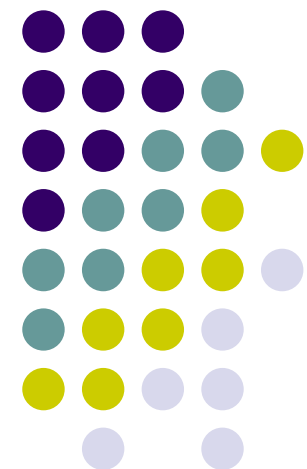


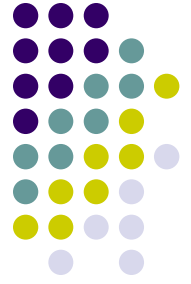


# Brandon RHA Public Health Services Prenatal Class- Session 1



April 2010  
Prenatal Coordinator  
578-2544

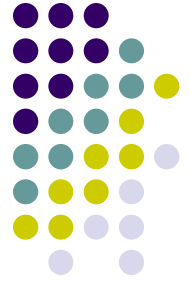
# Prenatal Class Overview



- Giving Birth ~ Part I
- Giving Birth ~ Part II
- Postpartum period
- Breastfeeding & infant care

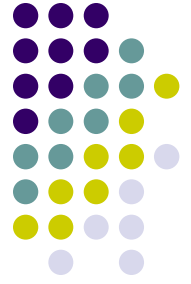


# Emotional Changes...



- **Joyful and happy** - parents are excited for their little one to arrive.
- **Mildly depressed and anxiousness** - up to 16% of women may have some depression during their pregnancy. A small number may have an anxiety or a panic disorder. If you are experiencing depression or anxiety talk with your doctor.
- **Closeness with partner**
- **Conflict with partner** - This can be related to changes in mood, fatigue, stress of life changing, and financial stresses.
- **Impatience** - full term pregnancy lasts 38 – 42 weeks. Your due date is just a number even though the methods of determining attempt to give you a date is as accurate as we can possibly be.
- **Self-focused** - also known as **internalizing**. During the last months of pregnancy as you are preparing for birth your thoughts generally turn to your baby and birthing. It can be very hard to think about much else.
- **Dream changes** - Some people report dreams about the sex of their baby or of the birth. Some dreams can be very strange or even scary. This is normal.

# Emotional Changes Continued



- **Elated**
- **Phobic**
- **Mood swings**
- **Vulnerable**
- **Dependent**
- **Irritable**
- **Memory lapses** - also known as “Baby Brain”



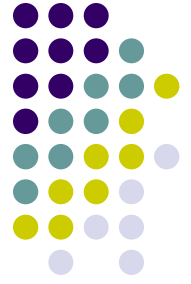
How a woman feels about her pregnancy is related to many things in her life: culture, way of life, age, willing participation of her partner, supports in her life, and her hormones in the pregnancy process.

# Physical Changes



- **Stretch marks** can occur as the uterus increases in size. The abdominal wall must stretch to accommodate it, making red streaks on the skin. The marks fade to silver or white and become less noticeable in the weeks following pregnancy.
- **Increasing Braxton Hicks contractions** are present throughout the pregnancy, but become stronger as the pregnancy advances. They may be felt as a wave of hardness or tightening across the abdomen. They serve as a “warm up” for labour and increase placental blood flow. Sometimes they become so strong that they are mistaken for labour contractions in late pregnancy.
- **Increased muscle cramps in legs and feet-** to reduce this discomfort take a warm bath at night to help relax your legs and feet, elevate your feet during the day, stretch at the end of the day and stretch after exercising.
- **Heartburn, gas, constipation-** To help decrease heartburn eat smaller and more frequent meals; avoid spicy, fried or fatty meals elevate shoulders and head while resting; avoid tight waistbands; and bending down right after a meal; To prevent constipation increase fluids i.e. water and milk and eat foods high in fiber.
- **Difficulty sleeping** can be related to changes in the size of the fetus. Regular daily exercise can help, as well as deep breathing and relaxation exercises. Having a regular sleep pattern can also help. Using pillows while sleeping for support is also helpful. Sleeping flat on your back is not ideal as this can reduce blood flow to the placenta.
- **Lightening** describes the settling of the fetus’ head into the pelvis in preparation for birth. Once this happens, women often report that it is easier to breathe but may find it harder to walk.

