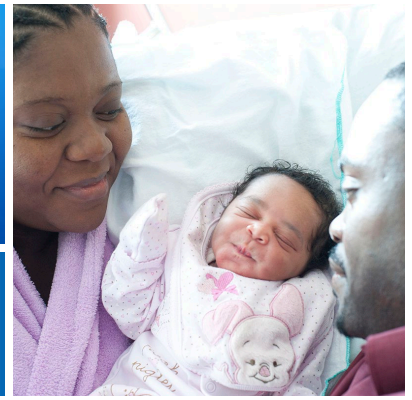


Your delivery at the Birthing Centre



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.



ATTENTION

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.

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. Write down your wishes ahead of time, using the Appendix on page 5.

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*](#)
- > In the early stages of labour, you can eat and drink whatever you want. But as the contractions become stronger, we advise you to eat lightly and drink small quantities at a time.



During the delivery

- > The care team is there to encourage you and will do everything possible to help you deliver in the way you want.
- > An episiotomy (a small incision made at the opening of the vagina to help the baby emerge) is done only in cases of emergency.
- > Your partner may be invited to cut the umbilical cord.
- > If you need to have an emergency caesarean section, your partner should be able to be there (if he wants to), unless the team needs to focus entirely on caring for you and your baby. In that case, the team will do everything they can to keep him informed of the progress of 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. The nurse will offer preventive treatments: an antibiotic ointment to put in the baby's eyes to prevent infection, and a vitamin K injection to reduce bleeding risks. Genetic screening for hereditary diseases (rare) is done 24 hours after birth.
- > 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 help you to:
 - take care of yourself (perineum care, milk supply, etc.)
 - breastfeed your baby (which is encouraged at the CHUM) or feed the baby with a combination diet or a commercial formula (after asking you a few questions); a lactation consultant may see you, if needed.
 - prepare you for your return home (safe sleep, etc.).
- > A doctor will assess your health status before allowing you to leave the hospital.

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

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**
- > After your baby's birth, when you return home:
 - in the first 7 days, if you have any questions about your baby's health, you can call the CHUM Post-partum Unit:
 - > **514 890-8426**
 - **however, for an emergency, call 9-1-1.** The CHUM does not offer emergency health care services for babies (pediatrics).



RESSOURCES UTILES

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/

Info-Santé :

- > **8-1-1** (at any time)

Blood and Urine Screening in Newborns, a document from the Government of Québec, available online:

- > quebec.ca/en

In the search bar, enter "Blood and Urine Screening in Newborns"

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

APPENDIX: MY WISHES FOR MY CHILD'S BIRTH

We would like to know your thoughts and wishes for your child's birth. Write them here. This will help you discuss them with us. We will do our best to meet your expectations.

My name (mother):

Name of the person who will accompany me:

Expected date of delivery:

My wishes for the delivery

I'm open to receiving an epidural if necessary.

I would like to use the following methods for managing pain:

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In case of emergency

If a caesarean is necessary, I would like: (e.g. the person accompanying me wants to be present, or not)

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My wishes for feeding my baby

- I would like to breastfeed
- I would like to use a commercial formula
- I would like to use a combination diet (breastfeeding and commercial formula)

My other wishes (e.g. help from my partner, ambiance, music, visiting)

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We look forward to discussing these with you! (You can change your mind about your wishes anytime.)



Every delivery has its unexpected events. For medical reasons, your team may offer you different interventions during the delivery. If there is an emergency, decisions will have to be made quickly. **It's best to stay flexible.** We team up with you for your well-being and that of your baby, and nothing will be done without your consent.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca





Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.





Resource people and contacts

Write down phone numbers, email addresses and websites that could be useful.





Upcoming appointments

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

