

Childbirth Education



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Normal Discomforts of Pregnancy

Fatigue

- Listen to your body, take naps, get extra rest

Stuffy Nose

- Warm compresses to nose
- Cool mist humidifier in your home or bedroom at night

Shortness of Breath

- Don't stay that way, slow down and catch your breath
- Sleep propped up with pillows or in recliner
- Maintain correct posture
- Moderate intensity exercising (walking, stationary bike, swim, flexibility moves)

Heartburn/Nausea

- Don't eat 3 big meals a day, eat 5-6 smaller meals
- Drink 8 cups of water a day
- Have dry crackers/cereal to nibble on—keep in purse and at bedside
- Don't let stomach become empty
- Eat well balanced diet—vitamin B may help to decrease
- Avoid spicy or fatty foods
- Avoid very cold, very hot or carbonated fluids

Backache

- Maintain correct posture
- Do pelvic tilt exercises while standing and on hands and knees
- While on all fours, crawl forwards and backwards, rock, and do pelvic tilts
- When picking up something lift with your legs to protect your back
- For prolonged standing, elevate 1 foot on a step stool
- Receive back massages

Dribble Urine

- Do Kegel exercises – at least 50 a day (do 10 every time you wash your hands)
- How can you tell if you are dribbling urine or your water broke? Call your OB or midwife, and remember this acronym: COAT. C=color, O=odor, A=amount, T=time.

Constipation

- Eat a lot of high fiber foods (whole grain bread/cereal, fruits, vegetables)
- Drink at least eight cups of water a day
- Exercise, such as walking, can help

Hemorrhoids

(It is common to get these later during the pushing stage of labor)

- Avoid constipation
- Do Kegel exercises to increase circulation
- Use witch hazel or cold compresses

Leg Swelling/Cramps

- Elevate legs whenever possible
- Do ankle pumps (up only-pulling toes toward knees) whenever elevated
- Avoid crossing legs or ankles, or standing with “knees-locked”
- Do calf stretches
- Partner can gently push the ball of your foot up toward your knee
- Drink at least eight cups of water a day
- Adjust calcium/phosphorus ratio – talk to doctor

