

# Six unexpected birth issues

There are some situations which can crop up, no matter how well your plans are laid. When they do, you cope best when you are armed with some basic understanding.

By Dr Wendy Teo, Obstetrician & Gynaecologist

## You need pain medication

Some patients can cope with the pain, but end up being too tired to push. Bearing with severe pain, which can be traumatic, also means that you are tense and bracing against the pain, which tires you out even more quickly.

On the other hand, pain medication allows you to remain comfortable, relaxed and able to focus on this big event in your life. There is no value in suffering hours of pain and being traumatised by the whole experience. There are three options when it comes to pain: Entonox (sometimes called 'laughing gas'), intramuscular injection of Pethidine, and Epidural.

## Your doctor orders a C-section

While many women opt for a C-section, there are times when the doctor will advise it. There are maternal and fetal factors which would make this necessary.

Maternal factors: if the mother has poorly controlled hypertension, a previous back injury, a fibroid blocking the delivery passage or has a genuine fear of labour.

Fetal factors: If the baby is either too small or too large; if it is in breach "feet first" position; or if the placenta has not moved up and away from the entrance of the cervix, potentially causing massive bleeding in a normal delivery and endangering both lives.

## Your baby is a preemie

Some 5% of all births are premature, and the numbers are increasing, for many possible reasons from diet and lifestyle, to alcohol, stress and diabetes. The most premature ones (24-30 weeks) require intubation in intensive care, while the slightly premature (34-36 weeks) may not need anything beyond regular care.

It is not always known why premature labour happens, but it is generally agreed that it is the body's reaction to the stress of a medical condition or an abnormality in the mother, child, or both. There are maternal and fetal factors that can cause this.

Maternal factors: diabetes, hypertension, autoimmune disease, personal or family history of premature babies, urinary tract infection or vaginal infection.

Fetal factors: fetal infections, premature rupture of water bag, fetal abnormalities such as Edward's Syndrome.

## Labour needs to be induced

There are no known reasons why some women don't go into labour within the most typical 37-40 week window. Some reasons why induction may be needed include diabetes, hypertension, liver problems, or when the baby is too large or too small. When a pregnancy goes beyond 41-42 weeks, there is a higher risk of intrauterine death, as the baby could pass a motion in the womb and get into distress, requiring induction.

There are three methods – tablets to soften the cervix and make it more responsive to dilation, the water bag being ruptured by the gynaecologist, which causes the body to secrete a hormone that begins contractions, and Syntocinon, the hormone which causes contractions, administered through a drip. Induction can take between six hours and two days. When it fails, an emergency C-section is required.

## Breast-feeding blues

It seems easy for some women, but not for you. It helps to know the possible reasons, such as the combination of pain from the birth, episiotomy and possibly C-section, which makes it painful and difficult to get into an ideal breastfeeding position; stress, which directly impacts on milk production; inverted nipples so that the baby cannot easily latch on; your baby taking a little longer to get the hang of latching on, causing sore nipples.

If your baby is not feeding, he is not urinating and is in danger of developing jaundice. Know that only about 20% of mothers can manage total breastfeeding, while the rest supplement with bottle feeds of either their own milk or formula. Seek advice and help from a lactation consultant.

## Postpartum depression

During the first two weeks, it is common for women to feel blue and overwhelmed by the changes, the demands and the possible lack of support from her partner and family. Within six weeks, you should feel fine because hormones have returned to normal and the pain has mostly gone. If it goes beyond that, you may need professional help. You know it is depression when you are crying all day, have suicidal thoughts and think of harming the baby. In serious cases of depression, anti-depression drugs and a psychologist/psychiatrist may be required.



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