



## Pregnancy, Vaginal Delivery

### What is a vaginal delivery?

A vaginal delivery is childbirth that happens when the baby is pushed down the birth canal and delivered through the vagina. Every labor and delivery is different. How long labor and delivery lasts and how it progresses varies depending on previous births, the position of the baby's head, and the size of the baby and the birth canal. There are, however, general stages of labor and delivery that a healthcare provider uses to decide whether it is progressing normally for a vaginal delivery. The 3 stages of labor are:

- First stage: The cervix opens and thins to full dilation. The average woman in her first labor may dilate about 1 cm per hour during the active phase of labor. If you have had a baby before, the cervix usually dilates faster.
- Second stage: The baby moves through the birth canal and is born. This stage of labor usually lasts 15 to 75 minutes but may last as long as 2 or 3 hours.
- Third stage: The placenta (afterbirth) passes through the birth canal and is delivered. This usually happens within 30 minutes after the birth of the baby.

### How is a vaginal delivery done?

#### Before vaginal delivery:

- Your healthcare provider will ask you to sign a consent form for any necessary treatment during childbirth.
- Tell your healthcare provider if you are allergic to any medicines.
- Tell your healthcare provider if you are taking any medicines, including nonprescription drugs, herbal remedies, or illegal drugs (if any).
- You will have a needle (IV) inserted into a vein in your hand or arm. This will allow for medicine to be given into your blood system and to give you fluids.
- If the membrane and fluid surrounding the baby (often called the bag of water) has not broken, your healthcare provider may gently break it with a sterile instrument.
- Your provider may use fetal monitors to monitor the progress of your labor and your baby's response to contractions. This will help your provider decide if you can deliver your baby through the vagina and how well the baby is tolerating the contractions.
  - External fetal monitoring is done by small monitors placed on the mother's abdomen. They are held in place by 2 elastic belts. On one belt is a pressure gauge that records the pressure of contractions. Attached to the other belt is a small ultrasound instrument, which records the baby's heart rate.

- If the external monitor shows that the baby's heart rate is abnormal or your contractions are too frequent, an internal monitor may be used to measure the baby's heart rate and the mother's contractions. This is done by placing a small wire into the uterus and directly on the skin of the baby's scalp to record the baby's heart rate. A narrow, flexible tube (also called a catheter) will be inserted through the vagina and cervix into the uterus. A pressure gauge attached to the catheter measures the strength and frequency of your contractions.
- Fetal scalp sampling may be done to see how the baby is during labor. In this procedure, a small amount of blood is taken from the baby's scalp. The pH level of the blood is tested. If the pH is low, your baby may not be doing well in labor.
- You may be given medicine to help relieve pain during labor and delivery. These may include:
  - Shots of medicine given in your IV or in a muscle to help reduce pain and relieve anxiety to help you relax. These medicines do not cause a complete loss of feeling, but they do lessen the pain.
  - Shots of medicine given into the cervix before it is fully dilated to help control labor pains.
  - Shots of medicine given inside the vagina just before delivery of the baby to help relieve pain around the vagina and rectum as the baby comes down the birth canal.
  - An epidural block is a commonly used type of regional anesthesia. For an epidural block, you are given a shot of pain-relieving medicine in the lower spinal area of your back. Usually a small tube is inserted into your back, inside the spinal canal, through the needle. Then the needle is removed, leaving the tube in place. More medicine can later be given through the tube instead of with another shot.
  - In rare situations, general anesthesia may be given to relax your muscles, put you to sleep, and prevent you from feeling pain. General anesthesia may be necessary for a difficult vaginal delivery. A breathing tube is usually put in your throat when you have general anesthesia.
- If your baby is not in the normal position for delivery because its head is not facing down (malposition) or the baby's bottom, knees, or feet would come out before the head (breech position), your provider may try to turn the baby into the correct position for vaginal delivery.
  - Your provider may place pressure on the outside of your abdomen to try to turn the baby.
  - Your provider may place one hand on the baby by reaching inside the vagina and placing pressure on the outside of the vagina with the other hand to try to turn the baby.
  - Your provider may use forceps or a vacuum instrument to help turn the baby inside the uterus.

**During vaginal delivery:**

- When your cervix is fully dilated, you will feel the urge to push the baby down the birth canal. If you do not feel this urge because of the pain medicine you have been given, your healthcare provider will let you know when it is time to push.
- Although contractions of the uterine muscle will push the baby down the birth canal, you will need to help push the baby out by tightening your muscles and pressing downwards. This may feel like you are bearing down to have a bowel movement.
- You may find it helpful to breathe in a rhythm to help prevent pushing without a contraction.
- While your baby is coming out through the birth canal, your healthcare provider may press down firmly on your abdomen over the top of your uterus to help the delivery.
- Your healthcare provider may perform an episiotomy to make your baby's delivery easier. An episiotomy is a 1- to 3-inch cut made from your vagina toward your rectum to make the vaginal opening bigger.
- Your healthcare provider may use forceps or a vacuum instrument to help deliver the baby.
- Your healthcare provider will deliver the placenta after your baby has been delivered.
- If you had an episiotomy, your provider will stitch the cut closed.

**After vaginal delivery:**

- You will rest in bed after you deliver your baby.
- You will be checked often by nursing staff.
- Your blood oxygen level may be monitored by a sensor that is attached to your finger or earlobe.
- Your heart rate, blood pressure, and temperature will be checked regularly.
- Your provider may prescribe medicine to:
  - Treat pain
  - Treat or prevent an infection
  - Soften stool and reduce straining with a bowel movement
  - Reduce swelling in the area of your rectum
- You may have some pain and swelling of the vaginal area, especially if you had an episiotomy. This may be treated with:
  - Cloth-covered ice packs on the area
  - Warm tub baths 2 or 3 times a day for 20 minutes (called sitz baths) to help with the soreness (starting at least 24 hours after delivery)

**What can I do to help?**

- You will need to tell your healthcare team if you have new or worsening:
  - Heavy bleeding from the vagina

- Dizziness or fainting
- Swelling, redness, or pain in your legs
- Nausea and vomiting
- Chest pain
- Shortness of breath
- Ask questions about any medicine or treatment or information that you do not understand.

### **How long will I be in the hospital?**

How long you will need to stay in the hospital after a vaginal delivery is usually 2 days.