WISELEAF SCIENTIFIC VENTURES

COMPREHENSIVE PREGNANCY CARE: AN EVIDENCE-BASED MULTIDISCIPLINARY APPROACH

Chapter 8: Sexual Health during Pregnancy, Labour and Birth Preparedness

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Abstract

Sexual health during pregnancy, the process of labor, and birth preparedness are important components of maternal healthcare that ensure the physical, emotional, and mental well-being of pregnant women. The physiological, hormonal, and emotional changes that occur during pregnancy affect one's sexual drive, intimacy, and relationships. Explaining the dos and don'ts of sex and breaking the myths & stereotypes will alleviate the anxiety of the expectant mothers and enable them to know how to make the right decisions when it comes to sexual activity during pregnancy. Therefore, the chapter presents the notion of sexual health during pregnancy, what influences sexual behavior of pregnant women, what precautions should be taken, and what psychological aspects are involved in communication between partners. The chapter explains the process of labor, namely its stages, vaginal birth, cesarean delivery, and the methods of managing labor pains including pharmacological and non-pharmacological approaches. In addition to this, this chapter emphasizes the importance of birth planning, preparation of hospitals, and emergency preparedness measures for the mothers and the newborn. Important elements include the choice of a suitable healthcare facility, provision for transportation, recognition of emergency contacts, and awareness of warning signs of mother and fetus, and packing a hospital bag adequately. The position of healthcare specialists in providing fact-grounded information, emotional assistance, and individual support is highlighted. Being well-informed and having timely access to quality maternity care contributes to increased confidence and preparedness of the mother as well as improvement in the experience of childbirth.

Keywords: Sexual health; Pregnancy; Labour management; Birth preparedness; Maternal healthcare.

8.1 Sexual Health during Pregnancy

Sexual health plays a crucial role in total well-being of a woman. It is comprised of physical comfort, emotional stability, intimacy, and reproductive health circumstances. Hormonal changes as well as the changes of body and mind can either contribute to sexual desire or hamper sexual satisfaction due to feeling nauseous, tired, in pain, etc. [1,2] To take care of sexual health, it is necessary to be aware of the physiological changes, communicate with the partner, and consult specialists if needed. When the pregnancy is normal, engaging in systemic sexual life should not cause any problems except if there are particular health issues requiring restrictions.

8.1.1 Overview of Sexual Health during Pregnancy

Sexual well-being during pregnancy encompasses sexual appetite, excitement, closeness with partner, sexual fulfillment, perception of body, and communicating with your partner. Even if pregnancy alters sexual habits and feelings of comfort, emotional connectivity and tenderness do not lose their significance in a good relationship. During the trimester, sickness, tiredness, tenderness of breast, and fears of losing the child may suppress sexual desire. During the second trimester, higher level of energy and less sickness may increase the sexual urge of some women. During the third trimester, becoming bigger in the belly, pain in the back, pressure in the pelvis, and anxieties about giving birth may undermine sexual activity. In a normal pregnancy, sex and orgasm typically do not cause any troubles to the fetus who is under protection of the uterus and amniotic fluid. Nevertheless, limitations in some high-risk cases may take place depending on a particular obstetrical examination. If there are vaginal discharges or water going away, or severe abdominal pain, immediate medical intervention is vital. It is important for doctors to provide medical support for their patients.[3,4]

8.1.2 Physical Changes and Their Effects on Sexual Health

The body undergoes various hormonal, anatomical, and physiological changes during pregnancy affecting sex drive, pleasure, and comfort. The elevated levels of estrogen and progesterone affect the sensitivity of breasts, vaginal walls, and emotional state as well as the power levels. Thus, whether sexual desire increases or decreases during pregnancy is different for each person. The increased blood circulation in the genital area may lead to some level of tenderness while an increased amount of vaginal discharge is also evident during pregnancy with the need for medical care if it smells, causes itching, or poses discomfort. Pregnancy is also characterized by such issues as vomiting, nausea, fatigue, and sleeping disorders that may reduce sex drive. Over time, the rise in belly and weight leads to increased back and pelvis pains that make certain sexual positions uncomfortable. One must avoid those positions that may be uncomfortable with some pressure on the stomach.[5]

8.1.3 Factors Influencing Sexual Desire and Intimacy

Several aspects of pregnancy affect sexual desire and intimacy, such as hormonal changes, nausea, fatigue, breast sensitivity, back pain, and bigger abdominal size. In addition, psychological aspects, including worry about the fetus, fears of miscarriage or childbirth, stress, and perception of bodily changes, can decrease sexual interest. Sufficient reassurance can ease unnecessary worries. The quality of communication and the relationship between partners play an important part in maintaining intimacy in relationships. Mutual understanding, respect, and openness are necessary in order to talk about wishes and changing needs. Being close at other times, as in cuddling, can help to be together even if there is no need for sexual intercourse. Cultural aspects and prejudices may help develop some beliefs about sexual activity during pregnancy, so there is a need for evidence-based counseling to correct some misunderstandings. The anxiety about intercourse can be due to previous miscarriages, preterm births, or current high-risk pregnancy. Such circumstances do not automatically rule out the possibility of sexual activity, but it may be required to consult a doctor. Work stress, financial problems, lack of privacy, and poor access to prenatal care can also influence sexual life in or out of pregnancy.[6]

8.2 Safe Sexual Practices during Pregnancy

As mentioned in [Table 1] various factors that come in a pregnant woman's life can influence sexual interest and intimacy. These factors include hormonal fluctuations, nausea, feeling tired all the time, increased sensitivity of breasts, back pain, and increasing size of the abdomen. On the psychological side, thoughts about the baby, fears of miscarriage and childbirth, stress, and perception of the body can also affect libido negatively. With proper support, unnecessary worries can be removed. Communication and relationship quality need to be maintained since intimacy is important. It requires understanding, respect, and opening up for sharing thoughts and needs. Being close at other times, as in cuddling, can help to be together even if there is no need for sexual intercourse. Cultural aspects and prejudices may help develop some beliefs about sexual activity during pregnancy, so there is a need for evidence-based counseling to correct some misunderstandings.

8.2.1 Safety of Sexual Activity during Pregnancy

Sexual intercourse is usually considered safe if the pregnancy is uncomplicated and both partners feel comfortable, with no medical issues. Orgasm and intercourse may lead to some mild contraction of the uterus due to the physiological process of the body, but discomforts are usually resolved without problems. Sexual activities do not lead to miscarriage in healthy pregnancies, as most miscarriages that occur in early pregnancy are due to other factors and not to sex. As the pregnancy progresses, some discomforts and changes in the shapes may

determine the type of sexual activities done by couples. It is advisable to avoid positions that cause pain, give excessive pressure on the abdomen, or lead to shortness of breath. It is advisable to check with a doctor about the possibility of sexual activities, especially if the pregnancy is complicated by bleeding, cervical problems, placental issues, or risk of early labor.[7]

