Childbirth Education

Class Book

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
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Talk to your doctor or health care team if you have any questions about your care.
For more health information, go to patienteducation.osumc.edu or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

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Welcome

About this class
Ohio State Wexner Medical Center is committed to providing education and support as you prepare for labor and the birth of your baby. This class will help prepare you and your labor partner. It will cover:

- Anatomy of pregnancy and preparing for labor
- Overview of the birth process
- Signs and stages of labor
- What to expect going to the hospital
- Relaxation and breathing techniques
- Managing pain
- Delivery, including vaginal and cesarean
- Postpartum care

Use this book to follow along in the class and to keep as a reference.

Medical Disclosure
Please note the information provided to you should not replace the information you have been given and will continue to receive from your healthcare provider.

Other classes offered

Marvelous Multiples
Helps you to prepare for having more than one baby, including childbirth, going home, managing daily routines, and finding community resources.

Sibling Class
Siblings take a hospital tour and learn new skills, like holding and diapering. Geared toward children ages 2 to 10 years old.

Baby Basics
You’ll learn about diapering, bathing, choosing toys, and creating a safer environment.

Infant and Pediatric CPR
Learn life-saving cardio-pulmonary resuscitation (CPR).

Breastfeeding Basics
Learn all about the basics of breastfeeding. You and your partner or supporter can talk with lactation consultants to answer your questions.

Grandparenting 101
Learn the latest in infant care, including safe sleep, preventing SIDS, infant nutrition and how best to help the new family.

Maternity Tour
Take a 1-hour tour of Ohio State Maternity Center.

For class dates and times or to register online, go to www.wexnermedical.osu.edu or call 614-293-5123, option 3.
Anatomy of Pregnancy

**Uterus (also called the womb)**
A hollow, pear-shaped organ located in a woman’s lower abdomen in which a fertilized egg (ovum) becomes implanted and the fetus develops. The fundus of the uterus is the top part, which can be measured in pregnancy to assess the baby’s growth.

**Cervix**
The lower part of the uterus that projects into the vagina. It is made up of mostly fibrous tissue and muscle. A mucus plug blocks the opening of the cervix to prevent bacteria from entering the uterus until the baby is born.

**Placenta**
An organ, shaped like a flat cake, that provides oxygen and nutrients from the mother to the baby. It also gets rid of carbon dioxide and other wastes.

**Umbilical Cord**
A rope-like cord connecting the fetus to the placenta. The umbilical cord contains two arteries and a vein, which carry the oxygen and nutrients to the baby and carry waste products away from the baby.

**Amniotic Sac and Fluid**
A thin-walled sac that surrounds the baby during pregnancy. The sac is filled with amniotic fluid and the amnion (the membrane that covers the fetal side of the placenta). This protects the baby from injury, develops the baby’s lungs, and helps to regulate the baby’s temperature.

**Make room for baby**
As the baby grows, your internal organs are shifted around and have less room, including your bladder, stomach, and lungs. This can cause feelings of bloating, heartburn, and shortness of breath.
Common Discomforts of Pregnancy

Pregnancy brings many changes to your body and each pregnancy is different. Use these tips to help you lessen the discomforts you may be having.

**Nausea or heartburn**

- Eat crackers, toast or dry cereal before getting out of bed in the morning or whenever you feel sick.
- Eat 5 to 6 small meals during the day.
- Drink water between meals, not at meals.
- Use an extra pillow for your head when sleeping, and wait at least 90 minutes before lying down after eating.
- If you vomit or have heartburn, rinse your mouth with 1 cup of water mixed with 1 teaspoon of baking soda. Drink fluids low in acid, such as water.
- **Avoid** food smells that make your nausea worse.
- **Avoid** eating greasy, spicy, or fried foods.
- **Avoid** wearing tight-fitting clothes.
- **Avoid** bending over at the waist. Use your legs and do squats instead.

**Constipation or hemorrhoids**

- Keep bowel movements soft and regular by eating whole grain or bran cereals, and raw fruits and vegetables for fiber.
- Do low to moderate exercise as directed by your healthcare provider.
- Drink ten, 8-ounce cups of fluid each day.
- **Avoid** using laxatives or enemas.
- **Avoid** straining or pushing when having a bowel movement.

**Urinating often or leakage**

- Drink less fluids 2 hours before bedtime.
- Use the bathroom often.
- Do Kegel exercises. Kegels are done by squeezing the muscles around the vagina, urethra, and rectum and holding them for 3 to 5 seconds. Slowly increase holding to 10 seconds. Do 10 Kegel exercises at least 3 times each day.
- **Avoid** caffeine in coffee, tea, sodas, sport drinks, and energy drinks.
- If you have a burning feeling when you urinate, call your healthcare provider.
**Low back pain**

- Use a side-lying position with pillows between the knees, behind the back, and under the abdomen to give you support.
- Rest on a supportive mattress.
- Wear low-heeled or athletic shoes.
- Sit up straight and avoid slouching.
- Change positions often, whether sitting, standing, or lying down.
- Get physical activity to build muscle strength.
- Use your legs to help you squat to pick up objects, instead of bending over.
- Use massage, take a warm shower, or apply ice for 15 minutes at a time (then remove) to help with low back pain.
- Avoid over the counter medicines until you talk with your healthcare provider.
- If your pain is constant and has not gone away after trying these things, call your healthcare provider.

**Swelling of hands and feet**

- Wear supportive shoes.
- Prop your feet up when sitting or lying down.
- Add protein to your diet, such as eggs, beans, tofu, meat, and yogurt.
- Avoid standing for long periods of time.
- If your hands and feet swell again and these things do not help, call your healthcare provider.

**Leg cramps**

- When you have a leg cramp, work to straighten your leg. Alternate flexing and relaxing your foot.
- Stretch your calf muscles during the day.
- Do low to moderate exercise as directed by your healthcare provider.
- Add calcium to your diet, such as dairy, leafy greens, and calcium-fortified juice.
- **Avoid** crossing your legs or sitting in a position that reduces blood flow.

**Trouble sleeping**

- Turn off your smart phone, TV, and tablet at least 1 or more hours before bedtime. The light from these devices can make it harder to go to sleep.
- Exercise earlier in the day. Late day exercise can wake up your body.
- Use relaxation, meditation, and other strategies to get ready for sleep.
- Use pillows to cradle your body.
- Avoid caffeine in coffee, tea, sodas, sport drinks, and energy drinks, especially after 2 PM.
Feel dizzy or light-headed

- Eat 5 to 6 small meals every 2 to 3 hours, so you are not hungry.
- Drink ten, 8-ounce cups of fluid each day.
- Lie down on your left side.
- Change positions slowly, such as from lying to sitting or sitting to standing.
- Sit down to do tasks instead of standing.
- Avoid being in temperature extremes, such as too much sun, cold, and heat.

Tell your healthcare provider if your light-headedness does not improve.

Mouth issues

If you have an overgrowth of gum tissue, called pregnancy tumors, visit your dentist to have plaque removed. You will need a medical release from your healthcare provider to see your dentist. The growths often disappear on their own after the baby is born.

