Labor and Birth

MOUNT CARMEL

When to Call Your Doctor

Call your doctor or midwife right away if you experience any of these health issues:

- A decrease in the baby's movement
- More than four contractions in one hour
- Any bright red bleeding from your vagina (like a period)
- Leaking fluid from your vagina (a gush or a trickle)
- Vaginal discharge that suddenly increases in amount or becomes mucousy, watery or bloody
- Severe menstrual-like cramping
- A constant dull ache or pressure in your low back
- Severe dizziness
- Pain or burning with urination
- Painful, red, or swollen area on your leg
- Severe nausea or vomiting
- Fever of 100.4° F or more
- If you fall or have an injury to your abdomen

Call your healthcare provider if you have any signs of preeclampsia:

- Vision changes, such as spots or blurred, tunnel or double vision
- Frequent or persistent headaches
- Pain or tenderness in your stomach, especially in the upper right section

Call 911 if you have:

- Chest pain or trouble breathing
- A seizure
- Heavy bleeding that won't stop
- Thoughts of harming yourself or others
- Any other medical emergency

Other Health Concerns

Preeclampsia

Preeclampsia is a serious condition related to high blood pressure that can happen after the 20th week of pregnancy. A woman has preeclampsia when she has high blood pressure along with signs of liver or kidney damage. It usually develops during pregnancy, but it can occur after delivery. Women with preeclampsia can sometimes have seizures. This is called eclampsia and is a medical emergency.

Mental and Emotional Wellness

Perinatal mood disorders, which include depression and anxiety, can occur during or after your pregnancy. It can affect any woman of any age, education level, culture or income. Mild mood changes during pregnancy and in the postpartum period are common, but if these feelings become severe, get help.

Talk to your doctor or midwife if you have symptoms of depression or anxiety.

You can also contact:

- POEM — Mental Health for Moms poemonline.org or 614-315-8989
- Mount Carmel Moms' Line 614-898-MOMS (6667)
- Net Care Access (Crisis Line) 614-276-2273

This book is intended to provide general information and should not replace your doctor's advice.

Table of Contents

Preparing for Labor

This book contains information that can help you learn about labor and childbirth. Although this can help you prepare, it is important to keep in mind that every pregnancy and birth is different. Your individual health and medical history will impact your birth experience. Talk with your doctor or midwife to get personalized answers about your care.

When to Go to the Hospital

My Doctor's/Midwife's Contact Number: _____

Instructions for calling doctor/midwife when labor begins: _____

_____

_____

Discuss with your doctor or midwife when you should go to the hospital. Commonly, first time mothers are advised to follow the 5-1-1 rule. Labor at home until your contractions are:

- **5** minutes apart
- **1** minute long
- **1** hour or more

Talk to your doctor/midwife if you have:

- A long distance to the hospital.
- A history of rapid labors.
- Health complications, such as high blood pressure, bleeding or a multiple pregnancy.

Even if you are not having regular contractions, call your doctor or midwife right away if you:

- Leak fluid from your vagina
- Have any bright red bleeding from your vagina (like a period)
- Are unable to walk or talk during contractions

If you are less than 37 weeks pregnant and are having contractions, drink water and lay down on your left side for 1 hour. If you still have contractions after the hour has passed, call your healthcare provider. If you have any leaking of fluid, bleeding, or other signs, do not wait. Call your doctor or midwife right away.

Your doctor/midwife may give you instructions that differ from the information above. Always follow your doctor's or midwife's instructions.

How to Time Your Contractions:

Count the time from the START of one contraction to the START of the next contraction.

Options to Discuss with Your Doctor or Midwife

Making a list of preferences for birth and talking with your doctor can be very helpful, but it is important to keep in mind that plans can change if the unexpected happens. Your doctor or midwife may need to change the plan to protect the health of you and your baby.