8.2.2 Recommended Practices and Precautions

Safe sex practices in pregnancy should focus on the ideals of comfort, hygiene, mutual consent, and communication. Couples must choose acts and positions that do not involve discomfort and pressures in the abdomen, where the latter is especially true for the third trimester of pregnancy. It is easier to choose side sex positions as the abdomen continues to grow larger. Intercourse must cease when there is discomfort, bleeding, feeling dizzy, or unusual pain. Keeping the genitals clean and avoiding irritating items will allow sterile genital hygiene to be maintained. The use of condoms is advised whenever the risk of the presence of sexually transmitted diseases is present and if either partner is new or has many partners. The action of sex should be consensual. Notably, pregnant women must attend regular antenatal appointments where they are free to mention their worries to the doctor. The use of vaginal douching and purchase of vaginal products should be avoided. Couples should adhere to the doctor's recommendations when restrictions are made, especially in cases involving complications or specific risks.[8]

8.2.3 Contraindications to Sexual Activity

Although sexual intercourse is normally permitted during uncomplicated pregnancies, certain conditions might necessitate abstinence after a medical evaluation. Examples of these conditions include unexplained vaginal bleeding, ruptured membranes or leaking amniotic fluid, placenta previa or other placental conditions with bleeding, and active preterm labor. In certain cases, the condition of cervical incompetence or shortened cervix may also necessitate restrictions based on medical evaluation. Women with previous pregnancy complications, or women advised to do pelvic rest, should consult their obstetrician about what is restricted activity and how long those restrictions will last. For pelvic rest may mean abstaining from intercourse, and depending on the situation, it may include avoiding interior vaginal insertion or having an orgasm. In general, each recommendation depends upon the medical condition being addressed. Activities leading to sexual intercourse should remain suspended until the specialized doctor has confirmed its suitability in view of the imposed medical restraint since the risk is always an individual matter and restrictions have to imposed on the basis of medical evaluation rather than on guesswork.[9]

8.2.4 When to Seek Medical Advice

Pregnant women should get medical advice if they develop symptoms that might signal a pregnancy complication during or after intercourse. Heavy vaginal bleeding, the presence of severe abdominal pain, fluid leaking from the vagina, experiencing regular painful contractions, or the presence of preterm labor symptoms require immediate medical attention. Severe symptoms should be evaluated quickly at the right medical institution. In some situations, women may have mild, short uterine tightening or a little vaginal bleeding, but they should not ignore ongoing, severe, or unpredictably occurring symptoms. Getting medical advice is also critical in the presence of strange vaginal discharge, an unpleasant smell, itching in the genital area, suffering from painful urination, and having doubts about sexually transmitted diseases. Healthcare professionals should explain the symptoms to their patients, determine their respective risk factors, and give simple instructions about when to stop having sexual activities and seek help. They should provide timely medical examination to allow identifying complications at an early stage and ensuring mothers' safety during their pregnancies.[10]

Table 1: Factors Affecting Sexual Activity during Pregnancy

Factor	Description
Hormonal changes	Fluctuations in pregnancy hormones may influence sexual desire and interest in intimacy.
Physical discomfort	Nausea, vomiting, breast tenderness, fatigue, and back pain may reduce interest in sexual activity.
Changes across trimesters	Sexual desire and comfort may vary throughout pregnancy. Some women experience increased desire during the second trimester, while others experience reduced interest.
Emotional and psychological factors	Anxiety about childbirth, fear of miscarriage, stress, and concerns about the baby's well-being may affect sexual activity.
Body image and self-esteem	Changes in body shape and weight may influence body confidence and sexual comfort.
Relationship with partner	Emotional intimacy, mutual understanding, trust, and communication can influence sexual interest and satisfaction.
Cultural and social beliefs	Traditional beliefs, misconceptions, and social attitudes may influence decisions regarding sexual activity during pregnancy.
Medical and obstetric conditions	Certain pregnancy complications may require restrictions on sexual activity following advice from a healthcare professional.
Personal preferences and comfort	Individual desire, consent, preferred positions, and physical comfort influence sexual activity during pregnancy.
Healthcare guidance	Accurate information and counselling from healthcare professionals can help couples make informed decisions about sexual health during pregnancy.

8.3 Common Myths and Facts about Sexual Health

As mentioned in [Table 2] there are many myth, cultural beliefs, and misconceptions regarding sexual health during pregnancy that create unnecessary fears for expecting women and their partners. The limited access to credible information and unwillingness to address sexual issues with medical staff only adds to the problem. Misconceptions may force couples to refrain from being intimate when needlessly so or ignore situations that demand medical attention. It is crucial to give women the correct information based on medical evidence to make the right decisions concerning their health.

8.3.1 Common Misconceptions about Sexual Activity during Pregnancy

People often think that sexual intercourse is responsible for miscarriages. However, sexual intercourse generally does not pose a threat to an uncomplicated pregnancy, since most miscarriages are caused by fetal developmental problems or other health-related factors. One more misconception is that sexual activity can do physical damage to the fetus. In fact, this is rather unlikely because the developing fetus is safe thanks to the uterus, the amniotic sac, and amniotic fluid. Some couples think that sexual intercourse during pregnancy causes premature labor. The truth is that although orgasm may lead to mild contractions of the uterus, this is normal for uncomplicated pregnancy.[11] However, women with certain complications related to pregnancy are advised to limit sexual activity. Many people also think that there are no changes in sexual desire during pregnancy. However, the truth is that sexual desire may change during pregnancy due to hormonal fluctuations, physical discomfort, tiredness, and many other factors affecting emotional state. Cultural beliefs can inhibit sexual activity in certain trimesters without the backing of any medical reason. Similarly, some couples believe that intimacy in any form should be completely avoided during the times when intercourse feels uncomfortable. Nevertheless, affection and other intimate actions that are comfortable for both partners can be helpful in keeping couples emotionally connected. These misunderstandings create the need for sex education that is accessible, respectful, and scientifically-based.[12,13]

8.3.2 Evidence-Based Facts and Clarifications

Evidence-based information is useful for telling apart the changes that occur during a normal pregnancy and the ones that require medical attention. In a healthy pregnancy, it is safe to have sexual intercourse and orgasm as they do not negatively affect the fetus or cause miscarriage. However, this reassurance is not applicable to pregnancies in which complications occur and therefore medical advice must be followed when a restriction is prescribed. The level of sexual desire differs from one pregnant woman to another and it may be different in different trimesters of pregnancy. Decreased libido does not mean that there is a problem in the

relationship but at the same time increased sex drive is normal too. One should consider physical comfort, emotional readiness, mutual consent and partner's opinion about having sexual relations when deciding whether to have sex. One more significant issue is that sexual intercourse should be avoided or limited in certain conditions, where having sex could potentially be dangerous – for example, with ruptured membranes, unexplained here, and in case of certain placental problems. The use of condoms helps prevent sexually transmitted infections, which can be dangerous for both the mother and the unborn child. Women who are pregnant should receive medical attention in case of heavy bleeding, fluid loss, severe abdominal pain, and constant painful contractions. The right data and personalized counseling can help partners stay close without risking the health of the mother and the fetus.[14]

8.3.3 Role of Healthcare Professionals in Sexual Health Education

All the people dealing with health in a way are responsible for combating false assumptions and encouraging healthy sex habits during pregnancy. Obstetricians, nurses, midwives, and other trained professionals should organize a confidential environment for pregnant women and their partners to make them free to ask questions without fear of shame and being judged. Sex education can be added to routine visits to make sure that the women know that libido changes during pregnancy, what is allowed and what is contraindicated. Healthcare professionals must ensure that that their recommendations are clear and show that they are based on up-to-date information whenever possible. Moreover, professionals should make sure that each woman gets an answer according to her medical record, pregnancy situation, cultural background, and personal preferences. Furthermore, professionals should help the partners talk to each other and tell them the importance of consent. Educational counseling, informational pamphlets, and pre-birth education programs may be used to explain difficult concepts and eliminate misunderstandings. In situations when emotional issues exist or there are problems with the partner or sexual health concerns, counseling or referring patients to a specialist might be of a help. Educated and efficient experts will help their clients receive necessary guidelines and conduct effective conversations that allow them to avoid unnecessary worrying and keep both physical and mental health during pregnancy.[15,16]

Table 2: Common Myths and Evidence-Based Facts about Sexual Activity during Pregnancy

Common Myth	Evidence-Based Fact
Sexual activity during pregnancy can harm the baby.	In an uncomplicated pregnancy, sexual activity is generally safe because the baby is protected by the uterus, amniotic fluid, and surrounding tissues.

