Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Contents

Labour

What is labour?	2
Signs of labour	3
Active stages of labour	4
Caring for yourself after giving birth	7
Assisted birth	8

Coping with labour

Helping yourself through labour	13
- What to do at home	
- Breathing patterns for labour	
- Relaxation during labour	
Support during labour	14
Alternative therapies	14
- Massage	
- Aromatherapy	
Water for pain relief	15
Pain relief equipment - TENS	15
How the hospital can help	17
- Gas and air (entonox)	
- Pethidine and diamorphine	
- Epidural	

Further information

Where to get more information	20
Contact details	20
Useful websites	20

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Finding out you are going to become a parent can be exciting but also a little bit worrying. This is a normal way to feel but there are lots of things for you to think about to help you prepare along the way. This booklet will help you prepare for your labour by giving you information about what will happen and the methods of pain relief that are available to help you.

Many women use the time they have during pregnancy to find out as much about giving birth as they can so they can prepare for how they might cope; we hope we can help you with your choices and care.

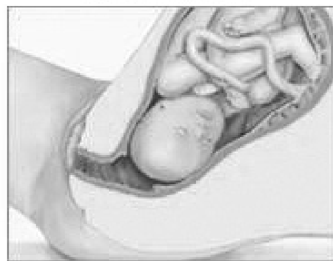
Depending on your individual circumstances, your care may differ slightly from the advice in this leaflet. Your healthcare team will fully inform you regarding any changes in plan, and your wishes will all be fully taken into account.

Labour

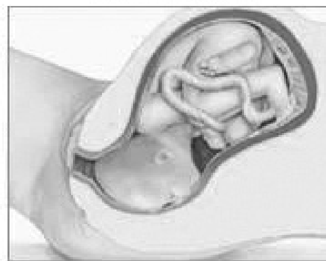
What is labour?

Labour is the process when you start to have contractions, your waters break and you may have a 'show'. All of these things take time and may start to happen from 37 weeks of pregnancy onwards.

Uterus between contractions



Uterus during contractions



The pain women feel varies as it depends on how your body is able to cope with pain. Sometimes preparing for labour, by understanding what happens and the options you have, can help.

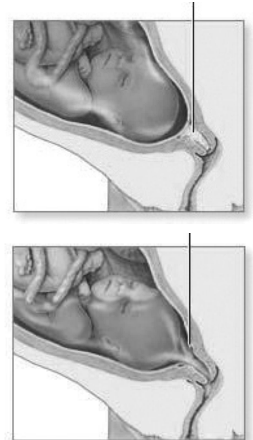
Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Signs of labour

This varies for women however usually you will have 1 of 3 signs:



- **'Show'** - Mucous discharge that may contain blood, this can come away all at once or over a few days.
- **Waters breaking** - This is the bag of waters that protects your baby inside the womb. Sometimes this breaks with a trickle or with a gush. Your waters can break at any stage in your pregnancy; however this is more likely to happen during labour. Put a pad on and contact us for more advice.
- **Contractions** - Contractions are when the muscles of the womb tighten and relax in rhythm. They prepare the womb for labour and during labour help to push the baby into the birth canal. Before labour they can be painless and may be called Braxton Hicks or tightenings. When labour starts they are often painful and become regular; some women describe them like 'much stronger period pains'. Most women can cope at home to start with and benefit from moving around, pelvic rocking or taking a warm bath.

Latent phase of labour

This is the period before you get to 4cms dilated. You will probably have experienced a 'show' and even have contractions which might be regular, however they may vary a lot in how frequent or strong they are. You might go to the toilet regularly to move your bowels and you might also feel as if you are leaking because of the increased vaginal discharge which is normal at this time.

This phase can cause women to come into hospital too early and be disappointed that their cervix is not more dilated when examined.

Tips to cope

You'll probably be able to move around, watch a film, take a warm bath, or have a nap. Relax as much as you can. Have lots of snacks, unless you feel sick. You might even want to put your TENS unit on to help you cope. (See page 18 for more advice.)