Below are suggested topics to discuss with your care provider as you prepare for the birth of your baby:

- Should I call you or the hospital if I think I am in labor? When should I call? What number do I call?
- When should I head to the hospital?
- What can I eat and drink during labor?
- What is your policy on IVs?
- How will you want me to be monitored?
  - Intermittent or continuous?
  - External or internal?
  - Is wireless monitoring available for me?
- When would you feel that an induction is medically necessary?
- Are walking and using positions out of bed allowed during labor?
- May I use the tub or shower for comfort during labor? Can I still use it if my bag of water has broken?
- I'm considering an unmedicated birth.
  - What are my options?
- I'm considering a medicated birth.
  - What are my options?
- When do you feel episiotomies are necessary?
  - What suggestions do you have for reducing the need for an episiotomy?
- How often do you use a vacuum extractor, forceps, and/or fundal pressure in your practice?
- What is your Cesarean delivery (C-section) rate?
- If I have a C-section this time, can I try to have a vaginal delivery in the future?
- What is your philosophy about delayed cord clamping?
- How would you like me to share my birth preferences with you?

Packing for the Hospital

Most things needed for you and your baby's care will be provided. You are welcome to bring personal items that will make you more comfortable at the hospital, such as:

- Nightgowns/pajamas, front-opening if breastfeeding
- Nursing bras if breastfeeding or a supportive bra if you are not breastfeeding
- Socks, slippers
- Robe
- Hair care articles (hair dryer provided)
- Toiletries (toothbrush, toothpaste, mouthwash, lotion, deodorant, cosmetics)
- 1 or 2 outfits for baby (for pictures, if desired, and to wear home)
- Baby's car seat (with base installed in car)

How Your Body Prepares for Labor

A "term" pregnancy lasts between 38 and 40 weeks. Although sometimes an early birth is unavoidable, babies do best when they have at least 39 weeks to grow in the womb. In the final weeks of pregnancy, your body goes through many changes to prepare for labor and birth.

	What Is Happening	What Mother Notices	What to Do
Engagement or "lightening"	• Baby moves lower and the head "drops" into the pelvis.	• Baby is not as high in the abdomen. You may notice less pressure on the stomach and lungs, but more pressure on the bladder.	• This can happen any time from weeks to hours before labor begins. This doesn't mean labor is starting, but your body is getting ready. • Lay down to rest between activities to help decrease pelvic pressure.
Increased vaginal discharge	• Hormonal changes cause an increase in vaginal discharge. There may be a "mucus plug" that releases when the cervix begins to soften and dilate (open).	• You will likely notice an increase of clear vaginal discharge in the last weeks of pregnancy. Losing the mucus plug may or may not be noticeable.	• These changes may occur days to weeks before labor begins. Let your healthcare provider know if you are leaking fluid.
Bloody show	• The cervix begins to thin and open, breaking tiny blood vessels.	• You may notice blood-tinged mucus days or weeks before labor begins. **Note:** It is common to have small amounts of blood-tinged mucus after sexual intercourse or after your cervix is checked by your provider.	• Stay well rested and be ready when labor begins. • Call your doctor or midwife right away if you are having vaginal bleeding like a period.
Diarrhea, loose stools	• Hormones that help your muscles relax and prepare for birth can also cause diarrhea. Emptying the bowels helps make way for baby.	• You may have diarrhea, nausea and mild cramping.	• Rest, drink fluids, prepare for labor.
Backache	• Uterine contractions stretch and pull on your lower back. Your baby's head may be pressing against your low back, which can lead to pelvic pressure and back pain.	• Back pain might come and go with contractions and you may have pressure in your lower back.	• Practice relaxation techniques, take a warm bath or shower, try massage, position changes, use a birthing ball, and try hot or cold packs.
Contractions	• Uterine muscles are tightening and shortening to open the cervix and move your baby into the birth canal.	• Your abdomen feels tight and hard. • You have a low, dull backache. • You feel pain, pressure and/or tightening sensation in the uterus, pelvis; might radiate to back, legs, and/or thighs. • Your contractions may or may not be painful • Contractions are irregular before labor begins.	• Listen to your body. • Use relaxation or distraction techniques until it is time to go to the hospital.

Signs of Labor

There are common differences between "false" and "true" signs of labor, but remember that every woman is different. If you think you are in labor or are not sure, call your doctor or midwife. Call 911 for any medical emergency.

False Labor	True Labor
Contractions are irregular (not evenly spaced)	Contractions are regular (evenly spaced)
Contractions ***are not*** getting closer together	Time between contractions gradually shortens
Contractions ***are not*** getting longer and stronger	Contractions get longer and stronger
Contractions stop with walking, rest, or drinking fluids	Contractions do not stop with walking, rest or drinking fluids
No blood-tinged mucus	Blood-tinged mucus

Preterm Labor and Birth

Preterm labor refers to a labor that begins early, before the end of the 37th week of pregnancy. This can result in a premature birth if labor does not stop.

