

Name _____

Period _____

LABOR AND DELIVERY

There are three stages of labor. They are explained below:

1. First Stage of Labor: 0-10 centimeters
This stage begins with the onset of effacement and dilation of the cervix and ends with the birth. Complete dilation of the cervix requires anywhere from 2-16 hours.
2. The Second Stage of Labor: Birth of the baby
This stage begins with the complete dilation of the cervix and ends with the birth of the baby. The total time is anywhere from 15-60+ minutes.
3. The Third Stage of Labor: Delivery of the afterbirth
This period begins with the birth of the baby and ends with the delivery of the placenta and membranes. The total time may be anywhere from 1-20 or more minutes.

Breech births present problems because the head is the largest part of the baby and it is still inside the uterus when the baby takes its first breath. Cerebral palsy is three times more common with breech births. In the case of twins, the second child is often born breech, but does not present too much of a problem since everything is still enlarged from the delivery of the first child. When a baby is born face up, it is called posterior.

CESAREAN (C Section): Some doctors, when dealing with delivery, have as their motto "When in doubt, cut it out." Doctors are faced with a dilemma of what they feel is the right thing to do medically and what they feel they must do to possibly prevent a malpractice suit. Because of this situation, many doctors are giving more C section deliveries.

"It is ironic that at a time when natural childbirth has become so widely accepted, the fear of being sued has resulted in more fetal monitoring, a greater number of Cesarean sections, and less willingness to accede to the patient's preferences."

Initially, Cesarean sections were performed largely to protect the life of the mother in cases of uncontrollable bleeding, obstructed labor, maternal diabetes or toxemia--all of which require prompt delivery. Today this has been expanded to include prolonged labor, fetal distress, and breech presentations and to improve fetal outcome. Some doctors may wait too long to do C sections and cause brain damage. A woman and her doctor must be open minded and prepared to make such decisions before the emergency arises.

What is a cesarean section? (reference: babycenter.com)

A cesarean section, or c-section, is the delivery of a baby through a surgical incision in the mother's abdomen and uterus. In certain circumstances, a c-section is scheduled in advance. In others, it's done in response to an unforeseen complication.

According to the Centers for Disease Control and Prevention, about 30 percent of American women who gave birth in 2005 had a cesarean delivery, up from 6 percent in 1970, 17 percent in 1980, and 23 percent in 1990.

A c-section is major abdominal surgery, so it is riskier than a vaginal delivery. Moms who have c-sections are more likely to have an infection, excessive bleeding, blood clots, more postpartum pain, a

longer hospital stay, and a significantly longer recovery. Injuries to the bladder or bowel, although very rare, are also more common.

In addition, if you plan to have more children, each c-section you have increases your future risk of these complications as well as placenta previa and placenta accreta. That said, not all c-sections can — or should — be prevented. In some situations, a c-section is necessary for the well-being of the mother, the baby, or both.

There are several reasons for C sections:

- PROLAPSED CORD—baby's cord is trapped by the head or shoulders
- POOR PRESENTATION—position of the baby
- MOTHER TOO SMALL
- BABY TOO BIG
- PLACENTA PRAEVIA
- PLACENTA ABRUPTION
- FETAL DISTRESS
- MOTHER OR CHILD CANNOT TOLERATE LABOR
- STDs
- BECAUSE OF PREVIOUS C SECTION
- TOXEMIA

DELIVERY OPTIONS

The trend for home (natural) deliveries that was very common in the early 80s has subsided somewhat and the hospital is again looked upon as a more acceptable place to have a baby. There are several options available when having a baby:

MIDWIFE: woman with some training in delivering babies.

HOME DELIVERY: having a child in one's own home.

BIRTHING CHAIRS: when a woman sits down, rather than laying down to have the child. The theory behind this idea is that the pull of gravity will aid in delivering the child.

LAMAZE: a technique that teaches you how to relax and assist in the delivery of the baby by breathing and pushing at the proper time during delivery.

BIRTHING ROOM: a single room used for both the labor and the delivery of the baby. This room is usually decorated to create a very homelike atmosphere—complete with TV and rocker recliner for Dad. Children or other family members may be present during the entire process if the delivering mother so desires. These rooms came about as an answer to the popularity of the home births of the early 80s. They offer women the option to have a homelike atmosphere and the technical benefits and equipment of a hospital.

TRADITIONAL HOSPITAL DELIVERY: one room for labor, a second room for delivery, a third room for the remaining hospital stay. In many hospitals across the country, these are now all private rooms.

ANESTHESIA (reference: babycenter.com)

Each doctor has his/her own preference for anesthesia. The patient may also have a preference and should consult with her doctor before the birth.

EPIDURAL: most widely used today, but is very expensive because it is administered only by an anesthesiologist and is administered through a continuous feed line. It does not go into the spinal column, but only the sheath surrounding it. It is not given until the patient is dilated to 4 cm. It usually deadens the patient from the waist down and wears off in a few hours.

SPINAL BLOCK A spinal differs from an epidural in two ways: It's delivered directly into the spinal fluid (and not into the space surrounding your spine), and it's a one-time injection rather than a continuous feed through a catheter. As a result, relief is rapid and complete but lasts only a few hours. Your practitioner may order a spinal block if you decide you want pain relief late in labor or if you're progressing so rapidly that delivery is likely to be sooner rather than later and you can't wait for an epidural.

COMBINED SPINAL EPIDURAL A combined spinal/epidural block is a newer technique that offers the rapid pain relief of a spinal and the continuous relief of the epidural. In early labor, this technique can work like a walking epidural because you rely primarily on the narcotics in the spinal injection for pain relief for the first hour or two (which allows you to continue to walk around). Then you have the epidural to fall back on once the spinal starts to wear off. In more active labor, you may opt for a combined spinal/epidural so you get immediate relief from the spinal while you're waiting for the epidural to work.

BREATHING: As you can see, the cervix must dilate to some degree before any anesthesia is given. Getting the cervix to dilate even to 4 cm can be very hard work (and involves some degree of pain). For this reason it is highly recommended that the delivering mother have some breathing and relaxation techniques to help get her to this point. Hospitals offer a variety of childbirth classes that will train and prepare both parents for this and other parts of the birth. It is well to remember that the educated and trained parent will have the best chance of having a birth that is not only successful, but also one in which they can maintain control.

APGAR SCORE

The APGAR is a score given at one, five, and ten minutes after the birth of the child. It assists the doctors in determining the status of the child. Each item is given a maximum of 2 points:

Respiration—Color—Heart Rate—Reflex—Muscle Tone.

Scores of 7-9 are normal.