A Pregnancy Ends, A Family Begins

Labor

As your pregnancy progresses and your body grows large and uncomfortable, thoughts and questions about labor start to fill your mind. The best way to calm your fears and answer your questions is to read and learn and prepare. Come to prenatal classes, enroll in prepared childbirth classes, read books, and ask questions.

"What is labor like?"

"What does it feel like?"

"How will I know when I'm in labor?"

"When should I call?"

"What if there's a blizzard?"

"What if the car breaks down?"

"Should I believe all the stories I've been told by friends and family?"

"Is there any way I can get out of it?"

Encourage your husband/partner to attend the classes with you and get actively involved in preparing for your baby's birth. If you are a single parent or if your husband does not wish to attend classes with you, ask a close friend or relative to be your support person. The encouragement and comfort obtained from having a caring, familiar person with you during labor and delivery is invaluable.

During the later months of pregnancy, you may experience "false labor" or Braxton-Hicks contractions. These contractions may be painless or you may notice a cramp-like sensation (like menstrual cramps or gas) come and go, usually at irregular intervals. During these times, you will be able to feel your abdomen tightening and then relaxing as the cramp goes away.

The onset of labor can also be erratic, on and off, and difficult to recognize at first. You may have diarrhea and an increase in low backache or pelvic pressure, as well as cramps in your hips and thighs. There may be a day or two of irregular contractions and some bloody show before you settle down into good labor.

Like the Braxton-Hicks contractions, early labor often feels like menstrual cramps that come and go. The contractions are mild, achy and short. They usually start in the back and work around to the front of your belly; or they may be felt only in the lower part of your belly over the pubic area. Contractions of early labor usually last 15 to 20 seconds.

It is often difficult to tell the difference between Braxton-Hicks contractions and the "real thing." Read the section on Braxton-Hicks contractions on page 39 for some suggestions to help you decide.

As labor progresses, the contractions may last up to 60 to 90 seconds. They gradually get closer, longer, and harder. In general, the time to think about coming to the hospital is the time when you start to get uncomfortable. If you can't talk or walk during a contraction, you are probably starting good labor.

We generally tell mothers to call about coming to the hospital when the contractions occur every 5 minutes for a first labor, and every 7 to 10 minutes for subsequent labors. This will vary sometimes according to the individual (how fast your previous labors were, whether or not you were dilated at your last examination, etc.). If your contractions are strong and uncomfortable but still have no predictable pattern, call. If you have any doubts, call.

REMEMBER:

- *Call right away (regardless of the time of day) if you think your bag of waters is broken or leaking, even if you are near your due date. Do not bathe or have intercourse.*
- *Call if you have bleeding heavier than a period.*
- *Call if you have any signs of labor more than 3 weeks prior to your due date.*

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• When you are in early labor at home, eat lightly. Limit yourself to clear liquids (tea, broth, juice, JELL-O, tonic, etc.), if you are sure you are in labor. Once labor starts, your body concentrates all its efforts on your uterus and digestion stops. A full stomach is uncomfortable and can be dangerous if an anesthetic should be necessary.

• False labor can often seem very much like the real thing. One helpful way to discriminate between the two is to walk around. Real labor contractions frequently get stronger with activity. False labor tends to lessen or disappear (see page 39).

• Try to relax completely during contractions. Uterine muscles contract involuntarily just like your intestinal and heart muscles. However, they are affected by your emotional state. Just as you can have "butterflies" and diarrhea during stress, you can also have a "worried womb" if you are extremely uptight and nervous during labor.

• Remember that dashing 90 miles an hour down the freeway and passing red lights is part of childbirth only on TV. First labors usually take 12 to 14 hours and subsequent labors 6 to 8 hours. If you should find yourself stuck in a blizzard or with car trouble or in an emergency situation, keep cool and call the local police. They will help out or send an ambulance if needed.

• You do *not* need to call when you pass your mucus plug ("bloody show") unless there is brisk bleeding, or contractions occur with it. Loss of the mucus plug may occur up to 2 weeks before actual labor begins. There are no additional activity restrictions after you pass your mucus plug.

Hospital admission

It is a good idea to visit the Medical Center sometime during your pregnancy so that you can become familiar with parking areas, admission areas, and the general physical layout. If you have sent in your preadmission form in advance, you will not have to stop at the admitting office, and you can go directly to the Birth Place. The main entrance to the Medical Center (across the street from the parking garage) is locked at night, but the receptionist there will let you in if you use the buzzer. The Emergency Entrance is always open.

