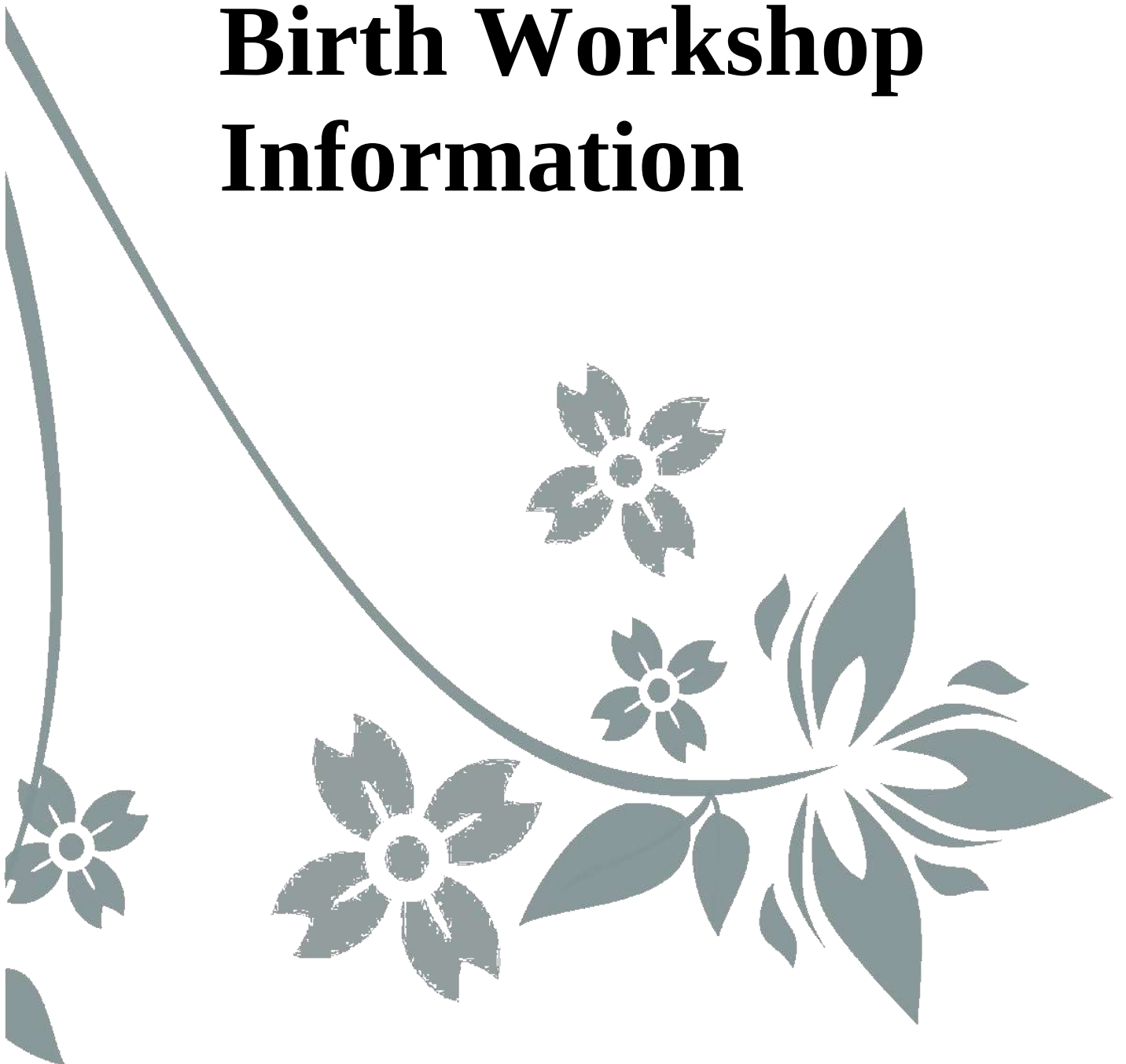




Prince of Wales
PRIVATE HOSPITAL

Nutured @POWP Birth Workshop Information



Forward

For current information regarding pregnancy and Covid19 please refer to the following

- NSW Health - <https://nswlhd.health.nsw.gov.au/kids-families-health-services/pregnancy-birth-newborn-services/covid-19-information-for-women-accessing-maternity-services/>
- Royal Australian College of Obstetricians & Gynaecologists
<https://ranzcog.edu.au/statements-guidelines/covid-19-statement/information-for-pregnant-women>
- Prince of Wales Private Hospital website – Maternity & the FAQ's and Maternity drop down section www.PrinceofWalesPrivateHospital.com. This is updated as the situation changes

The Last Weeks

By around 32 weeks your baby will weigh approximately 1800gm and be about 41cms long. The following are all normal at this stage

- You may start to feel very uncomfortable and like you are “all baby”. It is important to balance rest with gentle exercise at this stage as maintaining fitness for labour is very important.
- You may start to feel slightly breathless. This is because as the baby is growing it is pushing up against your diaphragm which is the muscle between your chest and abdomen. Excessive breathlessness is not normal and needs to be reported to your doctor.
- You may find it harder to sleep due to the size of the baby or because the pressure on your bladder causes you get up frequently. Sometimes supporting your tummy with a pillow helps you to feel more comfortable
- It is recommended that by 28 weeks all pregnant women go to sleep on their side and not on your back. Going to sleep on your side has been shown to reduce the risk of stillbirth by half compared to sleeping on your back
https://resources.stillbirthcre.org.au/elearn/resources/Side_Sleeping_A5_double_sided_flyer.pdf
- Normal sexual activity can continue as long as you are comfortable unless your doctor has advised you otherwise.

