

## WEEK 32

You are: \_\_\_\_\_ weeks pregnant today!

Your vitals: \_\_\_\_\_ Blood Pressure

Weight: \_\_\_\_\_

### Today's Topics:

- Birth Plan Development & Review
- “Birthing with Midwives”
- Pain & Coping
  - Hydrotherapy
  - Nitrous oxide
  - IV medication
  - Epidural
- Pediatrician Selection
- Breastfeeding education
- Pacifiers and Breastfeeding

### At Your Next Visit:

- Routine Visit We will review:
  - Contractions
  - Third trimester travel

**We will see you in 2 weeks!**

## Birthing at Southside Community Hospital

It is important for you to understand your options for care during your labor and birth. As your providers, our goal is to partner with you to help you and your baby have a healthy and safe birth. Here are some of the things you can expect when you choose to allow us to help you birth at Centra Southside Hospital. Feel free to add additional things you would like to choose or plan.

- Labor should not be induced before 41-42 weeks unless there are medical problems for you or baby
  - We recommend ultrasound and a non-stress test after 41 weeks to check- on baby
  - We use a range of methods to assist with labor induction (foley balloon or cytotec to ripen the cervix, breaking bag of waters and/or Pitocin to give contractions). There is no pre-set time limit for how long labor can take with induction.
- We encourage laboring at home until active labor.
  - Contractions should be strong and regular (every 2-4 minutes)
  - Position changes – walking (inside and outside), rocking chair, yoga ball, bathtub/labor pool or shower, hands and knees, rebozo sifting
  - Eat and drink as tolerated – stay well hydrated with frequent snacking of easy to chew foods
- Admission to the hospital in active labor
  - For some women, this may not be until 6cm dilated with strong, regular contractions

## Labor

- **Cervix exams** done at admission and then as needed based on your labor.
  - Always done with your permission
- Your nurse will ask how you are coping with your contractions/labor. She may ask you to rate your pain using 0-10 scale, especially if you are requesting medication. You may choose for the nurse to not ask you to rate your pain.

- **Baby Monitoring** – 20 minutes continuous monitoring at admission and then intermittent listening to heart beat with doppler
  - If you need continuous monitoring because of a concern about you or your baby, we recommend telemetry monitoring that will help you be out of bed
  - Some positions may not be possible if we cannot hear your baby's heart beat or monitor contractions
  - Continuous monitoring is recommended for women laboring who have had a cesarean birth before, are on Pitocin, have an epidural or have a medical indication.
  - Sometimes, with your consent, we need to monitor your baby's heart beat or your contractions from the inside (monitor on baby's head and monitor inside your uterus). We will talk to you about why if this is needed.
- **IV saline lock** (IV site in your arm (first choice) or hand, not connected to tubing)
- Recommended for women laboring who have had a cesarean birth before
- Can be used for:
  - IV fluids if you are dehydrated, if baby has abnormal heart rate, or if your labor pattern is abnormally slow
  - IV antibiotics if you are GBS+ or if you have signs of infection during labor
  - IV Pitocin after birth to prevent or treat heavy bleeding/postpartum hemorrhage. It is Recommended if you have history of heavy bleeding, postpartum hemorrhage in previous birth, or problems in pregnancy or labor that increase your risk for hemorrhage
- IV fluids if you choose to have epidural for labor comfort (see below)
- If you choose to not have IV saline lock, an IV can be placed if you have need for fluids, antibiotics, or medication to treat bleeding (including blood).
- This could delay treatment if there is difficulty getting your IV placed in an emergency.

# Labor

- **GBS positive**

- If you test positive for group B strep during your pregnancy, we recommend you receive IV antibiotics while you labor to prevent infection to your baby from exposure to the bacteria.
- If you choose to decline, we ask you to sign a form that you understand this is against our evidence-based advice.

- **Non-Medication Comfort Measures** – encouraged for everyone

- Dim lights
- Wear hospital gown or your own clothing. Bra is optional (remove if you have epidural).
- Bring music to play. There is a nature station on the TV
- Aromatherapy – You may bring oils to use during your labor/birth. Please no diffusers.
- Positions – rocking chair, couch, birthing ball, walking in hallway, shower, bath, side-lying positions in bed with or without peanut ball, rebozo sifting, squat bar
- Labor support – family members and/or doula support are welcome, per current hospital visitor policy
  - Your midwife plans to spend as much time with you as you need (and as we are able based on needs of other women/families) while you labor
  - Your nurse will also be available to provide labor support as we are able and based on your needs/preferences
- Eating/Drinking – Eat and drink as you like in labor at home and while in hospital.
- If your labor is being induced, if you are receiving Pitocin, have an epidural or if you or baby have some medical complications, we may recommend liquids only.