When should I come into hospital?

Most women worry about when to come into hospital. Before you come to the hospital call the Delivery Suite or Serenity Suite and we can advise you. You should call us if your waters break, you have any bleeding, you are contracting regularly or if you are worried at all.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Active stages of labour

1st stage

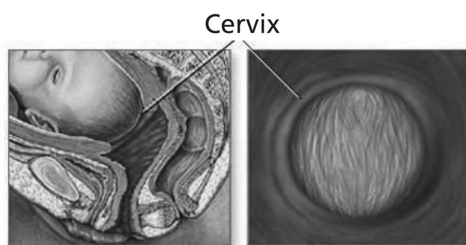
The 1st stage of labour is generally the longest, especially if this is your first baby. This part of labour begins when your cervix is confirmed as 4cms dilated and you are experiencing regular contractions. This continues until your cervix reaches 10cms dilated and the contractions are very strong and close together, usually every 2 minutes and lasting up to 60-90 seconds.

During this stage it is much better to be upright and moving around during the contractions as this helps the womb to contract better and to push the baby down further against the cervix.

Transition

As the 1st stage of labour comes to an end the contractions will be strong and frequent and your cervix will be almost fully dilated. By this time you might feel tired, tearful and like giving up, some women even get very angry with. You might feel shaky, shivery and sick. You will need a lot of support now to get through the final bit. Your midwife will help you.

Although your cervix might be 10cms dilated the baby's head still has to do some tricky manoeuvres to help you push him/her out easily. If you feel like shouting or you are feeling pressure in your bottom keep focusing on your breathing so you can get through the contraction. This part of labour may last up to 1 hour.



When your cervix has dilated to 10cm you may have an uncontrollable urge to push

2nd stage

The contractions are powerful now and you will find being in an upright position easier to push your baby out. Some women find that on their knees holding the back of a chair is helpful. Others find squatting helps, it is up to you.

At this stage you may feel pressure on your rectum and may empty your bowels (poo). Don't be embarrassed- this is quite normal and your midwife will be used to it.

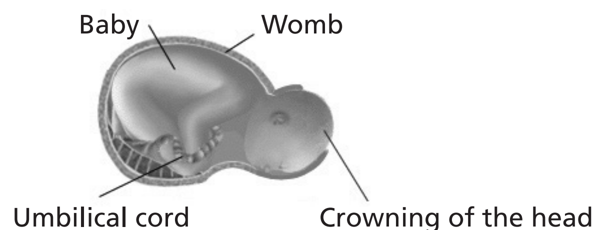
Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

As you get the urge to push you will feel the baby's head coming slowly through the birth canal. Imagine you are sitting on the toilet and this gives you an idea of what you need to do.

As you push, eventually you will feel your baby's head at your vagina - it may slip backwards when the contraction finishes for a while. Eventually though the head will stay there and you will start to feel a stinging or burning sensation as the head begins to stretch your vagina.



Don't be afraid- some women panic a little at this point but listen to the midwife and she will guide you through, telling you when to breathe and not to push too hard. This can make a difference in helping the baby out and avoiding a tear.

If the baby is distressed, the midwife may perform a small cut called an episiotomy to help the baby out. If you need an episiotomy you will be given a local anaesthetic injection before to numb the area. If you have an episiotomy or you tear during this stage the midwife will put stitches in it afterwards and you will be given a local anaesthetic injection before this. Some women need to help to give birth if they are struggling to push the baby out. This is called an assisted birth (see page 11 for more information).

For more information about perineal tears and care after a tear or episiotomy please see our leaflet 'Perineal tears'.

When your baby is born

Once your baby is born he/she will be passed straight to you to hold closely after all your hard work. We encourage all parents to have skin to skin contact with their new baby. This will help you and your baby to bond, will comfort your baby and will help you to produce breast milk. If you prefer, you can have your baby wrapped in a blanket before he/she is passed to you.

Your baby's umbilical cord can be cut by a parent or by your midwife, you can decide this.

