



Community Midwives
Labour and Birth

INFORMATION



The National
Maternity Hospital



COMMUNITY
MIDWIVES



COMMUNITY MIDWIVES

Midwives 01 6373100 & Bleep 090

ANTENATAL
PREPARATION

LABOUR
& BIRTH

PARTNER
SUPPORT

LIFE
AFTER
BIRTH

Trust

Fearless

Normal

Empower

Believe

Calm

Positive

CONTENTS**Page****ANTENATAL PREPARATION**

When do I contact the Community Midwives?	6
Things to have ready for early labour at home	6
Checklist for packing your bag	7
Things to plan for at home following the birth of your baby	8
The history of home birth at NMH	9
What can you do now to aid your labour?	11
Help to start labour naturally	11
How to get your baby into a good position for birth	12-13
Perineal massage	14-15

LABOUR & BIRTH

Hormones in labour	16-17
Breathing and Relaxation	18-19
Stages of birth	20-22
How do I know I'm in labour?	23
Some of the signs that labour maybe starting	24-25
What can I do?	26
What can my partner do?	27
Labour nutrition	28
Positions for the first stage of labour	29-39
Labour Hopscotch	39
Second stage of labour	41
Third stage of labour	42
The final stage	42-43
Notes for second or subsequent labours	43
Pain relief	44-45
Obstetric interventions explained	46-48
Induction of labour	46
How induction works?	47
Labour intervention	49-50
Assisted birth	51

PARTNER SUPPORT

Notes for birth partners	53
--------------------------	----

LIFE AFTER BIRTH

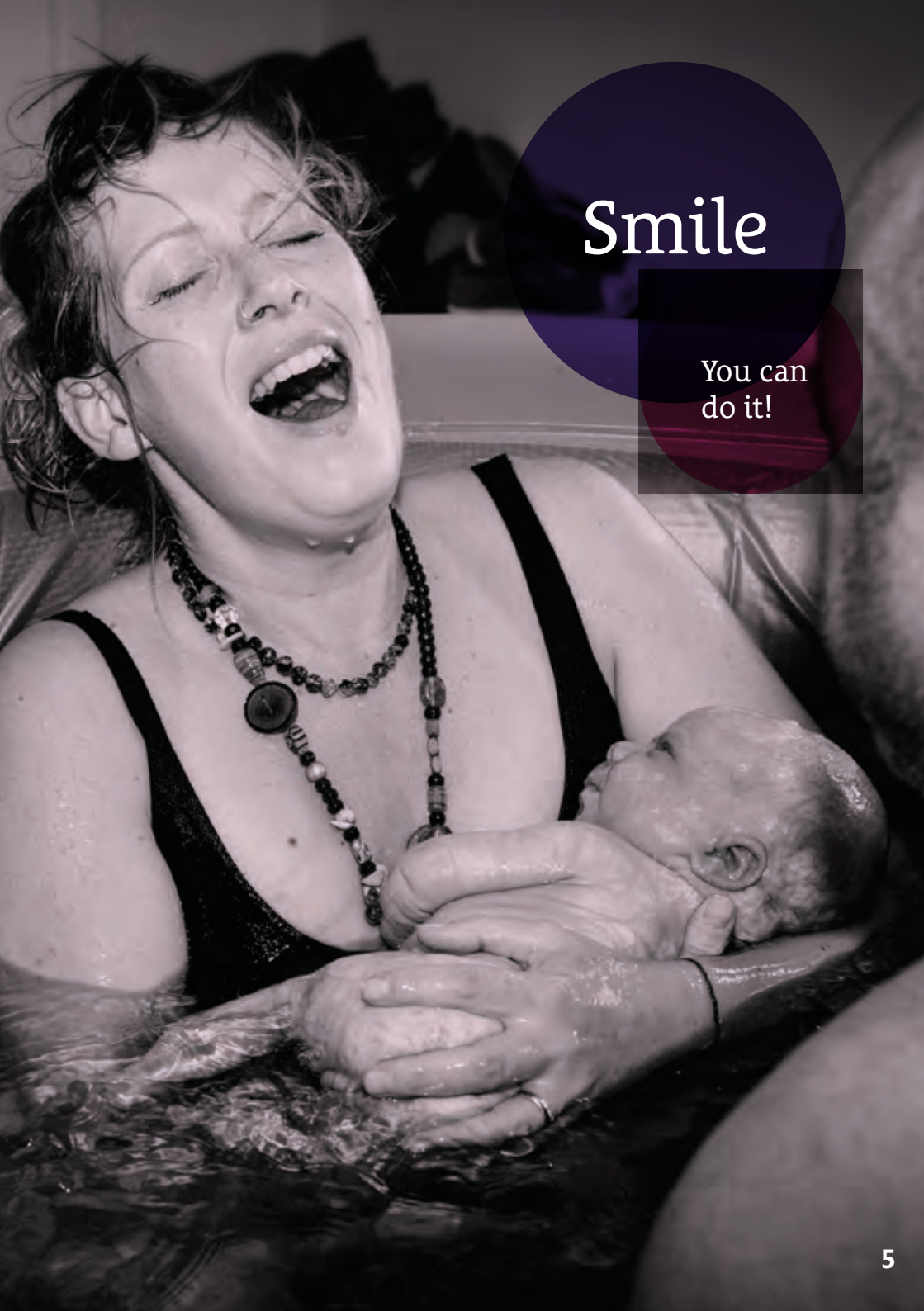
The fourth trimester	56-57
And now there are two...	58
Planning to breastfeed	60
Benefits of breastfeeding	61
NMH Nutrition App	62

Disclaimer

The information in this booklet is brought to you by the Domino Midwives. Our team recognises that each couple has individual needs and this booklet is to act only as a guide for each couple on their individual birthing journey.

Acknowledgement

The Community Midwives wish to thank all those who participated in the development of this booklet especially the service users, the editors, the graphic designer, Brenda O'Lochlainn and the midwives. A very special thanks to Belle Verdiglione Photography who kindly gave us permission for the image on page 5. Copyright of this image remains with the photographer. The artwork is the property of the Community Midwives. Copyright to Debbi Appelbe, Katie Cosgrove and Teresa Mc Creery | Community Midwives | **March 2021**



Smile

You can
do it!

When do I contact the Community Midwives?

If you have any concerns about yourself or your baby call 01 6373100 and ask to bleep 090.

- If you have severe headaches.
- Visual disturbances or not feeling well.
- Bleeding in pregnancy.
- Feel your baby's movements are less than normal for you.
- Waters break.
- Think you might be in labour.

Things to have ready for early labour at home

- Create a suitable environment, warm, gently lit and comfortable.
- Turn your mobile phone to silent and if possible disconnect the doorbell.
- Lots of drinks – water, juice, warm water with honey, teas (chamomile and raspberry leaf).
- Food for you and your partner at home and in hospital.
- Music (playlist), candles, massage oil.
- Comfortable clothes for you and your partner.
- A birth ball.
- A birthing pool (for homebirths).
- A cold water spritz/natural sponge.
- A low stool, a mirror, cushions/beanbags, heat pack/hot water bottle.
- Essential oils.
- Homeopathic labour kit (Nelson's online).
- TENS machine.
- Camera, headphones.

Make sure to book in for your antenatal class with the community midwives in your third trimester **(after 28 weeks).**

Checklist for packing your bag

Hospital Items

Packed

- Warm socks ☐
- Tie/band for long hair ☐
- 1 old tee-shirt/nightie for labour ☐
- 2 nighties/pyjamas – front opening are best ☐
- Light dressing gown ☐
- Slippers ☐
- 1 bra (which gives good support) – front opening for breastfeeding ☐
- Maternity Pads (1 pack) – not plastic backed ☐
- 10 pairs of dark coloured comfortable underwear ☐
- Face cloth/sponge. Cold water spray for your face. ☐
- 2 towels ☐
- Toilet bag & mirror ☐
- Hairbrush/comb ☐
- Heat & cold packs ☐
- Change for parking meter (no parking available). Street parking is very limited and charged at a premium – you can register for parking through your phone on: **parkingtag.ie** ☐
- Snacks to eat in early labour – nuts, raisins, fruit, crackers, bananas, yoghurt or honey. Fruit juice – to drink every hour during labour. ☐
- Food and drinks – for your partner ☐
- Massage oils and homeopathy remedies – Bach flower rescue remedy ☐
- Camera/camcorder ☐

Baby Items

Packed

- Disposable nappies (1 small pack) ☐
- Vests x 5 ☐
- Baby grows x 5 ☐
- Cardigan ☐
- Hat ☐
- Baby socks x 2 ☐
- Soft towel ☐
- Cotton wool ☐
- An approved car seat ☐

Going Home

Packed

You

- Coat ☐
- Loose comfortable clothes ☐
- Shoes ☐
- Cardigan (depending on weather) ☐

Baby

- Coat ☐
- Cardigan ☐
- Hat ☐
- Shawl/blanket ☐

PLEASE NOTE: Most women who attend the Domino Scheme will go home 6-24 hours post birth. Some women may not even go to a postnatal ward as they will be discharged directly from Delivery Ward. Bring a labour bag with you and leave a 2nd bag at home packed, so it can be collected if you need to stay in.

