

Healthy Birthing



A NEW LIFE

Thinking About Childbirth

Childbirth is a normal, natural event. Even so, many women feel both worry and excitement when they think about giving birth.

It is helpful to learn about childbirth. Knowing what to expect will make you feel ready. If you know how to breathe, relax, and be comfortable while giving birth, you may decide that you can do it!

Learning about childbirth will also help you to make plans for your baby's birth. Most hospitals want to meet the needs of the whole family. You can learn about family-centred care and about other choices when you go to prenatal class. You may want to visit your hospital, and talk with your health care provider. When you know what your choices are, you can make the choice that is best for you.

When YOUR baby is being born, childbirth becomes very special.

When you know more about childbirth, you may find that you worry less. The goal is to relax and to have confidence in yourself.

A birth partner is someone that a woman chooses to help her during labour and birth. The birth partner stays with a woman and offers support when she is having the baby.

A Message for Birth Partners

If you are a birth partner, you can help by:

- Going with the mother to at least one prenatal visit.
- Visiting the hospital together before labour and birth.
- Reading and learning about ways to help her during childbirth. This section is a good place to start.
- Going to prenatal classes with her.
- Taking time to practice with her how to breathe, relax, stay as comfortable as possible, and change positions.
- Giving active support to help her breathe, relax and stay as comfortable as possible during labour.

Anyone can be a birth partner — a husband or partner, family member, or friend. You don't need any special skills. You just need to be there and to care.

Planning for Your Baby's Birth

The first step in planning for birth is to find out what choices are offered in your community. Talk with your health care provider or your prenatal class leader. Visit the hospital for a tour. You can also learn a lot by reading.

Once you know what your choices are, you can start thinking about the kind of care you would like during labour, birth, and afterward. You may want to make a list. Or, you could just keep the ideas in your mind. If you want to make sure things happen, be sure to share and discuss your plans with your health care provider and the hospital staff.

All women hope and plan for a normal, safe birth. But no one knows what will happen during your labour. If problems arise, you may not be able to have things as you had hoped. Even so, the time you spend thinking about, planning, and talking about birth is a good way to create a happy experience. You may want to make a list or make a Birth Plan.



Birth Plan

A birth plan is a tool to help you feel more prepared for the birth of your baby. It provides a starting point for you to:

- Express your fears, expectations, wishes and needs with your physician/health care provider.
- Learn and discuss the options available and best practices for labour and birth at the place of birth.
- Decide on ways you want your partner/support person to be involved.

It is helpful to complete the birth plan after you attend Prenatal and Breastfeeding Classes. Learn as much as possible about labour and birth, so that you can develop the safest and most suitable plan for you and your baby. You can use this form, or you can write your own birth plan.

Information to consider and discuss with your health care provider

Coping with Contractions

During early labour, women have found different comfort measures helpful when coping with the discomforts of contractions. Some of the following things may help:

- Taking a shower
- Walking
- Wearing your own clothes or pajamas
- Using birthing balls
- Listening to music
- Using a special “focal point”
- Using pillows for support
- Hot and/or cold compresses
- Massage

There are medications available for pain management in labour. Some of these may be:

- Entonox (laughing gas)
- Fentanyl
- Morphine
- Epidural

The Birth of Your Baby

During the pushing stage of your labour your nurse and your support person will help you to find comfortable positions. These can include:

- Using a squatting bar
- Laying on your side
- Sitting on the toilet to begin the pushing process

After the birth of your healthy, full-term baby, he/she will be placed tummy down, directly on your chest, “skin-to-skin”. It is important for your baby to stay skin-to-skin for the first 1-2 hours after birth to help your baby transition to life on the outside. It also helps to get breastfeeding started successfully.

Other discussion topics

While you are at the prenatal class/breastfeeding classes or reading about labour and birth, write down any items that you have questions about. Some common things that parents will ask about are: external fetal monitoring, internal fetal monitoring, forceps/vacuum delivery and episiotomy.

Birth Plan

My name: _____

My support person(s) for labour will be: _____

The most important issues for me, regarding my labour and birth are: _____

My fears and concerns about labour and birth are: _____

For comfort measures during labour, I would like to use: _____

I would like my partner/support person to be involved in the following ways: _____

I have received information about infant feeding choices and feel I would like to: _____

Mother's signature: _____

Date reviewed with physician: _____ Physician's Signature: _____

***Note:** The physicians and nurses at the hospital will be there to offer support, education, and assistance throughout your labour. They will also discuss any changes in the status of your labour as these come up.*

How Can I Prepare for Childbirth?

In this section, we talk about ways you can get ready for childbirth.

Labour and birth are hard work. Being as comfortable as possible takes thought and effort. There are two keys. The first is knowing about labour and working with it. The second is learning about and practising as many ways to be comfortable as you can. You never know what will feel good during labour, so we suggest you learn a few ways. That way you can use all of them, if you need to.

For nine months, your baby has been growing in your womb (uterus). The uterus is made of very strong muscles. They stretch as your baby grows. The tip of the uterus, called the cervix, opens into the vagina. When you are pregnant, the cervix is thick and stays closed with a mucous plug (this is circled in the drawing).

When you are in labour, the muscles of the uterus tighten and relax. This allows the cervix to open and helps the baby move out of the uterus and down the vagina. Your uterus tightens (contracts) and then relaxes, over and over, until your baby is born. This tightening and relaxing is called “contractions.”

What Happens during Labour and Birth?



Labour is divided into three stages.

First Stage

The cervix gets thin (effaces) and opens up (dilates). During the first stage of labour, your cervix slowly opens from 1 centimetre to 10 centimetres. The first stage often lasts for 12 to 18 hours.

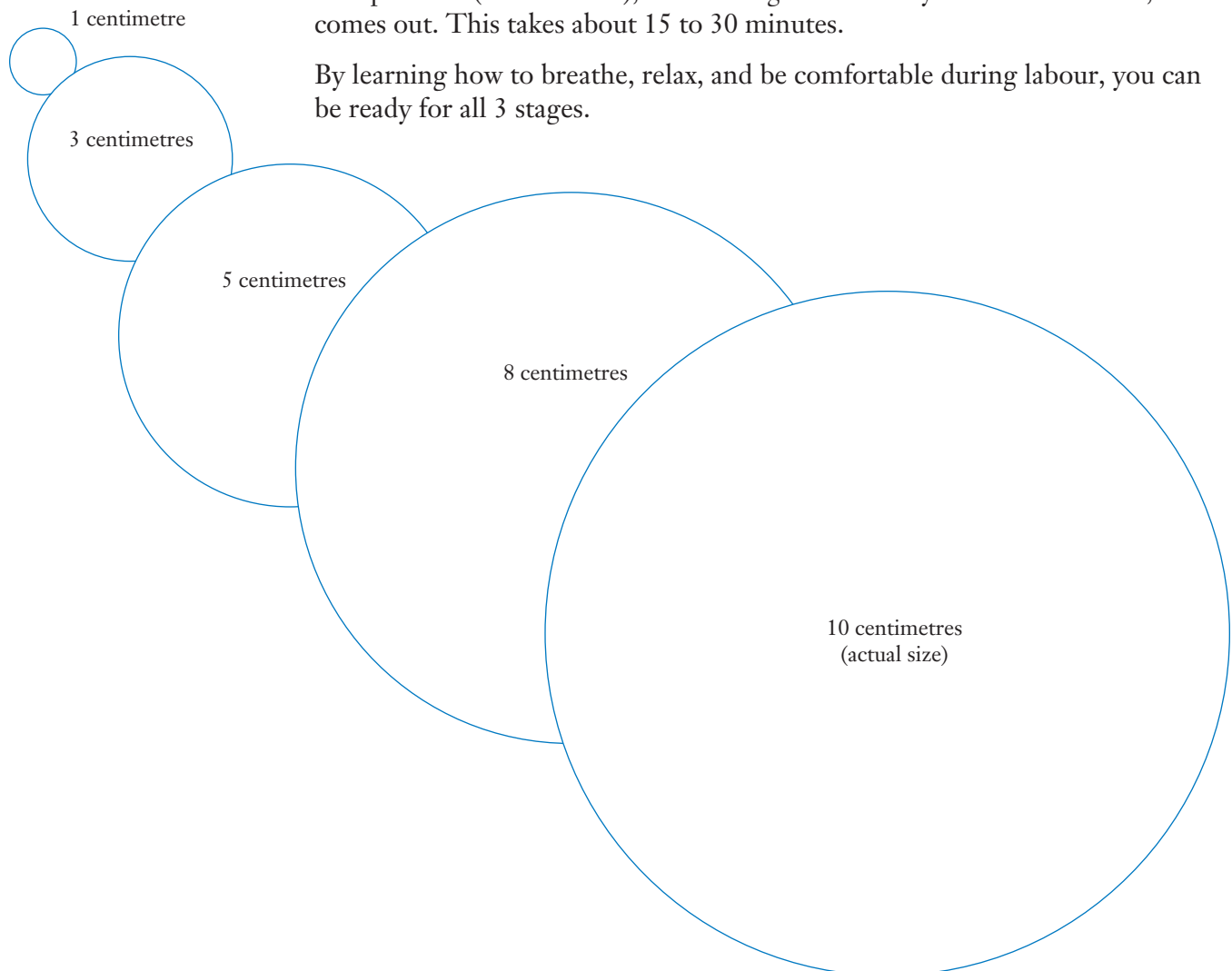
Second Stage

When your cervix has opened to 10 centimetres, the doctor or nurse will say it is “fully dilated”. This stage takes between 1½ to 2 hours.

