

British Columbia Specific Information

Information can be found in Baby's Best Chance (PDF 10.97 MB). For information on postpartum depression, please visit www.postpartum.org.

In British Columbia, a Registered Midwife is a regulated health care professional and midwifery services are a benefit of the Medical Services Plan. BC does not have certified nurse-midwives or lay-midwives. To practice, midwives must be registered with the College of Midwives of British Columbia. A registered midwife cares for women during normal pregnancy, labour and delivery at home or in the hospital, and the postpartum phase, and can prescribe some drugs and order tests.

Labour and Delivery

Stages of Labour

The process of having a baby occurs in several stages over many hours or even a few days—from early labour through delivering the baby and the placenta. During labour, contractions in your uterus open your cervix and move the baby into position to be born.

Stage one: Early, active, and transition

Early labour

Early labour is often the longest part of the birthing process, sometimes lasting 2 to 3 days. Uterine contractions:

- Are mild to moderate (you can talk while they are happening) and last about 30 to 45 seconds.
- May be irregular (5 to 20 minutes apart) and may even stop for a while.
- Open (dilate) the cervix **■** to about 3 cm (1 in.). First-time mothers can have many hours of early labour without the cervix dilating.

It's common for women to go to the hospital during early labour and be sent home again until they are in active labour or until their "water" breaks (rupture of the membranes). This phase of labour can be long and uncomfortable.

Active labour

The active stage of labour starts when the cervix is about 3 cm (1.2 in.) to 4 cm (1.6 in.) dilated. This stage is complete when the cervix is fully effaced and dilated and the baby is ready to be pushed out.

Compared with early labour, the contractions during active labour are more intense and more frequent (every 2 to 3 minutes) and longer-lasting (50 to 70 seconds). Now is the time to be at or go to the hospital or birthing centre. If your amniotic sac **■** hasn't broken before this, it may now.

As your contractions get stronger, you may:

- Feel restless or excited.
- Find it hard to stand up.
- Not be allowed to eat or drink. Some hospitals let you drink clear liquids. Others may only allow you to suck on ice chips or hard candy.
- Want to start using breathing techniques or other ways to control pain and anxiety.
- Feel the need to shift positions often. This is good for you, because it improves your circulation.
- Want pain medicine, such as epidural anesthesia.
- Be given intravenous (IV) **■** fluids.

To learn more about pain medicine, see [Managing Pain](#).

Transition

The end of active labour is called the transition phase. As the baby moves down, your contractions become more intense and longer and come even closer together.

When you reach transition, your delivery isn't far off. During transition, you will be self-absorbed, concentrating on what your body is doing. You may be annoyed or distracted by others' attempts to help you but still feel you need them nearby as a support. You may feel increasingly anxious, nauseated, exhausted, irritable, or frightened.

A mother in first-time labour will take up to 3 hours in transition, and a mother who has vaginally delivered before will usually take no more than an hour. Some women have a very short, if intense, transition phase.

Stage two: The baby is born

The second stage is the actual birth, when the baby is pushed out by the contractions. This pushing stage can be as short as a few minutes or as long as several hours. You are more likely to have a fast labour if you have given birth before. During the second stage:

Media Gallery (9 pictures)



Learn more about
Cervical Effacement

- Uterine contractions will feel different. Though they are usually regular, they may slow down to every 2 to 5 minutes, lasting 60 to 90 seconds. If your labour stalls, changing positions may help. If not, your doctor may recommend using medicine to stimulate (augment) contractions.
- You may have a strong urge to push or bear down with each contraction.
- You may need to change position several times to find the right birthing position for you.
- You can have a mirror positioned so you can watch your baby as the head comes through the vagina (called crowning).
- When the baby's head crowns, you will feel a burning pain. If this is happening quickly, your doctor may advise you not to push every time, which may give the perineum **1**, which is the area between the vulva and the anus, a chance to stretch without tearing.

Your medical staff will be ready to handle anything unexpected. This is a time when your doctor or midwife will be deciding what is best for you and your baby.

Stage three: The placenta is delivered

After your baby is born, your body still has some work to do. This is the third stage of labour, when the placenta **1** is delivered. You will still have contractions. These contractions make the placenta separate from the inside of the uterus, and they push the placenta out. Your medical staff will help you with this. They will also watch for any problems, such as heavy bleeding, especially if you have had it before.

You may be given some medicine to help the uterus contract firmly. Oxytocin may be given as a shot or in a vein (intravenously) after the placenta is delivered. Oxytocin is given to make your uterus shrink and bleed less. (This is the same medicine that is sometimes used to make contractions more regular and frequent during labour.) Breast-feeding right away can also help the uterus shrink and bleed less.

The third stage can be as quick as 5 minutes. With a preterm **1** birth, it tends to take longer. But in most cases, the placenta is delivered within 30 minutes. If the placenta doesn't fully detach, your doctor or midwife will probably reach inside the uterus to remove by hand what is left inside. Your contractions will continue until after the placenta is delivered, so you may have to concentrate and breathe until this uncomfortable process is complete.

Stage four: After childbirth

It is normal to feel excited, tired, and amazed all at the same time after delivery. You may feel a great sense of calm, peace, and relief as you hold, look at, and talk to your baby. During this stage you will be watched closely for any problems.

Breast-feeding

During the first hour after the birth, you can also expect to start breast-feeding, if you plan to breast-feed.

If you breast-feed, don't be surprised if you and your baby have some trouble doing it at first. Breast-feeding is a learned technique, so you will get better at it with practice. You may have a breast-feeding specialist (lactation consultant **1**) in the hospital to help you get started.

For information about getting a good start with breast-feeding and preventing problems, see:



Breast-Feeding: Planning Ahead.

Your first hours of recovery

You may have shaking chills right after delivery. This is a common reaction in the hours after delivery. A warm blanket may help you feel more comfortable.

During the first hours after the birth, your health professional or a nurse will:

- Massage your uterus by rubbing your lower abdomen about every 15 minutes. Later, you will be taught to massage your own uterus. This helps it tighten (contract) and stop bleeding.
- Check your bladder to make sure it isn't full. A full bladder puts pressure on your uterus, which interferes with contractions. You will be asked to try to urinate, which may be hard because of pain and swelling. If you can't urinate, a tube (catheter **1**) can be used to empty your bladder.
- Check your blood pressure frequently.
- Repair the area between your vagina and anus (perineum **1**) if it tore or if you had an incision (episiotomy **1**).
- Remove the small tube in your back if you had epidural anesthesia **1**. If you plan to have a tubal ligation **1** surgery to prevent future pregnancy, the catheter will be left in.

You may also have:

- Certain immunizations:
 - Tetanus, diphtheria, and pertussis (Tdap). If you need a booster for these immunizations, you may get it soon after you have your baby, before you go home from the hospital.
 - Measles, mumps, and rubella (MMR). If you are not immune to rubella or measles, your doctor may recommend that you have the MMR vaccine after childbirth.
- An Rh immunoglobulin shot (such as WinRho). If you have Rh-negative blood, you may get a shot of Rh immunoglobulin after delivery if your newborn is Rh-positive. For more information see the topic Rh Sensitization During Pregnancy.

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