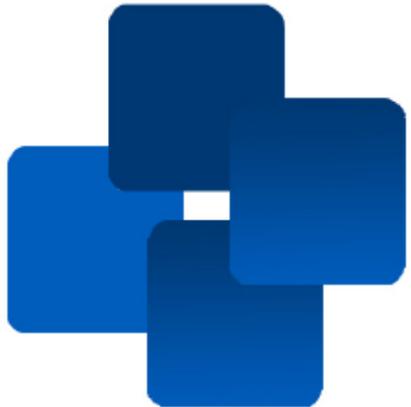


Advice and Information to
Help You Achieve a

Normal Birth

Women's and Children's
Services





General Information

This leaflet is for women and their families in the East and North Hertfordshire NHS Trust to provide advice and information about how to achieve a normal birth.

Healthy Pregnancy

Stop Smoking

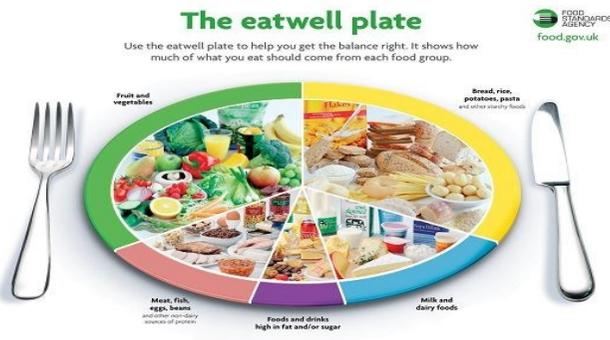
This is one of the most important things you can do to help you have a healthy pregnancy and reduce the risk of complications such as low birth weight and placental problems which significantly reduce your chance of a normal birth. Your midwife and GP will be able to support you to cut down or quit.

Diet

It is important to be as healthy as possible during your pregnancy. One of the best ways to achieve this is to ensure you are eating a healthy and balanced diet, low in saturated fat and refined sugars.

You should aim to maintain your body mass index (BMI) between 18.5 and 24.9 which is considered the healthiest range, your Midwife, GP or practice nurse can offer advice and support.

There are certain foods we recommend you avoid during pregnancy, please refer to your pregnancy book or go to



Exercise

The more active and fit you are during pregnancy, the easier it will be for you to adapt to your changing shape and weight gain. It will also help you to cope with labour and get back into shape after the birth. Keep up your normal daily physical activity or exercise (sport, running, yoga, dancing or even walking to the shops and back) for as long as you feel comfortable.

If you were not active before you got pregnant, it is not advisable to suddenly take up strenuous exercise. If you start an aerobic exercise programme (such as running, swimming, cycling, walking or aerobics classes), tell the instructor that you're pregnant and begin with no more than 15 minutes of continuous exercise, three times a week. Increase this gradually to at least four 30-minute sessions a week.

Performing pelvic floor exercises is also an important way to help both during labour and afterwards. You do these by:

- close up your anus as if you're trying to prevent a bowel movement
- at the same time, draw in your vagina as if you're gripping a tampon, and your urethra as if to stop the flow of urine
- at first, do this exercise quickly, tightening and releasing the muscles immediately
- then do it slowly, holding the contractions for as long as you can before you relax: try to count to 10

try to do three sets of eight squeezes every day: to help you remember, you could do them once at each meal

For more information on exercise in pregnancy, see:

<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-exercise.aspx#close>

Antenatal care

Regular antenatal care is important throughout your pregnancy to ensure that you and your baby are well and the pregnancy is progressing normally.

Your midwife will tell you how when and often you should be seen based on your pregnancy and medical history.

Preparation for labour

Perineal Massage

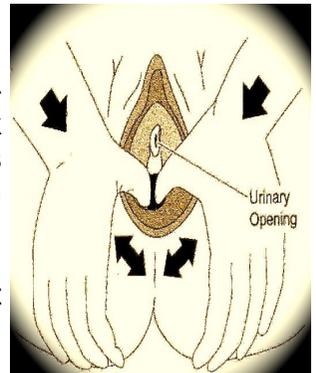
The perineum is the area of tissue between the vagina and the anus. Performing perineal massage antenatally helps to prepare the perineum to stretch more easily during childbirth and may reduce the need for stitches. It has been found that over 85% of women will have some degree of tear during vaginal birth; therefore attempting to minimise this trauma is an important part of preparing for labour.

