

CHAPTER 11

Labor and birth



Giving birth is different for every woman. For most women it takes a lot of strength and concentration, and it is not unusual to feel exhausted after the baby is born. But the joy of holding the new baby makes most women forget the pain or discomfort they may have had.

Most babies are born without problems. So trust in your natural ability to give birth. But problems can arise and if they do, you will need skilled care.

In advance of the birth, speak with the person who will be delivering your baby to let her know of any special needs or concerns you may have. If you need help with daily care or communicating, you will need the same help during labor and birth.

Even after all the changes from pregnancy, you are still the person who understands your body the best. You can prevent many problems by learning about what will happen during birth, practicing ways of breathing during labor (see page 240), and trying different positions to find what is comfortable for you (see pages 240 to 241).

Try to have someone with you

Going through labor alone is hard for any woman. Try to have someone who knows you well (partner, family member, friend) with you from the beginning of labor until the baby is born. This person can:

- help reassure you that you are doing well.
- help you with your breathing.
- help you try different positions that feel the most comfortable for you.
- help explain to the midwife or doctor any concerns or problems you may have.

Labor and birth

Birth starts when the womb begins to contract and open. The time this takes can vary a lot. When it is the mother's first birth, this usually lasts 10 to 20 hours or more. In later births, it often lasts from 7 to 10 hours. When the cervix is fully open, it usually takes less than 2 hours to push the baby out. Birth ends when the after birth (placenta) comes out.

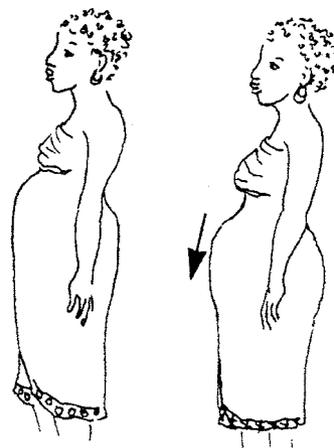
The length of time it takes for a woman with a disability—any disability—to give birth is no different from the time it takes any other woman, usually from 3 to 24 hours. What may be different is how she can tell that labor has begun, and the position she may need to be in during the delivery.

HOW TO TELL YOU ARE IN LABOR

Labor usually starts when you have been pregnant more than 8 months. The baby will drop lower in your belly, and you may find it easier to breathe.

During the last few weeks of pregnancy, most women feel the womb getting tight a few times a day, or maybe only a few times each week. These tight feelings are practice contractions and are not real labor. They may feel strange and last a few minutes. But they do not usually hurt, and they do not follow a regular pattern.

Even women who are paralyzed and have no feeling in the belly can usually tell when the baby is ready to come out. Although paralyzed women may not have real pain, the belly will feel different enough for them to know that something is changing.



About 2 weeks before birth, the baby often drops lower in the belly, especially first babies.

To midwives and other health workers caring for women who have trouble learning or understanding:

Giving birth will be easier if you can help the mother-to-be prepare someone—her husband, mother, sister, aunt, or a good friend—to be with her during labor and birth. They can help with everything on page 235, as well as:

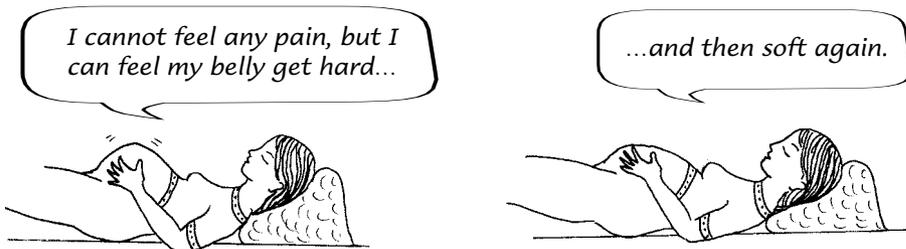
- Hold her hand, ask how she feels, and help her understand what is going on.
- Help her understand what the midwife wants her to do.
- Help her practice different kinds of breathing during her pregnancy so she can do this during her labor (see page 240).

Signs that labor is near

These 3 signs show that labor is starting or will start soon. They may not all happen, and they can happen in any order. If you have any of these signs, tell your birth attendant (health worker, midwife, doctor).

