

Preparing for the birth of my baby



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Where I can have my baby:



Home

Supported by a midwife. Where possible this may be your community midwife. You may also choose to hire a birth pool.



Midwifery led unit (MLU) or birth centre

These are based in the community or maybe attached to a hospital, and promote natural labour and childbirth.



Hospital

Supported by a maternity team, which may include midwives, obstetricians, paediatricians and anaesthetists.

What to bring into hospital or MLU/birth centre for you

- Comfortable underwear
- Sanitary towels
- Toiletries
- Toiletries
- Towels
- Dressing gown and slippers
- Pyjamas/nightie

What to bring into hospital or MLU/birth centre for the baby

- Clothes
- Nappies
- A blanket / shawl
- Outdoor clothing for when you go home
- Formula if artificially feeding



Positions during labour and birth

If you can, try to keep upright and mobile, changing your position regularly. This can also help to ease the pain and make you feel in control of your labour, and increase your chances of a shorter labour. Find a position that is most comfortable for you – standing, sitting, kneeling, all fours or squatting.



Eating and drinking

If you feel like eating and drinking whilst in labour, it is advisable you eat light meals and drink fluids to keep energy levels up. Sometimes it may be recommended that you do not eat and drink – if this is the case your midwife will discuss this with you.



Pain relief

Every woman experiences labour differently and most do not know how they will feel or what pain relief they may need until the day. It is important to be aware of the various options that are available to you. In early labour you may find a warm bath, 'TENS' machine, breathing exercises or a massage helpful.

Other methods include Entonox (gas and air), intramuscular injections of pain relieving drugs and epidurals. It is important to keep an open mind and choose what you feel you need.

Monitoring you baby during labour

Your baby's heartbeat will be monitored during labour. This is to detect any changes than could suggest your baby is becoming distressed. Your midwife can use a pinard stethoscope or a fetal doppler to listen intermittently, or monitor continuously with a CTG monitor. This will depend upon your risk assesment at the onset of labour.



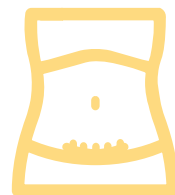
Induction of labour

It may be necessary to start your labour if there are problems in pregnancy or if you are overdue. If you are overdue your midwife may offer a membrane sweep. This is a vaginal examination which stimulates the cervix, and may trigger labour. Contractions can be started by inserting a pessary or gel into the vagina. It may take 24-48 hours to get you into labour. Sometimes a hormone infusion (drip) is used to speed up the labour. You and your baby will be closely monitored throughout. Progress in labour is assessed externally by palpating the position of the baby and whether it is moving down into the pelvis, and internally by assessing the opening of the cervix (neck of the womb).



Caesarean Section

There are times when the safest option is to have a caesarean section. This involves abdominal surgery and should only be carried out for good reasons. The operation involves delivering your baby through a cut in your abdomen. The cut is usually made just below the bikini line. It is usual for you to be awake during the operation with an epidural or spinal anaesthetic providing pain relief. A caesarean may be a planned procedure e.g if you baby is breech, or it may be done as an emergency if there are complications in labour e.g if your baby is in distress.



Instrumental delivery

Sometimes extra help is needed if you are pushing but the delivery of the baby needs to be speeded up. This could be because you are not progressing as expected or the baby is becoming distressed. The ventouse method uses a suction cup that fits onto the baby's head. Forceps are a pair of spoon-shaped instruments that fit around the baby's head. The obstetrician will decide which one to use based on their clinical assessment.



Episiotomy and tears

The perineum (between the vagina and anus) stretches to allow the baby to be born. It usually stretches well, but sometimes can tear. An episiotomy is a cut to make the vaginal opening larger. It is not done routinely but may be necessary. You will be given a local anaesthetic to freeze the area before the cut is made. If stitches are required after a tear or an episiotomy, the anaesthetic can be topped up to keep you comfortable whilst the area is repaired. The stitches will dissolve and will not require removal. It is important to change sanitary pads regularly and keep your stitches clean.



The placenta

The placenta (afterbirth) and membranes usually deliver soon after your baby is born. You will be offered an oxytocin injection into your thigh which helps the uterus contract more quickly and reduces the risk of heavy bleeding, although you can do this naturally if you wish. Your baby's umbilical cord will be clamped and cut within 1 to 5 minutes after birth. This delay allows your baby to receive the blood from the placenta.



Preparing for your baby

Antenatal classes

These classes are an opportunity for you and your partner to find out about your pregnancy labour, birth and becoming parents. Ask your midwife or health visitor about classes. They are also a good way to meet other women who will have babies of a similar age and may live locally. The classes may be provided by your hospital, or further information can be found on www.nct.org.uk

Equipment

Every new parent needs some essentials for their new baby. In the early days you will need clothes and nappies. It may be advisable not to buy too much but to wait until your baby is born so you will know which size they need. You will need something for your baby to sleep in such as a Moses basket or a cot. If you plan to travel in a car, you must have a car seat for the baby to be secure whilst travelling.

Greeting your baby for the first time

Holding your baby skin to skin soon after birth is the perfect way to say hello. Such contact will help you both feel calm and give you time to rest, keep warm and get to know each other. As your baby recognises your voice and smell they will begin to feel safe and secure.

Things to consider

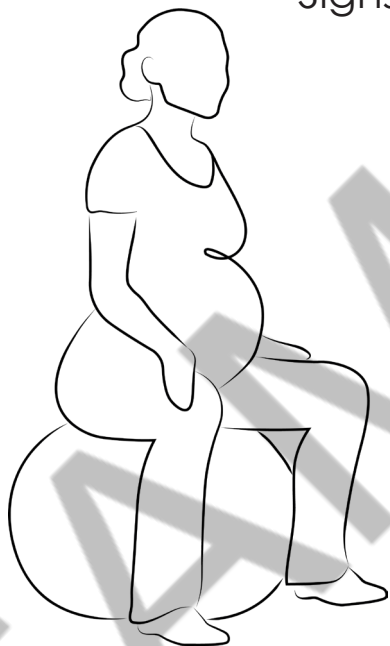


Please use the space below to write down any questions or wishes you have

Most labours start spontaneously with irregular contractions. The contractions will come more often, last longer and feel stronger. It can take up to 24 hours for this to happen and you can stay at home until your contractions become stronger and more regular, roughly 3 in 10 minutes.

If you think your waters may have broken or you are having regular painful contractions you should contact delivery suite who will advise you what to do next.

Signs of labour



Irregular / regular
contractions

Backache

Leak or trickle
of water

Delivery suite:

Midwife or CMW office: