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Curriculum for childbirth preparation classes

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CURRICULUM FOR CHILDBIRTH PREPARATION CLASSES

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Abstract

This curriculum has been developed to guide and assist health care professionals in the instruction of childbirth preparation classes for expectant parents. This curriculum has been designed with a foundational philosophy of helping families to achieve a safe, dignified and joyful birth experience.

Traditionally, pregnancy has been viewed as an illness since most gravid women have a doctor as their birth attendant. Doctors treat illness, and this is where the myth of pregnancy as a disease, began. However; today, there is a growing paradigm shift in childbirth practices as prospective parents are becoming increasingly more educated in the labor and birth process.

Childbirth educators need to be knowledgeable and teach from a curriculum that continues to help this consumer movement onward. A dignified, joyful birth is one in which a pregnant couple have choices, and are active participants in the birth of their child. This curriculum has been created to obtain this goal.

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SERIES CLASS ONE

- Introduction (of Prenatal Educator and Couples)
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  - -Visual Imagery
- First Level of Breathing

OBJECTIVES

The participants will:

1. Begin to become familiar with each other, the instructor and physical surroundings.
2. Verbalize their needs which are to be met by attending the prenatal classes (if possible).
3. Describe what labor is for themselves.
4. Discuss three to six events that may occur prior to the onset of labor.
5. Describe three possible signs that indicate labor has started.
6. Explain several physical events and emotions that may occur in the first stage of labor.
7. Discuss techniques to facilitate the physical and emotional changes that occur in the first stage of labor.
8. List five to seven reasons as to why prenatal exercises are important.
9. Demonstrate the conditioning exercises.
10. List five benefits of relaxation.
11. Participate in the relaxation exercises.
12. Establish increased skill to consciously relax.
13. Perform slow paced breathing for one minute.

CONTENT	RATIONALE	TEACHING STRATEGIES
Introduction		
- of myself professionally. - where my background is clinically and level of education.	1. To establish my credibility with the participants by their knowing my nursing background and why I teach prenatal classes. 2. To set the tone for the classes. 3. For the participants to become familiar with their new environment and be more readily able to learn.	Lecture Question and Answer
Most classes have a postnatal reunion. If this class desires, I can make a copy of your names and addresses for each of you. Usually the first couple or two to birth organize it for 1 - 2 months after the last couple has their baby.	Postnatal reunions offer a continuance of the support network the couples have developed throughout the series.	List of names, addresses phone numbers and due date of class members for each couple. Prenatal Instructor's Brag Book from a previous class is passed around.

CONTENT	RATIONALE	TEACHING STRATEGIES
I would like you to now separate into two groups. Please introduce yourself to the members of your group and discuss what you want from these classes. We will take tem minutes to do this, then reassemble into the large group.	For the couples to become familiar with each other (an ice breaker) and begin to set the agenda.	Group work -divide class into two small groups -they introduce themselves to each other -reconvene into large group -each person now introduces themselves to the whole class and states what they would like to learn from these classes
Setting the Agenda:		
Now that we're back in the large groups, please introduce yourself, your due date, if this is your first baby or not, and what you as an individual want to learn from these classes.	Once the large group is reformed, participant familiarization continues and the agenda is constructed.	Group participation. Flip chart used to record the group's agenda setting. A typed agenda is given to each couple in Series Class No. 2
Purpose of the classes:		
1. To learn about childbirth and acquire tools to facilitate the changes that occur during labor and birth. 2. To share with one another your experiences and concerns. 3. To learn from each other. 4. To develop a support network amongst the couples.	For the participants to understand what the classes offer so that their needs may be better met.	Posters (demonstrates purpose of classes, instructors and students responsibilities) Discussion (what have they read regarding childbirth-any questions?)
My responsibility as an educator:		
1. Provide information. 2. Provide tools. 3. Clarify myths and misinformation 4. Help identify a support system for you.	To delineate roles and responsibilities of educator and participants - will enable couples to be actively involved in the learning process and thus help meet their needs.	Posters (as above) Group Discussion (their responsibility)

CONTENT	RATIONALE	TEACHING STRATEGIES
5. Help you to communicate with medical and nursing staff. 6. Make you aware of your rights and responsibilities. ***Your right:*** 1. To be treated with respect and dignity. 2. To have information. 3. To have a supportive medical and nursing team. 4. To be an active participant. ***Your responsibility:*** 1. Seek information and take what you need. 2. Choose a physician you feel comfortable with. 3. Build a support system. 4. Communicate your needs - ask questions and be involved in class! ***Why Childbirth Education Classes are Needed*** 1. To become aware of what will happen and help eliminate the fear of the unknown - take the contractions as positive happenings.	To review the Lamaze Method of Childbirth and its importance	Question and Answer Flip Chart Easel Poster • Lamaze principles

CONTENT	RATIONALE	TEACHING STRATEGIES
2. To respond to the contractions constructively by relaxing and breathing (psychoprophylaxis) 3. To condition the response with daily practice. 4. To prepare and physically condition for labor and birth. 5. To understand the process of pregnancy, labor and birth. 6. To dispel the fear of the unknown. 7. To have a conscious labor and birth 8. To have father actively involved. 9. To have a healthier mother and baby. 10. To shorten labor by cooperating with your body. 11. To be better able to cooperate with medical personnel. 12. To strengthen the family unit. 13. To have a joyful, dignified experience. ***History of PPM (Lamaze Method)*** Dr. Grantly Dick-Read is noted to have coined the phrase "Natural Childbirth" (1932) and describe the fear, tension and pain cycle.	When someone is aware of the value of something, they are more likely to benefit from its use and view it more seriously. To help draw up an agenda. To demonstrate the benefits of prepared childbirth. To add more value to Lamaze Method as it has been working well for over 50 years or it would not still be here today.	Questioning - Why are childbirth classes important? Discussion -what are their thoughts on natural childbirth Agenda Setting - writing on flip chart paper Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
In 1951, Dr. Lamaze travelled to Russia to observe the method of conditioning women for labor and birth that was developed by two Russian doctors. In 1957, Marjorie Karmel brought this method to the USA. In 1960, ASPO was formed to promote and preserve this method. ***The Lamaze Method of Childbirth*** • It is prepared childbirth. • With prepared childbirth, less likely to have drugs during labor. • You are given tools (psychoprophylaxis) to work with your labor. • Breathing is one of these tools. • Despite whatever labor you have (all labors are unique) Lamaze will work for you. • The Lamaze Method not only is valuable for labor and pregnancy but also for other stresses you will encounter in your lifetime. • It is a skill that you can use forever in any crisis situation.	To stimulate interest in childbirth education. Lamaze may be used the rest of their lives - knowing this will help to further motivate them to learn and adopt it as a life skill.	Lecture Poster -four premises of Lamaze method of childbirth Discussion (of Lamaze method of childbirth)

CONTENT	RATIONALE	TEACHING STRATEGIES
The Four Principles of Lamaze Method: 1. Education - Decreasing fear of the unknown by gaining knowledge and learning. 2. Altered Response - Elicit the correct response to pain (relaxation). 3. Conditioning the correct response. 4. Increasing the threshold of sensation - I will show you techniques to increase your threshold of sensation (psychoprophylaxis) Stimulus --(travels to the)--> brain --(elicits)--> response **Incorrect Response** (without psychoprophylaxis) Contraction -> brain -> fear / tensing up / holding breath **Correct Response** Contraction -> brain -> aware of what's happening / relaxed / easy breathing		

CONTENT	RATIONALE	TEACHING STRATEGIES
What Labor Is As couples enter the class, I give each person a piece of paper with the heading Labor is... I ask them not to discuss with each other what each other thinks labor is. They are to write the first 2 or 3 words that comes to their mind. When the couples are busy discussing in their 2 groups during the agenda setting, I place their "Labor is..." answers on the board. The positive responses are first on the list followed by the negative responses. Each answer is discussed, and acknowledged whether it is a positive or negative response. For example, a common response is - labor is scary. I respond by saying Yes, it is - Most of you have never had a baby before. It is a new experience and your fear of the unknown is real. The "good" stress or "Eustress" (Hans Selye) has prompted you to come to prenatal classes. Via these classes, you will become informed as to what happens during labor and birth. You will be provided with tools to facilitate these changes. By the end of the six seeks and with daily practice (conditioning) you will be very confident in your knowledge and skills. This fear will greatly diminish.	Acknowledging one's feelings, ie. labor is scary and reflecting upon it in a positive manner helps the individual obtain a different perspective and deal with it in a positive approach.	Blackboard Discussion -fears of childbirth/myths they have heard Reflecting -on how rare these myths occur

CONTENT	RATIONALE	TEACHING STRATEGIES
Following the exploration of feelings, I then discuss what labor is physically. I again reflect on what they have written on their pieces of paper and give information as is needed. Labor is a series of rhythmical contractions that dilate the cervix and allow the baby and placenta to be born.	Being knowledgeable about labor and the birth process coupled with tools to help these changes along gives the participants power and confidence. Fear of the unknown is decreased, and efforts are directed towards working with the labor in a natural and positive aspect.	• Knitted uterus and doll (with umbilical cord and placenta) • My fist coming through my long sleeved sweater • Cervical dilation chart • Poster with different ways of describing a contraction
Before labor begins, the cervix or opening of the uterus is closed and thick. With a contraction, the muscle fibres shorten and pull up on the cervix. Thus the cervix goes from thick and closed to paper thin and 10 cm dilated (dilation chart used as well).	Visualization offers a better understanding of the mechanisms of labor. This visualization may be used when the woman is in true labor and is a powerful tool for labor.	Question and Answer Demonstration of the doll in the knitted uterus with a closed and thick cervix to birth
Contractions also start pushing the baby down into the pelvis. Thus, contractions have three purposes. Can you tell me what they are? They are: 1. They thin the cervix. 2. They open the cervix. 3. They push the baby down the passage way.		Demonstration of doll in pelvis, and descent that occurs with the progression of labor Lecture
The Three Stages of Labor What are the three stages of labor? They are: 1st stage: - dilation and effacement (thinning) of cervix. 2nd stage: - birth of the baby. 3rd stage: - delivery of placenta.	To be knowledgeable of what labor is, then utilizing the coping tools for each stage.	Question and Answer

CONTENT	RATIONALE	TEACHING STRATEGIES
Events Preceding the Onset of Labor		
1. Lightening From your readings, what is lightening? Up until the eights month, the baby sits up high in your abdomen. Because of this some women experience heart burn and shortness of breath (I direct their attention to the Schuschardt chart). Two to four weeks before the birth, the baby gradually works its way down into the pelvis and the head engages in the pelvis (it no longer floats around). For some women, this process is not gradual but rather quick and they can feel the baby move down suddenly (I compare the two Schuschardt posters - baby high and baby low). Now, you may experience less heart burn and shortness of breath but more voiding. The baby is exerting more pressure on your bladder and is pressing on blood vessels that supply circulation to your legs. Because of this, you may experience leg cramping and some puffiness of your feet (this is normal for the last month of pregnancy).	To understand why certain changes are happening to their bodies. To recognize that labor may soon be approaching once these signs are exhibited.	Poster -events preceding the onset of labor Question and Answer Discussion -are any women experiencing these events? Schuschardt Posters Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
2. Braxton - Hicks Contractions Do any of you know what these are? The uterus becomes firm and the abdomen is hard like a rock. These can begin at 20 weeks of gestation but not everyone feels them. Some women experience them early in their pregnancy while others closer to their arrival date (estimated date of confinement or EDC). Are any of you experiencing them? What do you do when they occur? I then reflect upon their answers. You may want to breathe with them so you may practice your breathing even more. Some women have stronger BHC's closer to their due date. There is no correlation between the strength of your BHC's and the amount of pain you will experience during labor. What is the purpose of these contractions? They prepare you and your body for the work required during labor. They soften and thin the cervix. 3. Increased Vaginal Discharge This is due to the BHC's softening and thinning of the cervix.		