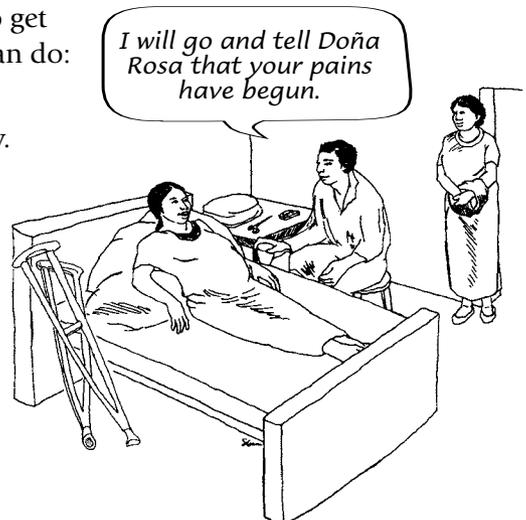
1. Clear or pink-colored mucus comes out of the vagina. During pregnancy, the opening to the womb (cervix) is plugged with thick mucus. This protects the baby and womb from infection. When the womb starts to open, it releases this plug of mucus and also a little blood.
2. Clear water comes out of the vagina. This is from the bag of waters that has surrounded and protected the baby in the womb. The bag of waters can break before labor begins, or at any time during labor.
3. The womb begins to contract and pains in the belly start. During a contraction, the womb will squeeze up and become hard, and then it will relax and become soft again. At first contractions may come 10 or 20 minutes apart or more. When contractions become regular (have about the same amount of time between each one), real labor has begun.

Contractions are usually painful, but if you have no feeling in your belly, you can usually see or feel the changes like this:



When any one of these signs occurs, it is time to get ready for the birth. Here is a list of things you can do:

- Let your midwife know that labor is starting.
- Make sure the supplies for the birth are ready.
- Wash yourself, especially your genitals.
- Continue to eat small meals.
- Drink plenty of fluids (water or juice).
- Rest while you can.
- Apply heat to your lower back, such as a warm cloth or towel. Or ask a friend to massage your back.



IMPORTANT INFORMATION ABOUT DYSREFLEXIA FOR WOMEN WITH SPINAL-CORD INJURY

If you have a fairly high spinal-cord injury (usually T6 and above), you can get a sudden, dangerous increase in blood pressure with pounding headaches and severe sweating (see pages 117 to 119). You may get these signs when you are in labor.

What to do:

See a health worker or midwife regularly so your blood pressure can be checked. This should be done at least once every week for the first 7 months, and then **every day for the last few weeks, before your labor starts**. This way they will be able to see if your blood pressure starts to get high.

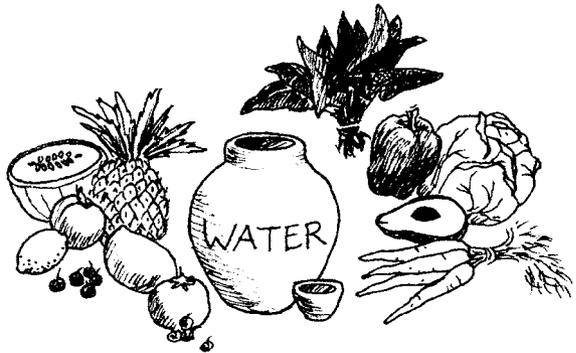
Take care of your bowel program.

This is especially important during pregnancy. Drink a lot of water and eat foods that will help you have easy bowel movements. Too much stool in your body can cause dysreflexia.

Make sure your bladder stays empty, because a full bladder can cause dysreflexia. If you use an indwelling (Foley) catheter, make sure it does not become twisted or bent and prevent the urine from coming out.

Look and feel for contractions a few times each day during the last weeks before the baby is due and watch for other signs that labor is starting (see pages 236 to 237).

As soon as you have any signs your labor is starting, go to a hospital or maternity clinic right away to give birth. You will need to have anesthesia injected in your spine. This is called an “epidural” and will prevent dysreflexia caused by labor contractions.



To midwives and other health workers caring for women with spinal-cord injury during pregnancy, labor, and birth:

Dysreflexia is a medical emergency. For more information, see pages 117 to 119. The high blood pressure can cause seizures or deadly bleeding inside the brain. Because of this, during the last 2 months of her pregnancy, make sure to check her blood pressure every day. Also, before her labor starts, it is best for a pregnant woman with a spinal cord injury to go to a hospital or clinic that can take care of the medical problems she may have during labor and birth.



