

PREPARING FOR LABOR AND DELIVERY

The following information should be used in conjunction with childbirth classes. Remember to take this book to your first class. *Register for classes by your 4th month of pregnancy by calling 794-2229 (BABY).*

Before Labor Begins

The majority of babies are born between 38 and 42 weeks of pregnancy. However, only a very small percentage of babies are actually born on their due date!

The last weeks of pregnancy, you will notice both physical and emotional changes with your body. These changes tell you and your doctor/nurse-midwife that your body is preparing for labor.

A first baby usually descends into the mother's pelvis two to four weeks before labor begins. This is called lightening.* With second and subsequent babies, lightening often takes place after labor has begun.

Your uterus is a strong muscle that surrounds the baby. During the last few months of pregnancy, the uterus tightens and relaxes. These are called Braxton Hicks contractions. These contractions increase and occur more often in the last month of pregnancy. It is believed that Braxton Hicks contractions help to soften and thin out the cervix. Sometimes they are so strong women think that they are in labor. If the cervix does not dilate (open), they are called false labor contractions. Often, lying down on your side or taking a warm bath will cause them to ease up or go away.

Another sign that your body is preparing for labor is that you may have an increased vaginal discharge.

Just before going into labor, you may have diarrhea and/or flu-like feelings for one or two days. Backache, cramping, energy spurt or fatigue may also occur.

There are some ways to tell true labor from false labor:

False Labor

- Little or no effacement* and dilation* (thinning and opening of the cervix) occurs.
- Membranes do not rupture.
- Contractions do not become longer, stronger or closer together.
- Contractions become irregular and stop when you walk, shower, change position or drink fluids.

True Labor*

- Effacement and dilation continue.
- Membranes may rupture.
- Contractions become longer, stronger and closer together. They usually occur at regular intervals.
- Contractions do not stop when you walk or change position.



SIGNS OF LABOR

Bloody Show*

As the cervix* begins to efface (thin) and dilate (open), a pink or bloody discharge can occur. You might also see a “plug” of mucus. This can happen several days before or at the beginning of labor.

Ruptured Membranes

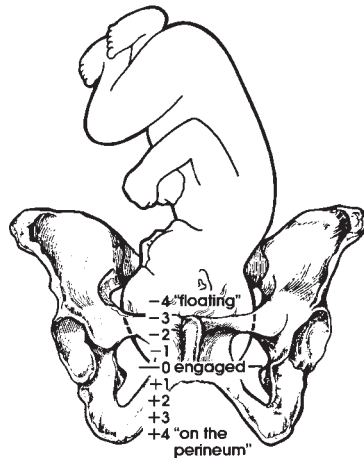
A gush or slow leak of amniotic fluid from the vagina. *Call your doctor or nurse-midwife.*

Contractions

When labor begins, the contractions feel like cramps. They become stronger, closer together, and last longer. Usually first-time moms come to the hospital when the contractions are five minutes apart (for at least 1-2 hours) and last 45-60 seconds in length. Second or third-time moms come in when contractions are ten minutes apart and don't go away when you rest.

If you are unsure about any of the above signs of labor, call your doctor or nurse-midwife.

