



# Class 3 Birth

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**THE  
ROTUNDA  
HOSPITAL**  
DUBLIN

# Class 3 Birth

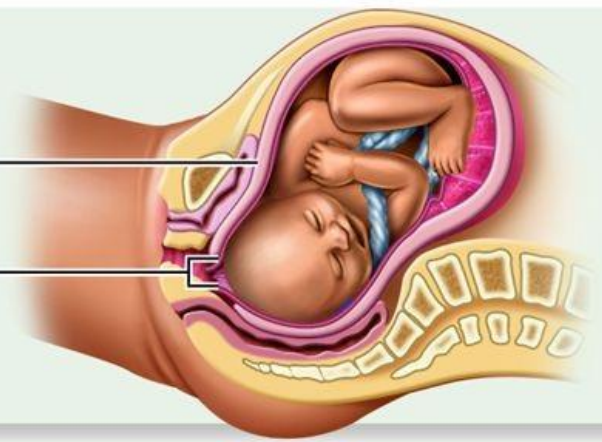
- 
- **2<sup>nd</sup> Stage Of Labour** : Birth of Your Baby
  - **3<sup>rd</sup> Stage Of Labour** : Delivery of Your Placenta
  - **After Birth** : Care for Baby & Mum
  - **Role of your Birthing Partner**
  - **Birth Preferences:**
  - **Birth Variations:**
    - Assisted Vaginal Deliveries
    - Caesarean Section
    - Induction Of Labour

# The Stages of Labour

## Stage 1 (0-10cm dilated)

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

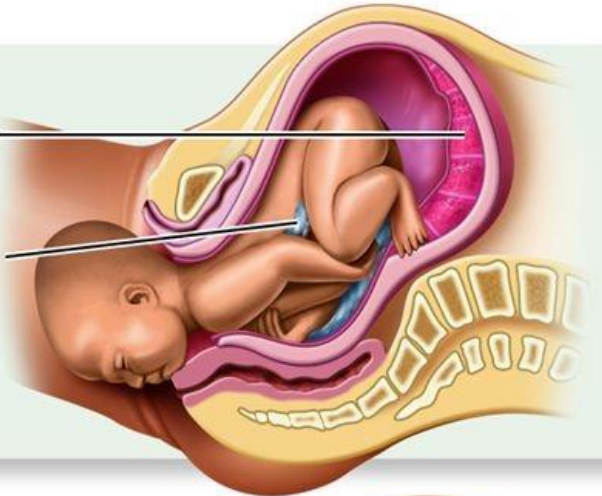
Uterus  
Cervix



## Stage 2

- Baby moving through the birth canal and being born

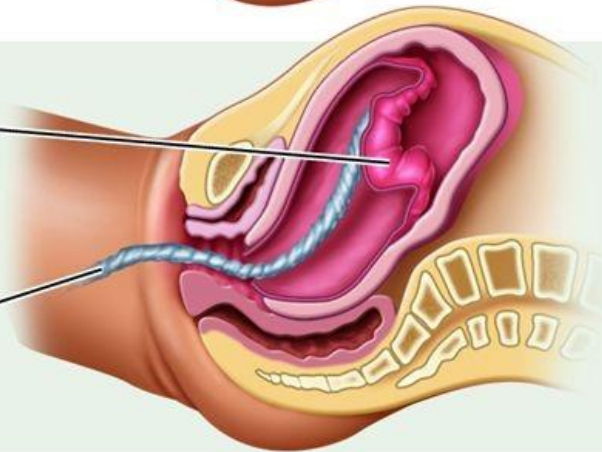
Placenta  
Umbilical cord



## Stage 3

- Placenta being delivered

Placenta (detaching from uterus)  
Umbilical cord



# Second Stage: Birth of Baby

## What's happening physically:

Dilation and effacement are complete

Contractions are 45-90 seconds long and 4-5 mins apart.

Each contraction pushes baby further down into birth canal

Baby will move under pubic bone, head will crown, then your baby will be born.

## Possible feelings:

Contractions will slow down and will change in character

**Urge** to push (no epidural)

**Pressure** to the rectum and pelvic floor (with epidural)

**Stretching** of perineum

- which may cause a stinging /burning sensation as baby's head emerges

( **Perineal massage** >35wks)

## What you can do:

'Go with' your pushing urge, don't be afraid of the strength and intensity needed to bring your baby into your arms

Take deep cleansing breaths both before and after contractions.

