



Childbirth Preparation

Class Three

Welcome to Childbirth Preparation!

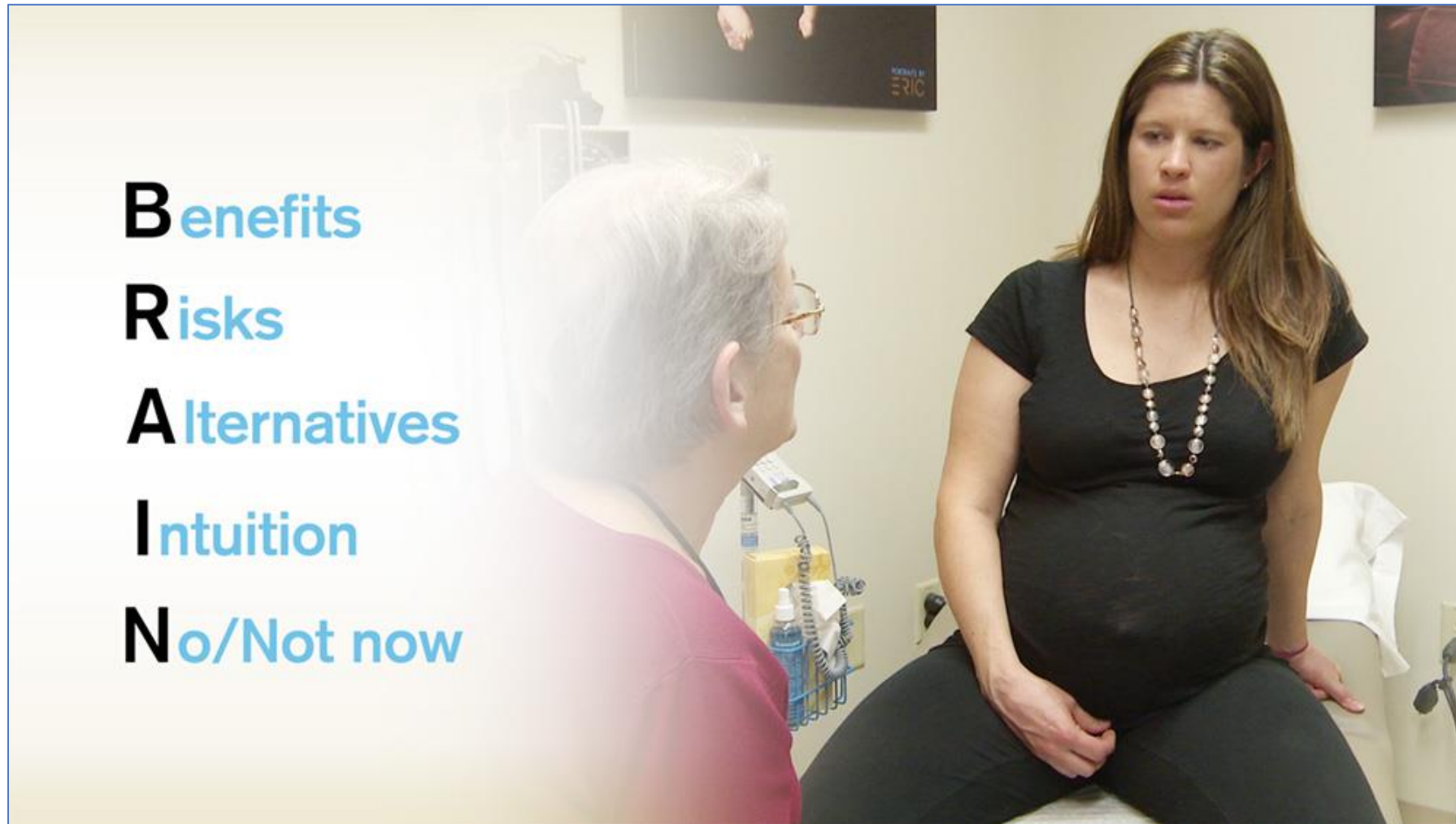
- **Class One: Overview of the labor process**
- **Class Two: Focus on comfort measures and pain management**
- **Class Three: Labor interventions, cesarean births and Postpartum**

- **Zoom – HIPAA compliant**
- **Group Format - Consent to participate**
- **Personal questions in a group format**
- **General advice – not Medical Advice**
- **Please “Mute” yourself–background noise- Show Video**
- **“Raise Hand” or wave or use the Chat Box**
- **Be respectful**

The instructor does not have any relevant financial relationships with commercial interests

Labor Interventions





- Allows immediate access to a vein when necessary
- Maintains hydration and stabilizes blood pressure
- Required on admission
- May start with a saline lock

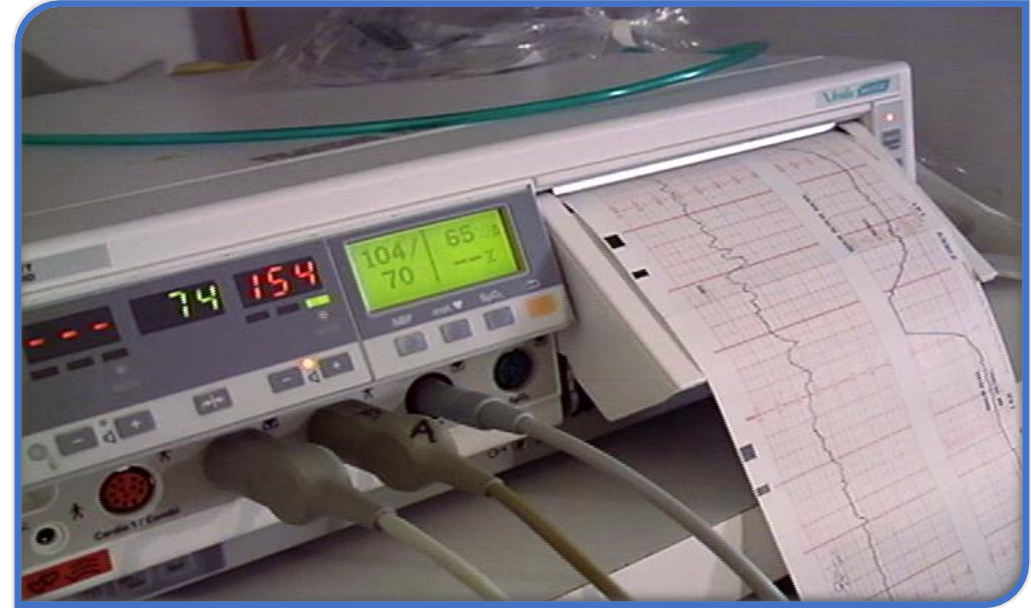


- External monitoring is the standard type of monitoring during labor
- Monitor records the fetal heart rate and its relation to contractions
- Records the frequency and duration of your contractions
- Fetal monitoring does not give us information about how strong the contractions are or your pain level, only the birthing parent can do that





Two elastic belts hold sensors in place

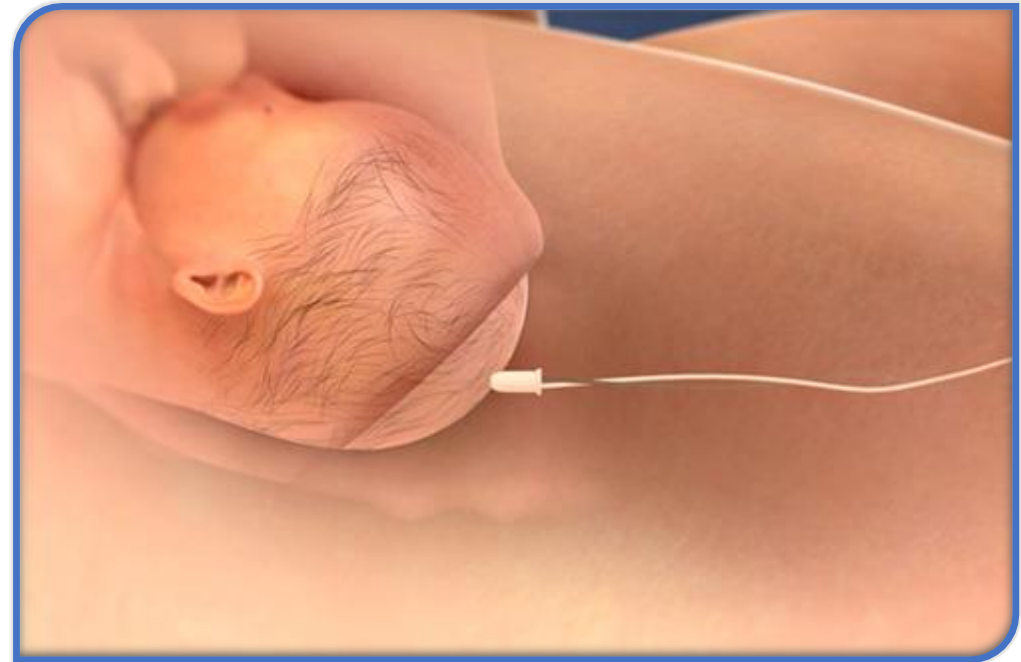


Machine shows heart rate and frequency/duration of contractions





IUPC
(intrauterine pressure catheter)



Scalp electrode
(for fetal heart rate)

Reasons to Induce:

- Pregnancy continues too far past the due date
- Risk to health of birthing parent or baby if pregnancy continues
- The bag of waters breaks and contractions don't start



*If the cervix is "ripe," induction
is usually more successful*



- Using medications or interventions to speed up a stalled or slowing labor
- Should only be done if medically necessary because there are risks involved



This woman receives Pitocin through an IV



- Used to assist the baby through the birth canal if birthing parent cannot push effectively due to anesthesia, exhaustion, or the position or size of the baby
- Used if the baby needs to be born quickly due to distress (a sudden change in heart rate)



Pushing can be challenging if you are exhausted

Forceps and Vacuum Extractor



Forceps are placed on both sides of the baby's head



Vacuum extractor cup in place on baby's head

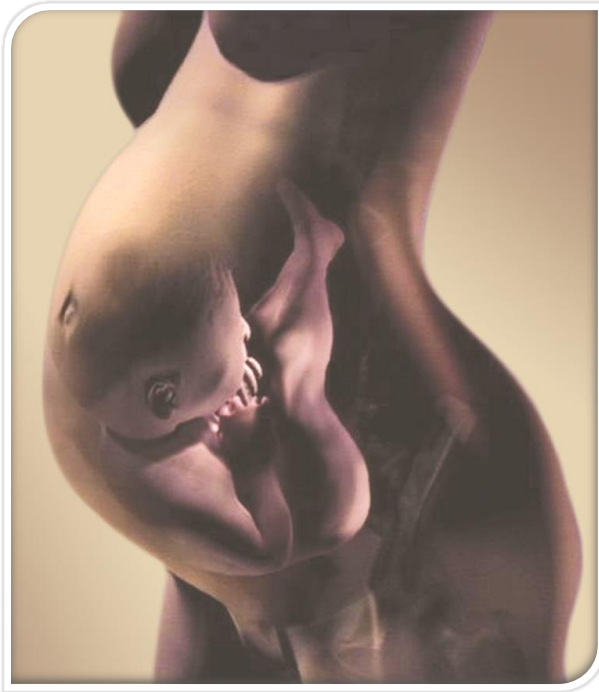
- Increases the size of the vaginal opening at birth
- A local anesthetic is injected before the procedure
- Does not substantially shorten the birth of the head
- The incision becomes infected more often, is more painful, and may extend farther than a natural tear



The episiotomy incision will either be made straight back or off to the side

Cesarean Birth

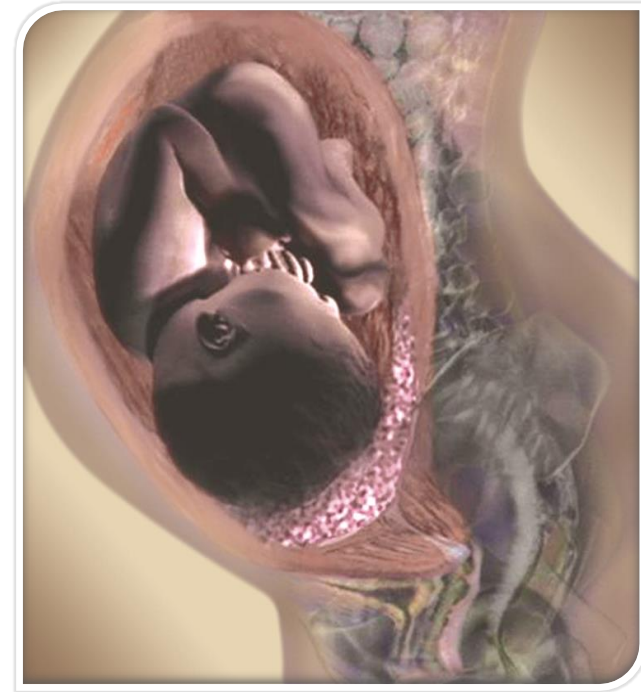




Breech baby



Transverse baby



Placenta previa

Unplanned Cesareans



- Cord prolapse
- Placental abruption
- Uterine rupture
- Severe fetal distress

**Emergencies occur in
only 1% of all births!**



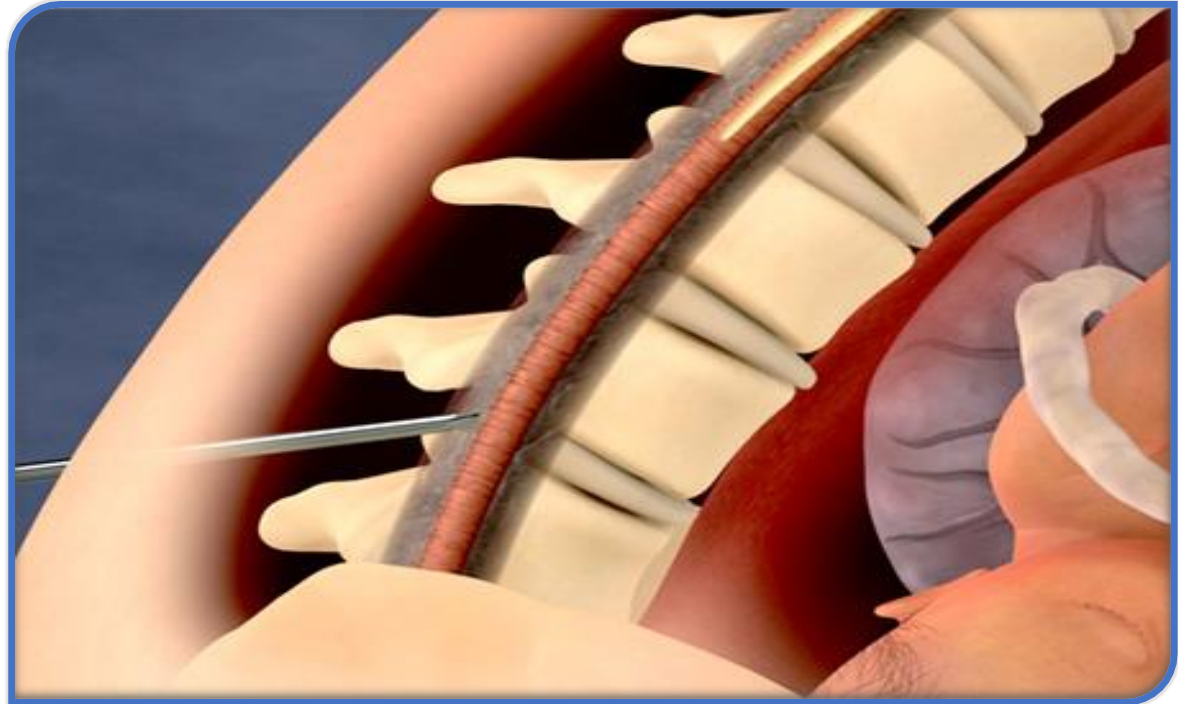
Cord prolapse

Planned/unplanned cesareans:

- Epidural
- Spinal block
- Combined spinal-epidural

Emergency cesareans:

- Existing epidural
- General anesthesia



To administer a spinal block, a single dose of medication is injected into the spinal fluid



Bikini incision

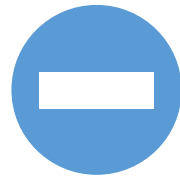


Advantages



- Life-saving procedure if vaginal birth is unsafe
- Quick
- Relatively safe procedure

Disadvantages to Mother



- Infection
- Blood loss/hemorrhage/blood clots in legs
- Future pregnancy problems
- Injuries to organs
- Longer, more painful recovery
- Higher risk of emotional trauma/perception of negative birth

Disadvantages to Baby

- Breathing problems
- Low Apgar score
- Injury (rare)

