Having your baby

Royal Berkshire NHS Foundation Trust

This leaflet provides information on what to do and where to go when you think labour has started. It explains what will happen as labour progresses, provides advice and information on coping with labour.

Going into labour

When you think you are in labour, call 0118 322 7304 and speak to the triage midwife. This telephone line is available 24 hours a day, 7 days a week and is available to help you with any queries you have if you think you may be in labour. It will be useful for the midwife if you have either your NHS number or hospital number ready as this is needed to help identify you on the computer system. You can find these details on your hand held records.

During your call with the midwife, she will ask you a series of questions about your and your baby's health during your pregnancy; if birthing in hospital this will help you with making a decision on whether you need to have a check-up from a midwife or if you can stay at home for longer. If you are staying at home, she will be able to advise and support you on how to cope with early labour and when to call her back. The midwife will tell you where to go for your check up, which could be the Delivery Suite or Rushey midwifery led unit. Delivery Suite is on Level 3 of the Maternity Block and Rushey is on Level 6 of the Maternity Block – access via the road ramp directly from Craven Road. Entrance to both units is via a buzzer on the door.

If you are having your baby at home, you will already be aware of the alternative arrangements which involve calling the midwife directly. However for some women it may be possible to offer them home assessments which the triage midwife will be able to talk to you about.

Once you have arrived at the hospital, a midwife or support worker will take you to a room to plan for your labour and birth.

Examination by the midwife

The midwife will then ask to undertake the following assessment:

- Take your pulse, temperature and blood pressure.
- Feel your abdomen (tummy) to check the baby's position and record or listen to your baby's heart.
- Probably offer you an internal examination to find out how much your cervix (neck of the womb) has opened. S/he will try to time this in between contractions. The midwife will then be able to tell you how far along you are in your labour.

These checks will be repeated at intervals throughout your labour – feel free to ask your midwife any questions during these checks or at any time during your labour.

You may be offered a bath or shower. A warm bath or shower can be soothing in the early stages of labour and some women spend much of their labour in the bath or shower as a way of easing the pain. Some women prefer to use the birthing pool as a way of coping with labour. If you would like to use the birthing pool, speak to the midwife about whether it is right for you and s/he can find out if the pool is available.

What you can do during labour

- You can get up and move about if you feel like it and it helps you to relax.
- You may not be thinking of food once you are well into labour but as long as the labour is progressing normally and you have not had an epidural or pethidine, it is okay to take light snacks such as toast, fruit, such as melon, and energy drinks to keep you going. This is not so for some women under consultant care i.e. expecting twins etc.
- You can speak to the midwife at any time; if s/he is not around; ring the call bell as s/he may be looking after someone else if you are in early labour.
- As your contractions get stronger and more painful, remember the breathing and relaxation exercises you did in your antenatal classes. If you are unsure ask your midwife.
- Your birthing partner can help by doing the exercises with you and by rubbing or massaging your lower back to relieve the pain.
- During this stage it helps to stay mobile and to be somewhere you can experiment with different positions, such as leaning against something or getting on all fours, using a *Pezzi* ball.

More information on this can be found on the Mum & Baby app which your midwife will have signposted you to.

Coping with pain in labour

All labours are different, and women choose ways of coping with the pain that work for them. Methods include breathing and relaxation exercises, gas and air, aromatherapy, use of water, injection of Pethidine/diamorphine, TENS and epidurals. For more information see the separate leaflet called '*Pain relief in labour*'.

The three stages of labour

Labour is usually described as having three stages, although for you it will be the unfolding of a continuous process that begins in pregnancy and flows into the early hours of your baby's life. We describe 'three stages' here to help you think about what will happen, and because the people caring for you may refer to 'stages'. In the first stage the cervix (neck of the womb) gradually dilates (opens up). In the second stage the baby is pushed down the vagina (birth canal) and is born. In the third stage the placenta (afterbirth) comes away from the wall of the womb and is also pushed out through the vagina.

