

CHAPTER 10

Giving good care during labor and birth

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Giving good care during labor and birth



What happens during labor and birth

In this chapter, we give general information about labor and birth, and explain some ways a midwife can support a woman all through the birth of her baby.

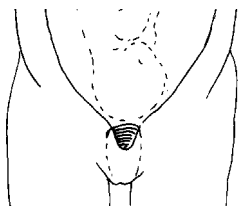
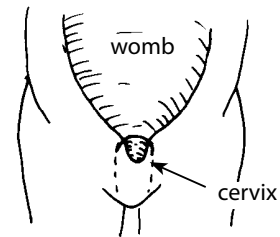
Labor is easier to explain in different parts, so in this book, we divide it into 3 stages — opening, pushing, and the birth of the placenta. This chapter has some information about these stages, and we talk more about each of them in separate chapters after this one.

Opening

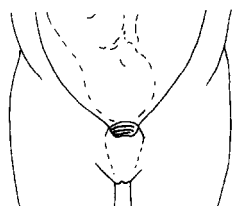
In the first stage of labor (opening) the cervix opens enough to let the baby out of the womb. For more information about stage 1, see Chapter 11, “Opening.”

During pregnancy the cervix is long and firm, like a big toe. For most of the pregnancy, nothing can get in or out of the cervix, because the tiny opening in it is plugged with mucus.

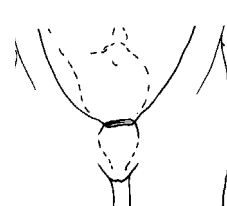
Near the end of pregnancy, practice contractions begin to shorten and soften the cervix. Even before labor starts, the cervix may open a little and the mucus plug may come out.



In pregnancy, the cervix is long, firm, and closed.



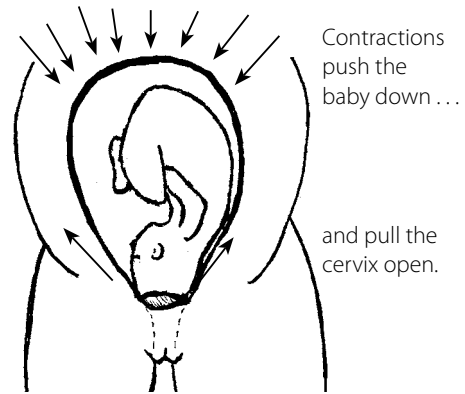
At the end of pregnancy, and in early labor, the cervix gets shorter and softer.



In labor, the cervix gets very short and soft, and opens.

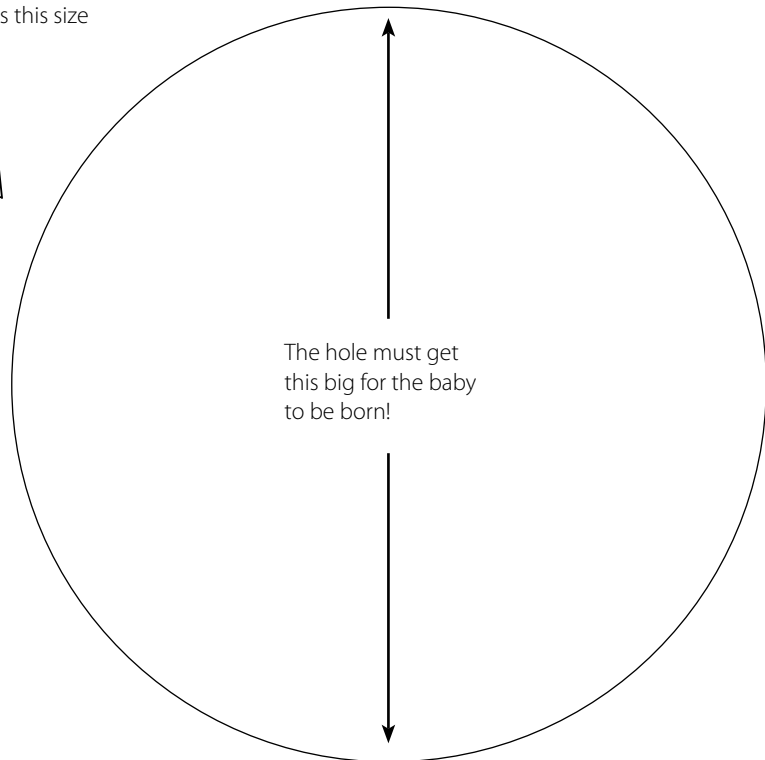
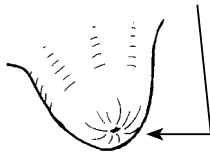
Labor contractions push the baby down and pull the cervix open.

