



Birth Class 3

NICOLA MAGUIRE

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



**THE
ROTUNDA
HOSPITAL**
DUBLIN

Class Plan for Today 'Birth'

- 2nd Stage Of Labour; Delivering The Baby
- 3rd Stage Of Labour ; Delivering The Placenta
- Care After Birth; For Baby & Mum
- Role Of The Partner
- Birth Preferences;
- Birth Variations;
 - Assisted Vaginal Deliveries
 - Caesarean Section
 - Induction Of Labour
- Quick Recap !!!

Quick Recap! Q & A

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



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, your midwife will ask you to stop pushing and baby will be born, 1st head, then body

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 sensation as baby's head emerges

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:

- baby to the breast ;
:stimulates the production of oxytocin
:will help to keep the uterus firm, preventing haemorrhage.

It is common practice in Ireland to actively manage the third stage. This involves giving an injection of oxytocin to minimize risk of haemorrhage

After the Birth -Baby

- **SEX** of Baby
- **Stimulate**; Dry, warm
- **Skin to Skin**,
- **Initial Exam** of The Newborn; Head to Toe Check
- **Vit K**
- Name Tags x 2 / Security Tag x 1
- Assist with Feeding ; Breast/Bottle
- Oxygen/Suction
- Dress Baby; Temp
- **Transfer** with Mum

After the birth-Mum

- **Suturing / Care of sutures** Dissolvable, Keep clean and dry, good nutrition, Hydration , pain relief
- **Shower / Tea and Toast**
- **Transfer to Postnatal ward** Generally 2 Hours after baby is born
- **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)
- **Lochia** If experiencing heavy bleeding, large blood clots or offensive smell please contact Rotunda Hospital

Role of the partner

- Physical support
- Emotional support
- Information support
- Self Care/ Preference
- 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!

REMINDEES: PHONE CHARGER
TOOTHBRUSH

THE BIRTH

SKIN TO SKIN

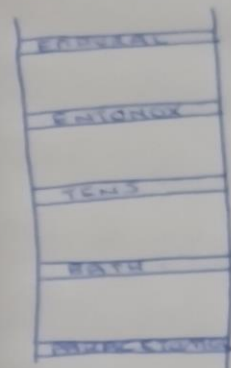
FEEDING CHOICE

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



Any Questions !!!!

- Reminder: For Attendance Records ,

- In chat Box

 - :Names

 - :D.O.B

Birth Variations

- Assisted Vaginal Births
- Caesarean Section
- Induction of Labour

Assisted Vaginal Birth (Forceps approx. 5%, Vacuum approx. 10%)

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?

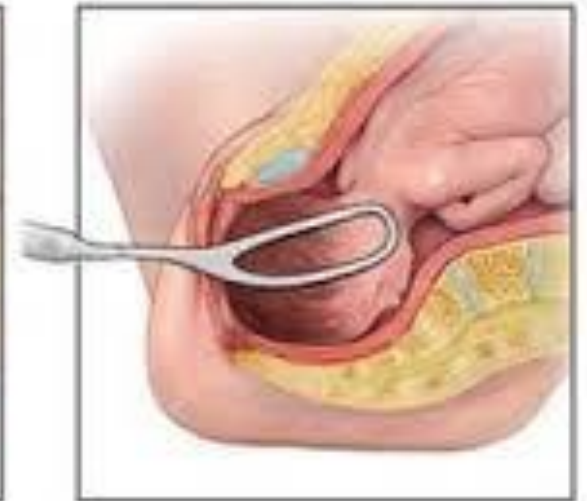
Baby showing signs of fetal compromise/ distress

Delay in progress during the 2nd Stage /FTA

Vacuum Extraction Delivery



Forceps Delivery



Assisted Vaginal Birth (Forceps approx. 5%, Vacuum approx. 10%)

Who will perform an assisted vaginal birth?

