

Birth Preferences Guide



Westsidemidwives

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About this package

Near the end of pregnancy, we will discuss choices and preferences for birth. This information booklet is designed to give a baseline of information that will be covered during prenatal appointments. This information is provided in advance to help you make informed choices for you and your family. At the end of this guide, we have also included a short summary of the stages of labour and how to support a labouring person, in case you and your partner were unable to take a prenatal class.

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Place of Birth

Midwives offer a choice of home birth or hospital birth for healthy, low-risk women. This is something you midwife can discuss with you further during a prenatal appointment. For more information on planning a home versus hospital please see the please see the Place of Birth Handbook made by the College of Midwives of BC: [Place of Birth Handbook](#).

Homebirth is an option for people with healthy pregnancies. Research supports homebirth with Registered Midwives as practiced in BC. When you plan a homebirth, your midwife screens you carefully for pre-existing medical conditions. If home birth seems like the right option for you, your midwife will review benefits and risks. When you are in labour your midwife will bring specialized equipment and medications including oxygen, portable suction, resuscitation equipment and drugs to control bleeding. A second midwife will arrive to be on hand when you are closer to meeting your baby. Transport to the hospital can happen if the family chooses or if there is a concern. Some people feel safer birthing at home and some people feel safer birthing in the hospitals and midwives are able to support both choices! For more information on the safety of home birth:

- [Homebirth: An annotated guide to the literature \(compiled by the Division of Midwifery, UBC\)](#)
- [Globe & Mail article on Homebirth in BC](#)

Doulas

A birth doula is someone trained and experienced in childbirth that provides continuous physical, emotional and informational support during labour, birth, and the immediate postpartum period.

A respected group that compiles and reviews research evidence, called the Cochrane database, looked at doula support during birth and found:

- higher rates of spontaneous vaginal delivery, and therefore lower rates of Caesarean or assisted birth (forceps or vacuum-assisted deliveries)
- lower use of pain medications
- higher satisfaction with birth experience
- shorter labours
- babies less likely to have low 5-minute Apgar scores
- no adverse effects

While continuous labour support is also often provided by a partner and/or friend or family member, they state that “continuous support from a person who is present solely to provide support, is not a member of the woman's social network, is experienced in providing labour support, and has at least a modest amount of training, appears to be most beneficial.” (Source: The Cochrane Database, 15 July 2013, “Continuous support for women during childbirth” http://www.cochrane.org/CD003766/PREG_continuous-support-for-women-during-childbirth)

Doulas usually practice privately and are hired by the family. There is a range in cost. In some circumstances, we may be able to connect families with a low cost, sliding-scale or volunteer doula.

There are also Postpartum Doulas, who offer care for new families in the first weeks after birth providing household help, advice with newborn care and infant feeding, and emotional support. They also work privately and are usually paid an hourly rate.

Further reading:

<http://www.dona.org/mothers/index.php>

or for BC specific information:

<http://www.bcdoulas.org>

Here's a list of doulas (in alphabetical order) that we know, or have worked with. The most important thing, when choosing a doula, is that you feel that you have a good relational connection with them.

Hillary Bergshoef
<http://www.arohabirth.com>

Jill Colpitts
<http://www.safebeginnings.ca/doula-services>

Lolli Comar
<http://thevancouverdoula.com>

Rheja Gilchrist
<http://rhejadoula.com/>

Jozi Grant
www.vancouverbirthdoula.com

Elodie Joy
<http://birthing-goddess.ca>

Avital Kline
www.familytreedoulas.com

Sarah Loewen
www.birthsmith.ca

Katie Mackenzie
<http://doulamatch.net/profile/2939/katie-mackenzie>

Judy Maclaren
<http://www.dancingstarbirth.ca/childbirtheeducators.html>

Michelle Mclean
<http://www.dancingstarbirth.ca/Michelle.html>

Debra Woods
www.dakinidoula.com

Signs of labour

Signs of the body getting ready for labour:

- Lower back ache – similar for some to the feeling of getting a period.
- Cramping, or an increase in Braxton-Hicks contractions.
- Soft bowel movements – may be accompanied by cramps or digestive upset.
- Bloody Show – vaginal mucous tinged with red or pink blood. This is a sign that the cervix is beginning to change.
- Nesting instinct – sometimes a burst of energy and desire to prepare for baby, sometimes it is wanting to withdraw and be alone to mentally prepare.

