

(introductory music)

DISCLAIMER: *Taking Back Birth* is a production of the Indie Birth Association and indiebirth.com. No material on this podcast should be considered medical advice. Birth is not a medical event.

MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi. Maryn here as always. And today I want to talk about uterine activity during pregnancy. That sounds incredibly clinical, doesn't it? But I want to talk about what the uterus does as far as getting ready for birth and when it might be too much and what anybody is actually concerned about as they're assessing these things. So, again, that sounds pretty clinical. But this topic came into my awareness more than normal when I was pregnant this last time. And I'll get to that story. But certainly, as a midwife, it's certainly something that comes up here and there. So whether we're talking with women about practice contractions and what that might mean or what it feels like or if we're assessing or screening someone for preterm labor as far as what their uterus is doing, I think there is lots of things rolled into one when we talk about uterine activity.

So right off the bat I'll say that I think there's a lot of variation, and I'll talk about that too, as far as what it might mean or not mean. I think there is probably a lot of fear, and that's not surprising. There's really fear in every one of these topics. And I discovered that fear first hand, again, when I was pregnant, and I did some Googling. Never the greatest thing to go Googling, but we all do it. And the fear is real, really, about anything pregnancy related. So when I was reading those forums and reading information about irritable uterus, for example—and I'll talk about what that is—it reminded me of a couple topics. One of which is even bleeding in the first trimester. So it was just a similar kind of feeling like, "Well, it could mean something bad or undesirable." But it often doesn't and can mean lots of other things. And sometimes we just never know why people have the bleeding they do in what turns out to be a healthy pregnancy.

So anyway, not talking about bleeding today. I'm just comparing these two issues and topics. And I think they're probably lots more out there along those lines which is, "Well, we really don't know, but here are some things to consider." So I think when we're talking about what the uterus does in pregnancy it really is in relation to birth preparation. That's the most normal topic when we talk about the uterus. So what is normal? And even that is a loaded question just because I think there are certainly variations of normal, and there's different perspectives and different opinions and even different groups of women really. And it depends on who you're talking to as far as what is normal for them. So for example, even with a first baby or a first pregnancy versus having had a bunch of babies, there is a difference in what might be considered normal.

So to keep it really simple, the uterus doesn't just spit out a baby at the very end of pregnancy. And that might sound silly, but I think there are certainly people that think that's true or they don't understand all of the changes that go into prepping our bodies. And this is not prepping that we are consciously doing anything. This is the way we're made. So our uterus—and actually the plural of uterus is uteri, which always sounds weird. I don't really say it. I sometimes just say the wrong word which is uterus. It's not. But the uteri in pregnancy of women prepares in advance. So what does that mean? It means that there are normally contractions that are felt months before labor begins. And some of this is just abstract to talk about because if you haven't experienced it it probably isn't going to make a lot of sense. I know in my own work with women here that when mamas are in their first pregnancy we talk about it, and I try to explain it a couple different ways. So if I'm asking are you noticing your uterus kind of warming up, that's one way of talking about it. That we can have a couple of contractions a day really months before pregnancy. And what does it feel like? So we can have a discussion about that.

For some women, it really just feels like a tightening that the muscle, the uterus muscle, is just getting tight just the way any other muscle would if it were being used or flexed. So that's how it feels for some women. Other women just notice kind of the effects of the uterus muscle tightening as practice, and they might report, "Oh, the baby moves a lot or strangely. And I have to pee. My bladder feels really full of a sudden. I feel pressure." I remember my first pregnancy well in this regard. It was almost 15 years ago. But I do remember getting practice contractions, and I do remember knowing that that's what they were. So I think there certainly are lots of women do identify what's going. They feel it, and they understand. And it's not a worry. They know it's normal even if they've maybe checked in with someone about it. And then I think there are, in my experience, just as many women that I come in contact with especially with their first pregnancies that really don't notice or kind of know that that's what's happening. And sometimes it's just a matter of bringing awareness to it. And I guess you could ask, "Well, why bring awareness to it?"

But usually, as a midwife, I'm curious just what people are noticing with their bodies. But, again, you might just get different reports especially from a first time mama. So if that's you, you may or may not be noticing your uterus getting tight. It usually doesn't start until—well, again, this is big generalities here. But maybe end of second trimester, beginning of the third. So around 28 weeks or so. But that's in a first pregnancy, right? So if you've had babies before, you can notice practice contractions really all the way through, and they can still be really normal. And they're not the same as labor contractions. That's kind of key when we're talking about normal uterine activity. But, again, it's kind of hard when you're talking with someone that can't compare because they haven't been in labor yet. So that doesn't really help.

But normally, a practice contraction kind of comes without any hormones that you get with labor. It's really an entirely different sensation, at least in my experience. But, again, we're going to talk more about some of the variations here and what that looks like. But I was trying to say what normal was, and that just took me a really long time. And I don't even know that I really addressed it very well. But I did want to lay a foundation for normal. So yeah. I think I'll leave it at that for now. Probably talk more about it in a bit. But moving to kind of the issue at hand, which is what is too much? When is the uterus starting to overdo it? And really if we're going to pin a worry on such a thing because what are we actually worried about if we know that the uterus does prepare months and months in advance whether we know it or not. We are worried about preterm labor.

