

Routine Vaginal Delivery

Caring for Your Baby and Young Child: Birth to Age 5 (American Academy of Pediatrics)

In the days and weeks leading up to the birth of your baby, you'll probably feel a bit of apprehension along with your excitement, wondering when this much anticipated event finally will happen. Then, usually between the thirty-seventh and forty-second week of your pregnancy, you'll go into labor. Although no one knows for certain what triggers this process, shifts in hormone levels appear to play a role. Your amniotic sac may seem to begin the process by rupturing, commonly referred to as "breaking your water." As you proceed through labor, your uterus will contract rhythmically, or squeeze, which will move your baby down the birth canal. At the same time, these contractions will fully open, or dilate, your cervix to an opening of about 10 centimeters (4 in.) so the baby can make his appearance through the vagina.

In a routine vaginal delivery, your first view of your child may be the top, or crown, of his head, seen with the help of a mirror. After the head is delivered, the obstetrician will suction the nose and mouth and your baby will take her first breath. She doesn't need to be slapped or spanked to begin breathing, nor will she necessarily cry; many newborns take their first breath quietly.

With the most difficult part of the birth now over, there is usually one last pause before the push that sends the rest of your child's body, which is smaller than his head, gliding smoothly into the doctor's or nurse midwife's waiting arms. After another, more thorough suctioning of his nose and mouth, your child may be handed to you to hold—and behold.

Even if you've seen pictures of newborns, you're bound to be amazed by the first sight of your own infant. When she opens her eyes, they will meet yours with curiosity. All the activity of birth may make her very alert and responsive to your touch, voice, and warmth. Take advantage of this attentiveness, which may last for the first few hours. Stroke her, talk to her, and look closely at this child you've created. The obstetrician or nurse midwife may place the baby on your abdomen or lower chest in those first few moments. Watch how the baby moves up toward your breast, seeking that first feeding. Those moments are magical for you and the baby. Those moments should not be hindered; they should be allowed to happen. The natural wonder of your baby looking at you, looking at your breasts and wriggling upward, will make you realize just how exciting those important first few minutes are. Attendants should not wash you, nor should they wash the baby or interfere. The smell and feel of the moment will guide the baby to her first feeding. As with many moms, you may find that putting your baby to your breast creates an intense emotional bond between you and your newborn.

Fresh from birth, your child may be covered with a white cheesy substance called vernix. This protective coating is produced toward the end of pregnancy by the sebaceous (oil-producing) glands in her skin. She'll also be wet with amniotic fluid. If there was an episiotomy (surgical cutting) or tearing of tissue in the vaginal area, she may have some of your own blood on her. Her skin, especially on the face, may be quite wrinkled from the wetness and pressure of birth.

Your baby's shape and size also may surprise you, especially if this is your first child. On one hand, it's hard to believe that a human being can be so tiny; on the other, it's incredible that this "enormous" creature could possibly have fit inside your body. The size and shape of her head in particular may alarm you. How could the head possibly have made it through the birth canal? The answer lies in its slightly elongated shape. The head was able to adapt to the contours of the passageway as it was pushed through, squeezing to fit. Now free, it may take up to several days to revert to its normal oval shape.

Your baby's skin color may be a little blue at first, but gradually will turn pinker as her breathing becomes regular. Her hands and feet may be slightly blue and feel cool, and may remain so, on and off, for several weeks until her body is better able to adjust to the temperature around her.

You also may notice that your newborn's breathing is irregular and very rapid. While you normally take twelve to fourteen breaths per minute, your newborn may take as many as forty to sixty breaths per minute. An occasional deep breath may alternate with bursts of short, shallow breaths followed by pauses. Don't let this make you anxious. It's normal for the initial days after birth.

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Article adapted from [healthychildren.org](http://www.healthychildren.org)

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