Sexual intercourse causes miscarriage.	Sexual activity does not generally cause miscarriage in an uncomplicated pregnancy. Many early miscarriages occur because of developmental problems unrelated to intercourse.
Sexual activity can injure the baby.	The baby is not directly contacted during intercourse and is protected within the uterus.
Sexual intercourse always causes premature labour.	Sexual activity does not usually trigger premature labour in an uncomplicated pregnancy. However, individual medical circumstances may require restrictions.
Sexual desire remains the same throughout pregnancy.	Sexual desire may increase, decrease, or fluctuate depending on hormonal changes, physical comfort, emotional well-being, and the stage of pregnancy.
Sexual activity must be avoided during the entire pregnancy.	Routine avoidance is not necessary for every pregnancy. Advice should be individualized according to the pregnant person's health and any obstetric complications.
Bleeding or pain after intercourse is always normal.	Mild spotting can sometimes occur, but bleeding, persistent pain, fluid leakage, or other concerning symptoms should be discussed promptly with a healthcare professional.
All sexual positions are equally comfortable during pregnancy.	Comfort varies as pregnancy progresses. Positions that avoid abdominal pressure and discomfort may be preferable.

8.4 Psychological Aspects of Sexual Health

The psychological aspect of sexual health plays a major role in pregnancy. During pregnancy, fluctuations in hormones, uncomfortable physical conditions, expectations, and fears may exhibit crucial effects on the emotional state of pregnant women, sexual wishes, intimacy, and satisfaction with the relationship. Some mothers experience an increase in emotional closeness to the partner, while others suffer from anxiety, low self-esteem, and lack of interest in sex. These changes are experienced by different women during the pregnancy in various ways. Nevertheless, a favorable atmosphere, open communication, and reliability of the information may help couples cope with the changes.

8.4.1 Emotional and Psychological Changes during Pregnancy

Carrying a child includes a variety of psychological and emotional adjustments associated with becoming a mother, as well as with changes in one’s physical and social obligations. A woman might find herself happy, excited, at times uncertain, and anxious during her pregnancy. Mood and sex drive can be influenced by the changes in hormone level, exhaustion, nausea, sleep problems, and worry about the health of the unborn baby.[17] While some women may suffer a decreased libido due to emotional pressure or fear to hurt the baby inside of them, others may develop strong feelings of closeness and intimacy. Previous experiences of pregnancy, presence or absence of family support, financial condition, and personal expectations can also contribute

to the process of psychological adaptation. It is necessary to communicate with a specialist in case of regular sadness, excessive anxiety, lack of interest in real life activities, or trouble in dealing with everyday tasks.[18]

8.4.2 Partner Communication and Emotional Intimacy

The importance of good communication between partners for the purpose of ensuring emotional closeness and sexual happiness during pregnancy cannot be overstated. There may be many changes in one's sex drive, body comfort, and emotional needs during pregnancy which might lead to misunderstandings if the parties involved do not share and express their worries just like anything. Speaking about emotions, hearing from one another with no common judgments and respecting personal choices will definitely contribute to the development of mutual communication. One needs to remember that intimacy does not equal making love. Different kinds of shows of love like hugging, cuddling, holding one's hand, making massage and making time for each other can all serve to help him or her remain emotionally close, even in the event of discomfort or no desire to become intimate. Partner participation in prenatal visits, childbirth classes, and birth planning will surely help clear misunderstandings and provide support.[19]

8.4.3 Anxiety, Body Image and Relationship Concerns

Concerns related to the health of the fetus, the risk of losing the child, pains associated with labor, difficulties associated with birthing, and modifications of sexuality may lead to feelings of anxiety in women during pregnancy. Thus, some women may refuse to engage in sexual activities due to the fear of hurting the fetus. Therefore, healthcare professionals can provide relevant information and help combat such worries. Our physical changes during pregnancy can influence women's self-esteem.[20] For instance, if a pregnant woman gains too much weight, changes her body shape or size of breasts and skin, she may start feeling unattractive, thus impacting her sexual life and relationships. The matter is that reassurance from someone they trust, effective communication with a partner, and acceptance of the new body image can improve the situation. Partners may have conflicts if they experience different levels of sexual desire, reduced physical intimacy or other factors like stress.[21] Open discussions about the issues will help couples overcome the obstacles on their way to reaching understanding of the topic. Finally, it is necessary to consult a professional in case any signs of anxiety or depression occur.

8.4.4 Counselling and Psychosocial Support

Counselling and psychosocial support assist pregnant women in coping with emotional changes, issues surrounding sexual health, and difficulties in interpersonal relationships. It is crucial for health care providers to render a non-judgmental, confidential, and respectful setting

in which women can talk about sensitive issues and seek the correct information related to pregnancy, intimacy, and childbirth. Counselling on an individual basis can help women deal with anxiety, negative perception of their bodies, fear of having sexual intimacy, and concerns regarding the safety of the baby and the mother.[22] Couples counselling may facilitate communication, establish emotional intimacy, and allow partners to understand the needs of each other in a rapidly changing situation. It is also important to encompass antenatal education sessions to impart information regarding physiological changes during pregnancy, safe sexual practices, and preparation for childbirth. [23]

8.5 Labour Process

Labor refers to the advancement where a baby enters the world. As shown in [Fig 1] Labor involves contractions of the uterus, changes in the cervix, and moving of the fetus through the birth canal. Labor is a crucial phase of delivery and it therefore requires proper monitoring of the mother and the fetus, pain management, and emotional support. Most times, labor starts by itself between weeks 37 to 42 as a woman nears delivery, though, the exact timing and duration depends on the woman. By understanding how labor goes on, the woman is able to know what to expect during childbirth. A trained professional can keep an eye on the woman and the baby during labor, spot any problems and make sure that childbirth goes smoothly.