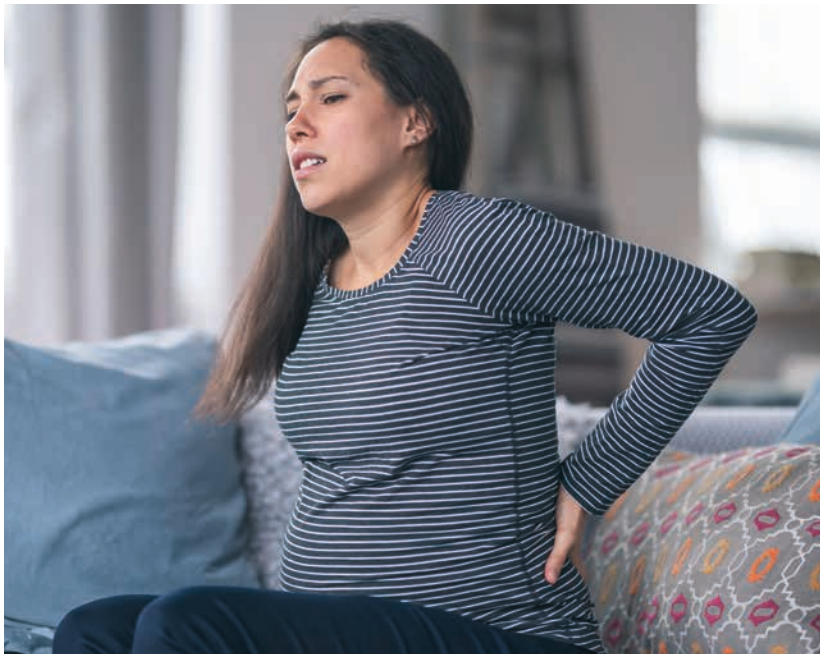
Premature babies can have multiple health issues. Complications depend on how early the baby is born.

Although the cause of preterm labor is not known, certain things make preterm labor more likely. This includes having a history of preterm labor, being pregnant with more than one baby and certain medical conditions. Your doctor or midwife will talk with you about your risk factors.

If you have any signs of preterm labor, call your doctor or midwife right away or go to the hospital.

These signs may mean that you are in preterm labor:

- Frequent uterine contractions (4 or more in 1 hour at rest) with or without pain
- Low, dull backache
- Vaginal bleeding
- Menstrual-like cramps or thigh pains that come and go
- Pressure, pain or heaviness in the lower belly or pelvis
- Any change in your vaginal discharge, especially mucousy, watery or bloody
- Any leaking of fluid from the vagina



About Labor and Birth

As long as you and baby are healthy, it's best to wait for labor to begin on its own. Your body makes hormones at the end of pregnancy that helps prepare your body for giving birth and breastfeeding.

There are times when your doctor may recommend that your labor is started with medication (called inducing labor) or that your baby is delivered by C-section. This is sometimes needed for the health of you and your baby. Your doctor and the nursing staff will answer your questions and concerns as much as possible. The primary goal is a healthy mom and baby.

Practices that support a safe birth:

- Walk and change positions frequently during labor. Staying upright as long as possible can shorten labor.
- Avoid routine interventions that aren't medically necessary.
- Find comfort measures that work for you. This might include simple relaxation techniques, breathing techniques, massage, or other methods of pain control. There is no one way.
- Having support to help you through childbirth is important. Your support person may be your spouse or partner, or you may want a trusted friend or family member. Select someone that you are very comfortable around and is a calm, nurturing source of support. You may also consider hiring a doula.

Stages of Labor

Although the timing and progression of labor is different for every woman, it will occur in the following stages:

First Stage:

This stage has two parts and may last 12 to 19 hours.

Early Labor

The longest stage of labor, early labor is when contractions start and the cervix begins to dilate (open) and thin. Contractions are still mild and irregular. Many women stay at home for the first part of this stage. Call your doctor or midwife for instructions on when to go to the hospital.

Active Labor

The second part of this stage is active labor, when the cervix dilates from 6 to 10 centimeters. This stage often lasts 4 to 8 hours. Contractions become stronger and more regular. Comfort measures and support are important now. The end of this stage is the most difficult, when the cervix dilates to 10 centimeters. Although it may take several contractions after full dilation to be noticeable, most women get an urge to bear down.

