Giving Birth

You’re going to welcome your little one into the world very soon. It is a very exciting period and now is the time to start thinking about planning for everything involved in giving birth.

Our Huggies eBook covers the checklist of things you need to pack for the hospital for you and bub. We talk you through the signs and symptoms of early labour, and how you’ll know when you’re in active labour. We’ve got a comprehensive list of your pain relief options and talk you through what’s involved in natural and caesarean births.

In addition, we’ve got lots of great ways to keep you occupied during early labour when it is usually too soon to go to the hospital, but hard to focus on anything other than having bub.

Remember the most important thing is to communicate with your health care providers about any questions or concerns you have. They are there to support and guide you during the beginning of your transition into parenthood.
Table of Contents:

1. Hospital bag for mum and bub ................................................................. 4
2. Birth Plan .................................................................................................. 6
3. Signs of Labour ....................................................................................... 8
4. What to do When You go Into Labour .................................................. 10
5. Pain Relief Options During Labour ....................................................... 12
6. Birthing Options .................................................................................... 13
7. Caesarean ............................................................................................... 17
Hospital Bag For Mum And Bub

When it comes to giving birth, it doesn’t matter if you are waiting for labour or are booked in. You should pack your bag at least 4 weeks ahead of your due date just in case. That way you can take your time and enjoy the process. We’ve got the checklist below, just print it off and tick the boxes!

It’s important to have this packed and ready at least 4 weeks before bub is due. That way you can focus on your impending delivery rather than packing on the big day!

<table>
<thead>
<tr>
<th>Must Haves</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 button up pjs or nighties</td>
<td></td>
</tr>
<tr>
<td>3 maternity/nursing bras</td>
<td></td>
</tr>
<tr>
<td>Dressing gown and slippers</td>
<td></td>
</tr>
<tr>
<td>Hairbrush</td>
<td></td>
</tr>
<tr>
<td>Sanitary/ maternity pads</td>
<td></td>
</tr>
<tr>
<td>12 pairs comfy underwear</td>
<td></td>
</tr>
<tr>
<td>Watch</td>
<td></td>
</tr>
<tr>
<td>Camera</td>
<td></td>
</tr>
<tr>
<td>Mobile phone and charger</td>
<td></td>
</tr>
<tr>
<td>Toothbrush</td>
<td></td>
</tr>
<tr>
<td>Deodorant</td>
<td></td>
</tr>
<tr>
<td>Going home outfit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxing music</td>
<td></td>
</tr>
<tr>
<td>Moisturiser</td>
<td></td>
</tr>
<tr>
<td>Make-up</td>
<td></td>
</tr>
<tr>
<td>4 loose tops</td>
<td></td>
</tr>
<tr>
<td>2 face cloths</td>
<td></td>
</tr>
<tr>
<td>Lip balm</td>
<td></td>
</tr>
<tr>
<td>Own pillow</td>
<td></td>
</tr>
<tr>
<td>Soft cotton socks</td>
<td></td>
</tr>
</tbody>
</table>
Remember bub has been floating round in a cocoon of water. Keep clothes in hospital simple and soft with easy openings. Remember to wash them before bub arrives and have them packed up.

<table>
<thead>
<tr>
<th>Must Haves</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 onesies</td>
<td>☐</td>
</tr>
<tr>
<td>6 pairs booties</td>
<td>☐</td>
</tr>
<tr>
<td>6 singlets</td>
<td>☐</td>
</tr>
<tr>
<td>1 sunhat</td>
<td>☐</td>
</tr>
<tr>
<td>Baby mittens</td>
<td>☐</td>
</tr>
<tr>
<td>2 bunny rugs</td>
<td>☐</td>
</tr>
<tr>
<td>Huggies nappies</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping bag</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>
### PERSONAL INFORMATION

