

# Preparing for Parenthood Course Summary 1

## Amazing bodies, Amazing Birth

### Understanding the process

Men and women's bodies have evolved to conceive, grow, birth and parent babies. The process of growing, birthing and bonding with a baby is a hormonal, biological process in which human's amazing bodies do what is needed, without conscious thought. Most pregnancies and births follow a straightforward and beautiful pattern. There are many things parents can do to facilitate this process, and the excellent medical teams available also support this process.

#### What Happens to the Body During Birth

The mother's body adapts throughout pregnancy to support the growing baby and prepare for birth. When the baby is ready to be born hormonal changes trigger various changes.

The birth progresses through various stages. It may feel very much like a journey, not just for the baby, but for the parents also. Many people find it helps to know the journey is finite – you will reach your destination.

#### Latent first stage/early labour:

Placenta releases various hormones which stimulate the production of oxytocin, and changes the function of oxytocin from holding the cervix tightly closed to causing contractions

Cervix softens and shortens, mucus plug may come out

Longitudinal muscles of uterus contract, whilst circular muscles around cervix relax. Contracting of uterine muscles gradually pulls and holds open the cervix. With each contraction the baby's head is pressed on the cervix, this in



turn stimulates more oxytocin and therefore further contractions. Contractions intermittent and becoming more regular and stronger dilating cervix to about 4 or 5cm

At this stage contractions may stop and start quite a lot in response to stress and relaxation levels. Most women are most comfortable at home here. A bath, breathing, pottering around may all help manage the sensation of contractions

### Active first stage/established labour:

Regular strong contractions, dilating the cervix from 5cm to 9 or 10 cm

Most couples go to hospital at the start of this stage, when contractions are lasting around one minute and coming every five minutes

Consider also using the birth pool or a bath, birth ball, ropes or just walking around and leaning over and breathing to manage the sensations. It is also in this time that some mothers have an epidural

### Transition:

Intense contractions at the end of first stage, mother may be angry, or frightened or fed up and want to go home. May also feel chilly or shivery

For many women this is the point that they feel they need pharmacological pain relief. Actually most hospitals will not do an epidural at this point, as by the time it has taken effect the baby may well be born

Many women need reassurance instead though that they are at the most difficult stage, and their baby is not far from being born. This can be a very important role for partners

From here the midwife will stay with the parents



## Rest and be thankful

A pause and a lull, cervix is fully open and so contractions stop for a short while.

## 2nd stage or pushing stage:

As baby descends to pelvic floor mother gets an irrepressible urge to push. Vagina opens up as passage for baby to pass through, perineum stretches to allow baby's head through

Contractions push the baby out through the vagina and the perineum

Perineum also pulled open and then stretched by baby's head. If stretched slowly then shouldn't tear

Birth of baby's head and then rest of body

The midwife and a second midwife, or the obstetrician will be present

Different positions, particularly kneeling, standing or squats, help facilitate the birth of the baby. Breathing in time with pushes also helps. Deep guttural noises have also been shown to help. Relaxing between contractions is important

## 3rd stage or birth of the placenta:

After the baby is born uterus continues to contract to detach placenta and then shut off blood vessels to stop mother bleeding. This might happen in two ways:

**Naturally:** cord is left until it has stopped pulsating (2-3 minutes), mother encouraged to feed, no other action taken to speed up delivery of placenta (i.e. midwife is hands off – this is v important). Has slightly increased risk of post partum haemorrhage



**Managed:** mother given injection to stimulate uterine contractions to deliver placenta more quickly, Midwife gently pulls on cord, with other hand on mothers abdomen to help placenta detach. Has slightly increased risk of retained placenta, where part of placenta is left behind and has to be removed under anaesthetic

For more information on the third stage and choosing between a natural and a managed third stage please see

<http://www.thirdstageoflabour.org/thirdstage2.html>

The incidence of post partum haemorrhage is between 4-6%, though in the majority of these cases it does not cause significant problems and is easily treated. More information about PPH is available on the third stage pages above.

#### 4th stage or bonding and breastfeeding

About an hour after birth, once you have had some time for skin to skin contact, a first feed, any stitches that are need and so on you will be moved to a postnatal room.

If you are interested in more on these amazing biological process here are two short films. One shows the amazing conception and growth of the baby in the womb – all of which is done without the parents thinking about it – ie the process happens at a non cognitive level.

<http://www.youtube.com/watch?v=b3U72hnqzVg>

The second is an amazing birth film, of a woman giving birth, totally absorbed in her body, her breathing and her vocalisations and breathing. Please note there is nothing gory in this.

