



Welcome to Childbirth Basics

Pacific Women's Center

Instructor: Bonnie Root, RN-IBCLC

Thank you for attending this informative class to discuss both vaginal and abdominal childbirth experiences. The goal of this class is to gain comfort and knowledge surrounding the labor and birth of your baby. It is an informal discussion with dialogue encouraged from participants.

Please feel free to ask questions in class, talk to each other about your excitement and expectations, and create a support system among your trusted family and friends. Wishing you all the best!

Birth is amazing. No matter how it happens.

Preparing for labor: Get ready for action by week 37

- Pack your hospital bags before 37 weeks of pregnancy.

Suggested items are:

- Pillows (if you prefer pillows from home).
- Toiletries for delivering patient and support person (hospital toiletries are available if needed).
- Change of clothes/going home clothes for delivering patient, her support person, and baby. Hospital gown will be provided, but many mothers prefer their own robe, slippers, and comfortable clothes.
- Music with speakers.
- Snacks and drinks for support person or if you have specific desires (food and drink will be provided to the patient).
- Camera/phone and chargers/batteries.
- Hand held massager
- Focal point (something to look at during labor that brings peace and calming).
- Infant car seat, previously checked by certified car safety seat technician.
- Anything to pass the time; books, laptop, ipad, etc.
- Aromatherapy scents. Riverbend has aromatherapy patches available. Diffusers are not permitted.
- Birth plan (optional). Birth Plans can be written or verbal, long or short, and general or precise.

Choosing a pediatrician before the birth of your baby is important. Many pediatricians offer “meet and greets” for expecting families so you can meet and get to know your baby’s doctor to find the right fit. The hospital will fax your baby’s records to your baby’s doctor upon discharge from the hospital.

Pregnancy warning signs:

- Vaginal Leaking of Fluid or Bleeding
- Severe or Long Lasting Headache
- Severe or Unusual Abdominal Pain or Backache
- Blurred Vision
- Dizziness or Fainting
- Painful Cramping
- Fever
- Pain/Burning With Urination
- Decrease in Baby's Movements
- Severe or Sudden Swelling of Face, Hands, or Feet
- Thoughts of Self Harm or Harm to Baby

Comfort measures in labor:

- Choose a position: Try changing positions every hour. Be sure to try a new position for several contractions before deciding if it works for you or not.
- Add a movement: Dance, walk, sway, or bounce. Try remaining upright but be sure to take rest periods. Even if you're in bed due to an epidural, change positions frequently and use a "peanut" or pillows between your legs to open your pelvis.
- Choose a way to relax: Aromatherapy, tub or shower, focal point, massage, music, or medication.

What types of medications for pain relief are used during labor and delivery?

In general, there are two types of drugs for pain relief: 1) **analgesics** and 2) **anesthetics**. Analgesics lessen pain without loss of feeling or muscle movement. Anesthetics relieve pain by blocking most feeling, including pain. Pain relief medications can be either systemic, regional, or local. Systemic medications affect the entire body. Local medications affect only a small area of the body. Regional medications affect a region of the body, like the region below the waist.

Options for pain relief during labor include:

- Comfort measures like massage, movement, whirlpool tub, etc.
- IV narcotic pain relief
 - Usually Fentanyl given during active labor
 - Short acting (1/2 – 1 hour)
 - Can be given multiple doses
 - Takes the edge off the pain, but doesn't take away the pain
 - Causes drowsiness in the mom
 - Used most often early in labor and not used closer to when the baby is going to be born because it crosses the placenta and will make the baby sleepy when the baby needs to cry and breathe after birth
- Epidural
 - Combination of a narcotic medicine and local anesthetic given in a catheter placed into the space outside of the sac that surrounds the spinal column where the nerves go to the uterus and perineum
 - Lasts as long as needed during labor
 - Patients can re-dose the medicine as needed by pushing a button
- Intrathecal
 - Refers to spinal anesthesia at a lower dose used for labor pain relief (instead of a higher dose for cesarean pain relief and called a "spinal")
 - One time shot of a combination of local anesthesia and narcotic medication placed into the fluid in the sac around the spinal column
 - Lasts for 1-2 hours and then wears off
 - Block is not usually quite as dense as epidural and it is often easier to feel the pressure of the baby's head, making pushing easier
 - Most commonly used in a rapidly progressing labor getting near to the pushing phase because it often can be placed and take effect faster than an epidural
- CSE – combined spinal (intrathecal) and epidural
 - Occasionally used when the speed of an intrathecal is needed and the long duration of an epidural is needed

- Uses two different techniques in combination, and thus has a higher risk of side effects like dropping the mom's blood pressure temporarily
- Local anesthesia
 - Used if an episiotomy is needed (episiotomy is rarely done)
 - Used for pain relief when sewing up a tear of the perineum or vulvar tissues after birth