And I think that's a legitimate concern especially when you're working with women that may not know if that's happening. Or if you're listening to this and you're pregnant with your first baby, I think it's still legitimate. Like how would you know? And nobody wants that to happen. So that's the concern. Is it preterm labor? And if it is, what can we do? We don't want preterm labor to happen and/or another concern would be what can we do in general if someone is complaining kind of excessively about their uterine activity? So they're reporting just annoying kind of—even if they're practice contractions, they're reporting maybe an excessive amount or kind of a sensation that is more on the painful end of things. I think all of these things are variations, and I would say even in normal, healthy pregnancies they can be. So kind of a lot of things wound into one.

Irritable uterus is something we'll talk about. It's kind of a catch phrase. And again, is it irritable uterus? Is it just like an annoyance? Or is what's going on with your uterus or this pretend woman's uterus actually a concern? When do we have to worry? And I'm not a worrier by nature, but I've said before, on these podcasts, that I, myself, was a preterm baby. So I definitely think there is a part of me that personally identifies with this whole issue of potentially stopping a preterm labor. And, of course, I think I would anyway. I don't think anybody wants a baby to come before it's ready to live on the outside. And as midwives, we really do, in general, kind of pride ourselves on not having this happen very often for reasons we'll discuss.

But in general, if you didn't know, the preterm labor rate, at least here in the U.S., is incredibly high. And I don't know the statistic offhand. And it's certainly high in other places in the world. But in the U.S. where you'd think on paper, right? We have access to medical care and all of these things it really shouldn't be what it is. So something is going wrong, and I think there's a lot of reasons for that. So when I was Googling back when I was pregnant and having some contractions earlier than I would have liked, I was reviewing some of the things that I think were taught and then, again, kind of witnessing a lot of newer information and just women being pretty fearful, but one

general definition that I found that had a lot of women running to their doctors or calling their midwives was the number of contractions per hour. And I found that kind of fascinating even while I was in it myself because I understand guidelines. And I think perhaps a guideline with number of contractions per hour could actually save—help someone who was going into preterm labor and didn't know. But what I also read was a lot of accounts of women who would go in, so to speak, and they weren't in labor. And there wasn't anything pathological going on. They were just noticing lots of contractions per hour or whatever it was based on guidelines like this.

So the guideline that is out there, kind of mainstream, is that if you have more than four to five or some say even six contractions per hour then you should go in. And I think that's a loaded thing too because—well, maybe I'll talk about it. What are they going to do in some cases? But that's kind of a wide range of possibilities. So four contractions in an hour. Again, are you paying attention? Are these women that are just noticing more? Are they dehydrated? There's lots of things we could talk about why anybody would notice and count contractions per hour. On the other hand, again, they might be real, and this might be a woman that is entering preterm labor. So it's just this large field of possibility here. So that or six per hour. So if you think of six contractions an hour, you're essentially saying they're probably about ten minutes apart which, again, does that mean something? Or does it not? If someone is term and they're anticipating labor like any day, contractions ten minutes apart for an extended period of time probably in hindsight we would call early labor. So, again, is that the situation when someone is noticing six in an hour at let's say 30 weeks? I think there's just a lot more to it than that.

But, again, the mainstream recommendation—and I'm not necessarily arguing with it—is for women that are experiencing that to go into the hospital to get evaluated. So of course, when they get there, then there is probably hopefully more of an evaluation. So not a fan of vaginal exams. But in a case like this, I think that's not an awful idea to see is the cervix actually changing? If someone is having six contractions per hour and they've reported that going on for the last three to four hours with no break, then an evaluation is probably in order. So is the cervix changing? That is something I think many of us midwife or not could also evaluate ourselves at home. So I'm not saying don't go to the hospital if you're experiencing something that seems like preterm labor. But if they're just going to do an exam anyway and you can do that on yourself, then that's really helpful information. And I'll get to my little anecdotal story here about myself. But that certainly was something that I did in the midst of my experience was just check my own cervix. If I had felt it opening, I would have been a lot more concerned. And on the flip side, it was—excuse me—it was super reassuring to know that the contractions I was noticing—no matter how many were really happening—they were not causing any change to my cervix. So it reassured me that this was not labor.

And that's, again, essentially what anyone is trying to figure out. So is it labor? Or is it just kind of annoying? And if it is annoying and only annoying, why? And is there anything we can do? So my story with Deva's pregnancy was a little different than my seven other or eight other pregnancies. I began noticing practice contractions with Deva's pregnancy around 20 weeks, which I don't think is odd at all for someone that's had that many babies. If you look in the textbook, the uterus is known to start contracting this way—so just simple muscles tightening—at about eight weeks of pregnancy. Now most women aren't going to notice that because—well, the uterus is not very big at that point. I think that would be one reason although I certainly have come across women that have noticed it maybe that early. But more typically like 12 or 14 or 16 weeks saying, “Is it possible that I'm feeling,”—we call them Braxton-Hicks sometimes or practice contractions? And I would say, “Yeah. For sure. That can be really normal to feel that every now and then that early.”