Things to plan for at home following the birth of your baby

- Have a good supply of baby nappies and sanitary pads.
- Good stock of food ready for the first few days.
- Ask family and friends to keep visits to a minimum.
- Rest as much as possible when the baby is sleeping.
- If possible, seek help with household tasks and childcare.
- Stay in your night wear for the first few days! (People will not expect too much from you then).
- Pain relief – Ensure you have Ibuprofen/paracetamol at home. These are now the pain relief of choice post birth. If required, a stronger pain killer prescription will be provided.
- Some women have reported finding the use of arnica helpful following the birth.
- Source local mother and baby support groups in your area.
- Organise your baby's changing area, upstairs and downstairs.
- Purchase essential baby equipment like buggy, cot etc. There are useful/second hand equipment sold online cheaply.

If you plan to breastfeed your baby, you may require:

- Start hand expressing colostrum from 37 weeks. Check out breastfeeding page 61.
- Nipple shields.
- Nipple/latch assist.
- Breast shells.
- Multi mama compresses.
- Lansinoh cream.
- Breast angels, check on page 60.

If you plan to bottle feed your baby, you will require:

- Bottles.
- Formula.
- Sterilising unit.

The postnatal and breastfeeding booklets (pictured below) give comprehensive written information covering all aspects of you and your baby's postnatal care at home. These can be downloaded by taking a picture of the QR code on your phone (blue and red barcodes). Furthermore, information on postnatal care can be obtained from the elearning hub accessed via www.nmh.ie



The history of home birth at NMH

The Community Midwifery Team at the National Maternity Hospital have been proudly offering a Home Birth service to eligible women since 1999.

Since the service commenced, we have had over 700 babies born at home. These are both first-time mothers and women having subsequent babies.

Benefits

- Being in the privacy of your own home with the freedom to create your own birthing environment while including support people of your choice.
- Two experienced Midwives present for your baby's birth.
- Not being separated from your partner and other children, if desired, following the birth of your baby.

Is my home suitable?

- Women give birth in all sizes of homes and the most important thing is that you feel comfortable and safe. Heating, water, car parking for the Midwife and ambulance access are the basic needs. We require that there is mobile phone coverage so the Midwife can stay in touch with our team. Your home must be within our catchment area.

Talk to your Community Midwife

You can discuss the option of having a homebirth at any time in your pregnancy or at your first visit with the Community Midwives. However, we believe you should consider this option as early as possible. You can always change your mind at any stage, for any reason, even on the day of your birth. **Email: commw1@nmh.ie** for more information.

Take a picture of the QR code to find more information about homebirths.





My body is
beautiful,
capable
and strong

My baby knows
how and when
to be born

My body contains
all the knowledge
necessary to give
birth to my baby

What can you do now to aid your labour?

- Eat healthy food.
- Practice birth positions and breathing.
- Maintain regular physical activity.
- From 34 weeks, practice Perineal Massage daily.
- Most importantly, make sure you and your partner are aware of each other's wishes for the labour and birth of your baby. Be sure that you are confident in communicating these wishes.
- Enjoy each other's company.
- Visualise meeting your baby.
- Discuss any fears or doubts in advance of the labour and birth.
- Believe you can do it.
- Repeat positive affirmations to yourself.
- Watch positive birth videos.
- Listen to positive birth stories only.

Help start your labour naturally

- Be mentally prepared to meet your baby.
- Make love (semen contains prostaglandin, which helps soften and thin the cervix).
- Practice nipple stimulation from 37 weeks.
- Footpath walking commonly known as kerb walking.
- Many women have found the use of acupuncture, homeopathic remedies and complementary treatments helpful.
- Have positive thoughts surrounding the birth.
- Be fearless.

How to get your baby into a good position for birth

Optimal fetal positioning is the term used to describe ways a mother can assist her baby to assume the best position for birth. The website that discusses this in greater detail is www.spinningbabies.com

Some good maternal positions in pregnancy to adopt from **30 weeks** are as follows:

1

Sitting with your hips higher than your knees.

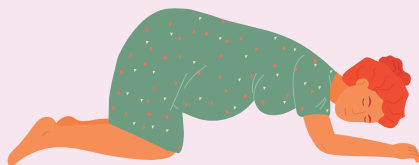
- Sitting upright with your back straight or against a wall.
- Sitting on a firm exercise ball that allows your hips to be level with your knees or higher than your knees. A birth ball can encourage good positioning both before and during labour.



2

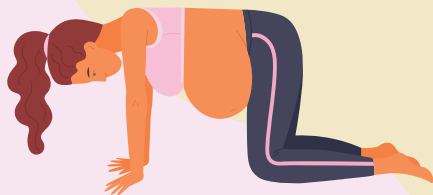
Think of your tummy as a hammock and let the baby lie on his or her back settling into the hammock.

- Practice brief forward-leaning inversions once a day. See www.spinningbabies.com on how to do this correctly.
- Squatting or supported squatting with your back flat against the wall and your knees bent (work gradually up to where you can squat with your feet flat on the floor for 2-5 minutes).



3

Spend some time kneeling upright or on all fours, wiggling your hips from side to side or arching your back like a cat followed by cropping the spine down and lifting your chest (Cat cow stretch).



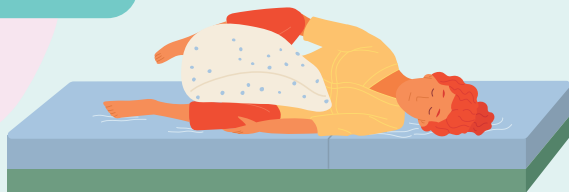
4

Sit backwards on a chair making sure your knees are lower than your pelvis and your trunk is slightly tilted.



5

In bed or on the couch, lie on your left side using a pillow between your knees and ankles. This is comfortable and can also encourage your baby to move into the 'left anterior' position, which aligns the baby's spine to the left side of your abdomen.



Positions to avoid are

- A. Try not to lounge back in a soft seat too often and put your feet up! This position can encourage your baby to move into a posterior presentation.
- B. Sit for long periods without moving.

Perineal massage

The perineum is the area between the opening of the vagina and the back passage. This area stretches during childbirth. Massaging/stretching the tissues surrounding this area is known as perineal massage, and can be undertaken regularly from 34 weeks.

Benefits of perineal massage

Practicing regular perineal massage:

- Increases the elasticity of the perineum by improving the blood flow to the tissues and their capacity to stretch more easily and less painfully during childbirth.
- Make you less likely to tear or need an episiotomy (cut to the birth canal during the birth of your baby).
- Cause you to experience less stinging sensation during the birth of your baby's head.
- Familiarise you with the stretching sensation of birth, which may help you relax these muscles birthing your baby.

Are there any precautions when performing perineal massage?

- Avoid pressure on the urinary opening (see picture page 15).
- Massage gently, vigorous massage could cause bruising, bleeding or swelling.
- Do not massage if you have an active vaginal infection or genital warts.

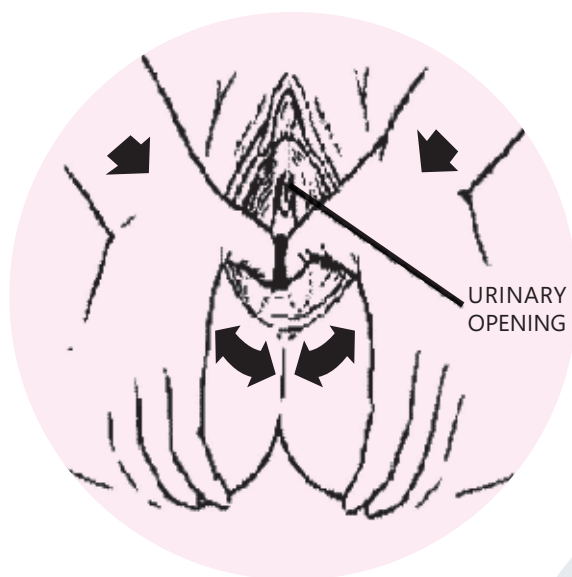
Some women have reported the use of a product called Epino or Aniball useful.

How to do perineal massage

- First of all, wash your hands. Make sure your nails are short.
- Make yourself comfortable, in a semi-sitting position, squatting against a wall, sitting on the toilet or standing with one foot up on the edge of the bath or a chair. Some women may find it comfortable to do perineal massage in the shower. (A warm bath or warm compresses on the perineum for 10 minutes before massage may help you relax).
- Put a water soluble lubricant (KY Jelly, olive oil, vegetable oil, vitamin E oil or any natural oil, almond or wheatgerm oil) on your thumbs and perineum.
- Rub enough oil or jelly into the perineum to allow your finger to move smoothly over the tissue and lower vaginal wall.
- Place your thumbs 1 to 1.5 inches inside your vagina.
- Press downward towards the back passage and to the sides at the same time until a slight burning, stinging or tingling sensation is felt.
- Hold the pressure for 2 minutes.
- Breathe deeply and slowly and try to consciously relax the muscles. *"I am committed to giving birth".*

- Keep pressing down with your thumbs and slowly and gently massage back and forth over the sides of your vagina in a U movement for 3 minutes (see picture below).
- Relax and repeat.
- Wash your hands following the massage. After about a week, you should notice an increase in flexibility and improved muscle tone. This massage technique is performed 10 minutes daily beginning at week 34. As you become comfortable massaging, increase the pressure just enough to make the perineum begin to sting from the stretching. This same stinging sensation occurs as the baby's head is being born at the end of the second of labour.

A review of four trials, including a total of 2497 women, showed that if women did perineal massage twice a week from 35 weeks gestation until the time of birth, it reduced the likelihood of damage to the perineum, including episiotomies and reduced pain. (Beckmann, 2013).



