

CARE DURING LABOR AND BIRTH

What to expect when arriving at BMC Labor and Delivery

When you arrive at BMC Labor and Delivery you will be registered at the front desk. You will then come to triage. Triage is where we will check you and the baby and help decide if you should stay at the hospital or not. Sometimes when labor has just started it may be too early to stay at the hospital. If you and your baby are healthy you may be sent home to wait for labor to progress.

During labor, you will have a primary nurse and a midwife or doctor in charge of taking care of you and your baby. You may also be seen by resident doctors during your labor. Anesthesiologists are available if you want an epidural during labor. Medical students, student midwives, or physician assistant students, may also help you in labor.

We will:

- Check the baby's heart rate
- Check your cervix to see how dilated you are
- Have blood taken for some tests
- You may have an IV placed (not everyone requires an IV in labor)
- Discuss your pain control options



Most pregnancies and births happen without complications. However, sometimes problems develop. This section will answer some of your questions about the most common problems.

We talk to all patients about these problems and will ask you to sign a form that says you understand them and agree to let us help you and your baby if any of these problems happen.

FREQUENTLY ASKED QUESTIONS ABOUT COMMON PROBLEMS DURING LABOR

What if my labor needs to be started or induced?

- Misoprostol, oxytocin (pitocin) and a cervical balloon can be used to start labor.
- Misoprostol and pitocin are medicines that cause contractions. Sometimes they make contractions too strong.
- Your baby may have a hard time with strong contractions. Your provider can change your medicine should you or your baby have a problem.
- A foley balloon can help get your cervix ready for labor by opening it more.

What if my labor slows down?

- Things that can help speed up labor are changing positions, rest, or getting extra fluid through your IV.
- Your provider may recommend breaking your water (amniotomy). This is done with a small hook, like a crochet needle. This does not hurt. This may shorten your labor.
- We recommend oxytocin (pitocin) (see above).
- Your provider may use an intrauterine pressure catheter. This is a small tube that your provider puts inside your uterus that shows how strong your contractions are.
- You may need a cesarean birth (C-section) because other treatments did not help. (see below)

What if there's a problem with my baby's heart rate?

- Things that can help the baby's heartbeat are changing your position, breathing extra oxygen through a mask, or getting extra fluid through your IV.
- To help your baby's heart rate your provider may stop medications that make contractions stronger.
- In some cases, your provider may use a Fetal Scalp Electrode (FSE). This is a small monitor that is placed on baby's head. It gives more information about your baby's heart rate.
- You may need a cesarean birth (C-section) because other treatments did not help. (see below)

What do you do if my baby needs help coming out quickly?

- Episiotomy. This is a small cut in your vagina that makes more room for the baby to be born. Most women do not need an episiotomy. Episiotomies can increase the risk of deep tears in the vagina. Tears into the rectum can cause problems with holding gas or bowel movements.
- Forceps or a vacuum cup. These are tools placed on the baby's head to help pull the baby out while you push to help the baby be born quickly. While most babies do fine with forceps or a vacuum cup, there are potential risks. Forceps may bruise your baby's skin or, in rare cases, hurt a nerve in your baby's face. The vacuum cup may cause swelling on your baby's scalp or, in rare

cases, hurt blood vessels in your baby's head. Forceps or a vacuum cup may increase the risk of hurting the muscles in your pelvis.

- Cesarean birth (C-section). C-sections are when your doctor makes a cut through your skin and uterus to deliver your baby. This happens in about 1 would change to 4-6 births. Some C-sections are planned before labor and others happen during labor.

Some reasons why your baby may need to be delivered via C-section include:

- Your baby has a problem in pregnancy or in labor.
- Your labor stops.
- You had a C-section before and need to have one again.
- Your baby is not in the right position.
- You have a medical problem.

What problems can a C-section cause?

- Blood loss (hemorrhage)
- Infection
- Pain after C-section
- Scar tissue (this can make other abdominal surgeries harder to do)
- Rare problems include:
 - Damage to your bladder, intestines, or blood vessels
 - A small cut on your baby
 - Hysterectomy (surgery)

- to remove your uterus)
(1-2 out of 1000)
- Death (1 out of 10,000)

Can I have a vaginal birth after a C-section?

In many cases, yes. Although rare (less than 1 out of 100), the scar on your uterus can tear in labor (uterine rupture). You are more likely to tear if you have had more than one C-section. Your midwife or doctor will talk to you about the chance of having problems in your next pregnancy.

