NEW BEGINNINGS 'Life in the making'

LABOUR AND BIRTH INFORMATION

SUPPORT PEOPLE

The role of support people in labour is to provide you with practical and emotional support when you're in labour so it is really important for you to think about who you want with you. You are welcome to have as many or as few support people as you wish, however in some circumstances, just one person will be able to remain with you e.g. insertion of an epidural or if you need to go to theatre. It is really important that you are comfortable with whoever you choose to be at the birth of your baby.

SHOW

An early sign that labour is approaching is the loss of your mucous plug or 'show'. The plug has been blocking your cervix since early pregnancy to help prevent infection. As your cervix prepares for labour, it is released and can come out all at once, or in small amounts. You may notice a heavy discharge, or a discharge streaked with blood. This may occur several weeks before labour or when you are in labour.

EARLY LABOUR

Labour usually begins with period type pains that are irregular in time and length but gradually get stronger. These pains are thinning and softening your cervix known as effacement. For first time mums this has to happen before your cervix actually begins to dilate. This is called the Latent Stage of labour. During this stage, contractions can stop so it is too early to go to the hospital. Ways of coping with early labour are to have a warm bath or shower, use a heat pack or water bottle and if you need to, two Paracetamol tablets every four to six hours. Try to rest as you will need all your energy when labour is established.

ESTABLISHED LABOUR

Actual labour can be recognised as contractions that are coming regularly and are getting stronger. It is advisable to contact your midwife when you are having **THREE** contractions every **TEN** minutes lasting for **SIXTY** seconds or more and you are unable to speak through them. We will then decide together whether it is time to attend the hospital. The average first baby takes around twelve hours to arrive so there will be plenty of time.

WATERS BREAKING

Waters breaking can be a big gush or a slow trickle. Normal waters should be clear, pale pink or straw coloured. If they break during the day, call your midwife and let her know.

If they break at night time, the colour is normal and you are not contracting put on a pad and try and get some rest. Call your midwife in the morning and let her know what time your waters broke and she will make a plan of care with you.

IF your waters break and they are green, red or brown **call** your midwife immediately. This may be a sign of a distressed baby and we would meet at the hospital to monitor your baby.

ATTENDING THE HOSPITAL

You and your midwife will decide when it is the right time to attend the hospital. When you arrive, your midwife will perform a labour assessment that includes taking your blood pressure, pulse, temperature, urinalysis and feeling your baby and listening to the baby's heart rate. This may be performed intermittently with a Doppler like we use in clinic appointments or it may be using a CTG monitor if there are risk factors present. The monitor records how many contractions you are having and also shows your baby's heart rate. Some women remain on the monitor for 20 minutes with intermittent monitoring following; others will be monitored for the duration of their labour.

Your midwife will also perform a vaginal examination to ascertain how dilated your cervix is, how far down your baby's head is and what position your baby is in. Normally, your midwife will repeat vaginal examinations every four hours to ensure your labour is progressing.

If you are **less than 4 centimetres dilated** and there are NO other risk factors present for you or your baby, you will be sent home to await established labour.

PAIN RELIEF

If you require more pain relief than water and Paracetamol, there are two options available to you.

- ENTONOX or 'the Gas' is a mixture of nitrous oxide and oxygen which is inhaled through a mouthpiece. It works quickly and is very effective at the peak of a contraction. It does not cross through the placenta and is safe to use in labour. Some women may find using Entonox makes them feel out of control or nauseas.

- EPIDURAL – an epidural is a nerve block that goes into the area surrounding your spinal cord, known as the epidural space. If you require an epidural, your midwife will commence or continue CTG monitoring, site an IV line, take some bloods and commence an IV Saline drip and then consult with the obstetrician on call. The anaesthetist will be contact to attend and will come and insert the epidural after having a discussion with you regarding the risks of epidurals (see HVDHB Epidural Pamphlet). The anaesthetist will administer the first dose of bupivicaine/fentanyl through the epidural catheter. Each dose lasts one to two hours and your midwife will top up your epidural as required. As the epidural medication can lower your blood pressure, you will your BP checked every 5 minutes with each top up and you will require a urinary catheter to be inserted once you are comfortable. You will be continuously monitored with the CTG monitor. When you are fully dilated to 10 centimetres and you are ready to push, we will allow the epidural to wear off so you can work with your body and push with your contractions.

BIRTH

When you are fully dilated or 10 centimetres it will be time to push. This is known as the Second Stage. Your midwife may suggest positions to encourage the decent of your baby like kneeling or standing. You will know at the time if you want to change positions and let your midwife know. Don't rush to push your baby out. Bear down only when you feel the urge, your contractions will dictate when to push. As the end of the second stage approaches, your midwife may tell you when to push or when to slow things down by panting or blowing. This will help your perineum to stretch gradually, decreasing the possibility of tearing. Once your baby is born, she/he will go straight up to you for skin to skin. Once the cord ceases pulsing, the cord can be cut by Dad or another support person. If you are breastfeeding we will initiate this as soon as Baby is ready.

PLACENTA

After the birth of your baby, it is time for the placenta to be delivered. If you have had a normal labour with no interventions, we can wait for your body to naturally release the placenta if you wish. If you have had any interventions or identified risk factors, it is recommended that your midwife administer an injection to facilitate the delivery of your placenta. This is to reduce the risk of haemorrhage and something we would have discussed prior to your baby being born. You can choose whether you would like to take your placenta home or wish for hospital disposal.

POST BIRTH

Once the placenta has delivered, your midwife will inspect your perineum to ascertain whether you have any tears. If required, your midwife will administer some local anaesthetic and suture the tears. An obstetrician may be asked to suture, if the tear is complex or large.

NEWBORN CHECKS

Once you have had some family time, your midwife will complete a newborn assessment and weigh your baby. All newborn checks would have been discussed with you during your antenatal care. If Vitamin K has been consented to, this would be administered at this time. If your midwife had any concerns regarding your baby or risk factors identified in labour and birth, a paediatrician may be requested to attend your birth and review your baby once she/he is born. Sometimes, babies are required to attend the Special Care Baby Unit or SCBU for observation or tests. This may be for a few hours or sometimes longer if your baby requires it. SCBU is situated on the same floor as Delivery Suite and the postnatal ward, and parents have 24 hour access to their baby.

POSTNATAL

You will be offered refreshments and pain relief and once you are showered, you will be transferred to the postnatal ward if you plan to stay in the hospital. You may wish to go home, and provided there are no risk factors for you or your baby, and you have a car seat for your baby, you may discharge from the hospital. This would be discussed with your midwife.

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