

Childbirth Education Session One

Toowoomba Hospital



Contents

- Late Pregnancy
- Preparing for labour and birth
- When to call MATU/ go to hospital
- Stages of labour
- Support strategies in labour

What have you enjoyed
about pregnancy?

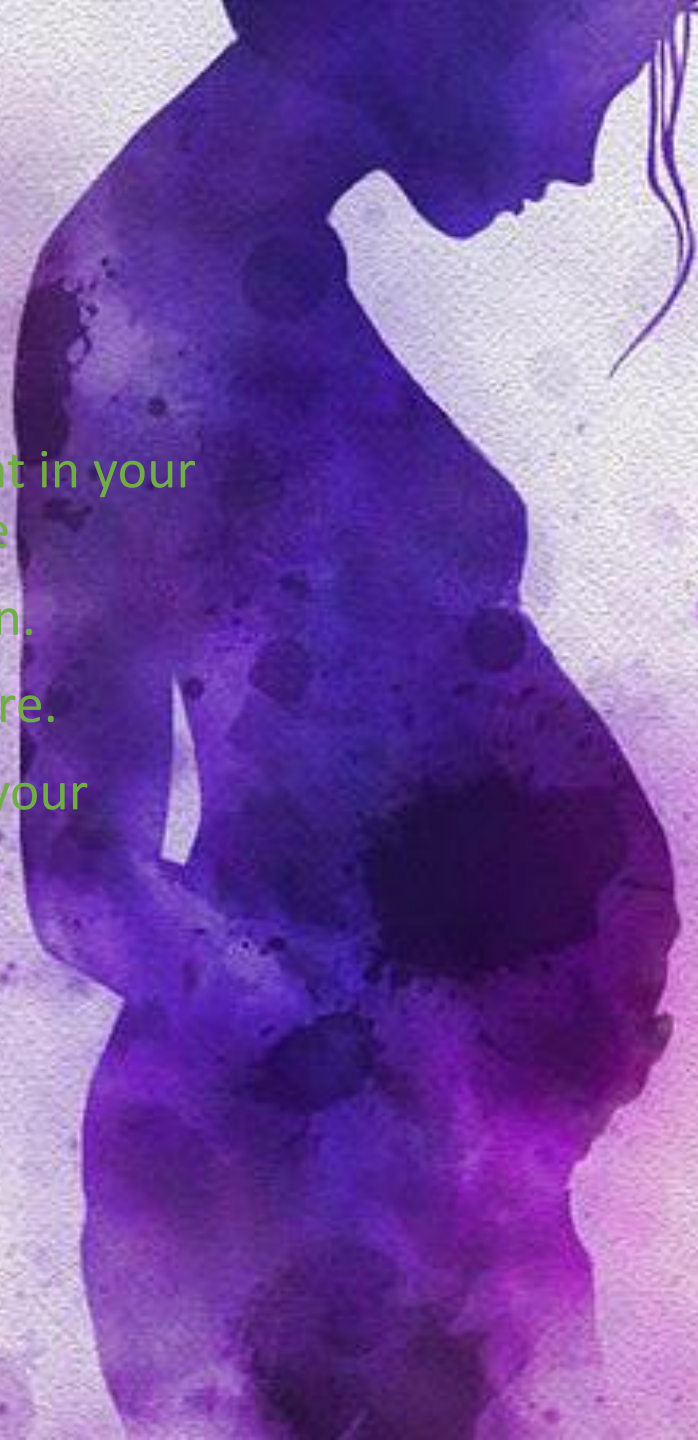
Is there something
you fear?





Being Informed

- Think about what you want in your pregnancy and labour care
- Make an informed decision.
- Be a participant in your care.
- Work in partnership with your midwife/doctor.
- B.R.A.I.N



B.R.A.I.N



B: Benefits—What are the benefits of doing this procedure?

R: Risks—What are the risks involved?

A: Alternatives—Are there any alternatives?

I: Intuition—What is my gut feeling? Does this procedure make sense?

N: Nothing—What would happen if we did nothing or waited a while?



Preparing for labour and birth

- Discuss your birth preferences with your partner and support people.
 - Simple and flexible
- Decide who you will have as support people during your labour.
- Discuss with your midwife at your 34 week appointment.

Birth Preferences- What to think about?

