

# NORMAL CHILDBIRTH



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA

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**You are having a baby. Learn what you need to know about normal childbirth.**

## What is normal childbirth?

Childbirth can be described differently based on the level and type of assistance provided during the baby's delivery. Once the mother goes into labour spontaneously (this usually happens close to the due date – between weeks 37 and 42 of pregnancy), she can have one of the following types of childbirth:

**Natural childbirth** – The baby is born head-first, through the vagina (birth canal), supervised by a health-care professional who ensures that mother and baby are well, but labour progresses without medical assistance.

**Normal childbirth** – The baby is born head-first, through the vagina (birth canal), but may include intervention by a health-care professional to support or help the birth. (See section “What interventions are considered part of normal childbirth?”)

**Assisted childbirth** – When there are signs that the mother and/or baby may be unwell or the labour is not going normally, medical intervention (for example, forceps, vacuum or C-section) is needed to assist delivery.

Five leading Canadian medical organizations have joined together to encourage Canadian women to consider normal childbirth for labour and delivery.\*

## What interventions are considered part of normal childbirth?

Sometimes, the mother or baby needs help during labour. Your health-care professional will discuss the need for a particular intervention before it happens, and include you in decision-making.

**Augmentation of labour** – Sometimes, especially in prolonged labour, contractions can weaken, fail to dilate the cervix, or do not help the baby come down the birth canal. Your health-care professional will evaluate the situation. Medication (such as oxytocin) can be given to stimulate contractions and help labour and active pushing. Usually a nurse or midwife will be the one who watches your progress during labour.

**Listening to the baby's heartbeat** – Monitoring the baby's heart rate is one of the ways to find out if the baby is well during labour and delivery. In Canada, in low-risk pregnancies, a health-care provider usually stays with a woman throughout labour and uses a tool, called a doppler fetal heart rate monitor, to listen to the baby's heartbeat after a contraction.

This will happen every 15 to 30 minutes during the first stage of labour, and every five minutes in the second stage. If your health-care professional must leave the room for an extended period of time, continuous (non-stop) electronic monitoring of the baby's heartbeat with a machine may be used. In normal childbirth, electronic fetal monitoring may not be needed at all.

**Artificial rupture of the membranes** – During labour, the amniotic (fluid) sac that surrounds the baby breaks so the baby's head can come down into the birth canal. In active labour, if this has not happened, your health-care provider may create a small hole in the sac. This is also known as “breaking the water”.

**Reducing labour pain** – Some women experience pain that is quite manageable, while other women require more pain relief; for example, because of the baby's position, a prolonged labour, or their own personal pain thresholds. Most Canadian hospitals offer different options, some with medicine and some medicine-free, that help with pain in early labour.

- Medicine-free methods include changing positions, movement, warm bath or shower, acupuncture, using a labour ball, hypnosis, and comforting touch and massage
- Injectable painkillers (for example, morphine or fentanyl) may be given throughout labour
- Freezing medicines (anaesthetics) cause a total loss of feeling in the lower part of your body
- Epidural involves inserting a needle into your lower back to inject medicine to numb the pain
- Nitrous oxide is a gas, inhaled through a mask, which can be used in the second stage of labour

**Active management, third stage of labour** – After birth, you will receive an injection of oxytocin, a medication that will help your uterus shrink and prevent too much blood loss (postpartum hemorrhage). This is a safe procedure done routinely in Canada.

*\*The Policy Statement on “Normal Childbirth in Canada” is endorsed by the Association of Women's Health, Obstetric and Neonatal Nurses of Canada (AWHONN Canada); the Canadian Association of Midwives (CAM); the College of Family Physicians of Canada (CFPC); the Society of Obstetricians and Gynaecologists of Canada (SOGC); and the Society of Rural Physicians of Canada (SRPC).*

## What isn't part of normal childbirth?

In some cases, the mother and/or baby may display signs that one or both is unwell (for example, irregular or decreasing heartbeat of the baby with contractions) and the health-care professional may take immediate action to help deliver the baby. One of the following procedures might be used, but are not part of normal childbirth:

**Forceps or vacuum delivery:** Tools used by physicians to help in the baby's delivery.

**Forceps** are two slim, curved instruments that can slide around the baby's head inside the birth canal.

**Vacuum** is a plastic cup that uses suction on the baby's head.

Both are used to help the baby move through the birth canal when the baby is in a difficult position or the mother is exhausted and cannot push the baby out on her own. Forceps and vacuum require special training and special conditions before they are used.

**Caesarean section:** This surgical procedure is recommended when a vaginal delivery might pose a risk to the mother or baby. See our brochure "C-Section: What you need to know" for more information.

The following situations can still lead to vaginal birth, but require special care and training:

**Breech presentation** – The baby's feet or buttocks enter the birth canal first. See our brochure "Breech Childbirth" for more information.

**Vaginal birth after a previous Caesarean section (VBAC)** – A large majority of Canadian hospitals offer women who have had a previous C-section the opportunity to attempt a vaginal childbirth.



## What are the benefits of normal childbirth?

There are several benefits to a normal birth, for you and your child:

- No surgery or complications that could go with it
- Reduced risk of injury and infections
- Faster recovery and shorter hospital stay
- Increased confidence and reduced stress

Throughout your pregnancy, health-care professionals will work with you to support you and build your confidence so you are ready for a normal childbirth.

## How do I prepare for a normal childbirth?

- Read information about childbirth from reliable Canadian sources. Health-care professionals, nurses, midwives, and physicians have educational material available (like *Healthy Beginnings*, a book published by the SOGC).
- Participate in prenatal classes.
- Eat well and exercise daily.
- Prepare a birthing plan. Discuss it with your health-care professional in advance, and have it with you when you go into labour.

## To learn more about normal childbirth

- "Healthy Beginnings: Giving your baby the best start from preconception to birth": [www.sogc.org/healthybeginnings](http://www.sogc.org/healthybeginnings)
- The SOGC's "Joint Policy Statement on Normal Childbirth": [www.sogc.org/guidelines](http://www.sogc.org/guidelines)