Pregnancy: labor and Childbirth

Before a Cesarean Birth

Whether a cesarean is scheduled or not, the preparation is nearly the same. Either way, your healthcare team will get you ready for surgery. If you have a partner, he or she can often stay with you for most of this time.

For all cesareans

All cesarean births, scheduled or not, require certain steps. To prepare for surgery:

- You'll need to sign a consent form.
- Any hair on your stomach may be removed to just below the top of your pubic bone. (Do not do this yourself.)
- A wash that cleans and disinfects the skin will be applied to your belly.
- An IV (intravenous) line will be started to supply medicines and fluids.
- A catheter (small tube) will be placed in your bladder to drain urine.
- A fetal monitor may be used to check your baby's heart rate.
- You will be given a spinal block, epidural block, or general anesthesia.

For a scheduled cesarean

Before scheduling a cesarean, tests may be done to confirm your due date. This helps to make sure that your baby is ready to be born when the cesarean is performed. Cesareans are often scheduled near the 39th week of pregnancy. Do not eat anything for 8 hours prior to surgery. But you may drink clear liquids up to 2 hours before surgery.

Notes for your partner

In most cases, you can stay with the mother while she is being prepared for surgery. She may be feeling tense. Help her relax. Your support can mean a lot. If you'll be staying with her during the cesarean, you may be asked to wash your hands and put on special clothes.

Cesarean Birth (C-Section)

A cesarean birth is the surgical delivery of a baby through an incision in the mother's belly. Cesarean births may be planned and scheduled. But, in many cases, a cesarean is unexpected. In any case, a cesarean is done to make sure that you and your baby have the safest birth.

Preparing for the birth

The preparation for the birth is nearly the same whether scheduled or unscheduled. Surgery will begin shortly after you receive anesthesia. You will receive either regional or general anesthesia.

Most cesareans are completed in less than an hour. During the birth, your healthcare team is with you, ready to take care of you and your newborn. Your partner may also be with you for the birth.

Making the incisions

In a cesarean birth, incisions are made in both the skin and the uterus. Either incision may be transverse (from side to side) or vertical. Your skin and uterine incisions may differ. Be sure they are noted in your health records:

- The skin incision is usually transverse (side to side). It is located at the pubic hairline. A vertical incision may be used if you've had this incision before or if the cesarean needs to be done quickly.
- The uterine incision is almost always transverse. A transverse incision heals very well. This may allow for a future vaginal birth (VBAC). In certain cases, a vertical uterine incision may be made.

Your baby's birth

Once the incisions are made, the healthcare provider presses on the top of the uterus and guides the baby through the incision. The cord will be clamped and cut. Then the placenta is lifted out through the incision.

Caring for yourself

After your baby's birth, the uterine incision is closed with stitches. Your skin incision will be closed with stitches, surgical staples or glue and a dressing may be applied. Your healthcare provider will press on your uterus. This helps expel blood clots through the vagina. You may be given medicines to help shrink your uterus and decrease bleeding. You may also receive antibiotics to reduce any risk of infection.

Caring for your baby

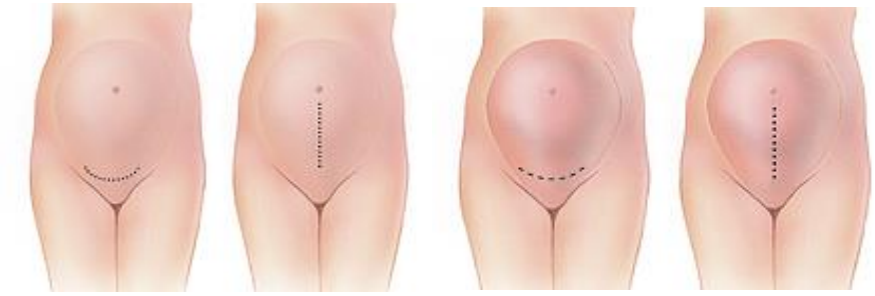
While your surgery is completed, your baby will be placed in an infant warmer. Gentle suction will be used to help remove excess fluid from the baby's mouth and airways. The APGAR score will be done. This rates baby's appearance (color), pulse (heart rate), grimace (muscle reflex), activity, and respiration (breathing).There may be an opportunity for skin to skin contact or your baby may be wrapped in a blanket and brought to you. Now, for the first time, you'll see your newborn.

Risks of cesarean

As with any surgery, cesarean birth has risks. Your healthcare provider will discuss the risks of cesarean with you. They may include:

- Bleeding
- Infection
- Injury to nearby organs

- Blood clots in the legs, pelvis, and/or lungs
- Reaction to anesthesia



Transverse skin incision or vertical skin incision.

Transverse uterine incision or vertical uterine incision.

Reasons for a Cesarean Birth

Cesarean births can be planned. But in most cases, a cesarean is not expected. A cesarean may be needed because of concerns about the baby, the mother, or the baby's passage through the birth canal. Listed below are some of the reasons you may have a cesarean.

- A poor fit. The baby's head is poorly positioned or too large. This may prevent the baby from fitting through the birth canal. This is known as cephalopelvic disproportion.
- A baby in distress. The baby shows signs that he or she may not be able to stay healthy through the stresses of labor.
- Labor fails to progress. The cervix does not efface (thin) and dilate (open) enough. As a result, the baby cannot descend into the birth canal.
- The wrong position. The baby is in a breech position, with feet or buttocks descending first. Or the baby is lying sideways across the pelvis.
- More than one baby. With two or more babies, one is more likely to be in the wrong position.
- Problems with the placenta. In some cases, the placenta (the organ that nourishes the baby) is between the baby's head and the birth canal (placenta previa). Or the placenta is pulling away from the uterus (placental abruption).
- Problems with the cord. In some cases, the umbilical cord is compressed by the baby's head or enters the birth canal before the baby's head.
- Maternal health problems. An ongoing health problem or a problem that arises during pregnancy can make a vaginal birth risky.

- A baby with special needs. A health problem or birth defect can make labor or vaginal birth risky.
- An active vaginal infection. Herpes and HIV infections could infect the baby during the passage through the birth canal.

Wrong position

More than one baby

Poor fit

After a Cesarean

It can take time to recover fully after a cesarean. It's important to take care of yourself—both for your own sake and because your new baby needs you.

