



NSW HEALTH DEPARTMENT

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SHPN: (HPA) 90-73

ISBN: 0 7305 3435 9

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Better Health Centre – Publications Warehouse

Locked Mail Bag 5003

Gladesville, NSW 2111

Tel. (02) 9816 0452

Fax. (02) 9816 0492

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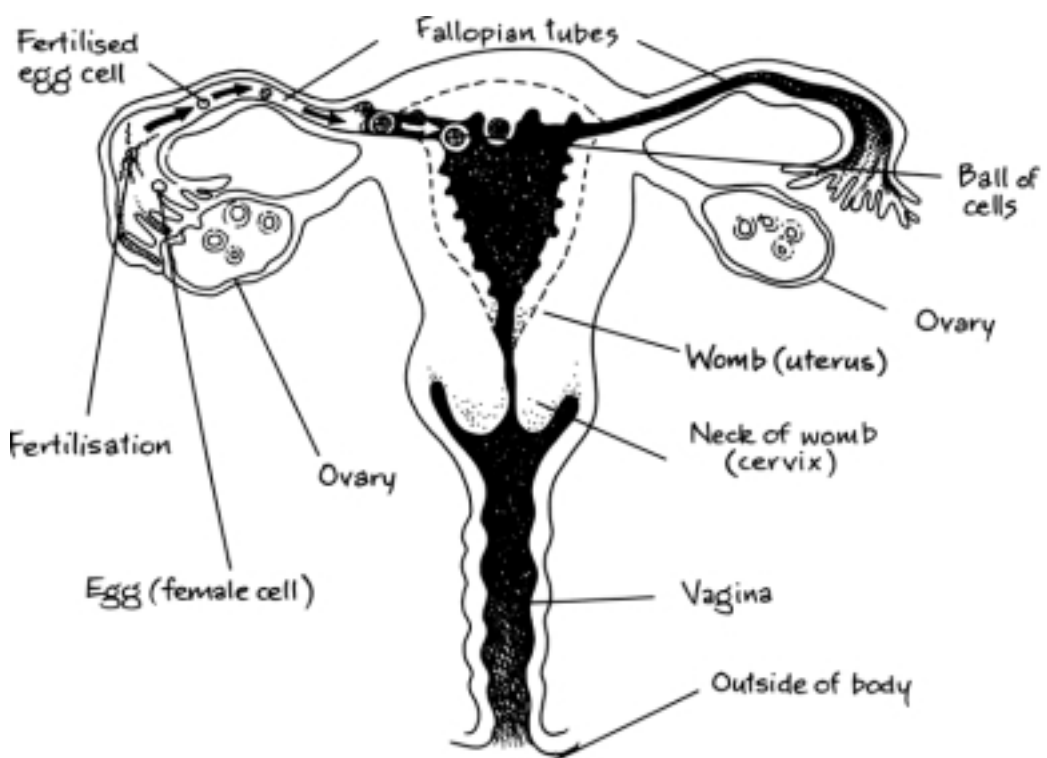
Reprinted August 2000

Reprinted June 2001



# Words to know

Abdomen	The belly or stomach
Afterbirth	The placenta
Amniotic fluid	The liquid the baby floats in; the waters
Amniotic sac	The bag holding the amniotic fluid and the baby
Antenatal classes	Information classes for the parents-to-be, held at hospitals or community health centres or by private organisations. Your support person may also be able to attend.
Bag of waters	The amniotic sac which holds the baby and the amniotic fluid.
Birth canal	The vagina.
Cervix	The neck of the womb.
Contraction	A tightening of the womb muscle. This may be painful.
E.D.C.	Expected date of confinement.
Egg	The ovum or female cell.
Embryo	The ball of cells formed in the first weeks of pregnancy.
Fallopian tubes	The tubes that lead from the ovary to the womb.
Fertilisation	Conception; the union of the male and female cells.
Fetus	The name given to the baby after about 12 weeks.
Hormone	A chemical which controls part of the body's function.
Internal Examination	The doctor or nurse inserts one or more fingers into the vagina, to check the matters to do with pregnancy and/or labour.
Navel	The belly button.
Neck of the womb	The cervix.
Ovary	The organ that produces the female egg cells.
Ovum	The female cell or egg.
Placenta	The afterbirth.
Prenatal classes	Information groups for parents-to-be, held at hospitals or community health centres, or by private organisations. Your support person may also attend.
Quickening	The baby's first felt movements.
Sperm	The male cell.
Term	The time from the 37th to 42nd week.
Tubes	The Fallopian tubes, leading from the ovary to the womb.
Umbilical cord	The tissues that connect the afterbirth to the baby's navel.
Uterus	The womb.
Vagina	The birth canal.
Waters	The amniotic fluid or liquid that the baby floats in.
Womb	The uterus.



# Fertilisation

If you think you are pregnant, you should see a doctor or midwife as soon as possible.

They will examine you and take a blood or urine sample for testing. They will also talk to you about your diet and the things you should and should not do.

Once your pregnancy is confirmed, there are several decisions you will need to make. For instance, you can decide whether you want a doctor or midwife to assist you, and where you want to have the baby. The doctor or midwife will tell you about the choices you have and guide you with any problems or worries.

Don't be afraid to ask lots of questions. You have a right to make decisions about the way your baby is born.

Going to special pregnancy classes, called prenatal classes, at a hospital, community health centre, or private organisation, may also help. These groups explain what happens during pregnancy and labour, and the different positions and breathing techniques you can use to relieve pain.

Your partner or a friend or relative can be a great comfort during pregnancy. They may go to prenatal classes with you and stay with you throughout labour and delivery.

To work out when the baby will be born, add seven days to the date of the first day of your last menstrual period. Count back three months, and you have the Expected Date of Confinement (E.D.C.). Sometimes it can go into the following year.

## Example of EDC

Your last period started on 7 February

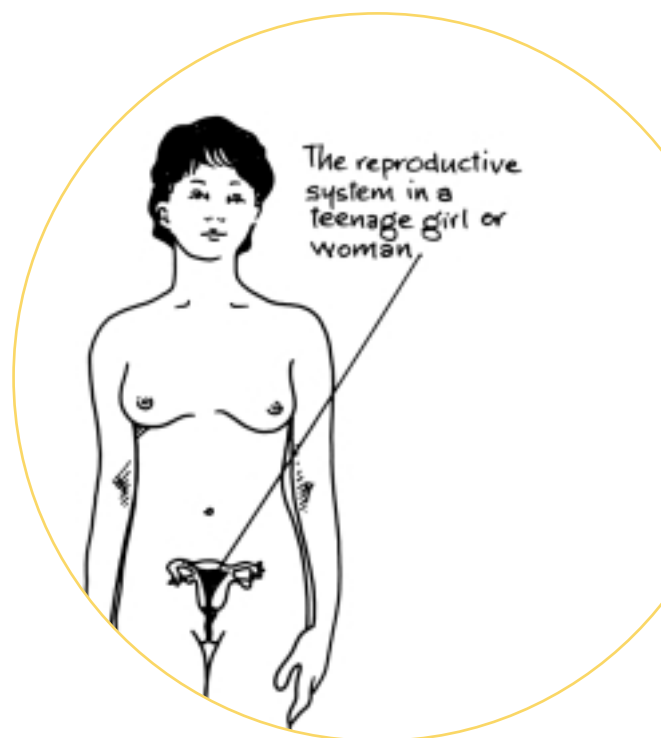
Add seven days 14 February

Count back three months

14 January, 14 December, 14 November

Your baby is due about 14 November

**Diagram 1.**  
Female reproductive system.



# Early development

## How pregnancy begins

Pregnancy begins when an egg (ovum) is shed from your ovary and is fertilised by a male cell (sperm). This usually happens towards the outer end of the Fallopian tube, about midway between menstrual periods.

