



Class 2

Labour



**THE
ROTUNDA
HOSPITAL**
DUBLIN

Class 2 'Labour'

- Signs of Labour
- Stages of Labour
- Pain relief Options
- Positions in Labour
- When to come into the hospital
- Monitoring in labour

Signs that your body is preparing for birth

Braxton Hicks;

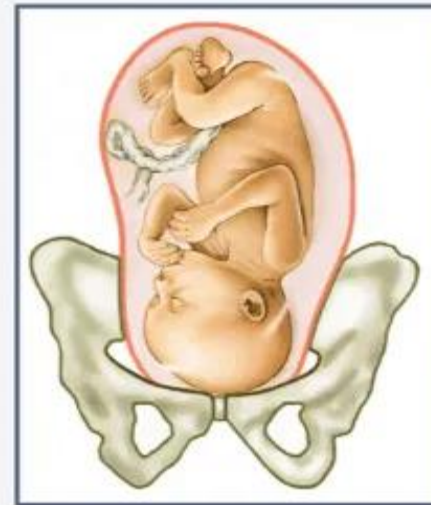
Your womb is a giant muscle

- Contract & Relax
- Harmless, Painless Tightening's

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.
- In first pregnancies, engagement can happen anywhere **between 34 and 38 weeks.**

BEFORE LIGHTENING



AFTER LIGHTENING



Signs that your body is preparing for birth:

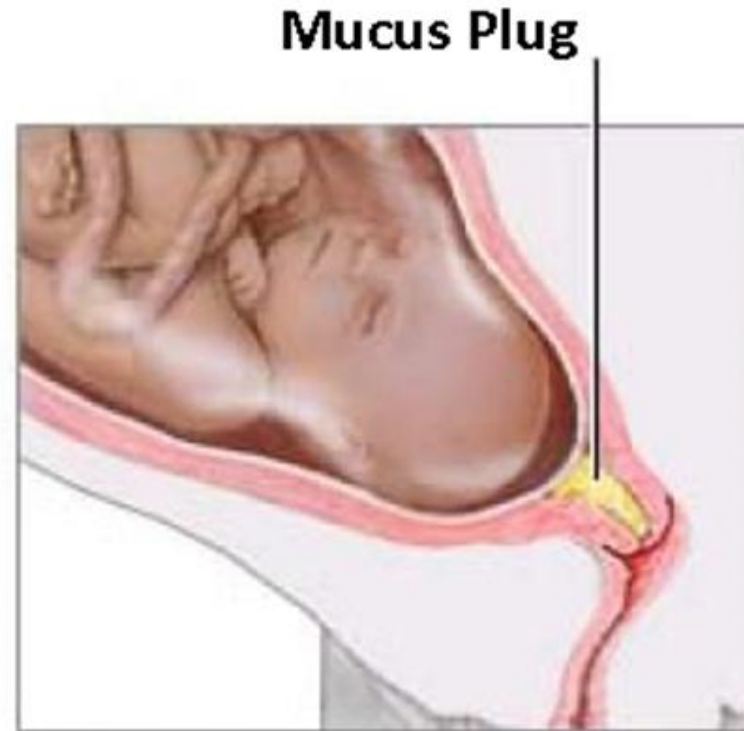
A **Mucous Plug / Show** , sits in the cervix for the duration of your pregnancy

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

• * < 37 weeks pregnant *

It is advised to call the Emergency Department



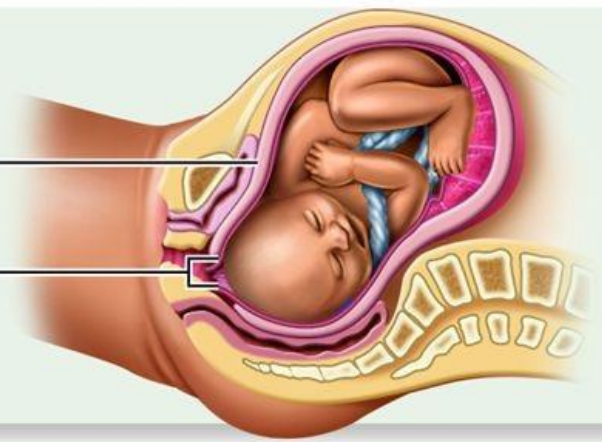
The Stages of Labour

Stage 1 (0-10cm dilated)

