



Grossmont Hospital for Women and Newborns



Welcome!
Just the Facts
1 Day Childbirth Preparation Class
InJoy




Housekeeping

- Familiarize yourself with the platform.
 - Different views
 - Microphone
- Minimize distractions.
- We encourage you to use the chat box feature. There will be plenty of opportunities to ask your questions.
- Please mute unless speaking.
- Be sure your computer/phone is charged.
- For a more interactive class we encourage you to leave your camera on.




Class Topics

- Introduction
- Signs of Labor
- Stages and Phases of Labor
- Birth Film
- 2nd Stage of Labor and Pushing
- Coping Skills and Relaxation
- Hospital Procedures/Medications
- Cesarean Birth
- Postpartum Recovery
- Newborn Procedures



Pregnancy Anatomy



Before pregnancy *37 weeks*


Changes to Note:

- Breast size
- Uterus size
- Lungs, diaphragm, stomach, and bladder are compressed at 37 weeks

Anatomy Animation **SIVAR**

Onset of Labor

Pregnancy Timeline



10 wks 20 wks **LABOR BEGINS 39-42 wks**

- No one knows exactly what triggers labor to start, but it probably involves a shift in hormones
- Babies themselves might cause this hormonal release once they are ready to live outside the womb

Onset of Labor 039 **SIVAR**


What Is Pre-Labor?

- Let's you know that your body is getting ready for labor
- Can occur at any time from a month before labor until the onset of labor
- Does not mean that labor is starting

SIVAR

Signs That Labor Is Near

- Braxton-Hicks/warm-up contractions
- Lightening
- Release of the mucous plug
- Nesting
- Weight loss (1-3 lb)
- Increased backache
- Diarrhea



Warm-up contractions may increase late in pregnancy

09 Labor Signs 1:44

True Vs. Warm-Up Labor

True Contractions	Warm-Up Contractions
Eventually tighten the entire uterus	Tighten portions of the uterus
Usually cause pressure on the lower back and/or lower belly	Don't usually cause back pressure
Last longer over time	Ease up over time
Become stronger over time	Lose intensity over time
Grow closer together	Have no regular pattern
Cause the cervix to thin and open	Do not cause the cervix to change
Do not stop when you change your activity, and walking may make them stronger	May stop when you change your activity by resting, walking, or taking a warm bath


10 Labor Signs 1:44

Bag of Water Breaks

- The bag of waters will break as the first sign of labor in about 10% of women
- Water may release in a trickle or a gush

Call your healthcare provider and report the:

- Color
- Odor
- Amount
- Time

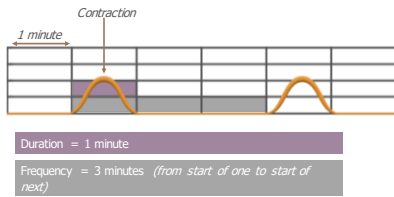




The water around the baby's head is released

11 Labor Signs 1:44

Timing Contractions



SITVP

When to go to the hospital

3-5 Minutes apart	2 For Hours	1 1 Minute Long
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You May Need to Go Sooner Than "321" if You:

- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your bag of waters has broken
- Have vaginal bleeding
- Tested positive for Group B Strep
- Live far from the hospital
- Progress quickly

Always follow your healthcare provider's instructions



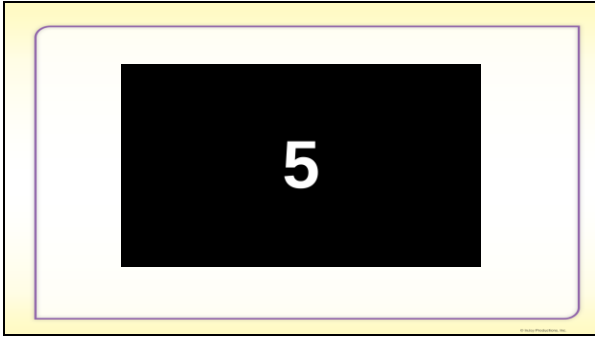
SITVP

COVID-19 Visitation Restrictions





- Patient testing
- Visitation Policy
- Screening
- During your stay

*Please review COVID Updates-Visitation Document

SITVP





Stages of Labor

	1st Stage Cervix thins and opens
	2nd Stage Pushing and birth
	3rd Stage Delivery of the placenta
	4th Stage Recovery & breastfeeding

