Preparing for Childbirth

An educational presentation for patients
delivering at Riverview Health Maternity Center

Welcome!

Congratulations on your upcoming arrival! We are so happy you chose Riverview Health as the place to bring your new addition into the world. We look forward to meeting you and being a part of your journey into parenthood.

This presentation is intended to provide some basic education to help you prepare for labor and birth. If you have further questions or needs regarding your upcoming delivery, please reach out to us at obeducation@riverview.org.

Preparation

As you get ready to meet your baby, you will do so much to prepare. Here are some things you'll want to do include:

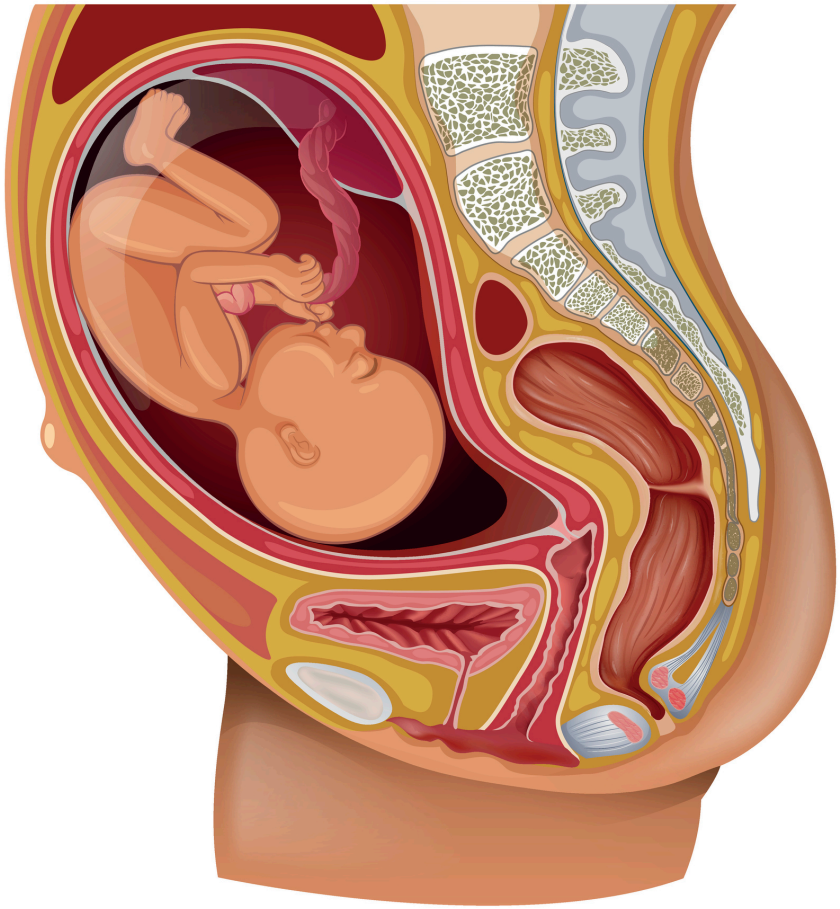
- **Choose a doctor for your baby.** Our highly skilled pediatric hospitalists will care for your baby in the hospital, but you'll want to have a doctor selected to care for your baby after you go home. Call ahead of time and make sure they are accepting new patients. You may even be able to meet with the provider.
- **Pack a hospital bag for yourself, your support person and baby.**
- **Have a plan for the big day.** If you have other children, have childcare arrangements set up. If you have pets, make a plan for their care as well. Talk to your employer about maternity leave.
- **Know what to do when labor begins.** You'll want to call your OB provider before heading to the hospital. When you arrive at Riverview Health, come to entrance 3 and take the elevators to the Maternity Center on the 2nd floor. For the safety of our patients, the Women's Pavilion is locked during the night. When you arrive, use the phone in the foyer and call the Maternity Center.

Preparation

- **Purchase a car seat.** Be familiar with how it works so you are ready when it's time to take baby home. Our certified car seat technicians will help ensure your baby is safe in his or her car seat before you travel home.
- **Add your baby to your insurance.** Check with your insurance provider to learn how to do this.
- **Make sure you have baby essentials.** You'll want to have sanitary pads, comfortable underpants, nursing bras if you are breastfeeding, diapers, wipes and a few outfits for your baby.
- **Prepare a safe sleeping space for your baby.** Your Baby should have his or her own sleeping space in either a crib or bassinet with a firm mattress. No fluffy blankets, pillows, bumper pads or stuffed animals should be used.