By 36 - 40 weeks the baby has grown to around 47- 55cms long and weighs between 3200grms – 3800grms on average. The baby is now ready to be born and able to adapt to life outside your uterus.

The following are normal at this stage

- It is still normal to feel uncomfortable as the baby is now taking up a lot of space
- The slight breathlessness may have eased as many babies will have engaged by this stage and have dropped lower in the pelvis which can take a little of the pressure off
- Your breasts may be releasing some colostrum. Some women never notice colostrum and some find they need to wear breast pads as they release so much before having the baby
- To pass urine alot particularly if the baby has engaged as the head may be pressing on your bladder.

Signs & Symptoms to Tell Your Doctor About

The following signs and symptoms are not normal and you should tell your doctor or contact Delivery Suite if any of the following occur

- Any respiratory symptoms such as a cough, sore throat, runny nose or fever that is over 37.5C. Also any loss of taste or smell.
- Sudden puffiness, swelling of your hands, your feet or face, severe headache, visual disturbance and indigestion pain. These are signs that you may have preeclampsia which is a condition where your blood pressure is very high.
- Any pain or burning when you pass urine can be sign of urinary tract infection
- Irritating vaginal discharge or genital sores. These may indicate herpes or thrush and will need to be treated.
- Fever, vomiting or headache are signs of a possible viral illness
- Any vaginal bleeding.
- Itching in the palms of your hands, soles of your feet or itch over your body
- Any persistent type of low backache, contractions, cramps pelvic pressure or rupture of membranes. When any of these occur before 37 weeks it can be signs of premature labour and you need to let the doctor know so that treatment can be started to slow or stop the contractions
- Any change in the baby's movement. The baby's movement are an indication of how well the baby is and if you feel that your baby's pattern of movement is irregular or different do not hesitate to contact Delivery Suite. For further information go to https://resources.stillbirthcre.org.au/elearn/resources/MovementsMatter_flyer_A5.pdf

The Delivery Suite contact number is **9650 4444** and the midwives are available 24 hours a day. Please do not hesitate to call if you are worried or concerned regarding any of the symptoms listed above or any other health concerns that you may have.

PERINEAL MASSAGE

Massaging the perineal area during the last six weeks of pregnancy helps to increase the stretchiness and flexibility of the perineum and helps to improve elasticity of previous scar tissue. It also accustoms you to the stretching sensations felt during second stage as the baby's head emerges.

If done by the woman

- Firstly have a warm relaxing bath or shower.
- Begin by lying back and use a mirror to locate the vagina and the perineum, between the vaginal opening and the anus.
- Using natural oil (eg almond oil, olive oil etc) put a small amount of it onto your fingers and massage into your perineum for two to three minutes to improve the circulation.
- Then add more oil and place your thumbs shallowly (three to four centimetres) inside the vagina and press the perineal floor towards the rectum and to the sides
- Gently stretch the opening, pressing down until you feel a slight burning or tingling
- Maintain the pressure for two minutes until the area becomes a little numb.
- Then slowly massage the oil in still maintaining the same stretch and pressure.
- Massage for three to four minutes concentrating on any previous scar tissue which will be more inelastic.

If done by your partner

- You should have a relaxing bath or shower before the massage and your partner should wash their hands.
- Massage some oil into the perineal area for about four minutes and then your partner inserts two index fingers shallowly into the vagina and presses the perineum down and to the sides
- After the burning sensation subsides your partner massages with their index fingers, working the thumbs gently and firmly over any scar tissue.

Perineal massage can begin at about thirty-four (34) weeks and be performed 1 – 2 times per week until there is a noticeable increase in flexibility and stretchiness. Once an opening of up to seven centimetres (two to three inches) can be massaged without burning or tingling, then massaging every second day is adequate to maintain the stretchiness.

Further information can be found at this site [Antenatal perineal massage](#)

An Epi-No is a device that can help to strengthen and condition the pelvic floor in preparation for childbirth. Further information on Epi-No can be found at the following website

www.Epi-No.com.au

Compiled by Carolyn Love October 2012

Revised by Carolyn Love February 2024

Reviewed by Bridget Flannery 21st May 2020

Please discuss perineal massage and the use of an Epi-No with your doctor.