The labor nurse or resident physician will interview and examine you, then will contact us. Shortly after the admission, a laboratory technician will draw admission blood work (this is routine in all accredited American hospitals). In addition, a nurse will insert a heparin lock. This involves using a needle to insert a small plastic tube into a vein in your arm. After insertion, the needle is removed, and the plastic tube is left in the vein and secured in place with some adhesive tape. A very small amount of a medication called heparin is flushed through the tubing to prevent it from clotting. If an intravenous line were needed in an emergency situation, it could be connected quickly and painlessly through the heparin lock. Similarly, pain medication can be given through the heparin lock without requiring an additional "needle stick." The heparin lock is a safe and convenient measure which gives the patient complete freedom of movement, yet gives instant access to a vein if needed.

The nurse will also apply an external fetal monitor during part or all of your labor. We often use the monitor at intervals throughout your labor to assess your baby's response to the contractions. You do not have to lie flat on your back or remain immobile during these checks. You can lie on your side, sit up, or move about to find a position that is more comfortable and the monitor can be adjusted accordingly.

We feel that at least part of all labors should be monitored since even a baby

in a healthy, low-risk pregnancy can get into trouble from tangling in his umbilical cord during labor. The nurses will listen to the baby's heart beat every 15-30 minutes if the monitor is not on.

If there are risk factors (high blood pressure, toxemia, diabetes, green- or brown-colored amniotic fluid, bleeding, if you are overdue, etc.), we will want to monitor the baby carefully throughout the entire active phase of your labor.

The external monitor uses an ultrasound transducer (similar to our office fetoscope) to monitor the baby's heartbeat. It is attached to the abdomen by belts. An internal monitor is applied to the baby's head through the vagina, and can be applied once the cervix has started to dilate and the bag of waters has broken. It is more accurate, more flexible, and probably more comfortable. We use it if we cannot get a good record of the baby's heartbeat externally without compromising your comfort, or if there are signs of distress and we need a more accurate tracing.

Bonding

"Bonding" is the process by which parents and infants get to know and like each other. The best time, but certainly not the only time, to start this process is right after the baby is born.

Most babies born to mothers who have received only minimal amounts of medication during labor and delivery are very alert and responsive for about the first hour after birth. Babies only seconds old can see and hear and are very sensitive to touch. They are quite capable of taking part in the give and- take of the bonding process. Both parents and baby send out signals and influence each other's behavior. They are very aware of each other at this time.

A baby can thrill her parents and get their undivided attention just by opening her eyes and staring at their faces. Parents, in turn, can calm and soothe their newborn by cuddling her close, stroking her skin, and talking softly. This is how bonding begins to happen.

Parents often remember their first encounter with their baby as being a very emotional time; they not only are enchanted by their infant, but also feel closer to each other. Although this time can be very special, it must be remembered that it is only the beginning of the long, time-consuming process of developing a strong, loving parent/child relationship. For this reason, it is important that you have frequent contact with your baby during your hospital stay so that you can continue this process of getting to know and like, and finally, love each other.

What if your baby must be taken to the nursery before you have a chance to hold him? Should this happen, every effort will be made to get parents and baby together as soon as possible. If your baby is premature or sick and has to stay in an isolette, you will be encouraged to visit with him often.

Be assured that a strong, loving bond can be formed between parents and baby regardless of when you first begin to get acquainted. Bonding goes on for a lifetime.

Private-room maternity care

The Birth Place which is the Medical Center's obstetric area, is newly renovated and provides modern maternity care. Each patient is admitted to a private birthing room in which the labor and delivery takes place. Unless there is a cesarean section or some other unusual aspect to your delivery (such as twins), you will not have to use a traditional "delivery room" and your entire birth experience will take place in a single room. After delivery you may be moved to a private room for your postpartum care.

Although the central nursery is available for those mothers who wish to have

their babies there at night (as well as for babies needing special care), most patients take advantage of the "automatic rooming-in" that private-room maternity care provides, and keep their newborns with them the entire stay. The private rooms allow for individualized visiting hours, and sofa beds are available for fathers who wish to sleep in.

Most insurance companies have cut back on the number of hospital days that will be covered for routine maternity care, so that it is now routine to discharge mothers and babies on the first or second postpartum day following vaginal deliveries, and on the third or fourth postpartum day after cesarean births. Modern maternity care, with its emphasis on private rooms and parent/baby interaction, enables most of our patients to feel comfortable with this type of discharge plan.

In conclusion

This is the best time ever to be having a baby. Modern medicine provides you with the most scientific approach to obstetrical care, and yet is able to allow you to participate in your own care. We are closer than ever to our goal of providing the safest and best care that modern medicine can provide, while allowing the family to begin in a warm and personal atmosphere.