Incision care

Tips for taking care of your incision include:

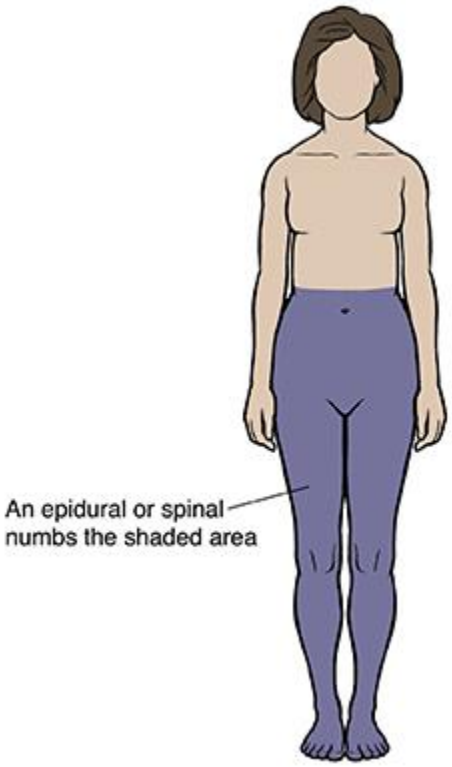
- You will probably be able to shower and pat the incision dry.
- Watch your incision for signs of infection. These include redness that gets worse or fluid draining from it.
- Hold a pillow against the incision when you get up from a lying or sitting position. Also do this when you laugh or cough.
- Avoid heavy lifting. Don't lift anything heavier than your baby until your healthcare provider tells you otherwise.

When to call your healthcare provider

Call your healthcare provider if you have:

- A fever of 100.4°F (38.0°C) or higher
- Redness, pain, or discharge at the incision site that gets worse
- Vaginal bleeding that soaks through a pad per hour or large blood clots
- Severe pain in your stomach
- No bowel movement within 1 week after the birth of your baby
- Vaginal discharge that has a foul odor
- Swollen, red, and painful area in the leg
- Burning when urinating or blood in the urine
- A rash or hives
- Sore, red, painful area on the breasts (may also have flu-like symptoms)
- Feelings of anxiety, panic, and depression, or difficulty bonding with your baby

Anesthesia Options for Labor



Anesthesia is a type of medicine to prevent pain. It is often used in labor. It may numb only one region of your body. This is called regional anesthesia. Or it may let you sleep during surgery. This is called general anesthesia. Only a trained specialist gives this type of medicine. When possible, your healthcare provider will use regional anesthesia. This is so you can be awake during your baby's birth. The type of anesthetic you have may depend on the hospital guidelines.

Regional anesthesia

Your healthcare provider may use regional anesthesia to numb your lower body for a vaginal or cesarean birth. It does not go into your bloodstream. This means that little or none of it will reach your baby. There are two kinds:

- Epidural. This is most often given while you sit up or lie on your side. A needle with a flexible tube (catheter) is put into your lower back. The needle is then removed. The anesthetic is sent through the catheter. A pump may be attached. This gives you a constant level of anesthetic. An epidural often affects only part of your muscle control. This means you should still be able to push for a vaginal birth.
- Spinal. This is most often given in one dose right before delivery. Your healthcare provider may use it for a cesarean birth. It acts fast. You may sit up or lie down when it is injected. It may affect muscle control in your lower body. This includes your ability to push.

General anesthesia

General anesthesia lets you sleep and keeps you free from pain during surgery. It is most often used for an emergency cesarean birth. Your healthcare provider may use it for a cesarean birth. He or she may give it to you as an injection, as an inhaled gas, or as both. Delivery often happens before the medicine has reached the baby.

Breech Presentation

With breech presentation, your baby is in a buttocks—or feet-first position. Babies are usually in a head-first position. A breech presentation can make it hard for the baby's head to fit through the birth canal during delivery. This can cause lack of oxygen or nerve damage in your baby.

Checking for breech presentation

Your healthcare provider can tell that your baby is in a breech presentation by gently pressing on your belly. If after about 35 weeks your baby still isn't in a head-first position, you may have a test called ultrasound. This test uses sound waves to form an image of your baby on a screen.

Types of breech presentations

As you near your due date, your baby may be in one of the following three breech presentations:

Delivering your baby

Even if the baby's position can't be changed, a breech baby can sometimes be born vaginally, although this is rare. Your healthcare provider will discuss the risks with you. More often, a cesarean section (surgical delivery) is done. You will have anesthesia (medicine to block pain). But you may remain awake and alert.

Once you deliver

Whether you give birth vaginally or by cesarean section, you and your baby will most likely be fine. Just because your baby is in a breech position doesn't mean that he or she will have health problems.

Can you have a vaginal delivery?

In some cases, your healthcare provider may try to turn the baby head-down by applying pressure on your abdomen. This technique is called an external cephalic version. If this works, you might be able to have a vaginal delivery. Your healthcare provider will discuss this with you.

Frank breech

The baby’s buttocks point down toward the birth canal. The legs extend up toward the head.

Complete breech

The baby sits cross-legged. The buttocks point down and the knees are bent. The feet are tucked under the legs.

Footling breech

One or both of the baby’s feet or legs are stretched down into the birth canal. The buttocks are also pointing downward.

If Your Baby Is Breech: External Cephalic Version (ECV)

Toward the end of pregnancy, most babies move into a head-first position for childbirth. But in some cases a baby is in a breech position. This means the baby’s buttocks or feet are in place to be delivered first. A breech position makes it difficult to have a vaginal delivery.

If your baby is in a breech position, your healthcare provider may try to turn the baby so that he or she is head-first. This procedure is called an external cephalic version or ECV. An ECV may be done if you are between 36 to 38 weeks (near term) in your pregnancy, unless there are reasons not to do it. If the ECV is successful, a vaginal delivery is more likely.

Before the procedure

This procedure is usually done in a hospital. Follow any directions you’re given for not eating or drinking before the procedure.

Before the ECV, the medical team will connect you to a fetal monitor. This is done to check your baby's well-being during the procedure. You may also need the following tests:

Ultrasound

This may be done to:

- Confirm that the baby is in a breech position
- Find out how much amniotic fluid is in the uterus
- Confirm where the placenta is
- Find or rule out any birth defects (congenital abnormalities)
- See if the umbilical cord is around the baby's neck. This is called a nuchal cord.

Nonstress test and biophysical profile

These tests check your baby's heart, well-being, and contraction pattern. One or both of these tests may be done before and after the ECV.

