

# Childbirth Education Online Videos Only- Part 1

## **Tomah Health- Women's Health Services**

Some images may be graphic in nature.

Viewer discretion is advised.

Topics Covered:

What to Bring/Birth Plan

Labor/Birth Process

Medical Procedures/Pain Interventions

Assisted Deliveries

Comfort Techniques

# Packing your Hospital Bag!!!

- Hospital has everything you need for after delivery and for baby too!
- From Home:
  - Comfortable Clothes/shoes/slippers
  - Music and/or focal points
  - Massage Aids
  - Aromatherapy/Essential oils
    - See print out for what is allowed
  - Camera/Baby book
  - Cell phone chargers
  - Photo ID- valid
  - Toiletry items

## WHAT TO PACK FOR THE HOSPITAL WHEN YOU'RE IN LABOR



# Support Person- What you may want at the hospital.

\*\*\* Reminder only ONE support person for entire hospital stay at Tomah Health until further notice.

- Toiletry Items
- Clothes
- Snacks
- Your own medications if needed
- Cell phone/charger
- Things to do, (magazines, books, games)

# Birth Plan

- ❖ Share with your provider at clinic appointments
  - ❖ Nurse in clinic will usually go through this
  - ❖ May include:
    - ❖ Pain management plan
    - ❖ Water birth?
    - ❖ Medications for you and baby?
    - ❖ Who will be your support team?
    - ❖ Breastfeeding/bottle feeding?
    - ❖ Circumcision?



- ❖ Know that sometimes labor may not go the way you plan it, so keep an OPEN MIND!

# ***UNDERSTANDING LABOR***



# Where does the Pain Come From?

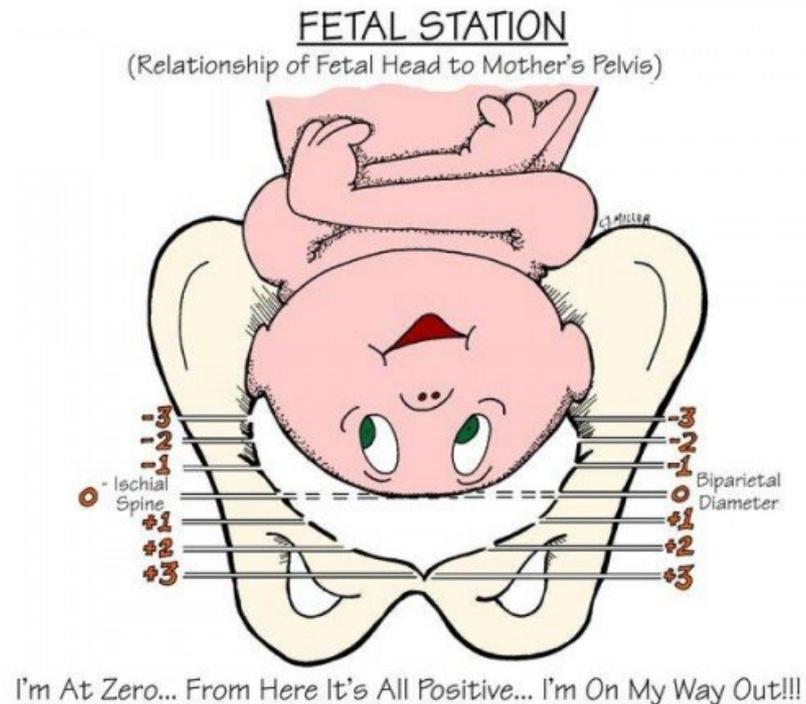
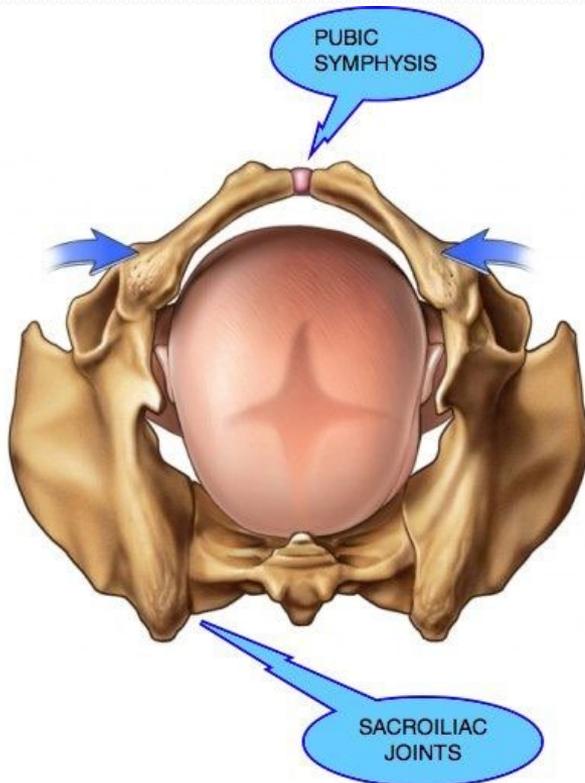
- Thinning out and dilation of the cervix ( tissue that connects the vagina and uterus)
- Pressure of baby's head moving down birth canal
- Contracting uterus putting pressure on the bladder, rectum, fallopian tubes, ovaries and ligaments
- Size and position of baby
- Stretching of the vagina and perineum

