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# Understanding Birth



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Birth & Parenting  
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## Third Trimester Overview

### PREGNANCY TIMELINE



The third trimester starts at week 28, lasts about 12 weeks, and ends with the birth of your baby at around 40 weeks. During this time, your body prepares itself for birth and breastfeeding. And while you're probably feeling eager to meet your baby—not to mention a bit uncomfortable—it's important to stay focused on your pregnancy. Your baby continues to grow and develop inside your womb right up until birth, and she really benefits from your healthy habits, including eating a balanced diet, exercising, and avoiding hazards.

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Fetal Development

## Changing Emotions

During the third trimester, you might experience more emotional ups and downs than you did in the second trimester. You'll probably be excited when you feel the baby move, and you'll have the fun of decorating his or her room. At the same time, you may also be worrying about your baby's health, what labor will be like, whether or not you'll be a good parent, and the additional financial responsibility that comes with having a baby.

### Dreams

You might lose some sleep thinking about all the changes that lie ahead, and you might even have strange dreams or nightmares about labor or

your baby. These dreams are a side effect of your mind working through your anxieties; they don't predict the future or indicate problems with your pregnancy or your baby.

### Talking It Out

One way to ease your fears and anxieties is to share them, so talk to your partner, family, and friends. Call your healthcare provider if you are overly anxious or worried, depressed, or unable to eat or sleep.



### PARTNER TIP

#### Communication

- Keep communication open by setting aside time to talk together regularly. Be sure to turn off the TV and eliminate other distractions.
- Share your hopes and concerns about parenthood and your relationship. Don't shy away from difficult issues.
- Discuss finances and how you will share baby care and household responsibilities.
- Sex is still a wonderful way to connect during pregnancy if you both want to and find it comfortable (unless you are having any unexplained bleeding, you think your water has broken, or your healthcare provider has advised you not to have sex for medical reasons).

### Single Parents

If you're a single parent, you may have unique issues that need to be addressed.

#### SINGLE-PARENT ISSUES:

- Who will make up your support team during labor?
- Can someone stay with you for a few weeks after you have your baby?
- Are there any legal maternity or paternity issues to take care of?
- If you are co-parenting, how can you communicate positively and effectively?
- What financial and childcare challenges will you face?