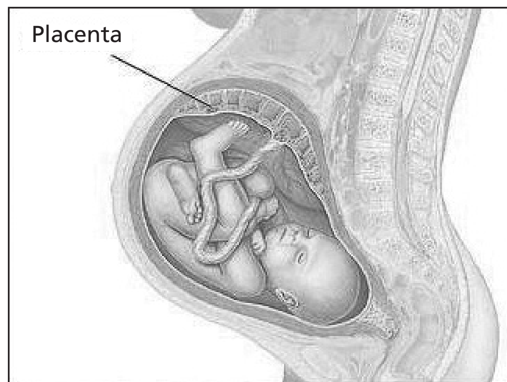
Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

3rd stage

In the third stage, you deliver the placenta - the baby's life-support system that has supplied your baby with nutrients, and taken waste products away, as it has grown inside you. You can hold your baby during this stage. You should consider how you would like the midwife to manage the 3rd stage.



Natural 3rd stage

After the baby is born, contractions begin again after a few minutes, but less strongly. These contractions cause the placenta to peel away from the wall of the womb and drop down into the bottom part of the birth canal. You will probably feel that you want to push. The placenta, together with the membranes of the empty bag of waters, will pass down and out of your vagina. Delivering the placenta naturally usually takes from five to 15 minutes, but it can take up to an hour.

Benefits of natural 3rd stage

- You do not have an injection/drugs.
- Blood loss after birth stops quicker.
- No drugs are passed onto baby through breastfeeding.

Risks/disadvantages of natural 3rd stage

- It can take up to 1 hour.
- There is more blood loss to start with.

Managed 3rd stage

If you choose to have an injection to make the contractions much quicker and stronger the midwife will give you this in your leg as the baby's head is being born. The midwife will then pull gently on the cord and catch the placenta as it comes away. It will usually be complete in 15 minutes.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Benefits of managed 3rd stage

- You will have a reduction in the immediate risk of blood loss.
- There is less risk of heavy blood loss and anaemia.
- It is sometimes quicker (5-15 minutes).
- There is less blood loss initially.

Risks/disadvantages of managed 3rd stage

- You will have an increased risk of nausea, vomiting and raised blood pressure (due to the syntometrine drug).
- You will need an injection.
- Blood loss after birth carries on longer.
- Baby may experience mild jaundice if you are breastfeeding, this is not harmful to the baby.

In either physiological or managed 3rd stage we encourage you to have delayed cord clamping (the blood is emptied from the cord naturally) before it is separated from the baby. This ensures your baby has every last drop of blood and unless there is a problem with baby we will do this.

What happens next?

Once the 3rd stage is complete you will be made comfortable and given some refreshments. You will then be given time alone with your baby before being moved to the ward.

Caring for yourself following a vaginal birth

After the birth of your baby it is important that you continue to look after yourself by doing the following:

- Eat a healthy diet, particularly if you are breastfeeding.
- Take care with personal hygiene, particularly if you have stitches or grazes as they could become infected if you do not keep them clean. Make sure you wash daily and keep your perineum clean. If you have grazes or have had stitches to repair a tear, please see our Perineal Tears leaflet for more advice.
- Take regular rest to start with.
- After a while, take a walk every day with your baby to help you get back into exercise slowly.
- If you have any concerns about your body or your emotions after having your baby it is important that you discuss these with your midwife during your postnatal check or your GP.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

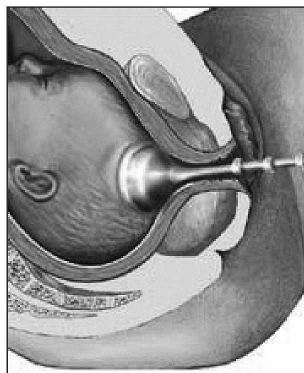
Assisted birth

Sometimes a baby's position in the birth canal means it is difficult for the woman to push her baby out. 1 in 5 women need help to give birth (assisted birth), either by ventouse or forceps delivery. An assisted birth is offered if there is a concern about the mother or baby's condition. It can only be performed on the Delivery Suite so if you are in the Serenity Birth Centre or at home you will need to be transferred to the Delivery Suite.

