

Birth Planning

PLANNING A HEALTHY, SAFE, AND SATISFYING BIRTH EXPERIENCE

THE BON BÉBÉ DOULA

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WELCOME TO Birth Planning

Preparing for the arrival of your little one is an exhilarating time, full of questions and daydreams. With the right mindset and preparation, you can have a birth experience that is empowering, beautiful, and uniquely yours. We want you to feel excited and optimistic about the journey ahead. Pregnancy and childbirth are transformative experiences, ones that connect you to the strength and wisdom of generations before you. It is a time to trust in the inherent capabilities of your body and to embrace the incredible process that will bring your baby into the world.

The goal of this guide is to offer valuable insights, practical advice, and heartfelt encouragement to help you navigate the path towards a positive birth experience. From understanding the various options available to you, to creating a birth plan that aligns with your desires, we will delve into the intricate details that will empower you to make informed decisions. As you flip through the pages of this guide, envision the possibilities that lie before you. Picture the warmth of your partner's hand in yours, the gentle touch of a supportive doula, and the unwavering dedication of your healthcare team. Envision the soft glow of the birthing room, filled with love, encouragement, and anticipation.

Remember, every birth is unique, and your journey is one to be cherished. Whether you choose a home birth, cesarean, or you plan to make decisions in the moment, we want you to approach your birth experience with a sense of confidence, knowing that you have the tools, knowledge, and support to navigate any path that unfolds.

So, take a deep breath, trust in your inner strength, and join us on this transformative journey as we delve into the art of birth planning. Together, we will embark on a path of discovery, empowerment, and joy as you prepare to welcome your little miracle into the world.

THINKING ABOUT *Birth*

Our personal perspective, experiences, and understanding of the labor and birth process play a significant role in shaping how we view and feel about it. Each individual brings a unique set of beliefs, fears, and expectations to their journey of childbirth. These factors can greatly impact their overall experience and even influence the outcomes of labor and birth.

One crucial aspect to consider is the cultural practices and learned behaviors surrounding childbirth. Fear of childbirth is a prevalent phenomenon deeply rooted in society. It is often perpetuated by stories, media portrayals, and shared experiences that emphasize the pain, complications, and unpredictability of labor. These narratives can easily create a sense of apprehension and anxiety.

However, it is important to recognize that fear of childbirth is a learned behavior that can be unlearned. By challenging these pre-conditioned fears and reframing our mindset, individuals can find themselves in a better headspace to approach their own labor experience with an open mind. This shift in perspective can pave the way for healthier birth outcomes and a more positive experience.

Education and awareness play a crucial role in unlearning fear and gaining a deeper understanding of the labor and birth process. Through education, expectant parents can gain a better understanding of the natural physiological process of labor. Learning about the body's incredible ability to give birth, the hormonal cascade that supports labor, and the ways in which pain can be managed and coped with can be transformative. This newfound knowledge can instill confidence and trust in the body's innate wisdom, allowing individuals to approach their labor experience with a sense of empowerment rather than fear.

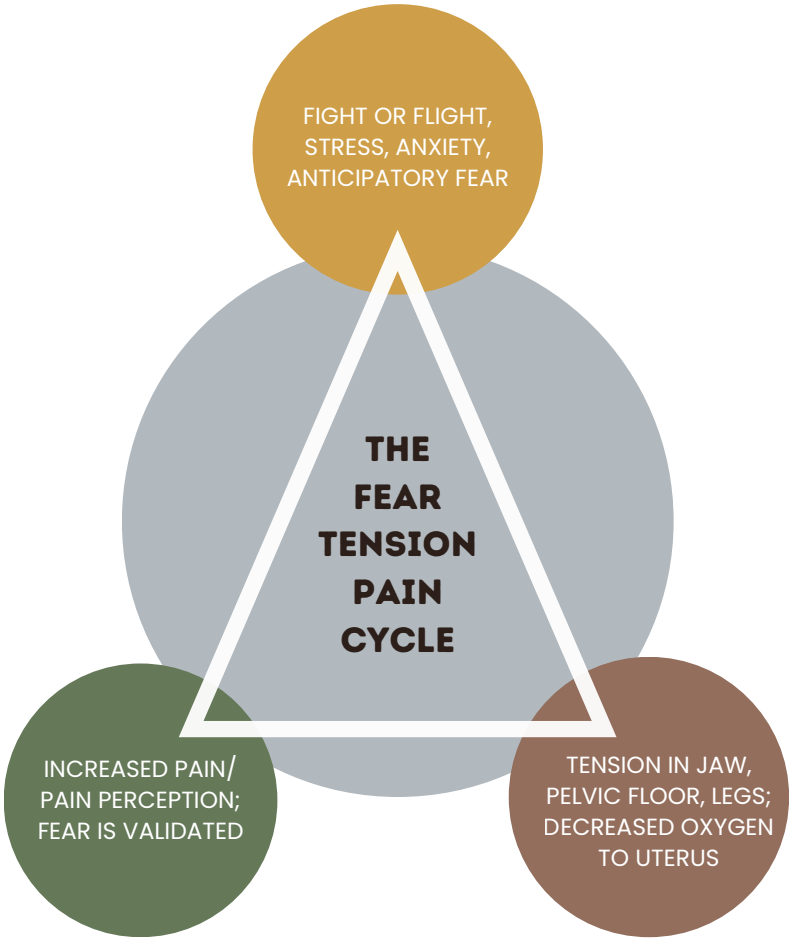
Personal experiences and support systems also play a pivotal role in shaping one's perspective on labor and birth. Positive birth stories and the presence of a supportive birth team, including partners, doulas, or healthcare providers, can help create a nurturing and safe environment for labor. These supportive networks provide emotional, physical, and informational support, creating an atmosphere of trust and reassurance.

