

Well Born Baby

Childbirth Preparation



# Class Philosophy

- Your body knows how to give birth and your baby knows how to be born...
  - Women have been giving birth for ages
  - Trust in the innate ability of mom & baby
  - You will not learn 'how' to give birth in this class but instead be prepared with tools and techniques to guide you on your journey
- There is no one method that works for everyone
  - Exploring what works for you
- There is no right way to give birth
  - Whether you choose to deliver with or without an epidural or require a cesarean birth, a healthy mom and healthy baby are the goal
  - Encourage low intervention and informed decision making for your best birth experience

# What Have You Heard About Birth?



Source: [www.whattoexpect.com/pregnancy/photo-gallery/what-really-happens-during-labor.aspx](http://www.whattoexpect.com/pregnancy/photo-gallery/what-really-happens-during-labor.aspx)

- Pain vs. intensity
- “Work”
- Day in your life
- Marathon
- Journey
- Destination with many options & routes possible

- Advice not always helpful, you are not your mother, sister, friend, etc. This experience will be unique for you and your baby

*How will you feel once your baby is born?*

# Stages of Labor

## First Stage – contractions and dilating to 10cm

- **Early Labor**
  - Cervix effaces from 50-100%, dilates to 4 cm
  - Contractions 5-30 minutes apart, averaging 15 to 45 seconds long
  - Early labor can last 2-24 hours or more
- **Active Labor**
  - Cervix completely effaced, dilates from 4-6 cm
  - Contractions 3-5 minutes apart, 40-70 seconds long, more painful
  - Contractions demand attention
  - Active labor may last 30 minutes; average first time mom 6-8 hours
- **Transition**
  - Cervix dilates to 10 cm
  - Contractions 2-3 minutes apart, 60-90 seconds long
  - Intense. Mom may be discouraged, scared, angry, trembling, hot/cold, nauseous
  - Transition may last 10 minutes to 2.5 hours; average first time mom 1 hour

# Stages of Labor (continued...)

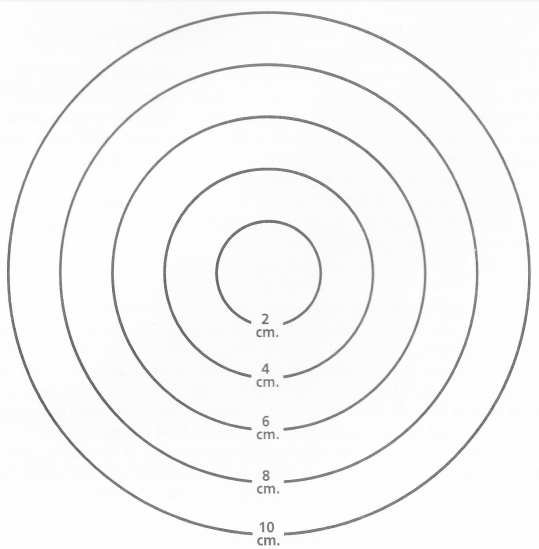
- Second Stage
  - Complete cervical dilation to delivery of baby
  - Range 10minutes to 3+ hours
  - Average first time mom 2 hours
  - Can be a relief as mom gets to work with contractions
- Third Stage
  - Begins immediately after baby's birth
  - Delivery of placenta
  - Average 15minutes
  - Does not hurt

# Cervical Exams



Source: [baby-chick.com/cervical-check/#.WFISsIV0b8c](http://baby-chick.com/cervical-check/#.WFISsIV0b8c)

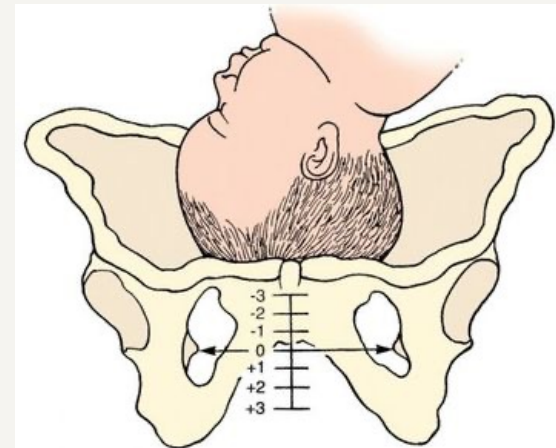
Effacement – Thinning of the cervix  
Measures in percentages 0-100%



Source: [parentresourcenetwork.org/first-stage-of-labor/](http://parentresourcenetwork.org/first-stage-of-labor/)

## Cervical Dilation

- Early Labor 0-4cm
- Active Labor 4-7cm
- Transition 7-10cm
- Complete 10cm



Source: [awisebeginning.weebly.com/blog/category/effacement](http://awisebeginning.weebly.com/blog/category/effacement)