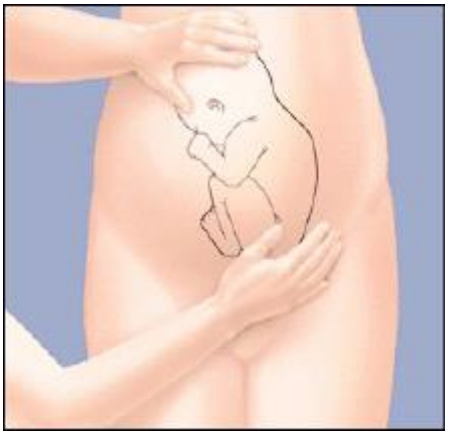
Blood tests

Blood is taken to find out your blood type, screen, and a complete blood count in case of an emergency.

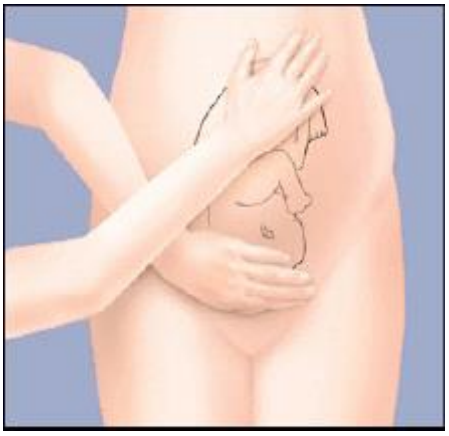
During the procedure

- You will stay connected to the fetal monitor. This is done to check your baby's well-being during the procedure.
- An IV (intravenous) line may be placed in your arm to give fluids or medicines if needed.
- The team may give you medicine to relax your uterus. This medicine can make it easier for the healthcare provider to rotate your baby.
- You will be placed in a special position on the hospital bed.
- The healthcare provider will then put his or her hands at certain points on your lower belly over your uterus.
- The provider will try to push the baby into a head-down position. This is done by trying to make the baby do a slow-motion forward roll or back flip. You will feel pressure during this part of the procedure.
- Once the procedure is complete, the medical team will raise the head of your bed. This will help keep the baby in the head-down position.

Changing your baby's position



Your healthcare provider presses down on your belly and locates your baby's head and bottom.



By pressing down on your belly, your healthcare provider may be able to rotate the baby into a head-first position. This often will allow a vaginal birth.

After the procedure

- You will stay connected to the fetal monitor. This is done to check your baby's well-being. It also checks for contractions, which can happen after an ECV. You will be monitored up to 2 hours after the ECV, or as directed by your provider.
- If you are Rh-negative, your healthcare provider may order an Rh immunoglobulin injection. This is done to prevent an immune system response (Rh sensitization) that can cause problems in future pregnancies. It is also done to prevent a condition (fetomaternal hemorrhage) that can cause complications if your baby's blood enters into your bloodstream before or during delivery.
- Once you are home, follow any directions your healthcare provider gives you for eating or drinking after the procedure.
- Follow all specific discharge instructions from your healthcare provider.

Follow-up appointment

Your healthcare provider may ask you to schedule appointments more often to check your baby's position. Follow the instructions from your healthcare provider.

When to call your healthcare provider

Call your healthcare provider if any of the following happen:

- You have more contractions
- Fluid or blood is leaking from your vagina
- Your baby is moving less
- You have other specific signs or symptoms as directed by your healthcare provider
- You have a significant amount of vaginal bleeding

Delivering your baby

Even if your baby's position can't be changed, you may be able to have a vaginal delivery. The type of delivery you have should depend on your healthcare provider's experience. Most providers prefer to do a cesarean section or surgical delivery for a breech baby. That's because the safety and welfare of you and your newborn are most important. For a cesarean delivery, you will have medicine to block pain (anesthesia). But you are usually awake and alert.

Kick Counts

It’s normal to worry about your baby’s health. One way you can know your baby’s doing well is to record the baby’s movements once a day. This is called a kick count. Remember to take your kick count records to all your appointments with your healthcare provider.

How to count kicks

Time how long it takes you to feel 10 kicks, flutters, swishes, or rolls. Ideally, you want to feel at least 10 movements within 2 hours. You will likely feel 10 movements in less time than that.

Starting at 28 weeks, count your baby's movements daily. Follow your healthcare provider's instructions for kick counting. Here are tips for counting kicks:

- Choose a time when the baby is active, such as after a meal.
- Sit comfortably or lie on your side.
- The first time the baby moves, write down the time.
- Count each movement until the baby has moved 10 times. This can take from 20 minutes to 2 hours.
- If you have not felt 10 kicks by the end of the second hour, wait a few hours. Then try again.

- Try to do it at the same time each day.

When to call your healthcare provider

Call your healthcare provider right away if:

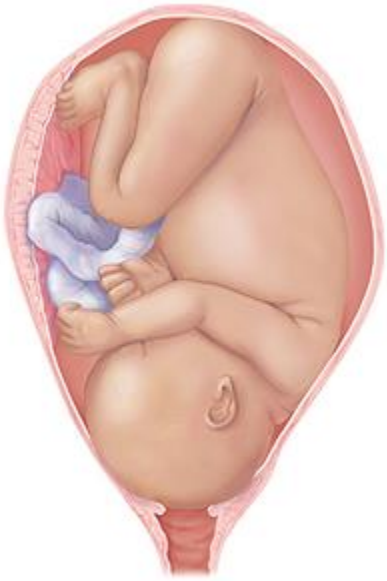
- You do a couple sets of kick counts during the day and your baby moves fewer than 10 times in 2 hours
- Your baby moves much less often than on the days before.
- You have not felt your baby move all day.

Labor and Childbirth: Active Labor

During active labor, your contractions will be stronger and more rhythmic than with early labor. They peak and subside like waves. They may happen 2 to 3 minutes apart and last about 45 to 60 seconds. This part of labor can be hard work. But it is often shorter than early labor. When you reach active labor, exams and tests will be done to see how you and your baby are doing.

Evaluating you and your baby

An exam tells how you and your baby are responding to contractions. Your blood pressure, temperature, and pulse will be checked. A blood or urine sample may also be taken. A fetal monitor will be used to check your baby's heart rate. Sometimes an IV (intravenous) line is started to give you medicine and fluids.



Your cervix may dilate 4 to 8 centimeters during the first part of active labor.

Moving ahead with labor

You may now feel contractions in your whole stomach instead of just the lower part (like during early labor). If your amniotic sac has not broken already, it may break now. Or, it may be broken for you. To help your baby descend, change position often. Walking or sitting in a rocking chair or recliner may help. You may find it hard to relax even though you are tired. You may also be less interested in talking than you were earlier. If you're having anesthesia, you will get it now.

Special issues during labor

If labor doesn't progress well or a problem arises, you may need a cesarean. But your healthcare providers may take certain steps to help you avoid a cesarean:

- If your cervix isn't dilating, a medicine (oxytocin) may be used to augment labor.