By unlearning pre-conditioned fears and cultivating a positive mindset, individuals can approach their labor and birth experience with a sense of calm and confidence. This shift in perspective can have profound effects on the physical and emotional well-being of both the birthing person and the baby. Reduced stress levels and increased relaxation can lead to smoother labor progress, fewer interventions, and improved birth outcomes.

the fear-tension-pain cycle

HOW IT IMPACTS YOUR LABOR

The fear-tension-pain cycle is a well-known phenomenon that can occur during childbirth, causing increased pain and discomfort during labor. The cycle was first described by Dr. Grantly Dick-Read, a British obstetrician, in the 1930s. Dr. Dick-Read noticed that people who were fearful and anxious during labor tended to have longer and more painful labors. He theorized that fear and anxiety caused tension in the body, which in turn led to more pain and discomfort. Dr. Dick-Read believed that by reducing fear and anxiety, laboring people could have a more positive and less painful labor experience. Here's how the cycle works:



When you're feeling fearful, anxious, or unsafe, your body's fight or flight mode activates and your bloodstream fills with adrenalin. Your body reroutes blood and oxygen away from vital organs, and sends it towards the extremities to help you escape your threat (**flight** mode). You may start breathing heavily, sweating, and your heart rate will increase. It's an automatic and primitive response to fear, and it's not always something you can control.

The **fight** part of this response causes you to tense up your entire body in anticipation of pain or threat. Your muscles get tense, your shoulders rise, your fists and jaw clench, and all of the muscles in your body are stiff and activated. You're ready to fight your threat (in this scenario, your "threat" is the pain of labor). When your body is in this state, it's really hard to calm down or feel relaxed, and you'll usually experience even more pain. . Additionally, when the body is tense, it can interfere with the natural progression of labor, making it more difficult for the baby to move down the birth canal.

So what happens when this occurs during labor? Imagine this: you just finished a contraction, and it was really hard. You're starting to really work hard through your contractions, and you're beginning to feel nervous about how intense things are getting. Maybe your support team doesn't pick up on this, and you're starting to feel panicked because your coping tools suddenly aren't working anymore. You're dreading the next contraction. You're 5 centimeters dilated and making good progress, but you know you still have time to go and you're tired. The first voice of doubt creeps into the back of your mind. "What if I really can't do this? What if this goes on for hours?" Your heart rate increases, your breathing quickens, and your body starts to tense up- all without you noticing. All of a sudden, the next contraction begins. "Wow!" you think. "This is even harder than the last one. I can't do this! The next one will be even worse, and I still have so long to go..."

This is a classic example of the fear-tension-pain cycle. When you get stuck using (or trying to use) your rational, logical, "thinking" brain, you're much less able to tap into your body's instinctual knowledge and your body's hormones (and the natural pain relief that oxytocin and endorphins provide). Instead of surrendering to the process and staying calm, the fear-tension-pain cycle (and the fight-or-flight response) tells you you're in an emergency and that you need to mobilize to stay safe. It causes you to fight each contraction and your progressing labor, potentially causing you to feel overwhelmed, panicked, or afraid.

Breaking the fear-tension-pain cycle can be challenging, but there are various techniques available that can help. Here are some tips to avoid this cycle during your labor:

Education

CHILDBIRTH EDUCATION

Understanding what is happening to your body during labor can help you feel more in control, which can reduce anxiety and fear. These classes can teach you coping strategies that can help you manage pain and tension.

PRACTICE MINDFULNESS

Mindfulness can help you stay calm and focused during labor, even in the face of pain. Practicing mindfulness techniques during pregnancy can help you develop the skills you need to stay present and focused during labor.

CREATE A BIRTH PLAN

Creating a birth plan can help you feel more prepared and in control during labor.
Having a clear plan in place can help you feel more confident and less fearful, which can reduce tension and pain during labor.

Support

CHOOSE A GREAT TEAM

Your doctor, midwife, and nurses will help to set the tone for your birth. Make sure that you trust them and feel confident in the support they'll provide to you. Your care team should support your wishes and respect your choices.

PARTNER SUPPORT

Generally, your partner will be most effective at keeping you calm and relaxed. They should be emotionally ready to be your primary support and learn partner support tips to help you during labor.

HIRE A DOULA

A doula is trained in the fear/tension/pain cycle and knows how to recognize signs of fear or anxiety in laboring people. Hiring a doula often results in less pain, fewer complications, and an increased feeling of satisfaction with your birth experience.

Mindset

FOCUS ON THE GOAL

It can be helpful to focus on the end goal of giving birth to a healthy baby. Visualize holding your baby in your arms and the joy that comes with it. This can help you stay positive and motivated during labor.

POSITIVE AFFIRMATIONS

Create a list of affirmations that resonate with you and repeat them to yourself during labor. For example, "I trust my body to birth my baby" or "My body knows how to give birth."

REFRAME THE PAIN

Rather than thinking of pain as a negative thing, try to view it as a natural and necessary part of the process. Try to reframe the pain of labor as a positive experience that is helping you bring your baby into the world.

THE STAGES OF LABOR

FIRST STAGE	Early labor
	Active labor
	Transition
SECOND STAGE	Pushing
	BIRTH
THIRD STAGE	Placenta delivery
FOURTH STAGE	Early postpartum

EARLY LABOR

12-24+ HOURS

The initial stage of childbirth, characterized by mild contractions that gradually become stronger and closer together. The cervix begins to soften, thin out, and dilate to prepare for delivery.

ACTIVE LABOR

8-12 HOURS

Active labor is the phase of childbirth that begins once the cervix is dilated to about 5 cm and the contractions are frequent (every 3-5 minutes).