LISTEN to your midwife, especially as head is crowning, she will ask you to STOP pushing to allow baby's head to deliver slowly

# Third Stage: Delivery of Placenta

## What's happening physically:

Your uterus will continue to contract after baby is born.

The placenta will break away from the uterine wall

Your uterus will contract further and the placenta will be delivered

## Possible feelings:

Mild contractions or cramping

A sudden gush of dark blood may occur

Note on: Delayed cord clamping

## What you can do:

### **Delayed Cord clamping**

- baby to the breast ;  
:stimulates the production of oxytocin  
: preventing haemorrhage.

### **Actively Manage the 3<sup>rd</sup> stage.**

- This involves giving an injection of oxytocin to minimize risk of haemorrhage
- **Physiological 3<sup>rd</sup> Stage**

# Role of your Birthing Partner

- Emotional support
- Physical support
- Information support
- Self Care
- Preference List

Together : Birth Preference List



## EARLY LABOUR

- What snacks will you eat? DRINK ENOUGH WATER!
- UFO Positions
- Pain Relief options (TENS, BATH, PARACETAMOL, AROMATHERAPY ECT...)
- MASSAGE
- If contractions go away - Go to sleep!

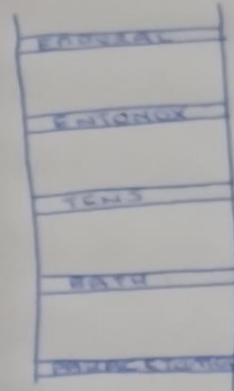
REMINDERS: PHONE CHARGER  
TOOTHBRUSH

## THE BIRTH

- SKIN TO SKIN
- FEEDING CHOICE
- GENDER REVEAL
- DELAYED CORD CLAMPING

## ESTABLISHED LABOUR

LADDER  
OF PAIN  
RELIEF



- DIMMED LIGHTS
- MUSIC
- AROMATHERAPY

\* IF I REQUIRE CTG I  
WOULD LIKE TO BE UFO \*

## AFTER BABY IS BORN

- VIT K
- NEWBORN EXAM
- PLACENTA  $\left\{ \begin{array}{l} \text{TAKE HOME} \\ \text{or} \\ \text{LEAVE IN HOSP} \end{array} \right.$
- PHOTO'S
- SKIN TO SKIN WITH BIRTH PARTNER

# After the Birth -Baby

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- **Gender REVEAL**
- **Stimulate**; Dry, warm
- **Skin to Skin**
- **Initial Exam** of The Newborn
- **Vit K**
- **RSV( Sept- Feb)**
- Name Tags / Security Tag
- Assist with Feeding
- Oxygen/Suction
- Dress Baby; Temp
- **Transfer** with Mum



# After the birth-Mum

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- **Suturing / Care of sutures** :Dissolvable, Keep clean and dry, good nutrition, Hydration , pain relief
- **Lochia** : Note :**heavy bleeding, large blood clots** or **offensive smell**  
tell your Midwife / contact Rotunda Hospital (E.R)
- **Shower /Freshen up**
- **Tea and Toast**
- **Transfer to Postnatal ward:** Generally 2 Hours after baby is born



# Visiting Times / Stay in the hospital

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

<https://rotunda.ie/visitor-information/>

- **Postnatal Ward Length of stay**
  - 2-3 days-vaginal birth (as early as 24hrs @ maternal request)
  - 3-5 days-C-Section (as early as 48hrs @ maternal request)



# Birth Variations

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- Assisted Vaginal Births
- Induction of Labour
- Caesarean Section



# Assisted Vaginal Birth

## What is an assisted vaginal birth?

It is when an obstetrician uses an instrument, either a Vacuum (ventouse, Kiwi) or a forceps to help birth baby safely