Third Stage

The placenta (or afterbirth), which has given the baby food in the womb, comes out. This takes about 15 to 30 minutes.

By learning how to breathe, relax, and be comfortable during labour, you can be ready for all 3 stages.



This is one of the best ways to help yourself work with contractions during labour. You will find details on how to relax on page 124 in Section 6 - Healthy Activity.

You do not know what will feel good during labour, so we suggest that you practise relaxing in many positions. Try to practice the positions of labour and birth shown. There is only one position to avoid. When you are relaxing, you should not lie flat on your back. This is because the weight of your uterus will press on your blood vessels and can reduce blood flow to you and your baby.

Now is a good time to practise all of the positions you can use during labour. If you practise, then they will feel comfortable to you.

Doing the exercises in Section 6 - Healthy Activity, will help to stretch your body and make it strong. Then, these positions will feel good to you.

Here are some things to remember for when you are in labour:

- **Walk** as much as you can for as long as you can. Walking helps make your contractions less painful and stronger. You need strong contractions to help the baby be born.
- **Sit up or stand up** for as long as you can. Your uterus works best while you are upright.
- **Keep moving.** Try to stay out of bed as much as possible.

Learning to Relax

Positions for Labour and Birth

Positions for First Stage

Walking



Standing

- Leaning forward while standing
- Sway your hips side to side



Kneeling

- On hands and knees
- Leaning forward onto chair



Semi-sitting

- In chair with feet up
- Propped up with pillows

Sitting upright

- Tailor sitting
- Leaning forward into the support person and held under the arms
- Leaning onto the back of a chair
- Leaning onto back of the toilet
- Sitting upright on a birthing ball

Side-lying

- With leg on pillows



Rocking



Positions for Second Stage— Pushing

Squatting

- Supported squat
- Support for buttocks



Semi-sitting



Side-lying

- With leg on pillows
- With leg supported by partner



Kneeling

- On hands and knees
- Leaning forward onto chair
- Leaning forward onto lap



Massage

You do not know what kind of massage is going to feel good when you are in labour. We suggest that you try many kinds of massage. Then, when the time comes, you will have some choices.

Some tips for the person giving the massage:

- You need to relax and breathe. Being calm will help the woman stay calm too.
- Start with a gentle but firm touch.
- Put your whole body into the massage, not just your hands and arms. You might find that it helps to rock back and forth as you massage.
- In some of the positions shown for labour and birth, the woman in labour leans or rests against her labour partner. Most of these positions are good for massage.
- Massage is more than a back rub. You can also massage, arms, legs, inner thighs, hands, feet, neck, face, and scalp.



Effleurage

Different ways to do massage

Using fingertips: You can stroke the stomach area (abdomen), lower back, or thighs using your fingertips, with hardly any pressure. You can do this in curves, circles, or figure eights — whatever feels good.

Counter pressure: This is a firm, steady pressure to the lower back. Use the heel of your hand and lean with all of your body weight. Making small circles with your hand as you press can also help. It's good to use counter pressure during contractions. It can help to ease back labour, when the mother is feeling the contractions in her back. Push on the part of the back where the woman says she hurts.

Stroking: Use slow, easy, gentle strokes with your whole hand. You can stroke in any direction and on any part of the body. Apply very little pressure, and allow your hand to fit into the shape of the body.



Counter pressure



Stroking

Finding ways to be comfortable

Many women find the tips in this section are helpful. Try them all and try other things, too. Find what you like best.

Heat and cold

Wiping your forehead with warm or cool cloths can help you relax.

Try a warm bath or a warm shower.

It may also feel good to hold a hot water bottle against your lower back or lower stomach (abdomen). Some women find an ice pack is better than a hot water bottle.

Music

Bring a CD player with headphones or “iPod” to the hospital. You may find that music helps you relax and feel at home. If you have been listening to nice music while you practice breathing and relaxation, hearing that music may help you relax again.

Focus points

Women need to concentrate during contractions. The best way to do this is to find something to focus on. Your focus point can be a picture, a toy, your partner’s face, or a crack in the wall. It can also be something inside yourself. You can think about a peaceful place, recall a happy time, or imagine your uterus opening up to let your baby out. You may find that your focus point changes as labour continues. For example, early in labour, you may find it helps to look inside yourself. When labour gets more intense, you may need to focus outward and look at your partner’s face. You may wish to close your eyes to focus on your breathing.

Fluids

During labour you need to keep drinking to replace the fluids you lose. Drinking also helps keep your energy high. Drinking clear liquids will help you feel more comfortable by taking away your thirst. Clear liquids include: water, tea without milk. If you have a very dry mouth, sucking on ice chips or a wet washcloth may help.

Be aware that every labour is different. There is no right way or wrong way for you to be when you are in labour. Try as many ways to be comfortable as you can until you find the ones that you like best.



Comfort for Back Labour

Most women feel contractions in their lower abdomen. But about one out of four women will feel them in her back. This is called “back labour.” It happens when your baby’s back is pressing against your back. You will feel the pain just below your waist and it will stay with you for most of the first stage of labour.

All of the tips for dealing with labour will help with back labour. Here are some that might help the most:



Move into positions that take the baby’s weight off your back

- Get down on your hands and knees
- Lean forward while standing or sitting
- Lie on your side
- Sit on the floor with your partner so that your backs are touching. Then rock side-to-side or forward and back.



Massage

- Firm massage to your back, hips, and thighs.
- Firm counter-pressure with palm, fist, or heel of the hand into the place where you are feeling the most pain.



Heat and cold

- Place a hot water bottle or ice pack against the place where you feel the most pain.
- Stand or sit on a chair in a shower, with the water hitting your lower back.

Breathing for Labour and Birth

Breathing is something we do not think about very often. But during childbirth, paying attention to how you breathe can make a real difference. Learning to breathe in new ways can help you relax during labour. Your breathing can help you work with your contractions.

There are three levels of breathing used during the first stage of labour:

- Slow, deep breathing
- Faster, shallow breathing
- Breathing that involves panting-and-blowing.

Most women begin with slow, deep breathing and keep on using it for as long as it feels good. It is the most restful and least tiring way to breathe. You should move to the faster, more shallow breathing only when you feel you need to.

The way you use your breathing will be your choice. We suggest you use these tips in the best way to help you during childbirth. It is very important that you practice your breathing before labour starts. Your health care provider will help you find what breathing techniques work for you.

Your normal breathing may be faster or slower than someone else's. Begin by trying to relax and to breathe in a way that feels comfortable to you.

To use slow, deep breathing during labour:

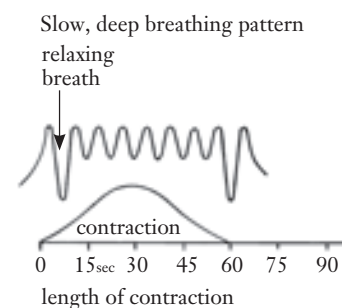
- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth. Whether you breathe through your nose or mouth is up to you. Do what feels as comfortable as possible and natural.
- Breathe in slowly, feel your abdomen rise and your chest expand.
- Breathe out slowly, feel your abdomen and chest relax and fall. Keep your mouth slightly open and soft. When you breathe out, it should sound like a small sigh.
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.

How to practise slow, deep breathing:

You or your partner can place a hand on your abdomen or chest. Watch how your body rises and falls with each breath. Your partner can also make sure that your arms and shoulders are relaxed at all times.

In labour, you will use this kind of breathing during contractions that last from about 30 to 60 seconds.

Slow, Deep Breathing

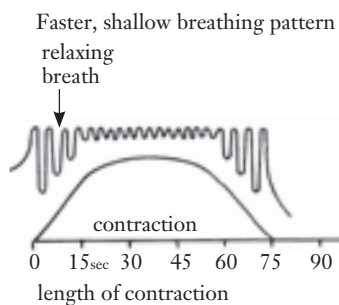


Faster, Shallow Breathing

This is the kind of breathing you can use when your contractions become more intense. It can also be used when you find it hard to stay relaxed while using slow, deep breathing. Faster, shallow breathing is done more quickly and higher in your chest than slow, deep breathing.

To use faster, shallow breathing during labour:

- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth.
- Keep on breathing in through your nose or mouth and out through your mouth at the speed that feels comfortable. As the contraction gets stronger, switch to faster, shallow breathing.
- As your contraction gets stronger and your breathing gets faster, start to breathe in and out through your mouth. Keep your mouth soft and relaxed.
- As your contraction begins to end, slow your breathing down and go back to breathing in through your nose or mouth and out through your mouth.
- When the contraction ends, take another relaxing breath.



