VERLOSKUNDIGENPRAKTIJK
OOSTELIJKE EILANDEN

Information about the delivery and when to call

Finally..... After a long wait it is almost time, the moment of childbirth is approaching fast. When does it start? How long will it take? You may run into all kind of questions you would like an answer to in preparation for what is to come. With the information below, we like to provide you and your partner with some information about: contractions, amniotic fluid, the location of the delivery, what you can expect from us, etc. In that way we hope that you go into labour with confidence! From 37 weeks to 42 weeks of pregnancy you can give birth with the midwife and therefore also give birth at home. But how does the delivery starts?

Contractions

The uterus is a muscle. Hormones, oxytocins, make the uterus to constrict. Towards the end of the pregnancy you can also get hard bellies (also called Braxton-Hicks contractions, practice contractions or false contractions) and when they become painful we speak of pre-contractions. These are for a reason; they take care of softening of the cervix. However, pre-contractions may stop again and start again some days later. If you have already given birth once before, this is more common. At the start of labour, the contractions are usually still irregular and not that painful. As the delivery really continues, you will notice that the contractions are coming more often, last longer and become more and more painful. The first contractions are causing the softening of the cervix. Usually dilatation occurs when the contractions occur regularly, i.e. every 5 minutes, and if they last a minute and are quite painful. A possible guideline for the moment to call us when you need our help can be: with the first child when you have contractions that last a minute, every 3-5 minutes for 2 hours in a row. If you have given birth before, you can call us when the contractions are coming every 5 minutes for an hour in a row. When you still can cope with the contractions and they are not very painful you may wait a little before calling us. You yourself feels the best when you need us, you can rely on that!

At the very first contractions, it is important to ignore them for as long as possible. Just keep on doing your everyday things and especially don't go lie in bed thinking that the delivery has really started. With this thought the delivery can take a very long time. We pinpoint the beginning of the delivery when the contractions are regular and cause dilation. You don't have to be afraid that you will miss the contractions, real contractions hurt and you certainly cannot miss them!

During the dilation there are different types of contractions: back contractions, abdominal contractions and leg contractions. Most women get back contractions during childbirth, but this is different for everyone. During the dilation it is often a matter of finding which position is most comfortable to handle the contractions. Lying, sitting down, standing, leaning at your partner, everything is possible and okay. We can help you to find the most comfortable position. We will also help you to handle the contractions with quick breaths or sighing.

Warmth and relaxation are very important during dilation. Tension, stress or cold releases the hormone adrenalin, the opposite of oxytocin, which causes the contractions to decrease, and of course that is not what we want! A hot shower or hot bath can also relieve the edge off the pain. Keep the room temperature around 21 degrees Celsius and try to avoid too many stimuli.

Sometimes, in spite of everything, the contractions may not be strong enough and effective enough. In that case dilation will not progress enough and you may need an IV with artificial oxytocins. This is only possible in the hospital, the care is then transferred to the gynaecologist.

Rupture of the membranes

In 10% of all cases, labour begins with the rupture of the membranes. Often it is quite obvious that you lose amniotic fluid, you need a sanitary pad to catch it. It is important to pay attention to the colour of the amniotic fluid. Clear amniotic fluid is often colourless, pink or like pineapple juice, often with white flakes in it. The best way to view the colour is to put a sanitary pad from the maternity box in your underwear. With clear amniotic fluid you don't have to call us at night, call us the next morning after 10am. If the membranes rupture during the day, you call us at that time. We always will come by that day. Also, save some of the amniotic fluid for us, preferably in a glass and otherwise in a sanitary pad. That way we can take a good look at the colour.

If the amniotic fluid is green or brown, you always have to call us immediately, even at night. This is called meconium-stained amniotic fluid and this means that the baby has defecated in the amniotic fluid. This is a reason to give birth in the hospital, where they can monitor the baby more closely through continuous registration.

Sometimes it is evident whether it is amniotic fluid or some discharge or loss of urine, which is quite normal at the end of pregnancy. In general, you do not lose amniotic fluid in one go, but keeps it going all day, with getting up out of a chair, with sitting down and with laughing or coughing. If you’re not sure just give us a call to discus it.

The moment in time of the rupture of the membranes is important to know, because after more than 24 hours after the membranes ruptured, without contractions, you have to give birth in the hospital, due to the risk of infection. There are also a number of instructions in case of ruptured membranes in connection with the risk of infection: do not use tampons, only use sanitary pads, no more bathing (unless you have intense contractions) and don't have intercourse. We ask you to always monitor your temperature too. Call us if your temperature higher than 37.5 degrees Celsius.

If the head of the baby has not descended at the last pregnancy check-up, we will tell you to lie down when the water breaks, and to call us. You will receive more detailed instructions about this during the consultation hour, if the head of the baby has not yet descended.

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Mucus plug

The mucus plug, as the name suggests, is a plug of mucus that sits in front of the cervix and thus forming an extra barrier against infections. It's a kind of gelatinous substance that can break loose when the cervix starts to recede a little. Often it is accompanied with some red or brown blood loss. You can lose the mucus plug all at once, or it can be gradual, or you can have some mucus loss for days. Losing the mucus plug does not say anything about when you are going to give birth, you can even lose the mucus plug weeks before the delivery. So you don't need to call us if you have lost your mucus plug.

