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Facebook Twitter LinkedIn Pinterest Fertility, Pregnancy and Pregnancy Labor and Delivery Fertility fertility and reproductive health procedures occurs when the child, followed by the placenta, comes out of the body. Delivery can be carried out either vaginally or surgically from the section cesarea (section C). In some cases, the vaginal opening does not stretch enough to accommodate the fetus. To speed up delivery, your healthcare provider can perform an episiotomy by cutting through the vaginal wall and perineum. While some C sections are planned and programmed, others can be performed as a result of complications occurring during work. Although serious complications are rare during work and delivery, the most common problems include fetal meconium, abnormal fetal heart rate and abnormal fetal location. During delivery, the child comes out of the body, followed by the placenta. In preparation for delivery, you can be moved to a delivery room or delivery. You can also stay in the same room for work and delivery. Your partner is encouraged to be actively involved in the birth process by helping you with relaxation methods and breathing exercises. Delivery positions may vary, ranging from hairstyle or sitting positions to semi-seated positions. In a semiseated position, you are partially lying and partially sitting, allowing gravity to help push the child through the birth channel. Your delivery location depends on your preference, recommendation from your health care provider and health of your fetus. During the delivery process, medical staff will continue to monitor vital signs, including blood pressure and pulse, and fetal heart rate. Your healthcare provider will examine the cervical opening to determine position of your child's head and continue to support and guide in your efforts to push. delivery can be carried out both vaginally and through section c. the Baby-Friendly Hospital Initiative, a global launched by the World Health Organization and the United Nations Children's Fund, designated the Johns Hopkins Hospital as Baby-Friendly. This designation is given to hospitals and birth centers that offer an optimal level of care for the feeding of children and the mother-baby bond. During a vaginal delivery, your health care provider will help your child's head and chin out of the vagina when it becomes visible. Once the head is delivered, your health care provider will apply a gentle traction down to the head to deliver the shoulders, followed by the rest of the body. The child is transformed as the last movement of work. In some cases, the vaginal opening does not stretch enough to accommodate the fetus. If the child is in trouble, it may be necessary to accelerate delivery using an episiotomy. During this procedure, the doctor cuts the vaginal wall and the perineum (area between the thighs, which extends from the anus to the vaginal opening) to help deliver the child. Episiotomies are not necessary for each delivery and are not performed routinely. After delivery of your child, you will be asked to continue pushing during the next uterine contractions to deliver the placenta. This process can take up to 30 minutes. Once the placenta is delivered, any tear or episiotomic cut is repaired. Your health care provider will probably give you oxytocin to help contract the uterus. This drug will be injected into the muscles or delivered intravenously. The uterus is then massaged to help it further contract and to avoid excessive bleeding. Some bleeding is normal and should be expected after a vaginal delivery. Section Caesarea If you are unable to deliver the child vaginally, the child will be delivered by a section C. This is what this is about. Surgical is usually performed in an operating room or in a designated delivery room. Some C sections are planned and programmed, while others can be performed as a result of complications occurring during work. Once anesthesia anesthetized effect, the doctor will make a cut in the abdomen and will create an opening in the uterus. After the opening of the amniotic sac, the child is delivered through the opening. During the procedure, you may feel some pressure and/or a feeling of traction. After delivery of your child, your health care provider sews your uterus and cut that was made in your abdomen. After a section C, you can still experience some vaginal bleeding. Conditions for a C-section Various conditions may increase the possibility of providing through C-section, including: Presentation of abnormal delivery A previous section C-Station distress fetal Work that fails to progress or progress abnormally placental complications, such as placenta prior (the placenta blocks the cervix, which could cause the placenta to detach prematurely from the uterus) Twins, tripods and higher ordinations Possible complications of work and delivery Although serious complications are rare during work, the most common complications include: Fetal Meconium When the amniotic bag breaks, the normal color of the amniotic liquid is clear. If the amniotic liquid is green or brown in color, it can indicate fetal meconium, which is normally passed after birth as the first bowel movement of the child. The meconium in the amniotic fluid can be associated with fetal distress. Abnormal fetal heart rate The fetal heartbeat helps indicate how well the child deals with contractions. This vital sign is usually monitored electronically during work. The normal range is between 120 and 160 beats per minute. If your child seems to be in danger, your health care provider can act immediately to stabilize your child's heart rate. It can be given oxygen, an increase in intravenous fluids or a new working position. The location for the child during birth is head down, in front of the back. If the child is not in this position, it can make delivery through the birth channel more difficult. The following are the most abnormal fetal delivery positions: Head down but front Face down in the pelvis (instead of the upper part of the fetal head) Lower in your Breech basin (the buttocks or feet are down first in your pelvis) A shoulder or arm in the basin Depending on the location, your health care provider may try to deliver the fetus as it shows, try to turn the fetus before delivery or perform a Section C. Section C. have gas delivered to your car. can i get gas delivered. how much does gas delivery cost

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