



# Birth Preparation Course

These presentations accompany the 3 Birth preparation Videos produced by the Chelsea and Westminster Hospital NHS Trust which can be found on the Birth Preparation page of our website

The “Padlets” mentioned in the presentation are also available on the same page of the website





## Part 2

### Coping with Labour and Birth



# Coping with Labour



Birthing Ball/UFO



Bath/Shower



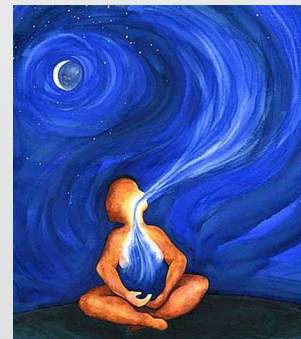
Massage



TENS



Hypnobirthing



Deep Breathing

Aromatherapy





# Relaxation and Breathing Apps





# Upright Forward Open

Available space in the pelvis can be increased by 28-30%



Less likely to need an epidural and 23% less need for medical assistance

Baby is 54% less likely to become distressed during labour

Contractions are likely to be much more effective



Shorter labour and 29% reduction in chance of an Emergency Caesarean



# Coping with Labour



TENS



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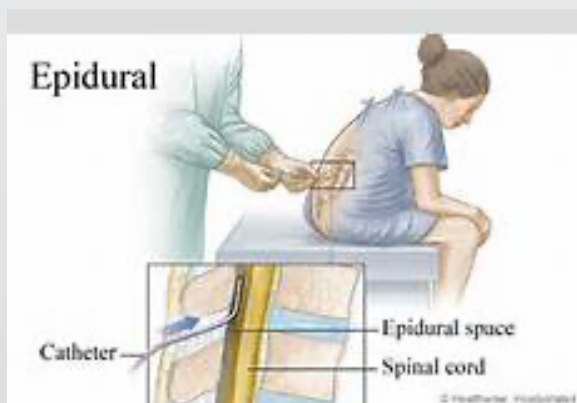
Birthing Pool



Pethidine



Epidural





# Gas & Air

Self-administered

Can be used in birthing pool

May not be strong enough for all

Quick to work, quick to wear off

No lasting effect on baby

Makes some women nauseous

Available in Birth Centre and Labour Ward

Helps you to relax through contractions

Can make your mouth feel dry







# Pethidine



Helps Mum relax  
and possibly get  
some sleep

Available in  
Birth Centre  
and Labour  
Ward

Can make  
Mum feel  
sleepy/sick

Quick to take  
effect (about 10-20  
mins)

Intramuscular  
injection into  
thigh

Can make baby  
sleepy if given  
close to birth

Useful in long  
“latent phase” or  
induction of labour

Lasts a couple  
of hours

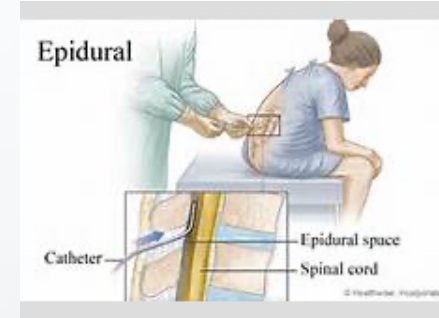
Can slow  
digestion







# Epidural



The only  
anaesthetic  
pain relief

Mum needs to  
sit very still to  
administer

Requires  
continuous  
monitoring/drip

Once set up, self-  
administered by  
patient (PCA)

Can reduce  
mobility/  
and may lengthen  
2<sup>nd</sup> stage

Loss of  
sensation to  
legs/bladder

Useful in long  
labours

Only available  
on Labour Ward

May increase  
need for further  
intervention



**RISKS ?**



# The Birth Partner's Role

PRACTICAL	PHYSICAL	ENVIRONMENTAL	EMOTIONAL
<ul style="list-style-type: none"><li>• Getting to the hospital</li><li>• Bring along bags and notes</li><li>• Who should you call and when ?</li><li>• Gatekeeper</li><li>• Understanding the birth plan</li><li>• Supporting conversations between your partner and maternity staff</li></ul>	<ul style="list-style-type: none"><li>• Helping with positions during labour and birth</li><li>• Offering food and drink</li><li>• Massage</li><li>• Assisting with TENS machine if applicable</li><li>• Helping her to control her breathing technique</li><li>• Encouraging her to use the toilet regularly</li></ul>	<ul style="list-style-type: none"><li>• Adjusting the lighting</li><li>• Organising music/playlists</li><li>• Ensuring she is comfortable</li><li>• Implement scents/ aromatherapy</li><li>• Running a bath or helping with showering or getting in and out of pool</li></ul>	<ul style="list-style-type: none"><li>• Being there</li><li>• Positive encouragement and smiles – “You can do this”</li><li>• Saying “I love you”</li><li>• Hugs and cuddles (timing is crucial here !)</li><li>• Listening to your partner</li></ul> <p>WHAT SHE SAYS GOES !</p>





