

CHILDBIRTH AND THE FIRST DAYS WITH THE NEWBORN

THIS CLASS IS A COLLABORATION BETWEEN



**Euroopan unionin
rahoittama**
NextGenerationEU



Vantaan ja Keravan hyvinvointialue
Vanda och Kervo välfärdsområde

Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

We compile a statistic of participants by region, and we kindly ask you to answer our anonymous questionnaire [via this link](#) to register the region where you are from.

PRENATAL CLASS

- Questions: Please write your questions in the Teams chat. One instructor reads the chat.
- We have prevented participants from opening their microphones and cameras
- Material: [These slides are available on the Baby Journey digital care pathway](#)
- Duration: 3 hours (with two breaks)
- Instructors: a midwife from a labor unit and a public health nurse from a child health clinic (neuvola)



WHAT IS YOUR CURRENT MOOD TOWARDS CHILDBIRTH?

Use Teams live reactions!



WOMEN'S HOSPITAL

- Labor Unit Luotsi has 16 delivery rooms and 3 birthing pools. There are also 3 operating rooms and a family recovery room with 4 beds.
- Labor Unit Aallokko has 6 delivery rooms and 2 birthing pools.
- Both units also have rooms for monitoring childbirth and induction of labor.
- The maternity wards and the Family Nest Hotel have 74 family rooms in total.
- In addition to full-term pregnancies, we handle very early-term deliveries and various high-risk pregnancies. We work in close cooperation with Neonatal Intensive Care Unit Saari.

8168
deliveries
(in 2024)



ARRIVING TO WOMEN'S HOSPITAL

- Call the childbirth helpline before leaving for the hospital: **tel. 09 471 71500**
- Location: Haartmaninkatu 2, Helsinki
- Parking: Paid parking space is available on the Meilahti campus.
 - [Further information: Arriving to Women's Hospital | hus.fi](#)
- The labor units are located on the entrance floor. Come in through the sliding doors and register with the secretary.
 - [Please see the video: Welcome to Women's Hospital! | Naistenklinikan synnytykset | Instagram.](#)
 - [Please see the video: Naistentautien ja synnytysten päivystys, synnytyssali, Naistenklinikka | Youtube.](#)



ESPOO HOSPITAL

- The labor unit has 12 delivery rooms. Two delivery rooms have fixed birthing pools and the unit has 1–2 inflatable pools.
- Espoo Hospital is located next to Jorvi Hospital. Some of the maternity wards are located in Jorvi Hospital.
- The maternity wards have 44 rooms in total, and 29 of them are family rooms. The rooms are given according to the number of patients and treatment needs. We try to give each family their own room.
- We treat childbirths starting on gestational week 32 and onwards.

4422
deliveries
(in 2024)



ARRIVING AT ESPOO HOSPITAL

- Call the childbirth helpline before leaving for the hospital: **tel. 09 471 71500**
- Location: Karvasmäentie 6, Espoo
- Parking: Limited number of paid parking spaces in the garage. [Further information: Arriving at Espoo Hospital | hus.fi](#)
- The labor unit is located on the 4th floor. Ring the doorbell and the doors will be opened. Register at the registration desk on the 4th floor from 7 a.m.–9 p.m. and on the 1st floor from 9 p.m.–7 a.m.
 - [Please see the video: Espoon sairaalan synnytys- ja lapsivuodeosasto | Youtube.](#)
 - [See more on Instagrami @hus_espoolsynnytykset](#) under highlights "Esittelyvideot".