Labour & Birth

The normal length of pregnancy is 37 – 42 weeks and labour can start at any time during this period. The EDC or estimated date of confinement is an estimate only. Only around 5% of babies arrive on their due date and around 90% of first babies arrive after the EDC.

Every labour is different and how your mother or sister experienced labour is not how you will experience it.

Labour & birth occurs in three stages. The first stage is the dilatation and effacement of your cervix, the second stage is the birth of the baby and the third stage is the birth of the placenta.

First Stage

The first stage of labour is when contractions usually begin and your cervix thins out which is called effacement and opens up which is called dilatation. This allows the baby to pass through the birth canal and be born. The average length of time first stage takes for a first birth is 10 – 14 hours and about 8 hours for a second baby.

Signs that you might be in labour include

1 Contractions – these may feel like period pain, backache or pain that runs down your inner thigh. They will start off short, mild and far apart and build in frequency and intensity until they are a minute long and two to three minutes apart

2. Your waters break – This is when the amniotic sac or bag of waters that surround the baby break and some of the fluid is released. The fluid may be a gush or just a trickle of fluid. Amniotic fluid is clear to straw coloured and smells different to urine. The colour should not be green, brown or red in colour. If you think your waters have broken at any stage you should put on a pad, take note of the colour of the fluid and ring the Delivery Suite.

Braxton Hicks contractions are the tightenings that are felt in the last few weeks of pregnancy and are very common. They tend to be irregular, don't get closer together or stronger and lying down and resting often makes them go away.

A show is the mucus plug that sits inside your cervix and is often pink in colour or bloodstained. The mucous plug can come away as your cervix starts to soften and stretch. You can have a show hours or even days before contractions start.

Labour contractions start off irregular but will gradually become more regular and stronger. Walking around can sometimes make them stronger and they do not go away when you lie down and rest.

If you experience any of the above or feel you are in labour please call the Delivery Suite. The midwife will advise you whether you need to come in or how to manage at

home. While you are in early labour at home you can contact the midwives if anything changes or you feel you need to come in.

What Happens In Hospital

When you feel you no longer want to be at home or when the midwives advise you to you will come into hospital. The midwives will then assess you and monitor your labour and also inform your obstetrician of your progress.

Generally once you are in hospital the following would occur

- An ID bracelet will be placed on your wrist
- Your vital signs such as temperature, pulse and blood pressure would be taken
- The position of the baby would be assessed by the midwife “palpating” or feeling your abdomen
- The baby’s heart rate would be checked
- Your urine would be tested
- A monitor would be placed on your abdomen for around 20 minutes to assess the baby’s heart rate and your contractions.
- You may have a vaginal examination performed to check your level of dilatation.

The midwife will work with you and your partner to keep you comfortable, give you help and support and stay in contact with your obstetrician throughout your labour.

Many previously held ideas about how long labour should last have recently been shown to not be true and we no longer believe that a women’s cervix should dilate at a rate of 1cm/per hour. The rate of dilatation is not generally a true indication of how labour is progressing and the baby descending or moving down into the pelvis and into the birth canal is thought to be a better guide.

First Stage

Every woman will experience the sensations of being in labour differently. The sensations of labour will increase in intensity as the uterine muscle works harder to guide your baby’s passage into the world. The way a women perceives these sensations and the increasing intensity is affected by many things including personality, social constructs and also cultural factors. Others factors such as fear, anxiety, stress, cold, tension and fatigue will also increase an individual’s perception of pain.

Comfort Measures for First Stage

The following list of comfort measures allow you to work with your labour and manage the sensations as they get stronger and more intense.

Remember that

High levels of oxytocin = increase uterine efficiency

High levels of endorphins = increased comfort

Low levels of adrenaline = faster labour

- Confidence in yourself and support person: “*I can do this!*”
- The presence of your support person which builds oxytocin and helps the process to work more effectively
- Relaxed Breathing: Slow, deep and even – going with the contraction. Try breathing in through your nose and out through your mouth. Do not force the breath out and do drop your shoulders with each breath out.
- Massage: Touch can provide relief from aches, pains and muscle tension. In labour, the back, shoulders, hips and thighs are often areas of tension. Massage should be smooth and continuous and appropriate oil or moisturising lotion often helps.
- Movement: Rocking, walking or stroking. Staying active can keep your mind off the intensity of the contractions and keep you focused.
- Counter Pressure: Steady Pressure to the hips, back or knees continuously throughout contraction.
- Local application of heat: Helps increase blood flow to the body, release endorphins and aid in relaxation of muscles. Please note that heat packs, wheat, bags and hot water bottles **cannot** be used in hospital
- Different Positions: To relax in labour, you need to be comfortable. Try to find a position you find comfortable – either during the contraction to aid relaxation, and after the contraction to conserve energy and rest before the next contraction. Sitting on the toilet is often very comfortable
- Visualization: The mother may have some internal visualization that gives her confidence to get through the contractions; an example could be riding the wave through the contraction or reaching the peak of a climb.
- Music: Pick music that you like that is relaxing; do not use music you have not listened to before.
- Bath or shower: Increases relaxation, decreases the pain, reduces blood pressure and decreases the pressure on abdominal muscles.
- Use of TENS machines: Stands for Transcutaneous Electrical Nerve Stimulation: is a machine that has electrodes that are taped to the back and produce a tingling sensation in the back. It works by releasing endorphins or natural pain killers and helps block pain messages to the brain.
- Emotional Support: It is widely accepted that women who are well supported during labour and birth, have better physical and emotional outcomes.

