

Labor Information

Normal Labor

The birth process is a normal and healthy event. Your body is designed to birth your baby. During the last weeks of pregnancy, the baby “drops” into the pelvis. The cervix moves from a posterior position to a forward position and begins to soften. Braxton-Hicks contractions may occur to help thin out the cervix and help it dilate. Educate yourself about childbirth. Talk with your doctor during your prenatal visits and ask questions. Reduce your stress level as much as possible. Avoid listening to “friends” stories and reading the internet about difficult labors. The stories do nothing to help you prepare and may increase your anxiety.

Birth Plan

Most of us agree that the birth priorities should include a healthy, full-term pregnancy, with spontaneous onset of labor that continues without interventions. The mother has medications as planned and ends with spontaneous vaginal delivery and successful breastfeeding. This is the usual birth plan.

Unfortunately, childbirth is not always controllable or predictable, and some of these priorities sometimes do not materialize. This can be surprising and disappointing for parents and caregivers. For example, premature labor sometimes occurs unexpectedly. Sometimes risk factors develop during pregnancy or labor in the mother or fetus, and induction, medications, forceps or vacuum extractor, or even cesarean delivery become necessary. If pain medications are planned, a very fast labor or an occupied anesthesiologist may mean the woman does not get medication when she desires. If an unmedicated labor is planned but labor is extra long or complicated, pain medications may become necessary. Challenges in breastfeeding, such as weight loss in the baby or insurmountable problems for the mother, may mean the baby needs formula.

Sometimes, women or couples cannot have all their other priorities met because the most important priorities -- a healthy mother and baby -- might be jeopardized.

Labor Instructions

As labor begins, stay calm. Labor at home as long as you can. Home is a more comfortable environment than the hospital. It is not necessary to count your contractions during early labor. If it is your first labor, you can generally stay home until you can no longer talk through your contractions. Eat a light meal during early labor and stay hydrated throughout labor. Alternate rest and light activity – remember labor is a process of movement, but don’t wear yourself out! A warm shower or bath can be relaxing and soothing.

The “**PURE**” technique is **P**osition, **U**rination, **R**elaxation, & **E**nvironment to help your labor become more efficient and faster.

Position: change position at least every thirty minutes

Urination: empty your bladder hourly

Relaxation: massage, imagery, focal point, ice chips, rocking, breathing exercises, walking

Environment: comfortable room temperature, lighting, music, visitors, aromatherapy

When to Call Your Doctor

After your contractions are regular and painful and you can no longer talk through them, call your physician (408) 356-0431 or the after hours number (408) 554-2872. The doctor will answer your questions and then call the hospital so that they will be ready for you when you arrive. If you have any high risk problems such as twins, diabetes, high blood pressure, or are a carrier of vaginal Group B streptococcus, make sure you tell the doctor. Always call if the baby is not moving normally or if there are signs of amniotic fluid leaking or active bleeding. “Bloody show” or blood tinged mucus is normal.