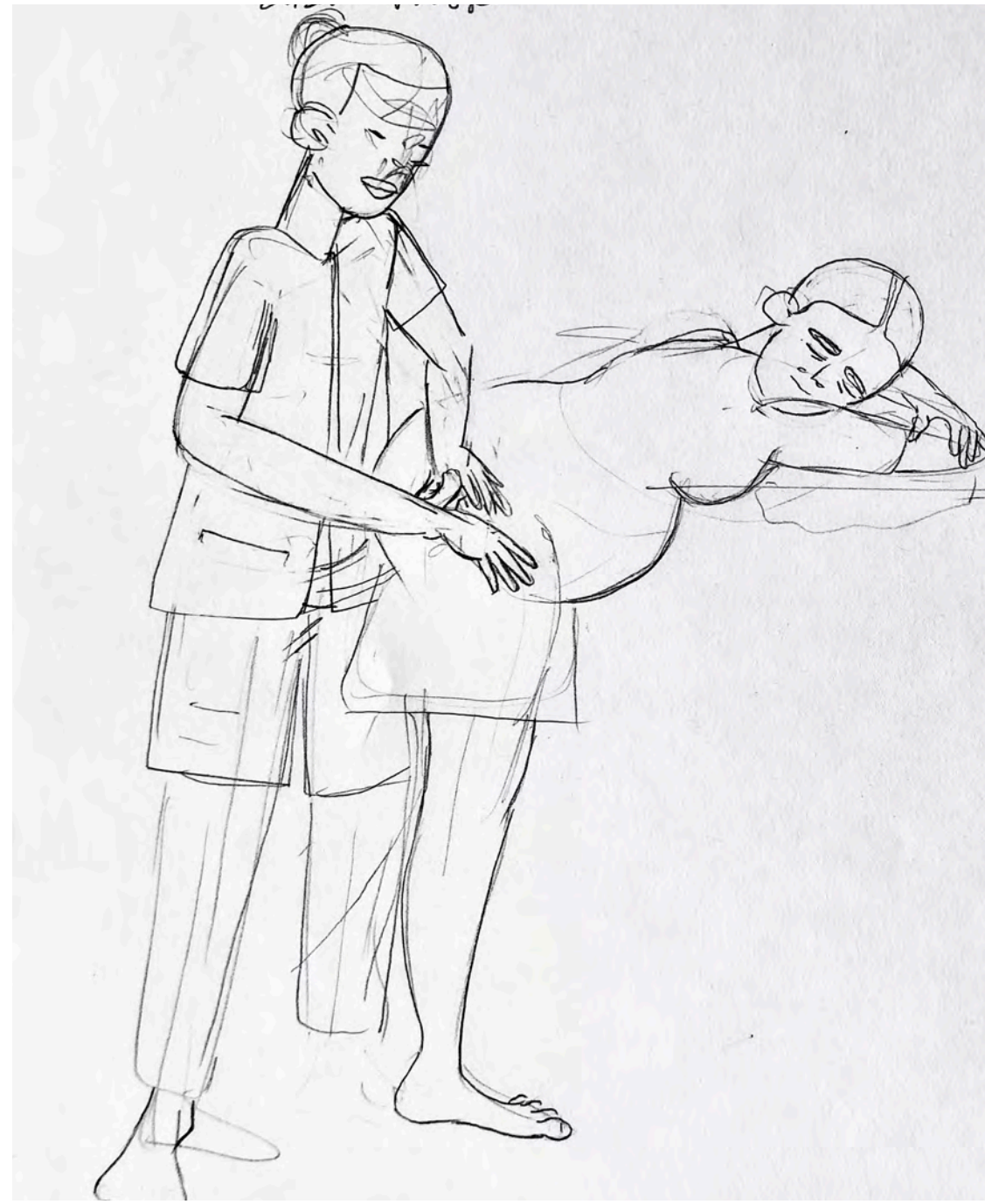


C 72 M 68 Y 64 K 78
R 28 G 26 B 27
HEX 1C1A1B

Board Game Sketches







Labor Positions



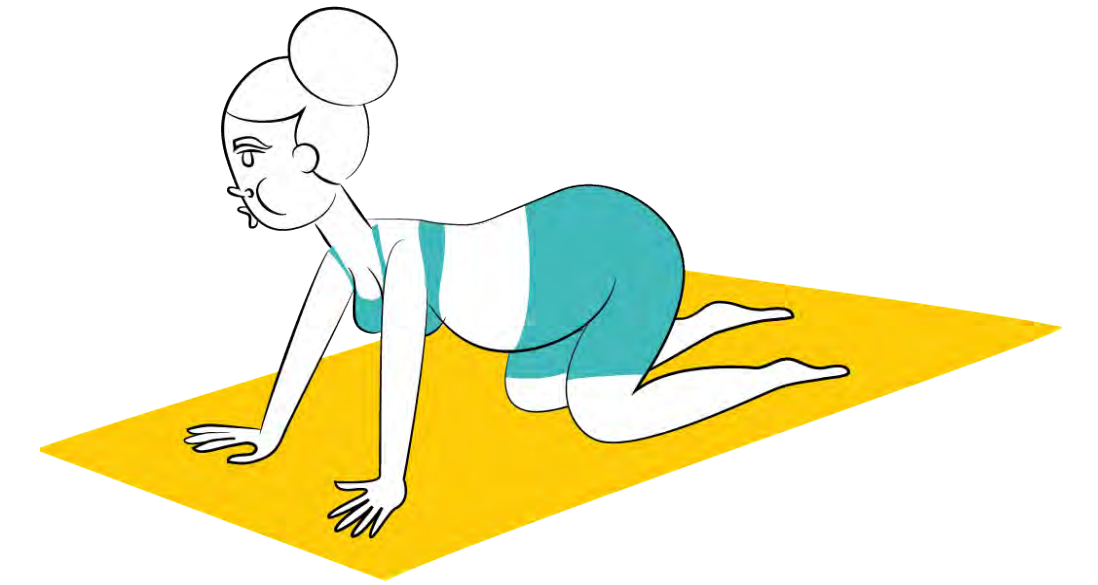
Leaning-forward



Lean-Siting



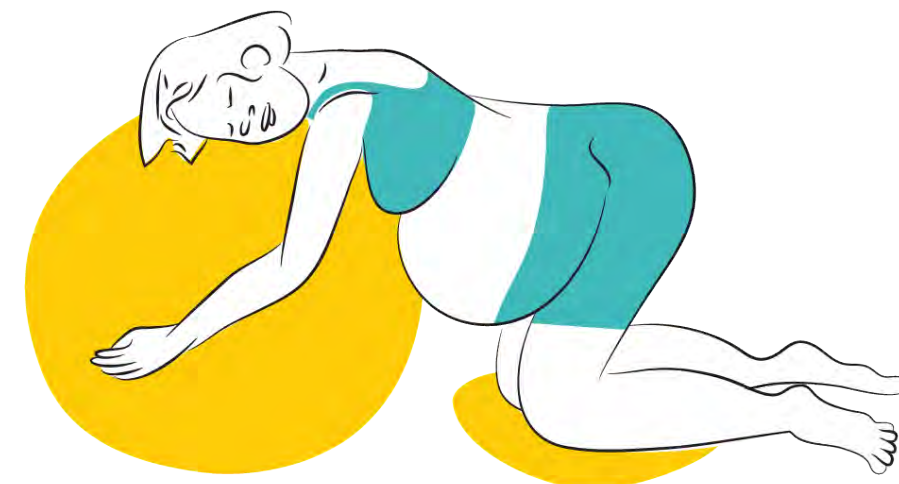
Sitting-rocking



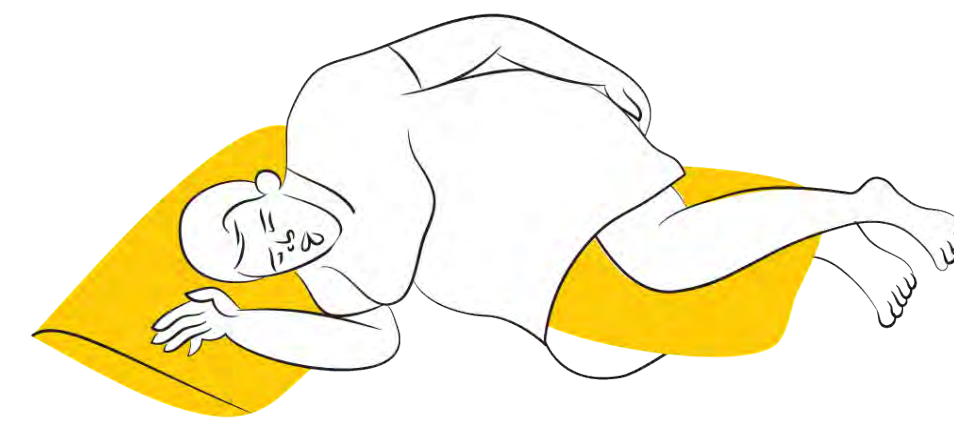
Hands and knees



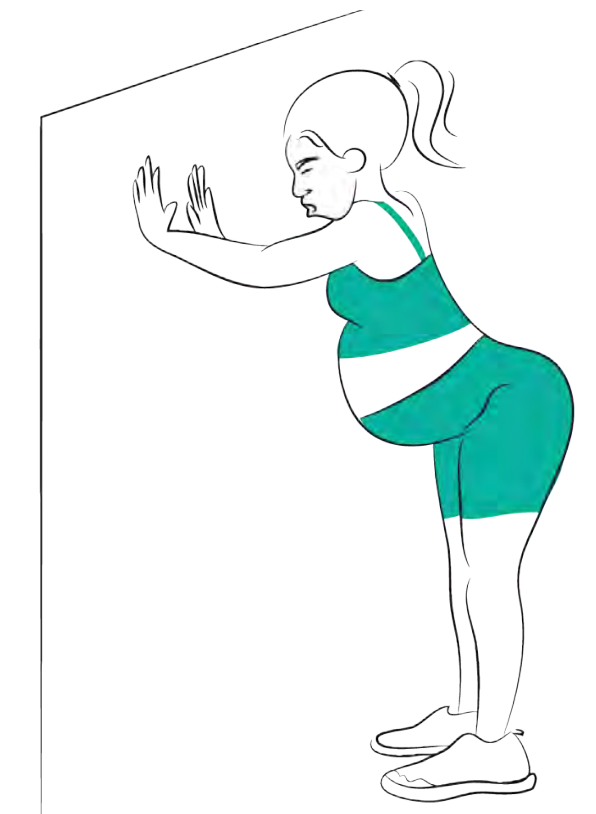
Walking



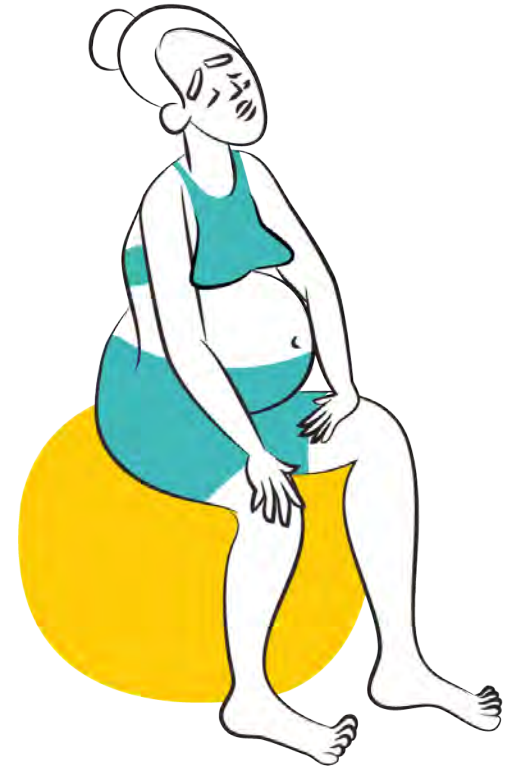
Leaning on ball



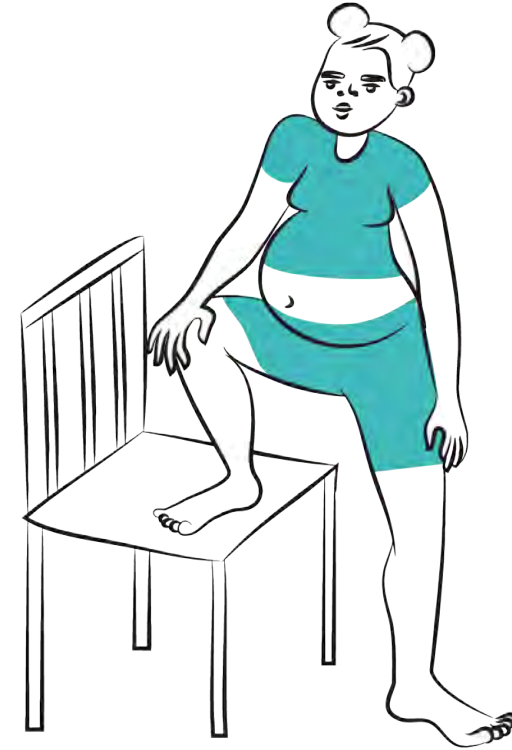
Side-lying



Wall push



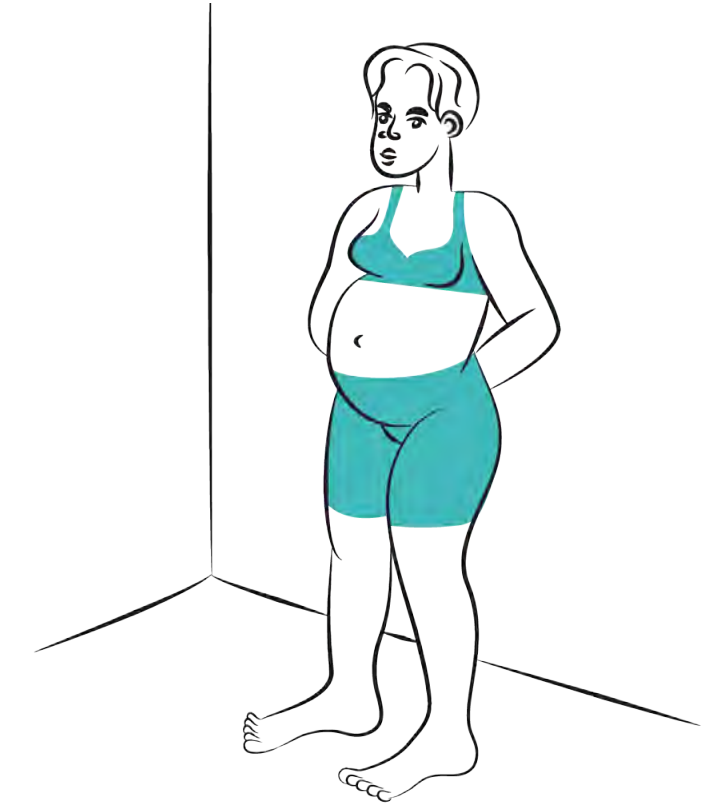
Siting on ball



Standing lunge



Pulling down***CHANGE



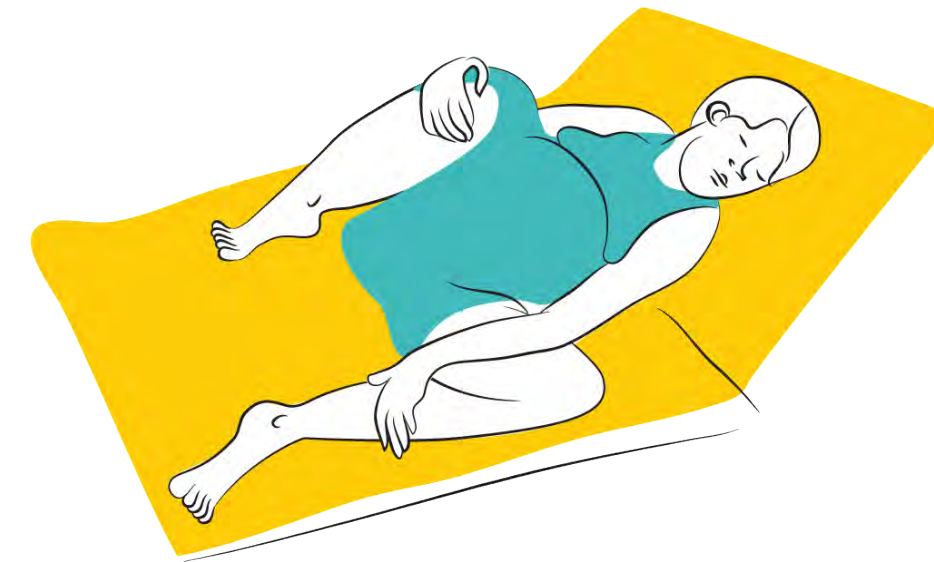
Wall lean



Counter-pressure



Birthing-pool



Side-lying push