Hormones in labour

Understanding your hormones in labour, what they are used for and how to make best use of them, will help you navigate the ebbs and flows of your labour and birth.

These are
four hormones
to know
about.

Endorphins

- Nature's pain relief.
- Stimulated by light touch, massage and laughter.
- Promoted by oxytocin.

Oxytocin

- This is known as the love hormone.
- Stimulates uterine contractions.
- Provides natural euphoria.
- Helps delivery of the placenta.
- Enables bonding with baby.
- Likes safe places.

Adrenaline

- Released when feeling fear and stress – fight or flight. Triggered by bright lights, loud noises.
- Slows birth.
- Essential for giving women energy and strength to push your baby out.
- Can block oxytocin.

Prolactin

- Production peaks at birth.
- Promotes milk supply.
- Boosts oxytocin.

How do I harness my labour hormones?



Breathing and Relaxation is key to allowing your birth to progress. Practicing yoga or hypnobirthing can be really helpful. Try these examples:

Combining breathing and muscle relaxation

- Start by getting comfortable. You can do this sitting or when you lie down.
- Begin by noticing your breathing. Close your eyes. Begin by observing your breathing. Observe your breath entering and leaving your body, feeling the gentle rise and fall of your chest.
- After you've given a few moments to noticing your breath and calming it into a deep, deliberate process, begin to relax. Thoughts may enter your mind, acknowledge them and then send them away. Return your focus to your breathing.
- Start with the top of your head. As you breathe in send the breath to the top of your head. As you breathe out, release all the tension that you have there. Take another breath or two if you need to.
- Next move on to your forehead. Breathe in, sending the breath there. Breathe out and let the tension go. Relax the muscles around your eyes and your jaw.
- Continue this process downward to the tips of your toes.
- Progressively relax each part of your body; back, neck, shoulders, chest, belly, pelvis, legs, hands and feet.
- If you're alone and it's quiet you may fall asleep. This is a good thing.
- In fact, if you're having sleepless nights they are a great time to practice this relaxation.
- Pay special attention to relaxing the muscles of your pelvic floor and thighs – you want these muscles soft and loose during birthing!
- Make the time to do this as often as possible. If you're caught in traffic, feeling frustrated – If you're angry – If you're scared – start your breathing and relaxation. You get the idea!
- Practice for labour.
- Try visualising holding your baby in your arms and positive thinking. Think about your contractions as waves on the ocean that build up and down. Try to let your body go along with the contractions and tell yourself *"My body is really strong and I'm doing great!"*

Your intake of breath restores you and your exhale of breath relaxes you.



Breathing techniques can be read to you by your partner or recorded and played during your birth preparation.

Giving birth naturally requires stamina, determination and mastering the skill of relaxation.

- Although it may seem relaxing is not a skill, it very much is. Between each surge, you must **fully relax – let go –** and **retain the energy** needed to endure the marathon that natural labor and birth can be.
- **Breathing** is one of **the greatest tools** you have to **stay calm** and **relaxed** in labour.
- The physical act of birthing a baby is the process of your body opening to let your baby through. Your muscles must be relaxed, not tense. **A tense muscle will work against the process of your baby descending through the birth canal.**
- **Deep breathing** will **encourage Oxytocin and Endorphins** and **reduce Adrenaline** allowing your labour to progress.
- There are many varying breathing techniques but there is no prescribed breathing for labour. However, practicing breathing and relaxation as often as possible can encourage you to instinctively relax in labour.
- In short-**Breathing slowly and deeply** in through your nose and out through your mouth. The in-breath brings fresh oxygen to you and your baby, restoring you and the out breath encourages you to relax, letting go of tension with every exhalation.
- Other breathing exercises used in prenatal yoga can also be used, such as Spiralling, Golden thread breath, 3 Part breath and Counting breath.



Stages of birth



1

Not in labour:

Cervix is long and closed.

2

Pre labour:

cervix is softening and shortening.

3

Active labour:

cervix is thinning out and opening.

4

Baby is ready to be born:

cervix is fully dilated.



Closed uneffaced cervix in first time mum.



Cervix fully dilated in active labour.

The stages of labour

1. Pre-labour

- Knowing when you are in labour and when to go to the hospital is the most asked question.
- Once things start, assume it is pre-labour unless something else tells you differently.
- Pre-labour is the phase in which the cervix is thinning, softening and opening the neck of the womb.
- If this is your first baby, the process of pre-labour has never happened in your body before and it can take time.
- Thinning of the cervix and getting to 3 cms can be the **HARDEST WORK**. Remember to **REST & CONSERVE ENERGY**.
- May go on for **1 hour, 1 day, 2 days, 3 days...**
- Contractions may be 5-30 minutes apart lasting 15-30 seconds.
- They may be mild, feel like cramps, pain pressure.

2. First stage of labour

The first stage of labour is recognised to have started when the neck of the womb/cervix begins to dilate. You will need to dilate from 1 cm to 10 cm, wide enough for the baby's head to pass through.

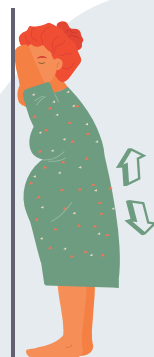
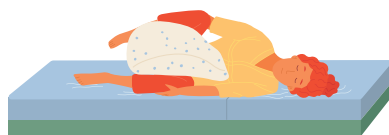
The Community Midwives promote the philosophy of '**Active Birth**'.

Active Birth is not a new concept. It is simply a convenient way of describing a normal labour and birth process and the way that the woman behaves when she is following her own natural instincts.

At this stage, the cervix is effaced and thin; it is beginning to dilate or open. The contractions are of even duration and spacing. Active birth will enable your uterus to contract freely, the baby's head to rotate and descend and thereby speeding up labour and allowing for an easier birth. The first stage of labour can last anywhere from 6 to 12 hours.

Suggestions for working with the first stage of labour

- 1 Relax:** Have support from your birth partner. A dark, quiet cosy place can be comforting. Stay focused on what you are doing. When you are having a contraction, concentrate on relaxing your whole body and have positive thoughts. Keep your mouth and jaw relaxed while focusing on keeping the muscles around your vagina open and loose. Think of your birth canal opening up and it will!
- 2 Food and drink:** Have regular drinks and eat light snacks in the early stage. If labour starts during the night and you have to get up, eat a light breakfast even if it is 4 am. Drink sips of juice or teas between contractions and have a selection of juices/snacks available in your kitchen.
- 3 Rest:** Conserve your energy. If it is daytime, continue your usual activities but do not tire yourself. If labour begins in the evening or at night, try to rest or sleep.
- 4 Movement:** Stay vertical and mobile. Once contractions are strong, regular swaying, pelvic rocking, rotating your hips and walking are good. Only kneel and squat when you have to. Only use your deep breathing when you have to. Use any position that is comfortable. If you want to lie down, lie on your side and change position every so often. Watch and note your baby's movements.
- 5 Positions for labour:** There are many positions you can adopt for coping with the contractions. These are covered in greater detail on the following pages.



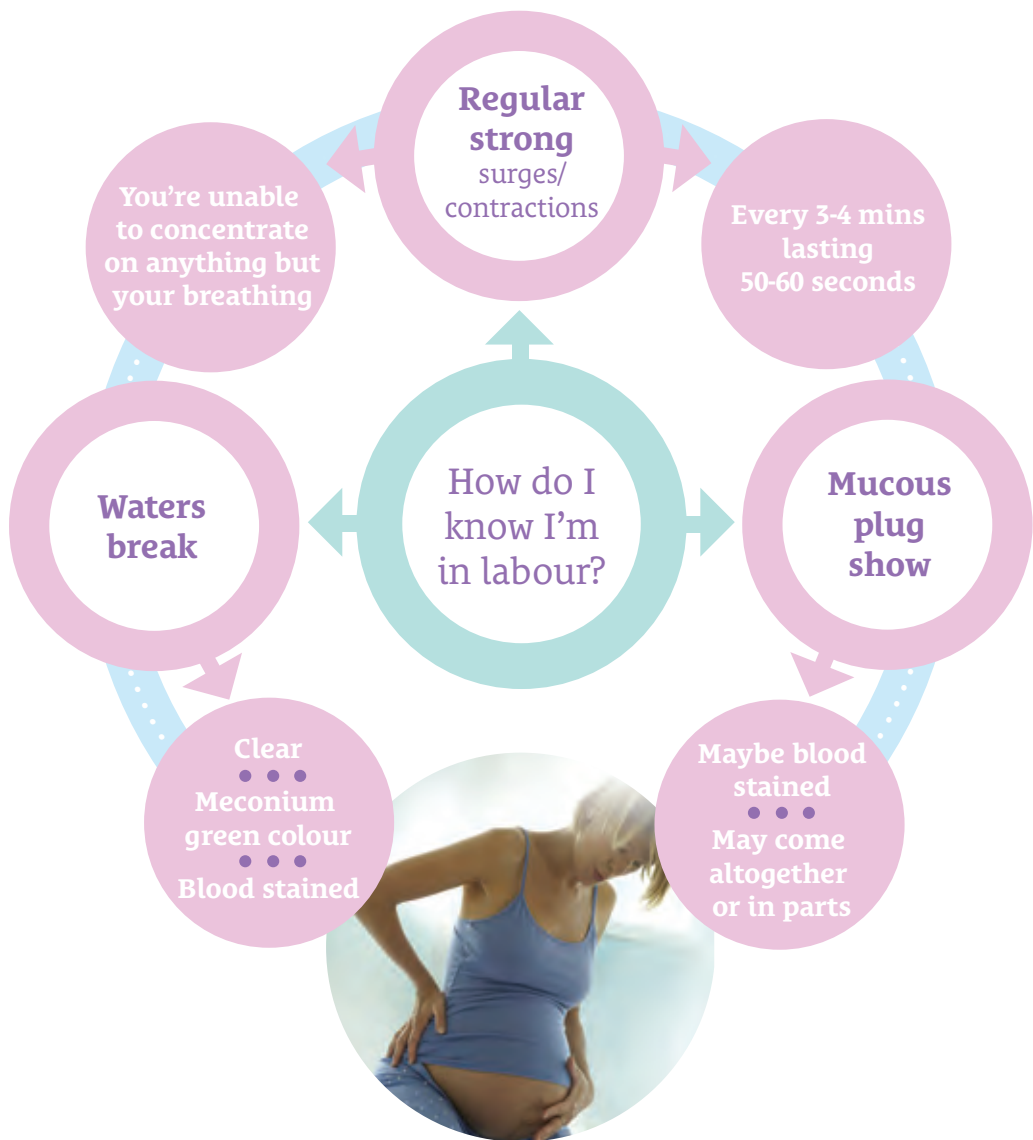
- 6 **Breathing:** It would be of great benefit if you had the opportunity to attend an Antenatal Yoga class to help with your breathing in labour. See notes on the following page.
- 7 **Baths:** Have a long soak in a full bath of water that is not too hot, in candlelight, with bath oil. Play relaxing music of your choice in the bathroom. Think positive thoughts.
- 8 **Bladder:** Empty your bladder every 1-2 hours.



