

Labor and birth



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What to bring to the hospital

What will I need?

- List of all medications you are taking
- Personal music selection
- Lip moisturizer for use during labor and birth
- Tennis ball or other massager
- A favorite pillow (use colored pillowcase to identify)
- Two nightgowns that open in the front (front openings are helpful if you plan to breastfeed and for exams)
- Personal grooming items such as toothbrush, toothpaste, shampoo and conditioner, hairbrush, makeup
- Nursing bra (if breastfeeding)
- Comfortable clothing to wear home

Do not bring large sums of money or valuables with you to the hospital.

What will I need for the baby?

- Car seat properly installed and ready for your baby
- Several diapers
- An outfit for baby's picture and gown, "onesie" or other clothing to take baby home in
- Two receiving blankets
- Booties, hat
- Heavy blanket and sweater if weather is cold
- If formula feeding, have formula at home

What should my partner bring?

- Address book, phone list, calling card
- Camera, charger and extra batteries. We suggest that you discuss your photography plans with your doctor or midwife in advance.
- Food for snacking, change for vending machines or money for cafeteria
- Change of clothes, toiletries, extra pillow

Birth plan worksheet

We invite you to share your needs and wishes with us. Our supportive staff is committed to family-centered care and doing whatever we can to meet your individual needs. Please complete this worksheet with the assumption that labor will progress normally and know that flexibility may be required if the circumstances change. We all understand that birth is not a planned process, and therefore alternatives may need to be considered. This plan should be discussed with your health care provider during your pregnancy. Please bring this with you to the hospital when labor begins.

Labor and birth

List support people and their roles: _____

Comfort measures you plan to use: _____

Your preferences regarding the use of pain medications: _____

Your preferences in the event of a Caesarean birth: _____

Your greatest hopes for labor and birth: _____

Your greatest fears for labor and birth: _____

Baby care

List any preferences you may have regarding the care of your infant: _____

Mother care

List any preferences you have regarding your own care during your postpartum stay: _____

Thank you for partnering with us in our mutual goal of a safe, healthy and family-centered experience!

Activity and diet in labor

- In labor you are encouraged to be up as tolerated, e.g., short walks, sitting in rocking chair, taking showers or a whirlpool bath.
- Labor slows down digestion, but clear liquids are usually allowed.
- Your support person should plan to provide their own nourishment.

Induction and augmentation of labor

- You may be admitted to the hospital to have your labor induced (started).
- Medications called prostaglandins are placed in the vagina to ripen your cervix.
- Oxytocin is administered by intravenous (IV) method to stimulate contractions.
- Oxytocin is also used to speed up a stalled or slow labor.
- Your health care provider may want to speed up your labor by breaking your bag of water. This is likely to cause an increase in frequency and intensity of your contractions.

Unless there is a medical reason, Legacy Health recommends waiting for labor to begin on its own for normal, healthy pregnancies. To learn more, visit www.marchofdimes.com/39weeks.

Pain assessment

People feel pain in different ways. Some women have a more difficult time tolerating pain and discomfort than others. You can assist those caring for you in assessing or measuring your level of pain. A common method used to measure pain is to ask you to rate your pain on a scale from 0 to 10.

0 = No pain

5 = Moderate pain

10 = Severe pain

There are many options for coping with the pain in childbirth. If you attended childbirth preparation classes you may have learned breathing methods, relaxation techniques and other comfort measures. These can be used alone or in conjunction with a variety of pain medications. Pain relief medications include intravenous (IV) narcotics and epidural anesthesia. Your labor nurse, physician or midwife can discuss the options with you.



Comfort measures for labor and birth

The methods described below do not take away all pain. However, when used in combination with caring and skilled labor support these techniques may enable many women to deal successfully with their labor pain.

