



Delivery

Vaginal Delivery

- A vaginal delivery is a normal delivery.
- The baby passes from the uterus through the birth canal.

The following topics relate to vaginal delivery:

EARLY (PRETERM) DELIVERY

- Early delivery is the birth of a baby between the 20th week and the 36th week of pregnancy.
- It is a delivery that occurs more than 3 weeks before the due date.
- If this happens, your baby's lungs and other organs may not be mature and fully developed.
 - Being born early is still very dangerous.
 - Even when early babies survive, they may have breathing problems and other problems.

POSTDATE DELIVERY

- Postdate delivery happens when a pregnancy is longer than 42 weeks.
- Postdate delivery is not a risk for the mother.
- The baby is at risk because the mother's placenta does not work as well after 42 weeks, and the baby may not get enough oxygen or nutrition.

INDUCTION AND AUGMENTATION

- These are procedures used by the doctor when the labor process slows or stops.
- They are used when you have a problem, and the baby has to be delivered right away.
- Your doctor may decide to use the medicine oxytocin to help your labor begin. Your body makes this hormone.
 - It causes your uterus to contract and promotes the release of milk from the breasts after delivery.
 - Your doctor may give you a synthetic form of oxytocin if your labor is moving slowly or the baby is very past due.
 - It will be given to you by intravenous (IV) infusion.
 - It will make the contractions stronger and speed up your labor.

- Your doctor may also decide to manually break your water.
 - This will also help to start or speed up labor.
- Doctors sometimes apply a gel or suppository next to the cervix to help start or speed up labor.
 - It causes uterine contractions.

EPISIOTOMY

Your doctor may do an episiotomy when you give birth.

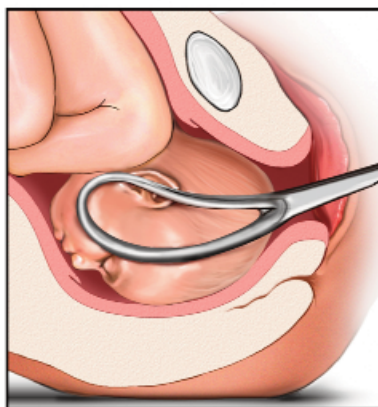
- An episiotomy is a small cut made in the skin between the vagina and rectum to widen the vaginal opening for delivery and prevent tearing.
 - If an episiotomy is not done, your skin may tear.
 - A ragged tear usually takes longer to heal than a straight incision.
- An episiotomy is done for most 1st time births because your muscles near the vagina are stiff.
- Once you have had a baby these muscles stretch.
 - A 2nd baby can come through more easily.
- Your doctor will give you something to numb the area where the episiotomy is done.
 - Use ice packs on the area in the 12 to 24 hours after delivery to reduce swelling.
 - Your doctor may tell you to use a sitz bath to help with painful swelling during the 1st few days after delivery.

FORCEPS AND VACUUM EXTRACTION

Forceps and vacuum extraction are tools that may be used when the baby is not moving down the birth canal right.

Ask your doctor about these delivery tools before your baby is born.

Forceps



Vacuum Extraction



- Forceps look like a long pair of tongs or spoons.
 - One tong or spoon is placed on each side of the baby’s head.
 - When forceps are used by an experienced doctor, the risks to the mother and baby are low.
- Vacuum extraction is when a small cup is placed on the top of the baby’s head and a gentle suction is applied. When a vacuum device is used by an experienced doctor, the risks to mother and baby are low.

Cesarean Delivery

- In a cesarean delivery, your baby is born through a cut in your belly and uterus.
- Because this is surgery, it poses more risk and takes longer than a vaginal delivery.
- A cesarean may be done if:
 - Your baby is in trouble.
 - Your baby needs to be delivered right away.
 - Your labor is not progressing properly.
 - Vaginal delivery would be too risky for you or your baby.
 - The cesarean is planned even before you go into labor.
 - Your baby may be too large for a vaginal delivery.

VAGINAL BIRTH AFTER CESAREAN (VBAC)

- **If your doctor recommends you have a cesarean birth, be sure to ask him to explain the reasons for this.**
- Many times you can have your 2nd baby by vaginal birth even though you had your 1st baby by cesarean.
 - This is called VBAC (“vee back”).
 - It will depend on the type of cut the doctor used before and the reason for the cesarean birth.
- Talk to your doctor about this.

Pain Management

- Ask your doctor about pain management during delivery of your baby.
 - Pain management is used to help you relax and be awake so you can help in the birth of your baby.

There are 2 types of pain management for childbirth:

ANALGESICS

- Analgesics dull the pain of contractions and help you relax without removing all feeling.
- Some of the common medications used are Demerol® and Nubain®.
- Both are narcotics.
- Both can be given by a shot into your muscle or into your vein.
- Doctors do not like to use these drugs when labor is very advanced because they cross over to the baby. If the baby is born before the drug is out of its system, the baby may have poor muscle tone and trouble breathing.
- Doctors try to limit the use of analgesics to the early part of labor.

ANESTHETICS

- Anesthetics block the feeling of pain.
- The epidural is the most common anesthetic.
 - It blocks pain from just below your waist to your toes.
 - You will not feel pain, but you will be able to feel pressure.
- Spinal anesthesia numbs you from the waist down.
 - It is usually given right before delivery.
 - You will most likely have to lie flat on your back for several hours after a spinal block.
- General anesthesia makes you unconscious.
 - It is sometimes used for an emergency delivery.
- Local anesthesia is an injection of a numbing drug into the perineal area so you do not feel the episiotomy cut.

Talk to your doctor about the differences between analgesics and anesthesia. The doctor can tell you which one is best for you and your baby.

After Delivery

Immediately after delivery you will be carefully watched for bleeding.

- Your doctor may prescribe a drug called Pitocin® to be added to your IV fluids while you are in the hospital.
 - This drug will cause your uterus to cramp and pinch off the blood vessels that once held the placenta to the inside of your uterus.
- If you are going to breastfeed your baby, the sucking of the baby on your nipple stimulates the release of a hormone that also causes your uterus to cramp, thereby reducing bleeding.
- The umbilical cord connects the baby to the placenta.
 - Right after your baby is born, the cord is cut.
 - Your doctor may allow you or your birth partner to cut the cord.
 - After the cord is cut, a nurse will:
 - Weigh your baby.
 - Measure how long the baby is.
 - Make sure everything is all right.
- Tell your doctor if you would like to hold your baby as soon as possible after it is born.
- You may begin breastfeeding right away if there are no problems.