- **Vocalization:** Make whatever sounds you like. If it works for tennis players and athletes let it work for you! Being vocal and making sounds doesn't have to mean you are in pain and often it is a way of staying focused. Trying to not make any sounds can increase the tension that you feel.
- **Aromatherapy:** Various scents create a subtle ambience and are used to promote positive moods or feelings in the woman. Try lavender, mandarin, frankincense or rose to aid relaxation and decrease anxiety. Please check that any essential oils are appropriate for pregnancy, as some are not. Electric oil burners and battery operated candles can be bought in to Delivery Suite but candles cannot be used
- **Acupressure/ Reflexology:** These techniques decrease pain by releasing endorphins and blocking pain signals to the brain.
- **Hypnotherapy:** This technique needs to be learnt and practiced well ahead of labour. It involves going to an altered state of awareness, then relying on post-hypnotic suggestions given to you over the practiced period to modify your response to the pain.
- **Food and fluid for energy:** As you would with any physical exertion, you need to keep hydrated and nourished. Eat small, easy to digest food in the earlier stages of labour, as you may not feel like eating as the birth gets closer.
- **Comfortable environment:** The room needs to be conducive to relaxation. Is it quiet with the lights dimmed? Can you easily move around? Do you have relaxing music on?

A video will be shown to you during the online session that demonstrates the use of a range of these options and how they can assist you during the birth.

Support Person

The role of the support person often feels overwhelming and as though a lot is expected. Your job however is to support your partner as best you can and women often say that they couldn't have done it without the support their partner gave throughout the birth.

Some of the ways you can support your partner are

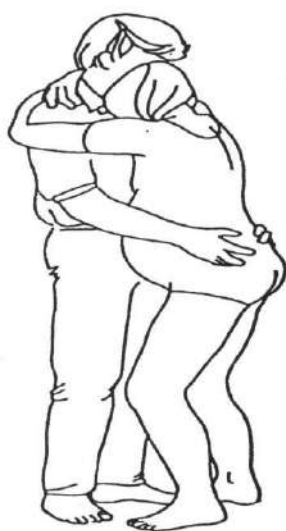
- Reassure her
- Just be there with her, sometimes just your presence will offer comfort & security
- Try and stay calm yourself- breath!
- Offer her small snacks and drinks in early labour to keep her strength up
- Remind her to go the toilet every hour or so to empty her bladder
- Encourage her to go with her body
- Touch & massage
- Help her maintain comfort positions (refer to diagram)
- Try and distract her with walks and changes of position
- Offer praise and encouragement
- Support her decisions

Positions for Labour

First Stage

To relax in labour you must be comfortable. Illustrated below is a range of positions that you may find useful. Experiment with them during your pregnancy to find those that are most comfortable, but be prepared to try them all again when labour is underway. At all times remember:

- That upright forward leaning positions allow gravity to help the baby descend and open up your pelvis.
- You should be as comfortable as possible, supported by people, pillows, bean bags and/or furniture;
- Your knees should be bent to avoid tiredness in your legs and to make pelvic rocking easier. Pelvic rocking is soothing and calming in labour. It also helps the baby turn and descend;
- Your feet should be apart to give a wide base for support and to allow your pelvis to open;
- Be creative in your adaptation of available furniture. If you need extra pillows or a stool or chair, ask for them. Once a comfortable position is found, use it until you find that it is no longer helping you to relax.



Pelvic rocking aids comfort



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It is easy to rest if you are well supported by pillows or a beanbag.



Leaning forward will help reduce the effect of gravity, useful if the labour is very fast.



Knee chest position for a premature urge to push in transition



In second stage you may need to be supported under the arms or shoulders to balance the downward force of the pushing uterus. This can be achieved by being held under your arms, being supported by furniture or by pulling against a firm support. Sitting on a toilet often helps during early second stage as you begin to coordinate your pushing with contractions.



A mirror is useful to allow the parents and the midwife or doctor to easily see the progress of the baby through the birth canal.



Sitting on the toilet often helps early pushing contractions become more co-ordinated.

Breathing for Labour

The breathing rhythm taught is the body's natural responses to labour or how your body would respond if it was not inhibited by the fear, anxiety or tension reaction associated with labour and its associated pain.