- Contractions push the baby's head down hard against the cervix. This helps to open the cervix, and moves the baby toward the opening of the vagina.
- Contractions slowly pull the cervix open. Each time the womb contracts, it pulls a little bit of the cervix up and open. Between contractions, the cervix relaxes. This continues until the cervix is completely open, and the baby can fit through the opening and be born.



A mother's contractions must get very strong to open the cervix completely. The tiny hole must open to about 10 centimeters (4 inches) across — wide enough for the baby to fit through.

The hole in the cervix is this size during pregnancy.



Pushing

After the cervix is open all the way, contractions move the baby out of the womb and down the vagina. The mother pushes to help move the baby out. This is called stage 2. For more about stage 2, see Chapter 12, "Pushing."

The birth of the placenta

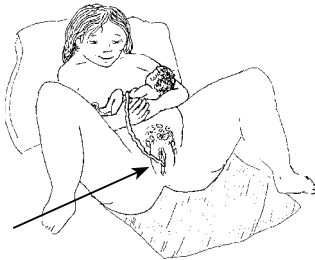
Just after the baby is born (stage 3) she learns to breathe. The placenta separates from the womb and is pushed out of the vagina. For more about stage 3, see Chapter 13, "The birth of the placenta."

When the baby is first born, the cord still connects the baby to the placenta inside the mother. The blood from the placenta gives the baby a few minutes to start breathing. Soon the baby will breathe on her own and no longer needs the placenta.



Cord is thick, blue, and pulsing — it is still passing blood to the baby. Do not cut.

Cord is thin, white, and not pulsing — it is not sending blood to the baby. OK to cut.



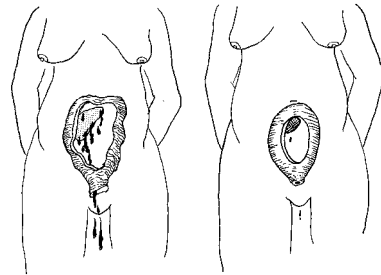
The placenta usually separates from the wall of the mother's womb in the first few minutes after birth. With a couple of pushes, the placenta will usually come out of the vagina and the baby must breathe on her own.

The first few hours

In the first few hours after the birth of the placenta, the mother starts to recover from the birth, and the baby begins to adjust to the outside world.

The place where the placenta was attached to the womb starts to tighten and close, and the mother's bleeding slows down. The mother's womb will become firm. She might feel strong contractions after the birth. These contractions are healthy, and help stop the bleeding.

The baby should start to breastfeed. She should urinate, and may pass her first stool.



Care for the mother during labor

This part of the chapter explains the ways that a midwife can support, guard, and guide a birth to make it safer and easier. The ideas in this section are useful during all the stages of labor and birth.

The 3 chapters after this one will explain more specific ways to help in each stage of labor and birth.

Support the labor

When you support the mother's labor, you help her relax or join with the labor instead of fighting it. Although labor support will not make labor painless, it can make labor easier, shorter, and safer.

Every woman needs a different kind of support. But all women need kindness, respect, and attention. Watch and listen to her to see how she is feeling. Encourage her, so she can feel strong and confident in labor. Help her relax and welcome her labor.



You do not have to work alone to support the mother. Labor support can help the most when it is given by the mother's husband, family, or friends. There is no rule about who should support the mother. It is only important that they care about the mother and are willing to help her. Most important, they should be people the mother wants to have at the birth.