Second Stage:

The second stage of labor begins when you are completely dilated and ends when you deliver your baby. During this stage, your baby moves through the birth canal and you will start pushing. This phase can last from a few minutes to a few hours. It often takes longer for first time moms.

You might try a variety of positions in which to push. Your nurse can help you find what is most effective for you. You may be asked to push at certain times to deliver your baby. As the baby's head is coming out, your provider may ask that you don't push. This is called "crowning" and allows the tissue to stretch to reduce tearing. After birth, your baby will be placed on your chest and the umbilical cord will be cut.

Third Stage:

Shortly after your baby is born, you will feel cramping in your uterus and the placenta will be delivered. This usually doesn't take long, but it can be up to an hour. You will likely be focused on your new baby. Your healthcare provider will make sure you are not bleeding too much. If you need stitches to repair any tears, you will get them at this time.

Checking Your Baby's Health During Labor

One of the most important measures of your baby's well-being during labor is the heartbeat. During labor, your caregivers will check the baby's heartbeat. Changes may be a sign that baby is having difficulty or is in distress. Your healthcare team will take steps to increase the amount of oxygen the baby gets to reduce stress.

Another measure of how well your baby is tolerating labor is the color of the amniotic fluid. This fluid is normally a clear, whitish color. If it turns yellow, brown or green, it means your baby has had a stool, called "meconium staining." If this happens, your baby may need special care.

Support During Labor

Role of a Support Person

Women who have a support person may cope better during labor. The support person's role is to provide quiet, positive reassurance and comfort.

It is important to talk with your support person ahead of time to share your expectations and talk about what comfort measures you want to use during labor. It may be helpful to practice some comfort measures before labor, but keep in mind that your preferences may change during labor. Do what is comfortable for you.

Ways a support person can provide comfort during labor:

- Stay calm and encourage relaxation.
- Offer encouragement that she is strong and you believe in her.
- Praise her and express confidence that her body knows what to do.
- Encourage her to urinate at least every 1 to 2 hours.
- Breathe slowly and deeply with her, follow her lead, try rhythmic breathing.
- Be sensitive to her preferences for comfort techniques and remember that preferences may change as labor progresses.
- Help her to walk and encourage her to change positions often.
- Offer to massage her or apply counter-pressure.
- Offer to fan her if she is hot.
- Wipe her forehead and face with a cool washcloth.
- Try not to interrupt her attempts to focus by asking her a lot of questions.
- Assist with her care as needed.
- Provide ice chips and/or clear liquids.
- As labor progresses, remind her to rest between contractions.

Comfort Measures

The pain from contractions is the tightening and shortening of uterine muscles to open the cervix and move the baby into the birth canal. Pain during labor is often mild at first, but gets worse as labor progresses. There are many things that can help you cope with pain during labor. Every woman has different pain relief needs during labor. As labor progresses, you may decide to add some form of medication.

Talk to your doctor, midwife and the healthcare team when you get to the hospital about your goals for pain management. It is important to share your preferences, such as if you want to avoid pain medication during labor. Communicate your wishes, but know that you can make changes in your pain management plan.

Using a combination of comfort techniques can help relieve labor pain and increase coping. Many things do not require any equipment, but a birthing ball will be available at the hospital to help with positioning and comfort. Your nurse will be a valuable resource to help you with comfort measures.

Comfort measures include:

- Breathing and relaxation, mental imagery
- Walking
- Rocking, movement and position changes
- Birthing ball
- Back rubs, massage, rocking, counter-pressure to lower back, acupressure
- Shower
- Heat or cold
- Calm environment (quiet music, dim lights, aromatherapy)

Confidence in your ability to cope with labor pain strongly influences how effective comfort measures will be. Although they will not take the pain away, comfort measures can help give you a sense of personal control over the process of labor. It's hard to predict what will help most during labor, but practice different relaxation methods to see what you like.

Positive Affirmations

- Make a list of positive thoughts (see examples below).
- Choose one affirmation. Write it ten to twenty times per day. Writing is a powerful technique for self-suggestion.
- Say them out loud and be comfortable with the content. Have your support person check that you stay relaxed when you're saying them out loud.

