



*Thames Valley*

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**Family Health Team**

# Childbirth/Labour and Delivery

# Content

- Getting Ready for Labour
- Common Assessments During Labour
- Stages of Labour
- Preterm Labour
- Induction of Labour
- Caesarean Birth (C-Section)
- Pain management
- Assisted birth



# Health Equity Statement

- We acknowledge that this health promotion information does not address all unique cultural beliefs and practices surrounding pregnancy and birth, and we encourage you to have a conversation with your care provider when your cultural beliefs differ from any teaching within this presentation.



# Getting Ready for Labour + Birth

During your last few months:

- Attend prenatal education classes
- Discuss your birth plan
- Learn about infant feeding and skin-to-skin care
- Make a list of phone numbers you need
- Plan your parental leave (if this applies to you)



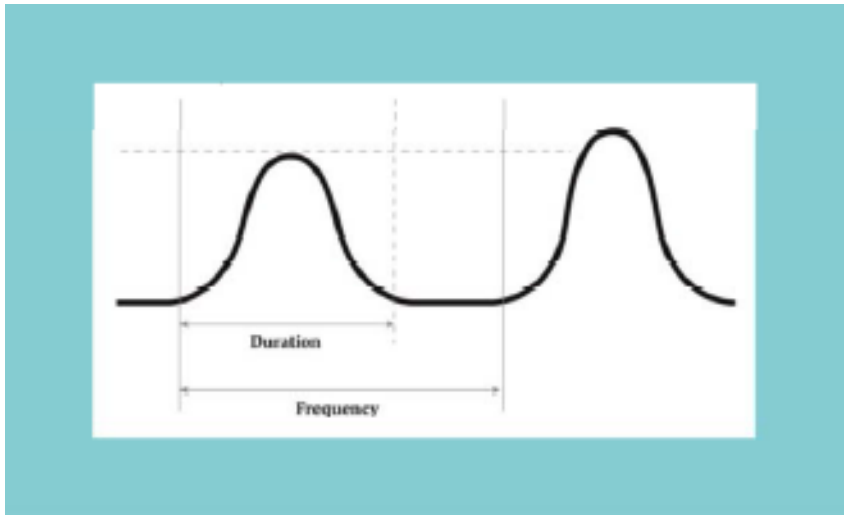
# Am I really in labour?

<b>Pre-labour contractions</b>	<b>True labour contractions</b>
Do not get stronger	Get stronger
Do not become regular	Become regular and closer together
Go away with walking	Get stronger when you walk
Feel strongest in front	May begin in back and move to front
There is no bloody show	Bloody show usually present



# Timing Contractions

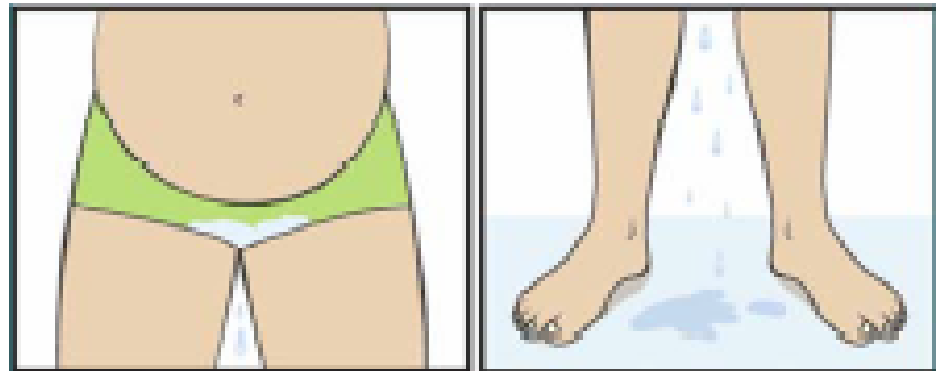
- Start of labour is marked by strong, regular contractions and/or the rupture of the membranes



# Rupture of the Membranes

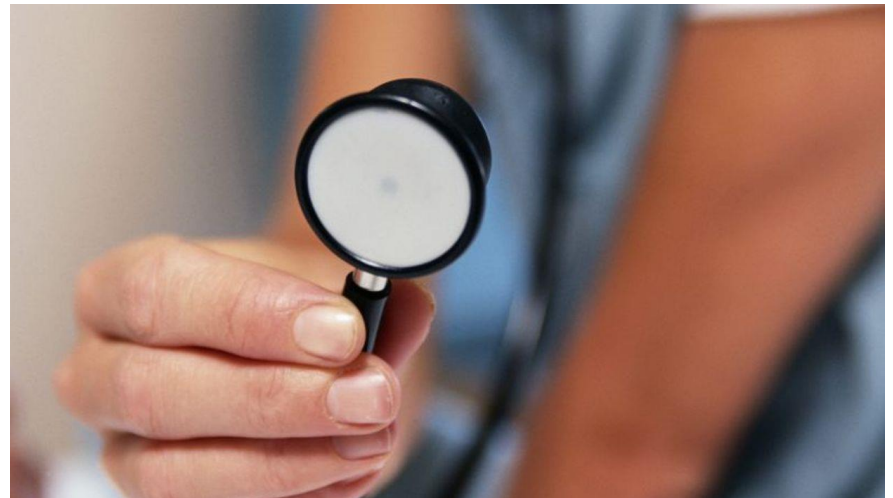
Record the:

- **T**ime when the water broke
- **A**mount of the fluid
- **C**olour of the fluid
- **O** odour of the fluid



# Common Assessments During Labour

- Assessment of:
  - Vital signs
  - Baby's heart rate
  - Contractions
  - Dilation of cervix





# Four Stages of Labour

- Stage 1 (early, active, transition)
  - Begins with the first contractions, when they become regular
  - Ends when cervix is fully open (dilated) at 10cm
- Stage 2
  - When pushing occurs
  - Begins when the cervix is fully open and ends when the baby is born



# Four Stages of Labour

- Stage 3
  - Begins after the baby is born and ends when the placenta is delivered
- Stage 4
  - The immediate time after the birth, the ideal time to start skin-to-skin contact



# Your Journey

<b>Phase of labour (Stage 1)</b>	<b>Cervical Dilation</b>	<b>Length of contractions</b>	<b>Time between contractions</b>
Early or latent	0-3 cm	30-45 seconds	5-10 minutes
Active	3-8 cm	45-60 seconds	3-5 minutes
Transition	8-10 cm	60-90 seconds	2-3 minutes



# Hormones

- Oxytocin
- Endorphins
- Adrenaline
- Noradrenaline
- Prolactin



# Preterm Labour

- Labour that starts before 37 completed weeks of pregnancy
- 1 in every 13 babies in Canada is born before 37 weeks



# Preterm Labour

- Signs & Symptoms:
  - Bad cramps or stomach pains that don't go away
  - Trickle or gush of fluid or bleeding from your vagina
  - Lower back pain/pressure, or a change in lower backache
  - A feeling that the baby is pushing down
  - Contractions, or change in the strength or number of them
  - An increase in the amount of vaginal discharge
  - Some people may just feel that "something is not right"



# Risk Factors for Preterm Labour

- History of preterm labour
- History of miscarriage
- Cerclage
- Shortened cervix
- Some infections
- Premature rupture of the membranes
- Pregnant with more than one baby
- Underweight before getting pregnant
- Not gaining enough weight during pregnancy
- Smoking/substance use
- Under 18 or over 35
- Stress
- Abuse
- Some work environments



# Induction of Labour

- Cervical readiness
- Intravenous oxytocin
- Breaking of water





# Caesarean Birth: Why it may be needed

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Position of baby

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Placenta covering cervix

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Placenta not functioning well

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Multiple babies

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Genital herpes with symptoms

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HIV with high viral load

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High blood pressure or blood sugar

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Previous Caesarean birth

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Failure to progress

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# Pain Management Options

- Options may vary depending on provider type (i.e. midwife, OBGYN, etc.), type of birth (i.e. home vs hospital)
- Non-opioid pain relief
  - For mild-moderate pain
- Opioid pain relief
  - Moderate-strong pain
- Anesthetics (i.e. epidurals)
  - Can provide a range of pain relief including almost complete pain relief
- Nitrous gas (aka "laughing gas")



# Epidurals and Spinal Anesthetic

- Provide temporary pain relief
- Block sensation to uterus, abdominal area and lower back
- Can be used during labour and for Caesarean birth



# Epidurals and Spinals – Benefits and Risks

Benefits	Risks/Side Effects
<ul style="list-style-type: none"><li>• Most effective method of pain relief</li><li>• Allows the labouring person to rest</li><li>• Allows individual to be awake and alert</li><li>• Less risk of side effects for baby compared to narcotics</li></ul>	<ul style="list-style-type: none"><li>• Possible effects on the baby</li><li>• Breastfeeding challenges</li><li>• Decrease in blood pressure, possibly decreasing fetal heart rate</li><li>• Limited mobility</li><li>• Incomplete pain relief</li><li>• Headache</li><li>• Shivering</li><li>• Slowed Labour</li><li>• Decreased ability to effectively push</li></ul>



# Pain Management Options – Non-pharmacological

## Skin

- Counterpressure, light massage, walking, rocking, position changes, heat/cold application, TENS, acupressure/acupuncture, water therapy, sterile water injections

## Sensory

- Aromatherapy, breathing techniques, music, imagery, use of focal points

## Cognitive

- Childbirth education, hypnosis, biofeedback



# Assisted Birth

- Episiotomy
- Vacuum
- Forceps