Breathing for the first stage of labour

- Keep breathing as normal as possible during the contractions.
- Keep the breath easy and even.
- Think about sighing out slowly (SOS).
- Exhale with or without sound (low sounds are relaxing), lengthen your exhale, soften and relax on the out breath.
- Think/visualise softening and opening on the out breath.
- Relax the jaw and shoulders and any other muscles you do not need to use during the contraction.

Think
positive
thoughts!



Some of the signs that labour maybe starting

It is difficult to time the onset of labour precisely and, although some women are suddenly aware that this is "IT", far more women experience a gentle lead into labour. Many first time labours start and stop over a period of a few days. This allows for your body and mind to get ready for the big day!

Show

This is a plug of mucous which seals the neck of the uterus during pregnancy. It comes away when the cervix is starting to soften and open up. If you have had a vaginal examination, you may go on to have a show later that day. The show should not be accompanied by a sudden loss of blood similar to your period. If you are actively bleeding, you must phone the Community Midwives and come to the hospital immediately.

Waters break

You may experience a gush of fluid which keeps leaking, making it necessary to wear a pad. Other women experience just a small intermittent leak of fluid. The waters are known as liquor and should be a light milky colour (referred to as clear), often with small flakes of vernix (white substance found on the skin of babies).

If your waters break or you are unsure, please contact the Community Midwives for advice. Bleep 090 if needed

What's OK?

- The waters are clear or straw coloured.

What's NOT OK?

- The waters are green/brown colour or foul smelling. This means that your baby has opened its bowels in the uterus.
- The waters are heavily blood stained.

If your waters break, we like you to come to the hospital to check you and your baby. If your waters are meconium stained or heavily blood stained, you will have to remain in the hospital for monitoring until your baby is born.

If they are clear, we will do a trace of the baby's heartbeat and a swab for Group B Strep. You may or may not be suitable for discharge as per the advice of the midwifery team. If they are clear, we will do a trace of the baby's heartbeat and a swab for you. You and your baby may be advised to be kept in the hospital in the postnatal ward for 36 hours to monitor you closely.

Contractions

Contractions are the only definite sign that labour maybe underway. This is when the uterus/ womb tightens and they have a rhythmic quality, with each one gradually building to a peak and then fading. They develop into a pattern, increasing in intensity over time. The contractions of the uterus cause the cervix to dilate.

The length between each contraction is less important than the duration and strength of the contraction itself. Normally you need to be having contractions 3 to 4 minutes apart lasting at least 50 to 60 seconds to be in active or established labour. You will need to concentrate lots on breathing through the contractions. You will not be able to think of anything other than breathing when the contractions are present.

You can phone the Community Midwives at any time for advice or for reassurance. Remember if it is your first baby, a Midwife may be able to come to check you at home once the contractions are well established.

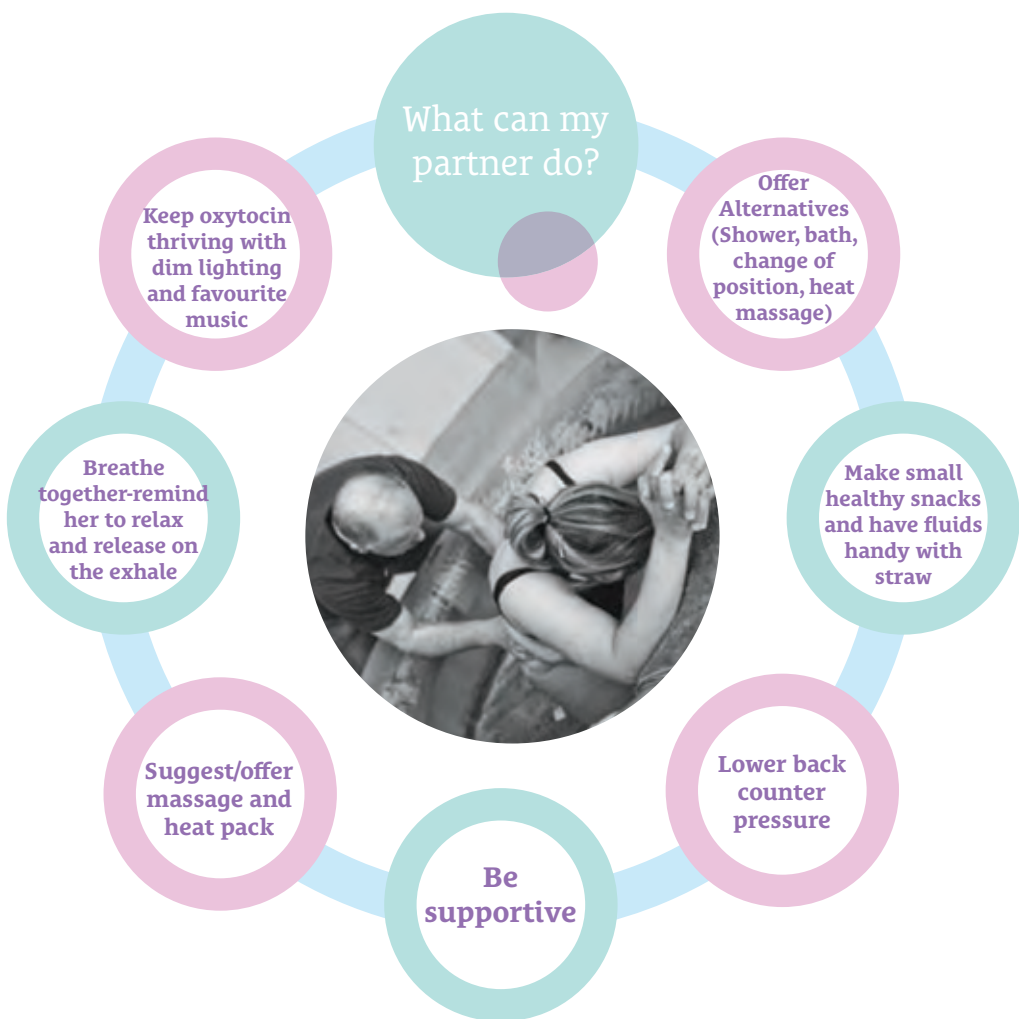
Look Up

[www.nmh.ie/home/
virtual-classroom.
14779.html](http://www.nmh.ie/home/virtual-classroom.14779.html)





‘Believe you
can do it’



‘Believe in your body’

Labour nutrition

Is it safe to eat during labour?

Yes, it is, especially in the early stages when you are at home. The National Institute for Clinical Excellence, states that eating and drinking is safe and should be encouraged for normal labour (NICE 2016). Labour is physical. Calories are needed for your body to work effectively and to keep your energy up till birth.

What food should I eat?

Avoid heavy, fatty foods as it may cause you to feel sick and sluggish. Instead, have light meals or healthy snacks regularly. Think of foods you love and have them in the house ready for you when you need them.

Suggestions...

- Porridge.
- Brown bread with sliced banana.
- Mixed nuts and dried fruit.
- Toast/pitta bread.
- Homemade soup.
- Frozen watermelon/strawberries/grapes.

What should I drink?

Again avoid the obvious. Fizzy sugary drinks and sport energy drinks are a no-no as they are loaded with sugar and caffeine. Instead, isotonic drinks along with water and a homemade labour-aid drink can keep you hydrated and will keep your body working for you.

Labour-aid recipe

- $\frac{1}{4}$ cup fresh squeezed lemon juice.
- 2 cups coconut water.
- $\frac{1}{4}$ tsp, sea salt.
- A few drops of rescue remedy.
- 1 Tbsp, of liquid calcium/magnesium (or 2 calcium/magnesium tablets crushed).
- 2 Tbsp, of honey.