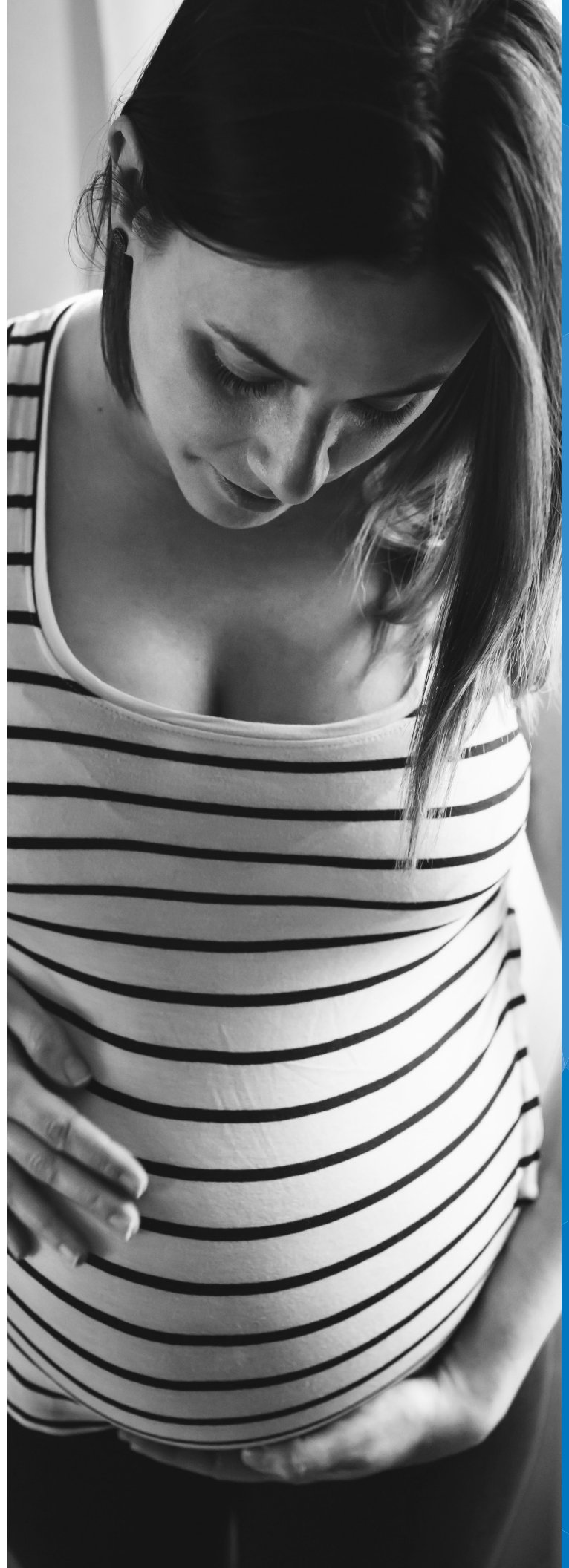
Varicose Veins

(See leg swelling/cramps for legs)

- Support hose are available in knee-hi, and maternity panty hose

Skin/Complexion Changes

- If dry /itchy – use lotion/oil daily after a shower
- If oily – use gentle cleansers and light moisturizers
- Other skin changes that are normal are:
 1. Linea negra – a dark line on your abdomen,
 2. Chloasma –dark circles around eyes, or dark patches on cheeks
 3. Skin tags
 4. Stretch marks – on arms, breasts, abdomen, hips, buttocks, thighs



Call Your Doctor

Signs Of Potential Problems When To Call Your Doctor

Potential Preeclampsia

- Persistent or severe headaches
- Frequent dizziness
- Visual changes (blurring, seeing spots/lights, seeing double)
- Sudden swelling to face and hands (such as overnight)
- Sudden weight gain (Doctor may want to check your blood pressure and see if you have protein in urine.)

Potential Placental or Fetal Problems

- Sharp, persistent abdominal pain
- Vaginal bleeding
- Decreased fetal activity (Less than 10 kicks in 12 hours, after fifth month) Drink some juice, lie down, AND pay attention to baby's movements..
- Any extreme changes in fetal movement should be reported to the physician, including a DECREASE in fetal movements or noticeable, drastic change in fetal movement pattern.

Potential Infection

- Fever of 100.5 or higher
- Vaginal discharge with a foul odor
- Pain or burning with urination
- If bag of water breaks
- Persistent vomiting, unable to keep anything down (could become dehydrated)

Normal Weight Gain For Pregnancy

Pregnancy should last 40 weeks (or at least 38 weeks)

Breasts	1 pound
Uterus	2 pounds
Placenta	1 pound
Amniotic Fluid	2 pounds
Baby.....	7 pounds
Blood.....	2 pounds
Fat stores	5 pounds
Fluid retention	6 pounds

27 pounds (25-35 pound average)

Call Immediately For:

- Vaginal bleeding
- If bag of water breaks (remember COAT)
- True contractions starting before 37 weeks
- Major change in baby's movements
- If any of your body's signals concerns you



Late Pregnancy

Changes In Late Pregnancy, Before Labor Starts

- 1. Lightening** – (2-4 weeks before)
Baby “drops”, or settles into pelvis
 - it becomes “lighter” or easier to breathe since baby is lower in abdomen
 - more pressure felt in lower pelvis, on bladder and on back
- 2. More frequent urination** – caused by lightening
- 3. Backache** – may increase at onset of labor and/or throughout
- 4. Nesting** – (1-2 days before)
Burst of energy, feel good
 - may want to clean and rearrange things
 - may feel restless or are sleeping poorly
- 5. “Show”** – (from hours to weeks before)
Blood tinged plug of mucus that was filling cervix is passed as cervix begins to thin and open
- 6. Diarrhea** – (from hours to days before) body’s way of emptying colon to make room for delivery

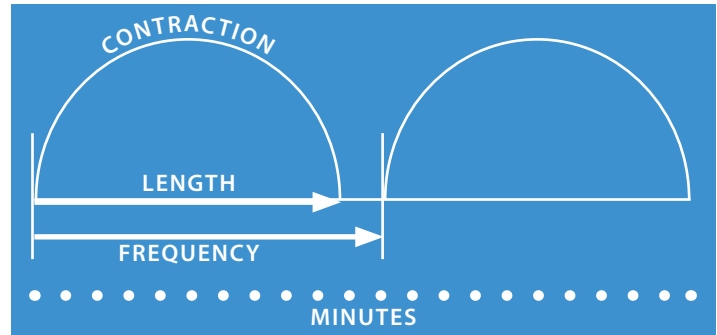
Remember - after true contractions start, your water usually breaks later; but, it can break at any time. It can be a trickle of fluid or a gush that continues as a trickle. In only about 10 percent of the time does the water break first as the first sign of labor.