**My birth partner(s) will be**

**We wish to record the birth**

**I would like to wear**

**I will / will not allow training medical staff to observe my labour or birth**

**I would like to have music playing / aromatherapy /**

### HOSPITAL PROCEDURES

- **Foetal monitoring**
- **Internal examinations**
- **Induction**

### BIRTH EQUIPMENT

**I would like to use a**

### PAIN RELIEF

**I plan to utilise**

**If I need to use medical forms of pain relief my choice is**

- **Gas & Air / Entonox**
- **Pethidine**
- **Epidural**

**I wish to wait for**

So I can reconsider my request.
YOUR BIRTH PLAN

MANAGEMENT OF YOUR LABOUR

My preferred positions for labour

I would like to have access to a shower / bath

I wish to remain active and mobile when in labour

I wish to keep internal examinations and foetal monitoring to a minimum

I prefer not to have an episiotomy

BIRTH OF YOUR BABY

My preferred position for birth is

I would like to use mirrors to see my baby being born

I wish to touch and assist my baby during birth

I / my partner wishes to cut the umbilical cord

If my baby needs to be assisted during the birth I prefer to use

AFTER THE BIRTH OF YOUR BABY

Birth of my placenta should be unassisted / assisted by syntocinin

We do / do not wish to take our placenta home with us

We agree to all routine tests and examinations performed on our baby

I wish to be the first person to hold my baby

I wish my baby to be placed skin-to-skin with me as soon as possible after the birth and remain with me for

length of time.

If I am incapacitated, _________________ will be the first person to hold our baby.

_______________ will accompany our baby if s/he is taken from the birthing suite for any reason.

We would appreciate photos of us as a family

* Registered Trademark Kimberly-Clark Worldwide, Inc. © 2011 KCWW.
Signs of Labour

Everyone’s labour begins differently. These symptoms are the ones that indicate that your labour will start soon or that you are in the early stages.

Signs that indicate labour will start soon:

• **Bloody “show”:** When the mucous plug sealing the cervix is released, you will experience a discharge that often contains a small amount of blood and mucous; for some women this happens at the beginning of labour, for others it might occur a few days or even weeks beforehand.

• **Waters breaking:** When the membranes of the amniotic sac rupture, the fluid that your baby is surrounded in will start to leak. You may experience a sudden big gush of fluid or a constant trickle. Pre-labour rupture of membranes only happens in around five to ten percent of pregnancies; and ninety percent of the time, women then go into labour naturally within 24 hours.

• **Contractions:** Early contractions feel like period pain – slight cramping across the abdomen and may be accompanied by backache. You’re probably in labour if the contractions last more than half a minute and start to come closer together and get stronger.

When a ‘real’ contraction happens, it’s usually difficult to speak or move until it has passed – so if you are not sure if you are in labour, you probably haven’t started yet. When labour begins, contractions will go for about 40 seconds and are around ten minutes apart. By the time you are ready to give birth, each contraction usually lasts for more than a minute and they are less than a minute apart.

First Stage of Labour

The first stage of labour is usually the longest part of the birth by far. With your first child, labour is generally longer than second and subsequent births, with ‘average’ labour for first-time mothers around 12-14 hours, although anything from two to twenty hours is pretty normal. The first stage of labour is often described as having **three distinct phases**.
Early phase of labour

• In the early phase, contractions are comparatively light and start around thirty minutes apart. Over time (often a number of hours) the contractions will become closer and stronger until they are about five minutes apart.
• Most women are able to labour comfortably at home during this time; there is time to recover between each contraction and you will be able to get ready for the trip to hospital, if that is where you are having your baby. Keep in touch with your caregiver by phone at this stage for advice about when you might be ready to go in.
• The early phase may go on for many hours, so it’s also fine to have some rest where you can. Lying down on your left side is usually more comfortable.