Nosebleeds

Nosebleeds are more common during pregnancy. To stop a nosebleed, squeeze your nose gently between your thumb and forefinger for a few minutes. Tilt your head forward to avoid swallowing the blood and breathe through your mouth until bleeding stops. Contact your healthcare provider if bleeding is severe or does not improve.

Skin issues

Itching is more common on the hands and feet, and on the abdomen as skin stretches for baby’s growth. Use gentle soaps for cleaning, hand washing, and laundry. Take warm, not hot, showers.

You may notice brown patches on your face, darkening of the skin around your nipples, a dark line on your abdomen, and stretch marks that are all common from hormone changes. Use sunscreen to protect your skin.

Varicose veins

Varicose veins look swollen, raised, or bulging.

- Keep feet slightly raised when sitting and avoid standing for long periods of time.
- Avoid tight-fitting clothing.
- Avoid crossing your legs.

Breast tenderness

- Wear a support bra that is not too tight.
- Wear a bra to bed at night.
Exercises Before Labor

Exercise safely

Talk to your healthcare provider about the type of exercise and activities safe for pregnancy. Most women can continue to exercise during pregnancy.

- **Exercise at least 30 minutes on most days of the week.** Exercise can help with pregnancy discomforts, improve sleep, lower stress, and make you stronger for labor and delivery.

- **If you do not exercise regularly now,** talk with your healthcare provider about adding low impact exercise, such as the stretches and exercises described in this class.

- Avoid any type of exercise in which there is a higher risk of falling or trauma to the abdomen.

- Drink plenty of water and add 300 calories a day to your diet to take care of your baby.

- Stop exercising when you are tired. Do not exercise to the point of being exhausted.

- **Stop if you have: dizziness, headache, chest pain, calf pain, swelling, abdominal pain, blurred vision, fluid leaking from your vagina, vaginal bleeding, less fetal movement, or contractions.**

Kegel exercises

Kegel exercises strengthen the muscles around your vagina, urethra, and rectum. To locate these muscles, stop and start your urine when you use the toilet. Only do this once to help you find the correct muscles. Do not get in the habit of starting and stopping your urine. Do these exercises with an empty bladder.

1. Tighten the muscles around your vagina, urethra, and rectum a small amount at a time. Think of an elevator going up to the 10th floor. As you tighten the muscles, you should feel the area from your urethra, where urine exits your body, to the rectum lift slightly.

2. Then release the muscles very slowly, one “floor” at a time.

3. Do these exercises 3 times each day. Start with 5 repetitions and work up to 10 to 15 repetitions, 5 to 10 times a day.

4. Practice tightening and releasing these muscles while you lay down, sit, stand, walk, drive, or watch TV.
**Squat**

Doing squatting exercises can improve your flexibility, lessen back pain, and decrease constipation. It can also make your labor and birth less painful and strengthen your lower half.

1. Stand behind something to steady your balance, such as a chair or holding onto an exercise ball.
2. Position your feet at least shoulder width apart. Keep your arms extended in front of you. Let your knees move apart as far as they can and let your feet point outward.
3. Lower yourself down slowly as far as you can comfortably. Keep your weight on the outside of your feet and don’t let them roll in.
4. Hold this position for 10 seconds and return to standing.
5. Repeat 5 times.

**Pelvic rock or tilt**

These abdominal exercises strengthen your abdominal muscles and help relieve backaches. Tighten your abdominal muscles as you do the exercises. Tuck your buttocks under, so the small of your back is pushed back as far as possible. If you have any back discomfort, stop the exercises.

**Position 1**

1. Stand with your back against a wall.
2. Tighten your abdominal muscles and tuck in your buttocks, so the small of your back is flat against the wall.
3. Put your hands on your hips to feel your hips rock back toward the wall.
4. Breathe out as you press against the wall and breathe in as you relax.
5. Do this exercise slowly and evenly.
6. Repeat 10 times, 2 times a day.

**Position 2**

1. Get on your hands and knees and keep your arms straight.
2. Tighten your abdominal muscles and tuck your buttocks under. Your back will hunch up a little. Then relax your muscles.
3. Breathe out as you tuck and breathe in as you relax.
4. Do this exercise slowly and evenly.
5. Repeat 10 times, 2 times a day.
Danger Signs in Late Pregnancy

**Preterm labor**
Preterm labor is labor that starts before your 37th week of pregnancy. An early delivery can cause the baby to have problems with breathing, eating, and keeping normal body temperature. Early treatment may prevent preterm birth.

Each of the following may be a sign of preterm labor. If you have even one of these signs, contact your healthcare provider right away.

- **Uterine contractions of 4 to 6 in less than 1 hour:** Uterine contractions are the tightening and relaxing of the muscle of the uterus.
- **Low, dull backache:** Backache may come and go or be constant. It may happen along with “balling up” feeling of your abdomen. It can be felt below the waist and is not relieved after lying down, a change in position, or a heating pad.
- **Menstrual-like cramps:** The cramping feeling occurs in the lower abdomen just above the pubic bone. It may come and go or be constant. It may feel like the beginning of your menstrual period.
- **Increase or change in vaginal discharge:** Vaginal discharge is normally thick and white during pregnancy. It may increase in amount or become more watery, pink, or tan.

**Premature rupture of membranes (PROM)**
Membranes, or layers of tissue, hold amniotic fluid that surrounds your baby in the womb. This membrane is called the amniotic sac. These membranes usually rupture or break during labor, called when your water breaks. The membranes sometimes break before a woman goes into labor, called premature rupture of membranes (PROM). This happens less than 10% of the time.

Most women will go into labor on their own within 24 hours. If the water breaks before the 37th week of pregnancy, it is called preterm premature rupture of membranes (PPROM). The earlier your water breaks, the more serious it is for you and your baby.

**Signs**
Watch for fluid leaking from your vagina. It may leak slowly, or it may gush out. When fluid leaks out slowly, women sometimes mistake it for urine.

If you notice fluid leaking, use a pad to absorb some of it. Look at it and smell it. Amniotic fluid usually has no color and does not smell like urine.

If you think your membranes have ruptured, call your healthcare provider right away.
Preeclampsia
Preeclampsia, sometime called toxemia or pregnancy induced hypertension, begins at conception, but signs often do not show until after 20 weeks of pregnancy.

Signs of preeclampsia may include:
- Severe swelling
- High blood pressure
- Protein in your urine

More serious signs include:
- Severe headache
- Breathing problems
- Seizures (convulsions)
- Severe heartburn
- Blurry vision or seeing spots
- Severe abdominal pain with nausea and vomiting

If you notice any of these signs, call your healthcare provider right away.

Bleeding
Vaginal bleeding will happen to 1 in 10 women during their 3rd trimester. It can sometimes be a sign of a more serious problem. Contact your healthcare provider if you are having any bleeding in the last few months of your pregnancy.

Signs
It is considered bleeding if it is a heavier flow of blood than you would see with spotting. You will need a liner or pad to keep the blood from soaking your clothes.

