

# Glossary of Terms for Childbirth

**Abruptio placenta (placenta abruptio):** Partial or complete separation of the placenta from the wall of the uterus before the baby is born. Can cause the mother to hemorrhage possibly requiring a Cesarean delivery.

**Asynclitic:** An asynclitic birth or asynclitism refers to the position of a baby in the uterus such that the head is tilted to the side, causing the fetal head to no longer be in line with the birth canal. Most asynclitism corrects spontaneously in the progress of normal labor. Persistence of asynclitism is usually a signal of other problems with dystocia.

**Afterbirth:** The placenta and amniotic membranes. These are expelled from the uterus during the third stage of labor.

**Amniocentesis:** The removal of a small amount of amniotic fluid from the amniotic sac. Used to test for chromosomes, for fetal lung maturity or for amniotic infection.

**Amniotic sac:** Thin membranes that surround the baby inside the uterus filled with amniotic fluid.

**Analgesia:** The absence of the sense of pain without loss of consciousness.

**Anesthesia:** The loss of body sensation. General anesthesia is loss of consciousness caused by anesthetics. Local anesthesia limits loss of sensation to one area of the body.

**Apgar score:** A numerical evaluation of a newborn at one and five minutes after birth. Scores are based on activity (tone), pulse, grimace (reflexes), appearance (skin color) and respiration.

**Areola:** The dark area of the breast surrounding the nipple.

**Birth canal:** The passageway from the uterus through the vagina.

**Braxton-Hicks contractions:** Irregular contractions that may become somewhat uncomfortable near the end of pregnancy.

**Breech:** The presenting part in the pelvis can be the buttocks (frank breech) or the feet (footling breech).

**Cervix:** The opening of the uterus that must dilate to 10 cm prior to delivery.

**Cesarean delivery:** Delivery of the baby through an incision in the abdomen and uterus.

**Colostrum:** The first fluid produced by the milk glands in the breast. It is high in protein and antibodies.

**Contractions:** The rhythmic tightening and relaxation of the uterus. They cause effacement and dilation of the cervix and help push the baby out of the uterus.

**Contraction Stress Test (CST):** Tests the well being of the fetus during contractions by electronic fetal monitoring. The contractions are usually stimulated with oxytocin to see how the fetus tolerates labor.

**Crowning:** The moment during labor when the top of the head becomes visible.

**Dilation:** The opening of the cervix in labor. The cervix is 10 centimeters dilated before the second stage of pushing can occur.

**Doula:** A woman who provides support during labor.

**Dystocia:** This is an abnormal or difficult labor. Approximately one fifth of human labors have dystocia. Dystocia may arise due to uncoordinated uterine activity, abnormal fetal lie or presentation, or absolute or relative cephalo-pelvic disproportion. Pitocin is commonly used to treat dysfunctional uterine activity.

**Effacement:** The thinning and shortening of the cervix.

**Electronic Fetal Monitoring (EFM):** A recording of the fetal heart beat and uterine contractions.

**Engagement:** The “dropping” of the baby’s presenting part (vertex or breech) into the pelvis.

**Epidural anesthesia:** Injection of medication into the epidural space surrounding the spinal cord to provide pain relief during labor

**Episiotomy:** A small incision in the perineum (opening of the vagina) as the baby crowns if severe tearing or laceration of the vagina is anticipated during delivery.

**Fetal distress:** Non-reassuring fetal heart rate demonstrated on the fetal heart rate monitor.

**Fontanelle:** Areas in the baby’s skull that are not covered by bone. There is an anterior and a posterior fontanelle. The fontanelles allow for molding of baby’s head as it moves through the birth canal.

**Fundus:** The upper part of the uterus where the force of contractions originates and is strongest.

**Hemorrhoids:** Varicose veins in the rectum which can develop during pregnancy and delivery.

**Induction:** Starting labor by administering medication at the hospital.

**Intrauterine Growth Retardation (IUGR):** Slow or limited growth of a fetus during pregnancy.

**Involution:** The process of the return of the uterus to its non-pregnant size.

**Kegels:** An exercise to strengthen the pelvic floor (vaginal and rectal) muscles.

**Labor stages:**

*First stage:* Complete dilation of the cervix

*Second stage:* Delivery of the baby

*Third stage:* Expulsion of the placenta and beginning of uterine involution

*Fourth stage:* Immediate postpartum period (the first 2 hours after birth)

**Let-down reflex:** Release of milk into the breast. It may be triggered by the baby crying or nursing.

**Linea nigra (black line):** A dark line that sometimes develops down the middle of the pregnant abdomen. May last up to six months after delivery.

**Lightening:** The sensation that the mother feels as the baby becomes engaged or drops into the pelvis. The mother may experience increased pressure on her bladder but can usually breathe better.

**Lochia:** The blood-stained discharge from the uterus that occurs after delivery.

**Meconium:** Fetal stool that is thick and green. The presence of meconium in the amniotic fluid can be an indication of fetal distress occurring at some time during the pregnancy or labor.

**Multigravida:** A mother with a second (or more) pregnancy.

**Non-stress test (NST):** A test that assesses the baby's heart rate by electronic monitoring.

**Occiput Anterior (OA):** The occiput of the baby is the posterior fontanel or "soft spot". OA refers to the head position while passing under the mother's symphysis pubis. Occiput anterior is the easiest position for the fetal head to deliver.

**Occiput Posterior (OP):** OP is a position favored by certain internal pelvic shapes. This position has some obstetrical significance. Babies can deliver in the posterior position, but the pelvis needs to be large enough and it usually takes longer. There is a higher incidence of vacuum extraction, forceps and cesarean sections with OP presentation.

**Oxytocin:** A hormone that causes the uterus to contract during labor and the milk ducts in the breasts to release milk.

**Perineum:** The area between the vagina and the rectum that stretches during delivery.

**Pitocin:** Intravenous pitocin is used to stimulate contractions. Similar to the hormone oxytocin.

**Plexi-pulse:** Compression devices placed on the maternal feet or calves to prevent the formation of blood clots due to prolonged bed rest. Used for cesarean sections and during long labors.

**Placenta:** The organ that transfers nutrients and oxygen from the mother to the fetus. Waste products from the fetus are excreted through the placenta to the mother.

**Preeclampsia:** A triad of edema (swelling in the hands and legs), high blood pressure and protein in the urine. Usually an indication for delivery.

**Premature (preterm) labor:** Labor before 37 weeks of pregnancy.

**Premature Rupture of Membranes (PROM):** When the membranes of the amniotic sac rupture before labor.

**Primigravida:** The mother who is pregnant for the first time.

**Prolapsed cord:** The umbilical cord dropping in front of the baby's head. An indication for emergency cesarean section.

**Ripening:** Softening of the cervix that occurs near term.

**Station:** The relationship of the baby's presenting part to the mother's ischial spines (part of the internal pelvic bones). The baby is "floating" when it is not engaged and "crowning" when it is on the perineum. The baby is 0 station when it is engaged in the mid-pelvis at the level of the spines.

**Transition:** The final part of labor prior to pushing when the cervix dilates from eight to ten centimeters.

**Umbilical cord:** The structure that connects the fetus to the placenta. It contains two arteries and one vein.

**VBAC:** Vaginal birth after cesarean section.

**Vernix:** The greasy, white substance that covers the fetus in-utero to protect its skin.

**Vertex or cephalic presentation:** The head down position of the baby