

Your Guide to a Healthy Birth



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Table of Contents

Planning the Birth	1
Covering the Cost of Prenatal Care and Childbirth	1
Plan Ahead for Labor and Childbirth	2
Normal Labor and Birth	4
You Begin Labor	4
What Happens During Labor?	5
When to Go to the Hospital or Birth Center	5
What to Expect When You Arrive	6
Be Prepared	6
“Routine” Procedures	7
Positions for Labor	7
Working With Contractions	10
Staying in Bed	10
Nutrition During Labor	11
Positions for Bearing Down and Birth	11
Checking the Baby’s Health During Labor and Birth	13
You Give Birth	13
A Baby is Born	14
Special Procedures in Labor and Delivery	16
Electronic Fetal Monitoring	16
Amniotomy - Artificial Rupture of Membranes	16
Forceps and Vacuum Extraction	17
Episiotomy	17
Cesarean Birth	18
Vaginal Birth After Cesarean (VBAC)	21
Medications	22
Maternity Information Law	23
After Delivery	24
Hospital Stay and Recovery	25
Your New Baby	26
You & How You’ll Feel	26
Once You are Home	27
Birth Control	29
My Birth Plan	33
Other Special Needs for Delivery	34
Your Rights and Responsibilities in the Birthplace	35

Planning the Birth

Having a baby can be a wonderful experience. The New York State Department of Health wants you and your family to have the safest and most rewarding childbirth possible. To do this, start now to make plans with your **family** and with your **caregiver** (doctor or licensed midwife).

This booklet will help you better understand childbirth and the choices available to you. With that understanding, you can work with your caregiver to develop a **Birth Plan**.

A **Birth Plan** is a personal guide to your labor and delivery. It contains information you will need at the time you are giving birth, and includes opportunities for you to make choices about your labor and delivery. An outline for a **Birth Plan** is provided at the end of this booklet.

Start planning early for your childbirth experience. Choose a **“support person”** to be with you during labor and delivery. This can be your husband, or partner, a friend, a family member or whomever you wish. Be sure this person meets your caregiver, and is included in your planning and decision-making. As you read this booklet, you will find there are many ways your support person can help you.

If you find that you are alone, tell your caregiver. He or she can help. And be sure to talk with your caregiver about any special needs you may have that are required by your religion, family traditions or culture.

Covering the Cost of Prenatal Care and Childbirth

Do you need help covering the cost of prenatal care and childbirth? New York State Medicaid may be able to help. With Medicaid, your baby will be covered for all health care services until his or her first birthday. To find out how to apply, call the Growing Up Healthy Hotline 1-800-522-5006.



Plan Ahead for Labor and Childbirth

As with any important event, labor and childbirth require planning:

- Make sure you **pre-register** at the hospital or birth center where you plan to give birth. Ask your caregiver for help with this.
- When you pre-register, make sure you get a copy of the hospital's **Maternity Information** pamphlet. The pamphlet contains important information about the hospital's childbirth practices and procedures. It can help you better understand what you can expect, learn more about your childbirth choices, and plan for your baby's birth. You may wish to discuss this information with your caregiver. If the pamphlet is not given to you, ask for it. New York State Law requires that this information be given to you.
- Attend **childbirth classes** and practice relaxation and comfort techniques with your support person. Ask your caregiver where to find classes near you.



Have a telephone number at which you can reach your doctor, licensed midwife, hospital, or birth center at any time of the day or night.

- Arrange for a pediatrician (doctor who specializes in infant and child health care), a family physician, or a pediatric or family nurse-practitioner to be your **baby's caregiver**. He or she should examine the baby as soon after birth as possible. When you pre-register, tell the hospital or birth center the name of your baby's caregiver. Be sure to discuss infant feeding and health care with the caregiver, and arrange for your baby's immunizations and regular medical check-ups. (You can also ask your city or county health department about free well-baby clinics). Child Health Plus is New York State's health insurance plan for kids under 19 years of age. Benefits include well-child visits, sick visits, immunizations, x-rays and lab tests, dental care, vision, speech, and hearing exams. If you need help paying for your baby's care, call 1-800-698-4KIDS.
- If you have other children, make arrangements for **child care**. You may need two plans — one for daytime care and another for nights.
- Plan ahead for **transportation** to the hospital or birth center. It might help to take a few trial runs to the hospital or birth center to find the best route. Also, be sure you know an alternate route.
- When you pre-register, find out **where in the hospital** you should go when you are in labor — the admitting room, the labor and delivery room, the emergency room? And, ask which entrances are open at night.
- Have a **telephone number** at which you can reach your doctor, licensed midwife, hospital, or birth center at any time of the day or night. If you don't have a telephone, make sure there's one you can use at any hour.

About a month before your due date, pack a small bag with some essentials to have during your stay at the hospital or birth center, including:

- A copy of this booklet, including your **Birth Plan** and your **Rights and Responsibilities**.
- **Nightgowns:** Bring several if you want to wear your own. They should be roomy and should be pre-washed at least once. You may want to buy nightgowns with nursing slits or button-fronts that make it easy to put the baby to breast without undressing.
- **Robe** and **slippers** for walking around.
- **Socks:** feet are often cold during labor.
- **Nursing bra** or, if you're not breastfeeding, a firm support bra.
- **Toilet articles:** brush, comb, toothbrush, toothpaste, soap, shampoo.
- **Telephone numbers** of family and friends, and change or a phone card for the telephone.
- **Baby clothes**, including cap, shirt, diapers, and blanket for the baby's trip home. If you need help getting clothes or supplies for your baby, talk with your caregiver or hospital social worker. Call your local health department or the Growing Up Healthy Hotline 1-800-522-5006 to find out what services are available in your area.
- Comfortable, **roomy clothes** for your trip home. Maternity outfits are usually best. If you need help getting maternity clothes, talk with your caregiver or hospital social worker. Call your local health department or the Growing Up Healthy Hotline 1-800-522-5006 to find out what services are available in your area.
- For the Trip Home: Don't forget the **infant car seat!** It's for your baby's protection in the car. And it is the law! Infant car seats are available, on a loan basis, in many locations. To find out where you can borrow one, call the hospital or birth center, your city or county health or social services department, or your community health center. If you'll be going home in a taxi, it is important to use a car seat to keep your baby safe.

You may also wish to bring:

- an extra **blanket** and **pillow**.
- two **tennis balls** in a large sock (your support person can use this to massage your lower back).
- a **booklet** or pamphlet on breastfeeding.
- **lollipops** to soothe a dry mouth during labor.
- **snacks** for your support person.
- a **camera** to record precious moments.
- a **radio, tape or CD player** (with batteries) to pass the time during labor.



About a month before your due date, pack a small bag with some essentials to have during your stay at the hospital or birth center.

Normal Labor and Birth

You Begin Labor

It is impossible to predict exactly when your labor will start. Your “**due date**” is only a good guess as to when labor will begin. It’s normal for labor to start as early as 2 weeks before the due date, or as late as 2 weeks after.

Health Care Providers

Before, during and after the delivery of your baby, you will meet many health care providers. It’s helpful to know who they are and what they will do for you and your baby:

Licensed Midwife - a person specially trained to care for healthy women during pregnancy and delivery

Family Physician - a doctor trained to care for all members of the family. Many family physicians care for pregnant women and deliver babies.

Obstetrician - a doctor who specializes in caring for pregnant women and who has had special training in pregnancy and its complications.

Pediatrician - a doctor who has special training in caring for babies, children and teens.

Family Nurse Practitioner - a nurse with extra training in caring for healthy or mildly ill children, teens and adults..

Labor and Delivery Nurse - a nurse trained to assist with labor and help delivery care.

Dietitian/nutritionist - provides information and diet instruction regarding healthy foods and proper diets for you and your baby.

Childbirth educator - teaches families about having a healthy pregnancy and birth. Often, breastfeeding and parenting skills are part of the classes they teach.

Lactation consultant - teaches you how to breastfeed your baby and helps you through breastfeeding problems.

Social worker - helps you get services you might need, such as Medicaid, to help pay for care for you and your baby.

Public health nurse/home visitor - visits you at home to assist you and your baby.

Community health worker or other home visitor - a person from your community who helps you get health care and services.

In the last few weeks before labor starts, your **uterus** (womb) will begin to **contract** (tighten) now and then — getting ready for labor. Some women don’t even notice these contractions. But to other women, these contractions may feel like menstrual cramps. If you feel these early contractions (sometimes called “false labor”), you may wonder if you have started labor.

How can you tell if you have started labor?

Usually, in true labor, contractions get longer, stronger and closer together over time. They do not go away.

If your contractions do not get stronger or closer together, or if the contractions stop when you rest or change position, you probably are not in labor. But if your contractions do not go away, call your caregiver.

Every labor is different.

For most women, the first sign of labor is a discharge of faintly blood-tinged mucus from the **cervix** (opening of the uterus). This is often called the “**mucus plug**” or “**show.**” It can appear hours or even days before labor starts.

Some labors begin when the fluid from the sac that surrounds the baby leaks. This can be either a sudden gush or slow leak. If this happens, call your caregiver right away, even if you don’t feel any contractions.

Once the amniotic sac (bag of waters) breaks, wear a sanitary napkin to absorb the fluids. Change it frequently. Do not use tampons or any vaginal cleansing products. You can shower, but do not sit in the bathtub.

Labor usually starts very slowly, with mild contractions (like menstrual cramps) that become stronger and more regular over time. **But remember, every labor is different.** For some women, even

those giving birth for the first time, labor may start suddenly with strong contractions. If your labor starts slowly, you may have 10 to 30 minutes between contractions in the beginning. Later, when contractions are stronger and closer together, you will still have time between contractions when you will feel better.

What Happens During Labor?

Labor is a good name because giving birth is hard work. During labor, the muscles of your uterus **contract** (tighten) and relax. This causes the cervix, the entrance of the uterus, to **dilate** (open). With the cervix fully opened, the contractions move the baby out through the **birth canal** (vagina).

Labor is divided into three stages:

First Stage - the cervix dilates so that the baby can pass through. Your caregiver measures the opening of the cervix in centimeters. When the cervix is open to its fullest - 9 to 10 centimeters (about 4 inches) - it is large enough for the baby to pass through.

Second Stage - by pushing (bearing down), you move the baby out through the birth canal, and the baby is born.

Third Stage - your uterus continues to contract, and the **placenta** (afterbirth) is pushed out.

When to Go to the Hospital or Birth Center

About a month before your due date, ask your caregiver what you should do when you start labor. Ask: “When should I call you?” and “When should I go to the hospital (or birth center)?” and “Where should I go in the hospital?” Write the information in your **Birth Plan**, provided at the end of this booklet, and **take the Birth Plan with you**.