Positions for the first stage of labour (see diagrams, pages 30-39)

Try a variety of positions for the first stage of labour as different positions will probably be comfortable at different times. Practice these positions beforehand. This facilitates you to follow your body's natural cues with ease during your labour. The best position is a regular change of position – do not get stuck in one position!

Why are different positions important?

- Changing positions and moving around during labour and birth offer several benefits. Some are obvious to the mother in labour increased comfort/reduced pain, distraction and an enhanced sense of control.
- Merely having something active to do can relieve the sense of being overwhelmed and out of control. Beyond these advantages, there are equally important effects on the baby and on the progress of labour.
- Changing positions during labour can change the shape and size of the pelvis, which can help the baby's head move to the optimal position during the first stage of labour. Changing position helps the baby with rotation and descent during the second stage of labour. Swaying motions such as walking, climbing stairs, and swaying back and forth are especially helpful with this. Movement and upright positions can help with the frequency, length, and efficiency of contractions. The effects of gravity can help the baby move down more quickly.
- Changing positions help to ensure a continuous oxygen supply to the fetus rather than causing supine hypotension (low maternal blood pressure) by lying on your back or even semi-sitting.



Research proves
being upright and
mobile assists
labour progress...

Upright Positions



Upright positions:

- Standing postures are great for aiding **gravity** and keeping the pelvis open to its widest diameter. **Stand, rock sway, dance.** Keep **moving**.
- Remember to stay **relaxed, melt** the shoulders down away from your ears, unlock the legs. With every **exhale relax, release, let go.**
- If you tire, move to a more supported position, lean on your partner or wall for support.
- To **support the weight** of your bump, use a blanket or scarf and **wrap** it around you allowing **your partner** to take the ends and **gently rock you** from side to side.
- Even with monitoring you can still **move!**



Squatting



Squatting:

- This is great for helping to open the outlet of the birth canal and can be done in many ways.
- Using a bed, a chair or a wall can allow you to feel supported while doing deep squats.
- Remember to sway and rock the pelvis to avoid tensing and aid your body to **relax** and **open up**.
- You can also use your partner for support, remember to ensure they are well supported and knees are bent if in standing position.



Sitting Positions



Sitting positions:

- Sitting and kneeling postures are great for aiding **gravity**, encouraging the baby to **descend** into the pelvis. Using birthing balls, chairs, stools, and toilets all act as great aids.
- Great for **resting** between surges
- Sitting on a birthing ball and **rocking** and **swaying your hips**.
- Try to keep your **knees lower** than your pelvis to facilitate more space.
- Sitting backwards over a chair or toilet with a cushion to support your head is a great position for labouring women.



All Fours



All fours:

- Towards the end of the labour many women will naturally wish to adopt this position. An **excellent position for giving birth**.
- It promotes optimal fetal positioning, encouraging the heaviest part of the baby (the spine) to rotate to the front.
- Ensure you have **plenty of padding** under your knees and somewhere to lean over between the surges, e.g., a birthing ball or beanbag.
- You can also use a scarf/blanket here, to wrap around your bump for support and your partner taking the ends and **gently swaying you from side to side**.
- Remember to rock, sway, wiggle your hips.



For Back Labour



For back labour:

- Sometimes your baby may try to move down your pelvis in an odd position. An example of this is occiput posterior (OP). This is where the back of your baby's head or spine is against your back causing **a lot of pressure**, and backache is common.
- Adopting various positions such as **all fours and forward leaning inversions** can aid your baby to encourage the rotation.
- Remember that with these positions, the midwife will be there to guide you and inform you in regard to positioning of the baby.
- **Comfort measures** for back OP labour are so helpful, e.g., using **hot compresses, sustained pressure to lower back and massage**.

For partners: This can be a great position to apply lower back counter pressure at the base of her spine or hip squeeze. Place your hands over her hips with your fingers pointing towards her spine and squeeze hips. Let her guide you with the amount of pressure she likes/needs.

Lunging



Lunging:

- Lunging forward and back, knee gliding over feet **offers different angles** for your baby to rotate and descend down into your pelvis.
- Using stairs can help you feel supported in this position. It is an intense position to be in during a surge, but boy is it effective in opening the pelvis and progressing labour if things have slowed down.



Hydrotherapy



Hydrotherapy:

- In the shower – a steady stream of warm water applied to the body during labour can provide great physical and mental relief at various stages. Stand, sit or squat or do all three!
- In the bath – relaxes the woman and allows a time for rest.
- In the birthing pool – immersion in water during labour is a great source of pain relief during labour. The buoyancy of the water carries the weight of the baby. This buoyancy also enables the woman to move from side to side.

The National Maternity Hospital now have a hydrotherapy pool (image 1) which is used for immersion during labour by low risk women having a natural labour.



Rest



Rest:

- **Rest** is so important in labour at whatever stage. Ensure whatever position you are in that you can **relax immediately after a surge**. Don't waste energy moving to find a spot to relax.

For Partners: remember to remind her to **relax, release, let go of tension**. **Breathe with her** to ensure her breath is long and deep.



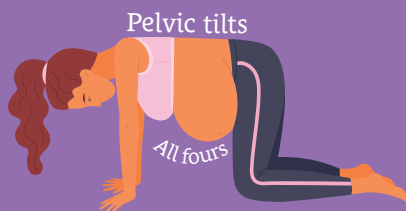
Acupressure

Acupressure is a traditional Chinese medicine. There are 600 points throughout the body where pressure can be applied to improve the way your body functions. Acupressure in labour can help to reduce pain and improve management of the labour.



Counter pressure

- Apply strong force to one spot on the lower back during contractions using the heel of the hand.
- Applying strong pressure on the side of each hip with hands. Counter pressure can help alleviate back pain during labour.



Robozo

A robozo is a long woven piece of fabric. In labour it can be wrapped around a woman's hips. The midwife or support partner then uses controlled movements to move the hips or sway them from side to side. Robozo can be particularly helpful for correcting poor fetal positioning.



LABOUR HOPSCOTCH



Make each step count towards an Active Birth - Let our hopscotch guide you.
Sinead, Midwife



ALTERNATIVE THERAPY



BIRTHING BALL



MAT



WATER



STOOL



TOILET



MOBILISE





Good strong
contractions help
my baby come
into the world

Each surge of
my body brings
my baby closer
to me

My body is
nourishing
my baby

Transition

- Transition is the bridge between first and second stages. It is important to remember a Midwife will be with you at all times during this stage to guide and support you. Your perception of the contractions may change. The pain may feel more like intense pressure on your back passage.
- The cervix is nearly fully dilated and the urge to bear down may be felt at the peak of the contraction. Contractions are longer and closer together. It can be a very intense time emotionally with feelings of panic and loss of control. Often women feel as if they want to pack up and go home with much fear and apprehension about their ability to give birth.
- Some women feel as if they have hit a wall at this stage; however, it is important to note that transition usually only lasts approximately 30 minutes. Other symptoms of transition are shivering, cramps, nausea, vomiting and hiccups. Many women retreat into themselves during transition and want to be alone. Often the contractions become spaced at the end of transition to allow you to gather your energy for the second stage of labour.

3. Second stage of labour

You will more than likely feel a huge urge to push the baby out herself. It is important to note, that there is often a latent stage during the latter stages of dilation or when a woman is fully dilated. This can last long enough sometimes for a woman to fall asleep and rest to allow her to build up some energy. This stage should be respected and the woman should only push when she feels the overwhelming need, not because someone is telling her to push!

The second stage is broken into several parts but is initiated with a strong desire to push. You may express the desire to poo, and you actually think it's just a poo and not a baby! This stage can last up to 2 hours, particularly if this is your first baby allowing time for stretching and opening of your birth canal.

The parts of second stage are:

- A need to push.
- Baby travels down the birth canal.
- Baby rotates under the pubic arch.
- Head crowns with the tissues around the vagina and perineum stretching accompanied by an intense burning sensation.
- Baby's head is born.
- Baby's shoulders and rest of body are born.
- Phew – euphoria – YOU HAVE DONE IT! – Super woman!

When the baby is born, it would naturally go to the mother's skin and sniff around the nipples (rooting). Delayed cord clamping allows blood from the placenta to continue being transferred to baby even after they are born.

4. Third stage of labour

This is from the birth of the baby until the placenta has separated from the uterus and is expelled. There are ways of managing the third stage of labour.

- **Active management:** An injection, Syntometrine/Oxytocin is given just after the birth of your baby. The drugs Syntometrine and Oxytocin help the separation of the placenta from the uterine wall. This is to assist with placental separation and to minimize blood loss during the third stage of labour. You may experience some strong contractions as the placenta separates. This is followed by a feeling of fullness in the vagina. The Midwife will assist with the delivery of your placenta, which is normally completed within 15 minutes.
- **Physiological management:** If you have a physiological first and second stage of labour and have no risk factors such as a low iron count, previous difficulties with delivery of the placenta or excessive bleeding at birth, the Community Midwives are happy to facilitate this management. No injection will be given and time is given for the placenta to deliver naturally with maternal effort. The cord will not be clamped until it stops pulsating. Sitting in an upright position or changing position can help with the delivery of the placenta. Early breastfeeding also helps with the separation and delivery of the placenta. A physiological third stage of labour can take up to 30 minutes.