Five Labor Forces

(which influence the progression of your labor)

- 1. Passenger (the baby)**
 - size
 - position (facing front, back or side)
 - presentation (head up or down)
- 2. Passageway (mom’s body)**
 - cervix: position, ripeness, effacement and dilation
 - pelvis & pelvic floor: shape and flexibility
 - previous surgery or birth
- 3. Power** – strength and efficiency of contractions
- 4. Psyche** – mother’s level of relaxation and confidence and support vs. fear, anxiety and stress
- 5. Position** – mother’s position changes that enhance and promote labor progress

Timing Contractions



- Length = from the beginning to the end of one contraction.
- Frequency = from the start of one contraction to the start of the next contraction.

Pre-Labor Contractions

1. Sudden tightening or “hard balling” of portions or entire uterus that go away as suddenly as they came.
2. Irregular in length and frequency.
3. Do not get stronger or closer together over time.
4. They will stop if you:
 - a) change activity or position
 - b) drink a lot of fluids

Early & Active Labor Contractions

1. Tightening of entire uterine muscle. May be felt as a wave of tightening from the back towards abdomen, with a peak, then a relaxing wave as it goes away. Initially may last about 30 seconds.
2. Become more regular over time.
3. Will become stronger, last longer and get closer together over time.
4. Changing activity or position will not make them stop.
5. Walking intensifies them!

Labor: Stage 1

Cervix thins (effacement) from 0-100% and opens (dilates) from 0-10 cm.

Early Labor:

Early labor last about 7-12+ hours. For your second birth early labor can be 2-8 hours.

- Cervix dilates from 0 to 4-6 cm.
- Contractions get closer, from about 20 minutes apart to about 5 minutes apart, lasting 30-45 seconds

What's happening:

- Mild contractions
- Backache
- Diarrhea
- Emotional roller coaster:
 - Relieved it has begun, but still surprised
 - Some apprehension, anticipation
 - Sociable, talkative, excited
 - Confident
- Vaginal discharge (bloody show)
It is normal to have some light bleeding after a vaginal exam and/or during early labor.

What you can do

- Stay at home, use distractions early on
- Alternate rest with walking
- Change positions as needed
- Take a warm shower
- Continue with normal light activities
- Drink lots of clear fluids (water, tea, broth, Jello,
- Continue to time some contractions, keep record
- Effleurage abdomen
- Begin breathing patterns when you can't talk during a contraction
- Use backache relief measures

Call your doctor/midwife according to the instructions they gave you. For first time mothers, you are usually encouraged to stay at home until your contractions are 5 minutes apart for 1 hour. Come to the hospital according to doctor/midwife instructions. Call your provider before coming to the hospital.

Active Labor:

The active phase of labor lasts about 5-8 hours for a first labor, and 2-6 hours for subsequent labors.

- Cervix dilates from 4-6cm to 8cm
- Contractions get closer, from about 5 minutes apart to about 3 minutes apart, lasting 45-60 seconds

What's happening:

- Strong contractions
- Increased backache, pressure in pelvis and thighs instructions
- More serious and concentrated on labor
- Nausea or vomiting
- Doesn't want to be left alone
- Apprehensive, may doubt ability to handle labor
- Need support and encouragement from partner hourly
- Less sociable, not as talkative
- May resent distractions
- Increase in "show"
- May be getting tired and discouraged
- Dry mouth

What you can do:

- Come to the hospital according to your doctor or midwife's instructions
- Use breathing techniques to stay calm and relaxed
- At hospital, continue to alternate positions every half hour
- Use comfort suggestions sheet, items in "goody bag"
- Verbalize needs to partner, hospital staff
- Ice chips
- Empty bladder every hour

Transition Labor:

The transition phase of labor lasts about 1-2 hours for a first labor, and 10 minutes - 1.5 hours for subsequent labors.