Third Trimester

Weeks 28-40



Third Trimester

In the third trimester, you may be feeling increasingly uncomfortable and more tired. You may be excited or anxious about your baby's arrival. Your body will go through a lot of changes in the weeks leading up to labor and birth. Some physical changes you may notice include:

- **Heartburn/indigestion.** Pregnancy hormones along with a growing baby can cause heartburn and stomach discomfort. Ask your OB provider about medications that may help. Avoid spicy and fried foods. Try not to eat large meals and instead aim to eat smaller, more frequent meals.
- **Back pain.** As your baby grows and your ligaments relax and stretch, back discomfort can occur. Consider using a body pillow while sleeping to ease discomfort. Get regular exercise and wear supportive shoes. Consider a pregnancy support belt. A warm bath or shower may also aid in relieving back aches. If back pain persists despite these interventions, contact your OB provider.
- **Shortness of breath.** As your baby grows and pushes up on your lungs and breathing muscles, it is common to notice feeling out of breath more frequently. Try to ensure you are using good posture to give your lungs a little more room, which can help to relieve this feeling.

Third Trimester

- **Warm-up contractions.** Often referred to as Braxton Hicks contractions, these contractions are preparing the uterus and cervix for the big day. These contractions may feel like tightening or cramping in the belly. They are typically irregular in strength and frequency and occur most often after physical activity or sexual intercourse. As you get closer to your due date, you will likely notice them more frequently. While these contractions can be frustrating and uncomfortable, they are common and don't necessarily mean labor is near. To relieve discomfort, try changing activities. If you are resting, try walking. If you are active, try to rest. Make sure you are staying hydrated (8-10 glasses of water per day). A warm bath or shower may also help. If the contractions become regular and/or increase in strength or frequency, contact your OB provider.
- **Increased vaginal discharge.** As your body prepares for birth, you may notice an increase in the white, sticky discharge of pregnancy. A panty liner may help make you more comfortable.
- **Increased urination.** As your baby grows and takes up space in your abdomen, your bladder gets compressed and needs to be emptied more frequently.

Reasons to Call Your Doctor

Some symptoms in pregnancy shouldn't be ignored. If you have any of these, you should call your OB provider immediately:

- **Preterm labor:** 4 contractions in an hour or continued abdominal and/or back cramping that doesn't go away with rest when you are 4 or more weeks away from your due date.
- **Vaginal bleeding:** Bright red bleeding or passing of clots.
- **Decreased fetal movement:** If your baby isn't moving as much as normal, eat a snack, drink something cold and lay down on your side. You should feel 10 movements in 2 hours. If you do not, call your doctor.
- **Fever**
- **Persistent headache:** A headache that's unusually severe and isn't relieved by taking Tylenol.
- **Visual changes**
- **Urinary problems:** Painful urination, blood in the urine or foul-smelling urine.

Warm-up vs. Labor Contractions

How to know the difference

Riverview HEALTH

Warm-up Contractions

- Portions of the uterus tighten like the top, bottom or sides
- Irregular in strength and frequency
- May stop or decrease with changes in activity
- Do not cause cervical change
- Stop or decrease significantly over time
- May feel like a balling up sensation

Labor Contractions

- Entire uterus tightens gradually
- Become more regular and get stronger over time
- Do not stop with changes in activity and may get worse with walking
- Cause cervical change
- Increase over time
- Cause pressure in the back and abdomen and gradually become more painful

Labor

What do I do if I think I might be in labor, but I'm not sure?

This is one of the most common concerns among expecting moms.

If you think you could be in labor, there is no need to panic. Remain calm and try to relax.

Time your contractions. Frequency should be measured from the beginning of one contraction to the beginning of the next contraction. Each contraction should also be timed for how long it lasts from the beginning to the end. Time the contractions for a bit and be aware of how your body feels. If the contractions go away or become less frequent and less painful, it's probably not time just yet. If they become regular, closer together and more intense, it could be the start of labor. Call your OB provider for instructions.

If your water breaks, note the time and color of the fluid, and call your doctor right away even if you aren't having any contractions.