# Physical Changes Continued

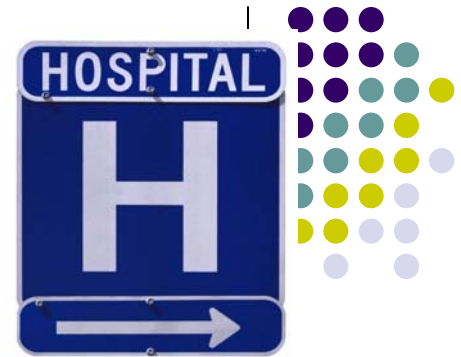


- **Increasing fatigue** in pregnancy is very common. To prevent fatigue try to work naps into your daily schedule. Also having a regular sleep routine by going to bed around the same time every night can help.
- **Hemorrhoids** can be avoided by preventing constipation by drinking extra water and adding fiber to your diet. Practice pelvic floor exercises. Change your position frequently and walk around.
- **Sudden groin pain** can be caused by the loosening of pelvic ligaments. Try to avoid sudden turning movements.
- **Shortness of breath** occurs before the fetus drops into the pelvis (engagement). Once baby drops this will be relieved. In the meantime, practice good posture, get plenty of rest, and wear comfortable clothes.
- **Stuffy nose or congestion of sinuses** is caused by increased fluid present in your body.  
Try:
  - placing warm moist towels over your sinuses
  - using steam or cool mist humidifier
  - using salt water nasal drops/washes and sinus massages
  - very important to keep drinking 8-10 cups of water /day
- **Increased urination-** is often caused by the weight of the fetus putting pressure on the bladder. Going to the bathroom regularly and avoiding caffeine drinks may help. Pelvic floor exercises (Kegel exercises) will help strengthen this area.



# Causes for Concern!

## Call the emergency room right away if you have...

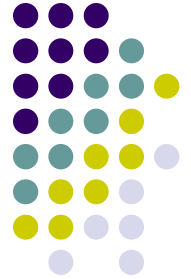


- **Vaginal Bleeding** in the second and third trimester may be an indicator of problems such as: placental previa (placenta covering the cervix), abruptio placenta (placenta starts to break away from uterine wall) or an infection.
- **Continuing, intermittent abdominal tightening (cramping) with pelvic pressure, backache, or pink discharge** can be signs of infection or premature labour and should be discussed with your health care provider right away. If you are near your due date these may be signs of labor.
- **Leaking or gushing of fluid from the vagina**, before your due date, may be premature rupture of membranes (amniotic sac or bag of waters). Your treatment will depend on how far along you are in your pregnancy, how much fluid is lost and whether or not you develop an infection.

### **Please Keep Note of:**

The color and amount of fluid lost. Wear a sanitary pad but **never** a tampon. The hospital will test the fluid to determine if it is amniotic fluid.

# See your health care provider if you have any of these signs or symptoms:



## **Symptoms of High Blood Pressure:**

- Severe persistent headache, dizziness, blurred or altered vision, nausea or gastric pain, sudden swelling of face, hands, and feet.

## **Symptoms of Infection:**

- Painful urination, itching and burning in the vagina, with or without discharge, and a fever of 38 ° C and over (100 °F).

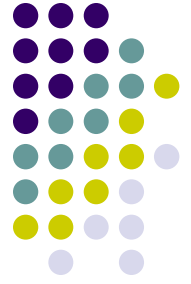
## **Symptoms of Gestational Diabetes:**

- Sudden, excessive thirst may be an indication of gestational diabetes (see website for helpful links about Gestational Diabetes).

If you notice **decreased fetal movements** (your baby not moving around as much) this could indicate problems and you should speak with your health care provider right away.

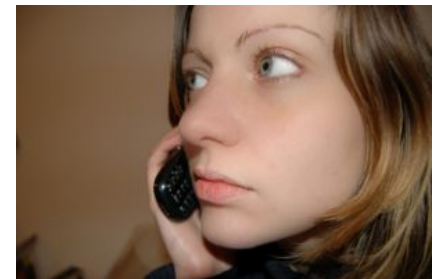
**Please Note: high blood pressure, infection and gestational diabetes can be harmful to you and your baby and should be reported and treated by your health care provider.**

## Report any other signs & symptoms your caregiver may mention or that concern you such as:

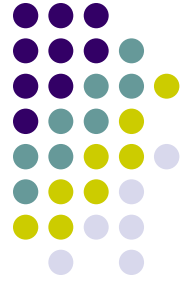


- Persistent depression or anxiety
- Negative feelings about your pregnancy or relationship
- Economic or work-related stress

Sometimes pregnancy can be a stressful time depending on what is going on in your life. It is important to talk to your health care provider, public health nurse, or mental health worker if you are experiencing anxiety, depression, or relationship difficulties.