# 4 P's of Labor

1. Passageway
2. Passenger
3. Powers
4. Psyche

# “Passageway”

- Pelvis, cervical opening, & vagina are all part of the passageway.
- How easily your body’s “passageway” accommodates your baby affects how long your labor lasts.



# “Passenger”

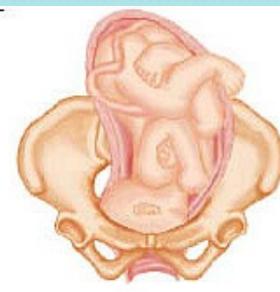
- Your baby is the Passenger.
- Size, position in uterus and direction he or she is facing affect your labor (how you feel pain and how quickly your labor progresses)



Left occiput anterior



Right occiput anterior



Left mentum anterior

Vertex presentations



Left occiput transverse



Right occiput transverse

Face presentations



Right mentum anterior



Left occiput posterior



Right occiput posterior



Right mentum posterior



Brow presentation



Shoulder presentation (transverse lie)

Breech presentations



Left sacrum anterior



Left sacrum posterior

# “Powers”

- Your uterus is the engine that powers your labor
  - It contracts to open your cervix
  - Provides enough strength to push the baby into the birth canal
  - Strong, consistent contractions open your cervix quicker than weaker contractions that are spaced farther apart

# “PSYCHE”

- Your emotions can affect your labor experience and you feel/react to the pain.
- Think about things that can distract and relax you to keep your mind off of the labor pain.
- REMEMBER: Pleasure and other sensations reach the brain first and BLOCK pain sensations.
  - I.E. Massage or soothing sounds

