PREPARING FOR BIRTH

Childbirth Course
The following slides will have audio recordings attached. Please click the ‘play button’ on the image of the speaker on each slide to listen.

If having trouble listening or viewing, please contact the OB floor at Franklin Memorial Hospital, 779-2295, and we will help address the issue.
Course Content

• Anatomy/Terminology
• Pre-labor vs true labor
• When to come in
• Stages of labor
• Initial newborn care
• Special circumstances
• Interventions
• Complications
• Birth Plans
• Coping with labor
• Hands on practice
• Mock c-section
• Q & A with a provider
INTRODUCTION TO LABOR
Normal Female Anatomy
Labor Terminology

Uterus- Where your baby lives and grows. This muscular organ tightens during contractions.

Placenta- Nourishes and oxygenates the baby. Connected to baby by umbilical cord.

Amniotic Sac- Holds the fluid, or water, which surrounds and cushions your baby.

Contraction- Tightening of the uterus which brings the baby down the birth canal.

Cervix- The opening of the uterus which opens for the baby to pass through.

Dilation- The opening of the cervix which moves from closed to 10cm, or fully dilated.

Effacement- How thick the cervix is, beginning at approx. 2” or 0% effaced and finishes at 100%, or completely thinned out.

Station- How high the baby is sitting in your pelvis. Measured from -3, or floating, to +3, or just before birth.

Perineum- Outside of the vagina.

*If at any time you are unsure what your doctor or nurse is saying, please ask! We are more than happy to fully explain!
## Signs Labor is Approaching

<table>
<thead>
<tr>
<th>Pre-Labor Signs</th>
<th>True Labor Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lightening</td>
<td>Contractions</td>
</tr>
<tr>
<td>Loss of mucus plug</td>
<td>Bloody show</td>
</tr>
<tr>
<td>Braxton hicks contractions</td>
<td>Rupture of membranes</td>
</tr>
<tr>
<td>Cervical ripening</td>
<td></td>
</tr>
<tr>
<td>Slight weight loss</td>
<td></td>
</tr>
<tr>
<td>Stomach upset</td>
<td></td>
</tr>
<tr>
<td>Nesting</td>
<td></td>
</tr>
</tbody>
</table>
## How Will I Know if I’m in Labor?

### Pre-Labor
- Irregular contractions (Braxton Hicks)
- Contractions remain similar in strength
- Intervals between contractions are long or irregular
- Felt most often in low abdomen
- Discomfort often relieved by walking, resting, warm bath, etc.
- Cervix does not dilate

### True Labor
- Regular, consistent contractions
- Contractions become progressively more intense
- Discomfort felt in back and low abdomen
- Discomfort not relieved by anything
- Cervix dilates
When Should I Go?

- Early labor often takes some time. Especially for first time moms! Occasionally up to 24 hours.
- If your contractions are far apart or irregular, and you are comfortable, you’re okay to stay home.
- Many people find they are the most comfortable and relaxed in their own environment! Try to rest, eat, drink, walk, shower, or try to distract yourself.
- Once your contractions are about 3-5 minutes apart and painful enough that you can no longer talk or walk through them, this is a good indication you are ready to come in.
- If your water breaks, or you have any warning signs, it’s time to come in.
- Always call if you are unsure! We can have you come in to be checked any time there is a concern.

Call MCH Unit: 779-2295 on nights/weekends or Women’s Care Office: 778-6394 on days
Timing Contractions

Begin timing each contraction from the start of one, to the start of the next. This is “how far apart” your contractions are.

Time how long each individual contraction is lasting.

There are great apps you can download on your phone to help with this!
What to expect when you arrive at the hospital.
Stages of Labor: 1st

Early Labor
- The cervix effaces toward 100% thinned out and dilates to 6cm.
- Contractions are 5 or greater minutes apart, sometimes up to 30 minutes.
- May last 8-12+ hours.
- In the beginning, this is a good time to rest if possible, eat light energizing foods, take a warm bath, or go for a walk. As labor progresses, you may start to incorporate more comfort techniques such as controlled breathing, position changes, massage, or visualization. We will go over all of these!