Examples of Positive Affirmations

- I am calm.
- I feel relaxed.
- I am coping with pain.
- My body knows how to give birth and I will let it.
- Contractions help my baby be born.
- I am strong and I can let my contractions be strong.
- With each contraction, my cervix is dilating a little more.

Breathe Easy!

Variations of normal breathing can be a great comfort during contractions. Breathing techniques provide focus and improves oxygen exchange. Find a pattern of breathing that works for you. The only "wrong" way to breathe during labor is to hold your breath.

- As labor intensifies, adapt the pace. Your partner can make suggestions.
- Keep in mind that slow, easy, paced breathing is the most relaxing.
- Sometimes it helps to focus on the exhale.
- Often, sighing or moaning becomes a part of the breathing pattern.
- Your support person or doula can breathe out loud with you.

Labor Positions

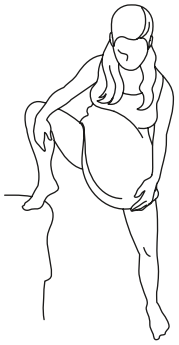
Unless you need special care, try to stay upright and walk in the early part of labor. Gravity can help your baby move down into your pelvis. Walking can also help you stay relaxed and may shorten your labor. Ask your nurse about taking a warm shower to help you relax. Urinate every 1 or 2 hours. Rest as needed but try to change positions often. Use the illustrations below for ideas about different positions to try.

If you have an epidural or have other interventions, you will need to stay in bed during labor. If this is the case, try not to lay flat on your back. Remember to change positions often.

Standing

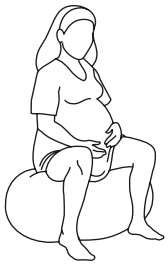
Standing, leaning forward

Slow dancing



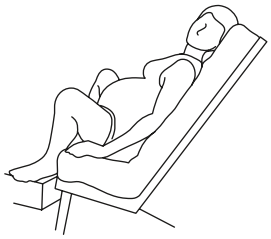
The lunge (standing)

The lunge (kneeling)

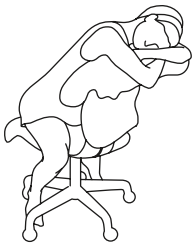


Sitting upright

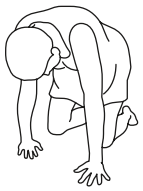
Sitting on commode



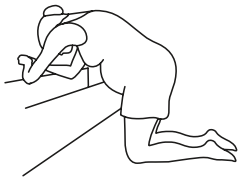
Semi-sitting



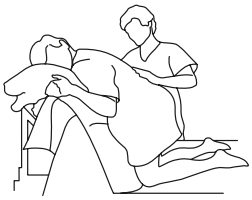
Sitting, leaning forward with support



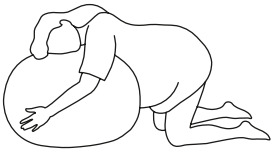
Hands and knees



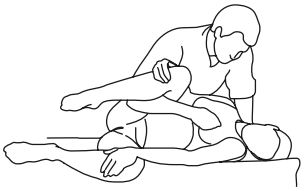
Kneeling over chair seat



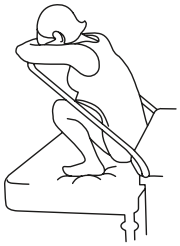
Kneeling, leaning on raised head of bed



Kneeling over birth ball



Side-lying



Squatting

Supported squat

The dangle

Medical Interventions

Below are listed possible interventions that may be used by your healthcare providers during your labor and birth. Not all benefits and disadvantages are listed, rather, this represents a brief summary of the common interventions.