- **Labor support** — The presence of a caring support person in labor reduces fear and pain for women.
- **Activity and position changes** — Often when a laboring woman is free to move and change positions, she is more comfortable and her labor may progress faster. Squatting, side-lying, and hands and knees are a few positions that might give relief.
- **Use of water** — Immersion in warm water is very relaxing, and the natural buoyancy of water helps reduce the pain of contractions and may speed up the labor process.
- **Heat and cold** — Application of either heat or cold can be used at any time during labor and afterwards to relieve discomfort. One of the many examples is the use of warm compresses on the perineum (tissue around the vagina) during the birth stage. These compresses can relieve pain, help a woman focus her pushing efforts and can help to relax the birth canal.
- **Touch and massage** — Touch conveys a kind, caring and comforting message to the woman in labor. Some women may find a gentle back massage helpful during a contraction, while others may find it soothing to have their hand held.
- **Counterpressure for back labor** — For the woman experiencing back labor, counterpressure given with the heel of the palm to the lower back during contractions can give much relief. In addition this pain can often be relieved by the use of intradermal water papules. One drop of sterile water is injected just below the skin in four areas of the lower back and can often relieve the pain of back labor.
- **Relaxation, patterned breathing and attention-focusing** — These techniques are the cornerstones of childbirth preparation classes. They can be learned in class, from reading books or viewing videos, and can be reinforced by a skilled labor attendant or birthing partner.

Non-pharmacological methods of pain relief have a varying degree of success, depending on such factors as the desire for an unmedicated birth, the length and intensity of labor, and perhaps most importantly, support during labor by caring, knowledgeable birthing attendants.

Medications for pain relief in labor

These are medications that affect the whole body and are usually given well into labor. They do not take the pain away completely.

Advantages

- The medication may help you relax and this will help labor to progress.
- May lessen discomfort during a period of intense contractions



Guidelines for start of epidural

Primips (First baby):
4–10 cm, sooner in some cases. Rarely is it ever “too late.”

Multips (Second baby):
4–8 cm. Labor occasionally can progress too rapidly for an epidural to be effective. (Remember, think of this as positive!) An epidural can be given after 8 cm if it seems there is time for it to be effective.

In some situations it may be possible to sit in a chair, walk in your room or walk to the bathroom with the assistance of your labor nurse with an epidural running.

Disadvantages

- The medication can also affect the baby temporarily so it needs to be given at the appropriate time.
- It is best for the medication to wear off before the baby is born, so your baby is not groggy or sleepy.

Epidural anesthesia

General information

An epidural block is a method of providing pain relief during labor and the birth of your baby. It may also be used for Caesarean birth. Medication injected through a tiny tube or a catheter placed in your lower back provides the desired pain relief. Reduction of pain is achieved by the injection of drugs through the catheter that either block transmission of nerve impulses or occupy pain receptors on the spinal cord. You may feel warmth, numbness and/or tingling in your lower extremities. You will usually still feel pressure, as the epidural does not block this sensation. **All feeling will not be taken away!** The objective of the epidural is to reduce your pain during labor but not to block the nerves so much that pushing is ineffective.

The procedure is done in either a sitting or a side-lying position. It is very important to remain in the desired position during placement of the epidural catheter. Your labor nurse will be with you to help you follow the instructions of the anesthesia provider administering the epidural, and support you during contractions.

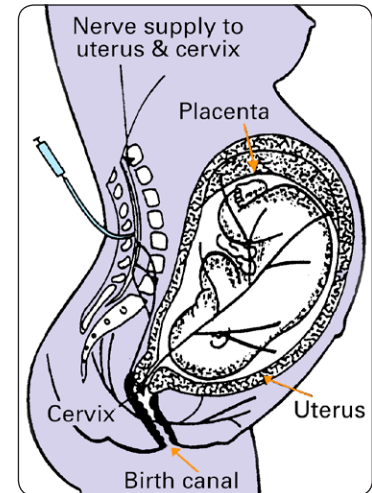
An intravenous line (IV) must be started and IV fluids given before the epidural medications can be given. This fluid minimizes changes in your blood pressure. Administering fluids takes about 15–20 minutes, placing the epidural takes approximately 15–20 minutes, and it is usually another 10–30 minutes before the epidural medications are completely effective. If it appears your labor will be at all lengthy (several hours or more), medication will most likely be given by a continuous infusion. Depending on your labor, you may be given a button to press that will administer extra epidural medication. This will allow you to manage the amount of numbness.