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Effacement & Dilation

Efface = to thin

	
Not effaced	Effacing

Dilate = to open

3 cm → 10 cm

SITVP

First Stage Phases



Early Labor
6-12+ hours



Active Labor
3-5 hours



Transition
30 minutes-2 hours

Every labor is unique. The length of your labor may be different!



1st Stage: Early Labor



Cervical Dilation: 0-6 cm

6 cm

Emotions:
Happy,
Excited,
Some anxiety



Early Labor 2:47



Early Labor Activities

- Rest or sleep
- Diversions (music, TV, cards)
- Eat lightly
- Drink fluids
- Take a walk
- Shower or bath (call caregiver first if you think your bag of waters is broken!)



1st Stage: Active Labor

Time (in minutes)

Strength

Contractions

45-60 sec 3-5 min apart

Cervical Dilation: 6-8 cm

8 cm

Emotions:
Serious,
Focused

Active Labor 2:33

STARR

Active Labor Activities

- Shower
- Massage
- Diversions (music, TV, cards)
- Upright positions like the birthing ball
- Breathing & relaxation techniques
- Ice chips
- Take a walk if not medicated

Active Labor 2:33

STARR

1st Stage: Transition

Time (in minutes)

Strength

Contractions

60-90 sec 1-3 min apart

Cervical Dilation: 8-10 cm

10 cm

Emotions:
Frustrated,
Dependent

Transition 2:33

STARR

Transition Labor Activities

- Diversions
- Upright positions
- Breathing techniques
- Ice chips
- Shower if not medicated
- Eye contact
- Firm, simple directions



Fetal Descent

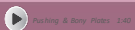


2nd Stage

Contractions (there may be a resting period before contractions restart)



Emotions:
Happy,
Relieved,
Exhausted



Breathing During Pushing

- Breathe in a way that feels good during pushing
- Try a controlled exhale as you push, instead of holding your breath
- You will push 3-4 times per contraction for about 6-8 seconds each time



SITVP

Pushing Positions



Hands-and-knees



Squatting



Side-lying



Birth Stool



Pushing Positions 3:38

SITVP

Birth



Birth reactions vary



Birth video begins with anatomy 2:12

SITVP

Skin-to-Skin Contact

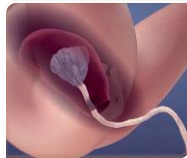
Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.

American Academy of Pediatrics Policy Statement on Breastfeeding (2009)

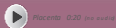


3rd Stage

- The placenta detaches from the uterine wall 5-20 minutes after birth
- You may feel a mild contraction as it detaches
- Your healthcare provider will examine the placenta to make sure that it comes out in one complete piece



You'll push out the placenta



4th Stage

- The 4th stage of labor is the first few hours after birth
- Your uterus continues to contract and shrinks to about the size of a cantaloupe
- Holding your baby skin to skin and feeding him within the first hour after birth helps long-term breastfeeding and milk production, and helps your uterus contract to its usual size



This baby's first feeding occurs during the 4th stage



Stages of Labor Review





Any questions?

Labor Positions and Relaxation is Next!



