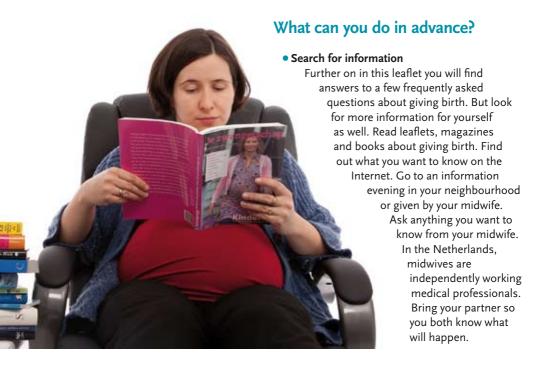




Iving birth to a baby is quite an experience. More than that: a birth is very exciting. Especially when it is your first baby. But also with a second baby or more you never know how things will turn out this time around. When does it start? How will you respond to labour pains? Each birth is different and each woman experiences giving birth in her own unique manner. So no-one can tell you how you will feel when your baby is born. They can tell you what happens to you during a birth and how to prepare yourself as well as you can. That is the subject of this leaflet. We will list for you a few things which are good to know and do at this point. In order for you to have more control and to have the confidence that you can cope with the birth.



Get sufficient rest

Ensure that you are sufficiently rested before labour starts. Being fit makes it easier to give birth. Take your pregnancy leave in time and try to have all the things you need for the arrival of your baby in the house when you are around 36 weeks pregnant. Do everything gently in the last couple of weeks. Go and lie down for a while every afternoon.

Arrange who you want present for the birth of your child

Who supports you during childbirth? It is your decision so consider it carefully. Only your partner or also your sister, a friend, your mother: it is all possible. You can decide what you want most. Choose someone you do not have to keep up appearances for. Someone you feel comfortable with. And tell the person who will support you in advance about your wishes. Discuss this with your midwife who supports you during delivery as well. If you already have children then make appropriate arrangements for them during childbirth.

Arrange your maternity care

Ask the midwife when you have to arrange your maternity care and which options there are. If you give birth to your baby at home, the maternity assistant will come for your birth after your contractions start. She will assist the midwife and will clean up after the birth. Sometimes you can arrange for the maternity assistant to come early to support you and your partner once the contractions have started. After the birth, she will stay in your house for several days to assist you with the care.



Go (together with your partner) to an antenatal class

The pregnancy class will teach you relaxation exercise. You practise positions to use during childbirth, how to handle the various kinds of contractions and breathing techniques. Your partner learns what to do during birth. There are all types of classes. Ask your midwife which classes there are in your neighbourhood and go to the class you find most suitable.

Consider where you want to give birth

Do you want to give birth at home or in the hospital? Or somewhere else maybe? Discuss this with your midwife. She can list all the pros and cons and consider together with you and your partner what suits you best. You do not have to make a definite choice yet. So you may still decide to give birth to your baby somewhere else once labour has started.

Discuss how you want to give birth

What is important to you during the birth of your child? For instance, consider the manner of delivery (like your positions), how to handle pain, what you want and do not want in the first hour after the birth and about cutting the umbilical cord. Discuss this carefully with your midwife. You have to realise one thing: a birth cannot be planned exactly. It may always be different than you expected. This is why it is extra important to inform your midwife in advance of your wishes so she can take this into account.

How do you know labour has started?

False alarm: 'hard belly' (Braxton Hicks contractions)

You may have felt this when you are in the last months of pregnancy: sometimes your uterus will contract for a little while. The further along you are, the more it will happen. Hormones cause this. It is called a hard belly. This may feel awkward. However, most women do not even feel it. The contractions are not (preliminary) contractions and they are not the start of your labour.

• The real start

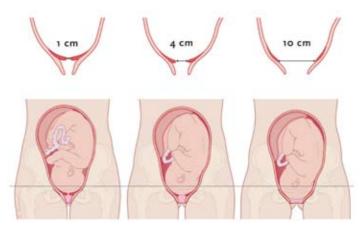
Labour usually starts with contractions. Sometimes, these contractions hurt right from the start and they are close together. Usually, however, they are short, irregular and not so painful in the beginning. Often you can just continue what you are doing. At the most, you will stand still every once in a while because you feel something. These preliminary contractions make the cervix softer. Only when the contractions become stronger and more regular and hurt more and when the cervix begins to open (the dilation) has your labour actually started. The midwife checks the extent of dilation by means of an internal vagainal examination. Labour may also start with your waters breaking. Then as well strong contractions are needed to dilate the cervix. They usually start within 24 hours after the waters breaking.

The birthing process step by step

The contractions become stronger, more often and more regular and they hurt more

A contraction is a uterine muscle contraction. It feels like a cramp in your lower abdomen that comes on slowly, gradually gets worse and then subsides again. You can compare such a contraction with a wave washing ashore. In the beginning you feel the wave of pain coming. Just before the wave breaks, the pain is at its worst. Then the wave retreats and you feel the pain becoming less. Between the contractions your abdomen relaxes.

