

Pregnancy Visit #7

- Labor and Delivery
- Pain Relief and Labor
 - Support Person
- Skin to Skin/Rooming In
 - Newborn Screenings
- Group B Strep Infection



Topics for Next Visit:

- Becoming A Mom
- Managing Your Time
 - Team Work

Deciding If It's True or False Labor

There is no way to know exactly when you will go into labor. Sometimes it's difficult to tell when labor begins. The signs below indicate labor is near or here!

SENSATION	SIGN	WHEN
Feeling that baby has dropped lower into pelvis, may be easier to breathe	Lightening	A few weeks to a few hours before labor
Pink, slimy discharge from vagina	Release of mucus plug	Several days before labor or at beginning of labor
Fluid (usually clear) that trickles or gushes from vagina	Rupture of membranes (or water breaking)	Before or during labor
If your water breaks, call your health care provider right away. They will provide instructions.		
Pain or discomfort in lower back or pelvic area, might feel like menstrual cramps	Contractions	Before (practice contractions—Braxton Hicks) or during labor
Learn more about what to do if you think you are having contractions on the next page!		



If you are **less than 37 weeks** pregnant and have any signs of labor, go to the hospital right away.
You may be having premature labor.

Deciding If It's True or False Labor

The way contractions feel can vary person to person, but there are some clues to help decide if what you are feeling are practice contractions or true labor.

TRUE LABOR	FALSE LABOR
Regular	Irregular
Get longer, stronger, and closer together over time	Do not get longer, stronger, or closer together over time
Do not go away with change of position	Go away with change of position
Usually start in back and move around to the front of your belly	Usually felt in front of your belly



What to do if you are having contractions:

- Time them from the start of one contraction to the start of the next
- Rest on your left side
- Drink water
- Take a short walk (with someone)
- Take a shower

Call your health care provider if...

- Fluid trickles or gushes from vagina
- You are unsure if you are in true labor or not



Go straight to the hospital if you have...

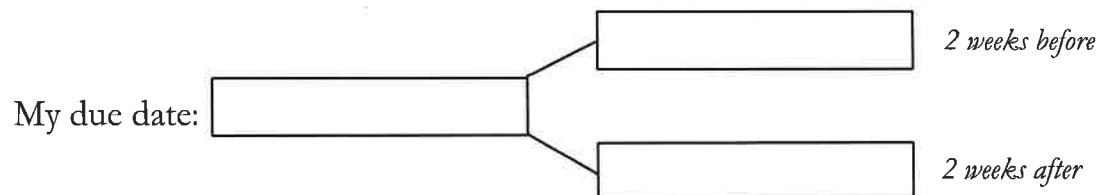
- Bleeding from vagina
- Constant, severe pain with no breaks or relief
- Baby moving less often or not at all



Stages of Labor

When will I go into labor?

Only about 5% of women actually give birth on their due date. Your due date only tells you *about* when you can expect labor to begin. It's normal to go into labor any time from two weeks before to two weeks after your due date.



What are contractions like?

When you have a contraction, you can put a hand on your belly and feel it get harder. Your belly gets hard from the top down. After the contraction, it will feel soft again. The contractions may feel like menstrual cramps or a backache.



If you are having contractions, time them. Write down how often they happen. Note how long they last. Time contractions from the start of one to the start of the next.

- True labor contractions get longer, stronger, and closer together.
- The contractions will not go away when you move around.
- At first, labor contractions may be 15-20 minutes apart. When birth is near, they may be less than 5 minutes apart.

Stages of Labor

What do I do if I'm in labor?



If you think you are in labor, follow the directions from your doctor about who to call. When you call, they will ask you some questions about:

- What your contractions are like
- If your water has broken
- How far you are from the hospital

You may be asked to rest at home and call again later. You might be told to go to the hospital.

Who should you call? _____

What is the phone number? _____

What will happen when I get to the hospital?

If you go to the hospital during the day, go to the desk in the lobby. If you go to the hospital at night, go to the emergency room.