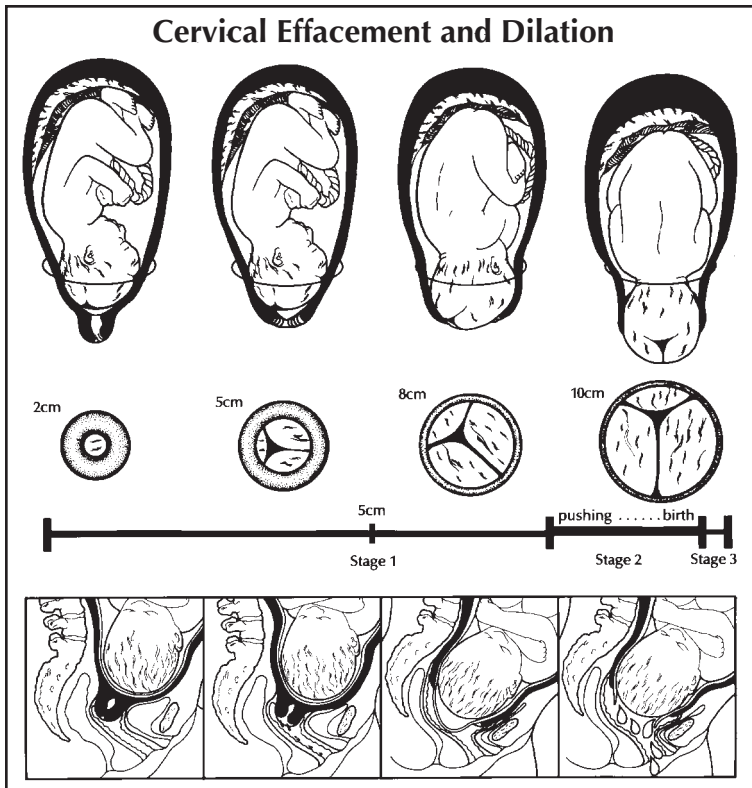
Descent of Baby into the Pelvis



WHAT IS HAPPENING DURING LABOR

Uterine contractions begin at the top of the uterus (fundus) and continue down to the cervix. They cause the cervix to efface (thin) and dilate (open). During the first stage of labor, the cervix must dilate from 0 to 10 centimeters. This happens over a period of time with an average length of labor for a

first time mother (primigravida) being 14 hours (7 for multi-gravidas). The first stage of labor is further divided into *early, active and transition phases*. The contractions change in frequency and in strength during these phases. See chart on next page.

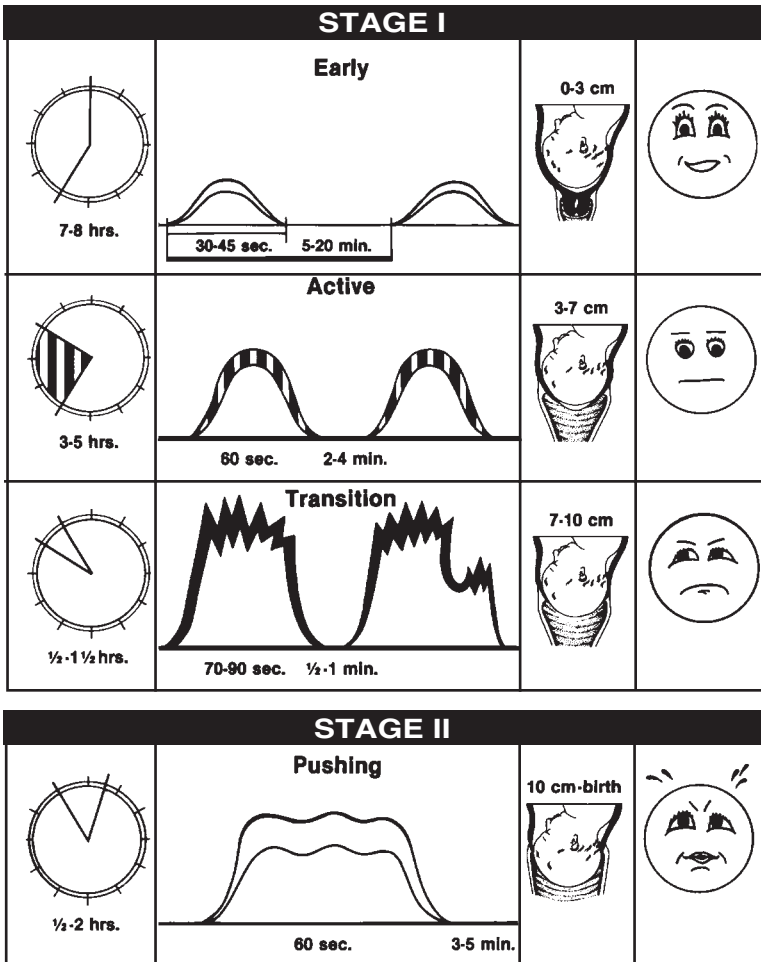


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WHAT IS HAPPENING DURING LABOR

The second stage of labor begins when the cervix is 10 centimeters. The contractions are usually felt as an urge to push or wanting to have a bowel

movement.* Now the baby's head and body can be pushed out through the vagina. This may take up to 2 hours or longer.