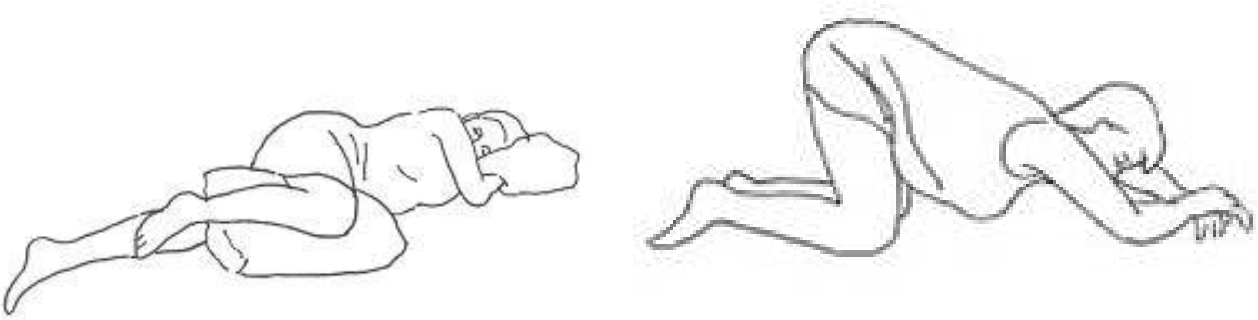
Stage one – dilation of the cervix

The purpose of contractions is to open your cervix to allow your baby to move down along the vagina and be born. The first stage of labour is often thought of as having two phases – the latent or quiet phase when contractions may be less painful and irregular or at 5-10 minute intervals. Contractions then become stronger and at shorter intervals although your cervix is still dilating relatively slowly. Often, your waters break at the end of this latent phase. The second phase is known as the active phase and starts when the cervix is about 3-4cm dilated. Dilation speeds up (usually 0.5-1cm per hour) and when the cervix is dilated to about 9cm, you will have

much stronger and more painful contractions. Of course, all bodies are different, so don't think of this as a rigid 'checklist' for what will happen for you. In a first labour, the time for the cervix to become fully dilated is usually between six and 12 hours. It is often quicker for second and subsequent babies.

If you are induced (i.e. labour is brought on medically), hormones are given as a drip or a pessary inserted in your vagina to stimulate contractions.

Towards the end of the first stage you may feel as if you want to push as each contraction comes. Your midwife will tell you to try not to push until your cervix is fully dilated to allow this to happen. The midwife may ask your permission to examine you to determine this or may see the baby's head. To help you get over the urge to push, try blowing out slowly and gently or in little puffs. Some women find this easier lying on their sides or on their elbows and knees (the Sphinx position), to reduce the pressure of the baby's head on the cervix.



Your baby's heart will be monitored throughout the labour either continuously or at regular intervals (see the separate information leaflet called *Monitoring your baby's heartbeat in labour*). The midwife is making sure that your baby is coping with the labour.

If your contractions slow down or even cease, as long as you and your baby are fine, don't worry, be patient, calm and prepared to walk around or move into a different position, while you wait for them to start again. If contractions slow for a long period of time and the midwife and doctor think that you and/or your baby might benefit from things being helped along, you may be advised to have:

- Your waters broken artificially.
- A hormone drip to encourage contractions.

The result of both interventions may be very strong contractions, which may be more of a challenge to cope with.

If your contractions slow down you can also try to go back to the *hip rotation* exercises; either on the *Pezzi* ball or standing or on all fours.

Stage two – your baby's birth

This stage begins when your cervix is fully dilated and lasts until your baby is born. It can be very quick, lasting just a few minutes, or can take more than two hours. It can be hard work, too, as you're actively pushing the baby out. Your body will tell you when to push and your midwife will guide you.

Most women cope best if they're able to adopt different positions during labour. :

- A supported standing squat (with your birthing partner holding you from behind), which allows your pelvis to open wide.
- Leaning against the wall, bed, or a beanbag which allows for massage.
- Rocking on all fours.
- If you are very tired, you might be more comfortable lying on your side; this is also a good position for your baby.