Options for pain relief during cesarean section include:

- Spinal
 - One time shot of a combination of local anesthesia and narcotic medication placed into the fluid in the sac around the spinal column
 - Higher dose than intrathecal to get a denser block
 - Preferred method of anesthesia for cesarean sections because it provides excellent and consistent pain relief
 - Can drop blood pressure leading to nausea, thus patients are given IV fluids as well as a medicine to keep BP in a good range
 - Lasts for about 1-1/2 to 2 hours and is usually completely worn off by 3 hours
 - Patients are also most often given long lasting morphine in the spinal dose which can help significantly with pain relief for up to about 24 hours
- Epidural
 - Combination of a narcotic medicine and local anesthetic given in a catheter placed into the space outside of the sac that surrounds the spinal column where the nerves go to the uterus and perineum
 - Higher dose given than that which is used for labor
 - Used in patients who already had an epidural in place from labor
 - Occasionally has a "spotty" block which can lead to the need for giving extra medicine to get great pain relief during cesarean
 - Can drop blood pressure leading to nausea, thus patients are given IV fluids as well as a medicine to keep BP in a good range
 - Lasts as long as needed as then medicine can be re-dosed and then wears off over 1-3 hours
 - Patients are also most often given long lasting morphine in the epidural dose which can help significantly with pain relief for up to about 24 hours
- **General anesthesia**

With **general anesthesia**, you are not awake and you do not feel pain. It can be started quickly and usually is used only for emergency situations during childbirth. It is given through an IV line or through a mask. After you are asleep, your anesthesiologist will place a breathing tube into your mouth and windpipe.

Potential side effects of regional anesthesia (epidural, intrathecal, and spinal)

- The dose is so low for all of these techniques, that it only has an effect on the nerves in the spinal column and very little effect on the rest of the body, although it often has the side effect of itching.
- Relief of pain in the mother with abrupt decrease in stress hormones often causes the mother to be sleepy.
- The drop in stress hormones as well as dilation of blood vessels often causes a drop in the mother's blood pressure that is managed with IV fluids and sometimes IV medicine.
- The drop in blood pressure can cause a drop in the blood supply to the uterus, and thus can occasionally lead to a temporary drop in the oxygen delivered to the baby that is managed by IV fluids and IV medicine.
- Otherwise, the dose of medicine that goes to the baby is so incredibly small that it does not cause the baby to be sleepy or have other side effects for baby.
- Intrathecal, spinal, and epidural have very similar risks and side effects, although the risk of a headache is slightly higher with intrathecal and spinal compared to epidural.

Glossary

Analgesics: Drugs that relieve pain without loss of muscle function.

Anesthetics: Drugs that relieve pain by loss of sensation.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Combined Spinal–Epidural (CSE) Block: A form of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid (spinal block) as well as through a thin tube into the epidural space (epidural block).

Epidural Block: A type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Nitrous Oxide: A gas with no odor that is commonly known as “laughing gas.” When people inhale this gas, they feel relaxed and calm.

Opioids: Medications that blunt how you perceive pain and your emotional response to it.

Perineum: The area between the vagina and the anus.

Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.

Regional Analgesia: The use of drugs to relieve pain in a region of the body.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Spinal Block: A type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid.

Systemic Analgesics: Drugs that provide pain relief over the entire body without causing loss of consciousness.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Vulva: The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate. From the American College of Obstetrics and Gynecologists (ACOG).

Common changes in your body postpartum and what to do about them:

Abdominal pain: In the first several days after birth, you are likely to experience abdominal pain, similar to period cramping that may be dull or sharp. This is most uncomfortable when breastfeeding as this stimulates your uterus to shrink back down to its pre-pregnancy size. Using a warmth, such as a heating pad or hot water bottle to the area while nursing or pumping will help with pain. Over the counter pain medication like Ibuprofen will also help.

*If you had a cesarean delivery, you are likely to have additional pain from the surgery. Be sure to rest, take your pain medication on time, use cold or heat for comfort, and wear your abdominal binder for extra support. *It is normal to have more pain on one side of your incision/abdomen than the other. The doctor on that side was likely pulling harder during your surgery.*

Baby blues: Expect to have a wide range of emotions in the first few days to weeks after delivery. If you have increasing anxiety, lack of sleep, intrusive thoughts, thoughts of self-harm or harm to others, or general feelings of depression, contact your doctor, share your feelings with a support person/partner, and contact Wellmama right away. We are here to help you! These thoughts and feelings are not your fault and you don’t need to feel this way.

WellMama Maternal Mental Health Education and Support Services
150 Shelton McMURPHEY Blvd. Suite #208
Eugene, OR 97401

Information & Warm Line:

[1-800-896-0410](tel:1-800-896-0410)

Constipation: Anesthesia, laying down (being sedentary) to recover after birth, and opioid pain medications contribute to constipation. No one looks forward to their first bowel movement after birth, and getting constipated should be avoided. Drink plenty of water, eat foods high in fiber, and take stool softeners and/or laxatives as prescribed by your doctor. Taking several short walks daily will also help, and gradually increase your activity as tolerated.

