WELCOME

Your Birthing Day: One-Day Intensive Childbirth Class

THE AMAZING

Pregnant Body

YOUR *Hormones*

Relaxin

Soften joints and ligaments

Prostaglandin

Ripens cervix

Oxytocin

Love hormone

Responsible for uterine contractions

Adrenaline & Noradrenaline

Fight or flight

High levels in early labor

High level towards the end

Beta-Endorphin

Natural pain relief

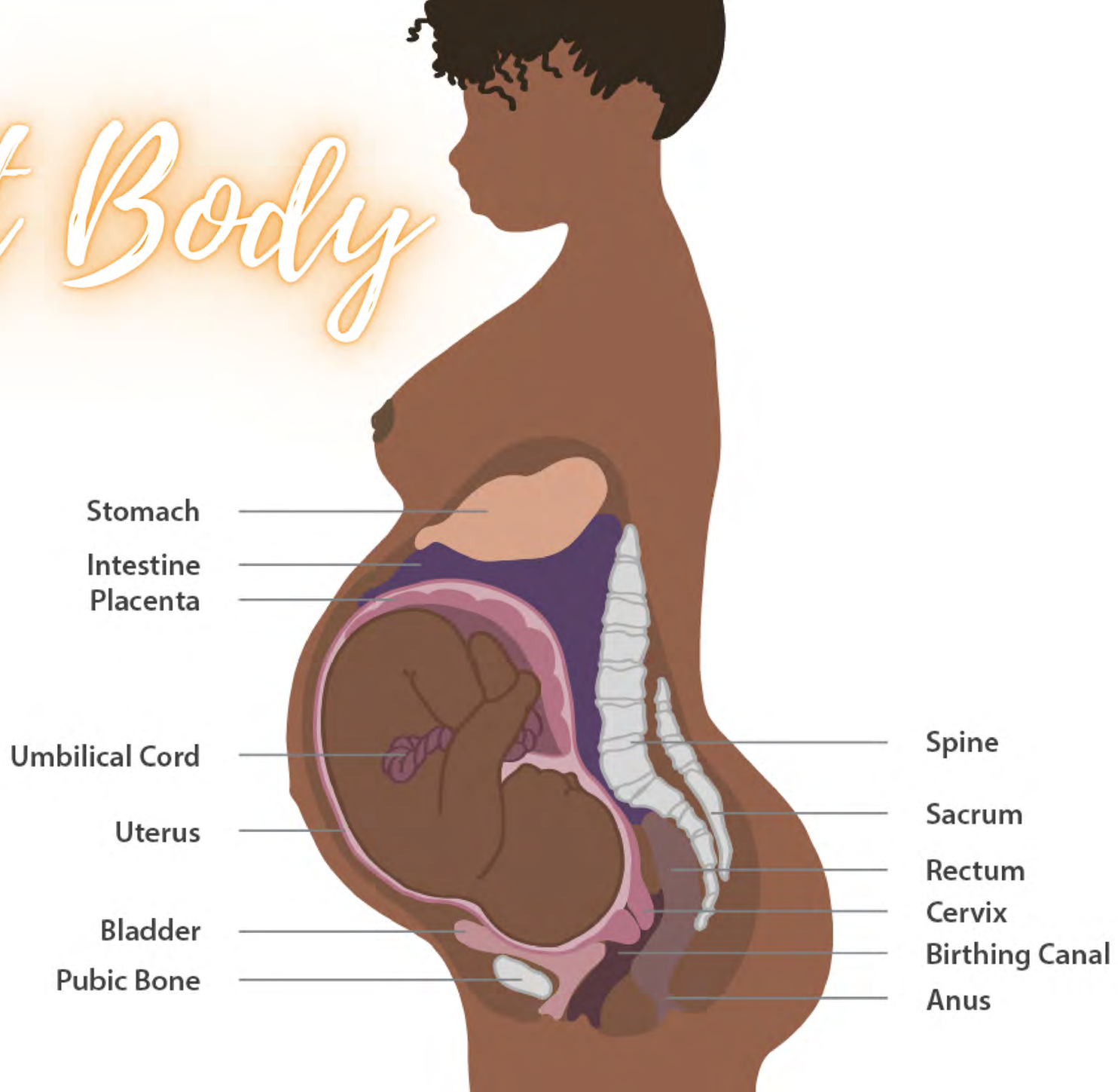
Prolactin

Supports milk production

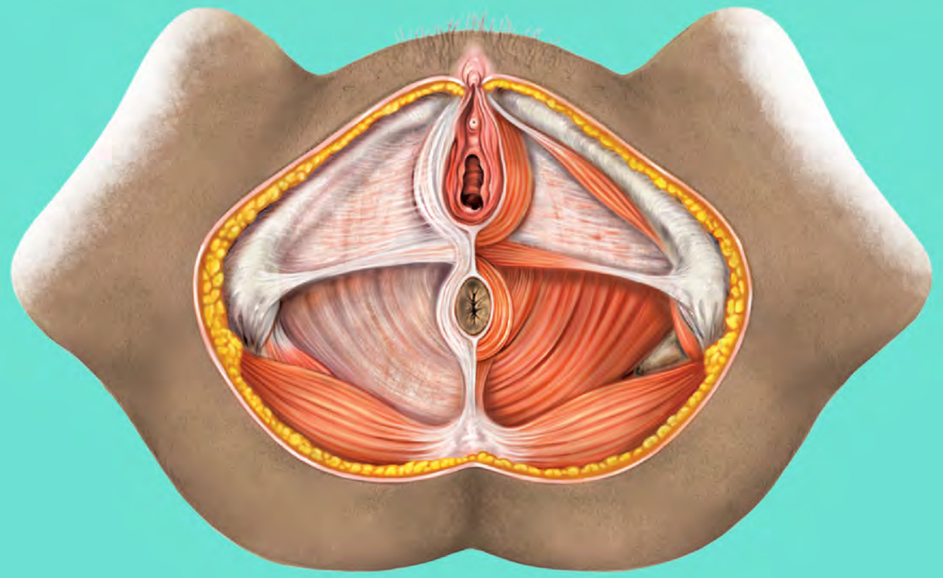
Protective instinct

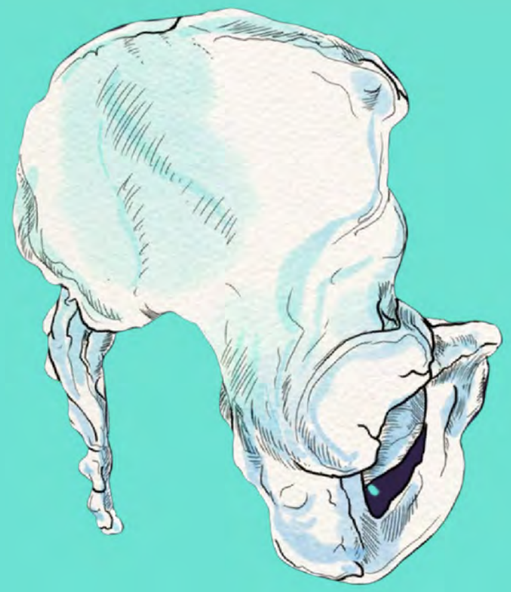
YOUR *Pregnant Body*

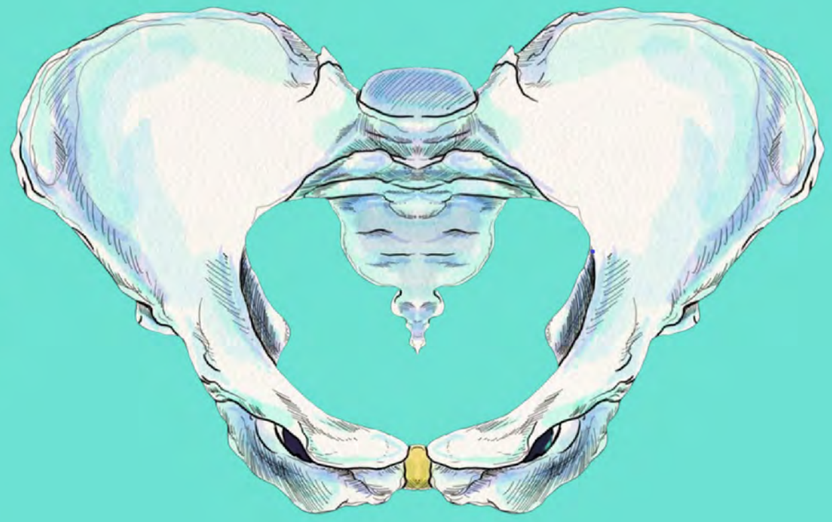
What do you notice?



YOUR Pelvis & Pevic Floor







Group of muscles

Relax

Contract

Separate bones joined by cartilage

Stability & support movement

SIGNS *To Call Your Provider...*

- Vaginal bleeding
- Fever above 100°F (37.7°C)
- Pain or burning with urination
- Sudden swelling in your face or hands
- Vision problems or headaches
- Vomiting or diarrhea lasting 24 hours or more
- Major change in your baby's movement pattern
- Sudden pain in your belly

Signs of Preterm Labor (before 37-weeks)

- Change or increase in vaginal discharge
- Pelvic or lower belly pressure
- Constant, low, dull backache
- Mild belly cramps
- Water breaks in a trickle or gush
- More than 4 contractions in 1 hour (may feel painless or like tightening)

SIGNS Birth Will Start Soon

- Nesting
- Lightening - belly drops
- Lose mucus plug
- Lower back discomfort
- Lower front discomfort
- Need for more rest
- Lose stool
- Weight loss
- Irritability
- Extreme emotions

You may experience all or none of these...

CONTRACTIONS

What are they?

Tightening

BH: Portions of the uterus

LC: Entire uterus (wrapping)

