NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have each couple or individual pair up with another couple or individual and introduce themselves to each other. (Consider including name, due date, something they are looking forward to, something they are nervous about and/or anything they would like to share about the pregnancy.) Then have the pairs or individuals introduce each other to the rest of the group.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.
- It is best to advise participants during the first session that you have a duty to report any concerns about the safety or well-being of a child (including the witnessing of abuse of the mother) to child protective services. (This is only applicable if there are children in the home already.)

Suggestion for Facilitator: on a flip chart, list the topics to be discussed in this session.

1. Introductions and housekeeping
2. Brain Buster or other icebreaker activity
3. Events of late pregnancy
4. Getting ready for labour and birth
5. Pre-labour and true labour
6. Contractions and ruptured membranes
7. When to go to your place of birth
8. Your baby's journey
9. Your journey (stages of labour)

Suggested Activity: Prenatal Fun
Purpose:

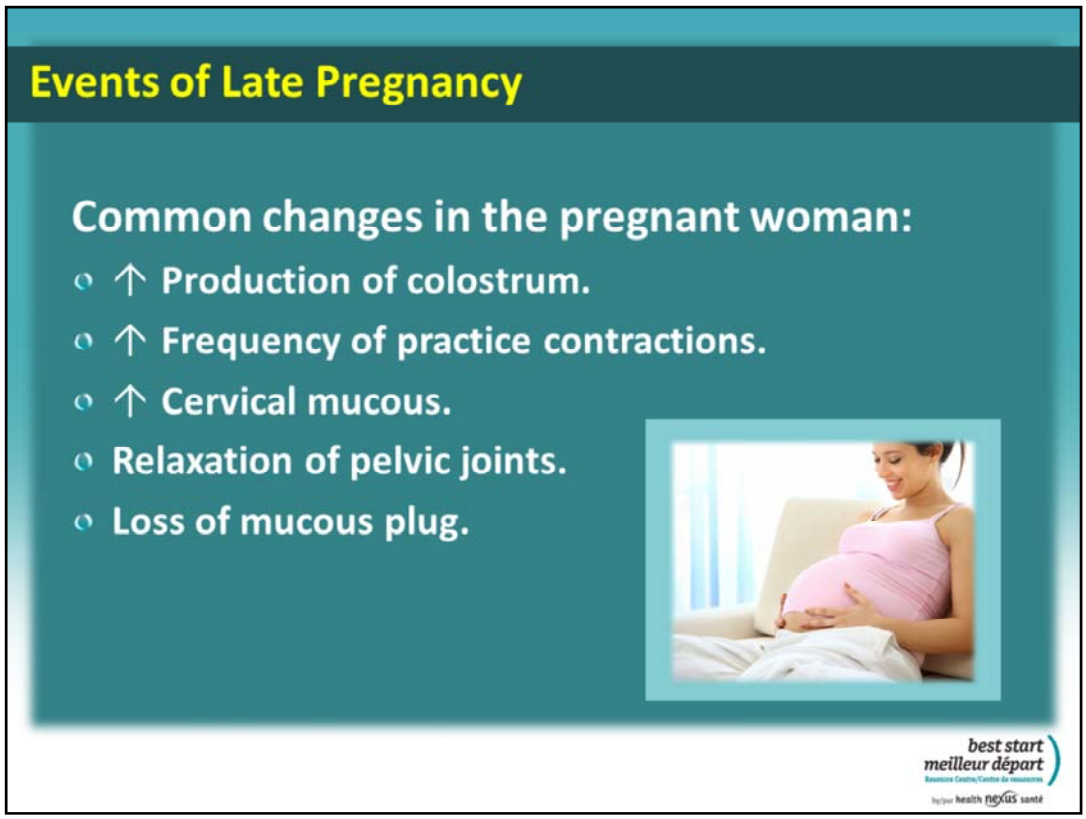
- Familiarize participants with the terminology of labour and birth.
- Encourage the pregnant woman and her partner to start thinking and working together *as a team*, as they prepare for labour and birth.

Materials:

- Prenatal Fun brain buster activity, 1 per couple (See module outline)
- Pencils, 1 per couple
- Prenatal Fun brain buster activity answer sheet, 1 for the facilitator (See module outline)

Instructions:
Provide a pencil and a copy of the **Prenatal Fun** brain buster activity to each couple and allow 5 minutes to solve the puzzles. Ask participants to volunteer the answers . Provide answers when none are volunteered by the participants (see answer sheet).

Note: This activity may not be appropriate for participants with low-literacy or if English is not their first language.



Speaker's notes:

As a woman gets closer to her due date, her body and the baby are experiencing many changes. Women and partners may also feel anxious about labour and birth and think about what life will be like with a new baby.

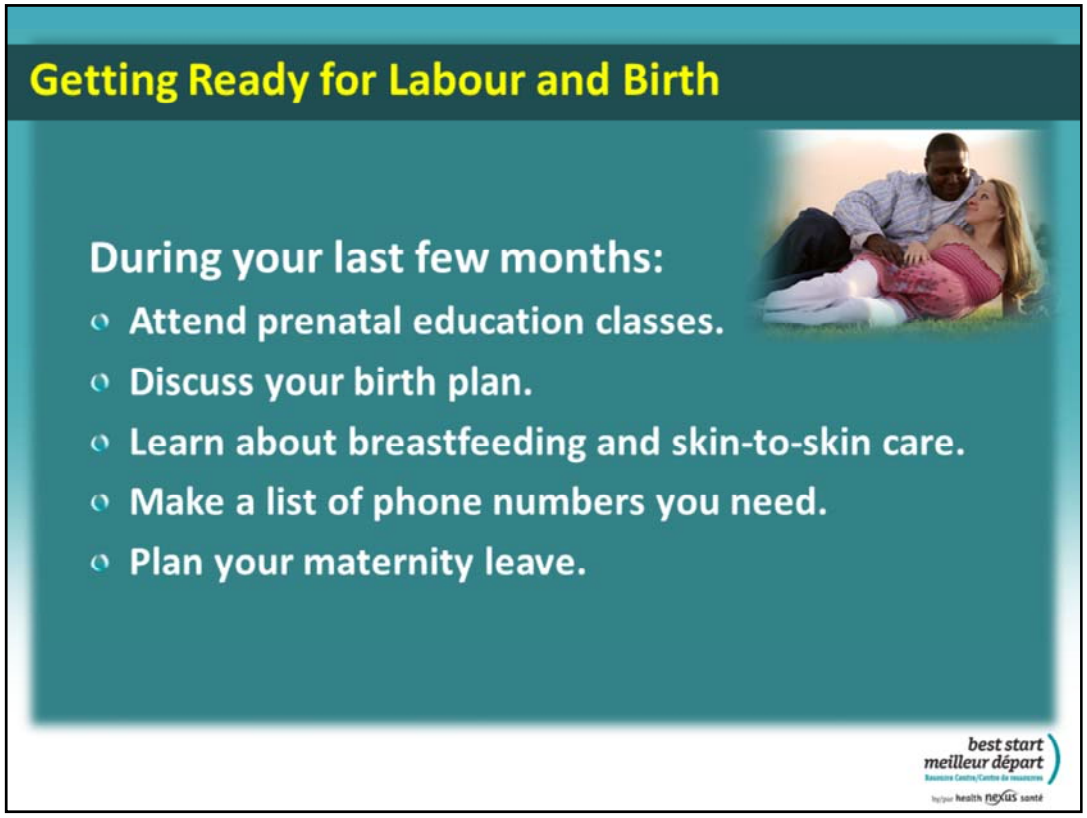
Common changes during the last weeks of pregnancy can include:

- Increased production of colostrum (mother's first milk) because of increased production of the hormone prolactin.
- Increased frequency of practice contractions (Braxton-Hicks, pre-labour contractions).
- Increased relaxation of the pelvic joints in preparation for labour and birth as a result of an increased production of the hormone relaxin.
- Increased cervical mucous (vaginal discharge).
- Engagement of baby, also known as "lightening". This makes it easier for the woman to breathe.
- Loss of mucus plug.
- A heaviness in the pelvic region and/or lower back pain, and the need to urinate more often resulting from the baby moving deeper in the pelvis.
- A sense of renewed energy, also referred to as "nesting behaviour".

Watch for these early signs of labour in the last few weeks of your pregnancy. These signs do not mean you are in labour. They are signs that labour may begin within the next couple of days or weeks. When you experience these signs, pay attention to your body as it prepares for labour.

Some of changes to the baby include:

- His lungs mature.
- He puts on weight which helps him to regulate his temperature.
- His immune system matures as mother's antibodies are transferred through the placenta.



Speaker's notes:

The last few months of pregnancy are a time when pregnant women and their partners begin preparing for labour and birth and the arrival of their new baby.