CONTENT	RATIONALE	TEACHING STRATEGIES
4. Decreased Fetal Movement There is less space for the baby to move in since it is getting bigger in size. To assess your baby's well being, you record on this sheet each time your baby moves in a twelve hour period. If there is a succession of four quick movements, count this as one move. Begin your count when you rise in the morning. For example, you may start counting at 9:00 a.m. and will continue until 9:00 p.m. Ten separate movements should occur in this time frame. Most women have the ten movements by noon time. If you have less than ten movements in the 12 hour period, notify your doctor. This test may be used at 32 weeks gestation and onward.	Extremely important to test for fetal well being that all pregnant women should know about and periodically perform. Immediate detection of possible fetal distress may produce better fetal outcome.	Cardiff Count to Ten Sheet. Demonstrate what one movement consists of using my voice and hand.
5. Sudden Spurt of Energy You'll find that some women two to four weeks before labor begins, have all this foundless energy. They reorganize the nursery, clean out the kitchen cupboards, wash the oven, clean out the fridge and the list is endless. Do any of you know of women who have demonstrated this nesting behaviour? I reflect upon their comments. You can't tell her to relax and leave it because she won't. Try instead to pace yourself and do a little		

CONTENT	RATIONALE	TEACHING STRATEGIES
each day. It's important to be well rested when you begin labor. It's difficult to cope with stress or pain if you are not energized but tired and run down. We're not sure whether this is due to hormonal influences or not. Again, try pacing yourself and do a little each day. 6. Weight Loss of 2 - 3 Pounds We're not really sure why this occurs despite sound nutrition. It may be related to the sudden spent of energy. ***Why Does Labor Begin?*** Do any of you have an idea of why labor begins? There are a number of theories but no one really knows for sure. Some say it may be related to the increased size of the uterus and its stretching. It may also be due to the aging placenta. Progesterone is a hormone that keeps your uterus relaxed and a hospitable environment for the baby. After 38 weeks of pregnancy the placenta begins to deteriorate and the progesterone level falls, thus the uterus begins to contract. Another possible reason may be that the baby may secrete a substance that commences labor when the baby is ready to be born. These are theories only. Do you know what the normal term birth	Interesting information the participants may find useful.	Lecture Questions and Answer Discussion -why labor begins

CONTENT	RATIONALE	TEACHING STRATEGIES
range is? It's 37 - 43 weeks gestation. How do you decide what your delivery day will be? You calculate 40 weeks from the first day of your last period. If the baby is born under 37 weeks, it is a premature birth. If the baby is born following 42 weeks, it is considered a postmature birth. ***Labor Begins When...*** 1. Show - Do you know what show is? It is blood stained mucous discharge that occurs when the cervix is beginning to stretch. It is a sign that labor may soon begin - usually within 48 - 72 hours. A vaginal examination by your doctor or sexual intercourse may dislodge it. Your labor may begin one week following this. How would you differentiate between show and bleeding? Show has the consistency of egg white and may have streaks of blood in it or be pink tinged. Blood is thick and bright red - much different than show in both color and consistency. If you are bleeding, go to the hospital immediately. 2. Rupture of membranes - It is usually a litre of clear, odourless fluid. It may be a gush or a slow leak. If you're not sure whether your underclothing are wet due to urine or leaking fluid, please come to the hospital and we	The couples will recognize the signs that labor has begun or is impending and act accordingly.	Discussion -how will you know when labor has begun? Lecture Posters -first stage of labor Questions

CONTENT	RATIONALE	TEACHING STRATEGIES
will find out for you. Use a sanitary napkin if you think you have leaking membranes. We then check the damp napkin. If your membranes are leaking or have gushed, you need to come to the hospital whether labor has begun or not. Please note the time the membranes ruptured, color and odour of the fluid. 3. Contractions - Most common indicator for determining the beginning of labor. *True Labor* • Contractions are regular and time between contractions shorten. • Increase in intensity and duration of contractions. • Walking may increase them. • May have show. • Cervix begins to dilate. *False Labor* • Contractions are irregular, intensity does not change, and the intervals remain long. • Occur in abdomen. • Relief with walking of no effect. • Usually no show. • Cervix unchanged. As a coach, you may want to time the duration of the contraction and the interval (how far apart the contractions are coming). You calculate the interval by	Couples worry about not knowing whether labor has begun or not - this information is offered as guidelines.	True and False Labor Chart

CONTENT	RATIONALE	TEACHING STRATEGIES
timing the beginning of one contraction to the beginning of the next. Labor is divided into three stages as previously discussed. We will now discuss the first stage of labor. ***The First Stage of Labor (0 - 10 cm)*** What we are about to discuss is very much recipe book presented. Every labor and birth is unique. Please remember this when we are discussing the 3 different phases in the first stage of labor. We also have included all the possible emotions and physical sensations that can be experienced. This does not mean you will experience every single sensation and feeling. These are only guidelines. What you will experience, someone else may not. Thus we need to include all aspects. ***Phase I (Early or Preliminary Phase)*** • Dilation 0 - 4 cm • Length 9 hours • Contractions occur every 5 - 20 minutes lasting 30 - 45 seconds You may feel: **Physically:** Backache, abdominal cramps, diarrhea, constipation, show, rupture of membranes, regular contractions. **Emotionally:** Excitement, anticipation, relief or apprehension.	All labors are unique, this is reinforced while discussing the 1st stage of labor.	Lecture Posters -first stage of labor Birth Atlas Cervical Dilation

CONTENT	RATIONALE	TEACHING STRATEGIES
Only 5% of women deliver on their due date. Ask the couples how they might feel should they pass their due date and what they would do eg. go out for dinner. **What you may do:** • Get together with your coach. • Sleep if possible. • Eat light meals. • Get accustomed to the contractions. • Go to the hospital or stay home. • Do slow chest breathing. ***Phase II (Accelerated or Active Phase)*** • Dilation 4 - 8 cm • Length 4 hours • Contractions occur every 3 -5 minutes lasting 45 - 60 seconds • Contractions are wavelike and stronger You may feel: **Physically:** Contractions are stronger and more frequent, more serious concentration is needed, backache, leg cramps. **Emotionally:** More dependent on companion, discouraged, doubtful, restless and weepy.	Since a small number deliver on their due date, support is offered should this occur as it can be very disappointing. There are many tools available to facilitate the changes that occur with the labor and birth process.	

CONTENT	RATIONALE	TEACHING STRATEGIES
What you may do: • Advanced breathing levels. • Back massage. • Clear fluids, ice chips, lollipop, to help with dry mouth. • Conscious relaxation. • Change position, walk to allow gravity to work to its fullest potential (laying in one position will increase the length of your labor - important **to move**). • Empty your bladder every 1 - 2 hours (a full bladder will occupy more space and increase the length of your labor). • Continue to offer her encouragement and moral support. ***Do not anticipate - take it one contraction at a time.*** ***Phase III (Transition)*** • Dilation 8 - 10 cm • Length 1 hour • Contractions occur every 1 -3 minutes lasting 60 - 90 seconds • Contractions are wavelike and peak rapidly You may feel: **Physically:** Leg cramps, shaking, nausea and vomiting, chills, perspiring, increase amount of show, numbness and tingle, backache, wanting to push.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Emotionally: Tired, tense, discouraged, detached, apprehensive, sleepy, amnesic, mood swings, irritable. **What you may do:** • Advanced breathing level. • Back massage or counter pressure. • Position change. • Use a blanket or socks if cool, cold cloths to face if warm. • Ice chips for dry mouth. • Constant encouragement and praise is needed. ***Time is short***		
Ask couples for their feelings and questions re the first stage of labor. Again, it is stressed that each labor is unique and you will not feel every emotional and physical aspect I have described; each labor is different and you have the tools required regardless of the type of labor you have; each class we will review and reinforce what we have discussed this evening.	***A lot of information is presented on this first class. Couples need to be given the opportunity to express their feelings or concerns if they feel overwhelmed or otherwise.***	Questions and Answers Discussion -feelings regarding the first stage of labor

CONTENT	RATIONALE	TEACHING STRATEGIES
Review of Conditioning Exercises, Body Mechanics and Proper Posture - these would have been learned in the class they took in their first trimester.	• Observe that exercises are being done correctly. • Couples know why exercises are being done. • Help couples having problems.	Participant demonstration -exercises
Review of body mechanics and proper posture as per earlier class (observe couples as they move in class).	• To ensure that correct body mechanics and posture is utilized. • To emphasize importance of these principles especially in the latter stages of pregnancy.	Participant demonstration Observation -by instructor and each other
Relaxation: *Review the benefits of relaxation.		Discussion -why relax? -benefits
How is relaxation working for them and what situations have they used relaxation techniques.	If the couples use relaxation and observe its value, they will continue to practice and use it during labor and afterwards.	Question and Answer
• Jacobsen's Release • Autogenic Drill • Visual Imagery		Poster -benefits (summarize their points)
Benefits 1. Conserves and replenishes energy. 2. Gives us an awareness of our body. 3. Helps us to remain in control	Couples will see importance of being relaxed, thus will practice and use it in their labor and everyday lives since it is pertinent, relevant and works.	Lecture Discussion -these are skills that can be used throughout your life not just specifically for childbirth

CONTENT	RATIONALE	TEACHING STRATEGIES
4. Distracts us from the stress in stressful everyday situations. 5. Gives us the confidence that we can deal with the stress. 6. Decreases pain. 7. During labor when you are relaxed you are not fighting the process of labor and labor may be shorter as a result. 8. When you are relaxed, oxygen is used more effectively in your body and greater oxygen is received by the baby. Relaxation is very important for all of us. We all lead very busy and often stressful lives. The relaxation exercises I will talk you through may be used not only between now and when you have your baby but for the remainder of your lifetime. ***Exercises*** To effectively relax takes time and daily practice. Some of you may relax more readily than others. It is a new skill that you are learning so please be patient with yourself.		Questioning: Ask group why is relaxation important. Ask group what personal life situations could they use relaxation for.
It is very important that not only the woman should actively relax but also the coach. It would be very difficult for the coach to help the laboring woman in labor if the coach were tensed and bundled up.	To stress the importance of what a labor coach's role is and what important part he plays within the total picture.	

CONTENT	RATIONALE	TEACHING STRATEGIES
Both of you need to be knowledgeable about the relaxation process - practice it daily and know what helps or doesn't help. You are a team and each of you have an important job to do.		
I would like you now to become comfortable. Please use your pillows to support your head, leg and arm. For most of you ladies laying on your side may be more comfortable.	To have the couples completely relax, it is imperative that they are comfortable.	Demonstrate positioning with mats, pillows
You may open or close your eyes during the relaxation exercises. I will dim the lights now and play soft music.	To decrease distraction present in the classroom music is a medium many find which helps the person to become relaxed.	Dim lights Music
Before I begin talking you through the relaxation exercise, I'd like you to take a deep breath in through your nose and out through your mouth. You're breathing in warm relaxing air and breathing tension away.		
Drill #1 - Jacobsen's Release (Progressive Relaxation)		
You have now made yourself comfortable, the room is dim, and the music is softly heard in the background. I would like you now to take a mental note of your body - take a moment to relax more deeply.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Take a deep breath once again in through your nose and allow yourself to become deeply relaxed-breath out slowly. I would like you to begin by curling your toes down as you breathe in and release them as you breathe out. With your next slow breath in, please contract your thigh muscles and straighten your knees. Let the warm air that leaves your body, bring a sense of release to these tensed muscles. With your next breath in, do a Kegle exercise and as the warm air escapes your body let there be a release to your perineal muscles. As you breathe in again, do a pelvic tilt and as you breathe out let these muscles release. With your next breath in, make a tight fist on each side and release them as you breathe out. As you breathe in again, please contract the muscles of both your arms and let the warm air that leaves your body bring a sense of release to your muscles. With your next breath in, raise your shoulders and tighten the muscles in your neck. Let these muscles release as you breathe out. As you breathe in again, tighten the muscles of your face and let the warm air leaving your body bring a sense of release. Please make a mental		

CONTENT	RATIONALE	TEACHING STRATEGIES
note of your body and contract any part that may still not be relaxed. Breathe out again and let it bring a sense of release to your body. ***Drill #2 - Autogenic Response*** I will now suggest a variety of sensations. I would like you to repeat silently in your mind what I have said and think about the muscle groups and sensations I have first described. My left leg is heavy (3x). I would like you now to concentrate on your right leg as you silently say: My right leg is heavy (3x). Feel the heaviness spread as you now begin to focus on your arms. My left arm is heavy (3x). My right arm is heavy (3x). Allow yourself to feel the heaviness in all the parts of your body and now begin to silently say: My left leg is warm (3x). Feel the warmth spreading as you say to yourself: My right leg is warm (3x).		

CONTENT	RATIONALE	TEACHING STRATEGIES
As the warmth spreads to the upper part of your body again silently say: My left arm is warm (3x). My right arm is warm (3x). Feel the warmth in your body and say to yourself - my breathing is easy. ***Paced Breathing:*** 1. Cleansing Breath • Performed at the beginning and end of a contraction. • It signals the coach and other birth attendants that a contraction has begun and ended. • Requires relaxation and focus on body and breathing for the duration of the contraction. • Cleansing breath implies a clearing of the mind of distracting and anxiety - producing stimuli. • Slowly inhale air through the nose with mouth closed. • The lungs expand while the body is relaxed. • Air is exhaled through slightly parted lips. 2. Focal Point • May choose an object for a focal point (one couple brought a small stuffed animal to class), or	Why use Pace Breathing techniques ***To relieve pain and anxiety by:*** • Maintaining adequate oxygenation for mother and baby. • Augment physical and mental relaxation. • Enhances opening of airways. • Eliminates inefficient use of muscles. • Provides a means of attention focusing. • Control for the inadequate ventilation patterns that are symptoms of pain and stress.	Poster -important points regarding breathing Discussion -did the relaxation work for you? Question and Answer Demonstrate cleansing breath Participant's practice -breathing techniques

CONTENT	RATIONALE	TEACHING STRATEGIES
• Internal point of focus (eyes closed) or your coach's face. • By focusing on your focal point, it helps you to concentrate.	Helps to distract your mind away from the pain.	
3. Relaxed • It is important to keep your facial muscles, jaw, neck, shoulders and chest relaxed. • If your breathing or yourself is not relaxed, you, and your baby will not properly receive oxygen needed.		
4. Comfortable.		
5. Slow, even breaths.		
6. Individualized - everyone is unique in their breathing pattern.		
7. Condition - Practice breathing every day so when you are in labor, the breathing response will be automatic.		Discussion -principles of breathing
Slow Paced Breathing (1st level)		Demonstration of 45 second contractions
• Frequency is half the individual's normal rate. • Movement is a relaxed motion in chest and abdomen. • You breathe in through your nose and out through your mouth.	• Physiologically calming effect. • Psychologically decreases perception of stressors while increasing a sense of control.	Return demonstration -breathing technique

CONTENT	RATIONALE	TEACHING STRATEGIES
• Talk participants through a contraction: - contraction begins - take a cleansing breath - breathe at comfortable rate for you, you're relaxed - focus on your focal point - contraction over - take another cleansing breath - provide two more contractions	• Apply principles of breathing during the contraction thus coach can use these same words.	Group Activity -practising different breathing techniques
• Coach counts spouse's rate and vice versa.	Each individual has their own breathing rate.	
• Ask each class member to share with class the number they counted.		
• Coach has to either breathe at the same rate as the laboring woman or know her rate well and help her during labor if she accelerates her rate.	Reinforces coach's role.	

