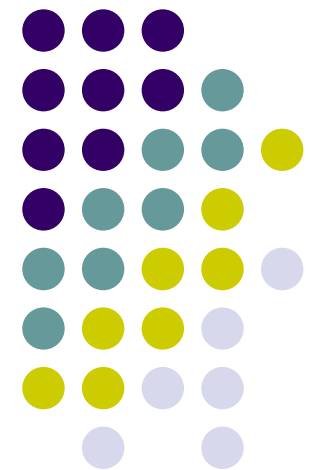
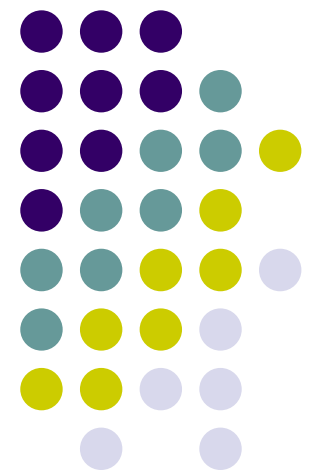


Brandon RHA Public Health Services Prenatal Class Session 2



April 2010
Prenatal Coordinator
578-2544

Comfort Measures



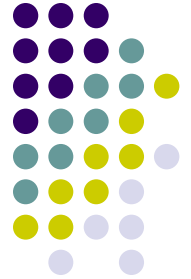
What Helps in Active Labor?

- Have a warm shower or bath
- Use a hot water bottle or cold pack
- Change positions often
- Move in rhythmical ways (swaying or dancing)
- Use relaxation techniques (breathing, massage, music, etc.)
- Focal point concentration- look at something or someone and try to clear your mind

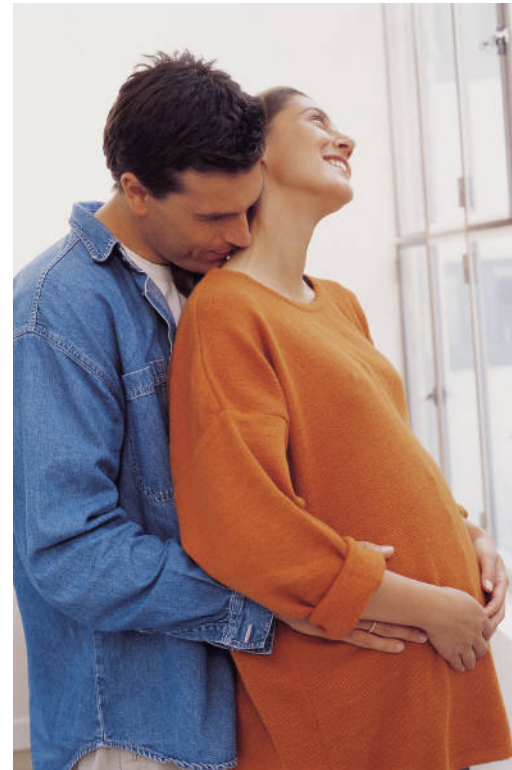


See session one for more details

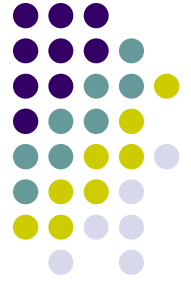
Active Labor Continued



- Empty the bladder frequently as this allows for more room for baby to pass through
- Keep hydrated by sipping fluids
- Continue to use relaxation techniques
- Change your breathing as your contractions get more intense
- Receive verbal and physical support from support partner
- Use a variety of massages



Pain Control & Medical Interventions Options



Nitronox (laughing gas)

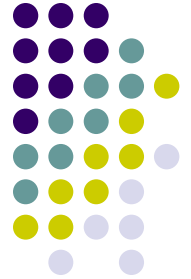
- Promotes relaxation, but doesn't take pain away
- The plastic from the mask may make you feel nauseous
- It's self-administered so you can't overdose
- Takes effect in 2-8min (or approx. 3-5 contractions....so give it time before deciding if it works or not)
- Very helpful in later stages of labor
 - **See page 76 in Baby's Best Chance**

Morphine (Narcotic Opioid)

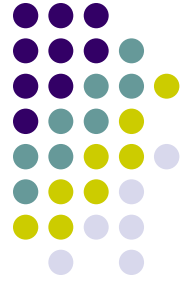
- Given through IV (intravenous) or an injection into the muscle
- Quick onset of action when given through an IV
- Used in early stages of labor
- Can cause nausea and itching in mom (medications can be given to counteract these negative side effects)
- Mom is still able to feel the contraction but it takes “the edge off”
- Can depress baby’s respiratory rate, and delay early breastfeeding as baby may be sleepy



Fentanyl



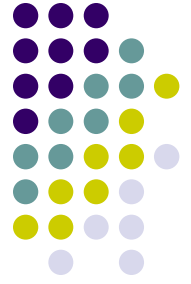
- Is a narcotic opioid and is usually given by IV (into the vein)
- Used in later stages of labor (6-10cm)
- Quick onset of action (3-5 minutes) if given by IV
- Has less metabolites so better for mom and babe
- Can cause nausea, itchiness (meds can be given to counteract these negative side effects)