Blood loss

It is normal that there is some blood released when the cervix opens during dilation. When you are having contractions, an hourly sanitary pad with bright red blood is acceptable. If the sanitary pad is soaked with blood within 15 minutes, if the blood continues to flow or if you are worried, you call us.

In short, call when:

- You are worried
- With a 1st child, you have contractions that last 1 minute every 3-5 minutes for about 2 hours. If you have already given birth once before, you can call if you have strong contractions about every 5 minutes.
- The membranes rupture and the amniotic fluid is green or brown. Then you have to call immediately! Is the amniotic fluid clear (pink or like pineapple juice), then you call during the day.
- The water breaks and we have said during the last pregnancy check that you had to lie down because the head of the baby has not descended properly
- You lose a lot of blood
- One of the above things happen while you are less than 37 weeks pregnant. In that case you have to call immediately

Which number should you call?

We can be reached on 06 - 51 19 99 69. If we do not answer or if the mobile phone is switched off, then call the ATA and ask for the midwife on duty at the Verloskundigenpraktijk Oostelijke Eilanden. The ATA number is 020-592 38 88. We will then be paged and call you back in a few minutes.

It is important for you to know that we have a back-up arrangement with another midwifery practice. This means that a midwife will always visit you if you need us even when we are busy with another delivery.

You call and then what?

When you call us, we often ask a few more things and according to that information we come and visit you. We don't always stay after our first visit, sometimes we come and go a number of times during the delivery, depending of course on how things develop. From the moment that heavy contractions occur, we stay with you, and this is usually also the time to go to the hospital if you want to give birth in the hospital. If you want to give birth at

home, we will at this moment call a maternity nurse who will assist us in giving birth. We make sure that everything we need during the delivery is ready and we guide you through the last, usually most difficult, centimetres of dilation.

The pushing phase

When you reach the point where you are fully dilated, you usually notice this by the urge to push. This feels as if you have to poop, but you cannot hold it back. Sometimes the urge to push is not directly very strong and in that case we will wait until the urge is stronger. From that moment on you have begun the expulsion, i.e. the pushing. This can be done in different postures: on the bed, on the birthing stool, standing, or on hands and knees. During the pushing you will find out what the most comfortable position is for you.

During the expulsion we listen to the baby's heart sounds after nearly every contraction. This is because the pressure on the head is great during pushing and we want to monitor the baby closely. Don't be alarmed if the heart rate is lower than normal, this is permitted during the pushing and we will monitor it closely.

Don't be alarmed either if you lose a little more blood, this blood loss is not from the child but from your vaginal wall, which is stretched because the head gets deeper and deeper. This results in tearing during delivery, which is normal. We try to limit the damage as much as possible by letting you sigh at the moment the head is about to be born. It is therefore important to listen carefully to us! We only perform an episiotomy (a cut) when it is really necessary.

Once the head is born, the body usually follows immediately. And there he or she is! Usually you get your baby right away on your stomach and if everything goes well, your baby will stay there for at least an hour. While you and your partner are just looking at the baby, there are still a number of important things for us that we pay attention to. Immediately after birth we determine the baby's Apgar score. This is a score where we pay attention to breathing, heart rate, colour, muscle tone and irritability of the baby. Sometimes it is necessary to ‘suck out’ the baby. This means that we suck out some mucus or amniotic fluid with a tube. We don’t do this as a standard procedure.

At that moment your baby is still attached to the umbilical cord and we let the cord pulse out as long as possible. That means that the blood is not longer pulsing in the umbilical cord. After that, your partner can cut the umbilical cord and we let the placenta be born. For that to happen you will have to push a few times and sometimes we give you an injection in your leg with oxytocin so that your uterus will contract more strongly and the placenta will be born faster. Oxytocin also reduces blood loss.

After the placenta is born, we will perform a general physical examination of your baby. This consists of weighing your baby and testing the reflexes and of course checking if everything is up and running.

If you are torn, we will of course also stitch you up, with anaesthesia, and in most of cases this can be done at home.

If everything is okay, we will leave you 2 hours after the birth, the maternity nurse will stay a bit longer to help you shower and ensure a nice clean bed. We will give you instructions when to call us if there are any problems.

How long does a delivery take?
As much as we would like to, unfortunately we cannot make a prediction about how you're your delivery will take. Simply because we don't know either. Every delivery is different and so we do not know in advance how your delivery will develop. The delivery can be divided into 4 stages, the latent stage of dialation, the active stage of dialation, the pushing phase and the afterbirth period.

The latent stage is the beginning of labour. This stage can last up to 15 hours and we start counting from the moment that the contractions come every 5 minutes until about 4 - 5 cm dilation. Most of the time it's doable and not very intense, but this also is different per delivery. From 4-5 cm dilation on it is called the active stage, and we like to see that the dilation increases at least 1 cm per hour. This is often also the time when the contractions get stronger. You then become more self-absorbed.

When you are fully dilated this stage turns into the expulsion stage. With a first child you push for a maximum of 2 hours, on average it usually takes an hour. With a next baby the pushing often gets a little faster, and it should take a maximum of 1 hour.
There is also a time limit to the last stage of childbirth, the afterbirth period. After the birth of your child, it may take a maximum of 1 hour for the placenta to be born.