Active phase of labour

• In the ‘active’ phase of labour, contractions will be four to five minutes apart and last for a minute or so each time. At this point, it is wise to travel to hospital.
• This phase may last for a few hours as the cervix dilates further, between 4 to 8 cm.
• Most women cope best with this stage of labour by moving into whatever position feels best at the time. Sometimes one position will work well for a few contractions and then you may need to move into a different position.
• During the active phase of labour, upright positions with hip-swaying movements will help as gravity assists your body move the baby deeper into the pelvis.
• In the active phase of labour, most women are not able to walk or talk during contractions and usually want to spend the time between contractions focusing on the labour and preparing for the next contraction ‘wave’ rather than being distracted by other concerns.

Transition

• The end of the first stage is marked by movement into the ‘transition’ phase.
• Contractions will be longer, more intense and closer together – usually lasting for around 90 seconds and two or three minutes apart.
• By the end of this stage, the cervix is fully open; enough to allow the baby to pass through and into the birth canal (the vagina). This is described as being 10 centimetres dilated or fully dilated.
• Labour tends to speed up as it progresses. It normally takes far less time for the cervix to dilate its second five centimetres, compared to its first five.
• During labour, your caregiver will keep monitoring your baby’s response, usually by measuring her heart rate.
• It’s important during the long first stage of labour to make sure that the labouring woman is as comfortable as possible and feels secure and supported.
What to do When You go Into Labour:

In most movies you see labour as being a very speedy process. In rare cases it is. The majority of the time however, it is a lengthy exercise with lots of waiting round. The key to it all is to always ask for advice when you are unsure. Phone your midwife or the hospital and they will help you out. Your midwives will advise you when you should start heading into hospital, but if you have any concerns they will usually get you to come straight in.

Start timing:

If you call your hospital when you’re in early labour, they will usually want to know how far apart your contractions are, and how long each one is lasting. Make sure you have a watch with a second hand. Always time contractions from the beginning of one contraction, to the beginning of the next contraction. This determines how far apart your contractions are. Below is a chart demonstrating how to time contractions:

<table>
<thead>
<tr>
<th>STARTING TIME</th>
<th>ENDING TIME</th>
<th>“LASTING”</th>
<th>“APART”</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00:00</td>
<td>10:00:45</td>
<td>45 seconds</td>
<td></td>
</tr>
<tr>
<td>10:10:00</td>
<td>10:10:50</td>
<td>50 seconds</td>
<td>10 minutes</td>
</tr>
<tr>
<td>10:21:00</td>
<td>10:21:45</td>
<td>45 seconds</td>
<td>11 minutes</td>
</tr>
</tbody>
</table>

As a general rule, once you are having continuous contractions about three to five minutes apart you will be asked to head into hospital. However, keep in touch with your midwife and be guided by them.
Keep occupied:

There is an old saying: “When you can no longer ignore them, then it’s more likely you’re in labour.” In the early stages the pain will be manageable.

- Keep your energy levels up with food and drink, but remember to keep your bladder as empty as possible.
- Find ways to keep busy that won’t tire you out. This might include watching a movie or having a bath.
- You might call a friend for a chat or skype with someone if you feel up to it.

Listen to your body:

Depending on when you go into labour you might prefer to try napping between contractions or being up and about. Try to stay as comfortable as possible.

- A hot water bottle or hot pack placed on your back or lower abdomen may give some relief.
- Lean on an exercise ball and rock back and forth.
- Have back massage or try resting in different positions including lying on your side or squatting.
# The Key Pain Relief Options During Labour And Birth