Most doctors and licensed midwives advise first-time mothers to contact them when contractions are 5 minutes apart (timed by a clock) for 30 minutes. This may allow you to stay at home for awhile before going to the hospital or birth center. Although it rarely happens, some women never have contractions at regular intervals, even though their labor may be progressing. You time contractions from the start of one to the start of the next. If your contractions get stronger over time and occur closer together — even if they don’t become regular — call your caregiver.

If you live very far from the hospital or birth center, and you expect it will take you more than 30 minutes to get there, tell your caregiver. He or she may want you to leave home earlier.

About a month before your due date, if not earlier, is a good time to consider breastfeeding your baby. Do not wait until just before your baby is born to start planning. Think about attending a breastfeeding class or talk to your doctor. Make a plan with those close to you to help support you. Make sure you take your plan with you to the hospital. If you are going back to work after the baby is born, talk with your care provider and your boss about your plans.

Also, you should call your doctor, midwife, birth center or hospital labor floor immediately, if:

- You or your baby has special health needs, and your physician has told you to call as soon as contractions begin.
- Your amniotic sac (bag of waters) breaks, even if you are not having contractions. This may be a sudden, large gush of fluid or a steady, small trickle of fluid that doesn't stop.
- You have any vaginal bleeding.
- You feel that your baby is not moving as much as she or he did before.
- You have a fever or chills.
- You have burning or pain when you urinate.
- You have any signs of high blood pressure; headache; dizziness; spots before your eyes; or blurred vision.
- You are sick to your stomach and unable to keep down 2 or more meals in a row.
- You have severe or continuous abdominal pain.
- You have contractions that happen every 10 minutes or more often, earlier than 3 weeks before your due date.
- There is an increase in pelvic pressure or a vaginal discharge which suddenly increases in amount or becomes mucousy, watery or lightly bloody.
- You have unexpected symptoms of any kind (e.g., numbness, tingling, slurred speech).

Be Prepared

When you get to the hospital, be prepared to help your caregivers by providing certain information about your pregnancy, labor and baby. Some questions are in the **Birth Plan**.

1. What is the baby's due date?
2. Have you had any illness during pregnancy?
3. Any difficulties with previous pregnancies or births?
4. Do you have any allergies?
5. Do you plan to breastfeed?

Answer these questions ahead of time and bring your **Birth Plan** with you to the hospital or birth center.

What to Expect When You Arrive

If you have pre-registered at the hospital or birth center, you and your support person may go directly to the labor and delivery area, or you may have to stop at a special admitting room first. **Find out ahead of time where you are supposed to go.** If you are not pre-registered, your support person can register for you. During the admitting process, a nurse or midwife will ask you about your **health history**. Even though the nurse or midwife may have your medical record on hand, she or he may double-check important information to ensure safe care for you and your baby. This is the right time to show your **Birth Plan** to the nurse or midwife, as it will contain much of the information the hospital or birth center will need. It is often difficult for a woman in labor to answer a lot of questions during the admitting process. Ask your support person to be prepared to help you answer questions, using your **Birth Plan** as a guide.

Next, the nurse or your caregiver will check your blood pressure, pulse, and temperature, and will listen to your heart and lungs.

Your caregiver or other health professional will feel your abdomen to assess the size and position of the baby. A vaginal (internal) examination may also be done to learn how much the cervix has dilated. Ask your caregiver to discuss his or her findings with you.

“Routine” Procedures

In the past, many maternity services had a list of “routine” procedures for all women in labor. These included an enema, pubic shave, complete rest in bed, electronic fetal monitoring, and intravenous (IV) fluids.

Today, enemas and shaving are rarely done. Also, it is now common to encourage women to walk and move around during early labor.

Many hospitals use electronic fetal monitoring for all women in labor. Often, in a normal pregnancy, the monitor will be used only part of the time, or a fetal stethoscope can be used instead. These options allow women more freedom of movement.

Some hospitals still use intravenous drips as a safety precaution in case you need fluids or medicine during labor.

You may wish to discuss these procedures with your caregiver and let him or her know your preferences ahead of time. If, during labor, any of these procedures are needed, ask your caregivers to explain the reasons. Also, if there are certain procedures that you do not want, discuss these ahead of time with your support person, so he or she can help you voice your feelings.

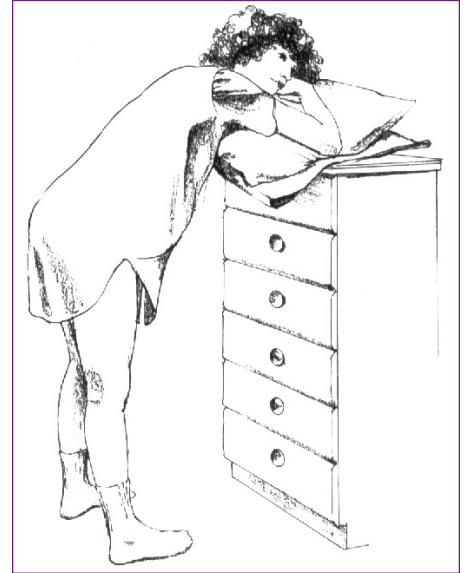
Positions for Labor

Being in labor is not at all like being in the hospital with an illness. You are not sick. You are having a baby! In the early part of labor, there is no reason for you to lie in bed, unless you or the baby needs special treatment for a health problem. In fact, the longer you are standing up and walking around, the more comfortable you will be. It may even shorten your labor. Ask your support person to stay with you and help you.

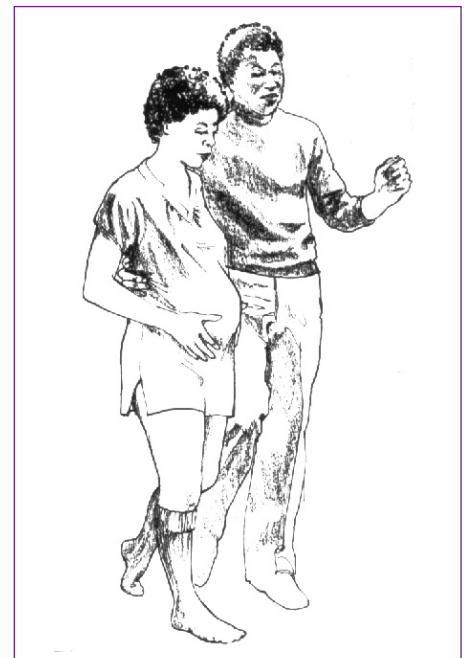
If your caregivers tell you to lie in bed, ask if there is a special problem. If there is no problem and you feel up to walking around, tell them you would like to stay up as long as possible.

Here is how you can help your labor progress. You can use these positions at home before you get to the hospital or birth center and later at the hospital or birth center:

- 1. Stay upright and out of bed as long as you can.** Standing can shorten labor by helping the uterus (womb) to contract better. Standing can put the baby’s head at a better angle to move through the pelvis. When you are standing, the uterus does not have to work as hard and you may have less discomfort. Gravity is working with you to help your baby be born.
- 2. Walk with your support person.** Walking keeps your body relaxed and helps your uterus contract better. If labor is going slowly, walking usually makes it go faster.



Lean on something sturdy.



Walk with your support person.

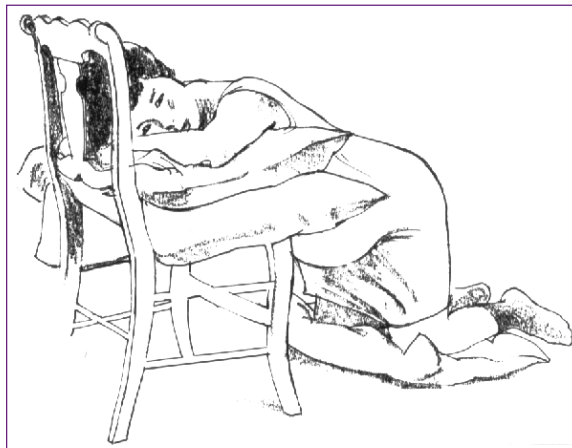
3. If you need to rest in labor, try sitting at a 45-degree angle while propped up with pillows or in a rocking chair with feet propped up, or lean on a chair.



Sit cross-legged while your support person massages your abdomen.

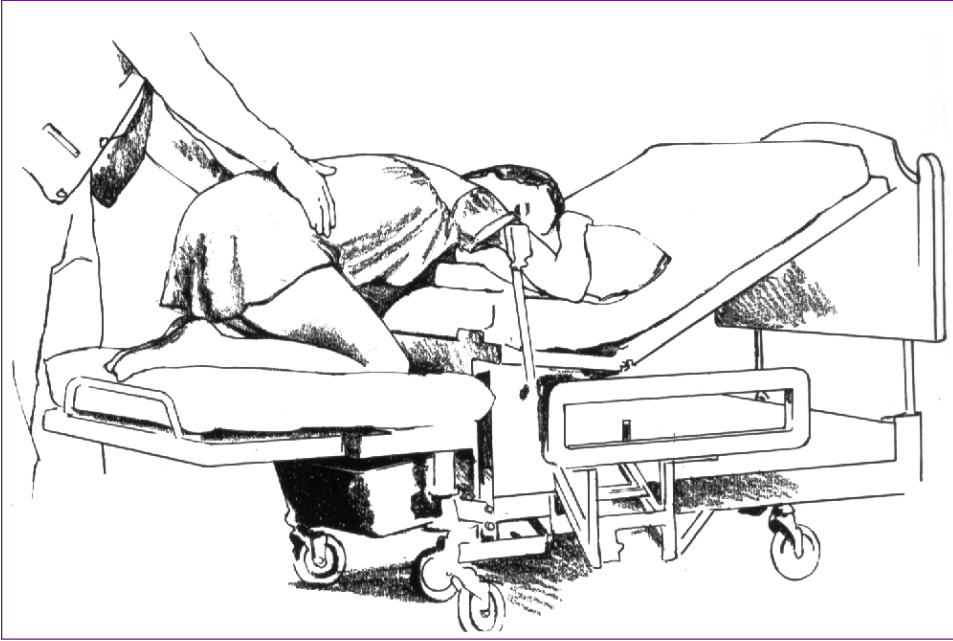


Try sitting in a rocking chair with feet slightly propped up.

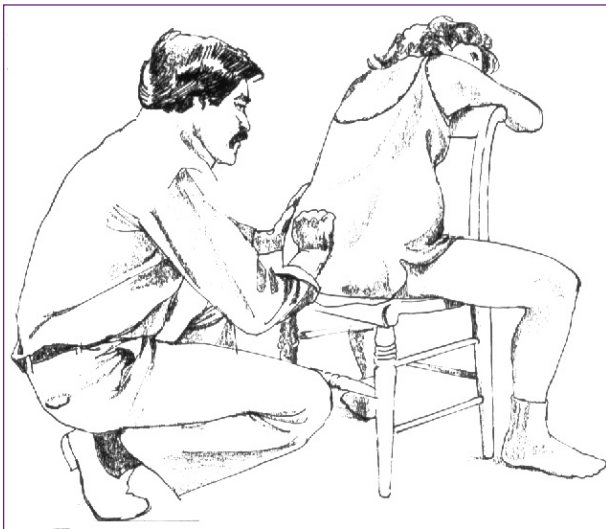


Or lean on the seat of a chair.

