



The Birth

This leaflet should ideally be used in conjunction with instruction from a Chartered Physiotherapist in Women's Health, and a midwife.

How exciting! You are in labour!

You are about to meet the little baby who has been growing in your womb for the past nine months, and who has felt your every breath throughout that time. Remember, both of you are facing into labour together; the more relaxed and calm you can remain throughout the labour, the better your baby will cope with all the changes that are happening to his home too!

This leaflet aims to give you some practical advice and coping strategies to help you both cope better with the task that lies ahead – because labour is not given its name for nothing!

Labour Stages

Labour is divided into three stages:

The first stage involves the thinning out and opening up of the neck of the womb to enable the baby's head to pass into the birth canal. The neck of the womb has to dilate (open up) from 0cms to 10cms during this stage.

The second stage is the passage of the baby through the birth canal and into the world, the birth!

The third stage is the delivery of the placenta.

Your very best friend during labour is your midwife. Be guided by her at all times, as only she knows exactly how you are progressing at any stage. The advice and information given here is for guidance only, and is no substitute for her advice in the labour ward. It is a good idea in advance of labour to check your hospital policies on who is allowed into the labour ward with you, what positions you are allowed to adopt during labour, etc, as it can be disappointing to have expectations which cannot be met.



Early First Stage

Most hospitals encourage moving around in early labour. You may want to adopt one of the positions learned in your classes during these early contractions (see illustrations):

- 1 Sitting against a table relaxing forward
- 2 Kneeling against a chair or over a pile of pillows
- 3 Positioned on all fours or lean arms over a ball or chair
- 4 Leaning against your partner
- 5 Leaning over a window sill or mantelpiece
- Sitting the wrong way round astride a chair relaxing forward onto the back of the chair. (You may wish to put a pillow in front of your tummy). If you feel the pain of labour in your back, rocking your pelvis rhythmically in one of the forward positions (1, 2, 3, 6) may help
- Sitting on a birthing ball will aid the rhythmical rocking movements

You may wish to do some of the following during this time also:

- Listen to music
- Keep active
- Take a warm bath
- Use a hot water bottle on lower back
- Watch a film
- Go for a walk practice relaxation skills

Your partner (or other supporter) can help in the following ways:

- By keeping calm!
- Encouraging normal activity as far as possible
- Encouraging you to relax and control your breathing
- Rubbing your back, trying some of the massage techniques learned at antenatal class
- Suggesting a change of position
- Offering sips of water
- Giving you emotional support and encouragement
- Playing scrabble or doing crosswords with you

Early First Stage Positions



Late First Stage

Choose a comfortable position and go through your relaxation. The contractions are now much stronger and more painful. Think of them as 'hills' or 'waves' which you have to ride over on your journey towards the baby.

When the contraction starts, give a long sighing breath out, keep relaxed with natural easy breathing throughout the contraction. (As the contraction builds up you may find the pace and level of breathing alters – just keep it low key.)

End each contraction with a long sighing breath out. Immediately check through your body mentally (with the help of your partner), and get rid of any tension so that you start the next contraction completely relaxed.

If at the peak of the contraction you feel you are about to tense up, switch to the 'S.O.S' breathing ('Sighing Out Slowly') learned in your class. It helps if your partner does this with you. If your labour is long and difficult, be ready to accept further pain relief if and when you need it, in consultation with your midwife.

Other techniques you may find helpful at this stage:

- Relaxation techniques
- Pelvic rocking
- Putting a warm compress to lower back
- Positive thinking: you are soon going to meet and greet your baby! The stronger the contractions, the more effective they are. Each contraction is bringing you nearer to your baby!
- Wearing warm socks
- Using massage
- Changing position regularly
- Using imagery
- Visualising meeting your baby

If you have a premature urge to push before full dilation (due to an 'anterior lip' where just one part of the cervix is not completely dilated) try to control it by one of the following:

- 1 The Entonox inhaler
- 2 'S.O.S' breathing with a partner
- 'Pant pant blow' breathing with a partner
- Kneeling supported on your forearms, so that your hips are higher than your shoulders, can help reduce the urge to push; check with your midwife if you need to do this

Second Stage

Sometimes it helps during this period to adopt a kneeling forward position.

When the cervix is fully dilated the midwife will guide you in pushing with your contractions and (if hospital policy permits) will be happy for you to adopt the position of your choice. Listen to your body and be ready to change position if you feel the need, in consultation with your midwife.

The work of pushing is similar to that used to expel a hard bowel motion; you should feel your waist widening, and your lower tummy bulging as you push.



If you have had pelvic girdle dysfunction during your pregnancy, your physiotherapist will probably have liaised with your midwife regarding your delivery. However, make sure you tell your midwife, to ensure she can adapt the delivery position to suit you.

When your midwife tells you to push, breathe gently in and out as the contraction starts, when the urge overwhelms you, tuck your chin in and bear down towards your back passage **keeping the pelvic floor (PF) relaxed**. (Think of how you fully relaxed your pelvic floor after each PF exercise you have been practicing prior to the delivery, and you will have no problem doing this).

You will find that you usually need to take three breaths per push. Try to keep your mouth and face slack and try not to hold your breath. It usually works well to quickly release the breath and take a fresh breath in, while sustaining the push.

Once the contraction has passed, relax completely and wait until the next contraction comes – you won't have long to wait! Make the very most of each opportunity to rest between contractions, as this stage is HARD WORK. Usually the second stage of labour, the "pushing stage", lasts about an hour. As the baby's head is about to emerge, work with your midwife to control the speed of the delivery.