HOMEWORK:

1. Read the two handouts.
2. Practice first level breathing - coach needs to know spouse's rate.
3. Read the first stage of labor in Baby's Best Chance.
4. Practice Relaxation Exercises.
5. Bring next week "What helps you to relax?"

HANDOUTS:

Childbirth is painful. How do you want to deal with it?
The first stage of labor

EVALUATION: (throughout all 6 classes)

1. Questions

   - What is labor?
   - What are three purposes of contractions?
   - What are the stages of labor?
   - What events may precede the onset of labor?
   - What are three indicators that labor has begun or may begin soon?
   - What are body mechanics, proper posture, exercises and breathing taught in these classes?

2. Observe for difficulties or incorrectness while couples

   - demonstrate proper body mechanics and posture
   - demonstrate exercises learned in early birds series
   - effectively relax during relaxation drill
   - return demonstrate slow paced breathing

SERIES CLASS TWO

- Review the First Stage of Labor
- The Coach's Role - How to Support a Laboring Woman
- When to go to the Hospital
- Hospital Admission Procedures
- Fetal Monitoring
- Pain and Medications in Childbirth
- Relaxation: Touch Relaxation
- First and Second Levels of Breathing

OBJECTIVES

The participants will:

1. Verbalize an understanding of the first stage of labor.
2. Describe the coach's role in supporting a laboring woman.
3. List 3 emotional supports and 3 physical supports the coach may offer the laboring woman.
4. Describe the guidelines for determining when to go to the hospital.
5. Verbalize an understanding of the hospital admission procedures when admitted to the hospital.
6. Discuss the use of fetal monitoring and possible complications of it.
7. List the reasons for pain in childbirth.
8. Verbalize non-medicinal ways to help decrease the pain.
9. List the possible reasons for receiving medication in labor.
10. List the different types of medications used and their possible side effects.
11. Describe what needs to be considered before receiving a medication in labor.
12. List the coach's role following the administration of medication.
13. Verbalize why modified paced breathing is used.
14. Demonstrate effective slow paced breathing.
15. Participate in attempting modified pace breathing.
16. List the benefits of Touch Relaxation.
17. Effectively demonstrate Touch Relaxation.

CONTENT	RATIONALE	TEACHING STRATEGIES
Introduction		
Handout agenda and discuss what will be covered in each class. Main points highlighted are:		Hand out typed agenda
• What the three stages of labor are. • What are the three phases of the first stage of labor.	To correct any confusion regarding the three stages and three phases.	Question and Answer -anything unclear from last week?
• Exercises very important but no longer done in class due to time constraints but done each day at home.	Couples demonstrate effective execution of exercises in class one - time will be spent on breathing and relaxation.	Self-motivation of participants
• Ask if there is anything to add to agenda that may have been missed.		Question and Answer -regarding first stage of labor
• Reinforce that as topics arise that are not on the agenda, they will be discussed.	To ensure that individual needs are met.	Discussion -of agenda
Review of First Stage of Labor		
• What the three phases are. For each of the three phases Duration of contractions. Interval between contractions. Dilation. What you may feel. What you may do.	A large amount of information was presented last week. Clarify any questions. Reinforce what a laboring woman looks like thus the process of desensitization begins.	The class is divided into 3 groups. Each has a picture of a woman in labor. Each group decides what phase the laboring woman is in and fills out the blank poster. The pictures are passed to the rest of the class while each group presents their poster

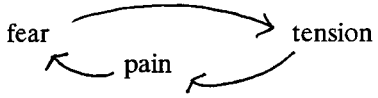
CONTENT	RATIONALE	TEACHING STRATEGIES
There are no right or wrong answers to the three pictures you used for your group work. One lady may be in the first phase, rather than the second phase. What is important is that you have a basic understanding of the phases and realize no two labors are identical. The Birth Stories are excellent examples of this statement - please continue to read them.	Reinforce individuality of labors.	Discussion -of their responses Birth Stories -women's birth stories used with permission
The Coach's Role - How to Support a Laboring Woman It is imperative that a distinction is made between the coach's role and the nurse's responsibility.		
The coach that is most familiar with the laboring woman: • Is aware of what is relaxing for her. • Cognizant of her breathing rates and pattern. • What she likes and dislikes for comfort techniques.	Reinforce the coach's role as being an active participant.	Poster -labor companion's role Discussion from class regarding physical and emotional comforts for the laboring woman
The nurse provides a safe environment by: • taking the woman's blood pressure, temperature, pulse, etc. • listening to the baby's heart. • helping to guide the couples as needed.	Nurse may be viewed as an authority figure and hence know what's best for the laboring woman (not always true).	Discussion -physical and emotional supports Poster -nurse's responsibility

CONTENT	RATIONALE	TEACHING STRATEGIES
When To Go To The Hospital		
How do you know when it is time to go to the hospital? • If uncomfortable with the contractions and distraction techniques at home are no longer effective. • If membranes have ruptured or are leaking. • If living out of town, need to consider travel time.	To allow participants to generate knowledge acquired from previous class and from their readings. To develop guidelines and allay fears as participants are concerned about having the baby at home.	Question and Answer Discussion -review of when to go to the hospital
• Loss of fetal movement (Cardiff Count to Ten - Series Class One).	To assess fetal well being.	Cardiff Count to Ten Sheet
Hospital Admission Procedures and Fetal Monitoring		
1. Instruct participants to complete Admission Record sheet and keep it on their person. This form asks for their Alberta Health Care Number, next of kin, Address, etc.	To save time answering mundane questions in admitting when the woman is in labor.	Lecture Admission Record Sheet -to give to the unit clerk at the hospital
2. Nursing History Once the pregnant women receives her antenatal sheet, she may phone the Obstetrical department to make an appointment to pre-register.	Pre-registration provides a personal atmosphere to become acquainted to the hospital, discuss personal choices for labor and birth, and saves time asking questions on admission.	Discussion of what questions a nursing history consists of

CONTENT	RATIONALE	TEACHING STRATEGIES
3. Temperature, pulse, blood pressure. 4. Baby's heart rate • Doptone is used. • Electronic-type stethoscope 5. Vaginal swab and examination • Due to vaginal changes of pregnancy, a swab is taken. • Vaginal examination provides: - how dilated the cervix is. - how effaced (thinning the cervix is - positioning of the baby (together with abdominal palpation). - descent of the baby. 6. Urine sample • To determine if the laboring woman is well hydrated (test for sugar, ketones and protein). • Importance of adequate hydration and nutrition stressed (prevention of ketosis). • Want to avoid having an intravenous thus important to drink in early labor. 7. Shave or clip • Controversial as research has shown that shaving may increase	Knowledge of procedures and reasoning behind them will make the admission experience less fearful. Reinforce one of the coach's roles. Demonstrate the importance of diplomatic communication skills in order to	Lecture Poster -what happens when you come to the hospital Role play: Participant discusses controversial issues with prenatal educator assuming the roles of: • physician • labor room nurse

CONTENT	RATIONALE	TEACHING STRATEGIES
the chances of infection occurring. • Discuss with your doctor his/her routine. • Not always necessary to have a clip or shave. 8. Enema • Fleet (small) enema only if there has been no bowel movement within the last 12-24 hours or if the client feels uncomfortable (constipated). 9. Fetal Monitor Strip • There is an external and internal mode of electronically monitoring the baby's heart beat. **External:** - Two belts are placed on the abdomen. - One traces the baby's heart rate by sound waves. - The other belt measures the frequency of the contractions. - Fetal monitor strip is shown. - Disadvantages: Restrict laboring women's movement. More attention may be paid to the machine rather than to the mother. Does not measure strength of contractions.	receive what you would like in labor. Couples need to know advantages and disadvantages of all medical interventions.	Actual fetal monitor strip and picture of fetal monitor

CONTENT	RATIONALE	TEACHING STRATEGIES
- If monitor has been on for more than 20 - 30 minutes, or if you feel uncomfortable, call the nurse, and ask to remove the belts so you may become mobile. **Internal:** - Used when complications arise. - Scalp electrode placed on baby's head. - More accurate and less restricting than the external mode. - Disadvantages: Need to have cervix partially dilated. Potential infection to baby.		
Pain and Medication in Childbirth		
Introduction of this subject begins by my questioning of the group their feelings brought out by the article "Childbirth is Painful."	Exploration of group's feelings and where they are at regarding pain and medications.	Questioning -what have you read about pain and medications in childbirth?
Leading from this discussion, I discuss choices with a consumerism approach. Each participant in the class has choices and decisions to make antenally, during labor and birth, and postnally. They have all made the choice to become informed by attending prenatal classes. Choices can still be made in the hospital and the choice to have medication or not is one of them.	Being in control is very powerful - some clients give this power away to the health care professionals.	Reflection -what are your thoughts/feelings? Discussion -pain in childbirth and medications used

CONTENT	RATIONALE	TEACHING STRATEGIES
Childbirth is painful and you have little control over what type of labor you will receive. Each individual has a unique response to pain, and you all know how to decrease this sensation by what you have learned in class coupled with your inner resources. Labor is hard work, but it has a rewarding end. ***Causes of Pain*** 1. Increase pressure from a full bladder. 2. Staying in one position too long. 3. Failure to relax.  4. Stretching cervix (dilating). 5. Uterine contractions. 6. Baby position eg posterior. 7. Uterine anoxia due to tension and poor breathing (ventilation). ***What Can be Done To Decrease Pain*** 1. Empty bladder every one to two hours. 2. Change position every hour. 3. Utilize comfort techniques such as body massage, shower, ice chips, talking and offering support to the laboring woman, hot or cold compresses. 4. Utilize different positions if baby is posterior (see Series Class Three).	Group decides what causes pain and how they can help decrease the pain.	Group Work • Divide into 2 groups. Write causes of pain and how to help diminish those sensations on a piece of flip chart. • Group reconvenes. • Discussion of their answers. • Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
5. Relaxation. 6. Breathing techniques. 7. Imagery. 8. Become knowledgeable about the labor and birth process and develop realistic expectations. 9. Have a positive attitude. 10. Discuss fears and concerns. 11. The woman needs to be kept informed of her progress in labor. 12. Have a support person (coach). 13. Practice all the techniques and believe in their benefit - have a positive attitude. 14. Body's own endorphins help to decrease pain. 15. Do not anticipate and be well rested. We live in a pain oriented society. Medications have their place but sometimes it may be too easy to reach for a pill. The nurses in the labor and delivery area are excellent. However, we have been trained to relieve pain and suffering - some nurses give medication more readily than others. It's important for you to discuss, as a couple what are your feelings or thoughts about labor and medication. What will you do if the nurse asks you if you want medication now? You may ask her to please wait until you ask for medication, and continue on with your comfort techniques.	To get the couples to discuss these situations so they may have a greater chance of avoiding medications. For the couples to increase communicating between themselves and discuss expectations of each other.	Role playing scenarios: • Nurse asking if medication is required. • Laboring woman asking coach for medication. Discussion -of role playing

CONTENT	RATIONALE	TEACHING STRATEGIES
If the laboring woman asks for her pain medication, the coach may "buy" some time for her: "Let's try another few contractions". Continuing to offer physical and emotional supports may be all that the woman needs. This situation needs to be discussed before you begin labor. Also, discuss what your physician's standing orders are for medication. Need to consider: 1. The progression of the labor: slow, fast, prolonged. 2. Dilation. 3. Complications: Position of baby, high blood pressure, etc. 4. Needs of the individual: • Individual responses to stress. • Strength of contractions. • Ability to relax. 5. Woman's own preference. Medications are a last tool available once all other techniques have been exhausted. It never takes the pain totally away. It takes the edge off only. The coach still has an important role once the medication has been administered. The laboring woman is not to be left alone. She may be drowsy and wakes with the peak of a contraction. Comfort techniques need to be continued.	Guidelines for use of medications.	