- Cervix dilates from 8 to 10 cm (fully open)
- Contractions are about every 2 minutes, lasting 60-90 seconds

What's happening:

- Very intense contractions
- Nausea and vomiting, burping
- Tired, discouraged
- Overwhelmed, irritable
- Hot flashes, cold feet
- Shaking arms or legs, maybe chills
- Heavy "show", water may break (if not previously)
- Severe low backache, pressure in pelvis and thighs
- Rectal pressure, possible urge to push

What you can do:

- Use breathing techniques to stay calm and relaxed
- Continue to alternate positions, use comfort suggestions and items in the "goody bag"
- Continue to verbalize needs to partner, hospital staff
- Concentrate on the power of the contraction instead of the pain of it
- Take one contraction at a time, focus on progress made
- Visualize the cervix opening and baby moving down
- Remember this is the shortest phase, (but most intense)



Labor: Stages 2 & 3

STAGE 2 LABOR:

Pushing, Deliver Baby

- The second stage of labor lasts 1-4 hours for a first labor, and 15 minutes - 3 hours in subsequent labors
- Contractions are about every 3-5 minutes, lasting 60-90 seconds

What's happening:

- Strong contractions
- Uncontrollable urge to push
- Pressure in vagina from baby's head
- Stretching, "pins and needles" or burning sensation to outlet as baby's head is crowning
- Pressure in back and rectum
- May feel renewed energy
- May be social again between contractions

What you can do:

- Rest until the urge to push is felt (may be a 20 minute delay after fully dilated!)
- Push during contractions, rest in between
- Use a warm compress on the perineum for comfort
- Use breathing techniques for pushing
- Relax pelvic floor, legs and thighs
- Relax the rest of your body, all power is in abdomen
- Alternate pushing positions for comfort and progress (semi-sit, side-lying, all fours, squat)
- Watch baby coming in the mirror
- Reach down to touch baby's head!
- Hold your baby for the first time!
- Skin-to-skin contact with your baby

STAGE 3 LABOR:

Deliver Placenta

What's happening:

- Usually in 5-20 minutes after baby is born
- Mild cramping as placenta is expelled
- Repair tears or episiotomy, if needed
- Provider or nurse will provide fundal massage
- Pitocin will be given to minimize bleeding risks after the placenta is delivered
- Chills and trembling possible

What you can do:

- Feel relief, excitement, exhausted
- Gentle push as caregiver advises
- Relax perineum
- Slow paced breathing if needed
- Hold baby, initiate breastfeeding

Breastfeeding in the Hospital

Getting the best start, right in the hospital in the first few days of your baby's life, is key to long-term breastfeeding. Talk to your obstetrician or midwife during your pregnancy so he/she is aware of your wishes. Talk to your labor nurse when you arrive at the hospital to assure that she knows your wishes and can help you when the time arrives.

Talk to your pediatrician in a prenatal consultation so he/she can follow-up with your ideal plan.

First, ask that your baby be put on your tummy right after delivery

- Hold your baby skin to skin and watch him crawl up to the breast for his first feeding. This may happen from 10 to 40 minutes after birth.
- Keep your baby skin-to-skin until he has fed for the first time.
- Delay the eye treatment, first weight, newborn injections and other procedures that are common right after delivery until the first feeding is finished.
- If you give birth by cesarean-section, your partner can hold your baby skin-to-skin until you are able to hold him and breastfeed.

Second, keep your baby right with you at all times (rooming-in)

- If you are moved from the delivery area to the maternity area after the birth is over, hold your baby skin-to-skin during this transfer. Cover you both with blankets.
- Your baby can't breastfeed in the hospital nursery. Keep your baby with you so you can respond easily and quickly every time he shows feeding cues.
- Feed your baby 8-14 times each 24 hour day. If it seems like a lot, allow your baby to tell you how hungry he is.
- Look for feeding cues: Waking up, becoming agitated Rooting (turning his head and opening his mouth) Licking, smacking, mouthing movements Sucking on fingers or fist Crying is the last cue, don't wait for that!
- Continue holding your baby skin-to-skin, before feedings, after feedings, whenever your baby is upset.

Avoid unnecessary supplementation

- Feeding right after birth assures that your baby gets a nice big feeding right away. Then offer the breast often.
- If you are unsure your baby is breastfeeding properly, ask for help! Your nurse can give you pointers and if you need more assistance, ask to see the Lactation Consultant.

Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.

Breathing Techniques

Why Do I Use Breathing Techniques?

- To give oxygen to mother and baby
- To decrease fatigue and help you relax
- To give you something to focus on and do to distract you.

When Do I use Breathing Techniques?

- When you can no longer talk through a contraction, or you are feeling restless during them.
- In second stage labor use your breath to assist you to focus your pushing efforts

How Do I use Breathing Techniques

Breathing techniques during first stage labor:

- Take a cleansing breath in through the nose out through the mouth to begin.
- Looking at or thinking of your focal point and counting can all help focus your breathing.