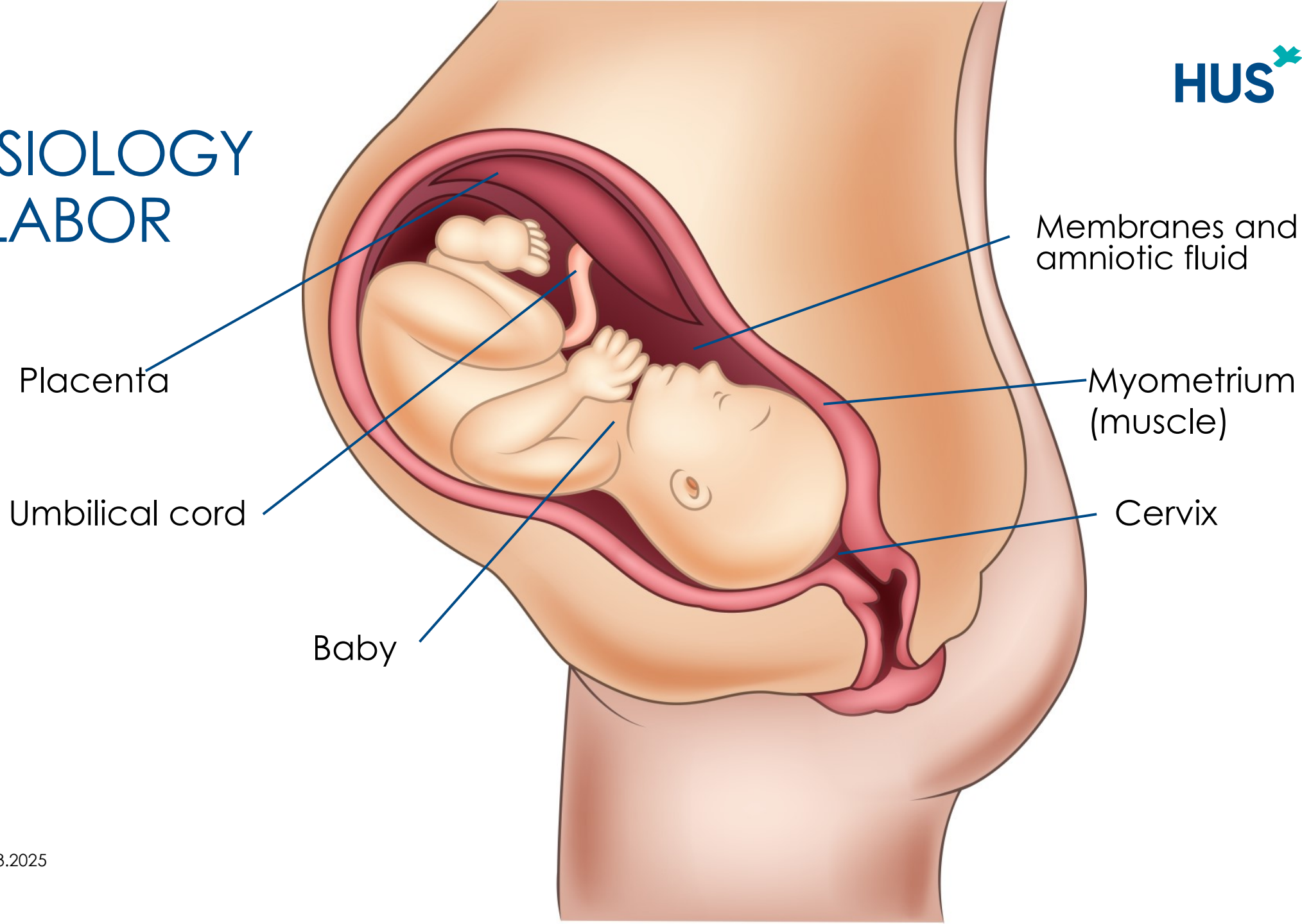


PREPARING FOR CHILDBIRTH

- Attending prenatal classes is proven to improve the childbirth experience
- Information on the course of the childbirth
- Tools to help yourself during labor
- Childbirth doesn't always go as planned
- [Form Thoughts about the coming delivery](#)



PHYSIOLOGY OF LABOR

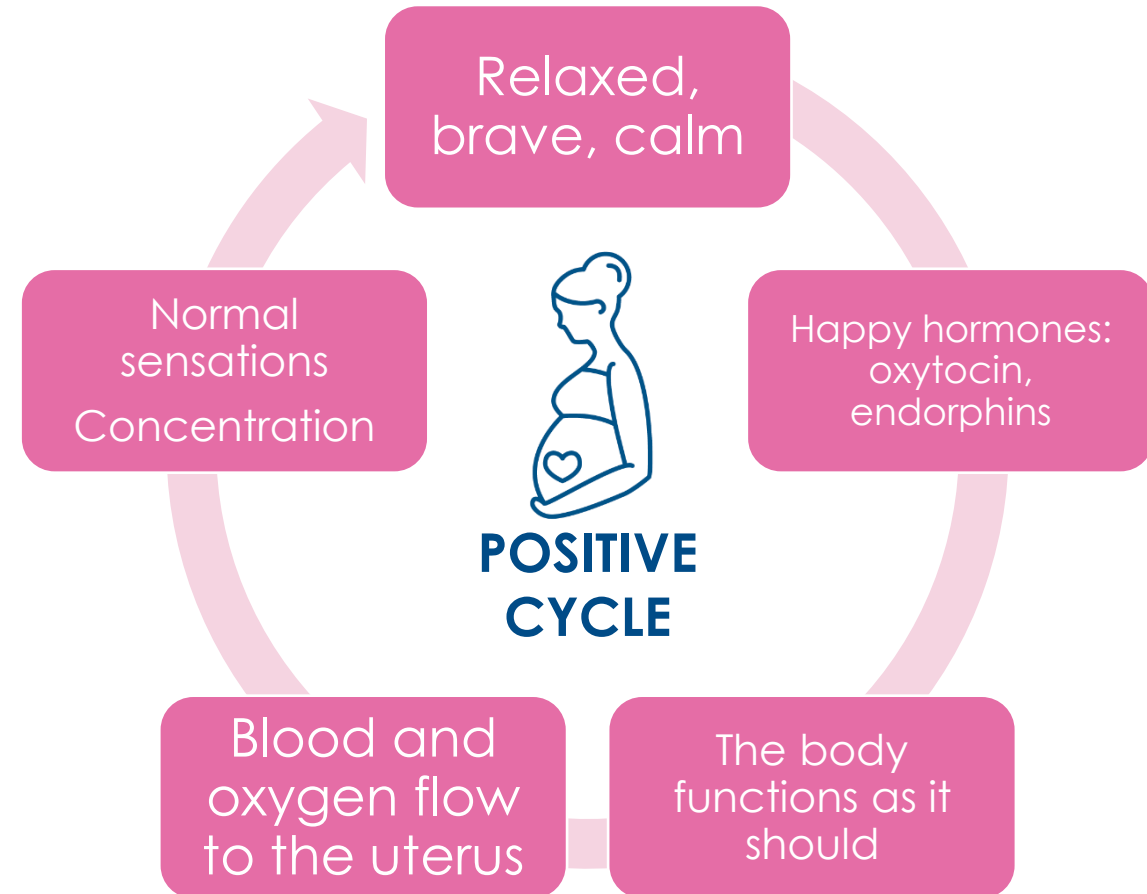
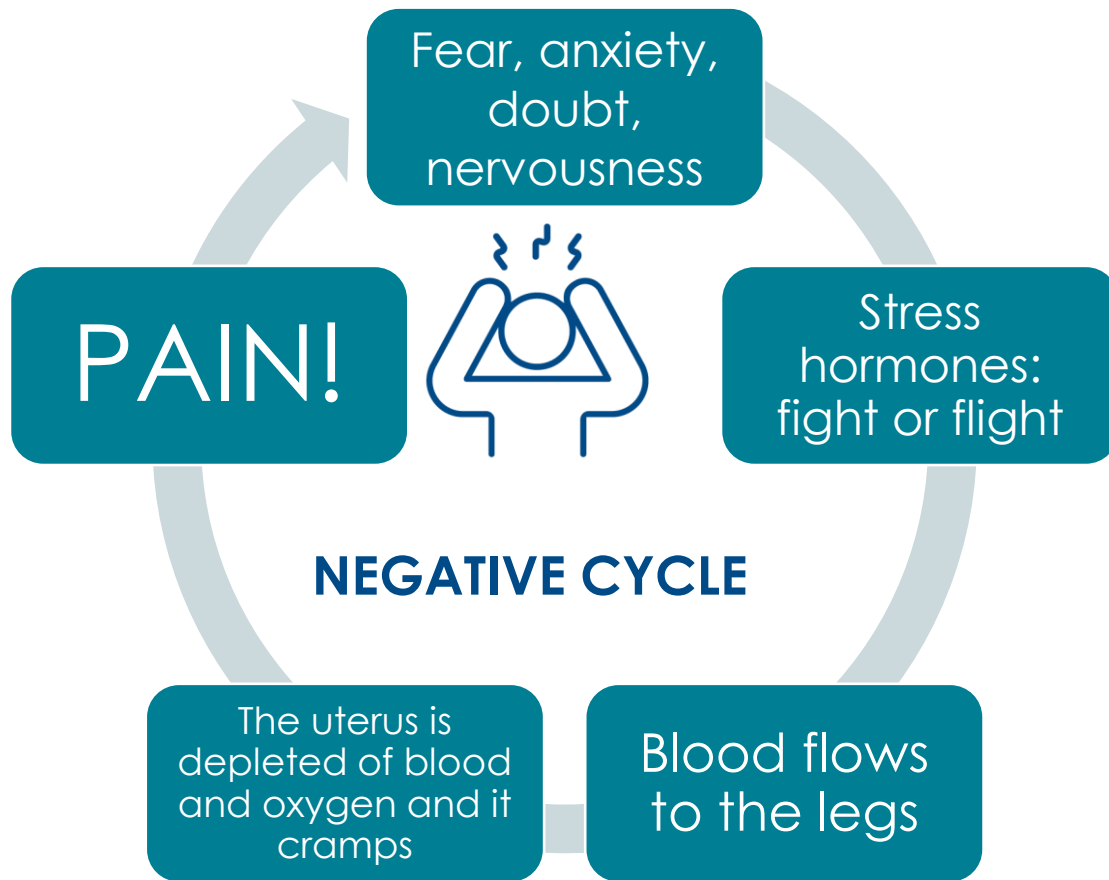


