LABOR & DELIVERY:

WHAT TO EXPECT

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Labor and Delivery: What to Expect
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This booklet is designed to give you, the expectant mother, an idea of what to expect during labor and delivery. The key factor is that each mother's labor and delivery is highly individualized. Therefore, the examples in this booklet serve only as guidelines.

HOW WILL I KNOW IF I AM IN LABOR?

Premature Labor -- labor which occurs more than three weeks before you are expected to deliver which can result in the birth of a premature infant. Premature labor is usually not painful but there are several warning signs.

* Contractions which occur every ten minutes or more often. Lie down in a quiet room and place your hands on your abdomen. The contractions will be felt as a tightening in your abdomen.

* Menstrual-like cramps in lower abdomen - may come and go or be constant.

* Low dull backache

* Pelvic pressure which feels like infant is pushing down.

* Vaginal discharge -- may suddenly increase in amount or change in consistency.
If any of these signs occur more than three weeks before your due date, call the hospital right away. Infants who are born prematurely can have many problems. Medications are available to stop premature labor so it is important for you to call right away to prevent your infant from being born too early.

**Prodromal signs** -- which may occur up to two weeks before actual labor. (These signs mean that your body is preparing for labor.)

* Lightening or dropping of your infant into your pelvis which leads to increased bladder pressure and eased breathing.

* Lower backache

* Braxton Hicks contractions or false labor -- these contractions prepare the uterus and your infant for the real thing! They are irregular contractions with long intervals and unchanged intensity. They are usually located in your abdomen and relieved by walking.

* Burst of energy!!
Your contractions and infant's heart rate will be monitored by an external fetal monitor. Two transducers or plastic pieces will be placed on your abdomen and fastened by elastic straps. These transducers transmit the infant's heart rate and your contractions to a fetal monitor which prints out a fetal monitor strip. Fetal heart rate is usually 120-180 beats per minute.

If the infant heart rate goes above or below these parameters for long periods of time, the infant is under stress. You may be asked to change your position and an oxygen mask may be utilized to give your infant more oxygen. The monitoring of your contractions and the infant's heart rate will continue until you deliver.

A labor admission sheet will be completed by the nurse. She will ask you numerous questions which may include:

* Name, age, doctor, allergies, current medications
* Blood type (if known)
* Date and time of last oral intake
* Number of previous pregnancies or abortions
* Due date or EDC (estimated date of confinement)
* Type of anesthesia planned
* Intent to breast or bottle feed
* Pediatrician
* Frequency, duration, and intensity of contractions
* Presence of vaginal bleeding
* Status of membranes, ruptured or intact
  If ruptured -- date and time of rupture, color and consistency of fluid, and smell. (If fluid is meconium stained or green colored, this means that your infant has been under stress and has had its first bowel movement while in your uterus.)

Consents for treatment of your infant will be signed at this time. These might include consents for circumcision, rooming-in (having your infant in your room for extended periods of time), and a delivery room liability release (that releases the hospital from responsibility of significant others in the delivery room).

After all this information is obtained, the staff nurse will perform a vaginal exam. She will lubricate two fingers and insert them into your vagina to determine:

* Fetal presentation -- the part of your infant that is coming through the birth canal first (usually the head)
* Cervical dilation -- your cervix will widen to accommodate your infant's head (measured from 0-10 centimeters)
* Cervical effacement -- your cervix will also thin out to allow more room for the infant's passage (measured by percent)
* Station -- how far down the infant is in the birth canal (measured from -2 to +2)
These vaginal checks will be done frequently (every couple of hours) to monitor your progress.

After this initial assessment is done, the doctor will be called for orders which may include:

* A perineal shave (the hair is shaved from the area between your vagina and rectum)
* An enema
* Medications, and possibly an IV or intravenous initiation

TO REVIEW SOME GENERAL ANATOMY

Your infant has been growing inside your abdomen in an organ called a "uterus" for the past nine months. The uterus is pear-shaped with an opening at the bottom enclosed by your cervix. Below the cervix lies the birth canal or vagina. Your infant is surrounded by amniotic fluid or bag of waters which cushions and maintains your infant's body temperature. Your infant receives its nourishment and oxygen from the placenta or afterbirth through the umbilical cord which attaches at your infant's umbilicus or belly button. During labor, the uterus contracts which pushes the infant against the cervix. This results in the cervix widening (dilatation) and thinning out (effacement) to accommodate the infant's head. Pain occurs as a result of the stretching and contracting of your uterus and birth canal.
PAIN MANAGEMENT

Here are some helpful hints on relaxation:

* Keep your visitors to a minimum. This is a stressful time for you and you don't need any added concerns.
* Do whatever you are accustomed to doing to relax (watch television, receive a back rub, listen to your favorite music, etc.)
* Focus on one object during your contractions to take attention away from the pain.
* Use effleurage -- stroke your abdomen with your fingertips.
* Use counterpressure -- lie on your side and have your significant other apply pressure to your lower back.
* Try slow chest breathing. Breathe in through your nose and out through your mouth. Keep the breathing high in your chest and not in your abdomen.
* Try taking a deep breath at the beginning of your contraction and saying "hee" until the end of the contraction.
* Try to pant or blow to overcome the urge to push when the cervix is not yet fully dilated.
You may also choose to have medicine to help control your pain. Taking pain medicine does not mean that your childbirth is not "natural" and the choice to have pain medicine is entirely up to you. The most common types of pain medicine are as follows:

* Injection -- The nurse will give you a shot of pain medicine, usually in your buttocks. The medicine will be repeated in the time intervals set by your doctor.