Intervention	Benefits	Disadvantages
Narcotic Analgesic *Medications known as opioids that are used for pain relief.*	• Usually given through the IV • Reduces pain and helps mom relax between contractions • Can be given soon after requested; usually takes effect within 10 minutes • Short-lived, lasting 1½ to 2 hours	• Fetal monitoring required • May make mom feel groggy, disoriented • May depress baby's breathing if given too soon before birth (can be reversed with medication if needed) • Does not eliminate pain completely • Cannot be used close to time of birth • May affect early attempts at breastfeeding if given too soon before birth
Epidural Anesthesia *A common type of pain relief in which medication is given into the lower back.*	• Provides safe, effective pain relief for most moms • Runs continuously • Does not make mom groggy or disoriented • Can be given in active labor • Increases mother's ability to relax/sleep • May increase or decrease length of labor • Mom experiences less pain in first and second stages of labor • No significant difference in immediate newborn outcome	• Fetal monitoring required • Restricted to bed, may have bladder catheter • May increase use of oxytocin • May increase length of pushing stage • Increased use of instrument-assisted delivery (vacuum, forceps) • Increase in cesarean birth • There may be more serious risks; discuss with healthcare provider
Episiotomy *An incision made in the perineum during childbirth.*	• Helps if there is an urgent need for a quick birth	• Longer healing time • Increased chance of infection • No evidence that it substantially shortens labor
Intravenous (IV) Fluids *Fluids and/or medications given directly into a vein by inserting an IV catheter.*	• Can provide fluids to prevent or treat dehydration • Allows for some medications to be given, such as antibiotics or oxytocin • Provides immediate access for emergency treatment	• Limits mobility • There may be some discomfort when IV is started
Saline Lock *Intravenous (IV) catheter placed in a vein and capped for later use.*	• Allows for emergency access to a vein, if needed • More freedom of movement compared to continuous IV	• There may be some discomfort when inserted

Intervention	Benefits	Disadvantages
Amniotomy *A procedure in which a special tool is used to break the amniotic sac, often called "breaking the bag of water." This may be done once baby's head is into the pelvis.*	• Can allow for placement of internal monitors • Allows for assessment of amniotic fluid • May be done to start labor	• Increased risk of infection • May increase risk of a C-section • May limit activity of laboring woman due to risk of infection or umbilical cord prolapse
Labor Induction/ Augmentation *Using medications or other methods to start labor.*	• When medically indicated, induction can be safer when extending the pregnancy poses risks for mom or baby	• Possible increase in pain during labor • Increased likelihood of neonatal problems if fetus has not completed 38 weeks of gestation • May increase likelihood of instrument assisted vaginal birth or C-section
External Electronic Monitoring *A way to measure contraction patterns and the baby's heart rate. Two stretchy belts are wrapped about the stomach to hold special equipment in place.*	• Provides more accurate information about fetal well-being and mother's contraction patterns • Continuous monitoring is required for women who are high risk, who are induced or augmented with oxytocin, or who elect narcotic analgesics or anesthesia • Noninvasive	• Limits mom's mobility, which may increase labor discomfort • May increase the likelihood of episiotomy, instrument-assisted delivery or a C-section
Internal Electronic Monitoring *A small wire is placed on the baby's scalp to accurately monitor baby's heart rate. Contraction patterns can be monitored with a special tube inserted in the vagina, through the cervix and into the uterus.*	• Provides more accurate information about fetal well-being (as compared to external fetal monitoring)	• Limits mom's mobility • Internal monitoring requires amniotomy if membranes are not yet ruptured (see above) • May be temporary bruising on baby's head from fetal scalp electrode • Invasive • May increase risk of infection
Forceps-Assisted Birth *Special equipment, called forceps, are inserted in the vagina and placed around baby's head to guide the baby out.*	• May prevent a C-section • May assist in delivering baby if complications arise or if delivery is taking longer than is considered safe	• May result in bruising on baby's face or head • Increased risk of perineal trauma • May be more serious risks that should be discussed with healthcare provider
Vacuum-Assisted Birth *A special cup with a vacuum is inserted in the vagina and place on baby's head. Gentle suction is used to guide baby out.*	• May prevent a C-section • May assist in delivering baby if complications arise or if delivery is taking longer than is considered safe	• May cause temporary bruising or a lump on baby's head • May be more serious risks that should be discussed with healthcare provider

Birth and Postpartum Doulas

What Is a Doula?

There are two main types of doulas — birth doulas and postpartum doulas. Some doulas are both.

Birth Doulas

A birth doula is a childbirth professional trained in providing continuous, nonjudgmental support for the laboring mom. A birth doula is a support for the laboring woman's partner also. The birth doula meets with the couple during the prenatal period, and she provides continuous support during labor, birth and the immediate postpartum period.

Birth doulas support the mother's wishes for her birth and will not assert her personal beliefs about the process of labor and birth. The birth doula will not be the mother's "voice" or make any decisions for the mother. Birth doulas help parents advocate for themselves. Doulas and partners work together to create the most supportive environment for the laboring woman.