Fentanyl Continued

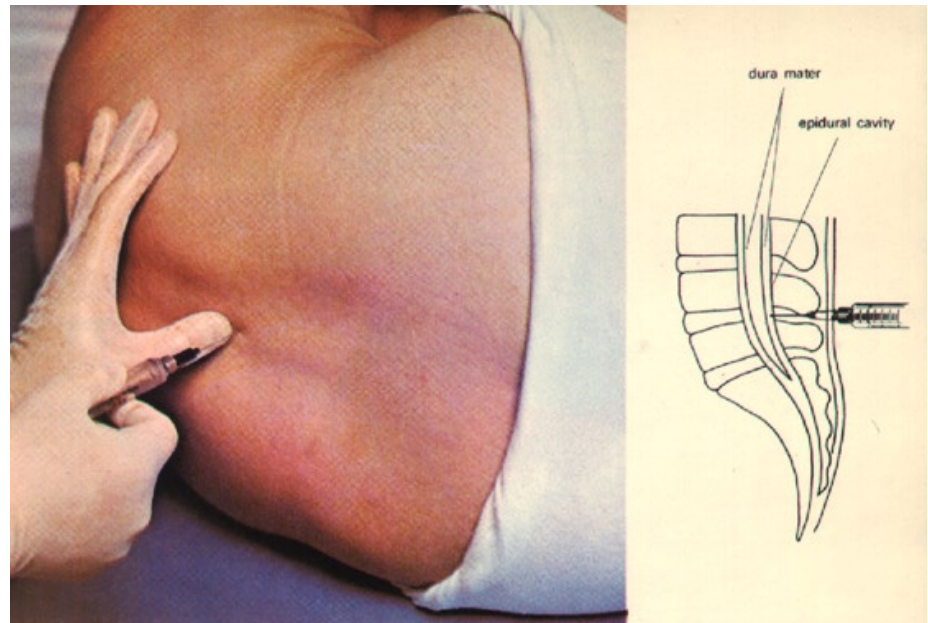
- More frequent monitoring of vital signs is needed: They will be checking your blood pressure, respiratory rate, pulse, and oxygen saturation
- Can depress baby's respiratory rate, and delay early breastfeeding as baby may be sleepy from the medication

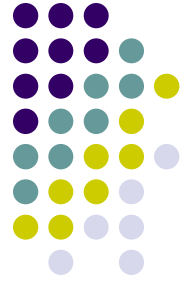
See page 76 in Baby's Best Chance



Epidural

- Is a local anesthetic administered by small plastic tube inserted into the space around the spinal cord
- Epidurals provide pain relief from the waist down
- This is inserted by an anesthesiologist





Pros & Cons of Epidurals

Pros

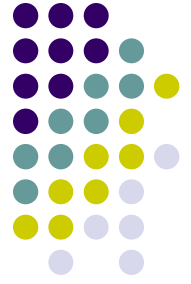
- Can provide relief of labor pain
- Enables mother to relax
- Pain relief within 5 minutes

Cons



- Can slow or even stop labor
- Doesn't always work, can be "patchy" or one sided
- Unable to move body from hips down- so mom would be confined to bed
- Side effects can include: drop in blood pressure, risk of nerve damage, backache, or spinal headache
- Increases chances of using forceps and other interventions as mom may not feel the urge or she is unable to push effectively.
- Must have both an IV, and urinary catheter inserted when having an epidural
- More frequent monitoring of mom's vital signs is needed: blood pressure, respiratory rate, pulse, and oxygen saturation
- Can depress baby's respiratory rate, and delay early breastfeeding as baby may be sleepy

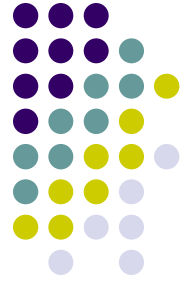
Medical Interventions Continued



Electronic monitoring

External – two straps around your abdomen, one picks up baby's heart rate, the other records contractions.

Internal – Inserted through vagina and cervix and applied to baby's head (this procedure does not cause any discomfort to the mother or baby)



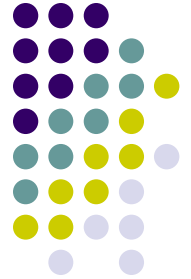
Medical Interventions

Forceps – spoon like instrument placed gently on baby's head to direct baby out in emergency situations. An episiotomy would be required to insert the forceps into the vagina.

