

# Labor and Delivery

## When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, contact the labor and delivery unit. If your water breaks, notify labor and delivery immediately, day or night.

<b>True Labor</b>	<b>False Labor</b>
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement	Contractions may stop when you walk or rest or may change with change of position
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength	Contractions usually are weak and don't get much stronger.
Cervix dilates	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present

## Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are concerns. Elective inductions may be performed only after 39 weeks, as scheduling permits. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase cesarean delivery, especially if this is your first delivery. It is important to allow your baby to fully grow and develop before we schedule a delivery.

## Cesarean Birth and Recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff, and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery room.

## Vaginal birth after cesarean (VBAC)

If you have had Cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering you baby vaginally. VBAC is recommended for those who are a candidate. You will need to discuss this with us.

**Initial recovery after Cesarean birth**

The immediate recovery period is similar to the recovery period of vaginal birth. Rest to conserve your strength. During this time you and your baby will be monitored closely.

**Episiotomy/forceps/vacuum**

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. These stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.