# When labour doesn't go to plan

Although your body is well equipped to deal with labour, some women may need help or “intervention” in their labour. This is to keep you and your baby safe. Types of intervention are:

**Induction of Labour**

**Augmentation  
(speeding up) of  
labour**

**Caesarean Birth  
(planned or  
unplanned)**

**Instrumental birth  
(forceps or  
ventouse)**





# Induction of Labour

May be recommended if:	How:
<ul style="list-style-type: none"><li>• Labour does not start spontaneously before 42 weeks (earlier for some women)</li><li>• Your waters have broken, but labour has not started spontaneously within 24 hours</li><li>• Certain medical conditions (gestational diabetes, pre-eclampsia, obstetric cholestasis, multiple pregnancy)</li><li>• Your baby is not growing at the rate we would expect or is not moving as frequently</li></ul> <p><i>* "Outpatient induction" suitable for some women, but not all</i></p>	<ul style="list-style-type: none"><li>• Cervical sweep (membrane sweep), usually at 41 weeks</li><li>• Cooks Balloon Catheter (a mechanical method of opening the cervix – see next slide for details) OR</li><li>• Prostin gel or pessary (usually at around 41+5 days, takes place in the hospital, but you may be able to return home after the procedure*)</li><li>• Breaking the waters (Artificial Rupture of Membranes or Amniotomy)</li><li>• Syntocinon (artificial oxytocin)</li></ul>

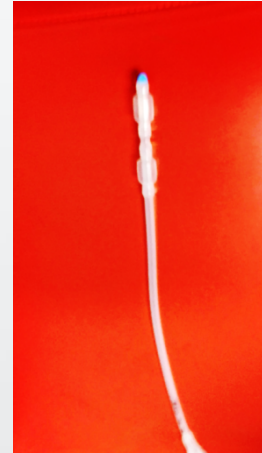




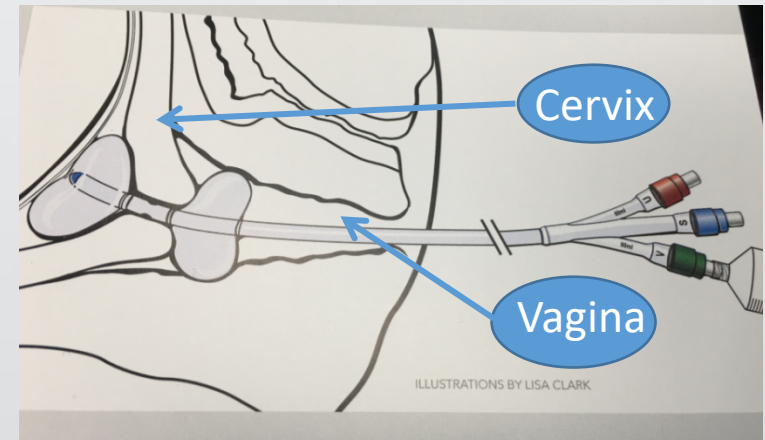
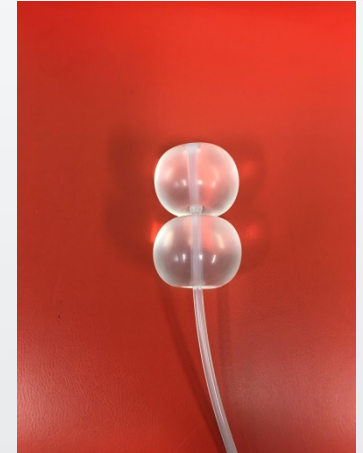
# Induction of Labour – Cooks Balloon Catheter

- The Cooks Balloon uses gentle massage of the cervix to stimulate the production of natural prostaglandins to “ripen” the cervix without the need for artificial pharmacological methods and enables some women to go home to await events.
- It has a 97% success rate for making the cervix favourable for Artificial Rupture of the Membranes (breaking the waters to bring on contractions).
- It increases the rate of vaginal birth following induction by 16%.
- Speak to your midwife about whether this might be possible for you.