Tell the clerk at the desk that you are in labor. You will be taken to Labor and Delivery. They might call it L&D.

When you get to Labor and Delivery, a nurse will get you into a bed. The nurse will check to see how much your cervix is dilated (opened). You might be asked to wear a monitor strapped around your belly. This monitor measures your contractions. It checks baby's heart rate. The nurses will keep your doctor informed about your labor.



Stages of Labor

What happens during labor?

Labor often lasts from 11 – 20 hours. Yours may be longer or shorter. There are four stages of labor.

First Stage

This stage starts with the beginning of true labor. It ends when the cervix is completely dilated (opened) to 10 centimeters. (Large enough for the baby to pass through.)

The First Stage of Labor is divided into three phases, Early or Latent Phase, Active Phase and Transition Phase. This first stage of labor takes an average of 12 hours for first-time mothers.

Second Stage of Labor

This stage begins when the cervix is dilated to 10 centimeters. It ends with the birth of your baby.

Third Stage of Labor

This stage takes place right after your baby is born. It ends with the delivery of the placenta.

Fourth Stage of Labor

This stage starts 1-4 hours after the birth of your baby. Your body starts to recover after the hard work of labor and delivery. You can focus on being with your baby. This is a time to cuddle and love your baby. If you are breastfeeding, you will start during this time



Stages of Labor

Stages of Labor for First-Time Mothers				
Stage	How long does it last?	What are the contractions like?	How far does the cervix dilate?	What might you be feeling?
<ul style="list-style-type: none"> 1st Stage: Early (Latent) Phase 	<ul style="list-style-type: none"> Up to 9 hours 	<ul style="list-style-type: none"> Mild contractions Every 5-10 minutes Last 30-45 seconds 	<ul style="list-style-type: none"> 0-6 centimeters 	<ul style="list-style-type: none"> Very talkative Worried and/or excited
<ul style="list-style-type: none"> 1st Stage: Active Phase 	<ul style="list-style-type: none"> 4-8 hours 	<ul style="list-style-type: none"> Moderate contractions Every 2-5 minutes Last 45-60 seconds 	<ul style="list-style-type: none"> 6-8 centimeters 	<ul style="list-style-type: none"> More inwardly focused More serious May want to have someone with you – frightened of being left alone
<ul style="list-style-type: none"> 1st Stage: Transition Phase 	<ul style="list-style-type: none"> Up to 3 hours 	<ul style="list-style-type: none"> Strong contractions Every 1-2 minutes Last 60-90 seconds 	<ul style="list-style-type: none"> 8-10 centimeters 	<ul style="list-style-type: none"> Nausea & vomiting Trembling Shaky legs Backache Irritable Fear of loss of control Rectal pressure (feeling like you need to have a bowel movement)

Stages of Labor

Stages of Labor				
Stage	How long does it last?	What are the contractions like?	How far does the cervix dilate?	What might you be feeling?
• 2 nd Stage	• Up to 1-2 hours	• Strong contractions • Every 2-3 minutes • Last 60-90 seconds	• 10 centimeters to birth of baby	• Strong urge to push • Rectal pressure • Excited • Tired
• 3 rd Stage	• Up to 20-30 minutes			• Tired • Thirsty • Hungry • Happy
• 4th stage	• 1-4 hours			• Recovering from childbirth • Cuddling and loving your baby • Ready to try breastfeeding your baby



Things That Can Happen During Labor

Every birth is different. Here are some things that may happen during labor.

Monitoring

You and your baby will be monitored during labor.

You will have vaginal exams to check dilation. Your vital signs are also monitored.

The baby's heart rate is monitored. An external monitor has belts that hold the sensors to your belly.



An internal monitor is a thin wire. It is inserted through your vagina. It attaches to the top of baby's head.

Induction

The doctor may decide to induce labor if:

- The pregnancy has gone longer than 40 weeks.
- The "bag of waters" has been broken for over 24 hours.
- You have medical problems like diabetes or preeclampsia.
- Baby has medical problems such as fetal distress.