## Why is it performed?

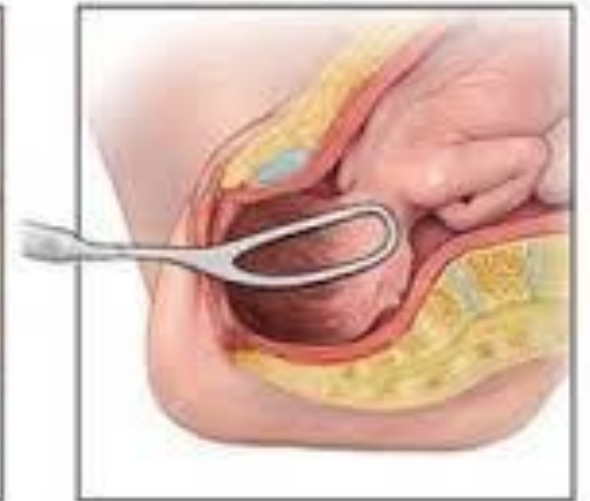
Baby showing signs of fetal compromise/ Distress

Delay in progress during the 2<sup>nd</sup> Stage /FTA

Vacuum Extraction Delivery



Forceps Delivery



# Assisted vaginal birth

## Who will perform an instrumental delivery?

An obstetrician will be called to review you and your baby if there are any concerns.

An obstetrician will always perform an assisted vaginal birth

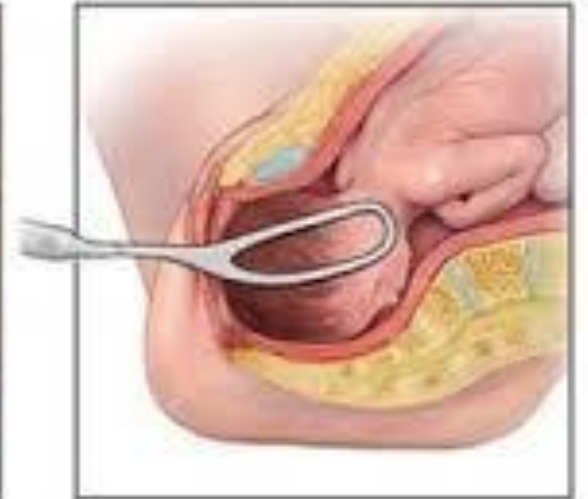
## How is this performed?

- Cervix must be 10cm dilated and baby in birth canal
- Baby's position will influence instrument choice
- The appropriate instrument will be applied to baby's head, and the doctor will gently guide baby as you continue to push
- A pediatrician always present for an assisted vaginal birth

Vacuum Extraction Delivery



Forceps Delivery



# Episiotomy

**What Is It ?** Small incision made to your perineum

## Why is this performed?

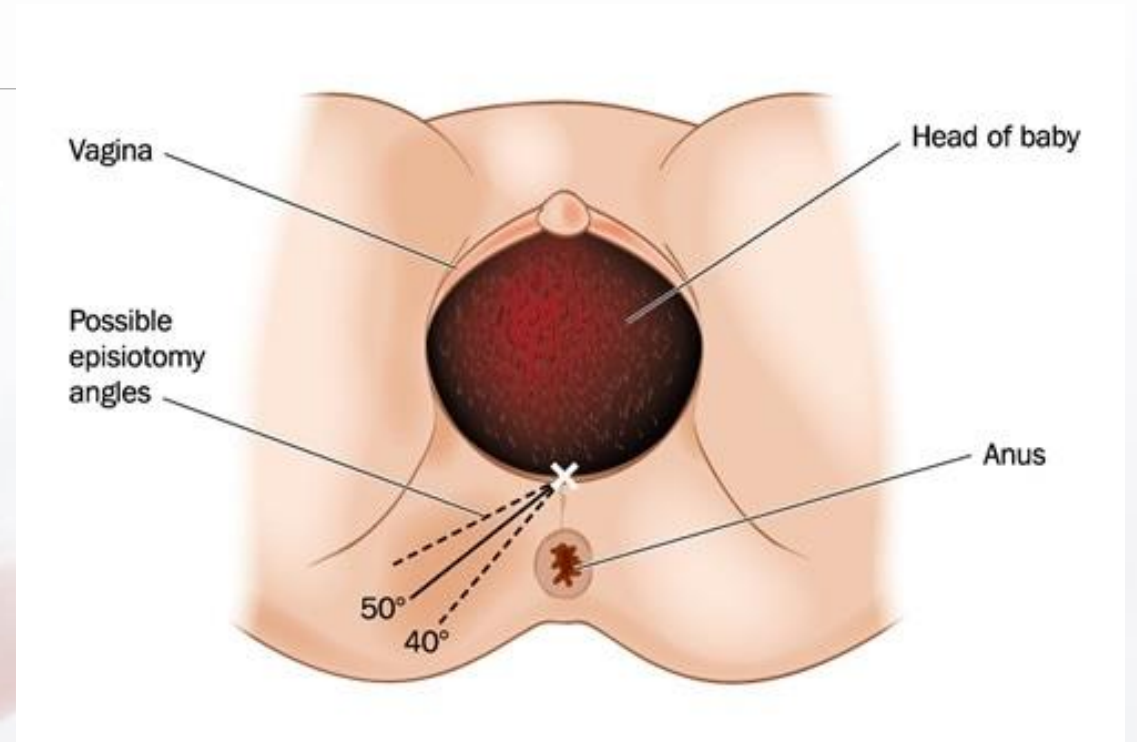
Baby showing signs of fetal compromise  
Sometimes with an assisted vaginal birth

