Why should I teach my students about pregnancy, labour and birth?

According to the 2001 Census, Peel Region had a population of 988,950 (nine percent of the population of Ontario). Seventy-four percent of Peel’s population is comprised of families with children – a higher number than the rest of Ontario. Peel Region is a place where a majority of adults decide to take on the enormous responsibility of parenting. Yet, the school system still does not require students to take parenting classes. Most people have little or no education about pregnancy, labour, birth and parenting upon leaving secondary school.

In contrast, some teens want to learn about these topics while attending high school. It is probably fair to say that most teens who enrol in parenting classes have an interest in children: Many plan to either become parents themselves one day or to work in the area of early childhood education or another child-centred field. Learning facts about pregnancy, labour and birth is important, but it is even more vital that students take away a sense of empowerment and decision-making around these topics. This way, the content becomes less theoretical and more practical for use later in their lives.

What information could help me teach about pregnancy, labour and birth?

While there is a lot of helpful information available on these topics, the following paragraphs summarise the facts considered most important for teens.

Pregnancy:

First Trimester: This is the period between Weeks 0 to 14. During this time, the mother usually realises she is pregnant. Once pregnancy is suspected or determined, the woman should visit her family doctor or another health professional. In the first trimester, mothers often experience nausea, vomiting, increased need for urination, breast tenderness and fatigue. Mood changes may occur and are generally related to hormonal shifts and adjustment to the pregnancy. Partners can offer a supportive role at this time.
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Second Trimester: This is the period between Weeks 15 and 27. It is a time when the baby’s movements can be felt and, consequently, the pregnancy feels more “real” for most women. Usually, most of the previous symptoms subside and the mother tends to experience a sense of well-being. Physical changes in the mother, including the growth of her belly, make the pregnancy more evident to others.

Third Trimester: This is the period of time between Week 28 and the birth of the baby. At this time, the mother may feel excited but may also feel nervous about the birth of her baby. As she progresses through this trimester, she often experiences some discomfort, difficulty sleeping, increased fatigue, greater frequency in urination and/or heartburn. This is a particularly physically demanding period of the pregnancy. Many women experience what are called Braxton Hicks: These small contractions are felt as the uterus tightens to prepare for the birth, but they do not indicate the start of labour. This trimester ends, of course, with the birth of the baby.

As mentioned in Lesson One, a healthy lifestyle is extremely important during pregnancy. The developing baby is dependant on the mother to make wise decisions regarding her own health, which in turn affects the baby’s health.

Nutrition:

A healthy weight gain during pregnancy is generally between 25-35 pounds. It is recommended that pregnant women follow Canada’s Food Guide when planning meals. (The guide outlines specific recommendations for pregnant and nursing mothers that include an increase in healthy food consumption.) Many nutrients and vitamins are necessary during pregnancy: Iron helps to prevent anemia and low birth weight, vitamin C aids in the absorption of iron, folic acid lessens the risks of neural tube defects, calcium helps build healthy bones and teeth, essential fatty acids are important for the baby’s nervous system and eyesight and fibre helps prevent constipation for the mother. It is recommended that pregnant women take a prenatal vitamin.

Medications:

All medications, whether they are prescribed or purchased over-the-counter should only be taken on the advice of a doctor. Even then, each medication should be assessed as safe during pregnancy. Motherisk is an organization that provides evidence-based information to mothers about the safety or risk to the developing foetus or infant, of the mother’s exposure to drugs, chemicals, diseases, radiation and/or environmental agents. It is located within The Hospital for Sick Children and is affiliated with the University of Toronto. Visit www.motherisk.org or call 416-813-6780.
Other Dangerous Exposures:

Many other substances are detrimental to the foetus and can cause miscarriage, stillbirth, and/or preterm delivery. Drugs, alcohol, cigarettes, X-rays, toxic substances at home, school, or work can all harm the growing foetus during a woman’s pregnancy. A mother’s consumption of alcohol during pregnancy has been studied at length. Research shows that even small amounts of alcohol can increase the risks of birth defects and neurological problems in babies, infants and children. Since there is no documented safe type, time or kind of alcohol consumption during pregnancy, it should be avoided. A mother’s ingestion of alcohol may lead to a variety of problems known as foetal alcohol spectrum disorder (F.A.S.D.). As well as causing physical and nervous system complications, the disorder may have negative social implications for children and adults including birth defects, learning difficulties and inappropriate social behaviour.