So, again, back to my story. Not really that odd to feel that at 20 weeks. But it was different than my other pregnancies. My second pregnancy I remember having a lot of practice contractions kind of all the way through. And I was new to the midwifery world. In fact, I wasn't really even in the midwifery world for the first half of that pregnancy. So in a way, my ignorance was bliss. I don't remember really worrying about it, but I do remember it happening. I even have notes in my journal that that was happening. It never turned into anything. It was never preterm labor. But other than that, my second pregnancy—I had all the other ones with really minimal uterine activity at all. So not even that many practice contractions for having had that many babies. And I do remember even with Ever, who was before Deva—well, Sable was in between, but the last full term pregnancy was Ever. And I really didn't have any that I recall until about a week before she was born. So in that case, it really did signify a change labor was coming.

Okay. So back again to Deva's story feeling practice contractions around 20 weeks and really not knowing how or if that would change. I kind of had my antenna up a little just because it felt strange for me. But it certainly didn't feel like labor. So I tried to just ignore it. I was still nursing Ever, and I thought, “Well, maybe that's why,” even though I've had other pregnancies where I've nursed through. And I didn't experience this. So that sounds like no big deal. And it really wasn't until about 29 weeks. And I really was worried. I've talked about it on maybe another podcast or something. But something triggered contractions. And not just a couple and not just an hour or two. It was literally a whole day. And that was really upsetting and in hindsight very educational. So here I am sharing more information. It wasn't something I felt like doing a podcast on at the moment for obvious reasons because I really didn't know how it would turn out.

So it was really hard to figure out in some ways. This is something I supposedly know about. And I consider myself to be really healthy and well nourished. And I've had

many pregnancies, and I've never had a preterm pregnancy other than my first baby who was two and a half weeks early. But I was kind of befuddled like what was going on? Was there something different about my body this time? Was it just getting older? What triggered this run of contractions at 29 weeks? And I was asking myself a lot of the same questions that I've already posed here. Was this going to turn into preterm labor? Was there something I could do? Or was it simply that irritable uterus kind of thing? Was it just nothing? But how could I make it stop because it was super annoying and worrisome.

So I had all kinds of theories at the time. One of my first theories was well, maybe it got triggered by something intestinal because I was pooping a lot. And I thought, well, maybe I just ate something or did something that irritated my bowels, and now I'm having contractions. My next theory was maybe it was emotional. And there was something I could think or do in that way. And I think I'm going to talk more about that maybe in a little while. Let me look. Yeah. I think I talk about that later. So those were some theories. And I was basically just trying to figure it out. Even down to figuring out physically what's going on. So I said earlier if you're having your first baby it would be pretty hard, I think, to know what labor feels like if you haven't experienced it. So if you're having these practice contractions, you may not know.

And here I am having birthed many babies, and there were still many moments where I wasn't really sure. Are these real? Are these labor contractions? Or are they not? And I think in general I knew they weren't. But then they went on for long enough that they just started to feel deeper and lower and more annoying. So I was confused myself. I'm going to probably move on to some other stories and then circle back around to mine even though maybe that doesn't make that much sense. It's just my notes are all out of order here. So kind of keep that story on hold, and I have a couple other stories of women I've worked with who maybe were labeled as irritable uterus. and then some of them maybe more of a preterm labor label. But I guess my point in telling these stories, even my own, is that sometimes hindsight is really the only way to know what was going on. So that's why the overreaction perhaps in the medical community—and even amongst midwives—and, again, I'm not judging that. I think sometimes it's appropriate to overreact because we just don't know what is going on with this woman and her uterus.

So I worked with one woman a bunch of years ago. And I helped her with her second and third pregnancies and births, which were lovely. But her first, which I wasn't a part of, she was put on bed rest at about 35 weeks. And her story was that they thought she was in preterm labor. This was a midwife she was using for care. And I think they did do vaginal exams, but I don't know that there was any change to what was going on with her cervix. I remember her saying the midwife was worried that she felt the baby was really low. So I don't know what that means. I wasn't there. But she didn't have

any cervical change, but people were sticking with the preterm labor theory even at 35 weeks. And she was put on medication at home. Then, of course, she didn't go into labor until 40 weeks. And then, like I said, with the second and third pregnancies, she didn't have any practice contractions that were bothersome to her. So that wasn't an issue, and she also birthed at 40 weeks. So who knows what that first pregnancy was? Knowing more about her later story, I would say there's probably was a lot of anxiety and other kinds of stuff in the first pregnancy. So who can say? Did she just notice them more? Did she legitimately have more going on with her uterus? And somebody else interpreted it as something? Or did the midwife just overreact all together? Who knows?

Another woman I worked with for her first birth, she was with other midwives. And she had lots of practice contractions and did go into preterm labor at 28 weeks. So, again, I wasn't part of that story. I can't really comment. I don't know what was done or assessed or what wasn't done or assessed. But the short story is she did go into labor at 28 weeks and had a hospital birth of a preterm baby. So when I worked with her her second pregnancy, she was, of course, really concerned about that. The only thing I could reason based on what I knew about her history and her health history was that she possibly had bacterial vaginosis, which you can Google and see what that's about. But essentially, it's a vaginal flora imbalance that can cause preterm labor.