To prevent dysreflexia during labor, she must have anesthesia injected in her spine (an epidural). Also, it is important to:

- make sure she is not left alone.
- make sure she is not lying down flat, and that her head and shoulders are supported and her knees bent.
- measure her blood pressure frequently, at least once every 10 minutes.
- If she needs to pass stool, be very careful if you remove the stool with a finger, or give her an enema to remove stool. Removing the stool can start dysreflexia. Apply lidocaine gel (2% to 4%) to the rectum first.
- keep her bladder empty. If necessary, put in a catheter to drain the urine (see pages 103 to 104). Apply lidocaine gel to the urine hole before putting in the catheter.

HOW TO MAKE LABOR EASIER

Make sure you pass urine. Try to pass urine at least once every hour. You will be more comfortable if your bladder is empty. Also, women with a spinal cord injury will be less likely to get dysreflexia if a catheter is left in place all during the labor and delivery so that urine can drain out.

You will probably sweat a lot during labor. So it is important to drink water, juices, or herbal tea when you can so you do not become dehydrated.

Change your position several times, at least once every hour. Practice ahead of time moving from one position to another so that when labor starts, you can change position more easily between contractions. Ask someone to help if necessary. The more comfortable and relaxed you are, the more relaxed your muscles will be, so it is less likely that they will cramp or spasm. Also, when you change your position often, you will be less likely to develop pressure sores.

Walk around between contractions if you can. Walking helps the womb open and the baby move down.

Breathing during labor

The way you breathe can have a strong effect on how your labor will feel. You can practice different ways of breathing throughout your pregnancy so you will be ready when labor starts. For example:

- **Slow, gentle breathing:** Breathe in through your nose to take a long, slow breath. To breathe out, make a kiss with your lips and slowly blow.
- **Hee breathing:** Take a slow deep breath and then blow out short, quick breaths while you make soft “hee, hee” sounds.
- **Panting:** Take quick, shallow breaths.
- **Strong blowing:** Blow hard and fast.



During labor you can choose whichever breathing methods help you the most.

Birthing positions

These positions can be used during both labor and birth:

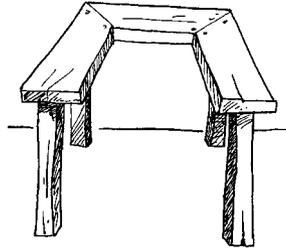
If you have little or no leg or arm control, you can sit on a lap.



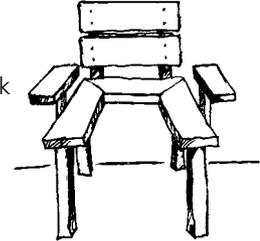
Or you can rest on cushions in a half-sitting position.



If you have good arm and hand control, you can use a birthing chair like this. (For another example, see Fatuma's story on page 242.)



Or you can use a birthing chair with arm and back support, like this.



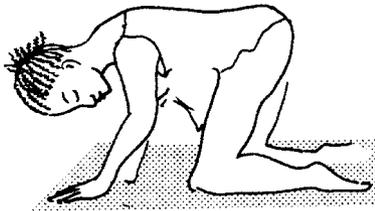
With help, a woman with some leg control can squat...



...or stand.



The person or object that supports you must be strong and balanced. You can also hold onto the back of a chair. The squatting or standing positions can help bring the baby down when the birth is slow, or if the mother is having trouble with pushing.

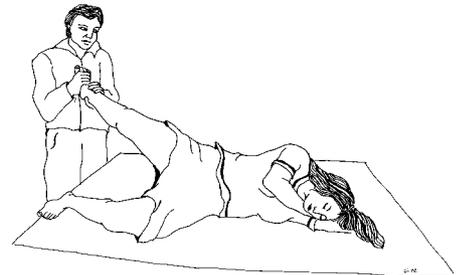


If you have some leg and arm control, you may want to try the hands-and-knees position. This position sometimes also helps prevent and control muscle spasms.

If you have little or no leg control, you can lie on your side while someone holds your top leg, with your legs bent...



....or straight.

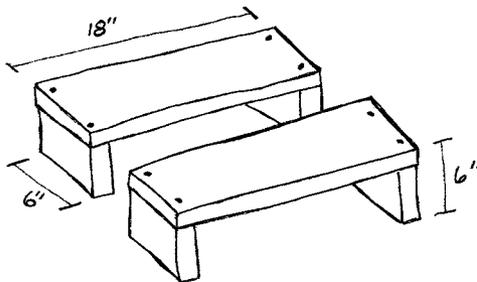


If you are blind or have poor balance, you may feel safer lying on the floor. Most hospital and health centers have special beds for women giving birth. These beds have knee supports and can be useful for women with poor leg control.