# Pre or False Labor



CONTRACTIONS are:

- Irregular and short
- Are not getting closer together
- Do not become stronger
- Walking doesn't make them stronger
- Lying down makes them go away
- These contractions are usually felt in fundus (top part of uterus) or groin
  - There are no changes to the cervix or fetus and no “show” (blood tinged mucus plug)



\*Can refer to page 58 in “Baby’s Best Chance”\*

# True Labor



**CONTRACTIONS** are:

-Irregular at first, then become regular, longer, closer stronger.

-Walking makes them stronger.

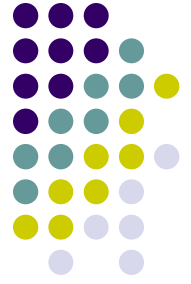
-Lying down doesn't make them go away.

-You may feel contractions in your lower back, and then radiating to your front.

The cervix starts to soften, thins, and opens and the fetus begins to descend down into the pelvis.

**\*Can refer to page 58 in "Baby's Best Chance"\***

# What you can do to Prevent Pre Term Labor

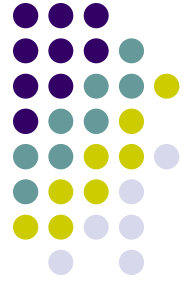


- See your health care provider regularly
- Exercise if recommended by health care provider
- Reduce workload and avoid standing for long periods of time
- Avoid fatigue, take naps, and bed rest if recommended by your health care provider
- Reduce your caffeine intake
- Eat healthy and follow the Canada food guide
- Stop or reduce your smoking
- Drink lots of fluids
- Empty bladder often
- Refrain from sex only if recommended by your health care provider



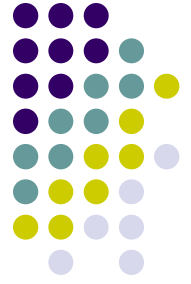
**\*See Baby's Best Chance page 80 for more info\***

# Subtle Signs of Oncoming Labor



- Irregular but persistent tightening or cramps
- Backache
- Pelvic Pressure
- Painful urination
- Leaking of fluid
- Loose Stools (diarrhea)

# What should you do if signs of oncoming labor are present?

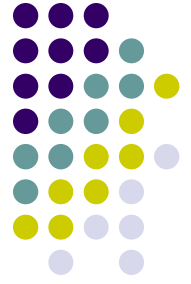


- Take note of your body's sensations
- Empty your bladder often
- Keep hydrated (drink water)
- Lie down and assess the frequency and strength of your contractions
- If the contractions or sensations do not go away, call your health care provider or Single Room Maternity Care **578-4257**
- If you are still concerned, go to the hospital to be assessed

# Signs of Labor

**NESTING** - Around the fifth month of pregnancy, the "nesting" instinct can set in. This is an uncontrollable urge to clean one's house brought on by a desire to prepare your home for the new baby, to tie up loose ends of old projects and to organize your world. You may become a homebody and want to retreat into the comfort of home and familiar company. The nesting urge can also be seen as a sign of the onset of labour when it occurs close to 40 weeks of pregnancy.





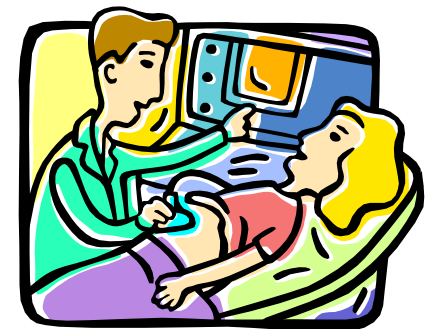
# Signs of Labor

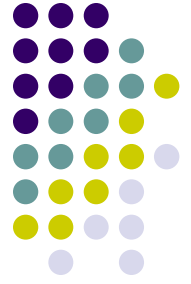
- **Lightening** – occurs two to three weeks before labor when the fetus begins to settle into the pelvic inlet (engagement).
- **Women may notice the following:**
  - Breathing becomes easier
  - Leg cramps or pains
  - Difficulty walking
  - Increased pelvic pressure
  - Swelling in the ankles and feet
  - Increased urinary frequency
  - Increased vaginal secretions



# Signs of Labor Continued

- **Show** is a brown/pinkish mucous discharge
  - **Spontaneous rupture of membranes (water breaks)** – could rupture before labor begins or during first or second stages.
- \* Call health care provider or the labor suite after hours





# Process of Birth Definitions

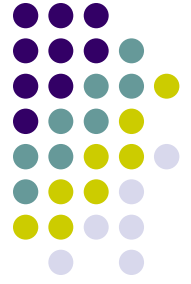
- **Effacement** –thinning and shortening of the cervix.
- **Dilation** – Opening of the cervix. Measured in centimeters. Dilates from a few millimeters to ten centimeters, allowing birth of the fetus.