Dilation contractions open your cervix



The dilation contractions ensure that your cervix opens up far enough (10 cm) to allow your baby to be born. This is called dilation. For dilation strong contractions are needed. They take longer than preliminary contractions (1-1.5 minutes) and they are regular, every 3 to 5 minutes. It feels like a painful cramp in your whole pelvic area. Some women feel them in the abdomen, others feel them in their back. Some women (also) feel them in their legs. The contractions become more powerful and more painful as the dilation progresses. During the last centimetres of dilation (8-10 cm) the contractions are at their most powerful. The midwife checks the centimetres of dilation by means of an internal vaginal examination.

Your water breaks (or the midwife breaks your waters)

Sometimes you see it on TV: Labour starts with the waters breaking. But very often the waters break later. That is a good thing because the membranes and the waters protect the baby and help open the cervix by the pressure they exert. The midwife therefore will only break the waters at the end of the

dilation, if they have not broken spontaneously. Or sometimes sooner if the contractions become weaker of if the dilation is not progressing. This does not hurt. You only feel a bit of warm water running down. After you waters have broken you still produce new amniotic fluid so your baby will never be 'dry'. If your contractions are not strong yet you are not allowed to take a bath because of the chance of infection, because your baby now has an open connection with the outside world. Your temperature is taken after your waters have broken in order to quickly discover any infection.

Pushing contractions 'push' your baby out

When you are dilated enough to birth to the baby, the dilation contractions turn into pushing contractions. The midwife will first perform an internal vaginal examination to be sure that the cervical dilation is complete. The head has passed down through the large opening of your cervix. At the peak of the contraction you will feel the urge to puss. This is a beginning urge to push. You cannot stop it. It is an indication that your baby is ready to come out. The push contractions usually come every 5 minutes. They are very strong. You have just enough time in between to recuperate or doze off. Do not worry if your legs start shaking: this is caused by your muscles relaxing. It is all part of the birthing process.

You actively push

The end is near. Good push contractions do a lot of the work. You can now begin to push actively. During a pushing contraction you have to push with all your might in the direction of your vagina and anus. If feels like you have to defecate. In the beginning, you do not always feel in which direction you are pushing. But when the head moves deeper, it will become clear how you can use such a push contraction to push with.

• There is the head

You can see it in a mirror if you wish. If it is your first baby then it may take a while before you see the head. Each contraction pushes it a bit further – but it also retreats a bit. The baby is busy turning his or her head through the birthing canal. The midwife will tell you what is happening and she will coach you. With a second child you usually do not have to push as long because the birthing canal has been made flexible by the first child. You may see the head sooner and it will progress further during a contraction. A second or next baby is sometimes even born in one push contraction.



Your child is born

When the head comes out you can feel it stretch at the bottom between your vagina and your anus. This can be painful or give a burning sensation. A cold face flannel against your pelvic floor may help. The midwife will tell you what to do to prevent you from tearing. When the head is born the midwife will help ease your baby out. You usually do not have to push hard anymore, the rest of the body will follow quickly. Soon you will have your baby on your belly. A great moment. Enjoy it!

• The placenta (the after birth) comes out

Your abdomen is calm again. Because you no longer feel contractions you would almost forget that the placenta will follow. The uterus contracts to release the placenta and to prevent too much blood loss. The midwife holds the umbilical cord tight to check whether the placenta lies loose. If it is loose she will ask you to push again while she puts counter pressure on your abdomen. Usually the placenta, the umbilical cord and the membranes then will come out. It is a odd feeling but it does not hurt. The uterus contracts and feels like a hard ball under your navel.

Cutting the umbilical cord

When the pulse of the baby can no longer be felt in the umbilical cord it may be cut. You may put your baby to your breast now for a little while. This is a natural method to let your uterus contract and to prevent further loss of blood.

How long does childbirth take?

From the first dilation contraction it usually takes 4 to 14 hours before dilation is complete and you may start pushing. In general, it takes longer during a first birth than in a subsequent birth, because the uterus is less stretchy and opens with more difficulty. The contractions first make the uterus softer and thinner. How fast it goes also depends on the contractions. When these are stronger and come more often the birth will be quicker. On average, the pushing stage takes about 1 hour, but for the first baby it may also be 2 hours. For a second baby the duration of the pushing stage varies between 5 minutes and 1 hour. The placenta usually comes out within half an hour of the birth of the baby.

What can you do to handle the contractions?

Try to relax

warm.

Relaxation is the best method to handle the pain. The preliminary contractions and the first dilation contractions are usually quite bearable. Just continue what you are doing. Look for distraction and do not mind the pain too much. As long as you don't do anything that will make you tired. When the contractions become stronger, find a place where you feel comfortable and where you can concentrate on a contraction. Make yourself as comfortable as possible and be sure to be nice and warm (hot water bottle, warm shower on your front or back). Try not to cramp up but leave everything hanging as loose as possible, then you will feel the pain less. And do not forget to eat because you need the energy to stay

Experiment with positions

For instance, you may stand to handle a contraction while you move your hips or lean on a table or a chair. You can sit on your hands and knees or on a stool and then lean on the table. If you prefer to lie down then lie on your side with a pillow between your legs and maybe also a pillow under your belly and a pillow behind your back. Change positions during labour. Find out what you like and what works best for you.