Ventouse birth

Ventouse is a vacuum device used to assist the delivery of a baby when labour has not progressed. Your cervix must be fully dilated, the baby's head engaged, and the head position known to allow for a proper use of the ventouse. You will be given pain relief and local anaesthetic before the procedure begins.

Vacuum-assisted birth



1. Your legs will be raised and supported so the doctor can see clearly.
2. The area around your vagina will then be cleaned and a small tube is put into your bladder to empty it of urine.
3. The doctor will then do an internal examination to find out the position of the baby's head.
4. The doctor will fit a suction cup onto the baby's head and connect it to a suction pump.
5. When the doctor is happy the cup is in place s/he will ask you to push as the baby is helped out.

If there is any difficulty in applying the cup or the position of the baby's head the doctor may decide to try forceps instead.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

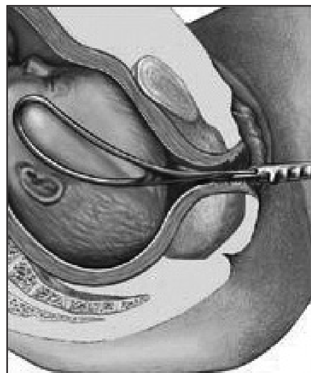
Benefits of a ventouse birth

- It causes less damage to the perineum than forceps.
- It causes little internal bruising.
- You still have to push to give birth.
- No special anaesthetic is needed.
- Your baby will have less marks/bruising than with forceps.

Forceps delivery

Forceps delivery is usually done if a ventouse delivery is not possible. You will need a forceps delivery if you are struggling to give birth after pushing for some time. This may be because of the baby's position. Forceps are special curved metal instruments that fit around the baby's head and lock together so they don't slip. Some people describe them as looking like metal 'salad servers'. You will be given pain relief before the procedure begins.

Forceps-assisted birth



1. Your legs will be raised and supported so the doctor can see clearly.
2. The area around your vagina will then be cleaned and a small tube is put into your bladder to empty it of urine.
3. The doctor will then do an internal examination to find out the position of the baby's head.
4. Once the doctor is happy that the forceps are in place you will be asked to push and at the same time s/he will pull and your baby will be delivered.

If it is difficult to apply the forceps or the doctor feels that s/he cannot perform the procedure a caesarean section will be performed.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Benefits of a forceps delivery

- You still have to push to give birth.
- It avoids a caesarean section and is better for recovery than a caesarean.
- You will have a shorter hospital stay than with a caesarean.

For either of these procedures you will be asked to give your consent before the doctor starts to deliver your baby and you will have all of the following risks explained to you before you give your consent.

Risks of a ventouse or forceps delivery

Risks to you

- **Bruising and swelling to the bottom, vagina and vulva:** This normally heals within a few days. It is generally less with a ventouse delivery than a forceps.
- **Problems passing urine/incontinence:** These problems are quite common and usually resolve quickly. Your midwife will check with you about these and refer you to specialist services if there are any concerns.
- **Perineal tear:** 1-4 in 100 women having ventouse and 8-12 women in 100 having forceps will have a 3rd or 4th degree tear which will be repaired by the doctor.
- **Vaginal or vulval tear:** 1 in 10 women having ventouse and 1 in 5 women having forceps will need repair for this.
- **Postpartum haemorrhage (excessive bleeding):** 1-4 in 100 women will need help for this problem and may require a blood transfusion.
- **Needing an episiotomy:** This is a cut to the skin between the vagina and the anus. 5-6 women in 10 having ventouse and 9 in 10 women for forceps will need this procedure.
- **Failure:** There is a risk that a ventouse delivery may not work and forceps or caesarean delivery may be needed.
- **Caesarean section:** If ventouse or forceps delivery is likely to be difficult it may be better to deliver the baby this way.
- **Shoulder dystocia:** This is when the baby’s shoulders do not turn to the best position for the birth and the midwife/doctor have to perform some movements to help the baby out.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Risks to baby

If any of these problems occur or are suspected, the baby will be assessed by the midwife or neonatal doctor (if needed) and will be treated if necessary. If the baby does not need treatment your midwife and doctor will make sure you know how to manage any of these effects.

