

# 11 Labour and birth



**T**his chapter describes a hospital birth because that is where most people have their babies, but the information will also be useful if you are having a home birth.

## GETTING READY FOR THE BIRTH

### PACKING FOR HOSPITAL

Pack a bag to take to hospital well in advance. Many hospitals have a printed list of what to pack. If you're having your baby at home, your midwife will give you a list of things you should have ready.

You may want to include the following:

- **front-opening nighties** if you're going to breastfeed and an extra one if you're going to wear your nightie rather than a hospital gown, during labour;
- **dressing gown** and **slippers**;
- **two or three nursing bras**, or ordinary bras if you're not breastfeeding (remember, your breasts will be much larger than usual);
- about **24 sanitary towels** (super absorbent), not tampons;
- **five or six pairs of old pants**, or disposables – you'll probably want to change often to stay fresh;
- your **washbag** with toothbrush, hairbrush, flannel, etc.;
- **towels** in a dark colour if possible;
- **change** or a **phone card** for the hospital payphone;
- a **book**, magazines, personal stereo or some knitting, for example, to help you pass the time and relax;
- a **loose comfortable outfit** to wear during the day;
- a **small bag for labour** with one or two large T-shirts, a sponge or water spray to cool you down, a personal stereo with your favourite music and anything else which you feel will make labour more pleasant for you;
- **clothes and nappies** for the baby.

### For coming home

Pack loose, easy-to-wear clothes for yourself, baby clothes (including a bonnet), some nappies and a shawl or blanket to wrap the baby in.

### IMPORTANT NUMBERS

*Keep a list of important numbers in your handbag or near the phone. There's space for you to write them down at the beginning of this book. You need to include your hospital or midwife, your partner or birth companion, and your own hospital reference number (it will be on your card or notes) to give when you phone in. If you don't have a phone, ask neighbours for the use of theirs when the time comes.*

### STOCKING UP

*When you come home you may not want to do much more than rest and care for your baby, so do as much planning as you can in advance. Stock up on basics, such as toilet paper, sanitary pads (for you) and nappies (for the baby), and, if you have a freezer, cook some meals in advance.*



## TRANSPORT

Work out how you will get to the hospital as it could be at any time of the day or night. If you're planning to go by car, make sure it's running well and that there's always enough petrol in the tank. If a neighbour has said that they will probably be able to take you, make an alternative arrangement just in case they're not in. If you haven't got a car, call an ambulance – try to do so in good time.

# HOW TO RECOGNISE WHEN LABOUR STARTS

### IF LABOUR STARTS EARLY

*Sometimes labour starts early, even as early as 24 weeks. If this happens, get advice immediately from the hospital.*

You're unlikely to mistake the signs of labour when the time really comes, but, if you're in any doubt, don't hesitate to contact your hospital or midwife and ask for advice.

### SIGNS THAT LABOUR IS BEGINNING

#### Regular contractions

You may have been feeling contractions (Braxton Hicks' contractions, when your abdomen gets tight and then relaxes) throughout pregnancy. Lately you will have become more aware of them. When they start to come regularly, last more than 30 seconds and begin to feel stronger, labour may have started. Gradually they will become longer, stronger and more frequent.

#### Other signs of labour

You may or may not also have the following signs:

- **backache** or that aching, heavy feeling that some women get with their monthly period;

- a '**show**' – either before labour starts, or early in labour, the plug of mucus in the cervix, which has helped to seal the womb during pregnancy, comes away and comes out of the vagina. This small amount of sticky pink mucus is called a 'show' – you don't lose a lot of blood with a show, just a little, mixed with mucus. If you are losing more blood, it may be a sign that something is wrong, so telephone your hospital or midwife straight away;

- **the waters breaking** – the bag of water in which the baby is floating may break before labour starts (you could keep a sanitary pad (*not* a tampon) handy if you're going out, and put a plastic sheet on the bed). If the waters break before labour starts, you will notice either a slow trickle from your vagina or a sudden gush of water that you can't control. Phone the hospital or your midwife, and you will probably be advised to go in at once;