CONTENT	RATIONALE	TEACHING STRATEGIES
Medications Used in Labor **Sedatives** - Barbiturates (Seconal) *Desired effect:* Drowsiness, sleep, allay apprehension, no effect on pain. *Side effects to mother:* Confusion, disorientation, panic in the presence of pain. *Side effects to baby:* Protracted sedation and depression. Newborn liver unable to metabolize and excrete these drugs thus poor muscle tone occurs which leads to decreased sucking and a sleepy baby. If you come to hospital well rested, there is no need for this medication. Its effects may last up to one week or more for the baby. **Tranquilizers** Sparine - Valium - Phenergan (Valium used the least of the three). *Desired effects:* Decrease anxiety, sedation, muscle relaxant, anti nauseant, potentiates narcotic's effect. *Labor effects:* Unknown. *Side effects to mother:* Decreases blood pressure, drowsiness, dry mouth.	Couples need to know pros and cons of each medication so an informed decision can be made. Barbiturates have no effect on pain, we try and discourage laboring women from taking them because of the side effects to the baby.	Posters -medications commonly used with side effects Discussion -of above potential side effects to mother and baby

CONTENT	RATIONALE	TEACHING STRATEGIES
Side effects to baby: Poor muscle tone, hypothermia. Analgesics *Narcotics:* Demerol, Nisentil, Nubine, Morphine. *Desired effects:* pain relief, sedation, euphoria, drowsiness. *Labor effects:* Can decrease intensity, frequency and duration of contraction in early labor. *Side effects to mother:* Nausea and vomiting, drowsiness, disorientation, decreased blood pressure, decreased respiratory rate. *Side effects to baby:* Decreased CNS activity, decreased respirations, poor sucking, decreased weight gain, less visual attentiveness, hypothermia. ***Breathing*** • Have you all found your rate for first level breathing? Are there any problems? Let's do one contraction with first level breathing lasting 60 seconds. • Review main points for breathing from Series Class One.	To assess how well first level breathing is working for them.	Observation -of their breathing learned the week prior

CONTENT	RATIONALE	TEACHING STRATEGIES
Modified Paced Breathing (2nd Level)		
• Usually twice the individual's normal rate. • Movement is a relaxed motion in the chest and abdomen with an increased use of the intercostal muscles. • May inhale/exhale through nose or through mouth. • Breathing is again relaxed, comfortable, even, individualized, conditioned, and utilizing the focal point and cleansing breaths. • Demonstrate one contraction for 60 seconds utilizing "he" sound. • Have couples practice 3 or 4 contractions utilizing he, ta, out sound. • Second level breathing is used when first level breathing no longer is helpful. • Review signs and symptoms of hyperventilation - light headed, tingling of lips and fingers. • Breathe into paper bag or cupped hands.	Normal response to pain is to increase breathing rate and hyperventilate, thus it is important to avoid this situation by increasing the breathing rate and conditioning this pace. Check couples for problems and offer assistance as needed. To help prevent this common problem.	Lecture Demonstration -breathing level 2 Observe -participants performing level 2 breathing Return demonstration -of level 2 breathing
Touch Relaxation The laboring woman learns how to relax to her partner's touch so this will be a spontaneous reaction in labor. The ultimate aim is to be as relaxed as possible in labor. The coach applies firm pressure to the part of you body that is tense. You	Important for the coach to recognize parts of the body that are tense so he may help to relax those muscles via touch.	Couples practice each type of relaxation

CONTENT	RATIONALE	TEACHING STRATEGIES
release those tensed muscles to the warmth of his touch - he draws tension out of you. Couples practice on each other the following (men and women exchange so each person receives some massaging): 1. Kneeling behind massage the temples. 2. Massaging the shoulder area. 3. Massaging the buttocks firmly. 3. Tighten the muscles of your arm and release to the stroking of the coach's hands. 5. Tighten the muscles of your leg and allow them to release as the coach strokes each side with his hands.	Helps to relieve tension headaches.	Demonstration by instructor Return demonstration by participants
What Helps You to Relax? The group's answers are written on the board and we discuss which can be used in a hospital, which ones can't eg. quiet, and how to modify relaxation techniques that may not work in a hospital setting.	Some relaxation techniques will not work in the hospital setting thus alternate methods need to be developed eg. it has to be quiet for me to relax.	List answers on board Discussion -what helps them to relax -review of relaxation

HOMEWORK:

1. Read in Baby's Best Chance the second and third stages of labor.
2. Practice breathing first and second levels (try partner tapping your second level rate).
3. Practice relaxation drills.
4. Read on what a new baby looks like and view the Normal Newborn Appearance posters.
5. Read on what a new baby is capable of doing.

HANDOUTS:

The Coach's Role/Checklist

EVALUATION: (throughout all 6 classes)

1. Question and Answer

   - Review first stage of labor.
   - When to go to the hospital.
   - Pain and medication in Childbirth.

2. Group Activity

   - Review first stage of labor.
   - Causes of pain and how to help it along.

3. Role Playing

   - Discussing your wants or needs diplomatically with the medical and nursing community.
   - Medication scenarios.

4. Observe

   - Breathing levels.
   - Relaxation.

5. Discussion

   - What helps you to relax

SERIES CLASS THREE

- The Second Stage Of Labor
  - Pushing
- Slide/Tape: The Second Stage
- Care Of The Baby Following Birth
- Characteristics Of Baby Following Birth
- Posterior Positioned Babies
  - Back Labor And Massage
- Breech Positioned Babies
- Forceps
- Episiotomy
- The Third Stage Of Labor
- Parent - Infant Bonding
- First, Second And Third Levels Of Breathing

OBJECTIVES

The participants will:

1. Define what the second stage of labor is.
2. List three positions that may be used for pushing.
3. Verbalize a physiological understanding of how the baby is born, and view in class the birth of the doll.
4. Define the third stage of labor.
5. Discuss the coach's role during pushing.
6. Demonstrate pushing for the second stage.
7. Demonstrate breathing for the premature urge to push.
8. Define what a posterior positioned baby is.
9. List three positions that may be used during back labor.
10. Demonstrate three techniques of back labor massage.
11. Define what a breech positioned baby is.
12. List the indications for use of forceps.
13. List the three reasons for requiring an episiotomy.
14. Describe the disadvantages of an episiotomy and how to help prevent having one.
15. Describe what a baby looks like following birth.
16. Verbalize an understanding of baby care following the birth.
17. Describe parent - infant bonding.
18. Demonstrate first, second and third levels of breathing.

CONTENT	RATIONALE	TEACHING STRATEGIES
Introduction Welcome back. Do you have any questions about pain and medications in childbirth? Have you discussed with one another expectations of each of you in labor?	Follow up to medication presentation.	Question and Answer
The Second Stage of Labor Definition • The movement of the baby down the vagina and into the world. • Pushing lasts 1 to 3 hours for first-time moms and 1/2 to 1 hour for multi -parous moms.	Knowledge for parents and realize it takes time for the baby to be born.	Lecture Poster -second stage of labor
Premature Urge to Push • It is imperative that pushing begin only when the cervix is fully dilated. • If the premature urge to push occurs, blow into your cheeks (demonstrate). • When you feel like pushing the nurse will perform a vaginal examination to determine if you are fully dilated.	Premature pushing not only tires the mother but also may lengthen the labor due to cervical edema.	Demonstrate "blow" breathing. Have couples return demonstrate same.
Positions Used For Pushing and Delivery • Important points for all positions used (demonstrate): - Body must be in a C curved position. - Tuck chin on chest.	Important to offer as many tools as possible so couples have a variety to choose from.	Mats and pillows Demonstrate -pushing in the C curved position Poster in birthing room when on tour

CONTENT	RATIONALE	TEACHING STRATEGIES
- Round back. - Keep face, shoulder and neck muscles relaxed. - Release thigh and pelvic floor muscles. - Touch relaxation may help to do this. a) *Side Lying:* May be used if premature urge to push is present. Slows the descent of the baby. May be used if baby is coming down quickly. b) *Squatting:* The pelvic outlet widens and allows more room for the baby to come through. Uses the optional force of gravity. Continue practising your squatting exercises daily. May use squatting bar, partner or nurse to help you. c) *Backlying in Semi-Fowler's Position:* Some women find stirrups comfortable and others not. ***What You May Feel*** You may have a powerful urge to bear down and push the baby out the birth passage. Quite often a woman receives a sudden burst of energy and begins the hard work of pushing despite being exhausted	There are a variety of sensations and feelings possible - everyone is unique.	Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
prior to full dilation. Other women feel little urge to push. Some feel good to push and others not.		
Physically, many feel a great deal of pressure in the perineum and rectum. Once pushing, some women describe feeling a burning or tearing sensation. This is normal. The baby's head molds and the vagina stretches to accommodate a safe birth.	Sensations normal and will not damage themselves or the baby.	
How the Baby is Born		
As the baby moves down the birth canal, he performs various turns to "fit through" the bones in the pelvis. 1. The baby's head may be to the left side or right side. 2. He tucks his chin in (flexion). 3. He then turns his head to face your spine (internal rotation). 4. When the head is being born, the brow is first then the face and then the chin. 5. The baby's head turns to either side to line up with the shoulders (restitution). 6. The top or anterior should is born then the body just slips out.	Physiological and anatomical view of birth of doll not only gives knowledge but the ability to use imagery for their labors and birth.	Demonstrate with doll and pelvis for fetal moves within the pelvic structure Demonstrate with doll and perineum for actual birth through vagina

CONTENT	RATIONALE	TEACHING STRATEGIES
What Occurs During the Birth • When the head is seen (the size of a quarter) for first-time mothers, the doctor is called. • With each contraction the baby comes down further and further. • When the widest part of the baby's head is at the birth opening (crowning) you feel you cannot be stretched any further. • It is important to not push at this point (may use breathing as for premature urge to push) to avoid tearing. • An episiotomy may be performed at this point. • The baby's head is gently born. • The doctor checks for any cord around the neck, if there is some, he may slip it over the head or clamp and cut the cord. • The baby turns. • The anterior shoulder is born. • At this point syntocinon (a hormone that speeds the third stage by helping to contract uterus) is given into an IV if you have one or into a muscle of your body. • Baby's body is born. • The cord is clamped and cut if not already done so. • Baby is handed to you to breast feed and admire.		Repeat demonstration with doll's birth through perineum, stopping at particular points to offer explanation

CONTENT	RATIONALE	TEACHING STRATEGIES
• The placenta is delivered. • The episiotomy is repaired if one is present. ***Pushing and Breathing*** Some women do not require instruction as how to breathe or push - they just let nature take over and birth the baby. Others may need more guidelines. *Block Pushing* • Assume a C curved position while squatting (review of proper positioning for pushing). • When the contraction begins take 2 cleansing breaths, take another breath, hold it in and push down, exhale and repeat (demonstrate). • Continue until the contraction is over. • Take 2 more cleansing breaths at the end of the contraction. *Blow Pushing* • Begin and end the contraction with 2 cleansing breaths. • When you take a breath in, blow it out as you push (demonstrate). • This may be used to help slow the descent of the baby if it's coming quickly.		Demonstration and return demonstration. -of pushing

CONTENT	RATIONALE	TEACHING STRATEGIES
Coach's Role During The Second Stage		
• Ensure the laboring woman is relaxed. • Help her to assume a comfortable position for pushing. • Coach breathing during crowning. • Sponge her face with a cool wet cloth. • Give her praise and encouragement. • Share progress with her.	The coach's role is a very active one.	Question: How can you as a coach help her during the pushing stage? Poster -coach's role during the second stage
How You Might Feel After the Baby is Born?		
Wide variation of feelings once the baby is born. Everyone is different and unique in their feelings. Some women may express an interest in the baby immediately. Other mothers may not want to hold the baby right away but rather determine if they are intact and okay. There are wide variations in bonding. Some fall in love with the baby instantly while others take time to develop that relationship.	Immediate interest in the baby does not always occur right after the birth. This is a normal response, and mothers need not feel guilty.	Question Discussion -any feelings that you might have now if you did not express interest in your baby right after birth? Slide/Tape: The Second Stage
Care of the Baby Following the Birth		
Following the birth, the baby is either immediately given to you or placed in a warmer beside your bed. He is dried off and given an Apgar Score. The nurse listens to the baby's heart beat with a stethoscope and observes how well the baby is adjusting to the new outside world.	To inform parents regarding hospital routines.	Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
This is the function of the Apgar. A numerical rating is given at one minute of birth and five minutes of birth based on the baby's color, heart rate, presence of reflexes, respirations and muscle tone. For example if the baby was limp initially he may receive a 0. At five minutes the baby was crying and moving his limbs around, he would receive a score of 2. The arm bands are placed on the baby following the witnessing and signature of the parents on the identification sheet. Erythromycin ointment is placed in the baby's eyes to prevent infection that may occur due to the presence of venereal disease in the birth canal (required by law). An injection of Vitamin K is given into the thigh to help the baby's blood clot. A blue antiseptic solution (Triple Dye) is painted on the cord with a Q-tip to help prevent infection. The Erythromycin, Vitamin K and Triple Dye may be given up to 1 hour following birth.	To avoid interfering with the bonding process.	

