Chapter 5 Outline

Childbirth and Culture: How Birthing Has Changed

A. Reducing the Risks of Childbirth
   • Obstetrics: Professional (medical) childbirth.

B. Contemporary Settings for Childbirth
   • Hospital versus home settings

II. The Birth Process
   • Labor: Normal vaginal childbirth; a process by which the cervix dilates and the baby is expelled from the uterus.
   • Parturition: Process of uterine, cervical, and other changes, usually occurring about two weeks preceding childbirth.
   • Corticotrophin-releasing hormone (CRH): Protein that promotes maturation of the fetal lungs to ready them for life outside the womb and affects timing of parturition.
   • Braxton-Hicks contractions: “False” contractions that occur before labor.

A. Stages of Childbirth
   • First stage: Dilation of the cervix. Longest, typically lasts 12 hours or more for a woman having her first child; regular and increasingly frequent uterine contractions cause the cervix to dilate or widen.
   • Second stage: Descent and emergence of the baby. One and one half hours or less; begins when the baby’s head begins to move through the cervix to the vaginal canal, ends when the baby emerges completely from the mother’s body.
   • Third stage: Expulsion of the placenta. Five to thirty minutes; placenta and umbilical cord are expelled from the mother.
   • Episiotomy: A surgical cut between the vagina and the anus.

B. Electronic Fetal Monitoring
   • Electronic fetal monitoring: Used to track the fetus’ heartbeat during labor and delivery and to indicate how the fetal heart is responding to the stress of uterine contractions.
   • External monitoring: Monitor is placed on mother’s abdomen.
   • Internal monitoring: Monitor rests on baby’s head by inserting a wire into the open cervix.
   • Telometry: Sending information from a fetal monitor to a remote location.

C. Vaginal versus Cesarean Delivery
   • Cesarean delivery: Delivery of a baby by surgical removal from the uterus by cutting through the abdomen.

D. Medicated versus Unmedicated Delivery
• **Natural or prepared childbirth**: Method of childbirth that seeks to prevent pain by eliminating the mother’s fear through education about the physiology of reproduction and training in breathing and relaxation during delivery.
• **Peduncal block**: A local, vaginal anesthesia.
• **Analgesic**: Reduces the perception of pain.
• **Epidural**: Regional anesthesia which is injected into a space in the spinal cord.
• **Doula**: An experienced mentor, coach, and helper who can provide emotional support and information and stay at a woman’s bedside throughout labor.

### III. The Newborn Baby

- **Neonatal period**: First four weeks of life, a time of transition from the uterus in which the fetus is supported entirely by the mother to an independent existence.

#### A. Size and Appearance
- **Neonate**: Baby who is in the first four weeks of life.
- **Fontanels**: Soft spots on the head where the bones are not yet formed.
- **Lanugo**: Fuzzy prenatal body hair which drops off within a few days after birth.
- **Vernix caseosa**: Oily substance on a neonate’s skin that protects against infection.

#### B. Body Systems
- **Anoxia**: Lack of oxygen.
- **Hypoxia**: Reduced oxygen supply.
- **Birth trauma**: Injury sustained at time of birth.
- **Meconium**: A stringy, greenish-black waste matter formed in the fetal intestinal tract.
- **Neonatal jaundice**: Yellowing of the skin and eyeballs due to the immaturity of the liver.

#### C. Medical and Behavioral Assessment

1. **The Apgar Scale**
   - **Apgar scale**: Standard measurement of a newborn’s condition; it assesses appearance, pulse, grimace, activity, and respiration.

2. **Assessing Neurological Status: The Brazelton Scale**
   - **Brazelton Neonatal Behavioral Assessment Scale (NBAS)**: Neurological and behavioral test to measure neonate’s responses to the environment.
   - **Motor organization**: Activity level, motor abilities.
   - **Reflexes; state changes**: Irritability, excitability, ability to quiet down after upset.
   - **Attention and interactive capacities**: General alertness, responses to visual and auditory stimuli.
   - **Central nervous system instability**: Tremors and changes in skin color.

3. **Neonatal Screening for Medical Conditions**

#### D. States of Arousal and Activity Levels
• **State of Arousal**: Degree of alertness.

**IV. Complications of Childbirth—and their Aftermath**

**A. Low Birth Weight**

• **Preterm (premature) infants**: Infants born before completing the 37th week of gestation.

• **Small-for-date (small-for-gestational age) infants**: Infants whose birth weight is less than that of 90 percent of babies of the same gestational age, as a result of slow fetal growth due to inadequate prenatal nutrition.

1. **How many babies are preterm and why?**
   • Hydroxyprogesterone caproate or 17P: Promising treatment for stopping early labor.

2. **How many babies are born low birth weight and why?**
   • **Low birth weight**: Weight of less than 5.5 pounds (2,500 grams) at birth or small-for-date.
   • **Very low birth weight**: Weighing less than 3.5 lbs (1,500 grams).

3. **Who is likely to have a low-birth-weight baby?**
   • **Demographic and socioeconomic factors**: African-American, under 17 years of age or over 40 years of age, poor, unmarried or undereducated.
   • **Medical factors predating the pregnancy**: Having no children or more than 4, being short or thin, previous low-birth weight infants or multiple miscarriages, having genital or urinary abnormalities or hypertension.
   • **Prenatal behavior and environmental factors**: Poor nutrition, inadequate prenatal care, smoking, use of alcohol or other drugs, exposure to stress, high altitude, or toxic substances.
   • **Medical conditions associated with the pregnancy**: Vaginal bleeding, infections, high or low blood pressure, anemia, little weight gain, having last given birth less than 6 months or more than 10 years ago.

4. **Immediate Treatment and Outcomes**
   • **Isolette**: Antiseptic, temperature controlled crib.
   • **Hyaline membrane disease**: Respiratory distress syndrome.
   • **Surfactant**: An essential lung-coating substance that keeps air sacs from collapsing.

5. **Long Term Outcomes**

**B. Postmaturity**

• **Postmature**: Babies who have not been delivered after 42 weeks gestation.

**C. Stillbirth**

• **Stillbirth**: The death of a fetus at or after the 20th week gestation.

**D. Can a Supportive Environment Overcome Effects of Birth Complications?**

1. **The Infant Health and Developmental Studies**
2. **The Kauai Study**
- **Protective factors**: Influences that reduce the impact of early stress and tend to predict positive outcomes.
  - Largely genetic individual attributes
  - Affectionate ties with family member
  - Sense of meaning and control over life

V. **Newborns and Their Parents**
   A. **Childbirth and Bonding**
      - **Mother-infant bond**: A close caring connection between mother and newborn.
      - **Imprinting**: Term of Konrad Lorenz used to describe how a duckling will follow the first moving object they see after hatching.

B. **What do Newborns Need from their Mothers?**

C. **The Father’s Role**

D. **Infant Care: A Cross-Cultural View**

E. **Marital Satisfaction**