LABOR PAIN

- Contractions have a purpose.
- Most people experience pain when labor contractions occur.
- The pain activates the body's own pain relief methods.
- Pain during labor is not continuous and there are breaks between contractions.
- The pain guides you into positions where the baby can descend.



HORMONAL EFFECTS



A pregnant woman is shown from the side, wearing a beige, ribbed sweater. She is gently holding her pregnant belly with both hands. The background is a soft-focus sunset over a body of water, with warm golden light and bokeh effects. The text "RELAXATION AND BREATHING DURING LABOR" is overlaid in white, sans-serif font on the left side of the image.

RELAXATION AND BREATHING DURING LABOR

STAGES OF CHILDBIRTH:

- Latent stage
- Dilation
- Transition
- Expulsion
- Afterbirth stage.



LATENT PHASE

- Contractions usually begin gradually.
- They will intensify and become more frequent as the labor progresses.
- The latent stage can take several days.
- During the latent stage, the cervix matures, but does not yet dilate significantly.
- Encouragement, rest, care, and nutrition are important.



BIRTHING PARTNER

- The birthing partner is a significant factor in the childbirth experience.
- Two birthing partners may be present during the delivery.
- Don't hesitate to offer help, support the mother, be present.
- Prepare together: discuss your hopes and expectations.
- You can choose music/playlist the mother likes.



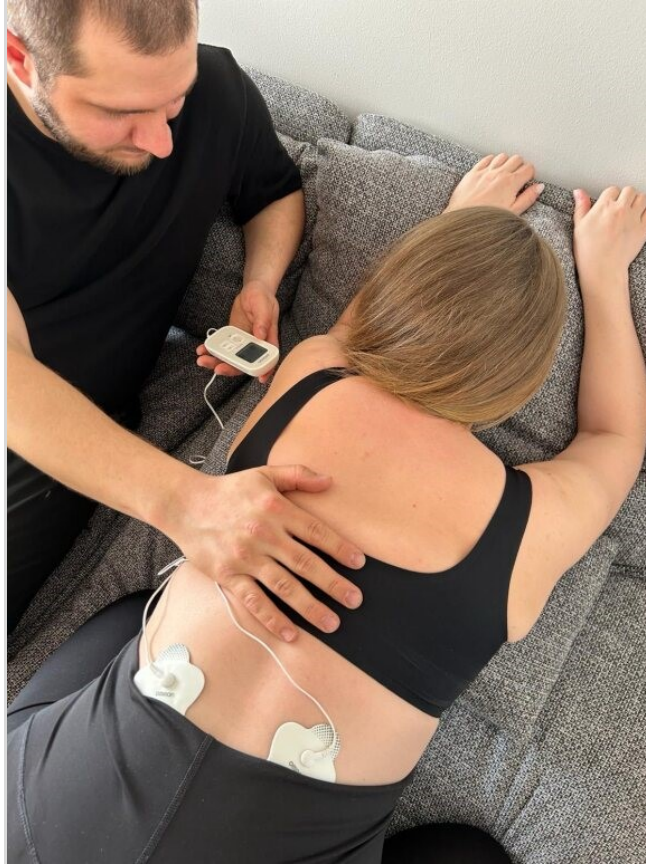
BREAK

If you haven't replied to the survey on where you are from, please do that [via this link](#)