What if I get a fever during labor?

An infection in your uterus may cause a fever. Your provider may recommend an antibiotic through your IV. Your baby may also need IV antibiotics after birth. This happens in about 2-3 out of 100 vaginal births. Infections are more common after a C-section and all women receive antibiotics to prevent infection.

What if my baby gets stuck coming out?

When the baby's head is born but the shoulder gets stuck behind your pubic bone, this is called shoulder dystocia. This is an emergency. This happens in 2 out of every 100 births. Your provider may ask you to change your position. They might cut an episiotomy. Your baby's collar bone could break during birth. This almost always gets better on its own. Sometimes pressure on the baby's shoulder can hurt a nerve in your baby's arm. Mostly the nerve gets better with physical therapy. In rare cases, brain damage or death can happen when a baby is stuck for a long time.

FREQUENTLY ASKED QUESTIONS ABOUT COMMON PROBLEMS AFTER BIRTH

What if my vagina tears during birth?

- Many birthing people have small tears in the vagina during birth.
- Sometimes an episiotomy was recommended. (see previous section)
- Your provider will check your vagina for tears after your baby is born.
- You may need stitches to heal the tear. The stitches dissolve on their own. A cold pack helps with soreness on the first day.

What if I bleed too much?

- *Massage.* Your provider may massage your uterus to help it to contract.
- *Oxytocin and other medicines.* These medicines can stop your uterus from bleeding.
- The *placenta* may be stuck inside and your provider may need to reach inside the uterus to remove it. This is not very common.
- *Dilation and Curettage.* This is surgery to take out any tissue left in your uterus after birth. It can help to stop the bleeding. Dilation and curettage may

increase your risk of infection and damage to your uterus, bladder, or intestines.

- *Blood transfusion.* This is when you get new blood to replace the blood you lost. This occurs in 4 out of every 1000 births.
- *Hysterectomy.* This is when your doctor removes your uterus to stop the bleeding. Very few people need a hysterectomy (1-2 out of 1000).

What if my baby needs help after birth?

- Most babies start breathing by themselves after birth. Sometimes babies need extra help, known as neonatal resuscitation. Your provider may give your baby oxygen through a mask, or place a tube in the baby's lungs (intubate) to help them breathe.
- Meconium is baby's first bowel movement. The baby may pass meconium in the water before birth. If this happens a pediatrician will be at your baby's birth in case the baby needs help breathing.
- We have special pediatricians working in the hospital who can take care of your baby in case of an emergency.

Our goal is to provide the safest possible birth for you and your family. Although most women give birth without major complications, we cannot predict how your birth will go and there may be unexpected outcomes. This document is to inform you of possible complications at the time of birth. You have been given the opportunity to review this document and ask your provider questions before signing the consent for labor.

BREASTFEEDING FACT SHEET



Most people know that breastfeeding is good for babies and that there are a number of benefits from breastfeeding. These don't only apply just to babies, but to postpartum people, as well. For example:

BENEFITS TO THE PARENT WHO BREASTFEEDS

- Develops special emotional relationship and bonding with her baby
- Breastmilk is FREE – which reduces or eliminates the cost of formula
- Breastfed babies are sick less, thus reducing healthcare costs to the family and requiring less time away from work
- Reduced risk of breast and ovarian cancers
- Reduced risk of anemia
- Protection against osteoporosis and hip fracture later in life

- Helps return your body to its pre-pregnancy state more quickly
- Helps delay return of fertility and to space subsequent pregnancies

BENEFITS TO BABIES WHO ARE BREASTFEEDING

- Human milk provides children with the most complete and optimal mix of nutrients
- Breast milk changes as the baby grows. It gives the baby the best nutrition at all stages.
- Babies enjoy a special bonding & emotional relationship with their parent

- Protects against diarrhea, gastroenteritis, and other stomach upsets
- Reduced risk of diabetes
- Protection against ear infections and respiratory illnesses
- Reduced risk of SIDS (Sudden Infant Death Syndrome)
- Protects against meningitis, childhood lymphoma, Crohn's Disease, and Ulcerative Enterocolitis
- Reduced incidence and severity of allergies
- Breastfeeding plays an important role in emotional development
- Babies have better brain and nervous system development

ENVIRONMENTAL AND SOCIAL BENEFITS OF BREASTFEEDING

- Breastfeeding reduces cost of healthcare by promoting healthier children and mothers
- Breastfeeding is good for the environment! It doesn't need packaging or extra materials.
- Less missed work days because kids are healthier

WELCOME BABY!