The doctor may break your bag of waters. This can start or speed up labor. The doctor uses a small plastic hook. It looks like a crochet hook. The hook is used to reach into the vagina and make a small hole in the amniotic sac. This does not hurt. Contractions often get stronger after the water breaks.

Medicine can start or speed up labor. Pitocin is often used. It is given by IV. Contractions caused by Pitocin can be very strong.

Things That Can Happen During Labor

Vacuum Extractor

Sometimes a baby is partially through the birth canal and needs to be delivered quickly. A vacuum extractor can help.

The vacuum extractor has a disc-shaped cup. This cup is attached to baby's head with suction. The doctor pulls gently to help guide baby through the birth canal. When properly performed there is less trauma to the vaginal walls and opening.



Forceps

Forceps can also be used when a baby is partially through the birth canal and needs to be delivered quickly.

Forceps are a pair of spoon-shaped metal instruments. They help deliver baby's head. The forceps lock at the handle. This keeps them from squeezing baby's head.

Episiotomy

The doctor might make a cut to enlarge the birth opening. This may be done to avoid a bad tear or if the baby needs to be delivered quickly.

Labor induction involves the use of medications or other methods to start labor. There are several reasons why labor induction is needed. It is usually recommended when the health of the pregnant individual and/or baby is at risk.

Reasons for labor induction may include:

- Placenta problems
- Too little water or water breaks early
- Uterine infection
- Pre-eclampsia or gestational diabetes
- Baby is not growing well

Elective induction is starting labor for convenience, without medical need. It is not recommended before 39 weeks to reduce health risks for the baby.

Pregnant individuals and health care providers need to share in the decision to electively induce.



Methods used to induce labor

- "Stripping membranes" involves a health care provider sweeping a gloved finger between the amniotic sac and uterine wall. This is usually done at a prenatal appointment.
- Medication (given intravenous (IV), by mouth, or vaginally)
- Breaking the bag of water
- Devices such as a small tube with an inflatable balloon at the end inserted vaginally

Risks associated with induction

- Vaginal induction isn't successful, results in a c-section
- Infection for you or baby
- Heavier bleeding during and/or after delivery
- Uterus contracts too much resulting in baby's heart rate lowering



What to expect

Ask your health care provider for specifics as the process will vary. Generally, inductions of labor include:

- Packing bag
- Going to hospital (usually in the evening for planned inductions)
- Receiving IV and medications (allowing medication to work overnight for planned inductions)
- Baby may be monitored
- Your diet may be restricted
- Inductions may last up to 48 hours

Labor inductions may involve various health care decisions along the way. The following questions can be helpful to fully understand and feel comfortable when the health care provider suggests inducing labor for you:

- Why do I need this procedure/intervention?
- How will it help me and my baby?
- Are other options available? If so, what are they? What are the risks?
- What are the risks if the procedure/intervention isn't done?
- What are the risks if we delay the procedure/intervention an hour?

Group B Strep (GBS)

Group B Strep (GBS) is a bacteria that can be naturally present in your body. Most of the time it is not harmful, but sometimes it can cause serious illness. About 1 in 4 pregnant individuals will carry GBS. A pregnant individual who is positive for GBS can pass it to their newborn during delivery. Most newborns who get GBS will not become ill, however rarely it can cause serious, even life-threatening infections. The best way to know if you have GBS is to test for it. If you do have GBS, treatment is available.

Testing

Testing is usually done between 35-38 weeks of pregnancy



Testing involves a quick swab of the vagina and rectum



Prevention is the best strategy, but if your newborn gets infected with GBS, they will be treated with antibiotics through an IV.



Treatment for GBS-positive pregnant individuals involves receiving antibiotics through an IV during labor.



If you are positive for GBS, remind your provider when you arrive at the hospital. The medication works best if started at least 4 hours before childbirth.

Common Fears About Labor

I'm worried that I
won't know
when I'm really in
labor.



I'm worried that I'll
go to
the hospital when
I'm not really
in labor.

I'm worried that my
water will
break while I'm in
public.