## How is this performed?

Explanation for episiotomy  
Mothers consent  
Adequate pain relief  
Incision made to perineum

Baby will be born, and perineum sutured by midwife or obstetrician using dissolvable sutures.

**Perineal massage has been shown to reduce the need for episiotomy**



# Induction of Labour

1. What is an induction?
2. Why is this performed?
3. Who will perform an Induction of Labour ?
4. How is This performed ?
5. Video <https://www.youtube.com/watch?v=TZCi3QFMm0Q>



# Induction of Labour

## What is an induction?

An induction of labour involves administering synthetic versions of the hormones that your body produces naturally... in effect 'tricking your body into labour'

## Why is this performed?

Postdates, High BP, Gest diabetes, any concerns over Mum or Baby's wellbeing.



# Induction of Labour

Who will perform an induction of labour ?

- **Low risk IOL** will be performed under the umbrella of the midwives in DCU.

- **High Risk IOL**

Will generally take place on Prenatal Ward



# Induction of Labour

## How is this performed?

- Review by Midwife including vaginal exam
- Prostaglandin pessary / Breakings waters / Oxytocin drip
  - Designed to mimic labour and birth
- Can use all pain relief options outlined today
- Some low risk inductions may go home pending certain criteria.

**Watch !** <https://rotunda.ie/parent-education/resources/>

Class 3 Birth, Part 3: Induction of Labour



# Caesarean Section Births

## **What is an Caesarean Section?**

A C-Section involves the birth of your baby through an incision to your lower abdomen

## **Why is this performed?**

**Planned:** Breech, Placenta Previa, Triplets etc.

**Emergency: (Un- Planned )**

Fetal compromise

Delay in progress during the 1<sup>st</sup> stage



# Caesarean Section Delivery

## Who will perform a Caesarean Section?

A Caesarean Section will always have:

Obstetrician X 2

Anesthetist 1/2

Theatre Staff

Midwife

Pediatrician ( Emergency Section , Multiple Births)

## How is this performed?

Incision made to lower abdomen

Baby is born, Delayed Cord Clamping,

Baby Check, skin to skin .

