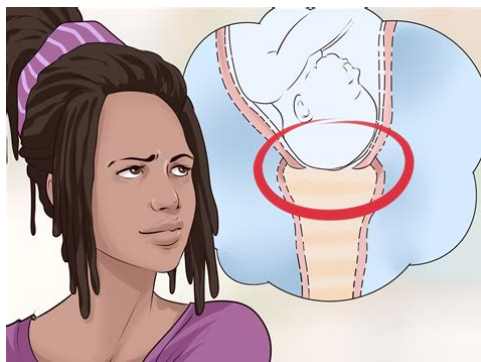


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Book Descriptions:

Doctor Manually Dilate Cervix

Please upgrade your browser to improve your experience. Patients might have decided that they are tired of being pregnant and have made it to at least 39 weeks. Want to avoid a certain delivery date, such as a holiday. Alternatively, some patients have determined that some dates are favorable and want to deliver their babies on those specific dates. Need to arrange delivery around a loved one's schedule. We've had women ask to be induced so their parents can arrange travel from overseas to be with them or a partner can be furloughed from the military and attend the delivery. If your pregnancy is uncomplicated, it is best to wait to go into natural or spontaneous labor. In some situations, induction will be necessary because a complication has arisen that warrants delivery, such as preeclampsia or going significantly past your due date. Your cervix plays a big role in determining the success of induction of labor. During pregnancy, the cervix usually is firm and stiff enough to help hold the baby in the uterus. That's a good thing for most of the pregnancy. But in the final days or weeks before delivery, the cervix starts to soften and open up. Basically, it's getting ready for labor. When this happens, we say that the cervix is becoming "favorable." If your cervix has already started the process of softening and dilating, any method for induction has about an equal chance of success. But what if your cervix isn't ready. If your cervix is still closed and firm, it might need some help before induction of labor is started. Your doctor may use the words "unripe" or "unfavorable." In our experience, many women and their families don't understand this part of process. In the following segment, we'll describe commonly used methods to ripen the cervix so you and your family know what to expect. Types of induction During cervical ripening, we can use various methods to start preparing the cervix for contractions.

1. <http://cy2hand.com/userfiles/car-distance-detection-system-user-manual.xml>

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Mechanical cervical ripening To say that we are mechanically ripening the cervix means that we are forcibly dilating it. A Foley catheter is typically used to drain urine from the bladder. The tip of the catheter has a balloon, which holds about 2 TBSP of water. If we place the tip of the Foley into the cervix and inflate the balloon, the balloon will push the cervix open over time. Protocols vary, and the bulb will either be left inside the cervix for at least 12 hours or until it falls out. The cervix can also be dilated just by an examination by your provider. The finger can gently dilate the cervix and separate the membranes from the uterine wall. This is called "membrane stripping." It may be uncomfortable for the patient, but it can be effective. 2. **Medical cervical ripening** Medications also can be given to help induce softening and dilatation of the cervix. Oral or vaginal suppository drugs, such as misoprostol and other prostaglandins, are also commonly used to ripen the cervix. These medications come in different formulations, and the type you receive typically depends on what your doctor is familiar with and what is available at your delivery hospital. Misoprostol comes in tablets that can be given by mouth or placed directly against the cervix. The medicine will be absorbed and will start softening your cervix over time. After several hours and several doses, you might end up 2 or 3 cm dilated, and, if you're lucky, perhaps in early labor. Other common formulations of medical induction agents include endocervical gels and vaginal inserts. They are similarly safe and effective and tend to be well tolerated by most patients. However, all of these medications can sometimes trigger too much uterine activity. If your doctor is worried about this, she may choose a mechanical form of cervical ripening. 3. **Combination methods** In some protocols for cervical ripening, the

mechanical and the medical agents are used simultaneously. <http://www.polimak.pl/userfiles/car-amp-manuals.xml>