Placenta previa
Placenta previa is when the placenta grows and develops in the lower part of the uterus. The placenta can cover the cervix (opening to the birth canal) and may prevent a normal vaginal delivery. There are three types of placenta previa, depending on how much of the cervical opening is covered.

Depending on how bad the problem is and the stage of pregnancy, a change in activities or bed rest may be needed. The baby is usually delivered by cesarean section to keep the placenta from detaching early and depriving the baby of oxygen during delivery.
Placenta abruption

Placenta abruption is when the placenta pulls away from the wall of uterus during pregnancy. This can lead to bleeding and can cause the baby to get less oxygen and nutrients.

The placenta may detach completely or part way (partial). It can be serious or mild if only a very small part of the placenta separates from the uterus wall.

Signs

The most common signs are vaginal bleeding and painful contractions. You also may have discomfort and tenderness or sudden, ongoing belly or back pain. Sometimes, these symptoms may happen without vaginal bleeding because the blood is trapped behind the placenta.

Women with placenta abruption usually need to stay in the hospital or the baby may need to be delivered early. Treatment depends on how serious it is, which may range from bed rest to emergency cesarean section.

Danger signs

- Constant low backache
- Any bleeding or spotting from your vagina
- Change or increase in your vaginal discharge
- Bag of waters breaks or leaks
- Frequent tightening or “balling up” of the uterus or womb
- The baby is moving less than usual
- Fever
- Frequent vomiting and/or diarrhea
- Pain when you pass urine
- Fainting or blackouts
- Headaches
- Blurring of your vision
- Anything else that seems wrong

If you have any of these “danger signs” call your healthcare provider right away.
Is it labor?

Contractions are the tightening and relaxing of muscles in the uterus. When labor starts, these muscles tighten and relax at a regular pace. They will get closer together and stronger, letting your body know that your baby is about to be born.

Sometimes, these muscle contractions are not regular, and they start and stop. They do not seem to get stronger and closer together, but stay about the same intensity. Your healthcare provider may describe these contractions as **Braxton-Hicks or signs of false labor**. These contractions are normal but can be uncomfortable.

Use the chart below to compare the signs of labor with false labor.

<table>
<thead>
<tr>
<th>Signs of labor</th>
<th>Signs of false labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contractions happen at regular intervals</td>
<td>• Contractions are not regular</td>
</tr>
<tr>
<td>• Contractions get stronger and closer together</td>
<td>• Contractions stay about the same</td>
</tr>
<tr>
<td>• Contractions keep going while lying down</td>
<td>• Contractions go away while resting</td>
</tr>
<tr>
<td>• Cervix starts to thin and open</td>
<td>• No changes in the cervix</td>
</tr>
</tbody>
</table>

I had a contraction! Now what?

• How often are they happening?
  ‣ This is referred to as the frequency of your contractions.
  ‣ Time from the start of one contraction to the start of the next contraction.

• How long are they?
  ‣ This is referred to as the duration.
  ‣ Time from the start of one contraction to the end of that same contraction.
• How long have you been having them?
• How uncomfortable are you?
  ‣ If you can no longer walk or talk through contractions, call your healthcare provider.
• 5-1-1 Rule
  ‣ If they are happening every 5 minutes for the past hour and are at least 1 minute long, then you should go to the hospital.
• Has your water broken?
  ‣ If it is, what is the color, smell, and amount?
  ‣ Is fluid still leaking?

### The 5-1-1 on contractions
Go to the hospital when contractions are:
• Every 5 minutes.
• Last for 1 minute.
• Continue for 1 hour.

### Time and keep track of your contractions
Keep a timing chart handy, like the one on the next page to help you track your contractions. Using a watch or a clock with a second hand, jot down the start time and duration of your contractions. Then, fill in the frequency, so you can tell your healthcare provider about your progress. If your labor stops, print another chart and start again next time.

There are free apps to help you time your contractions, including:
• Full Term - Contraction Timer
• Contraction Timer & Counter 9m
• Contraction Timer - Time labor

### When to Call
Always call your healthcare provider for specific instructions on when you should go to the hospital. It is generally advised to go to the hospital when contractions are 5 minutes apart, last 1 minute each, and have stayed in that pattern for 1 hour.

**You may need to go sooner than ’511’ if you:**
• Vomit with contractions
• Feel rectal pressure
• Are unable to walk or talk through contractions
• Think your water has broken
• Have vaginal bleeding
• Tested positive for Group B Strep and need time to get antibiotics at the hospital
• Progress quickly (Call 911 and get into a side-lying position if you are having an extremely fast labor!)

**Before 37 Weeks**
If you are having regular contractions (4 to 6 in one hour) before 37 weeks of pregnancy, call your healthcare provider right away.
# Contraction Timing Chart

**Sample:**

<table>
<thead>
<tr>
<th>Contraction</th>
<th>Start Time</th>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10:30:30</td>
<td>30 sec</td>
<td>-----</td>
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<tr>
<td>2</td>
<td>10:38:00</td>
<td>45 sec</td>
<td>7 min 30 sec</td>
</tr>
<tr>
<td>3</td>
<td>10:44:30</td>
<td>45 sec</td>
<td>6 min 30 sec</td>
</tr>
</tbody>
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**Date __________  Week of Pregnancy __________**

<table>
<thead>
<tr>
<th>Contraction</th>
<th>Start Time</th>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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</tbody>
</table>
Signs of Labor

Mucus plug
Some women have a release of cervical mucous that may have a slight pink color, or blood-tinged. This is called passing a mucus plug or a bloody show. This may be a sign that your body is preparing for delivery, but you do not need to call your healthcare provider.

Dilation of the cervix
The opening of your cervix will go from 1 to 10 centimeters (cm) during the course of the birth process, called dilation. Different dilations sizes happen in the different stages of labor. Examples to compare with are shown on the right.

Station
This is the position of the baby's head in relation to your pelvis, measured at a part called the Ischial spines. If baby's head is above the Ischial spine, a negative number is used. If it is below the Ischial spine, a positive number is used.

Rupture of membranes (water breaks)
Rupture of membranes is the medical term for your water breaking. This is your amniotic fluid. It can be a gush or a slow trickle and should be a clear, slightly yellow color. Often a woman will go into labor soon after her water breaks. If this doesn't happen, your healthcare provider may talk with you about helping your labor along with medicine, called augmenting.

Effacement
This is the thinning out of cervix, or getting shorter as your labor progresses. Normal cervix is 1½ to 2 inches long. The cervix is completely thinned out when you are 100% effaced.
Stages of Labor Overview

Stage 1 - early, active, and transition
The first stage begins with the onset of labor and ends when the cervix is fully opened.
It is the longest stage of labor, usually lasting about 12 to 24 hours.
Many women spend the early part of this first stage at home and go to the hospital as this stage progresses.

Stage 2 - pushing and delivery
The second stage involves pushing and delivery of your baby. It usually lasts 20 minutes to 3 hours. This varies a lot from person to person. It could be as quick as 1 contraction or last longer than the 3 hours.
You will push hard during contractions, and rest between contractions.
A woman can give birth in many positions, such as squatting, sitting, kneeling, or lying back. You might find pushing to be easier or more comfortable one way, and you should be allowed to choose the birth position that feels best to you.