- Do you want to be active throughout your labour?
- What can help during your labour last time? Shower? Birth Ball? Music?
- What pain relief would you like to use?
- You may also wish to consider what your preferences would be in the event that you have to be induced, or in the event that you may need a caesarean birth
- Do you plan on breastfeeding? Have you done a class?



Preparing for Breastfeeding



- Attend a breastfeeding class
- Consider your feelings about breastfeeding
- Did you have any issues last time?
- Would you benefit from see a lactation consultant before birth?



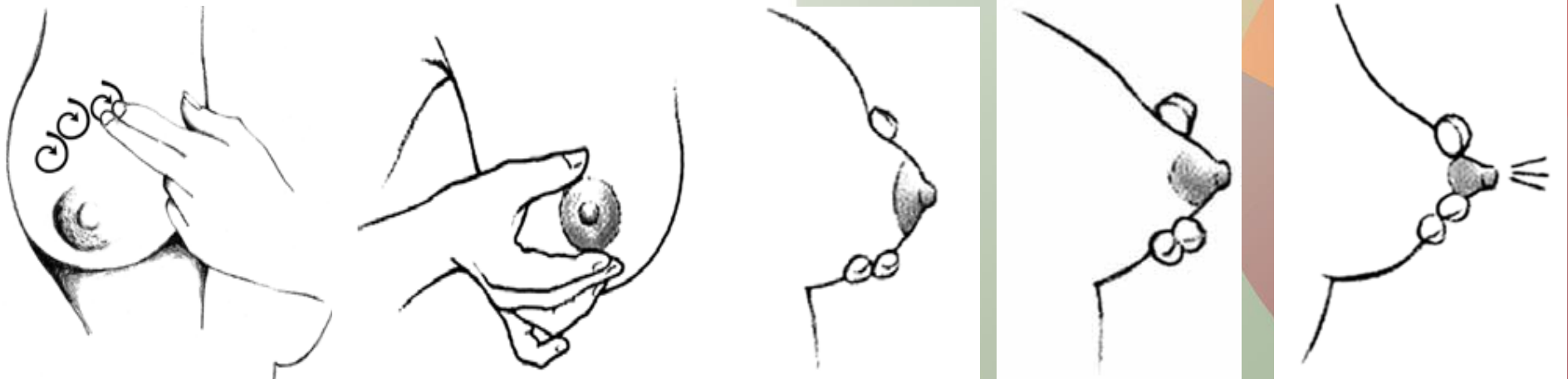


Antenatal Expressing

- Antenatal expressing of colostrum is the hand expression and collection of colostrum during pregnancy.
- You will be given an expressing kit to take home.
- There is no set amount needed, any amount you can get and store in the freezer will be helpful .

How to Hand Express

- Place your thumb and first finger on either side of the areola, well back from the nipple.
- Gently press the thumb and finger back into the breast.
- Try to bring the thumb and finger towards each other.
- Continue this compressing action in a rhythmical way.
- When the flow eases, move your fingers around to another area of the breast.



Length of a Normal Pregnancy



- Term = 37 – 42 weeks
- About 5% of babies are born on their 'due date'
- Around 8% are born before 37 weeks
- The EDC is an estimate only



Late Pregnancy Changes

What are some changes you are experiencing in the third trimester?



When to call MATU and come to Hospital



- Your contractions are regular, getting stronger and you feel the need to concentrate harder to get through each one.
- Your waters break
- You have vaginal bleeding
- Your baby is not moving as much as usual
- You have pain that doesn't go away (contractions should stop and start with a rest in-between)
- You want advice, reassurance, or pain relief
- You feel something is wrong



What to bring to hospital

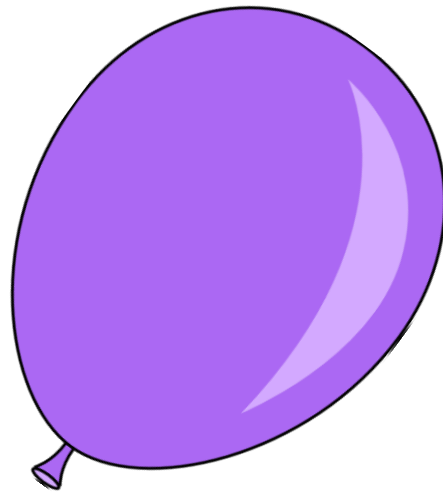
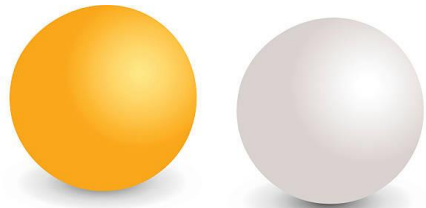
- Clothes for yourself
- Big undies- comfortable
- Pads
- Toiletries
- Phone and charger
 - Music playlist
 - Headphones
- Snacks
- Clothes for baby
 - Jumpsuits
 - Singlets
 - Socks
- Nappies
- Wipes
- 1 Blanket for home