The Midwife checks the placenta and membranes to ensure they are complete. If you are rhesus negative, a blood sample is taken from the cord to confirm baby's blood group and determine if you will need the ANTI – D injection or not.

5. The final stage

- Remember babies are usually quite purple at birth but will usually breathe spontaneously especially if they are stimulated by gentle drying with a towel. The hands and feet remain blue/purple for 48 hours. Contact is established immediately following the birth and will continue uninterrupted for at least 60 minutes for all healthy mothers and babies.
- An apgar score is recorded by the Midwife. The baby is examined by the Midwife from head to toe, weighed and nappied! The National Maternity Hospital recommends that Vitamin K is given by injection with your consent.



Now the next stage begins... parenthood!

- Baby will be alert during the first hour and may show signs of wanting to nurse at the breast if they have not done so already. Tea and toast will be served...
- The perineum is inspected to check for any grazes or tears that may need a stitch. If an episiotomy has been performed, then this will be repaired. Local anaesthetic will be given for suturing and you can also use the Entonox (gas and air). Fathers normally like skin to skin contact at this time. You will be advised how to care for your stitches or any tears that may have occurred. You will also be advised about pain relief for the following few days.

Notes for second or subsequent labours

Labour usually occurs much faster on the second and subsequent pregnancies.

- **Early labour:** Contractions are usually 10 to 30 minutes apart, this may last a couple of hours or more. This gives you warning to prepare for labour. Get the child/children organised with whomever will care for them while you labour. Put the bag in the car. We have noticed that labour on the 3rd baby can stop and start or progress very quickly. Feel free to contact the Community Midwives at any stage for advice and reassurance.
- **Established/Active labour:** Contractions may increase in intensity and speed very quickly. Think about coming to the hospital when the contractions are every 5 to 10 minutes. If you live further from the hospital, e.g., Wicklow, contact the Community Midwives for advice. You may need to come to the hospital a little earlier. You will usually be in established labour at this stage.
- **Transition:** The contractions are strong with a feeling of strong pressure but this lasts for a very short time. This stage usually lasts about 20 minutes where the head moves down through the birth canal quickly.
- **Second stage:** Second or subsequent babies are usually born quickly. It usually takes about 20 minutes. The vagina has already stretched from a previous birth. The birth of your second or subsequent baby will feel much more spontaneous. The perineum usually stretches well and there is only a very small chance of an episiotomy or stitches.



Pain relief

TENS

Transcutaneous electrical nerve stimulation. It is a hand-held device that emits mild bursts of electricity through the skin. It stimulates nerve fibres and blocks signals travelling to the brain. It also encourages the release of endorphins – your natural painkillers.

Pros

- Can be used at home.
- Can be used with other forms of pain relief.
- You can remain upright and mobile.
- No adverse effects to you or baby.
- It gives mother the control and can aid distraction and therefore decrease perception of pain.

Cons

- Cannot be used in bath or shower.
- Research does show its little effect on reducing woman's perception of pain.

Entonox

This is a combination of 2 gases – Nitrous oxide and oxygen. Known as laughing gas, it is administered through a mouthpiece. You use it just while a contraction is present.

Pros

- Helps the mother relax and increase coping mechanism.
- Does not stay in the mother's system and does not transfer to baby.
- Can be used in the shower and birthing pool.
- You can remain upright and mobile.
- Aids with slow deep breathing.
- It gives mother the control and can aid distraction.

Cons

- Can cause nausea or vomiting.
- May cause drowsiness and disorientation.

Pethidine

A narcotic injection, a relative of morphine and acts as a sedative.

Pros

- Muscle relaxant, which may lessen pain and reduce muscle tension (aid progress in labour).
- Can also be used if not in established labour to relieve pain.
- Due to its sedative effect, women often rest well between and during surges.

Cons

- Does not relieve pain directly.
- Nausea and vomiting can be common, an anti-sickness injection is given alongside Pethedine to counteract this.
- It does cross over the placenta and can depress the infant's breathing if given 2 hours prior to birth.
- May interfere with breastfeeding due to transfer to baby.

Epidural

Local anaesthetic injected into the epidural space in your lower spine. You are numb from top of your abdomen down. Administered by an anaesthetic doctor.

Pros

- Usually provides reliable pain relief.
- Can help control high blood pressure.
- Facilitates in assisted delivery if complications arrive.
- Allows a mother to remain awake during a caesarean section.
- Provides a truly exhausted mother with relief and a chance to rest or even sleep.
- Relief from pain may aid greater relaxation and release of tension and allow for progress in labour.

Cons

- Your waters need to be broken prior to administration.
- You need a drip to be inserted prior to epidural.
- You will need continuous fetal monitoring and be restricted to bed.
- Can slow down labour and increase the need for synthetic oxytocin in a drip to increase contractions.
- It relaxes the pelvic floor muscle and may prevent ideal rotation of the baby's head, increasing chances of instrumental delivery.
- Occasionally, a drop in blood pressure can affect the baby with a possible need for fetal blood sampling.
- A catheter is inserted every 2 hours to empty the bladder.
- You are restricted to bed up to 6 hours after you deliver.



Obstetric interventions explained

One of the aims of the Community Midwives is to offer choice to women with regard to how they prepare for and plan their labour. This allows for a natural, holistic approach to childbirth. At times, during labour, either for mother or baby's wellbeing, intervention is necessary to aid or monitor the labour. As part of the preparation of mothers and their partners, our ethos is to inform and educate you regarding all aspects of labour and birth. We aim to introduce and advise on possible intervention which may become necessary during labour. Procedures, where possible, will be discussed with parents prior to any intervention.

Induction of labour

What is it?

Induction means to start labour before it occurs naturally. At the NMH, about 30% of first-time mothers are induced.

But why?

- Pregnancy that has passed its due date – 42 weeks.
- Maternal medical reason e.g. High blood pressure, obstetric cholestasis, gestational diabetes.
- Fetal reasons, e.g., slow growth of the baby, reduced waters around the baby.
- Prolonged rupture of waters past 24 hours.
- Post-term scan where they carry out a Bio-Physical profile on the baby.

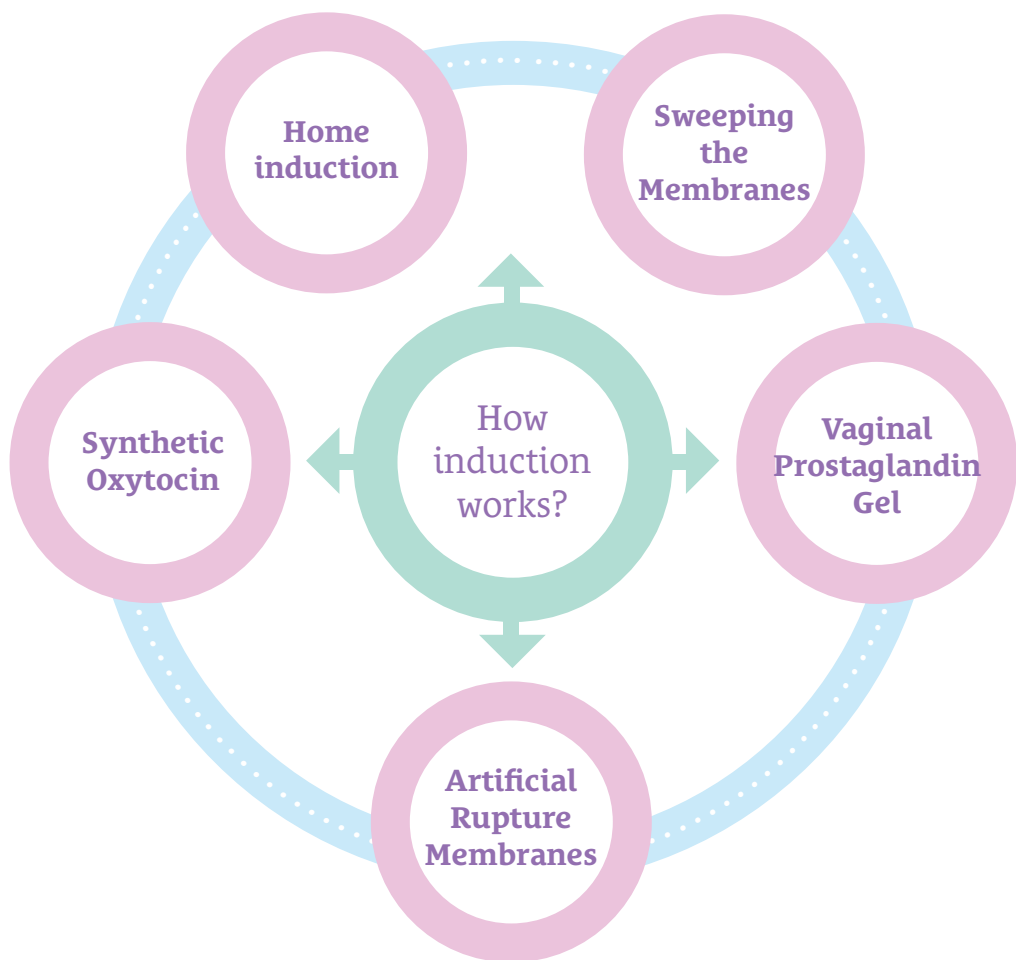
1. Home Induction Pathway (HIP)

The Home Induction pathway is a drug-free method to prepare the cervix for labour. A medical device called a Dilapan-S, which is made up of a number of small rods, is inserted into your cervix by the doctor in the hospital. Once all is well with you and your baby, you can then go home with your partner and relax. These rods swell up overnight while you sleep and soften and open up the cervix. You will return to hospital the following day for the next phase of the induction process and remain in hospital until the birth of your baby.