The third stage of labor is the *delivery of the placenta*. Uterine contractions cause the separation of the placenta from the uterine wall. The contractions continue to close the blood vessels at the place where the placenta was attached. This prevents hemorrhaging (excessive bleeding). You will continue to have contractions during the postpartum period as these cause the uterus to return to its original size.

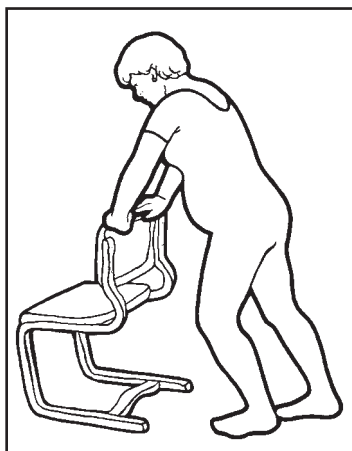
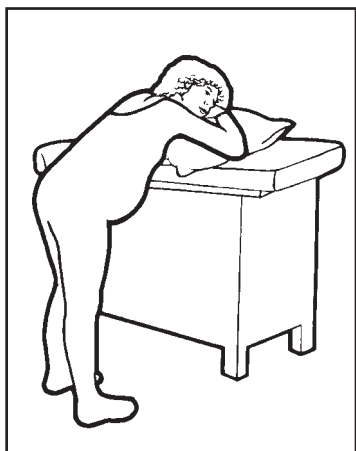
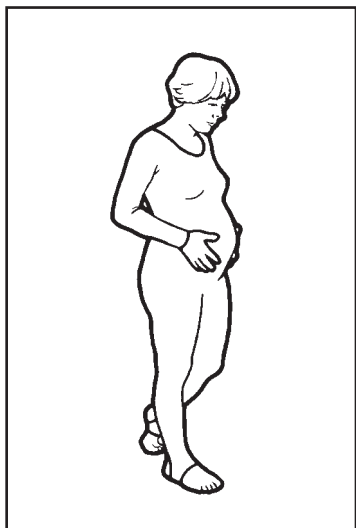
Recommended Labor Positions

Your position in labor has an important effect upon your contractions. Use gravity to help your cervix dilate. By standing, sitting and walking, you will have the baby's head against the cervix which may help with dilation. Most women find that by trying different positions, they have more effective contractions.

To make your labor most efficient, remain upright and mobile as long as possible. Some women walk for awhile, then lie on their side, then sit, in order to conserve their energy.

- Sit in a rocking chair with feet propped on a stool.
- Straddle a narrow chair using two pillows.
- Sit tailor-fashion on bed or floor. Lean forward, as desired, on pillows.
- Kneel with a stack of five or six pillows supporting upper body.
- Pull chair up to table or bed, place one or two pillows on the surface. Lean over and relax.
- Have labor partner sit in chair. Kneel in front of partner. Use pillows as needed. Use back pressure or massage as needed.
- Stand facing table or bed. Place several pillows on surface. Lean forward over pillows. Keep knees slightly bent.
- Have labor partner kneel. Kneel facing partner—pillow can be used if needed. Lean forward, resting head on partner's lap.
- Use a birth ball. Gently bouncing or rocking on the ball can be soothing. Use it with other positions such as leaning over the ball while on hands and knees.

POSITIONS FOR LABOR



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Pushing

Once your cervix is fully dilated (10 cm), the baby can enter the birth canal* (vagina). If you have had an urge to push before full dilation, it will be a relief to push now. You may feel a variety of sensations: pain; a burning, stretching sensation; backache; bowel pressure; or relief.

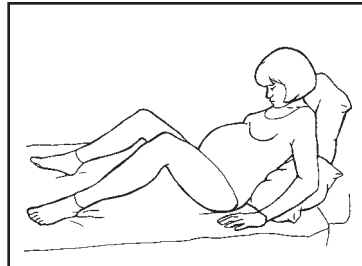
It is important to “listen” to your body now: Push when you have the urge. Have patience. It is not unusual to push for several hours. The semi-sitting position is used most often for pushing.