Fatuma's birthing stool

Fatuma Achan lives in Uganda and is paralyzed in both legs from having had polio as a child. When Fatuma became pregnant, like most disabled women, she was told by the doctors at the local clinic she had to give birth by an operation (a Cesarean section, or c-section).

Fatuma was determined not to have an operation but to go through normal labor. Other women in her community sometimes gave birth by squatting. Because her legs were paralyzed, Fatuma knew that she would not be able to hold herself in the squatting position. But she also knew her arms were very strong from pushing her wheelchair all the time. So she built a birthing stool which enabled her to stay in the squatting position. This way her baby could still be born through the vagina.

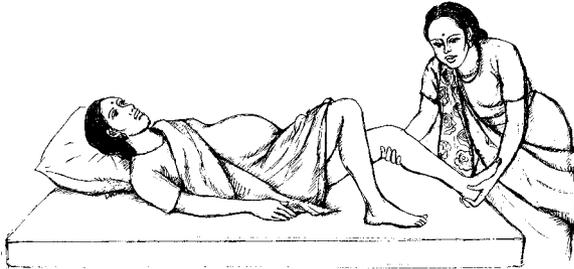


An easy-to-make
wooden birthing stool

Even though Fatuma is paralyzed, her womb is still strong and can squeeze itself (contract) to push out a baby. The position of her body on the birthing stool helps the baby drop down gently out of her body through the vagina, just as it does for other women who squat during birth.

For muscle cramps and spasms (sudden stiff muscles) during labor and birth

Women with cerebral palsy, a spinal cord injury, or who are paralyzed from polio can get cramps or tight spastic muscles at any time during labor and delivery. Tight muscles in any part of the body are affected by the position of the head and body. Pulling or pushing directly against the spastic muscles will cause them to tighten more. Here are some suggestions for softening spastic muscles during labor:



Throughout labor, do range-of-motion exercises (see page 95) between contractions. If necessary, have someone help. The exercises will keep muscles loose and help prevent cramps and spasms.

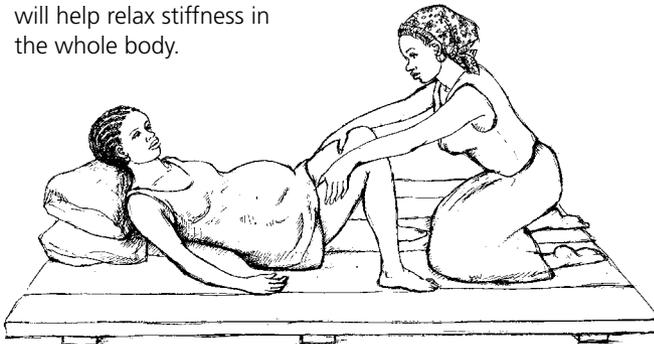
To help the muscles relax, sit in a bath of clean warm water, but only before the bag of waters has broken.



Cloth soaked in clean, warm water may help.



Put something under the head and shoulders to bend them forward. This will help relax stiffness in the whole body.



Do not try to pull a woman's legs apart at the ankles. This will make her legs pull together more tightly. Instead, after lifting her head and shoulders, bend her legs. To separate her legs, first bring the knees together. This may unlock the legs. If not, hold the legs above the knees and they will open more easily.

Birth by operation (Cesarean section, c-section)

When complications make it dangerous for a woman or her baby to go through normal labor and birth, a doctor may make a cut in the woman's belly and womb and bring the baby out. The doctor then sews the womb and belly closed (the womb is not removed). The operation leaves one scar on the womb and a second scar on the belly. This operation is called a Cesarean section, or c-section.

Most pregnant women with physical disabilities, especially those who are paralyzed, are told by doctors and health workers that they **MUST** give birth by c-section. This is not always true. With a little help, it is possible for most women who have a physical disability, or have no feeling in the belly, to give birth through the vagina. No matter what sort of disability a woman has, the muscles of the womb will still contract by themselves to push the baby out. For information on particular disabilities that may cause problems during childbirth, see page 213.

