



Labour

The experience of labour and childbirth differs in every woman. Common signs of someone going into labour include strong regular contractions, backache, draining of amniotic fluid or sticky and mucous-like substance from the vagina.

The average length of labour is roughly 12-18 hours, but this varies widely between women depending on multiple factors. The most common risks and complications that could occur during labour are:

Preterm labour

This is defined as labour beginning before 37 weeks of gestation. The standard period of pregnancy is considered to be 38-40 weeks. A baby born prematurely is at a higher risk of complications such as under-developed lungs, respiratory problems, and digestive issues. This is because organ systems are not usually fully developed before 38 weeks gestation.

Your doctor can help manage this situation through medication that will stop the onset of labour and also help to prevent infection where possible. Sometimes it is not possible to entirely delay a premature labour and birth, in which case there are steps that can be taken to make the baby as healthy as possible at birth including medication to accelerate the baby's lung development. You will be instructed to bed rest, lying on your left-hand side.

The appropriate intervention and treatment for preterm labour is evaluated on a case-by-case basis and you will be closely monitored by doctors and nurses in the hospital.

Prolonged labour

Some women may go through a labour that lasts long. This is more common during a first pregnancy. Prolonged labour can lead to the rupturing of the amniotic sac, which can in turn lead to infection. Antibiotic medications can

be administered to help minimise the risk of infection.

Abnormal Presentation

During labour, the baby will generally adjust itself to a head-down position. This allows the back of the head to align with the opening at the pelvis. A breech presentation occurs when the baby does not align head first, but feet-first or buttocks-first.

In some cases, the entrance to the cervix may be blocked by the placenta (known as placenta praevia) leading to abnormal presentation.

Abnormal presentation may increase the risk of injury to the uterus and birth canal as well as the baby. Sometimes, a breech presentation can lead to a prolapsed umbilical cord that can cut off the blood supply to the foetus.

The presentation and position of the baby can be determined by your doctor through an ultrasound and physical examination. In the event of a breech, assisted delivery methods may need to be adopted.

Premature Rupture of Membranes

If the membranes surrounding the foetus rupture, there is a higher risk of infection occurring. Should this happen, your doctor will administer an emergency delivery.

Umbilical Cord Prolapse

The umbilical cord transports oxygen and nutrients to the baby. An umbilical cord prolapse occurs when it slips into the cervix before the foetus during labour. The cord may be felt if it protrudes from the vagina. This is considered an emergency situation since the blood flow to the unborn baby may be restricted. Immediate delivery-assisted methods should be undertaken if this occurs.



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Umbilical Cord Compression

The umbilical cord may get compressed during labour which may lead to a decrease in blood flow to the foetus. The result is a severe drop in the heart rate of the foetus. These signs of distress may lead your doctor to recommend a Caesarean section.

Amniotic Fluid Embolism

When a small amount of amniotic fluid from the amniotic sac enters your bloodstream this is called an amniotic embolism. This can occur during a difficult labour. The fluid can then make its way up to the lungs resulting in the potential constriction of the lung arteries. This can lead a rapid heart rate or an irregular heart rhythm. In extreme cases cardiac arrest and even death can occur.

When to contact the hospital

Once labour begins you will need to contact the hospital in which you are booked to have your baby. You will then be advised by the midwives in delivery suite when it is appropriate for you to go into the hospital.

If you are booked at St Vincent's Private call 9411 7111

If you are booked at Epworth Freemasons call 9418 8188

If you feel fine and are coping with the contractions it is safe to remain at home for as long as possible. If you are unsure, or do not feel safe at home, contact the hospital and follow the advice of the midwives.

As a general guide you will normally be asked to come to the hospital when:

- You are experiencing regular painful contractions every 5 minutes or less
- Each contraction is lasting about 45-60 seconds
- You need to concentrate and cannot talk whilst you are having a contraction

You MUST ring the hospital:

- If you feel the "waters" break or are leaking any fluid
- Experience any vaginal bleeding
- If you feel your baby's movements are much less than what you normally experience.