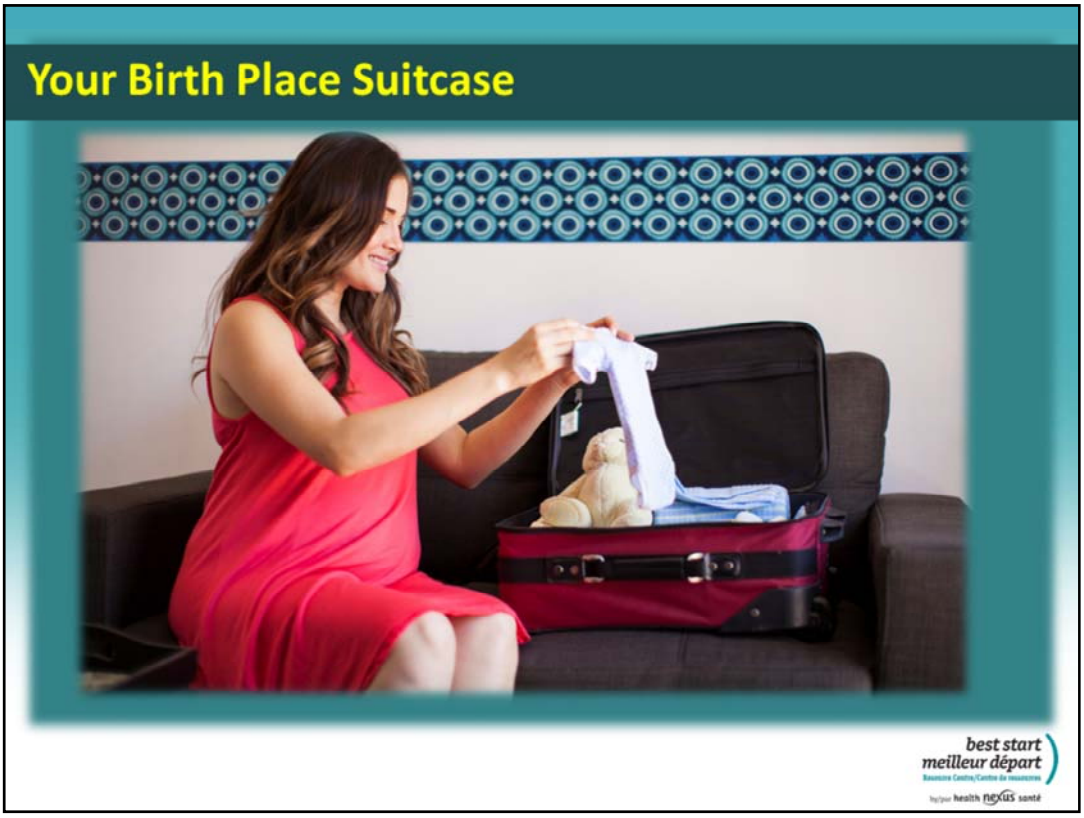
- Ensure prenatal education is completed at least a few weeks before your due date. Learn as much as possible about the process of labour and birth and caring for your newborn.
- Discuss any questions, concerns or your excitement about labour and birth with your health care provider.
- Discuss and update as necessary, your birth plan with your health care provider and support team. Decide who will support you during labour and birth (partner, doula, friend, etc.), and where you plan to birth the baby (hospital, birthing centre, home).
- Talk to other families about their experience with labour and birth.
- Be informed about breastfeeding and know where to get breastfeeding support (e.g., breastfeeding clinics, local support groups, websites, etc.).
- Learn about the benefits of having baby skin-to-skin right after the birth which include: keeping baby warm, regulating heartbeat and breathing, bonding, increasing baby's microbial colonization by mother and providing a good start for breastfeeding.
- Consider attending a hospital/birthing centre information session and tour. Alternatively, discuss home birth and possible need for transfer to a birthing centre or hospital with your midwife.
- Make a transportation plan so you will be able to go the hospital or birth centre quickly when needed.
- Make a list of contact numbers you need. Include your support person, your health care provider and the hospital or birthing centre.
- Make arrangements with your employer about taking time off work for pregnancy leave (up to 17 weeks) or parental leave (up to 35 weeks).
- Collect supplies recommended by your midwife if you are planning a home birth.

Speaker's notes:

When getting ready for bringing baby home, consider the following:

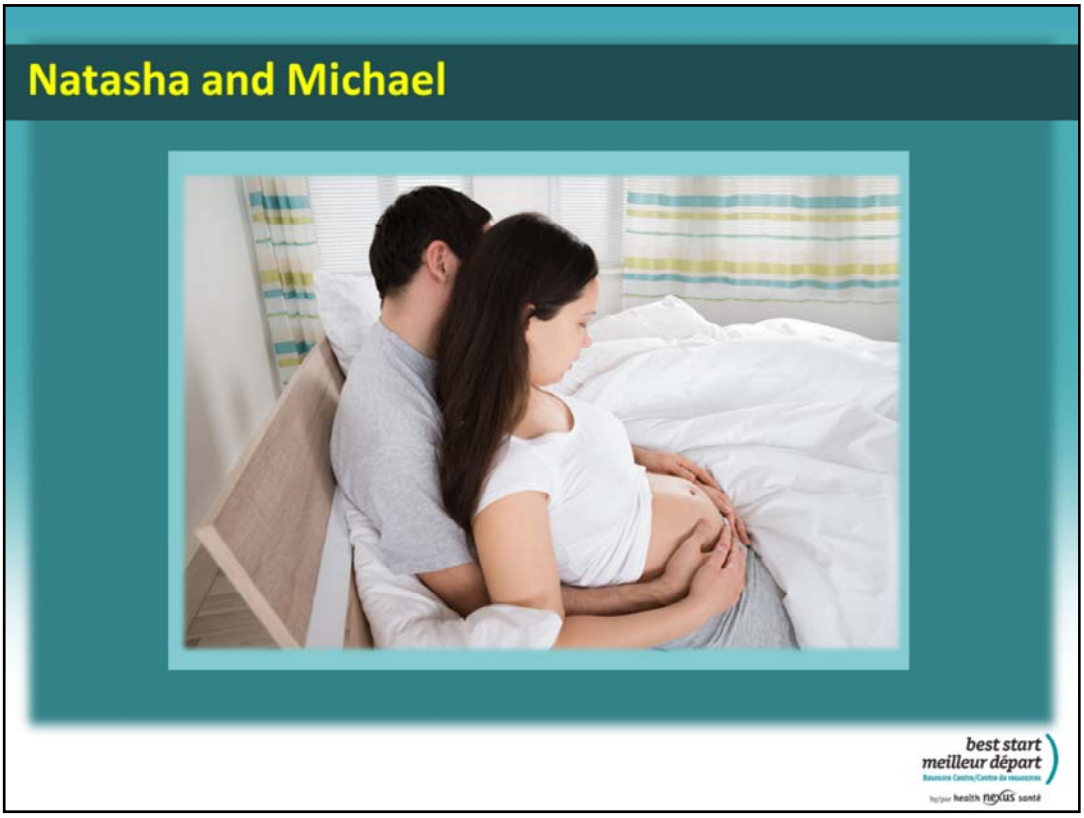
- Make a list of items that you will need for yourself and your baby. Borrow or buy a few items at a time.
- Talk to other families about their first few weeks at home with a new baby.
- Arrange for family and friends to help out during the first few weeks at home. Discuss task sharing with your partner and others who live in your home.
- Learn about safe sleep for your baby and decide where your baby will sleep. Then get this space ready.

Remind participants that they will learn more about newborn care and safety in another class (if appropriate).



Speaker's notes:

- Pack your suitcase 3-4 weeks before your due date. Your local hospital or birthing centre will provide you with specific information about what you need to bring. Even if you are planning a home birth, you will want to have a bag ready in case you need to be transferred during your labour.
- A starter list of what to pack is provided in the handouts that can be tailored.
- Partners need to pack a 'Partner's kit' as well. It may include snacks, a toothbrush, change of clothing, cell phone, pyjamas, and a swimsuit.
- If you are planning a home birth, ask your midwife for a list of what you will need.
- If you are taking a taxi to the hospital put aside enough money to cover the fare. Contact social services if assistance is needed.