NON-MEDICAL PAIN RELIEF

- Breathing, voice
- Positions and movement
- Hot and cold
- Massage and touch
- Water
- TENS
- Gua sha
- Acupressure
- Reflexology
- Rebozo
- Acupuncture
- Sterile water injections



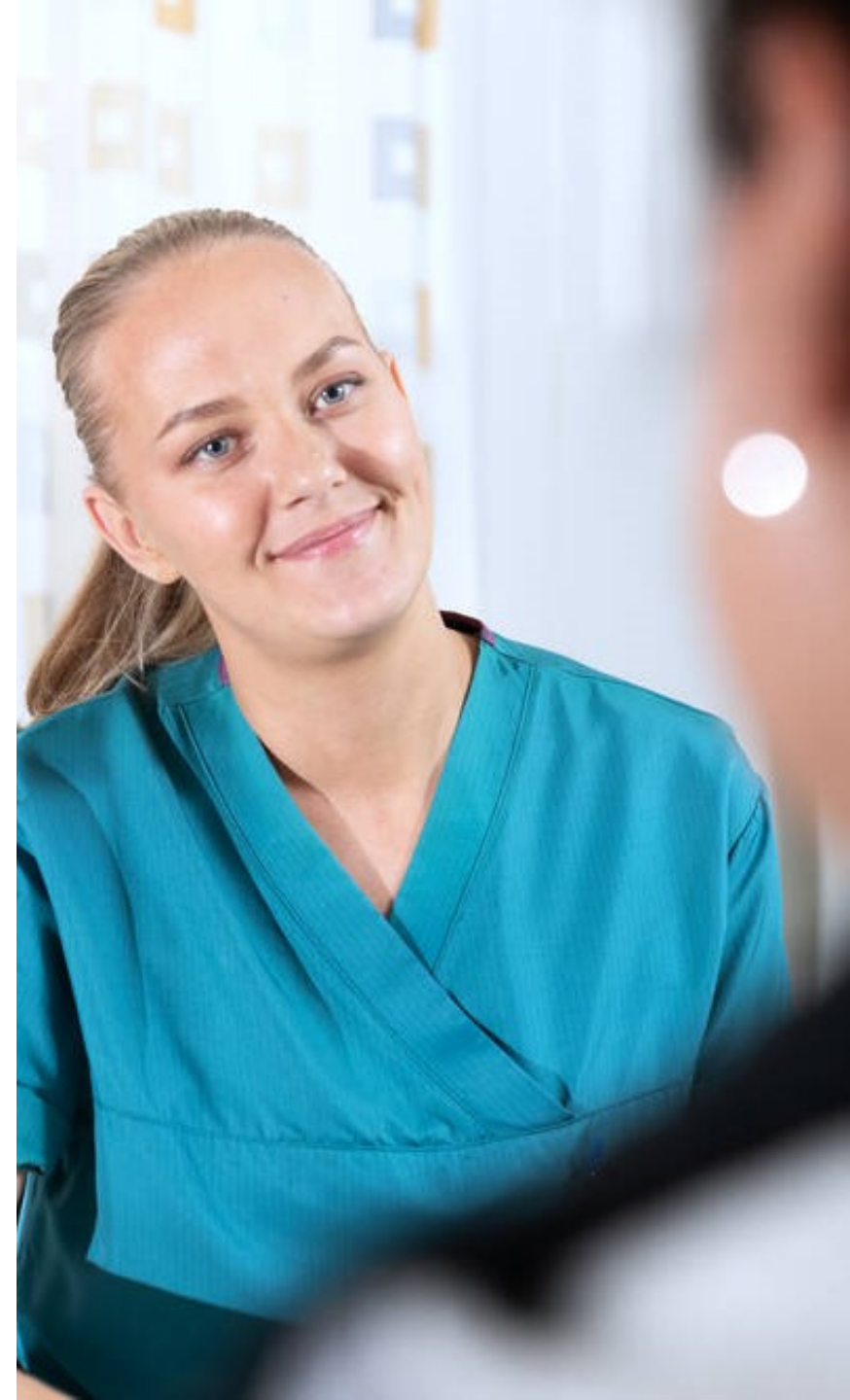
WHEN TO CALL THE HOSPITAL?

- Painful and regular contractions with 5–10-minute intervals, and you cannot cope with the pain at home
- You suspect your water has broken
- Change in baby's movements
- Continuous, intense pain
- Heavy bloody discharge

Contact information is on your neuvolakortti

p.09 471 71500

Check out all our HUS maternity hospitals on the Baby Journey digital care pathway.



WHAT TO PACK FOR THE HOSPITAL?

- Maternity card (Neuvolakortti)
- Identification
- Comfortable clothes (for the birthing partner as well)
- Personal medication (for the birthing partner as well)
- Indoor shoes
- Water bottle
- Clothes for the baby, according to the weather, and a baby car seat
- Nursing bra and nursing pads
- Food for the birthing partner and snacks for the mother
- Chargers for your devices, a Bluetooth speaker, headphones
- Personal toiletries



ARRIVAL TO HOSPITAL

- Check the hospitals' Instagram accounts for how to arrive to the hospital.
- A midwife will interview you about your situation.
- External and internal examination.
- The baby's condition is checked with a CTG device that measures the heart rate and the contractions.
- A GBS test will be taken and an amniotic fluid sample if necessary.
- Everyone will have blood count and crossmatch samples taken.
- The midwife will ask about your preferences for the childbirth and decide with you if you will go to the delivery room, monitoring, or if you will return home and wait there.