- **Bruising, swelling, cuts:** are very common following ventouse and forceps deliveries, about 1 in 10 babies. Following a forceps birth baby will probably have facial marks or bruising from where the forceps were applied.
- **Chignon (cup marking on head):** This occurs with 1 in 10 babies following a ventouse delivery. It is temporary and soon subsides without any long term effect.
- **Cephalhaematoma:** swelling from a collection of blood under the scalp that does not go down quickly. Occurs to 1-12 in every 100 babies and usually doesn't cause the baby any long-term harm. It can take 6-8 weeks for this swelling to go.
- **Bruising behind the baby's eyes (retinal haemorrhage):** 17-38 in 100 babies will be affected. This may cause the baby to become jaundiced.
- **Facial nerve palsy:** This problem can be due to damage or swelling around the facial nerve and occurs in 1 in 1000 babies.
- **Jaundice:** 5-15 in 100 babies will need treatment for this. Jaundice is a problem that affects many newborn babies.
- **Skull fractures and intracranial damage:** These problems occur in 5 -15 in 10,000 babies and are more likely with forceps deliveries due to the degree of force sometimes required to help deliver the baby.
- **Subgaleal haematoma:** This is bleeding in the space between the scalp and the skull and occurs in 3-6 in 1000 babies. It most often occurs with a ventouse delivery and the force of the suction could cause a subgaleal haemorrhage or haematoma. The baby's head can be bruised and swollen and gradually over 72 hours the baby becomes more ill. The baby can be difficult to settle, become very jaundiced and will not want to feed.

Consent

You should always have the procedure fully explained to you and your consent will be gained before the doctor begins a ventouse or forceps delivery. Both Ventouse and Forceps delivery are accepted as a safe method for helping mothers give birth however you may wish to discuss this with your midwife or doctor in more detail.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Pain relief during assisted birth

Before having an assisted birth you will either be given an epidural or a pudendal block to help with the pain. A pudendal block is a local anaesthetic injection which will be given by a doctor through the vagina, into your bottom. The doctor will explain this to you before starting. For more information about epidurals see page 21.

Emergency caesarean section

If an assisted vaginal birth cannot be performed or has been unsuccessful or there is a concern about the baby's heartbeat or the mother's condition, an emergency caesarean section may be needed. If you are offered an emergency caesarean section it is because your midwife and doctor have decided this is the safest option for you and your baby.

An emergency caesarean can be performed with an epidural so you will be awake, and your birth partner will be able to stay with you. There are some situations where it has to be done under general anaesthetic so you will be asleep; in this case your partner will not be able to stay with you.

For more information about having a caesarean section please see the 'Giving Birth by Caesarean Section' leaflet which explains the benefits and risks of this.

Other possible risks with assisted births

Birth can be a traumatic experience for the baby and some can suffer ongoing problems as a result. If your baby has problems settling or feeding it may be worth seeing a specialist chiropractor as this can help in some cases.

What are the risks of declining assisted birth or emergency caesarean if the midwife and doctor feel it is necessary?

The risks to the mother are:

- bladder trauma
- pelvic floor injury
- incontinence
- problems associated with resuming sex
- perineal trauma

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Possible risks to the baby are:

- The baby's head being impacted in the birth canal
- If the baby is unable to be born vaginally and the delivery is delayed this may lead to brain damage
- Oxygen deficiency which can lead to cerebral palsy

Coping with labour

Helping yourself through labour

Many women are able to help themselves to cope with labour by finding out exactly what might happen. If you have any questions after reading this booklet please speak to your community midwife. There is also a list of useful websites with information about pregnancy and childbirth on the back page of this booklet.