## Fetal Station

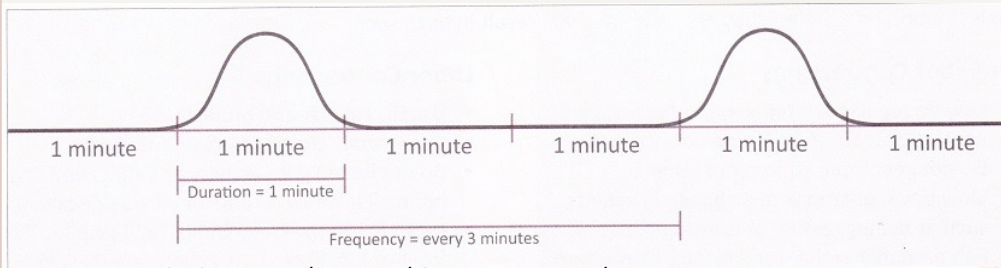
- Position of baby's head in relation to ischial spines of pelvis
- Positive station is a low baby

# How Will I Know I'm in Labor?

- Possible Signs of Labor
  - Lower backache
  - Lightening
  - Nesting Instinct
- Probable Signs of Labor
  - Mucous plug
  - Non-progressing contractions
- Positive Signs of Labor
  - Contractions
    - Longer, stronger, closer together
    - Don't stop or slow with eating drinking or changing position
  - Rupture of Membranes
    - Pop & gush or a slow leak
    - Fluid should be clear



# Timing Contractions & When to Call



Source: [yourownbirthstory.com/resources/Class\\_1\\_Documents/Timingcontractions.jpg](http://yourownbirthstory.com/resources/Class_1_Documents/Timingcontractions.jpg)

**Duration:** record the time the contraction starts to the time it stops

**Frequency:** measure the time one contraction begins to the time of the next contraction; *start to start for time apart*

Time 2-3 contractions when you think labor is beginning to establish a baseline pattern. Then time contractions when something feels like it's changed – contractions have become **longer**, **stronger**, or **closer** together. You do not need to time every contraction!

Call Your Doctor or Midwife when...

- Contractions are 4-1-1, four minutes apart, lasting for one minute, for one hour
- Spontaneous Rupture of Membranes (ROM) occurs



# Third Trimester Pregnancy Symptoms



You may experience...

- Difficulty sleeping
- Heartburn
- Low back ache
- Swollen feet and hands
- Leg cramps/spasms
- Breathlessness
- Increased fatigue
- Frequent urination
- Varicose veins/hemorrhoids

Source: [pregnancyweekbyweekcalendar.info/pregnancy-stages/third-trimester-pregnancy-symptoms.html](https://pregnancyweekbyweekcalendar.info/pregnancy-stages/third-trimester-pregnancy-symptoms.html)

# Hormones in Labor & Birth

## How Your Body Helps You

### Prostaglandins

- Ripen the cervix
- Found in nature:
  - Semen, what got baby in gets baby out
  - Evening Primrose oil - *talk to doctor/midwife* first

### Oxytocin

- Love hormone, released in times of peace and well-being
- Causes contractions, increases as labor progresses
- Fetal oxytocin released by baby may determine start of labor.
- Plays a vital role in mother/infant bonding and milk ejection
- Pitocin is the synthetic form of oxytocin

### Beta-Endorphins

- Natural morphine
- Released in response to pain/intensity

### Adrenaline

- First stage (labor, dilating to 10) = works against you!
- Second stage (pushing) = works for you!

# What Tests Do You Need to Know?

- Group B Strep (GBS)
  - Typically test at 36 weeks
  - IV antibiotics to treat GBS+ or unknown after ROM
- Non Stress Test (NST)
  - Typically at 40 weeks and thereafter for postdates testing
  - Measures uterine activity and fetal heart rate
- Amniotic Fluid Index (AFI)
  - Use ultrasound to measure fluid level
  - Typically done for postdates testing.

# Inductions

## The Why and How?

Why are Inductions done?

There are several medical reasons that could necessitate a medical induction. The three most common reasons for induction are:

- Premature Rupture of Membranes: pre-labor ROM or breaking the water before the onset of labor
- Prolonged Rupture of Membranes: ROM that persists for more than 24 hours and prior to the onset of labor
- Post dates - *most common reason for induction*. Discuss with your practice; most practices typically induce between 41-42 weeks postdates.

