

What I Wish I'd Known about Giving Birth

Your own unique story

You may have a picture in your mind of what childbirth will be like. While it's good to have a vision, try not to anchor yourself to it. Being open minded and flexible will help you prepare for any changes that may pop up.

Childbirth rarely goes exactly as planned—and that's okay. It means that every person will have their own unique birth story to celebrate.

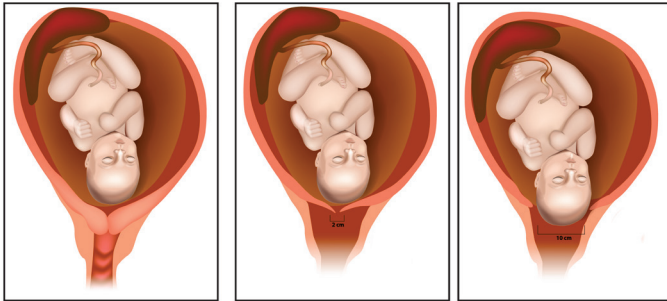


Most common surprises

To help you prepare, we've gathered a list of the most common surprises.

- 1. Have your car seat ready.** Install your baby's car seat and get it checked well before your due date.
 - The Minnesota Department of Public Safety website has helpful information about child safety seat checks: <https://dps.mn.gov/divisions/ots/child-passenger-safety/Pages/car-seat-checks.aspx>.
 - Once at the hospital, it's best to keep the baby's car seat in the car until it's time to go home.
- 2. Pack, but don't over pack.** A few favorite snacks, and some loose, stretchy clothes will do.
 - The hospital will provide supplies to care for yourself and the baby.
 - When you go home, you'll be the size you were when you were about 5 months pregnant. Maternity wear, yoga pants or sweat pants may be more comfortable than jeans.
- 3. Having contractions doesn't always mean you're in active labor.** The early phase of labor can last a long time. Contractions can even start and stop.
 - If your contractions are in the early phase of labor, you may need to return to the hospital at a later time. You'll be more comfortable if you start laboring at home.
- 4. People can feel contractions in different parts of their bodies.** You may feel contractions in your belly, lower back or thighs.
- 5. Your water (amniotic sac) may not break in a gush.** It may seem like a trickle; call your care team for next steps.
- 6. Your labor team may be different from who you saw in the clinic.** Ask your prenatal care team who will be present for your birth. This depends on when and where you deliver.
- 7. You may labor and give birth in different positions.** Changing positions helps with the natural movement of the baby during birth. Visit www.fvfiles.com/524574.pdf and talk to your birth team about the ideas that appeal to you.

8. **Your cervix must be fully effaced (thinned 100%) and dilated (open to 10 centimeters) before you're ready to push.**



Before labor

begins: Cervix is closed and is full thickness.

Not ready yet:

Cervix has thinned and shortened, but it is only dilated to 2 cm.

Ready to push:

Fully effaced and dilated to 10 cm.

9. **Your birth team can help guide you in pushing.**
Your body knows when to push, but you may feel different sensations if you've had an epidural.
10. **There are different ways to breathe while pushing.**
The birth team can help you with different breathing techniques.
11. **It is normal to make noise.** It's okay to vocalize (make noise, grunt or yell) loudly during labor. This often means you're getting closer to delivery. You are surrounded by people who understand.
12. **Poop happens.** When the baby moves through the birth canal, the added pressure on your rectum can cause you to poop—a little or a lot. Bowel movements during the birthing process are natural and common. We expect this, so there is no need to be embarrassed.
13. **Childbirth is the hardest physical thing you'll do.**
- You'll be very tired afterward. Your back and neck muscles may be sore after pushing.
 - It's not unusual to break or chip a tooth. Gritting your teeth in labor or clenching your jaw may be tough on your teeth.
14. **You'll deliver the placenta, too.** The baby and the placenta are "born" separately. We may need to massage your belly or guide the placenta out.

15. **We may ask to press on your belly near the top of your uterus (fundus).** This is done as soon as the placenta is delivered. It may be uncomfortable. It will help your uterus contract and control bleeding.
16. **You'll keep having contractions for the first few days after childbirth.** Contractions help shrink your uterus back to its regular size.
17. **Breastfeeding (nursing) can be challenging.**
Please reach out to your nurse if you have trouble.
18. **Your care team is here to support your wants and needs.** Please tell us what your wishes are. You can even tell us in private.

Words you'll hear

Cervix - the cervix is in the back of the vagina. It is the opening to the uterus

Cervical exams - we check your cervix to know how close you are to delivery. Your cervix must be fully dilated (10 centimeters) and fully effaced (100%) for your baby to be born

Contractions - when the muscles of the uterus tighten and relax

Crowning - when the baby's head (the crown), starts to appear

Dilated -the openness of your cervix; it is measured in centimeters from 0 to 10

Effacement - shortening and thinning of the cervix; it is measured from 0 to 100%

Fundus - the top of the uterus

Uterus - where your baby is located and grows