- **nausea or vomiting;**

- **diarrhoea.**

## PAIN RELIEF IN LABOUR

Labour is painful, so it's important to learn about all the ways you can relieve pain in labour and how your partner or labour supporter can help you. Ask your midwife or doctor to explain what is available so that you can decide what is best for you. Write down your wishes in your birth plan, but remember you may need to be flexible. You may find that you want more pain relief than you had planned, and more effective pain relief may be advised to assist with delivery.

### TYPES OF PAIN RELIEF

#### Self-help



Using relaxation, breathing, keeping mobile, having a partner to support and massage you, and having confidence in your own body will all help.

#### 'Gas and air' (Entonox)



This is a mixture of oxygen and another gas called nitrous oxide. You breathe it in through a mask or mouthpiece which you hold for yourself.

You'll probably have a chance to practise using the mask or mouthpiece if you attend an antenatal class. 'Gas and air' won't remove all the pain, but it can help by reducing it and making it easier to bear. Many women like it because it's easy to use and you control it yourself. The gas takes 15–20 seconds to work, so you breathe it in just as a contraction begins. There are no harmful side-effects for you or the baby, but it can make you feel lightheaded. Some women also find that it makes them feel sick or sleepy or unable to concentrate on what is happening. If this happens, you can simply stop using it.

If you try 'gas and air' and find that it does not give you enough pain relief, you can ask for an injection as well.

#### TENS



This stands for transcutaneous electrical nerve stimulation and is offered at some hospitals. In others you may need to hire a machine. It lessens the pain for many, but not all, women.

There are no known side-effects for either you or the baby, and you can move around while using it.

*'Gas and air seemed to work for me, provided I used it at the right time. The midwife was really good and helped me with my timing.'*

*'I didn't want to have any injections or anything, so my midwife told me about TENS. It sounded a bit weird when she told me what it was, but, when the time came, it actually did seem to work.'*

Electrodes are taped on to your back and connected by wires to a small battery-powered stimulator known as an ‘obstetric pulsar’. You hold the pulsar and can give yourself small, safe amounts of current.

It is believed that TENS works by stimulating the body to increase production of its own natural painkillers, called endorphins. It also reduces the number of pain signals that are sent to the brain by the spinal cord. If you’re interested in TENS, you should learn how to use it in the later months of your pregnancy. Ask your midwife or physiotherapist.

*‘After the first injection, I felt wonderful, there was no pain and I was on cloud nine. But after the second one, and some gas, I felt confused and out of control, which I think extended the labour.’*

### **Injections**

Another form of pain relief is the intramuscular injection of a pain-relieving drug, usually pethidine. It takes about 20 minutes to work and the effects last between two and four hours. It will help you to relax, and some women find that this lessens the pain. However, it can make some women feel very ‘woozy’, sick and forgetful. If it hasn’t worn off when you need to push, it can make it difficult. You might prefer to ask for half a dose initially to see how it works for you. If pethidine is given too close to the time of delivery, it may affect the baby’s breathing, but if it does an antidote will be given.

### **Epidural anaesthesia**

An epidural is a special type of local anaesthetic. It numbs the nerves which carry the feelings of pain from the birth canal to the brain. So, for most women, an epidural gives complete pain relief.

An epidural is given by an anaesthetist, so, if you think you might want one, check with your midwife beforehand (perhaps when you’re discussing your birth plan) about whether an anaesthetist is

always available at your hospital.

While you lie on your side, anaesthetic is injected into the space between the bones in your spine through a very thin tube. It takes about 20 minutes to get the tube set up and then another 15–20 minutes for it to work. The anaesthetic can then be pumped in continuously or topped up when necessary.