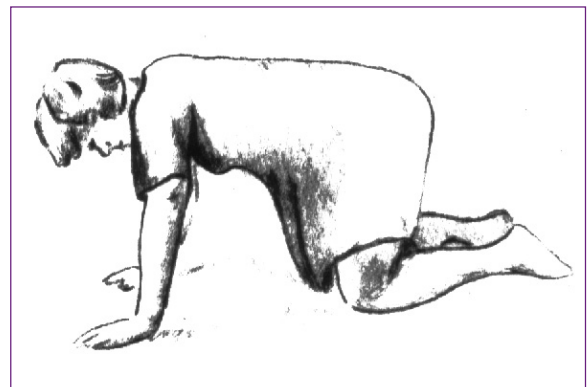
4. If you have back pain, try the knee-chest position or sit backwards on a chair while your support person applies pressure to the lower back area. Pelvic rocking, on your hands and knees, or lying on your side, may also relieve back pain.



Try the knee-chest position while your support person massages your back.



Sit backwards on a chair while your support person applies pressure to the lower part of your back.



On your hands and knees (or lying on your side), rock your pelvis back and forth.

Working With Contractions

Here are some ways you can work with your contractions to make you feel better and help your labor progress:

1. Stay out of bed as long as you can! Let gravity work for you! Change positions often!
2. Use the comfort and relaxation techniques taught in your birthing classes.
3. Ask your support person to press gently on the balls of your feet, or to massage your feet. Believe it or not, this will help you feel better.
4. Urinate every one to two hours. A full bladder hurts, and can keep the baby from moving down the birth canal.
5. If labor is going normally, and your caregiver agrees, keep taking liquids and eating lightly.
6. If labor is going smoothly, and your support person is your husband or partner, ask for some time when you can be alone together and cuddle.
7. Take a warm shower to help you relax. A shower can really help speed up a slow labor. The warm water running over your nipples causes the release of a hormone that stimulates labor.
8. Listen to quiet, soothing music that helps you relax.
9. Ask your support person to give you a back rub.
10. Ask your support person to put cool, moist cloths on your forehead.

During labor, be sure to ask your caregivers how much your cervix is dilated and how your labor is progressing. For most women, the most uncomfortable or painful part of labor is **transition**. That is when your cervix is dilating to its fullest. If you reach a point at which you don't feel you can take any more, ask your caregiver how dilated you are. Sometimes, just knowing that you are almost fully dilated and your baby will soon be born can be all you need to get you through.

Staying in Bed

In late labor, or earlier if you or your baby has a major health problem, your caregiver may recommend that you stay in bed. This way, you and your baby can receive special checks and treatments.

When possible, try not to lie flat on your back in bed during labor. This makes it harder for the uterus to contract well. Also, if the heavy uterus is lying on the major blood vessels to the uterus, it can decrease the baby's oxygen supply. You should still change positions often. Try sitting up in bed or lying on your left side. If you must lie flat on your back during a special procedure, your caregiver may place a rolled-up blanket under your right hip to tilt the uterus off of the major blood vessels.

Special Note: If you receive pain-relieving drugs, you probably will have to stay in bed. That's because the drugs can cause your blood pressure to drop and you could become dizzy and lose your balance.

Nutrition During Labor

Talk with your caregiver about the possibility of eating and drinking during labor. Some caregivers are concerned that eating and drinking during labor could lead to problems for the mother or baby in the rare event that a general anesthetic has to be used. (A patient under general anesthesia is “asleep.”) Patients who have food in their stomachs may have a higher risk of breathing undigested food into their lungs while under general anesthesia.

Other caregivers believe you can have liquids and some light food, such as jello, during labor. Ask your caregiver if you can have at least one, eight-ounce glass of water and some source of calories, such as juice or crackers, every hour. If you and your caregiver decide that you will need some intravenous fluid for medical reasons, the I.V. will provide enough fluids and calories to keep your energy up. It will be put in place on your lower arm soon after you arrive.

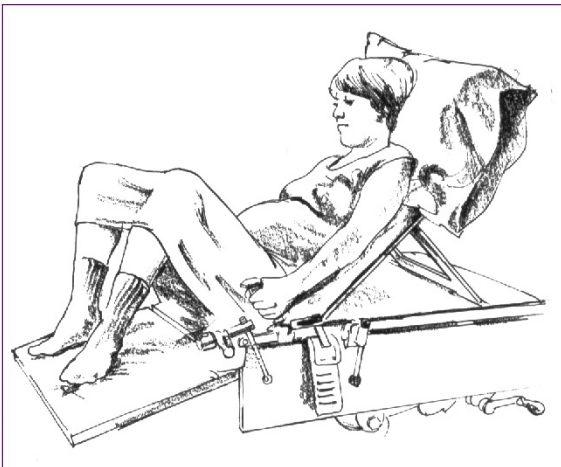
Positions for Bearing Down and Birth

If you have had a normal pregnancy, are healthy and had a smooth labor, you should be able to give birth in any position that feels good for you. If you prefer a certain position or plan for giving birth, discuss this with your caregiver and note it in your **Birth Plan**.

Many women prefer to give birth in their labor bed in the labor room. If there is need for extra precautions for the baby, many caregivers will have you moved into the delivery room, where emergency equipment for the baby is available. As in labor, it is best not to lie flat on your back. In that position, you are working against gravity, and the blood flow to your uterus is not as good.

Here are some positions that are good for bearing down (pushing) and giving birth:

1. **Sit up** — at a 45-degree angle. Use some extra pillows to prop yourself up. (The nurse will help you get them in the right position.) Or try a birthing chair if one is available.

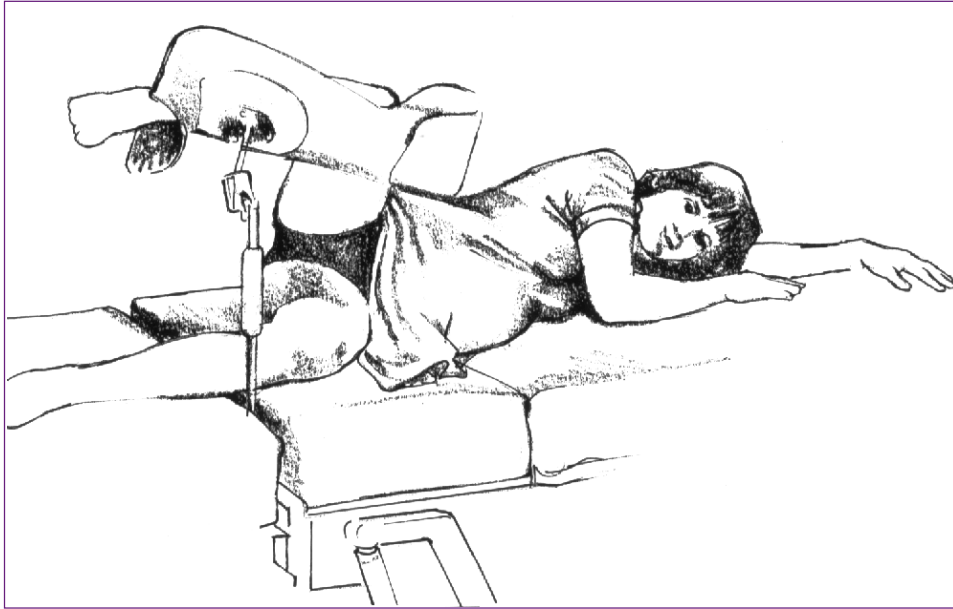


Use some extra pillows to prop yourself up...

or try a birthing chair, if one is available.



2. Lie on Your Side — Some caregivers feel that this position helps to relax the birth canal and entrance to the vagina. It may be especially useful if you don't feel a strong urge to push when your caregiver says you should.



Lie on your side with upper leg supported by a leg rest (as shown) or by your support person.

3. Squat — This position may be the most comfortable for some women during the bearing down stage. It stretches the pelvis apart and makes more room for the baby.



Squat with the help of two support persons...

or by holding onto a bar on a special birthing bed.



Worldwide, squatting is the most common position for giving birth.

Checking the Baby's Health During Labor and Birth

One of the most important measures of your baby's health during labor and birth is the baby's heartbeat. A baby's heart rate is about two times faster than an adult's — usually ranging from 120 to 160 beats per minute. During labor and delivery, your caregivers will frequently check the baby's heartbeat. They will check the heartbeat during and between contractions. Changes in the baby's heart rate can be a sign that the baby is having difficulty — called **fetal distress** — and needs special care.

Another measure of the baby's well-being is the **color of the amniotic fluid** in or from the amniotic sac. This is the fluid that surrounds the baby in your uterus. The fluid should be clear to milky white. If the color is yellow, green or brown, it means that your baby has passed stool into the amniotic fluid. Caregivers call this "**meconium staining.**" This staining is a sign that the baby may need special care.

It is normal for a breech (bottom first) baby to have a bowel movement during labor. This is because the buttocks and abdomen are being squeezed through the vagina. It does not mean that the baby needs special care.

Most of the time, fetal heart rate changes or meconium staining are followed by the birth of a normal baby. But if changes in the heart rate or meconium staining occur, your caregiver will provide special care. He or she will use special tests, such as electronic fetal heart rate monitoring, fetal blood sampling or others.

Throughout labor and delivery, your baby will be carefully checked. The nurse or licensed midwife will monitor the baby's heartbeat with a **fetal monitor** or **ultrasonic doppler**, used to magnify the sound of the baby's heartbeat. These instruments are reliable and cause little discomfort for the mother or baby.

You Give Birth

Many first-time mothers are surprised to find that giving birth is fairly comfortable even without anesthesia or other pain-relieving drugs. In fact, many women who have had natural, undrugged births say that, after the strong contractions in late labor, it felt good to bear down and give birth.

Today, caregivers often encourage the mother to follow her own urges to bear down during birth. This can result in an easier birth for the mother and her baby. Discuss this with your caregiver since he or she may want to check to ensure that the cervix is dilated enough for pushing to be safe and effective. **Pushing before the cervix is completely dilated can make it swell and tear and prolong labor.**

On the other hand, if you don't feel a strong urge to push when your cervix is fully dilated, try a change of position. Lying on your side may help. Your pushes will be more effective if you really feel that urge to bear down.



Ultrasonic Doppler

Most hospitals and birth centers now have special mirrors in which you can see your baby's head being born, if you'd like. Just as the head is coming out, your caregiver may tell you not to push for a minute. This allows time for the opening of your vagina to stretch, and to prevent tearing. If you have a strong urge to push, breathe deeply or pant.