Think positive

Always try to think: this contraction has passed and will never return. Be convinced that you can handle the contractions. Is it not going well for a bit? Do not worry: this is normal. Let your partner or the midwife (or whoever is with you) encourage you. The good news is that every contraction brings you closer to your ultimate goal: the birth of your baby. The child you have carried within you all this time and you soon finally will hold in your arms. Think of that moment.

Do you want to know more about handling pain?

For instance, about pain treatment at home and in the hospital? Then read our leaflet Your birth: how do you deal with pain? The midwife, of course, can also tell you more about easing the pain.

What can your midwife do for you?

Prepare you for the birth

Your midwife will do anything to prepare you well for the birth and to make it a special experience for you and your partner. Tell her your wishes, and your concerns. Your partner may of course be present. Good preparation may reduce your fear and insecurity. You feel more like you have everything under control. Your midwife, of course, will tell you when the moment has come that you have to call her for the birth. You can always call her when you are worried about something.

Taking care of everything

The midwife will take care of everything during the birth, in consultation with you and your partner. If you want to give birth in the hospital she will decide together with you the right moment to go there. She will indicate when the maternity assistant can be called. When you are giving birth she will regularly come and when the dilation is progressing fast or if you need support she will stay with you.

Steering you safely through the birth

Your midwife is medically schooled and will constantly keep an eye on you and your baby. She examines you internally, for instance, to determine your dilation, assesses the progress of your dilation and the strength of the contractions and she regularly listens to the heart sounds of your baby.

She asks you how it is going, encourages you and gives instructions to you and your partner. She tells you how far along you are and what will happen next. Your midwife is specialised in pregnancies and births so you are in good hands. Because she has helped with so many births, she knows precisely how to best help you. She knows what you want and what you do not want and takes this into account. You can ask her anything and

tell her all your concerns and wishes.

• She will send you to the obstetrician when there are complications
It is possible that the birth is not 'going by the book'. For instance, because the birth takes too long or because your baby has defecated in the amniotic fluid. If this is the case, the midwife will contact the obstetrician in the hospital and transfer the care to him/her. In the Netherlands this happens to about half the women giving birth to their first child. When women have given birth before then this happens with two out of ten births. The midwife will discuss with you and your partner what is going to happen. She tells the obstetrician or hospital midwife how your birth went so far and informs them of your wishes. Discuss all this during your pregnancy with your midwife.

What can your partner do for you?

Be there for you

Your partner can do a lot for you by giving you support. The same applies of course to a friend, your mother or someone else you feel comfortable with. It is important that this person is there for you and stays with you. Someone who understands you and wants to comply with your wishes. But also someone who can accompany you and with whom you feel secure.

• Making everything as pleasant and easy as possible for you

Your partner can take care of a comfortable environment: nice and warm, quiet, relaxing music, something to eat and drink and if you need it some distraction. It is nice if he for instance fills a hot water bottle, turns on the shower for you, puts stools out for you when you want to change your position and runs your bath and makes sure the temperature is pleasant when you want to take a bath.

• Helping you to handle the contractions

Your partner can often see when you find it difficult to handle the contractions. He can help you find another position. You may for instance lie in bed for a while and then later sit in the shower. The main thing is that your partner remains positive, encourages you and holds your hand when you need support. It can be pleasant if he breathes with you in the same rhythm. And maybe your partner can give you a relaxing massage?

• Taking your wishes into account

Maybe while giving birth you feel that you would rather not have anyone around you. Or that you want it to be quiet. That is completely normal. Do not worry about it. It is easier to concentrate when it is quiet around you. And you need to concentrate to handle the contractions. That is why you have to be clear about what you want and what your partner can do for you.

Anymore questions?

Do you have any more questions after reading this leaflet? Then be sure to ask your midwife. Because your midwife can tell you everything about what happens to you during thebirth, how to be prepared or where and how you can give birth. And much more. She is there for you.

Do you want to know more about handling the pain of the contractions during labour? For instance, what can you do to relieve the pain or to receive an anaesthetic? Then please read our leaflet Your birth: how to handle pain?

Also see www.knov.nl



Publisher's Imprint

Published:

© Koninklijke Nederlandse Organisatie van Verloskundigen, KNOV (Royal Dutch Organisation of Midwives), March 2009

Editing:

Taallijn tekstservice

Design:

Arnold Wierda

Photography:

Photography & web design Onszelf

Illustrations:

© Rogier Trompert Medical Art

Translation:

Tolk- en Vertaalcentrum Nederland, March 2010

This brochure was made and carefully compiled by the KNOV.

The KNOV rejects any liability for ill effects caused by use of third parties. Nothing from this brochure may be copied or made public, in the broadest sense, without prior written permission of the KNOV.