An epidural can be very helpful for those women who are having a long or particularly painful labour, or who are becoming very distressed. It takes the pain of labour away for most women and you won’t feel so tired afterwards. But there are disadvantages:

- your legs may feel heavy and that sometimes makes women feel rather helpless and unable to get into a comfortable position;
- you may find it difficult to pass water, and a small tube called a catheter may need to be put into your bladder to help you;
- you will need to have a drip on your arm to give you fluids and help maintain adequate blood pressure;
- you may not be able to get out of bed during labour and for several hours afterwards;

*‘I was really scared about the pain so I chose to have an epidural. It was great – I didn’t feel a thing!’*

- your contractions and the baby's heart will need to be continuously monitored by a machine. This means having a belt round your abdomen and possibly a clip attached to your baby's head (see **Fetal heart monitoring**, pages 96–7);
- if you can no longer feel your contractions, the midwife will have to tell you when to push rather than you doing it naturally – sometimes less anaesthetic is given at the end so that the effect of the epidural wears off and you can push the baby out more effectively;
- some women get backache for some time after having an epidural.

In some hospitals, a mobile or 'walking' epidural is available. The anaesthetist gives a different combination of drugs which allows you to move your legs whilst still providing effective pain relief. Ask if this is available in your hospital.

If you don't want any of these kinds of pain relief, you are free to say so. And if you decide you do want pain relief, ask for it as soon as you feel you need it, without waiting for it to be offered.

### ALTERNATIVE METHODS OF PAIN RELIEF

Some mothers want to avoid the above methods of pain relief and choose acupuncture, aromatherapy, homeopathy, hypnosis, massage and reflexology. If you would like to use any of these methods, it's important

to let the hospital know beforehand. Discuss the matter with the midwife or doctor. And make sure that the practitioner you use is properly trained and experienced. For advice, contact the Institute for Complementary Medicine (see page 147).



### WHAT YOU CAN DO FOR YOURSELF

*Fear makes pain worse, and everyone feels frightened of what they don't understand or can't control. So learning about labour from antenatal classes, from your doctor or midwife, and from books like this, is an important first step.*

- *Learning to relax helps you to remain calmer.*
- *Birth classes place emphasis on being fit and what your choices are in labour so that you feel you have more control in labour.*
- *Your position can also make a difference. Some women like to kneel, walk around or rock backwards and forwards. Some like to be massaged, but others hate to be touched.*
- *Feeling in control of what is happening to you is important. You are working with the midwife and she with you, so don't hesitate to ask questions or to ask for anything you want at any time.*
- *Having a partner, friend or relative you can 'lean on', and who can support you during labour, certainly helps. It has been shown to reduce the need for pain relief. But if you don't have anyone, don't worry – your midwife will give you the support you need.*
- *And finally, no one can tell you what your labour will feel like in advance. Even if you think you would prefer not to have any pain relief, keep an open mind. In some instances, it could help to make your labour more enjoyable and fulfilling.*

## COPING AT THE BEGINNING

### KEEPING ACTIVE

*Keep active for as long as you feel comfortable. This helps the progress of the birth. Keeping active doesn't mean anything strenuous – just moving normally or walking around.*

At night, try getting comfortable and relaxed and perhaps doze off to sleep. A warm bath or shower may help you to relax. During the day, keep upright and gently active. This helps the baby to move down into the pelvis and the cervix to dilate. It's important to have something light to eat to give you energy, as labour, particularly a first one, may last 12–15 hours from the early stages to delivery.



## WHEN TO GO INTO HOSPITAL OR MIDWIFE UNIT

If your waters have broken, you will probably be advised to go straight in. If your contractions start but your waters have not broken and you live near to the hospital or unit, wait until they are coming regularly, about five minutes apart, lasting about 60 seconds, and they feel so strong that you want to be in hospital. If the journey is likely to take a while, either because of traffic or the distance, or if this is not your

first baby, go sooner and make sure you leave plenty of time to get to the hospital. Second and later babies often arrive more quickly. **Don't forget to phone the hospital or unit before leaving home and remember your notes or card.**

If you're at all uncertain about whether or not it is time for you to go into hospital, always telephone the hospital or unit or your midwife for advice.



