

# Managing Labour Complications and Postpartum Care



## Highlights

Unexpected difficulties can arise during labour, even with a healthy pregnancy. Slow progress of labour, unusual baby positioning, multiple pregnancies, concerns about the baby's condition, postpartum haemorrhage, and retained placenta can all complicate the birth process.

Understanding potential complications and knowing what steps to take can help manage challenges during labour.

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## Labour Progress Delays

A doctor or midwife tracks labour progress by checking the cervix and baby's position. If the cervix opens slowly or contractions stop, labour may not be progressing. Anxiety can also slow things down, so staying calm is crucial. You can ask about steps to help speed up the process, such as:

Changing to a more comfortable position

Walking around to help the baby move further down and encourage contractions

Taking a warm shower or bath

Receiving a back rub

Taking a nap to regain energy

Having something to eat or drink

If labour continues to be slow, a doctor or midwife may suggest using an intravenous drip with Syntocinon to make contractions stronger. If you're tired or uncomfortable, pain relief options may be available.

## **Unusual Baby Positions**

Most babies are born headfirst, but some may be positioned in ways that complicate labour.

### **Posterior Position**

In this position, the baby enters the pelvis facing forward rather than backward, which can lead to longer labour and more back pain. Most babies will turn during labour, but if the baby does not turn, delivery may still be possible naturally, or assistance with forceps or a vacuum pump may be needed. You can try getting on your hands and knees to help the baby turn and ease back pain.

### **Breech Birth**

A breech birth occurs when the baby presents bottom or feet first. This happens in a small percentage of pregnancies. If the baby remains breech, a cesarean may be recommended. A procedure called "external cephalic version" may be performed to turn the baby headfirst in late pregnancy, usually around 36 weeks. This is done under ultrasound guidance to ensure the safety of both the mother and the baby.

## **Multiple Births**

Multiple pregnancies often lead to preterm labour, especially if the babies are not in the right positions. After the last baby is born, the placenta(s) are expelled. Premature babies may need extra care. If the babies are positioned properly, induction may be considered at full term. An epidural may be suggested, especially if the second twin moves into an unusual position after the first is delivered, and the doctor may need to reposition the second twin for birth.

## **Baby's Health Concerns During Labour**

During labour, there may be concerns that the baby is in distress. Signs to watch for include:

Faster, slower, or irregular heartbeat

Meconium (greenish-black fluid) in the amniotic fluid

If the baby shows signs of distress, its heart rate will be closely monitored. If necessary, the baby may be delivered quickly using vacuum or forceps, or through a cesarean section.

## **Postpartum Bleeding**

Postpartum haemorrhage (PPH) is an uncommon but serious complication after childbirth. While some blood loss is normal, PPH is excessive bleeding from the vagina after delivery. To help prevent PPH, you will usually be given an injection of Syntocinon to stimulate contractions and help expel the placenta. The midwife will regularly check your uterus to ensure it is firm and contracting properly. If PPH occurs, it can lead to complications and may require a longer hospital stay.

## **Placenta Retention**

In some cases, the placenta does not detach after the baby is born. If this happens, additional medical intervention may be needed to remove the placenta. This can be managed with medication or a surgical procedure, depending on the

situation.

## **Tools and Assistance**

**Labour Support** Healthcare providers, including doctors, midwives, and doulas, guide you through labour, offering pain relief options, comfort techniques, and medical interventions when necessary.

**Positioning Techniques** Using positions like walking, birthing balls, or hands-and-knees can help progress labour and assist in repositioning the baby.

**Pain Relief Options** Pain management options include natural methods (breathing techniques, hydrotherapy) and medical interventions (epidural, IV pain relief).

**Monitoring Equipment** Fetal heart rate monitors and contraction monitors track the baby's and mother's condition, detecting any distress early.

**Assistance for Unusual Positions** Tools like ultrasound and external cephalic version can help reposition a breech baby, ensuring safety during the process.

**Emergency Assistance** In emergencies, tools like forceps, vacuum extraction, or cesarean section ensure the baby's safe delivery if complications arise.

**Postpartum Care** Postpartum care tools like uterine massage and Syntocinon injections help manage complications such as excessive bleeding or retained placenta.

**Breastfeeding Support** Lactation consultants assist with breastfeeding challenges, especially for premature babies or those having difficulty latching.

**Emotional Support** Psychologists, social workers, and support groups provide essential emotional support to cope with the challenges of childbirth and postnatal recovery.

These tools ensure the safety and well-being of both mother and baby during and after delivery.