

Preparation for Birth Information

Antenatal Classes - Session 2 “Your baby’s birthday”

This booklet is to help prepare for the birth of your new baby.

Please read this information alongside The NHS Pregnancy and Baby Guide, which can be found [here](#).

There is also a lot of extra information available via the GWH maternity unit website – click [here](#) to follow the link.



The Role of the Birth Partner

Your birth partner is whomever YOU choose to support you throughout your labour and birth. This needs to be someone with whom you feel relaxed and safe. This might be your partner, a close family member or friend. You may have 2 birthing partners in the hospital with you.

Here are some helpful tips for you to share with your birthing partner(s)...

SHE WILL GET THIRSTY

offer sips of water between contractions

SHE MIGHT NEED TO WEE

encourage her to use the toilet every 2 hours



SHE WILL GET HOT

offer to wipe her face or neck with a cold flannel

SHE MIGHT GET TIRED

help her to feel comfortable and relaxed – make the room cosy



SHE MIGHT GET FED-UP

comfort her by being kind, supportive and patient – use positive words

SHE MIGHT FEEL UNCOMFORTABLE

encourage her to try a different position



The Birth Partner's Survival Guide

- ❖ Wear light clothes during labour – having a baby makes you sweat!
- ❖ Work in partnership with your partner and the midwife – they will help you!
- ❖ Comforting words and gentle, patient understanding will help when the going gets tough.
- ❖ Mop your partner's brow, massage her back, help support her in any position she chooses and be prepared to have your hand seriously squeezed!

remember.....

What she likes or finds helpful may change when she is in labour...
She might like something one minute and then tell you to go away the next!

- ❖ Listen to the midwife's instructions
- ❖ Have a bag of snacks and drinks to keep you both going; a mobile phone with EVERYONE's number to let them know the news; a camera; a car seat for baby's trip home.

You will be doing an amazing job by BEING there, supporting and experiencing your partner through the baby's birth and the birth of a new family!



Simple Massage techniques for Labour

You may feel the contractions in your lower back, which can intensify as labour progresses. Some changes in position may help with this (see above). You could try:

- Kneeling on all fours supported by pillows
- Sitting backwards on an upright chair, leaning over the back of the chair, supporting your head and bump with pillows.
- Kneeling while leaning over a bean bag or chair with pillows for comfort. These positions make it easy for a birth partner to gently, but firmly **massage** your back...



- Always avoid massaging the spine
- Practise before labour begins to establish what you like and what you don't like. Massage provides caring non-verbal support in labour, as well as helping relieve stress and discomfort.

Simple Massage techniques

1. Slow, rhythmical stroking can be used to relieve tension and aid relaxation. Start from the shoulders and move in a downward direction either side of the spine. The whole hand should be used, exerting a firm, gentle constant pressure.

2. Slow, rhythmical stroking may also be used from the neck, across the shoulder and down the arms to relieve stress and aid relaxation.

3. Stationary kneading in a circular manner over the pelvic region using the palms of your hands. Pressure should be rhythmical and firm. This is particularly useful if you are experiencing a posterior labour (also called 'back to back').

4. Kneading using fingertips may be used for the skin and muscle of the shoulders and neck. Gently lift and squeeze – do not pinch.



How do Different Birth Positions Affect Labour and its Progress?

A woman's position can make a big difference during labour. Research shows that women who used upright positions during the first stage of labour:

- Have more efficient contractions
- Have shorter labours
- Were less likely to use pethidine or an epidural for pain relief
- Were less likely to have their labours artificially accelerated compared to women who were lying down

Lying down doesn't make much sense: if the mother is upright, gravity helps to push the baby's head down onto the cervix to help it dilate and then assists the baby's progress through the pelvis. Many women find that lying down uncomfortable – even for just a few minutes if they are having an internal examination.



Standing and Walking: stimulates contractions. The downward force of gravity assists the baby's head to descend which in turn helps to open the cervix. This position also helps to increase the efficiency of contractions and lessens discomfort, particularly when leaning forward with each contraction.