How to practise faster, shallow breathing:

Start by practising the faster, shallow parts of this breathing first.

Take a relaxing breath and then begin breathing in and out through your mouth. Use light, shallow breaths.

Try breathing at different speeds until you find one that is as comfortable as possible for you. Practise this breathing until you can stay relaxed and comfortable for 60 to 90 seconds.

When you are comfortable with the fast, shallow part, you can start with slower breathing, then speed up, and then slow down again.

This helps you to relax when the contractions are longer and stronger and you cannot relax with other breaths.

Panting-and-blowing breath is done through your mouth. The basic pattern is this: you take several fast, shallow breaths in and out, and then you blow out.

These shallow breaths make a very quiet “heh” sound. You can do this at a speed you like. Many women find it comfortable to use “Heh, heh, heh, blow” (3 pants to 1 blow). You can also try other patterns, like “heh, heh, blow” (2 pants to 1 blow) or “heh, heh, heh, heh, blow” (4 pants to 1 blow). Try them all so that you can choose the one that works best for you.

To use panting-and-blowing breath during labour:

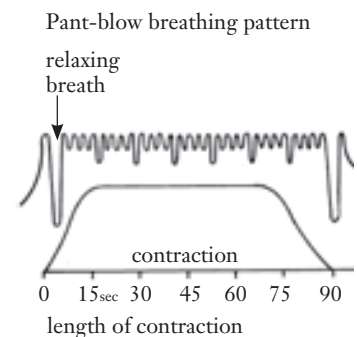
- When the contraction starts, take a relaxing breath—in through your nose or mouth and out through your nose or mouth. Place your tongue behind your upper teeth.
- Take several fast, shallow breaths, in and out through your mouth. Relax your tongue. Blow out through your mouth.
- You can use the speed you like, for example, “heh, heh, heh, blow.”
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.

How to practise using panting-and-blowing breath:

This kind of breathing is used during “transition,” a part of labour that comes toward the end of the first stage. When you are at this stage of labour, contractions can last for about 90 seconds. They may come very close together.

Practise until you can stay relaxed and as comfortable as possible for 90 seconds while doing panting-and-blowing breath.

Panting-and-Blowing Breath



Breathing to Help You Avoid Pushing

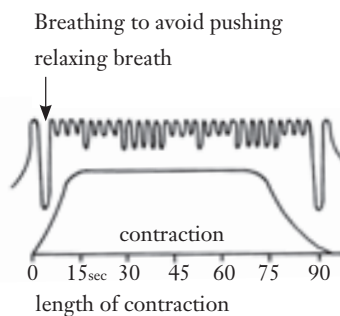
Sometime, near the end of the first stage of labour, women want to push the baby out. There are times during labour when you might want to do this, but your doctor or nurse will tell you NOT to push.

When you are asked NOT to push during labour:

- If you feel you want to push during a contraction, lift your chin and shift from panting-and-blowing breath to simply blowing out. Do this until the urge passes. Then return to your panting-and-blowing pattern. For example: “heh, heh, heh, blow; heh, heh, heh, blow; blow, blow, blow, blow; heh, heh, heh, blow.”

How to practise breathing to avoid pushing:

- When you practice your panting-and-blowing breath, have your partner say “urge to push.” Then, change to blowing out for a few seconds until your birth partner says “urge passes.” Then return to panting-and-blowing breath.



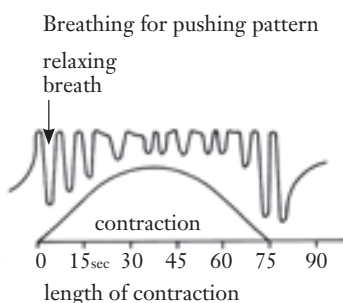
Breathing While Pushing

Once your cervix is fully open, the doctor or nurse will ask you to push when you feel the urge. You might want to push more than once during each contraction. We have given you two kinds of breathing to use while pushing. Practise them both, and during labour use the one that works best for you.

When pushing during labour:

- When a contraction begins, take a relaxing breath — in through your nose or mouth and out through your nose or mouth.
- Use the kind of breathing that feels as comfortable as possible until you feel the urge to push.
- When you feel the urge:
 - Relax your pelvic floor muscles
 - Tuck your chin in and curl your upper body forward
 - Purse your lips and breathe out very slowly as you bear down and push
 - Keep bearing down and letting the air out slowly until the urge to push leaves
 - Pull back your legs to open up the pelvis.

OR



- Hold your breath and bear down while you count to 6. Take a quick breath and bear down for 6 seconds more. Repeat until the urge to push leaves.
- Return to the breathing pattern you like, until you feel another urge to push.
- When the contraction ends, take another relaxing breath.

How to practise breathing for pushing:

Have your partner say “urge to push.” Start to do the breathing for pushing until your partner says “urge passes.” Then return to the breathing pattern you like. Pushing contractions can be as long as 90 seconds.

Don’t actually push when you practise this. Focus on letting your pelvic floor muscles relax, and imagine the baby moving down and out.

In the next section, “Practising for Labour,” we provide details on how you and your partner can practise breathing patterns and ways to be as comfortable as possible so that you will be ready for labour.

Doing this kind of practice is a chance for you and your partner to really try all the new skills you have been learning.

Before actors present a play, they do a rehearsal. That’s what you and your labour partner will be doing.

Your partner will talk to you and pretend you are having contractions. You will practise breathing and relaxing during these pretend contractions. Your partner also checks to be sure that you’re relaxed. If you are tense, gentle stroking or touching can help you relax.

Try to practise all the different breathing patterns. The goal is for you to find them normal and natural when you use them during labour.

During this rehearsal, you can also use focus points to help you concentrate, and massage to help you relax. If you want to use “Your Guide to Labour and Birth” on pages 161-170, do so.

Practising for Labour

For your labour rehearsal:

- Find a comfortable position.
Remember to practise in a number of positions, so you will be able to breathe and relax when you are standing, sitting, or walking.
- Practise breathing with pretend contractions.
Use a clock or a watch with a second hand to keep time. Begin with contractions that are about 30 seconds long and go as high as 90 seconds.
- In practice and in labour, start and end each contraction with a relaxing breath.
Breathe in slowly and deeply through your nose or mouth.
Breathe out slowly through your nose or mouth.
Whether you breathe through your nose or your mouth is up to you.
Do what feels most comfortable and natural.

To practise breathing through a contraction:

- Note the time.
- Say, “contraction begins.”
- Take a relaxing breath.
- Do your breathing pattern.
- Say “contraction ends.”
- Take a relaxing breath.
- Practise all the breathing patterns until you feel relaxed and as comfortable as possible doing them. Have labour “rehearsals” as often as you wish.



Questions about Medical Help During Childbirth

Most births are normal and safe. Prenatal classes are important for preparing you for labour and birth. But no matter how well you prepare, you cannot be sure that all will be as you planned.

Ask questions now. If you talk to your health care provider when you are pregnant, you will feel more relaxed talking to him/her if you need medical help during labour. To choose what is right for you and your baby, you need to know what to expect.

Very few women have their babies on their due date. A normal pregnancy lasts between 38 and 42 weeks. If labour does not begin around this time, your doctor will watch you carefully.

What if I am still pregnant after my due date?

Induction

Helping to get labour started is called “induction.” Labour is induced for certain reasons:

- The mother has a medical problem such as heart disease, diabetes, or high blood pressure.
- The baby has some problem and needs to be born soon.
- The doctor decides that your pregnancy is “post-term.” This means that you have been pregnant longer than is safe for you or your baby.
- Your water has broken but labour has not started.

Labour is “induced” with medication. You may be given medicine to help your cervix open, or to make your uterus start contractions. Some women get medicine to do both.

Talk with your doctor if you have more questions about this.



What Is Fetal Monitoring?

Fetal monitoring is a way to check on the effect that labour has on the baby's heart rate.

There are different kinds of fetal monitoring. The kind of monitor used when you are having a baby depends on what the nursing staff and the hospital have. It also depends on whether any problems arise during labour. Here are 3 common ways to do fetal monitoring:

1. Fetoscope

A fetoscope looks like a stethoscope. The nurse or doctor will use a fetoscope to listen to your baby's heartbeat.

2. Doppler Ultrasound

This is a small ultrasound machine that the nurse or doctor holds in their hands. It is pressed against your abdomen to hear the baby's heartbeat. Your baby's heartbeat will be checked depending on the stage of labour you are in.

3. Electronic Fetal Monitors

Your baby's heart rate and your contractions can be recorded using a machine called a fetal monitor.

There are two kinds of electronic fetal monitors:

- The external monitor is held in place by two belts wrapped around your belly.
- The internal monitor uses a small clip that is passed through the open cervix. The clip is attached to the baby's head. This does not hurt the baby.