Pressure

BH: Can't locate where

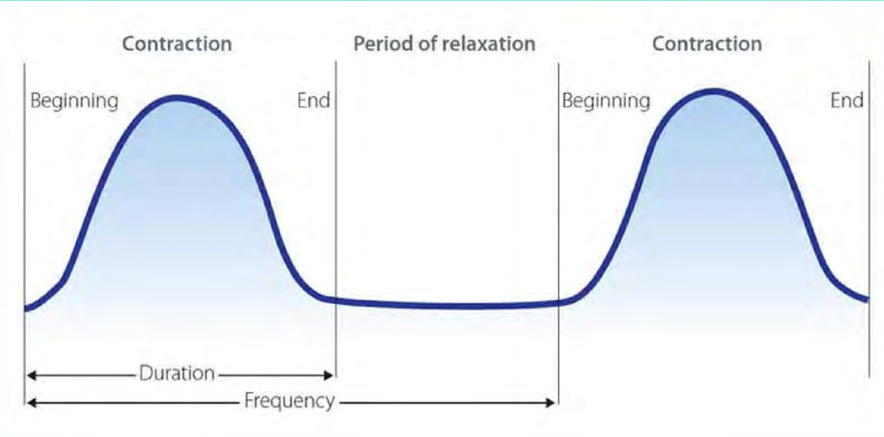
LC: Lower back and/or belly

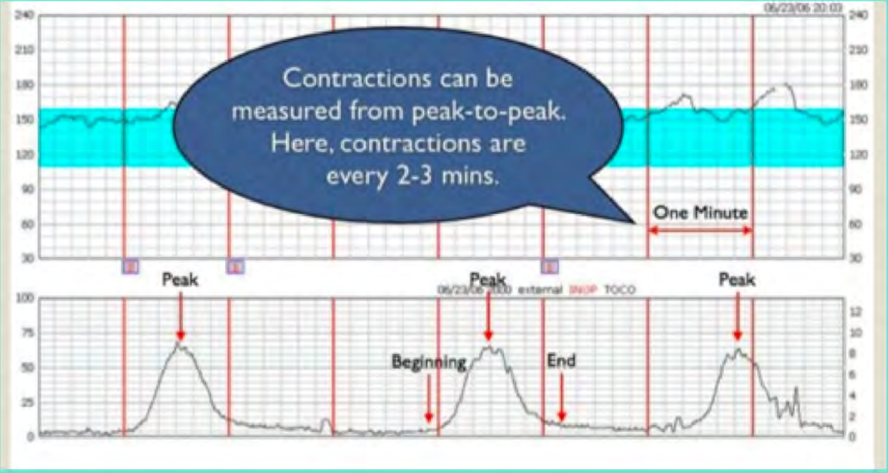
Duration

BH: Short and stop with a change in activity

LC: Get longer and do not stop with a change in activity - may even get stronger

HOW & WHEN TO MEASURE *Contractions*





How

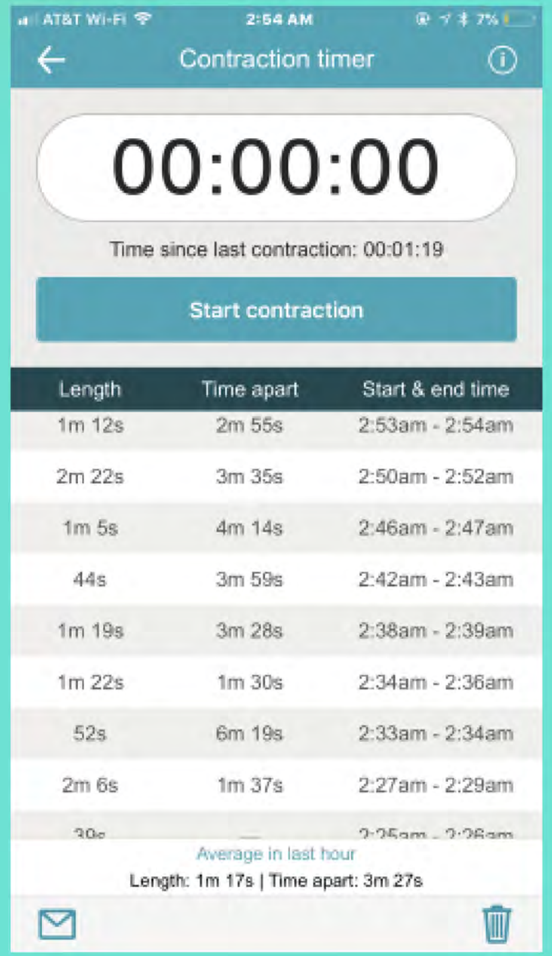
- At home with a contraction timer app "Full Term" or other
- At the hospital with monitors

Pay Attention

- Intensity
- Strength
- Breathing

Start, Stop, Rest

- Start time when birthing person says one is starting
- "Stop" timer when the hold of the contraction is gone completely
- Rest and recouperate energy between contractions



STAGES OF *Labor*

YOUR *Birthing Time*

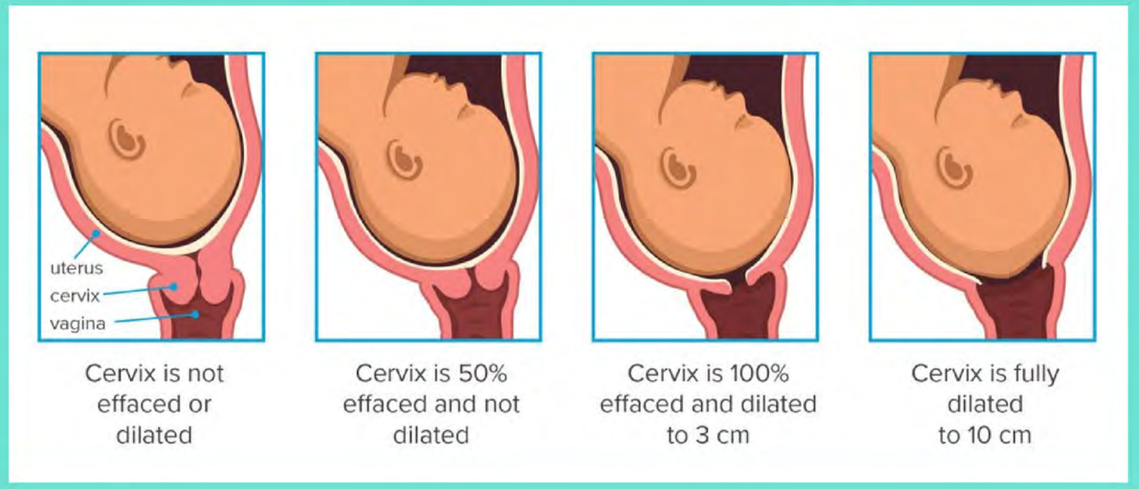
Stages of Labor

- Stage 1: Dilation/Effacement
  - Early
  - Active
  - Transition/Transformation
- Stage 2: Pushing & Birth
- Stage 3: Immediate Postpartum

PHYSICAL CHANGES

Effacement

- Thinning
- Softening
- Position



Dilation

STAGE 1
Early Phase

- Longest phase
  - Up to12 hours or days (induction)
- Cervix begins to efface (thin) & dilate (0-6 cm)
- Waves/Contractions: 5-30 minutes apart with no consistent pattern
- 5 things to do:
  - Hydrate
  - Eat
  - Walk
  - Shower/Bath
  - Nap
- Prodromal Labor - Start and Stop

CALLING *Your Support Team*

- Strong consistent, regular waves/contractions
  - 5-1-1 or contractions every 5 minutes, lasting 1 minute and following that pattern for 1 hour
  - Consider 4-1-1 or 3-1-1 as options too
- Need more physical support
- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- If you think you're waters have broken
- Vaginal bleeding
- Tested positive for Group B Strep
- Live far away from your birthplace
- Progress quickly

STAGE 1 *Active Phase*

- Duration: 6 hours or more
- Cervix continues to efface thin and dilate (6-8 cm)
- Contractions - stronger, longer (60-90 seconds) and closer together (3-5 minutes)