8.5.1 Definition and Onset of Labour

The term "labour" means the contractions of uterus that mark a particular stage of process of birth taking place. The process of spontaneous labour starts with the changes that occur in some physiological processes on the molecular level. It is known that labour causes the uterine contraction, prostaglandins and hormones are believed to take part in its initiation. Labour occurs between 37 and 42 weeks of pregnancy. The process takes place through the contractions of uterus that have a pattern of increasing strength. During labour, the cervix shortens, softens and begins to open allowing the emergence of the baby. During the process of labour there can be seen some bloody or watery discharge from the vagina that can signal about the beginning of the labour process.[24]

8.5.2 Signs and Symptoms of Labour

While each woman may have her own unique signs and symptoms of impending labour, specific signs may signal the start of labour. The presence of periodic uterine contractions is the most significant initial sign of labour. Contractions gradually get stronger, last longer, increase in frequency and are often not relieved by changes of position. They help in the dilation of the cervix and descent of the baby. Another common sign is the expulsion of the mucus plug, which may appear as thick mucus with some blood. This event is termed as bloody show and happens as the cervix starts to go through changes. However, the interval between the bloody show and the start of labour varies from woman to woman. When the amniotic

membranes rupture, the woman may experience either a gush or a continuous trickle of fluid via the vagina. It is important that the pregnant woman contacts her maternity healthcare professional immediately, even if no contractions have occurred. The colour and smell of the fluid and how long ago it leaked must be recorded. Any blood loss from the vagina, green fluid, fever or decrease of fetal movements must be assessed immediately. Other symptoms could include low back pain, pelvic pressure, belly tightening, and a pressure to defecate. Recognizing these signs and going to the right healthcare provider at the right time can help in assessing the situation as early as possible and in managing labor in a safe manner.[25]

8.5.3 True Labour versus False Labour

It can be hard for some expectant mothers to tell the difference between real and false labour because both can cause similar sensations. As mentioned in [Table 3] the absence of regular contractions and progressive cervical dilation is characteristic of false labour, which is usually connected with Braxton Hicks contractions. False labour might occur during the second and third trimesters and becomes more pronounced as the pregnancy continues. Real labour is characterized by receiving regular contractions which become gradually stronger and longer. Pain is felt in the lower back and then spreads towards the abdomen, but the overall pattern may vary within different women. To confirm the start of labour, it is usually necessary to have the cervix checked by a qualified healthcare provider. False labor contractions tend to be uneven; moreover, they may resolve when a person relaxes, drinks fluids, or changes their level of exertion. Still, none of these signs alone can rule out the possibility of true labor, especially in women experiencing their first pregnancy or who are at risk for premature birth. Pregnant women should consult with their physician if the contractions become consistent and painful, occur before the 37th week, and are accompanied by vaginal bleeding or leaking of either fluid or a reduction in fetal activity.[26]

Table 3: Differences between True Labor and False Labor

Feature	True Labour	False Labour
Contractions	Regular and rhythmic	Irregular and unpredictable
Frequency of contractions	Gradually become closer together	Do not show a consistent pattern
Intensity of contractions	Gradually become stronger	Usually remain similar in intensity
Duration of contractions	Tend to become longer	Usually do not progressively lengthen
Pain location	May begin in the lower back and spread towards the abdomen	Often felt mainly in the front of the abdomen

Effect of rest or position change	Generally continues despite rest or position changes	May lessen or stop with rest, hydration, or position changes
Cervical changes	Progressive cervical dilatation and effacement occur	No progressive cervical dilatation or effacement
Progression	Labour progresses over time	Does not show consistent progression
Need for assessment	Requires assessment by a healthcare professional	Assessment may be needed if symptoms persist or there is uncertainty

8.5.4 Assessment and Monitoring During Labour

The assessment and monitoring of labor are critical in assessing maternal's health, evaluating the well-being of the fetus, and early identification of complications. At the time of arrival at the healthcare facility, the medical and obstetric history of the mother, gestational age, previous deliveries, information from antenatal care, current symptoms, and any other risk factors related to pregnancy is checked by the healthcare staff. The evaluation of the mother usually involves checking of blood pressure, heart rate, temperature, respiratory rate, level of pain, and other health checks as per the condition of the patient. The examination of the abdomen is done to evaluate fetal lie, presentation, position, and uterine contractions. FHR monitoring can be done occasionally or consistently depending on the risk factors and the condition of the woman. Vaginal examination is done with consent and precautions against infection to assist in determining the amount of dilation, effacement, fetal station, and status of the membranes if the diagnoses require it. The evaluation of the labor is performed by tracking contractions, cervical condition, fetal descent, and overall health of the mother. Use of a partogram or any relevant labor management system will depend on the local protocol. Healthcare professionals will also assess the woman's hydration levels, urine drainage, pain management, and psychological comfort. If there is an abnormal fetal heart rate, severe bleeding, maternal fever, very high blood pressure, or completion of labor, intervention should take place immediately.[27]

8.6 Stages of Labour

As shown in [Fig 2] Childbirth is usually categorized into four phases depending on the physiological changes taking place at the time of delivery and the immediate postpartum period. Phase one involves the destruction of the cervix and the widening of the cervical canal; phase two lasts from the time the cervix has dilated completely until the baby is born. Phase three is the delivery of the placenta and the membranes. Finally, the last phase refers to the hours that follow birth and during which the mother needs to be closely monitored to check for possible complications, such as postpartum hemorrhage.

8.6.1 First Stage: Cervical Dilatation

The first stage of labor takes place when the process of true labor begins and is signalled by regular contractions of the uterus that lead to progressive changes in the cervix, and finishes when the cervix reaches full dilation (approx. 10 cm). As the first stage progresses, the contractions become stronger, longer-lasting, and more frequent, which helps the cervix to become softer, thinner, and wider to allow the passage of the baby through the birth canal. The first stage of labor can be divided into the latent and active phases. During the latent phase, the changes in the cervix occur gradually, while contractions can start occurring irregularly and not intensively, and then during the active phase the contractions tend to become more frequent and lead to changes in the cervix. The duration of the first stage of labor depends on the number of births a woman has had previously, the readiness of the cervix, the pattern of contractions, and the body reaction of an individual woman. The vital signs of the mother should be monitored, contraction pattern be evaluated, fetal heartbeat be checked, and progress of the delivery be recorded during this time. Maintaining emotional stability, allowing drinking and movement when necessary, and having proper pain relief can increase comfort of the mother. Moreover, the healthcare personnel need to detect non-typical progress of the labor, excessive bleeding, fever, or abnormal fetal heart rate.[28]

