Patient information

Labour and birth information

Introduction

For most women and birthing people being pregnant, experiencing labour and giving birth is a normal process within life experiences. Where childbirth is allowed to occur naturally, where it starts and continues without any interference, it is more likely to result in a normal vaginal delivery.

For most women and birthing people when labour starts it can be an anxious and apprehensive time, yet it can be welcoming, as it means the waiting is finally over. These feelings will be present whether this is your first time, or you have experienced labour before. Regardless of how many times a woman or birthing person has experienced labour, each labour is different.

Labour is divided into three stages:

- The first stage of labour is when the cervix softens, shortens, and dilates to full dilatation (10cm)
- The second stage of labour is from full dilatation until your baby is delivered (pushing)
- The third stage of labour is where the placenta (afterbirth) and membranes (bag of fluid in which your baby was in) is delivered.

Commencement of labour

Labour contractions are different from the ‘practice’ ones (Braxton Hicks) you may have experienced in the final months of pregnancy. Labour contractions cause the uterus (womb) to become hard and this gradually pushes the baby through the birth canal.

There are some factors that are more likely to lead to a normal delivery. One of these is when labour contractions begin on their own rather than being stimulated (induction). Other factors which can influence the way labour progresses include:

- The strength and regularity of labour contractions and how long each one lasts.
- The way your baby is lying inside the womb.
- Positions during labour and delivery.
- Sitting upright, standing, walking about and adopting a squatting position can all help towards a normal delivery.
- Lying down, especially quite flat on your back, is more likely to lead to slow progress and the need for assistance.

Progress in labour

When labour begins, the midwife will record your observations and progress in labour on a special chart called a ‘partogram’. The midwife will observe how frequently the contractions occur, their strength and how long they last for. The progress of labour is usually assessed by a vaginal examination. During the examination, the midwife can identify the position and dilation of the cervix and the position of the baby’s head in the birth canal.

The midwife will also listen regularly to your baby’s heartbeat to ensure the baby is coping well with the effects of the contractions. Sometimes a machine called a CTG may be used to monitor your baby’s heartrate continuously, this involves having two straps around your tummy, but you will still be able to move around and can even go in water with these on. All these observations help the midwife to assess the progress of labour and to monitor you and your baby’s wellbeing.

Spontaneous labour and birth

Towards the end of pregnancy, you may notice your uterus tightening from time to time. This may feel uncomfortable, but they shouldn’t be painful. These are known as Braxton Hicks contractions and are quite normal.

Spontaneous labour is when the labour contractions start on their own, without the need for stimulation (induction), the labour progresses to full dilatation and the baby is delivered with maternal effort.

Compared to Braxton Hicks contractions, labour contractions come in waves, with a gap in between when the pain subsides. They will gradually become more regular, closer together, last longer and are much stronger.

In early labour you can continue your normal routine, but it is advisable to rest occasionally and continue to eat and drink little and often to maintain your energy levels.

Some women or birthing people may require help to start labour contractions (induction) or at certain points during their labour to ensure labour progresses, but delivery can still be spontaneous and without the need for instrumental assistance.

A separate leaflet giving full information about ‘Induction of Labour’ is available from your midwife or antenatal clinic.

Instrumental assisted delivery

During labour, your midwife will provide care and support to help promote a spontaneous birth of your baby. However, there may be situations during labour where the midwife needs to refer concerns about the progress of delivery to a doctor. About 10-15% of births in the United Kingdom occur with the help of forceps or ventouse.

A **ventouse birth** involves placing a plastic or silicone cup against the baby’s head and applying suction pressure, which attaches the cup firmly to baby’s head. Pushing will still be encouraged during a contraction, and as you push, steady traction (pull) will be applied by the doctor to the cup, which helps ease the baby out and the baby is delivered.

Forceps are two interlocking instruments (like two large spoons), which are curved to follow the shape of the baby’s head and the shape of your pelvis. Forceps are used in the same way as the ventouse, where the doctor applies traction whilst you push with each contraction.

A forceps birth may be recommended if your baby is still quite high in the birth canal or to correct the position your baby is in if they are lying awkwardly in the birth canal. This then enables delivery to take place when a degree of traction is applied.

Prior to an instrumental birth, the doctor will assess you and your baby carefully and will always discuss the situation with you. The most common reasons why a doctor may recommend an instrumental delivery are:

- If you become too exhausted and/or distressed and have been pushing for a long time.
- If there is a concern about the baby’s heart rate, or how the contractions are affecting the baby’s general condition.
- There is a medical reason to avoid muscular exertion or strain from spontaneously pushing for a long period of time.

During an instrumental birth you will be given a local anaesthetic to numb the perineal area and an episiotomy (cut to the perineum) is usually recommended to allow more room for the baby to deliver during the procedure.

Caesarean birth

About 1 in 4 births in the United Kingdom are by caesarean section. A caesarean birth can be planned in advance (elective) or may be recommended during labour if there are concerns about either you, or your baby (emergency).