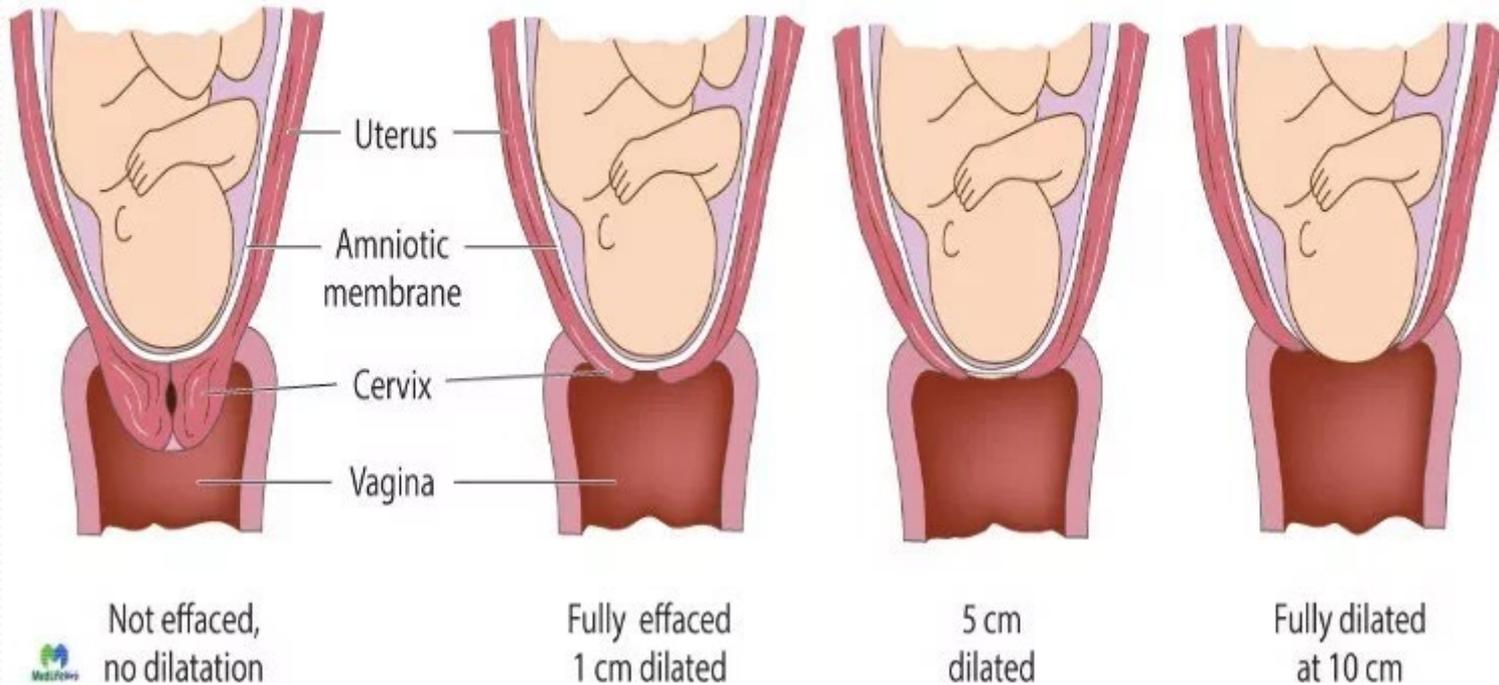


# Cervical Exams

- **Dilation.** Measured in centimeters, dilation describes how widened the cervix has become.
- **Position.** This describes the position of the cervix.
- **Effacement.** Measured in percentage, effacement is a measurement of how thin and elongated the cervix is.
- **\*\*PING PONG BALL DEMONSTRATION\*\***
- **Station.** Station is the measurement of the baby relative to the ischial spines.
- **Cervical Consistency.** Ranging from firm to soft, this describes the consistency of the cervix. The softer the cervix, the closer to delivering the baby.

# Effacement & Dilation

## *Effaced or Effacement*



# Signs that Labor may be NEAR!!

- Braxton Hicks Contractions: “warm up” (stretch and strengthen the uterus but don’t open cervix)
- Lightening: Baby drops lower in the pelvis
  - May feel more lower back pain
  - Urinate frequently
  - Less heartburn
  - Breathing may be easier
- Release of mucous plug (May happen anywhere from a few weeks before labor to the onset or during labor)

# When Pre-labor begins

- Continue normal activities
- REST, REST and more REST!
  - Finish last minute details
- Make sure bags are packed and ready to go!

# True vs. Warm-up Contractions

## TRUE LABOR CXT's

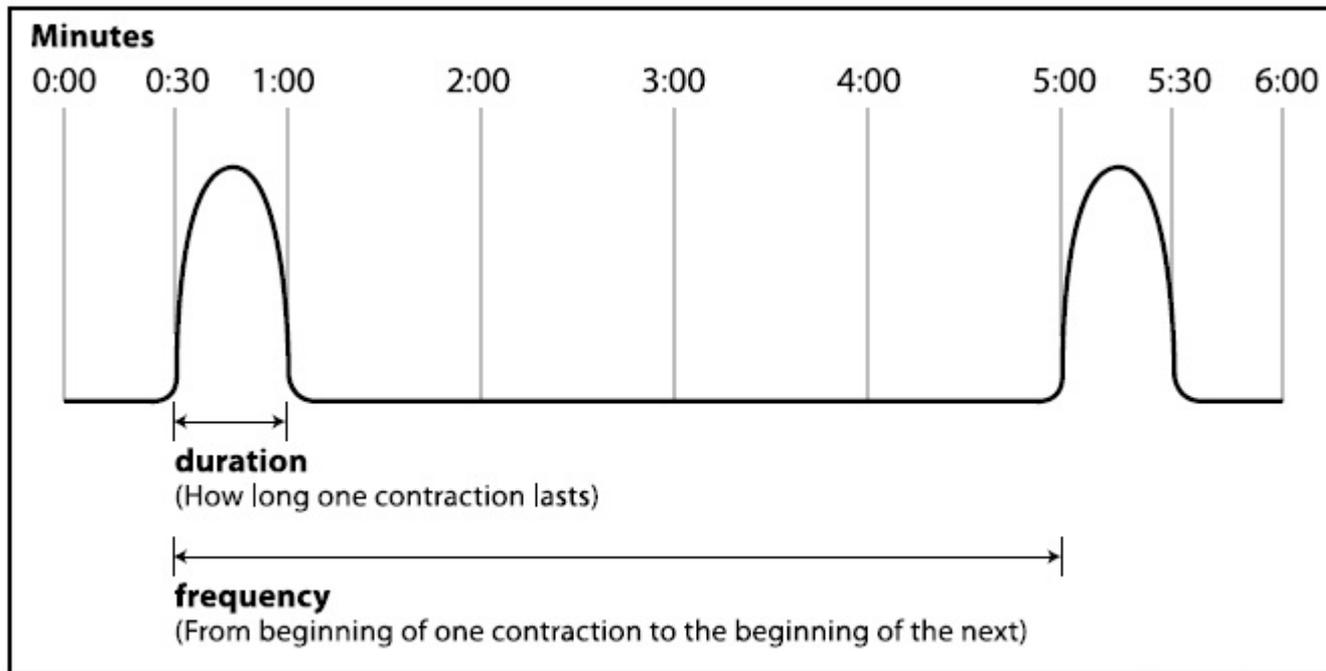
- Eventually tighten entire uterus
- Usually cause pressure on lower back/lower belly
  - Last longer over time
- Become stronger over time
  - Grow closer together
- Don't stop when you change your activity (walking may make them stronger)
- Causes the cervix to thin and open

## WARM UP CONTRACTIONS

- Tightens portions of uterus
- Don't usually cause back pressure
  - Ease up over time
- Lose intensity over time
- Have no regular pattern
- May stop when you rest, drink water, empty your bladder, or change positions.
- Do not cause cervical change.