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

Uterus

Cervix

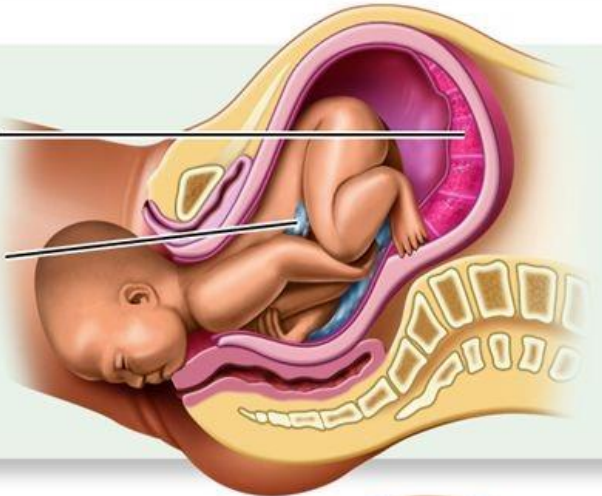


Stage 2

- Baby moving through the birth canal and being born

Placenta

Umbilical cord

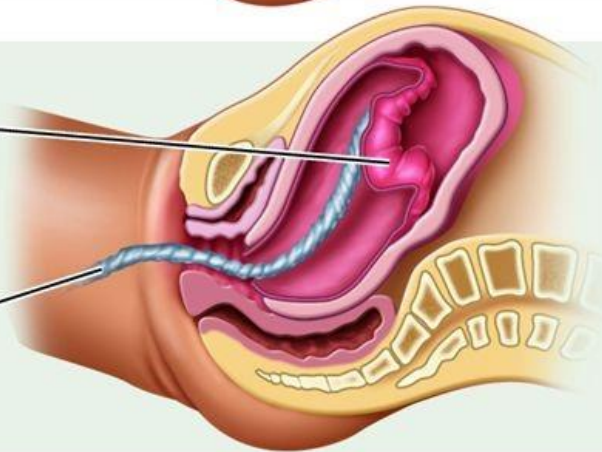


Stage 3

- Placenta being delivered

Placenta (detaching from uterus)