Active Labor
- The cervix is fully thinned out and dilates to 10cm.
- Contractions are usually 2-4 minutes apart.
- Lasts approximately 3-5 hours.
- This is the most intense part of labor for most women, partner support and reassurance are key. Most importantly, follow her cues!
Stages of Labor: 2nd

- Contractions will generally last about 45-90 seconds and will occur at intervals of 2-4 minutes with periods of rest in between.

- Most often lasts about 20 minutes to 2+ hours.

- Complete when the baby is born.

The second stage of labor begins with complete cervical dilation to 10cm and ends with the birth of the baby.
This stages last from about 5-30 minutes.

Once the placenta is delivered, you are officially no longer pregnant!

The third stage of labor is defined as the delivery of the placenta.
12 HOURS OF LABOR?

I AM GOING TO HEAR ABOUT THIS FOR THE REST OF MY LIFE.
INITIAL NEWBORN CARE
What Happens After Birth?

Our goal is to be as “baby friendly” as possible. This means, in whatever situation, trying to facilitate and promote the initial bonding between mother and newborn. This is an important step for both breastfeeding and bottle feeding families.

Even with a birth by cesarean section, we can still make most all of these things happen!

- Baby goes directly onto mom’s abdomen after birth.
- The umbilical cord is cut after approximately 1 minute, or after it stops pulsating. This is called “delayed cord clamping”.
- The baby remains skin to skin on mom’s chest until after the first feed. This is usually 1-2 hours or more.
- During this time, the nurses will frequently evaluate your baby’s wellbeing by checking on his or her heart rate, breathing, and temperature. However, this can all be done while your baby is snuggled with you skin to skin.
- Newborn tasks, such as measurements, weight, and medications can wait until after this important time has elapsed.
The Magic Hour

The first hour or more spent skin to skin with your baby immediately after birth.

- Newborn transitions through 9 instinctive stages after birth.
  1. The birth cry- newborn’s first cry after birth which expands the lungs
  2. Relaxation- Relaxes on mother chest, hands are open, no mouth movements
  3. Awakening- Small head and shoulder movements, usually about 3 minutes after birth
  4. Activity- Begins to move mouth making rooting and sucking motions
  5. Rest- Periods of resting between periods of activity
  6. Crawling- Short bursts of movement toward the direction of the breast
  7. Familiarization- Newborn licks, touches, and massages the breast and nipple
  8. Suckling- Newborn self attaches to nipple and begins nursing.
  9. Sleep- The baby, and sometimes mother, fall into a deep sleep.
Brief Outline of Newborn Care

- Vital signs (heart rate, respiratory rate, and temperature) checked every 30 minutes for the first 2 hours of life then every 4 hours after.
- Initial weight and measurements of length and head circumference
- Security tags on baby, Mom, and Dad
- Newborn medications offered: Vitamin K, Erythromycin, and Hepatitis B vaccine
- Frequent feedings: breast milk 10-12x per day or every couple of hours and bottle feeding every 2-3 hours.
- Hearing screen
- Newborn metabolic screen
- Bath
- Jaundice check

During the Tuesday class session, you will meet with one of the pediatricians who will go over this more in depth.
Videos: The Magic Hour & Labor/Delivery

- https://www.youtube.com/watch?v=5JH1dPwiGbc
SPECIAL CIRCUMSTANCES

in Labor
Pre-Term Labor

Labor that begins before 37 weeks and produces cervical change. Occurs in approximately 9-11% of pregnancies.

- Symptoms include: contractions or menstrual-like cramps, low backache, change in pelvic pressure, change in vaginal discharge (especially pink or increased amounts).
- Many of these symptoms mimic normal occurrences in 3rd trimester pregnancy. Be aware of sudden change and trust your instincts!
- Things to try if you experience any of the above:
  - Empty your bladder
  - Lie down/rest
  - Drink several large glasses of water
  - If no change in an hour or increase in symptoms, call the hospital

* Premature rupture of membranes (water breaks before 37 weeks) is always a reason to call and go to the hospital.
Induction

The artificial stimulation of labor.
- Performed for reasons such as:
  - Gestation of 41 weeks+
  - Fetal distress
  - Gestational hypertension
  - Ruptured membranes when labor does not start on its own
  - Gestational diabetes
  - Unusually large or small baby
  - Occasionally done electively for personal reasons

- Common methods of induction include Pitocin, Misoprostil, cervical balloon catheter, or artificial rupture of membranes.

