CHILDBIRTH EDUCATION PROGRAM

WEEK TWO

We are sorry that you were unable to attend Week Two 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 - Informed consent and informed decision-making

Informed consent involves voluntary permission given by a person or advocate for treatment or procedure after being informed of the purpose, method and possible consequences, risks and benefits.

It is important to remember that as a patient you also have rights and responsibilities which may include asking questions or refusing treatment for you or your baby.

To help you understand the *informed consent* process, we discuss the *BRAIN framework*. When using this framework, you may find you need more information from your healthcare team. We encourage you to discuss questions with your healthcare providers. We also encourage you to take some time to make a decision after you have spoken with your health care provider.

BRAIN stands for:

B – Benefit
Q: What are the potential benefits to me or my baby of this procedure, care or medication?

R – Risk
Q: What are the potential risks to me or my baby of this procedure, care or medication?

A – Alternatives
Q: Are there any alternatives to this procedure, care or medication? These may be medical, surgical or alternative forms of care.

I – Intuition, instinct or impact
Q: What does my intuition or instinct tell me about this decision?
Q: What is the potential impact of the decision?

N – Nothing or Now
Q: What happens if I do nothing?
Q: Does this need to happen now?

Part 2 - Medical pain management options at the Women's

There are five main options available for pain management during labour. Information about all of these are included in *Having Your Baby at the Women's* handbook pages 38 and 39.

T.E.N.S. (Transcutaneous Electrical Nerve Stimulation)

This small portable machine is used by the woman to potentially relieve lower back and cervical/contraction pain. A TENS Machine needs to be hired or bought before use. One company that provides this service is TENS Australia. https://tensaustralia.com.

The TENS machine promotes the release of endorphin hormones which help reduce pain and allows the woman to still move about and change positions as required. It emits small electrical signals into the body via electrodes placed on the back; this provides both a distraction and helps to block pain messages reaching the brain. It is most beneficial during 1st stage of labour. It works well if used early in the labour and can be used at home.

Sterile water injections

Sterile water injections are most beneficial during the 1st stage of labour and can be used for women who experience a lot of back pain in labour or when their baby is in the posterior position (baby's back against the woman's back).

These injections consist of tiny amounts of water injected just under the surface of the skin, to four sites on the woman's lower back, forming four 'pockets' of water. These pockets can offer relief from back pain by blocking the pain messages from the lower back and by aiding the release of endorphins as discussed in Week One. The injections may provide relief for one to four hours and can be repeated.

GAS (nitrous oxide and oxygen)

This gas is a mixture of nitrous oxide and oxygen, often called 'laughing gas' or Entonox. The gas is in a machine by the bedside and in the bathroom of the hospital birth room. A long length of tubing attaches the machine to a mouthpiece. The woman inhales the gas through the mouthpiece during a contraction using regular deep breaths. The gas is eliminated via the lungs, thus the effect is temporary. Its purpose is to reduce the sharp peak of pain of the contraction. It is most beneficial during 1st stage of labour.

Narcotics (morphine)

Morphine is a drug that provides strong pain relief. It is the narcotic used at the Women's. It is usually given by injection into the thigh or bottom. It is most beneficial when given during 1st stage of labour. It helps women who are tired to rest or women who are tense to relax.

As morphine is a strong drug that can affect the baby, a vaginal examination is recommended prior to having the injection. This can help to estimate the baby's time of birth. Morphine tends to have the greatest impact on baby about one to two hours after it is given to mum. Morphine can affect your baby's breathing and/or their ability to breastfeed after birth (their first breastfeed). If this is the case, the midwife will help you express breast milk and feed your baby.

Epidural

In maternity care, epidurals are used to potentially remove pain sensations from approximately waist down to the toes.

An epidural is an anaesthetic administered by an anaesthetist. It is a sterile procedure. The drug is passed via a needle and fine tubing into the epidural space in a women's spine. The procedure may take 10-20 minutes to perform. The drugs are delivered via a computer pump that the woman is able to control. The drug may take another 15-25 minutes to be effective. The drugs commonly used are local anaesthetics and opioids or narcotics such as Fentanyl. Because of the length of the procedure and the drugs used, we recommend a vaginal examination prior to having an epidural to estimate the time of birth.

Once the epidural is removed or turned off, the return of full physical sensation takes between 30 minutes to 3 hours.