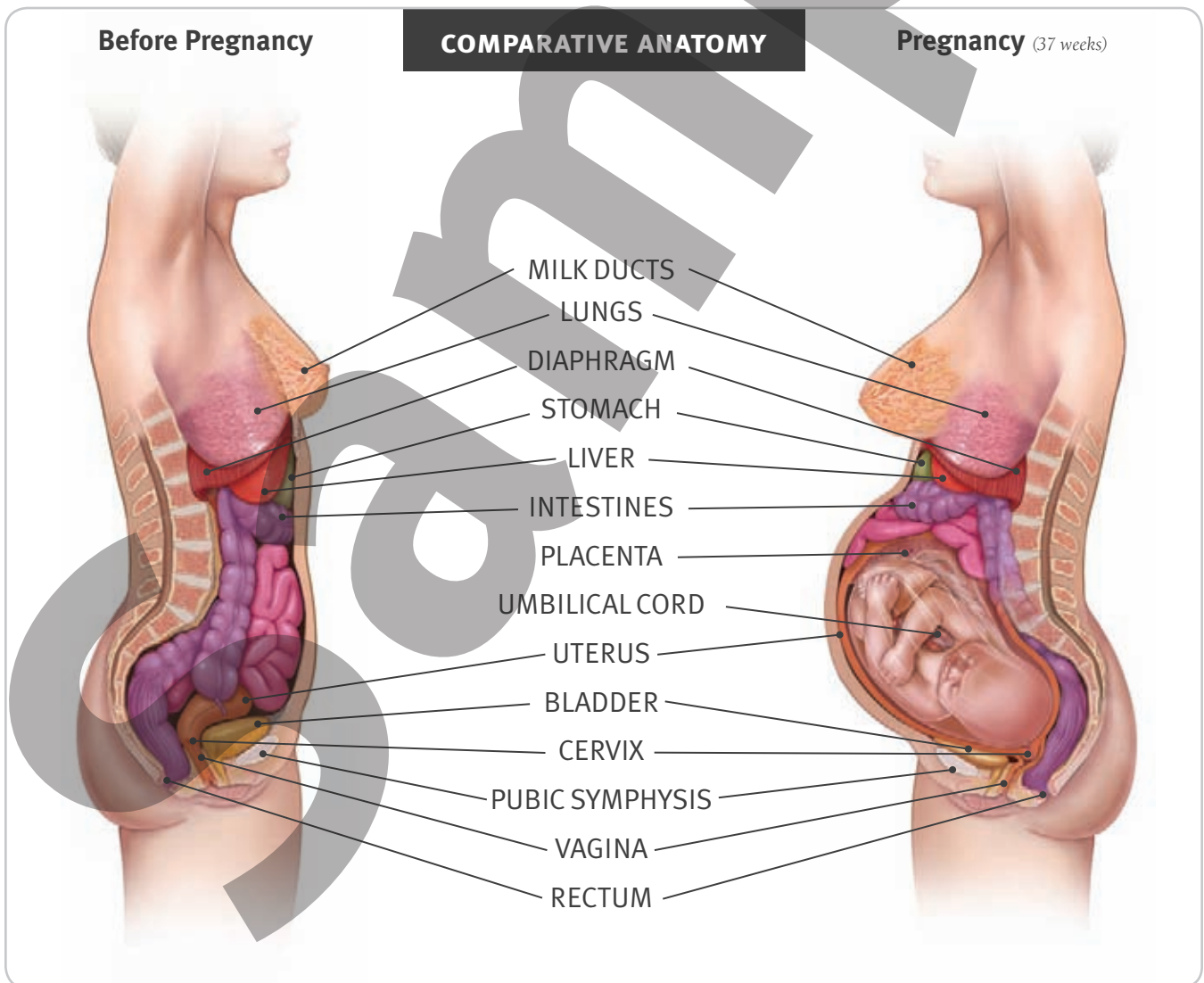
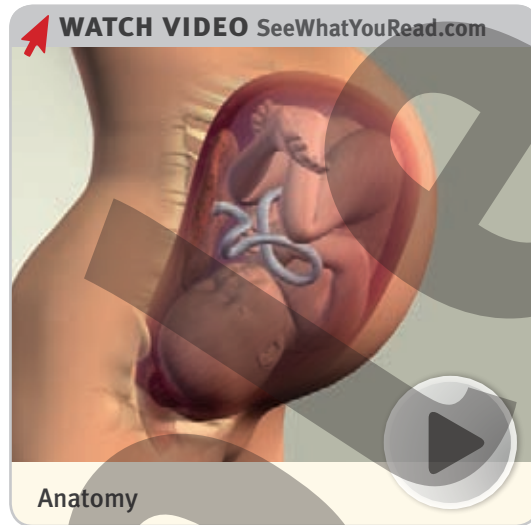
If you need additional help, seek assistance from your healthcare provider, a counselor, or a social worker.

# Anatomy of Pregnancy

To better understand the discomforts of late pregnancy and the changes that will take place during labor, it's helpful to be familiar with some basic anatomy. The illustrations below show a woman's body before pregnancy and at 37 weeks.

**PREGNANCY CHANGES TO NOTE:**

- Breasts grow in preparation for breastfeeding
- Uterus grows to a much bigger size to hold the baby
- Uterus pushes up on the lungs, diaphragm, intestines, and stomach, which may cause shortness of breath, uncomfortable fullness after eating, and heartburn
- Baby's head presses on the bladder, which may cause you to urinate more frequently

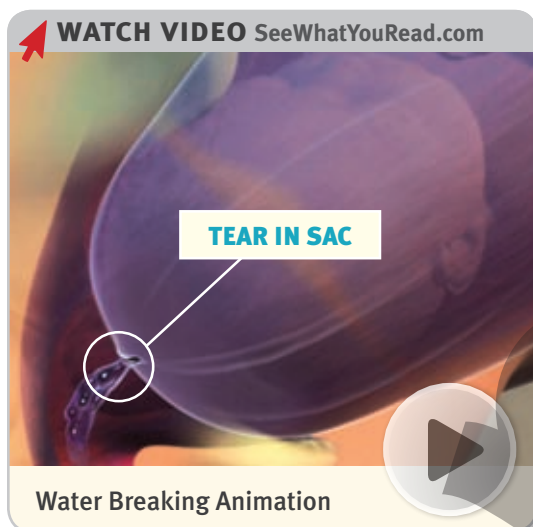


## Breaking of the Waters

In about 10 percent of women, the bag of waters (or amniotic sac) breaks before contractions begin. True labor contractions might start soon after your water breaks, but for some women it will take longer. For the majority of women, the bag will break later in labor when contractions are stronger.

### HOW THE WATER BREAKS:

- A tear in the bag causes the water (also known as amniotic fluid) to leak out in a trickle or a gush.
- Usually, only the fluid from around the baby's head is released. The remaining fluid will cushion the baby, and more fluid is made, even after the bag breaks.



### CALL YOUR HEALTHCARE PROVIDER

## Water Breaks

If your water breaks, call your healthcare provider. Use the acronym **COAT** to remember what you'll need to tell him or her about the fluid.

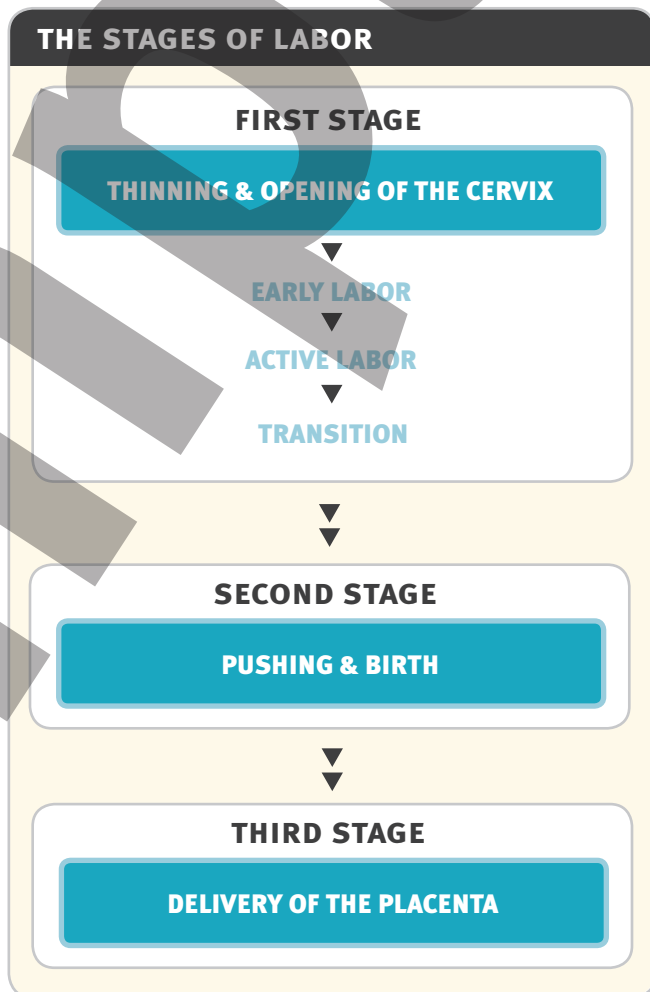
#### PAY ATTENTION TO THE:

- **COLOR** (the color of the fluid)
- **ODOR** (if the fluid had any smell to it)
- **AMOUNT** (how much fluid came out)
- **TIME** (what time it was when you noticed the fluid)

If you're not sure if your water has broken, you should still call your healthcare provider. You may be asked to come to the office or hospital right away for a checkup.

## Stages of Labor

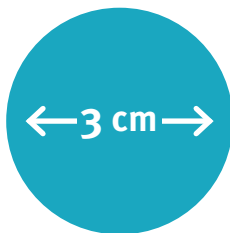
Labor is divided into three separate stages. During the first stage of labor, contractions cause the cervix to thin (efface) and open (dilate). This first stage is typically the longest and is divided into three phases. When you're in labor, you may not notice when one of these phases ends and the next one begins. The second stage of labor starts once your cervix is fully dilated, includes pushing, and ends with the birth of your baby. The third stage of labor is when you push out the placenta, which is usually a quick and easy task compared to the earlier hard work of handling contractions and pushing.