As the egg moves down the Fallopian tube, it divides into two cells. The cells keep dividing until a solid ball of cells has been formed. When it reaches the womb, the ball of cells becomes attached to the wall of the womb (Diagram 2). Once the ball of cells is attached, the tissue surrounding it produces hormones which help the pregnancy to continue. This happens before your next period is due, and stops the bleeding. However, you may still get a light period, or even what appears to be a normal period.

The ball of cells, which develops into the baby, is referred to as the embryo at this stage. The part of the ball of cells which attaches to the wall of your womb becomes three things - the umbilical cord, the afterbirth and the amniotic sac. These are all very important.

The afterbirth (placenta) absorbs nourishment and oxygen from your blood and these are carried to the baby by the cord (Diagram 3). Waste materials from the baby are carried back by the cord to the afterbirth and disposed of by your body.

The amniotic sac (bag) is filled with liquid (commonly called the waters) which protects the baby while it is in the womb.

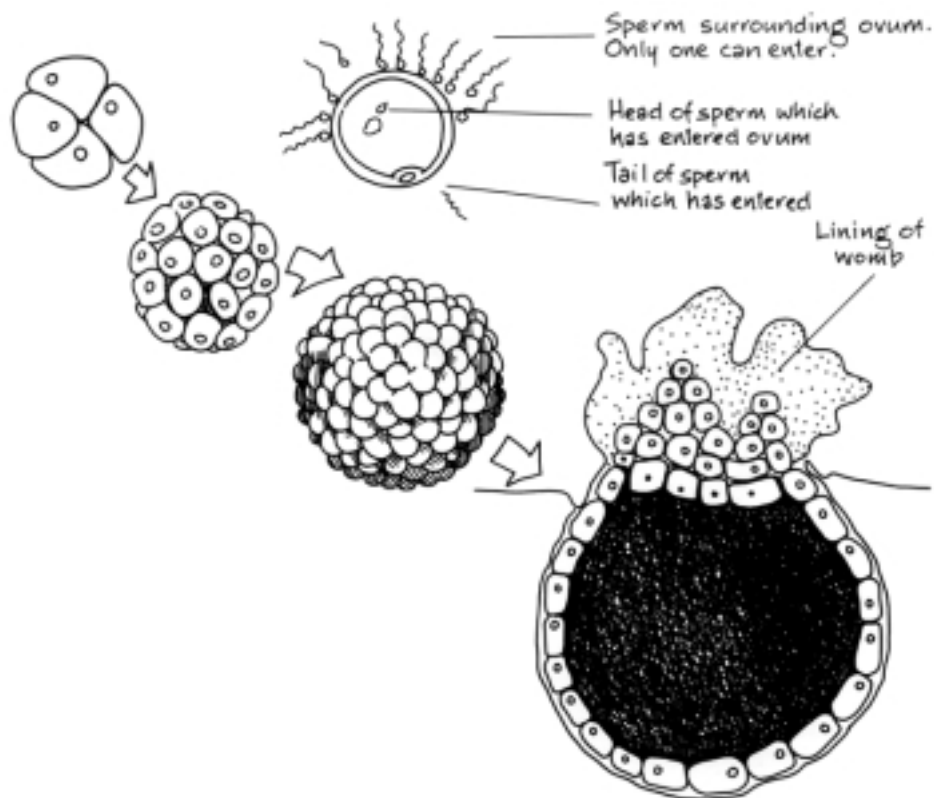
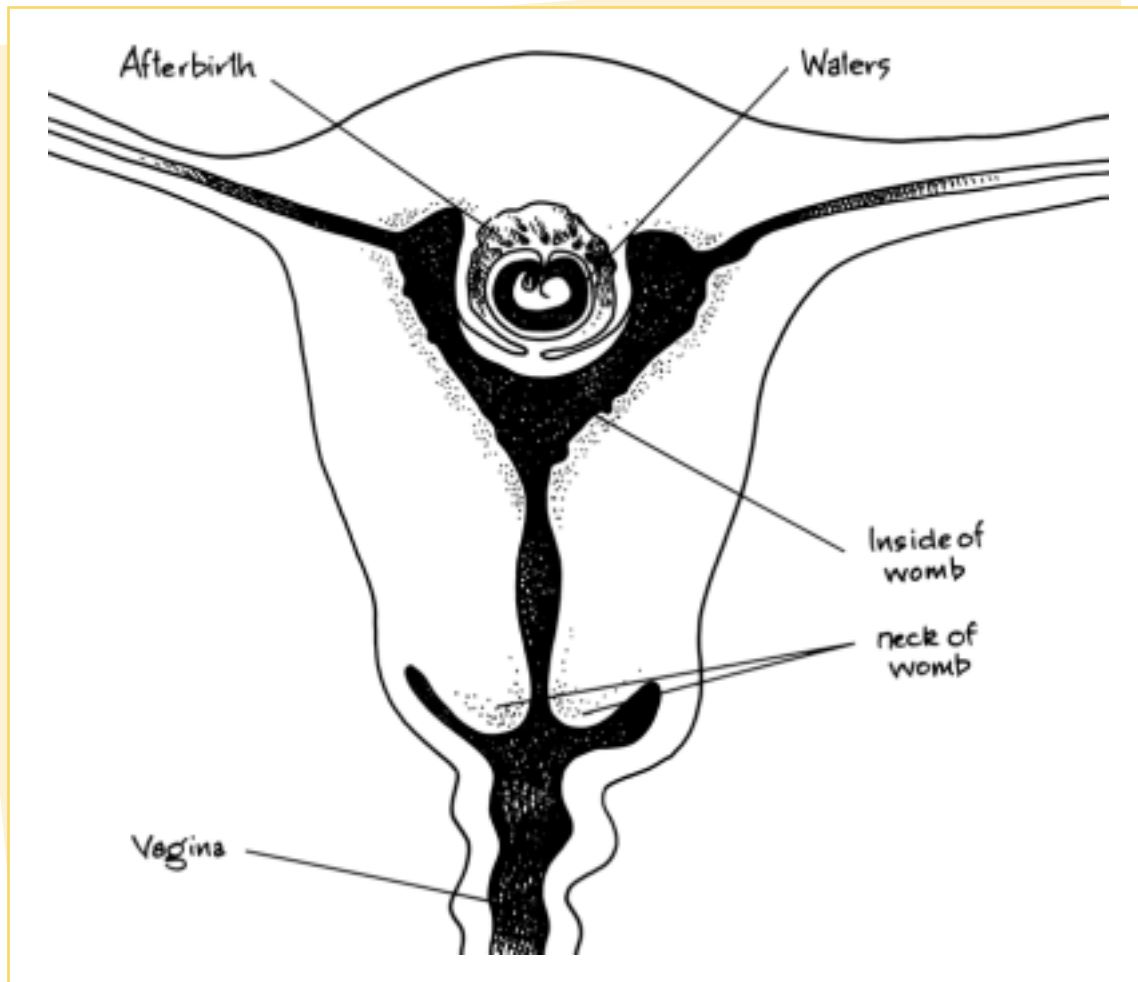
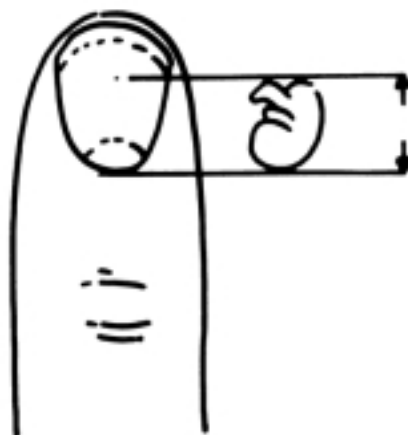


