INTERVENTIONS/CAESAREANS

1. Belt monitors. Although she must stay close to the monitoring machine, she does not need to be up on the bed. The mother can be in upright positions with hot nappies or hot packs on her back.
2. Adjusting belt for baby's heart beat. Using gas during contraction. Sitting on a birth stool leaning against the bed. One belt for the contraction strength, the other for baby's heart rate.
3. Induction/augmentation. This woman is in an active all fours position with a mat on the floor and a 'nest' made of beanbag and many pillows to lean on. The baby is about to be born. Note: Belts, monitor machine and print out, and oxytocic line going into woman's hand.
4. Induction with oxytocic drip and belt monitors. The woman is sitting on the bed leaning over the mobile food tray stand using her own pillows from home. The father is holding a hot pack on her lower back.
5. If the baby's heart rate is OK, after a while the mother can detach from the machines and roll the drip stand to the bathroom to sit on the toilet. Note: she is pushing in this photo.
6. Mobile drip taken to the shower - she can also be in the bath if she keeps her 'drip' hand above the water. The baby's heart can still be monitored intermittently by hand held monitor.
7. Monitoring is required if there is meconium in the amniotic fluid when the waters break. As soon as the baby's head is out, the baby must be suctioned before it is born and takes its first breath.

   Note the 'muddy' meconium stained water on the ground. Warm face washers can still be used during crowning to relieve and assist the stretching perineum.
8. Despite monitors, belts and drips, mother can be in her chosen birth position and father can still 'catch' the baby. (Note baby's browny-yellowy coloured head - this is meconium in its hair.)
9. If an epidural is required: woman must sit curled over and very still. It helps if her partner can hold her hands and breathe with her.
10. Once in place, a tiny tube is left in her back and taped to her skin so she can be free to move. The red colour on her back is antiseptic solution which is painted all over her back before the procedure.
11. An epidural is not 'just an epidural'. It involves many tubes, wires, monitors etc. This woman could not believe how many contraptions she was hooked up to and so was laughing at the situation!

    Note the foetal heart monitoring machine and belts, the epidural infusion pump, the blood pressure cuff, the bladder catheter, the bloody show on pad (a good sign of progress), the drip stand (for IV fluids and oxytocin drip), the gas. An oxytocin drip is not always used but is common as an epidural can slow down contractions.

    Flowers are placed on the nearby equipment for her (at last something natural!). She is semi side-sitting, leaning against a bean bag on the split level bed. This position avoids direct pressure on the sacrum/coccyx and helps to open the pelvis.
12. Exhausted woman, with epidural in place, with bed back raised as high as possible to maximise use of gravity. Note the drip, belts and catheter.
13. Once an epidural goes in after a long drawn out labour, often the woman and her support people have a big sleep. The father is still in touch with their baby.
14. There is an increased risk of forceps, vacuum extraction or caesarean birth if epidurals are used. This baby required birth by forceps as he went into distress (thus the oxygen line to woman's nose).

    Woman's legs need to be in stirrups for forceps delivery. Once baby's head is out, forceps are removed and the woman pushes the rest of the baby out. She can reach down and place her hands under baby's armpits as he is born and bring baby to her chest.
15. With an epidural, often the woman cannot feel the urge to push. If at all possible she can be helped into a more upright position so that gravity can assist the baby's descent. In this case a half squat/ half kneel position is used.
    Note the midwife's hand on woman's belly, to advise her when a contraction is there, and thus when to push.
16. With an epidural in place, using a bedpan as a birth stool, with the bed split to help create a 'chair'. This keeps the sacrum free and uncompressed, opens the pelvis and encourages the woman to push as if opening her bowels. Sitting on a bedpan for a little while is also useful if a woman is anxious about having a bowel movement on the bed during the pushing stage.

17. It is good to try several different positions when pushing with an epidural. Kneeling and hanging from the raised top end of the bed, with the bottom end of the bed slightly lowered. This position opens the pelvis and makes excellent use of gravity to help baby move down.
18. With an epidural and very floppy legs - side lying with both knees bent to open the pelvis. The father helps hold her leg up. A scalp monitor is on her thigh. Note the belts on her belly and thigh and the catheter. Also the toilet paper to wipe away faeces, which results from the pushing.
19. It is possible to request a lighter epidural that ensures minimal numbness, while still stopping the pain. In this case the woman has more sensation in her legs and could feel the contractions and when to push and was able to easily be on all fours during the actual birth
20. Baby just born - epidural in place. Note epidural line in mother's back and monitor belt around her thigh.

CAESARIAN BIRTH

21. Caesarian birth. Many people are in the operating theatre. The paediatrician waits at the cot. There are surgeons, nursing staff and the anaesthetist. A chair is provided for the father next to the mother behind a screen. The father need not wear a mask.
22. The woman needs lots of emotional support. Stay close to her. Let her feel your warmth and love.
23. Baby is born and the cord is cut. A very happy moment! Mother (with oxygen mask) and father are grinning at the first sight of their newborn son.
24. Usually the baby is taken to paediatrician's cot. The mother desperately wants/needs to see and hold her baby straight away!
25. If possible the new baby can be cuddled naked for a brief moment.
26. The baby is swaddled because it is cold in theatre. Suturing on one side of the screen. Happy new family on the other side of screen.
27. If possible whilst the mother's belly is being sutured the baby can be placed against the mother's naked chest and may be able to suckle. At the least, it can be offered some expressed colostrum on the nipple, skin to skin contact and a chance to smell the mother's breast.
28. Delighted parents with their newborn twins. Notice the intense gaze of the smaller baby as he looks at his mother's face.
29. After surgery, the mother must be monitored in the 'recovery' area. Baby should be put to the breast as soon as possible after birth. If possible this can be done in the recovery area. The mother will need help as she may be lying down and feeling a bit shaky. Pulse monitor can be placed on mother's toe instead of finger to make it easier to hold baby.
30. A baby can be helped to latch on correctly even when a mother is lying flat on her back after a caesarian-birth.

    The World Health Organisation recommends that babies should be put to the breast within the first 30 minutes after they are born. Try to avoid separation after the birth - unfortunately this is still common when babies are born by caesarean.
31. If the baby is not able to be with mother in the 'recovery' area, father is the perfect person to stay with the baby, who recognises his voice. Look at this beautiful eye contact between father and son.
32. Another father enjoying his brand new baby, while waiting for the mother to be brought to the post natal ward where they can all be reunited.