Sitting: sitting upright and leaning forward on a firm chair, stool or toilet seat, can be very comfortable. The woman's body is well supported while upright, providing good downward force. Using a birthing ball is also comfortable in this position. This is a good position for massaging, because the back is so accessible.



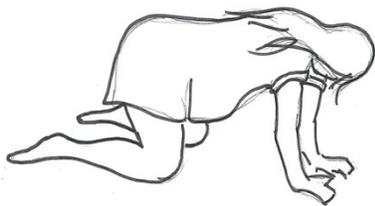


Kneeling: An instinctive position – particularly in active labour when contractions are strong. This gives a sense of being literally on top of the contractions. It is a way of increasing privacy and concentration. Kneeling makes it easy to relax forward over a pile of cushions, a beanbag, or a chair. It also makes it easy to change into different positions such as standing, squatting and all fours. This can be helpful when labour starts in the night or when you are tired. It is good for privacy and comfort.

Squatting: Opens the pelvis wide, particularly when holding onto something and stretching the back. The baby's angle of descent is maximised in relation to the shape of the birth canal and the force of gravity. Squatting tends to intensify contractions. It can be assumed for contractions to speed descent, or for contractions



for optimum opening of the pelvis. This position can help to release the baby down the birth canal and can be helpful for making pushing contractions more effective



All fours: this position lessens the force of gravity, thus reducing the speed of descend whilst providing the baby with enough space to move. Also lessens the intensity of the contractions and is very helpful in rotating a posterior baby.

Knee-chest: Takes pressure off of the back and can help to slow down a violent or extremely fast birth, thus helping the woman to cope. This position creates a 'time out' when needed. It is extremely valuable in helping a baby to turn to a better birth position and to reduce swelling on the cervix



Laying on side: If labour is progressing well the woman may choose this position for comfort and a slow, gentle birth. This is a good resting position for a long birth. Care should be taken to fully roll onto your left side with cushions to prop up your head, right leg and under your right arm. A small cushion could be used as a wedge under the left hip.

Pain Relief In Labour

While you are pregnant you may feel your uterus (womb) tightening from time to time, these are known as “Braxton Hicks”. When you go into labour, these tightenings become regular and much stronger and are called contractions.

The tightening may cause a sensation that feels like period cramps and usually becomes more intense as you go through labour, however every woman experiences labour differently and below are some different ways to help yourself both at home and in the hospital.

At home and in early labour

We encourage you to stay at home as long you feel comfortable to do so, if your pregnancy has been low risk. There you can manage your own pain, helping you to feel in control.

This can be done by:

- Taking a mild painkiller early on - we only recommend paracetamol, taken in moderation.
- Sleeping/resting between tightenings, especially if they start during the night.
- Having a warm bath – not too hot!
- Asking your birth partner to give you a massage (see previous pages) – whilst you’re in the bath could be an ideal opportunity!
- Trying some relaxation techniques, such as calm breathing and/or listening to a mindfulness track – deep breathing increases the oxygen supply to your muscles, making the sensations less intense, as well as helping you to focus on something other than any discomfort you are feeling.
- Keeping mobile (when you’re not resting) - your position will make a difference. Try kneeling, walking around or rocking back and forth (see previous pages).
- Using a TENS machine (Transcutaneous Electrical Nerve Stimulation) - this passes a gentle electric current through four flat pads stuck to your back. This gives a tingling feeling and is sometimes helpful in the early stages of labour, especially for backache.





In the White Horse Birth Centre

We provide a number of pain relief methods, focusing on relaxation, helping to lessen your anxiety levels and reduce adrenaline, which can slow your labour. Staying mobile, using upright positions, drinking fluids and eating snacks can all help your labour to progress.

During your labour:

- You can continue to use the techniques above.
- Your midwife will help you with relaxation techniques, such as deep breathing, and can give you more information to help you feel in control.
- Your midwife may offer you some aromatherapy – a “complementary therapy”, this is the use of concentrated essential oils to reduce fear, increase your sense of wellbeing and help you through your labour.