Some hospitals use an external electronic fetal monitor for about 20 minutes when you first arrive. Then some kind of fetal monitor will be used at different intervals (called intermittent auscultation) from the start to the end of labour, to check on the baby's health.

If you would like to know more about fetal monitoring, or about how it is done in your hospital, talk to your doctor, hospital nurses, or the leader at your prenatal class.

What about Pain Relief?

Everyone feels the pain of labour in a different way. Learning to breathe, relax, and change to comfortable positions may be all you will need to help you during labour. Some women find that these are not enough. They want other kinds of pain relief. Having a trusted person to support them during labour helps women manage labour pain better. Most women find that they feel better during the early and late stages of labour when they are walking, standing, leaning, or sitting. A rocking chair can be very comforting. Remember to take short rests, eat light snacks, and drink plenty of water.

Not all kinds of pain relief are offered in all hospitals. Talk to your doctor during your pregnancy to find out what he or she suggests, and to find out what is offered in your hospital. Visit the hospital and ask questions.

Here are some of the kinds of pain relief that women have during labour:

Narcotic Analgesics (Pain Killers)

This kind of medicine is usually given (injected) with a needle in the hip muscle or by an intravenous line. It is the most common kind of medicine for pain relief in labour. You may feel the effects within minutes if given intravenously, to about 15 - 20 minutes if it is given by needle into a muscle. You will also feel sleepy.

Many women find that this kind of medicine makes them feel more comfortable during labour. Others find they do not work well. Some women may feel like throwing up (nausea) or they may throw up (vomit).

Analgesics can build up in your system and affect the baby's breathing after birth and can have an effect on the breastfeeding process. For this reason, the amount that you are given depends on the stage of labour and your baby's condition. If your baby is sleepy at birth, a health care provider will use positive pressure with a breathing bag to help your baby breathe.

Entonox/Nitronox

Entonox/Nitronox is a mixture of oxygen and nitrous oxide. You breathe it through a face mask or tube that you hold yourself. You inhale slowly and deeply when a contraction begins. You continue to breathe Entonox/Nitronox during the contraction. The Entonox/Nitronox is removed when you push, so that you can push effectively, then it is returned between contractions.

This medicine is used mostly during transition (the end of the first stage of labour), when contractions are very strong. It is also used to help with pushing during second stage. It can be given safely at the start of the first stage as well. It can help you to relax. You will feel like you are floating. You may feel dizzy. Some women feel like they might throw up (nausea). Others throw up (vomit). It does not harm the mother or baby. The effects go away when you breathe normal air.

Local Anesthesia

These drugs are injected around your vagina (the perineum) to numb the area. This is like the freezing you have when you go to the dentist. This medicine is used during birth if you are going to have an episiotomy (a small cut to make your vaginal opening wider) or if you need forceps or vacuum extraction. When the medicine is first injected you may feel some stinging. Later, you will feel nothing.

Epidurals

This kind of pain relief involves injecting medicine into your lower back. The drugs take away most of the feeling between your waist and the tips of your toes. An epidural is a local analgesia that allows you to stay awake during birth. The doctor can give you the right amount so that you will be able to feel when you should push during the birth.

An epidural may be used if your labour is not progressing, if you are really tired (exhausted), or if you need to have the baby by cesarean or with forceps. An epidural can slow labour down if it is given before labour is really started. Most doctors avoid this by waiting until your contractions are regular and it has been determined that you are in active labour.

Only a specially trained doctor can give an epidural. Because of this, not all hospitals offer this kind of pain relief. Women sometimes have a bad headache after having an epidural.

TENS (Transcutaneous Electrical Nerve Stimulation)

TENS is a safe way to reduce pain. It uses a mild electric current to fool your nerves so you feel less pain. It is safe for both the mother and the baby. The TENS machine is connected to your skin by electrodes placed on your belly or back.

To use TENS during labour, a physiotherapist needs to show you how to use the machine. Talk with your doctor or a physiotherapist if you want to know more.

An episiotomy is a cut made between the vagina and rectum. It is done to make more room for the baby to be born. The cut is usually done right before the birth. The area where the cut is made may not have much feeling in it because of pressure from the baby's head. You will also get a local anesthetic. After the baby is born and the placenta is out, the cut is sewn with stitches that dissolve as the cut heals.

Most doctors only do an episiotomy if it is necessary, for example during a forceps delivery or if the mother is having a hard time pushing the baby's head out. Talk with your doctor if you would like to know more.

Why Would I Need an Episiotomy?

Some women need help to get their baby out. Some reasons why this might happen are:

- If the baby's heartbeat slows down or is not regular.
- If the baby is in a position that makes birth difficult.
- If the mother is just too tired to push any more.

When any of these things happen, the doctor may use forceps or a vacuum cap while you push.

- **Forceps** look like two spoons joined together. They are placed on either side of your baby's head to gently help the baby out.
- In **vacuum extraction**, a soft plastic cap is placed on the baby's head and gentle suction helps the baby out.

Both forceps and vacuum extraction may leave marks on the baby's head. This is not serious. The marks soon fade.

Why would I need Forceps or Vacuum Extraction?

What If I Need a Cesarean?

A cesarean is an operation that is done when it is not safe for your baby to be born through your vagina. Even though you may be planning for a vaginal birth, you should learn about cesareans in case your baby needs to be born this way.

A cesarean may be planned ahead of time or it may be needed because something happens that was not expected. You and your partner will decide with your doctor whether to have the operation. It is important to remember that you have NOT failed. The goal is a healthy mother and a healthy baby. Sometimes the only way to proceed is with a cesarean birth.

The most common reasons for having a cesarean are:

- Labour is not moving along in a normal way
- Changes in the heart rate show that the baby may be in trouble, or is tired
- The placenta is bleeding or coming away from the wall of the uterus
- The baby is in a position that makes birth through the vagina difficult
- The mother has a health problem, like diabetes, high blood pressure, heart disease, or active herpes

If you need a cesarean section, the way it is handled depends on the hospital where you give birth and the doctor who does the surgery. Talk with your doctor about your choices.

- You will most likely have an epidural. This is a kind of freezing drug (from the waist down). You will be awake when the baby is born. It is not likely that you will have drugs to put you to sleep (general anesthetic).
- Your partner may or may not be with you during the birth.
- You will most likely have a “bikini cut”. It is done across and low down on your abdomen.

After a cesarean, the baby will get special attention from the doctors and nurses. Then the baby will be wrapped in a warm blanket and given to you and your partner to hold.

Most mothers find that it takes them longer to heal from a cesarean than from a vaginal birth. This is because you have had an operation. Having a baby to look after and love will help you to feel better quickly.

To learn more about getting better after a cesarean birth or about having a vaginal birth after a cesarean, see *Early Care for Mother and Baby*, page 171.

Time to Get Ready

No pregnancy lasts forever. Now is the time to pack your suitcase and get ready for the real thing — your baby's birthday.

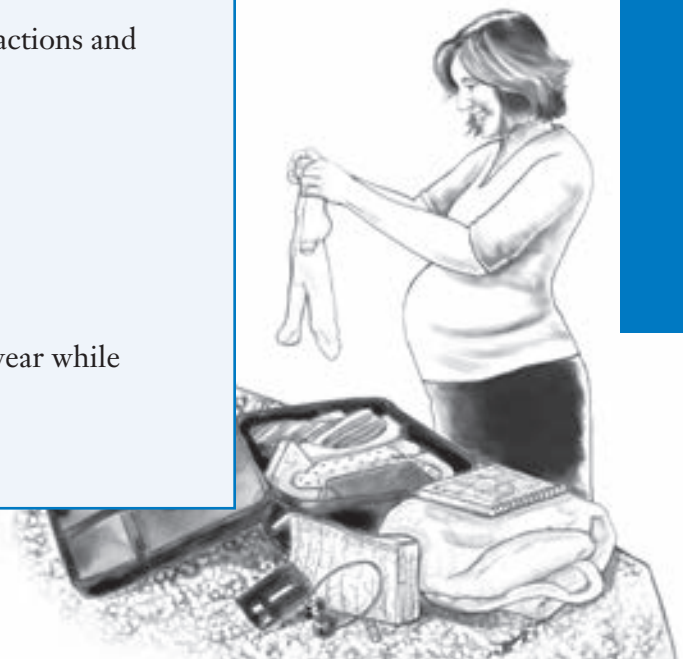
Think about packing two bags: one with things you will want during labour, the other with things you will need during your time in hospital. It should contain clothes for you and your baby to wear home.

*Pack Your
Suitcase
Before You
Need It*

Here are the kinds of things you might want to pack.

