



# What does a childbirth feel like? and How painful is a childbirth?

## Overview of childbirth

The medical field officially divides deliveries into three phases. The first step is labor, which consists of three steps. Early, agile, and transitional. The first stage ends with a complete dilation (opening) of the uterus. The second stage is labor, which involves pushing and the actual delivery of the baby. The third stage is postpartum or postpartum labor.

While a full-term baby can take up to nine months to grow, labor and delivery can take days or even hours. However, it is the process of labor and delivery that occupies most of the minds of future parents.

If you experience symptoms similar to the ones you started or are coming soon:

1. Increased pressure in the uterus
2. Change in energy levels
3. Bloody mucus discharge

## Braxton hicks contractions

Most women experience irregular contractions after 20 weeks of pregnancy. Called Braxton Hicks contractions, they are generally painless. For the most part, they are uncomfortable and uneven. Braxton Hicks contractions are sometimes triggered by maternal or infant activity or by full growth of the bladder. No one fully understands the role of Braxton Hicks contractions in pregnancy.

They promote blood flow, help maintain the health of the cervix during pregnancy, or prepare the uterus for childbirth. Braxton Hicks contractions are not a cause of uterine rupture.

Traumatic or normal contractions are unlikely to be from Braxton Hicks. Instead, they are the type of contractions that lead to calling your doctor.

## The first step in care:

[Labor and delivery of childbirth](#) are divided into three stages. The first stage of labor begins with full dilation of the uterus. This phase is divided into three phases.

## Initial care

This is usually the longest and least intense phase of the workout. Early labor is also known as the latent phase of labor. During this period the cervix becomes thinner and the uterus ruptures 3-4 cm. It can occur in many days, weeks, or a few short hours. Contractions at this stage vary and range from mild to strong, occurring at regular or irregular intervals.

Other symptoms at this stage are back pain, cramps, and bloody discharge. Most women are ready to go to the hospital at the end of the initial labor. However, most women end up in a hospital or maternity ward during early childbirth

### **Active labor**

The next stage of labor occurs when the uterus separates from 3-4 cm to 7 cm. The contractions become strong and other symptoms may include back pain and bleeding.

### **Transitional labor**

This is the most intense phase of labor with a sharp increase in contractions. They become strong and last for two to three minutes and average 60 to 90 seconds. The last 3 cm of dilation usually occurs over a very short period of time.

## **The second stage of childbirth and labor:**

### **Delivery**

- In the second stage, the uterus is completely dissected. Some women may feel the urge to push immediately or completely. The baby may still be higher in the pelvis than other women.
- The baby takes some time to descend with contractions, so it is very rare for the mother to start pushing.
- Women who do not have an epidural usually have a high desire to push, or they may have significant constipation when the baby is in the pelvis.
- Women with an epidural may still have a desire to push and they may experience rectal pressure, although it is usually not as severe. Burning or stinging in the vagina as baby head crowns are also common.
- It is important to try to relax and unwind between contractions. This happens when your labor coach or doula is very helpful.



## **The third stage of childbirth and labor**

### **Delivery of the placenta**

The placenta can give birth after the baby is born. Mild contractions help the placenta separate from the uterine wall and moves down towards the vagina. Stitches are made to correct a tear or surgical cut (episiotomy) after childbirth.

### **Pain relief**

Modern medicine offers a wide variety of options for managing pain and complications that occur during labor and childbirth. Some of the medications available include the following.

### **Drugs**

Drugs are often used to relieve pain during childbirth. Use is limited to the early stages because they can cause excessive maternity, fetal and neonatal intoxication.

Drugs are usually given intramuscularly or intravenously to women who are in labor. Some centres offer patient-controlled administration. That means you can choose when to receive the receipt.

Some of the most common drugs are used for childbirth pain:

1. Morphine
2. Meperidine
3. Fentanyl
4. Butorphanol

## 5. Nalbuffin

### **Nitrous oxide**

Inhaled analgesia drugs are sometimes used during childbirth. Nitrous oxide, also known as laughter gas, is commonly used. It provides adequate pain relief for some women when used intermittently, especially in the early stages of labor.

### **Epidural**

The most common method of pain relief during and after childbirth is an epidural blockade. It is used to provide anaesthesia during and after childbirth and during cesarean delivery (C-section). Pain is relieved by injecting an anaesthetic into the epidural area, and the covers on the outside of the lining cover the spinal cord. The drug prevents the transmission of pain sensations through nerves that pass through that part of the epidural space before it connects with the spinal cord.

The use of composite spine-epidurals or walking epidurals has become popular in recent years. This involves passing a very small pencil-point needle through the epidural needle before placing the epidural anaesthetic. The small needle develops into space near the spinal cord and a small dose of a drug or local anaesthetic is inserted into space. It only affects the sensory function, which allows you to walk and turn during exertion. This technique is usually used in the early stages of labor.