Umbilical cord

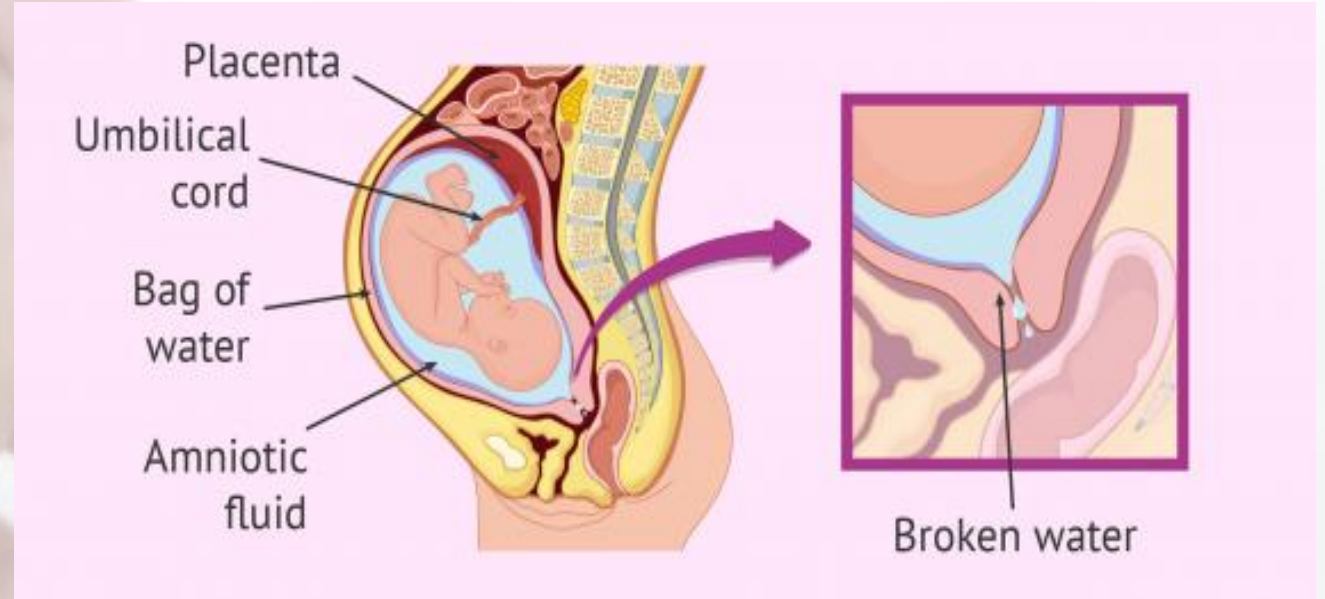


Signs of Labour -Waters Breaking

(Always go to Hospital !!!)