# Timing Contractions

- From the **START** of one contraction to the **START** of the next.
- How long each contraction lasts is the **Duration**.
- There are apps you can download on your phone that can help



# Rupture of Membranes

- “ My Water Broke”
- Happens as the 1<sup>st</sup> sign of labor in 10% of women.
- May be a “trickle or leak” or a “Gush”
- REMEMBER: **TACO**



**Time**

**Amount**

**Color**

**Odor**

# When to go to Hospital

5

Minutes Apart

1

Minute Each

1

For at least 1  
hour

YOU MAY NEED TO GO SOONER THAN “511” IF YOU

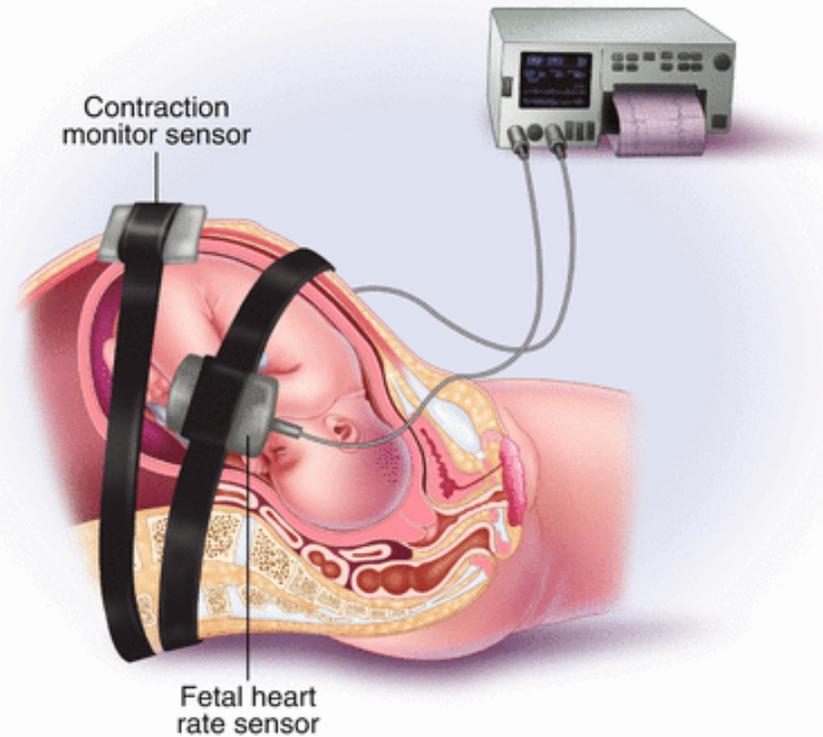
- Feel more rectal pressure
- Are unable to walk or talk through contractions
- Think your bag of water has broken
- Have vaginal bleeding
- **TESTED POSITIVE FOR GROUP B STREP**
- Live far from the hospital
- Have history of progressing quickly

# What to Expect when you Arrive:

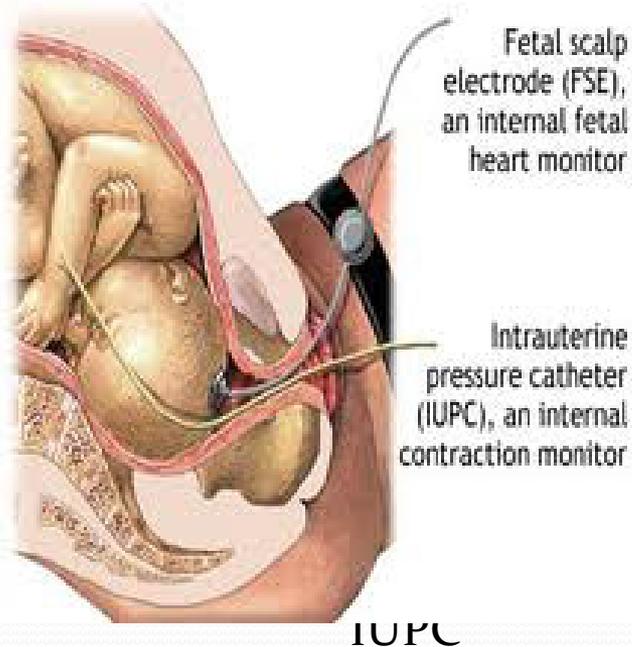
- May go to the triage room or labor room to be evaluated.
- Asked medical and pregnancy screening questions
- A fetal monitor will be placed to listen for baby's heart rate and monitor contractions
- Possible sterile vaginal exam
- Call to provider to receive orders