Breathing techniques second stage labor:

- Work with your labor nurse and physician to assist in your pushing efforts.
- Short, rhythmic breathing like blowing out a birthday candle can help bring focus during crowning.

Other Suggestions:

- Rest between contractions
- Focus on counting to 10
- Adjust the PACE of breathing with the intensity of the contraction
- The air you take in should be equal to the air you let out
- Breathe rhythmically and evenly throughout

** If the mother complains of light-headedness, tingling in her lips or fingers, or is hyperventilating (breathing too fast) have her breathe into her cupped hands till the feeling goes away. This can come and go throughout labor, and she can easily resolve it this way as needed.

Birth Plans

- 1 Name and partner's name
- 2 Baby's due date and name (or if it is a surprise)
- 3 OB or midwife group
- 4 Baby's pediatrician
- 5 Doula
- 6 Pertinent medications or health notes to alert the nurse to

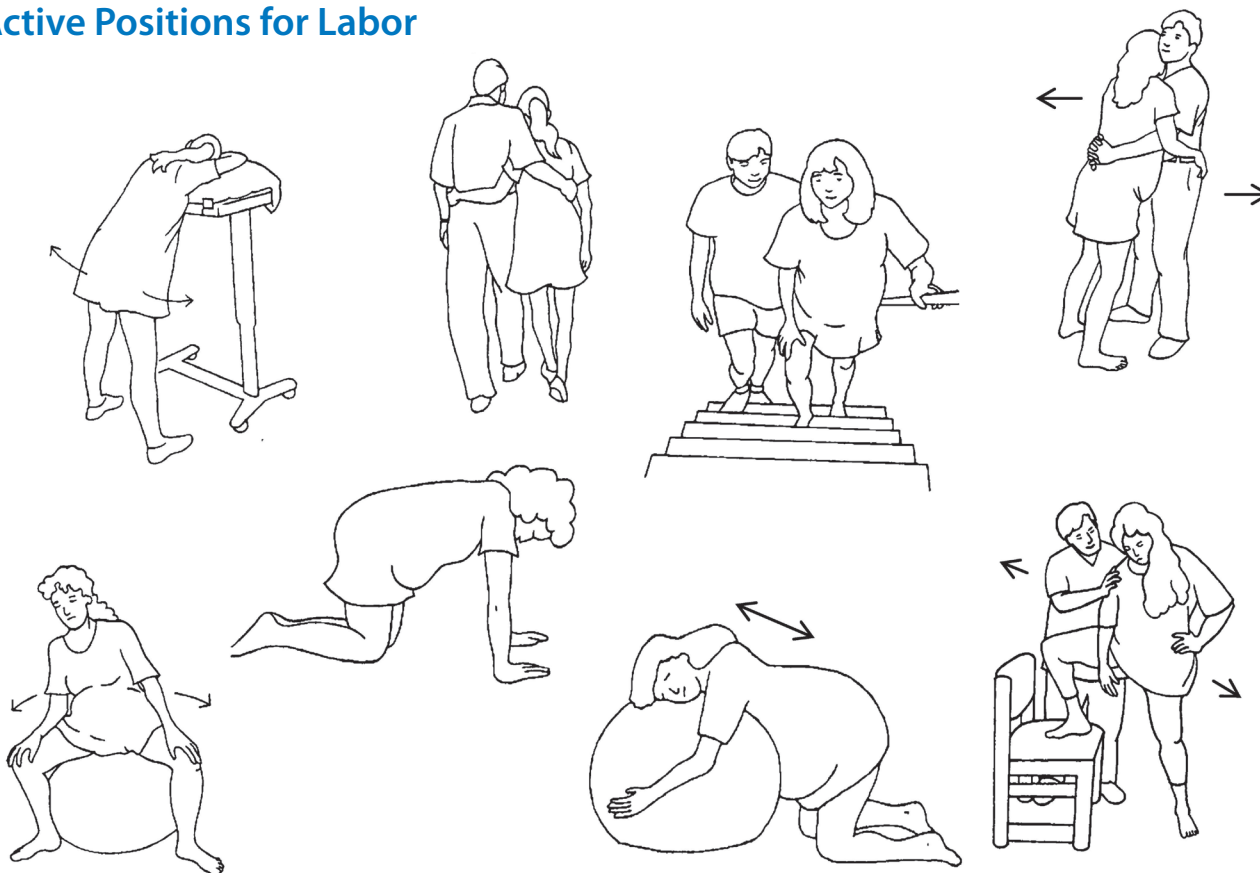
Include a brief paragraph introducing yourself, your general desire for your birth, and that you understand that sometimes labor can be unpredictable, and you have to make decisions you might not have anticipated having to make!

