



A Basic Guide to Labor & Birth

This is a very basic overview. To find out lots more, take a class in birth preparation, or read one of our books!

When will your baby be born?

Your due date is only a guess at when your baby is born. It is perfectly normal for your baby to come anytime from 2 weeks before your due date to 2 weeks after your due date.

If your baby is "late", try not to get too impatient. Many women are tired of being pregnant, and will hope for induction, where a doctor uses medication to make labor begin. However, all methods of induction carry risks with them: primarily longer and stronger contractions, which are a) more painful for mom, b) harder for the baby to cope with (may lead to fetal distress and a c-section). Use the extra days to take extra care of yourself, and pamper yourself before you need to focus all your energy on caring for someone else's needs.

Signs that Labor May Begin Soon / Has Begun.

Possible Signs that labor may begin in the next few days or weeks.

- Backache: Not the type of backache that changes when you shift position, but an odd, on-going ache that makes you restless and irritable.
- Cramps. Cramping in your belly that is mild to moderate in discomfort.
- PMS symptoms: crabby, irritable.
- Nesting Urge: sudden irresistible urge to clean, do projects to prepare for baby.
- Frequent, soft bowel movements (diarrhea). Flu-like symptoms.

If you have these symptoms, it doesn't necessarily mean labor is going to start right away. It may be days or weeks before labor begins. These symptoms are just a good reminder to make sure you have everything prepared for labor and birth, and make sure you know what other signs to be watching for. Don't get excited, just continue your normal routine, get lots of rest, eat and drink well, and take care of yourself.

Preliminary Signs that labor may be about to begin.

- Bloody show. During pregnancy, cervix contains mucus, which may be released in late pregnancy. May be a thick 'plug' of pinkish mucus, which might come out when you use the toilet. May be thin, mucousy discharge on toilet paper. If there is more blood than mucus, call caregiver. (Note, it's common to have a brownish, bloody discharge within 24 hours of a vaginal exam, or intercourse. Don't mistake this for bloody show.)
- Water breaks:
 - Trickle or a gush.
 - Pay attention to what time it breaks, write down its color, odor, etc.
 - Call your doctor. Usually (80% of the time), you will go into labor on your own in the next 24 hours.
- Braxton-Hicks Contractions. ("pre-labor" or "false labor" contractions)
 - Some women never experience these, some women may have them for weeks before labor begins.
 - Pre-labor contractions don't progress: they may be irregular, or may stay same length, strength, and frequency. May last for a short time,

or for several hours. Some women even start to develop a pattern: with contractions every 6-7 minutes for 2-3 hours, which then stop.

- Discomfort is mostly felt in the front of the abdomen, as muscles tighten up. May feel like your belly is a basketball.
- 'False Labor' doesn't mean they don't hurt, and it also doesn't mean that they're not doing anything. Although the contractions aren't dilating your cervix yet, they are helping you to progress in other ways: moving the cervix forward, softening and thinning the cervix.
- To 'test' whether it's real labor: change position or change activity, eat, drink a full bottle of water, or empty bladder. False labor contractions may stop or slow down. True labor contractions will tend to intensify no matter what you do.

Positive Signs of Labor. Labor has begun.

- Gush of amniotic fluid from vagina.
- Progressing contractions: Get longer, stronger, and/or closer together with time. Are usually described as 'very strong' or 'painful', felt in the abdomen, back, or both. May start in the back, and radiate around to front. Usually increase if you walk.
- Dilation of cervix seen in vaginal exam.

Early Labor

What's Happening: Cervix effaces (thins out) from 50-100%, dilates to 4 cm.

Contractions 5-30 minutes apart. Contractions last 15 to 45 seconds, or longer.

Mom may want to focus during contractions, but can walk or talk if desired. Can usually relax between contractions, and can carry on a conversation. Early labor can last 2-24 hours or more.

Breathing techniques: No special techniques needed to cope with contractions.

However, some moms find it helps to begin breathing patterns which are useful in later labor: Begin and end contractions with a deep cleansing breath, use deep abdominal breathing thru contraction.

Comfort Techniques: Alternate rest and relaxation, distracting activities, and labor-enhancing activities. Being active (going for walks, dancing, shopping) can help labor to progress, but it's important not to exhaust yourself. Try to be relaxed, and treat this as a vacation day. Start a fun project, or work on a hobby that you normally don't have time to do.

Positions: During labor, it is always better to be upright (standing or sitting) than lying down. Gravity helps to bring your baby down in your pelvis: the pressure of baby's head on your cervix can help your cervix to dilate more quickly. It's good to be active, especially in ways that help change and shift the shape of your pelvis (like walking, climbing stairs, swaying, doing hula dance or belly dance motions.) It's easier for baby to rotate and descend if you're moving. Also, try to sit in ways that help to open up your pelvis (see example on the left.)



If labor is moving slowly: There's no need to rush early labor. Try to stay calm and relaxed and take good care of yourself. If it's night-time, try to get some rest so you have more energy for active labor in the morning. To help you rest: take a warm bath (might slow contractions a little), then lie down (lying on your left side is best). If it's daytime, and you want to move labor along, you can be active or you can consult with caregiver about the idea of using natural augmentation such as nipple stimulation, orgasm, or acupressure.