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

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

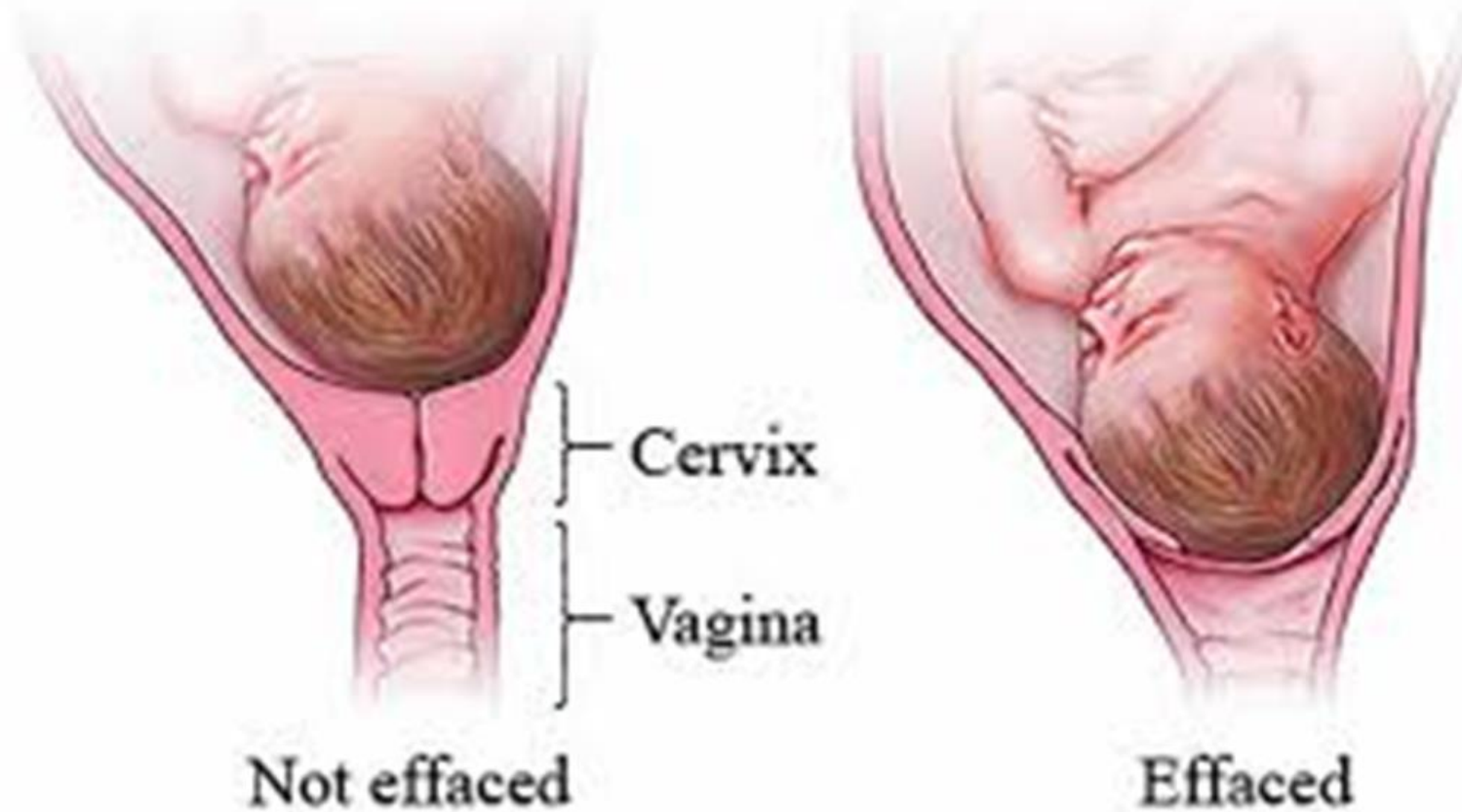


Signs of Labour – ‘Contractions’

Early Labour (0-3cms)

- These contractions, will be **IRREGULAR**
- They will start **MILD** and become **INCREASINGLY STRONGER**
- A change in Position , massage, walking, eating or drinking , **can relieve** these contractions .
- These contractions will **STOP & START** regardless of or your activity
- They will be **INCONSISTANT** , they can be short or may last a few minutes

Early Labour = Effacement



The hormones that make birth happen:



'Early' First Stage: 0-3cm

What's happening physically:

Cervix is beginning to efface (thin out) and open

Contractions are approx. 30secs long, with 5-30 minutes in between (**MILD / IRREGULAR**)

Labour Hormones:

Prostaglandins
/Oxytocin/ Endorphins.
Note: Adrenaline

Possible Feelings:

Show

Backache

Waters might (or might not) break

Excited, Impatient, Talkative

What you can do:

Stay at home

Stay relaxed

Eat light foods

Drink plenty of water

Distraction, Walking, Ball

Paracetamol, Bath or TENS

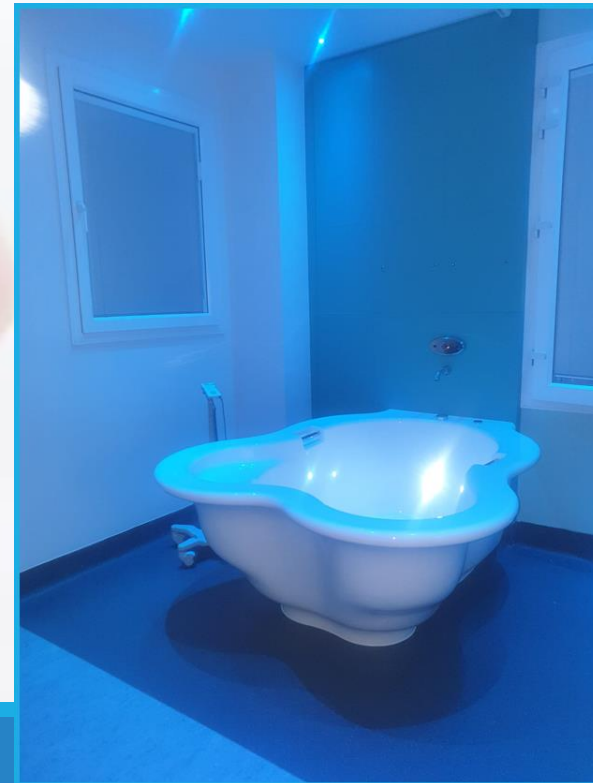
GO TO SLEEP

Pain Relief Options

- **Natural;**
 - Bath, Massage, Relaxation, Visualisation, Deep breathing, TENS, Hypnobirthing
- **Complimentary**
 - Acupressure, Aromatherapy, Reflexology
- **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



Massage

Birth Massage

Shoulders



Back & Buttocks



Buttocks



Upper Back



Sacrum



- Eases discomfort & anxiety
- Encourages production of birthing hormones
- Adapt technique to suit your needs

Practice, Practice, Practice

Relaxation : Pregnancy Yoga/Pilates

- **What are the benefits of pregnancy yoga for me and baby?**
- Breathing techniques and positions for labour & Birth
- Relax your body and mind
- Improve your posture
- Build strength and stamina for Birth and Motherhood!
- Improves pelvic floor health for pregnancy, birth and post-partum period.
- Bonding with baby during pregnancy
- Manage discomfort in the mind and body
- Improves your mental health and wellbeing
- Empowers you for Birth and Motherhood!



