

Labour Information



Congratulations, your big day is almost here. Below is some information to help you prepare for labour, especially if you have not had the opportunity to do prenatal classes.

Please read through the AHS information '**Labour and Delivery**' on the **Healthy Parents: Healthy Children Website** for more information.

<https://www.healthyparentshealthychildren.ca/im-pregnant/labour-and-birth>



(This link also on clinic website under Third Trimester, Labour and Delivery)

You do not need to pre-register at the hospital. You can check our website under 3rd trimester for the '**Foothills Map**' and watch the '**Foothills Hospital Orientation**' video so you know where to go on the day.

When to go to Hospital?

You'll most likely begin labour somewhere between 37–41 weeks, typically 1–2 weeks before or after your estimated due date. It's usually safe to stay at home until active labour is well underway. Staying at home helps with coping and the progress of labour. Depending on where you live, the weather conditions, and if you have had a fast labour in the past you may need to leave for the hospital earlier.

You will need to come to the **Labour and Delivery Unit 51, 5th floor, Foothills Medical Centre** when:

- **Contractions are becoming stronger and are 4-1-1:**
 - You can use the 4-1-1 rule as a *guideline* - contractions have been 4 minutes apart for 1 hour, intense so you can't walk or talk through them, and lasting about 1 minute each.
 - Contractions typically start far apart and get closer together. However if your contractions stay far apart and you are exhausted/worried/not coping, or conversely they start intense and very close together *you can come to the hospital for assessment at any time*. Your doctor will ensure you and baby are safe, and admit you to the hospital for delivery if needed. If it is too early in labour to admit you, we can give you an injection for pain, and some coaching around when to return.
- **You're leaking fluid from your vagina** (your membranes may be ruptured)
 - Your baby's fluid sac is their protection from infection. If your waters are broken we do not want it to be a long time before you deliver.
 - Sometimes the leak is big and obvious, other times it is small - if you have repeated small amounts of clear fluid coming from your vagina and think your water may be broken come to the hospital. We will do an exam/tests to find out if this a leak of the amniotic fluid
- **If you notice your baby is not moving as much.** If you are not sure, please come for an assessment right away. Active babies are healthy babies.
- **If you have vaginal bleeding** - Spotting or brown/red/pink discharge is normal in labour. If you have bleeding like a period there may be a problem and we want you to come to the hospital for an assessment.

- **If you're not sure, you're not coping, or if you're worried it is always ok to come to the hospital.** If you have never had a baby before it can be hard to know what to expect. If you come and it is too early in labour to be admitted your doctor will make sure you and baby are safe, we can give you pain medication, and we can coach you about when to come back to the hospital.

Fetal Monitoring Information

Fetal Monitoring is used to observe your baby's heart rate (a measure of wellbeing) during labour. Labour can be a time of stress for your baby. With each contraction, there is a temporary decrease in the amount of oxygen the baby receives.

Most babies go through labour without any problems, but there are some babies that cannot deal with the stress and can have quite serious issues. It is for this reason that it is important to monitor the baby's heart rate during labour. Techniques have been developed to help the doctors decide which babies are able to manage the stress of labour, and which are having some difficulties that require intervention.

There are two types of monitoring:

1. Intermittent Auscultation - is where a nurse will listen to your baby every 15- 30minutes during the first part of labour and every five minutes while pushing. The nurse will wait for a labour pain and then listen to the baby's heart for about a minute. They will listen to the rate of the baby's heart and whether or not they hear increases or decreases in the heart rate.

- Intermittent Auscultation allows for you to be able to walk around more, and if desired makes it easier to take a shower for pain relief.
- This technique also has shown to decrease the risks of interventions such as vacuum, forceps and caesarean sections.
- For patients who have a low risk pregnancy, Intermittent Auscultation has been proven to have the same results for babies as if the nurse was to be listening non-stop.

2. Continuous Monitoring - is a constant checking of the baby's heart rate through the use of a monitoring device. For most cases, a monitor is strapped around your belly (with a belt or a mesh band) which tracks the baby's heart rate at all times.

- If there are problems showing the heart rate or if the baby's heart rate is decreasing, an internal monitor may be used (a thin wire placed on the top of the baby's head). The internal monitor can increase the chance of infection so is only used when necessary.
- Continuous Monitoring is recommended for patients who have a pregnancy with certain complications and may have a baby less likely to be able to handle the stresses of labour.

Pain Relief in Labour

To help better prepare you for labour and the pain relief options available to you at the Foothills Hospital, we've prepared this short guide. There is more information on the Healthy Parents:Healthy Children Website - Labour and Delivery (link above or on the clinic website)

Going Natural

One of the most effective pain relief options is your own endorphins, which are naturally occurring narcotics (pain killers) produced when your body experiences pain. As pain increases, so does the production of endorphins. Most labours increase gradually and so will your endorphins.