What to do at home

When you are in early labour or the latent phase it is better to be in your own home. You can:

- Rock and rotate your pelvis
- Kneel over a birthing ball
- Take a warm bath
- Have a massage
- Take 2 Paracetamol (no more than 8 in 24 hours)
- Eat and drink as normal

Breathing patterns for labour

- Breathe in and out slowly and deeply
- Meditate or take a nap

Close your eyes for a moment and focus on your breathing. Notice how rhythmical it is. You breathe in, then there's a slight pause before you breathe out. Your out-breath matches your in-breath in length and depth. You pause slightly before your lungs draw the next breath in.

Keep your breathing rhythmical. Don't let the in-breath become longer than the out-breath. If anything, your out-breath should be longer than your in-breath.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

When you are having very strong contractions, your breathing will become shallower. There's nothing wrong with this as long as your breathing doesn't start to get faster and faster and turn into panic-breathing.

Relaxation during labour

In labour, relaxation performs many of the same functions as it does in everyday life:

- Relaxation prevents your muscles from becoming fatigued, especially the large muscle of the womb.
- It helps you cope better with the stresses of giving birth and enjoy the experience more.
- It helps conserve your energy, so you're less likely to need interventions to strengthen your contractions or to deliver your baby.
- Relaxation helps your baby to cope with labour. If you are relaxed, you won't flood your baby's system with stress hormones that cause their heart rate to speed up.
- Staying relaxed also means that you breathe more deeply, so that your baby gets more oxygen.

Support during labour

Most women find that if they have the support of a caring person during their labour they cope much better and are more likely to have a normal birth. This person can be a midwife, mother, your partner or a doula. A doula is a birth support partner who is usually privately hired by a woman before labour.

Birth partner

Some of the ways your birth partner can help is by supporting you in different positions, rocking and pelvic rotation and giving you a massage. They can also make sure that you drink lots of cool water and eat snacks and they can offer you a cool flannel when you get hot.

Alternative therapies

Massage

Massage stimulates the body to release endorphins, which are natural pain-killing and mood-lifting substances. Endorphins are responsible for the "feel-good" factor; the "high" you feel after exercise, or a good laugh.

In labour, massage brings you close to the person who is caring for you: your midwife or your birth partner. The touch of someone who wants to help you can be very empowering when you're coping with contractions and are perhaps tired and frightened.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Massage is recommended by childbirth experts because it has been shown to ease pain and reduce anxiety in the first stage of labour. It is also linked with shorter labours and a lower risk of postnatal depression.

Aromatherapy

Using oils and a combination of massage or smells during labour can make a difference to the way you cope. At our hospital we have a service that will enable your midwife to help you with aromatherapy oils for some of the symptoms you may experience during your labour. Speak to our midwives who will give you more information.

Water for labour

Water is one of the best ways of helping the pain of labour and it is recommended for most women. Whilst some women will want to give birth in water you don't have to stay in the bath or pool all the time, just if it helps. If you are planning a waterbirth ask for our leaflet, where all risks and benefits are stated. You can also find this information on our website.

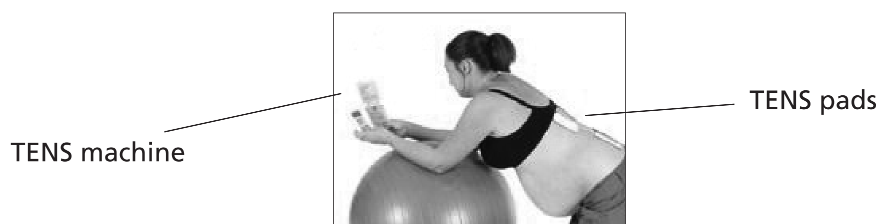
Pain relief equipment: Transcutaneous Electrical Nerve Stimulation - TENS

TENS machine consists of a small box, with a clip on the back that you can attach to your clothing. The machine gives out little pulses of electrical energy. Leading out of the box are four wires connected to sticky pads.