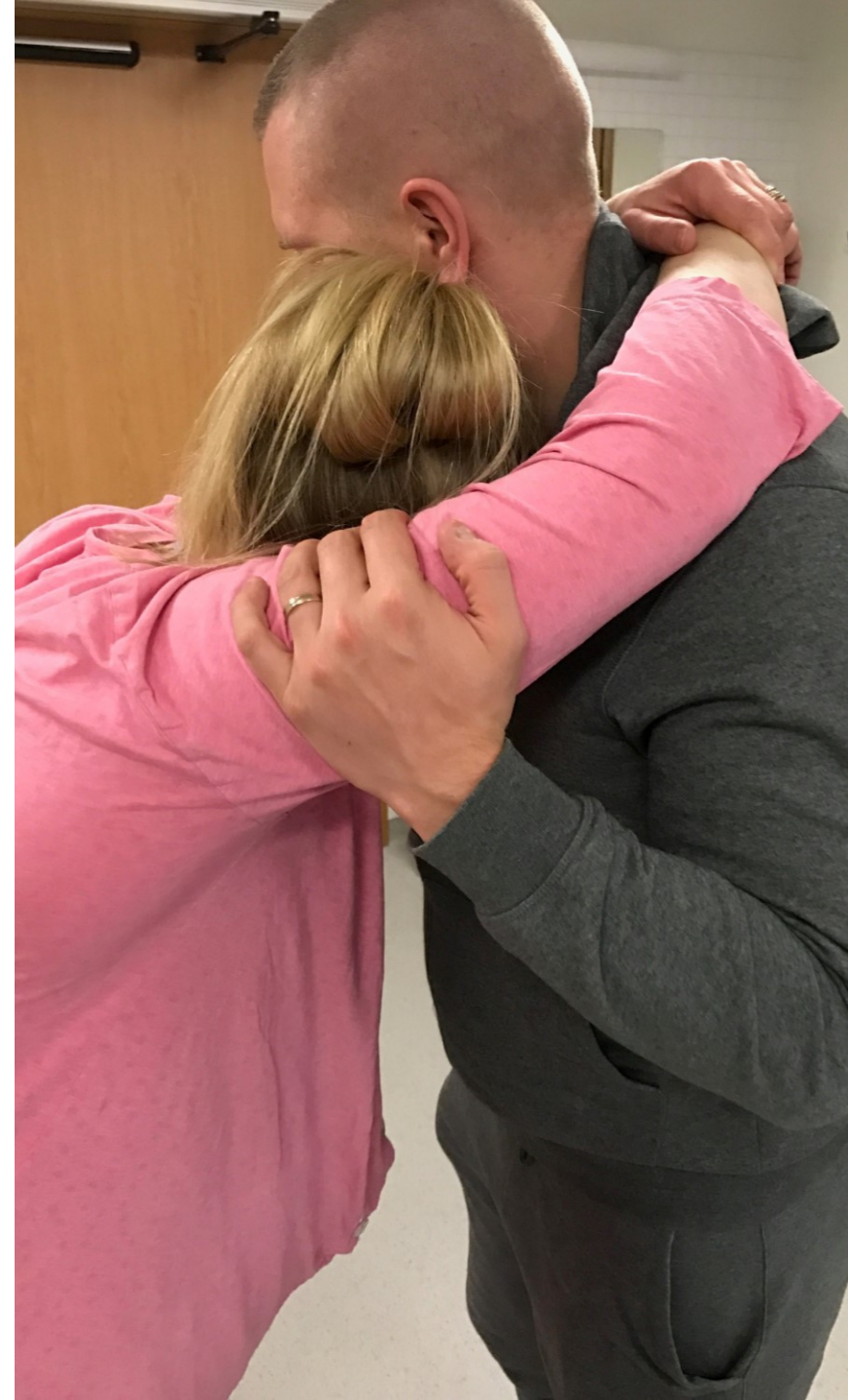
INDUCTION OF LABOR

- Sometimes a labor is induced due to medical reasons.
- The most common reasons are water breaking without spontaneous contractions, and overdue pregnancy H41+5. There can also be other reasons that may depend on the mother or the baby.
- Induction can take several days, and the birthing partner's support is important.
- The method is chosen individually:
 - Balloon
 - Misoprostol
 - Rupturing the membranes
 - Oxytocin.
- After induction of labor, 70% of first-time births and 96% of subsequent births are vaginal births.



OPENING PHASE

- First, the contractions soften and shorten the cervix so that it will be able to dilate.
- The cervix dilates during the active stage.
- This stage is not only about the dilation of the cervix, but the baby also descends to the birthing canal.
- The shape of the pelvis directs the baby to turn, so that the head can be born.
- The laboring mother will seek positions that feel best, so that the baby can descend in the pelvis.
- Duration varies individually.