Packing a “Dad” Bag

- Spare change of clothes
- Closed in shoes
- Toothbrush and toothpaste
- Phone and phone charger
- Snacks
- Water



Ping Pong Activity



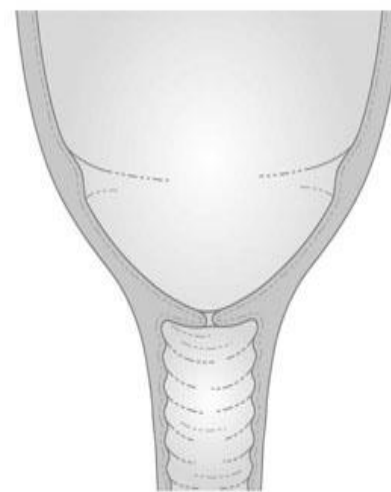
Your Body Preparing for Labour

The Cervix:

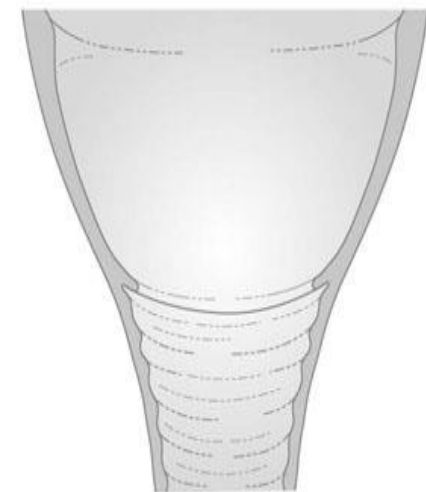
- Will move forward in the pelvis
- Will soften
- Start to thin (called effacement) and then dilate