Signs of *Early Labour*:

- More regular contractions or cramps
- Loss of appetite
- Feeling “weird” or nauseous

What to do in early labour:

- If it is nighttime – try to sleep or rest
- If it is daytime, carry on with life as normal, alternate between rest & activity. Try to distract yourself and not focus on the tightenings.
- You can call the clinic and leave a message saying that you are in early labour (don't call the pager if you don't have a concern - your midwife may be sleeping)
- Take a shower or a bath, or put a heat pad or hot water bottle where you feel the contractions
- Keep eating and drinking fluids, and empty your bladder regularly
- Page your midwife if your early labour is continuing and you are unable to sleep or exhausted

Signs of *Active Labour*:

- Contractions begin to get longer and stronger no matter what you are doing.
- You cannot walk or talk during the contraction and you need to focus.

When to page the midwife

First Baby: 4-1-1

- Contractions are 4 minutes apart (counting from the beginning of one contraction to the beginning of the next contraction.)
- Contractions last approximately 1 minute.
- The contraction pattern has been this way (every 4 minutes lasting 1 minute each) for 1 hour.

Second, Third, Fourth... Baby: 5-1-1

- Contractions are 5 minutes apart (counting from the beginning of one contraction to the beginning of the next contraction.)
- Contractions last approximately 1 minute.
- The contraction pattern has been this way for approximately 1 hour.
- You feel any new rectal pressure
- You think that the labour may be progressing quickly.

If the water breaks before labour

Usually the water breaks during labour. About 10% of the time, it breaks before labour contractions have started. It may be a large gush of fluid, or continuous leaking of small amounts of fluid. Please page the midwife if you are preterm (before 37 weeks) and your water has broken.

Here are some guidelines around when to page at term (after 37 weeks):

- Page the midwife if the water is meconium-stained (green or brown colour), has a foul odour, or if you are not feeling the baby move.
- Page if you are GBS positive.
- Page if you think you might want to have your labour induced right away
- Page your water breaks in the daytime
- Page if your water breaks at night and you ARE having strong, regular contractions
- If your water breaks at night, the fluid is clear, you're GBS negative and your baby is moving, you can go back to sleep and page in the morning. This is a good time to rest up because labour will probably start soon!

Writing a Birth Preferences Plan

Writing a Birth Plan/Birth Preferences list is optional. If you do write a birth plan, think of it as a way to communicate with your midwives, and any nurses or doctors who may care for you in labour. It tells everyone about the kind of labour you are hoping for and what you would rather avoid. The best birth plans acknowledge that sometimes things don't go according to plan. Birth can be unpredictable.

If you decide to write a birth plan, we encourage you to discuss your choices with your midwife before you finalize them. Our goal is to ensure that you have all of the information needed to make decisions on behalf of yourself and your baby.

If you do write a birth plan, here are some things you could include:

- Support people: who you are planning to have attend your birth.
- Your wishes regarding pain relief options in labour, including if you are planning to use non-pharmacological ways to stay comfortable or are considering pain relief medications.
- If you are interested in waterbirth - note, this is an option at BC Women's and at home births but not at Saint Paul's Hospital. Let us know if you are interested in this and we can discuss it further.
- Your preference for managing the delivery of the placenta. Note: we will discuss this during prenatal appointments to make sure you have all of the information.
- Whether you are planning to keep your placenta.
- If you are planning to have your baby's cord blood collected for donation (only at BC Women's) or private storage.
- Care of your newborn - this includes options around eye ointment, Vitamin K, Newborn Screen, circumcision. Again, we will discuss these during prenatal appointments to make sure you have all of the information you need to make decisions.
- How you are planning to feed your baby.
- Unexpected situations. For example, in the unforeseen event that a baby has to go to the neonatal intensive care unit (NICU), some families prefer that the partner goes with the baby until the mother is able to.
- Special needs or considerations. If you have a disability, let us know how we can best support you. If you have needs relating to your faith or culture, let us know how we can facilitate those needs. Hospitals and health professionals are committed to being culturally sensitive and treating people as individuals.