Speaker's notes:

Read the following story

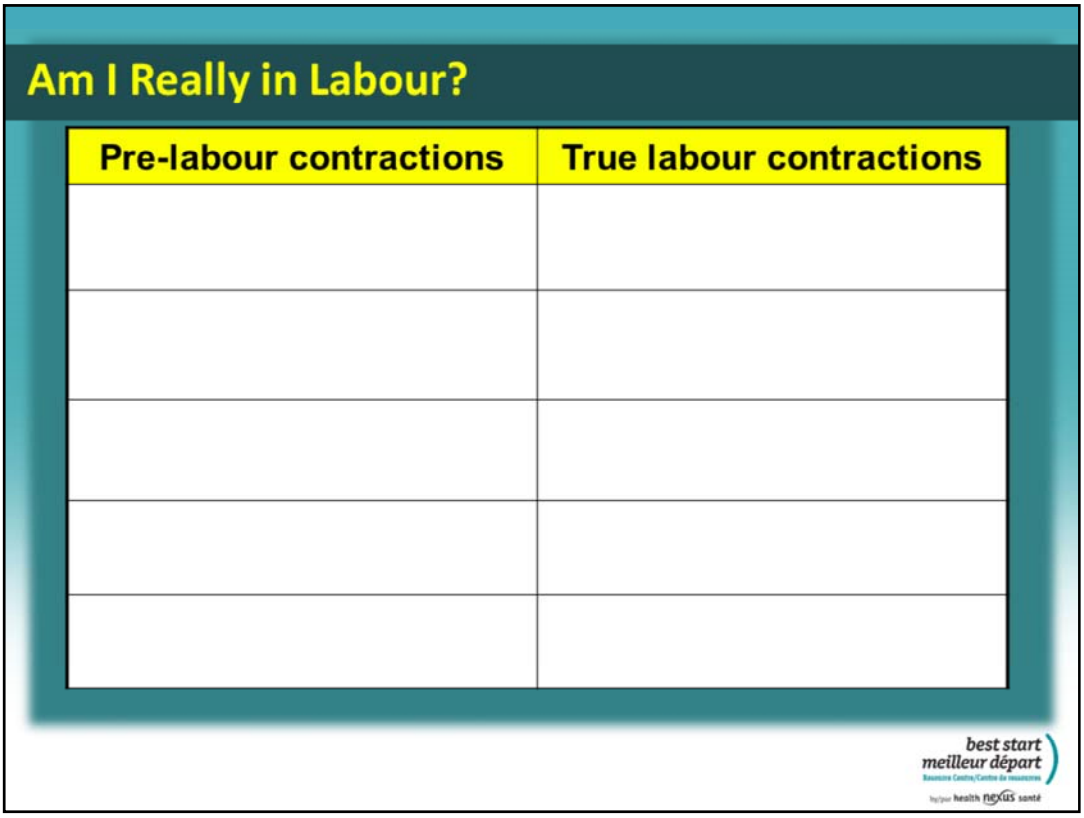
Natasha wakes up at 5:00 a.m. with lower back discomfort. She goes to the bathroom and notices bloody vaginal discharge. She decides to go back to sleep. At 7:30 a.m. she wakes up with some abdominal tightening that feels like mild menstrual cramps. She wakes up Michael and asks if they should go to the hospital. Michael times her contractions, which are 30 seconds long and 15 minutes apart, and they decide to wait until the contractions are longer, stronger, and closer together. Michael decides to stay home from work to provide support and comfort. He prepares a light breakfast while Natasha watches Canada A.M. She labours on the birth ball with Michael's support as the contractions intensify. At 2:00 p.m. Natasha can no longer walk or talk through her contractions and they decide to head to the hospital.

Notes to facilitator:

Consider asking the participants what signs of labour Natasha was experiencing (signs of true labour: dull backache, bloody show, regular contractions, increasing frequency of contractions).

Other points to highlight related to the scenario:

- Membranes are intact.
- Support (partner stays home from work, prepares breakfast, times contractions, provides emotional and physical support).
- When to contact a health care provider.
- When to go to the planned place of birth(she can no longer walk or talk through a contraction).



Suggested Activity: Pre-labour/True Labour Game

The purpose of this activity is to help participants learn the difference between pre-labour and true labour. This activity may not be appropriate for participants with low-literacy or if English is not their first language.

Materials needed:

- 2 heading cards: 'Pre-labour' contractions' and 'True labour contractions' .
- 10 individual cards listing each characteristic of pre-labour and true labour contractions.
- Tape or sticky tack

Instructions:

Move to the next slide with the answers once all the cards have been put in place by participants.

Post the heading cards "Pre-labour contractions" and "True labour contractions" at the front of the room. Provide each couple with a card that has one of the 10 characteristics of labour as listed in the chart on the slide. Have participants tape their card under the heading that they believe it applies to. Review the difference between pre-labour and true labour. Mention that dilation can only be assessed by a health care provider.

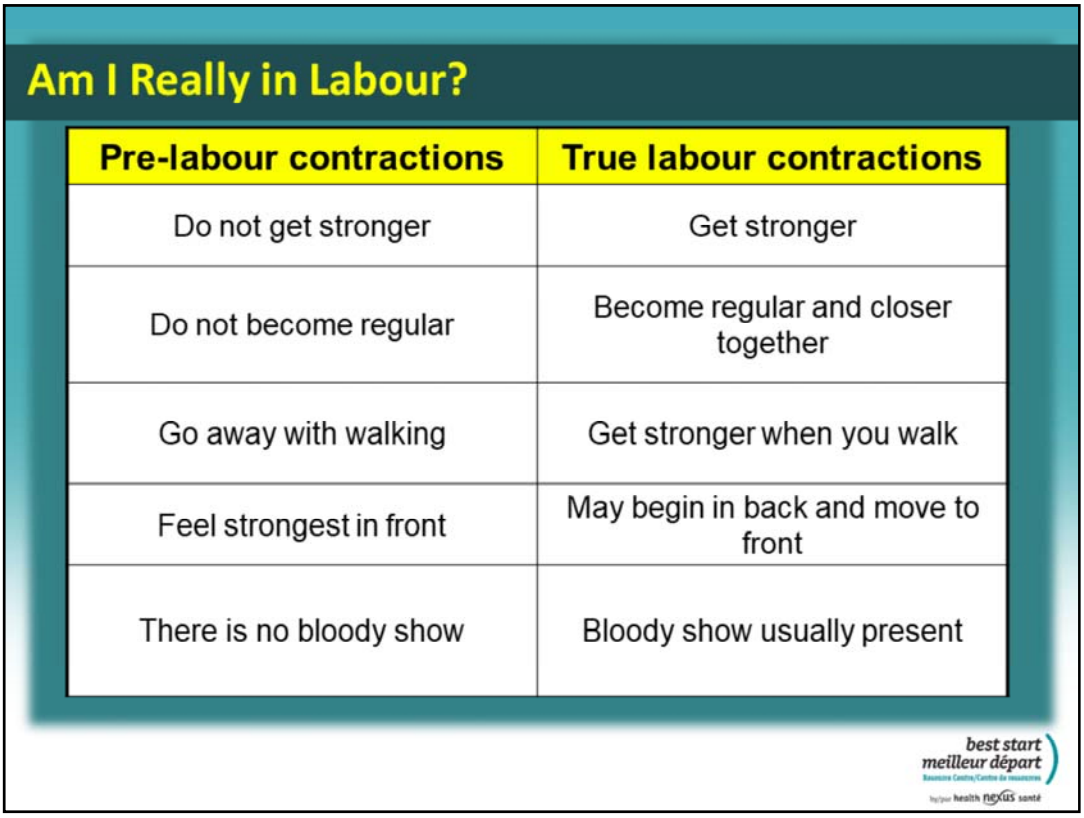
Variation:

A variation of this activity is to share different scenarios describing the characteristics of either pre-labour or true labour contractions. Have participants identify whether the characteristics are indicators of pre-labour or true labour.

Notes to facilitator:

Many women do not have contractions in their lower back. Often early contractions occur over the pubic bone and may radiate to the back, if they radiate at all.

Keep in mind that labour for a subsequent birth, multiple birth or vaginal birth after caesarean birth (VBAC) may be very different.



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Instructions:

Don't show this slide until all cards have been posted under a heading

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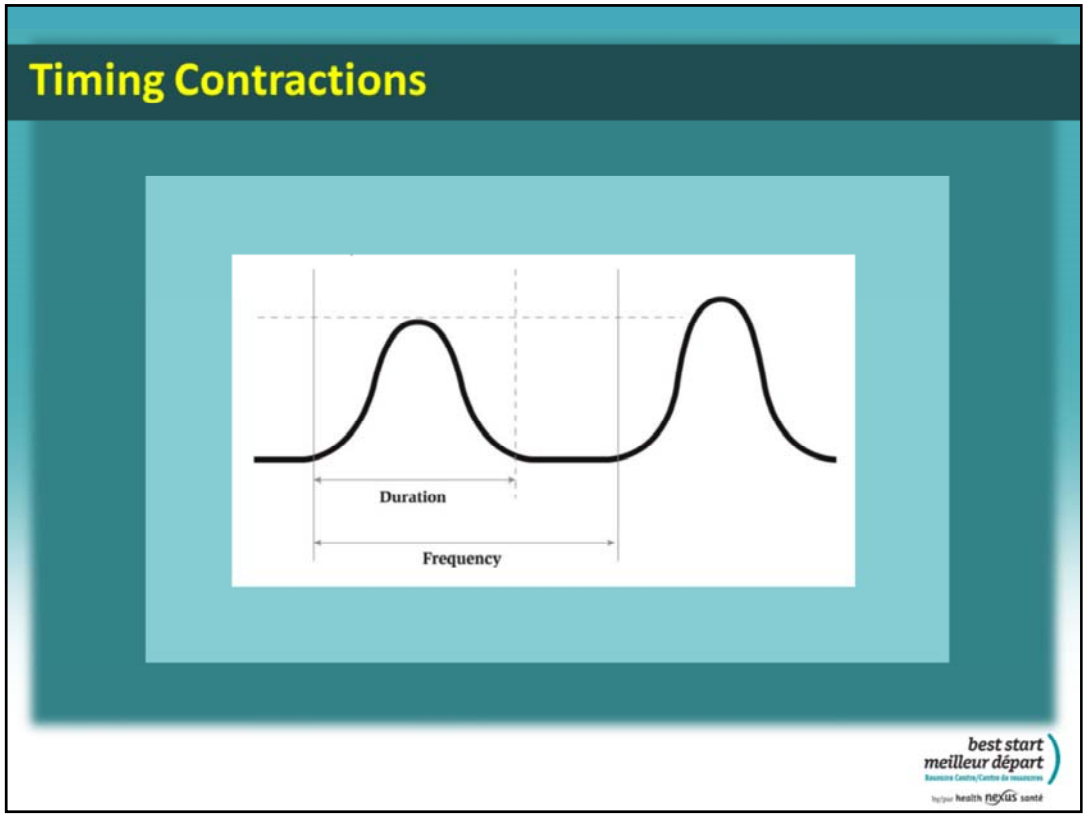


