

Labor and Delivery

Before the day of your delivery arrives, it is important to know the signs of labor and what to expect when you go to the hospital or birthing center. Educate yourself by taking a childbirth class, talking with your doctor and reading what is involved in the labor and delivery process.

Approaching the Due Date

Most pregnancies last between 38 and 42 weeks. While the length of labor is difficult to determine, a first-time mother can expect a 12-hour or longer period between the start of active labor and the time of birth. The time may be much less for a woman who has previously given birth, as her uterus and birth canal are more flexible.

Before your expected due date, your doctor may examine you to observe if the cervix is dilating and effacing (thinning). This indicates that the baby is preparing for delivery. Your doctor will also tell you what symptoms to expect before labor begins, including:

- Diarrhea.
- Engagement. Your baby drops down to rest deep within your pelvis, which you may experience as decreased pressure and less discomfort.
- Increased Braxton-Hicks contractions. These "practice" contractions occur when your uterus tightens for up to one minute and then relaxes. Drinking water can suppress these contractions.
- Boosts of energy. Hormonal shifts may give you the "nesting" urge for activities such as housecleaning.

Other symptoms that indicate labor:

- Bloody show. Discharge of the bloody mucus plug that lines the cervix.
- Your water breaks. A gush or trickle of fluid may signal either the leaking of amniotic fluid or a urinary false alarm.
- Real contractions. Aches, cramps and pains begin high in the uterus, radiating down to the lower back and abdomen. These gradually get stronger, longer and more frequent.

Tips to prepare you for labor and delivery:

- Drink clear fluids. Water, diluted juice and herbal tea are good choices.
- Watch what you eat. Labor and delivery can last longer than 24 hours. It is probably safe to eat light, low-fat, high-energy snacks such as a cup of yogurt, cereal with skim milk, toast and jam or crackers before you go to the hospital. However, avoid large meals. To reduce the risk of vomiting, most hospitals will prohibit patients from eating solid foods once active labor begins (dilation of 4 cm). Be sure not to eat anything after midnight of the night before a scheduled Cesarean section (C-section).

- Practice your breathing techniques with your partner.
- Rest and relax. Take a warm bath or shower, or try to get a little sleep.

Complications

If you do not experience any of the above symptoms, if you are overdue, or if the doctor suspects that you or the baby is in danger, labor may be induced. You may be asked to go home and promote active labor naturally by walking briskly for extended periods, taking a warm bath, massaging your belly or making love with your partner. Alternately, your doctor may instead choose to strip the amniotic membranes via hand stimulation or give you a labor-inducing medication.

While a vaginal birth is usually preferred, it may be necessary to undergo a C-section if the baby is too large, in too difficult a position to fit through the birth canal, or is otherwise endangered. A C-section requires a delicate vertical or horizontal incision made in your abdomen and through your uterus to lift the baby out safely. The advantage is that you will not have to push or experience labor pains and the entire process can take only a few hours or less. Talk to your doctor about your delivery options and any risks and complications involved.

The Three Stages of Labor

- **Stage one:** The first stage often lasts an average of 12 hours, most of which can be spent at home practicing breathing techniques. During this stage, contractions become longer and more frequent. Strong pressure is created on the cervix causing it to dilate and either thin or merge with the uterine walls. The cervix eventually opens from a tiny half-inch in diameter or less, up to four inches to allow the baby to pass into the birth canal. When contractions become closer together, it is time to call the doctor and visit the hospital or birthing room. Tests will be taken and your vital signs checked. You may be able to receive pain medication when your cervix is dilated between four and eight centimeters.
- **Stage two:** The second stage begins when your cervix is fully dilated (10 centimeters or four inches) and effaced. The baby, who has a five-inch journey down the birth canal, is moved forward with the help of contractions. When the doctor or nurse gives you the sign, it is time to push. This pushing is similar to the pushing you do when you have a bowel movement, and may take an hour or two for a first-time mother; less for a repeat mother. While you are pushing, the vaginal opening dilates larger and bulges. If it is still not large enough, your doctor may make a small incision (episiotomy). Soon, the baby's head is pushed out (face down in normal births) and the physician clears its mouth and nostrils to ease breathing. The doctor then helps guide the rest of the infant's body out. The umbilical cord is cut, and your baby is examined, weighed and cleaned. At this moment, you may be allowed to hold your new baby for the first time.
- **Stage three:** The last stage involves delivery of the placenta, which is expelled by your contracting uterus within a few minutes or a half hour after birth. This should not cause much discomfort. Once the placenta is removed, you will be cleaned up and given stitches if you have had a tear or episiotomy. The medical staff will continue to test your vital signs for several hours after delivery as you begin the resting and healing process.

After the Birth

If you have delivered in a hospital, your doctor may authorize you to stay for a few days if there were delivery complications or if you underwent a C-section. You may be admitted to a private or semi-private room, where medical personnel will regularly monitor you and your newborn. However, most healthy mothers and infants are discharged within a day or two of birth.

Before You Leave the Hospital

- Ask questions. Your doctor should examine you and your child a final time, prescribe necessary medications and recommend care tips. Nurses may be able to answer general baby-care questions and give you special postnatal literature to read.
- See a lactation specialist for guidance on breastfeeding.
- Consider circumcision. Your physician may be able to perform this procedure on your newborn son while you are still at the hospital.
- Obtain the birth certificate.
- Take home mementos. Ask the nursing staff if you can take plastic medical bracelets, copies of your charts and the umbilical cord home with you. (Or you can consider donating the umbilical cord for life-saving medical procedures; ask your doctor for more information.) Gather all flowers, toys and other gifts that loved ones have given you.
- Check your insurance documentation. Were all the proper forms submitted to your health insurance carrier?
- Install an infant car seat in your vehicle. Hospital regulations may require this before allowing you to take the infant home.
- Many pregnancy care procedures and items are fully covered under health insurance plans. Visit HealthCare.gov for a comprehensive list: www.healthcare.gov/preventive-care-women

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