An intravenous drip is required for fluids and/or drugs. A catheter is required to keep the bladder empty. A fetal monitor machine (CTG) is required to monitor the baby and the contractions. The woman is unable to get out of the bed.

NOTE: Vacuum birth and forceps birth are more likely when epidural analgesia is used. Epidurals can also have a detrimental impact on the breastfeeding journey as they can interfere with the baby's initial breastfeeding instincts.

Part 3 - Common variations to spontaneous labour

Please also read '*Having Your Baby at the Women's*' pages 39-40.

Induction of labour

This is the process by which labour may be started medically due to risk factors such as diabetes or if the pregnancy has gone beyond the baby's due date. It may occur in two stages:

- **Stage one**: Cervical softening/ripening, where the cervix is made softer and shorter by vaginal insertion of a synthetic prostaglandin gel or a cervical catheter. It may take several hours or days for the cervix to ripen. This is not usually done in the Birth Centre.
- **Stage two:** Inducing labour begins in the Birth Centre with breaking the amniotic sac and then starting an intravenous (IV) drip of synthetic oxytocin to make the contractions begin. Usually this will make the labour start more quickly and become more intense. Synthetic oxytocin does not have the same benefits to the woman or baby as natural oxytocin.

For stage two of induction, the woman is admitted to the hospital until the birth of her baby. Use of medical pain relief options is statistically higher and assisted births are more common.

Augmentation of labour

This is a process to assist the progress of labour when a woman has gone into labour spontaneously but the labour has slowed down or she is not progressing at the expected rate. This may be done by interventions such as breaking the amniotic sac and/or providing synthetic oxytocin via an intravenous drip.

For more information about induction of labour or the interventions used during augmentation of labour download the *Induction of Labour* fact sheets (this fact sheet is available in a number of community languages).
www.thewomens.org.au/health-information/fact-sheets#i

Assisted birth

Assistance may be advised if labour is not progressing or the woman or baby are showing signs of medical distress.

Depending on the reason and at what stage of labour the woman is in, an obstetric doctor will advise which method is most suitable.

For example, if a woman is fully dilated but is having difficulty birthing the baby then a vacuum or forceps birth may be advised, whereas if she is not fully dilated a caesarean birth may be advised.

Vacuum birth

A vacuum birth can only happen when the woman's cervix is fully dilated.

During a vacuum birth an obstetric doctor performs a vaginal examination to apply a small vacuum cap to the baby's head. This can only happen when the woman's cervix is fully dilated. During a contraction, while the woman pushes, the doctor will use the vacuum to assist the baby's head to be birthed. A red swollen area will form on the baby's head and may take several days to resolve. The mother may require an episiotomy (a cut made at the opening of the vagina into the perineal muscle). If so, she will be given a local anaesthetic to the area before stitches are inserted.

Forceps birth

A forceps birth can only happen when the woman's cervix is fully dilated.

When the woman's cervix is fully dilated, an obstetric doctor performs a vaginal examination to apply two forceps, one either side of the baby's head. During a contraction, and when the woman is pushing, the doctor assists the baby's head to be birthed. Most babies will develop temporary red marks on their face of head from the forceps. An episiotomy is usually required. If so, a local anaesthetic is usually provided to the area and the cut stitched after the birth of the baby.

Caesarean birth

- An elective caesarean is arranged because of known reasons during a woman's pregnancy - a date and time will be planned for the birth.
- An emergency caesarean may be required if once labour has started the baby needs to be born via surgery.

A caesarean is a surgical procedure done in an operating theatre to birth the baby via a cut into the lower abdomen. This is usually done by an obstetric doctor with an epidural/spinal anaesthetic. This allows the woman to be awake for the birth and her support person is able to be with her. A screen is used so the operation is not visible to the woman and her support person.

It may take 10-15 minutes before baby is born however, the actual surgery may take about an hour. There will be another 30 plus minutes in recovery after the surgery is completed. Where possible, a midwife may stay with the woman throughout the birth and in recovery to assist with skin-to-skin contact and baby's first breastfeed.

Part 4 – The hospital stay

A **virtual hospital tour** of the Women's Parkville campus is available online at:
www.thewomens.org.au/patients-visitors/cbe/childbirth-education-parkville-video-tour

Important things to know about your stay at the Women's

Length of stay in hospital

For healthy women who have a vaginal birth and a healthy baby, the expected stay is 24 hours. There will also be some postnatal care in the home with our domiciliary midwives.