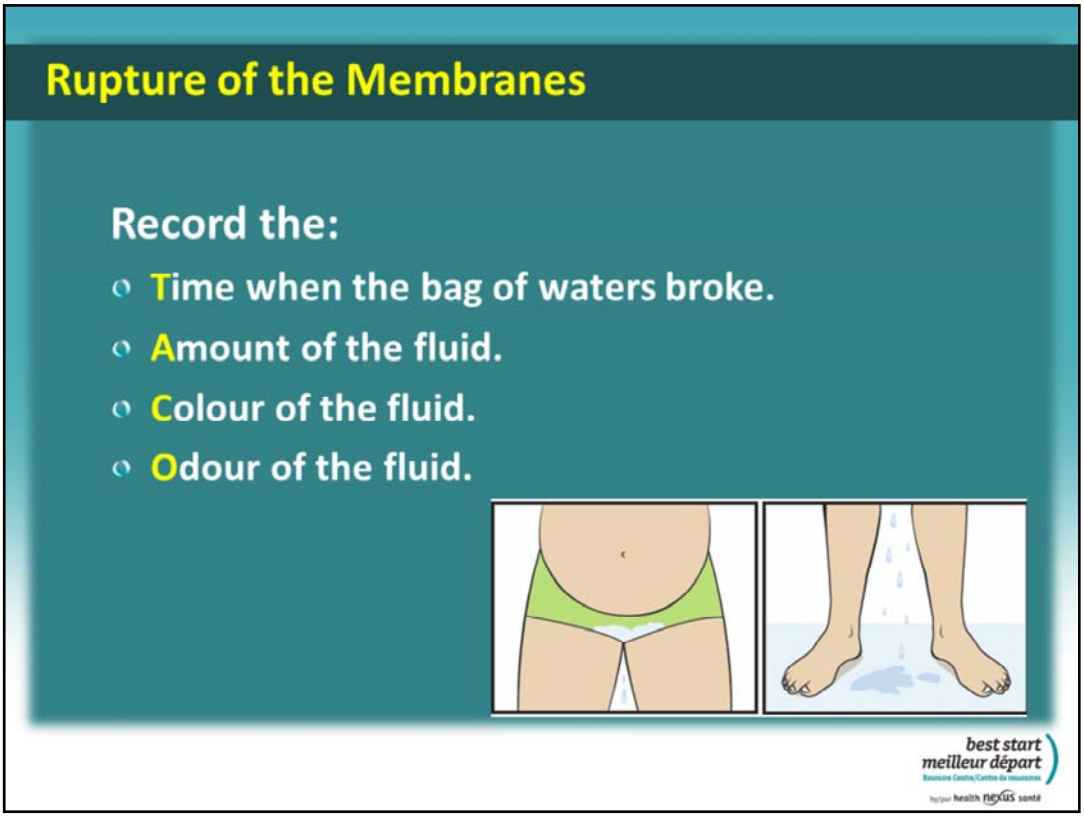
Speaker's notes:
The start of labour is marked by strong, regular contractions and/or the rupture of the membranes. Support persons can time the contractions using a clock, watch or cell phone.

How to time a contraction:
To find out how long the contraction lasts, start timing from the beginning of the contraction to the end of the same contraction. To find out how far apart contractions are, time the beginning of one contraction to the beginning of the NEXT contraction.

The support person can write down:

- When each contraction begins and ends.
- How far apart the contractions are.
- How long each contraction lasts.
- How strong the contractions feel.

It is not necessary to time every contraction in early labour. Start timing the contractions for one hour when they first start to determine how far apart they are (i.e., every 10 minutes). Wait until there is a noticeable change in the contractions or labouring woman's demeanour, or if the water breaks, then time the contractions again.



Speaker's notes:

The bag of water that your baby is in may also break open, signaling the start of labour. This is known as the rupture of membranes. When this bag of water breaks, you may experience a large gush of fluid or a steady trickle of fluid. If you think that you may be leaking fluid, contact your health care provider.

It is important to record the:

- **T**ime when the bag of water broke.
- **A**mount of the fluid.
- **C**olour of the fluid.
- **O**dour of fluid.

You can use the acronym **TACO** to remember this.

The fluid is normally clear but occasionally may look pink due to bleeding caused by changes in the cervix; this is okay. If the fluid is dark or green in colour, go to the hospital right away. If there is a large amount of bright-red bleeding, call 911 for an ambulance to take you to the nearest hospital.

If you are Group B Streptococcus (GBS) positive, you will also need to go to the hospital right away or call your midwife once your bag of water breaks, so you can receive antibiotics.

Speaker's notes:

- Ask your health care provider to provide guidelines about when to go to hospital or birthing centre. If you are planning a home birth, your midwife will discuss with you under which circumstances a transfer to a hospital or birth centre will be recommended and when she wants to be contacted when labour starts. Once you are 37 weeks pregnant, it is generally recommended that you head to the hospital or birthing centre when:
    - The bag of water breaks in a gush or is leaking steadily OR
    - Contractions are regular, 5 minutes apart and the hospital is less than 30 minutes away OR
    - Contractions are regular, 10 minutes apart and the hospital is more than 30 minutes away.
- Remember that if you experience any signs of labour prior to 37 weeks of pregnancy, to go to the hospital right away.
- If you are not sure about what to do, contact your health care provider or call the unit where you are planning to give birth. Contact your midwife if you are having a home birth.
- Consider using the **5-1-1 rule** if this is your first baby: "Your contractions are intense enough to require you to focus and breathe rhythmically and are 5 minutes apart, each lasting at least 1 minute for a period of 1 hour." (Simkin 2010, pg. 244).
- If this is not your first baby, your health care provider may suggest that you go to the hospital or birthing centre as soon as the contractions are 5 minutes apart.

Suggested activity: Labour Decision Tree

Purpose: The purpose of this activity is to identify when during labour, a pregnant woman should go to their place of birth and/or call their health care provider.

Materials:

- Labour Decision Tree, 1 per couple (see module outline)

Instructions:

- Create a variety of early labour scenarios and ask class to determine what to do in each case using the labour decision tree as a guide. *(see next two slides)*

Suggested activity: Labour and Delivery Situations
Time: 20 minutes
Purpose: To learn about the various situations that may arise during labour and delivery and discuss ways to deal with them.
Materials:
- Eight situation cards *(see module outline).*

Instructions:
- Split participants into pairs. Have at least one "pair" of support companions.
- Give each pair a situation card (or cards) and a piece of flip chart paper (optional).
- Ask pairs to plan the "best course of action" for each situation. They should write out the plan if flip chart paper is available.
- Ask each pair to share with the group their situation and plan.
- Encourage the group to add to the plans and discuss alternative actions.

