

Labor and Delivery



The birthing process is known as labor and delivery. No one can predict when labor will begin. One woman may have all the signs that her body is ready to deliver and the other may have no sign at all. However when the time comes you're unlikely to mistake the signs of labor but if you're in any doubt don't hesitate to contact your doctor.

How do you know that you are in labor?

The main signs of labor starting are strong, regular contractions, and a 'show'. A show is when the plug of mucus from your cervix comes away. Other signs that you are going into labor can include

your waters breaking (rupture of the membranes), backache and an urge to go to the

Stages of labor

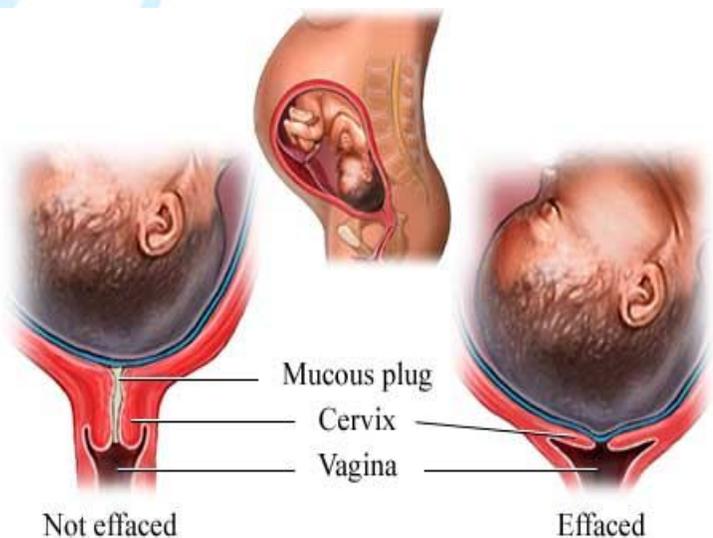
There are three stages to labor:

- The first stage of labor is when your contractions make your cervix gradually open up (dilate) from 0-10cm. This is usually the longest stage.
- The second stage of labor is when your cervix is fully open and you give birth. This is the part of labor where you help your baby move through your vagina by pushing with your contractions.
- The third stage of labor is after the birth of your baby, when your womb contracts and causes the placenta to come out through the vagina.

Coping at the beginning of labor

At the beginning of labor:

- You can be up and moving about if you feel like it.
- You can drink fluids and may find isotonic drinks (sports drinks) help keep your energy levels up.
- You can also snack, although many women don't feel very hungry and some feel sick.
- As the contractions get stronger and more painful, you can try relaxation and breathing exercises – your birth partner can help by doing them with you.
- Your husband can rub your back as it may help relieve the pain.



Fetal heart monitoring

Your baby's heart rate will be monitored throughout labor. The midwife in charge in the labor room will watch for any marked change in the rate, which could be a sign that the baby is distressed and that something needs to be done.

There are different ways of monitoring the baby's heartbeat:

- Your midwife may listen to your baby's heart intermittently, but at least one minute every 15 minutes when you are in established labor, using a hand-held ultrasound monitor. This method allows you to be free to move around.
- Your baby's heartbeat and your contractions may also be followed electronically through a monitor linked to a machine called a CTG (cardiotocograph). The monitor will be strapped to your abdomen (tummy) on a belt. You can get up and move around with a CTG. How far you can move will depend on the type of machine.

If you don't feel comfortable with any of these methods, tell your midwife.

Speeding up labor

Your labor may be slower than expected if your contractions are not frequent or strong enough or because your baby is in an awkward position.

If this is the case, your doctor or midwife will explain why they think labor should be sped up and may recommend the following techniques to get things moving:

- breaking your waters, if this has not already happened, during a vaginal examination (sometimes called a "sweep") – this is often enough to get things moving
- if this doesn't work, you may be given a drip containing a drug (syntocinon), which is fed into a vein in your arm to encourage contractions – you may want some pain relief before the drip is started
- after the drip is attached, your contractions and your baby's heartbeat should be continuously monitored with a cardiotocograph (CTG)

The second stage of labor

This stage begins when the cervix is fully dilated and lasts until the birth of your baby. Your midwife will help you find a comfortable position and will guide you when you feel the urge to push.

Pushing

When your cervix is fully dilated you can start to push when you feel you need to during contractions:

- Take two deep breaths as the contraction starts, and push down.
- Take another breath when you need to.
- Give several pushes until the contraction ends.
- After each contraction, rest and get your strength up for the next one.

This stage of labour is hard work, but your midwife will help and encourage you all the time. Your husband can also give you lots of support.

The birth of the baby

During the second stage, the baby's head moves down the vagina until it can be seen. When the head is nearly ready to be born, the midwife will ask you to stop pushing, and to pant or



puff a couple of quick short breaths, blowing out through your mouth. This is so that your baby's head can be born slowly and gently, giving the skin and muscles of the perineum (the area between your vagina and anus) time to stretch without tearing.

The skin of the perineum usually stretches well, but it may tear. Sometimes, to avoid a tear or to speed up delivery, the doctor will inject local anaesthetic and cut an episiotomy. Afterwards, the cut or tear is stitched up to help healing.

Once your baby's head is born, most of the hard work is over. With one more gentle push the body is born quite quickly and easily. You can have your baby lifted straight onto you before the cord is cut by your doctor.

The third stage of labour – the placenta

After your baby is born, more contractions will push out the placenta. Your doctor wife will offer you an injection in your thigh just as the baby is born, which will speed up the delivery of the placenta. The injection contains a drug called syntocinon or syntometrine, which makes the womb contract and helps to prevent heavy bleeding.

Let your baby breastfeed as soon after birth as possible. It helps with breastfeeding later on and it also helps your womb to contract. Babies start sucking immediately, although maybe just for a short time. They may just like to feel the nipple in their mouth.

After the birth

Your baby will like being close to you just after the birth. The time alone with your partner and your baby is very special. Your baby will be examined by a paediatrician and then weighed, and possibly measured, and given a band with your name on it.

Vitamin K

You'll be offered an injection of vitamin K for your baby, which is the most effective way of helping to prevent a rare bleeding disorder (haemorrhagic disease of the newborn). Your midwife should have discussed this with you beforehand. If you prefer that your baby doesn't have an injection, oral doses of vitamin K are available. Further doses will be necessary.