# External Fetal Monitoring

Listening to Baby's heart rate  
Monitoring Contractions



# Internal Monitoring



IUPC: A small flexible tube that is inserted into the uterus, lying between the baby and the uterine wall, making it a form of internal monitoring for contractions.

FSE: A procedure in which an instrument is used to continuously record the fetal heartbeat.

\*\*\* Both can only be utilized if membranes are ruptured. (Your water has broke)\*\*\*

# *Stages of Labor*

- 1<sup>st</sup> Stage: Cervix thins and opens
  - Has 3 Phases
    - “Early” (0-6 cm)
    - “Active” (6-8 cm)
    - “Transition” (8- 10 cm)
- 2<sup>nd</sup> Stage: Pushing and birth of baby
  - 3<sup>rd</sup> Stage: Delivery of placenta

# 1<sup>st</sup> Stage Emotions/Physical Changes

- **Early Labor (1st Phase)**
  - Emotions: Happy, Excited, anxious, Contractions not so bad.
- **Active Labor (2<sup>nd</sup> Phase)**
  - Emotions: More focused, not social, Needing more support, more restless
  - Physical Changes: More pressure/tightening in pubic area, may have nausea/vomiting
- **Transition(3<sup>rd</sup> Phase)**
  - Emotions: Frustrated, exhausted, “the shakes”, crying
  - Physical Changes: Rectal pressure, increased bloody show, gassy, feeling “pushy”, increased low back ache.

# 2<sup>nd</sup> Stage (Pushing & Birth)

- Emotions: Happy, relieved, exhausted
  - Physical Changes- Burning sensation, lots of rectal pressure, strong/natural urge to bear down, may make more noises, grunting, between cxt's.
  - Depending on baby's station in pelvis, provider may have you "labor down" if you don't have an urge "to push" yet.
    - This is to try to prevent you from pushing a long time.

## 3<sup>rd</sup> Stage

- Placenta detaches from uterine wall, 5-30 minutes after birth.
- May feel mild contraction as it detaches, provider may have you bear down/push.
- Provider will examine placenta afterwards to make sure it is intact.

# Factors that can affect 3<sup>rd</sup> Stage

- Position of baby's head
- Size of baby
- Presentation of baby
- Size and shape of mother's pelvis
- Mother's physical and emotional state
- Medication on board, anesthesia in place

# Medical Procedures

- Inductions/Augmentation
- IV fluids
- Pain medications
- Epidurals

# Induction of Labor

- Stimulation of uterine contractions BEFORE the spontaneous onset of labor.
- Decision for induction is between your provider and you
- Reasons to induce:
  - Post Dates- 1-2 weeks past due date
  - Health of mom or baby is at risk

# Labor Induction: Methods

- Stripping the membranes
  - Provider separates bag of water from lower part of uterus
    - Usually done at pre-natal appointment.
    - Done during cervical exam
- Cervical ripening agent- Cytotec (oral or vaginal)
- Pitocin
  - IV
  - Artificial form of the hormone oxytocin.
- Artificial rupture of membranes
  - Not usually 1<sup>st</sup> line

# Augmentation

- Process of stimulating uterine contractions (frequency and intensity) that are already present but are inadequate. (No further cervical dilation or fetal descent)
  - May use same methods as used for induction of labor.

# IV FLUIDS

- Help maintain adequate blood pressure if epidural/intrathecal is present.
- In place for:
  - Pitocin (utilized before to induce/augment labor and given after delivery to help prevent bleeding.
  - Antibiotics- Group Beta Strep positive
  - Pain medications for labor.
  - Prevent or treat dehydration.

# Pain Medication

- Stadol- 1<sup>st</sup> line used here at Tomah Health
  - Related to morphine
    - Lessens pain “takes the edge off” without causing numbness.
    - Given through IV
  - Usually given every 30 minutes to 2 hours.
  - Usually not given after 7 cm dilation
  - Can still have water birth if utilized, need to wait 30 minutes to be monitored after given.