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

Babys position will influence instrument choice

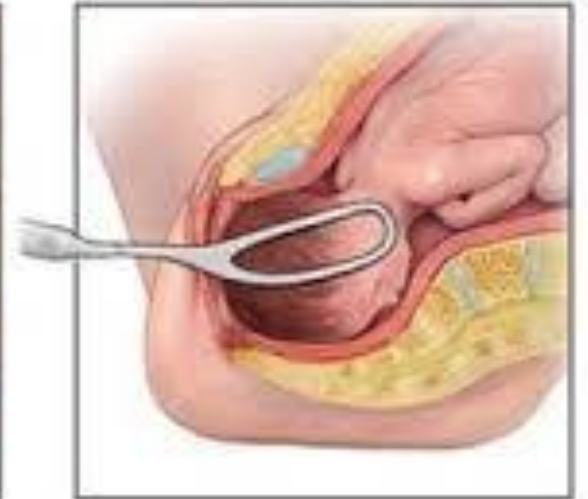
The appropriate instrument will be applied to baby's head, and the doctor will gently guide baby as you continue to push

A pediatrician always present for an assisted vaginal birth

Vacuum Extraction Delivery



Forceps Delivery



Episiotomy (approx. 20%)

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

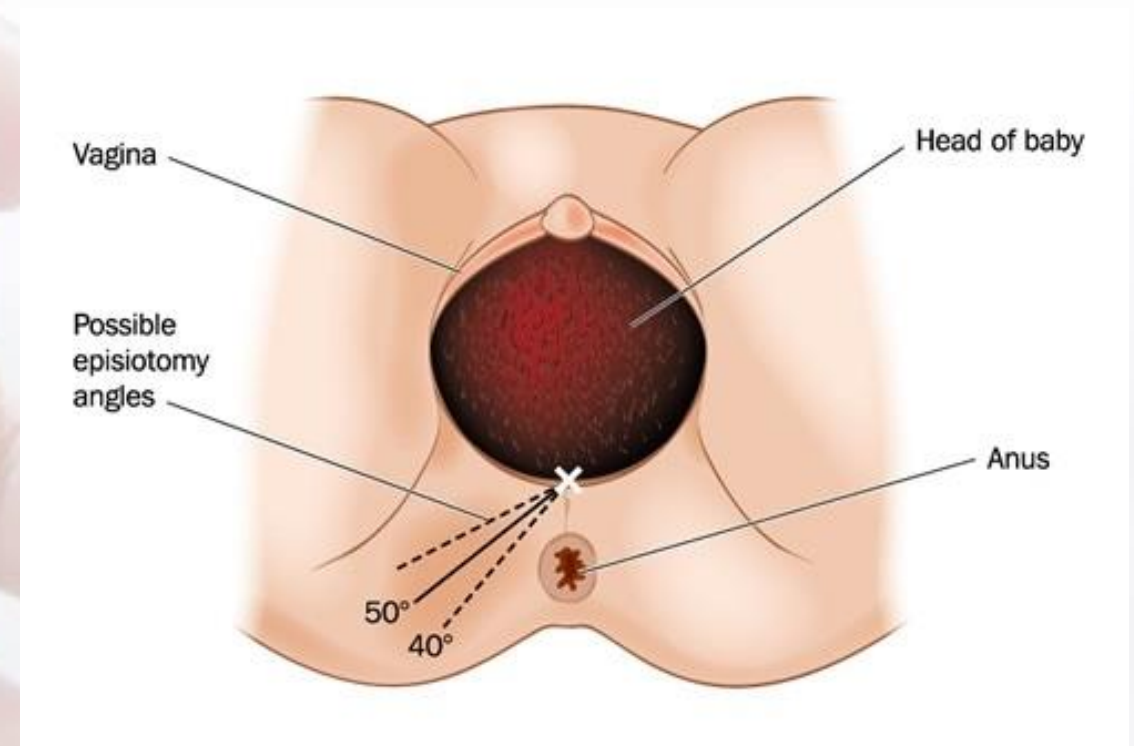
Mothers consent

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



Caesarean Section Births (approx. 35%)

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 Praevia, Triplets etc.