I'm scared that I
won't be able
to cope with the
pain of labor.

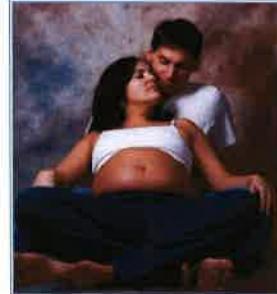
Dealing with Labor

There are many ways to deal with the pain of labor. Here are some ideas that may work for you.

Breathing and Relaxing

You may wish to avoid taking pain medicine. Try using the Lamaze technique or the Bradley method. They focus on breathing and relaxing to handle pain.

You can take classes to learn these methods. Check with your hospital to see if classes are offered.



Sight



You can look at a focal point during labor. Choose something that will take your mind off contractions. Or choose something that will encourage you. Some ideas are:

- A picture or ultrasound
- Something of your favorite color
- A religious object
- Your support person's eyes
- Something special to you

What are your ideas? _____

Sound

Music can help you relax during labor. It can give you energy for pushing. Some women like soft, soothing music. Other women like something bouncy and fun.

What music might you like to use? _____



Dealing with Labor

Smell



Some smells can calm and comfort you. You could use a t-shirt or pillow that smells like home. Smell your favorite perfume. Some scents that help create a calm mood are lavender, sage, rose, frankincense & jasmine.

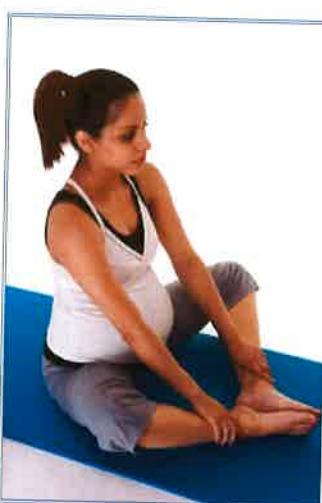
What are some scents you might like to try? _____

Touch

Touch and massage might help you relax. Ask your support person to massage sore muscles. Sometimes a gentle touch feels good. Sometimes you want firm strokes. Heavy pressure against the lower back may help relieve pain.



What do you think might help you? _____



Thoughts

The more you focus on pain, the more pain you will feel. Instead, think of something that distracts you from pain. You can try:

- Progressive relaxation: Relax all the muscles in your body. Start at your head and move to your toes.
- Visual images: Think of a calm place. Picture a sunny beach. Imagine relaxing in a quiet meadow. Or choose another place that relaxes you.
- Hypnosis: Hypnotherapy helps you feel relaxed and free from fear. You can learn hypnotherapy from books or classes.

What do you think might help you? _____

Patterned Breathing During Labor

Patterned Breathing During Labor: Techniques and Benefits

Patterned breathing refers to the act of breathing at any number of possible rates and depths. Some women prefer breathing deeply, using their diaphragm to fill their abdomen with air. Other women prefer light breathing, inhaling just enough to fill their chest. The goal is to find breathing patterns that have a calming and relaxing effect. Your breathing should be at a comfortable rate and should not cause you to feel short of breath or light-headed.

The more you learn about labor and birth, the more you will see how different patterns of breathing are used at different stages. You will learn about using breathing to focus on making each contraction a productive part of the birthing process. Whether pregnant or not, patterned breathing is helpful in coping with various types of pain, discomfort, anxiety, and fear.

Benefits of practicing patterned breathing

- Breathing becomes an automatic response to pain
- The mother remains in a more relaxed state and will respond more positively to the onset of pain
- The steady rhythm of breathing is calming during labor
- Provides a sense of well being and control
- Increased oxygen provides more strength and energy for both the mother and baby
- Brings purpose to each contraction, making contractions more productive
- Patterned breathing and relaxation can become techniques for dealing with life's every day stressors

How to practice patterned breathing

Traffic jams, headaches, and household chores provide opportunities to practice different breathing techniques and make them part of your routine. To simulate labor, some childbirth educators suggest holding an ice cube in your hand while practicing effective breathing techniques.

