

## **DHALASHO [HEERKA 2AAD EE FOOSHA]**

Markaad diyaar u tahay inaad bilowdo riixitaanka, dareenku wuxuu iska beddelayaa mid ah xanuunka foosha iyo afka ilmo-galeenka oo ku furmaya asagoo isku beddelayo dareenka culeyska mindhicirka ama dhabarka hoose.

Ilmuhu waa inuu maraa sinta miskaha taas oo u qaabeysan waxoogaa u eg L. Markii aad fadhiso ood meel ku sinteecsah tahay - taagnaan, jilba-joog, dhammaan 4-ta adimood ama fadhiisashada, culeyska ayaa ka caawineysa ilmaha inuu hoos u soo dego. Haddii aad jiipto, way adkaan kartaa inaad ilmaha soo riixdo ' markuu gees soo marayo'.

Inta badan riixitaanka waxaa la sameeyaa ka hor inta aan korka madaxa ilmaha la arkin. Marka madaxa ilmaha la arki karo wax badan kama harsana kahor inta uusan madaxa dhalan. Haweenka qaar waxay jecel yihiin inay muraayad ku arkaan madaxa ilmaha, umulisada ayaa ku weydiin karta inaad jeclaan lahayd inaad aragto madaxa oo dhalanaya.

Riixitaanka ilmahaaga 1aad - waxay qaadan kartaa saacad ama laba. Ilmahaaga 2aad, 3aad ama wixii intaas ka badan, waxay qaadan kartaa xoogaa riixis ah ilaa nus saac.

Haweenka qaarkood waxay la kulmaan cadaadis badan oo caloosha ah waxayna dareemaan xishood sababtoo ah waxay dareemayaan inay saxaroon rabaan. Tani waa wax iska caadi ah, dumarka qaarkood way saxaroodaan qaarna ma saxaroodaan. Waa ilmaha madaxiisa oo hoos u sii socda waxa riixaya saxarada qaar.

Marka madaxu dhasho, jidhku waa inuu ku dhasho foosha xigta. Haweenka qaarkood waxay uun ku dhali karaan ilmaha neefsasho, qaar baa u baahan inay riixaan si ay uga caawiso dhalashada ilmaha. Umulisada ayaa ku weydiin doonta inaad rabtid in ilmaha lagu saaro xabadka labadiina maqaar oo is taabanay. Ilmaha waa la qalajin doonaa waxaana lagu dabooli doonaa buste jilicsan ama tuwaal. Haddii aadan rabin in ilmahaaga la taabsiiyo maqaarkaaga, umulisadaada u sheeg. In maqaarka ilmahaaga iyo maqaarkaaga is taabtaan faaiido ayeey idiin leedahay adiga iyo ilmaha, waxaad dareemeysa isku soo dhawaansho waxayna ka caawineysaa quudinta, waxay sidoo kale nuunaha ka caawineysaa in heerka kuleelka jirkiisa meeshii la rabay ahaado.

Xudunta uma baahna in isla markiiba la jaro, faa iidooyin ayaa ugu jira ilmaha in dib loo dhigo xadhiga xudunta oo la gooyo. Badanaa, waad sugi kartaa inta garaaca xadhiggu istaagayo intaadan goyn. Tan waxaa laguugu sheegi karaa Qorshahaaga Dhalasho / Waxyaabaha aad doorbideyso, umulisada sidoo kale u sheeg.

## **BIRTH [2ND STAGE OF LABOUR]**

When you are ready to start pushing, the feeling changes from the contraction pain and the cervix opening to a sensation of pressure in the bowel or lower back.

The baby has to move through the pelvis which is shaped like an L. In upright positions – standing, kneeling, all 4's, squatting gravity helps the baby move down. In positions where you are lying down, it might be more difficult to push the baby 'around the corner'.

Most of the pushing is done before the top of the baby's head can be seen. When the baby's head can be seen it should not be too long before the head is born.

Pushing with your 1st baby – may take an hour or two. With your 2nd, 3rd baby or more, may take a few pushes to half an hour.

Some women experience a lot of bowel pressure and feel inhibited because they feel like they are going to poo. This is normal, some women poo and some women do not.

Once the head is born, the body should be born with the next contraction. Some women can just breathe their baby out, some need to push to help the baby be born.

The midwife will ask you if you want the baby placed skin to skin on your chest. The baby will be dried and covered with a warm blanket or towel. If you do not want your baby on your skin, tell your midwife. Having your baby skin to skin is beneficial for you and the baby, it helps with bonding and feeding, and it helps the baby to maintain their temperature.

The cord does not need to be cut immediately, there are benefits to the baby in having delayed cord clamping. Usually, you can wait until the cord stops pulsing until the cord is cut. This can be stated on your Birth Plan/Preferences, tell your midwife too.

## **DISCLAIMER**

This information is not intended to be medical advice, it is a guide only. Please ask your midwife or doctor for information and advice directly related to your care and your baby's care.