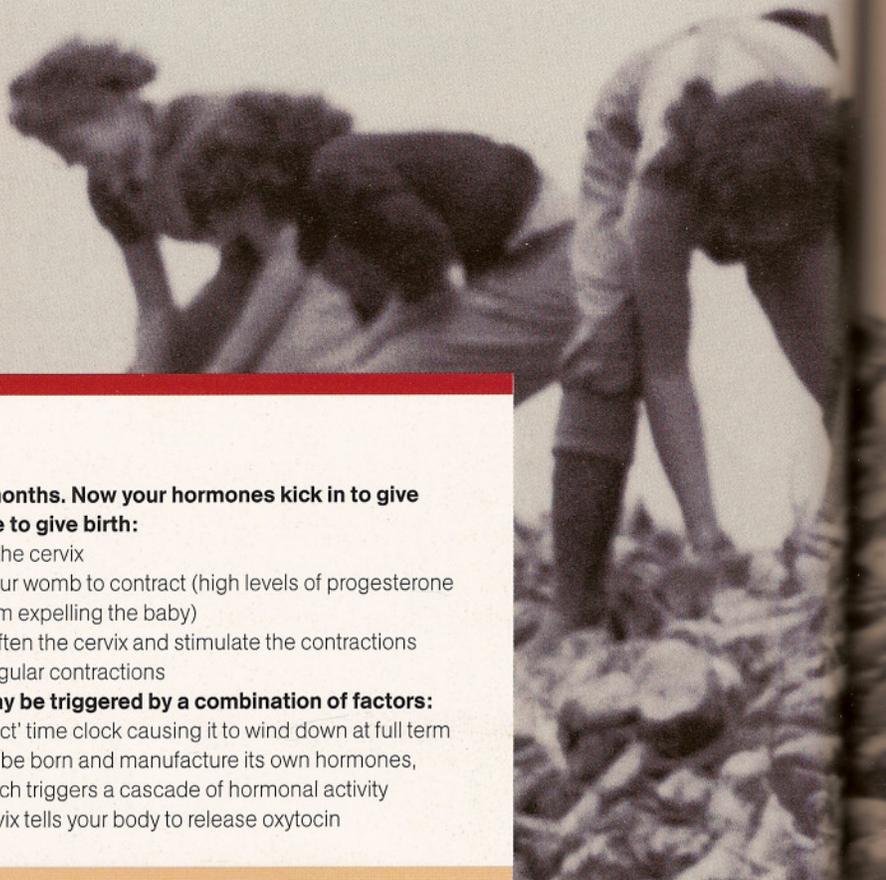


LABOUR DAY

THIS IS IT. THE DAY YOU'VE BEEN WAITING FOR. UP UNTIL NOW YOUR BABY HAS BEEN A SQUIRM IN YOUR TUMMY, A BLURRY ULTRASOUND PICTURE IN YOUR HANDBAG AND A WARM GLOW IN YOUR HEART. NOW IT'S GOING TO GET REAL: YOU'RE ABOUT TO MEET, FACE TO FACE

Childbirth. Delivering a fresh new life to the world is a defining moment in a woman's life. But unless you've done it, it's very hard to imagine – so it's also an experience that's shrouded in mystery and myth. There are tales from the bad old days (flat on your back, feet up in stirrups) and friends' lurid descriptions (blood and guts and pooing a watermelon). Then there's the Hollywood-movie version (sitting up in bed post-delivery in a spotless white nightie and perfect make-up, a gunge-free babe in your arms), and the earth mother's story (wallowing in water, candles flickering, Mozart on the stereo and everyone from her Pilates class around for the spectacle).

So, among the millions of myths, is there one story that tells you what labour's really like? The truth, of course, is that the labour experience is ▶



TIME'S UP!

Your baby's been growing for nine months. Now your hormones kick in to give your body the message that it's time to give birth:

- Oestrogen rises to soften and dilate the cervix
- Progesterone falls sharply to allow your womb to contract (high levels of progesterone during pregnancy stop the womb from expelling the baby)
- Prostaglandins increase to further soften the cervix and stimulate the contractions
- Oxytocin rises and triggers strong, regular contractions

Doctors believe hormone activity may be triggered by a combination of factors:

- The placenta may have a 'self-destruct' time clock causing it to wind down at full term
- The baby may recognise it's ready to be born and manufacture its own hormones, sending a message to your body which triggers a cascade of hormonal activity
- The baby's head pressing on the cervix tells your body to release oxytocin



PHOTO ARCHIVE

YOU WILL COME THROUGH IT. AND YOU'LL END UP HOLDING A BEAUTIFUL NEW BABY

« different for everyone – just take a look at our real-life birth stories on page 99. Even so, the basic physiological process of giving birth has been the same since time began. And that's the crucial point. The more you know about childbirth, the more you'll be able to tame mystery and myth. This is the most important thing to remember: your labour may be tough or straightforward, long or short, but you will come through it. And you'll end up holding a beautiful new baby. So good luck – and happy birth day!

HOW WILL I KNOW WHEN IT'S TIME?

Before most big events kick off, there's a warning signal: brides listen out for the wedding march, racing drivers wait for the wedding lights to go out. But with labour, things aren't so simple – a problem that science is still trying to solve. Scientists at Leeds University are developing a device that will predict the onset of labour by monitoring muscular activity in the womb, but the research is still in its infancy. So until science can tell you for sure, check out the signs in our chart (right). »



AT THE HOSPITAL

It's finally happening. You've felt the first contractions, got your stuff together, and arrived at the hospital.