After the baby's head is out, your caregiver will check to see if the **umbilical cord** (the connection from the baby's navel to the placenta) is around the baby's neck. Generally, the fact that the cord is around the baby's neck is not a problem. However, if the cord is too tight, your caregiver will clamp and cut it immediately. While your caregiver is checking the cord, he or she will ask you not to bear down or push. Breathe deeply or pant through the contractions to keep from bearing down.

With your next contraction, the baby's head may turn to the side. Now it is time to bear down because the baby's shoulders and body are ready to come out. Avoid holding your breath or bearing down too long or too hard. Let yourself make pushing noises. Push as your body tells you and try to ease the baby out. As you bear down, the shoulders and body will appear. Is it a boy or a girl? CONGRATULATIONS, MOM! HAPPY BIRTHDAY, BABY!

A Baby is Born...

1



Baby's head moves through the cervix.

2



Baby's head moves out the birth canal.

A Baby is Born...

3



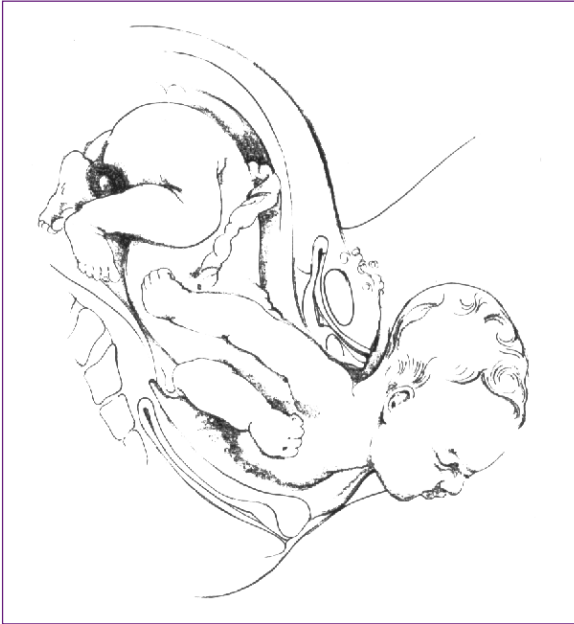
Birth of baby's head.

4



Head rotates to side.

5



Shoulders squeeze through.

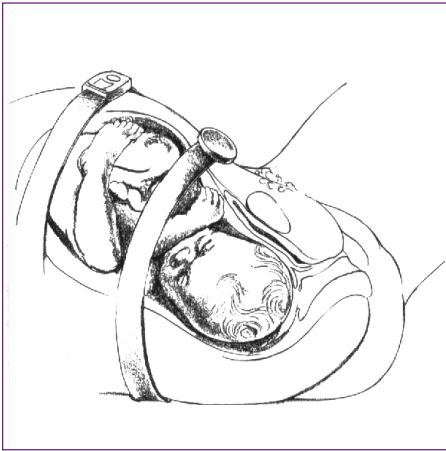
6



A baby is born!

Special Procedures in Labor and Delivery

If you or the baby develops a problem during pregnancy or labor, your caregiver may recommend using one or more of the following special medical procedures. You should know about these procedures ahead of time so that, if any are used, you will understand what is being done and why. Before agreeing to any special procedure, be sure to discuss with your caregivers the reasons, benefits, and risks of the procedure.



External Fetal Monitoring

Electronic Fetal Monitoring

Internal and external electronic fetal monitoring are two ways that caregivers can check the baby's heartbeat. For external fetal monitoring, two belts or stretchy binders are placed around the mother's abdomen. These belts hold two small instruments in place. One belt records the fetal heartbeat and one records the labor contractions.

Internal fetal monitoring uses two very thin wires that are gently inserted into the scalp of the fetus to check the heartbeat. A small tube, called an intrauterine pressure catheter (IUPC) is sometimes placed in the uterus to help record the labor contractions as well. The risk of infection or bleeding is small.

Electronic fetal monitoring can be necessary if you have a health problem or if your caregiver suspects your baby might have a problem. If that is the case, electronic monitoring can help you and your baby.

If your labor is progressing well and you and the baby are healthy, electronic fetal monitoring may be used periodically.



Internal Fetal Monitoring

Amniotomy — Artificial Rupture of Membranes

The **amniotic sac** (the sac of fluid that surrounds and protects the baby) may break naturally before or during labor. While the membrane remains in place, the fluid-filled cushion protects the baby's head against pressure from the uterine wall and cervix.

Sometimes it is necessary to open the amniotic sac and release the fluid during labor. This procedure is called an **amniotomy**, or artificial rupture of membranes. It is done very carefully using a special instrument. An amniotomy may be necessary if the baby's health is in question and internal fetal monitoring is needed.

Without the fluid-filled cushion, the baby's head will press directly on the cervix. This often makes labor contractions feel stronger. Be prepared for the change. Use your relaxation techniques and try changing positions. Your support person should be ready to help you cope. The advantage of stronger contractions is that they may shorten labor.

An amniotomy has some health risks for mother and baby. There is a small risk of infection once the amniotic sac is broken, especially if the membranes were broken many hours before birth. Also, there is a small risk that the umbilical cord could become pressed against the uterine wall and interfere with the baby's oxygen supply, causing fetal distress.

Forceps and Vacuum Extraction

Forceps are spoon-like metal tongs that can speed up delivery of the baby. The caregiver places the forceps on each side of the baby's head and helps the baby out of the birth canal. Forceps may be used in an emergency when it is important to deliver the baby as quickly as possible. Or, they may be needed if the mother is unable to push the baby out or if a medication makes it hard for the mother to push the baby out by herself. Although forceps can be helpful when needed, they are rarely used today because they can bruise the baby's face or head (but marks usually disappear in a few days) and they can injure the mother's vagina or make urination difficult for a few days after delivery.

Sometimes, a vacuum extractor may be used instead of forceps. The caregiver puts a suction cup on the baby's head and helps the baby out. A vacuum extractor causes less damage to the vagina than forceps. It does not hurt the baby's face, but it can bruise or cause swelling of the scalp.

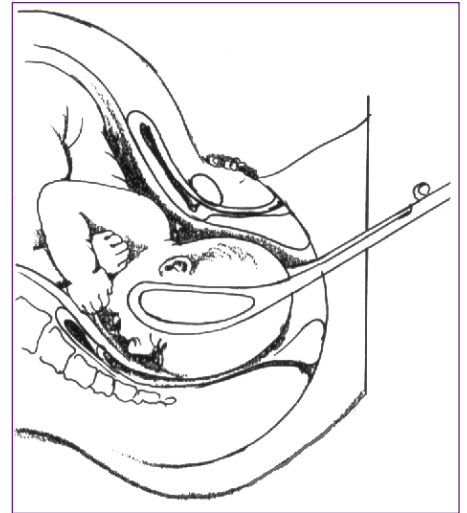
The better you can work with your labor contractions and use the suggested positions for bearing down, the less likely forceps or vacuum extraction will be needed.

Episiotomy

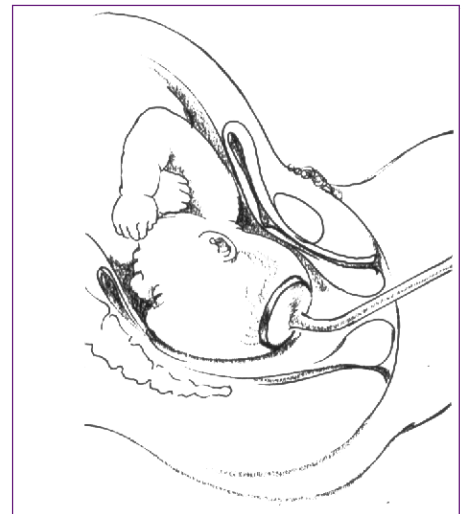
An episiotomy is an incision, or cut, to widen the vaginal opening just before the baby's head is born. A local anesthetic is sometimes given to numb the area before the cut is made. After the baby is born, an anesthetic is given and the cut is closed with stitches. These stitches dissolve in a few days and do not need to be removed.

An episiotomy can speed delivery and reduce pressure on the head of a premature (early), very large, or breech (bottom-first) baby. It may help prevent the vagina from tearing. But the routine use of episiotomy when there is no evidence of medical need is discouraged. An episiotomy can increase the risk of infection, cause more pain, and take longer to heal. If you wish to avoid a routine episiotomy, discuss this with your caregiver before you start labor. **There are ways to help the vaginal opening stretch on its own without tearing:**

- Ask your caregiver or childbirth educator about perineal (pelvic) massage during late pregnancy to reduce the need for an episiotomy.
- Avoid using stirrups at delivery.
- Sit up, squat with support, or lie on your side to give birth.
- Bear down gently as your baby's head appears, to ease it out slowly.
- Ask your caregivers to lubricate and support the vaginal opening to prevent tearing.



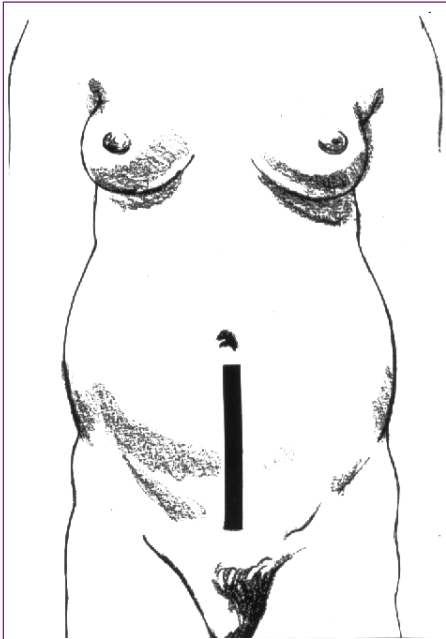
Forceps



Vacuum Extraction

Cesarean Birth

In a cesarean (C-section) birth, incisions, or cuts, are made in the walls of the mother's abdomen and uterus. Then the baby is lifted out. There are two types of abdominal incisions. The **midline** incision is an up-and-down cut made from the navel to the pubic area. It is not commonly used today except in emergencies, or if there is a previous midline incision. More common is the **bikini** incision. It is made from side to side just above the pubic-hair line. It tends to heal better and leaves a scar that is less visible.



Midline incision

The incision in the uterus can also be either **vertical** (up-and-down) or **horizontal** (side-to-side). The side-to-side incision is more commonly used because there is less bleeding and because it improves the mother's chances of having a vaginal delivery in a later pregnancy.

Over the last 20 years, there has been a big increase in the number of cesarean births. This has happened mostly in an effort to prevent problems for mothers and babies because of difficult deliveries. A cesarean can be life-saving for both baby and mother.

Health Risks

A cesarean birth involves more health risks for the mother than a vaginal birth. There is a greater risk of hemorrhage (internal bleeding), especially during later pregnancies, and infection. And the death rate for mothers is slightly higher for cesarean deliveries than for vaginal deliveries.