Note:

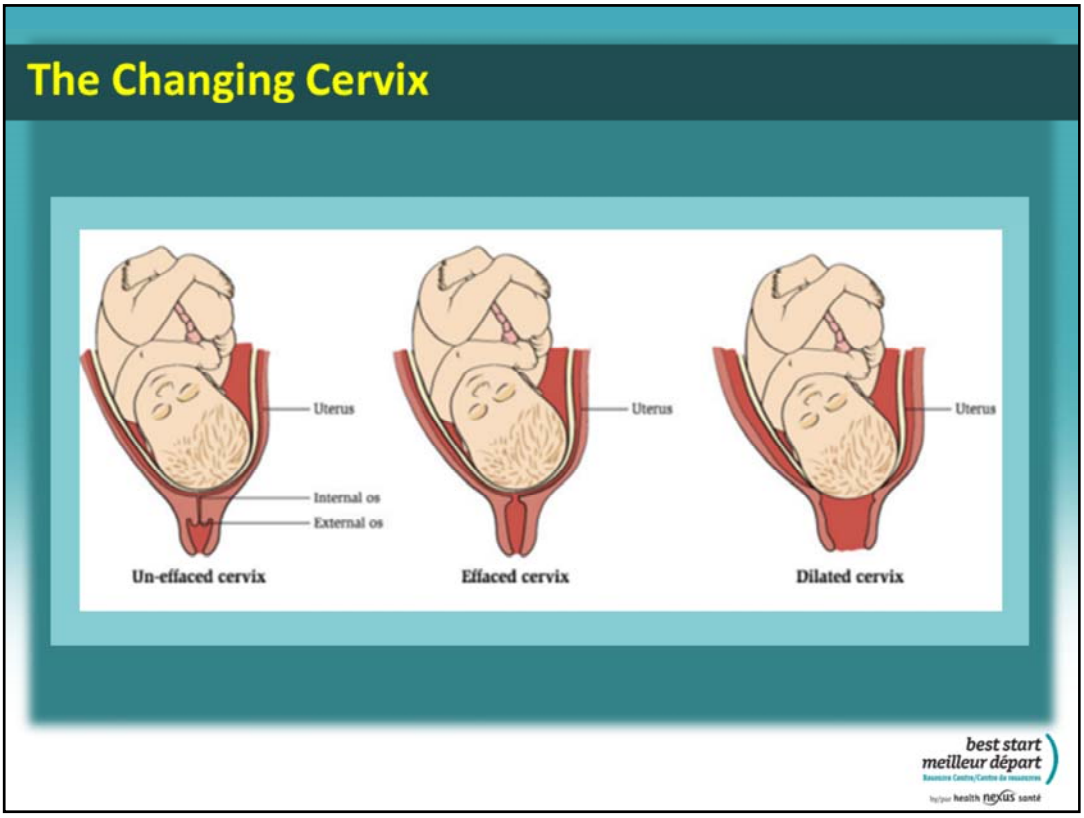
You can use the Key Messages and Supporting Evidence of the Prenatal Education – Key Messages for Ontario (www.ontarioprenataleducation.ca) to provide additional information to the participants.
Relevant Topics include:
Labour Progress: www.ontarioprenataleducation.ca/labour-progress
Labour Support: www.ontarioprenataleducation.ca/labour-support
Interventions in Labour: www.ontarioprenataleducation.ca/interventions

Source: Special Delivery Club Kit - Kingston Community Health Centres. Adapted from Elspeth Christie, Childbirth Educator, Kingston Childbirth Education Association.

Alternate suggested activity: Should I Stay or Should I Go?
Time: 15 minutes
Purpose: To review labour symptoms and scenarios, to help increase confidence about when a participant might chose to labour at home or head to the birthing location.
Materials: Deck of playing cards or index cards affixed with symptoms and short scenarios (see Module Outline). iPhone or laptop that can play music. Can use the song "Should I Stay or Should I Go?" by The Clash (https://www.youtube.com/watch?v=BN1WwnEDWAM).
Instructions:
The prenatal educator passes a deck of cards that have some short scenarios or descriptions of symptoms of labour, including warning signs and explains the game. Educator plays the Clash song "Should I Stay or Should I Go" and while the song plays, the first couple will read the card aloud and decide based on what they read on the card if they would "stay at home" or "go to birth location". Each couple reads the cards out loud and continues to flip the cards over until they decide that they would transfer to hospital. If they decide to transfer, then the remaining deck of cards is passed onto the next couple who repeats until they too have 'moved' to the birth location.

Note:
You can use the Key Messages and Supporting Evidence of the Prenatal Education – Key Messages for Ontario (www.ontarioprenataleducation.ca) to provide additional information to the participants.
Relevant Topics include:
Labour Progress: www.ontarioprenataleducation.ca/labour-progress
Labour Support: www.ontarioprenataleducation.ca/labour-support
Interventions in Labour: www.ontarioprenataleducation.ca/interventions

Adapted from Sharon Muza, BABE (Brilliant Activities for Birth Educators) Science & Sensibility by the Institute of Childbirth Educators.



Suggested Activity: Lifesaver - Part One

Purpose:

The purpose of this activity is to illustrate the process of cervical effacement and dilation.

Materials:

- Individually wrapped sugar-free Life Savers
- Knitted uterus
- Fetal model

Instructions:

Offer all participants a Life Saver. Instruct them to suck on the candy, not to bite or chew). As a guideline for timing, it is helpful if the facilitator also participates by having a candy. The candy should not dissolve completely prior to the end of this discussion.

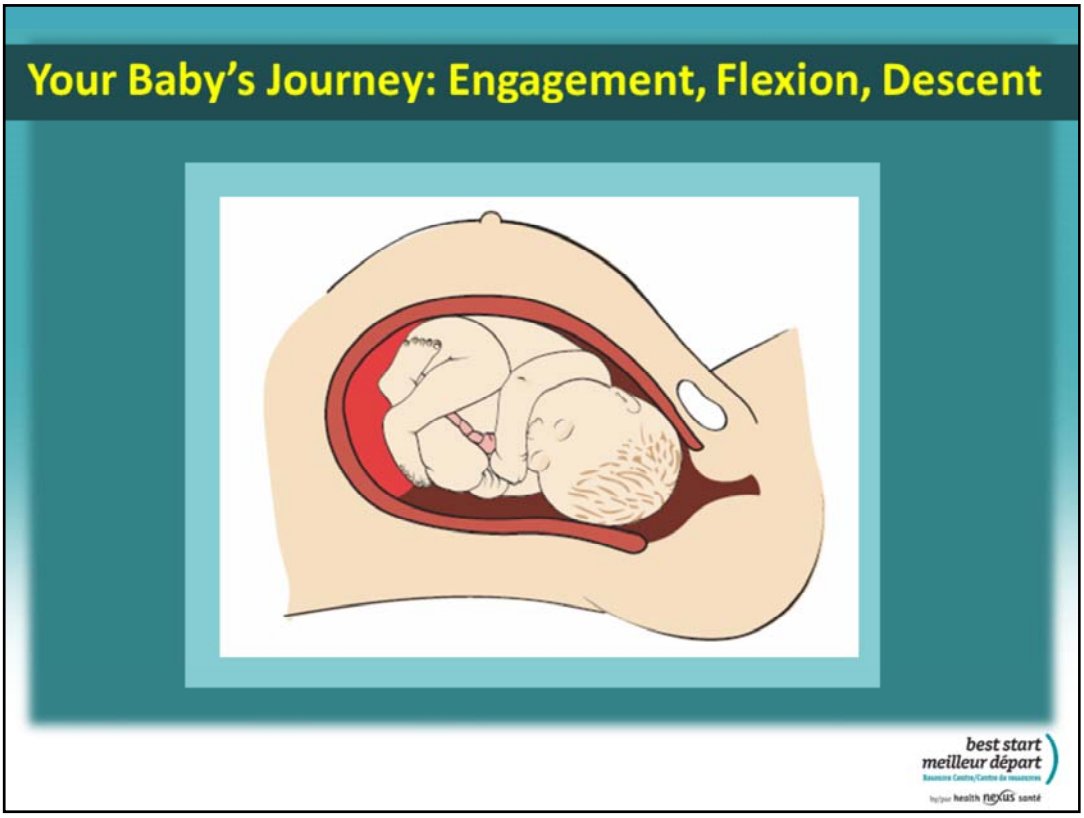
Demonstration:

(Present information on this slide and the next while engaged in Life Saver activity)

1. Discuss the images on the slide, and point out how the internal and external os seem to blend into one as the cervix effaces
2. Use the knitted uterus and the fetal model to demonstrate cervical effacement and dilation and what occurs during a contraction (www.childbirthgraphics.com). When the uterus contracts (tightens and relaxes), it allows the cervix to open and helps the baby move down the birth canal.

Notes to facilitator:

If you do not have a knitted uterus and/or fetal model, you can also use plasticine to show effacement and dilatation. Shape a ball of plasticine to show 50%, 70% and 100% effacement. Then put a hole in the middle and make it larger and larger, showing dilatation.



Demonstration:

Use the pelvic and fetal model to demonstrate cardinal movements and the process of birth (www.childbirthgraphics.com). At the end of pregnancy, the baby usually assumes a head down position facing the mother's side.