- May take multiple days and more than one method may be used.
Cesarean Section

A surgical procedure done to deliver your baby in the operating room

- Reasons why a c-section may be performed:
  - Previous c-section
  - Unsuccessful labor
  - Unusually large baby
  - Emergency

- Support person can be with you in the operating room and recovery room. Also present will be your nurse, the doctor, pediatrician, and the operating room staff.

- Baby will be quickly evaluated by the pediatrician and brought to you to begin bonding.

- “Gentle” c-section is offered.

*We will go through a mock c-section later today if time permits!
INTERVENTIONS

Common Obstetrical Procedures
Fetal Monitoring

External Fetal Monitoring

◦ Baby’s heart rate is monitored in relation to contractions using two monitors strapped to your belly.
◦ Optional to be used during a routine, low-risk labor. Required during high-risk labor, induction, or after pain medication.
◦ Doppler machine can be used for low-risk pregnancies to intermittently listen to your baby.
◦ Pros and cons: Helps keep baby safe and some mothers really enjoy it. But, may be bothersome and inhibit easy mobility depending on the situation.

Internal Fetal Monitoring

◦ Scalp electrode is attached to the babies head through the cervix by a physician. This does not hurt the baby.
◦ Small thin spiral shaped wire used to attach device just under the skin.
◦ Used in situations where external monitoring is not picking up well or if a concern is present.
◦ Intrauterine pressure catheter (IUPC) may also be used to monitor strength of contractions.
Intravenous Catheter (IV)

- Thin, flexible, plastic tube that is inserted into your vein with a needle
- Used to give fluids and medications
- Many doctors want all laboring patients to have an IV placed. Some are okay with not unless high-risk or other circumstances requiring
- C-Section must have IV present
- Placed as a safety precaution in case an emergent situation arises

Artificial Rupture of Membranes

- Small plastic hook inserted through the cervix by the physician that is used to break your water
- Painless and quick
- Often shortens labor by making contractions stronger and closer together
- Contractions may be more uncomfortable after
- Barrier between baby and outside world is no longer intact, so risk of infection does increase. Preference for delivery within 18-24 hours.
Vacuum Assisted Delivery

- Small suction cup is attached to the baby's head by the physician during delivery then gently pulled.
- Used during situations in which the baby is having difficulty fitting through the birth canal or needs to be birthed quickly for safety reasons.
- Not routinely done, saved for special circumstances.

Episiotomy

- Small incision that extends the vaginal opening.
- Reasons for performing include: large baby, fetal distress, vacuum placement.
- Not as commonly done now as it used to be. Risk of additional tearing is increased.
- Alternative is a tear, or laceration.
WARNING SIGNS

Complications in Labor
Pre-eclampsia

- Blood pressure increases and the baby is no longer tolerating the pregnancy
- May lead to seizures if untreated
- Also known as “pregnancy induced hypertension” or PIH
- Symptoms:
  - sudden swelling of hands or feet
  - visual changes
  - severe headache
  - abdominal pain

Bleeding

- Light spotting after intercourse or an exam is normal
- Large gush, steady trickle, or passing clots is not
- Can potentially be a sign of placental abruption, or the separation of the placenta from the uterus.
- Large bleeds are an emergency, always call your doctor or go to the hospital immediately
Severe Abdominal Pain

◦ Severe pain that does not go away
◦ Often abdomen will feel hard, or rigid
◦ May indicate a problem with your placenta, especially if combined with bleeding
◦ Emergency situation. Call or go to the hospital immediately

Reduction in Fetal Movement

◦ Noticeable change in the amount of movements you typically feel your baby make.
◦ If concerned, preform a ‘kick count’.
  ◦ Drink large glass of water or juice
  ◦ Sit or lie down someplace quiet
  ◦ Write down every movement you feel for an hour
  ◦ If less than 10 in an hour, call your doctor.
Fever

- Temperature of greater than 100.4
- May not necessarily need to come in to the office or hospital, but always a good idea to check in.