[http://magalidieux.free.fr/page\\_naitre/video\\_naitre.html](http://magalidieux.free.fr/page_naitre/video_naitre.html)



## Hormones drive a normal labour

### Oxytocin (the love hormone)

Causes the uterus to contract (in response partly to pressure on the cervix and later on the pelvic floor, leading to an efficient feedback loop as labour gets established). Also the hormone involved in falling in love, orgasm, breastfeeding and bonding. The petrol in the car if you like. For more details see <http://www.thecowgoddess.com/oxytocin/>

### Endorphins (body's natural pain killers)

Generated in response to pain from contractions, endorphin levels increase as contractions increase and make mum feel “spaced out” or high. Thus the sensations of the contractions are diminished. So too is mum’s sense of time and place, she becomes insulated from the rest of the world. Massage and gentle touch and laughter also stimulate endorphins, as do fresh air, spicy foods, sex, chocolate. The birth can be enjoyable – make it so and it hurts less! The shock absorbers.

### Adrenaline (makes the parents find a safe place and focus on the birth)

In response to fear or perceived danger, stops the uterus from contracting and so can slow or halt labour, so that the mother can protect herself or move until the mother feels she and her unborn baby are safe. The body may respond to situations with adrenaline even when the rational mind tells you there is no threat. Our fight/flight response evolved millions of years ago and hasn’t totally caught up with the modern world. The brakes in the car analogy.

Ideally there should be as little adrenaline around as possible, which means as much **relaxation, safe and loving feelings** and as **safe environment** as possible (whatever feels safe and comfortable for the parents).

These are the same hormones involved in facilitating or hindering lovemaking, so if in doubt as to how to get the hormone flowing think back to some intimate situations. They are also the hormones involved in making breastfeeding easy (or difficult) and also family bonding, so once the babies are



born, continue to use your knowledge of how these hormones work to help make parenting as stress free and enjoyable as possible!

For an article describing all of this in more details and describing how you can help increase oxytocin levels please see

<http://www.childbirthconnection.org/article.asp?ck=10184>

For a wonderful cartoon on the benefits of oxytocin

The mother's behaviour shows some typical patterns during the different stages of labour, which you can use as a guide to how you are moving towards the birth. I attach a handout with some short descriptions on this, which show how much it is a physical, non cerebral process (*mothers innate behaviour during birth*)

### What Happens In Swiss hospitals during birth

Most couples arrive at the hospital when the mother is at the start of the active stage (contractions coming regularly and lasting a reasonable length of time). See below for more details.

On arrival at the hospital you will be allocated a midwife, labour or birth room. Then your midwife will:

Find your dossier, check all bureaucratic details

Check the mother and baby's health and progress with labour, including

Blood pressure

Vaginal examination

Fetal heart monitoring (either with hand held device or with a continuous device)

Palpate the baby (feel mum's abdomen to feel the position of the baby)

Cannula put in

Discussion with you about how you are feeling, what has happened so far



Susie Atkinson

c/o GretherMacGeorge GmbH  
Austrasse 95, 4051 Basel, Switzerland  
tel: +41 79 949 7094, [www.mignonbaby.com](http://www.mignonbaby.com)  
email: [info@mignonbaby.com](mailto:info@mignonbaby.com)

Thereafter whilst you are at the hospital the baby's heartbeat will be checked about every half an hour during the first stage and after every contraction during the pushing stage. Vaginal examinations are also offered regularly.

It is your choice to have cannula, vaginal examinations etc. The hospital expect to do them, however they do need your (implicit) consent. If you are not certain, or do not want any of the procedures feel confident to ask the hospital team to explain What and why they want to do what they do, so you can make an informed decision.

If you wish to eat and drink in the hospital you can do so.

The midwife will suggest positions, activities, massages and breathing that she thinks will help the mother stay comfortable and active during labour to help it progress in a normal fashion. She may suggest homeopathic or aromatherapy or acupuncture treatments, and she will certainly help with massage etc. She will not stay all the time during first stage, depending on how many other mothers she is looking after, but she will be around and available and allow the partner to have regular breaks.

### Onset of labour/when to go to hospital

Onset of labour maybe seen by one or more of the following: I have grouped them by course of action:

#### Stay at home

(but start to get excited, do what you can to get oxytocin going if you are ready)

Nesting (often several days/weeks before)

Show (jelly/mucus from the cervix comes out) (often several days/weeks before)

Diarrhoea/nausea

Backache (particularly that comes and goes)

Contractions every 8+ minutes lasting up to about 45 seconds

#### Call hospital/midwife/doctor

(to let them know you will be coming in later on, to seek reassurance and ask any advice)



Contractions 6+ minutes lasting 45 seconds  
Waters break (be ready to go to hospital within the hour)

### Go to hospital

(or you may call and then go)

When mother feels it is time to go

Waters break (see above)

Contractions every 5 minutes, lasting 60 seconds

*Please note: as we discussed contractions do not necessarily start at 10 minutes apart and get evenly and progressively longer and closer together – they may start at six minutes apart, or three minutes, or only ever be four minutes apart but very long. Therefore trust your gut instinct as to whether they are getting stronger and longer and more frequent, and go to hospital when you feel ready.*

*Remember however the average first labour is 18 hours long, and you will probably be more relaxed and comfortable (and therefore progress better) at home for the first part.*

**You should also see a doctor urgently if you have any of the following:**

#### Pre-eclampsia:

Visual disturbance, marked swelling of hands or feet or face, pain in side (epigastric), dizziness, severe headaches, nausea, increased blood pressure and protein in urine. Severe pre-eclampsia affects about 2% of pregnant women. For more information see <http://www.apec.org.uk/>

#### Obstetric cholestasis:

This is a liver disorder and causes severe itching, particularly on feet and hands.