Using breathing patterns helps you to cope better with labour

- Breathing awareness during labour aids the proper exchange of oxygen in your body. Oxygen is essential to the proper function of all muscles and is also very important to the baby during labour and especially important during contractions.
- Helping to prevent you from fighting the contractions by trying to gently breath through the contractions
- Helping you relax and “let go” – the more relaxed you are, the less pain you will feel.
- Giving you something useful and positive to do during contractions which may lessen the discomfort

Your breathing pattern should be comfortable and not too deep or too shallow and should go in through the nose and out through the mouth. Try to focus on “letting go” as you breathe out and if you make small moaning sounds or sighs then this is fine. As the contractions get stronger you may need to change the rhythm of your breathing so that it is lighter and more focused in the upper chest.

Remember the following three steps

As soon as you feel a contraction coming

- Relax and ‘let go’
- Concentrate on your focal point
- Commence your simple breathing rhythm

Try during the contraction to keep your mind as much as possible on the breathing rhythm and use a focal point to distract you. Also be aware of the build up of tension in you face, shoulders, chest or hands and try hard to let go as you breath out

When the contraction has gone

- Sigh deeply
- Let go of muscle tension that has built up during the contraction

Pain Relief Options for Labour

The pain of labour is unique in that it comes in a very definite wave like pattern. The sensation of contractions comes from your uterus working hard to open your cervix and nudge your baby down. Intensity builds during the contraction to a peak and then eases so once the contraction ends there is no pain at all.

Every woman will experience labour differently and the need for pain relief should not be seen as less of a birth experience or a defeat. The most important outcome is a positive experience for all concerned.

The following forms of pain relief will all be covered during the workshop and are summarised here

Nitrous Oxide

- Also known as gas
- Is a mix of nitrous & gas that is breathed through a mouthpiece
- The mother controls the intake of gas and the effect stops being felt as soon as it is no longer being breathed
- Is not toxic to the mother and the baby
- Takes the edge of the pain but may not take it away completely
- Can make you feel drowsy or nauseous
- Very effective at stopping the urge to push when the cervix is not quite dilated or when the head is crowning

Pethidine or Morphine

- Is a narcotic drug that is given by injection and takes around 15 minutes for the effect to be felt
- Provides reasonable level of pain relief in the early stages and promotes a feeling of relaxation
- May cause nausea or vomiting so is often given with another drug to reduce the chance of this happening
- Cannot be given too close to birth as it crosses the placenta and may depress the baby's breathing. An antidote called Narcan can be given to the baby if pethidine is given too close to the birth and this occurs
- Can make a woman feel light headed and like they are floating

Epidural

- Is the name commonly given to an anaesthetic injection into the back that causes partial to complete loss of sensation from the waist down and in doing so removes the pain associated with contractions
- Women can still move in the bed but they won't feel anything
- Is administered by an anaesthetist who inserts a fine needle into the mother's back and injects local anaesthetic which works within 10 – 15 minutes. The tube stays in the mother's back and can be topped up as required.
- It allows the mother to be aware during the birth as there is no sedative effect
- Also allows the mother to be awake and aware during a caesarean birth
- The mother needs careful monitoring when an epidural has been inserted as it can induce nausea, vomiting, shivering and also a drop in blood pressure

Transition

This is the period that occurs at the end of first stage and can last from 5 minutes to 45 minutes. Nature designs this part of birth to happen fairly quickly. Typically at this stage you will be around 6 - 8cms dilated so almost fully dilated and the baby begins to descend into the vagina. This is often a difficult time as the contractions become intense, last for 60 – 90 seconds and may be as frequent as one to two minutes apart. It is normal to at this stage to feel

- Out of control
- Like you just can't cope anymore
- Shaky
- Hot and cold
- Nauseous
- Very irritable or anxious

Remember that this phase means that first stage is nearly finished and you are very close to the birth of your baby.

Second Stage

This occurs when the cervix is fully open and the baby enters the vagina and is born. There is no exact definition of how long second stage should last but it can vary from as little as 5 minutes for second and subsequent births to around an hour for a first birth.

The vaginal wall is a muscle that sits in folds or pleats and is designed to stretch and expand with the baby's head. The baby must turn its head when it reaches the pelvic floor and turn so that it can pivot under the pubic bone. As human babies need to manoeuvre their way out of the birth canal there is a big physical effort required from their mother for them to be born. Contractions generally become longer but with more of a break as the baby will come further down with each contraction and recede a little in between.

As the baby's head descends the perineum thins and fans out so it is normal to feel some discomfort or a burning sensation. As second stage progresses however and the baby's head crowns or is born the stinging is often replaced by numbness. When the head is born the baby will turn so that the shoulders are born on an angle with the top shoulder first followed by the second shoulder. The body then slips out.

The best position for second stage is the one that you feel most comfortable in however lying on your back is not the best position for birth. Being upright, on your hands and knees or straddling a chair all allow gravity to help the baby and may help lessen pain by reducing pressure on your back. Your midwife will guide you through second stage and provide assistance and as advise as required.

Third Stage

Your baby is usually placed on your chest after birth and the midwife will wait until the cord stops pulsating before it is clamped in two places and then is cut. The birth of the placenta can then take around 20 – 30 minutes and this is what is called the third stage.