Diagram 2..

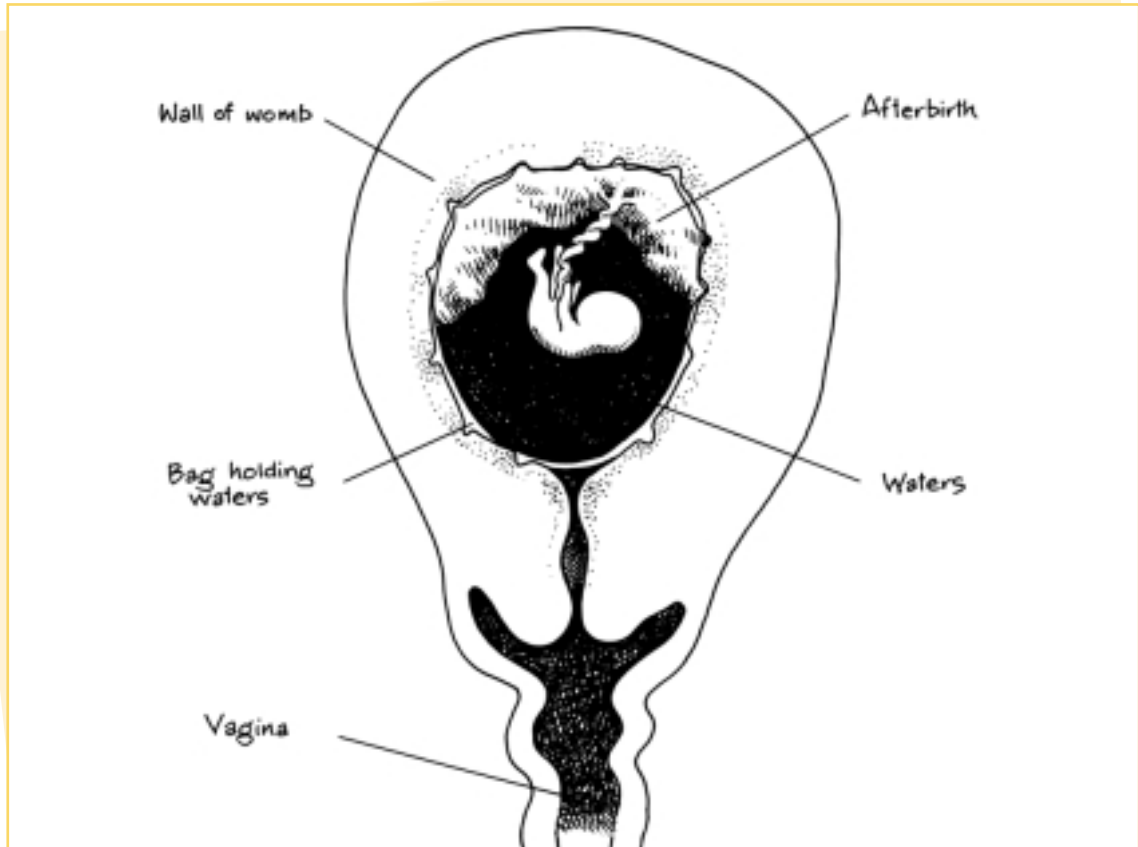
# At 6 weeks



At 6 weeks the fetus is about 5mm long, or a bit smaller than your little fingernail, from its head to its bottom



# At 12 weeks



## How it feels

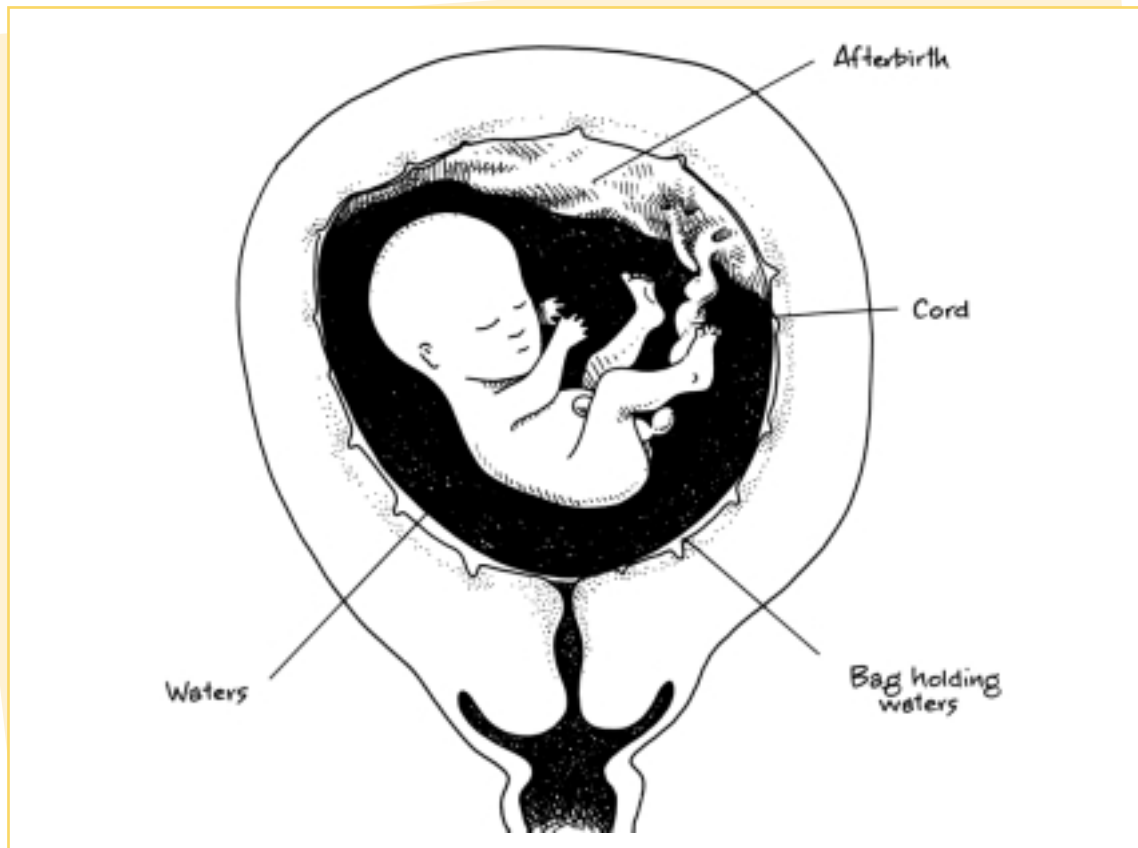
In early pregnancy you may feel tired and irritable, and your moods may go up and down. You may feel sick on the stomach.