Some studies have shown that using both methods at the same time is safe and can achieve the same result in less time. Other considerations in cervical ripening Misoprostol and other prostaglandins are not used for cervical ripening in term pregnancies with a prior cesarean birth or other prior major uterine surgeries, such as extensive myomectomies. These patients face an increased risk for uterine rupture. You may not need cervical ripening if your cervix is already dilated, or if you've had a vaginal delivery before. If you do require cervical ripening before your induction of labor, we want you to understand that it is just the first step to having your baby. During the process, you may sleep some of the time and feel frustrated that not a whole lot is happening. It can be slowgoing and pretty boring. If you are a lowrisk patient, you might be allowed to have a light meal through the process. We understand that patients and families are in a hurry to get the new baby here. But be patient. At the end, we hope to have a cervix that is ready for labor. Join our mailing list to stay current on pregnancy news. Subscribe today. Get our occasional alerts about new blog posts, upcoming events, opportunities, and more. Dallas, TX 75390. And once labor begins, they're really ready to clear the final hurdle. So what can be done to speed up the process. Is it possible to somehow dilate faster during labor, so that you can hold your new baby sooner. Understanding more about dilation and the stages of the birth process may give you some answers. What is dilation Dilation is a term used for the opening of the cervix. Both dilation and effacement, which refers to the thinning of the cervix, take place to provide an opening from your uterus to the birth canal so that your baby can be delivered. For a vaginal delivery, the cervix needs to be 10 centimeters cm dilated and 100 percent effaced.

While cervical dilation is necessary for labor to progress, being dilated isn't necessarily a sign that true labor is starting. In some cases, women will dilate a few centimeters weeks before their due date. Others will dilate much faster, in just a few hours, and transition quickly between the stages of labor. What are the stages of labor. There are normally three stages of labor during childbirth. Stage 1 Stage one is the longest stage, and it's broken down into three parts. During early labor, the cervix dilates to 3 cm. Active labor occurs between 3 and 7 cm dilated. The transition phase is between 7 cm and full dilation at 10 cm. Stage 2 Stage two is after full dilation until the baby is born. Stage 3 During this stage, the placenta is delivered. During your month 9 of pregnancy, your doctor will begin looking for signs that your body is preparing for labor. These prenatal visits may include internal exams to check your cervix. Your doctor will confirm whether your cervix has dilated and effaced. Other things happen during the dilation and effacement process. You'll lose the mucus plug, which has sealed the opening of your cervix during your pregnancy. You may notice this in your underpants or the toilet. You could lose the mucus plug anywhere from a few hours to a few weeks before labor begins. You may also notice bloody show, a term that refers to rupturing capillaries in your cervix. This can streak vaginal mucus pink or red. You'll know you're moving into active labor phase two of the first stage when you begin feeling contractions that become steadily stronger and remain no matter how often you change positions. Is there a way to dilate faster during labor. If your due date is still a couple of weeks away, the best thing you can do is wait for nature to take its course Let your cervix prepare in the most efficient and comfortable way possible for you and your baby. But there may be medical reasons to speed up the process of dilation and kickstart labor.

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Medical intervention may be a good idea if you're almost two weeks past your due date, and labor has yet to begin your water has broken, but you aren't experiencing contractions you have an infection in your uterus your baby isn't growing at a steady pace there isn't enough amniotic fluid around your baby you experience placental abruption, when the placenta peels away from the uterine wall before delivery you have a medical condition, like diabetes or high blood pressure, that

is dangerous for you or your baby. If any of these scenarios apply to you and your cervix has yet to begin dilating and effacing, your doctor has a few options. Medications Your doctor may apply the hormone prostaglandin topically to your cervix, or insert a prostaglandin suppository into your vagina. This hormone causes the cervix to soften and contractions to begin. Stripping the membranes If your amniotic sac is still intact, membrane stripping may trigger labor. Your doctor or midwife will use a finger to swipe against the membranes connecting to the amniotic sac, which can trigger the uterus to release prostaglandin. A synthetic form of the hormone oxytocin is another option your doctor may consider, especially if the prostaglandin gel or suppository isn't working. It's administered through an IV, and it usually brings on contractions within about 30 minutes. Does nipple stimulation help you dilate faster. Check with your doctor before trying nipple stimulation. It should be avoided with high-risk pregnancies. Nipple stimulation is a natural way to induce labor because it triggers the release of oxytocin, which can cause contractions. While it isn't directly linked to dilation, anything that starts labor will help. You could stimulate your nipples manually, with a breast pump, or have your partner participate. Just don't overdo it. Stick to one breast at a time about five minutes apiece and take a break during contractions.