## **Activity** to try:

To help understand effacement and dilation try sucking on a Lifesavers candy. You will notice with time the lifesaver becomes thinner and the diameter will become larger which is very similar to what happens to the cervix.

See page 67 in “Baby’s Best Chance”

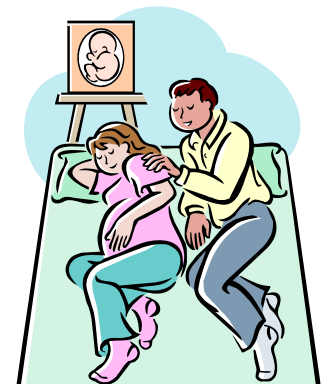
# Birth Definitions Continued

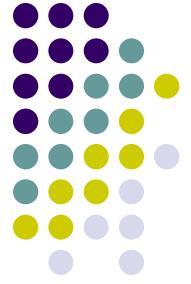


**Contractions** begin gradually, and increases in intensity until a peak is reached (much like a wave).

- Peaks last for several seconds, release, and fade away.
- To measure the frequency (how often they occur) count from the onset of one to the onset of another.
- Duration or length of contraction is the time from the beginning to the end of the contraction.

Everyone feels contractions a little bit different. For some people their contractions peak quickly but last a shorter amount of time. For others, they last longer but their peaks aren't as intense.



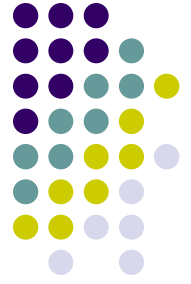


# Stages of Labor

1. Effacement and dilation
2. Delivery of baby
3. Delivery of placenta
4. Postpartum period (two to three hours after delivery)



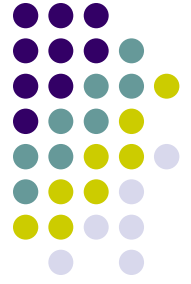
# Effacement and Dilation :The Early Stage



- The start of labor
- For some people the early stage lasts a very long time. This is considered the longest stage of labor
- The cervix starts to thin and widen up to four cm
- Contractions may feel like cramping and may last 30-45 seconds during this stage
- Back ache and/or pelvic pressure may be present

Most people find they are most comfortable if they remain at home for the early stage of labor so they can be in their own surroundings. Staying at home during this stage is safe as long as your water hasn't broke, you can still feel the baby move, and there is no bleeding, fever or any other medical conditions.

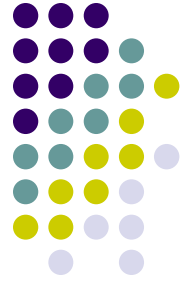
If you have any concerns then you can call your health care provider



# Emotions you may be feeling:

- Excited
- Apprehensive
- Talkative
- Impatient and eager for labor to progress



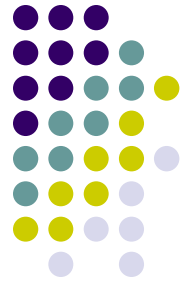


# What you can do to cope

- Continue with your daily activities
- Time your contractions
- Eat a light meal and keep hydrated
- Have a warm bath or shower
- Use slow breathing
- Rest to save your energy for later stages
- When contractions are five minutes apart or you can no longer walk or talk through a contraction head to the hospital

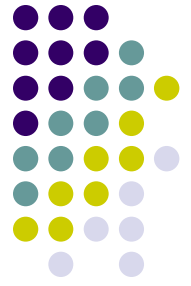


# The Active Stage of Labor



- The cervix dilates from four to ten centimeters
- The baby's heart beat will be listened to regularly
- Contractions will be every three to five minutes, lasting 45-60 seconds
- Contractions will become stronger and closer together
- There can be an increase in show

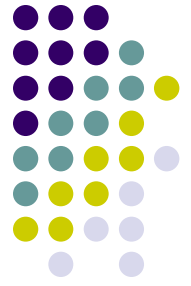
# Things you may be feeling or experience



