

## Fact Sheet

# Giving Birth - what you need to know

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### Giving Birth, What you need to know

During your pregnancy you will have heard people talking or would have read about the different stages of labour.

It's a good idea to know what these stages are before labour starts so that you are truly prepared when you welcome your baby into the world.

- most women will have a normal and straightforward labour others seem to face a number of challenges. Each labour is unique.
- midwives and Obstetricians (doctors) use the different stages of labour to determine how you are progressing.
- the stages can also help you and us decide if we need to help things along and how we are going to manage that.

There are four stages of labour, you may have only heard of three! These are:

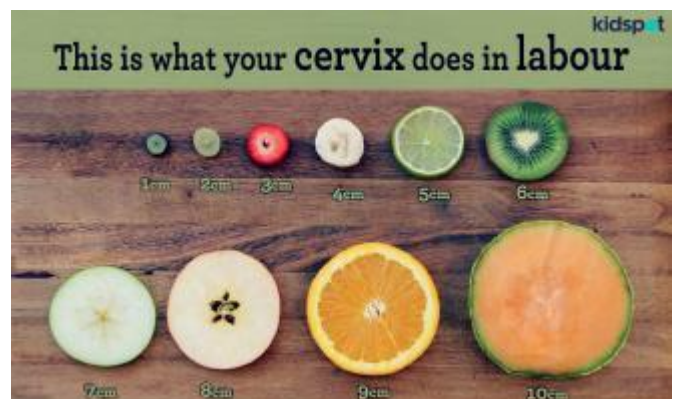
#### First stage

- this stage is usually the longest, particularly if you are having your first baby. Nature is a wonderful thing, this phase builds up over time so that your body can adjust to what is happening.

It can be divide up into three parts:

#### Early labour or the latent phase

- may start in a number of ways. Sometimes your waters will break
- sometimes you start having irregular contractions that last 20-30 seconds, 20-30 minutes apart, these can stop for a few hours or even days then start up again
- you may get a feeling of pelvic pressure as the baby's head drops lower into your pelvis or have diarrhoea or a "show". This may happen over a period of weeks or days and
- during this time your cervix is thinning out and starting to dilate (see ***How will I know I am in labour?*** fact sheet)
- Most of this will occur while you are in the comfort of your own home surrounded by familiar things. The evidence shows that, if everything is OK with your pregnancy, you labour better if you can stay at home for as long as possible in this phase.



Your cervix dilates (opens) from a size of a blueberry to a size of a melon. Its' an amazing feat!



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### Established labour or the active phase

- phase where your contractions have established a pattern, usually two to three minutes apart, lasting 60-90 seconds and are much more intense
- true labour contractions tend to make it difficult to talk or concentrate, when they come you'll find you have to focus on breathing through them until they have faded away
- some women feel them in their back and down into their legs but most women feel them low in the abdomen
- your waters can break in this stage too and most women by this point produce sticky blobs of mucus from their vagina, this is the mucus plug coming away from the cervix as it opens up
- by the time you reach this stage your cervix will have dilated and be 4-6cm open. All your body needs to do is dilate your cervix to 10cm.

**This takes much less time to happen, you have done all the hard work in the latent phase!**

### Transition

- final and usually most intense part of first stage and lasts anywhere between 15 minutes up to an hour
- often at this point you may decide that you've had enough, you're not going to do it anymore and you want to go home now! So many women voice these feelings in transition that midwives use it as a sign that you're almost at the point where you will feel the urge to push
- your contractions continue to last 60-90 seconds with 2-3 minutes between contractions. Your waters could break at this point (if they haven't already) and most women have what is called a 'heavy show', usually a large amount of mucus that has fresh red blood in it. However, it still remains sticky and does not look like a period.