And I go through my own phases working with other women. You get something like that, and you kind of feel like maybe everybody should be screened for BV or bacterial vaginosis because it's so easy to kind of balance. And you would hate to see somebody go into preterm labor because of it when it's so easy to have addressed. But of course, I don't really believe in routine screening of everybody. So based on history, I think that's an appropriate response. But some women don't know that they have bacterial vaginosis, and I don't think she would say she knew in the first pregnancy. And, of course, I'm sort of assuming, but I think it's a reasonable assumption that she did even though nobody had ever diagnosed it and certainly hadn't treated it.

So anyway, with the second pregnancy, she did have some practice contractions. And we were both kind of walking on pins and needles. Sometimes—well, a lot of the time you don't really know what change is being effected by whatever you might suggest or do whether you're the midwife or the woman. So you're just trying the best you can. So the short story with her is she was treated herbally for bacterial vaginosis. Her contractions stopped, and she went on to 41 weeks of pregnancy and had a home birth. So that was definitely a success story as far as preterm labor.

Another story was another woman I worked with with her fourth pregnancy. And for all three of her three other pregnancies that she went the hospital route for, she had lots of contractions. And all the doctors could ever tell her were—was it was irritable uterus.

So by that, I'm guessing they assessed her, and they never determined that there was any cervical change. And she never had a preterm baby, so I think that was accurate. But it was just an annoyance to her. And that was kind of the end of it. And by annoyance, if you haven't experienced it, I'll just say it's not just physically annoying. It's just mentally exhausting as well. So worrying about preterm labor or just physically being uncomfortable and worrying about what tomorrow will bring, it is. It's very stressful. So in her case, when I worked with her for the fourth pregnancy, it was the same. She had these round of practice contractions kind of all of the time months and months before. And to be perfectly honest, I couldn't determine what reason there was for it. I'll go through a list of things to look at or think about. And it didn't really seem like anything helped her, to be honest.

So I don't know what that's about. And then you have to wonder too just how different people feel different things. And I'm not saying that to negate at all what she was feeling or doubt what she was feeling. I'm just saying some people notice, and some people don't. And some people find muscle twitches or whatever of any kind more annoying than other people. So I don't know. And so that's certainly a possibility too. Sometimes we just don't know. But that woman went into labor at 41 weeks just like she had the other three times. So those are a couple of anecdotal stories with different outcomes. And they all have to do with uterine activity and kind of how we deal or assess with that.

So certainly, we've established practice contractions are pretty normal especially for women that have had babies. They can be really normal for someone that is on their first pregnancy as well. But if someone thinks they're excessive or has other things to report, then, of course again, we're kind of screening or thinking about the possibility of preterm labor or what could this mean. Or is there anything to do. So women that experience lots—and, again, what does that mean? Lots? But lots of practice contractions whether it's earlier in pregnancy than is normally expected or at any point that's considered preterm, they are put on bed rest. They are often given multiple vaginal exams to assess cervical change. And they're often given medications in the hospital or I guess at home, right? That one woman I talked about had a homebirth midwife, so I don't know how she was getting medication at home. But she was.

And I would think in kind of a naïve way that the medications would be reserved for women that were actually exhibiting signs of preterm labor. But I don't know that that's true because the anecdotal story I just told you—the first one about the woman who was given medication—I don't think she was in preterm labor. So maybe sometimes it's just given as a caution. Again, I really don't know because that's just not my area of knowing. But those are the things that are commonly done. Bed rest. If you look into that research wise, it's really not very effective. One of the best things about bed rest is that it reduces the need for calories. So if a woman is having preterm labor symptoms

because she is malnourished then bed rest may make some sort of difference because it reduces the number of calories that she actually needs to function because she is laying there. But other than that, bed rest isn't really proven to stop contractions if they are leading to birth. That's the best I can do with that.

And, of course, vaginal exams that's a really loaded topic. Again, I said earlier that I don't think assessing cervical change is stupid or horrible, if someone thinks they might be in labor. But repeated vaginal exams probably not the smartest unless absolutely necessary. Introducing infection and introducing the possibility of rupturing membranes especially preterm is really not a great idea. So let's talk about these practice contractions, again, and how they might be felt. Many people know that they're commonly called Braxton-Hicks contractions after, I think, two doctors. I could be wrong. Two doctors, Braxton and Hicks. I don't tend to call them that, but yet I will interchange the terms if that's what someone is comfortable with just so that we're on the same page. That these are not labor contractions. They're warming up of the uterus months before labor. They are generally felt as more of a superficial sensation. But, again, you'd have to have something to compare them too. They do not change the cervix. And if you know anything, even very little about labor, you cannot birth a baby out of a cervix that is not ready to do so. A cervix needs to go through lots of changes to thin and soften and open months and months, usually, before labor. Not everybody takes months to do those things. But there are changes that need to happen.

So if someone is experiencing lots of uterine activity, again, that's not a horrible thing to discover. Is the cervix changing or not? A cervix that is closed and thick and posterior really no matter how many contractions are happening that cervix is not going to produce a baby probably any time soon. So by that, I mean these practice contractions or Braxton-Hicks are not productive. They don't lead to anything bigger and better. They're simply the uterus warming up or just tightening. People report, like I said earlier, different ways of describing them. I always thought that they felt high like high on the body. Kind of high on the uterus as opposed to a labor contraction which many women report to be really low kind of menstrual cramping. But you'll read all kinds of things online. There are plenty of women out there that report their Braxton-Hicks to be painful and/or feel more like labor. So there really isn't one way. And I don't know sometimes even if we're all talking about the same thing. But anyway, just so you know.