Stage 3 - delivery of placenta
The third stage involves delivery of the placenta (afterbirth). It is the shortest stage, lasting five to 30 minutes.
Contractions will begin five to 30 minutes after birth, signaling that it’s time to deliver the placenta. Labor is over once the placenta is delivered.

Ask questions
More about each of these phases will be explained in more detail on the next pages. Ask your class instructor or your healthcare provider if you have any questions, do not understand anything, or would like to know more.
Stage 1 - Early, Active and Transition

Early Phase

What is happening
- Cervix is between 0 to 6 cm.
- Contractions are mild, 5 to 20 minutes apart, lasting 30 to 60 seconds.
- This is the longest phase of labor, and it is unpredictable. For first time moms, it can last from several hours to days.

Things to do
- Do regular activities and ignore contractions as long as you can.
- Use resting positions (side lying, rocking in a chair, sitting on toilet, sitting backwards in chair).
- Use the slow paced breathing technique if needed.
- SLEEP!

Tips for labor partner
Early labor is usually a time of happiness and excitement, mixed with some anxiety. During this time, you can:
- Rest with your partner to save energy.
- Draw a warm bath for her (check with your healthcare provider first if you think her bag of water is broken).
- Prepare light snacks and bring her drinks of water or non-acidic juices (as discussed with your healthcare provider).
- Help her to get up and moving around. Take a walk with her.
- Remind her to go to the bathroom at least once each hour.
- Offer to touch and massage her.
- Time contractions and tell your healthcare provider your progress.
- Involve her in light activities, such as watching a movie or playing cards.
- Tell people that need to know, and make pet or childcare arrangements.
- Encourage her to change positions often.
Active Phase

What is happening

- Cervix is between 6 to 8 cm.
- Intensity of contractions increase, occurring every 3 to 5 minutes and lasting 45 to 60 seconds.
- This phase is shorter and may last 2 to 8 hours.

Things to do

- Use relaxation techniques, slow paced, normal paced, and patterned breathing.
- Try different positions with the birthing ball, slow dancing, lunging, walking, counter pressure, and double hip squeeze.

Tips for labor partner

Once contractions become more intense for your partner, help her use the comfort techniques that work best for her. Many of the ideas for early labor will also help in active labor. Try new things whenever she needs a change. Be supportive and reassuring. During this time, you can:

- Help her change into different positions. Standing, walking, squatting, hands and knees, kneeling, slow dancing, sitting, and side-lying are all good options.
- Help her use movement, such as walking, stair climbing, and pelvic rocking.
- Interact with her face-to-face and give brief instructions if she loses focus (have fresh breath throughout labor!).
- Breathe with her through contractions and count out loud if she wants you to.
- Guide her in visualization exercises that focus on the baby or special memories.
- Be supportive of the sounds she needs to make during labor. Higher pitched cries could be a sign that she is feeling out of control and needs to focus.
- Provide relief and comfort to cope with nausea, such as pressing her acupressure points, giving her ice chips or warm liquids, applying a cold cloth to her forehead, and preparing a toothbrush with toothpaste if she vomits.
- Massage her back, neck, abdomen, or other parts of her body in a way that feels good to her.
- Help her into the tub or shower.
- Help her use the birth ball.
- Encourage her, with statements like “You’re doing great” and “You’re breathing really well”.

Going to the Hospital: Ohio State Maternity Center

Triage
When you arrive to the hospital, you may be put into a triage room for evaluation. Triage rooms are private and equipped with everything needed to deliver a baby, if needed. Your healthcare provider will use this time to determine whether you are in labor or if your water has broken. Triage is located on the 6th floor of Doan Hall and is part of the Labor and Delivery unit.

Admission
You are admitted to a Labor and Delivery room once your healthcare provider has determined that you are in labor or that your water has broken. If you are having a scheduled C-section or induction, you will bypass triage and be directly admitted into the hospital.

IV
An IV (intravenous) is a tube that is placed into one of your veins to give you medicine or fluid, if needed. An IV will be placed when you are admitted to the hospital. Having an IV access already there is important in the event of an emergency. You may or may not receive medicine or fluids through your IV throughout labor. The IV will be removed on the postpartum unit.

Monitoring
The baby's activity and heart rate will be monitored throughout your labor. Your healthcare provider will decide how this will be done. You will have monitoring of your contractions and fetal heart rate patterns which allows your care team to assess how your baby is responding to labor. There are monitoring devices that still allow you to move around.

Fetal distress
If your baby show signs of a problem while you are being monitored, it may be called fetal distress. This means that the baby is not responding well to labor and your contractions. He or she may be getting less oxygen. There may be drops in his or her heart rate, called decelerations, during labor.
This will be watched very carefully and your healthcare provider will talk to you about options if it continues.
Transition Phase

What is happening

- Cervix is between 8 to 10 cm.
- Fastest and hardest phase.
- Strong contractions occurring every 1½ to 2 minutes and lasting 60 to 90 seconds.
- May have nausea, vomiting, burping, shakes, urge to bear down or have a bowel movement.

Things to do

- Use relaxation techniques, patterned breathing and variable breathing.
- Use blow breathing if you have a strong urge to push.

Tips for labor partner

Back Labor

If your partner is experiencing backache in labor, the baby may be facing mom’s front. Try the following tips to ease the aching and encourage the baby to turn:

- Change positions - try squatting, hands and knees, kneeling, leaning forward, the slow dance, or the birth ball.
- Help her into position to do pelvic tilts.
- Apply hot and cold compresses.
- Use your hands to do the double hip squeeze.
- Set up an area for her to do lunges.
- Apply pressure to her kneecaps for the knee press.
- Apply counter pressure.

Long Labor

Labor doesn’t always follow a prescribed course. If labor is taking a long time:

- Change techniques and positions.
- Offer to change the atmosphere in the room by dimming the lights or playing music, or go with her out in the hall or waiting area.
- Rest (you need to rest, too, so consider having a backup support person).
- Help your partner stay hydrated and nourished as allowed. Don’t forget to eat and drink, too.
Induced or Augmented Labor

Why start labor or help it along
Sometimes, a labor may need to be started or helped along. You may need to have your labor started, called induced, if your body has not shown any signs of labor yet, and you are past your due date or for a medical reason. Your labor may be helped along, called augmented, if your labor has started naturally, but may not be progressing as it should be. Either way, your healthcare provider will discuss your plan of care with you.

Some reasons for being induced or augmented:
- A woman’s water has broken (ruptured membranes), but contractions have not started
- Infection inside the uterus
- Baby is growing too slowly
- Complications from when a mother’s Rh factor is negative and her unborn baby’s is positive
- Not enough amniotic fluid
- Complications, such as high blood pressure or preeclampsia
- Health problems in the mother, such as kidney disease or diabetes

Medicine and other methods
The doctor or midwife can use medicines and other methods to open a pregnant woman’s cervix, stimulate contractions, and prepare for vaginal birth. Some options include:

Misoprostol
- Medicines used to soften or thin the cervix when labor is being induced.
  - Inserted vaginally.
  - May cause cramping or contractions and can sometimes cause labor to start.
  - Often used to get the body more ready for Pitocin and is sometimes used with a Foley balloon.

