We will generally not propose to make a cut in the vaginal area to assist the delivery of the baby's head (**episiotomy)**, unless it is essential for the baby to be born quickly, or if the area around the vagina is tearing - in these situations, an episiotomy generally helps prevent the tear from extending to the anal sphincter and potentially causing incontinence in the future. In any case, the situation will always be explained and consent will always be requested before an episiotomy is performed.

If the baby is born in good condition, it **will immediately be placed on your abdomen** (if you prefer otherwise, please let us know in advance). Oxytocin will be administered intravenously (or intramuscularly if the catheter is not functioning) to increase uterine contracture and reduce blood loss. The umbilical cord will only be clamped and cut **1–2 minutes after birth** (if you prefer otherwise, please let us know in advance). If your blood group is Rh negative, blood will be collected from the umbilical cord to determine the baby's blood group.

Delivery of the placenta may take up to 30 minutes and, when blood loss is minimal, no interventions are generally carried out during this period. Placental delivery may be assisted by cord traction and by repeating the pushing efforts. This is followed by periodic assessment of blood pressure, of uterine contracture, and of blood loss. Food will be brought to you approximately 2 hours after birth.

What to expect for the baby after childbirth

If the baby is born in good condition, there is no need to suction the airways. There are benefits in keeping the baby in close skin-to-skin contact with you during the first hour of life and initiating breastfeeding immediately. After this period, the baby will be weighed, dressed, and identified with a wristband. According to national recommendations, babies should receive an intramuscular injection of vitamin K within the first hour of life, to prevent haemorrhagic disease of the newborn. Under Portuguese law, the baby has legal rights and interests that should be protected; therefore, the administration of officially recommended medications is not left solely to parental discretion. After these brief procedures, the baby will be brought back to the mother's side.

If the baby requires additional support, it may be necessary to clamp and cut the umbilical cord earlier, so that the baby can be taken to an appropriate resuscitation table where specialised care will be provided.

When will I leave the labour ward?

Approximately **2 hours after birth**, provided that mother and baby are in a stable health condition, both will be transferred to the **postpartum ward**, located on the **5th floor** of the hospital.

UNIDADE LOCAL DE SAÚDE
SANTA MARIA

WHAT TO EXPECT IN THE LABOUR WARD?

UNIDADE LOCAL DE SAÚDE SANTA MARIA

Av. Prof. Egas Moniz—1649-035 Lisboa

SNS SERVIÇO NACIONAL DE SAÚDE

The birth of a child is always a very special moment in the life of a woman, as well as her family and friends. We would like you to experience this moment with a feeling of safety and with the best possible comfort, and we also would like it to be a positive experience in every aspect that is important to you.

Facilities

The labour ward has **8 delivery rooms**, 3 observation beds, 2 operating theatres, and 2 post-operative recovery beds.

The team

In the labour ward there is permanently available a team of **Obstetricians-Gynaecologists, Anaesthesiologists, Midwives, generalist nurses**, and **domestic services staff.** There is also continuous on-call support from **Neonatologists** coming from the neonatal intensive care unit.

If your labour progresses normally, you will probably only meet a small number of these professionals. However, if you wish to speak with a member of the team, please use the call button inside your room to request the presence of a member of the domestic services staff, and ask to speak to the midwife that is assigned to you.

Continuous accompaniment

To ensure that you always feel physically and emotionally supported, you may be accompanied by **one person** of your choice at all times. You can indicate the names of three accompanying persons, who may alternate between them, so that one person is always by your side. However, we ask accompanying persons not to enter and leave the labour ward frequently, so an not to disturb the calm environment needed for labour. If an accompanying person **wishes to leave the room**, please press the call button and wait for a member of the domestic services staff to escort them outside. We also ask accompanying persons **not to bring food or drinks** into the room, **not to leave the room unaccompanied, not to speak on mobile phone** because these may interfere with some hospital equipment (text messaging is okay), **and not to take photographs or make videos before healthcare procedures for the mother and baby** have been completed. It may be necessary to ask accompanying persons to leave the delivery room if they are not contributing to a calm and positive environment (in this case they may be replaced by another indicated person), or if there is a health complication that requires the pregnant woman's isolation. In these situations, healthcare professionals will explain the reasons to you.

What to expect during labour

Although labour varies greatly from woman to woman, it is generally a relatively long process, but rarely does it last more than 24 hours. To help you pass the time, you may bring **books, tablets, computers, and a memory stick with your favourite music.** Please keep the sound volume at a level that does not disturb others. Personal belongings remain at your responsibility or at the responsibility of the accompanying person.

If your pregnancy is low-risk, if labour started spontaneously, and is progressing normally, we will interfere with the natural process as little as possible. In these situations, we will not artificially rupture the membranes or administer oxytocin through an intravenous drip.

Your **temperature, pulse, and blood pressure** will be checked at regular intervals. **Cervical dilation also needs to be evaluated regularly** by way of a vaginal examination, to ensure that labour is progressing appropriately. Initially, these exams are usually made at intervals of around 4 hours, but shorter intervals may be necessary, as labour progresses or when dilation is slower than expected.

Continuous monitoring of the baby's heartbeat and uterine contractions **(cardiotocography or CTG)** is necessary to ensure that oxygenation of the baby is adequate at all times, allowing timely intervention to preserve the safety of both mother and baby. Wireless transmission of signals from the sensors to the main monitor is available, so this will not prevent you from moving freely during labour.

Sometimes it is necessary to rapidly administer intravenous medication, so we advocate routine placement of a **vein catheter in one of your forearms**, without the need for routinely administering intravenous fluids. The latter will only be required in the event of **important pregnancy complications**, if labour is being **induced**, if you are having an **epidural analgesia** (see below), or **if labour is not progressing at the expected pace.**

For most women, labour contractions are painful, but there are several alternative options available for pain relief, when needed. These include both **natural methods** and **pharmacological methods** of pain relief (please read the specific information leaflets on these topics). If you have questions or wish to try one of these methods, please contact the midwife assigned to your room.

Unless there is a health contraindication, you may **move freely** inside your room. Lying flat on your back is discouraged during labour, because this position may cause the uterus to compress important blood vessels running behind it, and this may lead to a reduction in the baby's oxygen supply. If you have recently received epidural medication, please ask the midwife for assistance before getting up for the first time.

Unless there is a health contraindication, you may also **drink clear fluids** (water, tea with or without sugar, pulp-free juice), eat **gelatine,** or **fruit-flavoured ice-creams**. Please communicate your needs to the midwife assigned to your room.

If you need assistance passing urine, please use the call button inside your room. If your bowels have not moved in the previous hours, you may consider speaking with the midwife about the use of a micro-enema.

You may be asked whether you object to having a medical student or a nursing student present in the room during labour and childbirth. Please feel free to choose whatever you believe is the best option for you.

What to expect during childbirth

When the uterine cervix is fully dilated, that is 10 cm dilated, the **second stage of labour begins.** This means that it may still take some time before you feel the urge to push, but this interval does not usually exceed 2 hours. Once you begin to feel the urge to push during contractions, you may continue to adopt whichever position feels most comfortable to you. Once the baby's head has descended sufficiently, the area around the vagina will be disinfected and the healthcare professional providing assistance with your childbirth will put on protective equipment to avoid being in contact with body fluids.