The uterus gets really firm with Braxton-Hicks or practice contractions, but, again, there is just some key differences probably in location and what effect the hardening is happening. My definition of practice contractions would also include that they are not consistent. They are pretty random. So even if someone were to report four to five in an hour, if they're not changing in intensity and they're really, really random, like five

minutes apart and then 20 minutes apart, that's probably more in line with a practice contraction. Although as I've said a million times, there is some overlap. So this is why you wouldn't want to miss somebody that was really in labor because some people's labors are random as far as timing contractions especially if someone's had babies before. So it's kind of all these factors together.

Another thing about practice contractions is they seem to stop and start with the change of movement. So in other words, real labor, the kind that's going to bring a baby, doesn't matter what you do, right? You lay down. You're still going to get a contraction. You walk. You're going to get one. You whatever. With practice contractions, movement can kind of stimulate them. So someone women find—and I'm probably going to get to this—that if they rest on their left side or whatever, the practice contractions really do chill out because it's their body whatever provoking them for whatever reason.

So as far as the term irritable uterus, I'm not saying I love it. I'm not saying I hate it. I don't know that I even completely understand it because we've talked about so many possibilities already today that I don't even know if we're even talking about the same thing. But to me, an irritable uterus would be these practice contractions that get excessive. So I'll kind of leave it at that. But when I was researching or trying to for this, there's not a lot of concrete info or studies on this irritable uterus. I really don't know who coined the term. And yeah. I feel like a lot of you listening that maybe it's kind of a disrespectful term. Maybe it's even kind of humorous in some kind of way that a uterus could be irritable. And maybe it's even not addressing what could actually help someone. So how many doctors in particular are writing off women as irritable uterus? Just kind of like you're overreacting on every level woman. And we don't really know what to do to help you.

So the little bit of research I found said that women that are either diagnosed with or report that they have an irritable uterus may be slightly more likely to go into preterm labor than someone who isn't having this. But, again, I think there's a lot to consider here. Some women, as I mentioned, do report this to be painful. But I think we do all agree regardless of our differing definitions of irritable uterus that it does not cause a change in the cervix. That it's simply what it is being called which is annoying. Irritable. Some women do report that these contractions can be regular. So there's a lot of discrepancy there, I realize. But I don't know what to say about that. I think it just depends what you experience, if you're in this place. And, again, trying the best to get information that would have you figure out if this was something to really be concerned about or not.

So things we think we know. I love to phrase it that way because really I don't think we know a whole lot about anything but things we think we know about preterm

contractions whether they lead to preterm labor or not. Number one is that infection can cause preterm contractions and preterm labor. But, again, so many questions. If you have an infection, maybe it's vaginal, whatever, do these contractions feel different? Do they start off as practice contractions and they become something else? I don't think we can say. There's so much variation in what we're defining these things to be. But, again, to make it simple, if you're having lots of irritable uterus contractions or you're working with someone that's reporting this, it's not a horrible idea to think could this woman have an infection of any kind? Usually, a urinary tract infection or, as I talked about earlier with the bacterial vaginosis or something like that, or a vaginal infection.

I know elder midwife, Gail Hart, who of course I respect enormously, talks about the possibility of some women having just a low grade uterine infection that essentially doesn't have any symptoms other than maybe these annoying kind of contractions. That could or could not lead to preterm labor. And she talks about treating them with a round of antibiotics and then having them go on to either continue in that pregnancy hopefully without any of that stuff going on or worse case scenario if that woman does wind up in preterm labor and she gets pregnant again for that to prevent the same thing from happening. I think that's a really fascinating theory, and I don't discount it at all. I think with all the medical interventions that most women have in their pregnancies and births there is a very real possibility that women are walking around with undiagnosed infections—low grade infections in their bodies and in their uteri just due to whatever. Maybe it's a surgical birth or they had a D&C with a miscarriage. Who knows? But I think it's something to consider if you just can't figure out why this woman is having so many preterm contractions.

Of course, the third—and kind of the gold standard with midwives is that poor nutrition or malnutrition could be causing this response. I probably talk about that more on some of the nutrition podcasts. But just to review for those of you that are new or don't know, if the body doesn't have the number of calories and protein and all of that that it needs, then the blood volume is constricted. And with a situation like that, complications of pregnancy can definitely develop. And in the case of preterm labor, I think it makes perfect sense in some ways. Just that if the calories aren't there to preserve the workings of the woman's body, the placenta, and the baby that the body is actually being really smart, in a sense, and wanting to birth the baby because things may be better on the outside for this baby. Now, of course, we know in our heads it's not always true. Nobody wants anybody to birth a baby too early because there are tons of complications that come on the other side of having a preemie or a micro preemie in the NICU. And certainly, I'm not saying poor nutrition is the reason for all of that. There's certainly other factors at play that we don't understand or other complications that I'm not going to talk about today. But just being general that if somebody is having lots of contractions, those are some things to think about.