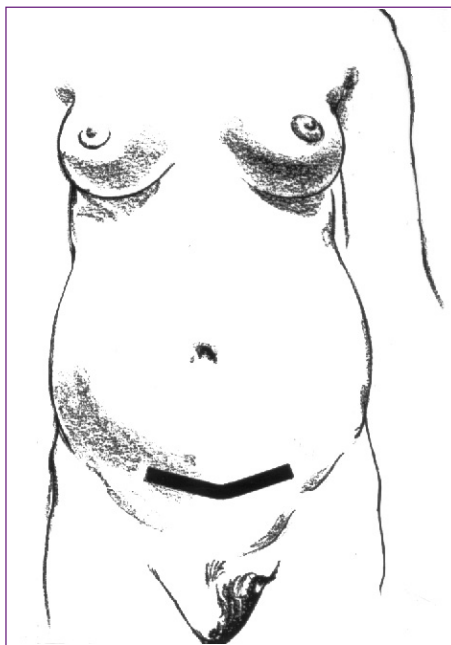
A cesarean results in a longer hospital stay for the mother, and the recovery time after this major surgery is longer and more difficult than for a vaginal delivery.

The baby delivered by cesarean has a higher risk of developing breathing problems. These are caused by fluid in the baby's lungs that would have been released as the baby traveled down the birth canal. Almost all babies born by cesarean delivery are able to rid themselves of this fluid in their lungs within the first few hours after birth. Those that do not, may develop pneumonia.

About Cesarean Delivery

Pregnant women and their caregivers must be sure that a cesarean is done only when it is really necessary. A look at the most frequent reasons given for cesarean sections will provide tips on how you and your caregiver can reduce your chances for needing one.

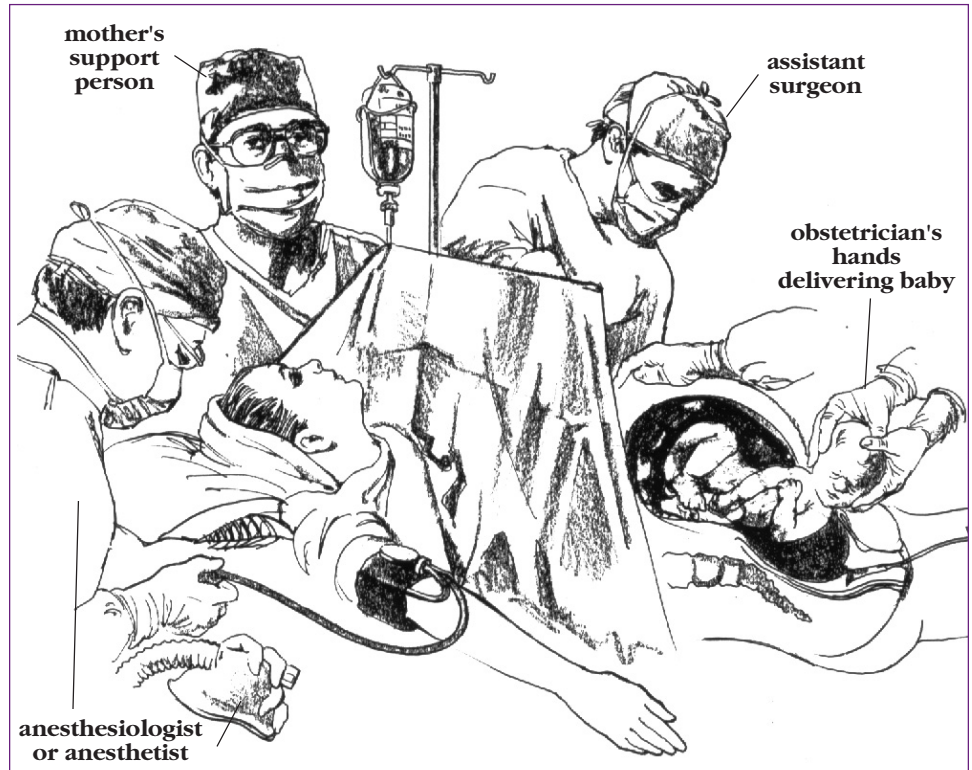
- 1. You have had a previous cesarean delivery.** In the past, if a woman had a previous cesarean delivery, her doctors would almost always deliver her future babies by cesarean. Doctors were concerned that the forceful contractions of labor would rupture or "break" the old scar. Although the risk of that happening is small, especially if the uterine incision made during the last cesarean was the low, horizontal type, many obstetricians still feel a repeat cesarean is best, especially if the woman's last cesarean involved an up-and-down uterine incision. However, many doctors and other health professionals use



"Bikini" incision

Vaginal Birth After Cesarean (VBAC) in cases where the mother and baby have not had medical problems (see page 21).

- 2. Your baby is very big or your pelvis is very small — or both.** In either of these cases, your need for a cesarean may depend upon how well your labor progresses. Try relaxation methods taught in your childbirth classes and the positions suggested in this booklet to help your cervix dilate and your labor progress effectively. But, even if you do your best, a cesarean may still be necessary.



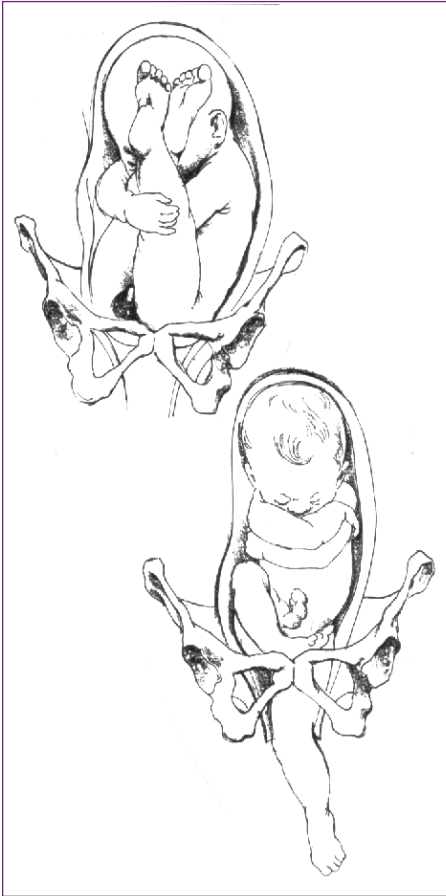
Cesarean delivery

- 3. Your labor does not progress effectively.** This may happen if the uterus does not contract as it should. You can improve your contractions by making sure your support person is with you, staying relaxed and confident, breathing normally, staying upright and moving as long as you can, or lying on your side. If you feel the need to take pain medications, take as little as possible since they can interfere with contractions. However, sometimes taking a small amount of medicine helps you to relax and assist with pushing the baby out. You, your support person, and your caregivers work together to help your labor progress.

- 4. The baby develops “fetal distress.”** This can happen if the baby is not getting enough oxygen. One possible sign of fetal distress is a **change in the baby’s heart rate**. Another possible sign is a **“meconium stain.”** This happens when the baby has a bowel movement while in the uterus, causing the color of the fluid around the baby to change from clear to green, yellow or brown. Sometimes fetal distress stops when the mother changes position, is given oxygen, is given more intravenous fluid, or when the flow of intravenous **oxytocin** (a drug used to start or speed up labor), is slowed or stopped. If fetal distress is detected, work with your caregiver to increase the supply of oxygen to the baby. Your caregiver may also want to check the baby more closely by using continuous internal electronic monitoring or by examining a small drop of



Fetal scalp blood sampling



Breech positions

blood from the baby's scalp (fetal blood sampling). These procedures may eliminate the need for a cesarean delivery.

- 5. The baby is coming out bottom-first.** The usual position of a baby in the uterus is head-down. But some babies are in the bottom- or feet-first position, called a **"breech presentation."** Many breech babies turn head down by themselves. Today, most breech babies are delivered by cesarean, especially if they are first babies, premature, or quite large. This is because a vaginal delivery of a breech baby can be difficult for mother and baby. Some caregivers may suggest daily exercises that will help the baby turn, or offer to try to turn the baby before labor starts. Some caregivers will deliver a breech baby vaginally if the baby is not premature, too large, or if the mother has delivered a normal-sized baby before. If your baby is in a breech position, talk with your caregiver about exercises you can do to help turn the baby, and about the best way to deliver.
- 6. There are problems with the placenta.** Sometimes, the placenta separates from the uterus before the baby is born and can cause vaginal bleeding in late pregnancy (abruptio placenta), or the placenta is attached to the uterus over part or all of the cervix (placenta previa). Either of these conditions can cause severe bleeding for the mother and loss of oxygen for the baby, and result in a decision to deliver by cesarean.
- 7. The mother has severe Pregnancy Induced Hypertension (PIH).** Pregnancy Induced Hypertension (PIH) is a serious illness that sometimes occurs during pregnancy, generally in the third trimester. Signs of PIH are sudden weight gain, severe swelling of feet and hands, severe headaches, dizziness, blurred vision, protein in the urine, and an increase in blood pressure. PIH is dangerous for both mother and baby. The mother could have convulsions, a stroke or kidney failure if the baby is not delivered quickly. PIH, by limiting the flow of blood to the uterus, reduces the blood flow to the baby. A cesarean delivery may be performed to protect the baby.
- 8. The mother has diabetes.** Diabetes in the mother may cause problems for the baby. The baby may be larger than average size, or blood flow to the baby may be reduced. Either can result in a decision to deliver by cesarean.
- 9. The mother has active genital herpes or other infections.** Herpes and other infections at the time of delivery can make the baby very ill or even cause death. If the mother has an outbreak of genital herpes when she goes into labor, a cesarean delivery may be performed to protect the baby from infection while traveling down the birth canal.
- 10. The umbilical cord slips into the vagina before the baby** (prolapsed cord). This is dangerous because the pressure of the baby's head against the cord will reduce the flow of blood and oxygen to the baby. A cesarean delivery can protect the baby by relieving this pressure.

If You Need to Have a Cesarean

If a decision for a cesarean is made, ask if your **support person** can be with you. To prepare for the surgery, you will be given an **intravenous drip** (I.V.) and a small, flexible tube (catheter) will be placed in your bladder to keep it empty and out of the way of the incisions. You will also be given **anesthesia** so that you will not feel any pain during the surgery. This will often be a “regional anesthetic” which is injected in the spinal area to numb the lower body. The regional anesthetic will not make you unconscious. You will be awake and able to talk with your caregivers and support people. You will be able to see your baby a few minutes after the birth. In complicated cases or emergency cesareans, a general anesthetic may be needed to put you to sleep throughout the procedure. In this case, you will see your baby as soon as you are awake and alert.