MEDICAL PAIN RELIEF

- Nitrous oxide or laughing gas
- Opioids
- Epidural / spinal anesthesia
- Pudendal block
- PCB, paracervical block



Medicinal treatment options for labor pain

| OPTION | IMPLEMENTATION | HOW IT HELPS | SIDE EFFECTS | EFFECTS ON THE FETUS AND LABOR |
|---|--|--|--|---|
| STRONG PAIN MEDICATION Oxycodone | Taken in the early stages of labor, to allow the medicine to disappear from the body before the baby is born. Orally or by intramuscular injection. | Starts to take effect in 20-30 minutes, lasts for a few hours. Mild/moderate pain relief. The drug has an effect on the central nervous system so you may feel intoxicated. | Sometimes causes fatigue, nausea. Slows down the emptying of the stomach. May impair breathing. | May increase the need for basic neonatal resuscitation if the effect of the drug is still present. May impair the baby's immediate willingness to feed. |
| LAUGHING GAS 30-50% nitrous oxide / oxygen mixture | Available throughout labor. Inhaled through a mask. The effect can be adjusted by the depth of breath. The respiratory technique is important. | Has an immediate effect. Helps with moderate pain. The drug has an effect on the central nervous system so you may feel intoxicated. | Drowsiness, fatigue, sometimes nausea. The side effects disappear quickly. Dry mouth. | No effect. |
| LOCAL ANESTHESIA OF THE CERVIX Ropivacaine | Administered in the early stages of labor. The obstetrician administers it through the vagina. | Starts to take effect in 5-10 minutes. The effect is good for 50% of patients, moderate for 35% of patients. Lasts for 1-2 hours. Can be repeated if needed. | On rare occasions, injection site bleeding or maternal nausea. | Does not affect labor. Sudden pain relief may temporarily slow the fetal heart rate (2-3%). |
| LOCAL ANESTHESIA OF THE PUDENDAL NERVE Ropivacaine | In the active labor phase, local anesthesia of the pudendal nerve. The obstetrician or midwife administers it through the vagina. | Starts to take effect in 5-10 minutes. Anesthetises the lower part of the vagina, the perineum, and the vulva. | On rare occasions, injection site bleeding or maternal nausea. | Does not affect the mother's ability to push. No effects on the fetus. |
| EPIDURAL ANESTHESIA A mixture of ropivacaine and the strong pain medicine fentanyl On a case-by-case basis, some drugs may be administered through the SPINAL CANAL. | When labor is in progress. Requires intravenous cannula. The anesthesiologist injects the medicine into the back in a sterile manner. During the procedure, you must stay still, rounding your back. | The effect starts in 10-20 minutes and lasts for 1.5-3 hours. The effect is very good or good for almost 90% of patients. If necessary, the midwife may give additional doses through a catheter that is attached in the back. | Harmless itching or shaking. May lower blood pressure, raise body temperature, make it difficult to urinate and numb the lower extremities. 1% * risk of headache after anesthesia. See more details on the risks on the back of the card. | May impair effort and increase the need for suction cup assisted delivery. Does not usually affect the fetus. Sudden pain relief may temporarily slow the fetal heart rate. |

TRANSITION

- The cervix is completely dilated.
- Sometimes it is not possible to start active pushing right away, but we must wait up to a few hours for the baby to descend and settle into the correct position.
- There is no reason to rush into the pushing stage if everything is fine with the mother and the baby.
- Relaxing the pelvic floor helps the baby to descend even though the natural reaction is to hold it in.
- As the baby descends, the feeling of pressure increases significantly.



BIRTHING POSITIONS



PUSHING PHASE

- The nature of the pain changes. The urge to push and the pressure guides the pushes.
- The mother pushes during a contraction. At the same time, the muscle of the uterus pushes the baby out. The mother rests between contractions.
- The baby's head descends slowly, which is best for the tissues.
- The midwife supports the perineum and slows down the birth of the head.
- Try different positions and don't hesitate to express your wishes.
- **The midwife will help, instruct and encourage you during the expulsion.**



WATER BIRTH

- Tell the midwife if you wish to go into or give birth in a pool.
- The pool reduces the need for medicinal pain relief.
- It may shorten the duration of the dilation stage.
- Water softens the tissues and eases pain.
- It is possible to give birth in water if the labor has proceeded normally and the expulsion stage is expected to be normal.



THE NEWBORN IS HERE

- A baby in good health will immediately be put into skin-to-skin contact and the umbilical cord can pulsate until it ceases.
- Immediately after the birth:
 - Apgar score
 - Blood sample from the umbilical cord
 - Vitamin K
- Midwives, but also the parents, monitor the baby for the first few hours.

In some cases, the baby may need reviving or treatment at the neonatal ward immediately after the birth. The hospital aims to unite the baby with the parents as soon as possible.



AFTERBIRTH

- The birthing partner may cut the umbilical cord.
- Uterine contractions are boosted with oxytocin so that the placenta and the membranes come out, usually within 10–60 minutes.
- The contractions are monitored by pressing on the uterus.
- Any tears are checked and sutured under sufficient anesthesia.



SOMETIMES INTERVENTIONS ARE NECESSARY

- In Finland, a midwife handles a normal vaginal delivery. The midwife will call for an obstetrician if there is something unusual about the delivery:
 - Induction of labor
 - Breech position
 - Twins
 - Preterm labor
 - Pre-eclampsia
 - Cholestasis of pregnancy
 - The labor is not progressing
 - Prolonged expulsion stage
 - Need for a vacuum extraction (suction cup)
 - Caesarean section (elective/urgent/emergency)



RISK SITUATIONS AFTER CHILDBIRTH

- Risk for a severe complication is 1–5%, depending on the method of delivery.
- The hospital staff is trained to act if something unusual occurs:
 - The baby or the mother deteriorates
 - Bleeding
 - Major tears
 - Placenta remains in the uterus
 - Infections
 - Surgical complications.



