

Childbirth Education Session Two

Toowoomba Hospital



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- Re-cap from session one
- Pain relief options
- Induction of labour
- Instrumental assisted birth
- Emergency Caesareans
- Elective Caesareans

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



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

B.R.A.I.N



Look for the
BRAIN- Make
a CHOICE

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?





Labour Pain

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



Labour Pain

What Can Help	What Makes It Worse
Endorphins	High Adrenaline
Upright Positions	Lying down
Movement	Immobility
Feeling Safe	Lack of support
Localised Heat	Baby's position
Water	Dehydration

How labour pain works

Pain signals travel to your brain via the spinal cord

These signals cause the production of endorphins

Activities such as movement, vocalisation, visualisation & massage can block these signals, dulling the pain

These activities can also increase endorphin production

Movement & vocalisation help burn off excess adrenaline

Non-Medicated Pain Relief

- 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



Pain Relief Options

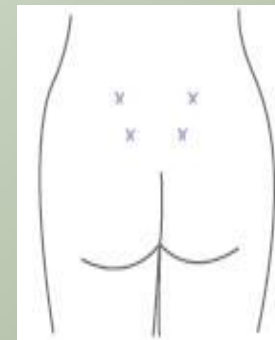
Nitrous Oxide

- Nitrous oxide with oxygen is self-administered via mouthpiece or facemask.
- No adverse affect on baby
- Helps you to relax
- Side Effects: dizziness, nausea, dry mouth, light headedness



Sterile Water Injections

- The procedure involves a small amount of sterile water (0.1 ml to 0.2 ml) injected under the skin at four locations on the lower back (sacrum).
- Side Effects: intense but brief (20–30 seconds) pain associated with the injection of sterile water.



Pain Relief Options

Morphine

- Morphine injection into your leg
- Acts like your endorphins and reduces severity of the contractions.
- Takes 30mins to work and should be given at least 2hours before birth.
- Side effects: Nausea, vomiting, respiratory distress in neonates

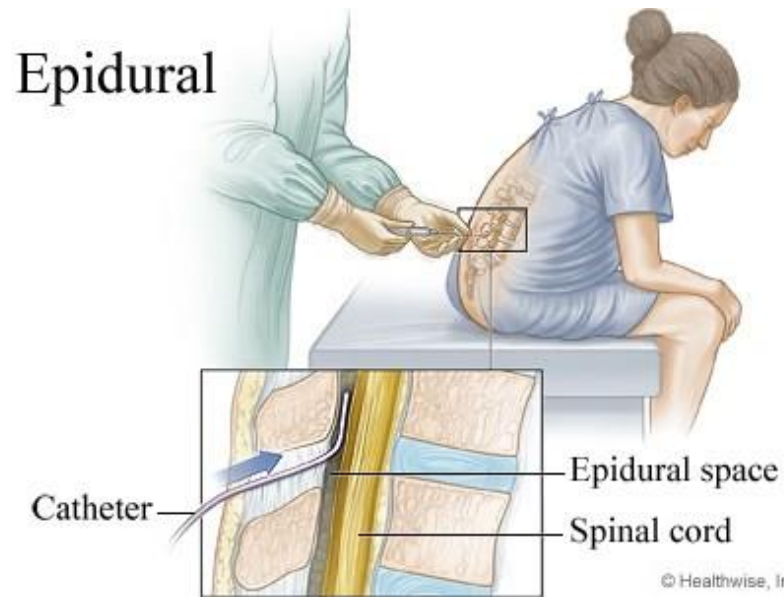


Epidural

- Anaesthetic injected into a small space in your back.
- Continuous pain relief
- Can take away all the pain of contractions
- Side effects: decreased movement, no bladder sensation, increased chance of instrumental delivery, CTG monitoring



Epidural Activity



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Monitoring Your Baby During Labour



- Intermittent- Using a doppler to listen to your baby's heart rate every 30mins
- Continuous External Monitoring - Using a CTG to get a continuous trace of your baby's heart rate. An electronic monitor is attached to a belt around your abdomen.
- Continuous Internal Monitoring- An electronic monitor is attached to a probe which is connected to the baby's head through your vagina.
- Fetal Scalp Lactate- A few drops of blood are taken from your baby's scalp (like a pinprick). It gives an immediate result on the baby's condition in labour.





Induction of Labour

- Induction is when labour is started artificially
- Induction may be offered when there are concerns about the health of mother &/or baby
- Induction does have risks

How are inductions performed?