Birthing Person

- Focus inward
- Movement
- Communicate needs
- Breathe
- Hydrate
- Shower/Bath

Partner/Support Team

- Physical support
- Emotional support
- Reminders for food, water and restroom
- Environmental control
- Crowd control
- Communicate preferences

STAGE 1

Transition Phase

- Duration: few minutes to hours
- Cervix completes its effacement (100%) and dilation (8-10 cm)
- Contractions - stronger, longer (90 seconds - 2 minutes) and closer together (2-3 minutes)
- Showing signs of Stage 2 - urge to push or bear down, rectal pressure
- Unfiltered part of labor - Labor Land
  - Birthing person is asking or looking for more support from their team
  - Support team
    - Encourage rest between contractions
    - Affirmations
    - Take Charge

STAGE 2 Pushing & Birth

Three Key Concepts

- Don’t rush
- Push when you have an urge
- Use different positions

Partner/Support Team

- Support movments
- Provide focus
- Provide emotional support
- Give words of encouragement

Types of Pushing

- Expulsion breathing and spontaneous bearing down
- Delayed pushing - passive descent or laboring down
- Directed/Guided pushing
- Prolonged pushing

STAGE 3 *Placental Birth*

How long it lasts

- 5 to 20 minutes after baby is born and last only a few minutes

Physical signs

- Your uterus begins contracting again - separation gush

Tips to keep in mind

- It can happen by itself OR
- Involve assistance from your provider
- Your provider will examine your placenta is complete
- Fundal massage (not fun nor a massage)
- The goal is for your uterus to contract back down to a smaller size to limit bleeding.

BIRTHING Stages Recap

Stage 1: Dilation & Effacement

- Phase 1: Early Labor
  - Longest time 12-24 hours, 0-5cm
- Phase 2: Active Labor
  - Growing intensity 6-12 hours, 6-8cm
- Phase 3: Transition/Transformation
  - Most intense 30 minutes to 2 hours, 8-10cm