CAESAREAN SECTION

- 24% of all deliveries are Caesarean sections sections (in HUS in 2023)
 - Elective or planned Caesarean section (10%)
 - Urgent Caesarean section (13%)
 - Emergency Caesarean section (0.9%).
- The birthing partner is allowed in the operating room except in emergency C-sections.
- The mother is monitored in a recovery room afterwards.



ELECTIVE C-SECTION

- An elective or planned Caesarean section is generally agreed upon at an appointment on week 36 when the delivery method is assessed.
- The reasons for elective C-section include earlier C-sections, breech position, fear of childbirth, a large baby, previous complications, or structural abnormalities in the uterus.
- The surgery is usually performed under local anesthesia.
- Getting up soon after the surgery speeds up recovery and prevents intestinal paralysis.
- The wound will heal in about 4 weeks.
- See also the videos [C-Section ENG](#) and [Recovery after a C-section ENG](#)



You can start expressing milk manually already during pregnancy on week 36, as it helps with milk coming in after C-section

BREAK AND CHOOSING YOUR PAIN RELIEF METHODS

Breathing, voice

Positions and movement

Hot and cold

Massage and touch

Sterile water injections

Reflexology

Water

TENS

Yoga hammock

Rebozo

Acupuncture

Acupressure

Gua sha

Nitrous oxide or laughing gas

Opioids

Epidural / spinal anesthesia

Pudendal anesthesia

PCB

Other method



Break task with Forms:

Which of the pain relief methods sound best for you?

RESULTS

[See the results from the break task via this link](#)

If you haven't replied to the survey on where you are from, please do that [via this link](#)





HUS⁺

FIRST DAYS IN THE HOSPITAL

VIDEO: BABY'S JOURNEY TO THE BREAST (ONLY IN FINNISH OR SWEDISH)



NATURE WILL GUIDE THE BABY TO THE BREAST

- An alert baby will start to look for a nipple within an hour after their birth:
 - An important message to the mother's body to start milk production.
 - Improves the baby's natural skill to suck
 - Valuable first drops of colostrum
 - Reduces the stress level in the baby and the mother
 - Rush of oxytocin will help the uterus contract.
- **If the baby is too tired or does not know how to suck:** express milk manually, even if it is just a few drops.
- If you do not wish to or cannot breastfeed, the hospital has donor breast milk and formula milk.



Remember!
You can start
expressing milk
manually
already during
pregnancy
(from week 36
onwards).

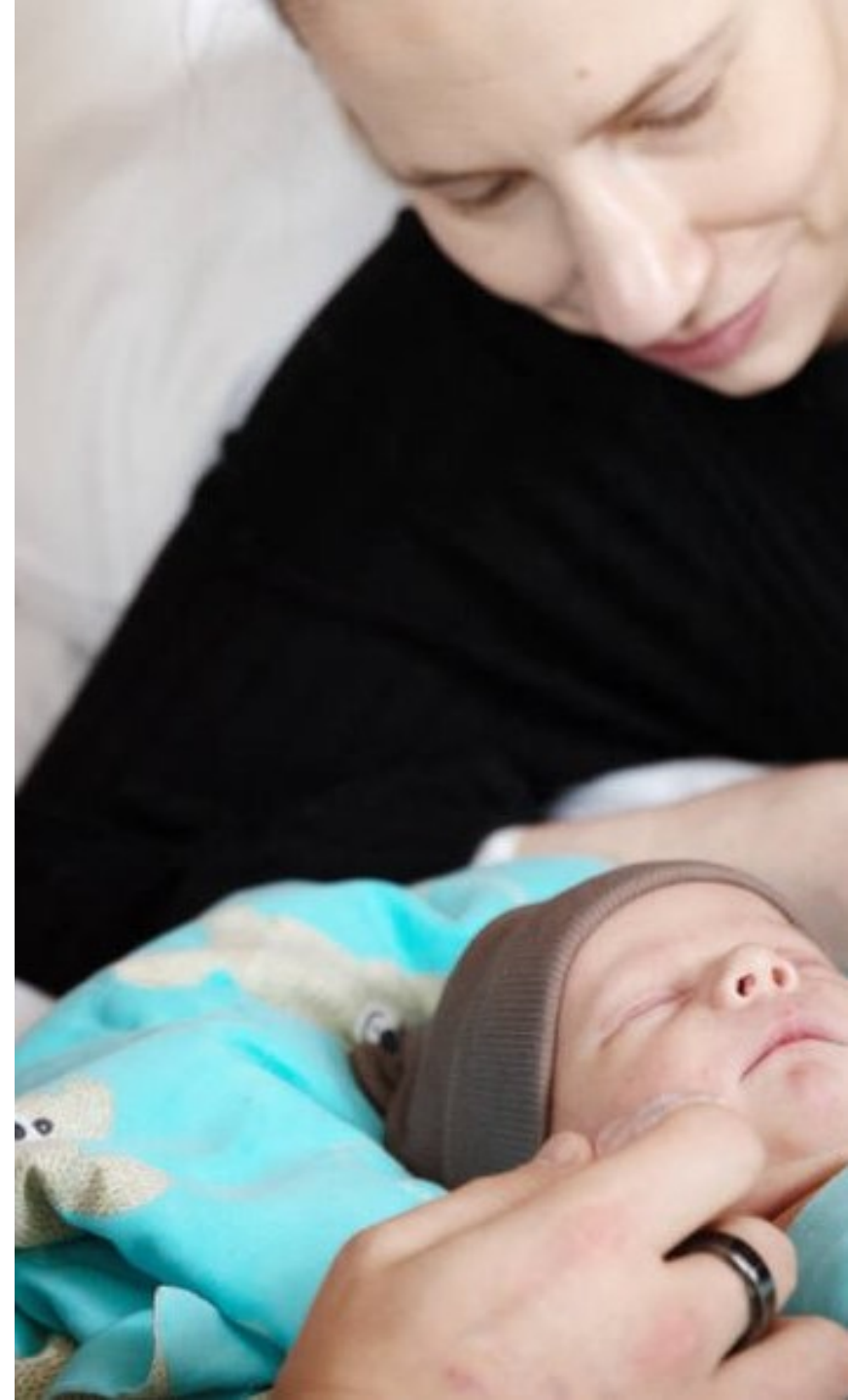
FROM THE DELIVERY ROOM TO THE MATERNITY WARD