* IV medication -- The nurse will administer the pain medicine directly into your IV line. The medicine will be repeated as needed in the time intervals set by your doctor.

* Epidural -- This is performed by an anesthesiologist. You must have an IV line and have received a sufficient amount of IV fluids. The anesthesiologist washes your back and numbs the skin with a small amount of local anesthetic. The epidural needle is placed between your vertebrae and is hooked up to a pump through which a local anesthetic is continuously injected. Your blood pressure will be checked frequently and your IV fluids continued. The end result of this procedure is that the pain of your contractions should diminish and leave you with only the sensation of pressure during the remainder of your labor and delivery. You will feel numbness in your legs and lower abdomen which may remain 2 to 3 hours after delivery.
Local anesthetic -- is performed just before the delivery of your infant. The doctor will inject a local anesthetic directly into your perineum (the tissue between your vagina and rectum). An episiotomy, or cutting of the perineal tissue, may be done prior to the delivery of the infant's head to allow the infant's head enough room and to prevent tearing or over-stretching of the perineal tissue.

LABOR & DELIVERY HAS FOUR STAGES

During the first stage your cervix will dilate to ten centimeters and efface 100%. At the beginning of this stage your contractions will feel much like menstrual cramps with tightening in your lower back. Contractions will continue to intensify and be felt over your entire abdomen with a tightening in your groin and intensified back pressure. At this point, your contractions may be two to three minutes apart lasting 60-90 seconds. You may discharge a pink or red-tinged vaginal fluid as your cervix continues to dilate. If your membranes have not ruptured, they will probably rupture during this stage.

You may experience a premature urge to push but it is important that you not push before you are fully dilated. This could cause your cervix to swell and make the labor even longer! This stage may last up to ten hours.
Once your cervix has dilated to 10 cm, you are in the second stage of labor and ready to begin pushing! When a contraction comes, you will push to a count of ten and then let out the air quickly and push again (each contraction usually has three 10 count pushes). You will only push during contractions so that your body can help you push the infant out. Each push moves the infant closer to delivery -- be patient! The pushing stage may last two to three hours. Once your infant's head can be seen and remains at the vagina a number of things will happen. If your significant other is going to be with you during delivery, they will change into scrubs. Your perineum will be cleansed with an antiseptic solution. As you continue to push during contractions, the doctor will put on a sterile gown and gloves and prepare for the delivery of your infant. It is during this time that the doctor will cut an episiotomy if needed. Once you push the infant's head out, the doctor will suction out the infant's nose and mouth to prevent fluid from going down into your infant's lungs. You will be asked to pant during this time. You will push again and the shoulders will be delivered and be followed by the rest of your infant's body.

You now will know the sex of your infant! Your infant will be placed on your abdomen as the umbilical cord is clamped and cut.
Your infant will be taken to a radiant warmer for evaluation. Your infant will be cleaned off and identification bands placed on both ankles that will match a new identification band on your wrist. An APGAR score will be assigned at one and five minutes. This score is made up of five categories: heart rate, respiratory effort, muscle tone, reflexes, and color. A score of zero to two is assigned in each category to total a maximum score of ten. A score of seven or above indicates a good adjustment to life outside the uterus.

During the third stage of labor, you will continue to have contractions and deliver the placenta. You may receive an injection directly after the delivery of the infant to help stimulate uterine contractions and thus prevent hemorrhage or excessive bleeding. Once the placenta is delivered, the doctor will stitch up your episiotomy. He will use a local anesthetic if needed to numb your perineum. The nurse will cleanse your perineum and put perineal pads on. You will then be able to hold your infant and breast feed if you desire. Your infant will remain with you only a short amount of time. Your infant will be taken to the admitting nursery for further evaluation.

During the fourth stage of labor, or the recovery period, you will be monitored and observed for problems.
After the initial assessment is completed, you will be able to visit with your family. The nurse will assess your uterus by determining the level and firmness of your uterus. You may still experience cramping as your uterus descends into its normal position. The nurse will also assess your lochia or vaginal bleeding. Your lochia will continue for up to two weeks but will change from a red color to a pinkish-brown and finally a yellow-white discharge. If your uterus is not firm or your lochia too heavy, the nurse will perform a fundal massage. She will push down on your uterus firmly until your uterus firms up and/or your lochia slows down. The nurse will also check your perineum to assess for swelling or bruising and use a perineal cold pack if needed to lessen the swelling. She will be taking your vital signs and assessing all of these factors every half an hour. You will be instructed on perineal care and may be given some topical anesthetics for your perineal discomfort ordered by your doctor. You will need to cleanse your perineum and change your peri-pad after each time you urinate and after each bowel movement. It is important to cleanse your perineum by wiping from front to back using soap and water. You may desire to continue using perineal cold packs for your discomfort and may elect to use the heat lamp after 24 hours (this shines warm light onto your perineum). If you have an episiotomy, the stitches will dissolve on their own in about a week. If you notice any signs of infection be sure to contact your doctor.
You need to wear a tight bra continuously for added support and comfort, whether you are breast-feeding or not. If you have elected to bottle feed, the doctor may give you some medication to hasten the drying up of your milk.

If no problems arise during the recovery process, your stay will last approximately one hour in the recovery room. You will then be transferred to the postpartum unit. There you will learn to be more confident about the care of yourself and the care of your infant.
REFERENCES