2. Prostaglandin Gel

What is it?

Hormonal gel which is applied to the cervix with a pessary to encourage the cervix to soften and open and aims to trigger labour. First-time mums would generally commence induction with this step. You may have a maximum of two doses per day, 6 hours apart. A maximum of 4 doses of gel are given.



'Think positive thoughts'

3. Propress

What is it?

It is a small tampon which is placed in your vagina which contains prostaglandin. This hormone causes your cervix to soften. This is most commonly used in induced first-time mums. It is usually left in for 24 hours.

4. Artificial Rupture of Membranes (ARM)

What is it?

You have the option of leaving the waters intact to allow spontaneous rupture of membranes. Situations may arise where there may be a need to artificially rupture membranes or **break the waters**.

These Include:

- Induction of labour.
- Signs of fetal distress.
- Failure to progress – where there is no progress in cervical dilatation over a period of time.
- Epidural analgesia.
- Maternal request.

5. Oxytocin

What is it?

The body produces a natural hormone oxytocin, which makes the uterus contract in labour. To concur with our philosophy, mothers actively work at producing their own oxytocin but occasionally synthetic oxytocin is required. This is given via a drip in the labour ward.

But Why?

- Induction of labour (if your waters are broken over 24 hours).
- To make your contractions more regular. This would happen if there was no change in cervical dilatation over a period of time. Oxytocin can also be used in the second stage of labour to help contractions become regular. This will facilitate with descent of the baby's head through the pelvis.

After your due date:

- You will be booked in to attend an appointment at the National Maternity Hospital. There you will be seen by a community midwife and the fluid around your baby will be checked.
- At this point, if your baby is in the correct position for labour you will be offered a sweep. This is when a midwife or doctor sweeps their finger around the cervix during an internal examination. This may release hormones (prostaglandins) which can kick start your labour.

Labour interventions

ARM during labour

There are situations where an ARM may be recommended with your consent in order to accelerate labour. See notes on induction of labour.

Monitoring the baby during labour

Throughout labour, your baby's heartbeat will be monitored so that any sign of distress can be detected as early as possible. This will be done either with a hand-held fetal stethoscope, a sonic aid/doptone or a continuous electronic monitor.

- **Intermittent monitoring using fetal stethoscope or doptone**

The Midwife places the instrument on your stomach every 15 minutes throughout labour to listen to the baby's heartbeat. This is done every 5 minutes during the active second stage of labour.

- **Continuous electronic fetal monitoring (See image below)**

This is an electronic method of recording the baby's heart rate. It is monitored via the abdomen or with a fetal scalp electrode. The strength and length of contractions and the reaction of the baby is recorded. This does not mean you are confined to bed. Indications are outlined below.

- Abnormal fetal heart rate (normal is 110 to 160 beats per minute).
- Abnormal heart pattern detected while using intermittent monitoring.
- The pregnancy is of 42 weeks or more.
- No waters seen, meconium stained waters, or heavily bloodstained waters.
- Labour duration greater than 8 hours.
- Oxytocin required in the 2nd stage.
- If you have been induced.
- If you request an epidural.
- Waters gone more than 24 hours.
- Maternal pyrexia (temperature greater than 38 degrees celsius).
- High blood pressure.
- Fetal interest, e.g., very small baby.



- **Fetal Blood Sampling**

When a cardiotocograph (a trace of the baby's heart), is not normal or nonreassuring, a Fetal Blood Sampling (FBS) is carried out during labour. This is done by removing a tiny sample of blood from the fetal scalp. This sample can definitively assess fetal wellbeing by measuring the acid/base balance of your baby. If the result is normal, it is safe to allow labour to continue. You will be placed on your left hand side lying down on the bed with your top leg elevated in the air. The doctor will obtain the sample.

Antibiotics in labour

Antibiotic therapy in labour is recommended in the following situations:

- Pre-term labour (labour before 37 weeks).
- Prolonged rupture of membranes (waters gone more than 18 hours).
- Pyrexia in labour (temperature greater than 38 degrees celsius).

Group B Strep:

Some women will be diagnosed with Group B Strep during their pregnancy. It can be found in urine samples, vaginal or rectal swabs. The National Maternity Hospital routinely check for Group B Strep if your waters break but you are not in labour. If you are positive for Group B Strep, you will be treated with antibiotics to protect your baby from a possible Group B infection. Labour may also be induced.

Episiotomy

Women are encouraged to prepare their perineum for delivery by performing perineal massage (see perineal massage on page 14 for more information). Massage helps to increase the elasticity of the tissue and may prevent a tear or need for an episiotomy. The normal practice of the Community Midwives is not to routinely carry out an episiotomy. Some situations arise where episiotomies are necessary.

Some women have reported the use of an 'Epino' as very effective. This is a balloon-type ball placed into the vagina and pumped up gradually for 10 minutes every day. This is done over a period of weeks to stretch the perineum.

Some situations arise where episiotomies are necessary:

- Fetal Distress (low fetal heart rate, requiring immediate delivery).
- Failure to advance.
- Instrumental delivery.

Local anaesthetic is injected into the perineum if an episiotomy is performed. Local anaesthetic will also be given prior to stitching.

Assisted birth

Situations can arise where the baby needs assistance to be born. There are two main reasons:

- Where the mother has actively pushed for a long time with no evidence of imminent delivery.
- For the safe birth of your baby (where immediate delivery is required, for the baby's wellbeing).

Ventouse birth

This is where a suction cap is placed on the baby's head and, as the mother pushes, the obstetrician will guide the baby's head along the angle of the birth canal resulting in the birth of the baby.

Forceps birth

This is where forceps is used to cradle the baby's head. The forceps guides the baby's head through the birth canal assisted by the mother pushing. The doctor will decide what is the safest way to help you give birth.

Caesarean Section

This is where the baby is born abdominally during an operation that takes place in the operating theatre. The caesarean section rate in this hospital is one of the lowest in Europe.

The main reasons for an emergency caesarean section in labour are:

- Failure to advance in labour.
- Fetal distress.

Elective caesarean section may be planned in certain circumstances.

- If the baby remains in the breech position, following review at the breech clinic.
- If you have a low lying placenta (placenta praevia) after a review scan at 34 weeks.

In 99% of cases, caesarean is performed under epidural or spinal anaesthetic. Your birth partner will be dressed in gown and mask to attend the birth. Your birth partner will remain outside the operating theatre until the mother is fully prepared and the operation has commenced. You can see the baby as he/she is being delivered. Baby is then taken to the paediatricians to be checked over. Skin-to-skin contact is facilitated for you and your baby as soon as possible following surgery. Following a spinal anaesthetic, skin-to-skin contact will be encouraged for at least 60 minutes following birth.

If the mother requires a general anaesthetic, a skin-to-skin contact will commence when the mother is alert and responsive. A skin-to-skin contact will be facilitated for the birth partner. In the recovery room, your baby will remain with you while you recover from the surgery. If the mother requires a general anaesthetic, the birth partner remains outside the operating room and will see the baby as soon as possible. A skin-to-skin contact can be facilitated for the birth partner at this stage.

**'I am prepared to meet whatever
turn my birthing takes'**



A piece of us

Notes for birth partners

It is difficult to watch the person you love in pain, but remember that this is a normal physiological process and to stay calm. Here are some practical ways you can support your partner through birth.

- P**resent. One of the most powerful ways you can support your partner is simply by being there. Hold her hand, gently massage her shoulders and allow her to lean on you.
- A**ttentive. Look for cues about what your partner might need. Offer her sips of water, a cool compress on her forehead and encourage mobility by suggesting using different positions.
- R**est. Encourage your partner to rest, especially in the pre-labour stage. You should rest here too. It is important to conserve energy as this will be needed.
- T**olerant and patient. Birth can be a long process and your partner may express frustration and anger. Stay strong, reassuring and supportive.
- N**eeds. Pay attention to your own needs. During labour, partners and birth companions can become inadvertently invisible. If you feel overwhelmed or simply want to get some fresh air during a long labour don't be afraid to say 'I need'. Also ensure you pack some food and drink for yourself.
- E**ncouraging. Remind your partner how strong and amazing she is. Offer her encouraging, empowering words. 'Well done, you are so strong', 'I'm so proud of you'.
- R**eady. Make sure you are as ready as you can be for your partner going into labour and becoming a parent. This can include attending the antenatal classes so you know what to expect, discussing any birth preferences, practicing labour hopscotch positions, massage and breathing, or even downloading the parking app so you won't have to leave her side during labour.

It is important that you take cues from your partner about what she needs/wants. You know her best.





My body knows
how to have
this baby, just
as it knows
how to grow
this baby

I am a product
of millions of
years of successful
childbirth

My baby moves
gently along
on its journey



And now
the journey
begins...

The fourth trimester

1. Be organised

Having all the new baby paraphernalia, such as bath, changing table, etc. to hand will make things a lot easier. Stock up the freezer by cooking nutritious meals in advance double the quantity and freeze the other half. Hire a cleaner or enlist family or friends to help carry out a good spring clean in your house.

2. Sleep sleep sleep

As tempting as 'you' time seems when baby's napping, getting sleep yourself is always the better option.