- If fetal monitoring shows your baby isn't getting enough oxygen, shifting your body position may help. You may also be given oxygen through a mask.
- If you have preeclampsia (a condition that results in high blood pressure, swelling, and other symptoms), you may be given medicines by IV (intravenous). Your healthcare provider may also tell you to lie on your left side.

Responding to contractions

During contractions, try to stay relaxed. Tense muscles use more oxygen, eat up your body's energy, and increase pain. Use the breathing and relaxation techniques you may have learned. And let your support person know how he or she can help. If you've had problems during a previous birth, focus on the present. Keep in mind that no 2 births are the same.

Support person's note

Here's how you can help:

- Have the mother walk or change positions at least once an hour. This improves circulation and helps the baby descend.
- Keep reminding the mother to breathe and relax through each contraction.
- Reassure her. Try to keep her from getting anxious or overstressed.
- Take care of yourself. Take a short break to eat or go to the bathroom when you need to.
- Rest when the mother does. You'll both benefit.

Labor and Childbirth: Immediately after Birth

After any type of birth, your healthcare provider will closely monitor your recovery. You'll likely be able to greet your baby and start your new life together. While you're being cared for, your baby receives his or her first exam.

Starting your life together

Attachment, or bonding, starts soon after birth. It's an ongoing process that may take weeks or months. Be aware that you may not fall in love with your baby right away. Most newborns don't look like the chubby babies you see on TV. Months spent in your uterus and time in the birth canal can make your newborn look wrinkled and puffy-eyed. A slightly pointed or misshapen head is also common. These all go away after a few days. After birth, you may place your baby on your stomach or breast. This will signal your body to begin making milk. If you choose not to breastfeed, your healthcare provider will instruct you on how to stop milk production. If you are going to breastfeed, your healthcare provider or nurse may help you introduce your baby to your breast and start breastfeeding. Newborn babies are usually very alert right after birth. They are ready to start breastfeeding. Whether or not you are going to breastfeed your baby, your baby will likely be placed skin-to-skin on your chest. This allows your body to help regulate your baby's temperature. It can also start the bonding process.

Your immediate recovery

After birth, most women shake and get chills. This is over quickly. Your healthcare provider will watch your temperature and blood pressure until they are stable. Sanitary pads absorb the discharge of your uterine lining. To ensure that you aren't bleeding too much, the pad and the firmness of your uterus will be checked. If you had anesthesia, your healthcare provider will watch you closely until you can feel and move your toes. If you have pain, he or she may give you pain relievers. If you have perineal pain, an ice pack can help.

Baby's first exam

A healthcare provider will examine your baby within the first 5 minutes after birth, or after you have had the opportunity to breastfeed your baby. Your baby's heart rate, respiration (breathing), muscle tone, reflexes, and color are assessed. Based on the exam, an APGAR (activity, pulse, grimace, appearance, respiration) score is given. Your baby may also be bathed, dried, weighed, and measured. Eye drops may be given to prevent infection. ID bracelets are placed around the baby's wrist and ankle.

Labor and Childbirth: Preparing to Go Home

You may be anxious to go home as soon as possible. Before you and your baby go home, a healthcare provider will make sure that your baby has no health problems. You will also be

checked to be sure you are healthy enough to take care of your baby and yourself.

Checking baby’s health

A pediatrician or other healthcare provider will give your newborn a complete examination. All babies are checked to rule out problems, like a dislocated hip or a heart murmur. A few drops of blood will be taken from your baby's heel to check for certain diseases. A hepatitis B vaccine may be given. An antibiotic ointment may be put in your baby's eyes. The pediatrician will discuss the exam results with you and answer your questions. You may also schedule your baby's first office visit.

When you’re ready

You’re ready to go home when:

- You can walk to and use the bathroom without help.
- You have a normal amount of bleeding.
- You can eat solid food and swallow pain pills.
- You have adequate pain relief.
- You have no sign of infection or other health problem, including fever.

If you are concerned that you are not ready to be discharged, be sure to discuss these concerns with your healthcare provider.

Taking baby home

Most often you and your baby go home together. Your baby is ready to go home when:

- He or she has no sign of a health problem.
- He or she has had a hearing screen.
- He or she has had routine laboratory testing.
- He or she is eating well.
- Your infant's temperature is normal.

- A government-approved car seat is properly installed in the car your baby will ride home in.

Labor and Childbirth: Support Person's Notes

You may be excited and anxious about the impending labor and childbirth. You may also wonder how you can help. Learning about the birth process can help you know what to expect. And following the suggestions below can help ease you and the mother through this exciting time.

During early labor

- Be sure to time the contractions.
- Keep the setting soothing. Dim lights and prevent loud noises. Try playing relaxing music.
- Suggest that the mother soak in a warm tub to ease the pain of contractions.
- Try to distract the mother from the contractions with a short walk or massage.
- Encourage the mother to rest if she's tired.
- As contractions become stronger, help her use labor breathing techniques.

During active labor

- Have the mother walk or change position at least once an hour. This improves circulation and helps the baby descend.
- Keep reminding the mother to breathe and relax through each contraction.
- Reassure her. Try to keep her from getting anxious or overstressed.
- Take care of yourself. Take a short break to eat or go to the bathroom when you need to.
- Rest when the mother does. You'll both benefit.

During a vaginal birth

- Help the mother into a pushing position. Support her body as she pushes. A semi-sitting or semi-squatting position allows gravity to assist the birth.
- Remind her to rest between contractions. Encourage her by telling her when the baby's head appears.

- Keep in mind that you may be masked and gowned for the birth, depending on hospital policy.

During a cesarean birth

- You will most likely be able to stay with the mother during the cesarean. If you remain with her, you'll wear a mask and surgical gown.
- Remember that cesarean birth is surgery. The mother's abdominal area will be draped and out of view. Don't touch the draped areas, which are sterile.
- If you aren't allowed to attend the delivery or aren't comfortable doing so, wait with other friends and family members in the family waiting area.

Labor Induction

Labor induction is a way to help get your labor started. This can protect your health and your baby’s, too.

Ways to induce labor

Your healthcare provider can get your labor started by using any of 3 methods or a combination of them. Here are some common treatments:

Prostaglandin. A medicine that may be given as a pill, capsule, or vaginal suppository. It softens, thins, and opens the cervix. This is called cervical ripening. Your healthcare provider may also use a Foley catheter or a double balloon catheter. Your healthcare provider inserts the catheter into your cervix to mechanically dilate it and cause the release of natural prostaglandins.