However, there are other positions which may feel better or help to rotate the baby:

Side lying: Lying on your side, you or your support person can hold the top leg as you push. This position may increase the pelvis diameter since the tailbone (coccyx) moves slightly back. It is also used to slow down a rapid birth.

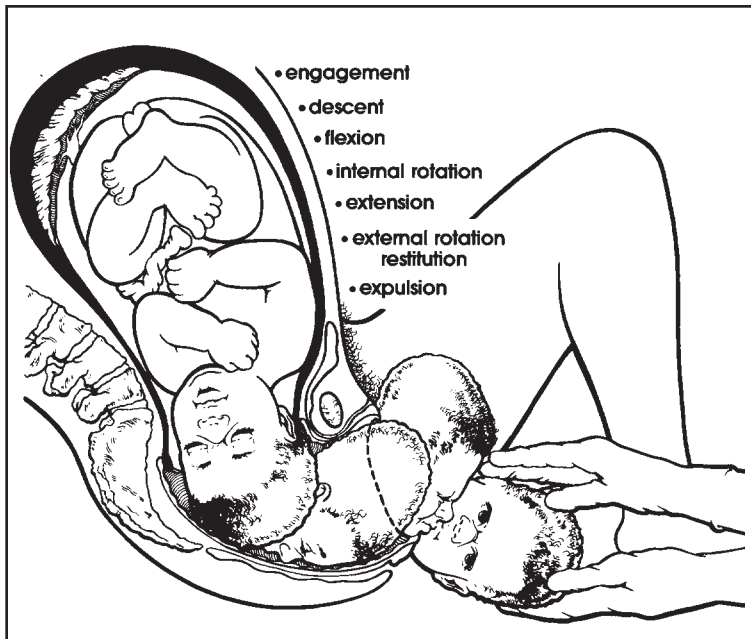
Squatting: Using a squat bar on the birthing bed, you can squat to allow gravity to aid your pushing. This position may also help the baby to rotate and descend onto the perineum.

Hands and Knees: Used often when the baby is in a posterior position as it helps to rotate the baby’s head. It also helps to relieve back pressure.



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Usual progression of baby through pelvis.



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LABOR GUIDE (Remember, every labor is unique.)

Physical Changes	What Women May Experience	What To Do
<p>STAGE I</p> <p>Early Phase 0-4 cm dilated</p> <p>Contractions: 5-20 min. intervals 30-45 sec. duration</p>	<p>May have bloody show and/or rupture of membranes. Contractions may feel like a backache, pelvic pressure, gas or cramps. Contractions become stronger, longer and closer together. May feel excited or anxious.</p>	<p>Continue with usual activities, but sleep if tired. Relaxation – use breathing only if necessary. Empty bladder. Call doctor or nurse-midwife when necessary.</p>
<p>Active Phase 4-8 cm dilated</p> <p>Contractions: 3-5 min. intervals 40-60 sec. duration</p>	<p>Stronger, more frequent contractions. Discomfort in back and/or legs. Becomes more serious, quiet and preoccupied with self. Discouragement – may doubt ability to cope. Low back pressure, nausea and/or vomiting.</p>	<p>Relax, use focal point. Change positions, walk, use labor tub or shower, empty bladder. Concentrate on one contraction at a time.</p> <p>Partner: Offer comfort measures like fluids, ice chips, face cloth, backrub effleurage. Offer encouragement.</p> <p>Low back pressure: pelvic rock. Get up on hands and knees. Lean over with contractions.</p>
<p>Transition Phase 8-10 cm dilated</p> <p>Contractions: 1-3 min. intervals 60-90 sec. duration</p>	<p>Long, intense contractions, leg cramps, shaking, tremors. Feels exhausted, overwhelmed, and wants to give up. Difficulty concentrating, feeling of panic, nausea and/or vomiting. Contractions may have more than 1 peak and seem very long. Relaxation is hard.</p>	<p>Continue relaxation techniques. Change positions. Blow out with urge to push.</p> <p>Partner: Stand-up and use eye contact – have her breathe with you. Be patient. Don't leave her. Encourage her—you're almost to full dilation.</p>