Gate Control Theory

- Pleasure and other sensations reach the brain first and block pain sensations



Fear-Tension-Pain Cycle



Effect on baby



Comfort Measures

- Relaxation
 - Your labor environment can help you relax
- Massage
 - Helps you relax
 - Brings oxygen to your muscles
- Visualizing and Focusing
 - Focusing on a specific object can help you through each contraction

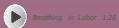


Breathing

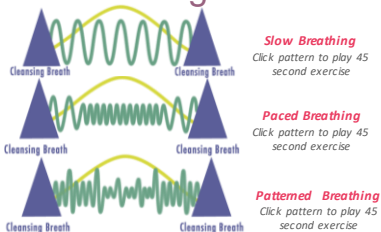
- Breathe in and out through your nose or mouth, or use a combination of both
- Begin and end with a *cleansing breath*
- Use breathing exercises any time during labor



There's no "right way" to breathe



Breathing Patterns



Labor Positions

- Help a baby descend and turn into a more optimal position for birth
- Cause more efficient contractions
- Reduce the pain of contractions
- Help mom actively participate in her labor
- Provide a change of pace



This upright position allows the baby to move



Labor Positions 2:07



Labor Positions



Side-lying



Forward-leaning



Sitting



Hands-and-knees



Labor Positions



Squatting



Lunging



Slow Dancing



Fitness Ball



Sitting



Forward-leaning




Peanut ball between legs

Fitness Ball 0:00 **STARR**

Tips for Labor Partners

- Suggest a variety of comfort measures (try one at a time)
- Rest when you can
- Nourish yourself
- Be the link between medical staff and Mom
- Don't take things personally



Find what works best for Mom

Tips for Labor Partners 0:00 **STARR**

Tips for Long Labor

- Rest if you can
- Change positions
- Change the atmosphere or environment
- Stay hydrated and nourished
- Support people may need a break; consider a back-up
- Try new techniques

STARR

Tips for Back Labor



Counterpressure



Heat or Cold Packs



Double Hip Squeeze

Back Labor: 0:38



Comfort Technique Review



Any questions?

Hospital Procedures is the next topic!





Lunch Time

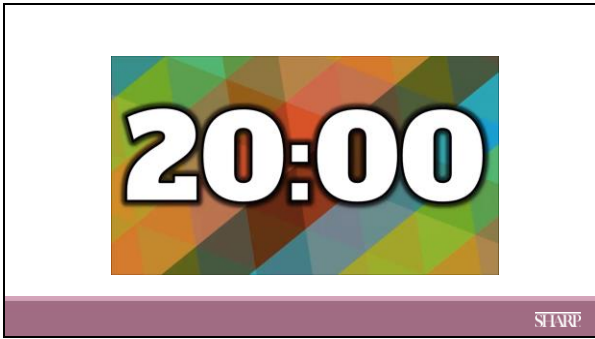
Out to LUNCH!

Enjoy your break

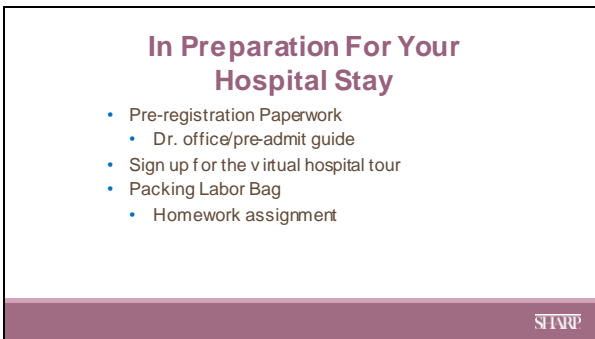
See you back in 20 minutes!











Creating a Birth Plan

- Who will be your support team?
- What positions and comfort techniques would you like to use?
- Do you want to use pain medication?
- Will you breastfeed?
- What about circumcision and other newborn procedures?



Share the plan with your labor nurse



Birth Planning 1.01



Informed Consent

- What is the reason for this procedure?
- What does the procedure involve?
- What are the risks or side effects associated with this procedure?
- What is the next step if the procedure fails?
- What are the natural alternatives to the procedure, including waiting?
- What are the risks associated with waiting or trying other alternatives?



