

Childbirth Basics



US NAVAL HOSPITAL
OKINAWA, JAPAN

Childbirth Basics



- Signs of Labor
- When to go to the hospital
- Stages of Labor
- Breathing and Relaxation Techniques
- Labor Coaching and Support
- Hospital Procedure
- Options for Pain Relief
- Tour of Labor and Delivery

Before Labor Begins



- **Hours, days, or even weeks before Labor:**
 - Lightening – aka, the “baby has dropped”, sometimes accompanied by increased perineal or groin pain
 - Loss of weight
 - Increased vaginal secretions and/or loss of mucous plug
 - Increase in Braxton-Hicks contractions
 - Nesting, burst of energy
 - Diarrhea



Labor



- Every woman's labor experience is Different
- What's common to most in labor?
 - Regular Contractions
 - Gradually get longer, stronger, closer together
 - Generally Increase in intensity with walking/activity change
 - CAUSE CERVIX TO DILATE



True vs. “False” Labor



Action	True Labor	False Labor
Walking	Increases the strength of the contraction	Decreases strength of contraction
Strength	Contractions become more painful	Contraction pain does not increase
Timing: Frequency and Duration	Contractions are REGULAR and contractions get longer	Contractions are irregular and the duration does not increase over time
Location of Pain	Begins in the lower back and wraps around the front, sometimes down the legs	Stays in the lower abd
Cervix	Dilates	No significant cervical change.
Drinking fluids	Does not affect the frequency or duration of contractions, is productive in labor	Will slow down contractions

When to go to the hospital



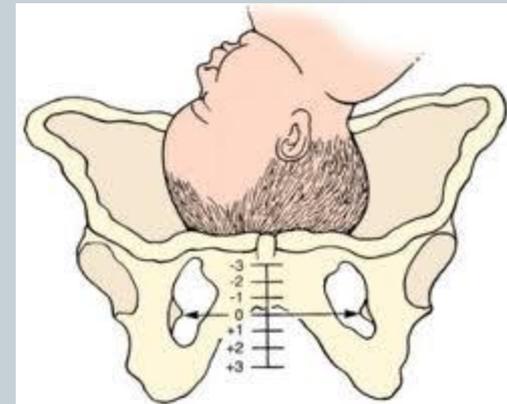
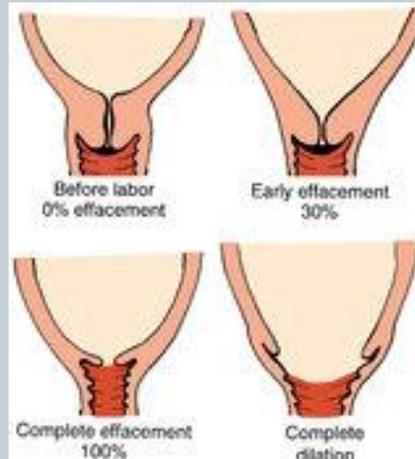
- **For LABOR :**
 - Contractions have intensified and are approx. every 5 minutes x 2 hours
 - Bag of Water Breaks
 - ✦ Gush of fluid
 - ✦ Slow leak
- **Other Symptoms requiring immediate **Medical Attention****
 - Decrease in Fetal Movement
 - ✦ Kick counts
 - Vaginal Bleeding
 - Severe or Persistent Headaches not resolved with Tylenol
 - Blurry Vision
 - Abnormal Abdominal Pain
 - Fever
 - Pain or Burning with Urination

Exam



Cervical Exam: What do all those numbers mean?

→ Dilation/Effacement/Station



Stages of Labor



- Stage 1:
 - Early (Latent) Labor: 0-3 cm
 - ✦ Feeling: Excited, relieved, apprehensive, impatient, anxious to progress
 - ✦ What to do: walk, Carry on (without overexerting), eat light meals
 - Active Phase: 4-7 cm
 - ✦ Feeling: growing seriousness, increasing concentration, apprehension, uncertain if you can do it
 - ✦ What to do: Walk if you can, warm shower, breathing techniques, go to the hospital
 - Transition Phase: 8-10 cm
 - ✦ Feeling: Nausea and vomiting, irritable, desire to give up/go home, chills and shaking, rectal pressure
 - ✦ What to do: Relax and rest between contractions, breathing techniques, take one contraction at a time

Stages of Labor (cont)



- **Stage 2**
 - 10cm-birth of the baby
- **Stage 3**
 - Placental separation and expulsion
- **Stage 4**
 - Expulsion of placenta until 2 hours post delivery



Relaxation Techniques



- **Focal Point (s)**
 - Consider a favorite newborn outfit? an ultrasound picture?
- **Sounds**
 - Listening to relaxing music
- **Scents**
 - Calming scents - essential oils?
 - ✦ Lavendar, sage, rose, jasmine
- **Touch**
 - Massage
 - Counter pressure
 - Heat/cold (hydrotherapy)

Birthing Balls



Change positions as much as necessary using ball or other available equipment (pillows, chairs, stools, etc.)