- Even with pain medication, it's important for you to stay as relaxed as possible between contractions and to breathe rhythmically through contractions in a non-panicked fashion. You can learn labour breathing techniques in prenatal classes. There are many videos online as well.
- Along with correct breathing, you shouldn't worry about how much pain you may be in later. Remember, you'll produce more endorphins as pain intensifies. Just deal with one contraction at a time.
- Hot showers or a hot bath may help to distract the pain fibers and give you the sensation of heat/cold which can result in feeling less pain. All the birthing rooms at the Foothills Hospital have showers.

- Other comfort or distraction items can also help ease pain (ie. funny movies, favorite music, massage tools, and comfort clothing)
- Studies show most women find labour more painful if they are lying down. Walking and/or sitting on a birthing ball (available at the hospital), or rocking in a chair can all decrease pain. Look on <https://www.healthyparentshealthychildren.ca/im-pregnant/labour-and-birth> for more options for positions as well as diagrams. Plan to try a variety of positions to see which works best for you.



*****Even if you need continuous monitoring for a medical reason, you don't have to stay in bed.**

Laughing Gas

As labour proceeds, some women need more pain relief. One option is Entonox, better known as laughing gas. Entonox is a gas and inhaling it lessens the sensation of pain. It works and is exhaled from the body quickly. It has no adverse effect on the baby or labour. Some women experience nausea and dizziness with Entonox, which disappears within one minute of stopping breathing the gas.

Morphine

In the early phases of labour, morphine is the narcotic suggested by your physician if you request pain relief. This is given by injection into the muscle of your buttock and the effect of the medication lasts four to six hours. Side effects include drowsiness and nausea. Gravol is usually added to the injection to lessen nausea.

If you are not in the active phase of labour, morphine can mask contractions to allow you some rest. Morphine does have the potential to make the baby drowsy at birth and lazy with breathing efforts. This actually happens very rarely, as your physician will try to time the narcotic so it will wear off prior to delivery. If the infant is affected, there is a medication that can be given to the newborn to reverse the effect of the narcotic. The medication does not cause any long term effects on the baby.

Fentanyl

If you are in the more active phase of labour and request narcotic pain relief, fentanyl might be suggested.

NOTE - this is hospital grade fentanyl and is a very safe and effective medication when used correctly. It can only be used once you are in a labour room as you will need to be monitored 1:1 by your labour nurse.

Fentanyl is a short-acting narcotic administered intravenously. It acts and wears off quickly. The nurse can give it through your intravenous, or it can be delivered through a pump that you control with a button. Fentanyl is unlikely to cause drowsiness or depressed breathing in your baby.

Epidural

This procedure is done by the anesthetist - a pain specialist doctor. You also need to be in a labour room to receive an epidural. The anesthetist places some local freezing in your lower back and inserts a needle into the space around your spine. A thin plastic tube is threaded through the needle into this space. The needle is removed and the tube is taped into place and then medication is inserted into the tube. The medication tends to freeze from your belly button downwards so pain is relieved.

Often women can still move their legs and feel pressure with the epidural in place. The anesthetist always uses the combination of drugs that allow for the "walking epidural", but the reality is few women walk with the epidural other than to make trips to the washroom.

The epidural is usually hooked up to a pump so you can push a button if you require more pain relief - it does not run out. At times the anesthetist will "top up" (put more medication in the epidural) if you become too uncomfortable.

Advantages/Benefits - it may completely remove the pain of contractions. It can help relax the pelvic floor and decrease maternal stress hormones, both of which can help your labour progress.

Disadvantages/Risks - the most common but still infrequent risk is of bleeding or infection around the area of the tube and the possibility of a "wet tap" which can lead to a temporary significant headache.

Sometimes, when the epidural is initiated the baby's heart rate drops. This heart rate drop usually recovers and has no adverse effect on the baby, but it can cause a lot of anxiety at the time. This risk is mitigated by giving you extra fluids through your IV prior to epidural being placed.

With an epidural it is more likely that a medication called syntocinon will need to be used to increase labour - whether this is because of the epidural, or because women having a challenging labour are more likely to get an epidural is not clear. It is also more common to need to have your membranes ruptured.

While epidurals may impair labour, the opposite also occurs. Some women are so anxious about the pain of labour that their labour is slowed. An epidural may cause these women to relax enough to make progress better.

Epidurals have also been associated with reducing the ability to push effectively, which can lengthen the pushing stage, can increase the need to deliver the baby with vacuum or forceps and also, therefore, increase likelihood of an episiotomy.

Final word

You do not have to make decisions about pain relief prior to labour. Your physicians just ask that you inform yourself of pain relief options. You can't predict how you will respond to labour or how long your labour will be. When you are in labour, your nurse and physician will help you with decisions if you request their advice.