Answers to Common Questions About Labor

When will I go into labor?
There is no predicting when you will go into labor. As a general rule, with your first baby you are more likely to make it to your due date (or past), and if you have had a baby before, you are more likely to deliver before.

How big will my baby be?
There is no perfect way to predict the size of your baby. Your practitioner will measure your belly (called your "fundal height") to get a rough estimate. But both fundal height and ultrasound estimates can be off my several pounds. Some general rules of thumb include the following. Women often have a baby that is similar in size to what the woman weighed when she was born. Dad's size has more to do with how tall the baby will grow up to be, than with how much it weighs at birth. Babies also tend to weight in the same ballpark as what their siblings weighed at birth. Women tend to have larger babies (sometimes dangerously so) if they are obese, go past their due date, gain more than thirty pounds during their pregnancy, or have diabetes. Women tend to have smaller babies if they are petite themselves. Women may have a dangerously small baby (called IUGR) if they smoke, do drugs, drink alcohol, have chronic high blood pressure, have severe diabetes (insulin-dependent / pre-pregnancy), lupus, or other diseases that can affect the placenta.

What actually happens in labor? What is "effacement" and "dilation"?
When you go into labor, your cervix (the opening to the uterus) softens and shrinks. The cervix is normally several inches long. As it shrinks we describe it as "effacing". A cervix that is "75% effaced" has shrunk to 3/4 of its normal length. The uterus (which is mainly one giant muscle) starts to contract in waves, that gradually get stronger and closer together. This pushes the baby's head against the cervix, which makes the cervix "dilate" open, for the baby to pass through. A cervix is described as "closed" (less than 1 centimeter dilated) up to "complete" (10 centimeters dilated). Effacement and early dilation occur at the same time. The strength of the contractions, combined with mom's effort, then push the baby out.

When do you check to see if I am dilated?
Once you are 37-38 weeks along, we check your cervix at each visit. If you are dilated, it doesn't really mean much. Some women start to efface or dilate up to a month before going into labor - especially if they have had a baby before. Others don't efface or dilate until they are in labor. We mainly check your cervix is so that when you go to the hospital with contractions, you can tell if your cervix has changed from your last exam. Also, once you are dilated there a small risk of infection, so we recommend that nothing go in your vagina : no sex, no douching, and no water (bath, hot tub or swimming).

What does it mean when my baby has "dropped"?
Some women will notice their baby "drop" as the baby's head settles deeper into the pelvis. You may suddenly look or feel like the baby is lower in your belly. Your practitioner can tell if your baby has dropped on exam, but it doesn't really mean much. Your baby might drop in the last month of pregnancy - or not until you are in labor.

What is a "mucous plug" and what does it mean if I pass one?
During pregnancy, some women (but not all) form a clump of bloody mucous that "plugs" the opening of their cervix. It then comes out during the last month of pregnancy. Whether you do (or don't) pass a mucous plug doesn't really mean much, and it doesn't predict when you will go into labor.

What do contractions feel like?
Your whole belly will tighten, feel hard, and hurt (like severe menstrual cramps). In late pregnancy and early labor, contractions may be mild and irregular. As you progress into labor, they become more regular and harder.

Eventually you can time them on a clock and they are strong enough to stop you in your tracks, making it hard to walk or talk when you have one. Some women feel contractions more in the lower back , called "back labor".

What are "Braxton-Hicks" contractions and what does it mean if I do (or don't) have them?
Dr. Braxton and Dr. Hicks did a study that showed that most women have random contractions in the last few months of pregnancy. Whether you do (or don't) have them doesn't mean much, and doesn't predict when you will go into labor. They feel like real contractions, with your belly tightening and hurting, but are mild in intensity and not in a regular pattern.