What should support people do:

- Encourage mom to alternate rest, distracting activities, and labor-enhancing activities.
- Encourage mom to eat, drink, and go to the bathroom at least once an hour. Good foods during labor are: bananas, nonfat yogurt, cooked cereal, eggs, graham crackers, toast, smoothies made with nonfat milk and non-acidic fruit, noodles or rice. Focus on easily digested carbohydrates. Avoid fatty foods and acidic foods. Drink as much as possible; drink mostly water and unsweetened tea, since sweet drinks can cause nausea.
- Time contractions occasionally (every few hours, or when things seem to change significantly.) Time five contractions in a row, and record: when the contraction began, how long it lasted, and how long it had been since the *start* of the last one.

Active Labor

What's Happening: Cervix completely effaced, dilates from 4-8 cm. Contractions 3-5 minutes apart, 40-70 seconds long, more painful. Active labor may last 30 minutes to 10 hours.

Change in Mom's mood: During contractions, mom is not able to walk or talk, and is focused on contraction. In between, mom wants to focus on labor, and does not want to be distracted.

When to go to the hospital: Contractions are no more than five minutes apart, lasting one minute, with that pattern established for at least one hour, *and* mom's mood has changed.

Breathing Techniques: Deep abdominal breathing for as much of the contraction as is comfortable. Over the peak of the contraction, use hee-hee breathing / light breathing.

Positions. Again, any position that's upright; any hip swaying movement is good. Also, almost all women like to lean forward during labor: this helps take the weight of baby off of your back. Any of the positions shown above, or any of these can be helpful for reducing pain.



Comfort Techniques for Active Labor: Warm bath. Touch: Massage, Effleurage (light stroking on belly), Counterpressure for back pain (support person places the palm

of his hand on her lower back and provides firm pressure during contractions), Double Hip Squeeze. Hot/Cold: Heating Pads on back or belly, Ice Packs, cool cloths on her forehead and back of neck. Making noise: Singing, Moaning. Sensory Distraction: Music, Aromatherapy, Pictures. Relaxation Techniques: Touch Relaxation, Visualization, Encouragement and Support.

What should support people do? Remind mom to drink after each contraction, and go to the bathroom once an hour. Help with Comfort Techniques. Establish Rituals by doing the same thing on each contraction, for as long as that works, then switching to new ritual. Let her rest when she needs to, but remind her that being physically active can help labor progress. Try to phrase things as positive suggestions, not criticisms.

Back Labor (Can begin at any stage of labor.)

Signs: Most common sign is back pain: during contractions the mom complains that she's having a lot of pain in her lower back. Other important signs are slow labor progress, or irregular contractions that "couple": there will be two or three contractions close together, then a long pause with no contractions, then two or three contractions clustered together.

Why is it a problem: Usually, it's a sign that the baby is posterior, and not in a good position to help the cervix dilate. Generally, labor is more painful, it takes *much* longer to fully dilate to 10 cm, and pushing can be slower and more difficult with a posterior baby.

What can support people do to help "fix" the problem: As soon as I see any signs of coupling contractions or back pain, I try the following techniques right away. The mom gets on her hands and knees and does pelvic tilt exercises. Or mom gets in the "open knee chest" position (see diagram just above of mom with head on pillow), and rests there, or sways her hips back and forth during contractions. Alternate between pelvic tilts and open knee chest for 25-30 minutes. When mom returns to a more upright position, often the baby will move into a better position, and the signs of back labor will fade.

Transition

What's Happening: Cervix dilates to 10 cm. Contractions 2-3 minutes apart, 60-90 seconds long. Intense. Mom may be discouraged, scared, angry. May be trembling, hot/cold, nauseous.

How long will it last? 10 minutes to 2.5 hours. Average is 1-1.5 hours in first time moms.

Breathing Techniques: Quick, light breathing. To avoid hyperventilating, it's best to focus on the exhale, and let the inhale happen naturally. Partners breathe with her.

Comfort Techniques: Any of the techniques and positions from active labor. Follow her cues.

What should support people do? Stay very close to mom, establish eye contact. Give short and simple directions, don't ask a lot of questions. Speak calmly. This is the most intense part of labor for many moms, and mom needs lots of support and reassurance!

Second Stage: Birth

What's Happening: Cervix has dilated, baby has descended and is ready to be delivered. Contractions continue, 3-5 minutes apart, lasting 45-90 seconds. Contractions may be accompanied by a strong urge to push. (May feel like a need

to have a bowel movement.) Mom's vocalizations may change to deep grunts or groans.