Next steps While speeding up dilation is possible with medical intervention, it's a decision that should be made with your doctor's advice. Allowing your body time to prepare by itself is usually the best course of action. You've made it this long, hang in there. Anonymous patient A Most caregivers would agree that almost any method of inducing labor at home is ill-advised. Inducing labor instead of waiting for it to come naturally by whatever means can increase risk during delivery, particularly for cesarean deliveries. Induction of labor should probably be left to the hospital setting with experienced labor and delivery physicians and nurses. Dr. Michael Weber Answers represent the opinions of our medical experts. All content is strictly informational and should not be considered medical advice. Share on Pinterest Last medically reviewed on July 15, 2016 Parenthood Pregnancy Medically reviewed by Devan McGuinness — Written by Jessica Timmons on July 15, 2016 related stories What Do Different Types of Labor Contractions Feel Like. Inducing Labor Safely How to Get Your Water to Break Natural Ways to Induce Labor How Nipple Stimulation Works to Induce Labor Cervix Dilation Chart The Stages of Labor Read this next What Do Different Types of Labor Contractions Feel Like. Medically reviewed by Michael Weber, MD If you're a first-time mom, you might be wondering what contractions feel like. Here's a guide to contractions and how to tell if you're in labor. READ MORE Inducing Labor Safely How to Get Your Water to Break Medically reviewed by Katie Mena, MD If you're past your due date, you're likely anxious to bring your baby into the world. Here's how to safely induce labor. READ MORE Natural Ways to Induce Labor Medically reviewed by Meredith Wallis, MS, CNM, ANP There are some natural ways to induce labor. If your due date is here, read this and talk to your doctor about what's right for you.

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content, and products are for informational purposes only. Healthline Media does not provide medical advice, diagnosis, or treatment. See additional information. About Careers Advertise with us OUR BRANDS Healthline Medical News Today Greatist. Cervical dilation may occur naturally, or may be induced surgically or medically. Delivery of the infant takes place shortly after this stage is reached although the mother does not always push right away. During dilation, this plug is loosened. It may come out as one piece, or as thick mucus discharge from the vagina. When this occurs, it is an indication that the cervix is beginning to dilate, although not all women will notice this mucus plug being released.

Bloody show usually comes along with the mucus plug, and may continue throughout labor, making the mucus tinged pink, red or brown. Fresh, red blood is usually not associated with dilation, but rather serious complications such as placental abruption, or placenta previa. Red blood in small quantities often also follows an exam. Most of the pain during labor is caused by the uterus contracting to dilate the cervix. The body produces these hormones naturally. Nipple stimulation can be performed manually, by use of a breast pump, or by suckling. Henci Goer, in her comprehensive book, *The Thinking Woman's Guide to a Better Birth*, details how this practice was researched in two separate studies of 100 and 200 women in the mid nineteneighties. Women were assigned randomly to two groups. In one group, nipples were stimulated for onehour sessions, three times per day. In the other group, women were to avoid any form of nipple stimulation or sexual intercourse. The researchers concluded in both studies that nipple stimulation could indeed ripen the cervix and in some cases induce uterine contractions. A balloon catheter may be used. From the American Society for Reproductive Medicine, Patient Education Committee By using this site, you agree to the Terms of Use and Privacy Policy. In fact, only a small percentage fewer than 5 percent are born when predicted. Many babies arrive earlier. It's the late babies, though, that often need a little encouragement. This is called "labor induction." Your doctor might also recommend labor induction if Toward the end of pregnancy, the cervix the opening to the uterus, or womb gets soft. It may even open up a little. Your doctor will check to see if your cervix is getting soft and opening up. If it isn't, your doctor may place medicine in your vagina near the cervix. The medicine helps your cervix get soft and open up. Or your doctor may use a finger to separate your cervix from the membranes tissues around your baby's head.

This often makes labor start. When you're ready, your doctor will start giving you a medicine called oxytocin it also may be called by its brand name, Pitocin. Oxytocin will start your contractions and help them to get strong and regular. Sometimes it takes 2 or 3 days to induce labor, but it usually takes less time. It takes more time if you're being induced really early or if it's your first baby. Tell your doctor if you need help with the pain from contractions. In most cases, labor induction goes well and you can deliver your baby vaginally. If your labor won't start with medicine, you might need to have a cesarean section also called a Csection. Also, the medicine used for induction might make your contractions too strong. If this happens, your doctor might stop the medicine and wait for a while, or do a Csection. If your labor is induced because of medical problems, there might be other risks specific to your condition. Talk to your family doctor to find out if this information applies to you and to get more information on this subject. A baby is breech when it is in a headfirst position prior to birth. Knowing when you're in labor can be tricky. In This Article What is a Foley bulb or Foley balloon. What is a Foley bulb induction. Reasons for a Foley bulb induction What happens during a Foley bulb induction. Is a Foley bulb induction painful. Benefits of being induced with a Foley bulb Risks of a Foley bulb induction Other methods of inducing labor There are several different ways to jumpstart the labor process if things don't seem to be getting going on their own. So if your doctor suggests a Foley balloon induction, what does that mean — and should you do it. Inducing labor with a Foley bulb or Foley balloon is a safe, simple method that can be a good choice for women who'd like to try avoiding induction drugs or those who aren't able to use them. Here's how the procedure works and what it feels like, plus a look at the benefits and potential risks.