Pitocin
- Medicine used to increase frequency and strength of contractions.
  - Given through an IV.
  - Usually used until baby is born.

Foley Balloon
- Cervix is dilated using medical device. A small rubber tube is inserted into the cervix and a balloon inside the tubing is inflated to open the cervix.
  - Can be used when the cervix is 1 cm dilation to increase dilation up to 4 cm.
Relaxation Techniques

Relaxation and rhythmic breathing techniques used during labor can help to enhance the progress of your labor and relieve pain. These techniques shift your focus away from the sensation of contractions.

Tips for using relaxation techniques during labor

- Relaxation is a total mind and body experience.
- Being relaxed during labor helps you to stay in control of how you are feeling your pain and also allows your body to labor more effectively.
- There are many methods of active relaxation, and you can use several of them through the labor process.
- You will have relaxation techniques that work better for you than others. What you use may also change based on the situation.

Relaxations sensations

Relaxation is not an out-of-body experience. It is simply a state of mind in which there is reduced tension and arousal. Sensations associated with relaxation include:

- Slowing of the heart rate
- Ease of breathing
- Decreased tension
- Sense of security and tranquility

Types of relaxation techniques

Progressive Muscle Relaxation

Some people cannot relax due to muscle tension. With this method, you alternate tensing and relaxing the different muscle groups throughout the body, starting in the feet and moving to the head. Become fully aware of each muscle and changes in sensations as you let go of the tension and relax.

Touch Relaxation

This method is the use of massage or pressure over specific groups. Muscle tension is released in response to another’s touch. Examples include:

- Firm touch: Apply firm pressure with one hand on the tense muscle until muscle tension is released.
- Still touch: Apply light touch of one hand to the tense muscle until muscle tension is released.
• **Stroking:** Apply light touching to the tense area in downward strokes until the tension is released.

• **Massage**
  ‣ **Whole hand massage:** Use the whole hand to rub or knead the tense area (commonly used on the back and neck).
  ‣ **Effleurage massage:** Use light fingertips in a circular motion (commonly used on the abdomen, back, or thighs).

**Birth massage patterns**

- **Shoulders**
- **Back and Buttocks**
- **Buttocks**
- **Upper Back**
- **Sacrum**

**Helpful relaxation hints**

- Have a positive attitude toward labor
- Create a calming atmosphere
- Adjust lighting as needed
- Play soft music
- Get into a comfortable position
- Surround yourself with supportive, calming, and caring people
Progressive relaxation sequence

Practice exercise 1
Get into a comfortable position.
Breath slowly and easily.
Now squeeze your eye shut. Hold for a few seconds. Notice how it feels. Now relax your jaw and notice the difference.
Bend your neck forward, feel the muscle strain. Now release it. Notice the difference.
Shrug your shoulders. Hold. Now just let your shoulders fall limp.
Straighten your arms while making a fist. Hold it. Now slowly release the tension in your arms starting at your shoulder and down through your biceps and forearm. Image all of the tension flowing out of your fingers and notice how much better this feels.
Tense your abdominal muscles. Release. Feel your abdomen completely relax.
Tighten your buttocks together. Release the tension.
Contract your pelvic floor muscle. Hold it and then release.
Squeeze your thighs together. Now release.
Tense your legs. Release. Imagine all of the tension flowing out of your toes. Notice how this feels.
Take a few breaths, breathing slowly in and out. Release any additional tension that you feel.

Adapted from “Mind Over Labor” C. Jones

Practice exercise 2
Wrinkle your face. Relax.
Shrug your shoulders. Relax.
Clench your fists. Relax.
Contract your pelvic floor muscles. Relax.
Tense your legs. Relax.

Practice exercise 3
Relax your face.
Relax your upper body.
Relax your lower body.

Progressive Relaxations Sequence reproduced with permission from Prepared Childbirth Educators, Inc.

Relaxation response recordings
Ohio State Integrative Medicine offers free relaxation response recordings online. Go to: wexnermedical.osu.edu/integrative-complementary-medicine/relaxation-response.
# Personal Relaxation Chart

Everyone handles stress in their own way. Based on your five senses, think about what helps you feel relaxed and fill out this chart. Complete a chart for yourself and have your labor partner add ideas also. Use your relaxation preferences as a guide for techniques to try and things to bring to the hospital.

<table>
<thead>
<tr>
<th>Taste</th>
<th>Examples: ice, hot tea, hard candy, broth</th>
<th>Touch</th>
<th>Examples: massage, light touch, soft objects</th>
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<tr>
<th>Sight</th>
<th>Examples: visualizations of baby, scenery, or memories, closed eyes, dimmed lights</th>
<th>Sound</th>
<th>Examples: music, white noise, repeated words or chants, relaxing words</th>
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<tr>
<th>Smell</th>
<th>Examples: aromatherapy scents, spices</th>
<th>Relaxation Aids to Bring</th>
<th>Examples: CDs, photos, LED candle</th>
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Relaxation Survey

Mother survey
1. I am most relaxed when ________________________________.
2. I relax best when my eyes are: □ open □ closed
3. When I get tense, it shows up first in my: □ forehead □ jaw □ neck □ shoulders
   or □ other ____________________.
4. I relax best when I think about ________________________________.
5. I relax better if there is: □ music playing □ silence □ other ____________________.
6. When I am trying to relax, touching: □ helps me □ distracts me.
7. I like my partners to use massage on my ____________, but I do not like it on my ______.
8. I find it most soothing or relaxing if the touch is: □ gentle □ firm □ ongoing
   □ starts and stops □ skin to skin □ other ____________________.
9. The breathing technique that I feel most relaxed with is ____________________________.
10. The breathing technique that I find most difficult to relax with is ____________________.

Labor partner survey
1. My partner is most relaxed when ________________________________.
2. My partner relaxes when her eyes are: □ open □ closed
3. When my partner gets tense, it shows up first in her: □ forehead □ jaw □ neck
   □ shoulder □ other ____________________.
4. She relaxes best when she thinks about ________________________________.
5. She relaxes better if there is: □ music playing □ silence □ other ____________________.
6. My partner feels that touching: □ helps her □ distracts her.
7. She likes me to massage her ____________________, but not her ____________________.
8. She finds it most soothing or relaxing if the touch is: □ gentle □ firm □ ongoing
   □ starts and stops □ skin to skin □ other ____________________.
9. The breathing technique that she appears to relax most with is ____________________.
10. The breathing technique she finds most difficult to relax with is ____________________.

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Visualization/Guided Imagery

This technique uses mental images or thoughts to become relaxed. The mind creates a secure and restful scene, while the body responds by releasing muscle tension.

Things to remember

- **During labor**: Visualize specific images, like the cervix opening and the baby coming out of the birth canal.
- **During contractions**: Think of the contractions as “waves” and imagine staying in the water and floating over the waves.
- **While epidural is being started**: Make your back like a rainbow in the shape of a “C”.