Urinary Tract Infection

- Increased risk during pregnancy
- May need antibiotics to treat
- Symptoms include:
  - Burning or difficulty urinating
  - Blood tinged urine
  - Pain in your lower back, one side or both
  - Fever
BIRTH PLANS
A birth plan can be a helpful way to communicate your desires and goals for your labor to your nurses and doctor.

Highlight the things that are the most important to you.

Begin with your ideal birth, then be prepared to adapt from there if necessary.

Or, just go with the flow!
Creating your birth plan

Some things to consider:

Ambiance- lighting, music, aromatherapy, voices, clothing
Visitors
Labor positioning and mobility
Fetal monitoring
Pushing style
Pain relief desires
Cutting the cord
Newborn medications
COPING WITH LABOR
Think of the methods you typically use to deal with stress, pain, or illness. Often these translate well into use in labor.

Simple methods to provide relief or distraction from pain

Very individual, every mom and every labor is different

May use all, or none!

Methods to cope during labor:
- Breathing
- Positioning
- Visualization & focusing
- Music
- Touch
- Water
- Heat & cold
- Vocalization
- Pain medications
Breathing

Relaxed breathing
Paced breathing
Conscious breathing
Lamaze breathing
Visualization & Attention Focusing

Focal points
Visualization
Baby Visualization
Body Visualization
Guided imagery
Hypobirthing
Touch

Effleurage
Massage
Reassurance
Counter pressure
Water

Bathtub
Shower
Cool or warm compress
Music & Lighting

Dim lighting
Background music
Aromatherapy
Whispering voices
Heat & Cold

Perineal compress
Warm pack
Cool cloth
Fan
Vocalization

Humming
Grunting
Panting
Yelling
Silence
- **IV Pain medications** - administered into the IV. Most commonly used is Nubain or Fentanyl. Takes the “edge off” of the pain. May make you feel sleepy and do cross the placenta to affect baby as well, but still considered safe. Not given close to delivery.

- **Nitrous Oxide** - Gas breathed in via a tube and facemask. Does not take away pain, but makes you relaxed and not care as much about it. Very safe for baby.

- **Epidural** - Thin catheter place in your lower back by anesthesiologist that delivers medicine continuously. Numbs the sensation from the belly down. Often takes pain away completely. Cannot get out of bed after until it wears off. Does not directly affect baby.

- **Intrathecal** - Injection into lower back performed by anesthesiologist. Similar effect as an epidural, but can be given quickly close to delivery. Wears off after a couple of hours.
Positions for labor

Natures most effective tool for labor progression and pain control

Sitting
Standing
Squatting
Kneeling
Lying Down
Pushing Positions
Sitting Positions

- Chair-Forward
- Chair-Backward
- Birthing Ball
- Birthing Ball, leaning
- Rocking
Standing Positions

Walking
Leaning
Slow Dance
Stairs
Lunge
Squatting Positions

Back-to-Front

Front-Front

Supported Squat

Sitting
Kneeling Positions

Hands-and-Knees
Kneeling over Bed
Knee-Chest
Laying Positions

Semi-Fowlers
Side-Lying
Tilt
Pushing Positions

- Reclining
- Squatting
- Hands-and-Knees
- Sitting
- Side-Lying
Pushing

Directed- You are coached to hold your breath and bear down while someone counts to 10. Repeated 2-3 times per contraction.

Spontaneous- Mother listens to her body and pushes according to her own urges.
FRANKLIN MEMORIAL HOSPITAL:
MATERNAL CHILD UNIT
Nurse’s Station
Labor Room
Postpartum Rooms
Newborn Observation/Procedure Area
QUESTIONS?
Please call the Maternal Child Health unit at Franklin Memorial Hospital with any questions, concerns, or for additional information.

They can get you in touch with one of the childbirth class instructors, Ashley or Natasha.

At 32 weeks+, we can schedule a phone call with you for prenatal education regarding care of you and your baby post-partum. If possible, we may be able to do a personal tour of the OB unit at this time. Please contact us if you are interested in the continued education.

MCH unit: (207) 779-2295
Thank you!