TRANSITION

1 HOUR

Very frequent and intense contractions as the cervix finishes dilation and effacement. Transition is the shortest, but often the most difficult stage of labor.

PUSHING

1-3 HOURS

The cervix is fully dilated and effaced, and the uterus begins pushing the baby down into the pelvis. Eventually, the birthing person may feel the "urge to push" and work with contractions to push baby out.

BIRTH

1-10 MINUTES

Once your baby actually begins crowing (the head is visible and remains visible in between contractions), the rest of their body will often follow in just a few pushes. The actual birth is the fastest part of the entire process!

PLACENTA DELIVERY

10 MINS - 1 HOUR

Shortly after the baby is born, the placenta will detach from the uterus and be delivered with a few easy pushes.

EARLY POSTPARTUM

4 HOURS

The early hours after delivery where the body begins to adjust to no longer being pregnant, and the uterus is beginning to involute (shrink) and may bleed heavily. Any necessary repairs and the baby's first breastfeed may happen during this time.

DECISION MAKING
During Labor

When faced with a change of plans during labor, first ask "Is this an emergency?"
If not, you have time to make your decision! Now you can ask:

B	**BENEFITS**	What are the benefits to this procedure/intervention/test? How will this help me, my baby, or my labor? How likely is it that I will experience these benefits?
R	**RISKS**	What are the risks to this procedure/intervention/test? How might this impact me, my baby, or my labor? How likely is it that I will experience these risks? If I agree to this, what else must I agree to?
A	**ALTERNATIVES**	Are there any alternatives to this suggestion? Can we try something else instead? Why or why not? Can I talk to someone else about this?
I	**INSTINCT**	What does mine and my partner's instinct say about this option? Does this make sense to me? Does this help me achieve my birth goals? Is there a chance I will regret this?
N	**NOTHING**	What happens if we do nothing? Does this decision need to be made, or can we wait and see? Can we wait an hour or more to make our decision?
S	**SPACE**	Can we have space to talk about our options together? Can we have time alone to process our emotions about this? Can we talk in private with our doula before deciding?



THE FIRST STAGE: *Early Labor*

CERVIX
0-5 CM

CONTRACTIONS
30-45 SECS EVERY 5-20 MINS

LENGTH
12-24 HRS

Early labor can be both exciting and nerve-wracking for new parents. Early labor, also known as the latent phase, is the first phase of the first stage of labor. During this phase, the cervix begins to efface, or thin out, and dilate, or open up, in preparation for delivery. You may experience symptoms like cramps, low backache, increased discharge, mood swings, nausea and diarrhea, or PMS symptoms.

During early labor, your body is just warming up for the hard work that comes during active and later stages of labor. While everyone experiences early labor differently, most people describe this part as being long, confusing, and pretty exhausting. For many pregnant people, early labor may last 18-24 hours or more. Many parents-to-be may find that early labor symptoms (including contractions) may come and go over several weeks leading up to their due date.

Physically, early labor is characterized by mild and irregular contractions that are often felt in the lower back or abdomen. Contractions may start off feeling like menstrual cramps and gradually become stronger and more frequent.

Emotionally, early labor can be a rollercoaster of emotions. Parents may feel excited, nervous, or anxious as they prepare to meet their baby. They may also feel frustrated or discouraged if labor seems to be progressing slowly. It is important to have a positive support system during this time, whether it be a partner, doula, or healthcare provider. Positive affirmations, relaxation techniques, and distractions can all be helpful during early labor. It is important to establish a positive mindset during early labor, as your experiences during this stage can often set the tone for the rest of your labor.

During early labor, try to remember that staying distracted and active are the most important things you can be doing for a complication-free birth. Remember that early labor is not an emergency, and unless you experience warning signs or have been instructed to do so by your care provider, it is generally too early to go to the hospital or birth center. In fact, going to the hospital too soon can often lead to interventions that may not be necessary at that time. You may wish to consider staying at home as long as possible during early labor, monitoring the progress of contractions and staying hydrated and nourished.

The best way to cope with early labor is by ignoring it and staying distracted. This may sound counterintuitive, but it is important to conserve energy and stay relaxed during this phase. Taking a warm bath, going for a walk, watching a movie, or practicing deep breathing and relaxation techniques can all help distract from the discomfort of early labor.

TIPS FOR EARLY LABOR

- Create a list of activities that you genuinely enjoy doing to stay distracted
- Go for a walk somewhere in nature (yes, it's okay to leave the house!)
- Don't announce that you're in labor to anyone that won't be at your birth
- Eat nourishing, protein-rich foods and stay hydrated to keep your energy up

SIGNS OF EARLY LABOR

INCREASED DISCHARGE

As your cervix begins to change, you may see more discharge. Your mucous plug- a thick, gooey mucous that has sealed your cervix up until now- may be expelled. It's normal for it to be cloudy, yellowish, or tinged with blood.

DIARRHEA

This is Mother Nature's way of clearing out your bowels and making room for your baby to move down. Keep hydrated, and stay near the bathroom!

BACKACHE AND CRAMPING

It may feel like you are about to get your period or are experiencing menstrual cramping.