Before insertion



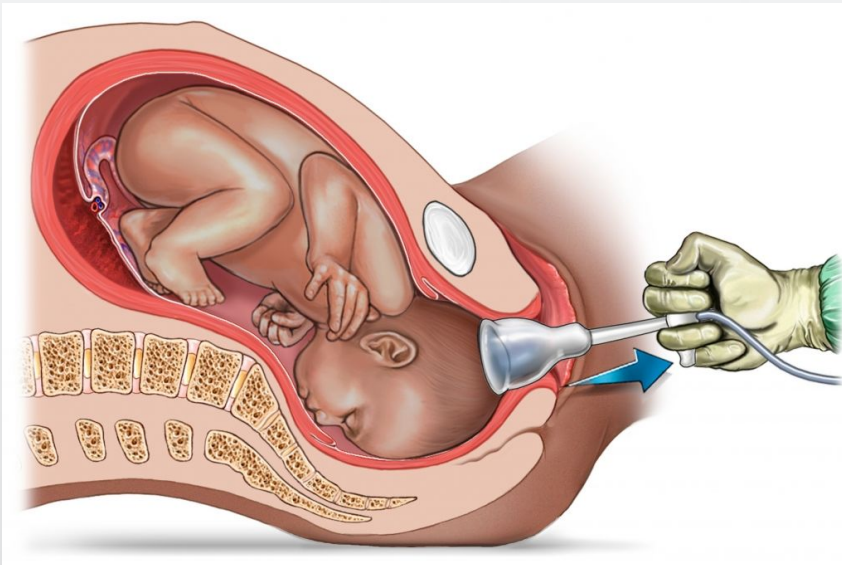
Once inflated



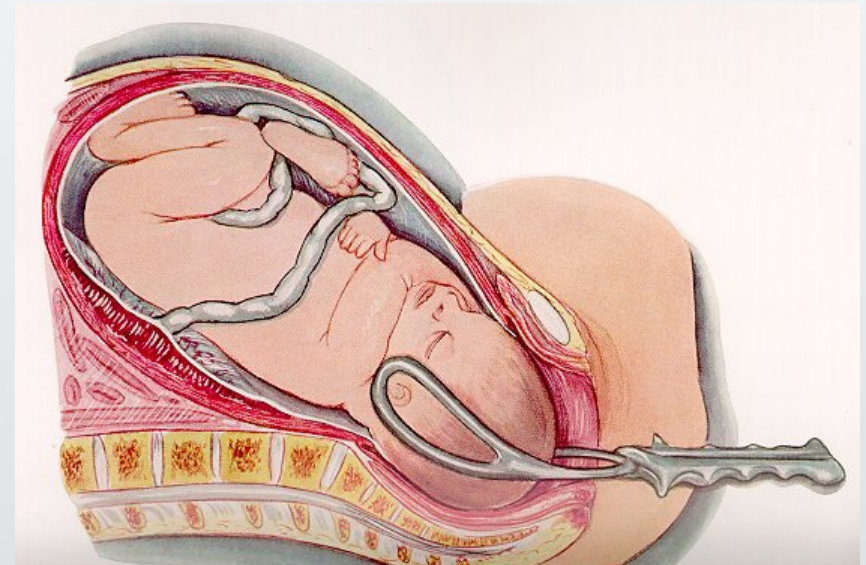


# Instrumental (assisted) Birth

If the baby is in the birth canal (second stage of labour), then it may be possible to give them a “helping hand” using either Ventouse or Forceps. These procedures are always carried out by a doctor and always on the Labour Ward (not Birth Centre)



A suction cup is applied to the baby's head to allow the doctor to grip and guide the baby down the birth canal



A pair of curved “spoons” are applied around the baby's head to allow the doctor to grip and guide the baby down the birth canal





# Caesarean Birth

Why (Planned or elective)	Why (Unplanned or emergency)
<ul style="list-style-type: none"><li>• Position of baby (breech, transverse)</li><li>• Placenta Praevia (low-lying placenta)</li><li>• Multiple pregnancy when babies are not in a favourable position for vaginal birth</li><li>• Pre-existing or other medical reasons (including mental health)</li><li>• Depending on the reason for caesarean, you will usually be booked to come in between 37 and 39 weeks of pregnancy and will have an appointment before this date to discuss.</li></ul>	<ul style="list-style-type: none"><li>• Fetal distress (baby is not coping well with labour, which is picked up when the midwife monitors the baby's heartbeat)</li><li>• Lack of progress in your labour (sometimes called an "obstructed labour")</li><li>• Maternal factors (high blood pressure, infection)</li></ul>







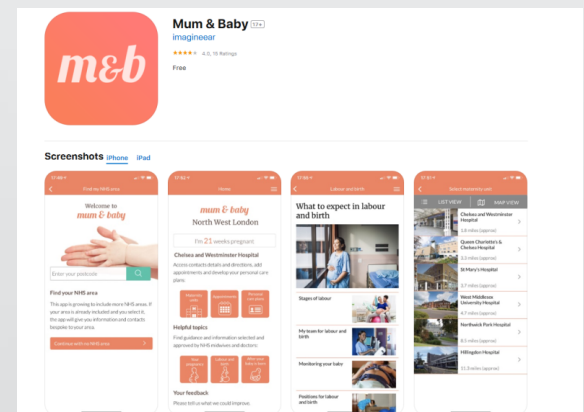
# Links to other resources

- There are various packages of information available to you, which can be accessed via the Chelsea & Westminster website. These contain information, links, articles and videos which you might find useful (referred to as “Padlets” in the video).
- Where stated, this information has been produced by the Chelsea and Westminster Hospital, but we are not responsible for any of the information contained in external websites, links and videos.

To find the links to the Padlets, please see:

<https://www.chelwest.nhs.uk/services/maternity/our-services/your-pregnancy/birth-preparation-classes>

And don't forget to download



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