Induction of Labor

- Starting contractions by artificial means to cause labor and birth
- Some evidence shows that induction and an unripe cervix can increase the length of labor and likelihood of a cesarean birth



Induction of Labor

Reasons to Induce:

- Pregnancy continues too far past the due date
- The health of Mom or baby is at risk if pregnancy continues
- The bag of waters breaks and contractions don't start



If the cervix is "ripe," induction is usually more successful

If your body is already close to starting labor, there might be some nonmedical alternatives you could try. Talk to your healthcare provider

Induction 2:28



Induction of Labor

What Week is Considered Safe to Have Your Baby?

{ Greater than 39 weeks }

In the Last Few Weeks of Pregnancy

- Important organs are still developing and growing
- Your baby's hearing and vision are still developing
- During the last 6 weeks of pregnancy your baby's brain almost doubles in size



Induce for Medical Reasons

I feel so big!

My partner has a business trip a few days after our due date!

Since there are risks, inducing labor for reasons of convenience is not generally recommended.

My mother wants to travel here for the birth.

I want my baby to be an Aries like me!



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Augmenting Labor

- Using medications or interventions to speed up a stalled or slowing labor
- Should only be done if medically necessary because there are risks involved



This woman receives Pitocin through an IV

If your labor slows down, try walking and using upright positions to help strengthen contractions.

Augmentation 3:22

STARR

Medical Methods Summary

Induction



Stripping the membranes



Cervical ripening agent



Foley catheter (mechanical dilators)

Induction or Augmentation



Amniotomy



Pitocin

STARR

External Fetal Monitoring



Two elastic belts hold sensors in place



Machine shows heart rate and frequency/duration of contractions

Some monitors allow you to be more mobile. See what your hospital offers!



Fetal Monitoring 2021



Internal Monitoring



IUPC (intrauterine pressure catheter)



Scalp electrode (for fetal heart rate)



IV Fluids

- Help maintain adequate blood pressure if anesthesia is used
- Deliver Pitocin, antibiotics, or other medicines if needed
- Prevent or treat dehydration



Saline lock prepares you for an IV line but allows you to move around more freely

By sipping water and juices frequently or sucking on ice chips, you can help prevent dehydration!



2nd Stage Interventions

- Used to assist the baby through the birth canal if Mom cannot push effectively due to anesthesia, exhaustion, or the position or size of the baby
- Used if the baby needs to be born quickly due to distress (a sudden change in heart rate)



Pushing can be challenging if you are exhausted

Using upright pushing positions and following your body's natural pushing urges may reduce your need for these interventions.



Forceps and Vacuum Extractor



Forceps are placed on both sides of the baby's head



Vacuum extractor cup in place on baby's head

Risks:

- Bruising on the baby's head
- Tearing of the vagina, perineum, or anus
- Temporary nerve problems in baby's face (with forceps)



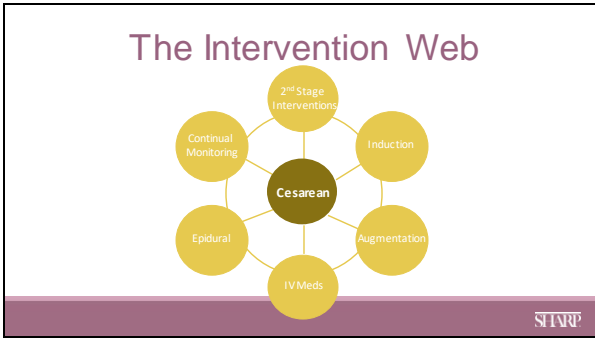
Episiotomy

- Increases the size of the vaginal opening at birth
- A local anesthetic is injected before the procedure
- Does not substantially shorten the birth of the head
- The incision becomes infected more often, is more painful, and may extend farther than a natural tear



The episiotomy incision will either be made straight back or off to the side





Hospital Procedures Review

Any questions?

Pain Medications is the next topic!