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How to begin

At the beginning and end of each contraction remember to take a deep, cleansing, relaxing breath. This not only helps sharpen your focus but also provides more oxygen for your baby, your muscles and your uterus. Breathing patterns for the first stage of labor:

Slow Breathing

Begin slow breathing when contractions are intense enough that you can no longer walk or talk through them without pausing. Use slow

breathing for as long as you find it helpful. Switch to another pattern if you become tense and can no longer relax during contractions.

1. Take an organizing breath, a big sigh as soon as the contraction begins. Release all tension (go limp all over – from head to toe) as you breathe out.
2. Focus your attention.
3. Slowly inhale through your nose and exhale through your mouth, allowing all your air to flow out with a sigh. Pause until the air seems to "want" to come in again.
4. With each exhale, focus on relaxing a different part of your body (see Relaxation Techniques).

Light Accelerated Breathing

Most women feel the need to switch to light breathing at some time during the active phase of labor. Let the intensity of your contractions guide you in deciding if and when to use light breathing. Breathe in and out rapidly through your mouth at about one breath per second. Keep your breathing shallow and light. Your inhalations should be quiet, but your exhalation clearly audible.

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1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over – from head to toe) as you breathe out.
2. Focus your attention.
3. Inhale slowly through your nose and exhale through your mouth. Accelerate and lighten your breathing as the contraction increases in intensity. If the contraction peaks early, then you will have to accelerate early in the contraction. If it peaks more gradually, you will work up to peak speed more slowly. Keep your mouth and shoulders relaxed.
4. As your breathing rate increases toward the peak of your contraction, breathe in and out lightly through your mouth. Keep your breathing shallow and light at a rate of about one breath per second.
5. As the contraction decreases in intensity, gradually slow your breathing rate, switching back to breathing in through your nose and out through your mouth.
6. When the contraction ends, take your finishing breath—exhale with a sigh.

Variable (Transition) Breathing

This is a variation of light breathing. It is sometimes referred to as "pant-pant-blow" or "hee-hee-who" breathing. Variable breathing combines light shallow breathing with a periodic longer or more pronounced exhalation. Variable breathing is used in the first stage if you feel overwhelmed, unable to relax, in despair, or exhausted.

1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over – from head to toe) as you breathe out.
2. Focus your attention on your partner or a focal point, such as a picture.
3. Breathe through your mouth in light shallow breaths at a rate of 5-20 breaths in 10 seconds, throughout the contraction.
4. After every second, third, fourth, or fifth breath, blow out a long breath. You might try verbalizing this longer exhale with a "who or "puh."

5. When the contraction ends take one or two deep relaxing breaths with a sigh.

Breathing to avoid pushing at the wrong time

There will be times throughout both stages of labor when you will want to push or bear down, but it is not the right time. Most women want to hold their breath during these, particularly difficult moments. Avoid holding your breath by breathing in and out constantly or by raising your chin and blowing or panting. This keeps you from adding to the pushing that your body is already doing.

Breathing patterns for the second stage of labor

Expulsion Breathing

Used once the cervix is fully dilated and the second stage of labor has begun.

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1. Take an organizing breath—a big sigh as soon as the contraction begins. Release all tension (go limp all over – from head to toe) as you breathe out.
2. Focus on the baby moving down and out, or on another positive image.
3. Breathe slowly, letting the contraction guide you. Accelerate or lighten your breathing as necessary for comfort. When you cannot resist the urge to push (when it "demands" that you join in), take a big breath, tuck your chin to chest, curl your body and lean forward. Then bear down, while holding your breath or slowly releasing air by grunting or moaning. Most important of all, relax the pelvic floor. Help the baby come down by releasing any tension in the perineum.
4. After 5-6 seconds, release your breath, then breathe in and out. When the urge to push takes over join in by bearing down. How hard you push is dictated by your sensation. You will continue in this way until the contraction subsides. The urge to push comes and goes in waves during the contraction. Use these breaks to breathe deeply providing oxygen to your blood and baby.
5. When the contraction ends, relax your body and take one or two calming breaths.