We strive to give you and your baby the best, evidence-based care. Our preference is always that your birth happens in a way that is gentlest for you and your baby. This includes safe-guarding your health and your baby's health. For example, when you are pushing out your baby, we work to protect your tissues as much as possible. We always bring your baby up to you for immediate skin-to-skin contact and we practice delayed cord clamping unless you request otherwise, or unless there is a concern that prevents us from doing so. We always ask if one of the parents would like to cut the cord. In other words, you do not need to specifically request these things or write them in a Birth Plan, but you are welcome to.

Useful Things for Home or Hospital Labouring

At Home

Whether you are planning a home birth or a hospital birth, you will most likely spend the first part of your labour at home. The following items can be useful to have on hand:

- Disposable blue pads
- Exercise ball
- Heat Pack
- TENS machine

Hospital bag

It's a good idea to have a bag of essentials packed for the hospital about a month before the due date. This is a good idea even for those planning a home birth, in case of transfer to the hospital.

Here are some ideas:

- Pillow(s) and breastfeeding pillow if using
- Pajamas, night-gown, or t-shirt (for labour and for after the birth)
- Slippers or shoes that are easy to put on
- Comfortable underwear (at least 3 pairs)
- Nursing bra
- Personal hygiene items for anyone plan to stay at the hospital with you: toothbrush, toothpaste, hairbrush, lip balm, hair ties, etc.
- Change of clothes
- Snacks and drinks (include some protein!)
- Music and music player/speakers
- BC Care Card
- Camera and charged batteries, or phone charger if using a phone camera
- Money for food and parking
- Clothes, hats and booties to dress baby
- Car seat
- Receiving blankets
- Signed cord blood bank donation form, if applicable
- Bright Start Bundle form, if applicable

Tip: If you're planning a hospital birth, pack one smaller bag containing your essentials just for labour. Leave your bulkier items in the car so they aren't in the way during labour, or have to be carried if you need to move rooms.

Tip: If you're planning a home birth, it can be helpful to have a small bag with essentials packed in case a transfer to the hospital becomes necessary.

Comfort Measures and Options for Pain Relief

There are many options when it comes to comfort measures and pain relief during labour. It's useful to familiarize yourself with your choices ahead of time.

Comfort Techniques: In early labour, there are many comfort measures you can try before exploring pain relief options.

Breathing	Many women find it helpful to focus on slowly breathing in and out during contractions. This can have a calming effect, and helps relax you.
Water	A shower or bath can be very helpful in easing discomfort. However, if your waters have broken, opt for a shower instead of a bath to avoid the risk of infection.
Massage	Having your shoulders, neck, and particularly your lower back can be very soothing.
Vocalizations	As contractions become more intense, you may find it useful to concentrate on making low-toned vocalizations. If you practice yoga, you may find making the sound “om” to be relaxing and calming.
Relaxation	Between contractions, make a conscious effort to “let the last contraction go”. Soften your shoulders, exhale a deep breath, and release any tension in the muscles of your body.
Movement	As you work through your labour, it can be helpful to move your body. Walking can help bring your baby down into your pelvis, and can also help relieve pressure on your back. You may also find that rhythmically swaying side to side can be soothing.
Heat	A hot water bottle, hot compress or heat pack applied to the lower back can be very comforting. Tie it in place with a scarf so you can continue to move around easily.
TENS machine	TENS machines have been used widely by physiotherapists for pain relief, and many women find them exceptionally helpful during labour. Four small adhesive pads are applied to the lower back. When a small electrical pulse is delivered to the pads, the stimulation of the nerves blocks other pain signals. If you're interested to find out where you can rent a TENS machine, speak to our office manager.