Breathing Techniques



- **Early Labor**

- Cleansing breath at beginning and end of contraction
- Find focal point; concentrate and relax; inhale through nose and exhale through mouth
- Slow Chest Breathing : IN-2-3-4, OUT-2-3-4

Breathing Techniques



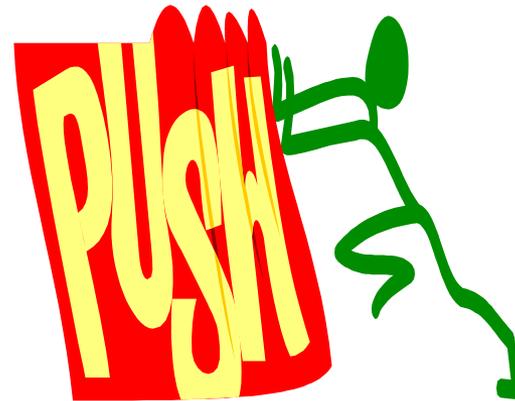
● Active Labor

- Shallow Breathing: use this when slow chest breathing is no longer effective
- Begin and end with cleansing breath
- IN-2-3 OUT-2-3; same as slow chest breathing
- You're not filling up your lungs completely
- OR “hee hee hoo”
- Much smaller breaths

Labor Coaching and Support



- During the pushing phase you have a very important role!
 - Counting vs. Mother paced
 - Maintaining count
 - Leg stabilization
 - Helping to change positions
 - Keep mother focused during difficult times
 - Filtering visitors during this time



Hospital Procedure:Triage

What to Expect



- **Checking in to Triage**

- Vital Signs
- Fetal Monitoring
- Vaginal Exam
- Sterile Speculum Exam
- Admission?
 - ✦ Bag of Water is broken
 - ✦ cervical dilation is 6cm or greater WITH regular contractions
 - ✦ Any problems with mom or baby that warrant close observation



Hospital Procedure

What to Expect



- **Labor and Delivery**
 - IV policy
 - Monitoring
 - Nursing Interventions
 - Epidural → foley catheter
- **Cesarean Section?**
- **Neonatal Care:**
 - Rooming in or NICU
 - Newborn procedures
- **Post-partum**



Options for Pain Relief



- Relaxation/Breathing Techniques
- IV Medications
 - Fentanyl
 - Stadol
 - Nubain
 - Morphine



Options for Pain Relief (cont)

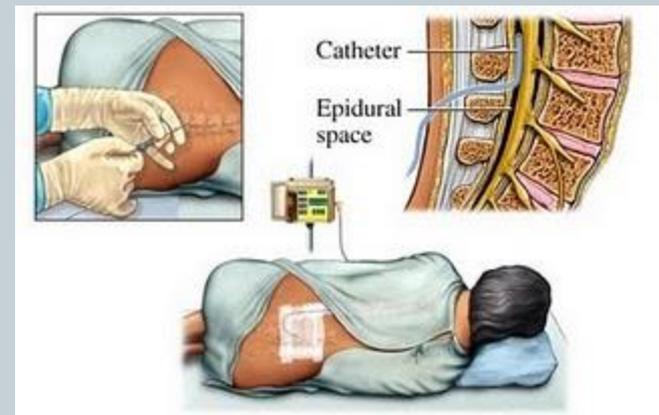


- Anesthesia

- Epidural

- ✦ Epidural blocks the nerve impulses from the lower spinal segments resulting in decreased sensation in the lower half of the body.

- CSE (Combined Spinal Epidural)



Hospital Procedure

What to Expect (cont)



- **“Scheduled” Induction of Labor**
 - Elective Procedure based on room/staff availability
 - Common methods for labor induction
 - ✦ Cytotec
 - ✦ Foley balloon
 - ✦ Pitocin
- **Discharge from hospital**
 - Usually within 48 hours or less



QUESTIONS?