Guard the labor

When you guard the labor, you protect it from interference. Here are some examples:

Keep rude and unkind people away. The mother should not have to worry about family problems. Sometimes even supportive and loving friends can interfere with the labor. At some births, the best way to help is to ask everyone to leave the room so the mother can labor without being distracted.

Do not use unnecessary drugs or procedures. Some midwives (and doctors) believe that more drugs, tools, and exams will make the birth safer. But that is usually not true. They can make the birth harder or cause problems.



WARNING! Do not give the mother drugs to hurry the labor — they add useless risks. Injections or pills that are supposed to hurry the birth can make labor more painful, and can kill both the mother and the baby. See page 191 for ways to strengthen labor safely.

Can we give an injection to hurry the birth?



Injections are dangerous. It is not worth the risk.



Guide the labor

When you guide the labor, you help the labor stay on a healthy path. You can guide the labor by helping the woman care for her body. At different points you might suggest that she drinks, urinates, rests, or moves. In the next 3 chapters, there will be many more suggestions about how to guide the labor to stay on a healthy path.

Help her drink at least 1 cup of liquid each hour

A woman in labor uses up the water in her body quickly. **She should drink at least 1 cup of liquid each hour.** If she does not drink enough, she may get dehydrated (not enough water in the body). This can make her labor much longer and harder.

Dehydration can also make a woman feel exhausted.

Signs of dehydration:

- dry lips
- sunken eyes
- loss of stretchiness of the skin
- mild fever (up to 38°C or 100.4°F)
- fast, deep breathing (more than 20 breaths a minute)
- fast, weak pulse (more than 100 beats a minute)
- baby's heartbeat is faster than 160 beats a minute

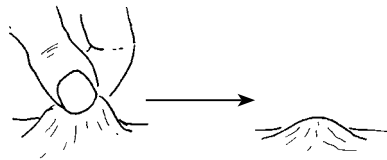
If you think the mother may be dehydrated, immediately give her water with sugar or honey, fruit juice, or a rehydration drink (see next page).

Some women cannot drink much in labor. It makes them feel sick, or they vomit it up. If the mother is vomiting and cannot drink a whole cup of liquid at once, let her take small sips after every contraction. This way she will get liquid without upsetting her stomach. These liquids may be easier to drink for women who feel sick: coconut water, fruit juice mixed with water, water with sugar or honey in it, or peppermint, ginger, or chamomile tea with honey or sugar.

If the mother cannot drink at all, or if she is already very dehydrated, give her rectal fluids (see page 342) or IV fluids (see page 350).

Rehydration drink

If the labor is long, or if the mother has not been eating or drinking much, give her rehydration drink. (In fact, any woman in labor can drink this.) This drink helps keep the mother's blood balanced and healthy so she does not get sick or weak.

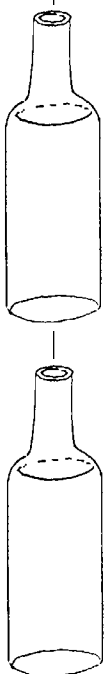


Lift the skin on the back of her hand with 2 fingers. Then let go.

If the skin does not fall right back to normal, the woman is dehydrated.

You may be able to get premixed packets of salts and sugar, such as *Oresal*, for making rehydration drink. If you use premixed packets, be careful to mix them correctly and taste the drink yourself first. It should be no saltier than tears.

You can also make the rehydration drink yourself at the labor, or carry the dry ingredients already measured and mixed in little packets.



2 ways to make rehydration drink

With sugar and salt

(Molasses or honey can be used instead of sugar.)

In 1 liter of clean **water**, mix:

- half a level teaspoon of **salt** with 8 level teaspoons of **sugar**



(Before you add the sugar, taste the drink to be sure it is no saltier than tears.)

With powdered cereal and salt

(Powdered rice is best. Or use finely ground maize, wheat flour, sorghum, or cooked and mashed potatoes.)