CONTENT	RATIONALE	TEACHING STRATEGIES
Characteristics of Baby Following Birth These are normal new born characteristics: 1. *Molding* • The baby's skull molds to fit through the birth canal. • Normal and disappears within a few days. 2. *Puffy Face* 3. Initially the baby is blue but becomes pink very quickly with the hands and feet the last to pink. 4. *Cephalhematoma* • A big bruise/bleeding "goose egg." • Does not cross the suture line. • Disappears with 3 - 6 weeks. 5. *Stork Bite* • Pale pink or mauve spots in eyelids, nape of neck, etc. • Gone by the end of the first year. • Fade promptly. • No clinical significance. 6. *Lanugo* • Fine downy hair on face, shoulders and back. • Falls out shortly.	Important that parents are knowledgeable of normal newborn appearance and will not be afraid eg. fear of molded head - will it go away?	Posters -what a baby looks like following birth Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
7. *Normal Newborn Rash* • Disappears. • Unsure as to why it occurs. 8. *Milia* • Unopened sebaceous glands. • Gone in a few days or weeks. 9. *Vernix* • White cheesy substance that protects the skin in the uterus. 10. Dry and peeling skin if postmature. 11. Sucking blister on lip. 12. Cross-eyed appearance. 13. Swollen genitals and breast tissue. ***Babies Can:*** 1. See • 7" - 8" optimal distance for clearest vision. • Attracted to black and white under 5 days of age. 2. Respond to touch.	All senses function and it is important for parents to be aware so stimulation is provided before the baby is born and continues onward.	Question and Answer Discussion -of the many capabilities of a newborn

CONTENT	RATIONALE	TEACHING STRATEGIES
3. Hearing • Begins in last trimester of pregnancy. 4. Taste • Can differentiate between sweet and sour at 1 - 3 days of life. 5. Smell • By the 5th day of life can distinguish the odour of mother's breast pad compared to another's breast pad. ***Back Labor - Posterior Baby*** • Occurs in 15 - 30% of all labors. • The hard part of the baby's head is pressing against the sacrum or slightly to one side of it (demonstrate). • Almost always have a backache during entire labor until baby rotates. • Some women also have backache between contractions and not just with the contractions. • Baby will probably rotate at the end of the first stage or beginning of the second and the baby is born naturally (demonstrate). • Approximately five percent posterior babies do not rotate thus the physician may manually rotate the baby or use forceps (will talk more about forceps shortly).	Participants need to know what back labor is and how best to support this labor.	Demonstrate posterior position baby in pelvis Demonstrate rotation of posterior baby in pelvis and birth

CONTENT	RATIONALE	TEACHING STRATEGIES
• These labors are usually longer as the baby needs to rotate before it can be born. ***What to do to Help Rotate the Baby and Ease the Pain*** 1. AVOID LYING IN A C-CURVED POSITION as it causes the head to place more pressure on the sacrum. You will want to use positions that will tilt the uterus off of your back. 2. Positions include: • Standing and walking. • Kneel on bed, resting against elevated HOB. • Sitting with tilted pelvis. • Sitting straddling a chair. • Leaning forward against elevated bed. • Sitting on the toilet. • Laying on your side with pelvis tilted. • All fours on bed or mat on floor. • Squatting. 3. Massage and Pressure: • Slow, fir, steady, moving the flesh and muscle on the bone. • Place thumbs at sacral area and massage buttocks.		Lecture Demonstration -of the different laboring positions Return Demonstration Demonstration and return demonstration. -of massage and application of pressure

CONTENT	RATIONALE	TEACHING STRATEGIES
• Apply circular counter pressure lower back with hands or a tennis ball. • Apply firm pressure with the hard portion of your palms down each side of the spine. • Talcum powder or lotion may be used to help decrease friction. 4. Heat/Cold • A hot pack may be very comforting on the lower back. • A Tupperware rolling pin filled with ice may be comforting as well when rolled on the lower back. 5. Rotating the Baby • Do the pelvic rock ten times slowly while kneeling on all fours. • Ask nurse for guidelines regarding the stroking of the abdomen.		
Breech Positioned Babies • Approximately 3 - 4% of pregnancies involve a breech positioned baby. • There are four types of breech presentations: 1. Complete: Flexion of knees and thighs. 2. Frank: Flexion of hips and extension of knees. Most common, 2/3 of all breech presentations.	Important to know what a breech presentation is and which presentations cannot be delivered vaginally.	Demonstrate 4 types of breech with doll in pelvis

CONTENT	RATIONALE	TEACHING STRATEGIES
3. Footling: Extension thigh and knee with one or two feet presenting. 4. Kneeling: Extension thighs, flexion of knees with one or two knees presenting. • A caesarean birth is required for a kneeling or footling breech presentation as the limbs and pelvis may deliver easy but do not make room for the after coming head. ***Management of Complete and Frank Breech Presentation*** • Once you come to the hospital, and it has been determined the baby is breech, an X-ray is taken. • The X-ray shows: - the size and shape of the maternal pelvis. - confirms the breech presentation. - diagnoses the type of breech. - rules out hyperextension of the head. • An ultrasound may be done as well to compare the diameter of the baby's head and the measurements of the maternal pelvis. • If the passage way allows the baby's head to be born, vaginal delivery is attempted. • The labor is monitored very closely.	To allay fears (via close monitoring) the parents may have regarding the occurrence of possible complications with a breech baby.	Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
Birth		
1. The buttocks are usually delivered first. 2. The legs are born next. 3. The baby turns so the body is in alignment with the shoulders. 4. The baby's own weight gently pulls the head down and the legs are lifted to birth the head.	If the couples do have a breech baby, they will have been exposed prior as to what it will look like (desensitization).	Demonstration birth of a breech baby with doll and perineum
Episiotomy		
• Definition: Surgical incision performed to enlarge the birth opening. • It is performed when crowning occurs and between contractions. • Most common types are: - midline - left mediolateral - right mediolateral	To know what an episiotomy is and be knowledgeable about the pros and cons so an informed decision can be made.	Lecture Diagram on board with most common types of episiotomies

CONTENT	RATIONALE	TEACHING STRATEGIES
Episiotomies are a controversial issue. You need to discuss with your physician your feelings and his to reach a diplomatically attained agreement. *Reasons for episiotomies:* • To avoid tearing. • To have the baby born quickly for fetal or maternal distress. • To apply forceps. • Heals better than a third or fourth degree tear. *Problems:* • Sometimes the laboring woman wouldn't have torn at all (1st and 2nd tears less painful and heal just as well. • May be uncomfortable making love for several months following an episiotomy. • The sutures may become infected. • May cause bleeding if done prematurely. Many women fear the "cut". Freezing is not always given as the muscles and skin are stretched to tautly, that sensations are greatly reduced. After the baby and placenta are born, a local anaesthetic is given and suturing with dissolvable sutures takes place within 15 - 20 minutes.		Divided into three groups; each group report on: 1. Reasons for episiotomy 2. Pros of episiotomy 3. Cons of episiotomy

CONTENT	RATIONALE	TEACHING STRATEGIES
To Help Prevent Episiotomy 1. Perineal massage as per handout. 2. Kegle exercises daily: - to help create sensitive awareness, coordination and control for the second stage. - prepares you to open your body for the baby to be born thus reducing stress on the pelvic muscles and perineal tissues. How would you feel about having an episiotomy? Pretend you are talking to your doctor about the subject. ***Forceps*** • They are two curved spoonlike blades similar to metal salad servers that are placed on the baby's head. • Indications for use: *Maternal Reasons:* To shorten the second stage if mother's health were compromised eg. high blood pressure, toxemia, cardiac condition. If mother exhausted and unable to push. *Fetal Reasons:* Hasten the delivery of a compromised baby. Rotate the baby anteriorly from a posterior position. The aftercoming head of a breech baby.	Couples aware of advantages and disadvantages of forcep application and discuss this with their physician.	Questioning Discussion -pros and cons of episiotomy Role Playing -discussing the issue with women's doctor Lecture Picture -forcep application

CONTENT	RATIONALE	TEACHING STRATEGIES
Disadvantages: Baby may have some facial bruising. An episiotomy is required. Great pressure of painful stimuli is felt. ***The Third Stage of Labor*** • *Definition:* Delivery of placenta (after birth). • With the injection of oxytocinon, after the birth of the anterior shoulder, the placenta usually separates from the uterus with the next contraction and is delivered within five to twenty minutes of the baby's birth. • You may be asked to give a small push to help deliver the placenta and may have light contractions until the placenta is born. • In a small percentage of cases (5 - 10%) the placenta does not come on its own. • A general anesthetic will be used to put you to sleep and the placenta will be manually removed. • The anesthetic is a light one and you will be asleep for a short time only. • The episiotomy is repaired. • The fundus and flow are checked frequently. • Once the flow, fundus, and vital signs are stable, you may have a shower. • You may also be hungry at this point - ask the nurse for nourishment.	Important for couples to be aware of what is normal and abnormal. Should retained placenta occur, the couple will be better prepared to handle the situation.	Lecture Picture of a placenta

CONTENT	RATIONALE	TEACHING STRATEGIES
Parent - Infant Bonding • For approximately the first hour after birth, the infant is in a state entitled the quiet, alert state. • As the infant's eyes are wide open and able to respond to the environment during this state (before falling into a deep sleep), it is the optimal time for the baby to meet his parents and begin bonding. • This state occurs 10% of the time in the first few weeks of life enabling interaction later as well. • Vitamin K and Erythromycin administration may be delayed for one hour to avoid interfering with the bonding process. • The process of bonding begins right after birth and continues thereafter by: 1. touching and caressing the infant. 2. establishing eye-to-eye contact. 3. speaking to the infant. 4. holding the infant 7 - 8" from you so he can see your face. 5. having skin-to-skin contact. ***Caesarean Birth and Bonding*** • For women who have had a general anesthetic for caesarean birth, you may not be able to interact with the baby immediately following the birth.	For the couples to have an understanding of what bonding is and realize there are wide variations to the bonding process.	Discussion -regarding bonding/what have you read? Questioning: - What is bonding? - What if you have a caesarean section?

CONTENT	RATIONALE	TEACHING STRATEGIES
• This does not mean you will never be able to bond with the infant. • Ask for the baby as soon as you feel comfortable to do so, have a lot of skin to skin contact, ask a friend or relative to stay with you in hospital to help care for the baby. Everyone bonds differently. Some women may want to forego holding the baby until a few hours later due to exhaustion, pain, etc. This is acceptable. The development of a relationship may take more time for some than for others. ***Patterned Pace Breathing (Third Level)*** Before demonstrating patterned pace breathing, I review the first two levels of breathing. **A. First Level** • I ask if there are any problems. Correct them if there are. • Have one 60 second contraction and breathe utilizing a back labor position. **B. Second Level** • When is second level used?	Review and evaluate learning. To reinforce from Class #2, review and evaluate.	Mats and pillows Discussion -how is the breathing progressing for them? Observation -of their breathing techniques Questioning

CONTENT	RATIONALE	TEACHING STRATEGIES
• Ask who is having problems and help correct accordingly.		
• Do 3 - 4 contractions using second level breathing as I describe the contraction.	To review and practice back labor positions and comfort techniques.	Demonstration -different back labor positions (review)
• A different back labor position is to be used for each contraction with the coach massaging and applying pressure.		Return Demonstration -of same Discussion -back labor
• Have coach tap one contraction to pregnant woman's rate.		
C. Third Level		
• This level is used when second level is no longer working for you.	As pain sensations increase, breathing rates increase, which if unconditioned may lead to hyperventilation thus increasing the breathing rate and conditioning it avoids hyperventilation.	
• A repetitive, refined rhythm has a psychological and physiological calming influence.		Lecture
• Supported by verbal or visual direction from the labor partner.		Demonstration -third level breathing
• Breathing is again relaxed, comfortable, even, individualized and utilizing the focal point and cleansing breaths.		Return Demonstration -of same
• You must practice everyday to condition these breathing levels.	Reinforce the value of conditioning the correct response in labor.	

CONTENT	RATIONALE	TEACHING STRATEGIES
• Frequency may increase again to twice the normal rate of respiration. • Demonstrate a 45 second contraction with 3 he's and a blow out. • Have the couples try a 45 second contraction on their own as I observe. • Answer questions that the group may have. • Have the class try 4 he's to blow out with a 60 second contraction. • Have two more contractions at a rate they feel comfortable with. • Ensure that practice everyday will help them master the breathing levels and condition them so an automatic response is elicited when in labor.		

HOMEWORK:

1. Please read on Caesarean Birth.
2. Bring back for next week "What Would Be The Perfect Birth For You?"
3. Practice pushing.
4. Practice relaxation.
5. Practice breathing.
6. Continue with prenatal exercises.

HANDOUTS:

1. Perineal Massage.
2. Emotional Highs of Successful Childbirth.
3. Caesarean Birth.
4. Caesarean Section.

EVALUATION: (throughout all 6 classes)

1. Question and Answer

   - Value clarification: - How do you feel about the use of medications in childbirth?
     - Have you discussed expectations of each other during labor?
   - What is the second stage of labor and third stage as well?
   - What treatments does the baby receive and why?
   - How to help prevent having an episiotomy?
   - What are the pros and cons of forceps?
   - Following slide/tape presentation.

2. Discussion

   - How you might feel while pushing.
   - Coach's role during pushing.
   - What a new baby looks like.
   - Pros and cons of episiotomy.
   - What does parent-infant bonding mean to you.

3. Observe

- Breathing for the premature urge to push.
- Breathing during pushing.
- Back labor positions and utilization of comfort techniques.
- All three breathing levels.