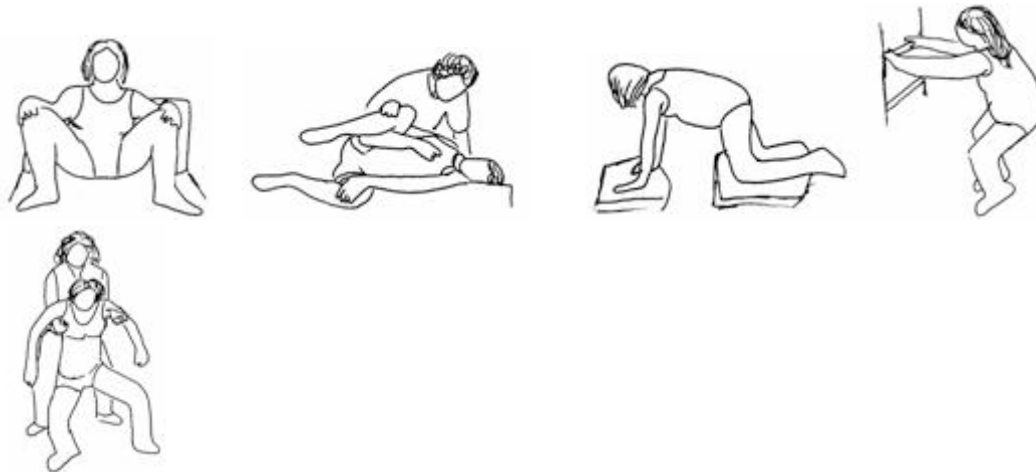
How long will it last? Anywhere from a few minutes to three hours. Typically 1-2 hours.

When should mom start pushing? Check with nurse or doctor before starting to bear down.

Breathing Techniques and Bearing Down: Caregivers will guide you. But generally: With each contraction, take in a deep breath, then bear down for five to seven seconds, while exhaling or gently holding breath. Then relax briefly, take in a quick breath. Then bear down again. Bear down three or four times during each contraction. In between contractions, take nice deep breaths and rest.

Comfort: Any of the ideas above. A cold cloth on her forehead or neck is especially popular. Warm washcloths on her perineum, or perineal massage by the care provider may help with comfort, and may reduce the chance of tears or episiotomy.

What should partners do: Help support mom in chosen position. Help guide pushing efforts and breathing. Lots of encouragement and reassurance. Reinforce caregivers' suggestions.



Third Stage / Newborn Procedures

Immediately after birth, they may place the baby up on mom's belly, or may take it over to a warming table, depending on the condition of the baby and on hospital policy. The doctor will deliver the placenta: you may need to do a few more light pushes. Then the doctor will examine your perineum, and will repair any tears or episiotomy.

Hospital policies vary regarding immediate newborn care, but most hospitals in the Seattle area will attempt to leave the baby in its parents' arms for as much of the first hour as possible, to allow for initial bonding, and the first breastfeeding. At the end of one hour, some mandatory procedures are done with the infant, including antibiotic eye ointment, and a Vitamin K shot. Typically, the baby is also weighed and measured at this time, and may be given its first bath.

Postpartum Recovery. Lochia: You will have vaginal bleeding for two to six weeks after the birth. The early days are similar to a very heavy menstrual period, though you may see large clots of blood. It will taper off to a lighter flow, the color will become browner, or pink.

Sexuality: Most doctors recommend waiting six weeks after birth, or until lochia stops, for resuming vaginal intercourse. This allows your perineum to heal after birth. Remember that ovulation may resume shortly after birth, and you will be fertile two weeks *before* your first period, so it is important to use birth control if you are not prepared for a possible pregnancy.

Care of the perineum: You may experience soreness after the birth, especially when going to the bathroom. Try to drink a lot of water, as this will dilute your urine, and it will sting less when you pee. After urinating, use a spray bottle (they will give this to you at the hospital) to wash off your genitals with warm water, then gently pat dry with toilet paper.

Postpartum Warning Signs: If you see these in the first month, call your doctor.

- Passage of a blood clot larger than a lemon. Heavy bleeding: soaks a maxi pad in an hour.
- Fever of 100.4 or higher.
- Problems with urination: Burning, or blood in urine, inability to urinate.
- Very foul or fish-like odor to vaginal discharge.
- Increased pain at site of episiotomy or tear.
- Swollen, red, hot, painful area on the leg, especially the calf.
- Sore, reddened, hot, painful area on breast, along with fever or flu-like symptoms.

Signs of postpartum depression:

It is normal to experience 'baby blues' in the first month or so: you may find yourself often crying for no reason. It's fine to cry whenever you feel the urge! This is the influence of hormones, and will soon resolve. However, if you have a history of depression (in yourself or your family) or if there are a lot of difficulties in your current life situation, you may be more at risk for postpartum depression. Share this list of symptoms with a support person, so they can help keep an eye out for them: If 3 weeks or more after the birth, you are: not able to sleep well (even when baby is sleeping), crying a lot, unable to concentrate, feeling guilt and inadequacy, disinterested in baby or hyperconcerned about baby, worrying about harming self or baby, or having headaches, chest pains, you may be developing PPD. Contact a counselor, or Postpartum Support International.

For more information on pregnancy and baby care:
See our books: *Pregnancy, Childbirth & the Newborn* or *The Simple Guide to Having a Baby*.
Take a childbirth preparation class at Great Starts, or in your local community.

For parenting tips, information for families, or to talk to someone about parenting:
In Washington State: Call the Family Help Line at 1-800-932-HOPE
Outside of WA: contact your local Circle of Parents agency at www.circleofparents.org