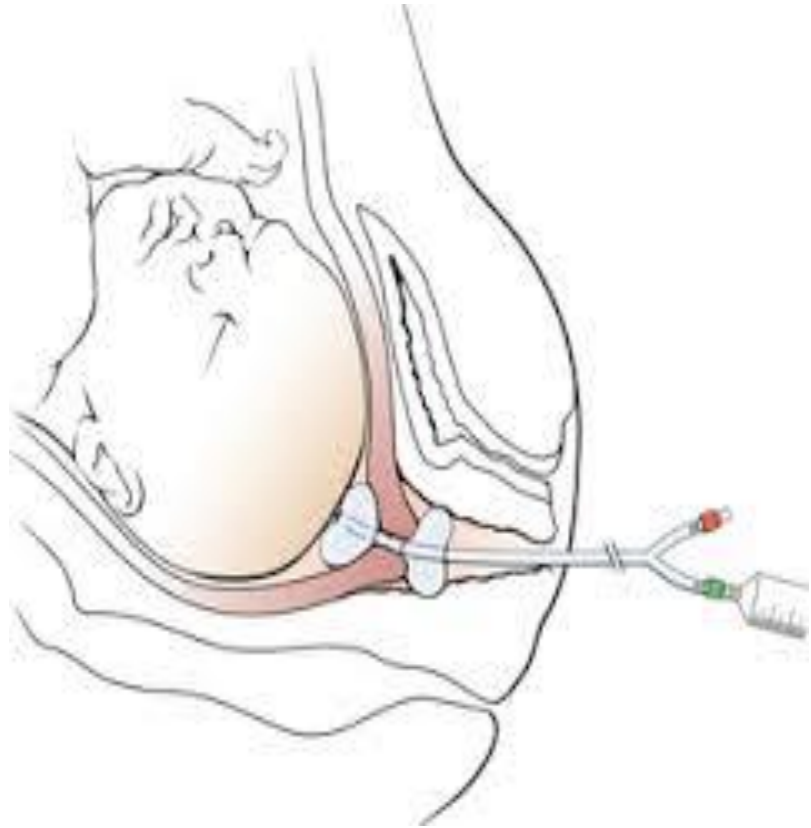
- The first step involves preparing the cervix so that it is soft and open.
- To do this we can use either hormonal or mechanical methods.



Hormonal Inductions

Cervidil	Prostin Gel
A pessary	A gel
Inserted into the vagina behind the cervix	Inserted into the vagina behind the cervix
Reviewed after 12 hours	Reviewed after 6 hours
If cervix is still closed, then prostin gel or a balloon catheter can be used.	Up to 3 doses of gel can be used.

Mechanical Induction- Balloon Catheter



- Cervical ripening
- A soft thin tube is passed into your vagina and through the cervix.
- The two small balloons inside are filled with water.
- The balloon catheter is left in for 12-18hrs and then removed for review.

Induction-Next Step

Cervical Ripening

Once the cervix is at least 2cms and effaced.



Artificial Rupture of Membranes

Use of an amniohook during a vaginal examination to make a small opening in the membranes around baby



Oxytocin Infusion

Synthetic oxytocin in an IV drip to start or increase contractions
Amount increased every half an hour until contractions are 3-4:10