- **Medication Comfort Measures** – if you choose

- Nitrous Oxide – inhaled short-acting gas for pain relief. Most common side effect is nausea and dizziness. Does not have known effects on baby. It is exhaled from your lungs as you breathe.

# Labor

- **IV medication – decreases pain, may allow you to rest or sleep**

- **Stadol** – nausea, dizziness, sleepiness. Can cause baby to be sleepy/have trouble breathing if birth happens soon after getting this medication. May cause some babies to have trouble with latching to breastfeed for several hours after birth.
- **Nubain** - nausea, dizziness, sleepiness
- **Fentanyl** – does not usually cause dizziness or sleepiness. Best used in transition or while pushing if needed.
- You may be out of bed with assistance if not dizzy.

- **Epidural** – eliminates pain, may feel pressure without pain
  - May increase the time you labor and the time you push
  - You may not be out of bed

- **Labor Augmentation**

- We support the work of your body to labor and recognize that some women take longer to labor than others.
- If your labor is not progressing normal and/or if there is problem with you or baby, we may recommend these to help your labor keep going if waiting longer has not helped.
  - Nipple stimulation to increase contractions
  - Breaking the bag of waters
  - Pitocin to increase contractions

# Birth

- You may **photograph** any part of your labor or birth. You may video during labor and after birth. You **may not use live video recording** during the birth until the baby is born and on mom's chest.
- **Position** - Push and birth in the position most comfortable to you
  - We discourage lying on your back unless this is most comfortable for you
- **Pushing** – we encourage waiting to push until you have an urge to push (even if you have an epidural).
  - It can be normal for you to push for 3-5 hours if this is your first baby and if you have an epidural.
  - We use warm compresses and olive oil to prevent or minimize tearing.
- **Episiotomy** – We do not do routine episiotomy. We do very few each year.
  - Might be needed if your baby's heart rate is very low and the head is almost out (most common) or if your baby needs to be born by vacuum and more space is needed (rare). We need your consent before it is done.
- **Vacuum delivery**
  - May recommend if you have been pushing and the baby's head is low and the heart rate is very low to quickly help baby be born, or if you have been pushing a very long time and are having difficulty from exhaustion. The alternative to vacuum is cesarean birth. The major risk is bleeding in the head from too much pressure on the vacuum or too much pull by the provider. A doctor may be asked to come help with this birth if you or your baby need this. Most babies will have a small area of swelling and bruising that goes away over 24 hours. You have to consent for this before it is done.
- If you have a **Cesarean**:
- One support person may go to OR with you unless you need to be put to sleep in an emergency
- Skin-to-skin is offered after cesarean and you and your baby will recover in the same room unless you or baby are having complications.

- **Delayed Cord Clamping** – we all practice this!
- If your baby passed meconium before birth, or is having trouble and not breathing at birth, we will milk the cord to deliver as much blood as we can before clamping/cutting so that the nursery nurse can evaluate baby.
- If you are banking or donating your cord blood, you must bring the kit with you.
- We encourage partners or other support people whom you may choose to cut the umbilical cord, unless there is an emergency with your baby at birth.
- **Skin to Skin** is done for at least the 1st hour after birth if there are no complications with you or baby.
- **Placenta**
  - We wait for the placenta to detach on its own before lifting it out of your vagina or having you push it out. This may sometimes take 30 minutes to occur after baby is born.
  - If you would like to take your placenta home, there is a form you sign and you will be given your placenta in a bucket to take home. You should bring a cooler with you and you should have someone designated to take it home (we will not store it for you).
- **Bleeding after delivery** of baby and placenta
  - Breastfeeding and nipple stimulation can help prevent heavy bleeding
  - Some women are at increased risk for bleeding heavy and having hemorrhage. If you have risks for this, we recommend that you receive medication to prevent heavy bleeding/hemorrhage.
    - IV Pitocin if you have an IV (recommended) – this may continue for 3-4 hours after birth
    - IM Pitocin (injected into your thigh)
    - PR Cytotec tablets (placed into your rectum)
    - Other medications or procedures as needed (will be discussed with you)
- If you have chosen to not have an IV saline lock, and you are having heavy bleeding, we will recommend you get an IV for fluids and can use:
  - IM Pitocin (injected into your thigh)
  - PR Cytotec tablets (placed into your rectum)
  - IV Pitocin
  - Other medications or procedures as needed (will be discussed with you)