What is a Foley bulb or Foley balloon. A Foley bulb or Foley balloon is a catheterlike device that can be used to get the cervix to soften and open when labor needs to be induced. The catheter is inserted into the cervix and filled with a saline solution. The saline solution causes the catheter to inflate like a balloon, putting pressure on the cervix to help it dilate. If your cervix hasn't started to dilate on its own when you're ready to be induced, your health care provider might start the dilation process with a Foley bulb. In some cases, dilating your cervix with the Foley bulb is enough to trigger contractions and get the labor process started. In others, your doctor might try to speed things up by using a Foley bulb along with a synthetic hormone like misoprostol or Pitocin. Reasons for a Foley bulb induction There are a few different reasons why your practitioner might recommend using a Foley bulb for induction You need to be induced but your cervix isn't dilated. Usually your cervix will open up naturally on its own once your body is ready to go into labor. But if it hasn't showed shown any signs of dilating, your doctor can get the ripening rolling with a Foley bulb, synthetic hormones or a combination of the two. Continue Reading Below More About Inducing Labor Inducing Labor What Happens When Youre Induced. What Is Pitocin Induction. Natural Ways to Induce Labor Can Certain Foods Induce Labor. Can Sex During Pregnancy Induce Labor. Inducing Labor What Happens When Youre Induced. You want to try a drugfree induction method. Sometimes a Foley bulb alone can be enough to jumpstart labor without the use of drugs or hormones. You've had a Csection. Foley bulbs are a safer way to induce labor than drugs for women who've previously had a Csection, since the medications can sometimes raise the risk for serious complications. You want a shot at a faster labor. Research has shown that using a Foley bulb in combination with misoprostol or synthetic oxytocin a.k.a.

Pitocin can result in less time spent in labor compared to using misoprostol or a Foley bulb alone. What happens during a Foley bulb induction. If you need to be induced, one option your doctor may discuss with you is the Foley bulb. Heres what happens during the procedure You'll lie on an exam table and place your feet in a set of stirrups like during a routine gynecological exam. Your provider will use a speculum to check your cervix, and then will apply an iodine solution to clean your cervix and reduce the risk of infection. Once your cervix is clean, your doctor will insert the tip of the Foley bulb into your cervix and inflate the bulb with an ounce of saline solution. He or she will tie off the catheter right outside your vagina to keep the water from flowing back out, and then tuck the end of the catheter into your vagina with a gauze pad. In some cases you might also receive a cervicalripening drug like misoprostol. Then, you'll wait. The goal is for the inflated Foley bulb to put enough pressure on your cervix to encourage it to dilate and get labor under way, which could take 12 hours or more. The bulb might fall out if your cervix dilates a lot, but your provider might also remove the bulb if you only dilate a few centimeters. How far you've dilated after the Foley bulb falls out or is removed determines what comes next. Often a Foley bulb or a Foley bulb with cervical ripening drugs will be enough to get contractions started. But if you haven't had any contractions, your provider might opt to strip or rupture your membranes or administer a drug like Pitocin. Having a Foley bulb inserted can be pretty uncomfortable and even quite painful for some women, but the pain shouldn't last long though everyone is different. Once the balloon is in, it usually just feels like a super tampon. Your doctor may suggest giving you nitrous oxide laughing gas to make the insertion process less unpleasant.

Benefits of being induced with a Foley bulb There are some significant pros to a Foley bulb induction that are worth knowing about, including A Foley balloon can be used with or without medication. Prefer to try a drugfree induction method. A Foley bulb alone may be enough to ripen your cervix and get labor going. A Foley bulb might be lowerrisk than other induction methods. Drugbased induction methods have the potential to overstimulate the uterus, which could result in complications. They're a safe option if you've previously had a Csection. Cervical ripening drugs can increase the risk of complications if youve had a prior Csection, but Foley bulbs don't. They could speed up your labor if used with drugs. When a Foley bulb is used with misoprostol, it may help you