B.R.A.I.N Activity

Variations: Epidural and IOL

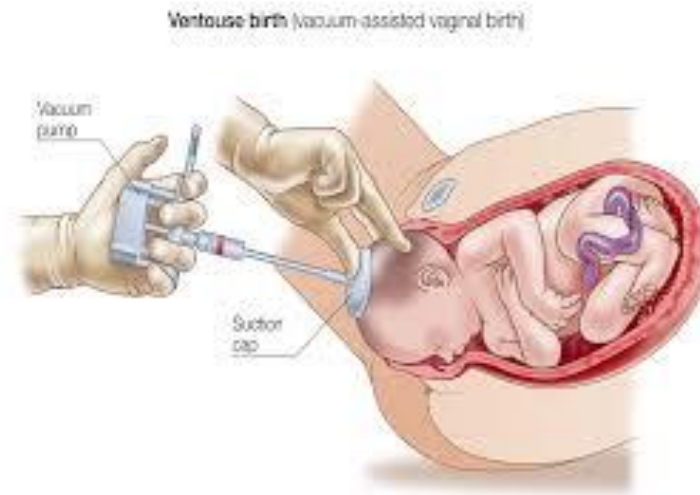
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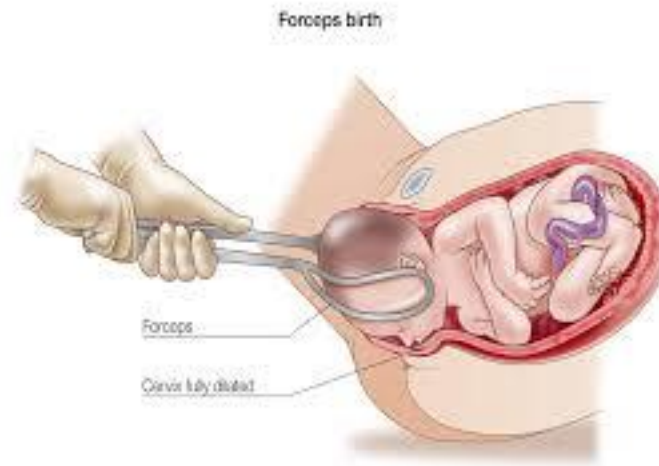
Ventouse (Vacuum Cup)

- Suction cup applied to baby's head
- Mum pushes as the doctor helps assist the baby out
- Once the head is born the suction cup is removed
- May need an episiotomy
- The suction cup may leave a bruise or swelling on the head.



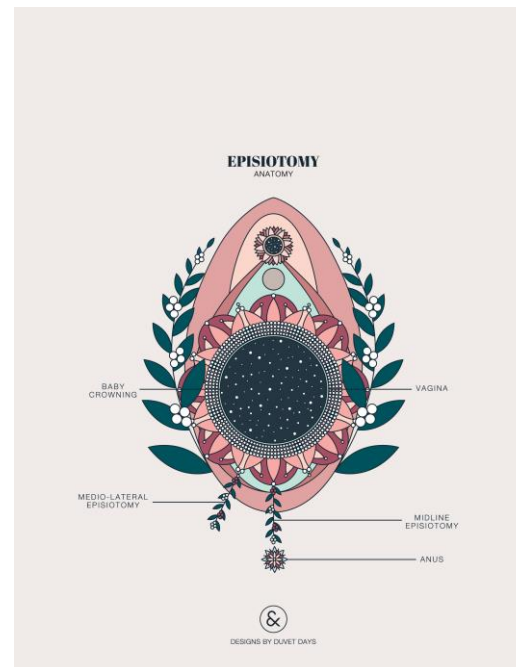
Forceps

- Local anaesthetic is given if no epidural
- An episiotomy may be needed
- The forceps blades are placed around babies head
- The doctor then pulls the forceps to help the babies head crown
- The forceps may leave small marks on baby's face that will disappear after a day or two.



Episiotomy

- A cut made with scissors in the perineal tissues at the time of birth after local anaesthetic is administered.
- An episiotomy may be performed if there is fetal distress, it looks like you may have a bigger tear into your bottom, or the if you are having an instrumental delivery.





Emergency Caesarean Section



- You may need an emergency caesarean due to baby becoming distressed, maternal medical conditions, no progress in labour, or obstructed labour.
- The midwife will prepare you for theatre by putting you into a gown, removing your jewellery, putting on compression stockings, ensuring you have a cannula and getting your support person dressed in theatre gowns.

Caesarean birth

- You may have one support person in theatre during your caesarean section.
- In theatre you will be given a spinal or epidural top up to make you feel “numb” in your tummy and legs. Sometimes if it is needed you may have a general anaesthetic.
- A doctor or midwife will insert a catheter into your bladder after your spinal/epidural is working effectively.
- You may be in the operating theatre for an hour or more.
- The midwife will stay with you in theatre and in recovery and give help you with skin to skin and breastfeeding.
- If your baby is unwell or needs to be monitored they may need to go to the neonatal unit.