# Pain Medication Continued

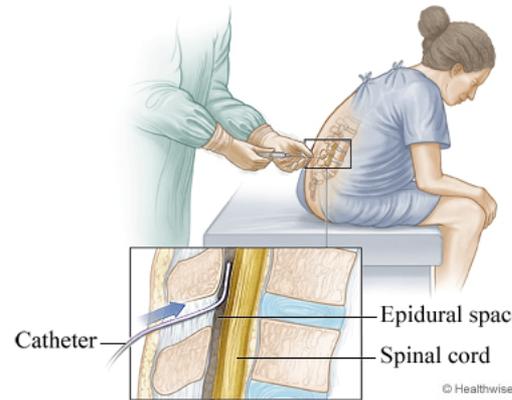
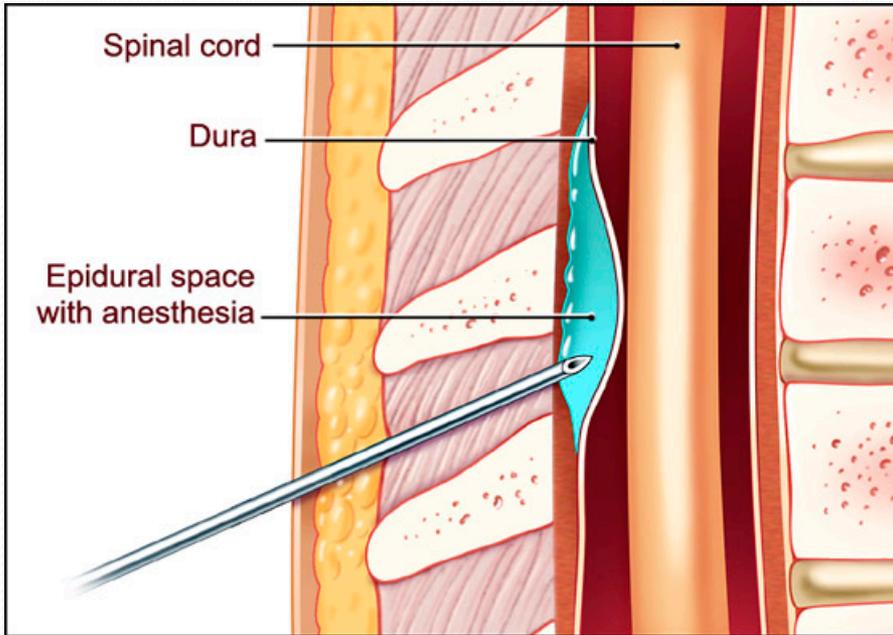
- Advantages
  - May be given soon after requested
  - Provides fast relief if effective for patient
  - Does not numb your muscles
- Disadvantages
  - Does not provide total pain relief
  - May cause drowsiness/itching, or nausea.
  - May slow labor
- Side Effects for Baby
  - May cause baby to be “sleepy”, slow breathing and reflexes when born.

# Epidural

- Administered by a CRNA (Certified Registered Nurse Anesthetist)
- Regional anesthetic that numbs sensations in the uterus, abdomen and lower back.
- Women may still feel pressure with contractions and on pelvic floor.
  - What to Expect
    - IV fluids 1 hour prior to epidural
    - One support person in room
      - Ice chips only
    - Continuous fetal monitoring
  - Increase in monitoring of vital signs.

# Epidural Placement

## Epidural Placement for Labor



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# Epidural Summary

- Advantages
  - Usually very effective pain relief
  - Gives mom a chance to rest (which can help labor progress)
  - Does not affect mental state
- Common Risks
  - Confinement to bed, limited mobility
  - Side Effects
    - Fever, itching, nausea, low blood pressure which may cause fetal heart rate to drop.
    - May slow labor if given too early

Less Common Risks: Spinal Headache/Back pain.

# ***COMFORT TECHNIQUES***



## Early Labor: Support (0-6cm)

- Words of encouragement
- Make sure she is not over doing it!
- Time/write down contraction pattern
- Diversions– Music, cards, games!

# Active Labor Support (6-8cm)

- Give undivided attention
- Breathe with her!
- Help her focus, get her back on track with breathing/coping strategies
- Ice Chips/Water
- Cool cloth
- Massage
- Counter pressure to lower back
- Provide pillows for support

# Transition Support (8-10cm)

- Remind her that BIRTH IS NEAR, DON'T GIVE UP NOW!
- Realize she may be more difficult to help at this phase
- Remaining with her at all times
- Keep calm
- Try to remain involved with comfort techniques/breathing.

