

# LINE ON LIFE

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## Standard Childbirth \*

David A. Gershaw, Ph.D.

Although no birth is typical, this column will attempt to describe what goes on in the standard hospital delivery. What events are frequently found in most normal births in most hospitals? Labor is divided into three stages. The first involves changes leading to childbirth, the second is the birth itself, and the third involves the expulsion of the placenta.

### First Stage

The first stage of labor can begin with one or more of three signs. One is repeated **contractions**. Early contractions feel like a tightening of the abdomen and are generally not uncomfortable. They push the fetus further down and lead to *effacement* (thinning out) and *dilation* (opening up) of the *cervix* (neck of the uterus). As contractions get stronger, the tight feeling is accompanied by a strong sense of pressure, usually in the lower back.



The other signs are the "**bloody show**" (expulsion of the yellowish cervical plug tinged with some blood) and the "**breaking of the water**" (breaking of the amniotic sac) which is seen as anything from dripping to a sudden gush of clear fluid. If either of these occurs, or contractions are strong enough, the mother goes to the hospital.

In the hospital labor room, the woman is prepared for childbirth. This may involve having an enema and having her pubic region cleaned and shaved. She is not allowed to eat solid foods at this time. The amount of dilation is periodically checked. If required or desired, a local or spinal anesthetic may be given. In most hospitals, the father or others may stay with her during the first stage of labor.

The first stage ends when the cervix has dilated to 10 cm. (4 inches or "5 fingers"), When this occurs, the

mother is taken to a delivery room. Although it was not allowed before, most hospitals let the father stay in the delivery room, especially if he has had prenatal training.

As the baby comes out, the physician may do an **episiotomy** ("eh-PEE-zee-AW-taw-mee") — a vertical incision at the bottom of the vagina to keep it from being torn by the emerging baby. With the pressure of the child in the birth canal, this cut is generally painless even without anesthesia.

### Second stage

The woman will feel the urge to "bear down" (push the baby out) with each contraction. This stage is *extremely* hard work but will not be particularly painful, if the "bearing down" coincides with the contractions. Once the child's shoulders are through the vagina, the rest of the body slides easily out. Upon delivery, the baby is examined, its sex is declared, its air passages are cleared, and drops are administered to prevent eye infections. If the baby does not spontaneously start to breathe, it is aided by a gentle message. When the pulsations in the umbilical cord stop, the cord is clamped and painlessly cut.

## Third Stage

If up to it, the mother is given the baby to hold. This not only makes bonding easier, it tends to stimulate further uterine contractions. This begins the third stage until the placenta is finally expelled. The episiotomy is repaired, and the mother's vital signs are monitored for an hour or so in the recovery room. When the mother is in the recovery room, the baby is usually taken to the nursery where the rest of the family can see it.

Some mothers may not want to go through some of the procedures that are done in the hospital. There are many variations to standard hospital delivery. Be sure to discuss them with your physician well *before* labor begins. If his methods differ drastically from what you want, it is acceptable to change physicians.

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\* Adapted from Milton Diamond and Arno Karlen's *Sexual Decisions*, 1980, 383-384.