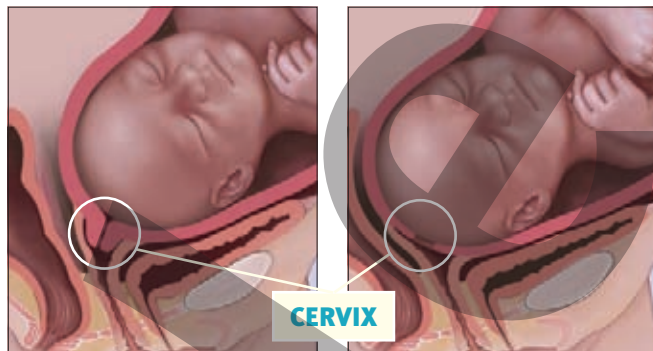
Many factors affect how labor unfolds and how long it lasts. In fact, the total length of labor can vary, from as little as 6 hours or less to 24 hours or more. Labor is usually longer for first-time moms and shorter for second-time moms. This book provides average time lengths for the different stages of labor for women having their first baby—but keep in mind that the length of your labor may be quite different.

# First Stage: Early Labor

Early labor is the longest phase of the first stage of labor and lasts about 6-12 hours. During this phase, the contractions are mild and spaced apart and open the cervix from 0-3 centimeters (some of this cervical change starts prior to labor). You may feel excited that your labor has finally begun, but anxious about how the rest of your labor will progress. Most expectant parents feel more comfortable if they stay home during early labor. This is a good time to drink water, rest, or take a short walk. A warm shower or bath may feel nice, but check with your healthcare provider before getting in the tub if you think your water has broken.



*Cervix dilates (opens) from 0-3 cm in early labor*



*The cervix starts out long and closed (left) and gets much shorter as it effaces during early labor (right)*



## CALL YOUR HEALTHCARE PROVIDER

**YOU NEED TO CONTACT YOUR HEALTHCARE PROVIDER AND GO THE HOSPITAL SOONER THAN '511' IF YOU:**

- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your bag of waters has broken
- Have vaginal bleeding
- Tested positive for Group B Strep and need additional time at the hospital for the administration of antibiotics
- Live far from the hospital
- Progress quickly (Call 911 and get into a side-lying position if you are having an extremely fast labor!)

**WATCH VIDEO** SeeWhatYouRead.com

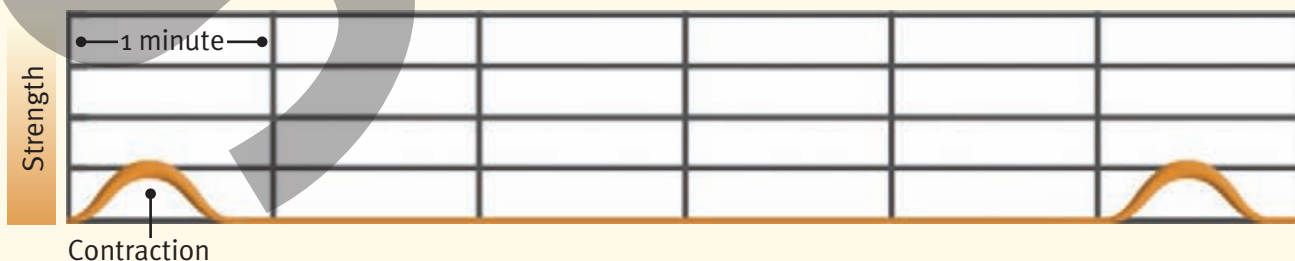
Early Labor

## When should you go to the hospital?

It's likely that you won't need to go to the hospital until your contractions are **5** minutes apart, last **1** minute each, and continue in this pattern for **1** hour. Use **511** as a general guide, but always follow your healthcare provider's instructions.

### EARLY LABOR CONTRACTIONS

Early labor contractions last 30-45 seconds and are 5-30 minutes apart.



## 5 Decision Making & Birth Planning

Your birth experience will be unique, taking its own time and course. Sometimes medical procedures become necessary during labor; in other cases, their use is optional.

### Asking Questions

Your birth experience is likely to be more positive if you feel good about the decisions you make during labor. Don't hesitate to ask questions about any medical procedure that is suggested. Use your "BRAIN" to remember what questions to ask and what to consider before making a decision.

#### "BRAIN" STANDS FOR:

- **B**enefits (What are the benefits of the procedure?)
- **R**isks (What are the risks?)
- **A**lternatives (What alternatives do you have?)
- **I**ntuition (What is your intuition telling you?)
- **N**o/not now (What would happen if you said "no" or "not now"?)