The uterine cavity will shrink when the baby is born which then helps the placenta to peel away from the wall of the uterus. The shrinking of the uterus causes the blood vessels to contract which helps lessen the bleeding. Most women will have an injection to help the placenta come out and reduce the risk of bleeding at this stage.

- For information on donating your baby's cord blood look at www.scbb.com.au
- For information on storing your baby's cord blood and tissue look at www.cellcare.com.au
- For information on donating your baby's placenta look at www.tissuedonationnetwork.org

The Baby after Birth

Having your baby placed on your chest straight after birth is very important as skin to skin contact as well as looking into your baby's face helps you release a hormone called oxytocin which helps to contract the uterus and reduce blood loss. Your baby will also stay nice and warm while on your chest.

Having skin to skin contact with your baby right from birth also helps to establish breastfeeding and although many babies will begin feeding in the first hour after birth others may take a little longer.

The Apgar score is checked on your baby at one minute, five minutes and ten minutes and is an indicator of how well the baby has transitioned to life outside the uterus. The Apgar gives a score out of two for the following breathing rate, heart rate, skin colour, muscle tone and reflexes. The total for each is added and an Apgar out of ten recorded. When you have had some time together your baby will be examined, weighed and measured and have identification tags placed on their ankles and wrists. They will also have an injection of Vitamin K if you have consented to this which prevents bleeding in newborns.

You will be transferred from Delivery Suite within a few hours of birth or when the midwife is satisfied that both you and your baby are both well and ready to move to the Postnatal Unit.

Medical Interventions

To ensure a safe birth for mother and baby some medical interventions are often necessary. The following is an outline of the most commonly performed interventions and will be discussed during your prenatal workshop

Induction of Labour

The due date is only ever an estimate and term is anywhere between 38 – 42 weeks. Occasionally it is necessary to start labour before it occurs naturally. The most common reasons for this are multiple births, diabetes, high blood pressure and when the pregnancy has gone past 41 weeks.

An induction does carry some risks however and there is a slightly higher risk of having a caesarean section where labour is induced.

Labour may be induced by any of the following and sometimes a combination of two methods.

1. Sweeping of the membranes
 - This is where the doctor makes a sweeping motion during an internal examination with their finger and disturbs the membranes.
 - Is sometimes called a “sweep & stretch”
 - Works well at inducing labour closer to term without the need for other methods
2. Prostaglandin gel
 - Prostaglandin is a hormone that occurs naturally in the body and helps to soften the cervix.
 - When a synthetic prostaglandin gel is placed near the cervix it does the same thing and can start contractions.
 - Can take 6 – 18 hours to stimulate labour and may take more than one dose
 - There is a small risk that it can overstimulate the uterus which can stress the baby so close monitoring is required during the process.
3. Amniotomy
 - This also known as an “ARM” or artificial rupture of the membranes
 - The doctor or midwife insert an instrument that looks a little like a crochet hook into the vagina and puncture the membranes that surround the baby.
 - When the amniotic fluid is released it allows the baby’s head to press more firmly on the cervix which can induce labour or speed things up if it is progressing slowly
 - It can take 12 hours for labour to begin after an ARM
4. Syntocinon
 - This is naturally occurring hormone that acts on smooth muscle during labour and makes your uterus contract

- When synthetic oxytocin or syntocinon is given through an intravenous drip it helps the contractions begin or speed up labour if it is progressing very slowly.
- Close monitoring is necessary as an oxytocin infusion is more likely than prostaglandin to produce strong contractions which can put pressure on the baby and cause painful contractions

Monitoring the Baby

Most babies cope well with labour but it is important to assess how they are managing as well as the mother. A change in the baby's heart rate can indicate that they are not managing well and getting enough oxygen and is called "foetal distress".

The following are the most common ways in which the baby's condition is monitored during labour

1. Listening to the heartbeat
 - This is done using a pinnards which is like a trumpet that is placed against the abdominal wall
 - May also be done using a Doppler which is an electronic monitor that listens to the baby's heart
2. Continuous external monitoring
 - This is where a monitor is attached to the abdomen and a continuous trace is seen of the heartbeat and the contractions on a piece of paper
 - Gives a good picture over an extended period of time of how the baby is coping with contraction.
3. Internal monitoring
 - This is where a clip is attached to the baby's head through the vagina so that the baby's condition can be monitored.
4. Foetal scalp pH
 - Involves a few drops of blood being taken from the baby's scalp and gives an immediate picture of how the baby is coping
 - Can indicate that a baby needs to be born straight away

Episiotomy

An episiotomy is a when a small cut is made between the vagina and the anus during second stage. It is most commonly performed to allow more room for the baby to be born or when the birth needs to happen quickly. It can also be performed when the area looks like tearing during the birth. Sometimes small tears occur naturally in the perineal area during second stage due to the stretching of the area.