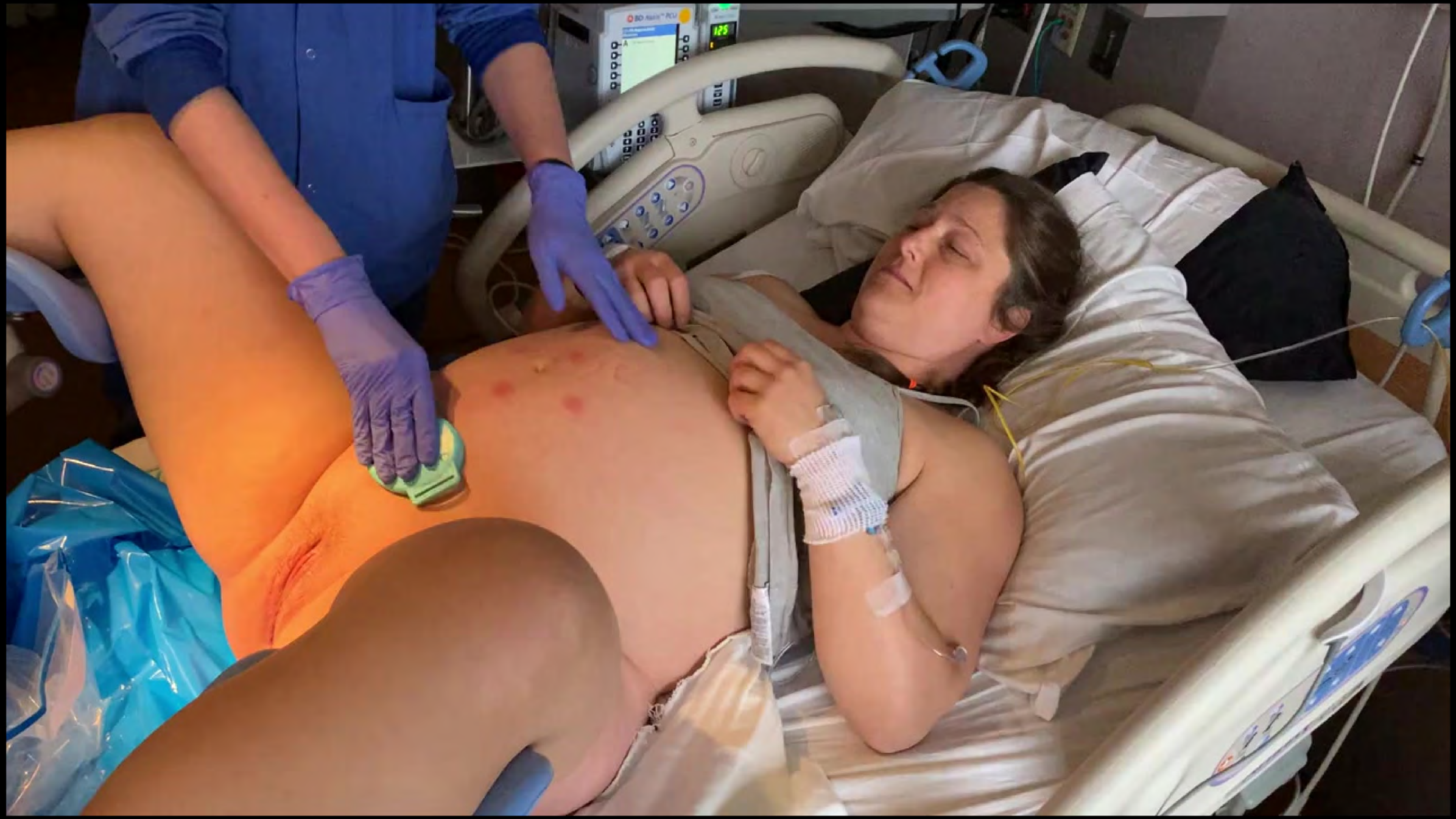
Stage 2: Pushing & Birth

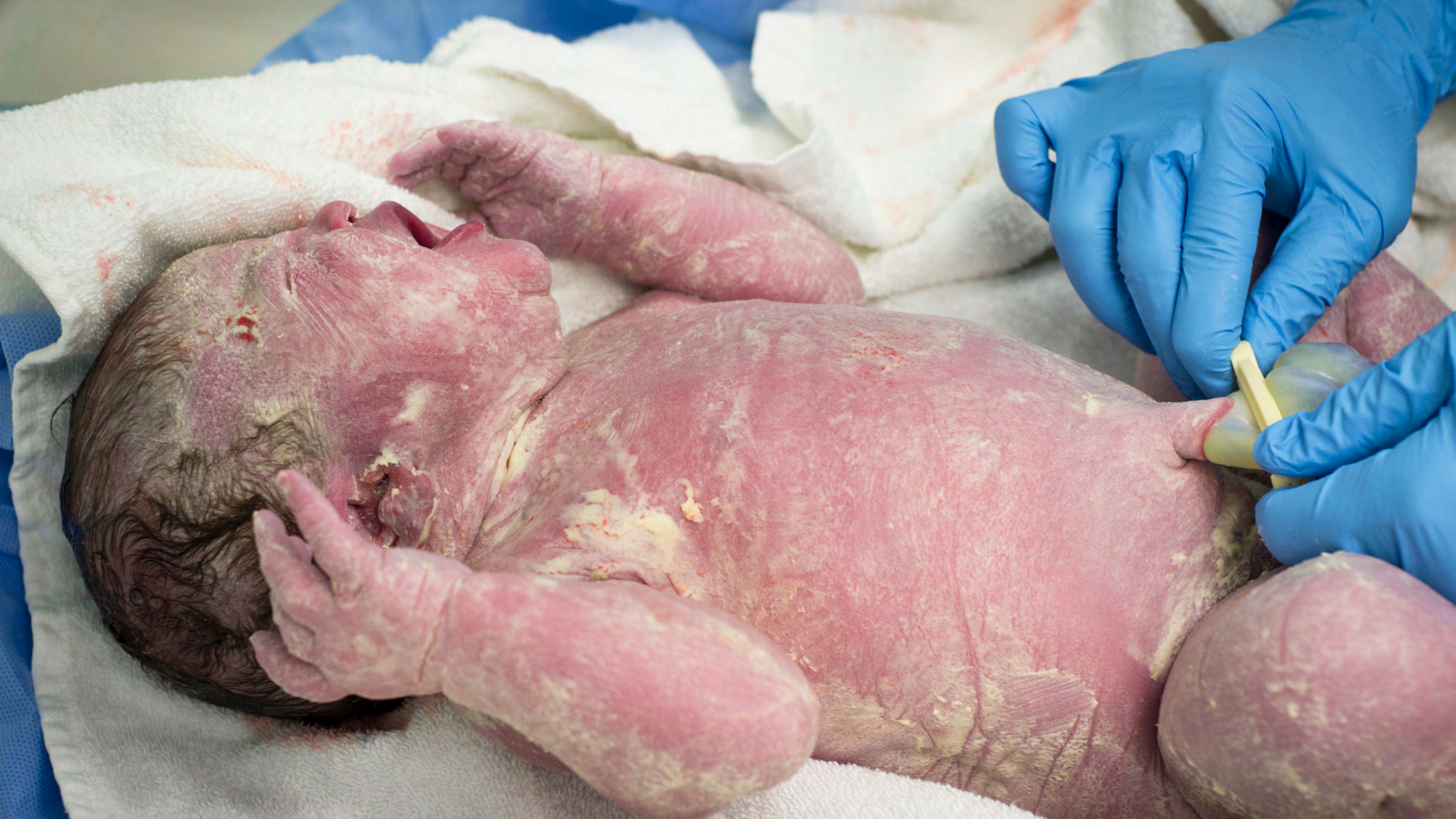