# 2<sup>nd</sup> Stage- Pushing Support

- Help with positioning
- Count for her ( Try to push with each cxt for 8-10 seconds, 3-4 pushes with each cxt.)
- Continue cool wash cloths
- Help with crowd control



# Breathing

- Slow deep breaths in tend to work the best
  - Deep breath in, short breaths out
  - Deep breath in, long breath out
- Hyperventilation
  - Feel lightheaded, get numb around mouth, tingly fingers
  - Slow your breathing down, purse your lips
- Cleansing breath before and after contraction
  - In through nose, out through mouth
- Try not to yell out, uses a lot of energy, low humming sounds



# Relaxation

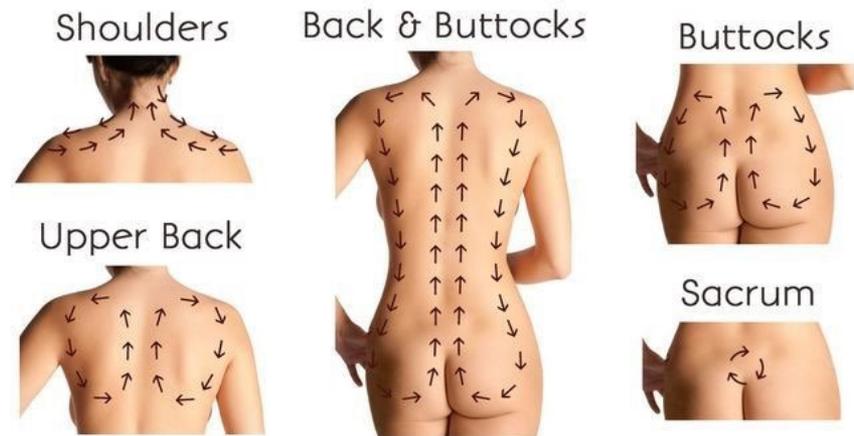
- Low lighting
- Calming sounds,
- calm environment
- Comfortable room temp
- Familiar things from home



# Massage

- What kind of touch feels best
  - Feet massage
  - Lower back massage
  - Shoulders
- Helps you relax,
- Brings oxygen to your muscles
- Tennis Ball

## Birth Massage



# Labor Positions

- Can help baby descend and turn into a better position for birth
- Can cause stronger/more efficient contractions
- Help reduce the pain of contractions
- Provide a change of pace/distraction.



Squatting with partner



Rocking



Lying on your side



Squatting



Kneeling with birthing ball



Leaning forward



Semi-sitting with partner



On hands and knees



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- Multiple positions can be done using fitness ball , i.e.
  - Sitting on ball swaying
  - Leaning over ball while in bed

# Long Labors: Tips

- Rest if and when you can.
- Change positions as able.
- Change atmosphere or environment, get up and out of room if able.
- Stay hydrated/nourished as able.
- Support Person:
  - Make sure you are taking a break too!
  - Support person- Link between laboring mom and medical staff.
  - Don't take things personally!



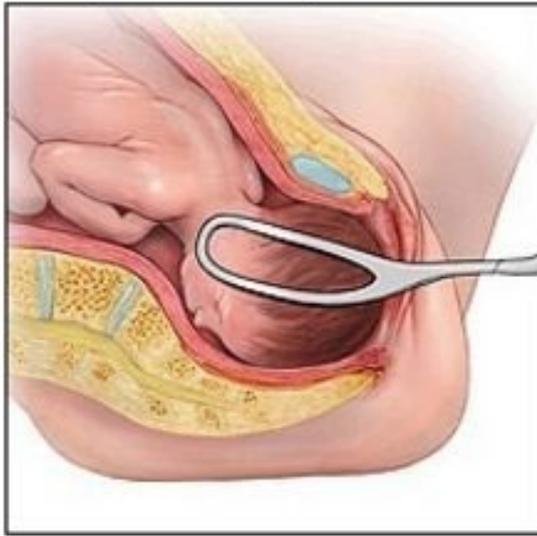
# Pushing Techniques

- Deep cleansing breath as contraction builds
- Bear down and push, try to hold push for 8-10 seconds.
- Try to push 3-4 times with each contraction.
- Deep cleansing breath after contraction ends.

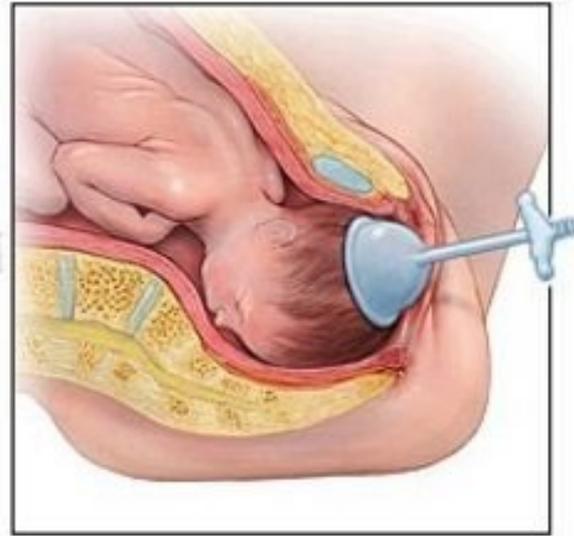
# 2<sup>nd</sup> Stage Interventions

- Used to assist the baby through the birth canal if mom cannot push effectively due to anesthesia, exhaustion, position/size of baby.
- Used at times if baby needs to be delivered quickly due to changes in baby's heart rate
  - Vacuum
  - Forceps
  - Episiotomy