And then, of course, just because nothing is simple and we really don't know anything, you'll have women that will indeed go into preterm labor and birth preterm babies with very little reports of contractions at all. So go figure that one. And things that can cause that would be something like incompetent cervix, which is another really disrespectful term. But it is what it is. And those would be situations where allegedly the cervix opens painlessly before birth. And, again, those women amongst many others I think don't necessarily report uterine activity at all. They just go into preterm labor. So we can't know it all I don't think. We can't do it all even though we'd like to prevent these situations from happening. We can only do the best with what we think we know.

So some other factors that may influence uterine activity. And right now I'm talking about what I still consider to be normal uterine activity. I think there's really nothing in this list that should provoke preterm labor in a normal, healthy person. So don't think I'm saying that. Gas, bloating, or constipation. So anything going on with the digestive system in some women depending on how sensitive they are, depending on the severity of what they're experiencing, can give them contractions that feel like too much or just are more painful or whatever. So even something like the stomach flu or a stomach virus can give someone contractions, diarrhea, that kind of thing. And yeah. So anything stomach related or food related. Even somebody, I would guess, with maybe more severe food allergies, if they were to ingest something in pregnancy that just didn't agree with their digestive system. It seems totally probable and possible that they could experience increased uterine activity as a result. And, again, not the kind that's producing cervical change or leading to preterm labor but just irritable uterus kind of thing.

Dehydration is a huge one. And maybe that should have been first because that's one of the easiest things to fix. And, again, if you're experiencing this or if you're helping someone that is, you don't want to miss anything big. But dehydration is a really simple thing to advise to do before you go on to more serious recommendations. Here in the desert of Arizona, that's a very real recommendation and can certainly keep women out of the hospital in the sense of being evaluated for not existent preterm labor. So they are having lots of contractions, but they're not in preterm labor. They're just dehydrated.

A full bladder can influence uterine activity. So that's kind of a catch-22, right? Because your bladder is always feeling sort of full in pregnancy. And if you're advising someone to drink a lot because you don't want them to be dehydrated, then they're going to have a full bladder, which also can cause contractions. So it's always a balancing act with that kind of thing. I think the best advice is just to pee often and probably before your bladder feels full at all even if you're in the bathroom all the time, if you're somebody that's getting lots of annoying contractions kind of for no reason.

A super active baby can influence uterine activity. And, again, that might be in combination with something else like dehydration. That the baby's movements just feel really painful and stimulate these Braxton-Hicks or practice contractions more than you would expect. And that's when counting contractions, I think, can be not as helpful because you have a couple of these factors going on, and you might get six contractions in an hour especially if you're getting close to term and you've had babies before. But only you can know, so that's why I'm talking about all these things.

Trying to do too much. Hmm. Well, I have many women I've worked with over the years that will call or whatever, get in touch feeling worried that they've had a lot of these practice contractions, and I ask them what's going on in their life or whatever. And most of them have just recently moved. So they're packing boxes. Hopefully, they're not lifting anything. But they're unpacking boxes. They're frantically setting up a new house space, which is just super stressful whether you're pregnant or not. And my guess is that not only are they physically working harder than they've been, but they're not drinking. They're not eating. They're kind of like full steam ahead going to get their new house set up. So something like that is important to check yourself for.

Along those lines, I would say stress, anxiety, and worry can certainly produce more uterine activity than might otherwise be there. And I'll just totally own that one. I'll talk more about my story with Deva, but I think that was definitely part of it. Actual uterine stimulation can be a culprit as well. So sex. Any kind of oxytocin release, nursing. Nursing another child while you're pregnant. Both or either of those things can cause contractions. And, again, not the kind that lead to preterm labor in a normal person but just producing a contraction or a series of them.

Time of day. That's kind of a funny one. I noticed in my second pregnancy that the contractions I was getting that, even in hindsight I would say, were more than normal for me would happen in the afternoon. And the only thing I ever got about that was I might have been dehydrated. And by the afternoon, it kind of has caught up with you. It could have been a lack of calories that caught up with me at that point in the day. It could have just been being tired, having walked around, or done lots activity during the day. Just another thing to consider.

Sometimes it's just normal for ourselves with this pregnancy. And, again, it's not hoping that anybody uses this as diagnosing information or whatever. It's totally not. This is just a discussion. But sometimes what we're experiencing just is normal for us with this baby, with this pregnancy. And, again, sometimes we just notice. And maybe another woman in our shoes wouldn't notice. So who's to say what's wrong or right? So what can we do to lessen activity of the uterus? And, of course, we have to ask ourselves do we really want to do that? As the uterus gets ready for labor, we have to assume that, again, in normal, healthy people that uterine activity is a good thing, and it's prepping us

in a way that we don't even understand. But you may have determined for yourself that you're just damn sick of these contractions that aren't real, and you would like a rest for them.