Affirmations

just breathe

my body will
WORK
my baby will
FIT


i can
do it

Each surge
brings my
baby closer
to me



I get to
meet my
baby today

you can
do anything
for a
minute

www.theflowernobility.com

MY PARTNER + I
ARE THE WORLDS
BEST TEAM

An Affirmation is a positive phrase or statements used to challenge negative or unhelpful thoughts.

Practicing positive affirmations can be extremely simple, and all you need to do is pick a phrase and repeat it to yourself.

Over time this phase becomes part of your thinking and your belief.

Breathing Techniques

Benefits/ Purpose of Breathing Techniques:

- Provides oxygen to mother, baby and hard working uterus.
- Muscles function more effectively and efficiently.
- Reduces Pain
- Promotes physical relaxation
- Reduces anxiety
- Concentrate and focus on breathing instead of her Contractions.

E.G *Breath in for 3 , out for 6* or *Breath in 4 out for 8*

Excellent Resources; Pregnancy Yoga, Pilates, Hypnobirthing



T.E.N.S

- **Transcutaneous Electrical Nerve Stimulation**
- Suitable from early stages of Labour
- 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



What is Hypnobirthing?

Hypnobirthing is a form of Antenatal Education that is scientific, evidence-based and logical



Hypnobirthing is not for one type of birth, just as its not for one type of women....
Hypnobirthing is for everyone!



Hypnobirthing aims to give you a calmness which may help you feel in control during your Labour and birth.... As it is how a woman feels during her birth that will last a lifetime (not the actual mode in which baby was born). Always remember-baby will make the plan.

Hypnobirthing Courses

Parent Education

Introduction to Hypnobirthing

For all Women attending the Rotunda Hospital

- 24-36 weeks gestation
- Once a month
- Friday (3rd Fri of each month)
- 10am-12noon
- On ZOOM

Email apptscheduling@rotunda.ie

- Include Name/DOB/Due Date/Hospital Number in your email
- Max 50 women + partners

Community Midwife Team

4 WEEK Hypnobirthing Course

- CMT Women Only
- 24-30 weeks gestation
 - Thursday evenings
(1st 4 Thursdays of Month)
 - Hybrid course
(Weeks 1-3 online, Week 4 in-person)
 - 5:30pm-8:30pm
 - **Phone: 01 817 6849**
 - **Email :**
dominoadmin@rotunda.ie
 - Max 8 women + partners

Acupressure

Research reports acupressure as beneficial during birthing and reduces caesarean section rate. It has also been reported to reduce the need for epidurals when used as part of an antenatal intervention

'Top Tips' from promoting acupressure use in pregnancy over the past 25 years:

- Your support people do not need to be good at massage! They just need to follow your feedback
- Start early during your birthing and experiment to find the points you prefer
- The points you find useful are likely to change as you progress through your birthing
- If the pressure feels painful or irritating, they are not right for you at this time.