For further reading:

The Birth Partner, Penny Simkin.

Baby's Best Chance, Healthy Families BC. pgs 59-65

Pain Relief: If you find that you have tried all of the comfort techniques and need a little more help with pain relief, here are some options you can explore with your midwife.

Pain Relief Option	Benefits	Side effects
Nitrous Oxide (Entonox) and Oxygen. Also known as laughing gas	<ul style="list-style-type: none"> - can be used right up until birth - gives you a point of focus for your breathing 	<ul style="list-style-type: none"> - only recommended for 2-3 hours - you may feel dizzy and have temporary tingling or numbness in their face or hands
Narcotic Pain Medications (i.e) Fentanyl or Morphine	<ul style="list-style-type: none"> - can be given either intramuscularly (IM) or Intravenously (IV) - if given by IM, typically will work within 20-30 minutes and will last 2-4 hours - if given by IV, typically will work within 2-3 minutes and will last 1-2 hours - narcotic medications tend to make most women feel sleepy and relaxed 	<ul style="list-style-type: none"> - may make the baby sleepy. If a narcotic is given near birth, it may affect the ability of some babies to breathe and breastfeed - usually given before the late part of the first stage of labour due to its effect on the baby at birth (this way, it can wear off before the baby's birth) - may make you feel drowsy, dizzy, or nauseated - will only dull the pain, but will not take the pain away
Epidural / Spinal Local anaesthetic is injected into the space around the spinal cord, providing pain relief from the waist down. During a caesarean birth, pain relief is from the breastbone down.	<ul style="list-style-type: none"> - used at any time during labour - provides the most effective pain relief - may be used for a caesarean birth so women can be awake during the birth - you generally do not feel drowsy or groggy 	<ul style="list-style-type: none"> - decreased mobility, you may not have good control of your legs - some women shiver at first and may itch from the medication - frequent blood pressure checks - you will likely need to have an IV during the epidural - it's common to have a fetal monitor during an epidural, which may restrict movement - you may have a catheter inserted into their bladder to drain urine. - you may not feel the urge to push or be able to push well - increased risk of forceps delivery
General Anaesthetic Completely asleep during caesarean and birth	<ul style="list-style-type: none"> - used when an epidural or spinal is not possible or unsafe to give - used when there is not enough time to place an epidural - preferred in an emergency situation 	<ul style="list-style-type: none"> - some women may have a negative reaction to anesthesia or other medications during surgery. For example, blood pressure dropping quickly - your throat may feel dry and sore after the anesthetic. This is due to the breathing tube placed in the windpipe while asleep

Table adapted from [Baby's Best Chance](#)

3rd Stage - the delivery of the placenta

After baby is born, there is a surge of the hormone oxytocin in the body. This causes the uterus to contract and become smaller. The placenta detaches from the uterine wall and can then be delivered. This leaves a wound on an area inside the uterus. All women will have some bleeding during this process. Up to two cups (500 mL) of blood is considered a normal blood loss following a vaginal birth. The midwife will monitor this part of the birth carefully to make sure the bleeding stays within the normal amount.

There are two ways that this part of labour can be managed: Physiologic Management or Active Management. Your midwife will discuss these with you further in a prenatal appointment and will ask you which approach you prefer.

Physiologic management

A “hand’s-off” approach where the normal processes following birth result in contraction of the uterus and separation of the placenta. It can take up to an hour to deliver the placenta with Physiologic Management and often requires focused concentration. This process is facilitated by the baby suckling, use of movement and gravity, maternal pushing efforts with contractions, an empty bladder, good hydration and watchful waiting.

This process can be adversely affected by fear, immobility, dehydration, poor nutrition, exhaustion, separation of mom and baby and lack of emotional support. Anything which delays the oxytocin surge and the maternal clotting systems may result in higher blood loss. Any interventions in labour may affect this process, such as the use of medications, assisted vaginal birth, and traumatic birth such as shoulder dystocia.

