



During labor

Your health care provider and the staff may do any of the following during labor. What they will do depends on your needs. But find out ahead of time which ones the provider is sure to do.



- **Do a physical exam.** Your provider feels your belly. It helps the provider to know how the baby is lying. Your provider gives you a pelvic exam. This shows how open and thin your cervix is. Your “bag of waters” or “water” (amniotic fluid that surrounds and protects the baby in the uterus) could break by itself during this exam.
- **Break your water.** Your provider pricks the “bag of waters” with a small tool. The tool enters through the opened cervix. The provider looks at the color of the fluid. Clear is a good sign. Yellow or green could signal a problem.
- **Put an IV (intravenous drip) in a hand or arm vein.** Reasons this may be done:
 - Give you fluids. This keeps you from getting dehydrated (dried out or without enough body fluids).
 - Give you glucose. Glucose is a type of sugar. It gives you energy. This will help if you have a long labor.
 - Provide a way to give you medicine quickly, if you need it.



- **Use a fetal monitor to check the baby.** This small machine can check your baby’s heartbeat. It can also record your contractions. There are 2 kinds of fetal monitors:
 - *External monitor.* This kind has two wide straps. The straps go over your belly. One strap picks up your baby’s heartbeat by ultrasound. The other connects to a pressure gauge that records your contractions.
 - *Internal monitor.* This kind has a small tube that goes inside the uterus. A small electrode goes on the baby’s head. This monitor gives more detail than the external one. It is used when the baby doesn’t seem to be doing well or when the external monitor is not giving an accurate reading. This can happen if the baby is very active.
- **Use forceps to help the delivery.** Forceps are metal tongs. They are cradled around the baby’s head. They help ease the baby out of the birth canal if the mother can’t push.
- **Use vacuum extraction to help the delivery.** A suction cup is put on the baby’s head in the birth canal. This helps the baby come out if the mother can’t push. Your doctor uses this to pull the baby gently with each contraction. Many doctors prefer this method to forceps. **{Note: Forceps and vacuum extraction are not used until the baby’s head can be seen at the vaginal opening.}**
- **Do an episiotomy.** This is a surgical cut. It is made in the skin between the vagina and the anus just before the baby is born. The purpose is to widen the vaginal opening. After the baby is born, the cut is stitched.