

When to call the midwife

Advise your midwife when you think your labour has begun, and with what symptoms. It is important for her to recognise as soon as possible if specialist care is needed, allowing for transfer time to Whangarei hospital if necessary (particularly for women in rural areas).

These are steps to advise you of how to react in a 'normal' labour situation. If your labour is not progressing and following some rhythm similar to the points discussed, you should definitely check in with your midwife at least every 4 hours to keep her updated.

It's the right time to ask the midwife to come out, or head in to hospital when:

- Your contractions have been getting stronger, longer and closer together. You are focussed on breathing through your contractions and may not be able to talk through them as before.
- As a guide, your contractions may be coming approx every 3-5 minutes, lasting about 50-90 seconds. Note that the strength, length and regularity of contractions are more critical than timing.
- You feel you need support, or are worried about any aspect of your pregnancy or labour.
- You have been advised to ring your midwife early, due to a complication with your pregnancy.

If you want your midwife there, or want to go into hospital: TELL YOUR MIDWIFE CLEARLY

You should call your midwife straight away if you:

- You notice any fresh vaginal bleeding
- Your waters have broken and they are green or brown
- You feel unwell and labour has started
- Baby's movements change: speed up, slow up, or stop
- You have severe or constant abdominal pain with a tight abdomen
- If you think your waters have broken and they are clear or have a tinge of pink. Put on a sanitary pad and check it after an hour. If it is wet, please ring us.
- If you are less than 37 weeks and any of the above happens

If it is about labour or other urgent matters: **A VOICE CALL IS PREFERRED OVER A TEXT MESSAGE**

Check with your midwife if she has any rules about texting, or calls out of hours. Be clear on who the back-up midwife is and how to contact her.

Assisted birth

Sometimes problems can arise during labour if the normal course of events falters, or if baby doesn't have adequate reserves, putting extra strain on the environment within the womb.

Because of this, it is wise to keep checking on mother and baby's wellbeing by regularly listening to baby's heartbeat, observing baby's movements, and observing the colour of the waters. If, after using one or more of these checks, there is evidence that baby is stressed in some way, intervention in the natural course of labour may be advisable.

Factors that can put extra strain on the baby during labour:

- Long labour / very slow progress.
- Baby in wrong position, eg: posterior position, head extended etc.
- Baby too small, premature, or with intra-uterine growth restriction
- Blood supply to baby is poor because either cord twisted, or around baby's neck; placenta not working properly due to high blood pressure; or placenta partly separated from the uterus

A small number of women will require assistance with their births either by forceps, ventouse (vacuum extraction) or caesarean.

This is not always the case; but it is important to keep in communication with your midwife so that if these factors are present during your labour, you can ask her of any additional risk involved, allowing you to make an informed decision about what to do next.

Assisted labour will require transfer to hospital, hence your midwife will need to allow enough time for this.

My Midwife

Name:

Ph:

Back-up midwife:

Ph:

Whangarei Hospital

Maunu Road, Whangarei
Ph: 09 430 4100

Kaitaia Hospital

29 Redan Road, Kaitaia
Ph: 09 408 9180

Bay of Islands Hospital

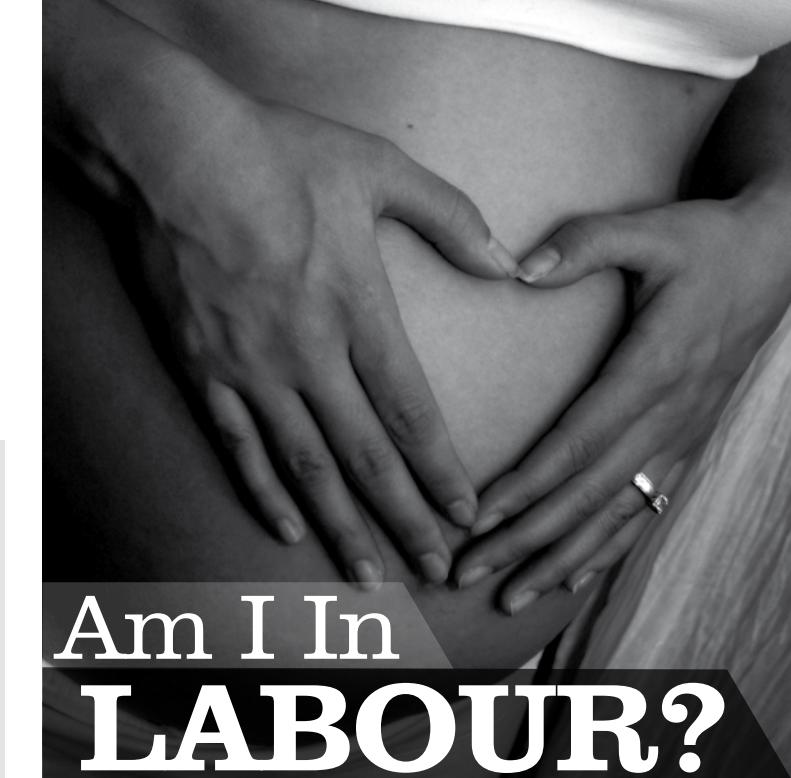
Hospital Road, Kawakawa
Ph: 09 404 0280

Hokianga Hospital

163 Parnell Street, Rawene
Ph: 09 405 7709

Parts of this brochure were abridged from The New Zealand Pregnancy Book, Bridget Williams Books, 2009. Used with permission. Please note that this information is of a general nature. Pregnant women are strongly advised to seek appropriate professional health care.