Visualization practice exercise

Get into a comfortable position.

Close your eyes. Take a deep breath in, and exhale slowly.

Breath slowly and deeply, in and out.

Focus your breathing and as you exhale release the tension. Continue breathing in and out.

Now, as you exhale, allow yourself to drift into a quiet peacefulness.

Imagine a doorway in front of you. Now pass through the doorway into your own special place. A place that is peaceful and where you feel safe, secure, and completely relaxed.

It can be any place at all, real or imaginary: a favorite room, a meadow, near a stream, near the ocean. Anywhere your feel safe and completely rested.

Now move around this special place. Let the details unfold: familiarize yourself with the sights, the sounds, and the smells.

Allow yourself to full enjoy your surroundings.

Allow a feeling of relaxation to come over you. Let this feeling of relaxation get stronger as you breath in and out.

You can return to your special place at any time and feel peaceful and completely rested.

When you are ready to leave your special place, your will approach a stairway. As you climb the stairs, slowly count to five.

Now breathe in and out, one, two, three, four, five.

Slowly open your eyes feeling rested and relaxed.

Adapted from “Mind Over Labor” C. Jones

Relaxation Surveys reproduced with permission from Prepared Childbirth Educators, Inc.

Guided imagery recordings

Ohio State Integrative Medicine offers free guided imagery recordings online. Go to: wexnermedical.osu.edu/integrative-complementary-medicine/guided-imagery.
Other Relaxation Methods

Birthing ball
A birthing ball can be used as a way to relax before and during labor. Drape your legs over the ball can help with back pain, while sitting on the ball with your legs apart can help relax your pelvic area.

A peanut-shaped birthing ball often used while resting in bed to help widen your pelvic area and rotate the baby’s head to the best position for birth.

Music
Many people have favorite music that helps them relax. Choose music that is soothing to you. Music played by itself or used with other forms of relaxation can be very calming.

Aromatherapy
Essential oils can be massaged into the skin or released into the air using a diffuser. This can lessen anxiety and to help manage pain during labor. Feel free to bring essential oils and a diffuser from home.

Meditation or focal point
Meditation is a deep form of relaxation that can be used to help control pain anytime during your pregnancy and labor. It can take practice to quiet your mind. Some people use breathing patterns, repeating words or chanting to keep the mind from wondering. It may also help you to have something to focus on, a focal point, like a picture or a favorite object.

Position changes
Changing positions often has many benefits. It takes pressure off any one area of your body, gives you something else to focus on, and can assist with moving your labor along.
Breathing Patterns for Labor

Breathing techniques help your body to be more effective during labor. It allows you to focus and concentrate on breathing, instead of pain and discomfort.

**Slow paced breathing**

Slow paced breathing is the first breathing technique used in early labor.

**Technique**

1. Get into a comfortable position.
2. Take a “cleansing breath”.
3. As contraction begins: inhale through your nose and exhale deeply through your mouth, letting your body completely relax.
4. Keep your eyes on a focal point (external with visual imagery).
5. Repeat for approximately 8 to 10 breaths per minute.
6. As contraction ends, take another cleansing breath.

**Normal paced breathing**

Normal paced breathing is used after slow paced breathing is not working anymore.

**Technique**

1. Get into a comfortable position.
2. Take a “cleansing breath”.
3. As contraction begins: inhale through your nose and exhale deeply through your mouth, letting your body completely relax.
4. Keep your eyes on a focal point.
5. Repeat for approximately 16 to 20 breaths per minute.
6. As contraction ends, take another cleansing breath.
Patterned breathing
Patterned breathing is used when the intensity of the contraction increases.

**Technique**
1. Get into a comfortable position.
2. Take a “cleansing breath”.
3. As contraction begins: begin with normal paced breathing. Inhale through your nose and exhale deeply through your mouth, letting your body completely relax.
4. Keep your eyes on a focal point.
5. Switch to shallow breathing (in and out of mouth) during the peak of the contraction.
6. Return to normal paced breathing as the contraction subsides.
7. As contraction ends, take another cleansing breath.

Variable paced breathing
Variable paced breathing is frequently used during transition.

**Technique**
1. Get into a comfortable position.
2. Take a “cleansing breath”.
3. As contraction begins: begin with normal paced breathing. Inhale through your nose and exhale deeply through your mouth, letting your body completely relax.
4. Keep your eyes on a focal point.
5. Switch to 3 shallow breaths (inhale and then softly blow out through puffed cheeks) repeat until contraction subsides.
6. Return to normal paced breathing as the contraction subsides.
7. As contraction ends, take another cleansing breath.

Blow breathing
Blow breathing is used to control the urge to push.

**Technique**
1. If you feel the urge to push and have not been given the okay, start short quick blows through your mouth.
2. Fill your cheeks with air and imagine blowing out birthday candles.
3. Continue until the urge passes or you have been given the okay to push.
Pain Medicine Options

Pain medicine is given different ways for labor and delivery based on your choices for pain control.

**Labor epidural**
An epidural reduces pain in the lower half of the body for childbirth. It is a tiny tube, called a catheter, placed by a doctor (anesthesiologist) into the lower back after numbing the skin in that area. Different medicines can be given through the epidural, depending on your needs.

**Spinal block**
A spinal block is medicine that completely numbs the lower half of the body and is used for cesarean delivery. It will be placed by a doctor (anesthesiologist) in the lower back.

**IV pain management**
During early labor, IV pain medicine can temporarily relieve pain and allow you to rest. You can still have an epidural later if you choose.

**Local anesthetic**
If your vaginal opening tears naturally, or you have an episiotomy (a cut, made by your doctor in the event of an emergency), this medicine is given after delivery to numb the area during the repair.

**Nitrous oxide**
Nitrous oxide, sometimes called laughing gas, can reduce anxiety and decrease pain during labor. It is a tasteless, odorless gas that you breathe through a face mask during contractions.
Stage 2 - Pushing and Delivery

What is happening

- This stage can last 20 minutes to 2 hours for a vaginal delivery.
- Pushing can last 1 contraction up to 3 hours for first time moms.
- You will feel pressure in your rectal and perineal area, burning sensations, and a very strong urge to push.
- Your health care team will guide you as you push during contractions, and rest between contractions.
- When the top of your baby’s head fully appears (crowning), your healthcare provider will tell you when to push and deliver your baby.

Things to do

- Listen to healthcare provider’s instructions.
- Change positions if able to) positions to try: sitting, side lying, squatting, and hands and knees.

Tips for labor partner

Pushing is the light at the end of the tunnel, but there is still hard work to be done. To help:

- Help her stay focused.
- Suggest and help her use different positions (squatting with a bar or on a stool, semi-sitting, hands and knees, sitting on toilet or birthing chair, side-lying, forward-leaning).
- Encourage her with statements like “You’re almost there” and “You’re very strong”.
- Help your partner see her progress by setting up a mirror or letting her know when you can see the baby’s head.
- Hold a cool cloth to her forehead in between pushes.
- Give her ice chips or sips of water.