Your birth partner can place the pads on your back for you. Follow the instructions that come with your TENS machine. Two of the pads are placed on either side of your spine at about bra-strap level. The other two go lower down, at about the level of the dimples in your bottom. The pads are covered in a gel to help the electrical pulses pass through your skin more easily.

You have to hire a unit but local chemists usually hire them out for a fee.

TENS is often more helpful during the first stage of labour, particularly when you are at home, however some women find they need to use other methods of pain relief at the same time.



Benefits of TENS

- TENS increases your own pain relief hormones and so helps you to cope with labour.
- The TENS machine has dials that you can adjust to control the frequency and strength of the pulses.
- There's also a boost button for you to hold in your hand and press when you want maximum output from the machine to help you with a difficult contraction.
- You can move around while wearing the TENS machine.
- It can be used at home, in the Serenity Birth Centre and on the Delivery Suite.

Risks of TENS

There are no risks involved with using TENS for labour but if you have a heart pacemaker then you should not use this method. The disadvantage of TENS is that some women find they do not get any benefit from it.

How the hospital can help

Gas and air- Entonox

Entonox, often called "gas and air", is a gas made up of 50% oxygen and 50% nitrous oxide. Simply put the mouthpiece between your lips or teeth and breathe deeply and evenly. This will operate a two-way valve that releases the Entonox for you to breathe in and takes away the carbon dioxide you breathe out. Continue to breathe deeply until you start to feel a little light-headed.

Entonox can be used at a homebirth, on the Delivery Suite and in the Serenity Birth Centre and can be used throughout labour.

Benefits of entonox

- You are in control of how much you use.
- It can be used with other methods of pain relief
- You can be upright and move around

Risks of entonox

- A small proportion is transferred to baby but there are no known effects of this.
- Entonox may not provide enough pain relief if labour is long.
- It can cause nausea and sickness.
- You can become dehydrated because your mouth gets dry from breathing in the entonox.
- It may not provide enough pain relief near the end of labour.

Pethidine and Diamorphine injections

Pethidine is a pain-killing opiate drug (from the opium or poppy plant) so it's similar to morphine. It is also an anti-spasmodic which means that helps you relax. Your midwife can both prescribe and give injections of pethidine for pain relief. It is often combined with another drug to control sickness because pethidine often causes nausea. Pethidine provides only limited relief from labour pain.

This injection can be used at a homebirth, in the Serenity Birth Centre and on the Delivery Suite. It takes about 20 minutes for them to take effect and the pain-relief lasts for up to 4 hours. They can be used from when you are established in labour up until the birth.

Pethidine will pass through the placenta to your baby and because of the effects upon you, your baby's heartbeat will also slow down. Because of this you will need to lie down and be monitored after having the injection so we can see the effect it is having upon you both.

Timing is important when giving either of these drugs; if you are close to giving birth your baby will have had the maximum effect and may struggle with breathing. Because of this an antidote may be given which can reverse the effects of the drug.

Benefits of pethidine and diamorphine injections

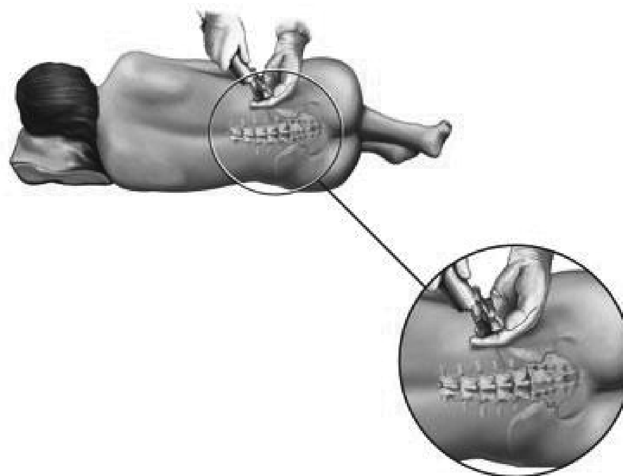
- They help if labour is long and difficult.
- They help your muscles relax between contractions.
- They may help you to sleep early in labour.