- one of the most remarkable things that can happen is that your body may decide to give you a rest and your contractions stop for a while or become less frequent. This break will only last for a short time

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- once contractions return they become expulsive (make you want to push). You feel intense pressure in your back and bottom. Many women say they feel like they are going to open their bowels, this is because your baby's head is pressing on all the muscles you would use to go to the toilet
- this happens when your cervix has almost reached, or is, 10cm dilated. You can feel hot and sweaty and a little shaky or nauseous. By this time you may feel exhausted, you will be using the break in-between contractions to have a little snooze or rest your eyes
- your body has been given the workout of all workouts and takes every opportunity to recoup some energy.

### Second stage

- once first stage is complete the longest phase of labour is over and second stage begins
- women much prefer this stage of labour as they are no longer passively managing their contractions but actually get to work with the contractions to push their baby out.

Second stage has two phases, these are:

#### Latent phase

- transition and the start of second stage can overlap. Your cervix will be fully dilated at this point
- the baby's head descends into the pelvis further and rotates so the back of the baby's head is facing your tummy
- you will still get contractions but not so much a feeling of pressure

- your contractions continue and eventually that pressure turns into an urge to push.

#### Active phase

- you may already have been feeling a little pressure in your bottom, the active phase starts when you can no longer ignore the sensation and you get an overwhelming urge to bear down.
- you also start to feel tingling and burning sensations as your perineum (the area between your vagina and anus) begins to stretch as the baby's head descends further. This phase can take up to three hours with your first baby.
- second and subsequent babies birth much more quickly, sometimes with just two or three pushes
- it takes time with your first baby because every time you push you stretch the muscles and skin a little further
- each time you push, more and more of the baby's head descends until it reaches the point when it stays there and no longer goes back.
- the widest part of the baby's head has moved down under your pubic bone. This gradual stretching and descent process helps to reduce the chance of tearing or needing an episiotomy (a cut to the perineum).
- the crown of the baby's head is the first thing you see as it is being born, this is why it is called crowning

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- once the head has crowned you feel a sense of relief as the head is born as the burning sensation eases.
- the baby's head rotates to the side to allow its shoulders and body to be born, usually in a slippery gush of liquor, birth can get a bit messy!
- the baby is lifted up onto your tummy or chest for precious skin to skin time with you.



### Third stage

Third stage completes your labour.

- your baby is here and is making the vital changes it needs to adapt to the world outside your uterus
- placing your baby in direct contact with your skin aids this transition, passing on friendly bacteria that help your baby fight off infection in the early days and weeks of life.
- the other benefit of skin to skin is that it makes your levels of oxytocin, the 'love hormone' to rise
- your baby's birth causes a huge surge of oxytocin that makes your uterus contract down helping to remove the placenta and membranes from the wall of your uterus
- having the baby against your skin or breastfeeding makes that surge even more effective
- once the placenta and membranes are out the uterus contracts down even further stopping you from bleeding too much. It is normal to have some bleeding from your uterus following the birth, but it will be like when you have a period

There are two ways you can birth your placenta and membranes (Please read our fact sheet: *The birth of your placenta-Third stage management*)



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### Active management or controlled cord traction (CCT)

- throughout the world most hospitals will recommend that you have active management of the third stage
- studies have shown that you are less likely to bleed heavily after the birth of your baby
- this is called a postpartum haemorrhage or PPH
- with active management your midwife or doctor will ask you if they can give you an injection of syntocinon® (a drug very similar to the hormone oxytocin) in your thigh after the baby is born
- this helps your uterus contract and as this happens the placenta and membranes separate from the wall of the uterus
- your midwife will wait for the umbilical cord to stop pulsating before it is cut (unless your baby needs help breathing at birth). Waiting for this to happen means your baby will get more blood from the placenta
- the midwife or doctor will look for signs of the placenta separating usually within about 5-10 minutes of the injection being given, this may be the cord getting a little bit longer as the placenta drops into the vagina or a small trickle of blood as it separates
- the midwife will then place a hand on your tummy, just above your pubic bone and apply gentle pressure, at the same time pulling on the umbilical cord to deliver the placenta and membranes. Sometimes the midwife will get you to push at the same time

- once the placenta is out your uterus contracts even more to close off the area where the placenta was attached preventing you from having a PPH.