MILD CONTRACTIONS

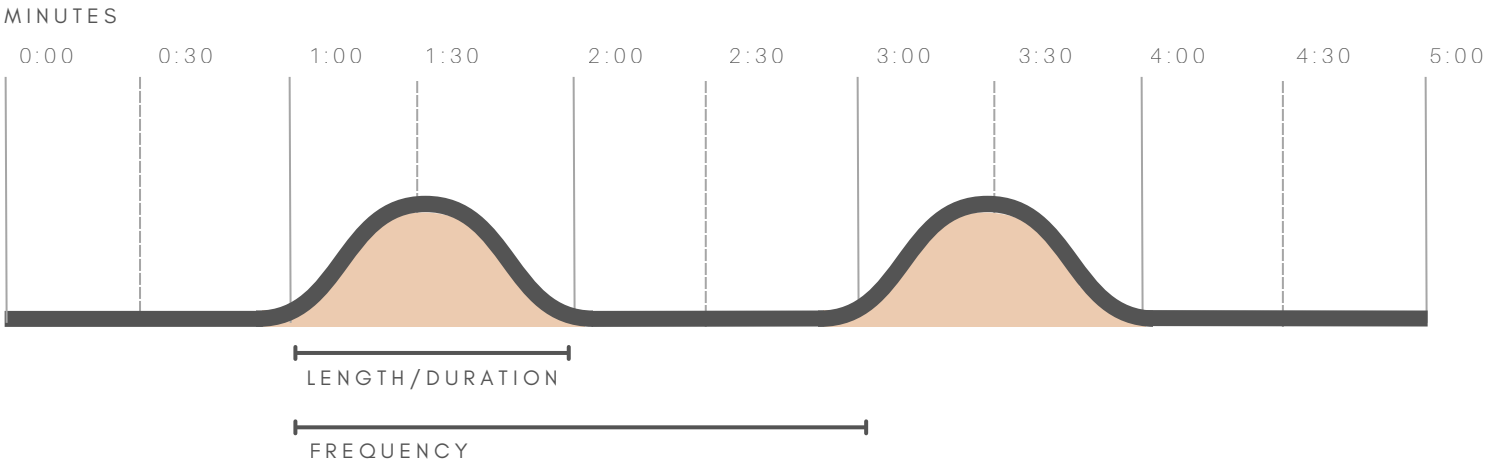
During early labor, contractions are often 10-20 minutes apart and last 30-45 seconds. They don't require much focus yet, and you'll still be able to more or less talk through them and/or carry on with your day.

RUPTURE OF MEMBRANES

Though it can happen at any stage, it's much more likely that your water will break during active labor or transition.



HOW TO TIME Contractions



DURATION

- note the time that a contraction starts (ask the laboring person to tell you when it begins)
- note the time that the contraction ends. This is the duration or length of the contraction
- time contractions for at least 20 minutes before determining an average length

FREQUENCY

- note the time that a contraction starts (ask the laboring person to tell you when it begins)
- note the time that the *next* contraction starts. This is the frequency of contractions
- length/duration of contractions do not impact frequency (when determining frequency, it doesn't matter how long contractions are)

5-1-1

- when contractions are five minutes apart, lasting at least one minute, and this pattern has been happening for at least an hour, it's time to go to the hospital or call your midwife
- remember: contractions are not an emergency! Stay calm, refer to your birth plan, and call your doula for guidance.

REMEMBER!

Though it's important to know what the contraction pattern is, timing contractions is *far* from the most important task for the support person. It is much more important to be present and focused on the laboring person than it is to continuously time and track contractions. Aim to track contractions for 10- to 20- minute intervals every 60-90 minutes, or when they seem to change. Most providers will ask how many contractions the laboring person is having in a 10-minute period.



MEDICATIONS FOR Labor Pain Relief

	NITROUS OXIDE	IV MEDICATIONS	STERILE WATER INJECTIONS	EPIDURAL
BENEFITS	• safe, non invasive, and easy to set up and use • can be used throughout labor • does not effect ability to push • does not have adverse effects on baby	• works within minutes and wears off within a few hours • easy to administer (IV access) • does not increase the likelihood of an assisted delivery	• effective at relieving back pain in labor • Can be repeated as often as needed • Pain relief occurs within minutes of the injection and can last between 45 minutes - 2 hours	• most effective form of labor pain relief • complete pain relief from the chest down • works within 10-40 mins • allows you to rest and possibly walk • can provide anesthesia for assisted delivery
RISKS	• may cause dizziness, drowsiness, or nausea • may have limited effectiveness • may cause respiratory depression with excessive use	• may cause dizziness, itchiness, or nausea • may cause drowsiness and respiratory depression in baby • prolonged use can lead to breathing difficulties in baby	• no known risks	• spinal headache, allergic reaction, infection • prolonged early labor • may lower baby's heartrate • may make it more difficult to push
THINGS TO CONSIDER	• nitrous oxide does not eliminate pain; rather, it alters your perception of pain • you should not expect complete pain relief • works best with calm, deep breathing	• IV medications dull your pain but do not eliminate it (medium pain relief) • less effective pain relief for long labors • baby may require additional monitoring	• sterile water injections are suitable for managing back labor pain, but are not suitable for other locations • pain relief is temporary and generally mild	• you may require additional fetal monitoring, blood pressure monitoring, and a urine catheter • epidurals do NOT increase the likelihood of a cesarean delivery



THE FIRST STAGE: *Active Labor*

CERVIX
5-8 CM

CONTRACTIONS
45-60 SECS EVERY 5-7 MINS

LENGTH
12-24 HRS

Physically, active labor is characterized by regular and intense contractions that progressively become stronger, longer, and closer together. At this stage, contractions are approximately 45-60 seconds long and five to seven minutes apart. These contractions work in harmony to open the cervix further, allowing your baby to descend through the birth canal. You may experience pressure and discomfort in your lower back, abdomen, and pelvis as your body rhythmically contracts.

Emotionally, active labor can evoke a range of feelings. Excitement, anticipation, and a deep sense of focus are common as you approach the imminent arrival of your baby. Embracing a positive mindset and maintaining a calm and relaxed state can greatly support your progress through labor. Surround yourself with a loving and supportive birth team, which may include your partner, a doula, or a trusted healthcare provider, who can provide guidance.