Tips to help alleviate dry mouth during labor

- Touch the tip of your tongue to the roof of your mouth just behind your teeth as you breathe. This slightly moistens the air you breathe.
- With your fingers spread, loosely cover your nose and mouth so that your palm reflects the moisture from your breath.
- Sip fluids or suck on ice chips between contractions.
- Periodically brush your teeth or rinse your mouth with mouth wash.

Want to Know More?

- Signs of Labor
- Epidural
- Alternative Relaxation Techniques
- Cord Blood Banking: Your Three Choices Explained

Get the Fetal Life App for Apple and Android endorsed by the American Pregnancy Association. It features meal recommendations, kicks

counter, blood glucose tracking, and more.

Compiled using information from the following sources:

The Birth Partner Second Ed. Simkin, Penny, P.T., Ch. 4.

Pregnancy, Childbirth, and the Newborn: The Complete Guide Simkin, Penny, P.T., et al, Ch. 7.

Birthing from Within. England, Pam, CNM, MA, and Rob Horowitz, Ph.D., Ch. 38.

Pain Relief in Labor



Every labor and delivery is unique, and the level of pain experienced varies depending on the person and many other factors. For example, the way baby is positioned and how long labor lasts may impact the level of discomfort.

Below are common types of pain relief used during labor. Depending on the type of medicine used, you may feel more relaxed, get much-needed rest, or eliminate pain completely. Note that side effects and risks exist for each type of pain relief option.

Type of pain relief	How it works	Side effects or risks
Nitrous Oxide	Also called laughing gas, nitrous oxide is tasteless, odorless, and usually mixed with oxygen. It is inhaled through a mask. It does not eliminate pain, but helps you feel more relaxed and less anxious.	You may feel dizzy or nauseous, although this usually subsides after a few minutes.
Opioids	Opioids are a group of medicines usually given through an IV that decrease some of the sensation of pain throughout your body. Morphine and Remifentanil are the most common drugs used. Remifentanil works quickly and clears from your body quickly.	Side effects can include itching, nausea, or feeling drowsy. Baby's breathing or heart rate might be affected for a brief time. Baby might feel drowsy after birth which can make it harder to chest feed or breastfeed.
Pudendal Block	A Pudendal Block is given as an injection usually around the time of vaginal delivery. It can be used to relieve pain in your vagina or perineum. It can be helpful if you have an episiotomy (surgical cut in perineum) or need forceps or vacuum to assist with delivery.	Most common side effect is pain at injection site. Less common side effects include bleeding or infection.

Type of pain relief	How it works	Side effects or risks
Epidurals and Spinal Blocks	<p>For an epidural, an anesthesiologist will insert a thin tube into the space around your spinal cord. The medication flows continuously through the tube. Epidurals are usually highly effective at relieving pain below your waist. You remain awake and can push when directed.</p> <p>Spinal blocks are like epidurals, but usually the medication is given as a single dose into the fluid in your spinal cord. Spinal blocks work quickly and are commonly used for Cesarean delivery.</p>	<p>You cannot get out of bed or walk around. May need a catheter to empty urine from your bladder. You may labor or push longer, and sometimes your blood pressure can drop which affects baby's heart rate.</p> <p>Spinal blocks have similar side effects and risk as epidurals.</p>
General Anesthesia	<p>Given through an IV or a mask, you are not awake and do not feel pain with general anesthesia. In an emergency, general anesthesia may be used for a Cesarean delivery, as it is the quickest option for you and baby in an urgent situation.</p>	<p>A rare but serious risk is aspiration of food or liquids from your stomach into your lungs, which may cause a lung infection.</p> <p>General anesthesia may cause baby's heart rate to decrease or for them to be less alert after birth.</p>

Giving Support during Labor and Birth

A support person is someone you choose to be with you during labor and birth. A support person should be someone you know and trust. It could be your partner, mother, friend or a doula.

Your support person will comfort and help you during labor and birth.