For more information see <http://www.ocsupport.org.uk/>

#### Placental abruption:

This is where the placenta starts to detach from the uterine wall, and will be seen by a flow of fresh blood



Susie Atkinson

c/o GretherMacGeorge GmbH  
Austrasse 95, 4051 Basel, Switzerland  
tel: +41 79 949 7094, [www.mignonbaby.com](http://www.mignonbaby.com)  
email: [info@mignonbaby.com](mailto:info@mignonbaby.com)



## Hospital Bag

I attach a list of the suggestions compiled by previous classes. Most of these are optional – the essentials are highlighted.

The hospital requires birth and marriage certificate copies that are less than 6 months old. You may be able to do this online or you may need to contact your embassy.

## Aiding and enjoying the birth process

Birth is an amazing, overwhelming process. It is normal, and right to feel nervous or apprehensive, or down right scared about it. It is an important event in everyone's lives, it marks a huge change for everyone closely involved, and this should not be taken lightly or easily dismissed. I think it is important to give proper respect to your feelings about birth, and to the events that surround your particular birth. However, whilst it is overwhelming it can also be a wonderful, moving, uplifting and positive experience. Many parents describe it as the best day of their lives. It is important to think about what things would make the event positive and enjoyable for each of you. It may be that different things are important to fathers and mothers, and both need to be taken into account.

In Switzerland the birth philosophy is very much that women are not ill, they are having a baby. Therefore couples are encouraged to make themselves comfortable in whatever way they can whilst they are in hospital. This can really help with relaxation as music, dim lighting, comfortable chairs/cushions, food and drink are readily available (though it is worth noting that generally food and drink is provided within the maternity unit for the mother but not for supporters, and therefore the supporters may need to either bring supplies with them, or be prepared to go to the café or kiosk.

## Emotional confidence

Labour does not always seem to go in a straight line as the chart suggests, however it is a physical process (as well as an emotional one) and the body does need to go through those stages to get to the end.



Susie Atkinson

c/o GretherMacGeorge GmbH  
Austraße 95, 4051 Basel, Switzerland  
tel: +41 79 949 7094, [www.mignonbaby.com](http://www.mignonbaby.com)  
email: [info@mignonbaby.com](mailto:info@mignonbaby.com)

Many women find that once they are able to accept the sensations of contractions as steps towards the birth of their baby, and go with those sensations, rather than trying to resist or control them (as in the analogy of allowing yourself to ride over each wave, even if that means, scarily, you are feet off the ground, out of your depth, for a while) labour progresses more easily and less scarily than if they are trying to stand firm against each contraction (where they end up feeling buffeted and bruised by the power of each wave). Naturally, women's bodies find positions or movements to relieve the sensation of each contraction, so long as they don't worry about what they look like or what they are doing and whether it is right or not!

### Support

Verbal encouragement, touch, co-breathing, physical presence all can help and have been shown to improve birth experience, reduce need for analgesia and increase likelihood of a straightforward birth. Please see the attached handout on "continuous support" for more on the value of support.

### Environment

An environment that is safe, protective and comfortable is important in order to increase the levels of oxytocin and decrease levels of adrenaline. Many people find that their home environment is ideal for early labour so consider how you can recreate that atmosphere in hospital. What you did with the room was great – it will be much easier when you are labouring at home or in the hospital. Consider:

Soft lighting

Music

Fresh air/curtains closed (depending on how you feel)

Personal things around

Birth props to help make you comfortable (balls, bath, massage tools etc)

Keeping off the bed (you are not sick or a hospital patient)

### Relaxation

Relaxation is a life skill as well as a very valuable aid for birth. It helps oxytocin levels to stay high, aids breathing, reduces sensation of pain. I attach a page on the physiological effects of stress and relaxation so you can see why



it is so important to be able to relax at any time, but particularly during birth and early parenting times. (*stress physiology handout2*).



**Susie Atkinson**

c/o GretherMacGeorge GmbH  
Austrasse 95, 4051 Basel, Switzerland  
tel: +41 79 949 7094, [www.mignonbaby.com](http://www.mignonbaby.com)  
email: [info@mignonbaby.com](mailto:info@mignonbaby.com)