Sometimes it is necessary for a woman to have a c-section, especially if:

- the baby is big or in a difficult birth position.
- the woman has a pelvic deformity.
- she has a curve in her spine.
- she is unable to move her legs apart.
- her pelvis is small, and the baby is big.
- she is not strong enough for labor.

Even though a c-section is sometimes necessary, if possible it is best to avoid this operation. It is most often done because it is easier for the doctor. In addition, it is expensive, there is always a possibility that something will go wrong, and it takes longer to recover than from a regular birth.

Many women who have had a baby delivered by c-section are able to give birth the next time through the vagina. This is especially true if the cut from the c-section was made across the lower belly from side to side, and not up and down. An up-and-down scar is more likely to open up during labor.

Even with the scar across the belly, there is a very small chance that the scar on the womb will tear open during labor. If this happens, the woman can bleed inside and die. Although she may not need another operation to give birth, **it is safest for a woman with a past c-section to give birth in a hospital**, in case there are problems. If this is not possible, she should try to give birth near a hospital. And before the birth, try to arrange to have hospital care in case there are any problems during the labor.



FEMALE GENITAL CUTTING (FGC, FEMALE CIRCUMCISION)

In some communities—mostly in Africa, but also in parts of South Asia, the Middle East, and other parts of the world—girls and young women are cut on their genitals. Like many cultural practices, female genital cutting is a way that girls' bodies are changed so they are considered beautiful, acceptable, or clean. But while this tradition may be meaningful for the community where it is practiced, female genital cutting has serious harmful effects on the health and well-being of the girls who are cut. In the long term, female genital cutting can lead to urinary infections, emotional damage, loss of sexual sensation or ability to have sex as an adult, and long, difficult labors which can lead to death of the baby or the mother. If you are a woman who has had your genitals cut and then sewn partially closed, talk with an experienced midwife or health worker. Your genitals will need to be cut open before you give birth.



Danger signs during labor

Most women, including women with disabilities, give birth safely. But when something goes wrong during labor and birth, it is very important for a woman to get the care she needs to save her life. (For more information about safe labor and birth and the problems that can arise, see *A Book for Midwives*.) Here are some of the danger signs that can let you know when to get help:

Waters break but labor does not start within 24 hours

Go to a health center or hospital. When the waters have broken, the risk is much higher that you or your baby could get a serious infection. You may need to get fluids or medicines in the vein (intravenous, IV).



Baby lying sideways

Go to a hospital. Do not try to change the position of the baby once labor has started. This can tear the womb or separate the placenta from the womb wall. A baby lying sideways cannot be born without an operation.

Bleeding before the baby is born

Go to the hospital right away. If you are bleeding bright red blood, it could mean the placenta is separating from the womb wall or is covering the opening of the womb. This is very dangerous.

Fever

Fever is usually a sign of infection. If your fever is not very strong, you may just need fluids. Drink plenty of water, tea, or juice, and try to pass urine every few hours.

If your fever is very high and you have chills, **go to a health center or hospital.** You need antibiotic medicines right away.

Too long labor

Go to a health center or hospital. When labor lasts longer than 1 day and 1 night, or if you are pushing hard for more than 2 hours, you may need medicines or an operation for the baby to be born.

Green or brown waters

If it is still early labor, or if the mother has not started pushing, it is best for this baby to be born in a hospital.

When the bag of waters breaks (see page 237), the water should be clear or a little pink. Brown or green waters mean the baby has probably passed stool inside the womb and could be in trouble.

If the mother is far along in her labor and the baby is going to be born soon, have the mother push as hard as she can and get the baby out quickly. As soon as the baby's head is out, and before it takes its first breath, ask the mother to stop pushing. Wipe the baby's mouth and nose with a finger wrapped in a clean cloth, or use a suction bulb to suck out the mucus. Once the nose and mouth have been cleaned out, the mother can push the rest of the baby's body out.