Prelabour

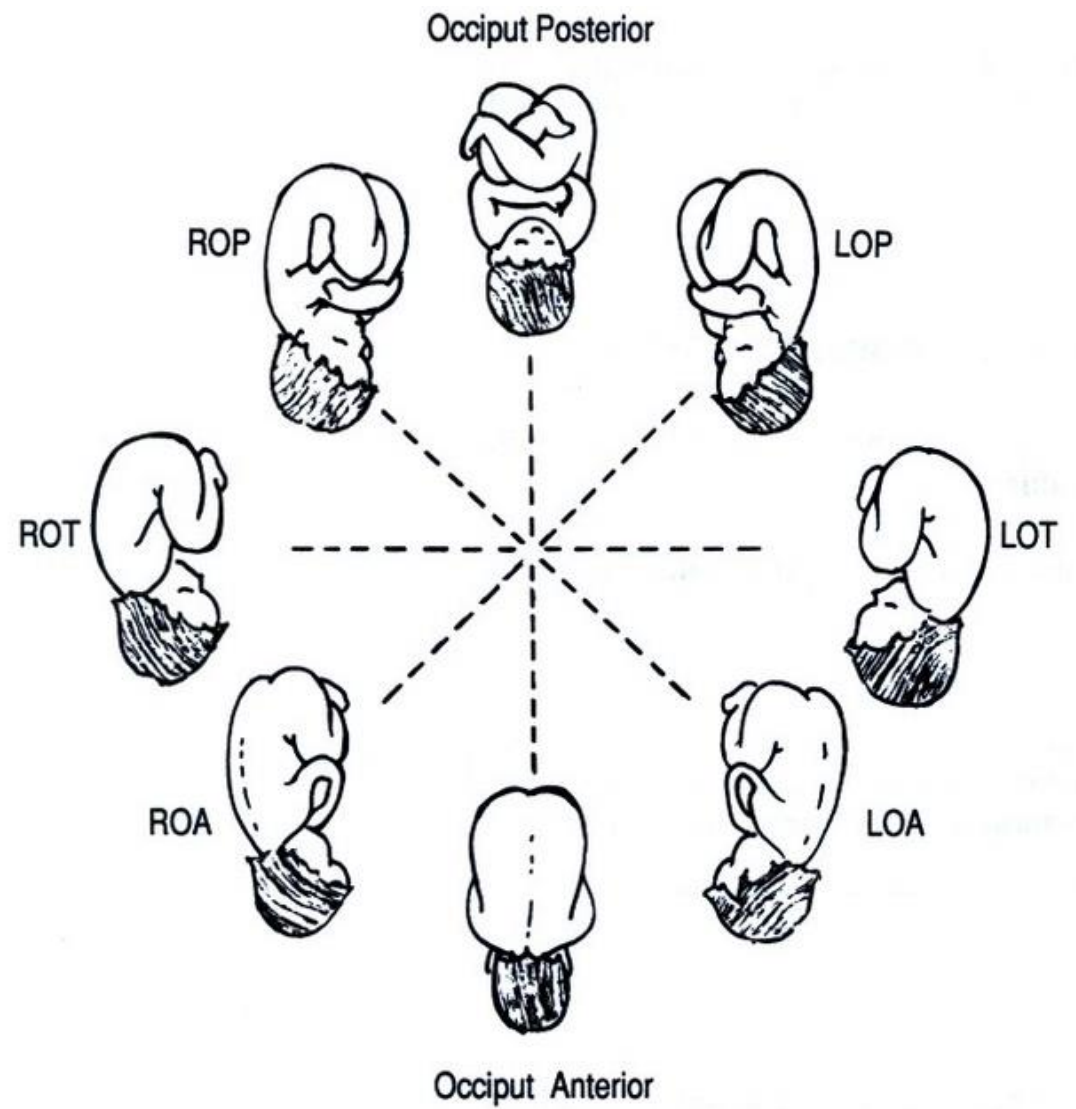


Effacement



Dilatation

Optimal Fetal Positioning





What will labour be like?

life changing

EXCITING

terrifying

agony

manageable

happy

CHALLENGING

Empowering

peaceful

messy

Roller coaster

beautiful

PAINFUL

joyful

scary

altered state

more than I can handle

suffering

intense

out of control

EXHAUSTING

medical

LOTS OF BODILY FLUIDS

full of love

overwhelming

unknown

Physical

normal

hard work

fun



Stages of Labour

1. First stage

- Early labour = 0 - 4 cm dilated
- Active labour = 4 - 8 cm dilated
- Transition = 8 - 10 cm