Each woman will have a unique labor experience. Talk with your healthcare provider about a delivery plan. Even if you prefer vaginal delivery, cesarean delivery may be needed for medical reasons. It is helpful to understand both delivery options, so you are prepared.
Pushing techniques

Directed Pushing
- Most commonly used type in the United States.
- During a contraction, the mother inhales and then holds her breath while a support person counts a quick count of 10. This is not 10 actual seconds (it is actually about 6 clock seconds)! When mothers do not process information well, a count of 10 is helpful to her.
- At the end of the count of 10, she exhales and inhales rapidly again, holding for another count of 10. This cycle is repeated until the contraction goes away.

Spontaneous Pushing
- This technique for pushing is a natural one.
- Letting go and allowing your body to work for you is key.
- Your body reacts to the baby’s head on the pelvic floor as it descends through the birth canal.
- This natural urge comes and goes several times during each contraction.
- Each of these bearing-down efforts or urges usually lasts from 5 to 7 seconds.

Tearing and episiotomy
You may have some tearing of the skin around your vaginal opening. This is normal. Your healthcare provider can give you a local anesthetic to numb the area if you do not have an epidural.

Your doctor may make a small cut, called an episiotomy, to enlarge the vaginal opening, but most women do not need this. While it used to be a more common practice, it is mostly done now in situations where the baby needs to come out more quickly.

Assisted delivery
In the event of fetal distress or if the mother is too exhausted to push, the baby may need to be guided through the birth canal using either forceps, a tool shaped like salad-tongs, or a vacuum, a device that uses suction to pull the baby out. Both of these are done as an alternative to having a C-section. Your healthcare provider will discuss with you the options, risks, and benefits if an assisted delivery is needed.
Stage 3 - Delivery of Placenta

After your baby is delivered vaginally, the placenta is delivered. The placenta held your baby in the uterus. Gentle pressure is used to firm up the uterus afterwards to reduce bleeding. Your uterus will slowly return to its normal size in the days after giving birth.

What to expect
- Can last 5 to 30 minutes.
- Will have slowing of contractions and uterus will shrink back to the size of a grapefruit.
- Labor is over once placenta has been delivered.

Think about ahead of time
- Do you plan to take the placenta home? If you do, you will need to sign a medical release and need someone to bring a cooler to take it home.

After Labor is Over

After your baby has been delivered, you will spend about 2 hours recovering. This is time to begin bonding with your baby and to start breastfeeding. You will also have some checks done on how you are doing after delivery.

- **Vital Signs:** Your blood pressure will be taken every 15 minutes. You will also have your temperature checked.
- **Fundal Checks:** The fundus is the top of the uterus. It can be felt at the location of your umbilicus (belly button) after your baby has been delivered. It should be hard and will feel like a grapefruit or baseball. The nurse will assess the location of your fundus every 15 minutes. If your fundus feels soft, your nurse may massage your belly to make your fundus hard again.
- **Lochia checks:** The nurse will be checking for the amount of lochia (postpartum blood) on your pad to make sure you do not have too much vaginal bleeding after delivery.
- **Medicine:** Ibuprofen and a stool softener may be offered to you during recovery. If you had an epidural placed for labor, the anesthesiologist will remove the tubing in your back. This is a very quick and painless procedure.
- **Visitors:** You are welcome to have your family and friends visit you and baby in your labor and delivery room before moving upstairs to your postpartum room.
Cesarean Delivery

Sometimes a cesarean delivery or C-section is needed because of problems with the mother, baby, or both. A C-section is done in an operating room that is located in the Labor and Delivery unit. A scheduled C-section takes about 60 minutes.

Reasons for a C-section

- Placenta previa or placenta abruption
- Fetal distress
- Umbilical cord comes out before the baby, called prolapse
- Baby is too big to fit through mother’s pelvis
- Failure to progress in labor
- How baby is positioned, such as buttocks or feet first (breech) or lying sideways (transverse)

Possible risks

- Infection
- Bleeding or blood clots
- Need for blood transfusions
- Injury to bladder or bowels
- Damage to the uterus that requires removal of the uterus, called a hysterectomy

If you are having a C-section

You will be taken to the pre-surgery area on the Labor and Delivery Unit. Only your labor support person may be with you. Other family members need to stay in the waiting area on the 6th floor of Doan Hall.

- The team will review the plan for surgery before starting.
- You will be given medicine by a doctor, called an anesthesiologist. You will be awake to enjoy your baby’s birth without pain. Your labor support person may be next to you to share this special moment.
- During surgery, the team will continue to check your health while your baby is born, the placenta is delivered, and the incisions are closed. If you are interested in taking the placenta home, you will need to sign a medical release and bring a cooler to take it home in.
- After the C-section, you will go to a recovery unit. Your baby can stay with you when possible.
Your Baby’s Care After Delivery

Right after birth, several things will happen right in the delivery room to ensure the health of your baby.

**Cord cutting**

After your baby is born, the umbilical cord is cut and clamped at your baby’s navel (belly button). Make sure to tell your healthcare provider if you or your partner would like to cut the umbilical cord.

**Apgar evaluation**

The Apgar score is a test to assess how well baby is adjusting to life out of utero and will determine whether extra medical care is needed. The baby is scored at one minute and five minutes of life. The nurse will be checking your baby’s:

- Heart rate
- Breathing
- Activity and muscle tone
- Reflexes
- Skin color

**Bonding and skin-to-skin contact**

Your baby will be placed on your chest as soon as possible after delivery unless there is a medical reason not to. Placing your baby skin to skin has many benefits for both you and the baby. It helps your baby keep a steady blood sugar, and helps you to bond. Infants placed in early skin-to-skin contact with their mother also appear to interact more with their mothers and cry less.

**Breastfeeding**

Your baby can be put to breast very soon after delivery. This stimulates your breasts and boosts your milk-making hormones. It also helps initiate breastfeeding with your baby.

**Breast milk is good for the baby as it:**

- Is easier for your baby to digest than formula. Breastfed babies have less gas, less spitting-up, and sweeter smelling stools. It also helps prevent diarrhea.
- Helps protect babies from illness, lowering the risk of things like asthma, type 2 diabetes, obesity, and childhood cancers.
- Is always clean and safe. Your baby cannot catch a cold from it or be allergic to the milk, and there is no risk of contamination.
• Reduces the risk of sudden infant death syndrome (SIDS).
• Helps develop the baby’s brain and nervous system.

**Breastfeeding is good for the mother as it:**
• Helps your uterus return to its normal size faster.
• May help you return to pre-pregnancy weight sooner.
• Reduces your risk of breast and ovarian cancers and type 2 diabetes.

**Other checks**
Soon after delivery, the care team will also:
• Listen to baby’s heartbeat
• Count respirations (checks breathing)
• Do a physical assessment
• Monitor baby’s temperature
• Take baby’s weight

**Banding**
An identification band will be placed on both you and your baby for security. Each time your baby is taken in or out of your room, your band and the baby’s band will be checked.