Other complementary therapies that you could use – after consulting a trained practitioner – include:

- Hypnobirthing – this is the use of mindfulness and self-hypnosis, practiced in pregnancy and used in labour, to help you cope with your birth process. Please look online during your pregnancy for details of local hypnobirthing classes or self-guiding books/tracks to buy and download.
- Acupuncture or acupressure: involves putting needles/placing pressure onto points on your body to help reduce discomfort.
- Reflexology: based on the idea that points on your hands and feet relate to the rest of your body. Points on your feet or hands can be massaged that correspond to parts of your body that are uncomfortable during labour.

For all of these therapies you will need to seek advice from a reputable and trained practitioner, who may accompany you during your labour. They can all be used at home.

In the White Horse Birth Centre (contd.)

Birthing pool

Using water as pain relief during labour can be very effective because it helps to enhance your oxytocin levels - the hormone that plays an important role during birth. The buoyancy of the water also helps your mobility and supports your body, making it easier to rest between contractions. Relaxation reduces the stress hormones such as cortisol, giving you more control.



We have two birthing pools in the Birth Unit and one in Delivery Suite. Many women like to use these as they are great for relieving discomfort and helping you manage your labour. Your baby can also be born in the water, with no ill effects!

Other forms of pain relief:

- **Gas and Air(Entonox):** this is a mixture of oxygen and a gas called Nitrous Oxide. It doesn't remove all sensations, but can reduce discomfort and make it more manageable. You alone decide when to administer it, by breathing through a mouthpiece that you (or your birthing partner) will hold. There are no harmful side effects for you or your baby, but it may make you feel sick or sleepy. It can also make you "giggly" – it is, after all, also known as "laughing gas"! Can be used whilst you are in the pool.
- **Pethidine:** an injection given into a large muscle, usually either your thigh or your buttock. It takes about twenty minutes to work, and lasts for two to four hours. Can be used with gas & air, and may help you relax when your labour is long. It may make you feel woozy, sick or forgetful, and might make it difficult to push if given too close to birth as it can make you feel quite sleepy. It goes through the placenta to the baby and makes them sleepy too, which is why it is less likely to be given to you if your baby's birth is imminent.

In Delivery Suite

Everything already mentioned is available to you, with the addition of:

Epidural/Spinal: these are very effective methods of pain relief, and often give complete pain relief.

The **epidural** involves a doctor placing a very thin tube in the lower part of your back and passing small doses of local anaesthetic and opioid into it. These numb the nerves going from your uterus to your brain. It takes about twenty minutes to put in, and fifteen to work, but there may be a delay in administering it if the doctor is already busy helping another woman in labour. The epidural can be added to if you need a ventouse, forceps or caesarean section.

All of our Epidurals at the GWH are patient controlled, meaning you can administer painkiller as you need it, making you feel more in control. You will still be able to move and try different positions initially, but the longer the epidural is in place the heavier and less mobile your legs will become.

The **spinal** is a single injection that makes you numb from your waist down. You will not be able to move your legs until it has worn off – this is generally used in theatre if you have not had an epidural.

Benefits:

- Very effective pain relief, especially if your labour is long and you are exhausted.
- Can help manage high blood pressure.

Risks:

- There are some side effects:
 - due to lack of sensation and gradually reduced mobility, you may need a hormone drip to keep your labour progressing
 - you are more likely to need some help with birthing your baby, using forceps or a ventouse suction cap.
- We request that you also have:
 - a catheter to empty your bladder
 - a drip in your hand
 - your baby's heartbeat continuously monitored
- You have more chance of low blood pressure, raised temperature and itching.
- 1 in 50 women have a severe headache, which can be treated.

Birth Preferences

Birth cannot be planned as we never know how your body or your baby are going to react when it happens, but it is worth considering your choices beforehand as you will not be able to take in much information when you are in labour.