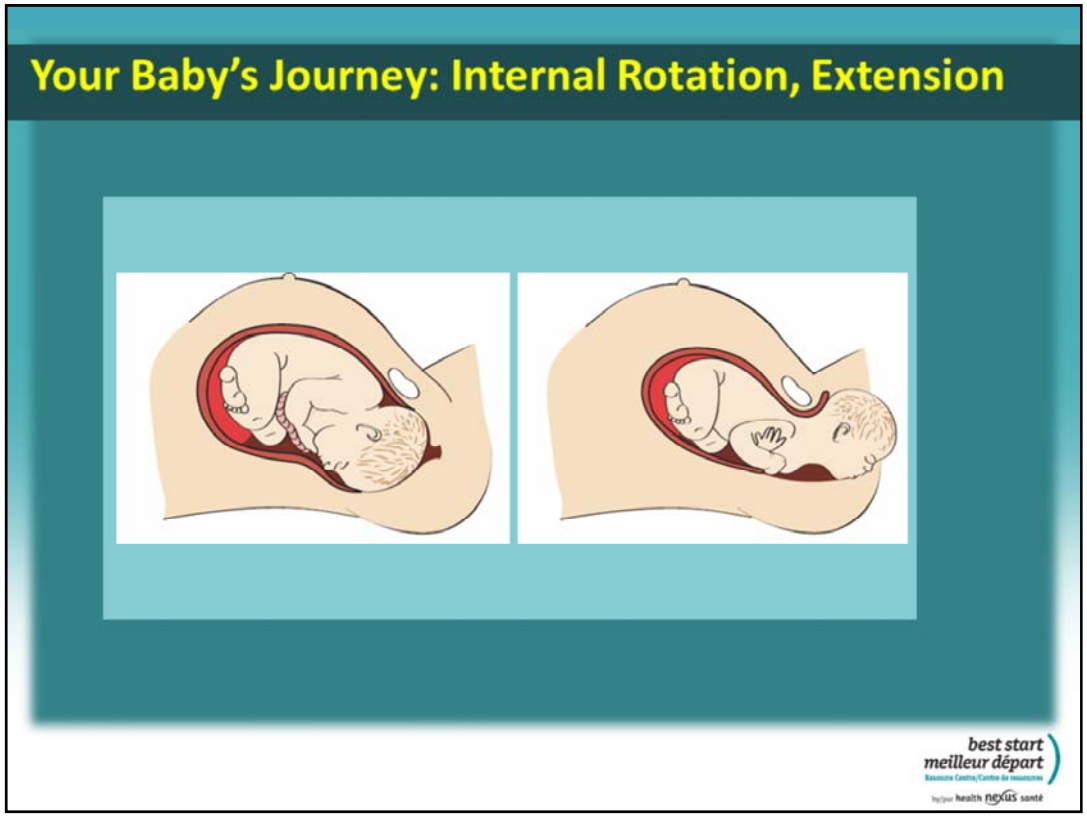
Highlight the following sequence of steps for this slide:

- **Engagement (lightening or dropping)** - The baby moves deeper into the pelvis (0 station). The pregnant woman may find it easier to breathe and eat, as there is less pressure on the diaphragm. There is more pressure on the urinary bladder which may increase the urge to urinate.
- **Descent** - The baby continues to move through the pelvis.
- **Flexion** - During descent, the baby's head presses against the pelvic floor muscles, which causes the baby's chin to meet his chest. The smallest part of the head lines up with the lower pelvis.

Depending on the size of the class, refer to Childbirth Graphics poster on cardinal movements. Refer to *Teaching Effectively with Visual Aids* by Childbirth Graphics (1993) for detailed instructions about using the models. Posters may also be used to describe the labour and birth process.

Lifesaver Activity - Part Two:

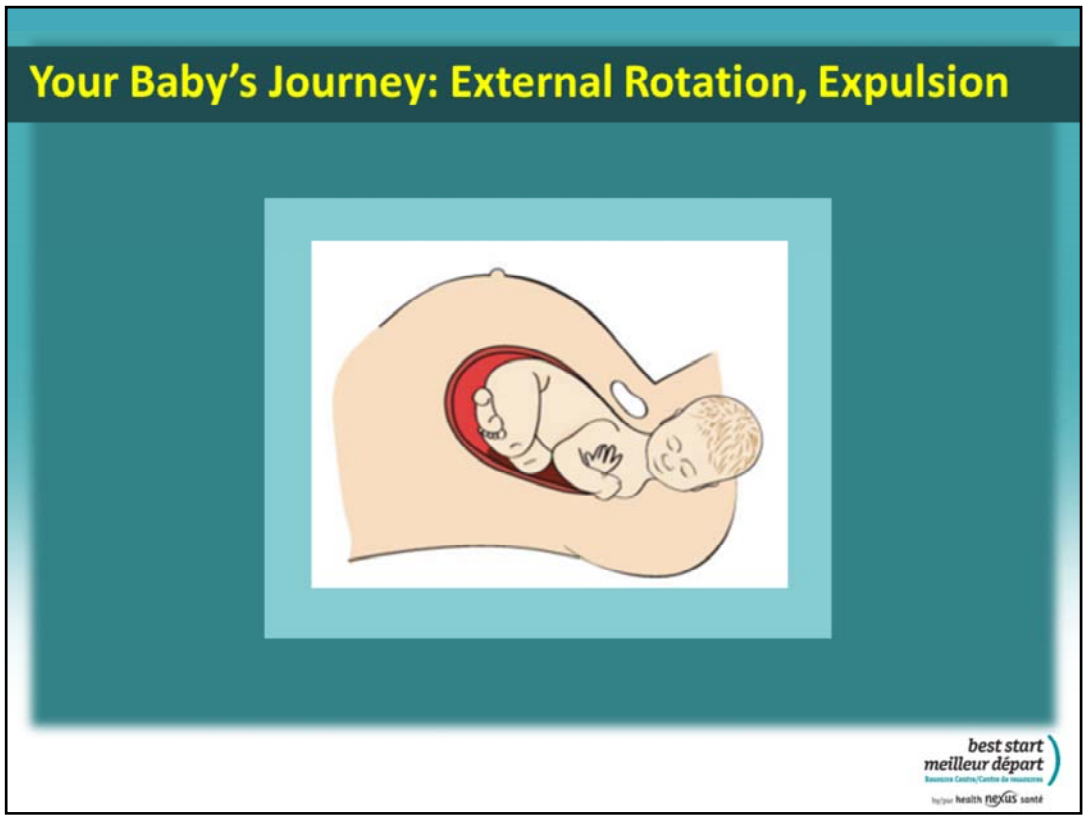
- Ask participants to compare the size and shape of the lifesaver from when they started to now. At the start of the exercise, the Life Saver was thick with a small centre, similar to the cervix, which is thick and not-dilated at the start of labour.
- By the end of the exercise, the Life Saver is thinner and the centre is larger, just like the cervix that has effaced and dilated.



Demonstration:

Continue to use the pelvic and fetal model to demonstrate cardinal movements and the process of birth (www.childbirthgraphics.com). Highlight the following sequence of events shown on this slide:

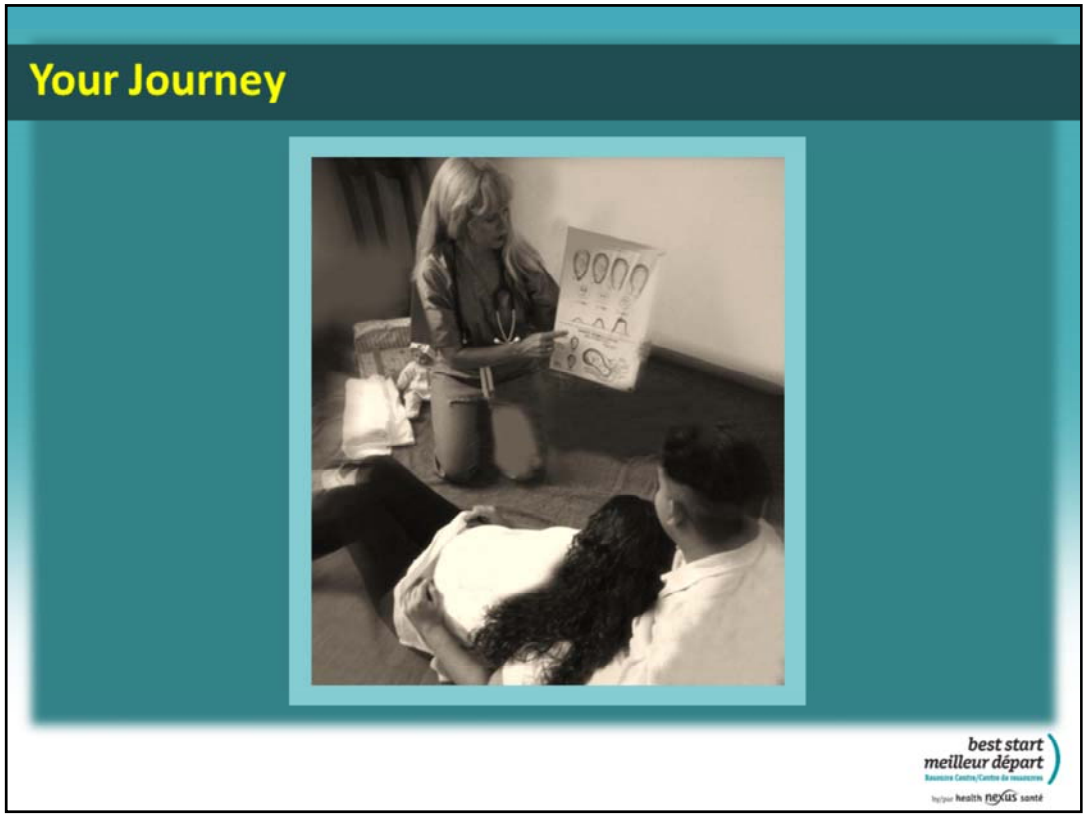
- **Internal Rotation** - The baby turns internally to face the mother's back.
- **Extension** - As the mother pushes, the head extends over the pubic arch toward the vaginal opening. The baby's head is born.