Postpartum Doulas

A postpartum doula supports families during the "fourth trimester," or the first few months of the postpartum period. Postpartum doulas provide evidence-based information on infant feeding and postpartum recovery, both physical and emotional. They also assist with newborn care, meal preparation and light housework as well as providing reassurance, guidance and support as families adjust to their new lives.

How Do I Find a Doula? What Credentials Do I Look For?

DONA International is a helpful reference for families looking for doula support. Certified doulas are listed on the website, and families can also call the DONA International office (888-788-DONA).

It is recommended that you interview at least two to three doulas before hiring one. It is important that everyone involved — mom, partner and doula — feels comfortable with each other. For more information about doulas and their role, and for a list of suggested questions to ask when interviewing doulas, visit dona.org.

Mount Carmel created central Ohio's first hospital-based doula program. Our knowledgeable doulas provide constant support and assistance with non-medical aspects of your care.

To learn more about the Mount Carmel Doula Program, call:

614-546-4482

You can also visit our website:

www.mountcarmelhealth.com/find-a-service-or-specialty/doula-services/

Cesarean Birth

A Cesarean section (C-section) is the surgical delivery of a baby through an incision in the mother's abdomen. Sometimes it is planned due to a known condition, but at times an emergency C-section might be needed due to unexpected problems. Here are some reasons why a C-section may be necessary:

- Baby shows signs of distress and their health is in danger
- Mother has had a C-section in the past
- Health of the mother
- There is a problem with the placenta or umbilical cord
- Carrying multiples (twins, triplets)
- Position of the baby (breech or transverse)
- Certain birth defects
- Labor has stalled and other methods aren't helping

Ways to Reduce the Chance of Having a Cesarean Birth:

- Take a childbirth class.
- Choose a birth provider and hospital with low C-section rates.
- Consider hiring a doula.
- Let labor start on its own unless there is a complication. Induction of labor increases the risk of a C-section.
- Be patient with labor as long as you and baby are well.
- Move, walk, and change positions often during labor.

If a Cesarean birth is necessary, here are some things you can expect:

- Anesthesia personnel will speak with you and will talk to you about the procedure and options.
- If you do not already have an IV, one will be inserted for fluids and medications.
- A compression device will be placed on your legs to help prevent blood clots.
- Your hair will be shaved away from the incision site.
- A urinary catheter will be placed, usually after anesthesia has begun.

Before discharge from the hospital you will be instructed on incision care and warning signs. Follow these instructions carefully and call your doctor if you have any concerns.

After the Birth of Your Baby

What to Expect After Birth

After birth, your baby will be placed on your bare chest and dried. The umbilical cord will be clamped and cut.

The placenta is delivered, usually within 30 minutes of the baby. If needed, you will get stitches to repair vaginal tears. The top of your uterus, called the fundus, will be massaged to make sure it stays firm. This is to make sure you do not have heavy bleeding. If delivery results in tears to the uterus or if the uterus does not contract to deliver the placenta, heavy bleeding can result. Your healthcare team will be checking to make sure your bleeding stays within a normal amount.

The baby will be given a quick exam and their temperature, heart rate and breathing will be checked. If there are concerns about the health of your baby, your baby may be taken to be examined more closely under a radiant warmer.

Visitation during and after delivery may be restricted. It is important to allow time for you to bond skin-to-skin with your baby for at least the first hour after birth. While skin-to-skin, babies often show signs of wanting to breastfeed. If you have decided to breastfeed, your nurse will help you.

Your baby will get vitamin K to prevent abnormal bleeding and an eye ointment to prevent infection. After the recovery period, you and your baby will be taken to a private room on the Mother Infant Unit.

You will be given instructions on how to care for yourself and your baby. Once you are home, follow the instructions you are given for when to call your doctor or midwife. Do not hesitate to call your healthcare provider if you have concerns.

Childbirth Terms

Amniotic sac: A thin-membraned sac that surrounds the baby during pregnancy; filled with watery liquid, called **amniotic fluid**, that protects the fetus from injury and maintains even temperature. Also called "bag of water."

Amniocentesis: A procedure that removes a small amount of amniotic fluid for testing, primarily used to detect certain health and genetic conditions.

Apgar Score: Evaluation of the infant's physical condition at 1 and 5 minutes after birth. Heart rate, respiration, muscle tone, reflexes, and color are each scored on a scale of 0 to 2. A total score of 7 to 10 is normal.

