Born
Midwives

Common Assessments and Procedures During Labour and Birth

Midwives view labour and birth as healthy, normal processes. We need to monitor the health of the labouring woman and her baby during labour to ensure everything is proceeding well. This handout summarizes a number of assessments and procedures you may encounter at your birth. Some, like listening to the baby's heart rate and checking the woman's progress in labour with vaginal exams, are done at every birth. Others, such as suturing or needing to clamp and cut the umbilical cord early are only encountered sometimes. We provide a discussion of all of these things here for completeness. Please feel free to discuss your questions or concerns with us.

1. **Checking your vital signs**: We will assess your blood pressure, pulse and temperature when you start active labour and about every 4 hours during labour. We will also check these again several times after you give birth to ensure that all is well.

2. **Listening to the baby's heart rate**: We will be listening to the baby's heart rate regularly throughout the labour. This gives us the best indication of how well the baby is coping with labour. We listen about every 15 minutes during the active first stage of labour, and then every 5 minutes or after every contraction during the pushing stage. We may use the fetoscope, hand held Doppler (the same as we use in clinic), or the fetal heart monitor portion of the electronic fetal monitor machine in hospital. We are listening for the rate, rhythm and fluctuations of the baby's heart rate. We will tell you what we find and if we have any concerns.

3. **Vaginal exams:** We do vaginal exams to assess the opening (dilation) and thinning (effacement) of the cervix in labour. Vaginal exams also give us information on the baby's position, whether the bag of waters is broken, and how low the baby is in the pelvis (station). We only do vaginal exams when we feel they are necessary. Typically vaginal exams are preformed to confirm active labour has begun, to assess labour progress, if an artificial rupture of membranes is being done, and to confirm full dilation when women are feeling a pushing urge. Vaginal exams are preformed using a gloved hand and lubrication (no speculums!). We will talk with you before doing the exam to explain why it is necessary, and provide you with all of the information from our findings.

4. **Breaking the bag of waters:** During labour the bag of waters may break or rupture spontaneously or we may offer to rupture the bag of waters artificially. The intact bag of waters acts like a cushion ahead of the baby's head. At a certain point in labour this cushion can slow down progress because it prevents the head from being well applied onto the cervix. Other reasons for rupturing the membranes include to detect whether meconium is present or to apply an internal electronic fetal heart rate monitor. If we feel there may be some benefit to you, we will discuss the option of rupturing the membranes in labour. The waters are broken with a long plastic tool that has a small curved tooth at the end. Generally the bags are broken during a contraction, when the membranes are bulging from the pressure. Rupturing the membranes does not cause pain to the

mother or the baby. Labour often intensifies and progresses faster after this is done.

5. **Gentle birth of the baby's head:** We will work with you to have a gentle birth of the baby's head and reduce the risk of perineal and vaginal wall tears We will typically use warm compresses on your perineum and lubrication or olive oil along with some perineal massage to help the stretching of your tissues during the birth of your baby's head. We may offer you a mirror to see your progress, or encourage you to feel the progress of your baby's head with your hands. Sometimes we will ask you to breathe and stop pushing actively during crowning (the point of maximum stretch) to allow a gentle birth of the baby's head.

6. **Checking for the umbilical cord around the baby's neck:** After the baby's head is born we will check to see if the umbilical cord is around the baby's neck. This is quite common (occurs at about 30% of births) and usually we can slip it over the baby's head. Occasionally, if we can't unloop it, we need to clamp and cut the cord right away. If this is the case, we will ask you to keep breathing while we cut the cord and then give a big push. We will keep you informed of what we are doing and why.

7. **The birth of the placenta:** The birth of the placenta is called the 3rd stage of labour. Active management of this stage means giving you an injection of oxytocin in your thigh muscle after the birth of your baby. Oxytocin is the hormone that causes contractions of the uterus. This approach speeds the birth of the placenta, and reduces postpartum blood loss. Studies have shown that this approach reduces the risk of postpartum hemorrhage by 40%. We are happy to do this approach or the approach of "watchful waiting" (called expectant management) for the placenta to be born. **In case of expectant management the oxytocin is ready to be given should you start to bleed heavily.** There are specific circumstances when we may recommend doing active management, for example if you have had a previous postpartum hemorrhage or a very fast delivery. We will discuss these options and any specific recommendations we may have with you in detail during your pregnancy or birth.

8. **Suturing:** We can give you stitches in your vagina and perineum after birth, if necessary. We inject local freezing into the area before we stitch. Rarely women have tears that are more complicated and require an obstetrician to repair. After the birth we will examine your perineum and vagina to see if there are any tears, and discuss with you our findings and recommendations.