# How are Inductions done?

If an induction is scheduled, mom will typically arrive the evening before. If mom has postdates testing that indicates a concern, then she'll be sent directly from the testing center to Labor & Delivery (L&D). A cervical exam will be done to recommend the best method of beginning the process

- **If Cervical ripening is needed...**

- Foley bulb
- Cervidil
- Cytotec (misoprostol)

- **To begin contractions...**

- Pitocin
  - IV and continuous monitoring,
  - start low and increase by 2 units every 15-30 minutes until an active labor pattern

# Get Labor Started Naturally!

## What Have You Heard for Getting Labor Started?

- Membrane sweeping/stripping.
- Castor oil (*Discuss with your care provider first*)
- Acupressure
- Acupuncture
- Dates (6 a day from 36weeks pregnant)
- Chiropractic
- Massage
- Reflexology
- Sex
- Evening Primrose oil
- Nipple stimulation
- Basil and oregano
- Pineapple and other tropical fruits

**Babies come when they're ready! Patience is key.**

*Please discuss with your care provider before attempting to start labor or trying something you're unfamiliar with.*

# Failure to Progress

Mom is contracting but without cervical change

Contractions may:

- Slow and space apart
- Continue to be intense but become shorter
- Continue to be frequent and long but may not be strong enough

Failure to Progress can happen to anyone! Most common for first time moms.

- Can be a sign of exhaustion
- May be malpositioned baby
- Avoid Fear, Tension, Pain cycle

Augmentation

- Get contractions back into active labor pattern
- Artificial rupture of membranes
- Pitocin



# Pain Medication Options for Labor



## **Morphine-**

Allows mom to sleep/rest, used most often for prodromal labor or at beginning of an induction.

## **Stadol-**

Narcotic, takes the edge off typically provides 3 hour break.

## **Vistaril-**

Potenates stadol. Anti-anxiety, helps with nausea/vomiting.

## **Epidural-**

Provides continuous pain management

Should still feel pressure but not pain

Pros vs Cons

# Instrumental Delivery

## **Vacuum and forceps:**

- Vacuum typically used if baby is low and mom is having difficulty with delivery or if baby not tolerating pushing and need to expedite birth,
- Doctor assists with guiding baby under pubic bone as mom actively pushes with contraction.

## **Cesarean section-**

- Possible reasons:

Breech baby

Maternal or fetal distress

Failure to Progress (FTP)

Prior c-section

Placenta Previa

Placental abruption

Prolapsed cord

Active herpes lesions

- How is it performed:

- Spinal or epidural anesthesia (general if emergency)
- Partner sits on moms left by head
- Baby born within first 10-15 minutes, repairs takes 30-45 minutes
- Can request skin-to-skin, bonding, and breastfeeding in OR and/or recovery. Partner may do skin to skin if mother unable.

# Comfort in Labor

## What is Pain?

- Pain is a message from our bodies
- Feeling & responding to pain helps facilitate the process of birth

## Pain vs. Intensity. What's the difference?

Knowing how you respond to pain helps you prepare for labor.



Source: [rainbowligh.com/wp-content/uploads/2016/06/GettyImages-518099820.jpg](https://rainbowligh.com/wp-content/uploads/2016/06/GettyImages-518099820.jpg)

- Hydrotherapy
- Music/soothing sounds
- Emotional release
- Vocalization or verbalization/talking
- Movement
- Aromatherapy
- Massage
- Heat
- Cold
- Breathing
- Sleep
- Distraction
- Images
- Candles
- Hydration
- Nourishment
- Guided relaxation
- Acupressure

# Just Breathe...



Source: [www.natural-pregnancy-midwife.com/labor-contractions.html](http://www.natural-pregnancy-midwife.com/labor-contractions.html)

## Abdominal Breathing

- You use everyday
- Uses full capacity of lungs
- Aids relaxation
- Gets most O<sub>2</sub> to you & your baby

## Practiced Breathing

- Use real time situations to focus on breathing and releasing tension
- Breathing becomes automatic response to pain

## In Labor

- Cleansing breath at beginning & end of contraction
- Partners remind mom to “blow it away”

# Positions for Labor



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED

## Optimal Fetal Positioning

- Encourage baby to rotate anterior vs. posterior



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED

## Upright, Active, & Leaning Forward

- Maximize gravity
- Help facilitate process of delivery
- Eases discomforts of labor



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED

- Standing
- Labor Dance
- Straddling a Chair
- Side lying
- Hands and Knees
- Squat
- Supported Squat
- Lunging
- Birth Ball
- *Listen to your body!*

# Massage & Counter Pressure Techniques in Labor



Source: <http://www.rachelstubbbs.com/testimonials.html>

- Tenderness more important than technique
- Rub muscles to the side of the bones; don't rub bones
- Work top down or inside out to move tension out of the body
- Massage Techniques:
  - Hand over hand stroking
  - Cat's paw
  - Kneading
  - Karate chop
  - Effleurage



Source: [www.mamanatural.com/how-to-do-acupressure-when-youre-in-labor/](http://www.mamanatural.com/how-to-do-acupressure-when-youre-in-labor/)

Counter pressure: constant steady pressure applied during contraction

- Sacral Pressure
- Double Hip Squeeze – may help reposition posterior baby
- Knee Press



# Back Labor

- ❖ Baby is head down and “back to back” or posterior
- ❖ Practice optimal fetal positioning and miles circuit
- ❖ Encourage baby to rotate and keep mom comfortable try...