2. Second stage- “pushing”

3. Third stage- birthing your placenta



Early labour



0 cm



2 cm

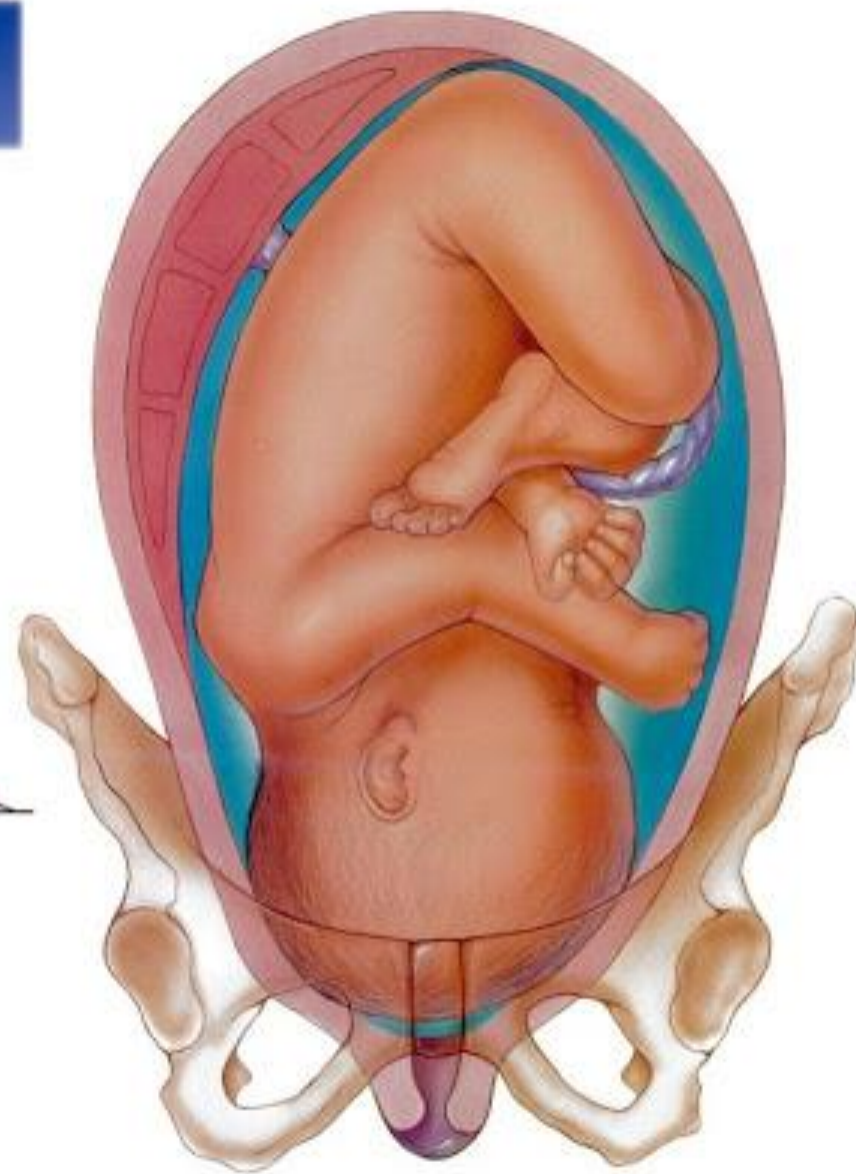


4 cm



Ruler reflects actual centimetre size;
dilation illustrations do not.

25-45 Seconds
duration



Early Labour-Physical Changes

- Mild contractions
- Lower back-ache or period like cramps
- Contractions are short (30secs) and have no regular pattern
- Contractions can last for several hours
- Mucousy show



A close-up photograph of a pregnant woman's hands resting on her belly. She is wearing a vibrant, multi-colored floral patterned dress. The background is softly blurred, showing hints of greenery and a white object. The text is overlaid on the left side of the image.

Early Labour-How you might feel?

- Excitement
- Anticipation
- Nervousness
- Anxiety
- You will be able to still talk and move around during this time

Early Labour- Staying Home

- It is safe to stay at home as long as:
 - You are well
 - You haven't had any problems during your pregnancy
 - You are between 37 and 42 weeks pregnant
 - Your baby is in the head down position
 - Your baby is moving normally



Early Labour- Things You Can Do

Being relaxed increases your natural pain relief. You can try the following at home:

- Warm baths and showers
- Resting in a darkened room
- Relaxing music, dancing and swaying
- Watching a movie
- Massages, heat packs, foot rubs
- Different positions for example kneeling or rocking your hips
- Keep active, but rest when you feel like it.





Support during Early Labour

- Rest with her
- Prepare snacks and provide water
- Help her in the shower or with using heatpacks
- Take a walk with her
- Distract her with activities (watching movies)

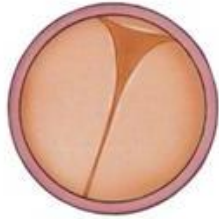
Creating a calm environment

- Dim the lights and close the blinds
- Use soft voices
- Minimise distractions
- Use fake candles or fairy lights
- Play her favourite music
- Set up diffuser
- Keep house tidy
- Be there for her
- Don't ask too many questions or overwhelm her.