SERIES CLASS FOUR

- Realistic Expectations: The Issue of Control and the Perfect Birth
- Caesarean Birth
- Amniotomy
- Induction/Augmentation
- Precipitous Delivery
- Video: Labors of Love
- Neuromuscular Control Relaxation Drill
- All Breathing Levels Reviewed With the Labor Process

OBJECTIVES

The participants will:

1. Develop a birth plan with realistic expectations.
2. Describe how the birth plan will be presented to the attending physician and nursing community in the hospital.
3. List three indications for caesarean birth.
4. Describe the events that occur in preparation for the caesarean.
5. Discuss the physical and emotional recovery following a caesarean birth.
6. Define what an amniotomy is.
7. List two reasons for performing an amniotomy.
8. List two risks associated with routine amniotomy.
9. Define induction of labor.
10. List several methods of inducing labor.
11. List two possible complications resulting from induction.
12. Define augmentation of labor.
13. Discuss the possible misconceptions associated with a precipitous delivery.
14. Describe the value of the neuromuscular control drill.
15. Participate in the relaxation drill.
16. Demonstrate an understanding of the breathing levels in conjunction with the labor process.
17. Continue to utilize different comfort techniques along with the breathing levels during the practice session.

CONTENT	RATIONALE	TEACHING STRATEGIES
Introduction Last week for homework, you were to think about what would make a 100% birth experience for you. Let's divide into two groups and each of you will write down what would constitute a 100% birth experience. We'll then reconvene and discuss the responses, ways you may wish to construct and use your birth plans, and what are realistic or unrealistic expectations. (How will you change your birth plan if it is required to do so?)	Many clients relinquish control of their health care to the "professionals". Birth plans give control to the couple. Not only is developing a birth plan important but so is identifying strategies to present it to the health care team so it may become implemented. Unrealistic expectations produce an unfulfilled birth experience and feelings of guilt.	Group activity • Divided into two groups • Write 100% birth experience on flip chart paper Discussion Problem solve -what if you do not get what you had planned for in your birth experience?
Caesarean Birth Incidence 20% (approximately 10% primary and 10% secondary). ***Reasons for Caesarean*** 1. Cephalopelvic Disproportion (CPD) • Baby's head may be too large or the pelvis too narrow to allow the baby to come through. • Often seen as prolonged labor or failure to progress.	One in ten couples may have a caesarean section. To know why it is needed and the events associated with a caesarean will help to prepare the couple should it occur.	Lecture Discussion -cesarean birth Posters • Malpositioned babies • Placental lie

CONTENT	RATIONALE	TEACHING STRATEGIES
2. Fetal Distress • Abnormal fetal heart rate which does not improve with the use of oxygen or maternal position charge. • CPD and fetal distress are the most common reasons for caesarean section. 3. Abnormal Position of Baby • Breech, transverse lie, face presentation, etc. 4. Prolapsed Cord • The membranes have ruptured and the cord comes through before the baby does. • Cord becomes compressed and baby's life supply would be cut off. 5. Placental Problems • Placenta previa - may completely or partially cover the cervix thus the baby cannot be born and bleeding occurs with cervical stretching. • Abruptio placenta - partially or completely separates before the baby is born (life line disrupted with resultant fetal distress).		

CONTENT	RATIONALE	TEACHING STRATEGIES
6. Maternal Condition • Severe toxemia which may endanger the health of the mom or baby. • Some forms of diabetes. • Cardiac problems. • Rh disease. • HV II infections of the vulva/ vagina. 7. PROM • Incidence of infection increases with time membranes have been ruptured. • Discuss this with your physician. 8. Post Maturity • If induction fails and membranes have ruptured, you are committed to deliver. 9. Multiple Births • Dependent upon fetal condition and position. 10. Previous Caesarean • No longer always true. • VBAC • If you previously had a C-birth, discuss with your physician the possibility of having a VBAC.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Elective Caesarean Birth • A caesarean which has been predetermined by the couple and physician. • Booked with the OR during normal office hours. ***Emergency or Stat Caesarean Section*** • Caesarean birth performed on an emergency basis. ***Anaesthetic*** 1. Epidural Anaesthetic • At our hospital, only done for an elective caesarean section. • Local anaesthetic is injected into the epidural space of the spinal column. • Awake for the surgery. • No sensations experienced from the nipple line down. • Can hold baby following delivery. • Recovery is quicker than a general anaesthetic. 2. General Anaesthetic • Put to sleep in the OR. • Anaesthetic is given through your intravenous.		

CONTENT	RATIONALE	TEACHING STRATEGIES
• If caesarean section done during the day, you will wake up in the recovery room. • If done between 1700 - 0700, will recover in your own room. ***Preparation for Caesarean Section*** • When an emergency caesarean is required, it seems that everyone is in a mad rush to prepare the laboring female for the OR. • It is important not to leave the laboring woman alone. • The coach needs to continue to help her with the contractions. • The contractions do not go away. • This rush of activity involves: - Signing the consent for the caesarean section. - Abdomen is shaved. - Intravenous drip is commenced. - Urinary catheter is inserted. - Placed on the stretcher. - Given a needle (Atropine) to help dry your secretions, hence a dry mouth. - Sodium citrate (clear fluid to drink that tastes like sea H_20) to help neutralize the gastric acids. • The father may follow along into the elevator and up to the OR. • Unfortunately, you cannot be present in the OR due to hospital policy.	Very frightening situation for both. Being knowledgeable about what is happening to prepare for the caesarean section will help to decrease this fear.	Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
• The father may wait in the father's room as the baby comes down very quickly. • Once you arrive at the OR, you move onto the OR table. • Your abdomen is scrubbed with an antiseptic solution, sterile drapes are placed on your person, and you breathe in 0_2 via a face mask. • The anaesthetist puts you to sleep once the obstetrician, assistant surgeon, pediatrician and nurse are all ready for the surgery. • One of two kinds of incisions may be used: - Classical or Vertical - not as commonly used. - Bikini Cut or Low Segment. Four inches long performed above pubic hairline, with the type of incision that you may be able to have a VBAC next time. Discuss with your physician. • The baby is born within 3-5 minutes of the surgery beginning. • Following the baby's arrival, the pediatrician examines the baby and the journey down to the nursery begins. • The pediatrician, nurse and baby stop at the father's room before proceeding to the nursery.		

CONTENT	RATIONALE	TEACHING STRATEGIES
• It's a good idea to bring a camera with you when you come to the hospital. You may want to take some pictures of the baby as its appearance changes after the bath. Those pictures will give the mom an idea of what the baby looked like immediately after birth. • The father may hold and cuddle the baby while waiting for the mom to return. ***Recovery - Physically*** • If the caesarean is done between 0700 - 1700, you will go to the recovery room for a couple of hours following the surgery. • If the surgery is performed when the recovery staff are not available, you will be taken to your room instead of the recovery room. • You will be very drowsy following a general anaesthetic for the first 24 hours. • Ask for your baby and have the nurse or coach stay with you and the baby. • It would be helpful to have a close friend or relative stay with you during the day to help you with the baby and your own personal care as well. • The nurses are very good, but it would be unrealistic for them to stay with you the entire time.		

CONTENT	RATIONALE	TEACHING STRATEGIES
• The IV and catheter are removed within 24 hours. • The gauze dressing on your abdomen is removed within 24 - 72 hours. • Stitches or staples can come out by Day 6 or 7. • Following a general anaesthetic, you will receive ice chips only for 24 hours, then slowly advance each day to clear fluids, a light diet and then a regular diet. • Epidural anaesthetics - may have a full diet immediately. • When the bowel begins to function again following a general anaesthetic, you may experience gas pains. • Try walking, using hot packs or drinking warm ginger ale to help with the problem. * It's very important that you receive adequate rest not only in the hospital but also at home. You are recovering from major surgery and the changes that occur following a pregnancy. Because of the surgery, there are many household duties you cannot do, eg. vacuuming. You may need to hire a homemaker or have a friend or family member help you at home. *		

CONTENT	RATIONALE	TEACHING STRATEGIES
Emotionally		
It's important to discuss with each other, your feelings about the caesarean birth. Also, before you leave the hospital, speak with the physician or nurse about why the caesarean was performed and the events leading to it. This will help you understand more clearly what occurred. This coupled with speaking to other women who have had a caesarean, will help with the grief expressed over the loss of a vaginal birth.	Guilty feelings of inadequacy, and grief over the loss of a natural birth are normal. Reinforce this to the couples. Initiate the grieving process.	Discussion: How would you feel if you had a caesarean? Discussion -grieving process/loss of a vaginal birth
• The baby may be nursed as soon as you wish. • A caesarean birth should in no way affect your ability to mother the baby. • Bonding occurs despite having a caesarean birth. • Lots of skin contact in the early days helps to ease the discomfort of being separated immediately following birth.		
Induction		
• Is the medical way of initiating labor. • Reasons for being induced include: - Preclampsia - Overdue baby (42 weeks and more). - Membranes ruptured greater than 24 hours.	Couples to understand reason for an induction should the situation arise. Couples need to be informed about the pros and cons of each method so they can make informed decisions.	Lecture Discussion • What are the pros and cons of each? • Do you know of a woman who was induced, if so, what was her labor like? Show amnihook and finger cot

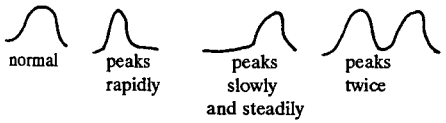
CONTENT	RATIONALE	TEACHING STRATEGIES
• There are different ways to be induced 1. ARM (Artificial Rupture of the Membranes or Amniotomy) - Amnihook or finger cot used. - Rupture not painful as there are no nerve endings. - Feel gush of warm liquid. - Contractions may increase in intensity since the head may be pressing more against the cervix as there is no fluid to cushion. - Oxytocin is produced in even greater amounts when this occurs, hence strong contractions. - Will have to deliver since there is an increased risk of infection. - Possibility for pelvic infection and compression resulting in fetal distress, greater molding of the head, and deceleration of the baby's heartbeat. 2. Syntocinon Drip - Intravenous infusion os syntocinon. - May not work. - Restriction of movement due to more monitoring with fetal monitor and IV infusion pump bulk and awkward. - Contractions may come very quickly and are strong.		

CONTENT	RATIONALE	TEACHING STRATEGIES
3. Nipple Stimulation - Circular motions on each nipple for 15 minutes. 4. Prostaglandin Tablets - Oral tablets. - Don't always work. - If hypertonic contractions occur; less control. ***Augmented Labor*** Labor is accelerated or helped along when: • There is uterine inertia or incoordination (the uterus is no longer working effectively). • Long, drawn out labors may be augmented to help the mother cope. ***Precipitous Delivery*** Should the pregnant woman give birth before you can take her to the hospital, this is what you can do. • Call the ambulance. • As a coach, be calm and give her support. • Place a plastic sheet or large tablecloth under the mom.	Many couples express the fear of having the baby's birth occur by surprise. This offers information and guidelines to help allay their fear.	Discussion -unexpected birth of the baby Lecture

CONTENT	RATIONALE	TEACHING STRATEGIES
• Find some large towels or blankets to keep the mother and baby warm. • Support her back with pillows if she assumes a semi-sitting position. • If she's already pushing, try to have her breathe out as she is pushing (this helps to slow the descent). • When the baby's head crowns, have her blow into her cheeks. • When the head is born, check for cord around the neck. If it is looped around the neck, take your finger and slip it over the head. • **Do not pull the baby or the cord!** It may cause the placenta to separate thus cutting off the baby's life line and causing the mom to hemorrhage. • The baby automatically turns to line its shoulders with its body and the body is born. • Dry the baby and allow mom to cuddle babe with head slightly down to allow mucous drainage. • Cover mom and baby. • Do not cut the cord. • Placenta will arrive soon. • If able, put the baby to breast.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Labors of Love - Video	To observe an induction, caesarean birth, artificial rupture of membranes, and a woman who delivered 12 days past her due date. To elicit discussion for each vignette re decision making in childbirth, feelings and emotions. To reinforce the coach's role. To elicit more discussion and help work through feelings.	Discussion -of video clips Questions and Answers ***Induction*** • What were the woman's feelings regarding being overdue? • What was the coach's role throughout? • How could she have helped her labor better along? ***Caesarean Section*** • Any questions? • How did it make you feel to see a caesarean section? • What was the coach's role? ***Midwife Delivery*** • What was the laboring woman's mood like? ***Overdue Delivery*** • How did she feel when she was pushing? • What labor positions did they use? Was there anything fearful that you saw in this video?