Crowning

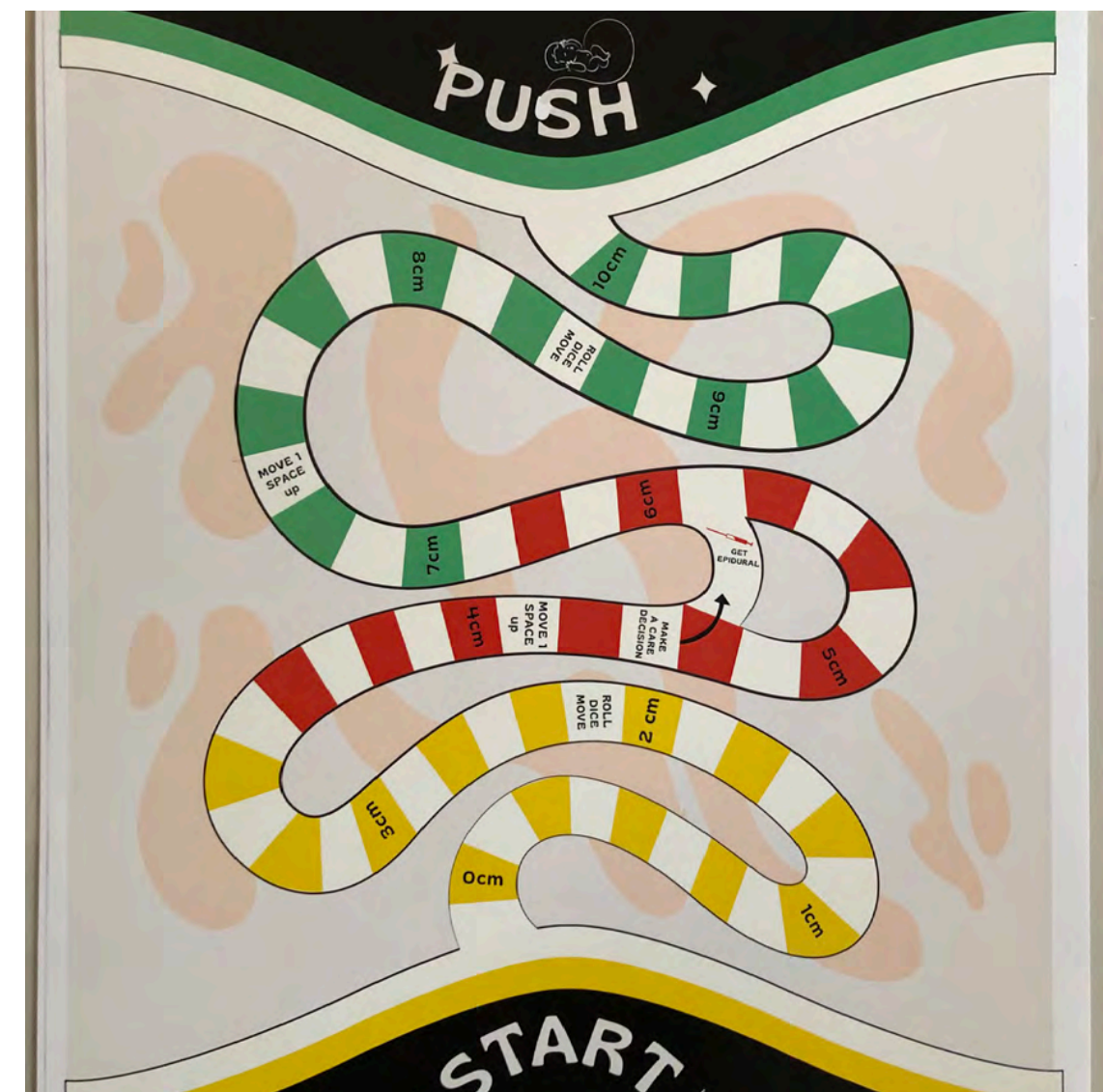
Printing Prototype

Test printed the game box prototype for

- Text size
- Color correction
- Line weight
- Alignment
- US board game labels



First design



Glossary

Analgesics - are medicines that are used to relieve pain. They are also known as painkillers or pain relievers.

Childbirth - also known as labor or delivery, is the ending of pregnancy where one or more babies leaves the uterus by passing through the vagina or by Caesarean section.

C-Section - is a surgical procedure used to deliver a baby through incisions in the abdomen and uterus.

Labor process - The three stages of labor before childbirth which is Early Labor, Active Labor and Transition Labor.

