

# Prenatal Education

## Key Messages for Ontario



## Interventions in Labour

### Key Messages

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**Some assessments and interventions may be needed during your labour and birth. Talk to your health care provider during your pregnancy to make sure that you understand why these assessments and/or interventions may be done.**

Understanding why assessments and interventions may be needed during your labour and birth can help you make decisions that are best for you and your baby.

You may find it helpful to discuss the following with your health care provider:

- ▶ B: What are the benefits?
- ▶ R: What are the risks?
- ▶ A: Are there any alternatives?
- ▶ I: What your intuition or inner voice is telling you.
- ▶ N: What if you say no or not right now?

In some cases, a decision may need to be made quickly if it can affect the baby's well-being.

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**A variety of assessments offered during labour and birth are considered to be a routine part of your care. They are offered to ensure the well-being of you and your baby and to assess how your labour is progressing.**

Some routine assessments you can expect during labour include:

- ▶ Regular checks of your temperature, blood pressure, heart rate, and breathing rate.
- ▶ Regular checks of your baby's heart rate.
- ▶ Regular checks of the strength, length, and frequency of your contractions.
- ▶ Vaginal examinations of your cervix as needed to assess progress.

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## **During your labour, a sample of blood may be taken.**

The reasons for needing a sample of blood taken during labour are:

- ▶ To double-check your blood type and to make sure that there is blood matching your blood type in case you need it.
- ▶ To determine your body's ability to make blood clots.
- ▶ To determine levels of certain components in your blood before and after birth (e.g., to check for low iron levels).

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## **During labour, you may need an intravenous (IV) line.**

You may need an IV line during labour if you:

- ▶ Are Group B Streptococcus (GBS) positive so that you can receive antibiotics.
- ▶ Desire certain pain medications such as an epidural.
- ▶ Need oxytocin medication to assist with your labour progress.
- ▶ Are unable to drink fluids because you feel nausea and/or are vomiting excessively.

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## **Your baby's heart rate may be assessed more closely during your labour if there is a concern about your baby or if you are being induced with oxytocin.**

During most labours, the baby's heart rate is monitored using a hand-held device. This is done every 15 minutes in active labour.

Continuous monitoring of the baby's heart rate and your contractions will be started if there is a concern for you or your baby or if you are receiving oxytocin medication. Soft belts will hold two small, flat monitors in separate places on your abdomen. One monitor will record your baby's heart rate, and the other one will record when you have a contraction. When your baby's heart rate is being monitored this way, your ability to walk around may be limited unless your hospital has a wireless monitoring system.

If it is hard to monitor your baby's heart rate with an external monitor, an internal monitor may be used. A small probe will be placed inside your vagina and attached to the top of your baby's head to do this.

Rarely, uterine contractions are monitored internally with a small catheter that accurately measures the pressure changes in the uterus.

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## **Around the time of your expected due date, your health care provider may suggest ways to try to help your labour start.**

To help your labour to start and to possibly prevent an induction, your health care provider may offer to do a membrane sweep during a vaginal examination. A membrane sweep involves your health care provider using a gloved finger to separate the amniotic sac away from the wall of the lower part of your uterus. This can cause your body to release hormones that can cause your labour to begin.

A membrane sweep can also cause:

- ▶ Discomfort and pain.
- ▶ Bleeding.
- ▶ Accidental rupture of membranes.

A membrane sweep can be repeated after a few days if your labour does not begin.

Home remedies to help labour begin may not be safe for you or your baby. Check with your health care provider first before trying a home remedy.

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### **Your health care provider may recommend inducing your labour.**

Induction of labour is the process of medically starting your labour. If you do not go into labour on your own by 41 weeks or if there is a concern about you or your baby, your health care provider may recommend inducing your labour. If you choose to wait for labour to begin naturally, your health care provider will recommend increased monitoring of your baby's well-being. An induction will be needed if monitoring suggests your baby is no longer thriving.

If your cervix is not ready for labour and needs to be softened, your health care provider can do this by:

- ▶ Inserting a Foley catheter through your cervix into the lower part of your uterus to act as a balloon. This puts pressure on the cervix to release hormones.
- ▶ Inserting a medicated fabric ribbon such as Cervidil into your vagina.
- ▶ Inserting prostaglandin gel into your vagina.
- ▶ Giving you oral prostaglandin tablets called misoprostol.

With any of these methods, you may start to feel labour contractions within hours. If not, it may need to be repeated a few times before your labour begins. Learn about the signs to call or return to your birth setting if you leave for a period of time after any of these interventions.

If your cervix is ready for labour, your health care provider can induce your labour by:

- ▶ Giving you oxytocin medication via an IV pump in very small, gradually increasing amounts.
- ▶ Breaking your water (called an amniotomy) with a plastic hook and giving you oxytocin medication.

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### **Your health care provider may suggest ways to improve your labour progress.**

Natural ways to help your labour progress include:

- ▶ Urinating often.
- ▶ Walking.
- ▶ Changing your position often.

Medical ways to help your labour progress are similar to methods of labour induction and include:

- ▶ Giving you oxytocin medication via an IV pump in small, gradually increasing amounts.
- ▶ Breaking your water for you, called an amniotomy, and then giving you oxytocin medication.

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## **Your health care provider may suggest assisting you with the birth of your baby if you become too tired to push any longer or if there is a concern about your baby's well-being.**

To assist you to give birth, your health care provider may:

- ▶ Place a small suction cup on your baby head's and, when you push, apply traction. This is called a vacuum-assisted birth.
- ▶ Place two metal, spoon-like instruments on either side of your baby's head and gently but firmly pull with them when you feel the urge to push. This is called a forceps-assisted birth.
- ▶ Make a small cut in the tissue to the side of the vaginal opening. This is called an episiotomy. It is not done unless there is a need to give birth quickly. Sometimes it is done when the tissue between your vagina and anus (the perineum) does not stretch to allow the birth of the baby's head.

There are risks associated with having an assisted vaginal birth. The above techniques can cause injury to your baby and/or injury to your birth canal. If the methods are unsuccessful, a caesarean birth would be necessary.

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## **Your health care provider may suggest assisting you with the birth of your placenta if it does not come out by itself.**

The placenta normally separates from the wall of your uterus by itself within eight to ten minutes after the birth of your baby. It can take a bit longer. If it takes longer than 30 minutes, it may cause you to bleed too much. Your health care provider may:

- ▶ Give you medication to help the uterus to contract.
- ▶ Apply gentle traction to the umbilical cord.
- ▶ Manually remove the placenta if the above methods fail.

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## **Learn more about interventions in labour.**

You can find out more about interventions in labour from the following resources.

- ▶ Your health care provider
- ▶ Your local public health unit 1-866-532-3161
- ▶ Society of Obstetricians and Gynaecologists of Canada (SOGC): Pregnancy Info - Birth <https://www.pregnancyinfo.ca/birth/>
- ▶ The MoTHERS Program: Induction of Labour [www.themothersprogram.ca/during-pregnancy/pregnancy-induction](http://www.themothersprogram.ca/during-pregnancy/pregnancy-induction)
- ▶ oMama [www.omama.com](http://www.omama.com)