<table>
<thead>
<tr>
<th><strong>Acupuncture</strong></th>
<th>The insertion of fine needles into the skin at certain points of labour can reduce the pain of labour. However, only use a registered practitioner.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breathing</strong></td>
<td>Many prenatal classes offer lessons and techniques on breathing in order to help you cope with labour.</td>
</tr>
<tr>
<td><strong>Cold Relief</strong></td>
<td>There is nothing more refreshing than a cold flannel wiped gently across your brow between labour pains.</td>
</tr>
<tr>
<td><strong>Epidural</strong></td>
<td>Performed by an anaesthetist, this involves injecting anaesthetic into the epidural space near the spine. It will numb your body from the waist down. It is worth researching the side effects of this choice before labour begins.</td>
</tr>
<tr>
<td><strong>Gas And Air</strong></td>
<td>Traditionally known as laughing gas, it is an anaesthetic gas that is breathed through an oxygen mask. You can control the dosage.</td>
</tr>
<tr>
<td><strong>Hypnotherapy</strong></td>
<td>There are hypnobirthing courses available that enable mums to use their mind to control the pain of labour.</td>
</tr>
<tr>
<td><strong>Massage</strong></td>
<td>For some women massage is a great stress reliever during labour. Performed properly by a midwife or partner it can be a mood lifter.</td>
</tr>
<tr>
<td><strong>Pethidine</strong></td>
<td>This narcotic is usually given as an injection. It is usually given in the early stage of labour to ease the pain of contractions.</td>
</tr>
<tr>
<td><strong>Reflexology</strong></td>
<td>This is a non invasive pressure point massage. It is administered to the reflex points in the body to stimulate your body’s ability to heal itself.</td>
</tr>
<tr>
<td><strong>Tens machine</strong></td>
<td>Its full name is Transcutaneous Electrical Nerve Stimulation Machine. It is a small battery powered device stimulating nerves in the lower back. The pulses stimulate the body to release endorphins and block the pain signals caused by labour.</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td>Many women find great relief in warm water during labour. The water relaxes the pelvic floor and reduces the pressure and pain on the back. It’s worth researching your water birth options if this is an avenue you choose to pursue.</td>
</tr>
</tbody>
</table>
Birthing Options

Natural birth

A natural birth is the low-tech way of having a baby by allowing nature to take its course. Historically, nearly all women had their children this way. For many mums-to-be, this is about treating birth as a normal event, not a medical problem. Many healthy women with low-risk pregnancies choose a natural birth because they:

- Want to feel totally in touch with the birth experience
- Trust the process of birth
- Trust their own ability to give birth
- Are confident they can handle the pain
- Want to avoid the risk that medications may pose for the mother or baby

Why no pain relief in natural birth?

When a woman goes into a labour, contractions become stronger and stronger, the cervix stretches and opens, and baby moves lower and down the birth canal. With each contraction, pain sends a signal to the brain and oxytocin is released, which in turn increases the intensity of the contractions. As the pain of the contractions increases, more oxytocin is released and the contractions become harder.

Labour pain is what most women fear the most. But it is the pain that is considered valuable, as the pain is nature’s way of helping women find their own ways of giving birth. The pain of each contraction becomes a guide. The labouring woman chooses positions and moves in response to what she feels, which helps labour progress by increasing the strength and efficiency of the contractions, and encouraging the baby to move down the birth canal. When the pain is removed by an epidural, the feedback system is disrupted and labour may slow down and become less efficient.

Also, as labour progresses and pain increases, endorphins (a painkiller made by your body that is stronger than morphine) are released in increasing amounts. As labour progresses and the pain increases, women go into themselves, become much less aware of the external environment and much more focused on the inner experience and the task of pushing the baby out.

If you've decided a natural birth is the way to go, it's a good idea to start preparing early on, as birthing centres can get booked out months in advance. You should also look at attending birth education classes, because being well informed and in tune with your body and knowing what to expect during a birth are the keys to feeling confident in your ability to give birth naturally.
**Waterbirth**

A Waterbirth is a popular way to give birth, as it’s proven to help with pain management and also has other benefits for mother and baby. Many birthing centres and some hospitals offer waterbirths. You can also have a water birth at home with a midwife in attendance.