Demonstration:

Continue to use the pelvic and fetal model to demonstrate cardinal movements and the process of birth (www.childbirthgraphics.com). Highlight the next sequence of events shown in this slide:

- **External Rotation** - The head turns to the side, which aligns the shoulders internally with the widest part of the lower pelvis.
- **Expulsion** – Once the shoulders are out, the baby is born.

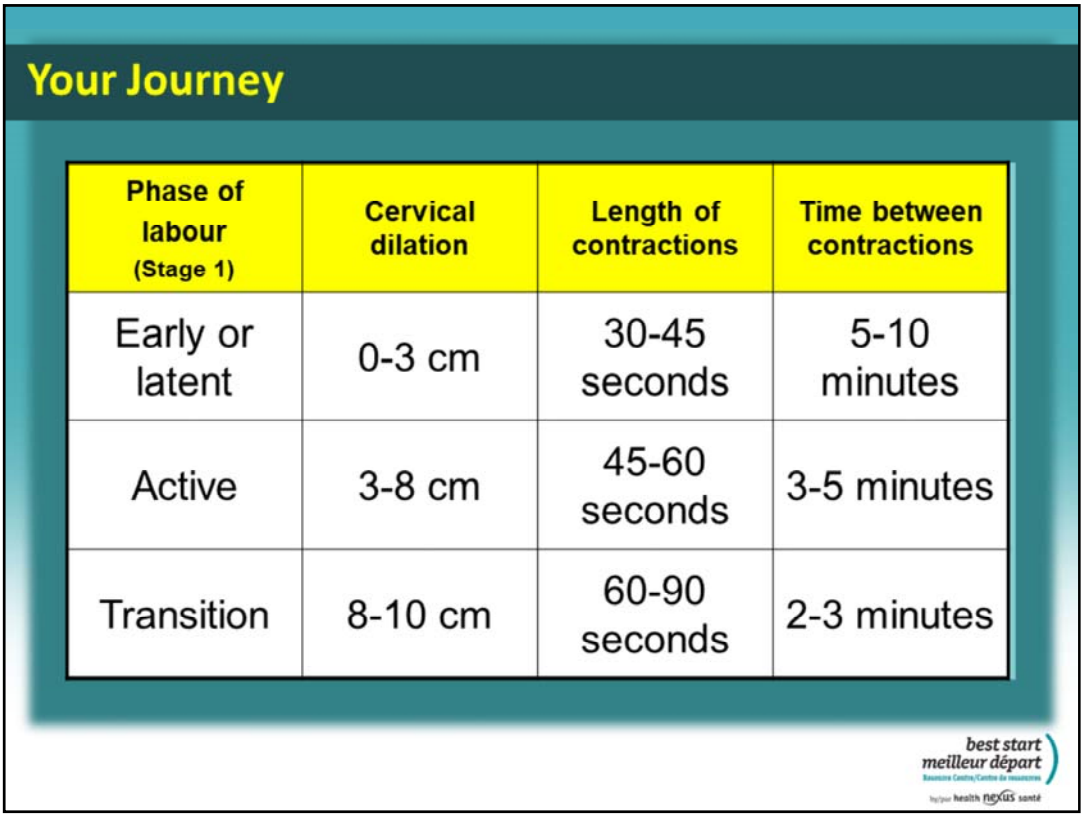


Speaker's notes: Before labour actually begins, your body has already started to prepare for the transition of being pregnant to giving birth and breastfeeding your new baby. During the last weeks of pregnancy your cervix starts to ripen and thin (efface) and you experience more practice or Braxton-Hicks contractions.

There are four stages of labour:

- Stage 1 begins with the first contractions, when they become regular. It ends when your cervix is fully open (dilated) at 10 centimetres.
- Stage 2 is when pushing occurs. It begins when your cervix is fully open (dilated) and ends when your baby is born.
- Stage 3 begins after the baby is born and ends when the placenta is delivered.
- Stage 4 is the immediate time after the birth, the ideal time to initiate skin-to-skin and/or offer the breast.

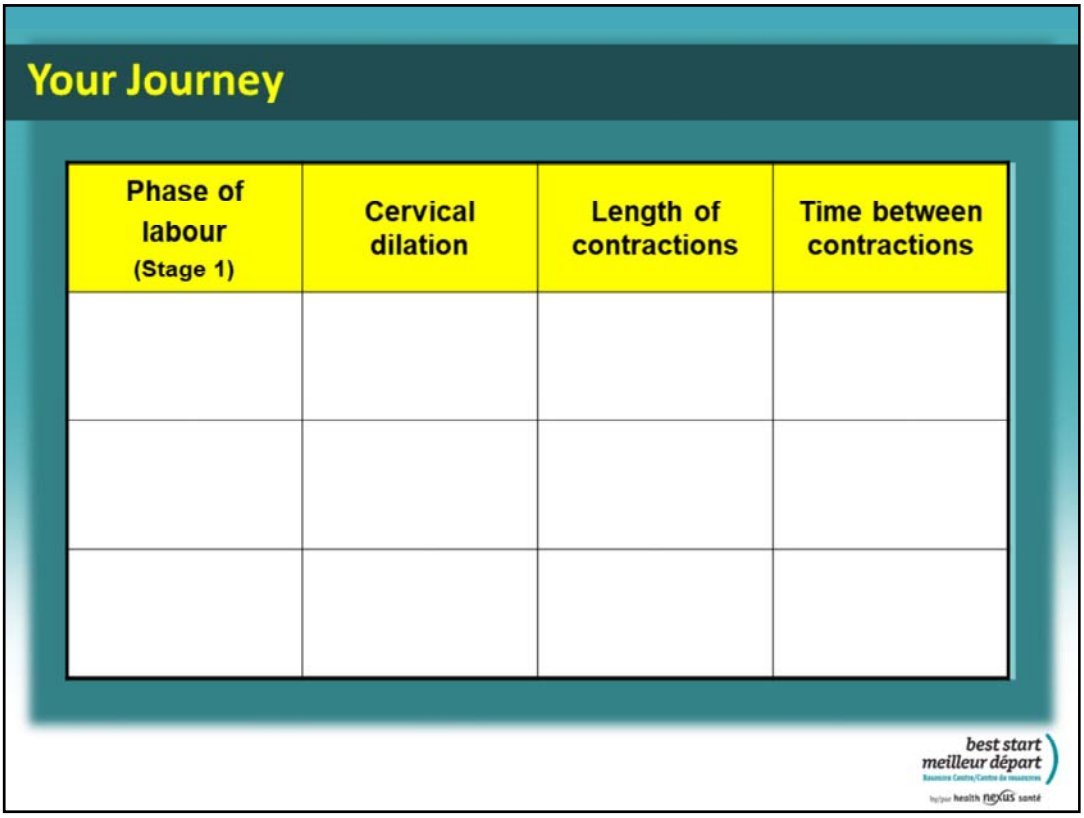
(Adapted from *Healthy Beginnings, 4th Edition*, p. 129)



Speaker's notes: The first stage of labour usually lasts the longest. This stage is further divided into three phases to make it easier to talk about, but it is a fluid process. These stages and phases are influenced by hormonal changes. The definition of active labour may vary, but this is mainly to help determine at which point interventions may be suggested to improve the progress of labour. It does not change what happens in a woman's body. Health care providers determine the total length of labour from the start of the active phase to the birth of the baby.

1. In **early labour,** contractions are far apart, short in duration, and less intense than they will be later on. During this phase the cervix thins completely (becomes fully effaced) and opens (or dilates) from 0 to 3 cm. The pregnant woman may feel excited and nervous as true labour begins. This phase may last for days. If all is going well, it is best to avoid medical intervention at this stage. It helps to move around, drink, eat healthy snacks, and rest during this phase.
2. In **active labour,** contractions start to come closer together, last longer, and become more intense, but manageable. The average time spent in this phase can be 12-14 hours for first time mothers and shorter for mothers who have given birth before. During this phase the cervix continues to thin and open (dilate) to 8 cm. The pregnant woman may feel tired and anxious, or she may feel excitement in anticipation of seeing her baby. She may experience some back pain from the pressure of the baby's head sitting in the pelvis. This is often the phase when women rely heavily on their support system and may ask for pain medication.
3. The **transition phase** marks the end of the first stage of labour. Contractions come every 2-3 minutes and last 60-90 seconds. The cervix opens (dilates) fully to 10 cm and the baby starts to descend into the birth canal. The pregnant woman may feel restless, irritable, excited or happy. She may also be overwhelmed by intensity of this stage. During this phase, labour is transitioning from stage one (effacement and dilatation) to stage two (pushing).

It is normal for labour to last longer for some women than for others. The experience of labour and how long it lasts is different for every woman and every pregnancy.



