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Stages of Labor

By Elaine Zwelling, R.N., Ph.D., F.A.C.C.E.

There's a reason why the birth process is called "labor": It can be hard work! Fortunately, Mother Nature has given you everything you need to do the monumental job of giving birth to your baby. While the process of labor and birth has its own sensations and rhythms for each woman, there are some basic stages—three, to be exact—that all women go through during a vaginal birth. Here's what you can expect from the first contraction to the grand finale.

First Stage

During the first stage of labor, the cervix (the narrow opening that separates the vagina from the uterus) prepares itself for the birth of the baby. It does this in two ways: 1) The tissue of the cervix effaces, or thins. Effacement begins as a softening of the tissue, which is normally firm, and ends when the tissue is flush with the walls of the uterus. 2) The cervix opens up, or dilates, to 10 centimeters in diameter. But this doesn't all happen at once. It occurs gradually, in phases: an early phase, an active phase, and a transition phase.

Early Phase

What happens: Contractions start out slow and mild. They may occur at 20- to 30-minute intervals. In the early phase, the duration (length) of a contraction is usually less than a minute. Toward the end of this phase, the contractions become more frequent, close to five minutes apart. By the end of this phase, your cervix will dilate to three centimeters and efface quite a bit.

How you might feel: The early phase is an exciting time for most women. You may be surprised that labor has really started and eager to get things under way, yet still somewhat apprehensive about the task ahead. Luckily, for most women labor begins slowly and gently, so you have time to get used to the process. Early labor contractions feel like menstrual cramps or the Braxton-Hicks contractions you had in late pregnancy. As the contractions come closer together, they may become more uncomfortable.



Coping strategies: Early labor is a good time to rest and relax, evaluate what's happening by keeping notes, and entertain yourself. Most health care providers will instruct you to stay home during this phase. So take a walk or relax in a warm bath (if your membranes have not broken) or a shower. You can also do last-minute things around the house, visit with friends, watch a video, or take a nap if your contractions are not too uncomfortable.

How long it lasts: Early labor is the longest phase, usually lasting a few hours if you've had a baby before and possibly as long as 20 hours if this is your first.

Active Phase

What happens: In active labor your uterus becomes much more efficient at working to deliver your baby. Contractions become regular and closer together, occurring at two- to five-minute intervals.

They last longer, too—around a minute. During this stage your cervix dilates from four to eight centimeters and completely effaces. It's usually at the beginning of the active phase, when contractions are regular and about five minutes apart, that most women are instructed to go to the hospital or birthing center.

How you might feel: Now that your uterus is doing more work, you start to feel the effects. You may perspire and get tired. The contractions are stronger now and more uncomfortable, even painful. (Remember: The stronger the contractions, the more they are dilating your cervix and moving your baby toward birth.) Because the contractions are more intense, you become more serious: You feel less like laughing or joking (as you may have done in the early phase), preferring instead to focus on riding out each contraction and anticipating the next one.

Coping strategies: It's show time! You finally get to use all the comfort measures you've learned about in your childbirth classes: relaxation, position changes, rocking, rolling on a birthing ball, relaxing in warm water, breathing techniques. Your labor partner can pitch in by keeping you company and helping you relax—giving you a back rub, for instance, or leading you through a visualization exercise. You may also decide at some point during this phase that you want some medication or anesthesia.

How long it lasts: The active phase lasts approximately four to six hours for first-time mothers and is usually shorter if you've had a baby

before. If your membranes have not ruptured, your physician or midwife may break them to keep things going at a good pace.

Transition Phase

What happens: Transition is the most challenging phase of labor, even more so than the actual birth. Your uterus exerts its final surge to dilate the cervix from eight to 10 centimeters. The contractions are two to three minutes apart, and each may last up to a minute and a half.

How you might feel: Your uterus is now working itself to the limit to fully dilate your cervix, so the contractions are the most painful during this phase. Because of the intensity of these contractions, you may experience nausea, shaky legs, hiccups, or a sensitivity to being touched. You may also feel like pushing with each contraction—although you shouldn't, because pushing before you're fully dilated could cause your cervix to tear or swell. As exhausted and irritable as you may feel, remember that these are all good signs, telling you that your cervix is almost completely dilated.

Coping strategies: Continue all the comfort measures you were using in the active phase. If you've had medication or an epidural, this will help with the pain of your contractions.

How long it lasts: Fortunately, this most challenging phase of the first stage is also the shortest. It usually lasts less than an hour if this is your first baby and less than a half hour if you've given birth before.

Second Stage (Birth Stage)

What happens: Once you are completely dilated (10 centimeters), you enter the birth stage, culminating in the moment when your baby leaves your body. You may have been holding back the urge to push, but now you are supposed to push along with your contractions. Your pushing helps move your baby out of the uterus and through the birth canal (the vagina) and the pelvic floor muscles. The contractions become less intense and slow down, coming every five minutes or so and lasting only about one minute.