Benefits of a waterbirth:

- The buoyancy of water helps a woman to move more easily during labour, and to change position during the actual birth.
- Pressure on the abdomen is reduced in a pool. Buoyancy promotes more efficient contractions and better blood circulation, which in turn helps oxygenate the muscles. This is thought to lessen the mother’s pain and provide more oxygen for the baby.
- Floating in a pool is deeply relaxing, which is thought to promote the release of the mother’s hormones, thereby progressing the labour.
- Water offers an environment where a woman can behave instinctively and feel in control.
- Many women find birth in a pool is a simple and effective way of coping with pain without the use of strong drugs. A reduction in the use of pain-relieving drugs can help both baby and mother feel more ‘with it’ and responsive after the birth.
- A Swiss study found that waterbirths have the lowest rate of analgesic pain relief.
- The same Swiss study found that waterbirth has the lowest episiotomy (this is an incision made in the tissue around the vagina in order to ease the final stage of delivery) rates and the lowest incidence of 3rd and 4th degree tears. The theory is that warm water relaxes the pelvic floor muscles and softens the vagina, vulva and perineum, leading to fewer injuries to these tissues.
How does a waterbirth work?

The mother submerges herself in a pool or tub, between 32 – 37 degrees Celsius, which is around the same as your core body temperature. Staying in the water during labour can help reduce the pain of contractions, especially in the lower back. You may choose to actually give birth in the water, although extreme care is required to ensure the newborn baby doesn’t inhale water with their first breaths.

The pool needs to be deep enough to cover your entire belly. And clean enough to drink! It doesn’t have to be sterile, although the tub should be thoroughly cleaned and disinfected in between births. Adding salt or essential oils is not recommended.

Home birth

Up until the 19th century when hospitals became more common and birth became more medical, all women had a birth at home. Today, hundreds of healthy Australian women have a birth at home with a midwife in attendance.

A home birth is a natural birth that is planned to happen at home, as opposed to at a hospital. Like all natural births, a home delivery means no medication and no foetal heart monitor or any other medical machines. Although there are a few doctors that do home births, usually it’s a qualified midwife of your choosing that helps you plan the delivery, attends to you during labour, and then takes care of both you and your baby for several hours afterwards.
Reasons women choose homebirth:

- Home is a comfortable, familiar, private and quiet place to bring your baby into the world.
- They trust their own innate ability to give birth.
- Belief that pregnancy and childbirth are normal functions of the human body and don't always require the presence of a medical team.
- They are able to have an ‘active birth’, which means being mobile. They have the freedom to move around from room to room, inside and outside the home. An active birth can help labour progress, reducing both the length of labour and the need for pain medication.
- Little or no risk of contracting hospital-borne infections.
- Attending midwives maintain the safety and the sanctity of the act in the home.
- Less likely to be given ‘just in case’ interventions with a natural birth at home.
- Family members, such as children, can be involved.

Homebirth is not a suitable option for those with a high risk pregnancy including those with:

- Medical conditions such as high blood pressure or diabetes.
- A previous c-section or other uterine surgery.
- Pregnancy complications such as premature labour, preeclampsia, two or more babies, or a baby in the breech position.

In Australia, home births are usually attended by a qualified midwife. If you decide to plan for a home birth, it’s up to you to find a midwife to help you plan the event and to take care of you during labour and delivery of your baby.
**Caesarean**

**Labour and birth**

Babies delivered by caesarean section are not born vaginally but lifted out of the uterus through a surgical procedure. The surgery is usually performed when a vaginal birth would put the mother’s or the baby’s health at risk.

The caesarean operation is often performed under an epidural anaesthetic (or spinal block), so that the mother is conscious for the birth of her child but does not feel the pain of the surgery; however in some cases, the anaesthetist may decide to use a general anaesthetic.

These days, the operation is considered extremely safe, with a very low mortality rate.

A caesarean birth is still not as safe as a vaginal birth, it does involve a longer and more traumatic recovery time and it is associated with complications for both mother and baby, so it is not usually performed without good reason.

Caesarean section can be scheduled before labour commences (this is called an ‘elective’ caesarean) or may be unplanned until a complication occurs part-way through labour and an ‘emergency’ caesarean is decided upon.