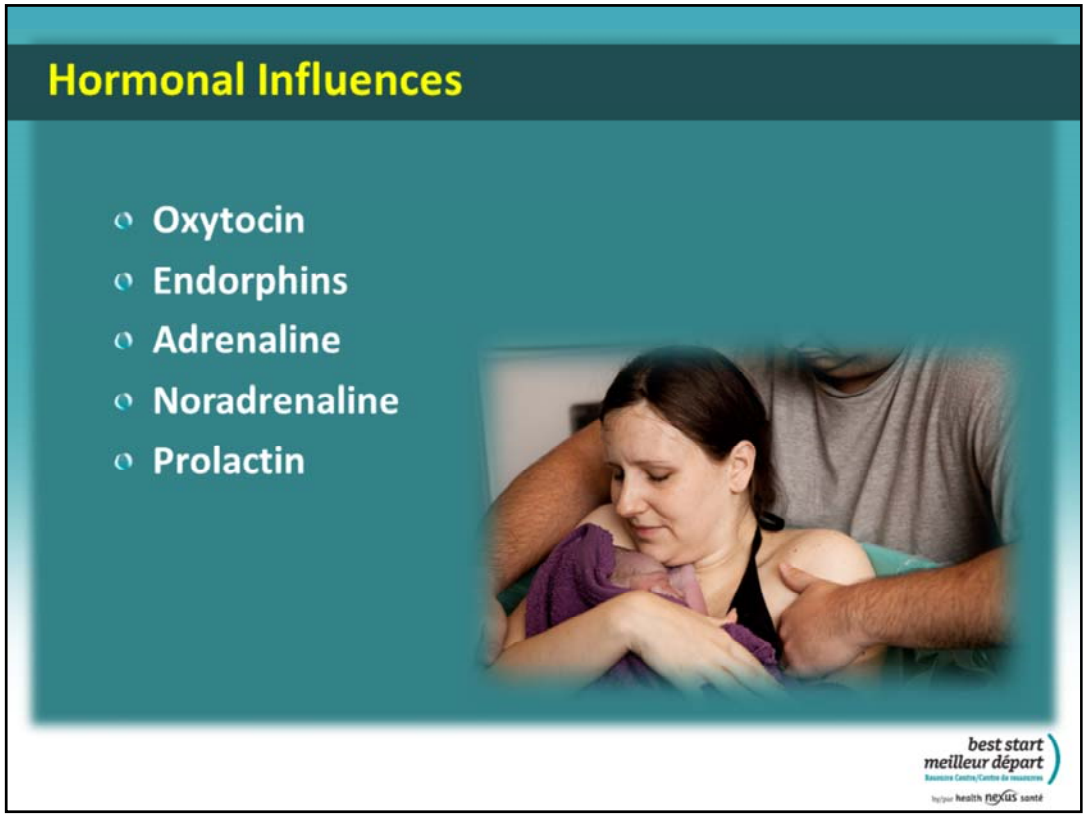
Suggested Activity: First Stage of Labour Activity
Time: 15 minutes
Purpose: To learn about the first stage of labour.
Materials: *(see module outline)*

- Three heading cards.
- 29 indication cards.

Instructions:

- Split group members into pairs.
- Place the three headings Early, Active and Transition on the table or floor or on a table. You may want to repeat what the first stage of labour is and explain that this game describes it in very general terms.
- Shuffle and deal the indication cards randomly to group members and ask them to decide whether the information on the card reflects the early, active or transition stage of labour.
- Ask the pairs to place their indication card under the heading card that they choose.
- Encourage the group to discuss choices made.
- When all the indication cards have been placed under the heading cards, read them out, encourage discussion and answer any questions.

Source: Special Delivery Club Kit - Kingston Community Health Centres



Speaker's notes:

The physiological processes that happen during labour and birth prepare both mom and baby for the best possible future health. Hormonal physiology optimizes safety and efficiency in labour and birth and during postpartum transitions for mother and baby and also contributes to successful breastfeeding and mother-newborn bonding . New research also tells us that the baby's microbiome is seeded during vaginal birth which supports the best health outcomes.

During labour, the woman experiences an intricately balanced hormonal orchestra (Buckley, 2015)

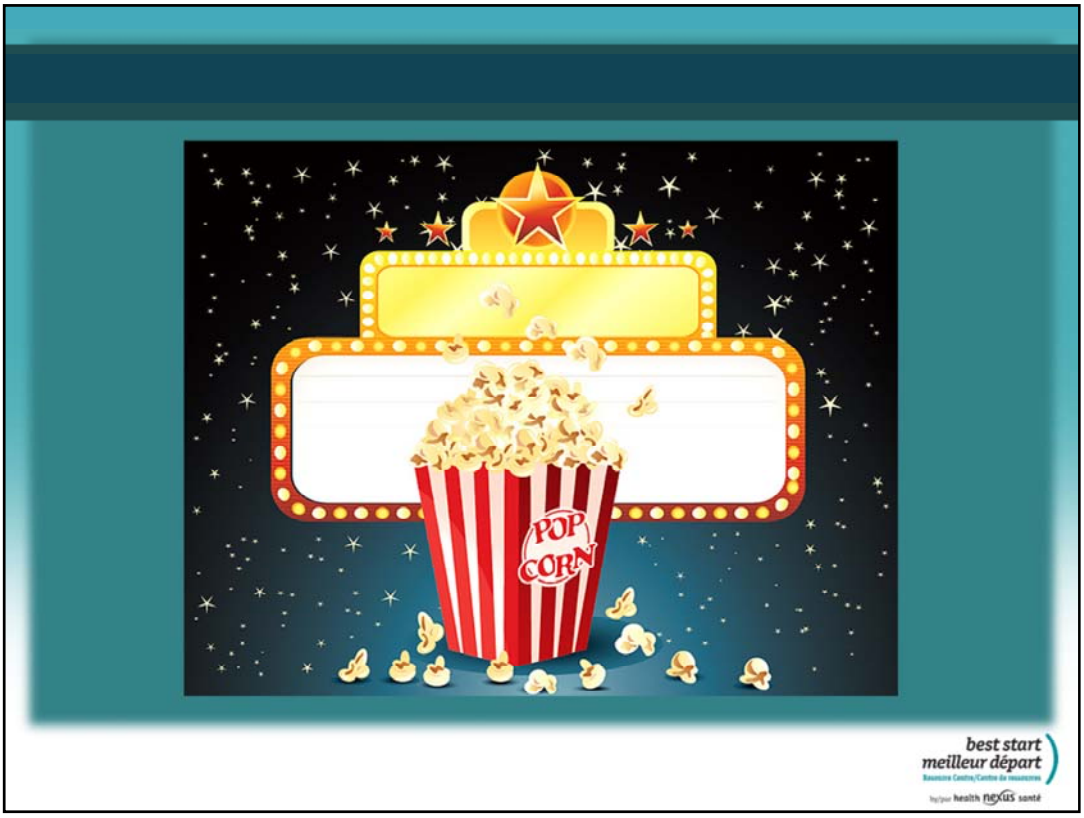
- Oxytocin: ↑ contractions, bonding/attachment & breastfeeding
- Endorphins: ↑ pleasure & pain relief
- Adrenaline/Noradrenaline:
    - Adrenalin: ↑ excitement & fight or flight & ↓ Oxytocin
    - Noradrenaline: ↑ relaxation & calm & ↑ Oxytocin
- Prolactin: ↑ milk production & turns on the mothering wiring in the brain

Effects of adrenaline and noradrenaline:

When any mammal, i.e. cat or dog is in labour, if they feel they are in danger, their labour will stop and they will move themselves and any babies to safety. Then their labour will resume. Similarly, a labouring woman may appear to stop labouring when she comes into a hospital, even if her labour has been very strong at home. It is a foreign, bright, noisy and busy environment. It may take her time to become acclimatized and settle in and create a safe space to continue her labour.

Reference:

Buckley (2015)



Notes to facilitator:
View a video about labour and birth such as:

1. Understanding Birth - Chapter Two - Understanding Labour, 3rd edition. InJoy Birth & Parenting Education. 2015.
2. The Stages of Labour, 3rd edition. InJoy Birth & Parenting Education. 2013.

Be aware that newer American videos such as the ones above may describe the second phase of labour starting at 6 cm, vs. the SOGC guidelines that state 3 cm.

It is recommended that you show a portion of the video and then pause for a discussion and to answer questions. Resume the video as time permits.

Speaker's notes:
Provide participants with some points to look for during the video. Consider the following:

- How do the births presented in this chapter compare to those you see on TV, the Internet, or the movies?
- "Your body already knows how to give birth." What do you think this statement means?
- What are some of the signs of pre-labour? What do they tell you?
- What are the two main ways that labor can begin? What should you do when your labour begins?
- Why was such a wide range of time given for the length of labor (6-24 hours)? What things can influence the length of labour?
- How does a woman's body change during labour to accommodate childbirth? What are some changes/movements that the baby makes?
- Describe the emotional progression of labour. Why do you think it typically progresses this way?

Discuss any questions or concerns that participants have following the video.

For More Information

Contact or refer to:

- Health care provider
- Local hospital or birth centre
- Certified doula
- Public health department

The information represents the
best practice guidelines at the time of publication.
The content is not officially endorsed by the Government of Ontario.
Consult your health care provider for information specific to your pregnancy.

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