Is there anything I can do to make myself go into labor?
There is no sure-fire way to make yourself go into labor - but there are many (false) "old wives tales" out there, so take advice with a grain of salt. Enemas are <u>not</u> recommended. Enemas do not trigger labor, but can cause dehydration from excessive diarrhea. Eating spicy food may trigger heartburn, but not labor. Walking helps by having gravity push the baby's head against the cervix, which may cause some dilation. Sex can trigger uterine contractions in many ways. Both nipple stimulation and female orgasm can trigger contractions, and so can some of the chemicals (prostaglandins) found in semen. There are also acupressure points in the back of your calves, so leg massage may trigger contractions. When your practitioner "strips your membranes" on an office exam, it releases prostaglandins that can cause contractions. But just because you trigger some contractions, it doesn't mean you will go into labor. Ultimately your body decides when to go into labor. When it does, your brain releases a hormone called oxytocin that triggers labor to start.

What does it mean when my "membranes are stripped"?
The "membranes" refers to the bag of waters that surrounds the baby. When your practitioner does a pelvic exam, and if your cervix is dilated, then they swirl the tip of their fingers in the opening of the cervix. This "strips" the bag of waters off the last inch of the cervix, which releases prostaglandin chemicals, which can trigger uterine contractions. Sometimes this will "jump start" labor.

When I am I "term" (vs. "pre-term") if I go into labor?
You are considered term once you are 37 weeks. If you deliver before that, your baby is "pre-term". Preterm babies may need to stay in the NICU (neonatal intensive care unit) for extra oxygen, heated incubators, or IV nutrition. Very preterm babies can have serious, even life-threatening, complications.

How will I know - and what do I do - when I go into labor?
Most labor starts with gradual contractions that increase in frequency and strength. If you are term, then go to the hospital once your contractions are about 5 minutes apart, and strong enough that you can't comfortably walk or talk when the occur. You do not need to call the doctor on call or the hospital. If you are pre-term, then call your doctor if you have any contractions that feel strong or in a pattern, especially if you have more than 6 contractions in a hour (ie: in an every ten minutes pattern).

How will I know - and what do I do - when my bag of waters breaks?
When your bag of waters breaks you usually have a big gush of warm fluid, followed by ongoing leaking. Occasionally it is a trickle, instead of a gush. Many women have increased vaginal discharge in the last month of pregnancy, as well as involuntary loss of urine, which can be confused with a broken bag of waters. If you have any doubt, then you need an exam to be sure. Once your bag of waters is broken you need to go straight to the hospital, because of the risk of infection. Do not wait overnight, or wait to have contractions. You do not need to call the doctor on call or the hospital.

Who do I call when I go into labor? Where do I go when I am in labor?
If it is during the day, please call our office to let us know that you are in labor. If it is nighttime, you do not need to call the doctor on-call or the hospital. Go to Dignity / Mercy Hospital Redding. After hours the main entrance is closed and you will need to enter through the emergency department.

What do I bring to the hospital?
The only thing you need to bring is a car seat. Most people bring an "overnight bag", with a warm nightgown, bathrobe, slippers, shampoo and toiletries. A "boppy" pillow is great for breastfeeding. Bring a special outfit or blanket for your baby's first pictures. If you have other children, consider a "big brother / big sister" button or t-shirt, or a present for them to give the new baby, or a book they could read to the new baby.

How long will my labor take?
There is no predicting how long your labor will take. As a general rule, the first labor takes the longest. If you had really fast labors in the past, you will tend to do so again. Labor is divided into "latent phase" (early labor) and "active phase". Latent phase labor can take over 24hours. Once you are 4-5 cm dilated, and in a regular pattern of strong contractions, you enter into active phase. In active phase labor you dilate faster, often 1-2cm / hour.

How long will I push?
There is no predicting how long you will push in labor. As a general rule, you push the longest with the first baby - as long as 2-3 hours. With you have had a baby before, you might only push a few minutes!

What can I do about for pain in labor?
Labor hurts! You have many options for pain relief in labor. Walking, good emotional support, Lamaze breathing, and other focusing techniques can help you "breathe through" the pain. IV pain medications (which may make you sleepy) can be given in early labor - but not when you are getting close to pushing or birth, because they cross from your blood to the baby's blood, making the baby not breath well. Epidural pain medication (given near your spine) can be given once you are in active phase labor. It does not cross over to the baby. If you have vaginal tearing, local pain medications can be injected to minimize the pain from the stitches.