**Eye medicine**
Your baby will receive eye ointment to prevent eye infections they can get during delivery. It is standard of care across the country for all babies to receive erythromycin ointment to prevent a severe eye infections from bacteria in the birth canal, most commonly chlamydia and gonorrhea. It is possible for other bacteria to cause eye infections in newborns.

**Vitamin K shot**
The American Academy of Pediatrics recommends that all newborns get a shot of vitamin K in the upper leg. Newborns usually have low levels of vitamin K in their bodies. This vitamin is needed for the blood to clot. Low levels of vitamin K can cause a rare but serious bleeding problem. Research shows that vitamin K shots prevent dangerous bleeding in newborns.

**When special care is needed**
If there are signs the baby is not doing well, treatment can be given in the delivery room. Babies who may have trouble at birth include those born prematurely, those born with a difficult delivery, or those born with a birth defect(s). Fortunately, for these babies, special care is available. Newborn babies who need intensive medical care are often admitted into a special area of the hospital, called the Neonatal Intensive Care Unit (NICU).
Postpartum Care

Length of stay
The amount of time you will stay depends on the type of delivery you had and if you had any problems. Most women stay 24 to 48 hours for a vaginal delivery or 48 to 72 hours for a C-section.

Lactation assistance
A lactation specialist will visit you in the hospital to guide you in getting started breastfeeding and to provide support. Your bedside nurse is also ready to help you at any time, just ask.

Baby photos
You will have an opportunity to have your baby’s first official portraits taken.

Baby’s care during this time
We encourage you to keep your baby with you in your room during your hospital stay unless there is a medical reason not to. This is the best way to learn about your baby’s needs and to know if he or she is hungry. You can have your baby spend time in the nursery if you need to rest.

Your baby will have some additional health tests and procedures during this time. This includes:

- **PKU Testing**: After 24 hours, a few drops of blood will be taken from your baby’s heel to screen for 36 different health conditions.
- **Critical Congenital Heart Disease**: After 24 hours, the oxygen level in your baby’s blood is checked with a small sensor on the baby’s hand and foot.
- **Hearing Test**: Your baby is checked for hearing loss because it can impact speech and language development. You will get the results before your baby goes home.
- **Hepatitis B Vaccine**: Hepatitis B vaccine is recommended for all babies because of the high risk that children younger than 18 years of age, if infected, will carry the disease the rest of their lives, passing it to others.
- **Circumcision**: If you have a boy and have decided to have him circumcised, it is done in the hospital nursery by your baby’s doctor before your baby goes home.

Birth certificate and social security number
You will also be provided with all the paperwork to complete your baby’s birth certificate and Social Security number applications from the convenience of your room.
Nursery time
You can have your baby spend time in the nursery if you need to rest. Ask your nurse about the hours the nursery is open.

Visits from family and friends
Visits from friends and family are a wonderful part of the maternity experience, but you will also need quiet time throughout the day to rest and have some one-on-one time with your new baby. Ohio State Maternity Center has Mother and Baby Quiet Time from 1 to 3 p.m. and 2 to 4 a.m. These periods are set specifically for new families to have uninterrupted time together.

Going home
Your nurse will help prepare you for the trip home, including answering any remaining questions you have and talking to you about what to expect over the coming days and weeks.
As you get settled at home, you may have additional questions about caring for yourself or your baby. We will provide you with a detailed booklet that outlines daily care and feeding routines as well as important health and safety measures.
Safe Sleep and SIDS

Safe sleep

Babies sleep safest **Alone**, on their **Back**, and in a **Crib** (ABCs of safe sleep). You will get more information about this from your hospital care team.

**Alone**
- Share the room – not the bed – with a baby.
- A baby should only sleep in an empty, safety-approved crib, bassinet, or Pack ‘n Play.
- A baby should never sleep with an adult, child, or pet.
- A baby should never sleep on a couch, chair, or bed.

**Back**
- A baby should always sleep on his or her back.
- A baby will not choke while sleeping on his or her back.
- A baby can breathe easier while sleeping on his or her back.

**Crib**
- A baby should only sleep in an empty, safety-approved crib, bassinet, or Pack ‘n Play. No bumper pads, pillows, soft toys, stuffed animals, or blankets. These items can suffocate or strangle a baby.
- Use only a firm mattress with a fitted sheet in the crib.
- A baby should not be overdressed for sleep. Sleep clothing should be lightweight. Fitted, appropriate-sized sleepers, and sleep sacks are best.

For More Information
CelebrationOne - [celebrateone.info](http://celebrateone.info)

Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden and unexplained death of a healthy baby. SIDS cannot always be prevented, but you can lower the risk by following these steps:
- Follow the ABCs of safe sleep every time, for every sleep. Tell others who care for your baby to do the same.
- No smoking near your baby, not at home or when driving. More babies die of SIDS when they are around smoking.
- Breastfeed your baby. Babies fed breast milk are at lower risk for SIDS than are babies who were never fed breast milk.
- Use a pacifier, but only after your baby is breastfeeding well.
- Immunize. Research shows vaccinated babies are at lower risk for SIDS.
- Tummy time will be important when your baby gets a little older.

For More Information
National Institutes of Health [www.nichd.nih.gov/sts](http://www.nichd.nih.gov/sts)
Dealing with Crying

Why babies cry

Most babies cry a little each day. Crying is a way of telling you his or her needs, such as being hungry, wet, thirsty, cold, or bored. It can also be a way to release tension.

It is normal for babies to:

• Cry on and off
• Keep crying when you are trying to comfort them
• Cry more in the evening hours when tired
• Have a red face, clenched fists, hard and tight stomach, arched back, legs pulled up to their stomach, or stiff legs
• Cry for a long time

A crying baby can frustrate and worry parents. Crying often makes parents think there is something wrong. Understanding what is normal won’t stop your baby’s crying, but it can help you feel better about yourself and your baby.

Soothing a crying baby

Respond to the crying quickly to prevent your baby from becoming too upset. This will not spoil your baby.

Try these actions to calm your baby:

• Cuddle or swaddle your baby in a blanket and hold him close to you.
• Place your baby’s head near your heart.
• You can use pacifiers once breastfeeding is going well. Never use a string to attach a pacifier around his or her neck.
• Rock, walk with your baby, or take him or her for a ride in a stroller or a car.
• Talk to your baby in a steady, soft voice.
• Sing, hum, or coo softly to your baby.
• Turn on something with a rhythmic sound, such as music, a fan, or a clothes dryer.
• Keep the lights low and the room quiet.

Try to stay calm and take a break if you feel yourself getting too upset. Have someone watch and comfort your baby while you relax.

Call your baby’s doctor for advice if you feel your baby:

• Cries too much
• Has cries that are loud, piercing, or do not stop
• Cries more than 3 hours each day and more often than 3 days each week

Never shake a baby

Never shake your baby. Shaking can cause damage to your baby’s brain or even death, called Shaken Baby Syndrome. Crying is the main reason that babies are shaken.

If the stress becomes too much or you feel you are losing control, gently place your baby in his or her crib for 10 to 15 minutes while you do something relaxing. This will not hurt your baby.

Ask for help if you still don’t feel able to calmly care for your baby.