During labor, a support person may:

- ❖ Watch your face and body language for signals of what you need.
- ❖ Ask what would help you most.
- ❖ Respond to what you need.
- ❖ Help you to relax.
- ❖ Keep the room the way you want it.
- ❖ Help you keep your breathing relaxed.
- ❖ Touch you or hold your hand.
- ❖ Stay with you.
- ❖ Speak up for you by advocating for your needs and wishes.
- ❖ Other: _____

Giving Support during Labor and Birth

Being a support person is a big job! Think about how you will react to things that happen during labor and birth.

How will you feel if your laboring person needs...?

Help to relax:	You to stop talking, joking, or touching:
Support if feeling scared or anxious:	You to stay with them:
Help with a decision that changes the birth plan:	You to follow instructions from someone on the health care team:

Tips for the support person - ways to help during labor:

- Encourage position changes and help them move around, as needed.
- Apply a cool cloth to neck or forehead.
- Provide ice chips or juice. (Be sure to ask the nurse first.)
- Give a back massage or hold hand if touch is desired.
- Be aware of laboring person's desires and speak up when you or your partner have questions or concerns. Reach out to hospital staff you've connected with the most.
- Encourage and praise!



C-Sections

Your doctor may suggest a C-section because it may be safer for you or your baby. Sometimes you know ahead of time and can plan for a C-section. Other times the decision is made while you are in labor and things can move very fast. It's good to know about C-sections and be prepared.

Some reasons for a c-section:

- Placenta is lying too low.
- Mother has a vaginal infection.
- Umbilical cord falls into the vagina.
- Baby is in wrong position for birth.
- Labor lasts a long time without making progress.
- Baby is in distress during labor.
- Baby's head is too large, or mother's pelvis is too small.

Before...

The nurses will prepare you for a c-section:

- The area of incision may be shaved.
- A catheter is placed in your bladder.
- An IV is placed in your arm.
- An oxygen tube is placed in your nose.
- An epidural is started.



During...

- A cut (incision) is made through your skin and abdominal wall. The abdominal muscles are then separated. A 2nd incision is made through the wall of the uterus to reach baby.
- Muscles are usually separated but may need to be cut.
- Incisions might be up and down (vertical) or side to side (horizontal).
 - Your bag of water is broken.
 - Your baby is lifted out. You will be able to see your baby.
 - The placenta is delivered.
 - You are stitched up.



After...

- You will be in the recovery room for 1-2 hours.
- You will stay in the hospital for 3-5 days.

My Birth Preferences

My Birth – The Details

My name is _____

and my due date is _____.

My support person is _____.

Please Note:

- I have gestational diabetes
- I am Group B positive
- I have Rh incompatibility
- I am allergic to _____,

Set the tone

I would prefer:

- Low light
- Quiet
- Background music playing
- Minimal interruptions
- Lots of hands-on support
- Other: _____

Specific requests

I would prefer:

- _____
- _____
- _____
- _____
- _____

After birth

I would prefer:

- For _____ to cut the cord
- To breast or chest feed ASAP
- Skin-to-skin contact with baby
- Other: _____

Pain relief

I would prefer:

- Comfort measures that don't include medication
- Nitrous Oxide, if available
- Medications given through the IV
- Epidural
- Other: _____

Emergency C-Section

Sometimes babies get stressed during labor. The baby could be in danger. The doctor might do an emergency c-section.

If you have an emergency c-section:

Before...

You go to the operating room for an urgent delivery. You may be asked to...

- Stay calm.
- Follow directions.
- Turn on your side.
- Take deep breaths from an oxygen mask.
- Remove all jewelry.

Things will move fast. The hospital staff will hurry to help you and your baby.



During...

You will be given anesthesia before the surgery.



- **Epidural or spinal block:** This numbs you from the waist down. You will not feel pain. You are awake during surgery.
- **General anesthesia:** This puts you to sleep during the surgery.

A drape is put up. You do not see the surgery. A medical team helps your baby if needed.

After...

You will be in the recovery room for 1-2 hours.