Pitocin (oxytocin). A medicine your healthcare provider gives you through an IV (intravenous) line. You may get it within 4 to 24 hours after your healthcare provider gives you prostaglandin. Pitocin helps start contractions. It’s always given in the hospital.

Rupturing the membrane. A procedure in which your healthcare provider uses a small tool to break your bag of water. Healthcare providers perform this procedure more often in women who have given birth before. And it’s always done in the hospital. This procedure needs the cervix to be dilated enough to allow the procedure and the baby's head to be down, close to the cervix.

Reasons for inducing labor

There are reasons that your healthcare provider will decide to induce labor, including the following:

- When the health of the mother or fetus is at risk by continuing the pregnancy. These conditions include preeclampsia, poor fetal growth, low amniotic fluid, infection of the membranes (chorioamnionitis), ruptured bag of water, and certain diseases, like diabetes.
- Elective after 39 weeks for nonmedical reasons like living far from the hospital

What to expect

Prostaglandin may be given in the hospital. Fetal monitoring is needed after placement. Other methods of inducing labor are done in the hospital. You'll need to stay there until you give birth. Your healthcare provider may attach monitors to your belly to measure contractions and help make sure your baby has no problems. No matter how your healthcare provider induces labor, a few factors may affect how long it takes you to give birth. These include how long it takes for your cervix to thin and open, and when contractions begin.

Give yourself time

Even though inducing labor gets the process started, you still may need to wait. Mothers who have labor induced most often give birth within a day or so. But it can take as long as a few days to give birth.

With labor induction, you may have a greater chance of:

- A cesarean section (surgical delivery)
- An infection
- A longer hospital stay
- Uterine rupture, although rare
- Fetal death, although extremely rare

Labor and Childbirth: Thinking About a Birth Plan

A birth plan outlines your wishes for labor and birth. It helps your healthcare providers know what you want and expect. But be aware that labor is a series of changing conditions and your birth plan may need to change at the last minute. Work with your healthcare provider to create a plan that leaves room for the unexpected.

Your support teams

The team that helps you plan your childbirth may include:

- Healthcare provider/certified nurse-midwife. He or she gives prenatal care (care during your pregnancy) and delivers your baby.
- Labor nurse. This is a nurse who assists during labor and birth.
- Anesthesiologist. This healthcare provider can provide medicine for pain control if you need it.
- Support person. This is a person who helps with your emotional and physical comfort during labor. It might be your partner, a family member, or a friend.
- Labor coach or doula. This person provides nonmedical advice and support.

Questions to think about

Birth preparation classes can help you think about what to include in your birth plan. When making your plan, ask yourself:

- What type of room will I give birth in?
- Do I want to be able to walk around during labor and choose labor positions?
- What types of comfort measures do I want? Massage, acupressure, birth balls, or music?

- Who do I want for my support people? What will their roles be? Who will be with me in the delivery room?
- What are my choices for managing pain during labor and birth? How will medicines for pain affect my baby and my labor?
- Do I want continuous fetal monitoring?
- What types of medicines and IV fluids will I allow to assist me with labor?
- What types of procedures or medicines (if any) will I allow to speed up the labor process?
- What type of care and length of hospital stay will my health plan cover?
- What choices would I consider should unexpected circumstances develop?
- If I had a cesarean in the past, is VBAC (vaginal birth after cesarean) a choice?
- Do I want immediate contact with my baby after birth with no separation?
- How do I want to feed my baby? Breastfeeding only, or will I allow some formula?
- Do I want to delay any medicines or immunizations right after my baby is born?

Labor and Childbirth: Your Body Prepares

Labor is the series of uterine contractions that dilate (open) and efface (thin) your cervix for birth. Your due date is a guide to when labor will begin, but babies often come days or weeks before or after due dates. Even so, labor need not take you by surprise. In the last weeks of pregnancy, you or your healthcare provider may notice changes that mean labor is near.

Changes in your body

Physical changes often signal that your baby will soon be born:

- Discharge from your vagina may increase and become thicker. You may notice a pink or brownish discharge called the bloody show.
- The mucous plug may break down over a few weeks or all at once. Losing the plug doesn’t mean that labor will start right away.
- You may feel Braxton Hicks contractions (false labor). These irregular contractions start to soften and thin the cervix. Many women mistake these contractions for true labor. They may be more noticeable towards the end of the day.
- Feeling like the baby has dropped lower. In preparation for birth, the baby's head has settled deep into your pelvis.

Labor: Preparing for the Hospital

During the final weeks of your pregnancy, you may have irregular contractions. You may feel a drop in your baby's position. And the profile of your stomach may look a little different. Because due dates are not exact, have your bag packed and ready for the hospital.

Packing for the hospital

Here are some items you may want to have ready for the hospital:

- A watch or clock with a second hand
- Insurance card and identification
- Nursing bra, nursing pads, and maternity underwear
- Toiletries
- Something to entertain yourself, like books or a handheld computer
- Heavy socks or slippers and a robe
- Clips for your hair, a brush, and lip balm
- An MP3 or other music player

- A camera or video camera and charger
- Important phone numbers or email addresses
- Going-home outfits for you and your baby
- A car seat to take your baby home in

Leaving for the hospital

Follow the instructions you've been given on when to leave for the hospital. You may be told to call your healthcare provider when it becomes hard to walk or talk during contractions or if your amniotic sac breaks (this causes a gush of water). If your partner makes the phone call for you, be nearby. That way, your healthcare provider can speak to you directly. Many women are told to go to the hospital after an hour of contractions that come 3 to 5 minutes apart. Leave sooner if the hospital is not nearby or is hard to get to.

Managing Labor Pain Without Medicine

There are many ways to manage pain during labor. It can often be done with no anesthesia or strong pain medicines. Talk to your healthcare provider about any choices you would like to explore.