Violence During Pregnancy:

The Peel Committee Against Woman Abuse posts relevant Canadian research about the rates of violence against women during pregnancy. Here are some of the findings from their website – www.pcawa.org.

- In a study conducted by The Middlesex-London Health Unit in 2000, researchers found that one in six pregnant women is abused during pregnancy.

- Health Canada published a report in 2004 that found women who are abused during pregnancy were four times as likely as other abused women to report having experienced very serious violence, including being beaten up, choked, threatened with a gun/knife or sexually assaulted.

- Of the women who were abused during pregnancy, approximately eighteen percent reported that they had suffered a miscarriage or other internal injuries as a result of the abuse.

With abuse during pregnancy there are two victims: the mother and her foetus. When women are abused during pregnancy the impact can be varied: It can include decreased self-esteem, depression, use of alcohol/tobacco/other substances, physical injuries, internal bleeding and even death. For the foetus, the abuse can result in preterm birth, premature rupture of the membranes, placental abruption, low birth weight, foetal haemorrhage, miscarriage or stillbirth.
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Preterm Labour:

Preterm labour is that which begins before 37 weeks. Eight percent of births are premature, and of these half do not have any warning signs or explained causes. Preterm babies require extensive medical assistance and may have long-term complications. Signs of premature labour are bleeding, fluid leaking from the vagina, pelvic pressure, cramps or contractions that will not go away, and/or acute lower back pain. If these symptoms occur, a pregnant woman should go immediately to the hospital. With medical assistance, preterm labour can sometimes be stopped and the birth delayed.

Labour and Birth:

Labour is the process involved in preparing for the birth of the baby. At about 40 weeks, a mother releases hormones that result in the uterus starting to tighten and contract. As this happens, the cervix begins to thin (efface) and open (dilate).

At the beginning of labour, the pregnant woman often experiences menstrual-like cramps that move from the back to the front and become longer, stronger and more frequent. It is vital for the mother to breathe properly during this time as she needs to provide oxygen to herself, her uterus and her baby. The partner or support person can assist with breathing techniques, relaxation, massage and reassurance.

Sometime during labour, the amniotic fluid that surrounds the baby will be released. This is commonly known as a mother’s “water breaking”. (This will either happen naturally or with the help of a health care professional.) The baby begins to move down into the pelvis.

As labour progresses, it becomes more and more challenging - mothers will experience pain and discomfort throughout the course of labour. When the cervix is fully effaced and dilated to ten centimetres, she will feel the urge to push with each contraction. First-time mothers generally labour about sixteen hours before the pushing stage which lasts roughly one hour. After the baby emerges, the placenta detaches from the uterus and the mother will continue to have mild contractions as she pushes to deliver it. This usually occurs within the hour following the birth of the baby.

Immediately following the birth of the baby is the best time for the mother to begin breastfeeding and bonding with her baby. While these are general guidelines, the birth experience will be unique for each woman.
Community Resources:

Families who are connected with community resources that provide education and support programs can experience improved birth outcomes – babies arrive to parents who feel prepared, empowered and informed. In the Region of Peel, there are free resources available for all pregnant women and their partners including couples, single mothers, pregnant teens, teen parents and pregnant women with social or language barriers. Please call Peel Public Health (905-799-7700) for more information about specific programs and services, or read about them at www.pregnantinpeel.ca.

What are the most important messages students should take away from this lesson?

- A healthy pregnancy is enhanced by a healthy lifestyle.
- Preterm labour (labour that begins before Week 37) requires immediate hospital attention. Specialized medical intervention may greatly improve the health of the mother and baby.
- Prenatal education and care are essential elements in the promotion of healthy pregnancies and babies.
- Breastfeeding is the healthiest choice for a mother and her baby.
- The birth process generally follows a specific sequence of events, but is a unique experience for each woman.

References


Pregnancy, Labour and Birth - Teacher Guide


9 Ibid.


Resources


Pregnancy, Labour and Birth - Teacher Guide