Vaginal Birth After Cesarean (VBAC)

A previous cesarean section is no longer considered, by itself, to be a medical reason for having another cesarean. For most women, there are benefits to attempting vaginal birth after a previous cesarean. These include:

1. **Less Risk:** A vaginal birth usually has fewer medical problems for both the mother and the baby than cesarean birth.
2. **Shorter recovery:** Recovery from a vaginal birth, both at the hospital and at home, is much shorter than from a cesarean birth. Because the mother doesn't have to recover from surgery, she often feels better and can resume everyday activities sooner. She can enjoy and care for her baby earlier.
3. **More Involvement:** Many women want to be actively involved in the childbirth process. They can feel greater participation in a vaginal delivery. Also, although most hospitals allow a support person to be present during labor and vaginal birth, not all hospitals allow this during a cesarean, especially if general anesthesia is used. Be sure to ask about your hospital's policy.

There are a number of factors caregivers will consider when deciding if a woman can have a VBAC.

1. There are no current major medical problems with the pregnant woman or the fetus.
2. The reasons for the first cesarean are not present in this pregnancy.
3. The health of the mother and baby can be frequently checked during labor.
4. The woman's labor can be closely supervised. The hospital has the expertise and facilities to perform an emergency cesarean, or to provide other emergency medical treatment, if necessary.
5. The incision in the uterus from the previous cesarean is horizontal.

Other factors which may be considered include:

1. The mother and her partner have attended childbirth education classes in preparation for vaginal birth.
2. The mother has had a previous vaginal birth before her cesarean.
3. The woman has already had a VBAC.

If you have had a cesarean in the past, talk with your doctor or licensed midwife about trying labor and vaginal birth with your next birth. You may wish to indicate your preference for VBAC in your **Birth Plan**.

Medications

Everyone responds to discomfort and pain differently. During labor and delivery, you may find that all you need are your relaxation techniques and the support of the people around you. Or you may want drugs for your pain.

No drug can be given to you during labor and delivery without your consent. Drugs can be helpful. But pain-relieving drugs pose some risk for a pregnant woman and for the baby she's about to deliver. **Be aware that during labor and delivery:**

- Any pain-relieving drugs you take will cross the placenta and enter the baby's bloodstream. They can make the baby groggy and make it harder for the baby to start breathing after it is born.
- Once you have taken certain medications, you will have to stay in bed.
- Medications can slow labor down, or speed it up. Before taking any drugs, discuss the benefits and risks with your caregiver and support person.

To Relieve Pain

Pain relievers (analgesics) relieve pain but perhaps not completely. They help some women to relax and cope with their contractions. But other women find that pain relievers make them feel less in control of labor.

A pain reliever may be given by injection when labor is well underway but delivery is not expected for at least two hours. During the last hour before delivery, you will not be given any medications due to the effect on your baby. If you think you may want a pain reliever, but want to wait until the last possible moment to take it, ask your caregiver when that will be.

Narcotic pain relievers, such as **meperidine** (Demerol®) are the drugs used most often during labor, but other drugs are used for the same purpose. They may cause side effects such as vomiting, nausea, and dizziness. Since pain-relieving drugs cross the placenta, they may make the baby groggy for some time after birth. Another drug, **promethazine** (Phenergan®) may be given to relieve the nausea and vomiting caused by a pain-reliever or labor itself. Promethazine may enhance the pain-relieving effect of meperidine so that less meperidine is needed. However, this drug also crosses the placenta and can make the baby groggy.

Another kind of pain relief that can be given by injection during labor is a type of regional anesthesia called an “**epidural**” or “**spinal.**” For an epidural, medication is given through a needle into the lower spinal area of your back. It numbs the pain of labor while allowing you some ability to bear down and move your legs. An epidural is given by trained anesthesia personnel and can be very useful in certain labors. However it can slow down labor, reduce your ability to bear down, and increase chances of having a cesarean section. Regional anesthetics are strong medications and should not be used unless there is a clear need. Before requesting or giving your consent for the use of an epidural, discuss the risks and benefits with your caregiver.

To Start or Strengthen Labor

A drug called **oxytocin** (Pitocin®) is sometimes used to start labor if labor hasn’t begun on its own and if one of the following conditions exist:

- the amniotic sac (bag of waters) has broken but labor has not started;
- the pregnancy has gone two or more weeks past an “accurate” due date and tests show that the placenta is too “old” to support the baby well;
- the mother or baby has a health problem.

Oxytocin may also be used to strengthen a woman’s contractions if labor is not progressing well. **Oxytocin is a strong medication and must be used with great care.** It should never be given just to speed labor. In some cases, the use of oxytocin can result in contractions that are too long, too powerful or too close together. This could be dangerous for mother and baby. Oxytocin should only be used when there is a clear medical need. Oxytocin can be ordered only by a physician or licensed midwife. It must be given intravenously, and electronic fetal monitoring is usually needed.

Maternity Information Law

New York State’s Maternity Information Law requires each hospital to provide information about its childbirth practices and procedures. The information, contained in the hospital’s **Maternity Information** pamphlet, must be given to every pregnant woman who pre-registers at the hospital.

The pamphlet contains important information on the hospital’s rates of special procedures in childbirth, including: cesarean sections; repeat cesarean sections; vaginal births after previous cesarean section (VBAC); external and internal electronic fetal monitoring; forceps delivery; use of anesthesia; induction of labor; augmentation of labor; and episiotomy.

This information, alone, will not tell you if one hospital is better than another for you. It also will not tell you about your caregiver’s practice. However, it will be helpful when you discuss your choices and wishes with your caregiver, and to find out if his or her use of special procedures is similar to or different from that of the hospital in general.

After Delivery

Breastfeeding is Best

Best for Baby

- Breast milk helps keep babies healthy. It protects against many types of illnesses like colds, flu, diarrhea, and ear infections now, and it even protects against obesity, diabetes, heart disease and other serious diseases in adulthood.
- Breast milk is easy for your baby to digest.
- Breast milk is ready day or night, anytime your baby is hungry.
- Breastfeeding helps your baby's brain develop. Breastfed babies have higher IQs at school age when compared to babies who were fed artificial baby milk (formula).
- Babies love to hear their mother's heartbeat. Breastfeeding gives your baby the feeling of security and love along with food.

Best for Mom

- Breastfeeding makes your life easy – no bottles to mix, heat and wash.
- You can breastfeed any time, anyplace and anywhere.
- Breastfeeding helps get your figure back, and does not ruin the shape of your breasts.
- Almost all women can breastfeed. Even women with many problems can usually breastfeed.
- Breastfeeding saves money. Also, you may make fewer trips to the doctor and buy less medicine.
- Breastfeeding can be a relaxing, close experience that you and your baby share together.

As soon as your baby is born, several things will happen. The **umbilical cord** (the connection from the baby's navel to the placenta) will be clamped and cut. Today, some caregivers allow the father or support person to cut the cord. Many fathers find this a rewarding experience, as it allows them to become directly involved in the birth process. If your partner would like to do this, talk it over with your caregiver and indicate this desire in your **Birth Plan**.

At one minute after birth, and again at five minutes, your baby will be given an **Apgar score**. This score helps assess the baby's health at birth by rating the baby's skin color, heart rate, muscle tone, ability to breathe and reflexes. A score of 7-10 at one and five minutes means that the baby is doing well. Lower scores may mean that your baby needs more time to adjust to being born, or that your baby needs some special help.

Meanwhile, you will have delivered the **placenta** (afterbirth) which may take up to 30 additional minutes. The caregiver will check your uterus to make sure everything is normal.

You may need **stitches** in the vaginal area. The caregiver will give you a local anesthetic to numb the area before stitching a tear or episiotomy. Putting an ice pack on your stitches right away will help prevent swelling and pain.

The **baby will be washed** or wiped off and wrapped in warm coverings. A nurse will clean any mucus from the baby's nose and throat. Next, a nurse will put an **antibiotic ointment** in the baby's eyes to prevent infection. Also, the baby will be given an injection of Vitamin K to prevent any bleeding problems during the first few days of life. **You may want to ask the nurse to wait before doing these procedures, so you can greet your baby.**

Then your baby will be **examined** for any possible physical problems. He or she will be **weighed** and will have his or her **footprints recorded** with your thumb or fingerprints. Finally, your baby will be given an ankle or wrist **identification bracelet** that matches your own.

Ask to hold your baby while you're both still in the delivery room. This first contact between you and your baby is the start of **"bonding"— a feeling of closeness that develops between parent and child**. Also, if you will be breastfeeding, this is a good time to put the baby to the breast for the first time. Within the first hour is best because it helps your womb start to shrink and it increases your milk supply. For the first few days, your breasts will produce a small amount of a yellowish-colored fluid called "colostrum". Colostrum is a protective fluid with antibodies that helps keep your newborn healthy. If the baby's father is with you at the birth, he should be encouraged to hold the baby for a moment. If the baby is not offered to you or the father, be sure to ask. Families may wish to be together for the first hour or so after birth - if neither you nor your baby needs special medical care - so that bonding can begin right away. Also, the baby's brothers or sisters may be able to visit. Ask your caregiver.

If you feel up to it, keep the baby with you as long as possible. A newborn will often stay awake and alert for an hour after birth listening and looking at

this new world. This is a good time for the family to be together — to hold, touch and get to know each other.

A nurse will take the baby to the nursery after you have had some time together, so that you can rest and recover for an hour or two. Before going to your own room, you may be taken to a special recovery room.

Hospital Stay and Recovery

Whether you can have the baby with you at all times in your hospital room or just at certain times will depend on your hospital's arrangements. If your hospital offers “**rooming in,**” the baby can stay with you all or most of the time. With this arrangement, you and the baby get to know each other more quickly, and you will have more time to find out how to take care of him or her. If you are breastfeeding, there are certain signs that you will learn to know as the best time to nurse. Crying or fussiness are late signs of hunger.

If you do not have “rooming in,” your baby will be cared for in the nursery and brought to you for feeding and cuddling. **Make sure you tell the nurses if you are breastfeeding so your baby won't be given formula or water by mistake.**

No matter what the hospital's arrangements, make sure that the baby's father and brothers or sisters have the chance to meet the newest family member.

If you are having your baby in a hospital, you can expect to stay there for about two days, unless you have a special health need to stay longer. Mothers who have cesarean births stay about three or four days.

In the past, women usually stayed in the hospital for up to a week after delivering their babies. In recent years, many women have been discharged from the hospital much sooner. If you are planning to be discharged early (less than 48 hours), you should arrange for someone to help you when you come home. Friends and family members can help with most household tasks. You can often arrange for a public health nurse to visit your home and check on you and your baby. Contact your local county health department to see what services they provide. Find out if your hospital has a telephone help-line, to answer some of your questions after you have been home for a couple of days or weeks. If you are planning on breastfeeding, there are support services available. Contact your hospital or WIC clinic to see if they have a nursing mother's group or lactation consultant (a woman who has been trained to offer breastfeeding instruction and support). Or, look in the white pages of your telephone book for the telephone number of a lactation consultant or the LaLeche League nearest you. If you feel that you need help in getting services and supplies for your baby, call the Growing Up Healthy Hotline at 1-800-522-5006, to find out what services are available in your area.