Knowing when it's time to head to the hospital or birthing center can be a pivotal decision during active labor. Typically, it's advisable to make your way to the birthing facility when your contractions have a regular pattern, lasting around 60 seconds each, and occurring every 4-5 minutes.

Upon arriving at the hospital in the midst of labor, it's common for individuals to experience a sense of overwhelm or anxiety due to the sudden change in location and the necessary admitting procedures. Fear and anxiety can potentially lead to stalled labor or slower progress. To counteract this, it's important to establish a safe and private space within the hospital room. Creating a comforting environment, dimming lights, playing soothing music, and surrounding yourself with trusted support can help ease anxieties and allow labor to progress more smoothly, ensuring a positive birthing experience.

During active labor, the intensity of contractions may prompt you to explore various pain relief options. It's important to remember that pain relief is a personal choice, and you have a range of options available to you. Natural pain management techniques, such as breathing exercises, movement, hydrotherapy (water immersion), and massage, can help promote relaxation and ease discomfort. Finding a rhythm and routine during labor can be a powerful coping mechanism. By establishing a pattern of breathing techniques, movement, and relaxation exercises, individuals can create a sense of control and focus amidst the intensity of contractions. If you decide to explore medical pain relief options, such as epidurals or analgesics, your healthcare provider will discuss the benefits, potential risks, and considerations to help you make an informed decision that aligns with your goals.

TIPS FOR ACTIVE LABOR

- Focus on keeping your body loose and relaxed. Pay attention to tension in your shoulders, jaw, and legs
- When vocalizing, keep tones low pitched. High-pitched sounds create more tension in the body (which leads to more pain!)
- Remember to keep your bladder empty to allow more room for baby to move down
- Stay active and choose upright positions, changing every 45 minutes. Ask your team for help finding comfortable positions!

WHAT TO EXPECT IN ACTIVE LABOR

MORE INTENSE CONTRACTIONS

In active labor, contractions become much stronger and closer together, often lasting 45-60 seconds each and coming every five to seven minutes. They're so strong that you can't talk or walk during them, and you may want to vocalize or move your body to cope with them.

MOOD SHIFT

Most people feel serious, focused, and "tune out" the rest of the room in order to focus on contractions. You may feel a need to be alone.

A MOVE TO YOUR BIRTH LOCATION

Generally, once contractions have been five minutes apart and at least a minute long for an hour, it's time to go to the hospital or birth center.

MONITORING AND EXAMS

Most care providers will request frequent monitoring of your baby's heart rate as well as cervical exams. It's important to discuss your preferences for these things with our care provider ahead of time.

AN INCREASED NEED FOR SUPPORT

As things get more intense, many people find that they need more support from their team. This may mean more coaching, encouragement, help with pain relief, or emotional support.



THE FIRST STAGE: *Transition*

CERVIX
8-10 CM

CONTRACTIONS
60-90 SECS EVERY 2-3 MINS

LENGTH
15 MINS - 1 HOUR

Transition, the final and most intense stage of labor, marks the remarkable transition from active labor to the pushing stage. Both physically and emotionally, it can be an overwhelming and transformative experience for birthing individuals.

Physically, transition is characterized by the intense and powerful contractions that serve to fully dilate the cervix, preparing the body for the pushing phase. These contractions are often 60-90 seconds long and come every two to three minutes. The sensation can be described as incredibly intense and demanding, requiring immense strength and focus.

Emotionally, transition can be a rollercoaster of emotions. It is not uncommon for birthing individuals to experience a range of intense feelings, including self-doubt, exhaustion, and heightened sensitivity. Emotional signposts, such as expressing the desire to give up or feeling unable to continue, are common during this stage. It is important to recognize these emotional signposts as a natural part of transition, often signaling that birth is imminent.

During transition, birth partners should remain close by, offering unwavering encouragement and reassurance. It is crucial to keep questions to a minimum and provide simple, basic directions. The birthing individual's focus and attention may be fully consumed by the intensity of the contractions, making it difficult to process complex information.

While transition can be challenging, it is important to remember that it signifies the imminent arrival of your baby. Stay connected to the strength within you and the unwavering support around you. Trust in your body's ability to birth your baby, and draw strength from the love and encouragement of your birth team.

POSITIONS
FOR PUSHING

1 **HANDS AND KNEES**

Helps baby descent and rotate. Add pillows underneath your upper body to help relax.

2 **SQUATTING**

Allows your pelvis to open and gravity to bring baby down. Deep squats work best.

3 **SIDE LYING**

Lay on your side with your upper leg raised. Switch every 30 minues.

4 **ON YOUR BACK**

It gets a bad rep, but this position allows maximum rest! Alternate with upright positions.

5 **STANDING/LEANING**

Helps baby descent and rotate. Try leaning against a wall or holding on to the back of a chair.

6 **BACKWARDS TOILET**

Sit on the toilet facing the wall. Allows for relaxation, opening, and labor progress.

7 **SITTING**

Allows you to remain upright, while also allowing for rest and energy conservation.

8 **DANCING/SWAYING**

Combines the benefits of standing with closeness and connection with your partner.



THE SECOND STAGE: *Pushing*

CERVIX
10 CM

CONTRACTIONS
PATTERNS VARY

LENGTH
15 MINS - 3 HOURS

Physically, during the pushing phase, you will feel an intense urge to bear down and push with each contraction. This is a result of the baby descending further into the birth canal. This stage can be physically demanding but also serves as a cathartic release after the intensity of the previous stages.

During the pushing phase, there is a concept called "passive descent." This refers to a brief period of rest between contractions, where the baby's head continues to descend through the birth canal without active pushing. This allows the tissues to stretch and adapt, preparing for the final pushes. It is best to allow for passive descent as long as possible before active pushing begins.