(Debra Betts)

Natural pain relief techniques for childbirth using

Acupressure

Promoting a natural birth and partner involvement



Debra Betts NZRN, MBAA, NZRA

ISBN 0-473-04467-6

REFER TO WEBSITE:

[HTTPS://ACUPUNCTURE.
RHIZOME.NET.NZ/ACUPR
ESSURE/](https://acupuncture.rhizome.net.nz/acupressure/)



Aromatherapy



Oils that are safe for Pregnancy, Labour & Birth

- Lavender (calming)
- Peppermint (energy)
- Mandarin (happy)
- Frankincense (focus)
- Clary-sage (waves): only to be used after 37 weeks

Options for use:

- Diffuser (plug in)
- Bath
- Spray bottle
- With carrier oil (massage)

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



Role of the partner

- Physical support
- Emotional support
- Information support
- Self Care/ Own Preference list



Signs of -Established labour-Contractions (Cx 3cm-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 of Labour (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

- **Everyone** Check's In at Reception
- **Emergency Department**
- **What Happens Next :**
Home/ Early Labour ward / Delivery Suite



Monitoring in Labour

Monitoring in Early phase Vs Established phase of labour

Low risk: Intermittent FH monitoring

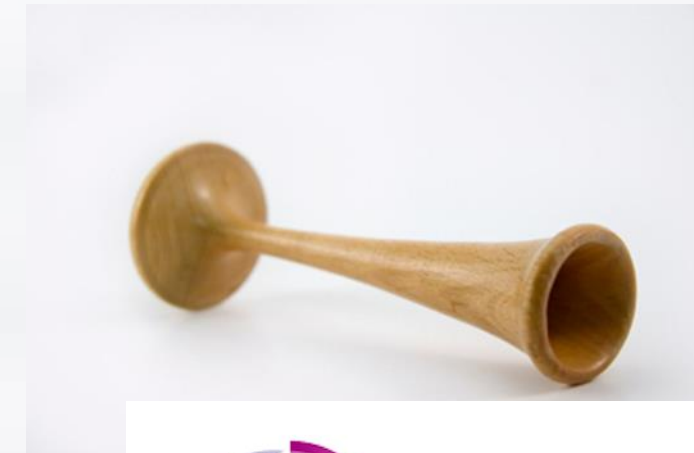
- 1st Stage: Intermittent FH monitoring every 15mins for 1min
- 2nd Stage: Intermittent FH monitoring every 5mins for 1min

High risk: Continuous Fetal Monitoring

- GIDDM, Preterm, Meconium, Epidural, Oxytocin,
- Fetal distress , VBAC, 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
- 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



Spinal Anaesthetic

What is a Spinal anaesthetic?

A Spinal Anaesthetic allows you to have a caesarean delivery while you are awake without feeling pain (whereas under a general anaesthetic you would be asleep).

A Spinal Anaesthetic is given as one single injection between the bones of your back

The anaesthetic blocks pain messages in the nerves. You will be numb from your chest down and you will not be able to move your legs.

A Spinal anaesthetic is the most common method of anaesthesia for a C-Section.



Visiting Times

- **Visiting Times : Partner : Labour (No time restrictions) ,
In Patient (Pre natal ward/Postnatal ward) (8a.m-8p.m)
+ 1 Visitor (Postnatal ward) 4pm-8p.m
Siblings (with your partner) 2pm-8p.m**

Up to date :**Visiting Times** : <https://rotunda.ie/visitor-information/>



Car parking

- **Rotunda Hospital**

Mon-Fri 16.30-23.00
Sat & Sun & BH 08.00-23.00
(€8.00 coins or card at Red Barriers on EXIT)

- **Parnell Square (Around the Hospital):**

Pay hourly:
(Free 19.00-07.00)

- **Q PARK :The Parnell Centre,**

Max pay € 12.00 Euros (open 24 hrs)

(Get Ticket stamped in **Main hospital**; Security person)

- **Q PARK :The Spire (Discount on line)**



As always, useful Telephone Numbers/ Emails

- **Pregnancy Queries/ Concerns :**

*Main Hospital **01-817 1700** (ask for Emergency Room)

- parentedsec@rotunda.ie

-Classes 1-6 &

-Refreshers classes

- apptscheduling@rotunda.ie To book

-Breastfeeding workshop

-Introduction to Hypnobirthing

- parent@rotunda.ie

-Parent Education Midwife : (no emergencies)

- Medical Social Workers

socialwork@rotunda.ie

Tel: 01 8171722

Perinatal Mental Health Services

spmhs@rotunda.ie

Tel: 01-8172541





Thank You