



Labour Class 2

NICOLA MAGUIRE

PLEASE TYPE FULL NAME AND DATE OF
BIRTH IN CHAT BOX FOR ATTENDANCE
RECORDS



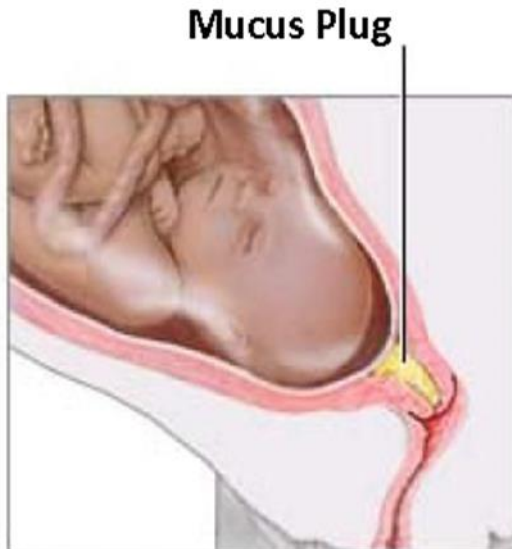
**THE
ROTUNDA
HOSPITAL**
DUBLIN

Class Plan for Today 'Labour'

- Hospital Tour(Video)
- Signs of labour
- Stages of Labour
- Pain relief Options
- Positions in Labour
- When to come into the hospital
- Monitoring in labour
- Pain Relief Options

Signs that your body is preparing for birth:

Baby's head become engaged: This simply means that your baby's head has moved down into the pelvis and is now in the correct position for birth



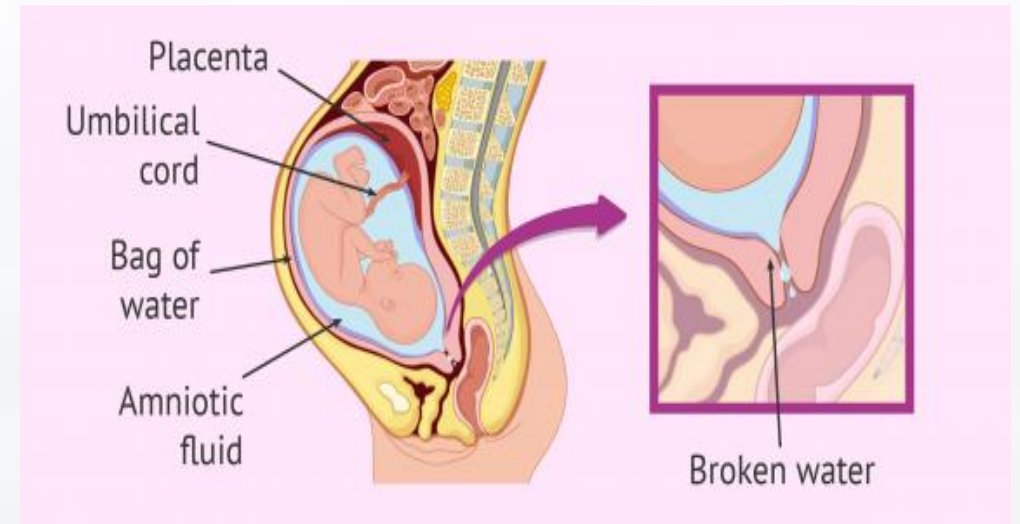
Braxton Hicks; Your womb is a giant muscle which will from time to time contract.. Once these contractions are **NOT** painful... you are safe in the knowledge that they are harmless, painless tightening's...

A 'show' which is also known as a mucous plug sits in the cervix for the duration of your pregnancy
Its function is to protect your baby from the outside world while you're expecting
If you are more than 37 weeks pregnant and your baby has been moving around as normal there is **no need to come to hospital** just yet

Waters Breaking

- Most likely to happen with contractions(80%), Although can happen anytime (20%)
- Gush / Trickle / 'If in doubt, check it out'
- **C.O.A.T:** Colour, Odour, Activity, Time
- **Colour:** Clear, Cloudy, Pale pink
- **Note:** Meconium / Preterm or Change in Fetal Movements (come to hospital ASAP)

Always Remember: If your waters break..... Always go to Hospital!!!