It is very important to allow the baby's head to emerge slowly, to reduce the risk of tearing your perineum. Use gentle panting (puff-puff-blow, puff-puff-blow...) to help reduce the urge to push. Once your baby's head emerges, the rest of his body will follow within two minutes or so.

Your baby is born!

Third Stage

During the third stage, the placenta will be delivered. You may be asked to help by pushing.

Whether you have stitches, or your perineum has remained intact, remember to start gentle pelvic floor contractions within the first hours after delivery.

Also do some deep breathing to expand your lungs fully and vigorous foot exercises to help the circulation. If you have had a Caesarean section, it is important to do deep breathing exercises to keep your chest clear. You will need to support your wound when you cough, by hugging a pillow into your tummy in a forward sitting position to prevent strain on the wound. Brisk foot and ankle exercises are especially important in this situation to prevent any problems with your circulation.

Well done – You are now a proud mum!! Enjoy your new baby.

Remember, the World Health Organisation Guidelines now recommend that babies should be placed on their back for sleep. This is very important in reducing the risk of cot death. However, it is important that your baby gets to spend some time on his tummy every day.

Why should babies have tummy time?

- They achieve better head control and stronger muscles in their neck, shoulders, arms and backs.
- Babies move from side to side on their tummies which helps them learn how to reach and crawl
- They develop better balance and co-ordination.
- Vision and hand-eye co-ordination are enhanced.

Babies should be placed on their tummies from day 1, for just a few minutes three times daily initially, gradually building up the length of time. Initially, you can place your baby on your chest, facing you. This is a great way to play with your baby, and to make eye contact with him, which is one of the first steps in communication with your baby. Your baby may not like being on his tummy initially, so start slowly, but persevere! The benefits to your baby are worth the effort.

Your baby should NEVER BE LEFT ALONE while on his tummy.

Too much time on their backs can cause a delay in babies acquiring movement skills, and also flattening of the side of their head. To avoid this, alternate which end of the cot you place the baby's head at night; babies will naturally turn towards the light or coloured



objects in the room which will change the area of pressure on the baby's head.

The best piece of equipment you can invest in for your baby is a colourful mat to place on the floor, so that he can enjoy his tummy time on it while exploring his environment in your company!

It is very important to engage with your baby by using eye contact. With your baby lying on a flat surface, or on your tummy as in the image above, encourage your baby to make eye contact with you in midline (ie. when your baby's nose is in line with your baby's belly button).

Encourage baby to follow your face from side to side and up and down, coming back to midline after each movement. This is the start of communication and head control.

Floor time: The floor is the best place for your baby to spend his awake time. This may be difficult if you have young toddlers, but a playpen can overcome this difficulty. Your baby needs time on the floor, completely unsupported and with as little clothes on as possible to become familiar with their bodies and their ever developing movements. Between the ages of 0 and 2, if your baby is not asleep, he should be moving. This is how he develops and begins to learn.

This is one of a series of leaflets. Others in the series include:









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Useful Sites

www.aptaclub.ie Information about pregnancy and breastfeeding.

www.mumslikeus.ie A community of breastfeeding mums offering information,

real life stories, videos and interactive tools to help you

along your journey.

www.magicmum.ie Forums on pregnancy, babies and lots more.

www.doh.ie Department of Health website provides information on

health services available in Ireland and how to avail of these. Check out the maternity and infant section.

www.rollercoaster.ie For the ups and downs of pregnancy and parenting.

www.aware.ie Aware is a national voluntary organisation providing

support through depression.

www.welfare.ie The website of the Department of Social and Family Affairs.

Check out maternity and child benefit entitlements.

www.citizensinformation.ie/categories/birth-family-relationships

Information on public services available on a range of childcare issues from adoption, fostering, before and after baby is born, benefits and entitlements relating to birth.

www.iscp.ie Irish Society of Chartered Physiotherapists.

Representative body for over 3,000 chartered

physiotherapists in Ireland.

Notes:	



Queries on infant nutrition 0-3 years?

Call the Aptaclub experts



Call our team FREE 1 800 22 12 34



Email our experts ask@aptaclub.ie

www.aptaclub.ie

Important Notice: Breastfeeding is best for your baby, as it is perfectly suited to nourish infants and protect them from illnesses such as ear infections, stomach upsets, diabetes, eczema and obesity. It is important that, in preparation for and during breastfeeding, you eat a healthy, balanced diet. Combined breast and bottlefeeding in the first weeks of life may reduce the supply of your own breastmilk, and reversing the decision not to breastfeed is difficult. The social and financial implications of using an infant milk should be considered. Improper use of an infant milk or inappropriate foods or feeding methods may present a health hazard. If you use an infant milk, you should follow manufacturer's instructions for use carefully — failure to follow the instructions may make your baby ill. Always consult your doctor, midwife or public health nurse for advice about feeding your baby.

Exercises provided by the Irish Society of Chartered Physiotherapists Clinical Interest Group, Chartered Physiotherapists in Women's Health and Continence.

For further information, see www.iscp.ie or www.physicaltherapy.ie, or contact the Irish Society of Chartered Physiotherapists (ISCP), Royal College of Surgeons in Ireland, St. Stephen's Green, Dublin 2.
Tel (01) 402 2148.

The ISCP recommend breastfeeding as being best for baby, and do not endorse any particular product.