This feeling of being sick is called morning sickness, but it may occur at any time of the day or night. These upsets are probably not serious and usually stop soon. They are caused by the changes that are taking place in your body.

At 12 weeks the fetus is about 5cm long, or about the size of your little finger, from its head to its bottom.



# At 16 weeks



**Diagram 5.**  
Your baby at  
16 weeks.

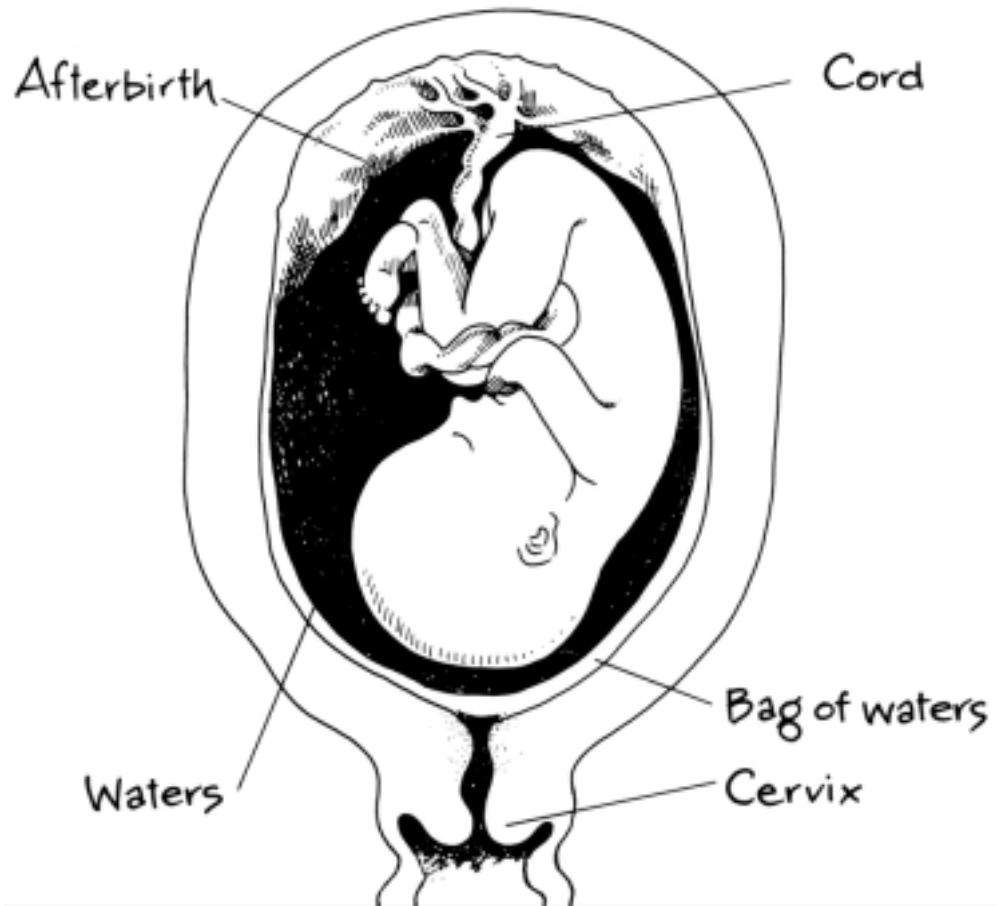
Between 16 and 20 weeks after fertilisation, you may feel the baby move. The first movements are felt as flutters. They are slight at first and may be mistaken for wind, but increases in strength as the baby grows.

You should make a note of when you first feel these movements, as they occur roughly halfway through pregnancy and may help to confirm when the baby is due.

At 16 weeks the baby is about 10cm long, or about the size of your palm, from its head to its bottom.



# At 24 weeks



**Diagram 6.** Your baby at 24 weeks.

At 24 weeks your baby is about 21cm long, or about the length from your elbow to your wrist, from its head to its bottom