- Slight nausea and vomiting which can be caused by the pain or pain relievers
- May have leg cramps and/ or back ache so try using different positions to make yourself comfortable
- Sleepiness between contractions is normal especially if you have been in labor for many hours
- Hot or cold from changes in hormone levels and dealing with pain
- Difficulty relaxing
- May have rectal pressure and strong urge to push ~ DO NOT PUSH
- Many people have doubts whether they can cope with the next contraction

**REMEMBER:** Each contraction you have pushes the baby further down the birth canal. As birth gets closer often people will feel pressure in their rectum similar to feeling like you need to have a bowel movement. If you feel this sensation tell your health care provider. This is a sign that your labor is progressing and you may be nearing the pushing stage. Its important to let your healthcare provider know and to only push if they direct you to do so.

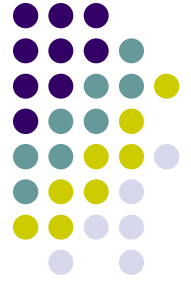
# What you can do to work through the contractions:



## Try:

- Relaxation techniques- breathing , listening to music, massage
- Focal point concentration- look at something or someone and try to clear your mind
- Try visualization, this is when you picture an object or a place that makes you feel relaxed and safe
- Massage – Use smooth, rhythmic stroking motions on your abdomen (Effleurage), squeezing and releasing an area, or pressing with the hand to the lower back to relieve backache.
- Stay as relaxed and calm as possible
- Find a comfortable position whether that be walking, standing, leaning forward, sitting, using the birthing ball, kneeling, side lying, squatting or down on all fours
  - \* Do what feels good\*
- Have a warm shower or bath
- Empty your bladder often



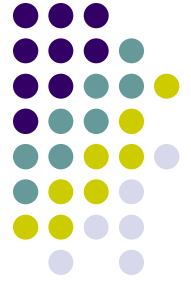


# The Transition Stage

- Transition is the shortest phase, but often the most challenging phase of labour for most women.
- Powerful contractions change the cervix from seven to ten centimetres and it becomes fully dilated.
- Contractions typically come every one to three minutes and last 60 and 90 seconds.



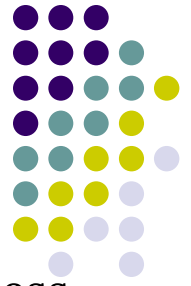
# What you may be feeling during transition:



- Irritable, sensitive, and frustrated ~
  - It is very important for partners to BE SUPPORTIVE at this time
- Some may feel hostile towards their health care providers, and support person
- Some people feel overwhelmed and exhausted
- Some may not want to be left alone
- Increased pressure on your bottom

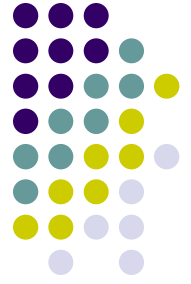
Remember this is the hardest but the shortest part of labor

# Remember to....



- Empty your bladder frequently. If your bladder is full there will be less room for baby to descend
- Sip water, ice chips or use hard candy/suckers to keep your mouth moist
- Try different positions like sitting on stool or birthing ball
- Place heat/cold on lower back to ease lower back pain
- Concentrate on one contraction at a time
- Breathe, Breathe, Breathe!!!

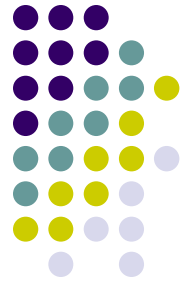
# What you may be experiencing



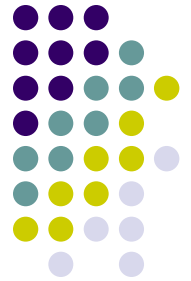
- A feeling of being overwhelmed
- Very tired but some may have a burst of energy
- Anxious or hesitant because of the pressure on your bottom
- May be sleepy between contractions
- Self-absorbed and not interested in your surroundings
- Renewed alertness and excitement

# How you can cope

- Try to relax between contractions
- Only push with contractions
- Ease your chin towards your chest and place tongue on the roof of your mouth to help to not push until ready
- Adopt your birthing position, whatever that may be (i.e: semi sitting)
- Bend your elbows and grip your legs or use the hand grips
- Remember to breathe while pushing
- Your health care provider and nurse will let you know when to push and when to relax

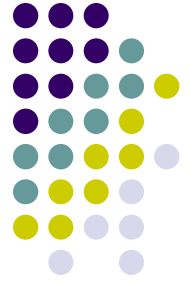


# The Delivery of the Baby



- It is a very active and hardworking stage. Baby is usually facing the mom's spine.
- The cervix is fully opened and the contractions help to push the baby out the birth canal.
- Contractions will be every two to three minutes, lasting 60-90 seconds and are very powerful.
- You can help by pushing when your healthcare provider and nurse directs you to push.