A planned caesarean birth may be recommended to you if you have specific issues affecting your pregnancy. You will see a doctor during your pregnancy who will discuss with you your individual risks and will take into consideration your feelings, concerns, understanding of the risks and answer any questions you may have. You and your partner need to understand what is likely to be involved so that if you decide to give your consent, it is based on both of you understanding the major issues.

Although most women and birthing people who deliver their baby via caesarean birth recover well and have a healthy baby, there are risks associated with a caesarean birth and these are slightly increased if the caesarean is carried out as an emergency. These risks include haemorrhage (bleeding), infection, risk of thrombosis (blood clots), and injury to the bladder or bowel. Also, small grazes or cuts of the baby's skin could occur.

A doctor may recommend an emergency caesarean birth to you in the following situations:

- **Fetal distress –** certain variations to the baby's heartbeat during pregnancy and in labour can suggest the baby is having problems and needs to be delivered without delay.
- **Obstructed labour –** this is where the baby is either too big or in a position where they cannot pass through the pelvis and therefore making a vaginal delivery impossible.
- **Other medical conditions –** which may present in you and/or your baby that require immediate delivery.

Whether the caesarean birth is planned or as an emergency, having a caesarean birth is a major operation with risks to you and/or your baby and these will be discussed with you in detail and compared to your risks of a vaginal birth, if it is recommended that your baby is delivered in this way.

Further information is available in '**Having a Caesarean Section**' and '**Vaginal Birth after Caesarean Section**' leaflets. Please ask for a copy of this leaflet if you would like one.

Coping with pain in labour

Pain is an individual experience, and each woman or birthing person will deal with pain during labour in their own way. Sometimes ideas about labour and pain change during labour, therefore it is important to keep an open mind and to keep talking to your midwife about how you are feeling.

Throughout your pregnancy it is important to eat healthily and take regular exercise, such as walking, swimming and yoga, as this will help keep you fit and prepare you for labour. Preparation for birth classes (antenatal classes) can help to inform you about what to expect during labour and birth, and the choices that are available. Feeling prepared for labour can help to make you more comfortable, reduce anxiety and feel more in control of your choices during labour and birth.

Finding ways to relax and be comfortable in labour is very important. For example, the use of dim lighting, music, cushions and warm/cold compresses can help with this. If you wish to listen to music in labour, you are welcome to bring in your own battery powered audio equipment, or all labour rooms contain Bluetooth speakers which you can connect your phone to.

Transcutaneous Electric Nerve Stimulation (TENS)

TENS is a self-administered form of pain relief, which works by encouraging the body to release its own natural painkillers called endorphins and helps to reduce pain by reducing pain signals from the uterus to the spinal cord and brain. The device consists of four rubber pads placed on the lower half of your back. Small electrical impulses are sent through these all the time, causing a tingling sensation, which is enhanced using a self-controlled remote during a contraction. TENS is most effective when it is started in early labour. You will need to arrange to hire or buy your own TENS machine and bring it in to hospital with you if this is something you would like to use.

Hydrotherapy (use of water)

In the early stages of labour spending time in a relaxing bath or shower can be soothing. Once labour is established getting into a deeper pool of water can be beneficial as it relaxes you, supports your weight and can alleviate the pain of contractions. If you wish to use hydrotherapy for pain relief, speak to your midwife during labour.

Massage and aromatherapy

Massage of the back, legs, shoulders, or hands can be very relaxing and helpful in reducing pain during labour and any soothing touch can encourage the body to release endorphins and help reduce discomfort. Some may choose to use aromatherapy to help them relax and remain calm. If you wish to use aromatherapy and/or massage, speak to your midwife during labour.

Entonox
Also known as gas and air, this is a mixture of nitrous oxide and oxygen, which is inhaled through a mouthpiece during contractions. It can be useful particularly towards the end of labour on its own or in addition to other pain-relieving methods.

Pethidine
Pethidine is a synthetic morphine like drug that can be given during labour by injection, into your thigh or buttock. Once given it takes approximately 20 minutes to become effective. It works by making you feel more relaxed during and in between contractions and makes the contractions feel shorter.

Epidural
This is a medical procedure, carried out by an anaesthetist (doctor). An epidural is the most effective form of pain relief that can be offered as it allows you to continue to feel your uterus tightening but it should no longer feel painful.

The anaesthetist will discuss the procedure and associated risks with you prior to siting the epidural, and if you wish to have an epidural, will place a fine plastic tube into the space between the bones of your back (known as the epidural space), where local anaesthetic will be continuously administered.

If you choose to have an epidural you can still move about on the bed, however, mobility will be limited and you will no longer be able to walk around the room in labour.

After you have given birth, the plastic tube will be removed, and the anaesthetist will visit you on the postnatal ward to ensure you have recovered from the epidural.

Clinical research

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo)
https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust

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