The duration of the pushing phase varies for each individual and birth. It can range from a few minutes to a couple of hours, depending on factors such as the position of the baby, the strength of contractions, and the birthing person's physiology.

Changing positions during pushing can be beneficial, as it helps optimize the birthing process and allows for better alignment of the baby's head. Following your body's cues, you may find that squatting, kneeling, standing, or using a birthing stool or bar provides better comfort and leverage for effective pushing.

In some cases, instrumental delivery may be necessary to assist with the birth. This can include the use of forceps or a vacuum extractor. These interventions are carefully considered and carried out by skilled healthcare professionals when there is a need to expedite delivery or address specific concerns for the well-being of the baby or the birthing person.



HOW TO SUPPORT YOUR PARTNER
During Labor

S	**SUPPORTIVE ENVIRONMENT**	Try to match their energy levels and let them set the tone. Don't try to change their mood or distract them (unless they ask you to). Keep the room calm, clean, and free from interruptions. Offer to play music or just sit nearby.
U	**URINATE**	Keeping the bladder empty can help create more room for baby to descent, allowing labor to progress. Encourage your partner to use the bathroom every hour. Even just sitting on the toilet can help your partner relax.
P	**POSITION CHANGES**	Changing positions helps the pelvis to open and helps baby turn and shift to find the way out. Suggest that your partner find a new position every 30-45 minutes, and help them get comfy in a new one (or ask your doula for tips!).
P	**PRAISE**	Provide *a ton* of verbal support and encouragement- more than you think is necessary. Your partner needs to know that you are there for them and that you believe in them. Studies show that verbal support alone can shorten labors!
O	**OXYGEN**	It sounds simple, but a solid breathing technique can make all the difference. Help your partner remember to breathe (not hold their breath) with long, slow inhales and exhales. You may have to remind them with each contraction.
R	**REST AND RELAXATION**	Labor progresses better when the laboring person is relaxed and calm. Help them find comfy positions to relax in and remind them to keep their body loose and tension-free (hint: check the jaws, shoulders, and fists for tension).
T	**TOUCH AND MASSAGE**	Physical touch (especially from a partner) releases oxytocin and endorphins, which help labor progress and reduce pain. Offer a shoulder rub, back massage, or just a hand to hold for reassurance.

CESAREAN BIRTH

Cesarean birth is a surgical procedure performed when vaginal birth is not possible or safe for the birthing person or the baby. Understanding the process and what to expect during and after a cesarean birth can help alleviate anxiety and prepare parents for this method of delivery.

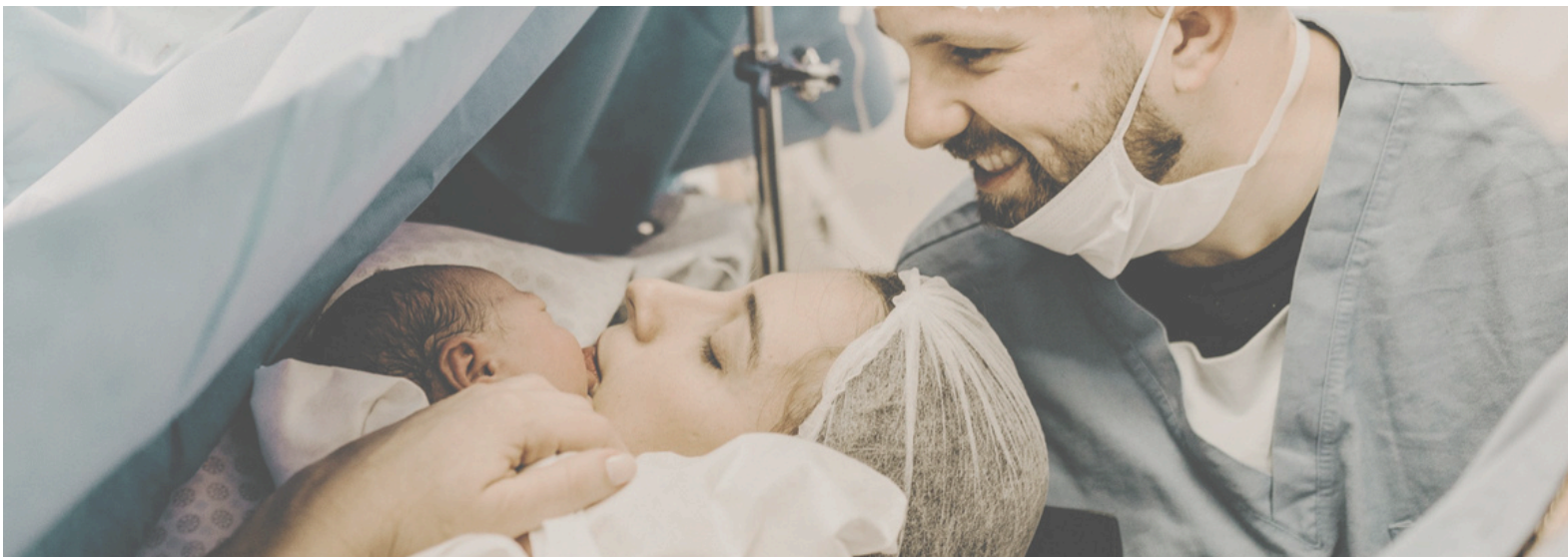
During a cesarean birth, the birthing person is given anesthesia to numb or make them unconscious during the surgery. Once the anesthesia takes effect, a small incision is made in the lower abdomen, typically horizontally along the bikini line. This incision allows access to the uterus.

Next, the healthcare team carefully opens the uterus and delivers the baby. The umbilical cord is clamped and cut, and the baby is handed to the pediatrician or neonatal specialist for immediate assessment and care.