Recovery Room – Postnatal Ward

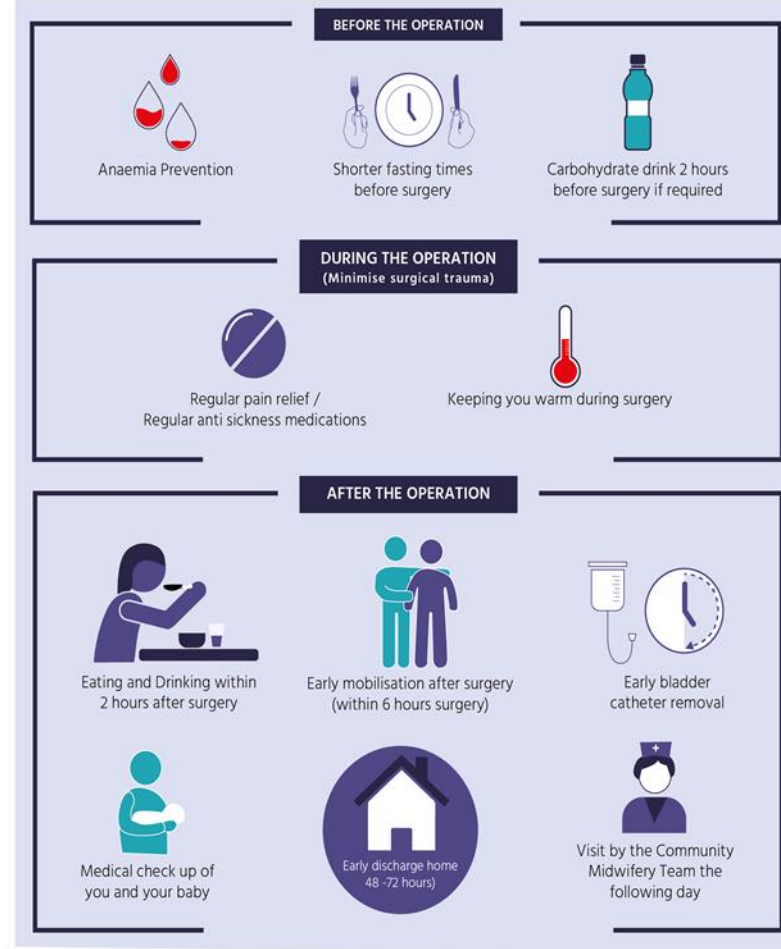


# ERAS Programme

- **Criteria:**
- Recognise the signs of Labour
- Planned C-Section
- If your obstetrician feels that you are a suitable candidate
- If interested check out <https://rotunda.ie/eras/>

## ENHANCED RECOVERY AFTER CAESAREAN SECTION

Enhanced recovery is a modern, evidence-based approach that helps people to recover from surgery more quickly. It aims to optimise your experience and facilitate your recovery after surgery, so that you return to your normal level of function as soon as possible, allowing you to be independent sooner.



\*Please note: Not all patients will be eligible to participate in this programme. If you do meet the criteria, a member of our team will contact you. For further information, please log on to [rotunda.ie/ERAS](https://rotunda.ie/ERAS), or, e-mail [ERAS@rotunda.ie](mailto:ERAS@rotunda.ie).

# Example Birth Preference List - ERCS

## In Theatre

- Partner present in OT
- Play your own music
- Deep breaths to stay relaxed
- Ensure all questions are answered

## Your Caesarean Section

- Partner present
- Play your own music
- Deep breaths
- Hold Hands
- See baby straight away (lower drapes)
- Delayed Cord Clamping (1minute)

## The Birth

- Skin to Skin
- Feeding Choice
- Music

## After Baby is Born

- Plan for placenta (take home or leave in hospital)
- Vitamin K-Baby
- Newborn Exam (with midwife)
- Skin to skin with partner
- Who will dress baby
- Partner present in Recovery (if appropriate)

# How can I avoid going overdue

## Is there anything I can do to avoid going overdue??

- Raspberry leaf tea: 3-4 cups from 34 weeks
- \*\*Medjool dates: 6 a day from 36weeks (Not recommended with Gest diabetes)
- Sexual intercourse (prostaglandin in semen/oxytocin with orgasm)
- Complimentary Therapies; >37 weeks , weekly
  - Acupressure
  - Aromatherapy
  - Reflexology
- A cervical Sweep ( I.O.L)
- Stay calm and relaxed... Why?? Labour Hormones



# As always, useful Telephone Numbers/ Emails

- **Pregnancy Queries/ Concerns :**

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

- [parentedsec@rotunda.ie](mailto:parentedsec@rotunda.ie)

-Classes 1-6 &

-Refreshers classes

- [apptscheduling@rotunda.ie](mailto:apptscheduling@rotunda.ie) To book

-Breastfeeding workshop

-Introduction to Hypnobirthing

- [parent@rotunda.ie](mailto:parent@rotunda.ie)

-Parent Education Midwife : (no emergencies)

- Medical Social Workers

[socialwork@rotunda.ie](mailto:socialwork@rotunda.ie)

**Tel:** 01 8171722

Perinatal Mental Health Services

[spmhs@rotunda.ie](mailto:spmhs@rotunda.ie)

**Tel:** 01-8172541



A close-up photograph of an adult's hand gently holding a baby's hand. The background is a soft, out-of-focus white. The text "Thank You" is centered over the hands.

Thank You