Emergency: Fetal compromise

Delay in progress during the 1st stage



Caesarean Section Births (approx. 35%)

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

Baby Check, skin to skin .



ERAS Programme

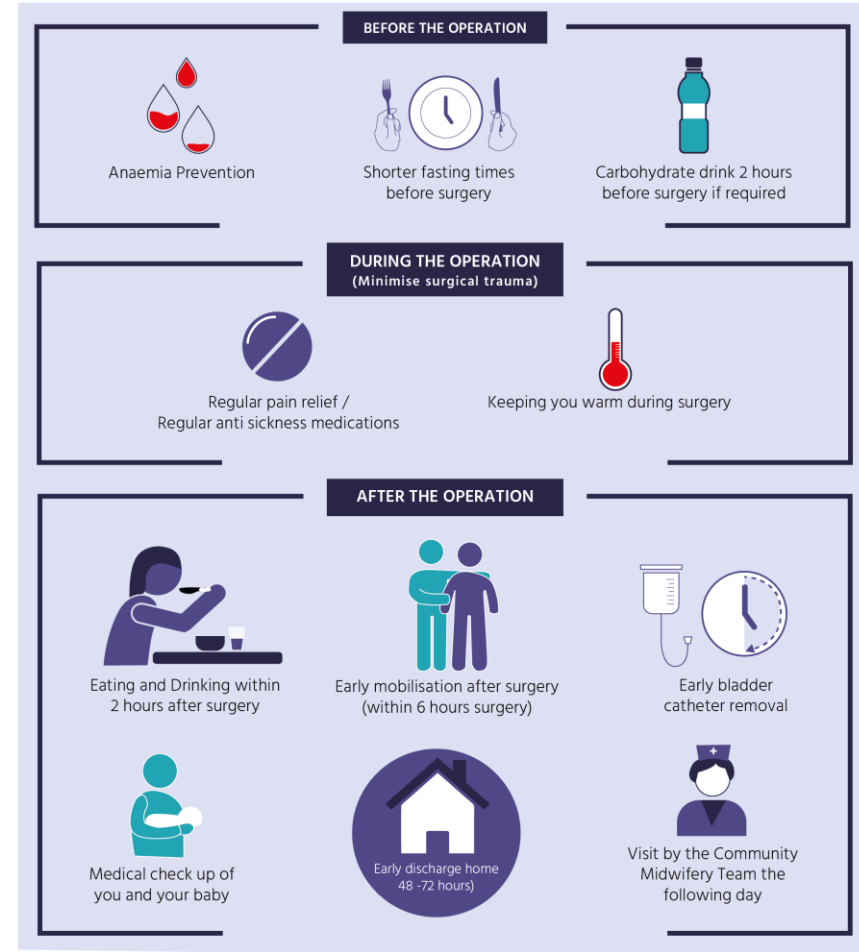
Criteria:

- Planned C-Section
- If your obstetrician feels that you are a suitable candidate
- If interested check out <https://rotunda.ie/eras/> or email ERAS@rotunda.ie



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, or, e-mail ERAS@rotunda.ie.

Induction of Labour (35%)

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>



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 diabetics)
- Sexual intercourse (prostaglandin in semen/oxytocin with orgasm)
- Complimentary Therapies; >37 weeks , weekly
 - Acupressure
 - Acupuncture
 - Reflexology
- A cervical Sweep
- Stay calm and relaxed... Why?? Labour Hormones



Delivery Suite



Quick Recap!

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



As Always.....

- Covid-19 Queries: [01 8172575](tel:018172575) (Mon-Fri 8am-4pm)
- Pregnancy Queries: [01-817 1700](tel:018171700) (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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Any questions??

Thank you

Reminder; Name & D.O.B in Chat box