For labour

- Your copy of this book
- Lip gloss or lip balm
- Sour candy to suck on during labour
- Socks (for cold feet during labour)
- Talc, corn starch, or body lotion without perfume (for massage)
- Focus point (to look at during contractions)
- Watch with a second hand (for timing contractions)
- Notebook and pen (for writing down the time of contractions and questions for staff)
- Coins for phones and vending machines
- Music and a CD or MP3 player (with headphones)
- Playing cards, books
- Camera and film
- Bathing suit or T-shirt and shorts for your partner to wear while helping you in the shower
- Cell phones





For your time in hospital

- Robe
- Slippers
- Nightgowns or pajamas (front opening for breastfeeding)
- Several maternity or nursing bras
- Personal items like a tooth brush, toothpaste, shampoo, brush, comb, deodorant, face soap, skin lotion
- Books or magazines
- Birth announcements to fill in and mail
- Loose, comfortable clothes to wear home
- Sanitary pads (maxi or super absorbent)
- A package of infant baby diapers
- Do not take valuable items or large amounts of money to the hospital.

For your baby to wear home

- Diapers (with pins and waterproof pants if using cloth)
- Undershirt
- Stretch suit or nightgown
- Hat
- Blanket
- For cooler weather: sweater and socks; blanket or bunting bag

REMEMBER:

You will need to put your baby in a safe infant car seat for the ride home, see Car Seats, page 20.

How Will I Know When I'm in Labour?

During the last few weeks of your pregnancy, your body will give you signs that the time is near. For example, you might have

- Increased discharge from your vagina
- Pains in your lower back
- Lightening (your baby dropping down into your pelvis)
- A need to urinate often
- Pressure in your pelvis and legs
- More swelling in your legs and ankles
- Lots of energy or feeling restless
- Feeling of tightness in your uterus

With all of this, it can be hard to know whether what you feel is labour or not. Even if you're not in true labour, you can be sure that your body is getting ready for your baby's birth.

Find out in advance whether your doctor or maternity nurse wants you to call for advice when you have questions about whether you are really in labour.

True labour	False labour
<ul style="list-style-type: none"> • Contractions are regular, about 15 to 20 minutes apart, and last for about 30 seconds. 	<ul style="list-style-type: none"> • Contractions are not regular: sometimes they are close together, sometimes farther apart.
<ul style="list-style-type: none"> • Contractions slowly get closer together. 	<ul style="list-style-type: none"> • Contractions remain far apart.
<ul style="list-style-type: none"> • Contractions slowly get stronger and longer. 	<ul style="list-style-type: none"> • Contractions stay the same strength.
<ul style="list-style-type: none"> • Contractions are felt more in the back or lower abdomen. 	<ul style="list-style-type: none"> • Contractions feel like the abdomen is getting tighter around the baby.
<ul style="list-style-type: none"> • Contractions get stronger even when you walk or change what you are doing. 	<ul style="list-style-type: none"> • Contractions stop when you walk or change what you are doing.

When Should I Go to the Hospital?

If you are having your first baby, you should leave for the hospital when your contractions are regular, strong and painful, and about 5 minutes apart for 1 hour. Your doctor will give you advice about this.

If you live a long way from the hospital where you plan to deliver your baby, you may need more time to get there. Also, you need to allow more travel time if road conditions are bad.

If you think your water has broken, call your doctor. Do so, even if there are no other signs of labour. Find out if your doctor wants you to call him or her before you go to the hospital.

My hospital labour and delivery number is: _____

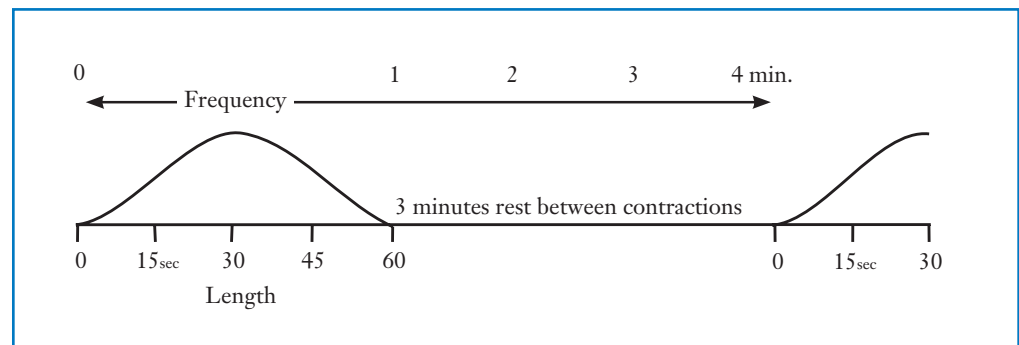
How to time a contraction

When timing a contraction, you are looking for two things:

- The **length** of the contraction. This means the amount of time between when the contraction starts and when it ends
- The **frequency** of the contractions. This means the time between the start of one contraction and the start of the next one.

To time contractions

- Use a watch with a second-hand or count the seconds out loud.
- Write down the time when a contraction begins. Usually you can feel the top of your abdomen get tight. Write down the time when the contraction ends. The abdomen gets soft. This is the length of the contraction.
- Write down the time when the next contraction begins. The time between the start of one contraction and the start of the next is the frequency, or how far apart the contractions are.



Your Guide to Labour and Birth

This guide provides information on

- What is Happening
- How You May Feel
- What You Can Do
- What Your Partner Could Do to Help

Read the rest of this section before labour starts. Take it with you to the hospital. It might help you and your partner keep track of your labour and stay as comfortable and clear as you can.



First Stage

Early Labour

What is happening

Your cervix is thinning and opening from 1 cm to about 4 cm

Your contractions

- Feel like menstrual cramps, gas, backache, or pressure in your pelvis. You may also feel tightness in your lower back, hips, and groin
- Each last about 30 to 60 seconds
- Begin mild and slowly get stronger
- May start out at about 30 minutes apart, but get closer until they are about 5 minutes apart

A pink mucous called “show” comes out of your vagina. (Sometimes this happens sooner.)

Your water may break.

You may urinate often or have diarrhea.

How you may feel

Excited

Glad that labour is starting

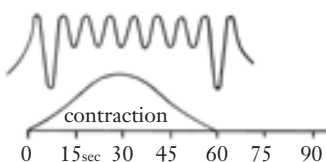
Afraid

Talkative

Eager to have your baby born



Slow, deep breathing pattern



What you can do

Carry on with what you would normally do. Stay upright as long as possible.

Walk.

Shower.

Relax in a warm tub if your water hasn't broken.

Rest. At night, sleep if you can.

Go to the bathroom as often as you need to.

Eat and drink as you feel the need. You need to keep your energy high. Even if you do not feel hungry, try to eat a light meal. Be sure to get enough to drink.

Breathe normally until walking or talking during a contraction becomes uncomfortable. Then begin slow, deep breathing as you need it.

Go to the hospital when your contractions are coming every 5 minutes (for a first baby). If you have had a baby before, go when your contractions are 10 minutes apart. You may also call the hospital for advice.

Go to the hospital if your water breaks.

How your labour partner can help

Stay with her. Talk to her.

Help her to walk, relax, rest, and pass the time.

Remind her to go to the bathroom. She will be more comfortable if her bladder is empty.

Suggest that she eat and drink.

Time her contractions (See page 160: How to time a contraction.)

Help her through contractions by:

- Breathing with her
- Helping her find comfortable positions
- Using heat, and cold to help her be comfortable

Make sure her bags are packed and ready to take to the hospital.

Call the doctor and take her to the hospital when it is time.



First Stage

Active Labour



What is happening

Your cervix is opening to about 4 cm to 8 cm.

Your contractions:

- Are stronger, more intense, and you feel them more in your abdomen. You can feel them rise to a peak, hold, and then stop
- Last about 45 to 60 seconds
- Are about 3 to 5 minutes apart

The “show” may increase until it is heavy and dark.

Your water may break

You may have some nausea, leg cramps, or backache. You may sweat a lot.

How you may feel

Tired

Quiet

Tense

Discouraged

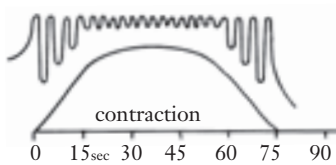
Serious

Focused only in labour

Nauseous (feeling like you might throw up)

Hot or cold

Faster, shallow breathing pattern



What you can do

Concentrate. Focus on breathing and relaxation.

Change positions often. Try the comfort positions you practised.

Walk.

Drink clear liquids to keep your energy up. Sucking on ice chips or a wet washcloth can help if your mouth feels dry.

Keep your bladder empty. Go to the bathroom once an hour.

During contractions:

- Focus on one contraction at a time
- Continue with your slow, deep breathing until it is no longer comfortable. Shift to faster, shallow breathing when you need to

Between contractions

- Relax
- Move around
- Change positions

How your labour partner can help

Stay with her.

Talk to her. Tell her that she is doing well.

Time the contractions.

Help her through contractions. Breathe with her. Help her to focus.

Do things to comfort her such as massage, back rubs, cool cloths on her forehead.

Help her to move and find comfortable positions.

Offer her ice and clear liquids.

Help her to use vaseline or lip balm if her lips are dry.

Help her to relax and rest between contractions.

First Stage

Transition



What is happening

Your cervix is opening from about 8 cm to 10 cm.

Your contractions

- Are 1 to 2 minutes apart
- Last for 60 to 90 seconds
- Are very strong, intense, and sharp. They rise to a peak quickly, hold, and then ease up. They may have double peaks, when they begin to ease up and then rise again

You may feel great pressure on your rectum or vagina.