# At 32 weeks

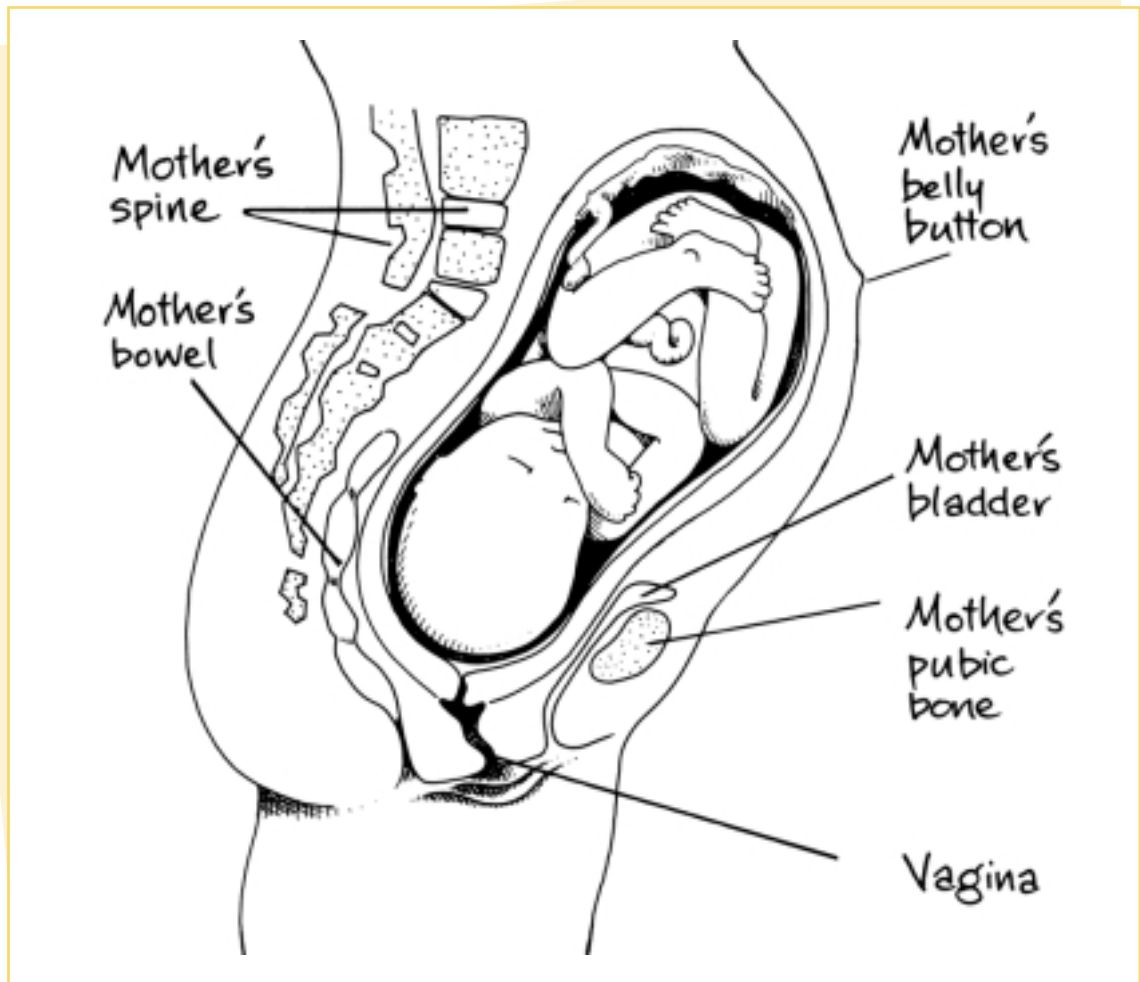
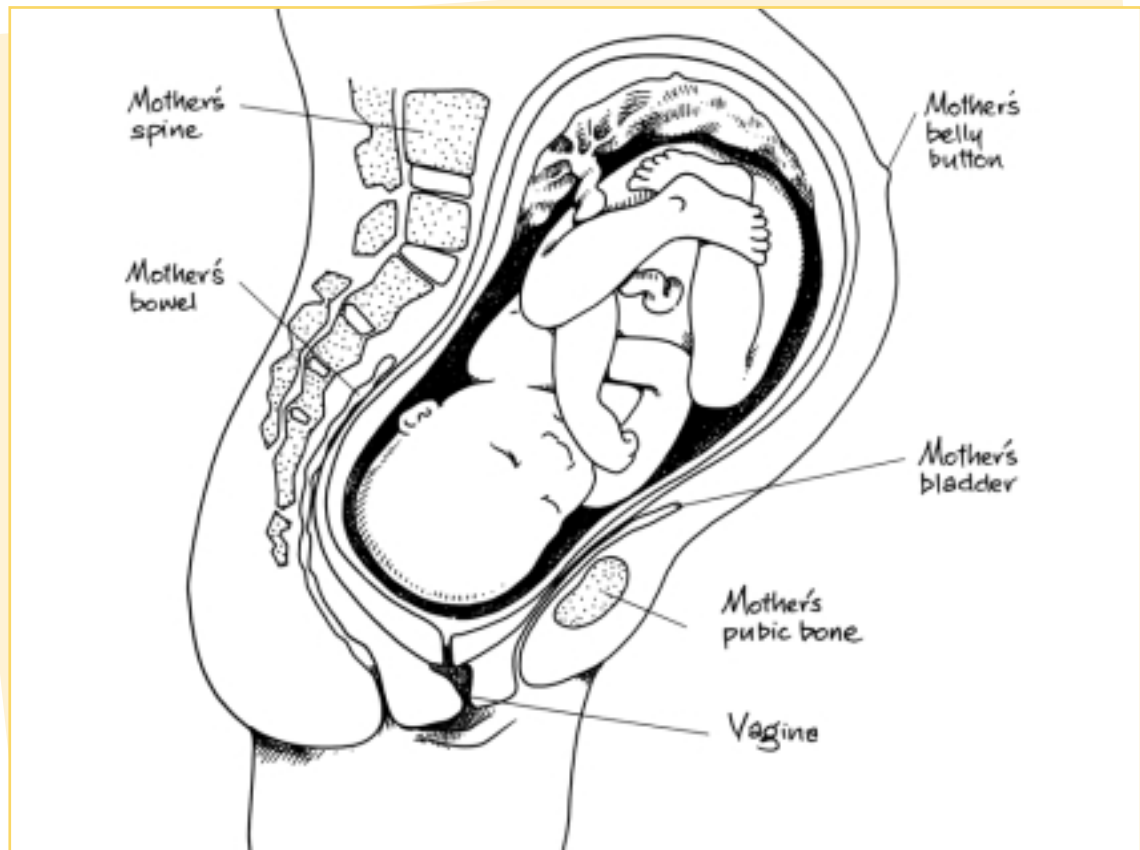


Diagram 7. Your baby at 32 weeks.

At 32 weeks your baby is about 25cm long, or about the length from your elbow to the base of your fingers, from its head to its bottom.



# At 40 weeks



**Diagram 8.**  
Your baby at 40 weeks.

After 20 weeks of pregnancy, the top of your womb will be about level with your naval. Your womb will increase in size in the next 20 weeks, until, after about 40 weeks (anywhere between

37 and 42 weeks), it almost fills your abdomen. You are then said to be "at term" and your baby is ready to be born.

At 40 weeks your baby is about 33cm long, or about the length from your elbow to the tips of your fingers, from its head to its bottom.



# First stage of labour

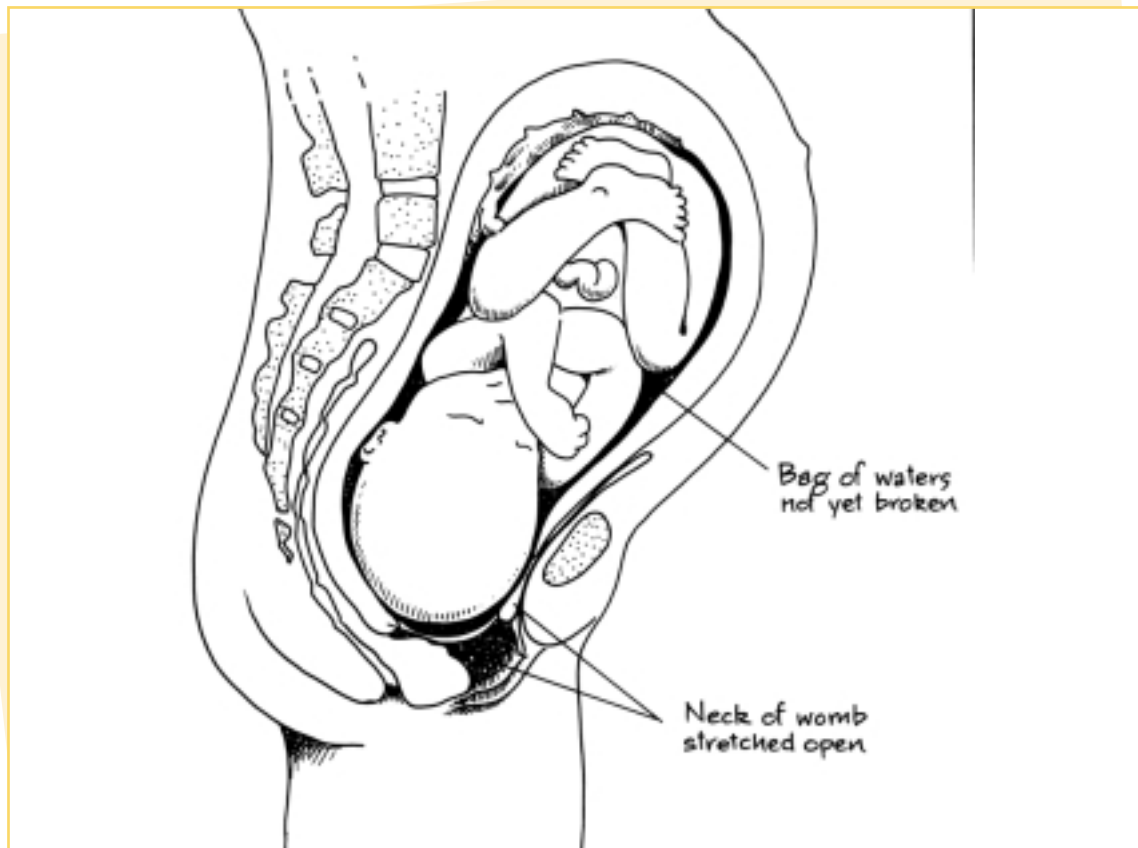


Diagram 9. ►

## Having your baby

Most babies at full term are positioned with the head down (Diagram 9).

