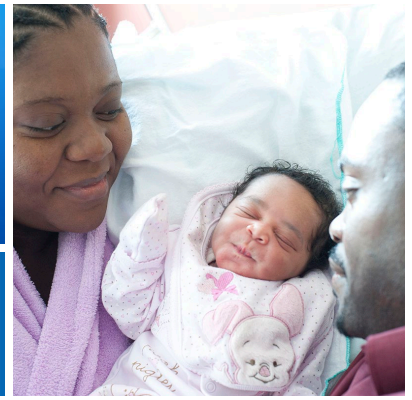


# Your delivery at the CHUM Birthing Centre



Wondering how to know when labour begins, when to go to the hospital, and what care will be available to you? This fact sheet tells you how to best prepare for your delivery.

## What are the signs that labour has started?

### Loss of the mucous plug

This plug is made of a gelatinous material that looks like egg white. It contains pinkish or darker strings of blood. It protects the uterus from infections during pregnancy. You can lose all or part of it, starting from the 35th week of pregnancy or only on the day of delivery. This indicates that the cervix is preparing for delivery. But it doesn't mean you're going to give birth right away!



**It's not necessary to come to the Birthing Centre when you lose the mucous plug.**

### Loss of amniotic fluid

This is the liquid in which your baby is immersed. When the membranes holding this fluid loosen, it flows through the vagina. This is what's called "breaking water".

To check that you're actually losing amniotic fluid and not urine or vaginal secretions, use a sanitary napkin and continue your activities for one hour. If the napkin fills with clear, pink or brown liquid, it's amniotic fluid.



### Contractions

The uterus tightens and then relaxes to push out the baby. These are called contractions. They generally start slowly and gradually increase in intensity. You can feel them in your lower abdomen and sometimes in your back.

As labour progresses, the uterine contractions are closer together and stronger.

To check whether your labour has really started, take a hot bath for 30 minutes. Then lie on your left side for 30 to 60 minutes.

If the contractions are then more spaced out, become weaker, or stop, it's probably false labour. If they continue, you're definitely starting labour.



**False contractions often occur towards the end of pregnancy. This is a sign that your uterus is preparing for childbirth.**

## When should I go to the Birthing Centre?

- > Within 2 hours of losing your amniotic fluid, even if you don't have contractions.
- > When you have long contractions of at least 45 seconds, strong and close together:
  - for a first delivery: every 5 minutes for 2 hours
  - for a second delivery or more: every 5 minutes for 1 hour
- > If you have an appointment to induce labour or for a caesarean section, come in at the scheduled time.

### Go to the hospital right away if:

- Labour starts before the 37th week.
- You're losing enough blood to fill a sanitary napkin.
- Your abdomen remains firm and the pain of the contractions is constant.
- You notice a decrease in the baby's movements.



### ATTENTION

For 24 hours (or a bit more) after a vaginal examination or sexual intercourse, you may experience a slight loss of blood that will gradually decrease. This happens often and is not dangerous.



## Where should I go?

Go directly to the **9th floor of Pavilion D** of the CHUM (no need to check in at a kiosk beforehand).

If possible, call the delivery room **BEFORE** going to the hospital, at the following number:

**> 514 890-8326**

Be sure to have your health insurance card in hand when you call. This will allow the members of the care team to prepare your medical record and your arrival. They will also assess your condition over the phone.



## What should I expect?

### On arrival

- > A nurse will welcome you and assess whether labour has really begun. If so, you'll be admitted to a birthing room. If not, you'll be given advice and you can go home.
- > In the birthing room, you can talk about how you would like the delivery to be carried out.

Depending on the progress of the labour, interventions may be needed for your safety and that of your baby. Feel free to ask questions and talk about your concerns.

### During labour

- > A nurse will look after you, and will regularly check your contractions and the baby's heart. Sometimes wearing a monitor to track these throughout labour is recommended. Cervical examinations are done regularly to check on the progress of labour.
- > Different ways to relieve pain will be available to you. The care team will do everything possible to respect your wishes. Consult the fact sheets on this subject:
  - [Giving birth - Pain medications that can help you](#)
  - [Giving birth - Managing your pain naturally](#)

**No information on the progress of your labour will be given to your family by phone. Members of the care team are bound by confidentiality.**

### During the delivery

- > The doctor on duty who attends your delivery will not necessarily be the one who followed your pregnancy.
- > Remember that the CHUM is a university centre. So there could be medical residents, medical students (external), and nursing students throughout your stay, including at the delivery.

## What happens after the delivery?

### In the delivery room

- > You'll be encouraged to have skin-to-skin contact with your baby as soon as he or she is born. This makes it easier for the baby to latch on to the breast, among other things. See the fact sheet [Skin-to-skin contact: a shared pleasure](#).



- > Your baby's vital signs (pulse, temperature, breathing) will be checked during the first hour after birth to ensure he or she is doing well. If specialized care is required, the baby will be transferred to a neonatology unit.
- > Your vital signs will also be checked often and your bleeding will be monitored.
- > You will be kept in the birthing room for about 60 to 90 minutes before being transferred to postpartum care.

## In the postpartum room

- > At this stage, the monitoring will gradually be reduced. This will allow you to rest and to start developing your parenting skills and your attachment to your baby, with a care team nearby.

### FOR THE BABY

- > One or two hours after delivery, a nurse will do a first health check-up of your baby (breathing, skin colour, temperature, weight, height, etc.). Preventive treatments will be available: an antibiotic ointment to put in the baby's eyes to avoid infection, and an injection of vitamin K to reduce the risk of bleeding.
- > A nurse will help you with infant care. Take this opportunity to ask any questions.

- > A paediatrician will also assess your baby's health. If any treatments and consultations are needed, he or she will prescribe these before allowing the baby to leave the hospital with you.



### FOR THE MOTHER/PARENTS

- > A nurse will provide information and support you to:
  - Take care of yourself (perineum care, milk supply, psychological well-being, etc.).
  - Breastfeed your baby, which is encouraged at the CHUM, or to feed the baby with a combination diet or a commercial formula. Note that the nurse will need to ask you a few questions before giving you any commercial formulas.
  - Prepare for your return home (safe sleep, etc.).
- > A doctor will assess your health status and prescribe treatments and consultations if necessary before allowing you to leave the hospital.



## Who can I contact for help or to ask questions?

- > During the first 20 weeks of pregnancy: call Info-Santé at **8-1-1**.
- > After 20 weeks of pregnancy: contact the delivery room of the CHUM Birthing Centre:
  - > **514 890-8326**



### USEFUL RESOURCES

You received the guide *From Tiny Tot to Toddler* at your first medical visit. You can also consult it online:

- > [www.inspq.qc.ca/en/tiny-tot/](http://www.inspq.qc.ca/en/tiny-tot/)

To learn more about pregnancy, delivery, or follow-up care, visit our internet site.



Videos, other fact sheets, and more resources are available at:

[centredesnaissanceschum.com](http://centredesnaissanceschum.com)

*The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.*

To find out more about the Centre hospitalier de l'Université de Montréal  
[chumontreal.qc.ca](http://chumontreal.qc.ca)