Active labour



4 cm



6 cm



8 cm

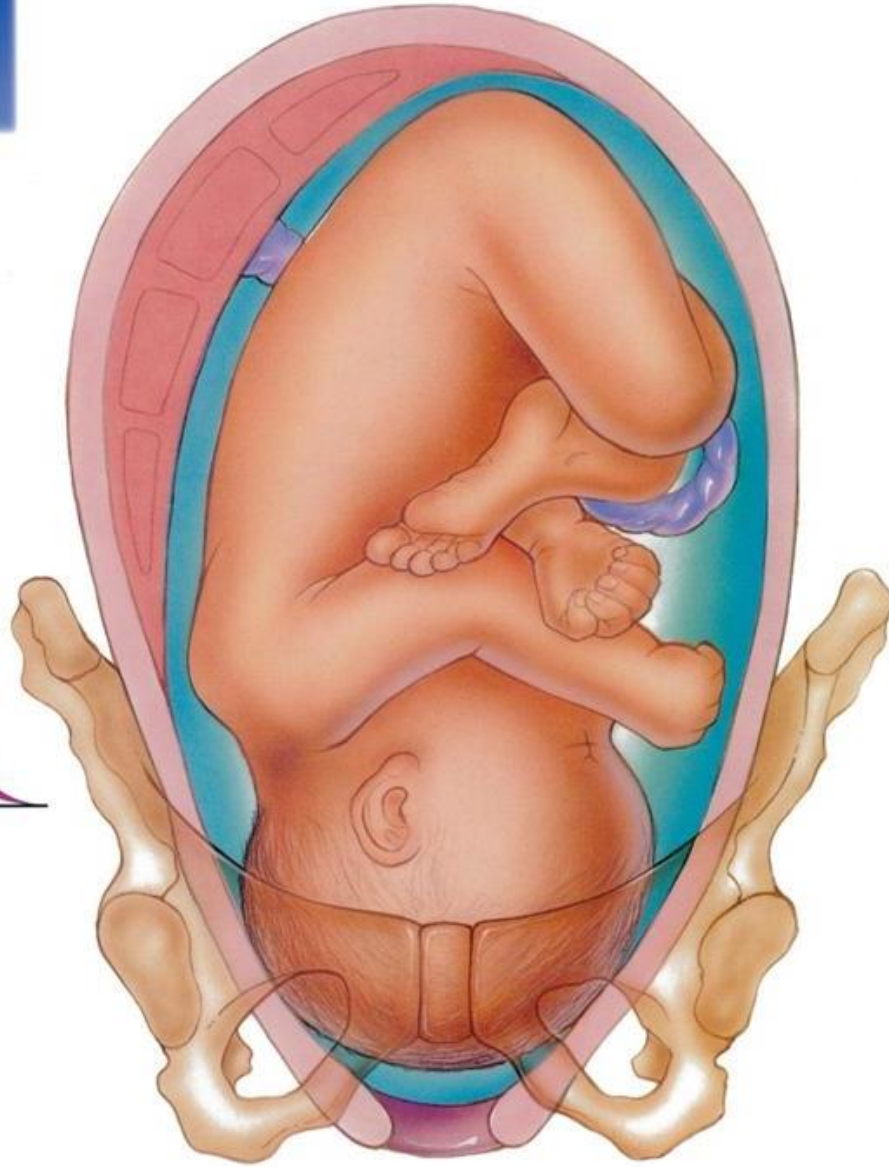


Ruler reflects actual centimetre size; dilation illustrations do not.

40-60 Seconds duration




2-5 Minutes apart



Active Labour- Physical Changes



- Contractions become regular and rhythmical
- Contractions are stronger and longer
- Cervix completes the thinning process and starts to open
- Endorphins start to flow



Active Labour- How might you Feel?

- Endorphins are flowing
- Withdrawn and quiet
- Not talking during contractions
- Eyes closed – in the zone
- Resting in between contractions
- Lose track of time

Active Labour- Things You Can Do

- Keep a positive frame of mind
 - Labour pain = good pain
 - P= purposeful
 - A= anticipated
 - I= intermittent
 - N= normal



- Use a variety of positions during labour such as: standing, walking, lying on your side, leaning on your partner or support person or on a bean bag or squatting.
- Your midwife may suggest you try different positions as labour progresses.

Active Labour- Things You Can Do

- Have a warm shower
- Place a hot pack over the area where you feel most pain
- Have someone give you a massage
- Listen to music to distract you from the pain of contractions
- Use aromatherapy
- Dim the lights in your room
- Use your breathing as a focus
- Use visualisation – positive imagery to assist relaxation



Vocalising and Movement



- Pain makes you hold your breath, which worsens pain
- Breathing rates will increase as labour progresses
- Vocalising during a contraction increases endorphin production, and distracts from the pain signals
- Sound is a normal part of labour & birth
- Moving in labour helps to distract yourself from the pain and release endorphins.