What now? Your midwife will:

- Ask about the length and frequency of contractions and whether your waters have broken
- Take your blood pressure, pulse and temperature
- Give you an internal examination to see how dilated your cervix is
- Feel your bump to check the position of the baby
- Strap two belts around your bump and hook them up to a machine which monitors the baby's heart rate and your contractions
- Take you to a delivery room if labour is advanced; a ward if there's a while to go; or suggest you go home if labour isn't established

SIGN	WHAT'S HAPPENING	WHAT SHOULD I DO?
A SHOW	A show is when the mucus covering the cervix comes away. You may find it in your knickers or on the loo paper after you've had a wee and it may be slightly blood-stained. This can happen anything from a couple of weeks before your baby's born, to during the birth itself	If there's a lot of blood, call your midwife immediately. Otherwise, sit tight. It may be a while before things get going
WATERS BREAKING	Your waters (the amniotic fluid in which the baby floats) are contained in the amniotic sac. When the baby starts to press down on your cervix, the bag can rupture with a gush or a trickle. Some women's waters may not break until they're fully dilated, and occasionally a baby's born with an intact amniotic sac – once said to be a sign of good luck	Phone the midwife. You may not need to head for hospital yet, but your baby should be born within 24 hours. If the waters are discoloured, your baby may have done a poo inside you. This is a sign of distress and you should call the hospital straight away
CONTRACTIONS STARTING	This is the surest sign of labour. Contractions may give you backache or period-like pains under your bump	Time the length of each contraction and the time between them. When contractions are short (just a few seconds) and infrequent (20 minutes apart) try to cope at home. Call the midwife when they increase in length, intensity or frequency. And make sure you're on your way to hospital when they're 10 minutes apart or each one is lasting 45 seconds

BIRTH IN THREE ACTS

Labour is split into three stages. Contractions start (and go on and on), the baby comes out (ouch) and the placenta comes out (yuk). Read on for details:

Stage 1

WHAT HAPPENS?

The cervix – the entrance to the womb – starts to open until it's dilated to 10cm in diameter. This can take 12 hours or more. The last part of this stage is known as 'transition'. You'll feel something huge bearing down on your back passage and the urge to push may be overwhelming. But don't push yet. Wait until your midwife says you are fully dilated. Otherwise you may bruise your cervix.

HOW DOES IT FEEL?

These contractions feel like period pains, tightenings under your bump, or severe backache. As your cervix dilates further, the contractions become stronger, longer and closer together. By transition they're very intense: you may feel cold, shaky, nauseous, exhausted, emotional or angry. Or you may feel none of these things.

Stage 2

WHAT HAPPENS?

Once the cervix is fully dilated, your baby can pass through it and head down the birth canal – the bones of its skull overlap to allow the head through. Your womb starts to press downwards to send the baby on its way. The baby is lying head down with its back along your tummy and its spine a little to one side. As its head reaches your pelvic floor muscles, it rotates so that its chin turns down to face your bottom as its head comes out. Once the head is out, the midwife will check that the cord isn't around the baby's neck. The next few pushes bring out the rest of the body. Your baby has been born. The cord is clamped and usually cut.

HOW DOES IT FEEL?

You'll feel an incredible force from the top of your uterus. To help your baby out you'll need to push as if you're doing a poo. But you should only push when your womb contracts. The midwife will encourage you to pant between contractions: this stops you pushing. If you push too soon, the tissues of your perineum (the area between your vagina and your bottom) may tear. Your vagina is stretched the most when the widest part of the head emerges ('crowning') and can tear. Don't push. Let the midwife guide the baby's head out.

Stage 3

WHAT HAPPENS?

This is when the placenta is delivered. The womb continues to contract, separating the placenta from the wall of the womb and sealing off the blood vessels. You may have been given an injection of syntometrine during the previous stage to speed up delivery of the placenta. The midwife will pull gently on the umbilical cord to help the placenta out.

HOW DOES IT FEEL?

Delivering a placenta is not like delivering a baby. With the midwife's help it just slides out. And you'll probably be more interested in gazing at your new baby than concentrating on what's going on down there. After the birth, your baby will be given the Apgar test. This is the first test most babies are given, at one and five minutes after the birth; it assesses the baby's heart rate, breathing, colour, muscle tone and reflexes and results as a score out of 10. If it's a low score, the midwife will call for some expert help. The baby will also be weighed and measured, then wiped, put in a nappy, wrapped, and passed back to you. Finally, the midwife will check the placenta to make sure none has been left behind and any tear or cut in your vagina will be stitched.

A BABY'S VIEW OF BIRTH

It's getting tight in here.

I used to be able to somersault, but for the last few weeks I've been curled up tight, knees up to my chin with my head down, wedged in a circle of bone. I can hear loud muffled sounds. Soft light filters through Mum's belly.

I've been feeling gentle tightenings around me for some time, and now they're increasing. I am being squeezed gently downwards, towards an expanding circle – the way out. The space closes up behind me. I can't move. My oxygen supply cord is stretching and the supply is getting weaker. Suddenly

there's a pop and the lovely watery world I've been wallowing in starts to flow away. My head slips down further and the rhythmic contractions intensify.

The circle is widening. Every muscle pushes forcefully downwards. It stops for a few moments then starts again. My head is squeezed through the opening and down a narrow

passage. There is a sudden rush, and a release of pressure: my head is out. A moment later I'm out in the wide world. Hands lift me up and I'm dazzled by bright lights and sharp noises. A cold wind rushes over me. I open my mouth and the air fills my lungs. A scream comes out of me. I've arrived. ■

“THERE'S A SUDDEN RUSH: MY HEAD IS OUT AND I'M DAZZLED BY BRIGHT LIGHTS AND LOUD NOISES”