Keep it Positive!

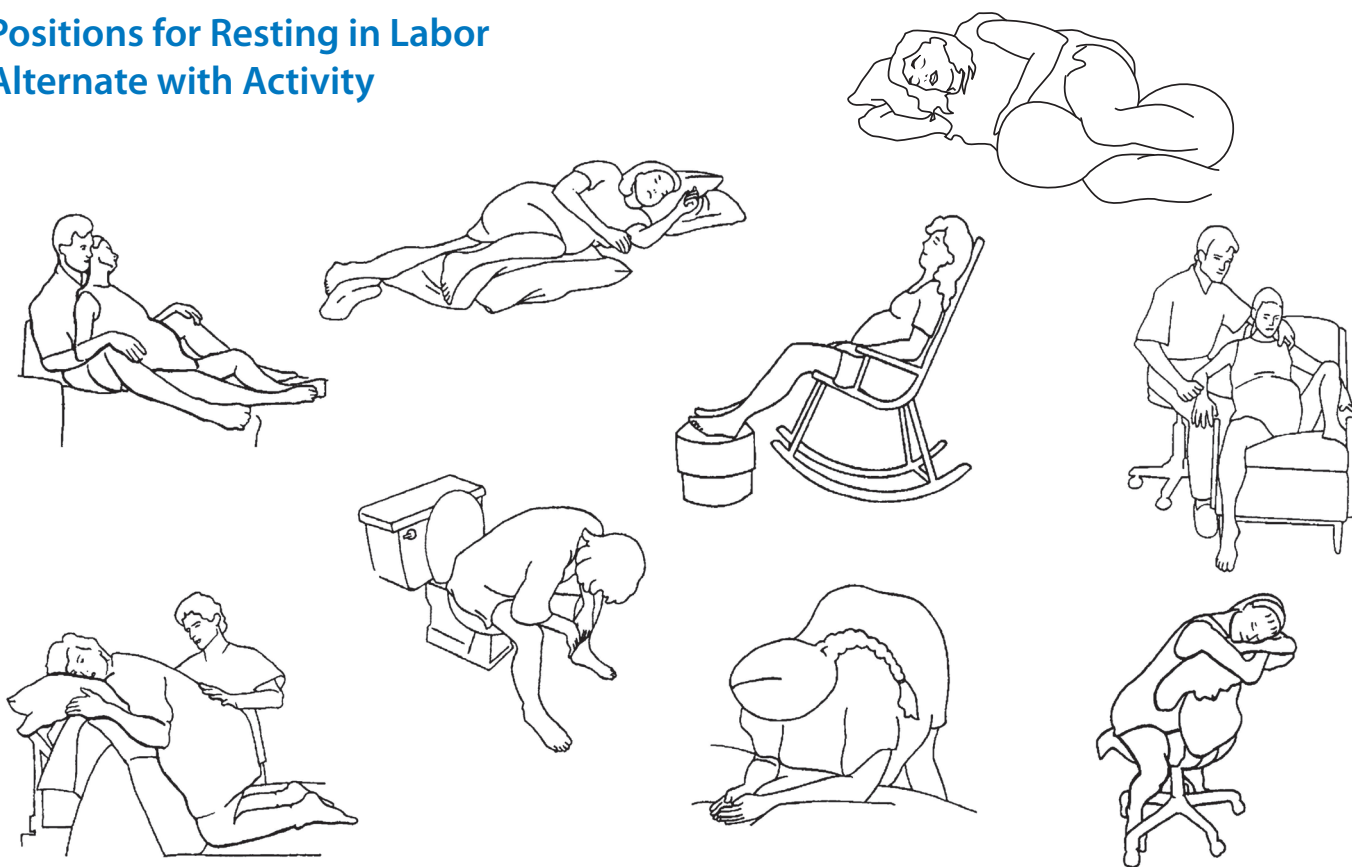
Labor Position

Some of these positions can also be used with an epidural. Talk to your nurse to find out what may be possible in your individual circumstance.