If your baby is premature or has other special health care needs, he or she may need to stay in a “special care nursery” or Neonatal Intensive Care Unit (NICU), even after you leave the hospital. You will still be able to visit often and get to know each other before your baby comes home. Breast milk is especially important for NICU babies. Nurses there will be able help you and your baby get started with breastfeeding.

Feeding Signs

Watch for:

- baby's open mouth
- sucking on hands, fingers, lips while asleep or just waking up
- moving hands and arms towards mouth
- lip smacking
- restless movement while asleep
- “rooting” or searching for your nipple
- opening mouth when lips or cheek are touched

When you see any of these signs, pick up your baby, offer the breast, be patient and enjoy your baby.

Circumcision

If you've had a baby boy, you will want to decide if he should have a circumcision.

Circumcision is the surgical removal of the foreskin from the penis. Circumcision is not considered medically necessary, and is not risk-free. But some families prefer circumcision for cultural or religious reasons.

Talk it over with your caregiver, your baby's doctor and your family. Write your decision in your **Birth Plan**. If you decide to have your son circumcised, tell your doctor soon after the baby is born. That way, it can be done in the hospital. You will have to sign a permission slip, and there will be an additional charge.

Your New Baby

You'll discover that your baby probably weighs between 5 and 10 pounds and is about 20 inches long. His or her head will appear to be quite large and may even look a little lopsided. (Don't worry. This sometimes happens while the baby is moving through the birth canal. It usually disappears within the first week.)

Look closer and you'll see that the baby's shoulders and chest are narrow, that he or she has a little "pot belly," and even looks bowlegged. After all, the baby has been curled up inside you for some time.

The baby will listen to sounds and look at people and things, if they are close. Your baby will especially enjoy looking at your face and listening to your voice.

Your newborn's hair may be dark and silky. This hair will be replaced in a few weeks by the baby's "real" hair.

Don't be upset if your baby doesn't look like babies in magazines — they are rarely newborns. Your baby may have flaky, wrinkled skin from living "underwater" (in your womb) for so long. His or her face and head may be bruised or puffy from moving through the birth canal. These will go away in a few days.

Your baby may not look like you, or his or her father, or anyone you know. As your baby begins to grow and develop, you will find that he or she is an individual, not just a smaller version of someone else.

You & How You'll Feel

If you have stitches from either an episiotomy or a cesarean incision, you can expect some discomfort. But this should hurt less each day. However, make sure that you ask for medication for your pain if you need it. You may also feel **afterbirth cramps**. These are usually mild contractions of your uterus as it begins to return to its normal size. You can expect them to increase somewhat during breastfeeding. This helps your body get back to normal.

While you are recovering, **drink lots of fluids**. This will help replace the fluids you lost during delivery and help maintain good bowel and bladder functions. It also helps with breastfeeding. **Try to drink at least one to two quarts (four to eight glasses) of water, milk or juice each day.**

In between feeding and playing with your new baby at the hospital or birth center, you'll be learning what you need to do once you go home. The nursing staff will teach you how to breastfeed, how to care for and bathe the baby, and how to take care of yourself. **Don't hesitate to ask for help.**

Whether you are breastfeeding or not, you could become pregnant the first time you have sexual intercourse after the baby is born. For your own health and the health of future babies, it is best to space children at least 18 months to 2 years apart. Until you plan to have another child, you will need to use a method of birth control. You should discuss plans with your caregiver (see pages 29-31).

Also, ask any other questions you have before you go home. If you want, you can ask that a **Public Health Nurse** visit you at home or ask that a **Lactation Consultant** contact you.

All pregnant women are required to be tested for HIV (the virus that causes AIDS) and for Hepatitis B. If you were not tested during your pregnancy, you will be tested when you go to the hospital and birthing center to have your baby. If you are infected with either HIV or Hepatitis B, there are medicines that can be given to you and your baby to keep you healthy and to help prevent your baby getting infected. All babies exposed to Hepatitis B must be immunized at birth, with an additional shot at one and six months of age. Hepatitis immunization is recommended for all babies.

How Was Your Care?

It's a good idea to write and tell the **Hospital Administrator and/or HMO** how you feel about the care you received. If you are pleased, the administrator and staff will be glad to know. If you are unhappy, the administrator will want to make sure any problems are resolved. The administrator and your caregivers do care about how you feel.

Once You Are Home

Once you and your baby are home, you will begin to adjust to life with each other.

During the first month, your baby may sleep up to 20 hours a day. He or she will usually wake every 2 to 4 hours. Waking periods will last up to an hour. This is when you will feed and bathe the baby and change his or her diaper. Breastfed babies normally need more frequent feedings because breast milk is more quickly digested than cow's milk or formula.

Use the awake times to hold, cuddle and talk to your baby. This will help you become close to each other. If the baby's father is with you, he also needs to get to know the baby. Encourage him to hold the baby and help with bathing, diaper changing and playing time. **This early parent-child "bonding" is probably the most important part of the baby's young life. Remember: it's impossible to spoil a baby with cuddling.**

Sudden Infant Death Syndrome (SIDS)

To help prevent Sudden Infant Death Syndrome (SIDS), it is best to put your baby on his or her back to sleep. SIDS is the sudden and unexplained death of an infant, under one year of age, who seems perfectly healthy. Check with your doctor to make sure your baby can sleep on his or her back. Most babies can, but a few babies have health conditions that require them to sleep on their stomachs. Make sure your baby sleeps on a firm mattress or other firm surface. Don't use fluffy blankets or comforters under the baby. When your baby is very young, don't put stuffed toys or pillows in the crib with him or her. Don't allow anyone to smoke around your baby. For information or support regarding the sudden death of an infant, from any cause, call the New York State Center for Sudden Infant Death at 1-800-336-SIDS (800-336-7437).

Shaken Baby Syndrome

All babies cry a lot during the first few months of life. Crying is your baby's way of communicating with you. Crying does not mean that your baby is being bad or that your baby is angry with you. To calm a crying baby, check to see if the baby needs changing, is hungry, or is too hot or too cold. Feed slowly and burp often, rock the baby, nurse the baby or give the baby a pacifier. Play soft music, sing or hum. Try to take the baby for a ride in a car or stroller. Let the baby cry it out and never, ever shake your baby. It can cause serious injury.

Your Body

During the six weeks after delivery, your body will go through several changes. That's why your doctor or midwife will want to see you for a **postnatal (postpartum) appointment**. Be sure to make and keep this appointment. Your caregiver will want to check your blood pressure and weight, as well as your uterus, cervix, vagina and breasts. This is also a good time for you to talk with your caregiver about any questions or problems you may have.

Follow these suggestions to feel your best after your baby is born:

- **Get as much rest as you can.** Try to take naps when your baby is sleeping. Ask someone to help you with housework and groceries.
- **Eat healthy foods and drink lots of liquids.** Don't drink alcohol or use drugs. They can make you feel more tired and depressed.
- **Start exercising again.** A brisk walk in the fresh air is great. Take your baby along for the walk!

These are some changes you may experience:

- **Lochia** - Your uterus will shed its thick lining in a discharge called "lochia." This is similar to your period, except that the flow is somewhat heavier. The flow will start as a bright red, change to a reddish-brown, and then to a yellowish-white. The flow will last about two to three weeks. If it lasts longer than four weeks, tell your doctor or midwife.
- **Genitals** - Your vaginal opening was stretched during childbirth, so it may be sore for a few days. If you had stitches for an episiotomy, you may continue to have some discomfort while your body is healing. A warm bath can help.
- **Breasts** - Whether you plan to breastfeed or not, your breasts will become full with milk three to four days after delivery. This can be uncomfortable. If you are breastfeeding, you can avoid discomfort by breastfeeding your baby often, sometimes 8 to 12 times a day.

Every hospital has at least one nurse who helps women who are breastfeeding. If you have questions or problems with breastfeeding after you get home, call your hospital and ask for the **breastfeeding coordinator**. Also, your caregiver can help you find breastfeeding support groups in your community.

If you aren't breastfeeding, you can wear a firm support bra and place cold wash cloths on your breasts to relieve any discomfort. This shouldn't last more than a day or two.

- **Bladder and bowels** - During delivery, your bladder was squeezed. Therefore, you may have trouble urinating. If so, drink lots of liquids. Things should improve soon. If not, tell your doctor or midwife.

Constipation may follow childbirth and can last a week or more. It should clear up after you resume your normal activities. Drinking plenty of liquids, maintaining a healthy diet, with lots of fruits, vegetables, and whole grains, and walking will help.

- **Period** - If you breastfeed, your menstrual period may return sometime after the third month. Some breastfeeding mothers, however, don't have their periods until their babies are no longer breastfeeding. If you don't breastfeed, your period may start about six weeks after childbirth. You may still be able to get pregnant, even if your period has not returned.



If you have questions or problems with breastfeeding after you get home, call your hospital and ask for the breastfeeding coordinator.

Birth Control

Having babies too close together can be bad for both an infant's and mother's health. A mom who becomes pregnant again within six months of a birth puts a strain on her body and increases her chance of having a premature or low-birthweight baby. Therefore, health professionals recommend that women wait 18 to 23 months after giving birth to get pregnant again.

To avoid getting pregnant, at least in the immediate future, then you need birth control. The choice of which method you use is yours.

There are many kinds of birth control. Whatever method you select, you must learn how to use it correctly and use it every time you have sex. Some methods work better than others. Several methods are almost 100 percent effective. However, the only way to **be absolutely sure** that you won't get pregnant is to not have sex.

Some birth control methods you can buy over-the-counter, like the male condom, the female condom and spermicides, like creams and jellies,

foam, suppositories and contraceptive film. Some methods you can get from your caregiver, such as the pill; the shot; an IUD; the patch; the ring; the diaphragm; and the cervical cap. And others, including tubal ligation; and, vasectomy involve minor surgery.