The midwife is there to help and support you during labour and is always pleased to answer any questions that you have at the time – so ask. For each woman and each couple, labour is an individual experience. Try to accept your own pattern of labour and work with your body, not against it.

Below is a copy of a birth preferences sheet that you might like to print off and fill in, for discussion with your midwife at your 36 week check.

Birth Preferences

About You

Your first name: _____

Your last name: _____

Name you like to be called (e.g. Susan = Sue): _____

Your Birth Partner's name(s): _____

Your due date: ____ / ____ / ____

The Birth Process (please tick appropriate boxes)

Where do you plan to give birth?

Home White Horse Birth Centre Delivery Suite

Would you like your birthing partner(s) to be with you throughout labour?

Yes Not necessarily

Midwives may have a student midwife or a medical student working with them.

Are you happy to have one student present during your labour and birth?

Yes No

Would you like to bring any personal items to help with relaxation?

What position might you like to be in for the birth?

Standing Squatting Kneeling Sitting

Lying on my side I would like to be guided by the midwife

What happens in the hospital?



You can have 1 or 2 birthing partners, plus the midwife... and even if your birth setting changes (for example, you are moved from the White Horse Birth Centre to Delivery Suite), you will still have a midwife looking after you.

Sometimes lots of people are suddenly needed – try not to worry, they are there to make sure you and your baby are safe.



Operating theatres in particular have a lot of staff. This is normal. More people does NOT mean you or your baby are in increased danger.

If you go to theatre, you can generally have 1 birthing partner with you. You will be moved to theatre first and they will then be collected – don't worry, we won't forget them!

If born in theatre, your baby may well be checked by the doctors first. If all is well, they will be brought back to you straight away. Your partner can be with the baby whilst they are being checked.



After the birth

Cutting the cord

“Delayed cord clamping” is where the blood that is still in the placenta and cord at the time of birth is allowed to drain back to the baby before the cord is cut. This is practiced as standard at GWH (unless there is an immediate need to assist/resuscitate the baby) and is also referred to as “waiting for white”, in reference to the change of colour in the cord as the blood inside drains back to the baby.

Delayed cord clamping:

- Provides the baby with all the oxygen they need whilst their own lungs are starting to work.
- Allows for a calmer transition for the baby, from womb to world.
- Provides the baby with extra iron, therefore decreasing the chances the baby will become anaemic (have low iron levels).

Birthing the placenta

The placenta has done an amazing job during your pregnancy, providing your baby with all the nutrients they need to grow and getting rid of any waste as soon as it is formed, but now the baby is in your arms the placenta needs to come out, too!

There are 2 ways in which this can be managed...

“Active”/medical management:

This is an injection is given to you after the cord has gone white, to help your uterus contract. The midwife or doctor will then pull on the cord to bring the placenta out.

Benefits:

- Reduces blood loss immediately after birth
- May shorten the length of time between the birth of the baby and the birth of placenta

Risks:

- Can cause you to feel or to be sick
- Can give you a strong headache
- May increase your blood pressure (depending on the type of injection given)
- May increase the chances of you having to go to theatre to have the placenta removed.

“Physiological”/natural management:

This is where we leave the cord intact and wait for you to naturally push the placenta out.

Benefits:

- Allows nature to take its course
- Reduces the chances of you feeling sick/having a headache/increasing your blood pressure after birth
- May decrease the chances of you having to go to theatre to have the placenta removed.

Stitches

Approximately 40% of women will have some form of tear occur in their perineum (the area of skin and muscle between your vulva and your anus) when their baby is born. Not all of these need stitching up afterwards, however the midwife or doctor present at your baby's birth will always ask your permission to have a look, to see if any damage has occurred and assess what kind of repair – if any – is needed.

If stitches are needed – and you agree to having them done – then this will be done as soon as possible after the baby's birth. You will be given plenty of local anaesthetic, so should not feel anything sharp, although a bit of “tugging” as the thread is pulled through is normal and should not be painful.

