Prepared Childbirth Class

New England OB/GYN
Goals of the Class

- You will have received information about labor and childbirth.
- You will have a greater understanding of the stages of labor.
- You will have a greater understanding of how to cope with the pain of labor.
- You will learn about normal postpartum changes.
Before We Begin...

- Our overriding goal: Healthy Moms & healthy babies
- Does anyone have a pressing question or concern?
- Does everyone have car seat...that they can install?
- Have you discussed circumcision?
- Do you have a pediatrician? Most don’t come to BWH, but we have staff pediatricians for in hospital care
- If you’re not planning to take the hospital tour there is an on-line tour under “Having your baby at Brigham & Women’s Hospital“
Where, What, How

- Communicate your preferences (feeding, skin to skin, etc) so we can support what’s right for you
- BWH - 75 Francis Street, Boston
- Obstetrics admitting office: L&D CWN building - 5th floor
- Parking information
- How many people can you have? Labor support, not visitors
Have you considered public cord blood banking?

BWH/DanaFarber is partnered with Duke University Carolinas Cord Blood bank

All our doctors can collect

If there is a *current* directed need, prenatal arrangements can be made

If interested, let your labor nurse know
What to Pack for the Hospital

FOR LABOR:
- Large water bottle
- Hair scrunchy/something to hold hair off your face
- Long charging cord
- Bluetooth speaker
- Small snacks for partner

FOR POSTPARTUM:
- Toiletries for self, partner
- Nursing bra
- Loose fitting, seasonally appropriate clothing for self, infant to go home
Labor is guided by the 4 Ps: Powers, Passage, Passenger & Psyche

- **Powers**: The force of the contracting uterus, the force of maternal pushing
- **Passage**: The shape, size of mother’s pelvis
- **Passenger**: The size, position of the baby in uterus
- **Psyche**: The state of mind of the mother
First Stage of Labor

0-10 cm or onset of labor to fully dilated

First stage divided into 3 phases

*Early phase:
  - Can take up to 20 hrs
  - 0-4/5 cm, contractions gradually increase in frequency & intensity
Active phase:

- Dilation about 1 cm/hr
- 5-6 cm to 7-8 cm
- More breathless, harder to rest between contractions, may have urge to bear down. Contractions more frequent and painful

Transition phase:

- Dilation more rapid
- May feel like you can’t or don’t want to continue
- If natural childbirth, this is a time you may consider pain management
# How will I know it’s labor?

<table>
<thead>
<tr>
<th>Pre-Labor Contractions</th>
<th>Labor Contractions</th>
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<tbody>
<tr>
<td>Uterus tightens but only in portions</td>
<td>Eventually tighten the entire uterus</td>
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<tr>
<td>Usually do not cause back pressure</td>
<td>Usually cause pressure in low back and/or lower abdomen</td>
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<tr>
<td>Do not get longer, stronger or closer together; may come and go</td>
<td>Get longer, stronger and closer together over time</td>
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<tr>
<td>May stop when you change your activity, like taking a bath or walking</td>
<td>Do not stop when you change activity. Walking may make them stronger</td>
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<tr>
<td>Do not cause cervical change</td>
<td>Cause the cervix to thin and open</td>
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How will I know it’s labor?

- Contractions take your breath away, stop you in your tracks.
- You can’t walk or talk through them.
- May have bloody show - mucous with streaks of blood. (Not the same as losing mucous plug)
- Water may break.
When to Call the Office

Call with any questions, anytime of day!

5-1-1 – when contractions are 5 minutes or less, lasting for about 1 minute for at least 1 hour.

Decreased fetal movement, pre-term labor <37 weeks, bleeding, SROM, especially if + GBS, need reassurance or scared,

You will be seen at office or BWH triage
Possible or Probable

- My water breaks just before labor — 10%
- Diarrhea/nausea
- Bloody show/ mucous plug
- Antibiotics — +GBS
- Epidural — about 85% use epidural at BWH
Possible or Probable

- Baby born on due date - about 3%
- Baby born pre-term < 37 wks or baby born after due date
- Induction — many factors
- Spontaneous urge to push
Induction of Labor

Why might you be induced?

