

Complications  
in labour and  
birthing

Even if you're healthy and well-prepared for labour and giving birth, there's always a chance of unexpected difficulties.

### **Slow progress of labour**

Your midwife or doctor can assess how labour is progressing by feeling your baby in your abdomen, checking how much the cervix has opened and how far the baby has dropped. If your cervix is opening slowly, or the contractions have slowed down or stopped your midwife or doctor may say that your labour isn't progressing as well as it should be.

It's good if you can relax and stay calm – anxiety can slow things down even more. Ask what you and your partner or support person can do to get things going. The midwife or doctor may suggest:

- changing position
- walking around – movement can encourage contractions and help the baby move further down
- a warm shower or bath
- a back rub
- a nap to regain your energy
- something to eat or drink.

If progress continues to be slow your midwife or doctor may suggest breaking your waters or inserting an IV drip with synthetic oxytocin to make your contractions more effective. If you're tired or have unmanageable pain, you may want to ask about options for pain relief.

*"You've got to have a plan. But you can't expect to be too much in control of what happens. The main thing is to be as informed as possible."*

*Katrina*

## **When the baby is in an unusual position**

Most babies are born head first, but some are in positions that may complicate labour and the birth.

### **Posterior position**

This means the baby's head enters the pelvis facing your stomach instead of your back. It can lead to a longer labour with more backache. Most babies will turn around during labour, but some don't. If a baby doesn't turn, you may be able to push it out yourself or the doctor may need to turn the baby's head and/or help it out with either forceps or a vacuum pump. You can help by getting down on your hands and knees and rotating or rocking your pelvis - this may also help ease the backache.

### **Concern about the baby's condition**

Sometimes there may be a concern that the baby is distressed during labour. Signs include:

- a faster, slower or unusual pattern to the baby's heartbeat
- a bowel movement by the baby (seen as a greenish-black fluid called meconium in the fluid around the baby).

If your baby seems to be not coping well, the first step will be to closely monitor their heart beat. Your baby may need to be born quickly, with a vacuum or forceps delivery or perhaps by caesarean section operation.

## **Postpartum haemorrhage (heavier than normal bleeding)**

It's normal to bleed a little after the birth. Usually, the muscles of your uterus will continue to contract to reduce and prevent bleeding. However, some women experience heavier than normal bleeding, which is called a postpartum haemorrhage.

A postpartum haemorrhage occurs when a mother loses 500ml or more of blood. The most common cause of a postpartum haemorrhage is that the muscles of the uterus relax instead of contracting. An injection (synthetic oxytocin) given after the baby's birth helps the uterus push the placenta out and reduces the risk of heavy bleeding. Your midwife will check your uterus regularly after the birth to make sure that it is firm and contracting.

Postpartum haemorrhage can cause a number of complications and may mean a longer stay in hospital. Some complications are severe but they rarely result in death.

### **Retained placenta**

Occasionally the placenta doesn't come away after the baby is born, so the doctor needs to remove it promptly. This is usually done in the operating theatre. You'll be given an epidural or a general anaesthetic.