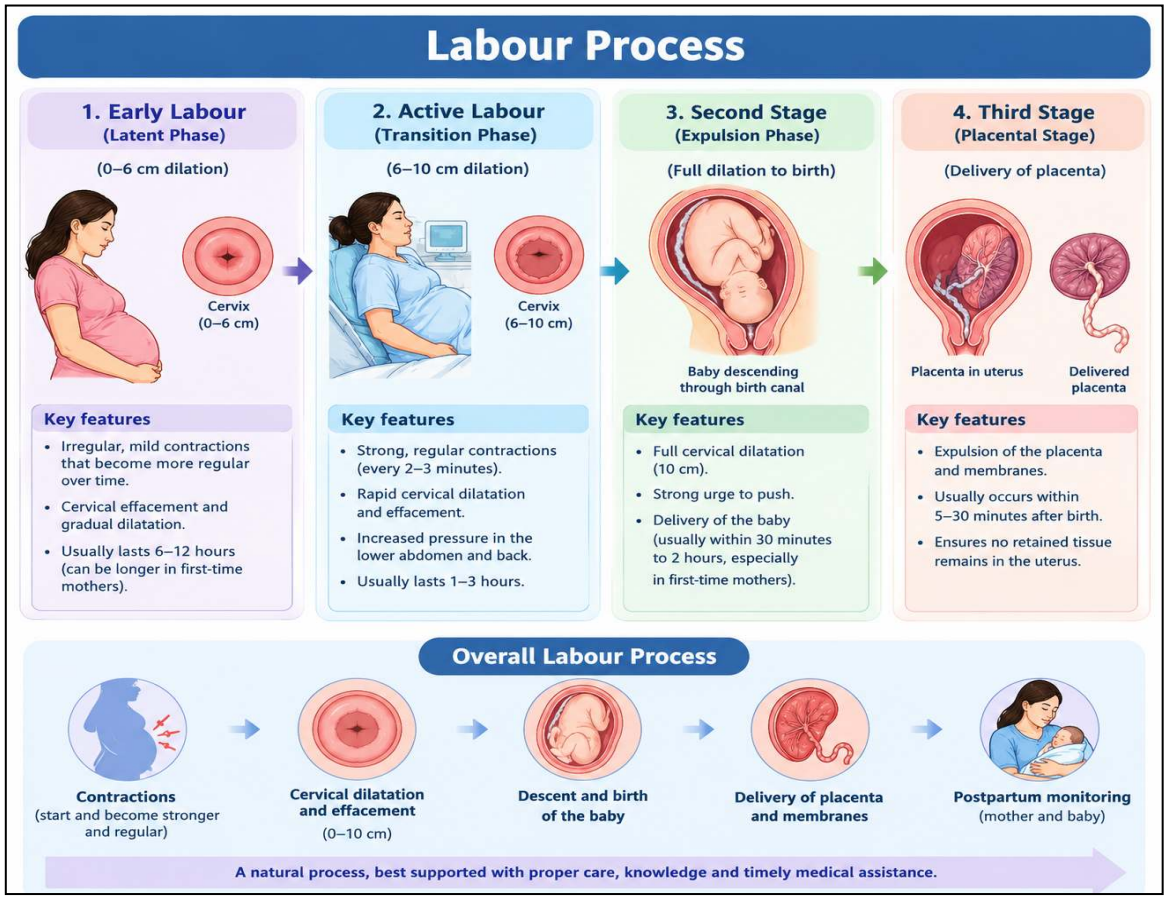


Figure 1: The Labor Process: From Early Labor to Delivery

8.6.2 Second Stage: Delivery of the Baby

Stage two of labour begins once the cervix is completely dilated and continues until the birth of the baby. Here, uterine contractions and maternal pushing help carry the fetus through the birth canal. The duration of this stage depends on factors such as whether or not the mother has had previous babies, position of the fetus and condition of the mother and the use of epidural analgesia. Mothers at this point will feel some pressure around their pelvic area and begin to feel the need to push. The fetal head will emerge at the entry to the vagina, referred to as coronation. The head will come out followed by the shoulders and the rest of the body. At this time, the health care personnel provide assistance to the mother, monitor the baby's condition, and help in deliverance without causing injury to both mother and baby. Advancement in this stage can be sustained using proper positioning of the mother, breathing, encouragement, and pain control measures. Fetal heart rate and maternal condition shall be monitored according to applicable medical regulations. Depending on the situation, these might become assisted vaginal birth with forceps or vacuum extraction, or caesarian section. With the birth completed, the new-born is evaluated immediately, and skin-to-skin contact and early breast-feeding are encouraged when both mother and new-born infant are stable.[29]

8.6.3 Third Stage: Delivery of the Placenta

Stage three of delivery takes place when the baby is born and finishes once the placenta or membranes exit the body. In this phase of delivery, contractions in the uterine continue leading to the separation of the placenta. The separation of the placenta is indicated by signs such as the appearance of blood in significant quantity, lengthening of the umbilical cord, and the firm and rounded shape of the uterus. The common approach to managing the third phase is the injection of prophylactic uterotonics, like Oxytocin, increase the contractions and decrease the probability of postpartum hemorrhaging. Controlled cord traction if a trained professional would do it according to different protocols if needed. Physiological and expectant management can be considered based on the doctor and patient discussions and evaluations. After delivering the placenta, the medical personnel checks the placenta and the membranes and the woman's uterus for the degree of firmness and bleeding. Significant bleeding indicates either atony in the uterus or remnants of the several membranes under the trauma to the genital tract and needs urgent treatment. More importantly, correct management of the stage is crucial for preventing maternal complications.[30]

8.6.4 Fourth Stage: Immediate Postpartum Monitoring

The fourth stage refers to the first hours after childbirth, during which time the condition of the mother requires monitoring as the uterus contracts and the mother recovers. This is particularly important because, during the first hours after delivery, a number of complications might arise, such as bleeding, blood pressure changes, and other problems. The maternal assessment includes heart rate monitoring, blood pressure, respiratory rate, firm uterus assessment, vaginal bleeding assessment, pain, and consciousness every few minutes based on the condition and local protocols. It is important to assess whether the uterus remains contracted and how much bleeding has occurred. If the uterus is soft and there are excessive bleeding, it requires urgent measures. Another crucial point for assessment is the bladder, as a full bladder might prevent proper contraction of the uterus. It is important for mothers to obtain pain relief, hydration assistance, and emotional support. Moreover, skin-to-skin contact should be initiated, followed by breastfeeding once the mother and child are both stable and adapted. Apart from ascertaining that the infants are breathing properly, the body temperature, color, and adaptation of the child are analyzed. In case of any irregularities, help may be provided. Before the transfer to the postnatal ward is completed, healthcare professionals ensure that the mother is in a stable condition and that it is impossible for complications to arise. Information describing the state of both parties during postpartum recovery is properly documented and detailed advice on breastfeeding and warning signs like heavy bleeding, bad headache, shortness of breath, or fever is provided.[31]