## Forceps Delivery



## Vacuum Extraction Delivery

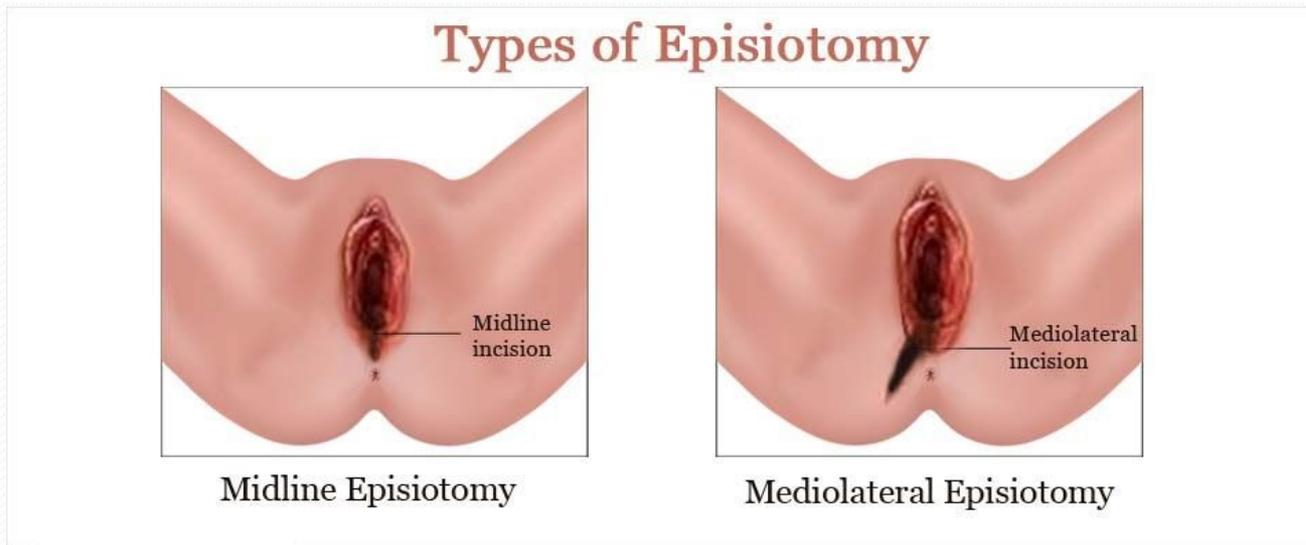


### Risks:

- Bruising of baby's head
- Tearing of vagina, perineum, uterus

# Episiotomy

- A surgical cut made at the opening of the vagina during childbirth, to aid a difficult delivery and prevent rupture of tissues.
- Local anesthetic is injected before procedure



# Understanding C-Sections



# Cesarean Births

- Surgical delivery of baby through an incision in the abdomen and uterus.
- Performed if vaginal birth is not possible or safe for mom or baby.
- About 30% of women in U.S. will have a C-section.
- C-Sections
  - Planned
    - Medical conditions
    - Previous C-section (Do not VBAC at Tomah Health)
    - Breech or Transverse presentation of baby
  - Urgent
    - Labor is not progressing
    - Fetal distress
    - Baby moves into position where vaginal birth is difficult or not possible.
    - Cephalopelvic disproportion (baby's head too large to fit through pelvis)
  - Emergent
    - Placental Abruption
    - Uterine Rupture
    - Severe Fetal Distress
    - Cord Prolapse

# C-Section Anesthesia

- Epidural
  - May use if already in place during labor
- Spinal
- Used most often during planned C-sections
  - General
    - Used during Emergency C-sections
- Used if pain not controlled with spinal/epidural

# C-Section Summary

- Advantages
  - Life-saving procedure if vaginal birth unsafe
  - Quick
  - Pretty routine
- Disadvantages- Surgical Risks
  - Infection
  - Blood Loss
  - Increased risk for blood clots
  - Injuries to organs
  - Longer recovery time

## **Reducing the Risks of Having a C-section**

- Let labor begin on own (Inductions increase risk)
- Enter labor in good health
  - Healthy food, water, exercise
- Wait until labor is well established before epidural.

# Natural C-Sections

- Calm environment- dim lighting
- Music played in OR.
- Skin-Skin if able(baby is stable) right after delivery
- Support person allowed to have phone and take pictures
  - No videos

3-4 night stay usually after a C-section



Please contact your provider or Women's Health (377-8400)