So some things to try would be to eat and drink. And, again, that comes back to perhaps it being a lack of calories or hydration. So eating some good calories. Not carrot sticks. But a good calorie rich meal. Drinking a lot of fluids that have electrolyte balance so making sure that you make your own or get some kind of supplement for your water. Just drinking straight water if you're dehydrated probably isn't going to help. So that's why I suggest that. Changing position. So if you're having a lot of practice contractions and you have other children, it's probably not probable that you can just lay down all day. But if you are able to rest, I found for me just on my left side that the contractions would really stop or space out a ton. So who knows?

Taking a bath. Relaxing. And that kind of stuff can be hard. I hear you on that. Being stressed and having stress be a reason for something going on in your body is sometimes really hard because it's hard to reduce stress. And when you don't reduce stress, then you're stressed. So if relaxing is something you can do, taking a bath, the water can certainly help. Then that may stop excessive normal contractions. Other alternative health methods include herbals, homeopathy, and essential oils. And really I would probably stick with the vein of relaxing with any of those. I wouldn't personally be looking at anything stronger than that. But there's all kinds of supplements and things that help us just sleep or relax in a natural kind of way. And that can really help someone that's having excessive contractions.

The last one which you may or may not agree with is the use of alcohol for stopping contractions. I did try that, and I guess I can just say for me that—uh, it only half sort of worked. I don't ingest alcohol on a normal basis, so I feel extremely sensitive to it. But I didn't feel like it necessarily did anything to my uterus. It just kind of spaced me out in a way that you could decide if that was helpful for you or not. Again, if it's more of a mental worry or you're stressed, then that might be something that helps. But, of course, I can't help but say that if that is really a concern, being stressed and all of that, that there are probably better ways to deal with the deeper issue than alcohol.

Anyway, the rest of my story here. So I went on—I had the round of practice contractions that I wondered if it was normal or leading to something like preterm labor at 29 weeks. And, of course, they did stop because I didn't birth until 39 weeks. But I did have a couple more episodes of that through that period of the pregnancy for whatever reason. So if I hadn't written down, honestly, I wouldn't even have remembered. But at 29 weeks and then I wrote at 39 weeks and then it would just be kind of randomly from then on I think. And it was really annoying and really hard. It was probably one of the hardest part of my pregnancy. Of course, I'm feeling more grateful

now because it wasn't preterm labor. And like I said, I learned a lot. And I feel like I can help someone more effectively now if they're going through something like this.

And, again, I was trying to figure out my triggers. Caffeine is something that came up for me, and I think that goes back to the digestive system. That caffeine can really irritate your digestive and your bowels. And that can be great in some ways, if you're constipated or whatever. But it really upset my uterus in pregnancy. And I just stopped having any kind of caffeine. It wasn't worth it to me to have a really yummy coffee and then have practice contractions. I didn't notice, for me, that nursing Ever really did anything at all. I'd get a couple contractions as a result, but then they would go. Back to the digestive, that was a really big theme for me, so I think it is kind of cool information. I never really would have thought that before I experienced it. But that I really had to keep my bowels moving regularly. And for me, that meant taking lots of magnesium supplements in pregnancy. And if I didn't do that, if I didn't stay on top of it, then I'd feel constipated the next day, and I would feel more contractions. So I really, really saw that link for myself between what was going on with my digestive system and the contractions I was having.

So I became really a creature of habit. Kind of would eat the same foods all the time and make sure my fluids—excuse me. Fluids were really great. I kept on probiotics and probiotics just to, again, help with the digestive system and would take magnesium a couple times a day. And that was just what I came up with. I think when you're in this kind of situation, again, assuming that it's not moving in a direction that you can't handle yourself that really you have to figure out your own protocol. And I felt like I really learned a lot. I had to do that. There isn't really anybody that could say, "Well, do this, this, and this." I had to figure it out, cause and effect, and figure out what was working for me. It was very emotional and trying. I was very frustrated at different points. But I feel like once I got really, really regular—no pun intended—with the magnesium and with everything else that I did notice that there was a shift. And I really wasn't experiencing it past about 31 or 32 weeks.

I was also getting adjusted at the chiropractor regularly. I felt like that really helped. I was taking a vitamin D supplement, or I started to. That seemed to help. And I'll talk maybe more about that. And then just position wise. This is another topic. But people talk about posterior babies and, "Oh, they don't prevent labor," or whatever. I'm not talking about that today. But I will say that Deva was almost always posterior, and I felt like that did irritate my uterus. I'm not saying that that is a thing for anybody but me. But she was on my right side, and she was kind of flipped up. And I felt like she pressed on my—whatever it is—descending colon or whatever anatomy is in that same spot. So whatever. Maybe I'm crazy. But I was just really looking at every little thing. And, of course, there was nothing really to do about her being in that position. But I noticed that that was something that affected it.

So let's see. What do I have left here? Oh, I have some—I would still consider anecdotal information from a midwife that is online. And her name is Sherry, and she's been a midwife for a long time. And I'm not saying that this is fact or that whatever. This is just information. But I had come across something she had written online for all the world to see about what she calls excitable uterus. I guess she also doesn't like the term irritable uterus. But I had read it when I was going through this, and so I felt like it was good timing. And there were certain things in there that really did change how I handled this myself. So she says, and I quote, "What women are now calling prodromal labor is truly nothing more than an overexcited uterus. We used to say irritable uterus. The uterus is trying to get more circulation going on in the uterine muscles from either a less than productive hormone level or a lack of muscle tone in uterus layers." Again, side note, this is Maryn here. Not sure if that's factual or not. But I think it's an interesting thing to ponder or perhaps research.