### Birth Plans

A birth plan is a general roadmap that you create describing your birth wishes. It can be a very helpful tool if it is well thought out but flexible enough to accommodate any necessary changes and hospital requirements.

#### MAKING A BIRTH PLAN:

- Think about the physical and emotional support you'd like to have
- Ask yourself what will give you the confidence you need to have a positive experience
- Share your birth plan with your healthcare provider and support people before labor begins, and share it with the medical staff when you arrive at the hospital in labor
- If your birth does not happen as you planned, take time to focus on the positive lessons from your experience

 **WATCH VIDEO** SeeWhatYouRead.com



Sharing Your Birth Plan

### SAMPLE BIRTH PLANS

A birth plan can be general (see *Birth Plan: Worksheet Style PDF*), or it can be a specific checklist of your birth wishes like this one:

#### Labor Environment:

- |  |   |
|--|---|
| <input type="checkbox"/> Dim lighting                                      | <input type="checkbox"/> Quiet                |
| <input type="checkbox"/> Play music  | <input type="checkbox"/> Wear my own clothing |
| <input type="checkbox"/> Aromatherapy scents                               |   |
| <input type="checkbox"/> Bring things from home such as blankets or photos |   |

#### Monitoring:

- I prefer my baby to be monitored as minimally as possible.
- I would like as much monitoring as possible.
- I prefer a method that allows me to remain mobile.
- Fetal monitoring in bed is fine with me.

#### Pain Relief:

##### Non-Medical Options

- |  |   |
|--|---|
| <input type="checkbox"/> Relaxation    | <input type="checkbox"/> Changing positions/walking |
| <input type="checkbox"/> Visualization | <input type="checkbox"/> Massage                    |
| <input type="checkbox"/> Fitness ball  | <input type="checkbox"/> Breathing                  |
| <input type="checkbox"/> Tub/shower    | <input type="checkbox"/> Hot and cold packs         |

##### Medical Options

- Analgesic
- Epidural anesthesia
- I prefer that pain medication only be offered to me at my request.

#### Baby Care:

- I want to hold my baby skin to skin immediately after birth and breastfeed as soon as possible.
- I am breastfeeding exclusively and don't want my baby to be given pacifiers, bottles, or formula.
- I want to room-in with my baby.

Get the complete checklist at [SeeWhatYouRead.com](http://SeeWhatYouRead.com).

 **GO ONLINE** SeeWhatYouRead.com

**Birth Plan: Worksheet Style or Birth Plan: Checklist Style**

Create your own plan



## Inducing Labor

Inducing labor means that medication or other procedures are used to encourage the process of labor to begin.

### REASONS TO INDUCE:

- If pregnancy continues 1-2 weeks past your due date (tests may be done near your due date to make sure there are no problems that could necessitate an induction)
- When the health of the mother or baby is at risk if pregnancy continues
- If the bag of waters breaks and contractions don't start within a reasonable amount of time

There are risks associated with inducing labor, including an increased chance of cesarean birth and fetal distress. Because of these risks, inductions should only be done when they are medically necessary.

### IN GENERAL, INDUCTIONS ARE NOT FOR:

- Healthy pregnancies prior to 39 weeks
- Ensuring that your baby is born on a certain day
- Relieving minor late-pregnancy discomforts
- Accommodating the schedule of a practitioner or visiting relative

Inductions are more likely to be successful if the cervix is "ripe," meaning it's ready for labor. A ripe cervix is soft, and it might have started to thin and open a bit. Before inducing labor contractions, practitioners usually use medicine or mechanical means to ripen the cervix. After this, other medications or procedures can be used to stimulate labor contractions (see p. 42).



## Augmenting Labor

Labor contractions can sometimes slow down, become ineffective, or stop. Augmenting labor means that medical interventions are used to speed up a stalled or slowing labor. Using augmentation procedures can help a woman with a difficult labor have a vaginal birth. However, it should only be done if medically necessary because there are risks involved (see p. 42).



**TAKE NOTE**

### Induction & Augmentation Alternatives

If your body is already close to starting labor, there may be some nonmedical alternatives you could try to help the process along. Discuss your options with your healthcare provider if an induction is suggested.

If your labor slows down, try walking and using upright positions to help strengthen contractions before considering medical methods.