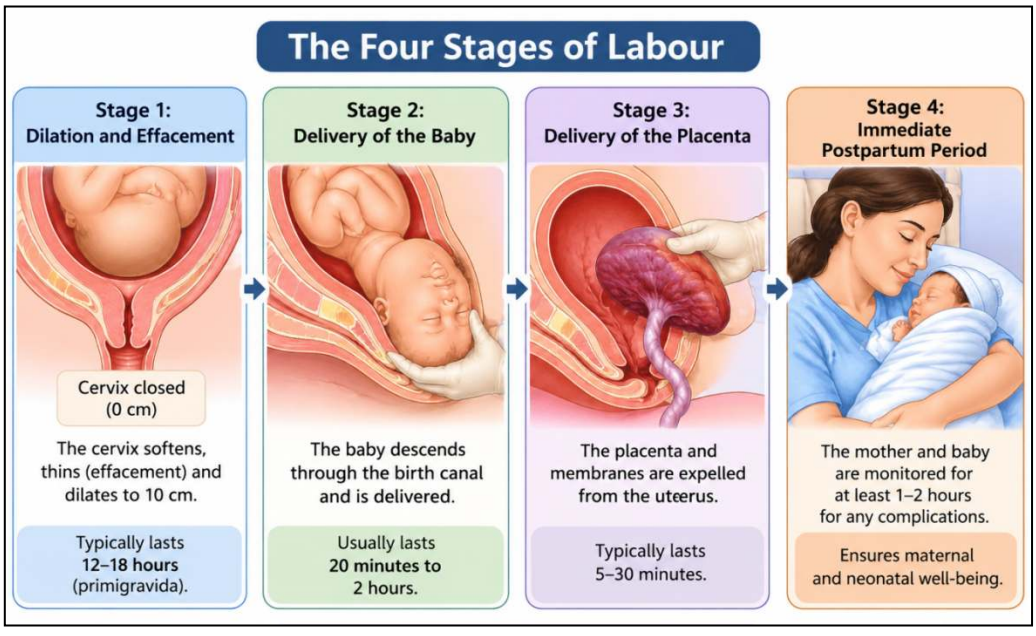


Fig 2: The Four Stages of Labor

8.7 Normal Vaginal Delivery

Normal vaginal delivery is the natural procedure through which a new born is delivered through the birth canal, without having to go through caesarean surgery. It is an entirely physiological process that includes uterine contractions, cervical dilation, fetal descent, delivery of the baby, and placenta. Good antenatal care, skilled birth attendant, and proper monitoring are important for ensuring the health of the mother and child. While vaginal delivery can be associated with a short recovery time compared to a caesarean delivery, complications can happen.

8.7.1 Definition and Indications

Normal vaginal delivery is defined as the process of giving birth to a baby through the vagina after the natural beginning of labor or after induction, without having to resort to a caesarean section. In uncomplicated vaginal delivery, the contractions of the uterus occur, causing the progressive dilatation of the cervix and the descent of the fetus, which will be followed by the birth of the baby and of the placenta. Vaginal delivery is usually feasible, provided that the condition of the mother is stable, the fetus is in a proper presentation, and there are no other contraindications to labor or vaginal delivery. The decision whether to go for vaginal delivery or not is determined by factors such as the gestational age of the fetus, its presentation, the condition of the mother, place of implantation of the placenta, and previous history of obstetrics and fetal well-being. A singleton pregnancy in case of proper presentation of the fetus is usually a candidate for vaginal delivery but must be evaluated individually because some cases may require assisted delivery or surgical intervention.[32]

8.7.2 Process of Normal Vaginal Delivery

Normal vaginal delivery consists of different stages of labor. The first stage begins with the process of regular contractions of the uterus, which results in cervical softening, effacement, and dilation to about ten centimeters. During the labor process, the midwives monitor the labor progress and the fetal heart rate, intervene when necessary, and ensure hydration. The second stage starts with the full dilation of the cervix, which marks the beginning of the journey of the fetus through the birth canal. The fetal descent is achieved by contraction of the uterus as well as efforts on the side of the mother. Normally, the head of the fetus appears first. The moment the fetus is born, qualified personnel is there to catch it and evaluate the condition of the newborn baby afterwards. The third stage of vaginal delivery means that the placenta and membranes have been delivered. In addition, a prophylactic uterotonic such as oxytocin is generally administered. The placenta is examined, and the uterine contractions and bleeding are checked once again.[33]

8.7.3 Maternal and Fetal Monitoring

Monitoring pregnant women and her baby during childbirth is an important step to avoid possible complications. The maternal examination consists in estimating various parameters like blood pressure, pulse rate, temperature, breathing rate, degree of pain, hydration level, and

so on. The contraction of uterus is evaluated at all levels, and the degree of dilation of the cervix and descent of the fetus are assessed for the cases when it is necessary. Assessment of the well-being of the fetus is performed with the help of monitoring of fetal heart rate and can be carried out either by means of the method of intermittent auscultation or continuously on a machine depending on the level of risk during the pregnancy. The specialists take into consideration the position of the fetus, the colour of amniotic fluid, and the state of labour. Certain symptoms such as abnormal fetal heart rate pattern, severe vaginal bleeding, infection in mother, increased blood pressure, and stalled progression of labor need immediate evaluation. According to the diagnosis further care may include monitoring, medication, assisted delivery or cesarean section. Systematic monitoring ensures making safe decisions and minimizes complications.[34]

8.7.4 Immediate Care after Delivery

The immediate care after vaginal childbirth aims at avoiding complications for mothers, assisting babies to adjust, and enhancing bonding with the mothers. After the delivery, health specialists evaluate the baby's breathing, pulse, muscular tension, skin color, and general state. The next getaway involves drying and warming the newborn, as well as allowing skin-to-skin contact and starting the first feeding before both mother and child are deemed healthy. As far as maternal care is concerned, monitoring vital signs, checking uterus muscle condition and bleeding, and assessing mother's pain are enough. The medical professional will also make sure that the placenta is intact and check the woman for any damage to the perineum. The new mother is in need of breastfeeding help, perineal hygiene techniques, pain coping strategies, and information on warning signs after childbirth. Serious issues such as excessive bleeding, stomach pains, fever, trouble breathing, or fainting will call for immediate medical help. It is necessary to assess the newborn correctly, to take measures to prevent possible future problems, and to supervise mother and baby during the postnatal period according to the existing medical protocols.[35]

8.8 Caesarean Delivery Awareness

A caesarean or C-section refers to the surgical procedure in which a baby is born through incisions in the maternal abdomen and uterus. This procedure can be planned before the onset of labour but can also be an emergency when normal vaginal delivery can complicate the delivery process for the baby and the mother. Therefore, knowledge about caesarean delivery is significant for pregnant women who should know the indications for the procedure, its preparation, type of anaesthesia, recovery period, and complications. It is important to provide women and their families with the necessary information that allows them to make informed choices regarding the procedures as well as know the importance of postoperative care. Generally, caesarean delivery is safe if the procedure is performed by the qualified healthcare professionals. However, the procedure should be properly analysed and monitored to achieve good maternal and newborn outcomes.

8.8.1 Definition and Types of Caesarean Delivery

A C-section is a form of maternity care characterized by the operation performed on the abdomen and uterus to help deliver the child. The C-section can become a medical procedure used in the event of vaginal delivery being considered unfeasible, indicated, or ineffective in given circumstances. Based on the timing and urgency of the C-section procedure, there are two types of C-section delivery, i.e., scheduled and emergency. In the case of scheduled delivery, it is performed before labor onset based on the existing maternal or fetal condition. Emergency delivery is conducted in case of any unexpected developments during the pregnancy or labor. The surgical approach can also differ depending on the type of incision made in the abdomen and uterus. Generally, a lower-segment transverse incision in the uterus is often adopted as it involves less blood loss and consequently a lower risk of uterine rupture than some classical incision methods. The decision on the technique to use depends on the gestational age, orientation of the fetus, placenta location, history of previous uterus operations, as well as other factors concerning the patient.

8.8.2 Indications for Caesarean Section

A cesarean delivery may be suggested in circumstances when the health of the mother or fetus necessitates this procedure. Usually, indications for cesarean include failure to progress in labor, obstructed delivery, abnormal fetal heart patterns indicating distress, and certain types of malpresentation (e.g. transverse lie). Breech delivery may also require this procedure but some women can deliver vaginally with the help of experienced health care professionals depending on various factors. As for the conditions of the mother and placenta, if the placenta is located over the cervix, abruptio placenta occurs, or if the mother experiences serious medical problems, delivery through cesarean might be suggested. The same applies to severe cases of pre-eclampsia. Also, patients with a history of previous cesarean section could give their consent to a cesarean section. The choice must be made following an individualized analysis of maternal health, fetal health, gestational age, and resources available to perform the procedure.