Practice any positions you think you may use beforehand, so you know what's possible.

You will now start to push each time you have a contraction. Your body will probably guide you in this. Push as you breathe out – use sounds like ‘ahhhh’ and ‘oooh’ with each breath out, this will help to lengthen the breath and will allow you to release further into the contraction. It will also help if you mentally imagine your pelvic floor relaxing. After each contraction try to take a rest in order to gain strength for the next one. Your midwife and your birthing partner should be encouraging you as the birth gets near.

Your baby's head will emerge first, which is known as crowning. When about half the head is seen (the midwife can show you with a mirror or you can put your hand down to feel it), the midwife will tell you to stop pushing so that the baby’s head is born slowly. You may find it useful to blow or pant at this stage. The aim of this is to avoid your perineum (the area between your vagina and back passage) tearing. She may also recommend other techniques such using warm compresses (swabs soaked in warm water which are held against your perineum to help the skin to stretch), having good eye contact and talking to you throughout the pushing stage and gently using her hands on the top of the baby’s head to prevent the baby being born quickly.

Sometimes, the skin won’t stretch enough and you may get a tear. Sometimes, in cases of urgency, the midwife or doctor may ask you if they can cut the skin to make the opening bigger (you will have the area numbed using a local anaesthetic). This is called an episiotomy. The cut or tear will be stitched afterwards.

The baby’s head will be born, usually facing towards your back. Your baby's shoulders and head will then turn sideways. The baby is then born 'in full'. The baby will be lifted straight onto you so that you can feel close to each other immediately. Usually after a period of one to two minutes the umbilical cord is then clamped and cut. Your baby will be dried to prevent him/her from getting cold and you will be able to hold and cuddle your baby ideally against your skin. Your baby may be quite messy with some blood and white, greasy vernix (a protective coating with antimicrobial properties that forms naturally in the uterus). If you prefer, you can ask the midwife to wipe him/her and wrap him in a blanket before your cuddle however it is recommended that the vernix is left to be absorbed naturally.

Sometimes, your baby will need to have mucus cleared out of his/her nose and mouth and s/he may need some oxygen to get breathing established. Your baby won’t be kept away from you for any longer than necessary.

Stage three – delivering the afterbirth

This is the delivery of the placenta, which takes 15 to 30 minutes. You may not be very aware of it happening, as most of your attention will be on your baby, but more contractions will push out the placenta.

As soon as your baby is born, you can, if you wish, be given an injection of a synthetic hormone, usually in your thigh, to speed things up. The midwife should ask your consent before she does this. The hormone stimulates the uterus to contract, which causes the placenta to come away from the uterus and so helps prevent heavy bleeding. The midwife helps with a process called 'controlled cord traction' – she/he places one hand on your abdomen, while the other hand keeps the umbilical cord taut. This is recommended in order to reduce the amount of blood you lose. However, if you are at low risk of bleeding you may prefer not to have the injection at first, but to wait and see if it is necessary. A natural third stage means the uterus contracts by itself, and pushes out the placenta and membranes without the use of the synthetic hormone. This can take up to an hour to occur and usually involves you pushing the placenta out. If this is what you'd prefer to happen, ensure it is in your notes or is part of your birth plan. There are some situations in which it might not be considered safe - if you're at risk of bleeding, for instance, or have a problem with blood pressure.

After labour

If you've had a deep tear or cut (episiotomy), your midwife will now give you some stitches. If you have had an epidural you will not feel this, otherwise you will be given a local anaesthetic. Small tears and grazes are often left to heal without stitches because they usually heal faster. You will be encouraged to hold your baby skin to skin and help will be given for you to feed your baby, whatever your chosen method. Your baby will be examined, weighed and measured and a band with your surname on will be fastened around his/her ankles. The midwife will then help you to wash and freshen up and have something to eat. You will have time alone with your baby and your birthing partner. If this doesn't happen and you feel you would like some quiet time alone with your new family, speak to the midwife.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

A Weavers, Consultant MW, December 2006
Reviewed: May 2021. Next review due: May 2023