WHAT YOU WILL NEED TO KNOW WHEN LEAVING THE HOSPITAL WITH YOUR NEW BABY

After your baby is born, you will both go to your shared postpartum room at BMC Labor and Delivery.

Staff will provide you and your family with the best care possible during this very special time. Here, you'll learn about your new baby and how to care for him/her, and yourself. Skilled postpartum nurses will work with you to complete all of the necessary steps to prepare you and your baby for a safe transition home.

EXAMS AND TESTS FOR THE BABY

We are able to care for your baby in your room and do exams and tests for your baby there.

These include:

- **Hepatitis B Immunization:** This is the first of three injections to prevent the Hepatitis B infection.
- **State newborn metabolic screen and bilirubin screen:** These screening tests require blood samples, which are taken from your baby's heel. Blood will be taken for both these tests at the same time.
- **Hearing test:** This test is simple and painless, and takes only a few minutes.
- **Heart screen:** This is done to make sure your baby's heart is healthy.
- **First bath:** This will happen when your baby is 12-24 hours old. We delay the bath to help

your baby stay warm and to make sure the blood sugar stays in the normal range.

- **Removing the umbilical cord clamp:** We will remove your baby's umbilical cord clamp 24 hours after they are born. **Please let us know if you want us to save the clamp for you.**
- **Circumcision:** We wait until the baby is at least 12-24 hours old, has peed at least once, and is showing signs that he isn't having any trouble eating. This procedure is done in an exam room in the Postpartum unit

FOR THE POSTPARTUM PARENT

- You might be due for some vaccinations, like COVID, Flu, MMR (Measles, Mumps and Rubella), or Varicella.
- Your nurse will fill out the Women, Infants, and Children (WIC) Food and Nutrition program form, if this is needed.

Thank you for trusting us to care for you and your family.

- If you are breastfeeding, we will provide you with information about breastfeeding support groups like Baby Café. More about BMC's Baby Café is located at **BMC.org/obgyn/babycafe**.
- If you are formula feeding, we will give you information about how to safely prepare infant formula.

When you and your baby are ready to leave BMC, your nurse will remove the security (HUGS) band from your baby.

NEW PARENT TO-DO LIST

- **Car Seat:** Bring in your car seat from home as soon as possible. We want to be sure you know how to safely place your baby in the car seat and that you have enough time to practice and ask questions.
- **Birth Certificate:** Our birth certificate specialists will come to your room to ensure you sign the paperwork. If you have it, bring a government ID such as a drivers license or a passport for one or both parents.
- **Newborn Appointment:** Please choose a provider for your baby. We will make your baby's first primary care appointment for when they are 3 to 5 days old.
- **Ride Home:** Please start planning your ride home. Our goal is for you and your baby to leave by 11:00 AM.

COMFORT IN LABOR



We offer you many options to provide comfort during your labor and birth. These options include various medications or natural methods (without medication).

Childbirth Education

Taking a childbirth education class can help you prepare for labor. Even if you plan to use medication when you are in labor it is good to know some natural ways to deal with labor pain that you can use at home when labor starts. Visit **BMC.org/obstetrics/childbirth-education** to find out more and sign up for a childbirth education class.

NATURAL LABOR (WITHOUT MEDICATION)

Each birthing person deals with labor pain in their own way. Understanding how your body works and feeling relaxed, loved, and supported will help you to deal with labor.

Natural labor techniques that you can do include:

- Breathe through your contractions
- Use warm packs or ice packs where it hurts
- Walk if you can
- Change your position when it is hard to cope

- Use a birth ball
- Chose a support person who can help you through the contractions. Ask your care provider about our Birth Sisters Program if you are interested in extra support.
- Hydrotherapy/Tub
 - Hydrotherapy is using warm water to help relieve pain. You can use the shower or one of the labor tubs to help with labor pain. Medical studies show no problems with tub use during labor. Some women find it to be very soothing during labor and it can help you use less pain medication during labor.

MEDICATION AND LABOR COMFORT

Some birthing people choose pain medication to deal with labor pain. There are three types of medications: narcotic medication, nitrous oxide, and anesthesia medication.

Narcotics

This is medication given through your IV or by a shot.

