Guelph MIDWIVES
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Routine Care During Labour, Birth and Postpartum

Midwives view labour and birth as healthy, normal processes. We need to monitor the health of the labouring woman and her baby during labour to ensure everything is proceeding well. This handout summarizes a number of assessments and procedures you may encounter at your birth. Some, like listening to the baby's heart rate and checking the woman's progress in labour with vaginal exams, are performed at every birth. Others, such as suturing or needing to cut and clamp the umbilical cord early, are only encountered sometimes. We provide a discussion of all of these things here for completeness. Please feel free to discuss your questions or concerns with us.

1. **Listening To the Baby's Heart Rate**: We will be listening to the baby's heart rate periodically throughout the labour. This gives us the best indication on how well the baby is coping with labour. We listen about every 15-30 minutes during active first stage of labour, and then every 5 minutes or after every contraction during the pushing stage. We use the hand-held Doppler to listen at home (the same as we use in clinic), and often use the fetal heart monitor portion of the electronic fetal monitor machine in hospital. We are listening for the rate, rhythm and fluctuations of the baby's heart rate. We will tell you what we find and if we have any concerns.

2. **Vaginal Exams:** We will need to do a vaginal exam to assess the opening (dilation) and thinning (effacement) of the cervix in labour. Vaginal exams also give us information on the baby's position, the status of the membranes, and how low the baby is in the pelvis (station). We only do vaginal exams when we feel they are indicated and will give us information. Typically, vaginal exams are performed to confirm active labour has begun, to assess labour progress, if an artificial rupture of membranes is being done, and to confirm full dilation when women are feeling a pushing urge. Vaginal exams are performed using a gloved hand and lubrication (no speculums!). We will talk with you before doing the exam to explain why it is necessary, and provide you with all of the information from our findings.

3. **Artificial Rupture of Membranes:** During labour the bag of waters may rupture spontaneously or we may offer to rupture the bag of waters artificially. The intact bag of waters acts like a cushion in front of the baby's head. At a certain point in labour this cushion can slow down progress because it prevents the head from being well applied onto the cervix, which will often speed up labour. If we feel there may be some benefit to you, we will discuss the option of rupturing the membranes in labour. The waters are broken with a long plastic tool that has a small curved hook at the end. Rupturing the membranes does not cause pain to the mother or the baby. Generally, the bags are broken during a contraction, when the membranes are bulging from the pressure. Other indications for rupturing the membranes include to detect whether meconium is present or to apply an internal electronic fetal heart rate monitor.

4. **Gentle Birth of The Baby's Head:** We will typically use warm compresses on your perineum and olive oil along with some perineal massage to help the stretching of your tissues during the birth of your baby's head. We will ask you to stop pushing actively and breath when the baby's head is crowning (the point of maximum stretch) to allow a gentler birth of the baby's head and reduce the risk of perineal or vaginal wall tears.

5. **Checking For the Umbilical Cord Around the Baby's Neck:** After the baby's head is born, we will ask you to keep breathing while we do a check to see if the umbilical cord is around the baby's neck. This is quite common (occurs at about 30% of births) and usually, if it is loose, we can slip the cord over the baby's head. Occasionally, if we can't unloop it, we need to clamp and cut the cord right away. If this is the case, we will ask you to keep breathing and then, once the cord is cut, to give a big push. We will keep you informed of what we are doing and why.

6. **Active Management for The Birth of The Placenta:** The birth of the placenta is called the 3rd stage of labour. Active management of this stage means giving you an injection of oxytocin in your thigh muscle after the birth of your baby, cutting and clamping the cord and helping the placenta to deliver. Oxytocin is the hormone that causes contractions of the uterus. This approach speeds the birth of the placenta, and reduces postpartum blood loss. Studies have shown that this approach reduces the risk of postpartum hemorrhage. We are happy to do this approach or the approach of "watchful waiting" (called expectant management) for the placenta to be born, although there are specific circumstances when we may recommend doing active management, for example a previous postpartum hemorrhage or a very fast delivery. We will discuss these options and any specific recommendations we may have with you in detail during your pregnancy.

7. **Suturing:** We can give you stitches in your vagina and perineum after birth, if necessary. This is done after injecting local freezing into the area. After the birth we will examine your perineum and vagina to see if there are any tears, and discuss with you our findings and recommendations. If the tear is extensive, we will need to consult with an obstetrician to do the repair.

8. **Hypoglycemia:** Neonatal hypoglycemia, or low blood sugar in the newborn, is one of the normal physiologic responses that occurs in the immediate postpartum. Most babies will have their blood sugar levels return to normal once they have breastfed or formula fed and no testing is required. There are some babies however who are at higher risk for developing hypoglycemia that may require further investigation. If your baby is considered at-risk for hypoglycemia your midwife will discuss with you testing which would involve a small heel poke of your baby to get a small blood sample that would be tested. If testing is necessary, it would take place at the hospital starting at 2 hours after the birth and may result in an extended hospital stay.

9. **Hyperbilirubinemia:** Newborn jaundice occurs when a baby has a high level of bilirubin in the blood. Bilirubin is a yellow substance that the body creates when it replaces old red blood cells. The liver helps break down the substance so it can be removed from the body in the stool. This process can sometimes take a while for a baby's liver to do this efficiently. Most newborns have some yellowing of the skin, or jaundice. This is called physiological jaundice. It is often most noticeable when the baby is 2 to 4 days old. Most of the time jaundice does not cause problems and goes away within 2 weeks. If you give birth in the hospital and stay more than 24 hours, your

baby's bilirubin levels will be checked before discharge. This is usually done with a bilimeter, a device that is similar to a forehead thermometer. If the levels are high then further testing will be required and your midwife will discuss that with you. If you have a homebirth or leave the hospital before 24 hours, you will have the choice of routine testing with a heel prick from the baby or by visual assessment of the jaundice level by your midwife at the postpartum visits. If your midwife is ever concerned about the jaundice level based on the colour of the baby's skin, further testing will be recommended.