Following the baby's birth, the healthcare team assists in the delivery of the placenta and checks for any excess bleeding or bleeding or complications. They then carefully close the incisions in the uterus and abdomen using dissolvable sutures or staples.

In many cases, skin-to-skin contact and breastfeeding may be possible in the OR as the care team finishes your surgery. Postpartum, certain positions or support devices may be helpful during breastfeeding to avoid pressure on the incision site. Emotional support, both from healthcare providers and loved ones, is crucial during this time, as the recovery process can be physically and emotionally demanding.

It's important to remember that cesarean birth is a valid and sometimes necessary method of delivery. While it may differ from a vaginal birth experience, healthcare professionals are committed to ensuring the well-being of both parent and baby. Open communication with your healthcare provider and seeking guidance from support networks can contribute to a positive cesarean birth experience and a smooth recovery.





DELAYED
cord clamping

Delayed cord clamping is the practice of not clamping the baby's umbilical cord immediately after birth. It's supported by strong evidence, and has numerous benefits including increased infant iron stores for up to six months. The World Health Organization recommends delayed cord clamping for all healthy babies unless there's an urgent medical issue that needs attention.

1

OPTIMAL IRON STORES

Delayed cord clamping allows for the transfer of iron-rich blood from the placenta to baby, boosting iron stores for the first months of life.

2

IMPROVED BLOOD VOLUME

DCC enhances their blood circulation and oxygenation. This increased blood volume can contribute to better overall organ perfusion and a smoother transition to life outside the womb.

3

ENHANCED IMMUNITY

The delayed transfer of placental blood during cord clamping exposes the newborn to beneficial immune cells and stem cells, which can strengthen their immune system

4

IMPROVED RESPIRATION

Delayed cord clamping allows for a more gradual transition from placental circulation to independent breathing. This can help newborns adapt to breathing on their own more smoothly.

5

CARDIOVASCULAR STABILITY

By extending the time before cord clamping, newborns have an opportunity to establish stable cardiovascular function. This can result in better blood pressure regulation and heart rate.

6

DEVELOPMENTAL BENEFITS

DCC may be associated with improved long-term neurodevelopmental outcomes, including better motor skills, social-emotional development, and cognitive abilities.



THE THIRD STAGE: *the Placenta*

CERVIX
STILL DILATED

CONTRACTIONS
BARELY NOTICEABLE

LENGTH
5-60 MINUTES

Physically, this stage involves the delivery of the placenta, which provided nourishment and oxygen to your baby throughout pregnancy.

Once your baby is born, the uterine contractions continue, causing the placenta to separate from the uterine wall. You may feel mild contractions or a sense of pressure as the placenta detaches. The care provider will guide the placenta out by applying gentle traction on the umbilical cord. It is important to note that the delivery of the placenta is usually painless and much less intense than the previous stages of labor.

During this time, healthcare professionals will also assess your baby's well-being. They will check the baby's breathing, heart rate, and overall condition. The medical team will monitor and ensure that the baby is adjusting well to life outside the womb.

Emotionally, parents may experience a wide range of emotions during the third stage of labor. Relief, joy, and overwhelming love are common as you witness the arrival of your baby and the completion of the birthing process. There may also be a sense of awe and wonder as you marvel at your newborn and begin to form an instant bond.

This is an opportune time for parents to engage in skin-to-skin contact with baby, promoting bonding and breastfeeding initiation. It is a precious moment that you'll likely remember forever.

In some cases, medical interventions, such as the administration of medication to help expel the placenta or manage bleeding, may be required. Your healthcare provider will discuss any necessary interventions or procedures with you, ensuring that you are informed and involved in the decision-making process.

early postpartum
THREE THINGS TO CONSIDER

These early hours are a part of your birth experience. Just like during labor, it's important to have support and to know what to expect, so that you can feel calm, relaxed, and focused on your baby. You'll want to make decisions during this early postpartum period that support your goals. Here are some things you may want to consider.

DON'T BE IN A RUSH TO ANNOUNCE.

As soon as you leak the news, you may open a floodgate of celebratory texts, phone calls, or surprise visits! Unless you have firm boundaries, you may find yourself spending more time fielding questions and sending pictures than you do with your new baby. Consider delaying sharing the news until at least a few hours later, after your baby's first feed and after you've had some sleep.

PRIORITIZE SKIN-TO-SKIN

Just like all mammals, your baby is hardwired to crave skin-to-skin contact with you, and it's especially important to provide this during the first four hours of life. Wherever possible, hold your baby nice and close with no clothing in the way and a warm blanket covering both of you.

GET SOME REST- ASAP

After their first feeding, most babies are ready for a long nap. Also known as the "recovery sleep", this nap may be longer and deeper than naps in the next few days. Even though it's hard to stop staring at your new baby, consider using this time to get some sleep yourself.





THE FOURTH STAGE: *Postpartum*

CERVIX
CLOSING

CONTRACTIONS
IRRATIC AND IRREGULAR

LENGTH
FIRST 4 HOURS

The fourth stage of labor, also known as the early postpartum period, is a critical time of recovery and adjustment for both parents and baby. During this stage, parents undergo physical recovery while adapting to their new roles, and the baby begins their journey of exploration and bonding.

For birthing individuals, early recovery may involve vaginal repairs, if necessary. Soreness and discomfort are common, as the body adjusts after childbirth. Bleeding, known as lochia, is heavy during this stage.

Newborn exams are conducted to ensure the baby's well-being. This includes assessments of vital signs, reflexes, and overall physical condition. Healthcare providers may measure the baby's weight, length, and head circumference. These exams help identify any potential concerns early on and allow for prompt intervention if needed.