When is an epidural given?

Labor patterns have many variations, and epidurals can be given at nearly any time in your labor. It is a good idea to talk with your care provider about when to have an epidural. Usually it is best to wait for an epidural until a good labor pattern is established. The block may be given sooner if your labor is started (induced) with pitocin.

Benefits of an epidural

- Usually the most effective pain relief during labor with the least effect on baby



- Beneficial for prolonged labor
- May actually speed up labor as a result of increased relaxation of mother
- Decreases the stress of labor on both mother and baby

Possible disadvantages

- Mother must remain in bed, and must be continuously on fetal monitor for the first 30 minutes after placement of the epidural catheter
- Frequently may affect bladder control and necessitate a catheter
- Baby may briefly be affected by transient drop in maternal blood pressure (rare)
- Occasionally may prolong labor, especially if given before active phase
- Localized back pain where the epidural is placed may last for about a week. Treat with heat, massage and Tylenol (occasional)
- May hinder maternal pushing efforts in second (pushing) stage (occasional)

Possible complications

- **Poor results of the epidural anesthesia** — There are a few times when an epidural may be spotty, one-sided or may not generally give the relief desired. The procedure for placing the epidural may have to be repeated, but it may not be any more effective.
- **Wet tap** — The spinal fluid sac is located next to the epidural space. Rarely, less than one percent of the time, the sac is punctured. If that happens, there is a greater than 50 percent chance of a spinal headache. This usually occurs 24–48 hours after the puncture. Treatment includes bed rest, increased fluid intake, pain medications and possibly an epidural blood patch.
- **High block** — Care is taken to avoid administering epidural medications into the spinal fluid space. If medications are injected into the spinal fluid a high block would result in weakness up to the arms and possibly higher. A test dose is performed after catheter placement to reduce this rare possibility.
- **Epidural catheter entering a blood vessel** — Rarely, the epidural catheter threads itself into a blood vessel. If this occurs, the catheter is removed and the epidural procedure must be repeated. Testing is done to determine if the catheter is in a blood vessel. If the medications are injected directly into a vein (.03–.05 percent), high blood levels may result. High blood levels may induce mild reactions (dizziness, ringing in the ears), to severe reactions (cardiac/respiratory arrest, seizures). Severe reactions are extremely rare occurrences and are further minimized by diligent care by your anesthesia provider.
- **Allergic reaction** — There is a potential with any medication given to have an allergic reaction. Equipment and medications are at hand to support and aid in reversing the effects of the very rare allergic reaction.
- **Nerve injury** — Nerve injury usually involves weakness of a foot, is most often transient lasting 12–16 weeks and occurs with epidural catheter placement in about 1 in 11,000–20,000 cases.

This is general information and is not inclusive. Please feel free to discuss any concerns or questions you may have with your anesthesia provider.

Anesthesia for Caesarean birth

In the event of a Caesarean birth, there are several anesthetic options. If you have an epidural in place, your anesthesiologist will inject a stronger drug through the epidural catheter. This will numb your entire abdomen. A spinal block may be used when you do not already have an epidural catheter in place. A spinal block is an injection in your lower back similar to an epidural. A small amount of medication is injected to numb the lower half of your body. A spinal block uses a much thinner needle in the same place on your back where an epidural block is placed. The potential side effects of a spinal block are similar to those of an epidural. In an emergency situation, a general anesthetic may be needed. If you have a general anesthetic, you are not awake. It can be started quickly and causes a rapid loss of consciousness. A major risk during general anesthesia is caused by food in your stomach. During unconsciousness, food could come back into the mouth and into the lungs, causing damage. To avoid this, you may be told not to eat, and to drink only clear liquids once labor has started, even if you are not planning a Caesarean birth.