Active Management

With this approach an injection of oxytocin (usually into the leg) is given just as the baby is being born or shortly after the birth. The extra oxytocin supplements the natural oxytocin to help the uterus contract well and the placenta to separate quickly. The midwife will likely assist the delivery of the placenta by applying gentle traction on the umbilical cord. Note: it is still possible to have delayed cord clamping with Active Management. When Active Management is used, we expect the placenta to be born within 30 minutes.

Research shows that Active Management reduces the risk of postpartum hemorrhage (too much bleeding- blood loss over 500 mL) by over 40%. This approach is routinely used in hospital births.

If you have risk factors for extra bleeding, or you have low hemoglobin, your midwife may recommend Active Management.

Source and further reading: [Vancouver Department of Midwifery: Third Stage Guideline](#)

Vitamin K

Vitamin K helps with the formation of healthy blood clots, which is needed to stop bleeding. Babies have low levels of vitamin K for the first few weeks of life. This is because babies are born with low levels of vitamin K and they receive small amounts of vitamin K from breastmilk. After several weeks of life, babies start making their own vitamin K in their digestive systems.

There is a rare but serious complication where babies may start bleeding spontaneously in their bodies. It may be somewhere in the body that we can see, like a circumcision site, or somewhere inside the body where we can't see, like inside the brain. This condition is called Vitamin K Deficiency Bleeding (VKDB) or Hemorrhagic Disease of the Newborn.

To prevent VKDB, it's recommended that all babies have an injection of vitamin K within 6 hours of birth. This reduces the risk of VKDB to about 1 in 1 million. There is an option of oral vitamin K, which needs to be given to the baby 3 times by the parents - at birth, at 2-4 weeks, and at 6-8 weeks. Oral vitamin K reduces the risk of VKDB to 4 in 1million.

The incidence of VKDB in babies who aren't given vitamin K is estimated to be 5-25 in 100,000. This is between 1 in 20,000 and 1 in 4,000. Of those babies who have most serious type of VKDB, the rate of death is 14%. When babies survive VKDB, there may be severe long term effects on the child.

Sources and additional reading:

[Evidence Based Birth: Evidence for the Vitamin K Shot in Newborns](#)

[Vancouver Department of Midwifery: Vitamin K Guideline](#)

Antibiotic Eye Ointment

Babies can get an eye infection called ophthalmia neonatorum (ON). Most ON infections are from the bacteria that cause either chlamydia or gonorrhea. Both chlamydia and gonorrhea are sexually-transmitted infections, which means that they typically pass from one infected person to another during sexual activity. They can also be passed from mother to baby during birth. It is standard to offer mothers screening for these infections in pregnancy, as they are easily treatable with oral antibiotics and it is important to baby's health that the mother is not infected. Antibiotic eye ointment (erythromycin) is used to prevent eye infections in newborns. Health regulations in BC state that all newborns are to receive antibiotic ointment in the eyes within the first hour of birth to decrease the incidence of ON. However, parents are permitted to decline such treatment following informed choice discussions.

Untreated eye infections can cause blindness in babies. The incidence of ON in is 0.3/1000 in North America. Of babies who develop an eye infection, 3% will become blind and 20% will have corneal damage.

The Canadian Paediatric Society (CPS) released a statement in March 2015 saying that antibiotic (erythromycin) used for preventing eye infections is of "questionable efficacy." The CPS recommends women be screened for chlamydia and gonorrhea in pregnancy as a more effective way to prevent infection. The CPS also states that "Physicians caring for newborns should advocate for rescinding mandatory ocular prophylaxis laws".

Sources and additional reading:

[Vancouver Department of Midwifery: Eye Prophylaxis Guideline](#)

[Canadian Pediatric Society: Ophthalmia Neonatorum](#)

[Evidence Based Birth: Is Eye Ointment Always Necessary?](#)

Newborn Screen

The Newborn Screen (sometimes called the PKU) is a blood sample that screens for 22 different rare disorders. With some of these disorders, there is early treatment available that could mean a better outcome for a baby. This test is done after baby is at least 24 hours old, either in the hospital or at home by the midwife. It is done by pricking baby's heel and collecting 4 drops of blood on the newborn screening sample card, which is then sent to the lab.