Help from relaxation

Some of these are learned in special classes. Your healthcare provider can help you find classes. The hospital or birth center may have a tub or shower you can use during early labor. These methods may be of help to you:

- Breathing techniques
- A warm tub or shower between contractions
- Massage and therapeutic touch by your support person or labor coach
- Reading materials that are comforting or inspiring
- Music that is soothing
- Hypnosis
- Acupuncture and acupressure
- Heat and cold application
- Aromatherapy
- Birth ball

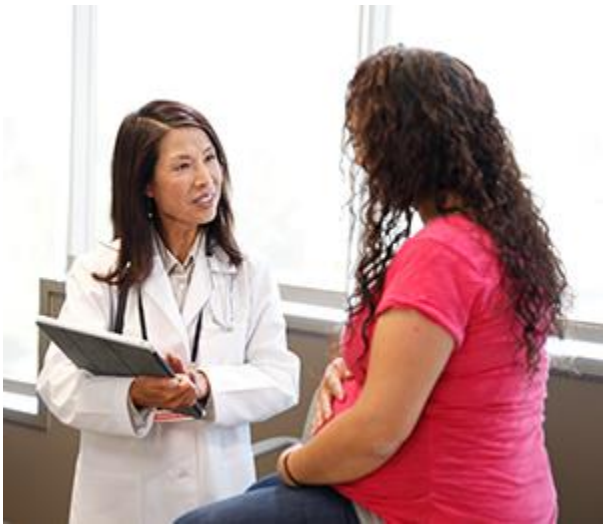
Non-pharmacologic treatment

Injections of sterile water by your healthcare provider can give you temporary pain relief when injected in the back.

If you need medicine

You may plan to use little or no medicine. But you may change your mind during labor. You can ask for medicine at any time if you need it.

Recognizing Labor



The beginning of labor is the beginning of birth. You'll start to feel strong contractions. That's when the muscles of your uterus tighten up to help push your baby out during birth.

Yes, labor has probably started

Signs of labor include:

- Your contractions are getting stronger and more painful instead of weaker. You'll probably feel them throughout your whole uterus.
- Your contractions are regular. This means that you feel them about every 5 to 10 minutes. And they are getting closer together.
- You have pink-colored or blood-streaked fluid from your vagina.
- You feel that the baby has "dropped" lower in your pelvis
- Your water breaks. It may be a gush or a slow trickle of clear fluid from your vagina.

No, it's probably not real labor

Signs of false labor include:

- Your contractions aren't regular or strong.
- You feel the contractions only in your lower uterus.
- Your contractions go away when you walk or change position.
- Your contractions go away after drinking fluids.

When to call your healthcare provider

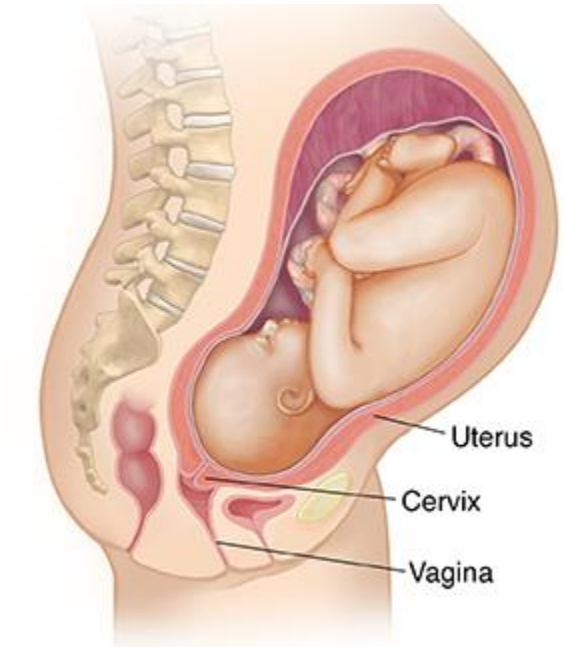
Call your healthcare provider or clinic right away if you notice any of these signs:

- Fluid from your vagina, with or without contractions.
- Bleeding heavy enough that you need a sanitary pad.
- You don't feel your baby moving as much as before.

NOTE: Contractions are timed by both of these measures:

- The length of each contraction from its start to its finish.
- How far apart the contractions are—the time between the start of one contraction and the start of the next contraction.

Stages of Labor



Labor has 3 stages. Your healthcare provider may talk about the progress of your labor with certain words. One of these is your baby's position. Another is your baby's station. And the effacement and dilation of your cervix will be noted. Read below to learn about these terms and the 3 stages of labor.

Your baby moves into position

Position is your baby's placement in your uterus. Your baby may be facing left or right. He or she may be head first or feet first. Station refers to how far your baby has moved down into your pelvic cavity.

First stage of labor

During the first stage of labor, contractions of the uterus help your cervix thin (efface). They also help it widen (dilate). This will help your baby pass through the birth canal (vagina). At first your contractions will not come that often or last that long. But as time passes, they will come more often, they may be more painful, and they will last longer. They will last about 30 to 60 seconds each. The first stage of labor lasts until the cervix is fully dilated.

Second stage of labor

When your cervix is fully dilated, the second stage of labor begins. In this stage, you will have stronger contractions of your uterus that will help your baby move down the birth canal. They may happen every 2 to 5 minutes. They may last from 45 to 90 seconds each. Your healthcare provider will ask you to push with each contraction. Try to rest between the contractions if you can. Your baby is delivered at the end of this stage of labor.

Third stage of labor

The third stage of labor comes after your baby is born. This is when the afterbirth (placenta) comes out of your uterus. Your uterus will continue to contract. But the contractions are much milder than before.

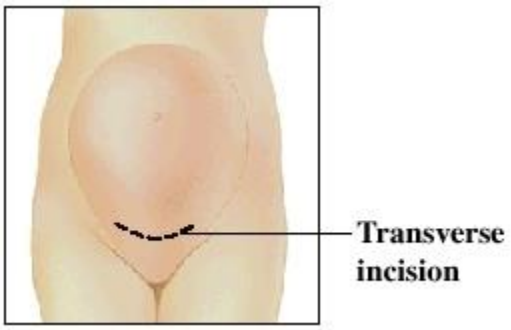
TOLAC (Trial of Labor After Cesarean Delivery)

You've had a cesarean birth. Now you may wonder if you can try vaginal birth with your next baby. It's likely you can. TOLAC is often a success. A successful TOLAC leads to vaginal birth after cesarean delivery (VBAC). To find out more about TOLAC, read this health sheet. Then discuss it with your healthcare provider.

Is TOLAC right for me?

TOLAC may be right for you if:

- A low transverse (side-to-side) incision in the uterus was used for all your cesarean births. (Be aware: Your skin incision may not match the incision in your uterus.)
- You have no health problems that would prevent a VBAC.
- The baby is in a normal head-down position.



To try TOLAC, you must have had a transverse incision in your uterus.

How can I benefit?

When compared with a cesarean delivery, VBAC has certain benefits. These include:

- A shorter recovery. With VBAC, you won't have an incision in your stomach. This means you should feel better faster than the last time you gave birth.
- Fewer health risks. VBAC reduces the chances of excess bleeding, infection, and death.

Is TOLAC safe?