Stages of Labor

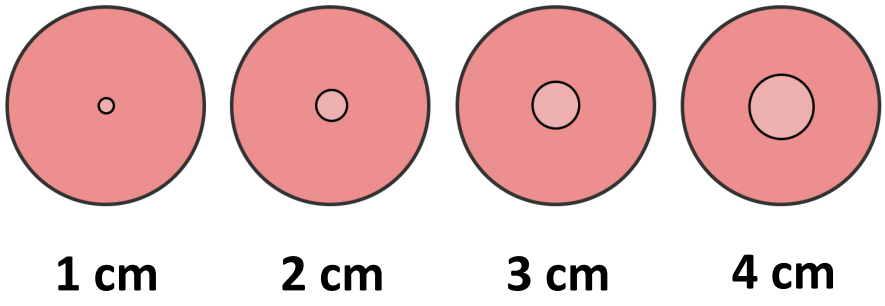
1. **First stage**
   - *Early phase*
   - *Active phase*
   - *Transition phase*
2. **Second stage**
3. **Third stage**
4. **Postpartum**

First Stage

Early Phase

During the **early phase** of labor, your cervix will dilate to 3-4 centimeters. This is the longest phase of labor and often lasts 6-16 or more hours. During this phase, contractions may start out irregular or infrequent but become closer and more regular over time. Contractions may be 5-15 minutes apart and last approximately 30-45 seconds. Women may notice increased vaginal discharge that could have a slight pink color.

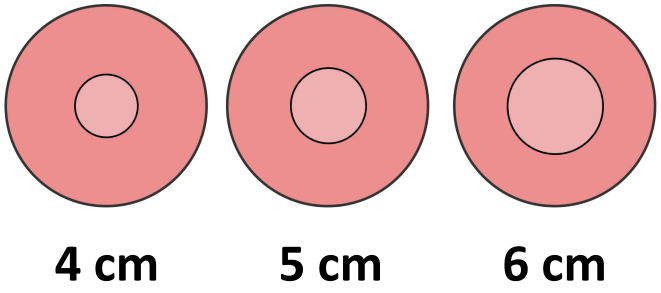
Many women feel most comfortable staying at home where they can eat and drink lightly and move around or change positions frequently for comfort. A bath or shower may provide comfort if your water has not broken. Get lots of rest during this phase to conserve energy for labor. This phase can be unpredictable, and you may not know if this is true labor or not at first. Many women feel excited or anxious during this phase.



First Stage

Active Phase

The **active phase** of labor is typically when most women should arrive at the hospital. During this phase of labor, the cervix dilates from about 4 to 6-7 centimeters. This phase of labor typically lasts between 1-5 hours. Contractions become stronger and it may be difficult to talk through them. Contractions are on average about 3-4 minutes apart and are longer—about 45-60 seconds. There may be bloody mucous discharge known as "bloody show." Women may be nauseated or vomit and may need help staying focused and managing pain. During this phase, the support person should provide ice chips or sips of water and help with breathing techniques and relaxation in order to keep mom calm and focused.

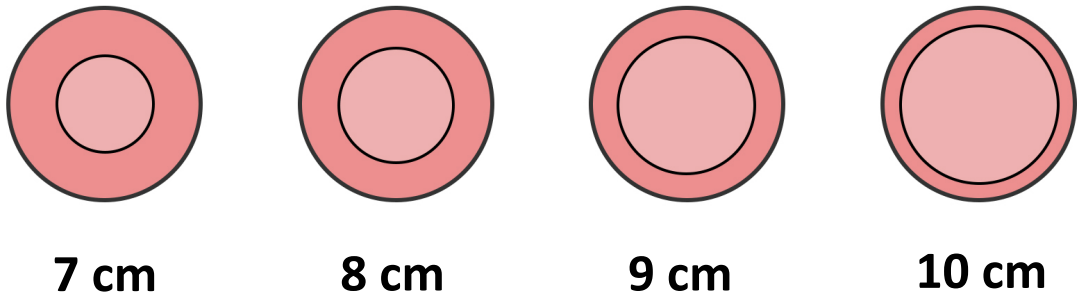


First Stage

Transition Phase

The **transition phase** of labor is the most challenging phase but is also usually the shortest phase lasting 1-3 hours. During this phase, the cervix dilates from 7 to 10 centimeters, which is considered fully dilated. Contractions in the transition phase are intense and frequent—typically every 1-2 minutes and lasting 60-90 seconds.