Is an epidural safe? Will it slow my labor?
Epidurals are very safe. With an epidural, a small wire IV is placed near your spine to drip anesthetic alongside the nerves to the lower half of your body. In rare cases it can cause a spinal headache. Epidurals may slightly slow labor. Often you can't walk with an epidural, because it may numb the muscles in your legs. Epidurals decrease your risk of tearing or needing an episiotomy, because you are in more control when you push.

Will I need an episiotomy? Will I tear? Will the nurse massage / stretch my perineum?
Your nurse will always massage / stretch the perineum (the skin below the opening to the vagina) when you are pushing. Despite this, more often than not, women will tear with delivery, especially if it is their first baby. You are more likely to tear if you have a large baby. You are more likely to tear if you don't have an epidural (because you have less control when you are pushing if you are in pain). An episiotomy is when a doctor chooses to make a small cut in the perineum, to try to prevent more severe or more multiple tearing. Whether or not to cut is a judgment call at the time of birth. An episiotomy and a tear heal the same way.

What happens if I go past my due date? How do you do a labor "induction"?
If you go more than a week past your due date, the risk of having a stillbirth goes up drastically. Your doctor will likely recommend an "induction" (jump-starting labor). This is done with medicines that soften / dilate the uterus (like cervidil or cytotec) and IV medicine (pitocin) that causes contractions.

Why would I need a c-section?

C-sections are done either to protect mom or to protect baby. Baby reasons include: placental abruption (where the placenta tears away and no blood / oxygen gets to the baby), or if the baby's heart rate tracing starts to show signs of distress (indicating that less oxygen is getting to the baby's brain), or if the baby presents butt-first or sideways, or if the baby is so big that the doctor is worried about a shoulder dystocia. Mommy reasons include: excessive bleeding, dangerously high blood pressure (which can't wait for a long labor), or abnormal labor. In labor is abnormally long, then mom and baby start to run life-threatening risks of infection, uterine rupture, and hemorrhage. Some women chose an "elective" c-section, to minimize the risk of pelvic prolapse or urinary incontinence later in life. If your doctor thinks that you need a c-section they will explain why to you, so that you can understand the risks and benefits of choosing a c-section or trying to continue to labor.

What happens if my labor is taking too long?

If your labor is taking too long, then the doctor will offer several options. If the baby's heart tracing is "reassuring" (ie: looking good) then you can choose to just keep laboring longer. If your bag of waters is still intact, the doctor can break it, which often speeds up labor. They may place an "internal monitor" (a tube with a balloon at the end) in the uterus to see how strong your contractions are. They may use IV medicine (pitocin) to make the contractions stronger. Sometimes a stalled labor is an indication that the baby is too big, or that mom's bony pelvis is too small. If the labor is taking dangerously long, then the doctor will discuss the option of a c-section.

What is pitocin?

Pitocin is a IV medicine that is similar to oxytocin - a natural chemical made by your brain when you go into labor. It can be given to induce (jump-start) labor or augment (help a slow labor move along). It is also given after the baby is born to make the uterus "clamp down" (contract and stop bleeding).

What does it mean if I am "GBS" (Group B strep) positive?

Group B Strep is a bacteria that lives in the vagina in some women. If you have it, it is <u>not</u> an infection, but rather part of <u>your body's normal</u> bacterial "flora", so you can't get rid of it. GBS causes no symptoms. In labor, GBS poses a very small - but life-threatening - risk to the baby of pneumonia and "sepsis" (infection in the blood). We test every pregnant woman for GBS at 36 weeks. If you are positive, then you will receive antibiotics in labor, to protect the baby, and you may need to stay in the hospital for two days after the baby is born.

What should I expect after I go home?

In the first week your milk will come in, causing some engorgement (swelling and pain in your breasts). You will have bleeding like a period and cramping as the uterus shrinks. Cramping is often worse right after breastfeeding. You may have headaches and insomnia as your hormone level drops. After the first week, your symptoms will be milder, but still present, off and on, for the whole month.