You can start perineal massage anytime from 35 weeks of pregnancy.

It can be done by you or your partner if you are both comfortable with this. It is a good idea to perform after a bath because the perineum is softer. It is recommended to use an unscented, organic based oil, such as olive, sweet almond or sunflower, which lubricates the area and makes the massage more comfortable. **Do not use baby oil, mineral oil, or petroleum jelly.**

Technique :-

- 1) Wash your hands before beginning, make sure your bladder is empty, and position yourself comfortably. You can do the massage in several positions; semi-sitting, squatting against a wall, or standing with one foot raised and resting on the bath, toilet or a chair.
- 2) Place one or both thumbs on and just within the back wall of the Vagina (about 5cms), resting one or both forefingers on the buttocks (your partner can use both index fingers)
- 3) Press down towards the rectum and massage by moving the thumbs and forefingers together in an upwards U movement.
- 4) As you or your partner perform the massage, apply steady pressure downwards towards the back passage, until you feel a tingling sensation. This will help you become familiar with the sensation that you will experience when your baby's head begins to stretch you.
- 5) In the beginning your perineum may feel tight, but with time and practice, the tissues will relax and stretch. This massage should not be painful. Should you find it so, stop and start again.

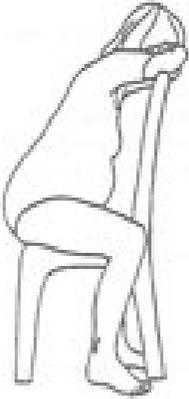


Do not do perineal massage if you have vaginal herpes or any vaginal Infection.

Optimal Fetal Positioning (OFP)

OFP is a theory developed by Midwife Jean Sutton. It suggests that through your position and posture you can help to encourage your baby to get into an ideal position to be born, before labour starts. Head down, with it's back to your front or left side.

It is believed that babies who begin labour in the occiput posterior (OP) position are more likely to be born by caesarean section or instrumental delivery than those who are in the anterior position.



To encourage baby into anterior positions:

- Sitting - upright, forward leaning postures are good.
- Try and sit with your knees lower than your hips with your back straight.
- Use a cushion under your bottom and in the small of your back.
- Sit on a dining chair, leaning forwards, with your arms resting on the table.
- Kneeling on the floor leaning over a bean bag/birth ball/big pile of cushions (You can watch TV this way).

Try to avoid these things:

- Lying on your back
- Sitting on soft low sofas
- Long car journeys in 'bucket' type seats
- Crossing your knees
- Squatting, as it may cause the baby to 'engage' in



Encouraging Labour after 37 weeks

Membrane Sweeping

Your midwife should offer you a 'sweep' when your pregnancy has passed the expected due date in order to try and encourage the onset of labour. This is a procedure where the midwife performs a vaginal examination and uses her finger to separate the bag of waters from the wall of the uterus in order to release a surge of hormones. This may increase your chances of going into labour without induction; they can be very effective and often encourage labour to start within 24-48 hours. This is something that should only be undertaken by a midwife, or suitably trained health professional. Sweeps are safe and effective but can be a little uncomfortable and you may experience an increase in vaginal discharge and often lose a mucousy 'show' which may have a small amount of blood in it.

There are a few other things you can try which some people believe may help encourage labour to start....

Long walks but make sure you get enough rest in between!

Foods such as Chilli, curry etc. which can give you an 'upset stomach' may help. Fresh pineapple can have this effect and also contains the enzyme Bromelain which is thought to help soften/ripen the cervix.

Making love and/or having an orgasm has been shown to increase the levels of oxytocin in your body which is the hormone which stimulates contractions.

Nipple Stimulation gentle rubbing, rolling or sucking of the nipples and areola (area surrounding nipple) is also proven to increase oxytocin and may help to stimulate contractions.

Acupuncture / Reflexology and other alternative therapies can be useful in preparing your body and encouraging labour. Always make sure you visit a qualified/approved therapist and they are aware you are pregnant.