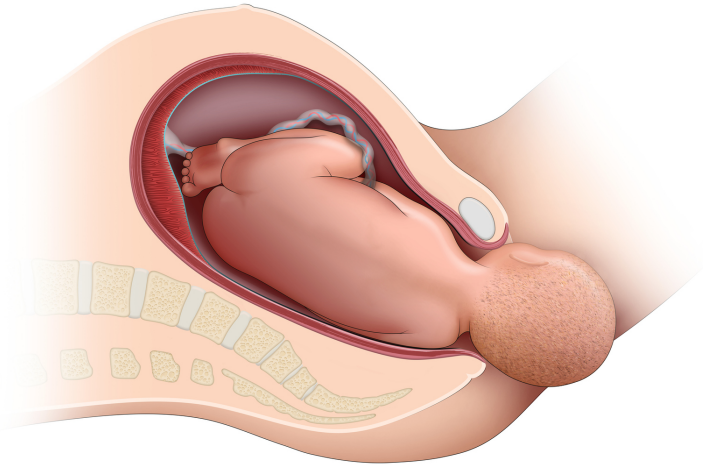
Women may experience rectal pressure, nausea and vomiting, shaking and irritability. The "bloody show" will increase. The support person should provide encouragement and comfort during this phase and remind mom that she is close to meeting her baby.



Second Stage

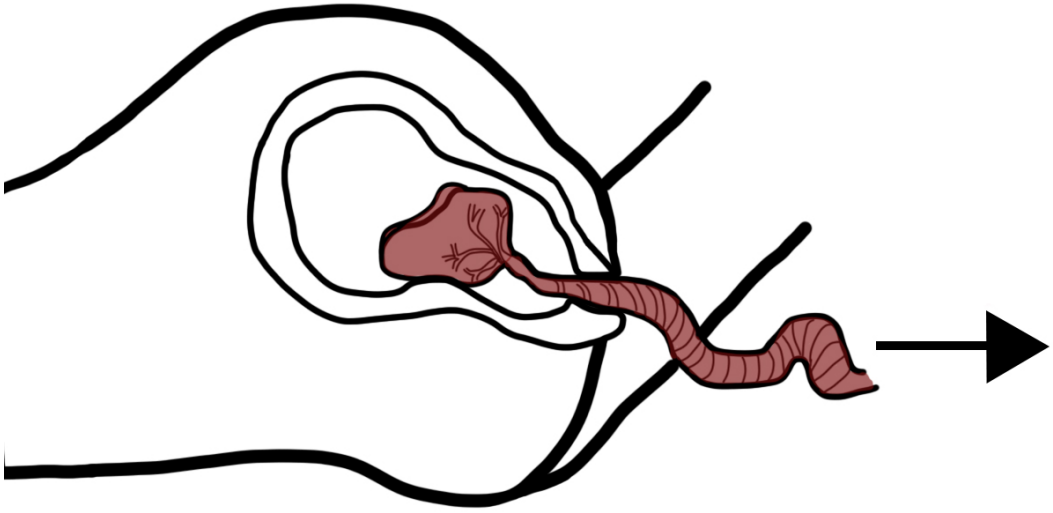
The second stage of labor is the time when the cervix is fully dilated, and the woman begins pushing until the baby is born. For first-time mothers, this stage lasts on average 1-3 hours. During this stage, women may experience shaking, passing gas and exhaustion.

Contractions in this stage may spread out some and can be 3-5 minutes apart but are still about 60-90 seconds long. The support person should provide ice chips or sips of water between pushes and can even help mom by supporting her legs while pushing. This stage is hard and involves a lot of physical work but ends with a great payoff—the birth of your baby!



Third Stage

The third stage of labor is the delivery of the placenta. The placenta will be delivered anywhere from a couple of minutes after your baby is born to 15-20 minutes later. During this phase, women may notice cramping pain. Don’t worry. The hard part of labor is over. Delivering the placenta is much easier than delivering the baby and your doctor will provide any guidance if it is needed.



Recovery and Postpartum

The first hours after birth are considered the recovery period. During this time, your nurse will check on you frequently to ensure that your bleeding is normal and that your body is stabilizing after birth. This is also the best time to start breastfeeding and bonding with your baby.

