

LABOR AND DELIVERY

"The way we give birth to our young is that the muscular organ (the uterus) in which the offspring has been nurtured for nine months begins to contract. The contractions work to open the neck of the uterus (the cervix) and then expel the baby down the birth canal and out through the vaginal opening. A short time later the nourishing organ for the baby (the placenta) follows the same path out of the uterus and into the world. The process, which pushes the baby out of its warm, wet, nearly dark and rhythmically rocking home is as complicated a physical drama we, as humans, are likely to be able to witness. At the same time, it is a simple miracle. We call it labor.

Labor is work, and it is hard work. Labor is an end to pregnancy and a beginning for a new human life in a newly shaped family."

The Birth Primer by Rebecca Rowe Parfitt

Medically, labor is broken down into 3 separate periods:

FIRST STAGE: The period during which the cervix effaces, and dilates from 0-10 centimeters. First stage may be separated into three interconnected phases: Early labor (0-4 cms.) Active Labor (5-8 cms) and Transition (8-10 cms).

SECOND STAGE: The period of pushing the baby down the birth canal out the vaginal opening, into the world.

THIRD STAGE: Expulsion of the placenta.

An "average" length of labor for a woman having her first child is 12 to 18 hours. An "average" length of labor for a woman having her second or more child is considered to be about 7 hours.

**Please remember that there are no two human bodies alike and that the information given here may be used as guidelines to understanding but may or may not apply directly to your birth experience.*

HOW CAN I TELL WHEN I AM BEGINNING MY LABOR?

Toward the end of pregnancy, there is often an increase of Braxton-Hicks contractions (intermittent, painless contractions which many women experience throughout their pregnancies). This increase may lead to a sense of confusion as to whether a woman is actually beginning labor or is having False Labor. The following are some differences between false and true labor:

SIGNS OF TRUE LABOR

Contractions come at regular intervals and the intervals gradually shorten.

Length and strength of the contractions increases.

Contractions begin in the back and radiate to the front.

Walking increases the intensity of the contractions.

Bloody show often present.

Membranes may or may not rupture.*

Cervix will dilate.

CONTRACTIONS:

As labor progresses, contractions grow longer, and stronger and come closer together...

EARLY LABOR: Contractions are perhaps 30 seconds long,



5 to 30 minutes in between

ACTIVE LABOR: Contractions last about 60 seconds, 3 to 5 minutes in between

60 second contraction 3 minutes between

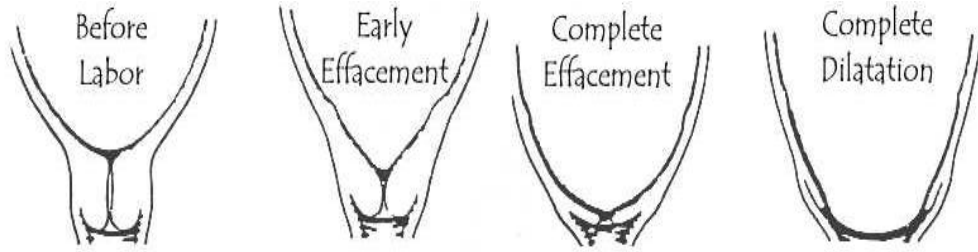
TRANSITION: Contractions are 60-90 seconds long, maybe 1 to 2 minutes in between.

They are very strong, often times back-to-back, and may include a beginning pushing urge.

90 second contraction double peaked 1 minute between

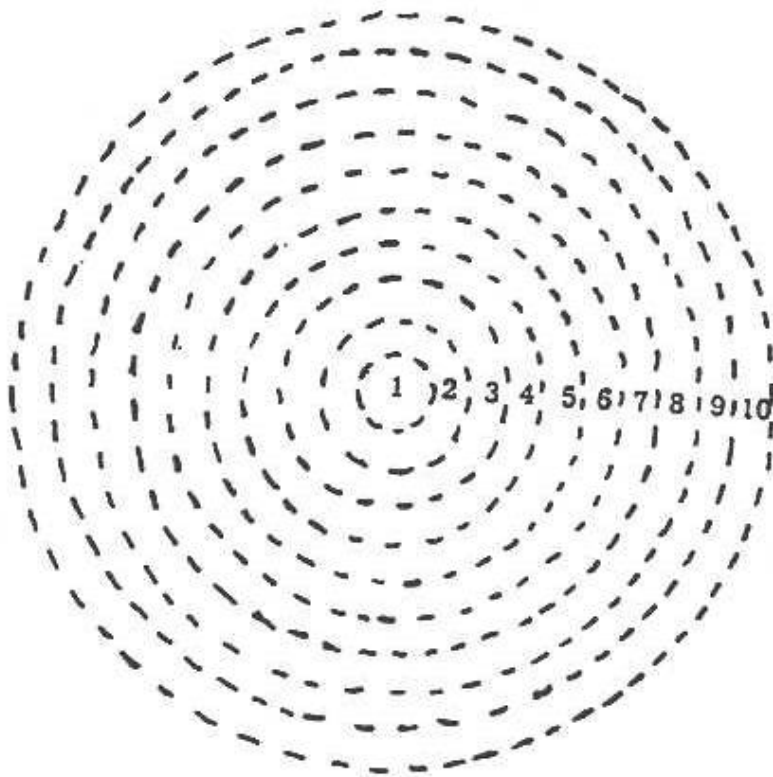
2ND STAGE: Contractions are about 60 seconds long, with more time in between than during (PUSHING) transition (2-3 minutes or so). While in 1st stage you ride through your contractions using breathing and relaxation, in pushing you can go with your contractions to push your baby out.