deliver a few hours sooner compared to an induced labor relying solely on either misoprostol or a Foley bulb. Risks of a Foley bulb induction A Foley balloon is generally a safe way to induce labor, and it can often be effective. Still, it has a few drawbacks to consider. The insertion process can be very painful. Fortunately, the pain and discomfort usually don't last long and your doctor may be able to offer meds to ease the discomfort. It's not foolproof. A Foley bulb or a Foley bulb used with cervical ripening drugs won't always cause a woman's cervix to dilate and help start labor. It can cause significant bleeding in women with low-lying placentas. If your doctor determines your placenta is low-lying, he or she will help you figure out whether a Foley bulb induction is the right choice. It can prolong labor and cause complications that go along with an extended labor if left in the cervix for too long. Research has found that the placement of a Foley balloon for seven hours or more is associated with much longer labor, up to 11.5 hours longer or a 37 percent increase in duration.

Patients who wind up having a Foley bulb induction should be advised of the risk of a much longer labor, and told about the potential complications associated with a prolonged labor. Other methods of inducing labor A Foley bulb is just one way to induce labor. There are other labor induction methods, and your doctor can help you figure out which option is the best for you. They include Other cervical ripening agents like misoprostol, a synthetic hormone Membrane stripping or rupturing to help your water break Pitocin, a synthetic form of oxytocin that quickly triggers contractions A Foley balloon can be a beneficial tool for labor induction, especially for women who'd prefer to try a drug-free option or who have previously had a C-section. But you probably don't know for sure if you'll actually need to be induced or not until close to your due date or when you're actually in the delivery room. So if a Foley bulb sounds like a good choice for you, talk about it with your doctor. He or she can help you weigh the pros and cons and decide whether it's the right option for you if induction ends up being part of your birth experience. From the What to Expect editorial team and Heidi Murkoff, author of What to Expect When You're Expecting. Health information on this site is based on peer-reviewed medical journals and highly respected health organizations and institutions including ACOG American College of Obstetricians and Gynecologists, CDC Centers for Disease Control and Prevention and AAP American Academy of Pediatrics, as well as the What to Expect books by Heidi Murkoff. View Sources What to Expect When You're Expecting, 5th edition, Heidi Murkoff. WhatToExpect.com, Inducing Labor What Happens When You're Induced, April 2019. WhatToExpect.com, What is Pitocin Induction, April 2020. American College of Obstetricians and Gynecologists, Labor Induction, September 2017. American College of Obstetricians and Gynecologists, Practice Bulletin, Induction of Labor, August 2009.

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medical information and accepted health guidelines, including the medically reviewed *What to Expect* books by Heidi Murkoff. This educational content is not medical or diagnostic advice. And that is a problem. You are ready for this baby to arrive. You set up the crib. You installed the car seat. You packed the hospital bag. You read all the books. You attended all the classes. You wait in anticipation for any sign of labor. This must be it.

You start timing contractions. Upon arriving, the nurse cheerfully tells you, "We need to do a cervical exam to know if you're in active labor before we can admit you." One more hurdle to jump through. During labor! The Cervical Dilation Exam Ok, so what is the nurse talking about. First, a quick refresher The cervix is the doorway to the uterus, and has been keeping the baby safely cooking for the last, approximately, 40 weeks. During labor, the cervix goes from closed 0 centimeters dilated to fully dilated 10 centimeters dilated. Yes, it's a huge change. Medical providers rely on dilation measurements to gauge "labor progress," along with measurements of your contractions and your reports about how you feel. So what, exactly, is the nurse doing when she conducts your cervical exam. Medical providers gauge cervical dilation by feeling the cervical opening with two fingers. They place their two fingers on either side of the cervical opening and estimate how far apart their fingers feel. They can't see the cervix during the exam since the cervix is located at the back of the vagina. Providers must blindly estimate how far apart their fingers feel. Unfortunately, there is currently no better way or tool to measure cervical dilation. 1 to 10 cm is a long ways. Why Accuracy Matters When it Comes to Cervical Dilation As you might have guessed, measuring cervical dilation is an imprecise science. Several other clinical trials using cervical simulators also found that clinicians correctly estimated the dilation only half the time, regardless of years of practice or type of education. "The assessment of the cervix is the cornerstone of the management of labour." Tufnell et al. 1989 Clinicians actually have very few tools in their labor assessment kits Digital exams dating back to 1900 BCE and a tocometer to measure contractions dating back to 1971. Knowing that this examination decides your admission fate is nervewracking enough when you are in labor.

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