- SROM (spontaneous rupture of membranes) when GBS+, SROM with no contractions, AMA, > 41wks, health of mom or baby is at risk if pregnancy continues

How: cervical ripening (prostaglandins or cervical balloon, or combination), Pitocin, AROM (artificial rupture of membranes)

Pitocin also used to augment labor
Coping with Labor/Pain Relief

Relaxation techniques, hydrotherapy, breathing patterns, massage, effleurage

Role of partner/labor support people

Narcotics - IV/IM medication Nubain, Stadol

Nitrous Oxide (laughing gas)

Epidural

- If I choose to have an epidural, when can I have it placed? Is it ever too early or too late?

- Will it slow down my labor? Will an epidural cause me to have a Cesarean section?

- Will I be able to push my baby if I can’t feel things?
Second Stage: Pushing to Birth

- Fully dilated (10 cm) to birth of baby
- Labor down to pelvic floor
- 2-3 hrs to push first baby, often less with next baby; Positions for pushing
- Birth, baby skin to skin, delayed cord clamping
- Episiotomy / Vaginal tear / Repair
Third Stage: Placenta

- Delivery of placenta — can take up to 30 minutes. Watch for bleeding at this time.
- You may feel mild contraction as placenta detaches.
- Much easier than delivery of baby.
Fourth Stage/Golden Hours

Assessment of Mom & baby

Unique time due to hyper-alert state of newborn

Bonding, skin to skin either partner, initiate feeding

- You will be asked if you would like to have the baby placed on your chest immediately after birth or would you like to have baby dried off first.

- Research indicates baby’s respiratory and heart rates stabilize as well temperature when skin to skin contact is initiated

- Facilitates breastfeeding, bonding and a happier baby
Cesarean Birth

Birth of baby through an incision in lower abdomen & uterus

Everyone is at risk for cesarean

What are some reasons why you may need a C/S?

- When maternal or fetal integrity is in question
- Labor progression stops - arrest of dilation
- Unable to push baby out of pelvis - arrest of descent
- Baby’s size or position, pelvic size - breech, OP, asynclitic
Postpartum

- Length of stay in hospital:
  - 2 nights for a vaginal birth
  - 4 nights for a Cesarean section

- Vaginal flow for first few weeks, ice packs, sitz baths, hydration, ambulation

- Baby Blues: first few days you may be more emotional

- Postpartum depression: outside the range of your behavior

- Make an appointment for 2 & 6 week follow-up with your doctor
Fourth Trimester

- Effects of pregnancy and birth continue up to 3 months after birth

- Pregnancy involves physical, emotional & psychological changes all of which continue in the fourth trimester

- Body changes don’t happen quickly. Remember it took 9 months to get there
Postpartum Warning Signs

- Shortness of breath, pain in your chest
- Fainting or seizure
- Headache not responding to medications or with visual disturbances
- Blurry or distorted vision
- Bleeding soaking through pad/hour, clots the size of an egg or bigger, or with odor
- Temperature >100.4, incision that is not healing
- Redness or swelling in leg that is warm or tender to touch
Lactation Counseling and Support

Jen Harper, NP, CLC

Breastfeeding counseling and management support to families who are thinking about breastfeeding or who have questions or problems during the course of lactation/breastfeeding.

Individualized care available by appointment for you and your newborn.
4th Trimester Classes and Support

- JCC (Jewish Community Center) Early parenting programs
  - New moms, second time moms and infant and toddler classes

- Early Parenting Partners and Healthworks Consultations, Workshops and Classes
  - Infant and toddler sleep, nutrition and behavior

Look for resources now in your area
Last Point

Be flexible, open-minded, and communicate with your partner and medical professional about what you think will give you the most satisfying birthing experience!