CERVICAL EFFACEMENT AND DILATATION



DILATATION OF THE CERVIX

From 1 to 10 centimeters.



Early labor: 0-4 cms.

Active labor: 4-8 cms.

Transition: 8-10 cms.

10 cms. is full dilatation

A GUIDE TO TRUE LABOR

EARLY FIRST STAGE:

0-4 cms.

What's happening physically:

The cervix is just beginning to open (effacement and dilatation). Contractions are perhaps 30 seconds long with 5 to 30 minutes in between.

Possible feelings:

Backache, diarrhea, show, ruptured membranes, excited, impatient, talkative, contractions are mild.

What you can do:

Call birth team, eat light foods, herbal teas, time contractions, urinate every hour. Let the adrenaline rush and subside and feel what's actually going on in your body. Get to know your contractions. Use slow deep breathing for relaxation, pelvic rock for backaches. While the contractions are mild, continue light activity or GO BACK TO SLEEP if it is in the middle of the night. You will need good rest for the work ahead.

ACTIVE FIRST STAGE:

4-8 cms.

What's happening physically:

Contractions last from 45-60 seconds, and are from 3 to 5 minutes apart.

Possible feelings:

Stronger, more frequent contractions, talkative excitement turns to seriousness and concentration, face flushed, preoccupied, restless, wants companionship, back and/or leg pain.

What you can do:

Continue to walk around for as long as it is comfortable (it will help shorten labor and aid relaxation). Once in bed, vary your positions periodically. Concentrate on one contraction at a time (the rhythm is: build to a peak-grad-fade away-rest!) When a contraction is over, let it go. You will

never see it again, and you will be one contraction closer to the birth of your child. *Coach: Remind mom to urinate and take in fluids. Help her readjust her position with pillows, breathe with her through contractions, give back rubs and lots of encouragement.*

TRANSITION:

8-10 cms.

What's happening physically:

Contractions are 60-90 seconds long and are 2-3 minutes apart, or back-to-back and double peaked.

Possible feelings:

Increased bloody show, hiccups or belching, nausea and vomiting, leg cramps and shaking, cold feet, hot and perspiring, "sleeping" between contractions, total involvement with contractions and detachment from outside world, sense of apprehension, general persistent discomfort with increased pressure to lower back and rectum, urge to push.

What you can do:

Try eye-to-eye contact with coach and have coach breath with you through contractions. Use pant-blow if slow deep breathing is no longer effective. *Coach: Give lots of positive encouragement; remind her that soon she will be ready to push. Help her with water, ice chips, and a cool cloth. If you have an early urge to push use a pant to refrain from pushing. Coach: Love and Support is so helpful!*

SECOND STAGE:

Pushing! Delivery of your child.

What's happening physically:

The cervix is totally taken up into the uterus so that the uterus and birth canal are continuous. Dilatation and effacement are complete. Contractions are 45-90 seconds long, 2 to 5 minutes apart and of a very different nature from previous ones. Each

contraction pushes your baby further down the birth canal. The baby will be pushed underneath your pubic bone at which point the head will crown. At this point, you will be told to STOP pushing, and the perineum will slowly be worked over the baby's head. Your midwife will check for the umbilical cord, the shoulders will be birthed...followed by the rest of the body.

What you may feel: Contractions may slow down and will change character. You will feel an urge to push, pressure to the rectum and pelvic floor, stretching of the perineum which causes a stinging sensation as the baby's head emerges.

What you can do: When you begin your pushing stage, it may take a little while to get accustomed to pushing. Feel free to get into or change positions that may work for you. GO WITH your pushing urge. Don't be afraid of the intensity or the strength needed to bring your baby into your arms. When the contraction begins, take a cleansing breath...then take a deep breath in and firmly bear down as you slowly exhale. Take another breath and repeat. At the end of the contraction, be sure to take another cleansing breath. When the head crowns, stop pushing and PANT, allowing the head to emerge slowly to prevent tearing. Reach down to assist your baby into your arms...

THIRD STAGE: Delivery of the Placenta.

What's happening physically: The placenta will break away from the uterine wall, your uterus will clamp down and the placenta will be delivered.

Possible feelings: Mild contractions or cramping. A sudden gush of dark blood may occur.

What you can do:

Put your baby to breast and let him nurse. The action of the baby's nursing stimulates the hormone oxytocin which causes the uterus to contract, thus helping the uterus to clamp down and birth the placenta, and keep your uterus firm after the placenta is born, thus preventing hemorrhage. The Midwife may need to check uterine firmness and the amount of blood flow by applying firm pressure on the uterus in the area of your umbilicus.