Stage 3: Placental Birth

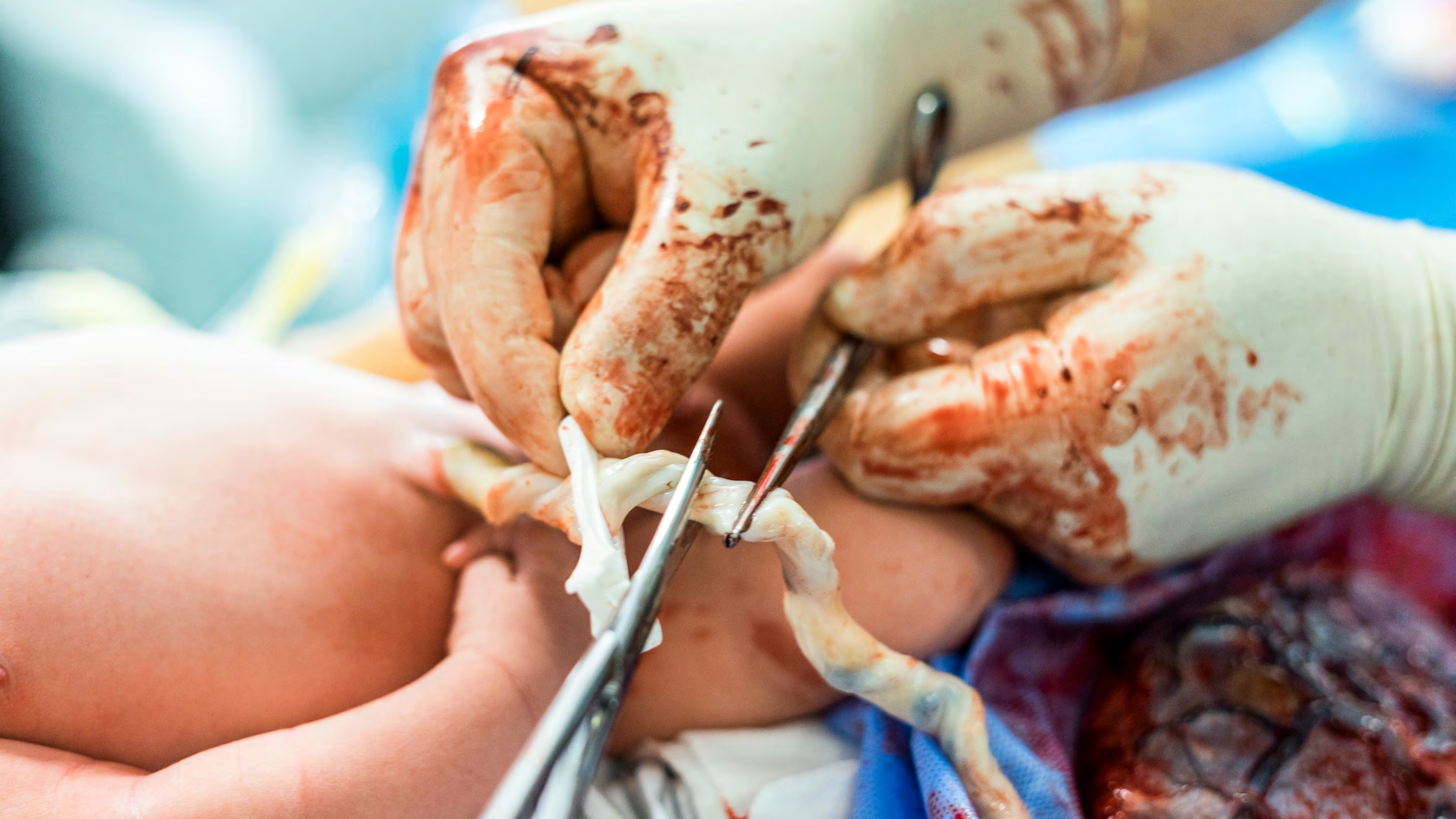
Do you want to see Birth Videos?