Pre-eclampsia (toxemia of pregnancy)

Pre-eclampsia can lead to seizures and even death. If the mother has any of these danger signs, **go to a hospital right away:**

- strong headache
- blurred or double vision
- sudden, steady severe pain at the top of the belly, just below the high point between the ribs
- overactive reflexes
- high blood pressure
- protein in the urine

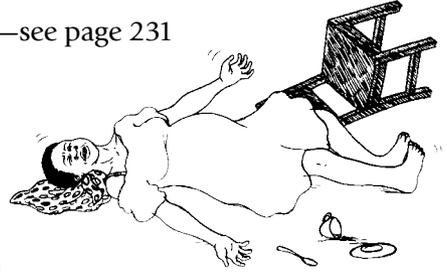


A woman in labor should not see the sun rise twice.
—Proverb from Niger

If the mother starts to have a seizure and you know she does not have epilepsy:

- Put something under her head to protect it, and put her on her left side if possible. But do not try to hold her down.
- Keep her cool.
- **Take her to the nearest hospital.**

A woman who has epilepsy can also get toxemia—see page 231 for more information about epilepsy.



Danger signs for the mother in the first few days after birth

Bleeding

Start breastfeeding your baby right away. This will help you stop bleeding sooner.

Bleeding that starts more than a day after the baby is born is usually caused by pieces of the placenta that have been left in the womb. **Get medical help.**

Danger signs of too much bleeding:

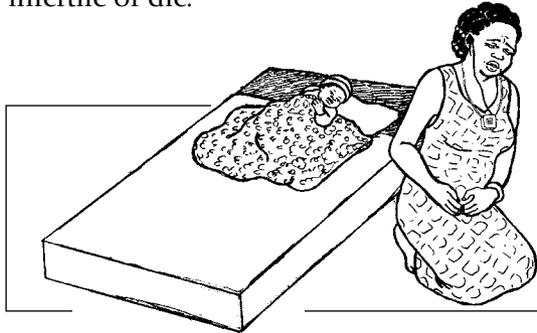
- soaks more than 2 pads or thick rags in an hour during the first day after birth
- soaks more than 1 pad or thick rag in an hour after the first day
- a continuous small flow of blood

What to do:

1. Rub the top of her womb until it gets very hard and the bleeding stops. Have the baby suck on her breasts, or have someone roll her nipples.
2. Give 0.2 mg of ergonovine by mouth every 6 hours as needed, but no more than for 4 to 7 days.
3. If the bleeding will not stop, get medical help. Continue to rub her womb as you take her to the hospital.
4. If she has signs of infection, give the same antibiotics as for womb infection on page 248.

Womb infection

Infection of the womb is very dangerous. If not treated, a woman can become infertile or die.



Danger signs of womb infection:

- fever and chills
- pain and tenderness in the belly
- bad-smelling fluid from the vagina

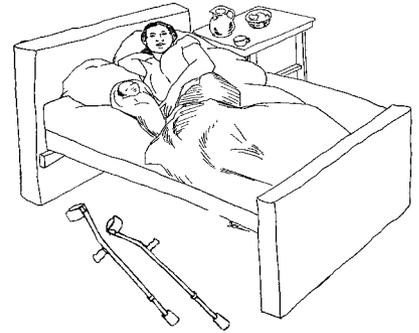
If the mother complains that she does not feel well, watch her carefully for signs of infection.

Medicines for womb infection		
Medicine	How much to take	When to take
ciprofloxacin	500 mg	by mouth, 2 times a day
and doxycycline	100 mg	by mouth, 2 times a day
and metronidazole	500 mg	by mouth, 2 times a day
<p>Continue giving all of the medicines for 2 more days after the fever is gone. But if she does not start to feel better after 1 day, take her to the nearest hospital. She may need other medicines by injection or in the vein (IV).</p>		
<p>IMPORTANT Encourage her to drink a lot of fluids. Do not drink alcohol during the time you are taking metronidazole.</p>		

Care for a new mother

Mothers need care after birth just as the baby does. People are often so busy looking after the baby that the mother's needs may be forgotten. Share this information with your family or caregivers so they can help you get the care you need.