At Riverview Health, we call this special time “the golden hour” and encourage skin-to-skin contact and breastfeeding.

Skin-to-skin means the baby is placed belly-down directly onto the mom’s chest right after birth. All tasks that nurses must do to make sure baby is healthy can be done while mom holds baby if mom and baby are both stable.

C-section

Occasionally, there are circumstances in pregnancy or labor that require a C-section or surgical birth. If your pregnancy requires a C-section, your OB provider will discuss this with you at your prenatal visits.

Reasons for needing a C-section could include multiple gestation (twins or triplets), placental placement abnormalities, fetal presentation (breech or transverse positioning of baby) or other medical conditions. During labor, a C-section could become necessary if your baby cannot tolerate the stress of labor, known as fetal distress, or if the baby is too large to fit through your pelvis, which is called cephalopelvic disproportion. If your doctor determines that a C-section is the best decision for you and your baby, you will have a surgical delivery in one of our operating room suites here in the Maternity Center.

Pain Control Options in Labor

Every woman's labor choices are personal to her. At Riverview Health, we respect each woman's plans for managing pain in labor and offer different options.

- **Unmedicated pain management:** For women that prefer not to have medical interventions for pain, we offer labor and birth balls, relaxation techniques and coaching, and warm showers—with doctor's approval. Support people are encouraged to use massage and focus/breathing techniques as well.
- **IV pain medication:** For women who want some temporary pain relief but still want to be able to move independently, IV pain medication may be an option.
- **Epidural anesthesia:** This is provided by our in-house CRNAs. Medication is administered through a small catheter in your back continuously until delivery. It makes you numb so contractions are not experienced as painful. You may still feel tightening and pressure but contraction pain/intensity is relieved.
- **Spinal anesthesia:** This is used for surgical births and is placed similarly to an epidural but is done in our operating suites. It lasts until surgery is completed.
- **General anesthesia:** In the event of an emergency or if for some reason epidural or spinal anesthesia are not appropriate for surgical delivery, general anesthesia will put you to sleep during the operation so you don't feel pain.

What to Expect During Recovery and Postpartum

At Riverview Health, you'll labor and deliver your baby in one of our beautiful labor rooms. You will stay in this room through your recovery period, which is typically 2-3 hours after birth. If you have a surgical birth, you will go to our comprehensive surgical recovery room in the Maternity Center after the operation is done and will recover there for about 2 hours. No matter how your baby is born, our nurses and lactation consultants will work with you during this time to encourage bonding and begin breastfeeding early on.

What to Expect During Recovery and Postpartum

After recovery, you and your baby will be transferred to one of our postpartum family suites. This is where you will stay for the duration of your stay. Most new moms who deliver vaginally will stay for about 2 days after birth. Most new moms who deliver via c-section will stay for 2-3 days. While you and baby stay here with us, nurses will be checking on you and baby frequently to ensure everyone is healthy. They will provide you with a lot of education to make sure you are prepared to care for yourself and your baby when you go home.

Our lactation consultants will also provide help with breastfeeding. Our pediatric hospitalist physicians will see your baby every day and provide medical care. Your OB provider or another Riverview Health Physicians OB will see you each day as well to make sure you are recovering well.

What to Expect During Recovery and Postpartum

During your postpartum stay with us, we provide many necessities such as sanitary pads, underpants, hospital gowns, towels, washcloths, bed linens, diapers, wipes, baby blankets, baby t-shirts, breast pumps, and formula and bottles if you are bottle feeding. You will want to bring some items with you to make your stay more comfortable, such as:

- Comfortable clothes for yourself
- Bathroom items including shampoo, body wash, toothbrush and toothpaste, etc.
- An outfit for your baby to wear when going home along with a going-home blanket appropriate for the weather
- Pillow (we do provide pillows, but many moms prefer their personal pillows)
- Car seat
- Clothes and personal items for support person
- Snacks (our room service is open for orders from 6:30 a.m.-7 p.m.)
- Phone and phone charger

Congratulations!

This is an exciting time for you as you prepare for your new baby. We are thrilled to partner with you in this journey. If you have any questions or would like more educational resources for your pregnancy, childbirth or breastfeeding, please reach out to us at obeducation@riverview.org.

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