Sources and additional reading :

[Perinatal Services BC Newborn Screening Family Resources](#)

[Perinatal Services BC Newborn Screening Info Sheet](#)

Cord blood banking

National Public Cord Blood Bank

Those planning to birth at BC Women's Hospital can consent to donate the blood left in baby's umbilical cord/placenta after baby is born. Note: it is still possible to do delayed cord clamping.

Blood in the umbilical cord and placenta is rich with blood-forming stem cells that can help save the lives of patients with diseases and disorders such as leukemia, lymphoma and aplastic anemia. With consent, Canadian Blood Services can collect cord blood for the National Public Cord Blood Bank to be used by anyone who needs stem cell treatment. For more information, visit the National Public Cord Blood Banking website: www.blood.ca/cordblood or call 1-888-2-DONATE.

If you decide to sign up, print and fill out the consent form on the website here:

[Cord Blood Donation Consent Form](#)

Pack the signed consent form in your hospital bag to bring with you when you have your baby. The decision to donate cord blood must be made before labour starts.

Let your midwives know if you plan to donate so they can make sure it happens after the birth. At this time, there is no option to donate to the cord blood bank if you are having your baby at home or at St. Paul's Hospital.

Private cord blood banking

Some families choose to privately collect and store the stem cells from their baby's blood for possible use in their family in the future. This is paid for privately by the family. There are several companies which provide this service.

Please let your midwife know if you are planning private cord blood banking. You will need to have the kit ready in time for the birth and your midwife will collect the cord blood once your baby is born. Note: if your baby develops a disease which requires a stem cell transfusion, he or she may not be able to benefit from his or her own stem cells, since they may also carry the disease. Sibling matches may be possible or a stem-cell transplant may be accessed from the national or international blood banks.

Circumcision

Circumcision is a surgical procedure that removes a layer of skin from the head (glans) of the penis. It is sometimes done for baby boys within the first few days of life for religious or cultural reasons, or because the parents choose it for their baby. The Canadian Paediatric Society does not recommend routine circumcision for every baby. Rates of newborn circumcision have declined in Canada over the past decades. The procedure is not covered by the BC medical insurance plan, so parents need to pay for it privately. The cost is approximately \$450 (as of 2016).

Sources and further reading:

[Canadian Pediatric Society Position Statement on Circumcision](#)

Labour Support: Cliff Notes Version

We really hope you'll take a prenatal class or read some good books on labour and birth, but if you aren't able to, here's a brief outline of the process of labour and tips for how partners can provide support. Talk to your midwife if questions arise or you would like more information

Possible signs of labour: Crampy, irritable backache, PMS symptoms, nesting urge, Flu-like Symptoms.

Preliminary signs of labour: Bloody show, water breaking, pre-labour contractions (irregular; discomfort mostly in the front of the belly; change or stop if you change your activity, eat or drink)

Positive Signs: Progressing contractions (longer, stronger, closer together), cervical dilation.

Early Labour

What's Happening:

Cervix effaces from 50-100%, dilates to 4 cm. Contractions 6-30 minutes apart. 30-45 seconds long. Mom may want to focus during contractions, but can walk or talk if desired. Can usually relax between contractions. Early labour can last 2-24 hours or more.

Comfort Measures

Alternate rest and relaxation with distracting activities. Being active (going for walks, dancing, shopping) can help labour to progress, but it's important not to exhaust yourself. Try to be relaxed, and treat this as a vacation day. If labour is moving very slowly, consult with caregiver about the possibility of using natural augmentation methods such as nipple stimulation, orgasm, or acupressure.

What Support People Can Do

Time contractions occasionally (every few hours, or when things seem to change significantly.)

Time six contractions in a row, and record: when the contraction began, how long it lasted, and how long it had been since the *start* of the last one. Encourage mom to eat, drink, and go to the



bathroom at least once an hour.

