

CHILDBIRTH EDUCATION PROGRAM

WEEK ONE



the women's
the royal women's hospital
victoria australia

We are sorry that you were unable to attend Week One of your series. Below is an outline of what was covered in this session. For additional information, please refer to the handbook *Having Your Baby at the Women's*.

The Women's respects the inherent dignity, worth, unique attributes and human rights of all individuals. In the following document the pregnant or birth person will be referred to as the pregnant or birth woman.

Part 1. How babies communicate

During pregnancy and birth, babies understand their world through the information they receive via their senses. In fact, the sensory cortex is the most developed part of the brain at birth.

By watching your baby, you can learn to decode their signals and understand their needs. Being able to understand and communicate with your baby helps their development and aids bonding between you both. Repeating your actions in the same way (hugging, patting, talking), creates consistent and reliable information for your baby. This supports further brain development.

Your baby's senses at birth and in the first weeks

Sight
At birth babies are:

- short sighted. They can see things close up, in a range of approximately 15–25cm
- attracted to black and white. Contrasting shades and colour vision develop over the next few weeks and months
- able to gaze for periods of time immediately after birth and then again after a few days
- drawn to human faces more than anything else and can distinguish between a happy and sad face
- more likely to engage with an animated or moving face – we call this 'mutual gaze', it aids with their brain development
- able to track and map shape to help them identify things and people. Tracking and mutual gaze often leads to your baby responding to your actions.
- In the first few months, your face is their best toy.

Hearing

- Hearing is the most developed sense at birth and will continue to develop.
- The pregnant woman's voice is the most familiar. We recommend partners and significant family members spend considerable time talking to the pregnant woman and baby before the birth so their voices will also become familiar to the baby.
- Baby will turn towards sounds, especially rhythmic or repetitive sounds, lullabies and soothing voices.
- Sounds and situations that make the pregnant woman feel positive, can have a similar effect on baby after birth. Sounds and situations that have a negative effect on the pregnant woman can also have similar effect on baby. Keeping the pregnant woman safe and happy is important for baby's growth and development.
- Babies may be comforted by familiar voices and sounds. As babies are constantly surrounded by noise during pregnancy (white noise), they usually do not need a quiet house to sleep.
- A hearing test is usually offered for your baby whilst you are in hospital or as an outpatient.

Touch

- Infants can feel pain at birth.
- Gentle, loving touch is important for releasing the hormone oxytocin. This hormone aids in the bonding process and the development of trust.
- The *startle* instinct develops in utero and is present up to 12 weeks after birth. Therefore, babies need to feel supported either by being held, carried, wrapped or worn in a suitable carrier or sling. For more information about how to wear your baby safely in a sling or carrier see the T.I.C.K.S rule for safe baby wearing: babyslingsafety.co.uk/

- When a baby is unwrapped for nappy changing, bathing or dressing they will often cry, as they feel their limbs are exposed, therefore they may like to be loosely wrapped.
- Baby's mouth and hands have strong touch receptors in the first few weeks.
- Babies are used to movement and find it soothing; rhythmic patting and movement may remind them of their parent's heartbeat.

Research shows that skin-to-skin contact is important. Skin-to-skin is when your baby is placed naked on your stomach. Skin-to-skin contact:

- Helps the baby's heart and breathing rates to stabilise as well as their blood sugar level
- Allows for transfer of good bacteria from the birth woman to baby
- Eases the transition from the womb
- Encourages breastfeeding instincts
- Enhances parent child communication
- Produces strong bonding hormones
- Can reduce crying and provide pain relief for the baby.

Skin-to-skin contact is important for both parents and significant family members.

Taste and Smell

- A baby's sense of taste and smell are developed from the amniotic fluid in the womb. It contains aspects of birth woman's DNA, her diet and sucrose (a natural sugar).
- As baby swallows amniotic fluid, their taste buds (which are greater in number at birth) develop a familiar taste and smell. Other maternal fluids that have a similar taste and smell are the birth woman's sweat, body odour and breastmilk.
- The areola area of the breasts have *Montgomery follicles* which look like small raised bumps. These follicles release a liquid that smells like amniotic fluid which helps the baby find their way to the breast.

Part 2. Labour

Information that is covered in this section can be found in *Having Your Baby at the Women's*.

- Preparing for labour – see page 35
- When to contact your GP or come to hospital – see inside front cover
- Labour – see page 36-38
- In Birth Centre after the birth of your baby – see page 42-43.