An episiotomy (a cut into your perineum) is not done unless your baby is showing signs of exhaustion or distress as you are pushing their head out, or you are going to have an instrumental birth. The midwife or doctor will ALWAYS advise when and why they think an episiotomy is needed and seek your permission before doing it. You will be given local anaesthetic before it is done and it will be repaired as soon as possible after your baby is born.

Vitamin K

Below is a copy of our patient information leaflet regarding Vitamin K supplementation for newborn babies. Please ask your midwife any further questions that you might have.

Vitamin K Supplementation – Information for Parents

The Department of Health recommends that all babies are given a Vitamin K supplement shortly after birth.

What is Vitamin K?

- Vitamin K is a vitamin which is found in foods such as green vegetables and olive oil.
- Vitamin K is needed so that the blood can clot properly and prevent excessive bleeding.

Why do babies need Vitamin K?

- Very little Vitamin K is passed from mother to baby in the womb.
- Breast milk only contains small amounts of Vitamin K, for the first week. After that Vitamin K is manufactured in the baby's gut.

Why is Vitamin K important?

- A small number of babies may suffer from excess bleeding due to a deficiency of vitamin K - known as *Haemorrhagic Disease of the Newborn (HON)*.
- HON can occur at any time for several weeks after birth.
- HON may cause bleeding from the umbilicus or gut, or in more serious cases bleeding into the brain leading to brain damage or death.
- Vitamin K supplementation at birth almost completely eliminates the risk of HON in babies.

What is the risk of not having enough Vitamin K?

- Up to 1 in 100 babies who do not have Vitamin K supplementation will have some bleeding.
- Approximately 1 in 10,000 babies who do not receive Vitamin K will have bleeding in their brain - 1 in 3 of these babies will have permanent brain damage or die.
- **The risk of serious bleeding is almost completely eliminated by giving Vitamin K to babies after birth.**

Why do all babies need Vitamin K?

- There are some groups of babies who are at a higher risk of bleeding (see below) but we cannot be certain exactly which babies are at low risk
- We therefore recommend all babies receive Vitamin K after birth.

Which babies are at highest risk of serious bleeding?

- Babies born at less than 37 weeks gestation
- Babies who have had an assisted delivery (e.g. ventouse/forceps)
- Babies who are unwell after birth
- Babies of mothers taking certain medications, including anticonvulsants, blood thinners and drugs to treat TB
- Babies with liver disease (this may present as prolonged jaundice).

How is Vitamin K given?

- Vitamin K is usually given by an intramuscular injection into the leg
- An injection gives the longest and most consistent protection from bleeding
- Vitamin K can be given by mouth, but requires three doses over the first month of life, and even then is not as reliable or effective as an injection.

Are there any risks to giving Vitamin K?

- In the early 1990s concerns were raised about a possible link between Vitamin K injection and childhood cancer
- Several large research studies have since investigated this issue and **found no evidence** that Vitamin K increases the risk of leukaemia or any other cancer

What are the signs of Haemorrhagic Disease of the Newborn (HON)?

- Any baby with unexplained bleeding or bruising, however mild, needs assessment by a doctor or midwife
- Any baby who is still jaundiced (yellow skin/eyes) at two weeks old will need further tests - your midwife or health visitor will be able to arrange this
- If you are worried about this or have any other concerns about your baby's health you should discuss this with your midwife, health visitor or doctor

Further Information:

If you would like to discuss the contents of this leaflet, or have questions not answered here, please speak to your midwife or GP or one of the paediatricians on the postnatal ward.

The following references have been used in the writing of this leaflet, and provide further information about Vitamin K supplementation, and the reasons for our recommendations:

- *National Institute for Health and Care Excellence 2015. Postnatal care {NICE Clinical Guideline 37}.*
- *Shearer MJ 2009. Vitamin K deficiency bleeding in early infancy. {Blood Reviews 23:49-59}.*

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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