Risks/disadvantages of pethidine and diamorphine injections

- They make you feel drowsy or drunk.
- They make you feel nauseous and/or sick.
- They can slow baby's heartbeat down, which can cause concern if you or baby have other problems.
- They may affect baby's breathing when born.
- They may affect baby's ability to feed for up to 1 week.

Epidural

An epidural is an injection into the small of your back, using a curved, hollow needle. The needle goes between the vertebrae of your back, and into the space outside the coverings that surround your spinal cord.A fine tube is passed through the needle and then the needle is removed.



The tube is taped up your back and over your shoulder and the anaesthetist injects a local anaesthetic into the tube. You will be given a handheld device that will give you pain relief as it is required. An epidural will numb the lower part of your abdomen (tummy) and your legs and feet go numb as well so you will need to stay on the bed.

Sometimes, the tube is attached to a small pump, which allows you to control how much local anaesthetic you have, or the pump may be primed to release a small dose of the anaesthetic every so many minutes.

You will have a catheter inserted into your bladder to empty urine and a drip will be inserted into your arm to give you fluids to prevent blood pressure falling. You and your baby's heartbeat will be continuously monitored.

The pain-relieving effects of an epidural will start to work within 10-15 minutes and last for as long as you need because it can be topped-up. An epidural can only be used on the Delivery Suite and when you are established in labour.

Benefits of an epidural

- An epidural is helpful if your labour is long and complicated, you are having your labour started off or your baby is lying in a different position other than head down.
- It usually gives a high level of pain relief and you won't feel your contractions.
- Your midwife can manage it for you once sited.
- You have regular doses to top up the pain relief.
- It will enable you to rest during labour if it is long.
- There is less acid in baby's blood at birth which means that the baby is less likely to have been in any distress.
- If a problem is expected, a caesarean section can be done without you being asleep.

Risks of an epidural

- 5 in 100 epidurals do not work effectively.
- There is a risk that labour can be longer and you may need a hormone drip (oxytocin) to strengthen the contractions.
- 1 in 50 women may have damage from the procedure called a dural tap. This is when spinal fluid leaks out causing headaches, nausea (feeling sick) and pain. If this happens you will be followed up very carefully by an anaesthetist.
- You may feel itchy and may develop a fever, which might distress your baby.
- You may need help with delivery as you may not be able to feel how to push baby out. This occurs in 14 out of 100 women who have an epidural.
- About 1 in 13,000 may have some long-lasting nerve damage after an epidural however 1 in 2,500 women will experience this after birth without an epidural.

Labour: What happens and how it can be managed

Information and advice for women and families

Maternity

Where to get more information

If you are having your first baby you may be able to attend a Parent Education or Active Birth Session where midwives will give you advice about what happens and how you can cope. These sessions are booked by speaking to your community midwife. Please be aware that places are limited.

It is important to remember that labour and birth is not always the same. If you have any further questions about labour and giving birth or have any worries, please speak to your community midwife or contact the antenatal clinic. You can also find more information about pregnancy and childbirth on our website.

Contact details

Antenatal Clinic	0121 507 4388
Delivery Suite/Labour Ward	0121 507 5449
Serenity Birth Centre	0121 507 5655
Triage	0121 507 4181

Useful websites

Sandwell & West Birmingham Hospitals
www.swbh.nhs.uk/services/m-s/maternity

MIDIRS Information for Women
www.choicesforbirth.org

National Child Birth Trust (NCT)
www.nct.org.uk

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Sources of information used in this leaflet

- Royal College of Obstetricians & Gynaecologists (RCOG): Consent advice 11, 'Operative vaginal delivery' July 2010
- Royal College of Midwives (RCM) evidence-based guidelines, May 2008: 'Latent phase', 'Pharmacological pain relief', 'Positions for labour and birth', 'Second stage of labour', 'Third stage of labour', 'Immediate care of the newborn'
- National Institute of Clinical Excellence (NICE) CG 190 'Intrapartum care' change to December 2014

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