STARR

Non-Pharmalogical Pain Relief

- Breathing
- Visual Imagery
- Relaxation Exercise
- Massage
- Position Changes
- Birth Ball
- Shower
- Attention Focusing and Distraction
- Focal Point
- Birth Doula

STARR

Analgesic (Fentanyl)

- Administered through an IV. Systemic medication (affects the whole body)
- Lessens pain without causing numbness ("takes the edge off")



This analgesic is administered by injection



Analgesics 2/30



Analgesic Summary



Advantages

- Can be given soon after requested
- Provides fast relief
- Does not numb your muscles (mobility is still possible after the drug has worn off)



Disadvantages

- Does not provide total pain relief
- May cause drowsiness, disorientation, itching, or nausea
- May slow breathing or lower blood pressure
- May inhibit mobility while in effect

Side Effects for Baby

- May be sleepy and have difficulty breastfeeding at first
- May slow breathing and reflexes temporarily
- Avoid just prior to birth to reduce these effects

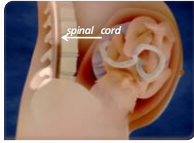


Epidural Anesthesia

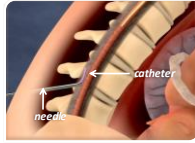
- Administered by an anesthesiologist or a nurse anesthetist
- Regional anesthetic that numbs sensations in the uterus, abdomen, and lower back
- Women may still feel pressure with contractions and on the pelvic floor



Epidural Placement



The administration area is below the spinal cord



Epidural needle and catheter



Epidural Procedure 3:10



Epidural Summary



Advantages

- Very effective pain relief
- Allows rest
- Does not affect Mom's mental state



Risks

- May offer incomplete areas of relief
- May lower blood pressure and cause fetal heart rate to drop
- May cause shivering, fever, itching, and/or nausea
- May cause soreness or bruising at the administration site
- Less Common Backache/headache in the days after birth
- Rare but serious risks are listed on the consent form
- (No significant risk to the baby is known)

Effect on Labor

- Continuous fetal monitoring
- Mom must stay in bed and needs a urinary catheter
- May affect labor progress
- May decrease Mom's ability to push effectively



Epidural Tips

1. Wait until you have regular contractions that are changing your cervix before requesting an epidural.
2. Periodically rotate from one side to the other for better pain relief and to help the baby's position.
3. Once you are fully dilated, allow the baby's head to descend further down before pushing.

Also, consider non-medical pain-management techniques if you wish to avoid the potential side effects of epidurals.



Pain Medication Review



Any questions?

Cesarean Section is the next topic!

SIVAR

5

SIVAR

Unexpected Outcomes

- A situation, or procedure that is unplanned, unknown, and the person is typically unprepared.
- They can be positive, middle of the road, or extremely challenging.
- What would you consider an unexpected outcome?
- How do you cope with an unexpected outcome?

SIVAR

Cesarean Birth

- Surgical delivery of a baby through an incision in the abdomen and uterus
- Performed if a vaginal birth is not possible or safe for Mom or baby
- About 30% of women in the U.S. will have a cesarean birth
- The reasons for a cesarean fall into three main categories:
 - Planned
 - Unplanned
 - Emergency



Planned Cesareans



Breech baby

Transverse baby

Placenta previa

- Mom is having multiples (twins may be born vaginally)
- Medical condition in Mom or baby
- Previous cesarean birth (VBAC may be an option)



Unplanned Cesareans

- Abnormal fetal heart rate
- Labor is not progressing
- Baby moves into a position where vaginal birth is difficult or impossible
- Baby's head does not fit into pelvis



This cesarean was performed because of an abnormal fetal heart rate



Unplanned Cesarean Birth Story 4:09



Emergency Cesareans

- Cord prolapse
- Placental abruption
- Uterine rupture
- Severe fetal distress



Cord prolapse

Emergencies occur in only 1% of all births!