Your care team will also be monitoring your recovery closely, including your bleeding, the size and health of your uterus, your blood pressure, and other vital signs. If you need any perineal repairs, they'll happen during this time. If you had an epidural, it will be removed after your placenta is delivered and any repairs are completed.

The first breastfeed is a significant moment during this labor. Babies are often alert and eager to feed in the early hours after birth. Initiating breastfeeding during this time promotes bonding and provides essential nutrients for the baby's growth and development.



THE BENEFITS OF skin-to-skin

1 IMPROVED HEART AND LUNG FUNCTION

Babies are more stable when they are held skin-to-skin.

2 STABILIZES BABY'S TEMPERATURES

Your body is more effective at keeping baby warm than a baby warmer!

3 REGULATES BLOOD SUGAR

Which helps baby have enough energy to learn how to breast feed.

4 ENCOURAGES BREASTFEEDING

A baby's natural instincts help them learn how to eat if they're in close contact.

5 PROMOTES BONDING

For mammals, touch is essential for survival. Skin to skin helps you and baby use all your senses for nurturing your new relationship.

6 REDUCES CRYING

A newborn's cry is a "separation distress call." Most babies stop crying when held skin to skin with a parent.

7 HELPS BABY TRANSITION

Babies have better neurobehavioral outcomes when held skin to skin.

8 TRANSFERS GOOD BACTERIA

Early exposure helps baby develop a healthy immune system.

THE GOLDEN HOUR



WHAT IS IT?

The golden hour is the first 60 minutes to 2 hours after birth when baby is placed on the mother for uninterrupted skin to skin contact and bonding time. If both mother and baby are in good health immediately following birth, this period is dedicated to fostering bonding, initiating the first breastfeed, and boosting oxytocin levels in mom and baby, to reduce stress levels in both.

BENEFITS

- Helps increase Oxytocin levels in mom and baby, fostering mother/infant bond
- Regulates baby's heart rate, breathing, and temperature, easing baby's adjustment from utero to the outside world
- Stimulates interest in feeding, and the release of hormones that produce milk and support breastfeeding
- Boosts baby's immune system by colonizing mother's healthy bacteria from her skin and environment with baby's microbiome

THE GOLDEN HOUR *and C-Sections*

Whether you have a planned or unplanned c-section, facilitating the golden hour is still possible. Make your wishes known to your care team and request that no separation of you and baby take place if you are both in good health immediately after delivery. If separation is necessary, kickstart your golden hour as soon as medically possible.

GOLDEN HOUR *Planning*

The best way to plan for a golden hour is to include it in your birth plan and communicate this preference with your Doula, midwife, care provider, and birth partner. Some care teams and facilities now incorporate this period as a standard practice, so your request may be anticipated and straightforward.

GOLDEN HOUR STAGES

For the golden hour, standard newborn procedures such as weighing, measuring, and examining are delayed and baby is placed on the mother skin to skin then covered with a blanket. Studies have shown newborns then go through the following 9 stages during this period:

1. **The birth cry** - opening baby's lungs for the first time
2. **Relaxation** - baby is calm with little movement
3. **Awakening** - small movements, baby opens eyes
4. **Activity** - larger movement, head lifting, & stable gaze
5. **Rest** - occurring at any point between stages
6. **Crawling** - movement towards the breast or nipple
7. **Familiarization** - baby familiarizes themself with mom's breast and nipple through touch and taste
8. **Sucking** - baby self latches to initiate breastfeeding
9. **Sleeping**

GETTING TO KNOW
Your Newborn After Birth

The arrival of your newborn can be exciting, and come with so many questions about the newborn body after birth, and what to expect. Depending on the type of delivery you have, how your baby looks may differ from your original expectations. Knowing what to expect can help you avoid any impending alarm and concern



NEWBORN HEAD SHAPE

During a vaginal birthing process, baby's are born with two soft spots at the top of their head. These spots are called fontanels and play a vital role in facilitating the baby's head to pass through the birth canal as needed. Depending on the length of birth, your baby's head might appear uneven or cone-shaped. This is not a cause for concern, as this is a normal occurrence and your baby's head will typically round out as they grow.

NEWBORN WEIGHT



According to the World Health Organization, average weight for full-term newborns is around 7 lbs. 5 oz. Though healthy newborn weight can vary between 5 lbs. 11 oz and 8 lbs. 5 oz. In the days following birth, it is normal for babies to lose some of this weight. However, newborns typically regain this weight within 2 weeks.

NEWBORN APPEARANCE

As a first-time mother, you may be surprised by your newborn's appearance. However, there is no need to worry, as many of these physical characteristics are completely normal. Here are some common newborn traits to keep in mind:

- Wrinkly, peeling, or hairy skin
- Uneven head
- Blue-gray, brown, or red birthmarks
- Swollen genitals
- Puffy or swollen eyes
- Bowed legs or upturned feet

NEWBORN SKIN

Lanugo. Soft, fine hair found on the body of a newborn that has provided protection and warmth in the uterus. Usually sheds within 1 week.

Vernix Caseosa. A white creamy, wax-like substance covering a newborn's body at birth. Vernix provides a protective film in the uterus with moisturizing capabilities after birth. This protective coating normally washes off during baby's first bath.

Milia. Tiny white elevated bumps appearing on newborn skin. Harmless and very common, typically clearing up within weeks

Congenital dermal Melanocytosis. Blue or blue-gray spots appearing around a newborn's shoulders, lower back, or buttocks. Often referred to as "Mongolian Spots." Typically harmless, fading before adolescence, though should be pointed out to your pediatrician for proper diagnosis.

UMBILICAL CORD

After a newborn's umbilical cord is clamped at birth, the cord clamp is usually a yellow-green color. This portion of clamped cord will dry out over a few weeks and change in color from brown to black and fall of between 1-3 weeks after birth.



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