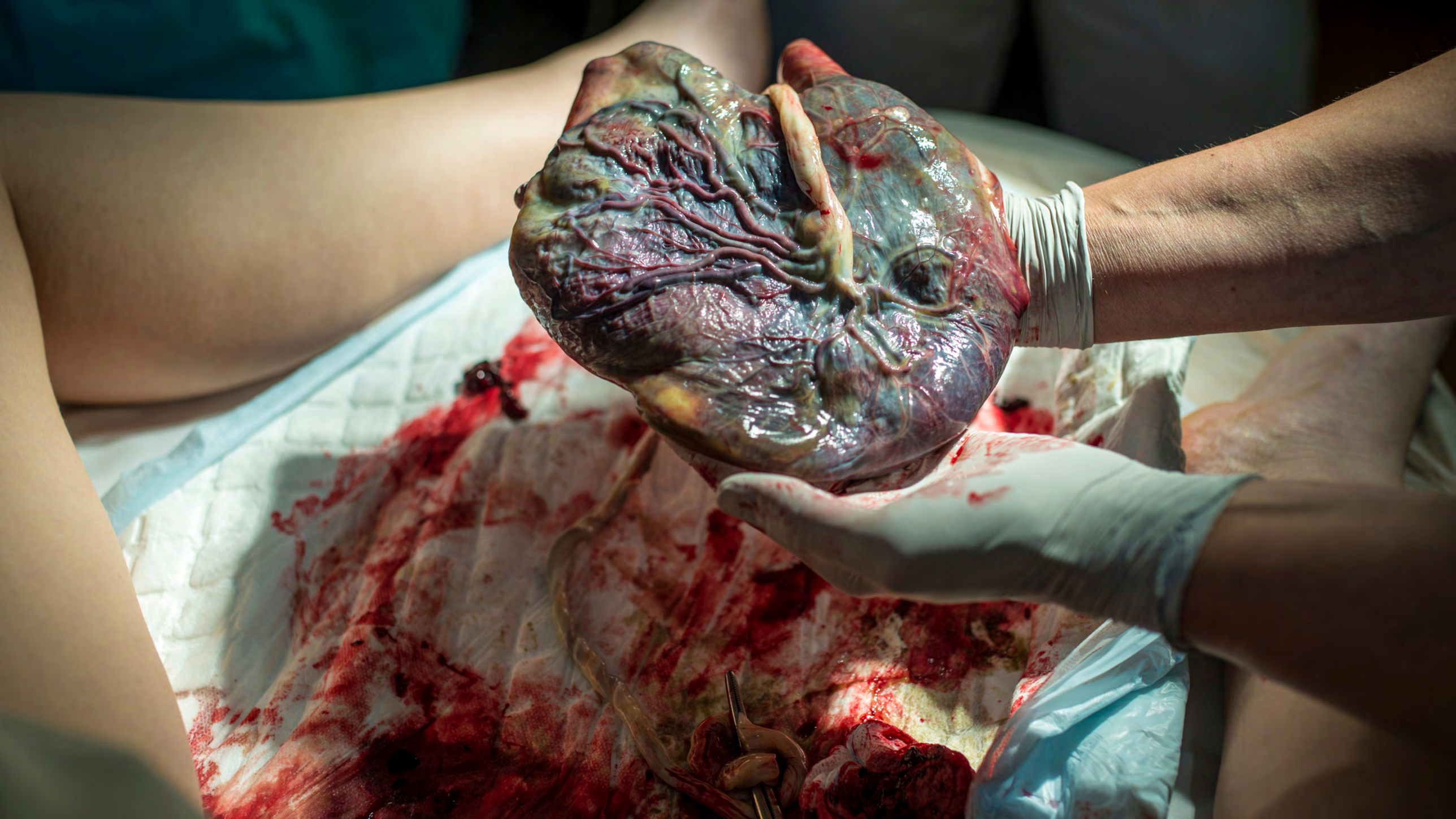
PICTURES & VIDEOS

Birth

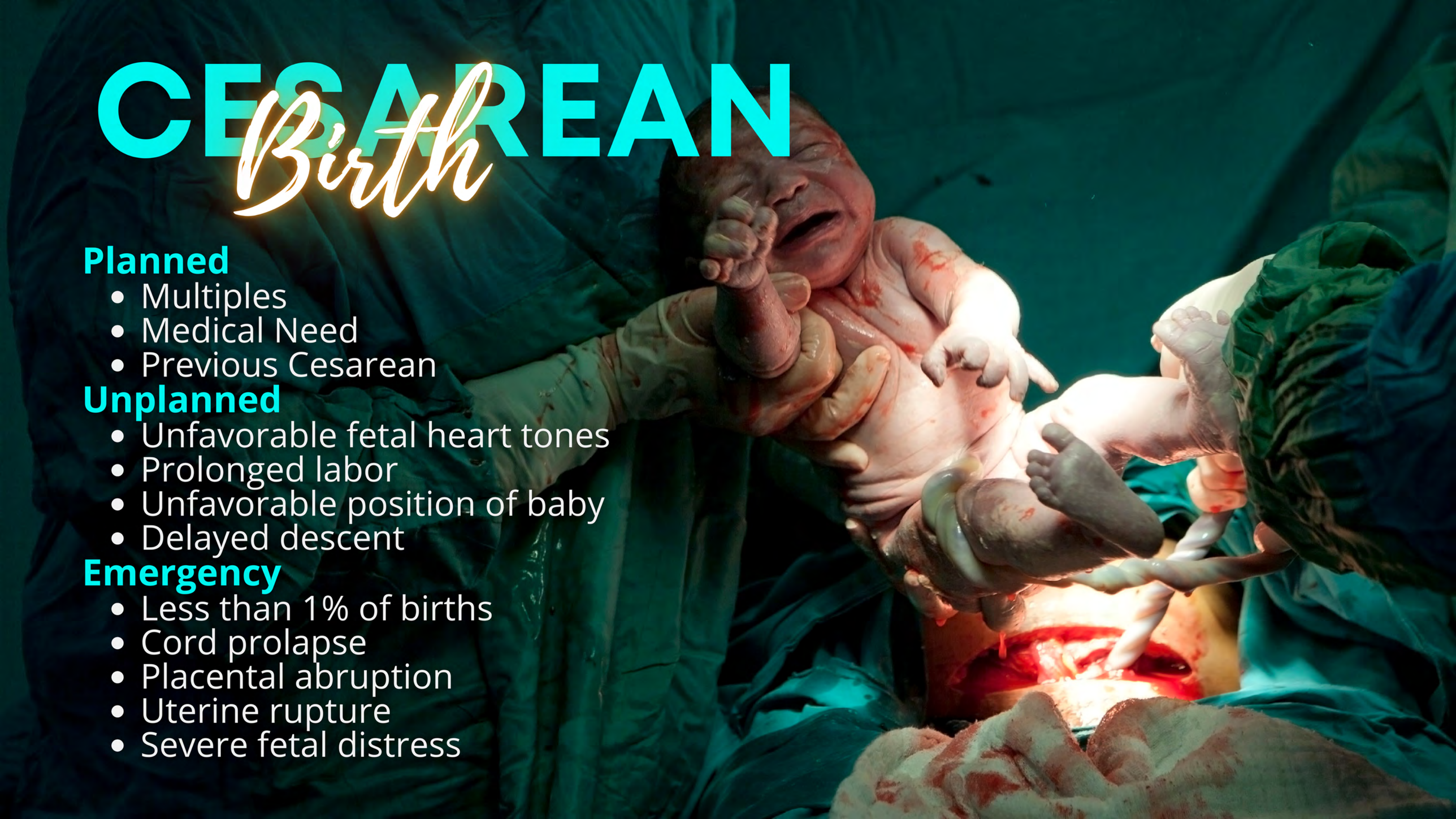








CESAREAN *Birth*



Planned
- Multiples
- Medical Need
- Previous Cesarean

Unplanned
- Unfavorable fetal heart tones
- Prolonged labor
- Unfavorable position of baby
- Delayed descent

Emergency
- Less than 1% of births
- Cord prolapse
- Placental abruption
- Uterine rupture
- Severe fetal distress

CESAREAN *Birth*

Family Centered

- Clear drape
- Your playlist
- Partner assisted

What to Expect

- Prepare the birthing person
- Prepare the partner
- Operating Room will be cold and bright

What You Can Still Have

- Immediate skin-to-skin
- Delayed cord clamping
- Keeping the vernix on the baby
- Take pictures
- Initiate the first latch

...end of

STAGES OF *Labor*

NEWBORN

Care

BASIC *Human Needs*

Using H.A.L.T.S.

- Hunger
- Angry
- Lonely
- Tired
- Sick/Stressed

Keys for success

- Meet the need to transform the behavior
- If you can't meet the need, LOWER your expectations for yourself and child
- Do a nurtuing activity to strength connection

FEEDING

What does it look like?

Expectations

- Babies should not go more than 3 hours from the start of one feed until the start of the next.
- There should be 8-12 feeding sessions per day
- Many babies must be woken up to feed in the first days of life
- As you and the baby are learning to nurse, feeding sessions will take up to the majority of your time

Example Feeding Session

- Undress or change baby to wake them
- Get a good latch
- Spend 20-30 minutes latched and transferring milk
- Burp