### HOME DELIVERY

Follow the procedure you have agreed with your midwife during your discussions about the onset of labour.

## AT THE HOSPITAL

Going into hospital when you are in labour may be frightening, but attending antenatal classes and visiting the hospital during pregnancy should help. Hospitals and GP or midwife units all vary, so this is just a guide to what is likely to happen. Talk to your midwife about the way things are done at your local hospital or unit and what you would like for your birth. If your wishes can't be met, it's important to understand why (see **Birth plan**, page 37).

### YOUR ARRIVAL

If you carry your own notes, take them to the hospital admissions desk. You will be taken to the labour ward, where a midwife will take you to your room and help you change into a hospital gown or a nightdress of your own. Choose an old one that is loose and preferably made of cotton because you'll feel hot during labour and won't want something tight.

### EXAMINATION BY THE MIDWIFE

The midwife will ask you about what has been happening so far and will examine you. If you are having a Domino or home delivery, then this examination will take place at home. The midwife will:

- take your pulse, temperature and blood pressure and check your urine;
- feel your abdomen to check the baby's position and record or listen to your baby's heart;

- probably do an internal examination to find out how much your cervix has opened (tell her if a contraction is coming so that she can wait until it has passed), and she will then be able to tell you how far your labour has progressed.



These checks will be repeated at intervals throughout your labour – always ask about anything you want to know. If you and your partner have made a birth plan, show your midwife so that she knows your views about your labour and can help you to achieve them. Many women find that they naturally empty their bowels before, or very early, in labour. Very occasionally, if you are constipated, a suppository may be suggested.

### DELIVERY ROOMS

*Some hospitals may have one or two delivery rooms decorated in a more homely way, with easy chairs and beanbags so that you can easily move around and change your position during labour. Talk to your midwife about this and write your wishes in your birth plan (see page 38).*

### BATH OR SHOWER

*Some hospitals may offer you a bath or shower. A warm bath can be soothing in the early stages of labour. In fact, some women like to spend much of their labour in the bath as a way of easing the pain.*

### WATER BIRTHS

*Some hospitals have birthing pools available (or you may be able to hire one) so that you can labour in water. Many women find that this helps them to relax. If labour progresses normally it may be possible to deliver the baby in the pool. This method is currently being studied, so speak to your midwife and obstetrician about the advantages and disadvantages. You'll need to make arrangements well in advance.*

## WHAT HAPPENS IN LABOUR

### WHAT YOU CAN DO

- *You can be up and moving about if you feel like it.*
- *You may be able to have sips of water, but once in established labour you will usually be asked not to eat anything. This is mainly in case you need an anaesthetic later on. Some units, however, allow fluids and/or a light diet.*
- *If you need the midwife while she is out of the room, you will be able to call her by ringing a bell.*
- *As the contractions get stronger and more painful, you can put into practice the relaxation and breathing exercises you learned during pregnancy.*
- *Your partner or friend can help by doing them with you and by rubbing your back to relieve the pain if that helps.*

There are three stages to labour. In the first stage the cervix gradually opens up (dilates). In the second stage the baby is pushed down the vagina and is born. In the third stage the placenta comes away from the wall of the womb and is also pushed out of the vagina.

### THE FIRST STAGE

#### The dilation of the cervix

Contractions at the start of labour help to soften the cervix, then the cervix will gradually open to about 10 cm. This is wide enough to let the baby out and is called 'fully dilated'. Sometimes the process of softening can take many hours before what midwives refer to as 'established labour'. This is when your cervix has opened (dilated) to at least 3 cm.