For women who try VBAC, there is a risk of cesarean scar rupture (when an incision site pulls apart). Uterine rupture happens in about 1 out of 100 to 200 cases.

Prepare for TOLAC

As with any birth, this birth will go more smoothly if you are prepared. Make sure the hospital where you will have your baby is friendly toward TOLAC. Also be sure your support person is committed to helping you:

- Work closely with your healthcare team. They support you and your choice to try TOLAC. They will do all they can to promote a safe, healthy birth.

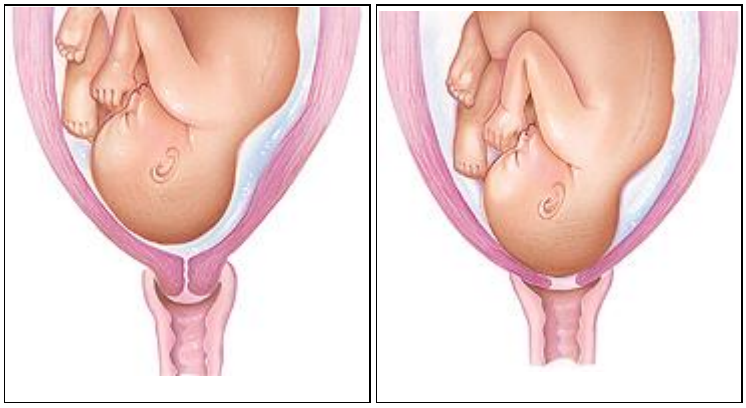
- Talk with your healthcare provider about your choices for anesthesia and other ways of controlling pain.
- Pick a dedicated support person. He or she can motivate you to help labor progress.
- Refresh your skills. Take a childbirth class. Learn ways to relax, how to breathe through pain, and how to push.
- Be prepared for possible changes in your delivery plan.

Know what to expect

With TOLAC, you are likely to be told to leave for the hospital as soon as labor begins. After you are admitted, you may have a blood test as well as an exam. An IV (intravenous) line might be started to supply fluids or medicines. Throughout labor, you and your baby will be carefully watched to make sure of your well-being.

Understanding Preterm Labor

Going into labor before your 37th week of pregnancy is called preterm labor. Preterm labor can cause your baby to be born too soon. This can lead to a number of health problems that may affect your baby.



Symptoms of preterm labor

If you think you're having preterm labor, get medical help right away. Contractions alone don't mean you're in preterm labor. What matters more are changes in your cervix (the lower end of the uterus). Symptoms of preterm labor include:

- Four or more contractions per hour
- Strong contractions
- Constant menstrual-like cramping

- Low-back pain
- Mucous or bloody vaginal discharge
- Bleeding or spotting in the second or third trimester

Evaluating preterm labor

Your healthcare provider will try to find out whether you're in preterm labor or whether you're just having contractions. He or she may watch you for a few hours. The following tests may be done:

- Pelvic exam to see if your cervix has effaced (thinned) and dilated (opened)
- Uterine activity monitoring to detect contractions
- Fetal monitoring to check the health of your baby
- Ultrasound to check your baby's size and position
- Amniocentesis to check how mature your baby's lungs are

Caring for yourself at home

If you have preterm contractions, but your cervix is still thick and closed, your healthcare provider may ask you to do the following at home:

- Drink plenty of water.
- Do fewer activities.
- Rest in bed on your side.
- Don't have intercourse or nipple stimulation.

When to call your healthcare provider

Call your healthcare provider if you notice any of these:

- Four or more contractions per hour
- Bag of water breaks
- Bleeding or spotting

If you need hospital care

Preterm labor often requires that you have hospital care and complete bed rest. You may have an IV (intravenous) line to get fluids. You may be given pills or injections to help prevent contractions. Finally, you may get medicine (corticosteroids) that helps your baby's lungs mature more quickly.

Are you at risk?

Any pregnant woman can have preterm labor. It may start for no reason. But these risk factors can increase your chances:

- Past preterm labor or past early birth
- Smoking, drug, or alcohol use during pregnancy
- Multiple fetuses (twins or more)
- Problems with the shape of the uterus
- Bleeding during the pregnancy

The dangers of preterm birth

A baby born too soon may have health problems. This is because the baby didn't have enough time to mature. Some of the risks for your baby include:

- Not breastfeeding or feeding well
- Having immature lungs
- Bleeding in the brain
- Dying

Reaching term

Your goal is to get as close to term as you can before giving birth. The closer you get to term, the higher your chance of having a healthy baby. Work with your healthcare provider. Together, you can take steps that may keep you from giving birth too early.

Understanding Safe Surrender of Your Baby

Safe surrender means giving up a baby in a safe way when you're not able to care for him or her. Safe surrender laws help babies be safely given up. The laws vary from state to state. They are also known as safe haven laws. The goal is to make sure a baby is safe, and not hurt or abandoned in a dangerous way.

These laws help make sure this can happen. The laws ensure that parents are not charged with a crime like child abandonment, if they follow the safe surrender rules in their state. All 50 states and Puerto Rico have safe surrender laws.

What is a safe surrender site?

There are different kinds of safe surrender sites in each state and city. They can include hospitals, fire stations, police stations, and churches. These sites have agreed to take in babies, and their staff is trained. Some of the sites may have a sign on the building that shows it's a safe surrender site. The sign may have a picture. Or the sign may say Safe Surrender or Safe Haven.

What happens if I give my baby to a safe surrender site?

If you have decided to surrender your baby, don't leave the baby there alone. Make sure to give the child to an adult employee at the site. People at the site are trained to accept babies. Tell the employee that you're handing over your baby under the safe surrender or safe haven law. In some states, you may have to give information about the baby's medical history. Once you hand over your baby, he or she is given any medical care as needed. Your baby will then be put into the process for adoption by a new family. Part of this process may include:

- Making sure the child is not reported as missing
- Putting information on a registry for the baby's father to find the child
- Ending your parental rights

Your rights as a parent

You may not be required to give any personal information to the safe haven site, such as your name. But if you do, your information may be kept private and not shared with anyone. In most states, you are protected from being arrested and charged with child abandonment, neglect, or endangerment. The only exception may be if your baby shows signs of abuse.

If you leave your baby in a safe surrender site, it may be difficult to see your child again. But some states have rules that can allow it. You may be given an ID number that links you to your child. There may also be a process in your state for reclaiming your baby within a set time period.

Some states also have a special procedure for making sure the father is aware that the child is being given up. The father may have the right to reclaim the baby.