- Hold upright for 5-10 minutes after
- Another diaper to change
- Sooth

NUTRITION *First Two Weeks*

Facts

- Babies will lose weight after birth
  - A loss 5-10% is normal
  - Anything above 10% or more is when providers become concerned

Keys for success

- If a baby is losing more than 10% or taking longer than 2-weeks to return to birth weight, providers suggest:
  - Increase number of feedings
  - Supplemental feed with formula or donor human milk
  - Lactation support to increase milk production

BABY Poop

Frequency

- Generally 8-12 diapers
- Comes out easy and painless

Amount

- In = Out
- If baby is growing, seems content and satisfied, all is well

Color

- Day 1-3: black and sticky
- First few weeks: yellow, seedy and runny or green and thick

Consistency & Smell

- Human milk = mustard slightly sour smell
- Formula = peanut butter, more pungent

The Shades of Baby Poop – A Rough Guide

Meconium can be very dark green or black

Breastfed baby poop might be a mustard yellow

Formula-fed baby poop might be tan or yellow

Green poop isn't usually anything to worry about

Brown is a common poop color for babies on solids

Red could indicate blood, and could be harmless, but have it checked out just in case

Black poop (after the first five days) could be a sign of dried blood so call your healthcare provider

White or clay-colored poop is rare, but may be serious so call your healthcare provider

Note: The color of baby poop can vary a lot. This chart is not suitable for diagnosing your baby's health. Always check in with your healthcare provider if you have any concerns.

