Teenage Pregnancy: Labor and Delivery

**Labor** is the process of giving birth. **Delivery** is the birth itself.

There are 3 Stages of Labor:

**Stage one:**
- From the start of labor until your cervix is fully dilated (10 cm)
- Lasts an average time of 6 to 16 hours

**Stage two:**
- Starts when your cervix is 10 cm dilated.
- Pushing the baby through the birth canal can take anywhere from 15 minutes to 2 hours.
- This stage ends when the baby is delivered.

**Stage three:**
- This stage starts with the delivery of the baby and ends with the delivery of the afterbirth (the placenta).
- It usually takes about 15 to 20 min.

**Things to Remember about Labor**

- Remember that no two labors are alike. Most women having their first baby are in labor anywhere from 14 to 19 hours.
- If you think you are in labor, get in a comfortable position, drink a big glass of water and empty your bladder.
- Keep track of how far apart your contractions are (from the start of one to the start of the next). You can use the last sheet of this Helping Hand.
- If contractions do not get better within 30 minutes: call the Teen and Pregnant Clinic at 614-722-2450 and select option 2, **OR CALL YOUR DELIVERY HOSPITAL.**
True Labor

Contractions happen when the muscles of your uterus tighten. That causes pain. In true labor, contractions will help your baby through the birth canal.

True labor means your water has broken or your cervix is at least 4 cm dilated and changing with regular contractions.

When you are in true labor your contractions:

▪ Get longer, stronger and closer together.
▪ Are 60 to 120 seconds long (1 to 2 minutes). Contractions continue or increase with walking.
▪ Can be felt in your back or entire abdomen.
▪ Cause your cervix to soften, open and change.

You may have a “bloody show” (a pink tinged discharge from your vagina).

False Labor

When you are in false labor your contractions:

▪ Are irregular. They do not get longer, stronger, or closer together.
▪ Are 30 to 60 seconds long.
▪ Decrease with walking or taking a bath.
▪ Sometimes feel like menstrual cramps.
▪ Do not cause your cervix to change.

Braxton Hicks contractions are a mild tightening of your abdomen that comes and goes.

You should go to the Labor and Delivery area of your planned delivery hospital if you think you are in labor and you feel or see one or more of the following:

▪ Contractions every 5 minutes, lasting at least a minute, and you have to stop to breathe to get through it.
▪ Continuous leaking fluid or you think your water has broken.
▪ More than a teaspoon of bright red blood.
▪ Severe, constant pain or pressure in your abdomen or pelvic area.
▪ Fewer than four fetal movements in an hour.
What happens when you go to the hospital

- If you think you have gone into labor, go directly to Labor and Delivery at your delivery hospital. **DO NOT GO TO THE EMERGENCY ROOM FIRST.**

- If you are in active labor, the nurse will monitor the baby by putting a special belt on your belly. The belt “hears” and transmits the baby’s heartbeat. It will monitor your contractions, too. If the nurse cannot hear the baby well enough, a small internal wire monitor that attaches to the baby’s head will be placed. The monitor is easily removed after delivery and is safe for the baby.

- The nurse will watch your contraction pattern and the baby’s heartbeat on a screen. This tells the doctors and nurses what is happening with your labor.

- The nurse will check your cervix by doing a vaginal exam with her fingers. During most of your pregnancy, your cervix is closed. Your cervix will go from closed to 10 cm dilated (opened) as you have contractions. You may begin pushing when your cervix is 10 cm dilated and you have the urge to push.

Warning signs of complications

- A constant low backache that happens with contractions.

- Change in color or odor of your vaginal discharge.

- More than 6 contractions in an hour if you are less than 37 weeks pregnant.

- The baby is moving less than usual.

- Pain when you urinate (pee).

- Headaches that do not go away when you take Tylenol® (acetaminophen).

- Blurred vision or vision changes.

Common reasons for C-sections

- The baby is not tolerating the stress of labor well.

- The baby is in the wrong position for birth (like breech).

- You are not making progress in labor (your cervix is not dilating).
Pain management in labor

**Epidural**

An epidural contains medicine that will make your body numb from your breasts down. A small needle is placed in your lower back followed by a small catheter (a very small tube). The catheter is left in your back, and the needle is removed while you are in labor. The medication is given to you through this catheter. The medication never “runs out.”

**Pros of Epidurals**

- The medicine in an epidural does not enter the baby’s system.
- You might be able to rest, and may feel calmer during labor.

**Cons of Epidurals**

- The medicine can cause your blood pressure to drop which can cause changes in the baby’s heart rate. This is usually easily corrected.
- You may not have the urge to push, and you may not push as effectively.
- Labor may slow or stop; therefore, you might need medicine to restart your labor.

**Spinal**

This is very similar to an epidural but is used in a c-section. The medicine is given through a small needle into your spinal fluid which provides fast pain relief. The medicine lasts long enough for you to have your C-section.

**General anesthesia**

This is when you are given medicine to make you lose consciousness during a c-section. It is only used in emergencies and is generally avoided.

**IV medicine**

These medicines are given to you through an IV at the hospital. These medicines go into your bloodstream, but are safe for the baby. They can be tried first if you aren’t sure that you want an epidural. These medicines will not take the pain away, but they will “take the edge off.” These medicines can cause sedation and may affect breastfeeding.
**Labor Log worksheet**

If you think you are in labor, record when contractions start and end below. Use the “Comments” area to write the strength of your contractions. This will help you decide if you should go to the hospital.

<table>
<thead>
<tr>
<th>Time Contraction Began</th>
<th>How long did it last?</th>
<th>How long from beginning of one contraction to beginning of next</th>
<th>Comments (mild, moderate, severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>30 seconds</td>
<td>-</td>
<td>Massage Helps</td>
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<tr>
<td>9:08 am</td>
<td>45 seconds</td>
<td>8 minutes</td>
<td>It was a hard one</td>
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When your labor begins, record your contractions below

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