CONTENT	RATIONALE	TEACHING STRATEGIES
Neuromuscular Control Practice releasing muscles in the body while contracting one set of muscles. Women lay on their sides with back and limbs supported with pillows. Concentrate on your focal point and contract the arm you are laying on. Coaches feel the tensed arm by holding and supporting the arm well with both your hands. Now relax that same arm and coaches feel the difference between relaxation and tension. Please contract the opposite arm and release the remainder of the muscles in your body. Coaches check for relaxation in the remaining limbs as you previously did. If they are tense, use Touch Relaxation, pressure, massage, etc. to help relax those areas. Speak to her and offer her words of encouragement to help her relax. You may now release the left arm. Coaches use touch relaxation to help relax that arm.	The contracted set of muscles assimilates the uterus. The goal of the exercise is to keep the remainder of the body relaxed. Thus in labor, the uterus is contracted but the rest of the body is conditioned to be relaxed. Hence, an easier labor and birth.	Lecture Demonstrate -neuromuscular control drill Return Demonstration -same

CONTENT	RATIONALE	TEACHING STRATEGIES
The process is repeated with the pregnant woman acting as coaches. Continue to practice this at home and next week, we are going to make it a little more difficult. ***Breathing*** There are basically four types of contractions.  We will be using all three levels of breathing, and utilizing different labor positions and comfort techniques while I talk you through the different contractions. ***Review of Main Points of Breathing From Class One*** Are there any problems are questions? Each of you have been practising every day? Good!	Demonstrate to both that it's a difficult exercise which will take practice every day. Review and reinforce prior information. To reinforce the importance of conditioning.	Demonstration Poster -breathing

CONTENT	RATIONALE	TEACHING STRATEGIES
Contractions 1. Contractions with first level breathing in a back labor position. 2. Contractions with second level breathing. • simulating pain by applying pressure to the knee area. • without breathing but applying pressure to the same area with the same force. • back labor position with conditioned breathing and massage. 3. Contractions with 3rd level breathing. • Utilizing each time a different position and comfort technique.	To show that breathing does help to distract from painful stimuli.	Return Demonstration -breathing levels 1,2,3

HOMEWORK:

1. Please read on breastfeeding.
2. Please read on formula feeding.
3. Continue daily conditioning exercises.
4. Continue practising breathing levels.
5. Continue practising relaxation exercises.

Please meet for the tour next week at 7:15 p.m. in the Medicine Hat Regional Hospital lobby.

HANDOUTS:

1. Establishing Your Milk Supply
2. Why Breastfeed Your Baby?
3. Managing Nipple Problems
4. Formula Feeding
5. Breathing Levels

EVALUATION: (throughout all 6 classes)

1. Discussion

   - Birth plans developed and strategies for implementation discussed.
   - Indications for caesarean section.
   - Events that occur prior to caesarean section.

2. Group Work

   - Birth plans.

3. Problem Solving

   - Birth plans.

4. Questions and Answers

   - Feelings about caesarean section?
   - Pros and cons of induction?

5. Video

   - Anything fearful to you?
   - Role of the coach.
   - Women's feelings/mood in labor.
   - What helps to shorten the labor?
   - How did the woman feel pushing?

6. Observation

   - Neuromuscular drill.
   - Breathing levels.
   - Labor positions and comfort techniques utilized in class.

SERIES CLASS FIVE

- Tour
- Breastfeeding
- Formula Feeding
- Neuromuscular Control Drill
- Variation of Breathing Levels

OBJECTIVES

The participants will:

1. Become familiar with the hospital setting via the hospital tour.
2. Verbalize an understanding of where to go in the hospital to be admitted.
3. List five advantages of breastfeeding.
4. Verbalize a simple understanding of how the breast produces milk.
5. Discuss the law of supply and demand.
6. List two functions of the hormone Oxytocinon.
7. List two functions of the hormone Prolactin.
8. Verbalize an understanding of nipple preparation.
9. Outline basic needs that lead to successful breastfeeding.
10. Describe the father's role in the breastfeeding relationship.
11. Verbalize an understanding of what formulas are available on the market.
12. List what is essential for clean, safe formula.

CONTENT	RATIONALE	TEACHING STRATEGIES
Tour • Parking lot and fees. • Admitting. • Gift shop. • Emergency entrance. • Tour of caseroom: - labor room - 4 birthing rooms - how the beds work, where the supplies are, where the phone is, light switch and dimmer, bathroom, shower. - caseroom - equipment that may be needed: anaesthetic machine, Kreiselman, etc. • Tour of nursery/ICN: - discuss baby cot with supplies on it. - show an isolette and phototherapy unit. - ICN: discuss should baby require extra help this is where he will go. - IMI/that is ready for admission is discussed. • Patient kitchen and lounge. • Maternal Child unit - Sitz bath areas, rooms, visiting hours poster, baby pictures posters.	For couples to become familiar with hospital setting and help decrease any anxiety they may feel.	Tour Lecture Discussion -of hospital setting

CONTENT	RATIONALE	TEACHING STRATEGIES
Breastfeeding	***Advantages:***	Question and Answer
	1. Convenient - always fresh and available. 2. Optimal infant nutrition - it changes as the baby grows. 3. Source of important immunities - both active and passive. 4. Decreases the incidence of allergies. 5. Decreases respiratory and GI infections. 6. Promotes facial development. 7. Promotes bonding. 8. Helps the uterus contract. 9. May decrease the incidence of breast cancer. 10. Most easily digested infant food. 11. Helps to liquify mucous. 12. Inexpensive. 13. Saves time - formula preparation not required.	Lecture Discussion -importance/benefits of breastfeeding -positioning, latch, nutrition, etc. Demonstrating proper positioning with dolls Return demonstration of positioning Charts Posters -breastfeeding posters -supply and demand Nipple Preparation Sheet
Nipple Preparation Review from Early Bird Series.	To encourage successful breastfeeding.	
Supply = Demand • Milk is produced in the alveoli (milk producing cells). • The breast is never empty as milk comes continuously down the ducts and collects in the milk reservoirs.	To demonstrate that supplemental feedings are unnecessary and will interfere with supply and demand.	

CONTENT	RATIONALE	TEACHING STRATEGIES
• When alveoli are stimulated by sucking or expression, additional milk is expelled into the duct system (let-down reflex). • Sucking on the breast stimulates the release of oxytocin and prolactin from the pituitary gland. • Oxytocin is responsible for letting down the milk and contracts the uterus. • Prolactin is responsible for milk production. ***Breastfeeding Requires:*** 1. Frequent feedings: • Begin feeding as soon after the birth as possible. • May ease every 2 - 4 hours. 2. Supplemental feedings are not required as they interfere with supply = demand. 3. Proper positioning of the baby: • Demonstrate and practice with dolls. • Review treatment of sore nipples (colostrum rubbed in, air dry, light exposure, etc.). 4. Milk let-down affected by physical and psychological factors.	Improper positioning leads to sore nipples which is uncomfortable and nursing may be stopped.	

CONTENT	RATIONALE	TEACHING STRATEGIES
5. Confidence is needed and obtained by: • Learning as much factual information as you can. • Having a supportive partner. • Support group: friends who have successfully breastfed, family, La Leche League.	Will be receiving conflicting advice on breastfeeding.	
6. Knowing what is normal for a breastfed baby: • Bowel movements. • Growth spurts.		
7. Rooming in: • Getting to know and trust your baby.		
Father's Role		
• Baby care involves more than just feeding.	Father may feel isolated or "left out"; father can still be actively involved with the baby care despite not able to breastfeed.	
• You can help burp the baby, bath the baby, massage and do exercises with the baby, play with the baby during playtime.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Formula Feeding Commercial Formulas: Most formulas are available in ready-to-serve liquids, concentrated liquids, or powders. Ready-to-serve formulas are more convenient but are more expensive. If concentrated powders are being used, it is very important to read instructions carefully and to mix according to the specific directions. If the formula is not mixed with enough water, it contains excess nutrients and the baby cannot handle the extra load. This puts too much strain on the baby's kidneys and can lead to permanent damage. If the formula is mixed with too much water, there are insufficient nutrients and calories to meet the baby's needs. Therefore, the baby does not grow properly and the brain does not develop as it should. The water used to mix with the formula should be boiled prior to use. If using well water, the water should be tested for nitrates as boiling does not destroy these. Nitrates decrease the blood's ability to carry around oxygen. If you have a family history of milk allergy, notify your physician. Your baby may need a soy-based formula.	Knowledge regarding formula feeding for those parents deciding not to breastfeed. Importance stressed regarding aseptic technique in formula preparation to avoid contamination of milk.	

CONTENT	RATIONALE	TEACHING STRATEGIES
Absolutely essential for a clean, safe formula are: • Effective cleaning equipment. • A safe water supply. • Proper storage of formula. • Time to take care. ***Equipment Required*** • 6 - 8 large bottles and nipples. • 1 - 2 small bottles. • Bottle brush. • Funnel. • Sterilization pot, or canning pot (not necessary if you have a dishwasher. The nurses in the nursery will provide you with more detail regarding infant formula preparation. ***Neuromuscular Control Drill*** • How is it going from last week? • Answer any questions and help with problems. • Review from last week. This week we will try something more complex. Utilizing the same principles as last week, I have the women:	Review is needed so a thorough understanding coupled with practice will ensure proficiency in the skill.	Question and Answer Discussion -how is it going from last week? Return Demonstration

CONTENT	RATIONALE	TEACHING STRATEGIES
1. Contract the arm they are lying on with the coaches checking for relaxation for the rest of the body. 2. Contract the arm and leg they are lying on while the coaches check for relaxation. 3. Contract the leg they are lying on and the opposite arm. The coaches may use any form of touch relaxation, pressure or massage to obtain the desired end result of relaxation. ***Modifications of Breathing*** I hesitate to show these modified breathing levels because if the other 3 levels are not conditioned, these won't work for you. When you are in labor, you need to listen to your body and respond accordingly. Do the breathing level you feel most comfortable with. If these breathing patterns taught to you in class seem not to be working as well as you would like, you can develop your own breathing pattern. This does not negate the need for daily practice. It is essential to condition the breathing patterns you have learned in class as you would not want to limit the tools available to you in labor.	The second and third levels can be very tiring therefore it is practical to begin and end a contraction with first level breathing.	Demonstration -modifications to breathing levels 1, 2, 3 Lecture Return demonstration -modified breathing levels

CONTENT	RATIONALE	TEACHING STRATEGIES
If your three levels of breathing are conditioned please try these modifications: 1. Begin and end the contraction with first level and use second level at the peak. 2. Begin and end the contraction with first level and use third level breathing at the peak. I describe each contraction and its flow allowing the participants to change the breathing patterns as necessitated. Two to three contractions of each modification are used.		

HOMEWORK:

1. Read on:
   - Circumcision
   - Jaundice
   - Infant Growth and Development
   - Soothing an Infant
   - What Happens After the Baby?
2. Continue conditioning exercises.
3. Continue breathing levels.
4. Continue relaxation drills.

HANDOUTS:

1. Questions and Answers on Circumcision
2. Soothing Your Newborn
3. The Case Against Newborn Circumcision
4. Babysitters
5. Newborn's Ten Commandments to Parents
6. Evaluations

EVALUATION: (throughout all 6 classes)

1. Discussion

   - During tour
   - Supply and Demand
   - Different types of formula
   - Neuromuscular drill - how it's working for them

2. Observation

   - Body language during tour.
   - Participants demonstrating positioning with dolls for breastfeeding.

3. Questions and Answers

- Advantages of breastfeeding.
- What does successful breastfeeding require?
- What is the father's role in the breastfeeding relationship?
- Breathing modifications.

SERIES CLASS SIX

- Post partum
  - Hospital experience
  - Care of mom
  - Family planning
- The First Six Weeks at Home
  - Infant crying and soothing techniques
  - Needs of the mother, father and baby
  - Community supports
- Labor Drill
  - Slide/tape: The Birth Experience
- Additional Topics:
  - Circumcision
  - Normal newborn jaundice

OBJECTIVES

The participants will:

1. Verbalize an understanding of the routine checks done on the post partum mother.
2. Describe what normal flow should be like.
3. List 2 ways to help decrease episiotomy pain.
4. Verbalize an understanding of obtaining adequate rest.
5. Discuss the guidelines suggested for resuming sexual intercourse.
6. Discuss the unrealistic expectations society portrays for the post partum period.
7. Verbalize a realistic expectations for the post partum period.
8. List and discuss four needs to help make the adjustment to parenthood.
9. List the community supports available to new parents.
10. Demonstrate in the labor drill proficiency of:
    - All breathing levels.
    - Effective relaxation.
    - Utilization of remaining psychoprophylactic tools for the labor process.
11. Discuss why circumcision is not medically required.
12. Define normal newborn jaundice.