Pros:

- May take away some of the pain
- Makes you feel more relaxed and sleepy
- Can help you to sleep in between contractions

Cons:

- May not take all of the pain away
- Sometimes people feel dizzy or nauseous

Nitrous Oxide "Gas and Air"

This is a medication that is inhaled through a mask. It only works while you are inhaling and the effects go away when you stop breathing in the mask.

Pros:

- May take away some of the pain
- May make you feel more relaxed
- You may still feel pain but you don't mind it as much

Cons:

- May not take all of the pain away
- Sometimes people feel dizzy or nauseous



Anesthesia

This is a medication given by an anesthesiologist (a doctor specially trained to give anesthesia medicine) to numb labor pain. During labor or a C-section, anesthesia can be given three (3) different ways:

1. Epidural: This is when the anesthesiologist places a small catheter or tube in your back. Pain medication goes through the tube to numb your labor pain. You can get more pain medication through the tube as you need it during your labor. It takes about 20 minutes for the pain to stop. An epidural is the most common way to give anesthesia pain medication.

2. Spinal anesthesia: The anesthesiologist gives you a shot of pain medication in your back. Spinal anesthesia numbs labor pain in a short amount of time and is more often used for a cesarean section.

Pros:

- Epidural and spinal anesthesia help to numb most of your labor pain
- Less pain makes you feel more relaxed

Cons:

- Epidural and spinal anesthesia may make your legs very numb and heavy
- These can slow the pace of your contractions and make pushing time longer
- These may cause a headache that can last several days

3. General anesthesia:

In some cases, the anesthesiologist will have to give you medicine to make you go to sleep during surgery. You will have a tube down your throat to help you breathe while you are asleep. General anesthesia is not used very often.

IN CASE OF AN EMERGENCY

MY DUE DATE IS:

EMERGENCY CONTACT NUMBERS:

MY PROVIDER'S NAME:

WHEN TO CALL FOR HELP

If you have any of the following warning signs, call the number you have written.
After office hours call **617.414.2000** or the number given to you by your provider:

- Very bad nausea with vomiting that won't go away.
- Pain or burning when you pass urine.
- Very bad stomach pain.
- Vaginal bleeding.
- Sharp blow or trauma to your stomach.
- Chills or fever greater than 100.4 degrees Fahrenheit.
- Difficulty breathing or pain in your chest.
- Your baby is not moving as much as before.
- Signs of high blood pressure (preeclampsia):
 - Very bad headache that won't go away.
 - Very bad pain in your belly, especially under your right rib.
 - Your vision is blurry or you see flashes of light.
- Preterm Labor (labor before 37 weeks):
 - Contractions (your stomach gets hard) more than 4 times in an hour.
 - Stomach cramps like when you get your period.
 - Low, dull backache.
 - Blood or fluid from your vagina

TIPS FOR CARING FOR YOUR NEW BABY

IF YOUR NEWBORN BABY COULD TALK, HERE'S WHAT THEY WOULD TELL YOU...

"Wow being born is quite a workout! I should try to breastfeed within an hour of birth but then I may want to sleep a lot for the next 24 hours."

"I would love to be held skin to skin with you as much as possible, just ask the nurse how to do it safely."

"Watch me for signs that I am getting interested in eating, like moving my lips and trying to put my hands in my mouth, or when I start to wake up and move my arms and legs."

"If I'm sleepy, but need to eat, try unwrapping me or changing my diaper. Still sleepy? Keep holding me skin to skin and try again in an hour!"

"Did you know that your body started making milk for me early in your pregnancy? My stomach is very tiny, about the size of a small marble; I don't need much milk; you have all that I need!"

"If I don't latch on to your breast in that first 12-24 hours or if I have trouble, could you hand-express some of that 'Liquid Gold' that I've been hearing about onto my lips or ask the nurse to show you how to feed it to me with a tiny spoon?"

"Even though breastfeeding is 'natural' we may need some help and guidance from our nurse; ask for help if I can't latch on or have our nurse watch to see how we are doing."

"Once I've woken up a bit more, (after the first 24 hours), I am probably going to want to eat often. (I especially like eating at night when you want to sleep!) I should now want to nurse at least 8-12 times in a 24-hour period. Feeding me frequently will help you make more milk for me!"

"If you put me down when I am done feeding, I may soon wake up and want to nurse again. This is not because I am hungry, but because this is comforting."

"I am excited to meet your family and friends but we need lots of time to get to know each other and you need your sleep too, Mom!"