“There is a secret in our culture, and it’s not that birth is painful. It’s that women are strong.”

- Laura Stavoe Harm
• Review of all breathing techniques
• Visualization & Guided imagery
• Relaxation
Pre-Admit

- Pre-certify with Insurance Company
- Pre-Admit Mother to hospital - ALL OB patients must pre-admit with the BUSINESS OFFICE. We recommend you do this after your 24th week.
- Give mother’s full legal name
- Sign consent for hospitalization & treatment for you & your baby.
You MUST admit to the Hospital
Either by way of the BUSINESS OFFICE or ER
After the Business Office is closed, you will need to use the ER

- Daily Business Office hours:
  7am-8pm
**When To Come to the Hospital**

- **Contractions** every 5 mins., lasting a full minute X 1 hour - 511
- **Water bag** ruptures/leaks
  - COAT/TACO
- **Bleeding** with or without pain (enough to soak a maxi-pad)
- **L&D** will notify MD if you are in active labor
- When to notify family/friends
Medical Options/Procedures for Childbirth

- DVD Presentation
  - Medical Options C/Section
Decision Making

• “BRAIN”
  B = Benefits (Advantages)
  R = Risks (Problems)
  A = Alternatives (Options)
  I = Intuition (How does this make you feel?)
  N = No/Not now (What would happen if you said no or not now?)
Birth Planning

- Be FLEXIBLE
Birth Planning

- Think about the physical & emotional support you want
Birth Planning

• Ask yourself what gives you confidence to have a positive experience
• Share it with your
  • Healthcare provider
  • Support people
  • Hospital Staff

"I am not afraid. I was born to do this."

Make, Do and Push!
If your birth does not happen the way you planned, FOCUS on the positive moments
Means that medications or other procedures are used to START labor

In general, Inductions are NOT for:
- Healthy pregnancies prior to 39 weeks
- Ensuring that the baby is born on a certain day
- Relieving minor late-pregnancy discomforts
- Accommodating the schedule of a visiting relative or practitioner

Reasons to Induce:
- 1-2 weeks past your due date
- Your health or the baby’s is at risk
- Bag of waters breaks & contractions DON'T start
Augmenting Labor

- Means medical procedures are used to SPEED up labor
- Labor Contractions can sometimes slow down or stop

*Take Note:* If your labor slows down try:
WALKING & STAYING UPRIGHT TO STRENGTHEN CONTRACTIONS
Fetal Monitoring

- Measures the baby’s HR & the frequency & length of contractions
- External
- Internal
IV Fluids

- To maintain adequate blood pressure
- To deliver Pitocin, Antibiotics, or other Medications if needed
- To prevent or treat dehydration
Pain Medication

Making Decisions

THINK ABOUT

1. How much you want to MOVE
2. Amount of DISCOMFORT you are willing to FEEL
3. Whether you would mind feeling DROWSY, NAUSEOUS, or CONFUSED
4. How additional INTERVENTIONS would affect your birth experience
5. WHEN would you want pain relief & HOW LONG would you like it to last
Pain Medication

Making Decisions

QUESTIONS TO ASK:

1. How might this medication affect my labor & the need of other interventions?
2. When is the best time during my labor to have this medication?
3. What are the potential side effects for me & my baby?
4. How long can I expect relief from this medication?
5. What is the next step if this medication does not offer me enough relief?
**Reasons for a Cesarean**

- *Planned*- scheduled before labor begins
  - Placenta Previa
  - Breech Position
  - Transverse position
  - Medical condition for you or your baby
  - Multiples
  - Previous Cesarean

**TAKE NOTE:**
ACOG says a VBAC is a safe option for most women
Reasons for a Cesarean

- Unplanned - performed when they become necessary during labor
  - CPD - Cephalopelvic Disproportion
  - Abnormal Fetal Heart Rate
  - Labor is not progressing despite augmentation efforts
  - Baby moves into a position making vaginal birth difficult or impossible
Reasons for a Cesarean