Support during Active Labour

- Help her change into different positions: standing, walking, squatting, hands and knees, kneeling, slow dancing, sitting, and side-lying are all good options
- Help her use movement, such as walking, stair climbing, and pelvic rocking
- Use face-to-face interaction, and give brief instructions if she loses focus.
- Breathe with her through contractions, and count out loud if she wants you to
- Guide her in visualization exercises that focus on the baby or special memories that you share

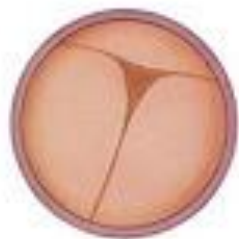


Support during Active Labour

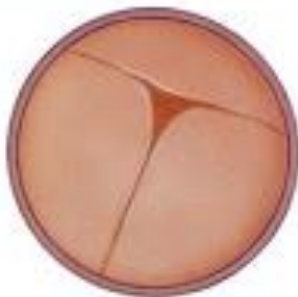
- Be supportive of the sounds she needs to make during labour.
- Massage her back, neck, abdomen, or other parts of her body in a way that feels good to her
- Help her in different positions.
- Provide emotional encouragement (“You’re doing great.” “You’re breathing really well.” “Our baby will be here soon.” “You’re so strong.” “Your body is doing its job wonderfully.” “I love you so much.”)
- If she has an epidural, help her change from side to side and stay engaged in the birth process together (while she may no longer feel pain, she still needs your emotional support)



Transition



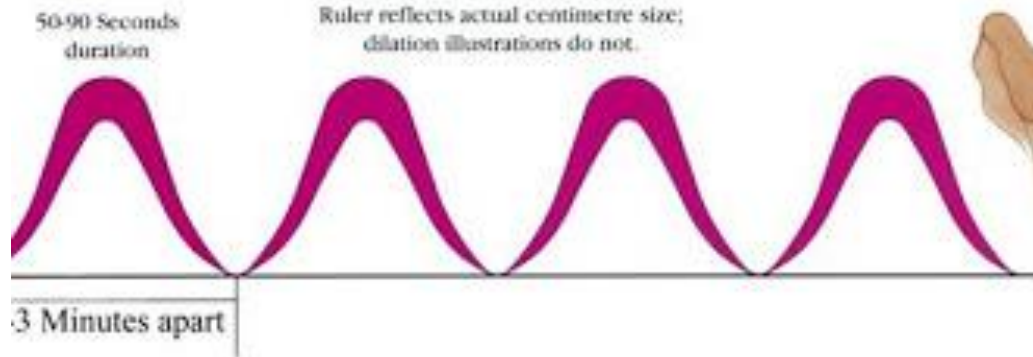
8 cm



10 cm



Ruler reflects actual centimetre size; dilation illustrations do not.



Transition- Physical Changes

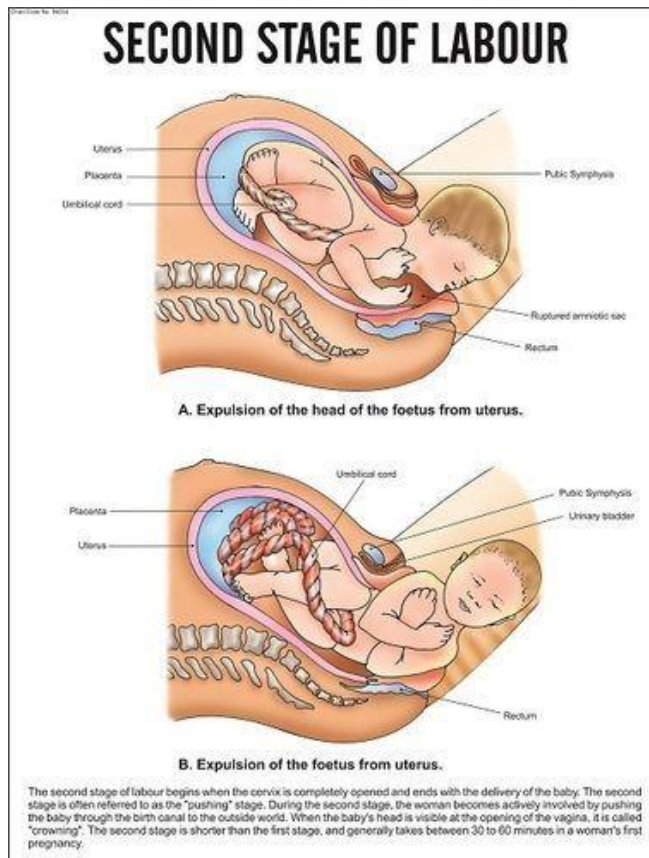
- Contractions are strong and intense
- Lasts for a few contractions up to a few hours
- Uterus changes from opening up the cervix to bearing down the baby
- Between 8-10cm
- Nausea and vomiting normal in this stage