As your baby's head begins to emerge through your pelvic floor muscles, your doctor or midwife may decide to perform an episiotomy. An episiotomy is a small incision that enlarges the vaginal opening so your baby can exit more easily. You won't feel any pain as the incision is made: The pressure of the baby's head provides a natural anesthesia, and you may also receive a local anesthetic if you haven't already been given an epidural.

How you might feel: This is an exciting stage! Even though you're tired and want the birth to be over, you get renewed energy and can now actively work to accomplish the task. Many women say that pushing feels like a relief, although it may still be uncomfortable. You probably also feel pressure on your back and perineum, fatigue, and perhaps impatience. As your baby moves out of your body and into the world (and into your arms!) you get the feeling that you have completed the most important work of your life. It's a moment you will never forget.

Coping strategies: If you haven't had an epidural, you can begin pushing immediately. It's very important to push in an upright position if at all possible (sitting, squatting, resting on a birthing ball). This allows gravity to help your uterus move

the baby down. Do not lie flat on your back! Doing so will slow your baby's movement through the pelvis and cause you more pain than if you sit upright.

If you've had an epidural you probably can't feel this process or change positions. To help you coordinate your pushing with the contractions, the nurse, your partner, or your doula will instruct you. You will probably be told to wait until your uterus has advanced the baby to the point where the head can be seen at your vaginal opening before you begin pushing.

How long it lasts: The birth stage of labor can last one to three hours if this is your first baby and usually is over in less than an hour if you've had a baby before.

Third Stage

What happens: This is the stage when the placenta (the afterbirth) is delivered. Within a few minutes after your baby is born, your uterus begins to contract again, only now it just feels like menstrual cramping. The contractions cause the placenta to separate from the wall of the uterus and get pushed out. You may be asked to push one more time to help your uterus deliver the placenta. You might also receive a drug called Pitocin® to help your uterus contract and expel the placenta.

Your caregiver will examine the placenta and membranes to make sure they're intact; if any parts are left in the uterus, they will need to be removed so the uterus can properly get back down to its pre-pregnancy size. Your caregiver will also check your uterus to make sure it continues to contract, which stops the bleeding from the site where the placenta was attached. If you had an episiotomy, the incision will be repaired at this time.

How you might feel: You won't feel discomfort if you've had an episiotomy (if you haven't had an epidural, your provider will have used local anesthesia to numb the episiotomy site). If your caregiver gave you Pitocin to expel the placenta, you may feel the contractions more strongly than if you did not receive the injection. You may get a case of the shakes due to the sudden decrease

in abdominal pressure from the birth. In the first few days after birth you might feel uterine cramping (afterpains) as your uterus contracts. If your afterpains are bothersome, ask your provider for pain medication.

Coping strategies: After the placenta is delivered, your only job is to relax and get to know your baby. If everything is fine, your baby can be placed on your chest immediately after birth and covered with a warm blanket. You get to examine her, talk to her, stroke her, and breastfeed her. This is a wonderful time to get those first photos, too!

How long it lasts: This stage is usually very short, lasting only five to 10 minutes.

Whew! You've finally completed the event you've been learning about and anticipating for months. After you've become acquainted with your new arrival and perhaps breastfed him, don't fret about handing him over to your partner to hold or to a nurse, who will need to take measurements. If everything checks out, your baby should be allowed to stay in the room with you. Your little one probably needs to rest after his big journey. And so do you, so allow yourself to indulge in some much-deserved relaxation... at least until the next feeding.

Congratulations!

Baby Skin Care

By **Anthony J. Mancini, M.D.**

Is anything more perfect than your baby's skin? You can't help but touch and caress it. Go right ahead! Your baby loves it as much as you do.

Protecting delicate skin from harm is an important job for a parent. Here's what you'll need to know and do.

The Soft Touch

While your baby's skin is famously soft and smooth, it is also strong and resilient. The skin is the body's largest organ — a group of cells stacked together to form a thin but tough barrier. Skin constantly renews itself throughout life, a process that begins even before birth.

Still, many a newborn's skin is anything but perfect at first. Don't be alarmed by considerable peeling, redness, or flaking in the first few days after birth. Areas like the wrists, knees, and feet may even bleed as they adjust to being exposed to air. This is all normal. Use a gentle skin ointment to help lubricate and heal cracked or bleeding skin.

Your baby's skin will fill out and get smoother very soon.

Moisturizers

To keep your baby's skin healthy, you need to maintain its natural softness and strength. Even if your baby's skin isn't peeling, it will benefit from using moisturizers. For everyday lubrication, try petroleum jelly, Aquaphor®, Eucerin®, Moisturel®, or Cetaphil®. You can get fragrance-free products with ingredients such as mineral oil or petrolatum. The routine moisturizer you use on your infant should not contain alpha hydroxy acids or sunscreens.

In fact, using the same moisturizer you use on your body is an excellent choice, since you and the baby are always touching anyway. Whatever you choose, stick with it so your baby's skin won't have to readjust to the different blends of ingredients in various products.