Sleep when your baby sleeps as much as you can throughout the day ensures you won't get exhausted and you will have better coping mechanisms. Make some time for yourself to have that candlelit bath or a read in the evenings when your partner's at home or a friend calls over and can give you a break.

3. Embrace imperfection

Laundry piles up; dust settles; be in your nightclothes till 4pm... LET IT BE. **Things will get done.** Just not right now and not as quickly as you're used to. Exhale, let it go and **conserve energy & enjoy the time with your baby.** That's all that matters.

4. Accept help

While you might have envisioned yourself maintaining your domestic goddess status after your baby arrives, cooking/cleaning won't be an option for a couple of weeks. Enlist your **family/friends to help clean, or hire a cleaner** for a week or two. You deserve it! Online local cleaners are only a click away! If someone offers to mind baby while you nap, have a bath or go for a walk then take it.

5. Enjoy it

It's corny but oh so true that this time really does go by so quickly. Many older mothers would often say that they would **worry less**, spending this precious time more wisely.

6. Eat Well

Keeping you and your partner's energy up with **nutritious meals** is a must. This will help with your healing, is essential for breastfeeding and will help to keep you going when you're lacking in sleep. So if family or friends offer their help ask them to cook for you.

Even after the birth is over, it is important to remember there is a long period of healing, bonding and integration. You can utilise many of the tools you used in birth to help navigate this postpartum period. Deep breaths, lots of patience and remembering that you are strong and supported.

7. Have a babymoon

Live in your comfy clothes or PJs, preferably **in bed at home**, with your little one (and partner too, although he is on kitchen duty) for at least a week. Once you're dressed, you're back to full-on doing-it-all mode. Visitors should be kept to a minimum in the 1st week – **organise a visiting 1 hour or 2**, send a group text, allowing all to come. No one will want to stay long as they will be aware of everyone else. **If there's one thing you do from this list, let it be this one.**

8. Ride the rollercoaster

Your emotions are probably going to be all over the place for the first few weeks after giving birth. **Post Pregnancy hormones** are surging. Just remember it's okay not to feel happy all of the time. A new baby is a life-altering event physically, emotionally and mentally. **In fact, it's completely normal to feel a little down at times. The new sense of responsibility** can also be **overwhelming**, so take it easy on yourself. If you're tending to feel low for more than a week or two at a time – you could be suffering from post-natal depression. **Seek help**, either through your GP or public health nurse. Talk with your partner or someone you trust.

9. Try not to sweat it

It's very likely that you and your partner will become obsessed and anxious surrounding some aspect of your baby's routine. For some, it's pacing up and down with baby over your shoulder in a desperate bid to get that last bit of wind up so everyone can go to sleep. Whatever it is, know that it too, will pass as the weeks and months go on. And, as many times as you've heard it, **things really do get easier!**

10. Ensure couple time

Don't take **each other for granted**. It's easy to just bumble along. Try to be on the same page as regards caring for your baby. Making sure one parent is not doing it all. Try to support and encourage each other and always listen to each other's problems. Remember to **communicate**.

Once the first few weeks are over, plan **a date-night**, get dressed up and do something you both enjoy. Try to make it about you and not your baby for that time.

For more information on postnatal care download postnatal booklet from the nmh website QR code.



**'The power of birth strengthens me,
my child, and my partner'**

And now there are two...

Tips on how to introduce your toddler to the idea of a new baby.

- **Reading books together** about new siblings is a great way to help your child process what is in store. Allow them to pat your tummy gently and say hi to the baby if they want to.
- Bring them along to an **antenatal appointment** and they can listen to your baby's heartbeat.
- Once you've told them there's a baby on the way, mention it frequently but **don't go overboard with details**. The truth is that your toddler will only have an inkling of what's in store. They won't understand the difference a baby makes until after the birth, and even then probably not for some time.
- Towards the end of your pregnancy and even in the early days of the new arrival **replay the child's babyhood**. It's hard for a toddler to understand what a new baby is all about, but one good way to prepare is by **looking through your photo albums** and talking about when they were tiny. How they cried and fed alot. Explain that the new baby will be like this too, and that he or she will get bigger and do more things, just as they have done.
- **Don't tell your toddler that the new baby will be "a friend for you"** because, for the first year or so at least, this is unlikely to be the case. From their point of view the newcomer is more likely to be a hindrance before they become an ally.

The first meeting

- The first meeting is often seen as a crucial test of the sibling relationship, but most people believe it has little bearing in the long term. Best advice is to try to make sure **the baby is in the cot** when your older child makes his/her entrance so your arms are still there to cuddle. When you first see your big him/her after giving birth, remember that it's **YOU** they want. Then introduce him/her, allowing you to explore the newborn together, pointing out how small and delicate they are. Perhaps having **a present** from the baby to give to your older child will aid allied relations!



Family
Love!





Lauren Dare with baby Nate, born in 2010.

Planning to breastfeed?

Top tips ↘

- 1 Attend the **antenatal breastfeeding class**.
Email: sdoyle@nmh.ie to book in. (approx. from 34 weeks).
- 2 **Know your breasts** and nipples and if you have any concerns talk to the midwives/GP at your next antenatal clinic appointment.
- 3 Learn how to **hand express** (after 37 weeks) and ask for a colostrum storage set from the midwives.
- 4 Ideally feed your baby within 1-2 hours of life.
- 5 Look out for **baby's cues** to feed (i.e., sticking tongue out, hand to mouth, etc).
- 6 Babies feed 8-12 times over 24 hours. This is normal!
- 7 **Be patient** – This is a new skill for you and your baby.
We will help you.



BENEFITS OF BREASTFEEDING



**Lower risk of
early breast
cancer**



**LOWER RISK
OF DIABETES**



**Have a lower
incidence of SIDS
(Sudden Infant
Death Syndrome)**



Develop their immature
immune system in a way
no other substance can



LOWER RISK OF OBESITY



**Protection
against
diarrhoea
and tummy
upset**



Protecting against
ear infection



**CLOSENESS
AND WARMTH
TO MUM**



PROVIDES
GREATER
PROTECTION
AGAINST
RESPIRATORY
INFECTIONS



**Get sick less
and have a
lower risk of
allergies**



Hollestic

NMH NUTRITION APP



1

Download the
Hollestic app



Browse nutritious and
tasty recipes

2

3

Include breakfast, lunch,
dinner and 2-3 snacks daily

Track your baby's
growth

4

5

Read about
nutrition and
exercise for a
healthy
pregnancy



The
National
Maternity
Hospital

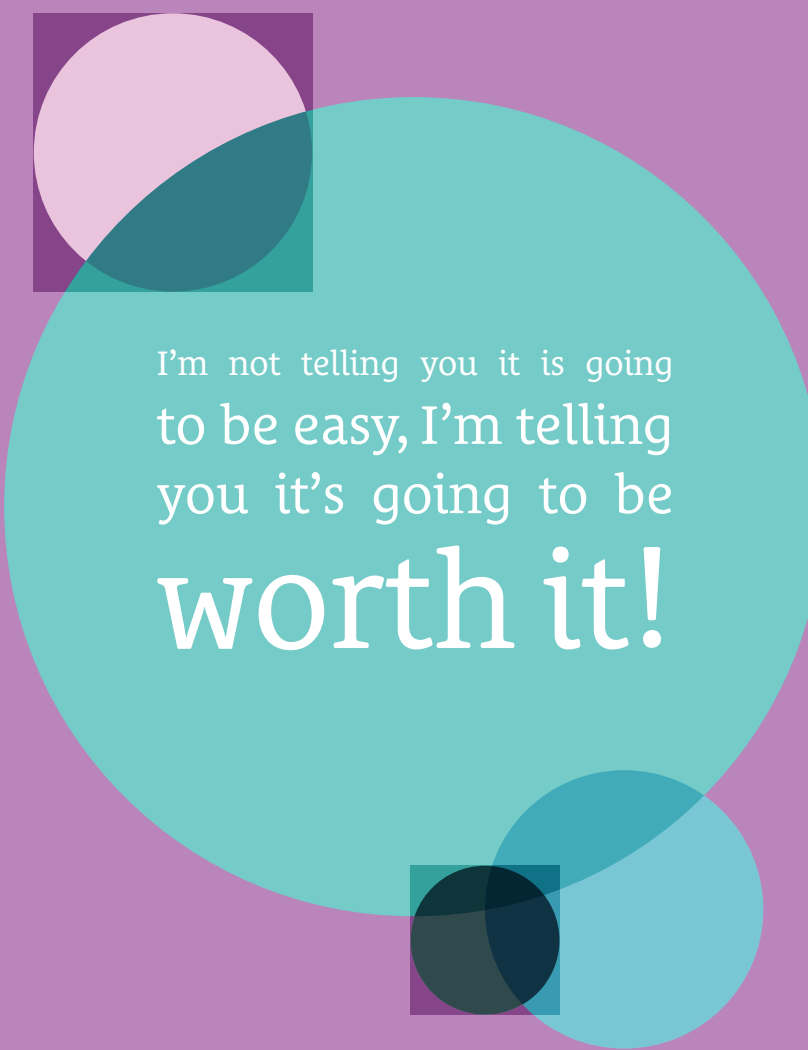


@hollestic

Smile



I have
done it!



I'm not telling you it is going
to be easy, I'm telling
you it's going to be
worth it!



The National
Maternity Hospital



COMMUNITY
MIDWIVES

www.nmh.ie