If you go into hospital before labour is established, you may be asked if you would prefer to go home again for a while, rather than spending many extra hours in hospital. Once labour is established, the midwife will check again from time to time to see how you are progressing. In a first labour, the time from the start of established labour to full dilation is between 6 and 12 hours. It is often quicker for later ones.

Towards the end of the first stage, you may feel that you want to push as each contraction comes. At this point, if the midwife isn't already with you, ring for her to come. The midwife will tell you to try not to push until your cervix is fully open and the baby's head can be seen. To help yourself get over the urge to push, try blowing out slowly and gently or, if the urge is too strong, in little

puffs. Some people find this easier lying on their sides, or on their elbows and knees, to reduce the pressure of the baby's head on the cervix.

#### Fetal heart monitoring

Every baby's heart is monitored throughout labour. The midwife is watching for any marked change in the heart rate, which could be a sign that the baby is distressed and that action should be taken in order to speed delivery. There are different ways of monitoring the baby's heartbeat.

- Your midwife may listen to the baby's heart intermittently with a hand-held ultrasound monitor (often called a Sonicaid). This method allows you to be free to move around in labour if you wish.





- The heartbeat and contractions may also be followed electronically through a monitor linked to a machine called a CTG. The monitor will be strapped to your tummy on a belt.
- Sometimes it may be suggested that a clip is put on the baby's head so that its heart can be monitored more exactly. The clip is put on during a vaginal examination and the waters are broken if they have not already done so. Ask your midwife or doctor to explain why they feel the clip is necessary for your baby.



*A drip may be used to speed up labour.*

Throughout labour the heartbeat will be followed by a bleep from the machine and a print-out. You cannot easily move around. Some machines use tiny transmitters which allow you to be more mobile. Ask if this is available.

### **Speeding up labour**

If your labour is slow, your doctor may recommend acceleration to get things moving. You should be given a clear explanation of why this is proposed. To start with your waters will be broken (if this has not already happened) during a vaginal examination. This is often enough to get things moving. If not, you may be offered a drip containing a hormone which will encourage contractions. If you have a drip, the hormone will be fed into a vein in your arm.

## THE SECOND STAGE

### The baby's birth

This stage begins when the cervix is fully dilated and lasts until the birth of the baby. Your body will tell you to push. Listen to your midwife who will guide you.



### Position

Find the position that you prefer and which will make labour easier for you. You might want to remain in bed with your back propped up with pillows, or stand, sit, kneel or squat (squatting will take practice if you are not used to it). If you are very tired, you might be more comfortable lying on your side rather than your back. This is also a better position for your baby.

If you've suffered from backache in labour, kneeling on all fours might be helpful. It's up to you. Try out some of these positions at antenatal classes or at home to find out which are the most comfortable for you. Ask the midwife to help you.

### Pushing

You can now start to push each time you have a contraction. Your body will probably tell you how. If not, take two deep breaths as the contractions start and push down.



Take another breath when you need to. Give several pushes until the contraction ends. As you push, try to let yourself 'open up' below. After each contraction, rest and get up strength for the next one. This stage is hard work but your midwife will help you all the time, telling you what to do and encouraging you. Your companion can also give you lots of support. Ask your midwife to tell you what is happening. This stage may take an hour or more, so it helps to know how you're doing.

### The birth



As the baby's head moves into the vaginal opening, you can put your hand down to feel it, or look at it in a mirror. When about half the head can be seen, the midwife will tell you to stop pushing, to push very gently, or to puff a couple of quick short breaths, blowing out through your mouth. This is so that your baby's head can be born slowly, giving the skin and muscles of the perineum (the area between your vagina and back passage) time to stretch without tearing.