STARR

Cesarean Preparation

- IV/medications placed, antibiotics & antacids
- Blood & heart pressure monitors
- Urinary catheter inserted
- Skin prep with antiseptic scrub
- Pubic hair clipping
- Compression stockings
- Drape is placed
- Room will be cold & lots of bright lights
- Extra staff that all have a specific purpose

STARR

Cesarean Birth Anesthesia

Planned/unplanned cesareans:

- Epidural
- Spinal block
- Combined spinal-epidural

Emergency cesareans:

- General anesthesia



To administer a spinal block, a single dose of medication is injected into the spinal fluid

STARR



Cesarean Summary

+

Advantages

- Life-saving procedure if vaginal birth is unsafe
- Quick
- Relatively safe procedure

Disadvantages to Mother

- Infection
- Blood loss/hemorrhage/blood clots in legs
- Future pregnancy problems
- Injuries to organs
- Longer, more painful recovery
- Higher risk of emotional trauma/perception of negative birth

Disadvantages to Baby

- Breathing problems
- Low Apgar score
- Injury (rare)

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Reducing the Cesarean Risk



Enter labor in good health

- Eat healthy foods
- Exercise



Labor

- Let labor start on its own
- Stay at home during early labor
- Have continuous, hands-on support (consider a doula)
- Use upright labor positions



Epidural

- Wait until labor is well-established to get one to avoid the chain of intervention

STARR

Family-Centered Cesareans

- Ask to have the screen lowered to see the birth
- Use prepared childbirth techniques to relax
- Have photos or video taken if permitted
- Hold or touch your baby while your surgery is being completed
- Ask if skin to skin is an option
- Breastfeed as soon as you can



Partners can bring the baby over to Mom

STARR

Cesarean Recovery Post Anesthesia Care unit

- How long in PACU
- Baby is not separated from partner
- Skin-to-skin contact can begin immediately with mom and/or partner
- Breastfeeding is initiated

STARR

Cesarean Recovery During Hospital Stay

- Limited diet – possible liquid based on MD
- Anesthesia side effects and pain management
- Knee high compression device– reduce risk of blood clots, intermittent use
- IV and catheter
- Mobility
- Pain Management

STARR

Cesarean Review

Any questions?

Hospital recovery and postpartum is next!

SITVP

Physical Recovery

- **After pains**
 - Cramps/contractions caused by uterine involution
 - Fundal massage by care provider can be uncomfortable
 - May experience while breastfeeding
- **Soreness in perineum (pelvic floor)**
 - Try ice packs, warm water, sitz bath, Kegels
- **Hemorrhoids**
 - Witch hazel
- **Lochia (vaginal bleeding)**
 - Normal for 3-6 weeks after birth
 - Use pads, not tampons
 - Changes color from red, to pink, to brown

Postpartum Physical Recovery 332

SITVP

Hospital Recovery Day 1

- Increase in emotions/adrenaline
- Increased discomfort
- Baby not born hungry, usually more sleepy
 - Skin -2-Skin
- Room Interruptions
 - Work with nurse on scheduling
 - Limiting Visitors
 - Quiet time block/Do not disturb sign

SITVP

Skin-to-Skin Signs of Infant Wellness

- Your baby's lip's and tongue should be pink
- Watch for your baby's tummy to rise and fall with each breath
- When holding your baby, breastfeeding or practicing skin-to-skin, always make sure you can see your baby's mouth and nose to ensure breathing isn't blocked. You should notice baby's back and tummy move with each breath



Hospital Recovery Day 2

- Exhausted
- Lack of sleep
- Emotional/crying
- Increased discomfort
- Learning newborn behavior
 - Second 24 hours of baby's life
- Staff and visitor interruptions
- Hospital to Home Class



Hospital Discharge

- Hospital to Home Class
- Discharge Paperwork
 - M.D. orders both mom and baby
 - Baby care plan
 - Mom care plan



Planning For the Help You Need When You Leave the Hospital

Do you have someone to help you when you go home?