- Your family may be able to be with you.
- You may be able to see your baby.
- Ask your doctor if you have questions about the delivery.



What Happens After Baby is Born?

Right after baby's birth:

- Baby is placed on your belly or in a warmer bed.
- Baby is dried off.
- Baby is covered with a warm blanket and hat.
- Nurse suctions baby's mouth and nose.
- Nurse checks baby's APGAR.
(at 1 minute & 5 minutes)
- Baby's umbilical cord is cut.
- Placenta is delivered.
- You and baby get special ID bands.

What I think about this...



If you have a c-section...

- Baby is placed in a warmer bed.
- Baby is dried off.
- Baby is covered with a warm blanket and hat.
- Nurse suctions baby's mouth and nose.
- Nurse checks baby's APGAR.
(at 1 minute & 5 minutes)
- Baby's umbilical cord is cut.
- Placenta is delivered.
- You and baby get special ID bands.
- You are stitched up.



What Happens After Baby is Born?

During the first hour:

- You begin to feed baby human milk.
- Baby is weighed & measured.
- Baby gets antibiotic eye drops and a shot of Vitamin K.
- You get stitches if needed (for episiotomy or perineal tear).
- You are monitored (bleeding, blood pressure, pulse, respirations, and temperature).
- Your epidural is removed (if you had one).
- Nurse helps you clean up.

What I think about this...



Before you leave the hospital:

- You see a lactation consultant.
- You continue chest or breastfeeding.
- Nurses take a blood sample by pricking baby's heel.
- Baby gets a newborn hearing test.
- Baby gets tests required by the state.
- Baby gets a bath.
- You take pictures of your new baby.
- You are monitored (bleeding, blood pressure, pulse, respirations, and temperature)
- You get pain medicine if you need it.
- Baby stays with you, in the nursery, or some of each.

What I think about this...

Skin-to-Skin and Rooming-In

Skin-to-Skin

Babies love being close to their mom. Right after the baby is born, you can ask for time with your baby and do skin-to-skin. Skin-to-skin is when your bare chest is against the baby's bare skin. Your body produces a hormone called oxytocin which is the “feel good” hormone. It not only helps you feel good but also helps you bond with your baby. Oxytocin raises the temperature of your chest where the baby is resting. This helps to keep the baby warm. You may also put a blanket over the two of you.



Rooming-In

We know that moms and babies sleep better when baby rooms in. Rooming-in is when the nurse brings the baby in a crib to your room and leaves the baby with you. The baby can remain with you except for when the nurse and pediatrician have to check your baby. Since the baby will be with you all the time, you can enjoy breastfeeding in the privacy and comfort of your room. Enjoy this quiet time with your baby!

How Can I Talk to My Labor Nurse(s) about Skin-to-Skin and Rooming-in?

When you are brought to the room you will be laboring in, ask to talk to your nurse. Let her know that you want to do skin-to-skin and rooming-in. It is that simple! Make the request. Nurses like to know what they can do to help you have the best birth experience.

Bonding with Baby After Birth

MOTHER

Skin to Skin time
with baby



Avoid distractions
so you can focus on
baby



Breastfeed within
the first hour after
birth



Keep baby close
when you're awake



PARTNER

Skin to Skin time
with baby



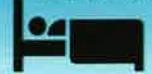
Limit visitors so you
can help mom focus
on baby



Consider cutting
cord or giving baby
their first bath



Limit stresses and
offer to care for baby
while mom rests



What Are Newborn Screenings?



What are newborn screenings?

Every newborn baby is tested for certain illnesses. Screening lets doctors find & treat any problems early.

How is newborn screening done?

Newborn screening is a simple blood test. Your baby's heel will be pricked to take a small blood sample. This blood sample is sent to a lab.



How do I get the results?

Ask your baby's doctor how and when you will get the test results.

The test results are often normal. If the test result is not normal, try not to panic. **Failing the screening test does not mean your baby is ill!** It just means that your baby needs more tests.

Extra testing may show that your baby does not have any problems. If there is a problem, the doctor can explain more.