Understanding the law in your area

Safe surrender laws are different in each state. These laws say:

- Where a baby may be handed over. Some states require a baby be given only to a healthcare facility, such as a hospital or clinic. Some states allow babies to be left at other places such as fire stations, police stations, or other types of law enforcement agencies. In a few states, churches may take in babies.
- How old the baby can be. Some states only allow babies who are 72 hours old or less to be given to a safe haven. Other states allow a baby up to 30 days old. Other states may have other age limits.
- Who can hand over the baby. Some states allow either parent. Some states allow only the mother. Other states allow a family member or friend who represents the parents.

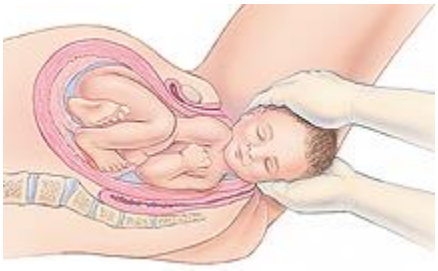
To find out more about the laws in your state, contact the Child Welfare Information Gateway. You can visit the website and search for your state's information. You can call them at 800-394-3366, or email info@childwelfare.gov. Or talk to a healthcare provider at a hospital or health clinic near you.

Getting help with your baby

If you're having trouble with your new baby and aren't sure what to do, there are lots of places to go for help. There are support groups and other services for new parents in many communities. There are many people who can help you, such as:

- Pastor, priest, rabbi, or other spiritual advisor
- Healthcare providers at a health clinic or hospital
- Local child welfare agency
- Family members, neighbors, and friends

Vaginal Birth: Your Experience



Once the head and shoulders appear, your baby is ready to be born.

You're almost ready for the big event — your baby's birth. Once your cervix becomes fully dilated, you can begin pushing. At this point you may have a burst of energy. The delivery itself may take a few contractions or a few hours. If your baby needs help getting out of the birth canal, your healthcare provider can assist.

Getting ready to push

The shortest but most intense part of labor is transition. This is when the cervix becomes fully dilated. Contractions may become even stronger. They may last 60 to 90 seconds, with almost no rest in between. This is a demanding time. You might experience hot flashes, chills, nausea, vomiting, or gas. IV (intravenous) pain medicines are also rarely given so close to your baby's birth. However, epidurals are continued during birth. Help yourself by working with your support person or labor coach. You may feel an urge to push or bear down. But do not push until your healthcare provider or midwife tells you to.

Pushing toward birth

After your baby's head enters the birth canal, contractions may come less often. Pushing down with the contraction helps move your baby further into the birth canal. If you've had a cesarean in the past, your labor will be managed to help prevent tearing the scar.

Your baby's birth

Once your baby's head passes under the pubic symphysis, your perineum starts to stretch and bulge. Soon, the top of your baby's head crowns (appears at the vaginal opening). You may have a burning feeling as this happens. Your healthcare provider or midwife may tell you to pant. This is so you won't push too hard and tear your perineum as the baby's head and shoulders come through. (A small amount of tearing is not rare and is not a problem.) Your baby is born soon after the shoulders leave the birth canal. The umbilical cord is then cut.

Assisted delivery

Your baby may need extra help getting out of the birth canal. If so:

- An episiotomy (a small incision in the perineum) may be made. This enlarges the vaginal opening and helps prevent tearing. A local anesthetic may be used to numb the area. After your baby is born, the incision is stitched closed with sutures. These are usually dissolvable.
- Forceps (spoon-shaped instruments that cup the baby's head) may be used to help your baby's head through the birth canal.
- Vacuum extraction, which uses a small suction cup attached to the baby's head, may be used to assist the birth.

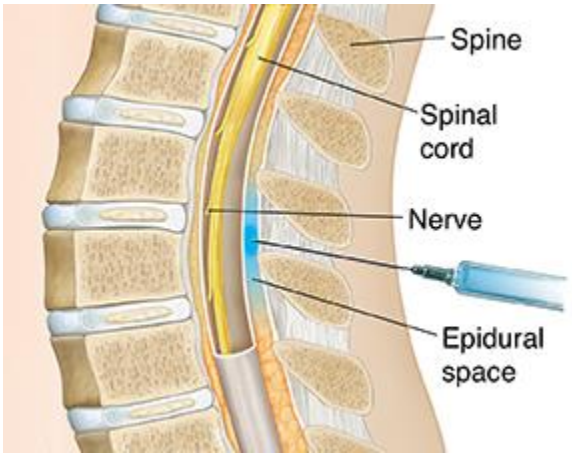
After your baby's birth

After the baby is born, the placenta is delivered. Mild contractions separate it from the uterus and move it into the vagina. Then you push it out. Your healthcare provider or midwife may press on the uterus to expel blood clots. If you had an epidural anesthetic, the catheter is removed.

Support person's note

- Help the mother into a pushing position. Support her body as she pushes. A semi-sitting or semi-squatting position allows gravity to assist the birth.
- Remind her to rest between contractions.
- Encourage her by telling her when the baby's head appears.
- Keep in mind that you may be masked and gowned for the birth, depending on hospital policy.

What Is Epidural Anesthesia?



Epidural is a kind of anesthesia. This is a medicine that blocks pain. It can be used for labor and delivery. It is also used for some kinds of

surgery. For an epidural, anesthetic is injected into the lower spine. This is done by an anesthesiologist (a type of healthcare provider). Or it may be done by a nurse anesthetist (CRNA).

How pain is blocked

The spinal cord is the main pathway for pain signals. These signals travel from nerves in your body through the spinal cord to your brain. The brain registers them as pain. The epidural blocks the nerves that enter your lower spine.

Numbing your lower body

Anesthetic is injected through the skin of your back into the part of the spinal canal called the epidural space. The anesthetic blocks nerves below the point where it is injected. It either reduces pain or blocks most feeling. You are awake. And you still have feeling in your upper body.

During labor and delivery

An epidural can be used during labor and delivery. You may be asked to lie on your side. Or you may be asked to sit on the edge of your bed and lean over. First, your healthcare provider numbs a small part of your lower spine with a local anesthetic. Your healthcare provider or nurse anesthetist then puts a needle into the epidural space. A thin tube (catheter) is threaded through the needle. The needle is removed. The anesthetic then goes through the catheter. In some cases a pump is attached to the catheter. This gives you a constant dose of anesthetic as long as you need it.

Risks and possible complications

Risks and possible complications include:

- A sudden drop in blood pressure, which may cause the baby's heart rate to drop temporarily
- Severe headache after birth
- Soreness of the back for several days
- Dizziness, seizures, breathing problems, allergic reaction to the anesthetic, nerve damage, or paralysis (all very rare)