Maternal Infant Disparities - African Americans have the highest infant mortality rate of any racial or ethnic group in the United States, and higher rates of preterm births explain more than half of the difference, relative to non-Hispanic white women.

Doula - A trained non-medical person who assists at births and during the labor process, and postpartum. A key person for supportive care.

DONA - Doulas of North America- The world's first, largest, and leading doula certifying organization.

Epidural - regional anesthesia that blocks pain in a particular region of the body.

Fetal monitoring - occurs when trained care providers use tools to monitor and interpret the baby's heartbeat during labor and birth.

Forceps - a medical tool that resemble large salad tongs used to assist delivery of the baby during pushing.

Hydrotherapy - is the use of water, for relaxation and pain relief in labor.

Midwife - A licensed medical professional with expert knowledge about the natural childbirth and labor process. Delivers babies and can handle complications in and out of hospital settings.

Oxytocin - also called the "love hormone". It is associated with empathy, trust, love and bonding and is responsible for uterine contractions in labor.

Pitocin - artificial oxytocin. This medication is used to induce or augment labor.

Posterior (medical) - also called "OP", when a baby is positioned head down, but facing mom's abdomen.

Uterus - also called the womb, it is where babies grow and develop during pregnancy.

Affirming - state as a fact; assert strongly and publicly.

Accountability - the fact or condition of being accountable; responsibility.

BIPOC - Black, Indigenous, People of Color.

Equity - the quality of being fair and impartial.

Capacity Building - is the process by which individuals and organizations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.

Expecting Parents - A gendered or non-gendered human who is pregnant.

Inclusive - (Incivility) - open to everyone : not limited to certain people. : Including the stated limits and everything in between.

POC - People of Color, who are Black (African, Caribbean, Black-American), Latin, Latinx, Native Indian and Asian (Brown Asians). Non-white people or people who do not identify as white.

Transparency - You establish yourself as an honest, credible person in the eyes of others.

Mother-Centered Design - This is an approach to understand mothers and women and their lives specifically in childbirth and labor. Mothers are pillars our society.

Shared decision making - patient- centered health care. It is a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values.

Make A care decision - A method of how to think about what to do in a situation specifically in the process and childbirth.

Pregnant person - A human who is pregnant.

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