Below the baby's head there is a strong, thick muscle called the neck of the womb (cervix). During pregnancy, this muscle remains tight to keep the womb almost closed. There is usually a plug of jelly-like material at the opening.

The muscles of the womb tighten (contract) during pregnancy. These contractions are not strong enough to be painful. But when the baby is ready to be born, the muscles in the womb tighten more strongly. These contractions may be closer together or longer apart. There is usually about 20 to 30 minutes between them.

They feel like cramps in the stomach, or like a bad period pain, or even a bad stomach ache. You may also have a slight backache - or the pain may be all in the back.

The contractions gradually stretch the lower muscles of the neck of the womb. As it opens, it moves the plug of jelly-like material which will pass down your vagina on to your underwear, or into the toilet when you are passing urine. It is usually blood stained. Its passing is called "the show", and it can happen quite a while before true labour begins.



During the first stage of labour, the contractions become stronger and come more often than when they first started. This continues until the neck of the womb is fully open. Stay at home while you feel comfortable, but if you have any bright bleeding, the waters break, the contractions come very close together or you are worried, contact your midwife or go into hospital.

It is helpful to walk and move around between contractions. Doing light tasks may help to pass the time. Don't lift heavy things.

Change position frequently. For example, you could get down on your hands and knees, lean forward into a bean bag, or try pelvic rocking. (Do this by swivelling your hips in a circular motion, like slow belly dancing, or as if you were trying to balance a hoop round your waist.)

Try squatting on three telephone books, with your feet flat on the ground. Or sit astride a hard backed chair the wrong way round, while someone rubs your back.

Throughout this stage, the doctor, midwife or nurse will check your baby's heart rate regularly. They may also examine you inside, to see how labour is progressing. They may suggest you suck pieces of ice or drink small quantities of liquid at this stage and eat very little, if anything.

You may find it helpful to follow the relaxation and breathing techniques taught at pregnancy classes during this first stage of labour.

## The birth

As the contractions get stronger, you may need something to relieve the pain. Talk to your doctor or midwife about the different pain relieving methods, before the baby is due. Each has different advantages and disadvantages and you may prefer a particular one. Or you may need none at all.

Things you and your partner can do include massage, relaxation exercises, placing ice packs or hot packs on the tummy, taking hot showers or sitting in a warm bath, and following breathing techniques. Breathe in as relaxed and as slow a manner as you can. Go to the toilet at least every two hours, to reduce the pressure on the bladder. Changing position, moving around, groaning, and talking freely and loudly, may also help. Sucking ice relieves a dry mouth when you can't eat.

You will be able to talk about these pain relieve methods at a prenatal class. Many hospitals have a tape deck in the labour ward or birthing centre, and you can bring in your favourite relaxing music tape.

The doctor or midwife may recommend a preparation of gas and oxygen which you breathe in through a mask. Or an epidural may be offered. This involves injecting small doses of a local anaesthetic into the lower back, near the roots of the nerves supplying the womb; you feel less in the lower part of your body. Or an injection of pain killer can be given into the muscles of the leg or bottom.

As the neck of the womb stretches, the bag that holds the water bulgers in front of the baby's head. The bag usually breaks as soon as the neck of the womb is fully open, but it may break before this, sometimes even before labour begins. Sometimes it doesn't break until the head of the baby is born. Go to hospital or call your midwife if your waters break. An infection may start if you wait - it means your baby is no longer protected.

# Second stage of labour

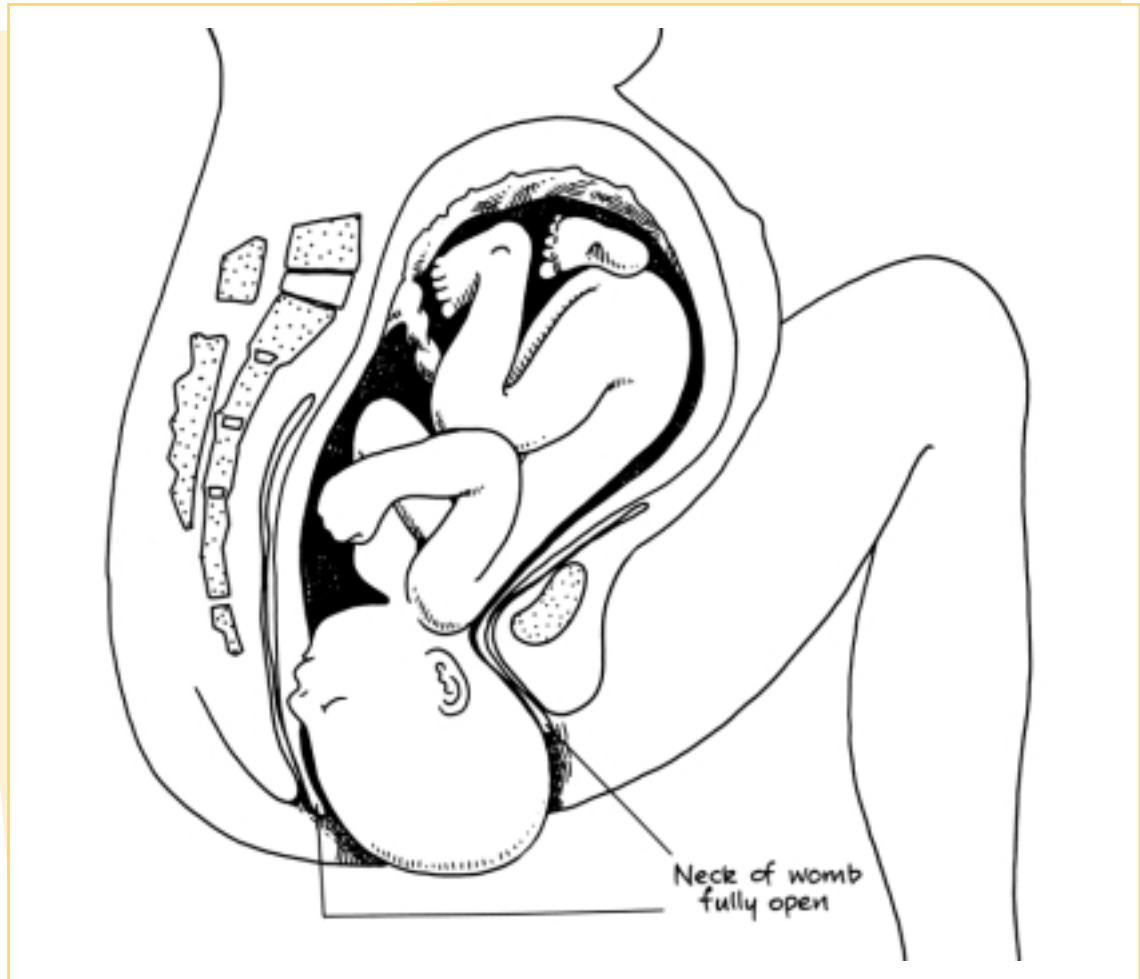


Diagram 10. ▶

The second stage of labour begins as soon as the neck of the womb is fully open. When this happens, you may feel a desire to push down. During this second stage, the baby passes through the vagina. It is important to relax between each push.

