HEALTH BASICS

Childbirth

Childbirth is the process in which a baby and placenta leave the uterus.

WHAT IT IS
The process of giving birth to a baby and placenta

WHERE IT COMES UP
Late pregnancy, labor, delivery planning, and early recovery

WHY IT MATTERS
Shapes immediate safety, recovery, and newborn care

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Your midwifery or obstetric care team

HOW IT IS CHECKED
Pregnancy assessment and monitoring during labor

Overview

Childbirth is the process in which a baby is born and the placenta leaves the uterus. The placenta is the organ that supplies oxygen and nutrients to the baby during pregnancy. Childbirth is not a disease or diagnosis.

Labor is the series of physical changes that usually leads to birth. The muscles of the uterus tighten in contractions, and the cervix-the opening of the uterus-softens, thins and opens. Labor may begin on its own or be started medically, which is called induction.

A baby may be born vaginally, with instruments used to assist a vaginal birth, or by cesarean birth. A cesarean is an operation in which the baby is delivered through cuts in the abdomen and uterus. Each method can be appropriate in different circumstances.

Your preferences matter, but childbirth cannot always be predicted. The safest plan may change according to your health, your baby's condition, how labor progresses and what services are available.

How it works

Labor is usually described in three stages.

The first stage begins with contractions that cause the cervix to change. Early labor can develop gradually. Contractions may become stronger, longer and closer together as active labor begins. The first stage ends when the cervix is fully open.

The second stage runs from full opening of the cervix until the baby is born. You may feel pressure and an urge to push. Your position, pain relief, energy, the baby's position and the progress of labor can all affect this stage.

The third stage is the delivery of the placenta. The uterus then continues to contract to limit bleeding. Medicines that help the uterus contract may be offered as part of managing this stage.

During labor, the care team may check:

Monitoring may be intermittent or continuous. Continuous electronic monitoring records the baby's heart rate and contractions using sensors on the abdomen. It may be recommended when there is a concern about you or the baby.

Pain relief can include movement, breathing methods, water, injected or inhaled medicines, and an epidural. An epidural delivers pain-relieving medicine near nerves in the lower back. Availability and suitability differ according to your health, preferences and place of birth.

An assisted vaginal birth uses forceps or a suction cup called a ventouse to help guide the baby out. A cesarean may be planned before labor or recommended during labor if vaginal birth is not considered safe or labor is not progressing.

- Your blood pressure, pulse, temperature and pain
- The baby's heart rate
- How often contractions occur
- Changes in the cervix, when an examination is useful
- The baby's position and movement
- Fluid loss, bleeding and your bladder function

Why it matters for your health

Childbirth places major short-term demands on the body. Heart rate, breathing, blood pressure, hormones and blood flow all change. The uterus, cervix, pelvic floor and tissues around the vagina stretch and contract.

The method and course of birth can affect pain relief, blood loss, recovery time and the care

needed afterward. Vaginal birth can involve bruising or tears around the vagina and perineum, the area between the vagina and anus. Cesarean birth involves recovery from abdominal surgery.

After birth, the care team checks that the uterus is contracting and that bleeding is controlled. They may also examine any tears or surgical wound. Your baby is assessed for breathing, heart rate, temperature and general adjustment after birth.

Emotional experience matters as well. Clear explanations, respectful communication, support and involvement in decisions can influence how you remember childbirth. If the experience was frightening or different from what you expected, you can ask for a review of what happened and discuss emotional support.

What can go wrong

Most concerns during childbirth are identified through observation, examination and monitoring. A change does not always mean that serious harm is occurring, but it may lead to closer monitoring or a different delivery plan.

Conditions and situations related to childbirth include:

Assisted vaginal birth and cesarean birth also have specific risks. These can include bleeding, infection, blood clots, injury to nearby tissues and complications from anesthesia. Your care team should explain the reason for a recommended procedure and its main benefits and risks when time allows.

Some situations require immediate action. During labor, examples include heavy bleeding, a visible or felt umbilical cord, seizure, collapse, severe trouble breathing or severe constant abdominal pain. Hospital teams may recommend urgent assisted birth or cesarean birth if there are signs that you or the baby may be in danger.

- Preterm labor: labor beginning before 37 completed weeks of pregnancy
- Prolonged or obstructed labor: labor that progresses slowly or cannot progress because of factors such as the baby's position
- Non-reassuring fetal heart rate: a heart-rate pattern suggesting that the baby may not be coping well with labor
- Placental abruption: the placenta separating from the uterus before birth
- Umbilical cord prolapse: the cord slipping below the baby, where it can be compressed
- Shoulder dystocia: the baby's shoulder becoming stuck after the head is born

- Severe perineal tear: a deeper tear involving muscles around the anus
- Postpartum hemorrhage: heavier-than-expected bleeding after birth
- Infection: affecting the uterus, urinary tract, wound or bloodstream
- High blood pressure complications: including pre-eclampsia or eclampsia, which can occur before, during or after birth

What you can do

Attend pregnancy appointments and discuss where you plan to give birth. Ask what facilities are available, including pain relief, emergency obstetric care and newborn care.

A birth plan can record your preferences about support people, movement, pain relief, examinations, monitoring and newborn contact. It is a guide rather than a guarantee. Ask what circumstances could make the plan change.

Keep an up-to-date record of your medicines, allergies, medical conditions and previous pregnancy or birth complications. Make practical plans for transport, childcare and contacting your maternity service. Follow the service's instructions about when to call after contractions or your waters begin.

Contact your maternity service promptly if:

Call emergency services for heavy uncontrolled bleeding, seizure, fainting, severe breathing difficulty, chest pain, or a visible umbilical cord. Do not try to push a visible cord back inside.

Urgent warning signs can also occur after birth. Seek emergency help for severe breathing difficulty, chest pain, seizure, collapse or bleeding that soaks through a pad in an hour. Contact a maternity service urgently for worsening headache, vision changes, fever, severe abdominal pain, a painful swollen leg, or a wound that is becoming red, swollen or discharging fluid.

For routine follow-up, ask about wound or tear care, pelvic-floor recovery, bleeding, feeding support, contraception and emotional wellbeing. There is no single test that can predict exactly how childbirth will proceed.

- You think labor has started before 37 weeks
- Your waters break, especially if the fluid is green, brown or unpleasant-smelling
- Your baby is moving less than usual
- You have vaginal bleeding
- You have regular painful contractions or are unsure whether labor has begun

- You develop fever, a severe headache or vision changes

Common questions

Is a due date the exact day labor will start?

No. A due date is an estimate used to plan care. Labor may begin before or after it.

Are contractions always a sign of established labor?

No. Irregular tightenings can happen before labor. Established labor usually causes a continuing pattern of contractions along with changes in the cervix. Contact your maternity service if you are uncertain.

Is cesarean birth still childbirth?

Yes. It is a surgical method of childbirth. It may be planned or performed because circumstances change before or during labor.

Can I change my mind about pain relief?

Usually, yes. Ask what options are available and whether timing, medical conditions or the stage of labor affects them. In an emergency, there may be less time to discuss every option.

What happens immediately after birth?

If you and your baby are stable, skin-to-skin contact may be offered. The baby is kept warm and assessed, while the care team monitors your bleeding, uterus, blood pressure and general condition. The placenta is delivered during the third stage.

What if the birth was difficult or upsetting?

You can ask the maternity service to explain the clinical record and why decisions were made. You can also request support for anxiety, low mood, distressing memories or difficulty sleeping. Urgent help is appropriate if you feel at risk of harming yourself or someone else.

Sources

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