- After the first breastfeeding, the baby will be measured, and they get to be in skin-to-skin contact with the birthing partner while the mother takes a shower.
- The family can stay together without any rush for a couple of hours.
- Preparing the transfer to the maternity ward:
 - Family Nest Hotel (Women's Hospital)
 - Family room at the maternity ward, single room (Espoo Hospital), or a shared room



AT THE MATERNITY WARD

- Resting, getting to know the baby, practising new things.
- Parents receive support in caring for the baby independently: changing diapers and other care is taught if necessary.
- You can prepare for caring for the baby and the post-delivery time with the Baby Journey digital care pathway.
- Nurses instruct the family and monitor the situation, e.g. breastfeeding, the baby's weight, blood sugar level, otoacoustic emission screening, metabolic screening.
- The frequency of the monitoring depends on your individual needs.



HOLDING THE BABY CLOSE

- Touch and hold your baby. Look at your baby and talk to them.
- Skin-to-skin contact is proven to relax the parent and the baby.
- Holding the baby close gives you plenty of opportunities to practice:
 - Lifting and carrying the baby
 - Breastfeeding positions
 - Recognizing the baby's hunger signs
- A good breastfeeding position enables sufficient sucking.
- On the first days it is enough to know this: One breastfeeding position that works, and one way to lift and carry your baby.



THE BABY'S FIRST DAYS

- Right after the birth, the baby is usually alert and breastfeeds well.
- For the rest of the day, they are usually sleepy and recover from the birth. Still, they should eat about 8 times a day.
- A baby that is fully breastfed sucks the breast almost around the clock on the next day—they are placing an order for milk.
- Parents are instructed on monitoring the safety signs of successful breastfeeding (number of times feeding, peeing, and pooping).
- In some cases, the baby may receive additional milk with a feeding cup, syringe, spoon, or bottle.
- If your baby receives additional milk, remember to express milk by hand or with a breast pump!



IMPORTANT MISSION FOR THE FIRST DAYS: ORDERING MILK

- Everyone produces only a little milk at first. The first days will create the foundation for the amount of milk in future.
- The breasts require frequent stimulation. Ideally, the baby takes care of this themselves during the “breastfeeding marathon of day 2”.

What is the effect on the “milk orders” if the baby gets additional milk or breastfeeding is difficult?

The order is not received in full
– What to do?

You can help the milk order by expressing milk often, no matter how small the amounts are.



THE MOTHER'S HEALTH DURING THE FIRST DAYS

- The mother's condition is monitored and pain is treated:
 - Uterus contracts
 - Postpartum bleeding
 - Wounds.
- The uterus contracts quickly after the childbirth. Some experience intense postpartum contractions.
- Urinating, passing stool (hemorrhoids), the breasts, and the genitals may feel strange.
- You can start pelvic floor muscle exercises within 24 hours from childbirth.

Further information: [Raskaus ja synnytys | Kuntoutumistalo | Terveyskylä.fi \(terveyskyla.fi\)](#)



MOOD SWINGS

- The hormonal and emotional turbulence on the first days is normal and part of the process. Parents are often confused and lose track of time.
- You may instantly love your baby, or they may feel like a complete stranger.
- “Baby blues” = Mood swings, also depression, crying spells, worry.
- The childbirth may have been a heavy experience that comes back to you. Start working on it already in the hospital, continue at neuvola, and with your loved ones.
- Every mother will have a birth discussion before discharge.



DISCHARGE FROM THE HOSPITAL

- Sooner than you think: first-timers usually between 20 hours and 2 days (outpatient delivery = discharge 6–20 hours after childbirth).
- A pediatrician will always examine the baby before discharge.
- Contact with the hospital will continue if needed: midwife's house-call, postnatal appointment, breastfeeding guidance.
- The hospital will provide you with instructions: what to monitor and who to contact if necessary.
- After discharge, the baby's monitoring will continue at neuvola. You should book your first visit to neuvola while staying in the hospital.

Uncertain?
Read the FAQ
at Baby
Journey
pathway
already in
advance!



HAVE A GREAT CHILDBIRTH JOURNEY!



@hus_nklsynnytykset
 @hus_espoonsynnytykset
 @hus_hyvinkaansynnytyksosasto
 @hus_lohjansynnytyksosasto
 @lapsiperheidenhelsinki



@Espoon ja Naistenklinikan synnytykset
 @Hyvinkään sairaalan synnytyksosasto
 @Lohjan sairaalan synnytyksosasto
 @Lapsiperhehelsinki

Terveyskylä

- Baby Journey digital care pathway: My Path application terveyskyla.fi/omapolku
- terveyskyla.fi/naistalo



Omaperhe.fi

WHAT IS YOUR MOOD TOWARDS CHILDBIRTH NOW?

Use Teams live reactions!



THANK YOU FOR YOUR PARTICIPATION AND HAVE A GREAT CHILDBIRTH JOURNEY!

Attending prenatal classes is proven to improve the childbirth experience.

We are thankful for any feedback on the class. Scan the QR code or use [this link](#) to answer our feedback questionnaire.