Labor checklist and worksheet for birth partners

(Please complete by discussing with the expectant mother.)

Before labor — Learn as much as you can!

- Attend as many classes as possible.
- Ask questions in class and at appointments with your health care provider.
- Together with mom, complete the “Birth Plan Worksheet” (see page 2).
- What mom needs most from me now is:
Emotionally —
Physically —

Early labor — 0 to 4 cm

- Focus on relaxation skills and conservation of energy.
- Alternate periods of activity with periods of rest.
- Try not to focus too much on the contractions until they require your attention to stay relaxed.
- Stay calm! Notifying too many people may come back to bother you as things progress.
- Call the hospital/your provider. Let them know that you are in early labor so they can plan ahead. They can also help you decide when it might be time to come in.
- What mom says she will need most from me in early labor is:
Emotionally —
Physically —

Active labor — 4 to 7 cm

- Create a calm environment. Use her five senses to affect her relaxation.
- Work with the staff to meet mom's physical and emotional needs.
- Push fluids! Remember that mom is working hard and needs hydration in labor.
- Your undivided attention is important; focus on mom and her needs.
- Remind her to change position at least once an hour.
- Encourage rhythmic activity ... rocking, breathing, walking, dancing, swaying or moaning.
- Encouragement and praise! Always use positive and specific instructions when guiding her.
- Listen to her. Hold, touch or massage her. Help her use her breathing to relax.
- Continuously check her body for tension. Help her find and release it.
- For back labor use ice packs, position changes, hip squeeze or counter pressure.
- What mom says she will need most from me in active labor is:
Emotionally —
Physically —

Transition — 8 to 10 cm

- Rhythms, rhythm, rhythm ... find a ritual that works for mom.
- Relax between contractions, talk to her between contractions. Ask her if what you are doing is helpful?
- Remind her of the baby! Ask your nurse for ideas.
- Use hand signals to guide her breathing. Use a cool cloth on her face or neck.
- If she panics, get eye contact, anchor or hold her, breathe with her, reassure her.
- What mom says she will need most from me in transition:
Emotionally —
Physically —

Pushing and delivery

- This is hard work! Help support her body and position changes.
- Ask for a mirror so she can see the baby's head. This may help with pushing efforts.
- Between contractions, remind her to relax.
- Help her with her breathing and pushing efforts.
- Encouragement, cold washcloths and ice chips really help now!
- As soon as the baby is born, help her to get comfortable. Get an ice pack for her perineum.
- Enjoy the baby!
- What mom says she will need most from me during pushing and delivery:
Emotionally —
Physically —

In the event of a Caesarean birth

- Work with your provider, nurse and mom to make safe, informed decisions.
- Be sure that mom understands the reason for a Caesarean delivery. Help her formulate and ask her questions.
- Pay close attention to her emotional needs during the preparations for surgery and the surgery itself.
- Remain close to her, holding her hand may mean a lot to her.
- Plan ahead ... should the baby need to leave the operation room area, do you plan to stay with mom or follow the baby?
- Help facilitate contact with, or information about, the baby as soon as it is possible after the birth.
- What mom says she will need most from me if a Caesarean becomes necessary:
 - Emotionally —
 - Physically —

Postpartum

- Encourage parent and infant bonding.
- Continue to encourage fluids! Mom needs to stay hydrated.
- Praise mom for what she accomplished throughout the labor and birth. It is very common for her to need you to recount the details for her.
- So that your nurses can best support you, please identify any additional information you require, or learning needs you may have.
- Do your best to limit visitors. Recovery and time to learn from the nurses is precious.
- Rest, relax and enjoy!

Once she goes home, what mom says she will need most from me:

- Emotionally —
- Physically —

Support for moms before, during and after the labor and delivery are very important. Partners, please remember to also care for your own physical and emotional well-being. New families benefit from additional support whenever possible. We wish you the best!