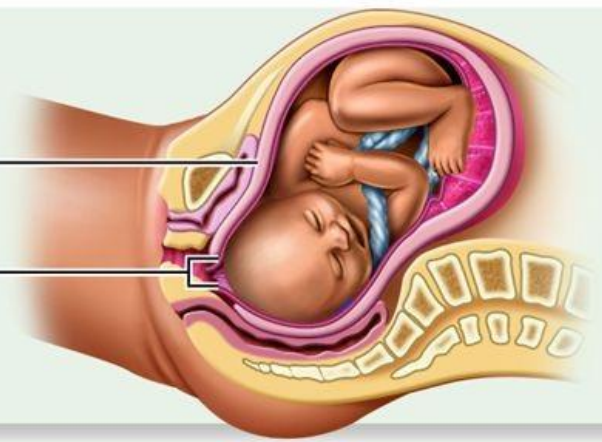


The Stages of Labour

Stage 1 (0-10cm dilated)

- Early Labour (0-3cm)
- Established Labour 3-10cm)

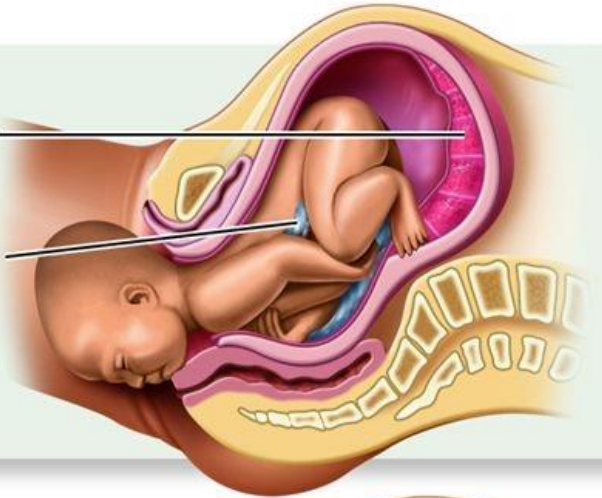
Uterus
Cervix



Stage 2

- Baby moving through the birth canal and being born

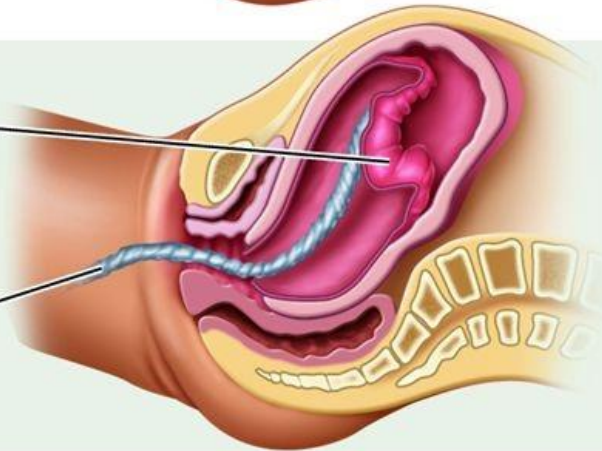
Placenta
Umbilical cord



Stage 3

- Placenta being delivered

Placenta (detaching from uterus)
Umbilical cord



Signs of labour- Early labour 0-3cm

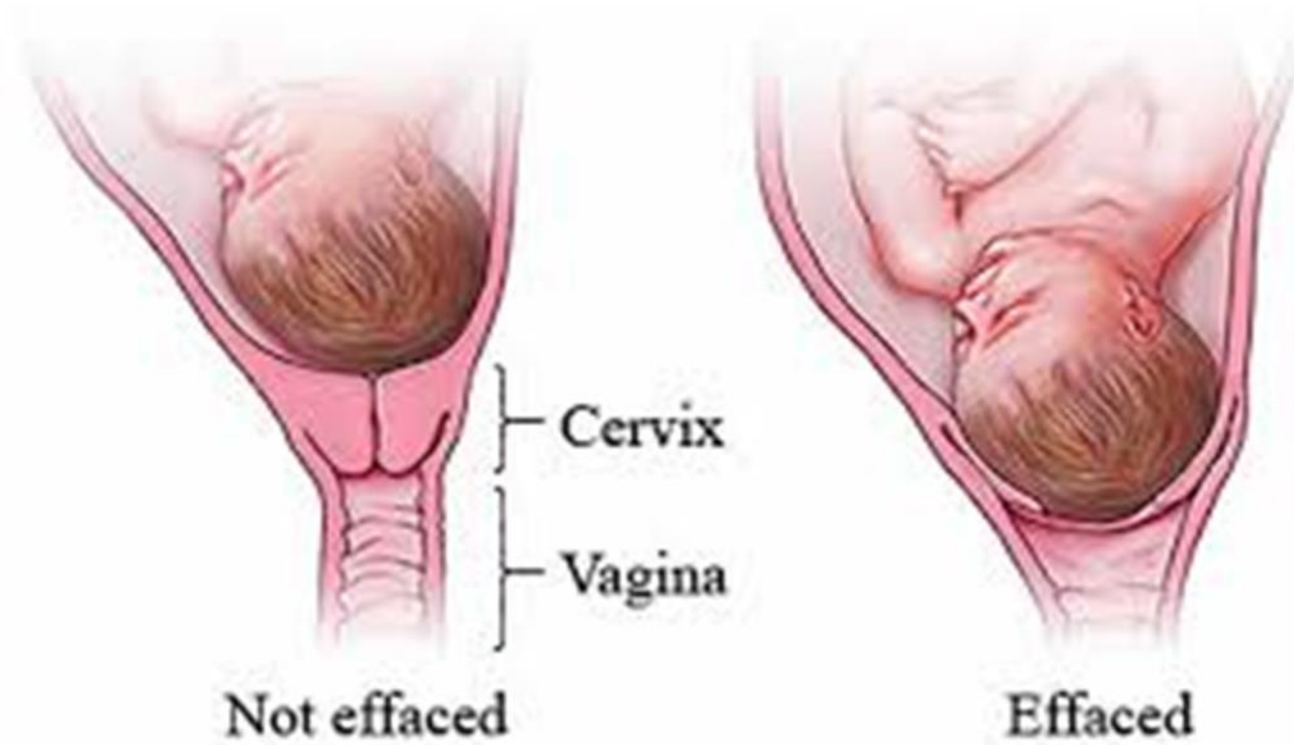
These contractions are **IRREGULAR** to begin with

These contractions may get **INCREASINGLY STRONGER** over the course of the day (or days!!!!)

Can stop and start-A change in position, massage, walking, eating or drinking **CAN START OR STOP** these contractions

The contractions are **INCONSISTANT**, some are short, some may last a few minutes

Early Labour = Effacement



Early First Stage: 0-3cm

What's happening physically:

Cervix is beginning to efface (thin out) and open

Contractions are irregular (less than 1 minute long/more than 5 minutes apart)

Labour Hormones:
Prostaglandins/Oxytocin/
Endorphins.

Note: Adrenaline

Possible Feelings:

Show

Waters might (or might not) break

Excited, Impatient, Talkative

Contractions are mild and irregular

What you can do:

Stay at home

Stay relaxed

Eat light foods

Drink plenty of water

Distraction, Walking, Ball

Paracetamol, Bath or TENS

GO TO SLEEP

Any Questions !!!