There is much difference of opinion as to whether is better to have a small tear or a surgical cut. Some think that an episiotomy heals better than a cut while others think that tears are generally less deep and cause less damage, pain and bleeding.

Be guided by your doctor or midwife.

Assisted Delivery

An assisted delivery happens when the baby needs help to be born is most commonly performed using either forceps or a vacuum. The most common reasons for assisting the baby to be born are the mother having difficulty pushing the baby out, the baby being in an awkward position or the baby not getting enough oxygen.

The two types of instruments used are

- Vacuum extraction – also called a ventouse. This is a small suction cap that is attached to the baby's head and allows the doctor to gently pull the baby out with contractions. A vacuum is used more often than forceps
- Forceps – these look like salad servers that gently fit around the sides of the baby's head and are used to help the baby out. An episiotomy is often needed if forceps are required as it provides more space for the baby to come out.

Which method used will depend on the circumstances at the time but clear explanations will be given for this and any other intervention that may be necessary.

Caesarean Section

A caesarean section is where the baby is born by an incision into the lower section of the abdomen typically in the bikini line. It is a fairly common procedure and around 20 – 30% of Australian babies are born this way. It is however still major abdominal surgery.

The decision to perform a caesarean is always made in consultation with the mother and her partner. Caesareans can be planned or an emergency. Some reasons for both are outlined below

Planned Caesareans

- Baby is breech or sideways
- The placenta is lying partially or completely over the cervix
- Twins or triplet

Emergency Caesareans

- Foetal distress
- Bleeding
- Baby's head is too big to fit through the pelvis

Most caesareans are performed under epidural or spinal anaesthetic so the mother is awake through the procedure and is able to be part of the birth experience. If an epidural is not possible then a general anaesthetic is given but this is rare.

Recovery from a caesarean takes a little longer than a vaginal birth and five nights in hospital is the usual length of stay.

Compiled by Carolyn Love October 2012

Revised by Carolyn Love February 2024

Reviewed by Bridget Flannery 21st May 2020

Relaxation

During pregnancy, the body uses more energy than usual to supply the baby's needs. Pregnant women therefore tire more easily and the resultant fatigue makes it just as hard for muscles to relax as it does for them to work. This can lead to generalised body tension, causing stress throughout the body's various systems and this can happen without you being aware of it. A relaxation technique practised daily helps you cope with the extra stress of pregnancy both physically and emotionally. It also enables you to become aware of how relaxation feels for you. As labour is a stress situation your response to each labour contraction may be to hold tight against the contraction. This has several disadvantages.

- The uterus cannot work because the surrounding muscles are tight
- Tension in the muscles in the rest of the body uses up valuable oxygen and energy which the uterus needs
- It is thought that tension may overflow to the involuntary muscle of the cervix causing it to take longer to dilate.
- The hormones released when you are stressed have a direct effect on the ability of the uterus to contract and this may make labour longer

When you are relaxed however less pain is perceived. Relaxation in the first stage conserves valuable energy for the second stage when you are pushing. Relaxation in labour helps give your baby maximum oxygen.

Specific relaxation techniques learnt and practised before labour can be a valuable tool in coping with labour and can also be used once you have the baby. The relaxation techniques for labour help to keep your whole body relaxed while your uterus does its work

Partner participation can be of great value when achieving relaxation in labour by

- Recognising any tension you may have
- The use touch relaxation
- Reminding you verbally to let go

Touch relaxation is the technique of gentle pressure or stroking done by your partner to help you let go. It may be used during or between contractions.

Relaxation Techniques

There are different ways to practise relaxation

Passive relaxation

The first time you practice this type of relaxation lie on your left side. Later you can progress to sitting fully supported in a comfortable chair.

Try to set aside 15 – 20minutes at a time of the day when it is quiet and you are not likely to be interrupted.

- Lie down on your left side with you knees slightly bent and the top leg resting on a pillow. The arms and the whole of the body should feel comfortable and well supported
- Close your eyes
- Make any final adjustments to your position
- Take about three deep breaths slowly in and out and pause slightly between each breath
- Feel your body becoming heavy each time you breathe out and slowly become aware of the small sounds around you.
- Starting from your toes check the whole of your body for any remaining tension
- Then be aware of your breathing do not control it but just observe the breath going in and out. It may be helpful when you breath out to say to yourself “relax”
- Remain like this for 15 – 20minutes
- Then when you are ready be aware of small sounds again and the world around you and your position it
- Stretch or yawn if you want to
- Slowly open your eyes
- Wait a little before you get up to allow the body to adjust to it’s changed state

Quick Release

When you are feeling tense or find it difficult to find the time for passive relaxation a “quick release” relaxation method may help. It is especially useful once you have the baby

To do this you need to

- Take three gentle breaths in through your nose and and slowly out of your mouth
- On the out breath release your body tension by smoothing your forehead, relaxing your jaw or dropping your shoulders

Relaxation Hold & Release

- Tense up as you have been taught
- Then “let go” all over
- Breathe deeply and slowly feeling limp & heavy

Become familiar with the difference between “tensing up” and “letting go”. Tension is tiring and it interferes with the normal pattern of labour. Letting go is your aim through each contraction when dilating.