Types of birth control:

- **Barrier methods** keep the egg and the sperm from joining together. Examples of these are the male condom; female condom; diaphragm; and cervical cap. In preventing pregnancy, the **male condom** is 85 percent effective while the **female condom** is only 79 percent effective. The **diaphragm** is 84 percent effective in preventing pregnancy when used with a spermicide. The **cervical cap** is 68 percent effective in preventing pregnancy in women who have already had a baby, and 80 percent effective in preventing pregnancy in women who have **never** had a baby. Condoms can be used right after pregnancy. Diaphragms and cervical caps need to be fitted by your caregiver during your six-week check-up.
- **Hormones** are used by a woman to stop her body from making a ripe egg. There are various hormone methods of birth control: the pill taken every day; a shot that is given every 12 weeks; the ring; and the patch. The **pill, the patch and the ring** (when used properly) are over 95 percent effective in preventing pregnancy, while **shots** are almost 100 percent effective in preventing pregnancy. Some methods can be used right after pregnancy, while others should be started later. Talk with your caregiver about which method is best for you.
- The **IUD** is a T-shaped piece of plastic that the doctor or midwife puts inside the women's uterus (womb). It prevents the egg from attaching itself to the inside of the uterus. It also keeps the sperm from joining the egg. This method of birth control is almost 100 percent effective in preventing pregnancy. An IUD can be inserted immediately after birth or during your six-week check-up, and it is left in place for several years.
- **Natural Family Planning** is a method in which a woman totally avoids having sex during the time when she is fertile and most likely to get pregnant. This method is 75 to 81 percent effective in preventing pregnancy in women who have not been pregnant recently. After pregnancy, it is harder for women to tell when their fertile time is, so this method does not work as well.
- **Sexual abstinence** involves deciding not to have sexual intercourse at all. Abstinence is the only method of birth control that is 100 percent sure to prevent pregnancy. But it only works if you totally avoid all sexual activities.
- A **spermicide** is a special chemical that kills sperm. The spermicide is placed inside the vagina just before having sex. Spermicide comes in different forms, like creams, jellies, foam, suppositories or a small square of film. When used alone, spermicides are 71 percent effective

in preventing pregnancy. Spermicides are often used together with condoms or a diaphragm, increasing the effectiveness to 85 percent or higher. Spermicides can be used right after pregnancy. The spermicide Nonoxynol-9 has been shown to cause vaginal irritation that may increase the risk of transmitting HIV. A woman who has HIV or is at risk of HIV should always use a condom during sex, especially if she is using Nonoxynol-9 spermicide.

- **Sterilization** is a *permanent* method of birth control. It involves minor surgery. When it is done for the female it is called **TUBAL LIGATION**. Right after a cesarean birth, tubal ligation can be performed very easily through the cesarean incision. After a vaginal birth, tubal ligation requires minor surgery. Tubal ligation usually does not require a longer-than-usual hospital stay after giving birth. Some hospitals do not perform tubal ligations. Talk with your caregiver about tubal ligation. Often insurance and Medicaid require women to request a tubal ligation one month ahead of time, so think about it before you go to the hospital to have your baby. The permanent method birth control for men is **VASECTOMY**. After a vasectomy a man must continue to use other birth control for a few weeks until all the sperm are out of his tubes. Until then, there is still a risk of pregnancy. Both methods are almost 100 percent effective in preventing pregnancy.
- **Emergency Contraception** is a method women can use after intercourse (e.g., if a condom breaks) to prevent pregnancy. It is up to 89 percent effective. The most common type of emergency contraception, often called “the morning after pill,” is just a higher than usual dose of ordinary birth control pills. It is sold under the brand Plan B. Emergency pills are most effective when used right away after unprotected sex, but they can be used up to five days later. Ask your provider about getting a pack of Plan B to keep in your medicine cabinet in case you need it. Another option for emergency contraception is to have an IUD inserted up to five days after unprotected sex. Talk with your care giver about which method is best for you.

If you or your baby experience any of the following problems after leaving the hospital or birthing center, call your caregiver or baby’s doctor immediately:

Mother	Baby
<i>shortness of breath</i>	<i>poor feeding</i>
<i>fever or chills</i>	<i>temperature greater than 100°F</i>
<i>dark urine</i>	<i>umbilical cord becomes red or has a yellow-colored discharge</i>
<i>redness or pain in breasts</i>	<i>bleeding from circumcision site</i>
<i>abdominal pain</i>	<i>sleeps more than 20 hours a day and doesn’t wake for feeding</i>
<i>burning/pain during urination</i>	<i>has fewer than 3 to 5 wet diapers a day</i>
<i>redness or yellow discharge from episiotomy site</i>	
<i>redness or pain in legs</i>	

Your Emotions

Some women feel let down or “blue” after their babies are born. This can be due to normal changes in the body’s hormones. Usually, the “**postpartum blues**” only last a week or two, but if they last longer, here are some things you can do:

- Talk with your partner, friends, relatives or other mothers about how you feel.
- Get together with friends, even if it’s just to chat.
- Take time for yourself. Ask someone to babysit so you can get away and do something you enjoy.
- Call your health care provider.
- Call the hospital social worker.

There are a few women who are more than just “blue.” They feel very depressed. If this happens to you, you may need help to get over these feelings. Your caregiver can suggest sources for the help you need. Call your caregiver right away if you feel hopeless, overwhelmed, cannot care for your baby, or have thoughts of harming yourself or your baby. This does not make you a bad person or failure, you have an illness requiring treatment. If your caregiver is not available, call the toll-free Growing Up Healthy Hotline at 1-800-522-5006 and tell them that you need a referral for postpartum depression.

The Father’s Feelings

The baby’s father may also have moments when he feels sad or anxious. He may worry about money or security or other problems. He may also feel “left out” because of all the attention you are giving the baby. Talk with him and let him know he is still very important to you. Involve him in your activities. And set aside time for the two of you to be alone together.

Big Sisters’ and Big Brothers’ Feelings

Older children in the family will probably be excited about the new baby. But soon they may feel left out, or jealous of all the attention (and presents) the baby is getting. It will help if you talk about these normal feelings with any older children, if you involve them in caring for the baby (even a toddler can help wash baby’s toes or sing a song to the baby), and if you spend special time alone with each child.

Returning to Work

Today, many women return to work soon after a child is born. Be sure you know your employer’s **maternity leave policy** and how long you can stay home with your baby. If you are going back to work, or to school, you will need to find good care for your baby. Maybe you have a relative or friend who can look after your baby while you are away. If not, you will need to find a good child care program. For help in finding a licensed day care program that you can afford, contact your local social services department.

My Birth Plan

How to Use the Plan

This **Birth Plan** is a guide to be shared and used by you, your support person and your caregivers during your labor, delivery and recovery. You should fill it out, with your caregiver, about six weeks before your due date. The Birth Plan gives you the chance to:

- List information you may need when you start labor.
- Learn about the procedures your caregivers plan to use.
- State your choices of procedures and medications.
- Think about decisions you need to make.

Preparing the Birth Plan ahead of time leaves you free to concentrate on the most important thing of all... having your baby. When you and your caregiver are finished with the plan, remove it from this booklet and pack it with the things you plan to take to the hospital or birth center. If you wish, make copies for your support person or to be posted in the labor or delivery room.

My Name _____ Due Date _____

Caregiver's Name _____

Caregiver's Office/Clinic _____

Caregiver's Telephone: Day _____ Night _____

Hospital/Birth Center _____ Telephone _____

Support Person _____ Telephone _____

Baby's Doctor _____ Telephone _____

Person to Contact in Emergency _____ Telephone _____

Helper for Older Child/Children _____ Telephone _____

My Health History

Number of Previous Pregnancies _____ Number of Previous Births _____

Type of Delivery for Previous Births: Number of Vaginal Deliveries _____

Number of Cesarean Deliveries _____

Birthweight of Last Baby _____ lbs. _____ oz.

Problems in Previous Pregnancies _____

Problems in Previous Births _____

Illnesses During This Pregnancy _____

Problems During This Pregnancy _____

Allergies _____

Current Drugs/Medications _____

Blood Type _____

My Preferences for Labor and Delivery

These are my preferences for my labor and delivery. I expect that my caregivers and the hospital or birth center will make every effort to follow this plan. However, I understand that circumstances may arise that will require changes in the plan. I request that any changes be discussed with me and/or my support person.

I have discussed this plan with my caregivers: yes no

I want my support person with me during labor: yes no

I have attended a childbirth preparation course: yes no

My support person attended with me: yes no

If circumstances permit, I would prefer that the following procedures **not** be used:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> I.V. | <input type="checkbox"/> enema |
| <input type="checkbox"/> pubic shave | <input type="checkbox"/> electronic fetal monitoring |
| <input type="checkbox"/> forceps | <input type="checkbox"/> vacuum extraction |
| <input type="checkbox"/> episiotomy | |

During Labor:

My preferences: Labor Room Birthing Room

I would like to stay upright as long as possible: yes no

I would like to try the following positions: (see pages 7-9) _____

I plan to use breathing and other relaxation techniques: yes no

My preferences on the use of medications: (see pages 22-23) none other

During Delivery:

I prefer to be in: Labor Room Birthing Room Delivery Room

I would like to try the following positions: (see pages 11-12) _____

My preferences on analgesics or anesthetics: (see pages 22-23) none other

If a cesarean delivery becomes necessary:

I want my support person with me: yes no

My preferences for type of anesthetic: (see page 23) _____

I have previously had a cesarean delivery and would like to try Vaginal Birth After Cesarean (VBAC) with this delivery: yes no

Other Special Needs for After Delivery

My partner wishes to assist with cutting the baby's umbilical cord: yes no

My plans for feeding my baby: breastfeeding bottlefeeding

I would like breastfeeding instruction/information: yes no

I want to put my baby to breast immediately after birth: yes no

I would like to have "rooming in": yes no

I want my other children to visit me right after delivery: yes no

If my baby is a boy, he should be circumcised: yes no

I have a car safety seat to take my baby home: yes no

I would like a Public Health Nurse to visit me at home: yes no

I would like birth control information: condom male female

diaphragm

cervical cap

hormones: pill shot ring patch

IUD

natural family planning

sexual abstinence

spermicide

sterilization: vasectomy tubal ligation

emergency contraception to have at home just in case

Your Rights and Responsibilities in the Birthplace

In New York State, you are guaranteed certain rights during labor and birth. They are:

1. To receive considerate and respectful care.
2. To know the names and qualifications of all caregivers (doctors, nurses, and licensed midwives) who provide your care.
3. To be informed about your labor progress, your health and the health of your baby during labor and birth.
4. To be informed about medications likely to be used during labor and delivery — including the risks, benefits, and alternatives to such medications — and the reasons why any medications are given to you and to your baby.
5. To be informed about the reasons why any procedures or treatments are to be performed, including the risks, benefits and alternatives.
6. To refuse to take part in research, or participate in a teaching program.
7. To refuse any treatment and to be informed of the consequences.
8. To privacy, for yourself and for your medical records.
9. To be informed by your caregivers of what you can do to be healthy when you go home, including care for both yourself and your baby.
10. To receive treatment without discrimination as to race, color, religion, national origin, marital status or ability to pay.
11. To express complaints about the care and services provided.
12. To review your medical records without charge, and to obtain a copy for a reasonable fee.

Sometimes it is difficult for a woman in labor to assert her rights, because she is uncomfortable and working hard. Your support person can help you exercise your rights in the birthplace.

You have responsibilities too, including:

1. To provide all the information your caregivers request.
2. To look after your health, obtain prenatal care as early as possible, and learn about newborn care.
3. To plan your labor and birth with your family, your support person, and your doctor or licensed midwife.
4. To refrain from drinking, smoking, and taking any drugs except those ordered by your caregiver.

(Tear this page out, if you wish, and take it with you to the hospital or birth center.)



State of New York
Department of Health