**Reasons for Elective Caesarean**

A caesarean section is recommended when vaginal delivery might pose a risk to the mother or baby. Ultrasound scans and other tests during pregnancy can reveal a raft of reasons for a planned caesarean delivery; some of these include:

- If the baby has a known high-risk condition and needs to be delivered quickly
- If the mother has a known high-risk condition (like pre-eclampsia or placenta praevia) or a condition that may be transmitted to the baby during birth – such as HIV+, Hepatitis or genital herpes
- If the baby is in a breech (feet-first) or transverse (sideways) position and lodged too deeply into the pelvis to turn
- Triplets or higher multiples (and often even with twins)
- If the mother has had a previous caesarean birth or previous uterine surgery
Reasons for an Emergency Caesarean

During labour, if things are not progressing normally and complications have occurred, your doctor may decide to perform an unscheduled Caesarean section to reduce the risk to the mother or baby. Reasons for caesarean delivery include:

1. If the baby goes into distress during labour and needs to be delivered quickly
2. If the mother’s health deteriorates during labour (for example, skyrocketing blood pressure, exhaustion, pre-eclampsia or eclampsia or other reasons)
3. Very rare but extremely serious problems like cord prolapse (where the umbilical cord is pinched and oxygen to the baby cut off) or uterine rupture
4. If the baby moves into a position during labour that makes vaginal delivery difficult or dangerous
5. Very prolonged labour that does not seem to progress
6. Failed induction of labour

What to expect:

Before the operation, the area of your abdomen where the incision will be made (usually around the bikini line) will be shaved and swabbed to improve access and prevent cross-infection from the countless bacteria that live on your skin. You’ll be given an anaesthetic (either an epidural or a general anaesthetic.) A canular is usually placed in your arm with a saline drip, to maintain your fluid levels (which usually stays in for around 24 hours), and a catheter inserted into your urethra to drain your bladder (this one stays in about for around eight hours). Preparations for surgery may all happen in seconds if it’s a critical emergency.

You will usually be in the operating theatre for up to an hour. Unless you are rushed into surgery very quickly, your partner is usually encouraged to stay with you for the birth (but will have to be gowned and scrubbed.)

The surgeon makes a cut (usually a horizontal cut, through the abdomen into the lower section of the uterus, across the bikini line). The baby is lifted head-first through the incision, often with the assistance of forceps, and amniotic fluid removed from baby’s nose and mouth before the baby’s body is lifted free.
Delivering the baby is quite fast and happens in the first five to ten minutes. Then, the placenta is removed and an injection of oxytocin administered, to contract the uterus and reduce blood loss. Most of the operating time will be spent stitching and/or stapling the uterus and various layers of abdominal tissue, muscle and skin.

Babies delivered by caesarean section usually have smooth, round heads compared to vaginally-born babies, who can be a bit squished-looking at first. But without the pressure of the birth canal to help empty fluid from the lungs, many caesarean babies have excess mucous and fluid in their lungs and need to be suctioned to help them start breathing. However there are usually no long-term problems.

The staff will bring your baby to you for a cuddle as soon as possible, or your partner may hold the baby until you are able.

Following the operation, a tube is often inserted to drain fluid from the wound. You will usually be encouraged to get up and walk within eight to twelve hours to help you recover faster and to prevent blood clots.

You’ll still experience very heavy vaginal bleeding for some weeks following a caesarean, as with a vaginal birth, as the uterus sheds the build-up of blood cells that has protected the baby throughout pregnancy.

Most hospitals suggest you stay four to five days following a caesarean birth, although stays are often shorter if there are no complications.

Recovering from a caesarean operation will take longer than a vaginal birth, with most doctors recommending that you take breastfeeding-safe pain relief for at least a few days after the operation and avoid heavy lifting or even driving for the next six weeks or so, with full recovery taking an average of twelve weeks.
We really hope you have enjoyed our Huggies® Giving Birth eBook. You can visit our eBook library at www.huggies.com.au at anytime for many more free pregnancy, baby and parenting eBooks.

The Huggies Team

Huggies