Diagram 10 shows the late second stage of labour, with the baby's head partly outside the vagina. The birth of your baby's head will be gently controlled by the doctor or midwife so that your skin will stretch gradually. You can help by taking short panting breaths until the head is born. The baby turns sideways as its shoulders come down, and within minutes the baby is born.

# Shoulders ready

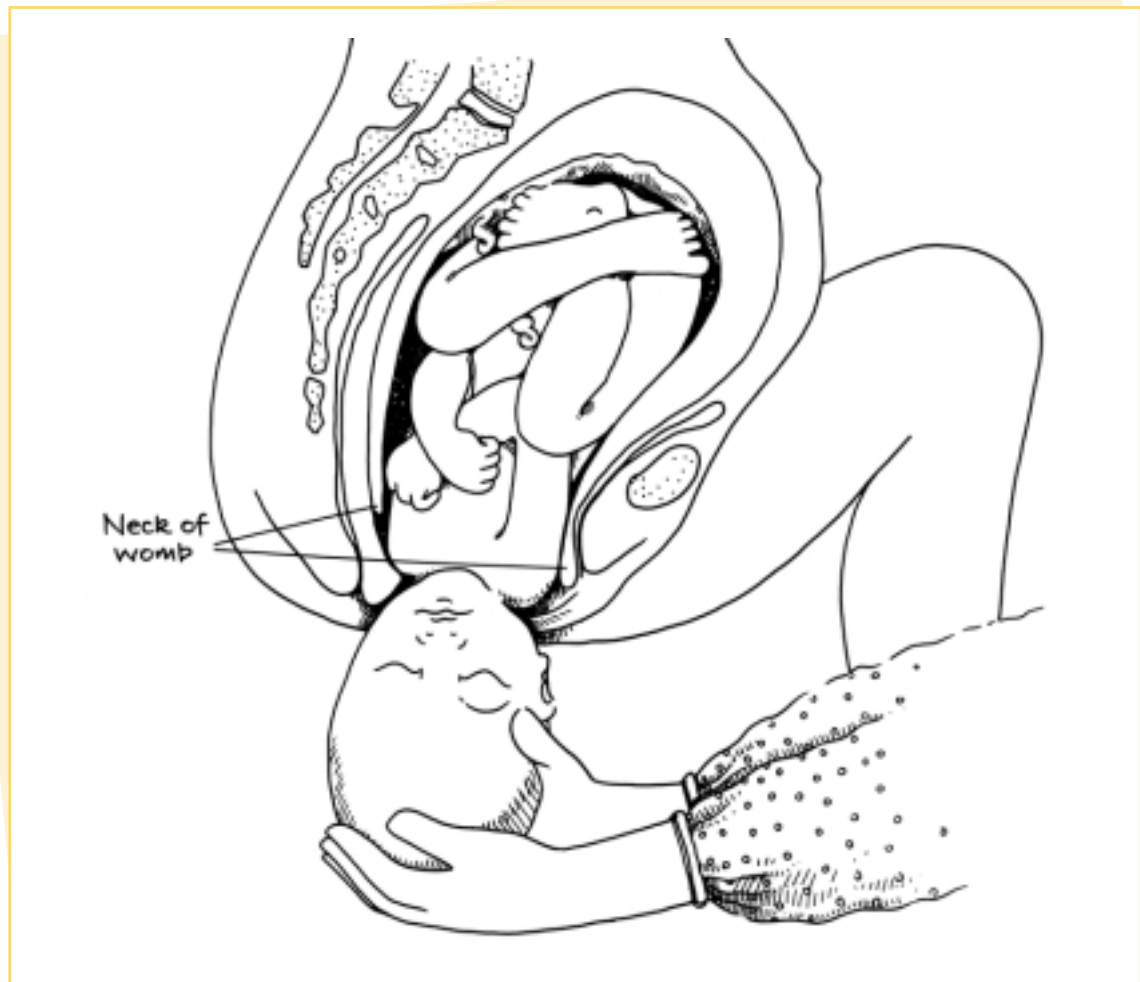


Diagram 11. ▶

Diagram 11 shows the baby's head fully outside the vagina. The baby turns sideways as its shoulders come down, and within a few minutes the baby is born.

At birth, your baby may be a little blue in colour, but with a first cry will turn a healthy pink. Until birth, the baby has taken oxygen and nourishment through the cord. At birth, the cord throbs at the rate the baby's heart is beating.

After the baby takes a few breaths, the cord is clamped and cut. This will not hurt you or your baby at all.

A newborn baby is usually covered with a white slippery material which has protected the baby's skin in the womb and helped its passage during birth. This comes off when the baby is washed.

If your baby is born in hospital, she or he will be given a label with your name at birth. This is put round the baby's arm or leg, and is kept on until you leave.

