

The No. 1 Choice for Mothers!

June 2018 | S\$5.00  
motherhood.com.sg

# motherhood Magazine

## Let the Fun Begin!

- 🍊 8 travel hacks every parent should know
- 🍊 Get creative with these homemade craft recipes
- 🍊 Music, drama and dance - can the arts make your child smarter?



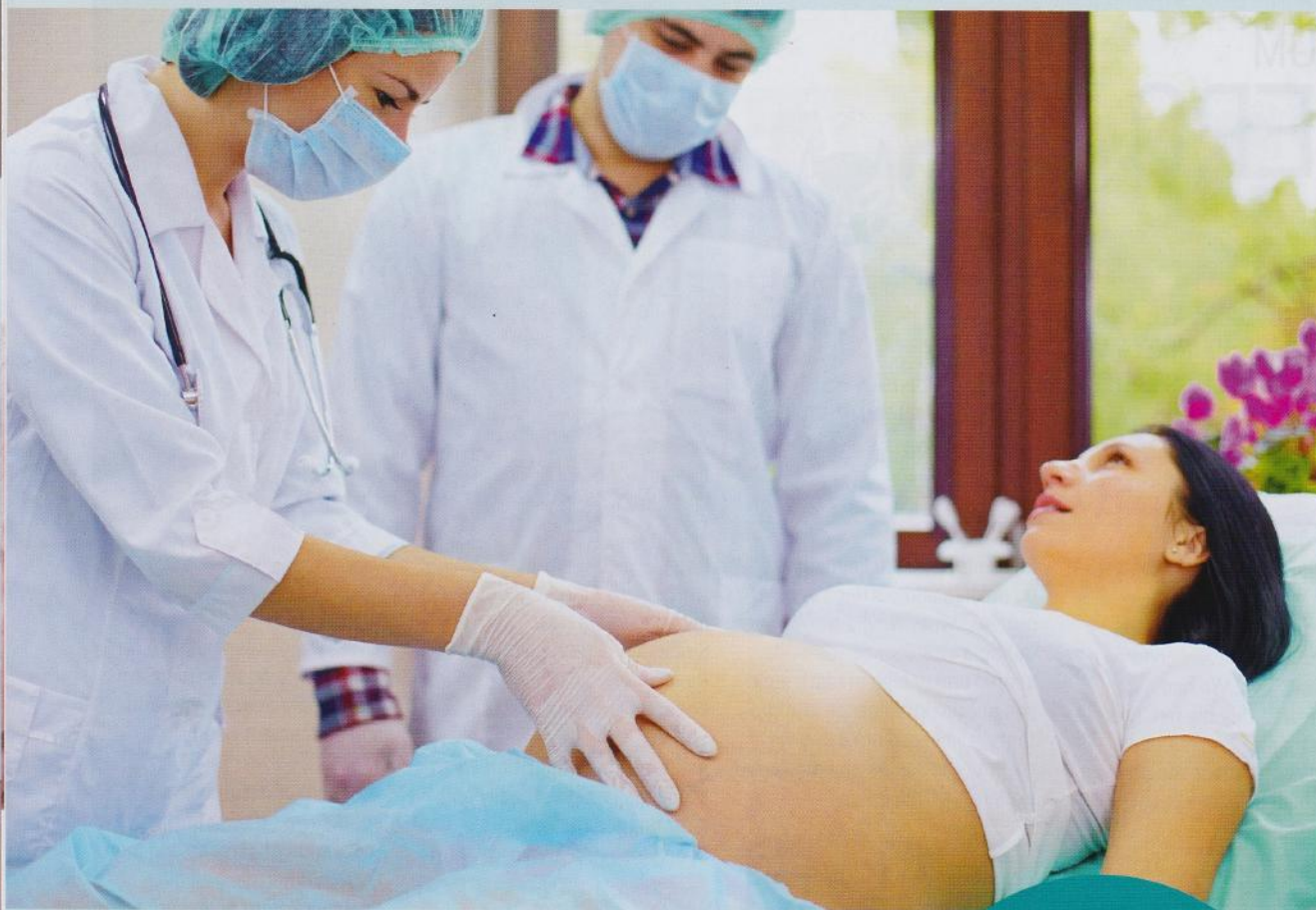
## The Golden Hour

5 things to know about the first hour after birth

## Hush Now, Little One

Simple ways to calm your crying bub

8 1887 4159 1081 65  
MCI (P) 08/06/2017  
PFS: 729/08/2013 022884



# The Common Complications of Labour

**MH** speaks to the experts to find out more about some common labour complications and what it could mean for your baby and you.