Labour

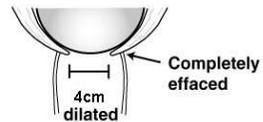
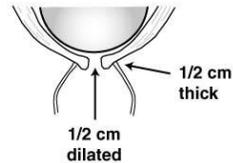
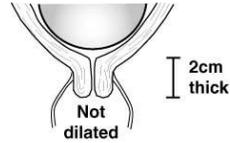
Latent phase and when to come into hospital

This is the period of time where the body is preparing for labour.

Before labour starts, the cervix is long and closed and in a posterior (backwards) position, during the latent phase it becomes soft and thin (called effacement) and gradually moves to an anterior (forwards) position and begins to dilate.

The latent phase is considered complete when the cervix has effaced completely, has dilated to 4cm and you are contracting regularly.

Most women will experience contractions within the latent phase of labour, which may stop and start over a period of many days. This is normal for this period of labour but can become very tiring for you and your birth supporters. Tightenings can be particularly noticeable at night which can lead to extreme tiredness during the day.



What you can do

The length of the latent phase is individual to every woman, there are some things you can do to try and help to cope with this period and encourage active labour but it is important to remember to rest when you can.

- Go for a walk
- Take a warm bath or shower
- Drink plenty of fluids – water and sports drinks
- Eat little and often – carbohydrates (bread, pasta, rice and cereal) for slow-releasing energy, plus sugary food for quick releasing energy.
- Keep your breathing deep and regular – ‘breathe in gently, sigh out slowly’

- Using a hot water bottle or wheat bag on any areas that ache – your lower back, tummy (under your bump) or between your thighs. Be careful not to burn yourself.
- Use your birthing ball if you have one.
- Balance the need for rest (eg. lying down) with the need to walk around or adopt various positions, so that you do not get too tired.
- You may find it helps to make love – kissing, cuddling and having an orgasm all cause your body to produce oxytocin (the hormone which stimulates contractions)
- If you have hired a TENS machine now is the time you use it.
- Experiment with different positions that you find comfortable, such as standing, sitting, squatting, kneeling and walking around.
- Rest and sleep when you can.

It is safe to take paracetamol at regular intervals as per the instructions on the packet.

Try to stay calm and relaxed at home in the early stages of labour. There is evidence to show that the later in labour you come to hospital the more likely you are to have a normal birth.

Support in Labour

There is evidence that good support in labour promotes normal birth. Choose the right birth partner for you: for some women their partner is the best person to be with them during labour and birth, whilst others might choose a close female friend or relative, or perhaps even a doula (a support person who you employ on a private basis to provide non-professional practical and emotional support during labour and birth). Whoever you choose, it's important that you feel comfortable with them, that you find them calm and reassuring and they are someone you can communicate openly with.

When to come to hospital

Your contractions have become intense and regular

Labour is different for every woman but as a guide you should be experiencing at least 3 contractions in each 10 minute period, lasting approximately 1 minute, strong enough to make you stop walking and talking when you have one.

Your 'waters' break

This may be with a 'gush' or you may feel small trickles of fluid. If you are unsure whether they have broken or not please contact the hospital. After an assessment of you and your baby, you will be encouraged to go home again if your waters have broken but contractions have not started. This will be discussed with you at the time. Induction of labour will be recommended after 24 hours if you do not go into labour although

You are not feeling the baby move as much as normal

You should be used to your baby's pattern of movements, any deviation from this, contact the hospital to arrange a monitoring.