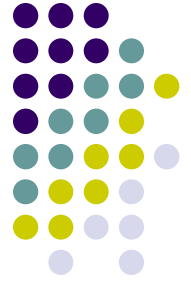




# Delivery continued

- As the head moves down the birth canal, you will feel pressure, bulging or stinging on or around the vagina
- May feel skin may tear
- May feel baby is stuck
- Backache may go away

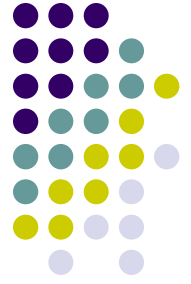




# Delivery continued

- **Episiotomy** is an incision between the vagina and rectum to allow more room for the baby to be born.
- This procedure may be done if the health care provider feels it is necessary to allow more room for baby to be born.
- The health care provider will:
  - Freeze the area
  - Make the cut between the vagina and rectum
  - Stitch up the incision after the delivery using dissolvable sutures

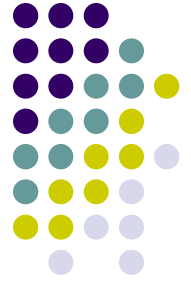
# Delivery continued



- After the head is born, you may be asked to stop pushing during cord assessment. Wait to be told to start pushing again. Panting may help to prevent pushing at this time.
- Baby's shoulders deliver and the rest slips out easily
- The cord is cut and clamped
- It is very normal for the baby to appear purplish and blue until their circulation improves as they cry and move their arms and legs around

Baby can be then placed on your belly (if this is part of your birth plan) and then dried off. If baby is doing really well it will stay on your belly for you to cuddle or even breastfeed. If baby needs further assessment it will be taken over to the warmer in the room and then returned to you as soon as it is safe to do so.

# How you may be feeling



- Ecstatic
- Relieved
- Grateful/ feeling of disbelief
- Excited
- Proud and fulfilled
- Hungry and thirsty
- Focused on baby and seeking reassurance
- Sleepy as excitement subsides

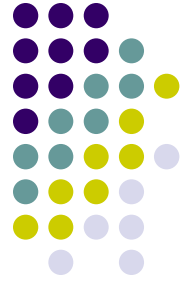




# The Delivery of the Placenta

- Can last between five and twenty minutes
- Uterus contracts and squeezes the placenta off the uterus wall
- May feel strong contractions or cramping
- Often they will give you an injection of Oxytocin into your muscle which is a hormone that stimulates the uterus to further contract and prevent hemorrhage (excessive bleeding)



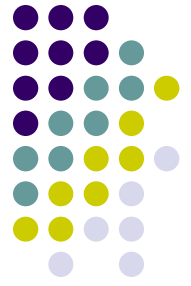


## What you can do

- Remain relaxed and push gently if needed
- Lie back with your partner and enjoy baby
- Put baby to breast if you choose
- Enjoy your baby



# Delivery continued

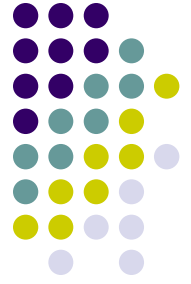


After placenta is delivered your episiotomy or tear will be repaired

- The uterus starts to rise up into the abdomen and becomes round and grapefruit size
- During this time the baby
  - Will be dried off
  - Placed under the warmer
  - Placed on your chest and you will be encourage to try to breastfeed



# The Postpartum Period



- Lasts two to three hours after birth
- May feel chills and/or tremors
- May have difficulty passing urine, but very important to keep emptying bladder
- May experience discomfort related to:
  - after pains (uterus is contracting back to pre-pregnancy size)
  - episiotomy/ hemorrhoids pain (let your nurse know if you are in pain and they can give you medication to help with both)



# What you can do:

- Wrap up in warm blankets
- Apply ice to your perineum
- Take pain medication
- Drink lots of fluids and eat a light meal
- Call for help when getting up the first time
- Cuddle or try to breastfeed baby
- Have a rest and/or visit with family

