

The Rosie Hospital
Patient Information
Your Pathway Through Labour

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

Gujarati

تکایہ پرسیار بگہ نہ گہر نہ و زانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو براۓ مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document History

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	Active labour – third stage	After the birth
Expected length	20 mins to one hour or 5 to 15mins with an injection	
Contractions	Feel a strong urge to push your placenta out	'After pains' may make your tummy tender
Meals		Tea and toast has never tasted so good!
Monitoring		Your temperature, pulse and blood pressure will be taken. The baby will be weighed and its temperature taken
Activity	Being upright can help your body expel the placenta	You have earned a good rest!
Support		The midwife will leave you only when you are happy to be left
Vaginal Loss	A small gush of blood usually passes before the placenta comes out	The vaginal loss can be like a heavy period for a few days
Cervical Dilation		The cervix closes after the placenta and membranes are delivered
Working with pain		If you need stitches, local anaesthetic will be used
How you may feel	An enormous relief, you will be holding your baby for this part	Very tired but totally fulfilled - congratulations

This pathway leaflet tells you about the likely pattern of care during your labour. It will help you to see what is expected to happen at any particular time.

This pathway has been developed by the health care professionals who are responsible for your care whilst you are in labour. Do not worry if you do not exactly follow the pathway; you are an individual and your labour may vary. Your plan is tailored especially to suit you.

Remember, early labour is best experienced away from the hospital environment.

	Prior to the onset of labour	Very early labour (no need to be in hospital or have the midwife attend. You may have several phone conversations)
Expected length		Can last several days
Contractions	Painless practice or 'Braxton Hicks' Contractions are common	Contractions feel uncomfortable but are not yet regular
Meals	Normal, eat as usual	Small, light meals containing carbohydrates prepare the body well
Monitoring	You should expect to feel about ten movements everyday	Keep an eye on the baby's movements at least ten per day
Activity		A walk or stretching can help you relax
Support	You should be thinking about who you would like to be your birthing partners, ensure you have a contact number for your community midwife or labour ward	You may not want to be on your own, a birth partner can hold you, rub your back and be reassuring
Vaginal Loss	Pregnancy often increases the amount of clear vaginal discharge	You may pass a 'show', the plug of mucus is released from your cervix, it can be streaked with blood. Your waters may break
Cervical Dilation	Your cervix is closed and about 2cms in thickness	The cervix thins out
Working with pain		Bathing, mobilising, a Tens machine, massage, relaxing music and Paracetamol (no more than 8 in 24 hours) can really help
How you may feel	Expectant, excited, uncertain and anxious	Excited but pace yourself, get as much rest as possible

	Active labour –First Stage (your midwife may advise you to come into The Rosie, or may come to your home)	Active labour – second stage
Expected length	First baby – 6-20 hours Second baby onwards – two to ten hours	First baby: one to two hours Second baby onwards 10 mins to one hour
Contractions	Contractions are coming regularly about every 3-5 mins (or more frequently and lasting 60 seconds) for previous hour.	Contractions are very strong and close together with strong urges to push down
Meals	Lots of fluids help, you may not feel like eating much	Sips of fluid can help your mouth from drying out
Monitoring	The midwife will listen to the baby's heartbeat every 15 minutes, your blood pressure and temperature will be taken every four hours and your pulse every 30 minutes.	The midwife will listen to the baby's heartbeat every five minutes
Activity	Remaining upright and active can mean less need for pain relief and a shorter first stage of labour	Movement and changing position can help
Support	You are advised to contact a midwife at this stage. A midwife will care for you throughout labour	Your midwife and birth partner's will encourage you with your pushing
Vaginal Loss	The midwife will monitor the vaginal loss, your 'waters' may break	Your waters may break, the midwife will monitor the vaginal loss
Cervical Dilation	The cervix gradually dilates up to about 10cms. This is called fully dilated	The cervix is fully dilated
Working with pain	Being active and having a bath/shower can help & have no side effects. Pain killing drugs are available, your midwife will discuss them	
How you may feel	At the end of the first stage, you might become a bit 'tetchy' and feel you cannot cope. This is a good sign, you are nearly there.	Very focused requiring all your efforts