

LABOUR AND DELIVERY FAQ

What happens if I go past my due date?

Almost half of all women will go past their due date.

While your due date is at 40 weeks of pregnancy, the term period when it is ideal for baby to be delivered is **between 37 and 42 weeks**.

We follow guidelines that recommend **we offer induction** starting **one week after your due date**. We **recommend** that the induction process start between **7-10 days** after your due date.

If you choose to be induced seven days after your due date we will organize and discuss the induction process at your visit in week 40.

If you choose **not to be induced** seven days after your due date:

- We will **organize an ultrasound** on that day to **assess your baby's well-being**. You will receive a phone call from the ultrasound company the morning of the test.
- As soon as you receive this information, please **call our office to schedule an appointment** for later that day to discuss the results, and organize and discuss the induction process.

What can I expect when I am admitted to hospital?

Enemas and shaves are no longer a routine part of labour management.

Intravenous lines are not routine but may be necessary.

We encourage patients to **move and change positions during labour**. The hospital has birthing balls, squatting bars and birthing stools to aid during active labour.

All of our labour rooms have a **private bathroom with a shower** that you are encouraged to use during labour. Only one of our labour rooms has a **bathtub** but it is not appropriate for water births.

What pain management options are available at the hospital?

Pain in labour differs for each woman.

To help with pain management, it is recommended that all women consider basic comfort measures such as:

- **Showers**
- **Massage**
- **Relaxation**

- **Breathing techniques**
- **Frequent position changes**
- **Music** of your own choosing (this can be very relaxing)

Medical pain relief options at the Foothills Hospital include:

- Entonox (laughing gas),
- Narcotics (Morphine and Fentanyl)
- Epidurals.

Women can choose **whether pain relief is used** and in **what form**, in consultation with their nurse and physician.

Some options may not be suitable in some cases.

For more information, please refer to the section in the **Healthy Parents, Healthy Children: Pregnancy and Birth guide**.

How will my baby's well-being be monitored during labour?

During normal, low-risk labours, we **monitor the baby's heart rate intermittently** using the same **Doptone machine** that we use during your clinic visits. Your nurse will listen to the heart beat for a minute at a time, at intervals that will get closer together as your labour progresses.

If complications arise in your pregnancy, or at the time of delivery, such that you are no longer deemed low-risk, then it is safer to do **continuous monitoring**.

In this case you will have two belts around your abdomen, one that holds a monitor that detects when you are having a contraction, the other that provides a continuous reading of your baby's heart rate. If it is necessary to obtain an accurate reading, the external monitor will be replaced with an internal scalp monitor.

Our labour rooms are equipped with **telemetry** such that the continuous monitoring wires can be hooked into a small box that receives the signal remotely. This allows you to walk around your labour room and in the hallway on the labour unit. It also allows you to go in the shower with the monitors as they are waterproof.

For more information, please refer to the section in the **Healthy Parents, Healthy Children: Pregnancy and Birth guide**.

What can I expect during delivery?

Episiotomies are not done routinely. Situations where an episiotomy might be used are to prevent extensive tearing or to hasten the delivery of your baby if there are concerns with your baby's well-being.

Hot compresses and **mineral oil** may be used to minimize tearing.

In a normal delivery the baby is placed on the mother's abdomen and the father may cut the umbilical cord.

If there are **any concerns** for your baby's well-being:

- The **pediatric team** will be in attendance
- The **baby will be assessed immediately** after birth and will only be taken to the warmer for further care if necessary

Otherwise, the baby can stay on mom's chest at least until their first feed at one hour after birth.

At the time of delivery we recommend that the mother receive an injection of **syntocinon** to reduce the risk of excessive bleeding after delivery.

What if I need an operative delivery?

Our goal is a healthy mother and baby. There are times when we need to assist the mother in delivering the baby.

This may involve:

- Consultation with the **obstetrician** on call
- The use of a **vacuum, forceps** or **Caesarean** section

The **risks and benefits** of these procedures will be discussed with you if the need arises.

The majority of **Caesarean** sections are done using epidural or spinal anaesthesia so that the mother can be awake for delivery and the father can be beside her in the operating room.

In rare circumstances, general anaesthesia is used.

Do I need a doula?

At the Foothills Hospital we strive for dedicated one-on-one nursing care in private birthing rooms for patients in the active phase of labour.

You can also choose to hire a doula. A doula's role is to provide **physical** and **emotional support** to you and your partner through the labour process.