- **To prevent infection**, do not have sex or put anything in your vagina until your bleeding stops. Bathe as often as you usually do, but do not sit in water until 1 week after the birth. It is good for you to wash and to keep your genitals very clean.
- **Get a lot of rest for at least 6 weeks.**
- **Eat more food than usual.** You can eat any kind of food: fish, meat, eggs, beans, grains, vegetables, and fruit will all help you heal from the birth and will give you energy to care for your baby and yourself. Eating food high in fiber will help prevent constipation.
- **Drink plenty of fluids.** This will also help prevent constipation.
- Be as active and move about as much as you can.
- If your breasts become very swollen, hard, and sore, feed the baby as often as possible, both day and night (every 1 or 2 hours, and on both breasts). Also, place warm, wet cloths on your breasts for 15 to 20 minutes before each feeding. You can take paracetamol for pain (see page 350).
- If you do not plan to breastfeed, do not try to remove the milk from your breasts. If you do, your body will keep making more milk. Instead, wrap a length of cloth firmly around your body, over your breasts, and apply cold cloths or ice. You can also take paracetamol for pain (see page 350).
- If you have any tears in your genitals or vagina, wash them every day with mild soap and clean water to prevent infection. Apply a hot, damp cloth and honey to the tear to help it feel better and heal more quickly. After a week, you can also sit in a bowl of clean, warm water with a little salt in it. If the tear causes burning, pour water over your genitals while you pass urine.
- If you use plant medicines to help your genitals heal, make sure the plants are very clean (boiled is best). **Do not put plant medicines, or anything else, inside your vagina.**
- Start using a family planning method before you have sex again, or you could become pregnant again right away. You can get pregnant 2 weeks **before** your monthly bleeding starts again. If you are feeding your baby nothing but your breastmilk, the breastfeeding will usually protect you from getting pregnant again for about 6 months. For information on family planning, see Chapter 9.



IF YOU FEEL VERY UPSET OR SAD

Most women feel strong emotions after giving birth. If you feel this way, health workers and your family may think it is because you have a disability, especially if you find it harder than usual to take care of yourself and do not seem to be able to take care of your baby. They may not realize any new mother may feel sad or worried for a few days, weeks, or even months. When these feelings are very strong, and if you are not able to sleep or eat very well, and cry a lot, it is called depression. A woman who had feelings like this after a previous birth is more likely to feel depressed again.

You will feel better if you can talk to someone you trust about your feelings. You may also need extra help to take care of yourself, your home, and your baby.

There are also some traditional rituals and remedies, as well as modern medicines, to help you feel better. The modern medicines are expensive and can cause other problems, so they should be taken only in extreme cases. Talk to your midwife or health worker. For more information about mental health, see Chapter 3.



Care for a new baby

Breastmilk is the best food for your baby. Keep your baby warm and clean and let it suckle as often as it likes.

Babies often have a little yellowish mucus coming from their eyes in the first weeks after birth. You can wash out the eyes with breast milk or cool, boiled water and a clean cloth. If the baby's eyes get red, swollen, or have a lot of pus in them, take the baby to a health worker.

Care of the cord

Keep the cord stump on the baby clean and dry. If possible, clean it with alcohol and a clean cloth with every diaper (nappy) change. It will turn black and fall off during the first week. You do not need to cover it with anything unless there are flies or dust. Then you can use a very clean piece of gauze or cloth to cover it loosely.

If you notice redness or pus around the cord, the baby may have an infection. Take the baby to a health worker for medicines right away. Watch for signs of tetanus, an infection babies can get if the cord is cut with something that is not clean.

TETANUS OF THE NEWBORN

Take the baby to a health center or hospital right away. If the hospital is more than 2 hours away, give the baby an injection of 100,000 Units of benzylpenicillin before leaving.

Danger signs of tetanus in the newborn

- fever
- baby cannot suckle the breast
- baby cries all the time
- fast breathing
- baby's body gets stiff



Working for change

What families and caregivers can do:

After ourselves, our families understand our disabilities better than anyone else. This means they can be a great help to us during both labor and birth. They can make sure the midwife or health worker delivering the baby understands that just because we may have disabilities, we can still have vaginal births. They can also help us explain if we need to try alternative positions for the birth. And when the baby is born, they can make sure we can hold and bond with the baby, no matter how much assistance we may need.



Don't worry, doctor. My daughter may have a disability but she is very strong. And she did not need to have an operation for her first baby.

What midwives, doctors, and other health workers can do:

- Make sure the rooms or spaces where women give birth in the clinic or hospital are easy for us to get to. For example, if the birthing room is upstairs, make a room on the ground floor available for births.
- Make sure all beds and exam tables are low to the ground and do not have wheels.
- Make sure the baby of a deaf or blind woman stays very close to her. Then, even if the mother cannot hear or see her baby, she will know if he needs to be fed or comforted.
- Both the mother and baby will benefit from the care of a health worker after the birth. Visit a new mother and her baby at least 2 times—the day after the birth, and then again at least once in the following week.
- Help the new mother with the legal requirements in her community to register the birth of her child.