WORDS ANNA FERNANDEZ

**A** pregnancy that has gone smoothly for all nine months can still be plagued with problems when it comes time for delivery. Even if you're healthy and well prepared for labour and giving birth, there's always a chance of unexpected difficulties.

According to Dr Nau'shil Randhawa of National University Hospital's Women's Centre, the effects of labour

complications depend on their type and severity, which in turn affect the mode of delivery. This means that if there are signs of a possible compromise in the well-being of the mother or baby as a result of these complications, it may necessitate a caesarean section.

Here are some common labour complications that you should know about.

## Failure to Progress

Prolonged labour, also known as failure to progress, occurs when labour exceeds 20 hours if you are a first-time mother, and 14 hours if you have previously given birth. If a prolonged latent phase occurs during the first stage of labour, it rarely leads to complications. However, when it takes place during the active phase of giving birth, it can be cause for concern.

There are several possible causes of prolonged labour, both during the latent and active phases of labour.

**Dr Christopher Ng**, medical director at GynaeMD Women's & Rejuvenation Clinic at Camden Medical Centre

explains the latter, "Failure to progress could occur because the baby is too big to pass through the birth canal or the pelvis is too small for the baby. The baby could also be in the wrong position and fail to engage properly into the pelvis to descend."

### Foetal Distress

Your baby's movements are most indicative of foetal distress. The manner in which your baby moves may change as you approach your due date, but the frequency of her movement should remain the same. Although your baby has less space to work with, her firm and regular presence should always be felt. If she is moving around less often than usual, it may be a sign of foetal distress.

Usually, doctors are alerted to the possibility of foetal distress by noticing the foetus' abnormal heart rate pattern. This typically occurs when the foetus has not been receiving enough oxygen.

**When the pregnancy lasts too long or when complications occur, the likelihood of foetal distress increases, and this can result in various consequences.**

**Dr Ng** mentions, "Prolonged foetal distress in terms of foetal hypoxia (lack of oxygen) can lead to permanent brain damage (cerebral palsy) and even foetal death (stillbirth). This occurs if medical intervention is not

undertaken fast enough to deliver the baby once the signs are observed."

### Birth Asphyxia

A very long delivery can lead to birth asphyxia. Birth asphyxia happens when a baby's brain and other organs do not receive an adequate amount of oxygen before, during, or immediately after birth. Some causes of birth asphyxia include insufficient oxygen in the mother's blood, an early separation of the placenta from the womb, and an inadequate relaxation of the uterus during labour, preventing oxygen circulation to the placenta.

Birth asphyxia is an example of a birth injury, which differs from a birth defect in that instead of genetic predisposition, something occurs and it ends up altering the course of a normal delivery. A birth injury can either be an isolated injury or related to an interconnected network of other injuries. Birth asphyxia is an example of the latter. When a child hasn't been breathing for any period of time, there is a possibility that they may experience brain damage.

### Preterm Labour

One of the greatest dangers a baby faces is being born too early – before her body is mature enough to survive outside the womb. Premature labour is also called preterm labour. This occurs more than three weeks before your projected due date.

Some preterm births happen on their own – a mother goes into labour and her baby arrives early. In other cases, problems with the pregnancy prompt doctors to deliver a baby ahead of schedule.

Women who are pregnant with multiple babies have an increased risk of complications and typically deliver early. Other causes of preterm labour include the premature rupture of

membranes, hypertensive disorders of pregnancy, and an incompetent cervix.

A baby born before 37 weeks is usually at risk of complications of prematurity, such as immature lungs, respiratory distress, and digestive problems. Infections can also trigger uterine contractions and preterm labour. This may include infections that begin in the vagina, such as bacterial vaginosis, and infections that begin in the urinary tract, such as a urinary tract infection.

### Breech Birth

Most babies gradually move into delivery position a few weeks before birth, with the head advancing towards the birth canal. When this fails to happen, the baby's buttocks or feet will be positioned to be delivered first. This is termed 'breech presentation'.

For a vaginal delivery, the baby's head, the largest part of its body, helps to stretch the cervix, birth canal, and vagina for a safe passage. With breech birth, a smaller part of your baby's body is usually leading the way down the birth canal, and this could result in the baby's head becoming stuck.

Even though most breech babies are born healthy, these babies are more likely to have birth defects. If possible, it is recommended that a breech baby be turned between the thirty-second and the thirty-seventh week of pregnancy. **Dr Ng** explains, "An external cephalic version can be attempted after 36 weeks, in which an attempt can be made to try to convert the baby from a breech position to a cephalic position."

Labour complications can be stressful and frustrating, but it's always best to prepare ahead of time. **Dr Randhawa** advises, "Early booking in pregnancy is important to identify any risk factors a mother may have. Regular follow up is also essential to detect any complications during the pregnancy." ■