Discharge time

- This will depend on your baby's time of birth - either 09:30am or 3:30pm

Visiting hours

- For the friends and family - 2:30pm to 8:00pm.
- For partners - 8:00am to 8:30pm

Partner or support person

- Can stay if mother is in a single room and if it is safe to do so.
- Under no circumstances can another child/sibling stay with the mother, either during the day or overnight. Children need to be accompanied by another parent/adult at all times.

Legal Documents

You will be given the following forms to complete and information about:

- Online birth registration
- Family Allowance benefit
- Your Child Health Record Book

Consent

When caring for the birth woman or baby, the Women's requires consent from either the patient or the parent before any procedures or tests are performed.

What to expect after baby is born

See also *Having Your Baby at the Women's* pages 42-48.

On the day or birth

Birth woman

- Skin-to-skin and baby-led breastfeeding is encouraged immediately after birth.
- For caesarean births, we aim for skin-to-skin care to start in the recovery room, it can sometimes be supported in the operating theatre.
- If the woman has an episiotomy or a tear, stitches may be required. These are done in Birth Centre with local anaesthetic.
- Birth woman and baby transferred to maternity ward approximately 1- 2 hours after the birth.

Baby

- Skin-to-skin contact encouraged (see Week One).
- We will help you with breastfeeding. Babies will often have a long breastfeed soon after birth (in the first hour) then have a sleep. They will then start to be more wakeful and have more frequent feeds with about 5-8 feeds in the first 24 hours. Feeding will change over the first few days depending upon baby's feeding needs and mother's milk supply.
- Baby usually has at least one wet/urine nappy and one dirty/meconium nappy.
- Meconium is the name of the green/black poo that baby passes in the first 1-2 days.
- Vitamin K and hepatitis B virus immunisation may be administered with parent's consent.
- Download the fact sheet *Hepatitis B immunisation: The birth-dose and your baby* for more information www.thewomens.org.au/health-information/fact-sheets#h
- Baby examined and weighed

24-48 hours after birth

Mother and baby may be in hospital or discharged home under the care of our domiciliary midwife.

Birth woman

- Over the first few days, the woman will have her temperature, breathing rate, blood pressure and heart rate checked as well as her fundus (top of the uterus) and amount of vaginal bleeding.

Baby

- Observations include temperature, breathing rate, heart rate, skin colour, feeding and output.
- Dirty nappies increase and the colour of the poo will change to brown and become looser.
- Cord stump may separate about 5-21 days after birth.
- A hearing screening is offered for all babies with parents' consent. For more information visit www.rch.org.au/vihsp/
- Baby will be weighed again after 48 hours - weight loss is normal (usually about 7-10 per cent of the birth weight). It is expected they will return to their birth weight by 10-14 days of age.
- Midwife will offer guidance with baby bath if required. There is a video available at raisingchildren.net.au/newborns/videos/bathing-a-newborn-safely

48-72 hours after birth

Birth woman

- The woman's hormone levels are changing. This may cause her to feel 'flat', weepy or have premenstrual tension like symptoms, commonly called 'Baby Blues'
- Pelvic floor exercises can be started again. To encourage soft bowel actions, drink fluids and eat fibre. Download the Pelvic Floor Exercises fact sheet for more information: www.thewomens.org.au/health-information/fact-sheets#p
- The milk supply is increasing, breasts are filling with more milk and breasts may feel warm, pink and sometimes tender (cool packs after feeding can be helpful at this time).
- Midwives from the Women's will visit you 1-2 times during your first week at home

Baby

- Skin colour is checked for jaundice (the yellow colouring caused by excess Bilirubin in the blood). Before birth the placenta removed excess bilirubin and after birth the baby's liver does the work. About 60 per cent of newborns get jaundice in the first few days of life. This is usually not a problem. For more information download the fact sheet *Jaundice and your newborn baby* www.thewomens.org.au/health-information/fact-sheets#j
- It is common for babies to breastfeed 8-12 times every 24 hours, this assists milk production.
- Nappies are more wet and poo is yellow. We expect about 5-6 wet and at least 1-2 dirty nappies.
- Babies often have unsettled periods and small vomits (called possets) which are common.

Tests

We offer the Newborn Screening Test 48 hours after birth. With parents' consent blood is taken from the baby's heel and placed on a card. This is used to identify babies at risk of having rare but serious medical conditions. This test may be taken either in hospital or during the home visit. For more information visit www.vcgs.org.au/tests/newborn-bloodspot-screening