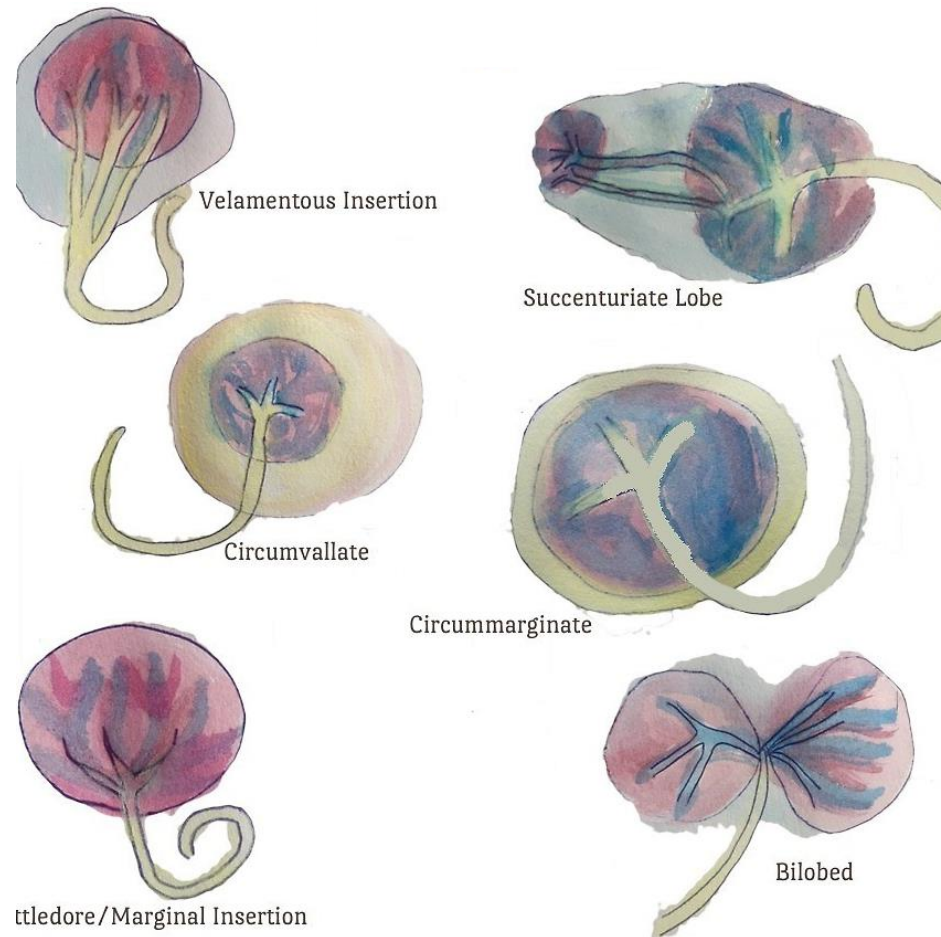
After Caesarean birth

- After surgery you will be offered a number of different pain-relieving medications as you need them.
- The midwife will check your vital signs regularly after your caesarean section. She will change your pad for you will you remain in bed.
- You may be offered a “sponge bath” to help you feel refreshed.
- You will be encouraged to mobilise as soon as possible. This will help to improve your recovery.
- Your catheter will remain in for 12hours. Once removed you will be asked to measure your next to outputs of urine and the midwife will scan your bladder after. This is to check that you bladder has emptied and you have full sensation back.
- Your wound will be covered in a dressing that will remain in place for 7 to 10days. You will then be advised to remove it after this. A midwife or you GP can do this for you if you don't feel comfortable.



Third Stage- Complications

- Postpartum Haemorrhage- too much bleeding after birth
- Retained placenta- will need to go to the operating theatre to remove
- Suturing of tears- done in the birth suite



Postpartum Haemorrhage

- Normal blood loss after birth is under 500mls.
- If your blood loss is more than 500mls it can become an emergency situation.
- The midwife may press an emergency buzzer and other midwives and doctors will enter the room.
- The midwives and doctors will try and stop your bleeding using medications, uterine massage (massaging your tummy), and a catheter into your bladder.
- You may not feel well and your support person might need to hold your baby for you.
- If the doctors and midwives are not able to stop the bleeding you may need to go to the operating theatre for further treatment.

Baby Requiring Extra Support

- Sometimes babies require some assistance with transitioning to life outside the uterus.
- If your baby requires help the midwife will call the paediatrician and neonatal nurse to assist.
- Your baby may be placed on the resuscitation machine while the doctors and midwives assist baby.
- If your baby recovers quickly they will be returned to you for skin to skin.
- Sometimes babies need ongoing assistance and may be transferred to the neonatal unit. You can visit once you are ready.



Question Time

Birth Suite Tour

Activity- Ideal Birth

You have 15 cards to fold in half. On the floor in front of your turn all cards to the side that you would prefer to happen in labour.



Next Session

- Postnatal recovery
- Caring for a newborn
- Transitioning to family life