8.8.3 Preoperative Preparation and Anaesthesia

Preoperative preparation has a number of purposes such as guaranteeing maternal stability, lowering surgical risks, and making sure that the woman is ready for delivery. The medical team goes through the obstetric history of the patient, medications being used, allergies, previous examinations, blood type, hemoglobin level, as well as relevant laboratory findings. Maternal vital signs and fetal condition are evaluated and informed consent is obtained after having explained the procedure and its risks for the patient. Preparation often includes the establishment of intravenous access, administration of the right prophylactic antibiotics, determining the chance for complications from the anesthesia and using means to avoid cases

of blood clots when needed. Fasting instructions are provided for planned and scheduled procedures while emergencies are handled according to their urgency and situation. Urinary catheter might be put in place to control the bladder functioning and avoid it being full during the operation. Many women prefer to have regional anaesthesia, mainly spinal or epidural anaesthesia, because it helps in not only reducing the pain but also allows the mother to remain awake during the process. In emergencies or unsuitable situations where regional anaesthesia fails, general anaesthesia is used. The anaesthetic team is closely monitoring the patient's blood pressure, heart rate, breathing, oxygen, and comfort during the process.

8.8.4 Postoperative Care and Recovery

After the caesarean section, the postoperative plan consists of watching over the mother’s status, managing the pain as well preventing potential risks and caring for the infant. When the operation is over and anesthesia is wearing off, the medical team starts to observe different factors like the welfare of the mother including her temperature, heartbeat and pressure, state of the discharged blood, contractions of the uterus, condition of the wound, level of excretion of urine. Pain control may include giving the patient prescribed medicine as well as taking measures for greater comfort. Early mobilization is also essential in reducing the chances of developing venous thromboembolism and enhancing the recovery. It is also imperative that the wound is clean and that the woman follows the instructions regarding how to take care of it. Proper nutrition, adequate hydration, sufficient rest and returning to daily routine are essential for recovery. Once both mother and child are stable, it is important to promote breastfeeding and provide help with the mother's comforts, taking care to provide suitable positions that do not put pressure on the incision. It is also necessary to provide emotional and practical support with baby care. Recovery time varies from one person to another, and physical exertion, such as carrying heavy objects, should be avoided until it is medically approved to resume these activities. Follow-up appointments allow tracking the healing progress of the wound and addressing any concerns.

8.8.5 Potential Risks and Complications

Even though C-section is a safe and common surgery, it also comes with some risks linked with major open surgery. There are several complications that mothers might face after going through a C-section. These complications can be a result of bleeding, infection of the operated site, infection of the uterus, blood clotting, and the effects of anesthesia. The complications can also include damage to the adjacent organs, which may include bladder and intestines. The probability of experiencing complications is associated with the urgency of performing the surgery, condition of the mother, past medical history, and presence of any obstetric complications.

Recovery from C-section surgery can be associated with pain in the place of incision, immobility, and fatigue. In addition, mothers can experience problems while performing daily activities. The fact that the mother has previously had a C-section can increase the chances of developing serious complications, such as placenta prevue, placenta accreta spectrum, and uterine rupture during labor, especially in cases when the incision type and obstetric history are taken into account. Uncomplicated newborn risks consist of intermittent breathing problems as a result of earlier than 39 weeks of pregnancy due to cesarean section delivery without a medical necessity for early delivery. A very rare complication that occurs during delivery is accidental surgical injury. Efficient evaluation, surgical technique, prevention of infection, and postoperative monitoring help in minimizing the risks involved in the above process. Women should seek the help of their doctors if they develop symptoms such as heavy vaginal bleeding, fever, signs of infection in the wound such as increase in redness or discharge, abdominal pain, chest pain, difficulty in breathing, or swelling and pain in one of their legs.

8.9 Pain Management during Labour

Labour pain is an inherent aspect of childbirth and is different for every individual depending on their pain threshold, progress of labour, position of the unborn child, emotional state and past childbirth experiences. As shown in [Fig 3] Effective pain relief is a vital element of maternity care and is critical in ensuring comfort for the mother while relieving anxiety and ensuring positive experience. Pain relieving methods may be divided into non-pharmacological methods, medications and regional anaesthesia. Choice of the method should be based on the mother's preferences, her health condition and stage of labour, availability of treatment facilities and recommendation of the healthcare practitioner.

8.9.1 Causes and Assessment of Labour Pain

The pain of labor comes as a result of contractions of uterus, opening of the cervix, and stretching of the tissues of the birth canal. In the first stage of labor the pain is due to contractions of the muscles of the uterus and transformation of the cervix. Pain usually occurs in the lower abdomen, lower back and buttocks. During the second stage of labor pain may get more severe due to pressure on the vagina, pelvic floor and perineum of the mother as the baby is delivered. The intensity of pain during labor varies from woman to woman and is affected by the strength of contractions, duration of labor, position of the baby, sickness, stress, and previous experience of women. Stress and fear contribute to intensifying pain perception whereas reassurance and peace help to cope with pain more effectively. Pain assessment consists of having the woman tell what is the location, intensity, duration, and description of the pain she is experiencing. Pain can be assessed by means of numerical rating scales or visual analogue scales. Health personnel must assess vital signs of the mother, patterns of contraction, the progress of labor, emotional responses, and the condition of the fetus. Regular assessment

determines whether the employed method of pain relief is effective and whether further assistance is necessary.

8.9.2 Non-Pharmacological Pain Relief Methods

Women can use non-pharmacological pain relief techniques to manage labor pain without medication. These techniques can either be used alone or in conjunction with pharmacological techniques, according to preference and medical need. They may help women to relax, reduce anxiety, and feel safe during childbirth. Women can use breathing and relaxation methods to manage contractions by breathing correctly, relaxing the muscles, and focusing on the task at hand. Changing posture, walking if possible, rocking movements, and sitting on a birth ball may create more comfort for a woman during labor. Massage therapy, application of mild back pressure, usage of hot compresses, and number of hot showers may contribute toward easing of muscle tension and back pain. In some places, water immersion may be feasible in appropriate settings with monitoring and required infrastructure. Listening to music in a pleasant and guided way and practicing mindfulness and relaxation could assist in anxiety reduction and comfort improvement. Continuous help of trained birth support person, husband, nurse or midwife may improve self-assurance and ability to cope. The efficacy of all these approaches may vary and the women should be encouraged to search for best suited options. However, it is important to note that the mentioned non-pharmacological means should not replace the medical intervention when necessary.

8.9.3 Pharmacological Pain Relief Methods

The use of various medications and surgical techniques in order to help manage labour pain is called pharmacological pain relief. The selection of the type of pharmacological pain relief to be used depends on labour pain severity and the presence of professionals to carry out the procedure. Epidural anaesthesia is an effective form of acute pain relief whereby medication is injected into the epidural space through a catheter placed in the lower back of the woman. The treatment allows the woman to be awake while experiencing pain relief. Throughout the process of administering the treatment, blood pressure and other health parameters of the woman have to be monitored. The side effects of epidural anaesthesia may include reduced mobility, itching, and inability to urinate. In combination with analgesia, the use of opioid analgesics is performed in some cases. The use of analgesics helps to reduce pain intensity but typically results in nausea and somnolence. In some instances, opioid analgesics may have possible side effects on the newborn including changes in the respiratory rate and level of consciousness. Inhaled analgesia, which refers to the delivery of a combination of nitrous oxide and oxygen, or similar agents which may be available, might be helpful in controlling contractions for some women. The substance is delivered quickly and is usually self-administered under medical supervision, though it can cause some level of dizziness, nausea, or light-headedness. There are other drugs used depending on the local protocols and needs of

individuals. Before a method is to be used, it is important to speak about its pros and cons and adverse effects if feasible. Furthermore, proper monitoring of the maternal and fetal condition ensures the methods of pain management are safe and efficient.