Suggestions of positions for early labour

Active Labour

What's Happening

Cervix completely effaced, dilates from 4-8 cm. Contractions 3-5 minutes apart, lasting 40-70 seconds. Contractions are more intense, mom may not be able to walk and talk during contractions. Mom tends to become focused and go inward.

How long will it last?

May last from 30 minutes to 10 hours.

Comfort Measures

Warm bath. Massage. Counter-pressure on sacrum, double hip squeeze. Hot/Cold: heating pads, ice packs, or cool cloths on forehead or back of neck. Vocalization: singing, moaning, low tones, yoga "om". Sensory distractions: music, aromatherapy, picture as a focal point. Visualizations such



as "breathing in energy and strength, breathing out tension", "I am soft, I am open"

What Support People Can Do

Remind mom to drink after each contraction, and go to the bathroom once an hour. Help with Comfort Techniques. Establish rituals by doing the same thing on each contraction, for as long as that works, then switching to new ritual when it is no longer effective. Let her rest when she needs to, but remind her that being physically active can help labour progress.

Position suggestions for active labour

Transition

What's Happening

Cervix dilates to 10 cm. Contractions 2-3 minutes apart, 60-90 seconds long. Intense. Mom may be discouraged, scared, angry. May be trembling, hot/cold, nauseous.

How long will it last?

10 minutes to 2.5 hours. Average is 1-1.5 hours in first time moms.

Comfort Measures

Any of the techniques and positions from active labour. Follow her cues.

What Support People Can Do

Stay very close to mom, establish eye contact. Give short and simple directions, don't ask a lot of questions. Speak calmly and help to reassure her.

Second Stage: Birth

What's Happening

Cervix has dilated, baby has descended and is ready to be delivered. Contractions may be accompanied by a strong urge to push. (May feel like a need to have a bowel movement.) Mom's vocalizations may change to deep grunts or groans.

How long will it last?

Anywhere from a few minutes to three hours. Typically, 1-2 hours.

When should mom start pushing

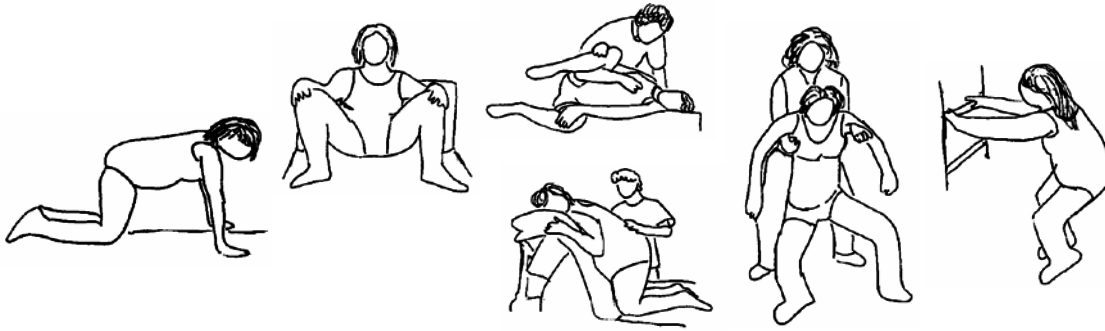
Consult with caregivers before starting to bear down.

Comfort Measures

Any of the ideas above. A cool cloth on her forehead or neck is especially popular at this stage.

What Support People Can Do

Help support mom in chosen position. Help guide pushing efforts and breathing. Lots of encouragement and reassurance.



Suggested positions for second stage/pushing

Third Stage: Placenta

What's Happening

The baby has been born, and the placenta will need to be delivered

How long will it last?

Anywhere from a few minutes to an hour depending on if you've chosen expectant or active management. Typically, 10-30 minutes

When should mom start pushing

The caregiver is paying close attention to mom and will give instructions to cough or bear down gently to birth the placenta. Birthing the placenta is much easier than birthing a baby as it is soft and usually much smaller.

Comfort Measures

Usually mom is very captivated with her new baby, but she may need some support and encouragement

What Support People Can Do

Provide a hand to hold and encouraging words