Physical Changes	What Women May Experience	What To Do
<p>STAGE II Birth Full dilation Pushing Contractions: 2 min. intervals 60-90 sec. duration</p>	<p>Tired, but may have a burst of energy. Pressure on rectum and perineum. May feel like you have to have a bowel movement. May have uncontrollable urge to push. Bulging, splitting or stretching sensation. Intense backache.</p>	<p>Assume gravity-aided position. Push towards vaginal opening. Relax perineum and go with the contraction. Relax in between contractions. When the head is crowning, push slowly; pant if necessary.</p>
<p>STAGE III Delivery of Placenta Contractions: Less intense</p>	<p>Variety of feelings: relief, gratitude, disbelief, joy, exhaustion.</p>	<p>Hold baby. Doctor or nurse-midwife will repair episiotomy* or laceration if necessary. Medication used.</p>

SUPPORT PERSON'S HELP SHEET

Problem	What to do for the mother
Labor not progressing	<p>Have her walk. Use a birth ball.</p> <p>Have her take a shower or use labor tub.</p> <p>Stimulate her nipples.</p>
Pushing not progressing	<p>Have her change position to squatting, sitting on toilet, or birth ball. Have her walk. Use tub or shower.</p> <p>Encourage visualization: have her visualize her body relaxed and/or the cervix* opening over the baby's head.</p>
Nausea	<p>Have her take slow, deep breaths.</p> <p>Apply a cool washcloth to her face.</p> <p>Encourage position change, either to her side or sitting up.</p> <p>This may be a sign of transition.</p>
Cold, Chills	<p>Use warm blanket.</p> <p>Encourage a warm shower.</p> <p>Have her wear socks.</p> <p>Try massage.</p>
Back Labor	<p>Change her position every half hour.</p> <p>Get her into hands and knees position.</p> <p>Have her do pelvic tilt.</p> <p>Apply counterpressure to her back using tennis balls, your hand, rolling pin, or small paint roller.</p> <p>Apply heat or cold using heating pad/hot water bottle; Tupperware rolling pin filled with hot or cold water; warm moist packs.</p>

Problem	What to do for the mother
Leg Cramps	<p>Place the heel of her foot into your hand. Use your other hand to push the ball of her foot toward her head.</p> <p>Apply warm compresses. Try massage.</p>
She panics or thinks she “can't go on”	<p>Stand up and tell her you're there to help. Hold on to her. Communicate that you care and that she has someone to hold on to. Put your face in front of hers and breathe with her. Tell her she can and will do her breathing. Be “present.” Stay calm. Tell her you love her.</p>
You're tired – doubting your ability to help	<p>Take a short break. A nurse will stay with her. Eat – you need nourishment. Use relaxation and breathing techniques to calm yourself. Have empathy(understanding), not sympathy (feeling sorry). Remember the nurse and doctor or nurse-midwife are there to help your partner.</p>

COMFORT MEASURES FOR LABOR

Hydrotherapy

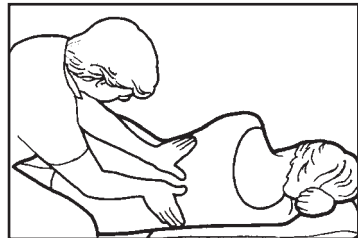
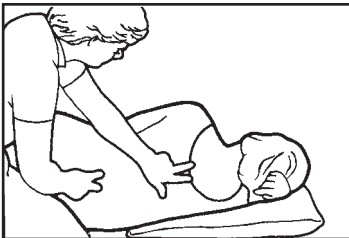
Many women find that being in warm water helps to relieve tension and pain. The warm water helps increase circulation/blood flow which may help to increase endorphin production, cervical dilation and reduce pain. You can either use the shower or get into our hydrotherapy tub, which is available on a first come basis.

Position Changes

As indicated earlier, changing your position can help ease the pain of the contractions. Every hour try a new position. See *page 90 for recommended labor positions*.

Touch and Massage

Many women like to be touched or massaged during labor. Some don't. You may like massage during some of your labor, but not during other parts. Both you and your partner can massage different areas. You might find that effleurage (very light stroking) is helpful, or you may prefer a more forceful touch, like a massage. Some women like to have just one part of their body massaged such as the foot or back. It is important to try different types. Use corn starch or lotion so that you don't irritate your skin.



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