.....for Solomon



Am I In LABOUR?

What's happening? Is this labour or not? It can be difficult to get a clear answer to this question. A common response is 'You'll know'... it all can be a bit confusing especially if you have never been in labour before!

It is a tricky question though, as every mother will tell a different story of labour, as labour starts and progresses in many different ways. Some signs of labour are more definite than others and if several occur together, then labour is likely to have started.

If you think you could be in labour, the first thing to do is stay calm. The best place for early labour is at home relaxing. Eat and drink as you need to, go for a walk, soak in a bath, sleep or doze if you can. Begin to observe the frequency, strength, and duration of your contractions.

**THIS IS A GUIDE TO FOLLOW
ALONGSIDE THE ADVICE OF YOUR
MIDWIFE ABOUT WHEN TO CALL**

Rural women & labour

Women in rural locations need to consider transfer times to hospital, if needed, during labour. Because of this, it is important to keep in contact with your midwife throughout labour so she can keep track of your progress - if she is kept informed she can make the decision when she is needed, and recognise as soon as possible if specialist care may be necessary.

It is recommended that you contact your midwife prior to getting into 'established labour' - remember that specialist care is at least 2 hours away by the time the midwife leaves her location, assesses you at home and, if necessary, recommends transfer to Whangarei hospital.

Once your midwife is aware that labour has begun, she should discuss a time you/or she should call back to reassess any changes in the labour; check if it is time for her to come and monitor you; or advise to go into hospital.

First baby?

On average, the first stage of labour lasts around 8-16 hours. For women who are having their second or more babies, the first stage of labour can last around 3-10 hours.

Of course, your labour may be shorter or longer.

As a first time parent, with no pattern of labour from a previous birth, it is recommended that when you think your labour has begun you make a plan with your midwife to keep in touch - either she calls you or you call her - approx every 4 hours in a 'normal' labour situation - as things can change and she needs to know when they do.

Check with your midwife if she has any guidelines for calling between 9pm-7am; usually you would call as soon as you are clearly in labour and are wanting your midwives support.

If you go into early labour overnight plan to touch base first thing in the morning, unless you want your midwife with you before then.

If you want your midwife to come out, if you want to go into hospital, or if you have any worries or expectations, be sure that you and your support person:

TELL YOUR MIDWIFE CLEARLY.

Remember: If your labour is going very slowly; if you are concerned about some symptom; or if things don't 'seem right' with your labour or your care; it's ok to seek a second opinion - either make a phone call, or ask to be seen.

The stages of labour

Labour moves forward in three stages:

- **First stage:** when contractions gradually open up the neck of your uterus (cervix). The first stage of labour consists of *early labour, established labour* and the 'transitional' phase.
- **Second stage:** when you push your baby out into the world.
- **Third stage:** when you deliver the placenta.

Early labour

Women can have 'false-starts' to labour, often called 'pre-labour', it can sometimes be hard to tell if this is really 'it'. Occasionally these irregular contractions can come and go for a few days before you go into established labour.

ANY COMBINATION OF THESE THINGS MAY BE HOW YOUR LABOUR BEGINS:

- Erratic contractions lasting less than a minute. These contractions are irregular in frequency and in length.
- Contractions can be experienced as back-ache / period like cramps / or you could begin with strong regular contractions.
- A 'bloody show' which is a thick mucus discharge that can be clear or bloody.
- Your waters may be intact, leaking or gushing.
- The most accurate way of confirming the stage of labour (early or established) is by vaginal examination, to check how far your cervix has dilated.

Established labour

The time between labour starting and when it establishes can take a short while, or a few days. Meanwhile the best place for early labour is at home. Eat and drink as you need to, go for a walk, soak in a bath, sleep or doze if you can.

By the time your contractions are 7-10 minutes apart, you'll need to start planning your next step. Ring your midwife to let her know about your labour. She will ask you some questions about what is happening and may advise you to come in, or come out to your home to assess you.

SIGNS OF ESTABLISHED LABOUR:

- You will be focussed on breathing through your contractions and may not be able to talk through them as before.
- As a guide, your contractions may be coming approx every 3-5 minutes, lasting about 50-90 seconds.
- Your waters may or may not have broken.

Managing labour

Some suggestions to help you manage your labour pains:

- Drink frequently, preferably water, but in small amounts. If you are vomiting, suck on ice-cubes, or ice-blocks.
- Snack on small bits of food regularly.
- Night time: Sleep or doze for as long as possible.
- Day time: Snooze if possible.
- Panadol™ / warm drinks / long showers / bath or birth pool / cuddles or massage can help manage pain at home.
- Rocking / walking / on all fours / leaning forward.
- Concentrate on breathing through contractions: ie: deep inhale through nose, then think 'relax' and exhale through mouth.
- Try to rest as much as possible between contractions.

Questions you and your support person can expect to be asked by your midwife:

Ask your support person to be aware of these things, they will need to be your voice if you are unable.

- Your midwife should ask to speak to both you and the support person if possible and should speak with you through some contractions.
- How long has it been since labour has 'begun'?
- What were the first signs? Have things changed? How? When did things change?
- How is the mother acting during a contraction? Can she talk or interact during a contraction? Or is she 'going into herself'?
- How painful are the contractions? What is the timing of the contractions? How far apart? How long do they last?
- Where do you feel the labour pains (back / tummy / rectum?)
- Have the waters broken (clear / greeny / pinky coloured?)
- How are baby's movements (not moving / excessive?)
- Is the mother eating or drinking?
- Do you or the support person have any worries?