Labour Tips & Tricks

Early Labour – think distraction & oxytocin

- Breathing & relaxation
- Don't focus on the sensations too much – get baking or walking
- REST & DISTRACTION
- TV – Netflix & happy or funny movies
- Memories – family albums, pictures of your children, holiday snaps
- Music
- Heat
- Massage
- Food / fuel – steak & chips if you need it
- Gentle exercise – walking or swimming think babywise ie upright & forward leaning to encourage head down & spine to the left
- Accupressure - www.acupuncture.rhizome.net.nz
- Visiting a favourite place
- Spending time with family & friends
- TENS machine – google TENS Pregnancy birth & baby and lists will come up
- Talk to your baby – tell her how you want to work together on this journey, how special she is & how you can't wait to meet her!

Established

- Mantra - safe, private & undisturbed
- Other mantras – look at Positive Birth Movement
- Breathing, Relaxation, Visualisation
- Movement & positioning – stay upright & active with contractions
- Open throat & low sounds
- Continuous support & oxytocin builders
- Dim the lights
- Rest in between
- Heat – heat packs / showers / bath
- Hydration / fuel or sips of Gatorade or cordial for stamina when you no longer feel like eating
- Massage
- Toilet seat – good place to sit
- Cold washers on your face
- Aromatherapy
- Acupressure
- For partner – PURR – Position, Urination, Refreshment & Reassurance

Compiled by Carolyn Love October 2012

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Second Stage

- Breathing & control – pant the baby out
- Positioning – upright, legs apart to give extra room
- Cold face washers
- Hydration – small sips of water/cordial/juice between surges
- Toilet
- Heat / water
- Warm compresses on the perineum

Third Stage

- Oxytocin
- Delayed cord clamping
- Skin to skin with baby & first breastfeed
- Mood & environment

Trust yourself
Trust the process
Trust your caregivers

Suggested List of What to Bring to Hospital

For Delivery Suite

- Obstetric card , Medicare card & health fund details
- Loose comfortable clothing
- Dressing gown, slippers or thongs
- Socks
- Toiletries
- Tissues
- Reading material
- Mobile phone & charger
- Small amount of cash
- Please do not bring in valuables, jewellery & large amounts of cash
- Please note - It is not possible to heat wheat bags and hot packs in hot water or the microwave.

For Partner

- Loose comfortable clothing
- Swimming costume
- Camera & video with charger & extra memory cards
- Sleepwear
- Covered shoes
- Toiletries
- Extra snacks and food

Optional

- iPod & dock
- Favourite snacks e.g. trail mix, hard sweet lollies
- Electric aromatherapy burner
- Massage oil
- Champagne

For Postnatal Unit

- Loose comfortable clothing & underwear
- Comfortable shoes, slippers or thongs
- Toiletries & hairdryer
- Tissues
- Maternity bras & maternity pads – 4 x packets minimum
- Watch
- Reading material – books, magazines
- Pen

For Baby

- All clothing, nappies & linen for the baby are supplied
- Clothing & wrap to take the baby home in
- Car restraint – have fitted well in advance of the due date

Recommended Reading List

- The Positive Birth Book – Milli Hill
- Give Birth Like a Feminist – Milli Hill
- Gentle Birth, Gentle Mothering – Sarah Buckley
- Ina Mays Guide to Childbirth – Ina May Gaskin
- Birth Skills: Proven Pain Management Techniques for your Labour & Birth – Ju Ju Sundin & Sarah Murdoch
- Birth With Confidence – Rhea Dempsey
- The Natural Way to Better Birth & Bonding – Francesca Naish & Jannette Roberts

Websites

- www.tellmeagoodbirthstory.com
- www.positivebirthmovement.org
- For Calmbirth workshops www.calmbirth.com.au
- For cord blood donation
www.scbb.com.au
www.abmdr.org.au
- Australian Tissue Donation Network
www.tissuedonationnetwork.org.au
- www.australianbaby.info
- www.birtnet.com.au
- www.maternitywise.org
- [Antenatal perineal massage](#)

Facebook

- Jerusha Sutton Doula Photographer or www.jerusha.com.au
- Monet Nicole Birth Photography or www.monetnicole.com
- The Positive Birth Movement or www.positivebirthmovement.org
- Essential Baby

Instagram

- Australianbirthstories – Sophie Walker
- Jerushasutton
- monetnicolebirths

Apps

- Freya + Surge timer \$4.99 – guided meditations and relaxations and breath awareness for labour

Spotify Music

- Marconi Union – Weightless- also on iTunes
- Pregnant music 2017
- 50 Best Lullabies Ever
- Classical Lullabies

References

NSW Health (2009). Having a Baby

Bennett.V. R. & Brown, L. K. (1993) Myles Textbook for Midwives