SLEEP

What does it look like?

Expectations

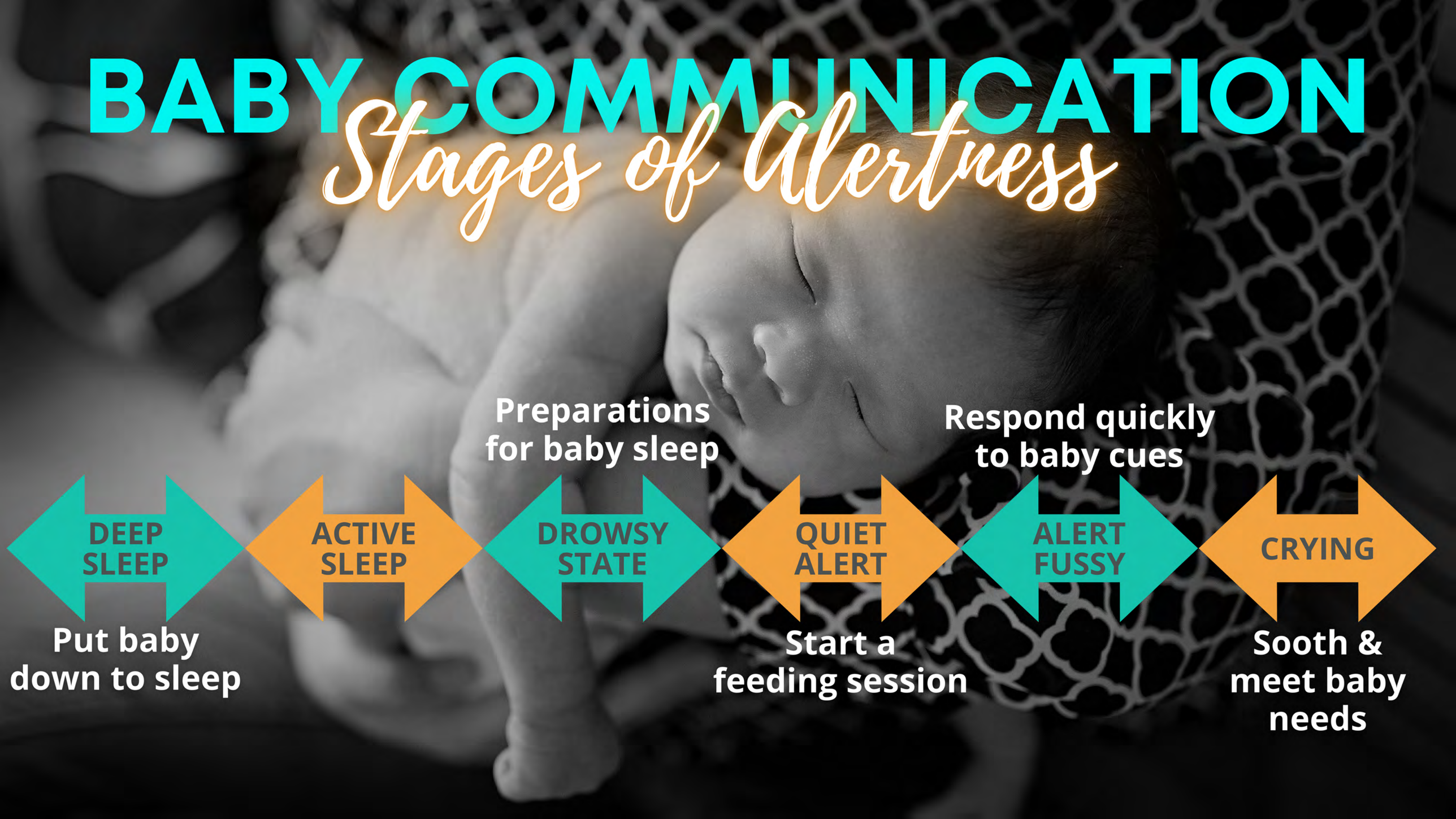
- Don’t worry about the baby sleeping too much (only too long is a problem)
- 16 hours is average, but some babies sleep up to 20 hours a day
- Expect the most alert time to be in the wee hours of the morning for the first 4-6 weeks
- While babies are under birth weight they are more sedated/lethargic (reserving energy)
- Young babies need help falling asleep:
  - Need to be touched or held
  - Put baby down to sleep when they are in deep sleep

Helpful Facts

- Babies are loud sleepers
- Breathing patterns are irregular
- Hiccups DO NOT bother them
- Babies go through several sleep cycles during one sleep session, wait before you react

BABY COMMUNICATION

Stages of Alertness



COMFORTING *Your Baby*

Fourth Trimester - First Three Months of Life

- Recreate a womblike environment:
  - Constant movement
  - Constant contact with a caregiver
  - Loud - internal body sounds e.g. digestion, heart beat, breathing, etc.
  - Warm
  - Tightly held = feedback for muscle building and stretching
  - Constant sucking on hands and feet, amniotic fluid and umbilical cord

Dr. Harvey Karp
PROVEN METHOD

5 S's

FIVE S's

To Sooth & Calm Baby

1. **Swaddle**
2. **Stomach/Side-lying**
3. **Shushing**
4. **Swinging**
5. **Sucking**

THINGS *To Keep In Mind*

- You will have moments of feeling overwhelmed
- Your sleep will be compromised
- There will be times of frustration:
  - Give baby to partner or put down in a safe place
  - Take a few minutes to breath and calm down
  - Lower your expectations for yourself, partner and baby
- Find opportunites for connection
- Trust your gut
- Stretch
- Ask for help from family, friends, a postpartum doula, lactaion consultant, pediatrician and other perinatal professionals

...end of

NEWBORN *Care*