"Often with women,"—okay. Back to Sherry's quote, "Often with women with more than one pregnancy, women nowadays are not like women before. These women were much more active walking long distances, scrubbing floors, et cetera. Our soil was better with minerals, more minerals such as magnesium, as well as minerals that keep the thyroid and pituitary systems. We have more women with problems with these organs. And these organs help greatly at production of sex hormones. With moving more often, babies were in better alignment in pelvis. Women came to know it was normal to have contractions throughout pregnancy. They seemed to understand that keeping busy or slowing down changed these. We now have a lack of understanding and acceptability of what labor was and what was not and what role of baby alignment towards that last few days to several weeks before is. Remember because we are not as active as before and we did not sit for long."

So continuing on here with Sherry's information. "So what I have found over the years is most people are deficient in those minerals guiding hormones such as oxytocin as well as that baby body head alignment. This is my studied theories with working with thousands of women, understanding diet and hormones, and oddly enough, working with several veterinarians who are now seeing some of the same problems in pregnancy and birthing smaller animals. I asked how they took care of hours of labor with no progress or not true labor. An injection of pituitary glands they said and explain. So when a client is reporting contractions that are described as spasms,"—which I think is kind of a cool way in a sense thinking about these irritable uterus contractions—back to Sherry's quote. "I notice that adding homeopathic mag phos, a form of magnesium, would stop these."

Side note, Maryn again, I tried that, and it didn't work for me. But homeopathy is awesome, and that's worth a try. Okay. Back to Sherry's quote, "These are women who sounded like they were having threatened preterm labor. So taking mag phos

several times a day totally stopped them, and they reported feeling a bit more relaxed and no threatened preterm labor. If a woman refused taking a homeopathic, I had them take either magnesium glycinate or malate at certain doses.” Maryn again. Magnesium glycinate is what I would swear by for me. And I probably took up to 900 milligrams a day. That seemed to be my sweet spot to stop the annoying contractions. Back to quote, “And, again, they stopped. Magnesium supports thyroid and pituitary glands and sex hormones. They would continue taking these throughout pregnancy with no more overly excited uteruses. No more sleepless nights. I also noticed that babies who are aligned in position and presentation did not have as much contractions. Some but not always. So I started paying attention and recommended scrubbing floors as well as walking outdoors 20 minutes per day. We absorb vitamin D through our skin and eyes. Vitamin D affects our thyroid and pituitary glands.”

So anyway, she goes on to just kind of summarize what I’ve said again which is this is not labor. This is sometimes just simple dehydration. But often, it’s just this mineral imbalance or whatever you want to call it. And she recommends, again, the mag phos, which is a homeopathic, magnesium glycinate, which I’ve already said, and just getting these women to rest and/or do some physical activity. So kind of a long excerpt there. But, again, that was posted publically on Facebook somewhere. I found it super helpful. I think she’s right. I think there is a lot of wisdom in what she has put together. And I would say that a lot of it helped me and probably a lot of it I discovered just in my search for dealing with this myself.

So I think it sums up pretty accurately that there’s lots of theories. There are. And this isn’t something that’s really been researched or studied. As Sherry says, perhaps our culture is just changing and different than it was. I like how she said maybe we just don’t know what normal is anymore. Although I would say that in my own personal case, I certainly know what is normal for me with the exception of how does normal change for us individually as we get older or with different babies. I will say, for me too—and I’m not pinning this on anybody else’s situation but my own. But emotional response was huge. And I talked about that in another podcast. I had had a late miscarriage before this pregnancy. I had willed my body for months and months to please contract. Please birth this baby that is no longer alive to basically no avail. So I sort of had issues. And I didn’t realize them until I was in it that I was having these mental and emotional struggles about my body. What it could do, what it couldn’t do. Would it act appropriately? Would it not?

I remember only have joking during Sable’s pregnancy when he was no longer alive that I certainly wouldn’t worry about preterm labor anymore. Here I was with a baby that by all accounts kind of needed to come out. And my body was not responding in that way. So, again, I wouldn’t tell anybody else that they’re just having an emotional response when something very physical like this is going on. But for me, it was actually one of

the key factors. Yes, the magnesium helped immensely. Yes, keeping my digestive system in order helped immensely. But probably a third, if those were the two other things, the other third was my emotional work and response that I needed to process and grieve still. There was a continuation of grief that I hadn't really thought would still be there and so dealing with that. And really just forgiving my body was a lot for me. That my body hadn't done anything wrong. It still wasn't doing anything wrong. It was just kind of being emotional and recognizing that and honoring that and knowing and believing and trusting that this pregnancy with Deva would go full term. That I was not going to allow anything else to happen.

So on that note, I hope you've enjoyed this meandering down the road of uterine activity and irritable uterus. I hope it was helpful in some kind of way, shape, or form. And as always, check the Indie Birth site for new information. We do have a conference scheduled for May 2018. This will be a whole new adventure in another part of the country. Nothing like we've done before. So check out the details at indiebirthconference.com. And have a great day. Thanks so much.

(closing music)