Sun Facts

Babies of all ages should stay out of direct sunlight. A baby can get sunburned in as little as 10 to 15 minutes, even on cloudy days.

The first line of defense should be clothing. On warm days, dress your baby in lightweight cotton clothing that covers her arms and legs, and make sure she wears a wide-brimmed hat for every outing. Try to avoid going out when the sun's rays are strongest, between 10 a.m. and 3 p.m.

The American Academy of Pediatrics has recently restated its policy on babies and sunscreen. Previously, it had recommended against using sunscreen on babies under six months of age. Now, however, it says there is no evidence that small amounts of sunscreen on young babies pose any risks. Still, don't rely on sunscreen as a substitute for protective clothing or sun avoidance. Use it to cover your baby's exposed face, hands, and feet.

Nail Care

Your baby's tiny fingernails are very thin and sharp and grow surprisingly fast! You may need to trim them as often as twice a week. This is important since newborns can scratch their faces with their own nails.

Use a soft emery board, baby nail clippers, or baby nail scissors for trimming. You may find it easier to do this job when your baby is asleep. To avoid snipping the fingertip skin as you trim the nail, hold her finger firmly and press the finger pad away from the nail as you cut. Don't panic if you draw a bit of blood (this is bound to happen at least once, despite your best efforts). Just apply a little pressure.

Toenails grow much more slowly and are usually very soft. They don't need to be kept as short as fingernails — a trim once or twice a month is enough. Although they may appear to be ingrown, babies seldom suffer from ingrown toenails. Call your health care provider if the skin around the toenails gets red, inflamed, or hard.

Circumcision

Caring for your newborn son's circumcision isn't difficult if you know what to do. For the first week after the procedure, the penis may look quite red and develop a yellow scab. Keep the area clean using mild soap and water after each diaper change. Coat the head of the penis with petroleum jelly to protect it, and cover it gently with a gauze dressing. Your health care provider will tell you how long to keep the dressing on. If you suspect an infection at any time, notify your provider.

If your son is not circumcised, bathe his penis with a mild soap and water just like the rest of the diaper area. Don't try to pull back the foreskin — it will gradually retract on its own, usually by his third birthday.

Clothing

Dress your baby in one more layer of clothing than you are wearing yourself to keep him warm and comfortable. For newborns, this means an undershirt or onesie, except in warmer climates. When the temperature rises above 75 degrees F, you can reduce this to a single layer. Touch your baby's skin often to detect signs of discomfort: If her hands and feet feel cold, add a layer; if her skin gets hot and sweaty, subtract one.

If your newborn is premature or has little body fat, she will be less able to regulate her own body temperature and may need additional layers for warmth. Newborns with little hair may need a cap, especially at night.

Your baby's skin may be sensitive to chemicals in new clothing and to soap and detergent left on clothes after laundering. To avoid problems:

- Wash all new clothes and linens before your baby uses them.
- For the first few months, do your infant's wash separately from your other laundry.
- Use a gentle detergent and a thorough rinse cycle.

Did You Know?

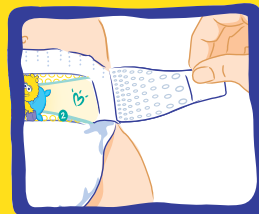
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Ask an Expert

Should I let my newborn sleep through her feeding times, or wake her up?

Answered by Angela Rosas, M.D.

Question: My baby is 9 days old. Is it all right to let her sleep past her feeding time and let her sleep until she wakes up herself?

Answer: Many health care providers recommend waking newborns every few hours to breastfeed for the first few days. Once your milk supply is well established and your baby is feeding well, you can wait for your baby to wake herself to feed. Important indicators of a good milk supply are that your breasts feel full and then empty after nursing. Your baby should also stool and urinate very frequently and should be gaining good weight at the first checkup.

Are crib toys appropriate for a 2 month old?

Answered by Linda Jonides, R.N., C.P.N.P.

Question: Are crib toys like mobiles, activity arches, and foot pianos appropriate? It seems as if we need to associate the crib with sleeping for a baby, not playing. I'm confused about all these gifts I've gotten to fill my crib with when I really want my 2 month old to sleep.

Answer: You raise a very good point: If a baby is overly stimulated, she may have a difficult time falling asleep. However, the items you mention serve a very good purpose for babies. Pleasant music and bright colors and varied shapes can help stimulate a baby's vision and hearing and be very pleasing to them. Some parents place these objects over changing tables instead of the crib to distract the baby while changing diapers or just for some play time. You might want to choose just one of your gifts, perhaps the one that plays music, for the crib, so that listening to the music and watching the mobile briefly could become part of your baby's sleep routine. Wherever you place these objects, be sure to remove them by 5 months or whatever age your baby can get to a sitting or standing position so she won't get entangled with the attaching apparatus. I hope this helps.

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