Sometimes the skin of the perineum won't stretch enough and may tear. Or there may be an urgency to hurry the birth because the baby is getting short of oxygen. The midwife or doctor will then ask



*Once the baby's head is born, the body usually follows quite quickly and easily with one more push.*

your permission to give you a local anaesthetic and cut the skin to make the opening bigger. This is called an episiotomy. Afterwards the cut or tear is stitched up again and heals. Once your baby's head is born, most of the hard work is over. With one more gentle push the body is born quite quickly and easily. You can ask to have the baby lifted straight on to you before the cord is cut so that you can feel and be close to each other immediately. Then the cord is clamped and cut, the baby is dried to prevent him or her from becoming cold, and you'll be able to hold and cuddle your baby properly. Your baby may be quite messy, with some of your blood and perhaps some of the white, greasy vernix which acts as a protection in the womb still on the skin. If you prefer, you can ask the midwife to wipe your baby and wrap him or her in a blanket before your cuddle.

Sometimes some mucus has to be cleared out of a baby's nose and mouth or some oxygen given to get breathing under way. Your baby won't be kept away from you any longer than necessary.



*You can have your baby lifted straight on to you before the cord is cut.*



*Your baby may be born still covered with some of the white, greasy vernix which acts as a protection in the womb.*

## THE THIRD STAGE

### **The placenta**

After your baby is born, more contractions will push out the placenta. This stage can take between 20 minutes and an hour, but your midwife will usually give you an injection in your thigh, just as the baby is born, which will speed it up.

The injection contains a drug called Syntometrine or Syntocinon, which makes the womb contract and so helps prevent the heavy bleeding which some women may experience without it. You may prefer not to have the injection at first, but to wait and see if it is necessary. You should discuss this in advance with your midwife and make a note on your birth plan.

*'All I wanted afterwards was to go to sleep.'*

*'I kept looking at him and thinking, "I've actually got one! He's mine! I've done it at last!"'*

*'It was like being drunk, I felt so special, so full of myself and what I'd done.'*

*A paediatrician may check your baby straight after delivery.*



*If you're breastfeeding, let your baby suckle as soon after birth as possible. Babies do suck this soon, although maybe just for a short time, or they may just like to feel the nipple in the mouth. It helps with breastfeeding later on and it also helps your womb to contract.*

## AFTERWARDS

If you've had a deep tear or an episiotomy, it will be sewn up. If you have had an epidural you will not feel this. Otherwise you should be offered a local anaesthetic injection. If it is sore during this repair, then say so; it is the only way that the midwife or doctor will know that they are hurting you. Small tears and grazes are often left to heal without stitches because they frequently heal better this way.



Your baby will be examined, weighed and possibly measured and given a band with your name on it. The midwife will then help you to wash and freshen up. Then you should have some time alone with your baby and your partner, just to be together quietly and meet your new baby properly. If you find this doesn't happen and you would like some time alone, ask for it.

## SPECIAL CASES

### LABOUR THAT STARTS TOO EARLY (PREMATURE LABOUR)

About one baby in every ten will be born before the 37th week of pregnancy. In most cases labour starts by itself, either with contractions or with the sudden breaking of the waters or a show (see page 90). About one early baby in three is induced (see page 101) or delivered by Caesarean section (see pages 101–2) because doctors feel that early delivery is necessary for your own or the baby's safety.

If your baby is likely to be delivered early, you will be admitted to a hospital with specialist facilities for premature babies. Not all hospitals have facilities for the care of very premature babies, so it may be necessary to transfer you and your baby to another unit, either before delivery or immediately afterwards. If contractions start well before you are due, the doctors may be able to use drugs to stop your contractions temporarily. You will probably be advised to have injections of steroids that will help to mature your baby's lungs so that he or she is better able to breathe after the birth. This



treatment takes about 24 hours to work.

If you have any reason to think that your labour may be starting early, get in touch with your hospital or midwife at once so that arrangements can be made.

## BABIES BORN LATE

Pregnancy normally lasts about 40 weeks, that is 280 days from the first day of your last period. Most women will go into labour within a week either side of this date. If your labour does not start, the doctor will want to keep a careful check on your baby's health. This is often referred to as 'monitoring'. If there is any evidence that your baby is not doing well, or if you are overdue by a week or two, the doctor will suggest that labour is induced (see below).