- *Emergency* - Rare & may be done at any point during labor
  - Placental Abruption
  - Cord Prolapse
  - Uterine Rupture
  - Major drop or rise in the fetal HR
  - Flat fetal HR
Reducing the Risk of a Cesarean

- Studies indicate that some cesareans are avoidable
- How to lower your risk:
  1. Avoid gaining more than the recommended amount of weight
  2. Have continuous hands-on support throughout labor
  3. Avoid inducing labor unless medically necessary
  4. Stay @ home during early labor
  5. Use upright or forward-leaning positions during labor & pushing
  6. If you opt for an epidural, wait until labor is well established before getting it
Pain Medication after Cesarean

- IV pain medication
  - (Toradol)
  - Antibiotics

- Oral pain medication
  - (Ibuprofen)

- Oral pain medication
  - (Percocet 5mg & 10mg)
Movement after Birth

- **Vaginal Delivery**: Most will feel able to get out of bed at 4-6 hours (depends on pain relief utilized)
- **C/Section Delivery**: In bed longer-
  Catheter out  12 hours after delivery *
  will be able to get up.
- **NEVER ATTEMPT TO GET UP ALONE** - CALL FOR HELP
Exercise after Birth

- First Weeks
- Heal & Rest
- Stay Warm & Hydrate
  - “B’s” : Bed, Breastfeed, Bond, Bathe

**Breathe** - Core BREATHING - best done on stability ball
  - IN = increases fullness in pelvis
  - OUT = decreases fullness in pelvis
  - Vagina Cues - “sip milkshake” OR “pick up blueberries”
Exercise after Birth Con’t

- REPAIR - BIRTH IS NATURAL BUT TRAUMATIC
- MRIs after delivery show pelvic ligament strains
- 4-6 week appointment to be released to full exercise - start slow and heal first
  - Walk around house and begin to use some gravity slowly
  - No runs or high impact until MD releases you
Care of Episiotomy/ Incision

- **Episiotomy**
  - ice packs first 24 hours / Warm soaks once home
  - sprays/creams (Epi-foam/Procto-foam)
  - Tucks/ Preparation H pads

- **C/section Incision**
  - Keep clean & dry - NEW DRESSINGS
  - Support with hands/pillow to reduce strain – abdominal binders
Peri-Care

- Change pads at least every 4 hours
- After each trip to the bathroom, cleanse with warm water in squirt bottle provided.
Nothing in the vagina 4-6 weeks.

CALL MD FOR PAIN NOT RELEIVED BY MEDS/ FEVER 100.4 OR GREATER/ BLEEDING HEAVY ENOUGH TO SATURATE 1 Maxi-Pad PER HOUR/ ANY REDNESS OR DRAINAGE FROM INCISION
Newborn Care- In Delivery Room

Quick Assessment- Vital Signs- usually done while skin to skin
Newborn Care - In Delivery Room

- Apgar Scores

**APGAR** is an acronym for:

- **A** Appearance (skin color)
- **P** Pulse (pulse rate)
- **G** Grimace (reflex irritability)
- **A** Activity (muscle tone)
- **R** Respiration (breathing)
Newborn Care- In Delivery Room

- **Identification Measures:**
  - ID bracelets - BMV
  - Footprints - Pictures

Bracelets
Provide the following to medical records on the form provided:
- Mother, Father, & Baby’s full legal names

Before discharge
- Sign Birth Certificate
- Check “Y” yes or “N” no when signing the birth certificate for a social security number

**MEDICAL RECORDS WILL COME TO YOUR ROOM TO PICK UP THE PACKET YOU RECEIVED AT PRE ADMIT &/or COMPLETE YOUR BIRTH CERTIFICATE**
“Parent Meal”

- Mother & Father, (or person of your choice) will be treated to a steak dinner.
- Brought to your room during a meal-time of your choice- Lunch or Supper
time for questions
Next week:

1. Tour
2. No pillows or blankets needed