

Remind the mother of her baby. It may seem surprising, but women can get so caught up in labor that they do not think much about their baby. It may help her to remember why she is going through all this.

Difficult Labors

Normally the baby is born with the head down, facing backwards, so the widest part of the baby's head passes through the widest part of the pelvis. The baby's head pressing down on the cervix helps it dilate, and the baby rotates as it is born, helping the body slip out behind the head.

Some babies, however, are born in a different position. This normally causes problems in labor. A posterior presentation means that the baby faces forward; its spine can press against the mother's as it moves down, causing her pain and slowing labor. And because the widest part of the baby's head is passing through the narrowest part of the pelvis, the baby can get stuck here more easily, again prolonging labor and sometimes requiring the use of forceps.

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A breech birth occurs when the baby does not turn, so that the head is not born first; breech babies are normally born buttocks-first, occasionally feet-first. About four births in a hundred are breech. Most breech births are straightforward, though you are most likely to need intervention, especially in a first birth. Many women are advised to have an epidural; usually the baby's head is delivered with forceps to protect it, and you are likely to have an episiotomy to help the baby's head out. If you wind up needing an emergency Cesarean, the epidural will already be set up.

Medical Intervention

Over the past decade or two, hospitals have increasingly used a variety of techniques that have

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Change the ritual she has been using during contractions. Suggest a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.

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revolutionized the process of childbirth. Most of these are intended to save lives, and frequently they do. However, many interventions have become routine in some hospitals, thus interfering with the birth process for many mothers who are not at risk. Hospitals are now more likely to discuss any possible intervention with you. You

should make your views clear, although obviously everyone involved should accept that intervention may be necessary in case of an emergency.

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Episiotomy

An episiotomy is a small incision made in the perineum, the skin between the vagina and the anus, to enlarge the vaginal opening and help the delivery of the baby's head. The cut is made with scissors under a local anesthetic when the baby's head comes into view. Done properly, the perineum will have stretched very thin and the cut can be made with a minimum of damage and bleeding. An episiotomy should not be necessary in a normal delivery, and you can ask not to have one if you prefer.

However, there is some controversy over whether it is better to have a small episiotomy or risk tearing the perineum when the baby's head is born. Some feel that a small tear is better and heals more rapidly, while others believe it is easier to sew up a clean cut. You should not be in great pain when the stitches are put in; if you are, ask to have more local anesthetic.