You may feel like you are going to throw up (nausea). You may even throw up (vomit).

You may have leg cramps, shaking, or backache.

Your face may be red and sweaty.

Your feet may be very cold.

You may be sleepy between contractions.

How you may feel

Afraid

Overwhelmed

Exhausted

Restless

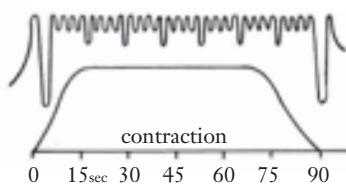
Surprised by the urge to push

Confused when told not to push

In a bad mood with the doctor, nurse, or partner

Have a hard time relaxing and breathing

Pant-blow breathing pattern



What you can do

- Focus on breathing and relaxing. Think about how close you are to holding and seeing your baby.
- Change positions often. Try the comfort positions you practised.
- Drink clear liquids.
- Suck on ice chips, sour candy, or a wet washcloth if your mouth feels dry.

During contractions

- Focus on one contraction at a time
- Do faster, shallow breathing as you need to
- Change to panting-and-blowing breath when you cannot relax with other kinds of breathing
- Blow out if you need to stop yourself from pushing

Between contractions

- Relax
- move around
- change positions

How your labour partner can help

Stay with her.

Talk to her. Reassure her. Tell her that she is doing well.

Remind her that transition is hard, but short. It means that labour is almost over.

Help her to stay calm and relaxed by staying calm and relaxed yourself.

Time the contractions.

Help her to focus.

Help her through contractions. Breathe with her. If necessary, take her face in your hands and look into her eyes. Tell her, “Look at me. Breathe with me.”

Remind her not to push too soon. Help her with panting-and-blowing until the urge to push passes.

Give clear, simple directions.

Do things to comfort her such as massage, back rubs, cool cloths to her forehead.

Place a warm, wet washcloth against her perineum (the area around her vagina). This will help her to relax and let go of her pelvic floor muscles.

Help her to move and to find comfortable positions.

Offer her ice and clear liquids.

Help her to use vaseline or lip balm if her lips are dry.

Second Stage

Pushing and Delivery



What is happening

Your cervix is fully open and your uterus is starting to push the baby down through your vagina.

Your contractions

- Are 2 to 3 minutes apart
- Last for 60 to 90 seconds
- Are very powerful

You may have a strong urge to push with the contractions.

You may find yourself grunting or making noises while pushing.

You may feel pressure in your rectum and groin as the baby moves down the birth canal. When the crown of the baby's head can be seen, you may have a burning feeling.

Your backache may go away.

How you may feel

Excited

Impatient

Tired

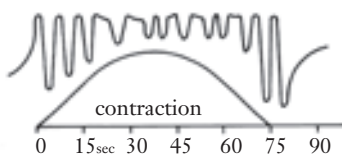
Happy that labour is almost over

Overwhelmed by the urge to push

Amazed at the effort of pushing

Sleepy and peaceful between contractions

Breathing for pushing pattern



What you can do

Your nurse or doctor will ask you not to push until your cervix is fully open. When you are asked not to push

- Blow out until the urge passes

When your cervix is fully open (10 cm), the nurse or doctor will ask you to push when you feel the urge. Pushing may feel very good, if your perineum is relaxed.

When you push

- Push from a position that feels comfortable to you: partly sitting, lying on your side, kneeling, squatting, or partly sitting with your knees bent

Use the breathing for pushing pattern that works best for you.

How your labour partner can help

Talk to her. Support her. Praise her.

Help her to imagine the baby moving down the birth canal.

Help her find a comfortable position for pushing. Hold and support her in this position.

Help her to curl forward while pushing.

Breathe with her. Help her by panting-and-blowing with her when she is asked not to push.

Let her know it's okay to make noises when she needs to.

Use massage to help her relax.

Remind her to relax her pelvic floor muscles.

Tell her when you can see the baby's head. She may want to touch it so she can believe that birth is almost here.

Welcome the baby into the world!
Ask for the baby to lie on your chest and skin-to-skin.

Third Stage

Delivery of the Placenta

What is happening

After the baby is born, your uterus rises higher in your abdomen. It becomes very round and the size of a grapefruit.

The doctor will give you a needle (injection) to help the uterus push out the placenta. Putting the baby to your breast will also help the uterus to contract. The doctor or nurse may support your abdomen as the placenta comes out.

There may be a gush of blood as the placenta comes out.

If you had an episiotomy, the medicine you were given to freeze you will still be working, so it won't hurt while the doctor is stitching your incision (cut).

How you may feel

Excited, thrilled

Happy, grateful, glad that it is over

Proud, fulfilled

Tearful

Hungry and thirsty

Exhausted

Focused on the baby; needing to know that he or she is okay.

What you can do

Relax.

Bear down to push the placenta out the doctor or nurse asks you to.

Lie back, hug and enjoy your baby and your new family.

Breastfeed your baby.

How your labour partner can help

Assure her that the baby is fine.

Offer her something to drink.

Hold, hug, and enjoy the baby together.

Be aware of your own feelings. You may feel many emotions — joyful, tired, tearful, and glad that it is over.

Pat yourself on the back for doing such a good job.



Early Care For Mother and Baby

The first few days after your baby's birth are filled with excitement, change, and questions. In New Brunswick, a public health nurse will visit you in the hospital. If she has not seen you in the hospital, she will call you at home. You may be offered Healthy Families-Healthy Babies services.

After you go home, get more information and support from your local Public Health Office, Telecare, or the hospital.

Whether you had a vaginal or cesarean birth, you will notice many changes in the hours and days after your baby's birth. It will take about 6 weeks for your body to feel normal. It will slowly return to how it was before you were pregnant. Emotionally, you start getting used to being a mother and getting to know and love your new baby.

By resting enough, you and your baby will move smoothly through these changes.

When you are in the hospital, the nurses will check your temperature, pulse, and blood pressure. They will also check your abdomen to see that your uterus is firm and is getting back to its normal size. If you had an episiotomy, nurses will check to see that it is healing well.

As your uterus returns to the size it was before you got pregnant, you may feel sharp cramps in your abdomen. These are called "after pains". If you breastfeed your baby, you may notice them most while your baby is feeding. The baby's sucking makes the uterus get tight, and helps it return to normal. Many new mothers find that the breathing exercises they used during labour can help them with the "after pains", too.

The doctor or nurse will ask you about the amount and colour of the discharge from your vagina. This is called "lochia" and looks like a menstrual period. For the first few days after childbirth, it is bright red, heavy, and may have clots. During the next few days it changes to a brown or pink and then becomes light yellow or clear. This can take a few weeks.

Mother Care



The nurses will also remind you to urinate and will be there if you need help. They will ask if you have had a bowel movement and suggest you drink lots of water to prevent constipation.

Although you need rest, you also need to move around. In the hospital, you need to get up and walk. You can also begin gentle exercises soon after childbirth. A mixture of rest and activity will give you the energy you need to take care of your baby and yourself.

Talk with your nurse or doctor if you have any questions about your body, your baby or your new family.

Breast Care

For the first few days after birth, your breasts will feel soft and will produce colostrum — a sticky, yellow fluid.

Your milk usually comes in about 2 to 4 days after your baby is born. Your breasts will feel warm, firm, and tender. If they become very full and sore, feeding your baby will help. If the baby does not want to feed when you need relief, you can express milk from your breasts. This is easy to do when you take a warm shower. You can also put warm cloths (compresses) on your breasts to ease the discomfort.

When you take a bath, wash your breasts with plain water only. Do not use soap. Pat your nipples dry. Let them dry in the air after each feeding.

You can prevent dryness and skin rashes by rubbing a small amount of breast milk onto your nipples and the dark circle around them (areola).

Wear a cotton bra that fits you well and does not have elastic straps. The bra should not have a lining made of plastic or rubber.

To learn more about breastfeeding your baby, see Section 4 - Breastfeeding.



Even if you decide not to breastfeed, your breasts will produce milk.

A good support bra will help you feel more comfortable.

Mothers who decide not to breastfeed do not need medicine to dry up the milk.

Avoid doing things that will cause your breasts to produce milk, such as:

- Rubbing your breasts with a face cloth, your hands, or clothing
- Letting hot water fall on your breasts when you are in the shower. To avoid this, shower with your back to the water

If your breasts become sore and swollen, ice packs and pain pills may help. The milk in your breasts will be absorbed by your body. Try not to express milk.

Soon after your baby’s birth—in 2 or 3 days—you may find yourself not feeling as happy as you think you should. You may feel tired, moody, tearful, helpless, or overwhelmed.

These feelings are called “postpartum blues.”

They are normal. Many new mothers feel this way. Most find that these feelings pass quickly. Resting and spending time with your baby will help. To learn more about postpartum blues, see page 213 in Section 8 - Healthy Family. Talk about this with your partner, friend, support people and/or family.