Bloody Show: Vaginal discharge of a small amount of pink or brown material from the cervix during dilation. One of the three signs of true labor.

Braxton-Hicks Contractions: Irregular uterine contractions that occur throughout pregnancy. They become stronger and more noticeable toward the end of pregnancy and are sometimes termed "false labor." Call health provider if you have four or more contractions in an hour and you are less than 37 weeks pregnant.

Cervix: The bottom portion or the neck of the uterus that effaces (thins) and dilates (opens) during labor.

Circumcision: Surgical removal of the foreskin of the penis.

Crowning: When the baby's head begins to show through the vaginal opening.

Dilation: Widening or opening of the cervix; reported in centimeters (0 to 10). The higher the centimeter, the wider the opening.

Doula: A woman experienced in childbirth who provides advice, information, emotional support and physical comfort to a mother before, during and just after childbirth.

Effacement: Thinning and shortening of the cervix; measured in percentages from 0 to 100%. The higher the percentage, the thinner the cervix.

Engagement: Entrance of the widest point of the fetal head into the upper portion of the mother's pelvis.

Episiotomy: Surgical incision from the vagina to just short of the rectum to enlarge the vaginal opening.

Fetal Heart Tone (FHT): Baby's heart rate while in the uterus; heard with a monitor or Doppler. Normal range is 120 to 160 beats per minute.

Fetus: Baby in the uterus from the third month of pregnancy until delivery.

Fontanels: "Soft spots" on the top and back of baby's head. Places where cranial bones are not yet fused together, thus allowing the bones to overlap each other for an easier fit through the pelvis.

Forceps: An instrument used to assist in the delivery of baby's head or with the rotation of baby.

Fundus: Top, largest portion of the uterus.

Gestation: The length of time of a pregnancy between conception and birth; often reported in weeks.

Lanugo: Fine hairs covering the body of a fetus or newborn, particularly the face, shoulders and back.

Lightening: Positioning of the fetus and uterus low in the pelvis. Baby is said to have "dropped." A more general term than "engagement," which refers to the position of a specific part of the fetal head.

Lochia: The discharge from the uterus during the 6-week period following delivery.

Meconium: Sterile, dark, greenish-black, tarry substance that is the baby's bowel movement for the first few days of life.

Molding: A cone-like shaping of the baby's head due to overlapping of the skull bones allowing passage through the pelvis.

Multipara: A woman pregnant with a second (or successive) child; also "multip."

Para: A woman who has given birth to one or more infants over 20 weeks' gestation.

Primipara: A woman pregnant with her first child; also "primip."

Pelvic Floor: Group of muscles which support the bladder, rectum, intestines and reproductive organs.

Perinatal: Relating to the period of time right before and after childbirth.

Perineum: Area surrounding the vagina and rectum.

Pitocin: A synthetic form of oxytocin, a natural hormone that causes the uterus to contract. Pitocin is used to strengthen contractions (augmentation), start labor (induction) and/or control bleeding after birth.

Placenta: Spongy substance in the uterus that transfers oxygen, nutrients and waste products to and from the fetus. Expelled after delivery as the "afterbirth."

Placenta Previa: Abnormal implantation of the placenta near the cervix rather than near the fundus.

Placental Abruption (abruptio placentae): Separation of the placenta from the uterus before the baby is born.

Posterior: Fetal position in which the back of the baby's head (occiput) faces the mother's spine. May result in "back labor."

Postpartum: The period of time after childbirth.

Rupture of Membranes: Amniotic sac has torn, causing fluid to leak out. Mother will notice dampness or release of fluid from the vagina; can be any amount from a trickle to a gush.

Station: Measurable descent of the fetal presenting part (head or buttocks) into the mother's pelvis. Reported from -3 centimeters above the ischial spines, to 0 centimeters (even with the ischial spines), to +3 centimeters below the ischial spines (head on the perineum).

Uterus (Uterine): Also called "womb." A hollow female organ where a baby develops during pregnancy.

Umbilical Cord: A cord that connects the placenta to the baby; contains a vein and two arteries to carry oxygen and nutrients to the baby and remove waste products from the baby.

Vacuum Extraction: Delivery method in which a vacuum cup is attached to baby's head to assist during delivery or in the rotation of baby.

Vernix: White, cheese-like substance acting as protection for the skin of the fetus. Some may be present at birth.

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