## INDUCTION

Sometimes labour must be started artificially. This is called induction. Labour may be induced if there is any sort of risk to the mother's or baby's health – for example, if the mother has high blood pressure or if the baby is failing to grow and thrive. Induction is always planned in advance, so you will be able to talk over the advantages and disadvantages with your doctor and midwife and find out why it is thought suitable in your particular case.

Contractions can be started by inserting a pessary or gel into the vagina, or by a hormone drip in the arm. Sometimes both are used. Induction of labour may take a while, particularly if the neck of the womb (cervix) needs to be softened with pessaries or gels. Once labour starts it should proceed normally.

## FORCEPS DELIVERY OR VACUUM EXTRACTION

If the baby needs to be helped out of the vagina – perhaps because the contractions aren't strong enough, because the baby has got into an awkward position or is becoming distressed, or because you have become too exhausted – then forceps or vacuum extraction (sometimes called Ventouse) will be used.

A local anaesthetic will usually be given to numb the birth canal, if you haven't already had an epidural or spinal anaesthetic.

Forceps are placed round the baby's head by an obstetrician and with gentle firm pulling the baby can be born. With vacuum delivery, a shallow rubber or metal cap is fitted to the baby's head by suction. You can help by pushing when the obstetrician asks you to. Sometimes you will find red marks on your baby's head where the forceps have been or a swelling from the vacuum. They will soon fade.

An episiotomy (see page 99) is nearly always needed for a forceps delivery.

Your partner or companion should be able to stay with you if you wish.

## CAESAREAN SECTION

There are situations where the safest option for either you or your baby, or both, is to have a Caesarean section. As a Caesarean section involves major surgery, it will only be performed where there is a real clinical need for this type of delivery. The baby is delivered by cutting through the abdomen and then into the womb. The cut is usually done crossways and low down, just below the bikini line. It is usually hidden when your pubic hair grows back again.

## HEPATITIS B

*Some people carry the virus in their blood without having any symptoms. If a pregnant mother has hepatitis B, or catches it during pregnancy, she can pass it on to her child. The child may not be ill but has a high chance of becoming a carrier and developing liver disease later in life. Babies born to infected mothers should receive a course of vaccine to prevent them from getting hepatitis B and becoming a carrier. The first dose is given within 24 hours of birth, and two more doses are given at one and two months with a booster dose at 12 months old. Any babies that have become infected should be referred for specialist assessment and follow-up.*

*'I wasn't elated or anything like that. I think it had all been too much like hard work to feel much after.'*

*'I was relieved. I was delighted about the baby, but I was more relieved than anything – that it was over, and we'd come through, and everything was fine'.*

(A FATHER)



*A Caesarean under an epidural anaesthetic.*

### NEXT TIME

*Once a Caesarean always a Caesarean?*

*If you have your first baby by Caesarean section, this does not necessarily mean that any future baby will be delivered in this way. Vaginal birth after a previous Caesarean can and does happen. This will depend on your own particular circumstances (see page 129). You can discuss your hopes and plans for any other deliveries with your doctor or midwife.*



A Caesarean section may be 'elective' (that is, planned in advance) or 'emergency'. An elective Caesarean may be recommended if labour is judged to be dangerous for you or the baby. An emergency Caesarean may be necessary if complications develop and delivery needs to be quick. This may be before or during labour. Sometimes the cervix does not dilate fully during labour and an emergency Caesarean will be suggested, but, providing you and the baby are well, there is no need to proceed with great haste.

Whenever a Caesarean is suggested, your doctor should explain why it is necessary and any possible side-effects. Do not hesitate to ask questions.

Where possible, the operation is performed under epidural anaesthesia (see pages 92–3) or the similar spinal anaesthetic. A general anaesthetic is sometimes used, particularly when the baby needs to be delivered very quickly or if there are technical problems, but this increases the risks for you and the baby. This is why epidural and spinal anaesthetics are recommended.