Hemorrhoids: You may have developed hemorrhoids (painful swelling of a vein in the rectum) during your pregnancy. If not, you may have gotten them from the strain and pushing during delivery. They can cause pain and bleed after a bowel movement. They also itch. You can get some relief from the pain and itching by applying witch hazel to your hemorrhoids. This is especially effective if you keep the witch hazel in the refrigerator. Your hemorrhoids should shrink over time. If not, contact your doctor.

Hormonal shifts. Besides fueling your mood swings (see “Baby blues,” above), hormones are also responsible for other postpartum symptoms. It is common to sweat more (a lot of sweat!), especially when you sleep. If you’re sweating *with a fever*, contact your doctor.

*Change in hormones is also responsible for hair loss. Brushing out handfuls of hair at a time is common and usually improves as your estrogen levels return to normal.

Perineum soreness: The perineum is the area between your vagina and anus. Many times, this area will tear during childbirth. Other times, your doctor may have to make a small cut in this area to widen your vagina for childbirth. Even if you do not tear or have an episiotomy, your perineum will be sore and likely swollen after birth. The first 2 weeks is the most painful, but gradually improves in the first 6 weeks postpartum. “Padsicles” (diapers filled with ice chips or pads that have liquid Witch Hazel or water that have been frozen) placed inside your underwear on your sore perineum will help. A perineal water bottle during and after urination can help ease discomfort while using the bathroom. Witch hazel pads lining your pads will also help with pain and itching. Numbing spray before and after using the bathroom can also help. If you have stitches from a tear or episiotomy, gently dab with Witch Hazel pads after voiding or stooling. Do not wipe with toilet paper as this will hurt. Your stitches will dissolve on their own.

Sore nipples and breasts: The American Academy of Pediatrics recommends that all babies, with rare exceptions, receive breast milk exclusively for at least the first six months of life. Breastfeeding should continue through the first year and beyond. Contact an IBCLC (International Board Certified Lactation Consultant) to get help as early as possible. Ensure

proper latch and positioning with at least 8-12 or more nursing, pumping, OR hand expression sessions per 24 hours. Nipple cream to avoid nipple dryness and warm or cool to your breasts can ease discomfort as well. Nipple damage, sudden new pain, fever, and breast redness with heat and pain need to be evaluated immediately.

Vaginal bleeding and discharge: Lasting for the first few weeks on average, you will have vaginal bleeding and discharge (called lochia), even if you had a C-section. This will be bright red bleeding with small blood clots in the first week or two, followed by light bleeding and spotting that can last up to six weeks after delivery. Change your pads frequently and call your doctor after being discharged home if you have constant trickling of blood, blood clots larger than a baseball, or if you are saturating an entire pad within an hour for more than 2 hours.

Water retention: Swelling postpartum will continue because of an increase in a hormone called progesterone. You may notice the swelling in your hands, legs, and feet. If the swelling seems to get worse over time or is suddenly worse, call your doctor. Drink plenty of water and lay down with your feet elevated on pillows above the level of your heart when possible.

Weight loss: While you may be hoping to quickly lose the pregnancy weight, this is often not the case. You will lose some weight with birth due to the placenta (average weight of 1.5 pounds), your baby (average weight of 7.5 pounds for full term and healthy), so an automatic 8-9 pounds. The amniotic fluid, increased blood and fluid volume, uterus, increased breast tissue, and maternal fat stores also add to the pregnancy weight gain. You should expect to add an additional 500 calories to your diet while breastfeeding, about 2,000-2,500 calories per day in general. Dieting, extreme exercise, and calorie restriction are not recommended. Gradual weight loss to return to pre-pregnancy weight is ideal.

Postpartum warning signs:

- Large amount of blood or constant trickling of blood
- Blood clots baseball size or larger
- Severe or long lasting headache
- Blurred vision
- Sudden swelling of hands and feet
- Sudden weight gain
- Shortness of breath/difficulty catching your breath
- Pain or redness in your leg

For additional information:

pacificwomenscenter.com

acog.org (The American College of Obstetricians and Gynecologists)

HealthyChildren.org (Powered by the American Academy of Pediatrics)

CDC.gov (Centers for Disease Control and Prevention)

Wellmamaoregon.com (Emotional support for mothers and families)

Parentingnow.org (Support and education for parents and families)

eugenepeds.com (Information and advice for infants through adolescence)

Bonnie Root, RN-IBCLC for free feeding support. Call 541-484-5437 to schedule. All babies/families are seen, not just those with a provider at Eugene Pediatric Associates.