### Physiological management

- if you choose to have physiological third stage, you will rely on your own production of oxytocin to help your uterus contract and expel the placenta and membranes.
- your contractions work in the same way as for active third stage helping the uterus to shed the placenta and membranes
- your Midwife or Doctor look for the same signs that the placenta is separating from the wall of the uterus but do not pull on the cord or touch your tummy
- instead you wait until you can feel the fullness of the placenta in your vagina and the need to push it out
- birthing your placenta physiologically needs a little patience as it can take from 10 mins to an hour.

### Ways to help this happen are:

- you and your baby are kept warm and skin to skin contact or breastfeeding your baby is encouraged
- you feel safe and supported
- your midwife or doctor are skilled at helping a woman birth the placenta and membranes physiologically
- you let gravity help by adopting upright positions, such as kneeling, standing or sitting on a birth stool

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Once your placenta and membranes are out the midwife will check them to make sure they are complete.

Your placenta and membranes are a marvellous organ, it has sustained and protected your baby whilst inside you for around nine months. This is a good time to see it if that's what you want to do, you may choose not to.

Your midwife or doctor will then check

- your perineum to see if you have torn and need stitches
- feel your tummy to make sure your uterus stays nicely contracted and
- look at your blood loss.

If everything is OK you will be given some space to get to know your new arrival.

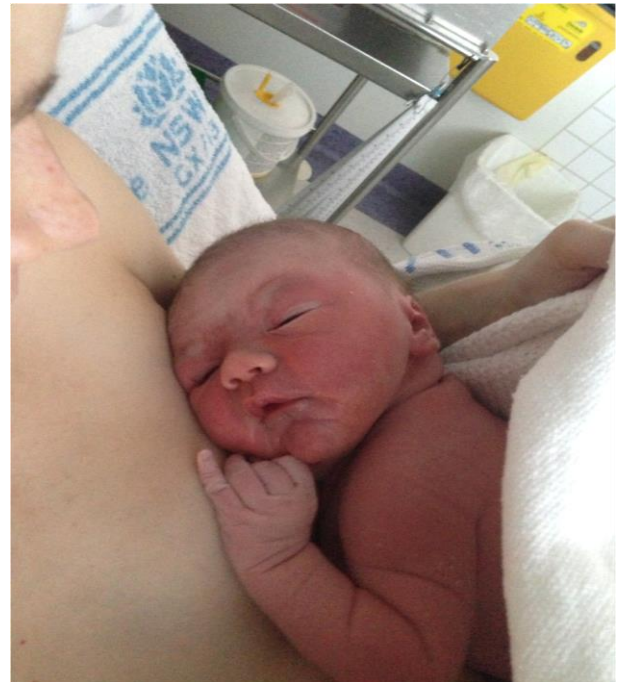
#### **Fourth stage**

*Congratulations*, your long awaited baby has arrived and this is where it really begins to sink in! It's normal to want to tell everyone your wonderful news, but it's a good idea to keep this hour or two after birth for you and your partner.

It won't make any difference if you tell everyone a little later that the baby has been born.

This first hour or two after birth is a very precious time where you and your partner get to know and bond with your baby.

It's a time to be private, a time to give uninterrupted skin to skin contact, the best time to breastfeed your baby and for the midwife to make sure everything is OK after the birth.



This is where your hormone levels change, during second stage adrenaline will have been pumping through you and your baby, this time working with oxytocin to help you birth your baby.

It's quite normal to feel a little shaky as the levels start to fall. It is important that you keep calm and warm as oxytocin and endorphin levels rise, making sure that instant love you feel for your baby continues.

Once this first hour or two is over you can start to find out all those details everybody wants to know. Your midwife can check, weigh and measure the baby and give any vaccinations you have consented the baby to have.

Now is the time to announce to all your relatives and friends that your baby is here.



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**“It is said that a women in labour will leave her body, travel up to the stars, collect the soul of her baby and return to the world together” – Native American saying**  
**Anonymous**

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