8.9.4 Role of Birth Companions and Emotional Support

The approach of emotional assistance and birth companions provides a vital role for the mothers in enduring the pains of labour and the tensions of birth. The birth companion may be a partner, relative, friend, or any other person chosen by the mother based on the guidelines of the hospital. Having the support assists in alleviating fear, improving confidence, and making the woman feel dignified and safe during the time. Birth companions can provide reassurance and encouragement, gentle massages, helping with the comfortable positions, and reminding of breathing and relaxing techniques. Additionally, birth companions facilitate the process of communicating women's preferences and worries to the medical staff. The presence of the companion contributes positively to the birth experience. Healthcare professionals: nurses, midwives, and obstetricians provide clinical direction, assess pain, recommend options, and reply to changing needs. Both compassionate communication and shared decision-making facilitate the women's feeling of being informed and supported with what is going on. Emotional support should not substitute effective treatment of pain but, instead, should support such treatment when necessary.



Fig 3: Pain Management during Labor

8.10 Birth Planning and Hospital Readiness

Antenatal care consists of two vital parts—birth planning and hospital readiness. These processes enable the pregnant woman and her family to be prepared in case labor occurs and complications arise. Birth preparedness means making decisions about delivery location, transport means, financial implications, having a delivery companion and knowing what circumstances call for providing medical assistance. In this way, the obstetrician can avoid delays when helping women in labor and make the right decisions when problems arise. Hospital readiness involves identifying the right place for giving birth, being aware of available maternity services, organizing necessary papers, and making sure the mother will have everything required for both her and her baby. While no one can foretell birth events, preparedness saves future mother from anxiety and instills confidence in her. It is the duty of the healthcare professionals to discuss birth plans during their antenatal consultation.

8.10.1 Importance of Birth Preparedness

Planning for birth enables expectant mothers to understand the practical, emotional, and medical needs during childbirth. It ensures early detection of pregnancy complications, and access to needed maternity services. A good birth plan does include the location of birth, transport arrangement, funds for hospitals, and the possibility of having a birth partner. The planning helps recognize the signs of labor, maternal, and fetal warning signs, and know when to seek medical help. In cases of high-risk pregnancies, mothers-to-be should have delivery in hospitals with special obstetrics services and blood transfusion facilities. Discussion of these requirements allows addressing the issues quickly. Birth preparedness also aids in making informed decisions about pain relief, birth method, breastfeeding, and newborn care. Due to the nature of childbirth circumstances, having a flexible plan is essential to ensure safety for a pregnant woman and her baby.

8.10.2 Choosing the Place of Delivery and Birth Attendant

Choosing the right delivery setting is critical during pregnancy. The decision should take into account the woman's medical profile, the risk of complications throughout pregnancy, the distance from the medical facility, availability of qualified birth assistants, and access to emergency obstetric and neonatal care. Delivery hospitals or centers offering qualified obstetric specialists, around the clock emergency services, and proper neonatal care are especially significant for women with pregnancies of high risk. Qualified birth attendants, including obstetricians, certified midwives, or other skilled providers of maternity care, are responsible for overseeing labor and delivery and identifying complications that may arise. It is necessary for women to inquire about the mode of delivery during the antenatal stages and explore the services offered by the selected facility. Women’s birth plan means their preferences about labor

positions, pain relief methods, who may accompany them during the delivery, skin-to-skin contact and breastfeeding, where applicable. Nevertheless, the management of labor should be based on the condition of the mother, the state of the baby, and the ongoing clinical situation at the time of delivery. The choice of the right medical facility and qualified specialist results in better access to timely delivery care.

8.10.3 Transport Arrangements and Financial Preparation

Having a dependable vehicle at one's disposal is an essential requirement when labor begins or during the case of an emergency or crisis. Therefore, it is important for families to plan the best route beforehand and obtain a reliable form of transport. Additional transportation options need to be explored, especially in the case of women living in isolated areas or with inadequate transport services available. In an emergency situation that requires urgent transport or assistance, calling a taxi would be an ideal option. Financial preparedness entails predicting expenses related to the doctor's visits, examinations, medicines, giving birth, and hospitalization as well as possible emergencies. Families must look into the health insurance and state maternity benefits as well as other healthcare programs available to them. In addition, having some spare money will help speed up the process of treatment. The pregnant women should also ensure that someone can help her with house chores, childcare, and other household matters during her stay in hospital and recovery period.

8.10.4 Emergency Contacts and Referral Planning

Emergency contact and referral planning are essential for quick responses to unforeseen issues in pregnancy or childbirth. Families must keep up-to-date contact details of obstetric health care provider, selected hospital, ambulance service, and the nearest emergency center. Also essential is vital medical information which includes pre-natal records, blood group, allergies, current medications, and past pregnancy problems. Women who are pregnant and their families must recognize the symptoms that need urgent evaluation. Such signs include heavy bleeding, discharge of fluid, severe abdominal pain, severe headache coupled with visual impairment, seizures, breathing difficulty, fever with serious illness, or decreased fetal movement. Normal contraction that is accompanied by pain before 37 weeks is also an important indicator of requirement for immediate medical evaluation. High-risk pregnant women should discuss personalized referral plans with their doctors. The plan must specify the emergency obstetric services therefore designating the appropriate facility and how transfer can be arranged in case an emergency service is unavailable.

8.11 Conclusion

Sexual health, labour awareness, and birth preparedness are some of the significant aspects of complete maternal healthcare. With the onset of pregnancy, various physical, emotional, and psychological changes occur that affect the sexual desire, intimacy, and the quality of life. The

provision of relevant, research-based information concerning safe sexual practices, common flaws in sexual understanding, and the cases when pregnant women need professional help will enable them to be informed and maintain healthy relationships. Communication between the couple and the cooperation with healthcare specialists will help to eliminate the feelings of anxiety and create a good state of emotional wellness. Knowing the details of the labour process, its stages, normal vaginal delivery and caesarean section delivery, despite the anticipated complications, will allow parents to give birth without uncertainty. The preparedness for the childbirth procedure, including the selection of the right healthcare institution, the arrangement of the means of transportation, the appointment of the emergency contacts, and the presence of a companion will guarantee the necessary medical service at the appropriate time. Obstetricians, nurses, midwives, and pharmacy staff are healthcare professionals who have importance in terms of delivering education, counseling, emotional support, and guidance before and during pregnancy. Providing women with care in a way which takes their desires, values, privacy, and choices into consideration allows women to have a better experience of childbirth. In general, sexual education and information on labor and delivery process contribute to making a woman more confident and prepared for motherhood.

8.12 References

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