Active Positions for Labor

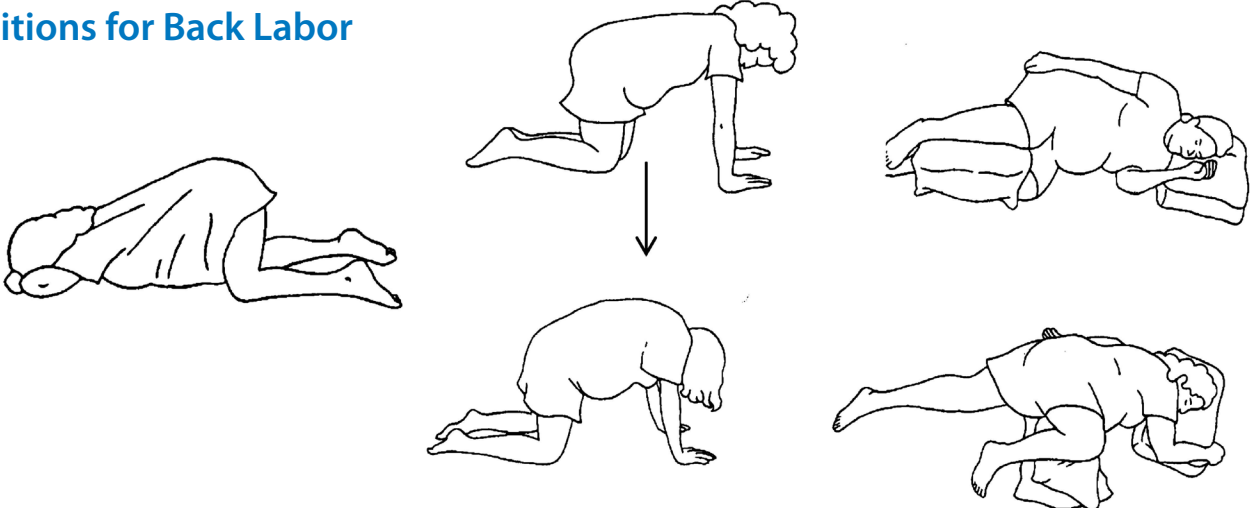


Positions for Resting in Labor Alternate with Activity



Labor Position

Positions for Back Labor



Positions for Birth



How Your Partner and Doula Can Help

In Early Labor, A Partner Can:

- Help you stay comfortable at home
- Remind you to relax and focus
- Encourage you; say that you're strong and ready
- Serve you lots of clear fluids, like tea, broth, popsicles, Jello, water
- Suggest a shower
- Play cards or watch TV with you

If You Have Trouble Keeping In Focus, A Partner Can:

- Reassure and praise you
- Give you an object or picture to focus on during contractions so you can stay focused on breathing and relaxing. This “shuts out” the rest of the world so you don't get distracted from your efforts.
- Ask extra people to leave the room
- Breathe with you, pace your breathing or by placing their hands on your face
- Suggest visualization-picture your “special place” to distract you from the present situation, THEN as labor progresses, visualize the baby's descent, and a positive birth experience
- Remind you to take one contraction at a time, and praise you when completed
- Remind you how far you have come, of progress made
- Eye to eye contact

If Your Belly Hurts, A Partner Can:

- Remind you to empty your bladder every hour
- Help you change positions
- With a light touch, effleurage (massage) your belly and thighs
- “Slow dance” with you, your back to their front, while partner effleurages your belly
- Apply warm compresses to lower abdomen and thighs

If You Are Having Trouble Relaxing, Your Partner Can:

- Close the blinds, dim the lights in the room
- Play music or relaxation tapes that calm and soothe you
- For massages, use lotion with a relaxing fragrance, like vanilla or lavender, or baby lotion
- Use soft or firm touch for massage of the neck, shoulders, back, hips, low back, thighs, hands, feet or wherever you are tense, and remind you to relax that area
- Place a hand over your hand
- Have you shake both hands in the air
- Talk about a relaxing time
- Help you into a warm shower or bath

If You Have Hot Flashes, A Partner Can:

- Apply cool washcloths to your face and neck
- Give you spoonfuls of ice chips
- Fan your face and body
- Put a fan on

If Your Legs And Arms Shake, A Partner Can:

- Hold you steady so you feel more in control
- Use a soft touch, or long firm stroking on your legs and arms
- Rub your feet and hands
- Put a warm blanket on you

How Your Partner and Doula Can Help *Continued*

If Your Back Hurts, A Partner Can:

- Help you sit or lean onto a birthing ball, or rocking in a rocking chair
- Give you back rubs
- Help you change positions about every 30 minutes as needed, staying off your back
- Put a warm cloth or rice sock on your back
- Put a cold cloth or ice pack on your back
- Press on your back with hands or tennis balls
- Sit back-to-back with you so your backs can press together
- Have you lean against the hurt with your own fists
- Help you stand and press your back against the wall
- Help you get on hands and knees and crawl, or rock back and forth
- Remind you to do pelvic tilts
- Help you walk in the room or hallway
- Help you get into a warm shower or bath
- Let you lean on them while you slow dance together, partner effleuraging back
- Do figure "8" motions across hips and buttocks
- Help you alternate upright and mobile positions with periods of rest
- Help you lie on your side with one leg forward on a pillow

If Your Contractions Stop, A Partner Can:

- Talk about labor and encourage you
- Tell you how strong you are
- Suggest a warm shower
- Help you take a walk
- Rub your back

If Your Mouth Feels Dry, Your Partner Can:

- Offer ice chips often
- Offer lollipops
- Apply lip balm
- Cool wet washcloth to lips
- Have mouthwash available to rinse with

If You Get Discouraged Or Tired, A Partner Can:

- Speak softly and calmly to you. Any positive words of encouragement can have a tremendous effect on your state of mind. Suggestions:
 - "I'm so proud of you."
 - "The baby will be here soon."
 - "You're making progress."
 - "I love you."
 - "I know you can do this."
 - "You're doing great."
 - "That contraction is over."
 - "You're one closer to delivery."
 - "The contraction has peaked and will be letting up."
 - "That contraction is over. You don't have to repeat that one."
 - "What can I do to help you?"
 - "I can see how hard this is."
- Be calm and patient. These two attitudes are contagious, so be a good model for her to tap into. Do allow her to express her own feelings and needs throughout labor, though.
- Give you his or her complete attention and be there for you. (This is not the time for them to watch TV.)

By creating a relaxed, calm and comfortable atmosphere in your birthing room by using some of these comfort measures, you are inviting a positive birth experience for the mother, for your baby and for yourself. It is a wonderful way to initiate the bonding process with your baby, as you meet and welcome this newest addition into your family, and your lives!!

Congratulations and enjoy your birth experience!

Packing For The Hospital

Things To Pack In Labor “Goody Bag”

Partners’ focus should be to help the laboring woman to be: RELAXED....CALM....COMFORTABLE.

This list of tools will help partner achieve that goal.

These items are to be offered to the mother on a rotating and continuous basis by the partner, to see which ones she would like to use at the moment. Remember to be flexible; she might not want it now but she may in a few minutes.

Suggestion:

- Pack at least four weeks before due date, just in case.
- This bag should be separate from your regular suitcase, for easy access in labor.

For Mother:

- Soothing music
- Focal point mother has chosen (example: picture, baby item, stuffed animal)
- Massage tools (sock with two tennis balls, rolling pin, vibrating massager, etc.)
- Relaxing fragrances in the form of sachets, potpourri, room spray, or essential oils with cotton balls, etc.
- Lotions or oils for back massage, in relaxing fragrances, like baby lotion, vanilla or lavender
- Lip balm for moisture
- Mouthwash, toothbrush and toothpaste, or breath spray for freshening mouth
- Warm socks
- Sour lollipops (because they are on a stick)
- Your own personal pillows if you like, or your body pillow if you use one at home with a colored pillowcase.
- Rice sock for heating pad (2 lb. long grain rice, microwave for 3 min. on high)
- Hair scrunchie or barrettes to put hair back
- Contact lens case and glasses
- Deck of cards or magazine/book for distraction

- Insurance card and information (hospital needs to copy it)
- Any papers from class that will be helpful reminders
- Robe for walking in hall during labor
- “Boppie” or breastfeeding pillow for breastfeeding moms, if available

For Partner:

- Nutritious snacks
- Change for vending snack machines
- List of phone numbers for people you will call after the birth
- Camera
- Swimsuit to wear while assisting the laboring woman in the shower or tub
- Any papers from class that will be helpful reminders
- Charging cord for cell phones!

For Baby

- Outfit to go home with legs (no gowns)
- Car seat
- A cover for car seat during winter months



The Christ Hospital Birthing Centers

Mt. Auburn 513-585-0598
Liberty Township 513-648-7671

TheChristHospital.com/birthing-center