## Positions and movements

- Side lying
- Semi-prone
- Hands and knees
- Pelvic rocking
- Labor dance
- Lunges
- Open knee chest position

## Comfort measures for partner to use

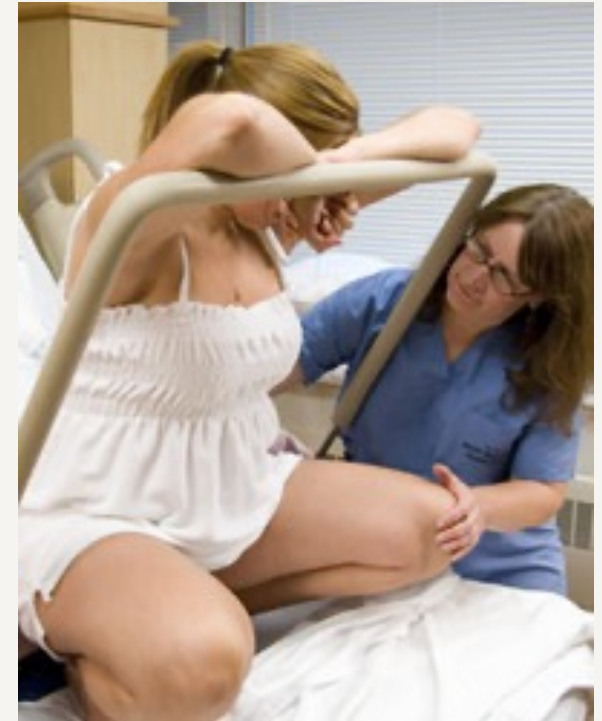
- Sacral pressure
- Double hip squeeze
- Cold or warm compress
- Shower or bath



Source: <https://naturalabundance.me/services/pregnant/>



# Pushing



Source: <http://pandesalintheoven.tumblr.com/post/103185026876/effective-birthing-positions>

- Begins once mom is complete “10cm” and has the urge to push
- Difference between pushing with and without epidural
- Positions and Breathing for effective pushing
- Two steps forward and one step back
- Perineal support
- Birth of baby
- Perineal repair
- Delivery of Placenta

# First Moments with Your Newborn



Source: [parents.com/baby/care/](https://parents.com/baby/care/)



Source: [rd.com/culture/bizarre-facts-newborn-babies/](https://rd.com/culture/bizarre-facts-newborn-babies/)

- Skin to skin immediately after delivery
- APGAR score
- Delayed Cord Clamping & Cutting
- Normal Newborn appearance
  - Feet/hands blue
  - Enlarged genitals
  - Vernix
  - Lanugo
  - Molding (cone head)
- First hour together
  - Bonding
  - Breastfeeding
  - Skin-to-skin
  - Limit intrusions!
- Nursery & NICU

# Newborn Procedures and Testing



Source: <http://www.kidspot.com.au/birth/labour/types-of-birth/>

## Newborn procedures

- Normal newborn procedures can be done skin to skin. Baby weighed after
- Vitamin K –helps with blood clotting
- Erythromycin – antibiotic eye ointment for STDs but also for general bacteria
- Hepatitis B vaccine – Can also be done at pediatricians office if waived in hospital
- Bath

## Newborn Testing

- Baby will receive hearing test at hospital
- State mandated testing done at hospital. PKU can't be done until 24hours after birth (important to know if requesting early discharge)
- If mom was GBS+ or unknown, will do a CBC on baby (even if mom was treated with antibiotics)

## Circumcision

- Can be performed if requested

# Bringing Baby Home!



Source: [healinglives.net/bringing-baby-home/](http://healinglives.net/bringing-baby-home/)

## Hospital Stay

- Vaginal delivery typically stays 2 evenings
- Cesarean delivery typically stays 3 evenings
- Early Discharge
  - Can request early discharge if mom and baby are well. Need to let nurses know asap so they've time to complete discharge paperwork.

## Car Seat Requirement

## Baby's 1<sup>st</sup> Pediatrician Visit

- Track baby feedings, wet and poopy diapers

6-week postpartum follow-up visit for mom

Baby blues vs. postpartum depression

Have LOTS of help!



Source: [lifemartini.com/how-to-prepare-for-bringing-a-newborn-home/](http://lifemartini.com/how-to-prepare-for-bringing-a-newborn-home/)