For more information about what to do if you have any concerns in late pregnancy download the fact sheet *When to call the hospital: Advice for women in late pregnancy*

www.thewomens.org.au/health-information/fact-sheets#w

As well as this information, other important facts are:

- At the Women's it is the usual practice to wait for delayed cord clamping unless the birth woman or baby require immediate medical attention. The blood from the placenta benefits the baby even after birth has occurred.
- Skin-to-skin contact is promoted.
- Healthy babies are encouraged to find the breast themselves – this is called baby-led attachment. Baby-led attachment is where your baby seeks the breast and initiates attachment and sucking. Baby-led attachment is promoted, as research shows that this supports successful breastfeeding. For a short video which discusses and demonstrates baby-led attachment visit - raisingchildren.net.au/newborns/videos/baby-led-attachment

Part 3. Hormones that enhance labour

There are many hormones involved in pregnancy, labour and breastfeeding. However, there are four, which have the greatest impact on labour:

- Oxytocin, beta-endorphins and melatonin enhance labour and make it more efficient.
- The hormone adrenaline can slow labour down and increase the pregnant woman's perception of pain.

Reducing stress, anxiety and fear in and around labour, together with effective support, enhances the production of the positive hormones.

Oxytocin

This hormone is known as the 'love, labour and lactation' hormone due to its connection with sexual activity, orgasm, birth, breastfeeding, bonding and trust building. There are numerous oxytocin receptor sites in the muscle fibres of the eyes, lungs, breasts and uterus (to name a few). Oxytocin builds in labour making the uterus contract more frequently, more effectively and with more intensity. Oxytocin is essential for labour to progress

Beta-endorphins

These are a group of naturally occurring opiates with similar properties to morphine. They are released from the brain in response to pain or stress. They reduce the labouring woman's perception of pain and provide a sense of purpose and acceptance of the labour process. During labour moving the hips is particularly helpful to produce endorphins.

Melatonin

This hormone is normally produced to help sleep, but it also aids in oxytocin production and helps the uterus to contract. It works best in the dark, so keep lights on low at home and in the birthing room.

Adrenaline and Noradrenaline

These hormones are produced by the body as part of the fight or flight mechanism in response to things like stress, fear and anxiety. High levels in the first stage of labour can inhibit oxytocin and slow the progress of labour and increase the labouring woman's pain levels. It's important to try and keep adrenaline levels low. Some amount of adrenaline in the second stage of labour can assist the labouring woman to prepare for birth and enhance her urge to push.

Things that may help create a comfortable, familiar and safe environment that aids in reducing adrenaline, stress, anxiety and fear in and around labour:

- Dim lighting, supportive eye contact with the labouring woman, pictures, flowers, familiar items, for privacy close the curtains
- Music (more effective when headphones are used and the labouring woman chooses the music), mantras, affirmations, silence, positive words, praise, love, prayer
- Massage, heat packs, ice packs, pillows, blankets, layers of clothing, holding hands, kissing, gentle touch, acupressure, stroking a favourite blanket or pet (at home)
- Spray bottle, electric oil burners, candles (at home), massage oils, spritzer, familiar items – clothing, pillow, comforting food and drink, herbal teas, ice chips.

Non-medical ways that may reduce the labouring woman's perception of pain and some that also facilitate the descent of the baby include:

- Upright positions, e.g. sitting in chair, standing, walking
- Movement – slow dancing, walking, bouncing, rolling, swaying, rocking, using a fit ball (fit balls are provided in the birth centre)
- Massage – including acupressure and acupuncture (by a qualified acupuncturist)
- Rebozo techniques - a Mexican technique using a large scarf
- Heat, such as shower or heat pack
- Distraction techniques and visualisation
- Breath exercises
- Wearing loose comfortable clothing
- Water immersion (bath/shower) & water birth.

For more information download the *Active Birth* and *Water Birth at the Women's* fact sheets

www.thewomens.org.au/health-information/fact-sheets

Part 4. Support in labour

According to research, labouring women with continuous effective support in labour and birth are 50 per cent more likely to have a vaginal birth, have less use of medical pain relief and describe a more positive experience.

See *Having Your Baby at the Women's* - page 36.

Advice for the birthing woman

- Choose your birth support team carefully.
- Take responsibility for your own health and wellbeing during the pregnancy and in preparation for the labour.
- Consider practicing mindfulness techniques, like breathing exercises and visualisation techniques.
- Understand the process of birth.
- Understand non-medical ways to work with pain.

Advice for the partner and support person(s)

- Create and maintain a positive labour birth space: a private, safe and comfortable environment
- Understand the labouring woman's birth wishes. Plan and discuss these during the pregnancy
- Understand that labour and birth is a normal process. The labouring woman needs your encouragement not sympathy
- Watch the labouring woman's face and body for signals and encourage her to release tension
- Remember to look after yourself - take breaks as needed
- Encourage drinking & offer small amounts of food. Foods like watermelon & grapes are good options
- Massage when and where indicated
- Encourage activity and position changes to assist in reducing pain and helping baby to move through the pelvis
- Encourage deep, rhythmical breathing, in through the nose and out through the mouth
- Have heat packs ready if wanted
- Encourage toilet breaks every 2 hours to ensure the bladder stays empty, aiding baby's downward movement
- Organise the logistics e.g. know where the hospital bags are and where to arrive at the hospital
- Be a positive mentor and coach; normal labour is normal healthy pain