In 1 liter of clean **water**, mix:

- half a level teaspoon of **salt** with 8 heaping teaspoons (or 2 handfuls) of powdered **cereal**



(Before you add the cereal, taste the drink to be sure it is no saltier than tears.)

Boil for 5 to 7 minutes to form a watery porridge. Cool the drink quickly to give to the mother.

Taste the drink each time before you give it, to be sure it is not spoiled. Cereal drinks can spoil in a few hours in hot weather.

- If possible, add half of a cup of fruit juice, coconut water, or mashed ripe banana to either drink. This provides potassium, which may help the mother drink more liquid.

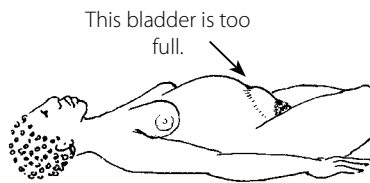
If you need to, change the drink to work in your area. If liter containers are not used, adjust quantities to local forms of measurement. If you do not have a measuring cup or spoons, use a pinch of salt and a small handful of sugar. If you have cereal gruel for young children, add enough water to make it liquid and a pinch of salt, and use that.

Note: If the mother feels hungry during labor, it is good for her to eat. Choose foods that are easy to digest, like bread, rice, or yogurt.

Have the woman urinate at least once every 2 hours

If the mother's bladder is full, her contractions may weaken, which will slow her labor. A full bladder can also cause pain, problems with pushing out the placenta, and bleeding after childbirth. Remind the mother to urinate — she may not remember.

To check if the bladder is full, feel the mother's lower belly. A full bladder feels like a plastic bag full of water. When the bladder is very full, you can see the shape of it under the mother's skin. Do not wait until the bladder gets this big.



If the mother's bladder is full, she must urinate. If she cannot walk, try putting a pan or extra padding under her bottom and let her urinate where she is. It may help her to dip a hand in warm water.

If the mother cannot urinate at all, she needs to have a catheter (a sterile tube) inserted into her bladder to let the urine out. See page 352 for more on how to insert a catheter. If you have not been trained to insert a catheter, get medical help.

Rest between contractions

To save her strength, the mother should rest between contractions, even when labor first begins. This means that when she is not having a contraction, she should let her body relax, take deep breaths, and sometimes sit or lie down. In early labor she may be able to sleep.

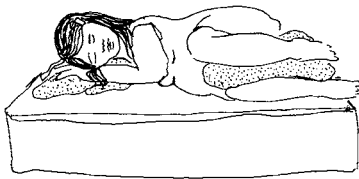
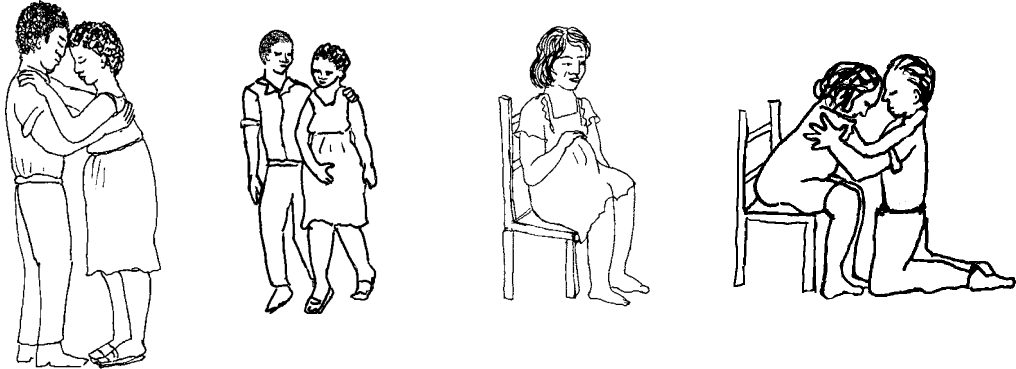
Many women feel very tired when their contractions are strong. They may fear they will not have the strength to push the baby out. But feeling tired is the body's way of making the mother rest and relax. If everything is well, she will have the strength to give birth when the time comes. For ways to help the mother relax, see page 169.