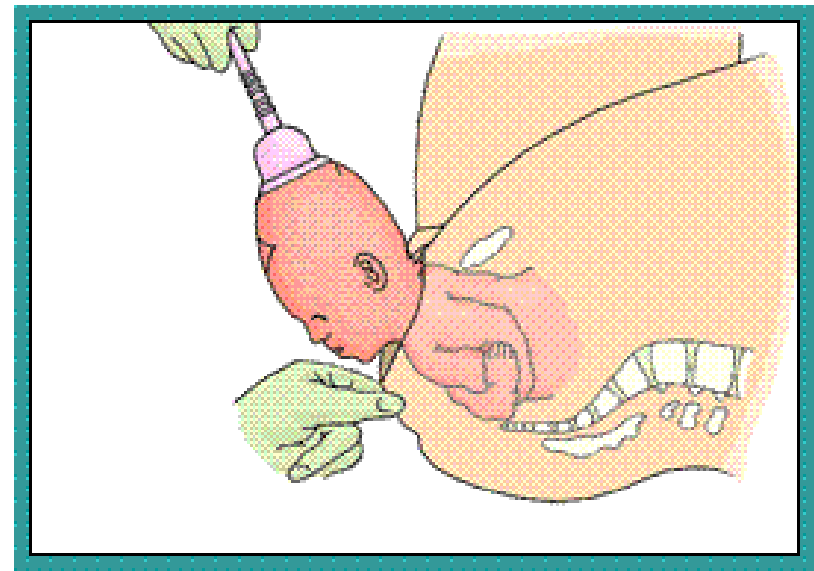
Can leave bruises or red marks on baby's head, however, they will fade with time

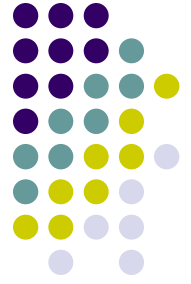


Vacuum extraction



- Used to hasten the delivery in emergency situations
- During a contraction the health care provider places a soft plastic cup to the baby's head and this helps pull the baby down the birth canal
- An episiotomy will need to be done to insert vacuum into the vagina



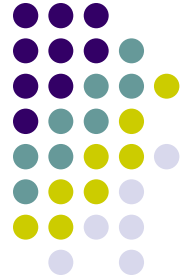


Medical Interventions

Episiotomy

- An incision made between the vagina and rectum to allow more room for baby to pass and to possibly prevent serious tearing
- A local anesthetic will likely be used to numb the area where the episiotomy will be made
- Incision is sewn with self-dissolving sutures

Cesarean Section (C-section)



- Is the birth of a baby through a cut in the abdomen and uterus.
- The most used anaesthetic is an **epidural** or **spinal anaesthesia**. With these options you are alert and awake for the surgery and birth.
- In emergency situations you may have a general anaesthetic, where you will be totally asleep during the surgery and the birth.



[Click to see the Brandon RHA Caesarean Birth Information Booklet X065](#)



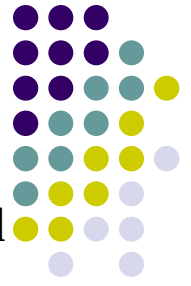
When would a c-section be done?

- The cervix doesn't open completely
- Labour is not progressing
- The baby is too big to fit through the mother's pelvis
- The baby is in distress
- Multiple pregnancy (twins or triplets)
- The baby is breech (when the baby's buttocks or feet are nearest the cervical opening)
- The mother has a serious medical condition
 - Placenta Previa - placenta is covering cervical opening
 - Placenta Abrutio - placenta starts to break away from uterine wall
- Mother has active herpes lesions on her genital area or HIV that make vaginal birth unsafe for baby
- Previous C-sections

Induction is used to start labour before it begins on its own

Reasons for Induction:

- Babe is overdue
- Mother is having health problems (high blood pressure or Gestational Diabetes)
- Baby is not growing well



An induction can be done in three different ways:

1) Breaking the water bag around the baby

2) Putting medication into the vagina

2 types:

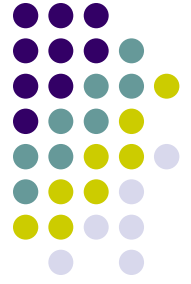
Prostin - a gel inserted into the vagina that contains medications that help cervix soften and efface (thin out). May induce labor but is more designed to get your body/cervix ready for labor. Effects last 6 hours or longer

Cervidil – effects the cervix similar to Prostin, but comes as a small plastic chip with a string attached. Cervidil is inserted into the vagina and left for up to 12hrs

3) Giving medication by IV to start contractions

Oxytocin is a medication similar to the hormone your body produces. Oxytocin causes uterus to contract, causing labor to begin. This intervention requires fetal monitoring.

Group B Strep



- Bacteria found in the vagina and large bowel of 15 to 20% of healthy pregnant women.
- It is not contagious to your partner but can be transmitted to baby if not treated
- Tested late in pregnancy (approx. 36weeks)
- If you are positive for Group B Strep you will be given IV antibiotics during labor to help prevent baby getting an infection.

How to have a fulfilling birth experience

- Choose caregivers that respect your wishes and who understand your birth plan
- Understand that every labour is different and be open to suggestions from your care providers
- Ask whether the interventions are necessary or if there are alternatives
- Stay rested, well nourished, and relaxed
- Have additional labor support and learn coping skills and relaxation techniques
- Stay active in early labor



Key Questions to Ask your care providers



- What is the procedure/medication?
- Pros and Cons? How will it effect labor?
- How will it affect baby? Me?
- What happens if we delay using it?
- Will it be available at a later time?
- Are there medical reasons why it should be administered now?
- What happens if we don't use it?
- What are the alternatives?