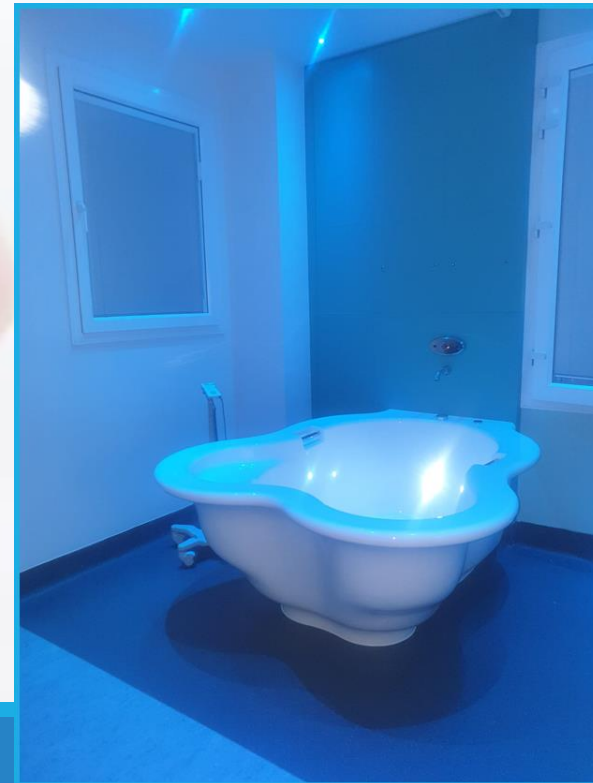
Reminder; Name and D.O.B in chat box for attendance records !!!!

Pain Relief Options

- **Natural;**
 - Bath, Massage, Relaxation, Visualisation, Deep breathing, TENS
- **Complimentary**
 - Acupressure, Aromatherapy
- **Medication**
 - Paracetamol , Pethidine, Entonox, Epidural

Bath

- A Bath or Shower
- Warmth encourages relaxation > Relaxation increases Oxytocin > Oxytocin increases contractions
- Plain Water (No bubbles, No Epson salts etc)
- Water Temperature should be approx. 37°C



T.E.N.S

- Transcutaneous Electrical Nerve Stimulation
- Suitable from early stages of birth
- Extremely effective if used correctly
- You can stay mobile
- Won't affect your baby in any way
- Can use from 37 weeks gestation
- Can buy online, buy in boots or LIFE Pharmacy or borrow from a friend



Why eat/drink/breathe?



If muscles don't receive energy/hydration and oxygen they don't work as efficiently and effectively

Your womb is a giant muscle



Muscles need energy



Muscles need oxygen

Muscles need hydration



Birthing Positions



Positions for Labour

U: Keep Upright

F: Lean slightly forward

O: Knees open

More on this in Class 6



Signs of labour-Established labour 3-10cm

These contractions, **WILL NOT STOP OR SLOW DOWN**, regardless of or your activity

They will have a fairly **PREDICTABLE PATTERN** e.g. 1:5:1

They will become **INCREASINGLY CLOSER TOGETHER**

They will last **LONGER** than early contractions e.g. 45-60 seconds

They will be **STRONGER** than early contractions

They will **BUILD UP, HAVE A PEAK, THEN REDUCE**

Established First Stage: 3-10cm

What's happening physically:

Cervix is now fully effaced (thinned out) and between 3 and 10 cm dilated

Contractions lasting 60 seconds and are from 3-5 mins apart

Possible feelings:

Stronger more frequent contractions sometimes radiating to back or legs.

Talkative excitement turns to seriousness & concentration

Face Flushed

Can be preoccupied or restless

Wants companionship

What can you do:

Bath, Walking, Change positions, TENS, Deep Breathing

Concentrate on one contraction at a time, when it is over.. Let it go, You will never see it again and you will be one contraction closer to the birth of your baby

Remember to urinate frequently

Drinks fluids

Admission procedure

Coming into hospital

Car Parking

Admission Desk;

What Happens Next ;



Delivery Suite



Monitoring in Labour

Monitoring in Early phase Vs Established phase of labour

Low risk:

- 1st Stage: Intermittent FH monitoring every 15mins for 1min
- 2nd Stage: Intermittent FH monitoring every 5mins for 1min

High risk:

- Continuous Fetal Monitoring (GIDDM, Preterm, Meconium, Epidural, Oxytocin, Fetal distress, VBAC, sometimes with Twins, etc)

Everyone

- Vital Signs: BP/T/R/HR (hourly)
- Vaginal Examinations (2 hourly)



Pain Relief Options In Labour

-
- Pethidine
- Entonox
- Epidural
-



Pethidine Injection (0-4cm dilated)

- A synthetic opioid, pain medication
- Available in the early stages of labour (0-4cm dilated)
- Lasts approx 2-4 hours in your system
- Given as injection with anti-sickness medicine
- It does pass through the placenta
- Will dampen the feeling of discomfort experienced from each contraction



Pethidine Injection

Benefits

In the unlikely event that the early phase of your labour is quite long.... and you are requesting something stronger than natural options this is something we can offer you.

Concern's women might have

We know it passes through the placenta (and may cause drowsiness)... therefore we have parameters in place to keep things safe:

Correct dose / CTG pre pethidine / No later than approx. Cx 4-5cm



Entonox Gas (Nitrous Oxide)

- 50% Nitrous Oxide / 50% Oxygen
- Suitable when Cx is >3cm dilated
- Immediate acting (so use during each contraction)
- Can use alongside bath / TENS
- Does pass through placenta but has no adverse effects on baby
- Will dampen the feeling of discomfort experienced from each contraction



Entonox Gas (Nitrous Oxide)

Benefits:

Immediate acting

Can keep moving, standing walking

Can use alongside TENS /Bath etc

Concerns women might have:

Can trigger two side effects, laughing & 'The Spins'

The spins can @ times lead to nausea, especially if you usually suffer with motion sickness. However, these side effects generally don't last longer than approx. 10-15 mins.



Epidural

- Regional Anesthetic Block
- Sited by Anesthetist
- Designed to block discomfort completely
- Suitable when Cervix is $>3\text{cm}$ dilated
- Can no longer be mobile once sited



Epidural

Benefits:

- Working well after 20-30 minutes
- Aims to provide complete regional block removing any discomfort experienced from contractions.
- You will be able to move, feel touch, feel pressure, NO PAIN

Concerns women might have:

- IV line
- Stay in bed
- Urinary Catheter
- Continuous CTG monitoring
- **Associated Risks**
 - 1: 100 women can develop a severe headache in the days following birth (as a post-dural puncture headache or epidural headache)
 - It might not always work the way you are hoping it will (patchy epidurals)
 - 1:100,000 women may experience nerve damage



Epidural - Procedure

- 1) Anesthetist will gain consent and describe procedure
- 2) IV line sited and BP checked
- 3) Epidural position and space will be identified
- 4) Antiseptic Spray, Plastic covering to the area on your back
- 5) Local anesthetic applied to skin @ epidural site
- 6) Once LA is working, epidural needle will be inserted (between contractions)
- 7) Once inserted, a fine tube will be inserted through needle.
- 8) Once tube in place needle removed.
- 9) Tube will be taped to skin and connected to infusion pump & (PCA)
- 10) Repositioned & Epidural will continue to infuse until baby is born



Quick Recap!

- A show >37weeks (No need to go to hospital)
- Waters Breaking (Always go to hospital)
- Contractions 1:4/5:1 (Always go to hospital)
- Fetal Movements; Change in babys normal pattern (Always go to hospital)
- Vaginal Bleeding (Always go to hospital)
- If <37weeks, & experiencing any signs of labour, always go to hospital ASAP



As Always.....

Covid-19 Queries: 01 8172575 (Mon-Fri 8am-4pm)

Pregnancy Queries: 01-817 1700 (ask for ER)

Questions for Parent Ed: parent@rotunda.ie (no emergencies)

Queries regarding Class 1-5 Bookings:
physiotherapy@rotunda.ie

Queries or to book into Hypnobirthing Classes, BF workshop, Emotional wellbeing:
apptscheduling@rotunda.ie



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Thank You