CONTENT	RATIONALE	TEACHING STRATEGIES
Postpartum Hospital Experience and Care of the Mother Following the birth of the baby, the woman's body continues to undergo major changes. A wide variation of physical, emotional and psychological responses are elicited. For one or two days after birth, it is normal for the mother to feel dependent on others. This is called the "taking in" phase. When your needs have been met, you soon move on and become more independent in the care for yourself and of your infant. Following the time spent together as a family in the birthing room, the baby is brought to the nursery. Your blood pressure, vaginal flow and fundus (the top portion of the contracted uterus which is hard) are checked immediately after birth and every half hour for two hours. This is done to ensure that the flow is normal and there is no hemorrhage. If you have an episiotomy, ask for an ice pack. Place a cold pack in the perineum for 2 hours after birth will help to decrease swelling and numb the discomfort. Once we feel that the BP, flow and fundus are stable, you can shower and be brought to your hospital room in post partum. Each day, the nurse will check to ensure you are healing well.	Normal process. Some women may feel guilty for wanting to focus on their needs initially rather than those of the baby.	Lecture Discussion -of what happens in the hospital following the birth of a baby

CONTENT	RATIONALE	TEACHING STRATEGIES
A. Flow • Initially it is bright red and similar to a heavy period. • It gradually decreases in amount and changes from a red to pink to brown. • The flow is usually gone by three weeks. • Report to the nurse in the hospital or your doctor when you are at home, any increase in the amount of flow, if it has become bright red or has an odor. *B. Clots* • Please save them. • Do not flush the toilet. • The nurse checks to see that there is no placental tissue present. • Placenta parts remaining in the uterus need to be removed as it may cause excessive flow. *C. Voiding* • The first voiding may be difficult following the delivery. • Increase your fluid intake and begin your Kegle exercises as soon as possible. • The nurse will help you the first time or two and will teach you perineal care.	Being aware of the changes that occur following birth will • help to better adjust to the changes and • report sooner any abnormalities eg. bright red flow once at home.	Lecture Question and Answer Discussion -what's normal for the postpartum period Poster -normal events in the postpartum

CONTENT	RATIONALE	TEACHING STRATEGIES
D. Episiotomy • Ice. • Kegle exercises to help healing. • Sitz bath 3x/day. • No tampons to be used. *E. Afterpains* • Can continue for serval days following the birth. • Associated with nursing. (Oxytocin - contracts uterus). • May need to do breathing and active relaxation. *F. Blues* • Usually occurs third day but can occur any time after the birth. • We will discuss this further in a few minutes. *G. Diet* • You may be constipated due to fear of pain from the episiotomy site. • Need to increase fibre and fluid intake. • While breastfeeding you need more than 500 calories per day than while pregnant - you need to eat to maintain an adequate milk supply. • Sipping high protein drinks at nursery time helps to receive this increase in calories.		

CONTENT	RATIONALE	TEACHING STRATEGIES
H. Rest • Difficult to rest in hospital. • We will discuss in a little while techniques to help you receive proper rest. *I. Intercourse* • May resume when you have no more flow and are comfortable. • This may take several weeks. • May need a lubricant at first (k - y jelly) especially if breastfeeding due to the hormone changes. • Contraception required because you may ovulate before your period begins. • May not get a menstrual period for several weeks or months if breast-feeding.		

CONTENT	RATIONALE	TEACHING STRATEGIES
The First Six Weeks at Home When you see a picture of a mother, father and baby - quite often, the mother's makeup is perfect and her hair is nicely done up. The father is smiling and well dressed. The baby looks angelic and has pink, rosy cheeks. It is a very romantic picture. Unfortunately, life with a new baby does not always present itself this way. Your life style will change. There is a real adjustment period and if one thinks life with a new baby will be as society portrays it, you will be in for a rude awakening. I'm not trying to say it will all be negative. That's false - there will be many happy moments, but there will also be some dips as you enter the new role of being parents. I'd like you now to separate into 2 groups and write on the flip chart provided "How will having a baby change your lifestyle?" The first three months can be very rich and rewarding, but it can also be physically and emotionally devastating. Sometimes you may be too busy to cope during this adjustment period. What do you need to adapt to these changes in your lifestyle?	Society tends to overromanticize having a baby and sets up couples with unrealistic expectations. Realistic expectations are essential in beginning the positive transition to parenthood.	Lecture Question and Answer Group Activity: Two groups - write on paper changes in lifestyle following the birth of a baby Discussion -what do you think it will be like to have a new baby? Posters -needs of new parents Flip charts Picture

CONTENT	RATIONALE	TEACHING STRATEGIES
You need: 1. Help From Relative, Spouse or Homemaker We expect ourselves to be super moms and sometimes it is expected of us as well. Possibly the spouse can take some time off of work or have a family member/friend help out initially. If the above is impossible call Medicine Hat Family Services for a homemaker (they charge on a sliding scale basis, and will do light housekeeping, make meals, etc.) 2. Sleep It's very easy to say "sleep when the baby sleeps". This is not always so easy. You may want to take your phone off the hook, ask visitors to come later, place a sign on your door, etc. It is imperative you receive adequate rest so you can meet your own needs, those of your spouse and the baby's needs as well. During the prenatal period, the focus is on labor and birth. It is helpful if you plan ahead to ensure you will be able to rest.	Being new parents can be quite a shock. Awareness of how life changes with a new baby and ways to best support those changes will help prepare the prospective parents for parenting (realistic expectations are adopted.)	Supports (Poster) Your Physician..... Public Health Unit..... AB Mental Health..... Medicine Hat Family Services..... College - Continuing Education..... Suicide Prevention..... Ambulance..... Nursing Mother's Group..... Lecture to augment their responses

CONTENT	RATIONALE	TEACHING STRATEGIES
3. Simplify Life and Lower Standards Frustrated because you can't do it all. Need to priorize "Will it matter 20 years from now if I don't _____?" eg. wash the floor, clean the stove, etc. Have an easy hair do. Plan simple meals (freeze casseroles ahead of time). Keep baby's bag packed at all times in case you want to leave for somewhere quickly. 4. Time Alone With Yourself, Your Spouse and Your Family Only Once your energy is replenished, you can handle anything. Time alone may be having a bubble bath. Being alone with your partner is important as you need each other's support. 5. Information You both may feel insecure, vulnerable and inadequate as new parents. Trust your own instincts. It is normal to feel insecure. Initially, you want to be taken care of for one day or two. Then there is the period when you need information so you will feel that you can now take care of the baby.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Read books from the town's libraries. Listen to other people's experiences. Attend parenting classes at the College. Be selective with the information. Do only what you feel comfortable with. The Health Unit has an excellent post natal class program. It is important to familiarize yourself with the resources now. 6. Patience With yourself you are all learning With each other new skills With the baby *Infant Crying and Soothing Technique* • All babies are different. • Some just eat and sleep. • Others need less sleep. • Babies can cry for many different reasons. *Some Soothing Techniques:* • Just showing your face. • Picking up the baby. • Warm bath. • Feeding. • Infant massage. • Checking for open pins. • Wrinkles in sheets	Some women feel that their mothering skills are a reflection by how much the baby cries.	Discussion -how might you feel if your newborn baby seemed to cry all the time? Posters -causes of infant crying and soothing techniques

CONTENT	RATIONALE	TEACHING STRATEGIES
7. Communication With Each Other Need to share the frustrations and joys. *Postpartum Depression* • Normal to feel blue • Usually only lasts couple of days to couple of weeks at the most. • You may feel like you are losing your mind. • Responsibility of the baby is overwhelming. *What Can Cause Postpartum Depression?* • Exhaustion. • Isolation. • Lack of emotional or physical support. • Unusual family pressures. • Prolonged separation of mother and baby. *What Can You Do?* • Express and accept your feelings. • Communicate with each other. • Decrease household chores. • Sleep. • Do not over concern yourself with pleasing others ie. visitors. • Postpone major changes ie. moving.	Being knowledgeable of the early danger signs of postpartum depression will lead to receiving help sooner and avoid having a worse problem if the condition were left unattended.	Questions and Answers Discussion -do you know of anyone who has suffered a postpartum depression? Posters

CONTENT	RATIONALE	TEACHING STRATEGIES
• Eat well balanced diet. • Ask for help. • Spend time alone as a family. • Join a parent's group. • Start a journal. • Get out of the house. *You Need Help When:* • No interest in caring for yourself or the baby. • Choose to remain in bed all day. • Are withdrawn and unable to communicate. • Spend a great deal of time staring at the walls and crying. • Minor accidents continually cause anxiety. • Feel you may harm yourself or the baby. • Can't sleep or eat. 8. Compromise • On child care issues. 9. Nurturing • From each other Being parents is very rewarding but can sometimes be frustrating and difficult.		

CONTENT	RATIONALE	TEACHING STRATEGIES
Labor Drill		
• Takes approximately 1 hour. • I talk them through a hypothetical labor from when it begins to the placenta being delivered. • I ask many questions pertinent to the portion of the drill, for example: 1. After discussing the presence of Mary's Braxton-Hicks contractions, they don't go away this time - what should Mary do now? 2. How would Mary know if she were in labor? • I describe all types of contractions that are appropriate for each phase and stage of labor.	To review: • Phases of 1st stage of labor. • Stages of labor. • Breathing levels. • Relaxation skills. • Comfort techniques and coaching skills. To see whether couple has a realistic view of labor and birth.	Return Demonstration Questions and Answers Discussion -after having done a complete labor drill, how do you feel about this all? Do you feel that you are ready for this great event? Role Playing -an actual labor and birth sequence
Slide/Tape: The Birth Experience	To elicit feelings and views of labor and birth. To tie all information together.	
Circumcision • Medically speaking - no advantage to having a circumcision. • Would be done for personal or religious reasons only. • Phimosis -Skin does not retract - rare condition. • Usually retracts by age 3. • Circumcision done on 3rd or 4th day.	There are many misconceptions that favor routine circumcision. Being aware that circumcision is usually not needed, the parents can make an informed decision.	Two Handouts Discussion -pros and cons of circumcision

CONTENT	RATIONALE	TEACHING STRATEGIES
If you plan to have your baby circumcised, please let me know and I can offer you more information on the actual procedure after class or during the break. ***Normal Physiological Jaundice*** • 50 - 80 % of all babies. • Usually seen 2 or 3 days. • Babies are born with excessive red blood cells. • When these extra red blood cells break down, bilirubin is produced as a by product which yellows the skin. • The liver which helps to break bilirubin down is not fully functional until 4 or 5 days of life. • Sometimes, the baby will require phototherapy (which we saw on the tour). • The ultraviolet light rays help to break the bilirubin down and have it excreted in the urine and stools. Conclusion I wish them the best of luck, and I collect the evaluations. I ask them to call me if I am not working when they go into labor. Stress the importance of daily practice. Encourage them to write their Birth Stories and mail us a copy.		

EVALUATION

1. Questions and Answers

   - Postpartum care.
   - First six weeks at home.
   - Labor drill.

2. Group Work

   - What is it like to have a new baby.
   - Role playing labor drill.

3. Discussion

4. Observation

   - Labor drill - all psychoprophylactic techniques used and mastery of skills.

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Appendix A:
General Course Evaluation

PRENATAL PROGRAM

SERIES EVALUATION

Instructor_____Answered by: Mother____Father____

Date of Classes_____

PLEASE CIRCLE EACH CLASS YOU ATTENDED IN THE SERIES: 1 2 3 4 5 6

Your evaluation of the class series you have participated in is needed by your instructor. Your evaluation serves as an important learning aid to your instructor and in assessing the program. Constructive criticism can bring improvement with resulting benefit to the instructor as well as to the expectant parent.

PART I

Using a scale of: 1 = Not at all 2 = Somewhat 3 = Mostly 4 = Very well

HOW WELL DID THE CLASSES SATISFY YOUR QUESTIONS ON THE FOLLOWING?

Circle

1 2 3 4	The labor and birth process
1 2 3 4	Emotional aspects of labor and birth for the mother
1 2 3 4	Emotional aspects of labor and birth for the partner
1 2 3 4	Ideas for the coach to help with the labor and birth process
1 2 3 4	What to expect in the hospital
1 2 3 4	Medical procedures and terminology used for labor and birth
1 2 3 4	Medications, analgesia, and anesthesia used for labor and birth
1 2 3 4	Choices and alternative available in labor, birth, and postpartum
1 2 3 4	Possible complications in labor and birth
1 2 3 4	Indication for caesarean birth, procedures, and recovery
1 2 3 4	Possible ways to avoid medical intervention in uncomplicated labors and births
1 2 3 4	What to expect of a new baby in hospital and during the first weeks at home
1 2 3 4	The process of parent-infant bonding
1 2 3 4	Physical changes in the body after birth
1 2 3 4	Changes in life style after a baby is born
1 2 3 4	Breastfeeding
1 2 3 4	Bottle feeding
1 2 3 4	Communication with the medical and nursing community

PART II

Using a scale of: 1 = Never 2 = Sometimes 3 = Usually 4 = Always

HOW WOULD YOU RESPOND TO THE FOLLOWING STATEMENTS:

1 2 3 4	The material was presented in a clear, understandable manner
1 2 3 4	The instructor seemed enthusiastic, interested, and concerned
1 2 3 4	The instructor's voice was audible and pleasant
1 2 3 4	Teaching aids were easy to view and increased my understanding
1 2 3 4	The instructor encouraged class discussion and questions
1 2 3 4	I felt free to express contradictory ideas or thoughts
1 2 3 4	The instructor was supportive of my goals for the birth experience
1 2 3 4	The instructor helped me explore means of obtaining my goals

THE FOLLOWING WERE FULLY EXPLAINED AND DEMONSTRATED:

1 2 3 4	Conditioning exercises
1 2 3 4	Relaxation
1 2 3 4	Breathing exercises
1 2 3 4	Comfort and labor coping techniques
1 2 3 4	Time was allowed for practice during exercise/relaxation sessions
1 2 3 4	I received the personal attention needed to develop skills
1 2 3 4	The instructor was willing to adapt techniques as needed for me
1 2 3 4	The instructor noticed when I was having difficulty and offered constructive suggestions

PART III

What did you like best about the instructor?

What did you like best about the classes?

What suggestions do you have for improving the classes?

Was there anything about the classes that you found distracting?

Additional Comments:

DATE:_____NAME: (optional)_____