For most women, the “baby blues” go away in a week or two. But in some cases, women go on to have postpartum depression. No one knows what causes it. The change in hormones and a family history of depression may be the reasons. If you have postpartum depression, you may feel very sad, angry, moody, helpless and lonely. You may not be able to sleep. Your energy may be low. You may think about hurting yourself or your baby.

You are not alone. Talk to your health care provider or call Tele-Care 811. This is an illness that can be treated. Most women improve within 3 months.

Baby Blues
(Postpartum blues)

Postpartum Depression

IMPORTANT

See your doctor right away, or go to your hospital emergency centre if you start to think about hurting your baby or yourself. Make sure that someone stays with your baby.

Helping your body feel comfortable after birth

Care of the perineum

Whether or not you have stitches from a tear or episiotomy, your perineum (the area between your vagina and rectum) may be swollen and sore. To feel better, try:

Ice packs: Ice packs wrapped in towels will help reduce swelling and pain in your perineum. Be careful not to leave on longer than 20 minutes.

Warm baths: Soak at least 3 times a day in a warm bath. Do not add anything to your water. Use a mild soap at the end of your bath. Do pelvic floor exercises while you are soaking.

Rinsing carefully after going to the bathroom: Pour warm water over your perineum. Squirt water from a squeeze bottle while you are sitting on the toilet. Pat yourself dry with clean wipes, moving from front to back. This keeps the area clean and stops infection.

Sitting carefully: Sit down on both hips evenly. Make your pelvic floor muscles tight as you lower yourself. Relax them when you are sitting. Tighten them again as you get up. Sit on firm chairs, not a soft couch or chair.

Pelvic floor exercises: Start doing these soon after your baby is born. If you tighten and relax these muscles, healing will be faster.

Hemorrhoids

The pressure of bearing down during labour can cause hemorrhoids. If you had them during pregnancy, giving birth can make them feel more swollen and sore.

You can help the pain by:

- Using an ice pack wrapped in towels
- Soaking in a warm tub
- Keeping your bowel movements soft. Drink lots of fluids (6 to 8 glasses a day) and eat fruits, whole grains, and other high-fibre foods

To learn more about hemorrhoids and relief from them, see Relief for Common Discomforts on page 39 in Section 2 - Nine Months of Changes.

Hemorrhoids can hurt quite a bit. But they often go away as your body recovers from pregnancy and birth.

After a Cesarean Birth

After a cesarean, the care you receive in hospital will be a bit different. If you have questions, talk to your doctor or to the nurses.

You may also find that you have feelings you did not expect. If you had been planning a vaginal birth, you may feel sad. Talk about how you feel with your partner, your doctor, your nurse, or someone you trust. Your feelings are normal. Here are some tips for healing after a cesarean:

Physical care

After this kind of birth, the incision (cut) will be painful, and it will hurt when you move. If you need pain medicine, your doctor will order it for you.

For the first 24 hours after the birth, you may have a needle in your arm and a tube that provides fluids. This is called an intravenous drip (or IV). It helps you get enough fluids. You may also have a tube in your bladder to let you pass urine (pee). The hospital will offer you food and drink. It's good to eat, if you feel hungry.

To make it easy to have a bowel movement after the operation, drink plenty of liquids (6 to 8 glasses a day) and walk as much as you can. Your doctor may suggest medicines such as a stool softener or mild laxative. When you have a bowel movement, support the place where you were cut with your hands while you bear down gently.

Breathing exercises

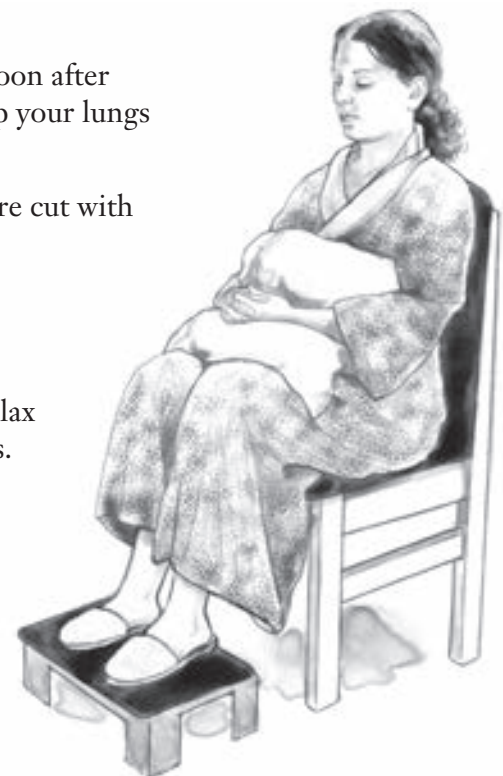
Breathing exercises are the first step to feeling better. Start them soon after the operation and continue for the next several days. This will keep your lungs clear and make your healing easy and faster.

When you do breathing exercises, support the place where you were cut with your hands or a pillow.

Here's what you can do once an hour:

Take 2 or 3 slow, deep breaths. Feel your chest expand.

Huff. Huffing is like saying "ha" quickly. Open your mouth and relax your jaw. Tighten your abdomen and force the air from your lungs.



Caring for your incision (cut)

Your incision will be covered with a bandage for at least 24 - 36 hours. Your dressing is removed just before you take your first shower. There is no further need for a bandage. Make sure your incision is dry before covering with your clothes.

Some stitches dissolve on their own. Others must be taken out by the doctor or nurse a few days after the operation. Some doctors use metal clips or staples to close the incision. These need to be taken out a few days after the operation.

The incision will be sore at first. As it heals, it may feel numb, itchy, tight, or tender. This is a normal part of healing.

Your doctor or nurse will tell you how to take care of your incision after you leave the hospital. In most cases, it will not need any special care after you go home.

When you are feeding your baby, place a pillow between your baby and the incision. You will both be more comfortable.

Rest

After a cesarean birth, your body must heal from both childbirth and an operation. Give yourself time to get your strength back.

Rest is an important part of feeling better. Try to rest when your baby sleeps. Accept help when people offer it. Limit visitors. Put a sign on the door of your house or apartment: “Mother and Baby Sleeping.”



Vaginal Birth after a Cesarean (VBAC)

If you have had a cesarean birth, you may be able to have a vaginal birth with future babies. You should discuss this with your doctor.

A vaginal birth after a cesarean (VBAC) may be possible if:

- Your next pregnancy is normal in all ways.
- The cut in your uterus from the first cesarean runs from side to side rather than up and down. Be aware that the scar on your skin may be up and down even though the cut in your the uterus is from side to side.
- You are pregnant with only one baby, not twins or triplets.
- The reason for your first cesarean does not happen again. For example, if you had a cesarean because your baby was lying sideways in your uterus, if this baby is in a normal position (head down), you could give birth through your vagina.

A VBAC is safe, although there is a small chance that the uterus could tear (rip) during labour. This would happen where the cut from the first cesarean was. If this happens, you will need a cesarean again.

The benefits of a birth through the vagina:

- A lower risk of infection and bleeding
- Fewer problems from anesthesia
- A shorter time in hospital
- An easy and faster recovery from child birth

Talk with your doctor if you want to learn more about VBAC.

Not all hospitals offer vaginal birth after a cesarean. Talk with your doctor about what is offered in your town or city or about going to a hospital that has this choice for your next birth.

Exercises you can do after Child Birth

After your baby is born, being active will help your body return to normal.

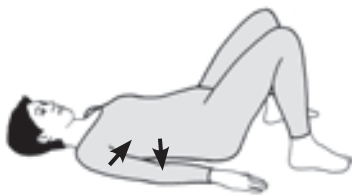
Exercise will:

- Speed up healing
- Improve your blood circulation
- Make your muscles strong
- Keep your pelvic organs toned
- Give relief from hemorrhoids
- Help your bowels and bladder to work well
- Give you energy
- Help you to feel better and more relaxed



If your hospital offers a postpartum exercise class, try to attend. It will give you a chance to move around. This will help you get back into normal life.

You have seen the exercises in this section. Most of them were part of your prenatal program. Ask your health care provider when you can begin doing these exercises. You will find details about the exercises in Section 6 - Healthy Activity.



Start gently and allow your muscles to get stronger slowly. Start by doing each exercise 3 to 5 times. Slowly increase to 5 to 10 times each.

On the day of delivery — in bed:

- Do foot and ankle circles
- Do pelvic tilts (lying on your back with your knees bent)
- Do pelvic floor exercises



After 24 hours add:

- Stomach (abdominal) muscles tightening (lying on your back with your knees bent)



After two days add:

- Curl ups — Before you do curl-ups, check to see if you have an abdominal separation as you learned in Section 6 - Healthy Activity. If you do, you must support your abdominal muscles while you exercise.
- Diagonal curl-ups
- Alternate arm stretches
- Elbow circles



You may want to relax as part of your exercise program using the relaxation tips in Section 6 - Healthy Activity. Being relaxed matters as much now as it did when you were pregnant.