You experience any vaginal bleeding

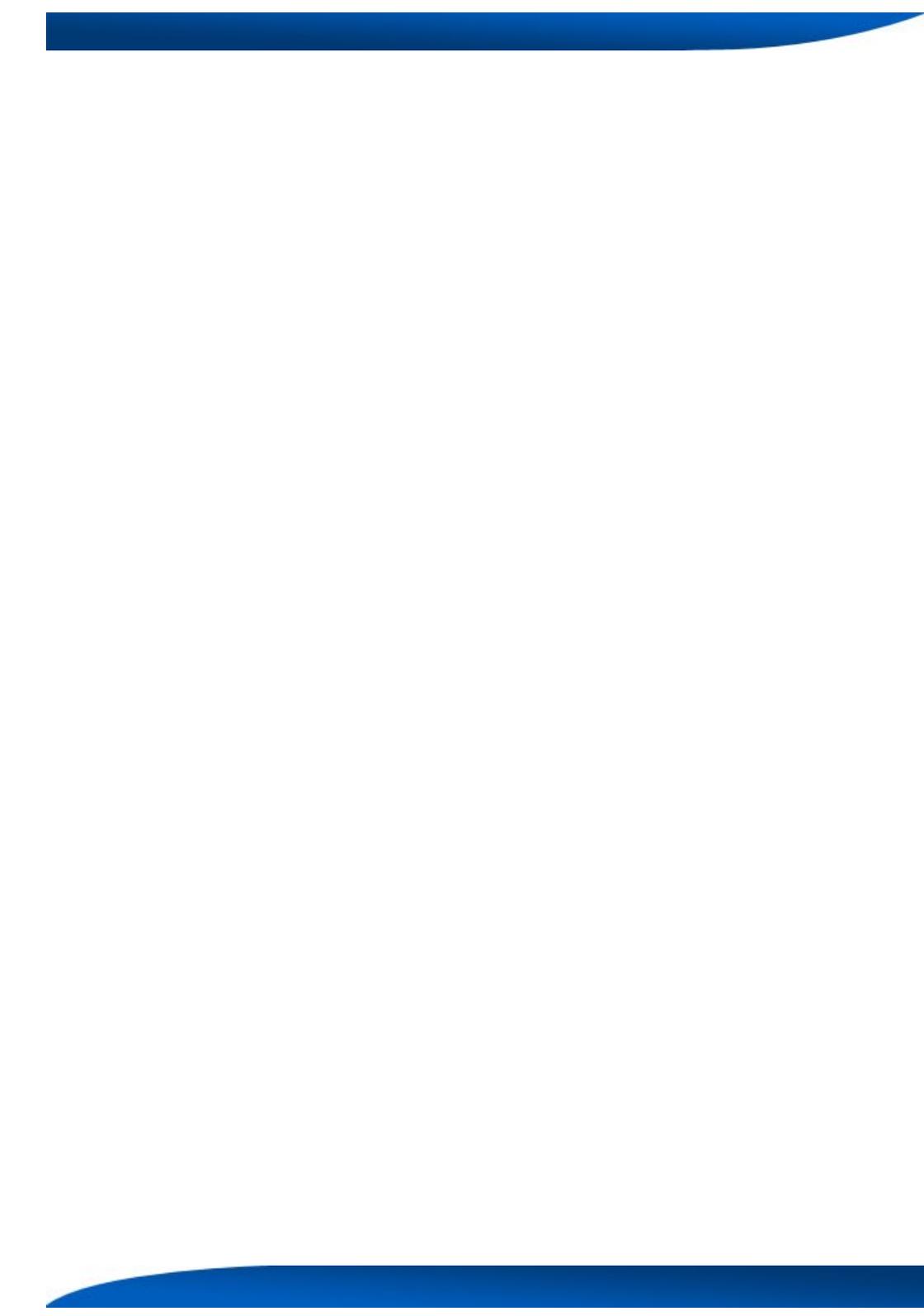
During the latent phase of labour many women will have a 'show' which is where the mucus plug blocking the cervix comes away. This is often mixed with some blood which appears 'sticky'. If you experience any fresh bleeding however please contact the hospital.

If you come to the hospital and are assessed by your midwife to still be in the latent phase of labour, it is likely they will encourage you to return home. The information in this leaflet is to try and help you feel confident to remain at home as long as possible to reduce the chance of having to make several trips to and from hospital.

If you have any concerns or are unsure of whether it is time to come in ALWAYS phone for advice.

Remember

**Your body already knows how to give birth but labour
is a journey that can take a long time**



Further Information:

NHS Choices website: *Signs that labour has begun*: www.nhs.uk

NICE (2014) *Intrapartum Care: the early stage of labour*. www.nice.org.uk

Royal College of Midwives: *Top 10 tips for achieving a normal birth*.
www.rcm.org.uk/top-ten-tips-to-help-with-labour-and-birth-for-mothers

For further information about doulas: www.doula.org.uk

Contact Numbers

Midwifery Led Unit: 01438 286197 (24 hours)

Consultant–Led Unit (CLU) 01438 284124 (24 hours)

**You and your baby are important to us –
Thank you for choosing East and North Herts NHS Trust**

www.enherths-tr.nhs.uk

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