# Third stage of labour

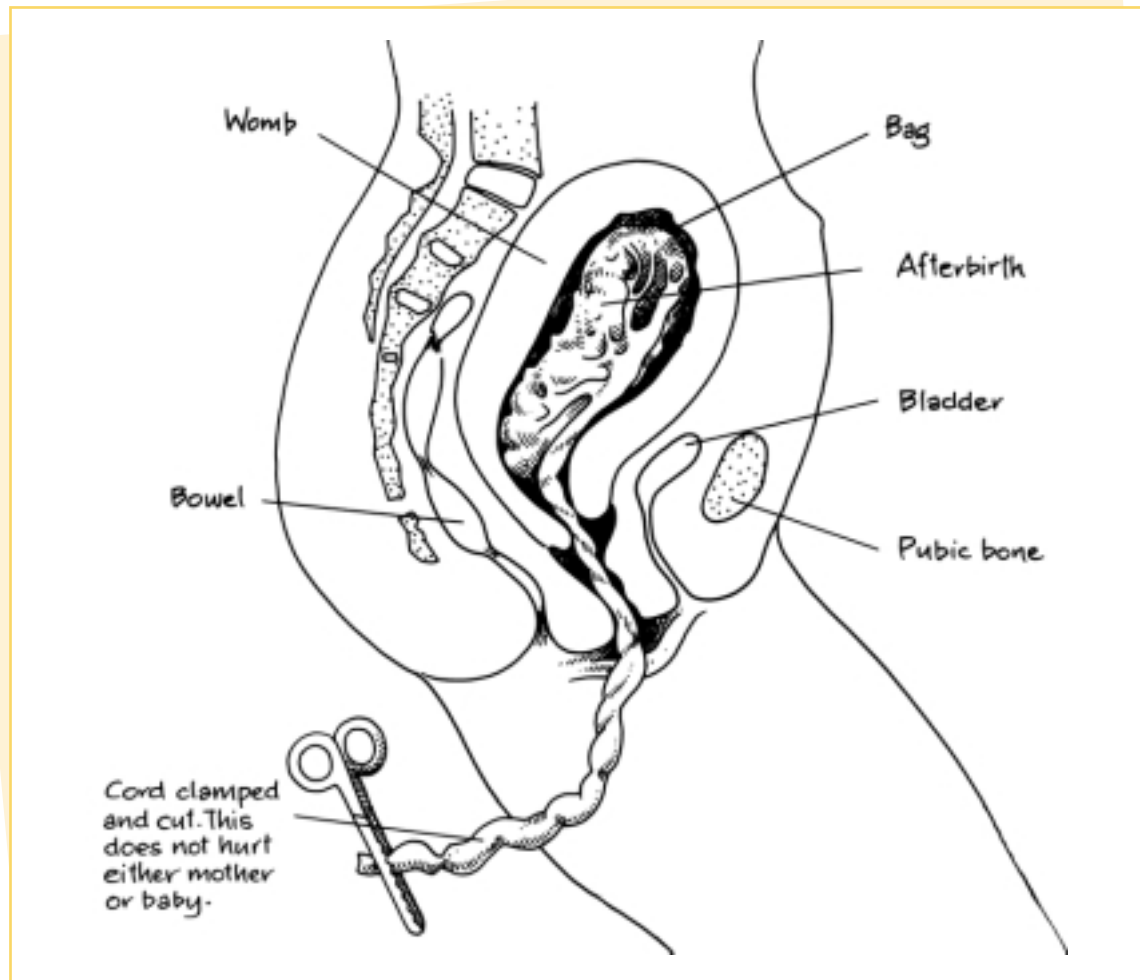


Diagram 12.

The third stage of labour is from when your baby is born until the afterbirth is delivered (Diagram 12). A few minutes after your baby is born, you may be given an injection and your womb will contract again. The afterbirth will peel off from the womb, and you may need to push to deliver it. (If there is no injection, it comes out more slowly.) When this happens, labour is over.

This outline of the stages of labour does not mention all the choices about how babies are

born. It also doesn't mention problems that may happen, or what you can expect of the hospital staff if you have your baby in hospital. You should discuss these with your doctor or midwife during pregnancy.

The father, your partner or a close friend or relative can be a great help during pregnancy and labour and a source of emotional, moral and physical support. If you wish, he or she may attend prenatal classes with you, and stay throughout labour and delivery.

# After the birth

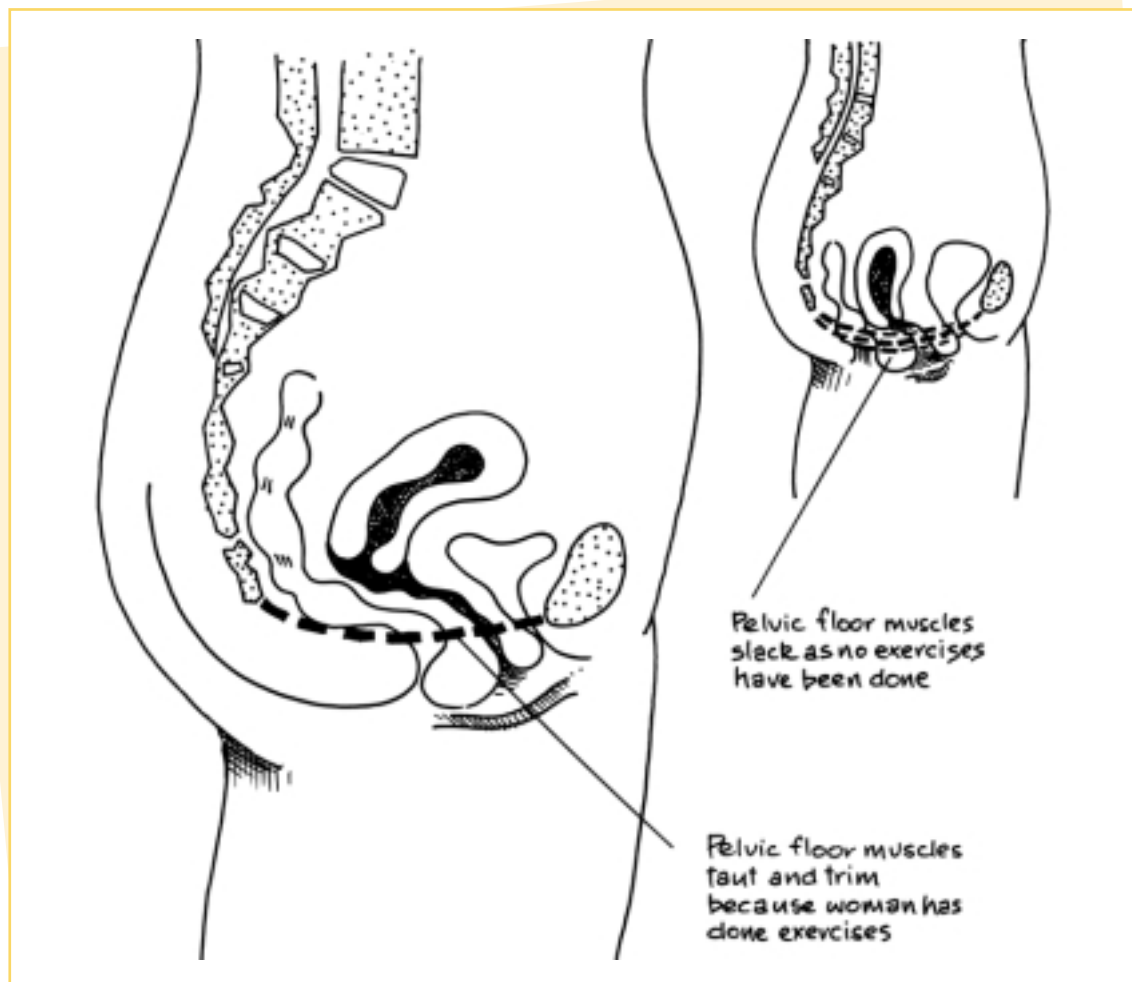


Diagram 13.

## Returning to normal

Your womb will return to its normal size within six weeks after the baby is born. The large, raw area left on the side of the womb, where the afterbirth comes away, heals very quickly. You will have a discharge until the healing is complete.

To avoid infection, you should avoid sexual intercourse for some weeks, until the discharge has eased off and is lighter in colour.

Some muscles are considerably stretched during pregnancy and labour, especially those of the abdomen and vagina. Exercise will help these muscles return to normal (Diagram 13).

Your midwife or the hospital will give you a free Personal Health Record booklet for recording your baby's progress and development.

Other free NSW Health Department publications that tell you more about family planning, having babies or looking after them, are

- Pregnancy Care
- Breastfeeding
- Test to Protect Your Baby

Ask for these at your local community health centre, early childhood health centre or hospital.