Exercises you can do after a Cesarean Birth

After an operation, being active will help you heal as much as rest does.

You should begin breathing exercises (see page 175) in the first few hours after your cesarean. Continue to do them while you are in the hospital.

Within the first 24 hours after birth, the nurses will help you to sit on the side of your bed, stand up, sit in a chair and to take short walks. This may not be easy, and you may think they are asking a lot of you. But it is important to be active. It helps you heal from the operation.

Moving and exercising will:

- Speed up healing
- Give you relief from gas
- Help your blood circulation
- Help your bowels and bladder return to normal
- Give you more energy
- Help you to feel better and more relaxed

If your hospital offers a postpartum exercise class, try to attend. It will give you a chance to move around and will help you return to normal life.

You have seen the exercises in this section. They were part of your prenatal program. Start them as soon as you can and do them at home. You'll find details about the exercises in Section 6 - Healthy Activity.

Start gently and allow your muscles to slowly get stronger. Start by doing each exercise 3 to 5 times. Slowly increase to 5 to 10 times each.

Days 1 and 2

Do these lying in bed:

- Foot and ankle circles
- Pelvic floor exercises
- Pelvic tilt (lying on your back with your knees bent)
- Abdominal tightening (lying on your back with your knees bent)
- Leg bending:
 - Lie in bed with head and shoulders raised on pillows
 - Bend your right knee, keeping your left knee straight
 - Bend and straighten your left knee several times
 - Change legs and repeat



Days 3 and 4



Do these sitting or standing:

- Foot and ankle circles
- Pelvic floor exercises
- Pelvic tilt
- Abdominal tightening

Do this lying down:

- Leg bending

Baby Care

During the first few days after birth, your baby is learning about life outside your womb. Breathing, eating, and the feeling of air are all new.

The hospital staff will check your baby's breathing, heart rate, and temperature. They want to be sure the baby can suck well. They will check to see if the baby is wetting diapers and having bowel movements.

Right after birth, your baby will be given an Apgar score. This score is based on your baby's heart rate, breathing, muscle tone, reflexes, and colour. Later, a doctor will give the baby a complete exam.

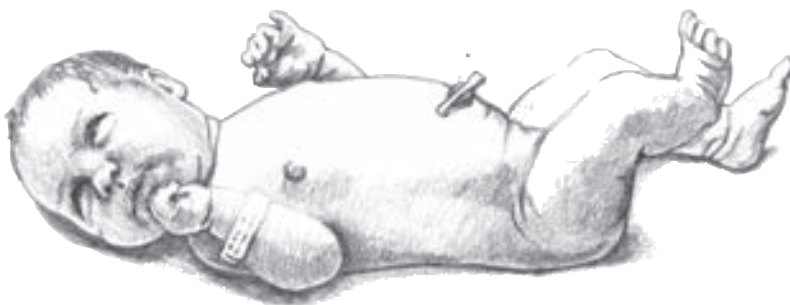
Immunizations during childhood help prevent certain diseases in the child's life. After birth, if you agree, your baby may receive his first hepatitis B vaccine. To learn more about immunization, see page 203 in Section 8 - Healthy Family.

The law says that an ointment must be put in your baby's eyes to protect against infection. This will be done soon after birth. The ointment may make your baby's eyes look puffy. Your baby will also be given vitamin K to help your baby's blood clot.

Before you and the baby go home, your baby's heel will be pricked with a needle. A blood sample will be taken and sent to determine if your baby has any genetic conditions including Phenylketonuria (PKU) and thyroid problems. If these problems are found early enough, your baby will not suffer damage to his development.

IMPORTANT: If you go home early (as part of an early discharge program) or leave the hospital before 48 hours, your baby will still need to be tested.

Before you leave, arrange a time to come back to the hospital to have your baby's PKU test done.



How Your Baby Looks

New parents are often surprised by the way their baby looks. When you were pregnant, you may have been thinking and dreaming about a girl with blond hair like her father. Or a little boy with black hair and brown eyes.

Part of being a parent is letting go of this “dream” child. You need to accept and love your real baby. Love does not turn on and off like a switch. It grows over time. As you spend time touching, hugging feeding, and just looking at the tiny hands and feet, you will find a lot to love.

Size

Most full-term babies weigh about 3500 grams (7 1/2 lbs) and are about 50 cm (20 inches) long. They lose a bit of weight soon after birth.

Head

Your baby’s head may seem too big for such a tiny body. It may also have an odd shape from the pressure of childbirth. You will notice a soft spot on the top of the head. Your baby may have a lot of hair, or almost none.

Skin

Your baby’s skin may be dry and flaky. This is normal and will change soon. You may also notice something that is creamy white on the baby’s skin. This is called “vernix”. It helped to protect the baby’s skin in the uterus. It is good for the skin after birth, too. You do not need to scrub it off.

Face

Most newborns have small, flat noses, small chins, and short necks. This makes it easy for them to breastfeed.

Body

Your baby will have a round chest and tiny little hips. The legs and arms will be bent a bit and the hands curled into fists. Many babies like to sleep with their legs tucked up, the way they were for the last nine months. To reduce the risk of Sudden Infant Death Syndrome (SIDS), babies should sleep on their backs. See Section 8 - Healthy Family: How Much Do Babies Sleep?

Cord

After the cord has been cut, it is grey and soft. It will be closed with a plastic clip. The clip may be taken off or your baby may go home with the cord clamp on. During the next few weeks, the cord will dry up, get small and dark, and fall off with the clip.

What Your Baby Needs

Newborn babies need to eat and to sleep. They need warmth and comfort. They need to be clean and safe.

You cannot predict what they will do. They have not settled into a routine of sleeping, waking, and eating.

Babies learn about the world by having their needs met. Babies need to be fed when they are hungry.

They need to be held close, treated gently. You need to keep them safe, warm, and dry. They need to see loving faces and hear gentle voices.

These first few days are a time when you, your baby, and your family meet each other. You will learn how your baby looks, smells and sounds. You will start to learn what she likes and dislikes, and your baby will begin to learn the same things about you.

Feeding Your Baby

Newborn babies don't eat much during the first few days. Because of this, they may lose a bit of weight and then begin to gain it back. Most babies are back to their birth weight within 2-3 weeks.

When you are breastfeeding, your breasts will produce "colostrum". This is a special kind of early milk for your baby. It is all your baby needs for the few days before your body begins to produce milk.

While you are in hospital, the nurses can answer your questions and help you with breastfeeding.

Ask for as much help and advice as you need. Some hospitals also offer classes to help you start breastfeeding.

You may also have questions about formula feeding, and how to prepare (make) formula. If so, be sure to ask for help and advice.

For more information about feeding your baby, see pages 190 to 193 in Section 8 - Healthy Family.



You will learn new skills to care for your baby. You will learn how to give a bath, change diapers, dress the baby, and feed him.

When you are in hospital the nurses will answer your questions and help you learn to take care of your baby. Use this chance to ask about anything that puzzles or concerns you. Some hospitals offer baby care classes to help new mothers feel sure of themselves.

You can learn more about baby care in Section 8 - Healthy Family, or by talking with your public health nurse.

Taking Care of Your Baby

During the first few days, some babies get “jaundice.” Their skin and eyes look yellow. The yellow colour is caused by something in the baby’s blood called “bilirubin”. You may see the yellow colour on the third or fourth day. It may get stronger on the fourth or fifth day, and be gone within two weeks.

Most of the time, jaundice is not serious. But it can be, sometimes. If your baby’s eyes or skin look yellow, the doctor may order a blood test. If the test shows that there is a high level of bilirubin in the blood, the baby will be treated with phototherapy. All of your baby’s clothes, except the diaper is removed and your baby will be placed under ultra violet lights. Depending on the type of light used your baby may need to have his eyes covered. The light helps to break down the bilirubin in the baby’s body. It will not harm your baby in any way.

If it is treated, this kind of jaundice has no long-term effects on the baby’s health.

If you are breastfeeding you should still feed your baby during the jaundice treatment.

If Your Baby Has Jaundice



Registering Your Baby's Birth

Before you and your baby leave the hospital, you will need to fill in forms to register your baby's birth.

When you have done this, you can give the forms to the maternity unit at the hospital. They will be sent to the Vital Statistics Office, which will send you a birth certificate for your baby. You should get this 6 to 8 weeks after Vital Statistics receives the forms.

If you complete the forms at home, mail them to:

Vital Statistics
435 King Street
Fredericton, NB
E3B 5H1

You must also register your baby with Medicare New Brunswick. You should do this as soon as you can, so that your baby's medical expenses are covered.

When you are in hospital, you will get a form to register your baby for a Medicare number. When Medicare New Brunswick gets your form, it will send you a Medicare card for your baby. Keep this card in a safe place. It is the baby's Medicare number for life. You will have to renew it every 3 years. Medicare New Brunswick will send you the forms. If your address changes, please inform Medicare New Brunswick of your new address.

If you have questions about your baby's birth certificate or Medicare numbers, contact your local Service New Brunswick Office or call 1-888-762-8600.