Family and friends

- Visitors versus helpers
- Meals, laundry, housecleaning, shopping, and taking care of you other children



Ask for help... Start putting together your team!



Mom's Postpartum Physical Warning Signs

- Fever over 100.4°F or 38°C
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding
- Pain or burning with urination
- Lump, hard area, or pain in your breast
- Red, tender, or painful area on your leg
- Any other concern about your health



Baby Blues

Symptoms:

- Mood changes
- Weepiness or sadness
- Anxiety
- Lack of concentration
- Feelings of dependency or inadequacy



The baby blues are experienced by most new moms

If you get the blues, talk about your feelings, and take care of yourself. Call your healthcare provider if the blues last longer than 3 weeks.



Postpartum Mood and Anxiety Disorders (PMAD) Signs and Symptoms

- Excessive worrying and anxiety
- Persistent weepiness or sad mood
- Inability to sleep, even when you're exhausted
- Difficulty concentrating
- Loss of interest in activities you used to enjoy
- Changes in appetite
- Thoughts about harming yourself or your baby
- Hallucinations (go to the E.R.)



You may be at a higher risk if you've experienced depression in the past

Partners can also get the blues or depression!

Postpartum Depression Story



Life With Baby

- Parenting Pressures
 - Family and Friends
 - Cannot spoil your baby
- Real Baby versus Imagined Baby
 - Often in conflict with each other
 - Skin -2-skin
- Sleep
 - Managing your sleep
 - Understanding how your baby sleeps
 - Utilizing friends and family
 - Ok to set boundaries
- Where to go for help
 - Support groups



Partners Role

- Manage visitors
- Validate mom's feelings
- Attend support groups with mom
- Don't take things personally
- Encourage rest (both of you)
- Make time to be alone with your newborn



Postpartum Review



Any questions?

Newborns is the next topic!



Breastfeeding Benefits

- Less likely to develop uterine, breast and ovarian cancers, may reduce heart disease. Helpful with weight loss.
- Environmentally Friendly
 - Natural use of resources
- Helps reduce risk of obesity, diabetes, ear infections, allergies, asthma, SIDS, less risk of childhood leukemia and more
 - Just one drop of colostrum has 3 million immune cells
- www.sharp.com/classes sign up for Breastfeeding Class



First Feeding

- Your first milk is called colostrum
- Feeding within 60 minutes of birth is recommended




Colostrum is thick and yellowish


Holding baby skin to skin for 2 hours after birth can increase breastfeeding success by 80%!




Newborn Procedures



Suctioning might be done




Cutting the cord



Apgar score

- Weighing and measurements
- Antibiotic Ointment & Vitamin K
- Hepatitis B
- Newborn Screening Test

Newborn Procedures 2:40



Hearing Test

- The test is performed a day or so after birth
- Three out of every 1,000 babies are born deaf or with severe hearing loss
- Catching and treating hearing loss early on can minimize related speech and language disorders




The test measures the baby's response to sounds



Critical Congenital Heart Disease Screening (CCHD)

- Screening will be done before you go home with your baby.
- It is a simple and painless test that measures the amount of oxygen in the blood through sensors placed on your baby's hand and foot.
- Some babies with CCHD, a heart defect that can occur in infants may appear healthy at first and can be sent home before symptoms are detected.
- These babies are at risk of developing serious complications if not treated.



Newborns Review



Newborns Review

Any questions?

Congratulations!
We made it!!

SHARP

Hospital Resources

- Attend Hospital to Home Class before leaving hospital
- Check Sharp.com/classes for support groups such as:
 - Virtual Breastfeeding Support Group 2x weekly
 - Virtual Postpartum Support Group offered weekly

SHARP

Other Hospital Classes

- Breastfeeding
- Baby Care Basics
- Labor Aid and Comfort Skills

SHARP