If you have an epidural, you will be awake throughout the operation, but you won't feel pain, just some tugging and pulling and wetness when the waters break. A screen will be put across your chest so that you cannot see what is being done. The

doctors will talk to you and let you know what is happening.

The operation takes about 30–40 minutes. One advantage of an epidural or spinal anaesthetic is that you are awake at the moment of delivery and can see and hold your baby immediately. Most hospitals are willing to let your partner be present at a Caesarean under epidural or spinal so that they can give you lots of support and welcome the baby at birth. Please ask.

After a Caesarean you will be uncomfortable for a few days, as you would expect to be after any major surgery. It will be difficult to sit up or stand up straight, and it will hurt to laugh. You will have to stay in hospital a bit longer, about five to seven days, but this will depend on your condition. You will also have to take it easy once you are home, and you will need help. You shouldn't lift anything heavy or drive a car for six weeks. Your doctor or midwife will advise you on how much you can do. Postnatal exercises are especially important after a Caesarean to get your muscles working again, but take things at a gentle pace. The midwife or hospital physiotherapist will tell you when you should begin them. You can also contact the Caesarean Support Network for information and support (see page 147).

### BREECH BIRTH

A breech birth is when a baby is born bottom first. Your obstetrician and midwife will discuss with you the best and safest way for your breech baby to be born. They may arrange an ultrasound scan to assess how big your baby is. They may advise a Caesarean section, or they may encourage vaginal delivery depending upon your individual circumstances. Ultimately, the decision is yours.

A vaginal breech delivery is a little more complicated than the usual 'head first' delivery. An epidural may be recommended, and forceps may be used to deliver the baby's head (see page 101). In some units you may be offered the option of an external cephalic version (ECV). The baby is turned into the usual head down position (cephalic) by pressing on the woman's tummy.

## TWINS

If you are expecting twins, labour may start early because the womb becomes very stretched with two babies. More people will usually be present at the birth – for example, a midwife, an obstetrician, and usually two paediatricians, one for each baby.

The process of labour is the same, but the babies will be closely monitored, usually by using an electronic monitor and a scalp clip

on the first baby once the waters have broken (see pages 96–7). You will be given a drip in case it is needed later and an epidural will often be recommended. Once the first baby has been born, the midwife or doctor will check the position of the second by feeling your abdomen and doing a vaginal examination. If the second baby is in a good position to be born, the waters surrounding the baby will be broken and the second baby should be born very soon after the first because the cervix is already fully dilated. If contractions stop after the first birth, hormones will be added to the drip to restart them.

Triples or more babies are almost always delivered by elective Caesarean section. If you're expecting twins or more babies, you might like to contact the Twins and Multiple Births Association (TAMBA) for advice and support (see page 148).

## WHAT YOUR COMPANION CAN DO

Whoever your labour partner is – the baby's father, a close friend, or a relative – there are quite a few practical things that he or she can do to help you, although probably none of them are as important as just being with you. You can't know in advance what your labour is going to be like or how each of you will cope. But there are many ways in which a partner can help.

### Your labour partner can:

- keep you company and help pass the time in the early stages;
- hold your hand, wipe your face, give you sips of water, massage your back and shoulders, help you move about or change position, or anything else that helps and comforts you as your labour progresses and your contractions get stronger;
- remind you how to use relaxation and breathing techniques, perhaps breathing with you if it helps;
- support your decisions about, for example, pain relief;
- help you make it clear to the midwife or doctor what help you need – and the other way round – which can help you to feel much more in control of the situation;
- as your baby is born, tell you what is happening, because you can't see what is going on for yourself.



*For very many couples, being together during labour and welcoming their baby together is an experience that they can't begin to put into words. And many fathers who have seen their baby born and who have played a part themselves say they feel much closer to the child from the very start.*