## Newborn Care

- **Erythromycin** – Eye ointment put on newborn's eyes within an hour after birth
  - Given to prevent eye infection (similar to pink eye) that can be caused by exposure to gonorrhea and chlamydia in the birth canal. It may also prevent eye infections caused by staph or other bacteria, but there are no studies to show it is effective for this.
- Some families make informed choice to decline this medication and can sign a form at the hospital.
- **Vitamin K** – given by injection into the leg to prevent your baby from having serious bleeding in the days and early weeks after delivery.
  - Prevents a rare but serious condition called Early Vitamin K Deficiency Bleeding
  - The body does not make vitamin K for many weeks after birth
  - Recommended for all babies. Some families make informed choice to decline this medication and can sign a form at the hospital.
- **Hepatitis B vaccine** – given in the hospital before discharge.
  - Hepatitis B is passed through blood and body fluids.
  - Some families choose to wait and have this vaccine given in the pediatrician office.
  - We encourage you to discuss with your pediatrician.
- **Rooming-In** – your baby will stay with you in your room throughout your admission, unless your baby needs to be in the nursery for special care.
- **Feeding your baby**
  - We encourage and support you to breastfeed as long as you can if there are no medical problems with you or your baby where formula may be better.
  - If you are choosing to breastfeed, your baby will not be given formula unless you request it or your pediatrician orders it for your baby.
  - Your baby will not be given pacifier by the nurses or hospital staff (unless your baby is having a painful procedure).



- **Circumcision**

- An elective, cosmetic procedure that some families choose for their sons.
  - The midwives, pediatrician or OB will do this surgery after you give consent before you leave the hospital.
- Some families choose to wait until after hospital discharge to have circumcision for personal or religious reasons. Please discuss this with us so that we can arrange this. Midwives can perform circumcision before 28 days of age.
  - Your son must have received vitamin K injection for the provider to perform circumcision.

## **Additional Resources**

<http://www.midwife.org/Share-With-Women>

Fact Sheets and FAQ from American College of Nurse-Midwives

[www.OurMomentofTruth.com](http://www.OurMomentofTruth.com)

Article: Normal, Healthy Childbirth for Women & Families – What you Need to Know. Information on Safe Sleep, Vaccines, Tobacco & Alcohol Use in Pregnancy, and much more!

<http://www.choosingwisely.org/patient-resources/scheduling-early-delivery-of-your-baby/>

[www.EvidenceBasedBirth.com](http://www.EvidenceBasedBirth.com)

Articles on GBS, Labor induction, Pushing positions, Skin to Skin, many more!

<http://www.cdc.gov/groupbstrep/resources/flyer-untreated-harm-baby.html>

[http://www.cdc.gov/groupbstrep/downloads/gbs\\_patient\\_info.pdf](http://www.cdc.gov/groupbstrep/downloads/gbs_patient_info.pdf)

[www.Spinningbabies.com](http://www.Spinningbabies.com)

Pregnancy and Birth Education

# Birth Plan

## CMG Southside Women's Center

Name: \_\_\_\_\_

Partner/Support Person Name(s): \_\_\_\_\_

Doula Name(s): \_\_\_\_\_

### Procedures:

- IV saline lock
- No IV saline lock unless I need antibiotics, fluids, or other IV medication during labor

### Comfort:

- Non-medication methods planned (dim lighting, soft voices, birthing ball, walking, shower, bathtub, kaya, etc.)
- Labor pool.
- Please do not ask me to rate my pain.
- Please do not offer me medication – I will ask for it if I choose this.
- Nitrous oxide for pain.
- IV pain medication.
- Epidural when I am in active labor.

### After Birth:

- Medication given automatically to prevent heavy bleeding/postpartum hemorrhage.
- Medication given only if I have heavy bleeding or postpartum hemorrhage.

### Newborn Care:

- I plan to Breastfeed
- I plan to Formula Feed
- I want Erythromycin eye ointment
- I want Vitamin K injection
- I want Hepatitis B Vaccine
- I would like to have my son circumcised

### Other Requests:

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