Transition- Feelings and Reactions


- Irrational comments
- “Out of control”
- Can’t get comfortable
 - Too hot, too cold
 - Want to sit up, want to lie down
 - Want to be touched/
don’t want to be
touched
- Weeping, emotional



Second Stage- Physical Changes



- Cervix now fully open
- Involuntary urge to push
- Contractions shorter and spaced out
- Mechanisms of labour
- Crowning



Second Stage- Feelings and Reactions

- Energy returns,
focused again
- Urge to push is
strong
- Sweaty
- Concentration

Second Stage- Self Help Strategies



- Find a comfortable position
- Sips of water in between
- Follow bodies natural instinct
- Mirror

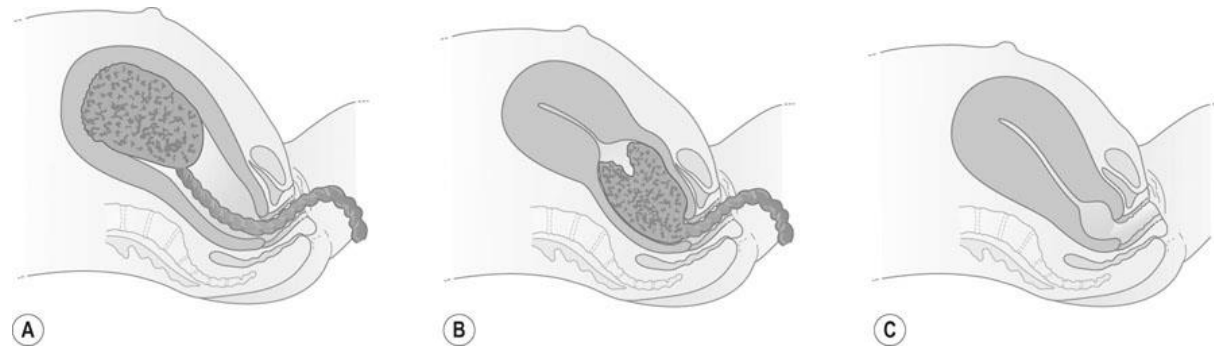
Support during Second Stage

- Suggest and help her use different positions (squatting with a bar or on a stool, semi-sitting, hands and knees, sitting on toilet or birthing chair, side-lying, forward leaning)
- Provide emotional encouragement (“You’re almost there!”
“You’re very strong!”)
- Help her see her progress by setting up a mirror or letting her know when you can see the baby’s head
- Hold a cool cloth to her forehead in between pushes
- Give her ice chips or sips of water



Third Stage- Physical Changes

- Mild contractions
- Small flow of blood and cord lengthening
- Placenta slides out
- Delayed cord clamping



Types of Third Stage

Modified Active

- Wait for the cord to stop pulsating
- Clamp the cord and cut it
- Administer an oxytocic injection into the leg
- Await for signs of separation
- Using controlled cord traction deliver the placenta



Physiological

- Wait for cord to stop pulsating
- Clamp and cut cord
- Establish breastfeeding
- Await for the placenta to deliver itself
- May take up to an hour to separate



How can you remember what to do?

- S- supportive environment
- U- up to the toilet regularly
- P- position changes and pain relief
- P- praise and encouragement
- O- oral intake and food
- R- rest and relaxation
- T- touch and massage

Factors that Can Help your Progress in Labour

- You feel safe and respected by your caregivers
- Freedom to move during labour
- Staying active in labour
- Emotional and physical support eg support people/partner
- Pain relief – non-pharmacological and pharmacological
- Informed decision making



Advocating for your partner

- Sometimes things can go differently to the plan your partner may have for her labour and birth.
- In these circumstances you may need to advocate for your partner as they may be in pain or unable to communicate their feelings and thoughts clearly.

Advocating for your partner

- What are the risks and benefits of this procedure or recommendation?
- What are the alternatives?
- Can we have a discussion and let you know?

Question Time

Next Session

- Pain Relief
- Induction of labour
- Instrumental assisted birth
- Caesarean birth
- Third stage complications
- Birth suite tour