Change position every hour

Help the woman move during labor. She can squat, sit, kneel, or take other positions. All these positions are good. Changing positions helps the cervix open more evenly.

Standing and walking can make labor go faster. Swaying, rocking, or even dancing can help her body to relax.



The mother should **NOT** lie flat on her back. This squeezes shut the vessels that bring blood to the baby and mother.



It is OK for her to lie on her side with a pad between her legs (see pictures above), or on her back with her upper body propped up — as long as she changes position at least every hour.

Change bedding under the mother when it gets wet or soiled

Most women leak a lot of fluid from the vagina all through labor. This fluid may be show (see page 150), or it may be broken waters.

When the mother lies down or sits, put clean cloths or pads under her to catch the fluid.

Change cloths and pads when they get very wet or messy. Check the fluid for too much fresh blood or blood clots (see page 183), or brown, yellow, or green waters (see page 174).



If the mother has HIV

Giving ART medicines to the mother throughout pregnancy or even just during labor and birth can prevent the baby from becoming infected with HIV (see pages 496 to 499). Avoid bleeding by not cutting the birth opening or using tools in the delivery.

Be ready for emergencies

Most pregnancies and births are healthy. Using the information in the following chapters, you can prevent many problems. But any woman, no matter how healthy she is, can have serious problems.

Midwives help prevent health problems in three ways:

1. Midwives **watch** for warning signs — early signs of problems.
2. Midwives **treat** emergencies when they can.
3. Midwives **transport** women with serious warning signs or health problems to a doctor or medical center.

Watch for warning signs

The following chapters on labor and birth list many warning signs. Most warning signs tell you to watch closely and wait to see what happens. Some warning signs may go away. Other signs are very serious. If a woman has a very serious warning sign, or if her warning signs do not go away, she should get help right away.

You may know of warning signs that are not in this book. Think about the health problems that affect pregnant women in your community. Do women usually have signs before they get these problems?

Sometimes midwives do not see a sign that something is wrong, but they just have a feeling there might be a problem. If you have this feeling, ask for help from other midwives, health workers, or doctors. They may see the problem that you did not.



Treat emergencies

This book explains some ways to act quickly and treat bleeding, shock, and other emergencies. Make sure you are trained and ready to help with as many of these emergencies as possible.

Transport women to a medical center

There are some problems during birth that midwives cannot help with at home or in a small clinic. If a mother has very heavy bleeding, pre-eclampsia, very long labor, high fever, or other serious problems, a midwife may not be able to save her life. At these times, the mother is in serious danger, and the midwife must help her get to a medical center immediately.

A woman or baby having a serious problem needs a well-equipped medical center with tools, medicines, and experienced health workers. Even if you treat a woman with a serious problem at home, it is a good idea to get medical help to be sure she is OK.

Before the birth, help each mother and her family make a plan for how to get to a medical center if needed. See page 106 for some ideas. Know where the closest hospital is. Make sure there is transportation (like a truck and someone to drive it) and money to pay for fuel and services. (If she does not have money, you should still get medical help in an emergency.) See Chapter 24 for more on how to work with hospitals and health workers.



Keep a record of what happens during labor

If you can, write down everything that happens during the labor and birth. Write how often the mother eats, drinks, and urinates. Write down her pulse,

temperature, and blood pressure whenever you check it. This record will help you see if the labor is going normally. If you have to bring the woman to a medical center, it will help the doctors understand what happened and why. If you have charts for all of the women you help, you can look them over and find out what made most women's labors easier or harder and whether they had early signs of problems.



Labor chart

Name of mother: _____

Due date: _____ Womb measurement _____ Baby's position _____

Date/time labor started: _____ Date/time waters broke: _____

date	time	baby's heartbeat (every hour)	mother's pulse (every 4 hours)	mother's temperature (every 4 hours)	cervix dilation (every 4 hours)	mother's blood pressure (every hour)	time between contractions	how long contractions last

labor & birth