## **Natural pain relief option for childbirth and labor**

There are many options for women seeking non-medical pain relief during and after childbirth. They focus on reducing the perception of pain without the use of medication.

Some of these are:

1. Sample breathing
2. Lamaze
3. Hydrotherapy
4. Transcutaneous electrical nerve stimulation (TENS)
5. Hypnosis
6. Acupuncture
7. Massage

## **Childbirth and labor-inducing exertion**

Labor can be artificially induced in many ways. The method chosen depends on a number of factors, including:

1. How ready is your cervix for labor?

2. Is this your first child?
3. How far along you are in pregnancy.
4. If your layers are cracked.
5. Reason for motivation.

Some of the reasons your doctor may recommend motivation include:

1. When the pregnancy reaches week 42.
2. If the mother's water breaks and labor does not start after a while.
3. If there are problems with the mother or the baby.

In general, stimulation of labor is not recommended when the woman has had a previous cesarean section or when the baby is breech (below).

Hormonal drugs called prostaglandin, a drug called misoprostol, or a device to soften and open the uterus may be used if it remains for a long time and does not soften or begin to separate. Removing the layers can trigger labor in some women. This is how your doctor will examine your uterus. They manually inserted a finger between the membranes of the amniotic sac and the wall of the uterus.

Natural prostaglandins are released by separating or removing the lower part of the uterine wall membranes. It softens the uterus and can cause contractions. Removal of the membranes can only be accomplished if your doctor inserts your finger and the uterus is dilated enough to handle the procedure.

Medications such as oxytocin or misoprostol can be used to stimulate exertion. Oxytocin is administered intravenously. Misoprostol is a tablet that is put into the vagina.

## Fetal position

- Mostly patients made [regular visits to gynaecologist doctors](#). Your doctor will monitor your baby's condition regularly during prenatal visits. Most babies turn upside down between week 32 and week 36. Some do not turn at all, others turn to feet or bottom first.
- Many physicians attempt to convert the breech fetus to a head-down position using the external cephalic version (ECV).
- During CVD, a doctor tries to make the fetus more sensitive to the mother's abdomen, using ultrasound as a guide. The baby is monitored during the procedure. CVDs are often successful and reduce the likelihood of cesarean delivery.

## Cesarean section

The national average of cesarean births has increased significantly in recent decades.

According to a trusted source from the Centers for Disease Control and Prevention, 32% of

mothers in the United States give birth using this method, also known as cesarean delivery. Cesarean section is often the safest and fastest delivery option in difficult deliveries or when problems occur.

- C-section is considered major surgery. The baby is delivered through incisions in the abdominal wall and uterus rather than the vagina. The mother is given sedation before surgery, which numbs the area from the abdomen to the waist.
- The incision is in the lower part of the abdominal wall, always parallel. In some cases, the incision may be vertical below the belly button from the midline.
- Except in some complicated cases, the incision in the uterus is also horizontal. The vertical incision in the uterus is called the classical c-section. This leaves the cervical muscle unable to withstand contractions in future pregnancies.
- After delivery, the baby's mouth and nose suck so that they can breathe first and the placenta is delivered.
- Most women do not know they have a c-section until labor begins. C-sections can be scheduled in advance if there are problems with the mother or baby.

Other reasons why a c-section is required:

1. Previous C-section with a classical, vertical incision.
2. Fetal illness or congenital defect.
3. The mother has diabetes and the baby is estimated to weigh more than 4,500 grams.
4. Placenta previa
5. HIV infection and high viral load in the mother.
6. Breech or inverted fetal position.

## **Vaginal birth after C-section (VBAC)**

- If you have a c-section, it was once thought that you should always get one to deliver babies in the future. Today, repetitive C-sections are not always necessary. Vaginal birth after C-section (VBAC) is the safest option for most people.
- Women with a lower transverse cervical incision (horizontal) from the C-section have a better chance of delivering the baby through the vagina.
- Women with classic vertical cuts should not be allowed to try VBAC. Vertical incisions increase the risk of uterine rupture at vaginal birth.
- It is important to discuss your previous pregnancies and medical history with your doctor so they can assess whether VBAC is an option for you.

## **Auxiliary delivery**

At the end of the pushing phase, the woman needs a little extra help in delivering her baby. A vacuum extractor or forceps can be used to assist with delivery.

## **Episiotomy**

An episiotomy is an incision made at the base of the vaginal and perineal muscles, raising the opening for the baby to come out. It was once believed that every woman needed an episiotomy to give birth to a child. An episiotomy is usually performed only if the baby is suffering and needs help to get out faster. They also occur when the baby's head is delivered but the shoulders become entangled (dystocia).

An episiotomy can also be done if a woman has been pushing for a long time and is unable to push the baby beyond the very bottom of the vaginal opening. An episiotomy is usually avoided if possible, but the skin and sometimes the muscles are torn instead. Skin tears are less painful and heal faster than an episiotomy.