Postpartum



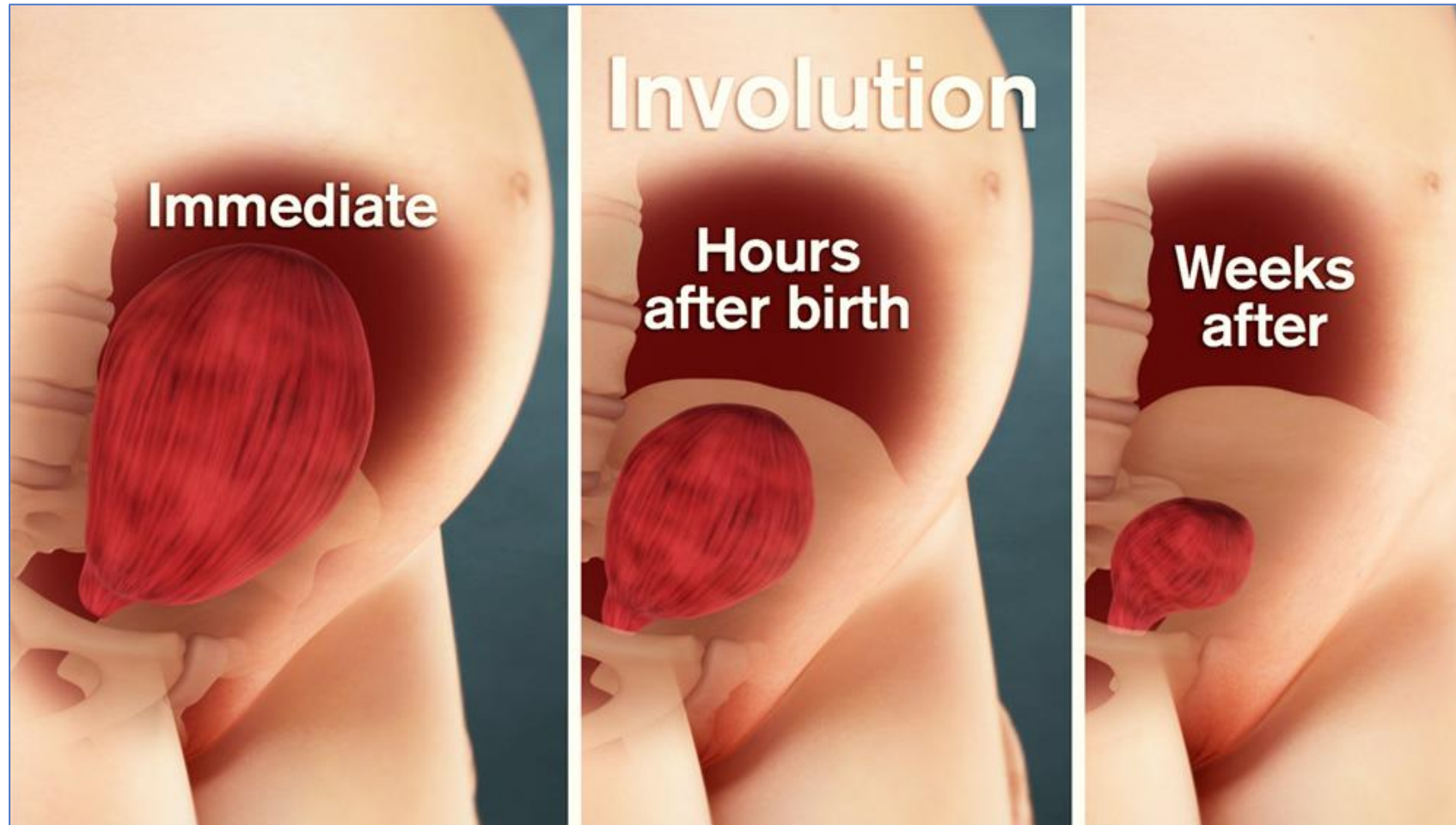


Your healthcare provider will feel your uterine involution



A sitz bath on the toilet can soothe a sore perineum





- Tissue and blood
- Heavy immediately after birth
- Gradually tapers off
- Increases with activity and breastfeeding
- Stops 3-6 weeks after birth

Symptoms:

- Mood changes
- Weepiness or sadness
- Anxiety
- Lack of concentration
- Feelings of dependency or inadequacy



The baby blues are experienced by most new moms



- Excessive worrying and anxiety
- Persistent weepiness or sad mood
- Inability to sleep, even when you're exhausted
- Difficulty concentrating
- Loss of interest in activities you used to enjoy
- Changes in appetite
- Thoughts about harming yourself or your baby
- Hallucinations (go to the E.R.)



You may be at a higher risk if you've experienced depression in the past





Get support



Find ways to get sleep



Nourish yourself



Nurture your relationship



- Choose easy-to-prepare meals, and make extra so you have leftovers
- Limit outside obligations
- Make housework a low priority
- Limit visitors who aren't helpful
- Make a to-do list, and designate jobs to people who want to help



Spend time with your newborn

- There are a number of factors that influence when you'll feel ready to resume sexual intimacy, including exhaustion, physical discomfort, hormones, your baby's needs, and your overall emotional well-being.
- Talk to each other about how you're feeling about resuming intimacy. If you don't feel ready, find other ways to connect for a while.
- Realize that sex may be different at first:
 - You may need to use a vaginal lubricant.
 - Your milk may let down during sex.
 - Your body image may have changed.

- Make time to be alone with your newborn
- Find something special that only you two do together
- Be confident in your natural ability to parent your child
- If you're feeling left out, talk it over with your partner



- Breathing practice frequency and tips
- Positioning practice at home
- Focal points: list ten and what to bring to the hospital for each

**Thank you for attending our
Prepared Childbirth series!**

Please take a few minutes to
share your feedback with us.

If you have questions, please contact
the UCLA BirthPlace at 424-259-8250

Birthplace@mednet.ucla.edu

