

A pregnant woman is shown from the waist down, wearing a light pink, long-sleeved dress. She is holding a stalk of wheat in her right hand. The background is a field of tall, green wheat stalks. The image is used as a background for a document cover.

Your Guide:

**Identifying
Labor
Preferences**



NORTHSIDE HOSPITAL
MOTHERSFIRST



A woman with curly hair is shown in profile, looking out a window. She is wearing a red top and has her hand resting on her pregnant belly. The background is bright and out of focus, suggesting a window view of the outdoors.

GUIDE TO IDENTIFYING YOUR LABOR PREFERENCES

It is our desire that your birth experience be as safe and satisfying as possible. We believe each family is unique and deserves individualized family centered care. Therefore, we encourage you to use this guide to help you and your partner identify preferences for your labor experience. We routinely involve you in your plan of care and will modify the plan with you as needed. We will make every attempt to accommodate your preferences unless it becomes medically inadvisable.

DIRECTIONS:

Read this booklet thoroughly! Complete each section of the “Northside Labor Preferences Worksheet” found on the last page of this booklet.

Please talk to your obstetrician or nurse midwife and be sure to discuss any risk factors in your pregnancy that could affect your birth options. You may also want to discuss your baby’s care with your pediatrician. You are welcome to bring copies of the worksheet with you to the hospital.

We consider you part of the health care team. That means that we routinely involve you in your plan of care and any change of plan will be discussed with you. We are partners with you and your care at Northside Hospital.

Labor Preference Guidelines

#1 - ABOUT YOU

Completing this section of the Labor Preferences Worksheet will help us to get to know you better so that we can help you to make your labor experience a positive one. You may share information about your previous labor experience (if any) or any special needs you have.

#2 - SUPPORT PEOPLE

Due to the size of the rooms, we recommend that only your labor support person and two others be present at the same time. The two others may trade off with as many as you wish. One support person may walk with you in the hallways to provide labor support. However, we do ask that the hall not be used as a gathering place to insure the safety and privacy of both you and the other mothers. In the event your other children are planning to attend the birth, a support person(s) must accompany them. (One adult per child in addition to your primary support person.)

#3 - IMPORTANT ISSUES, FEARS OR CONCERNS

We are interested in knowing your most important concerns. Examples are: togetherness of your family, unmedicated or medicated birth, maintaining control, or use of interventions.

#4 - LABOR OPTIONS*

Environment:

You may have special preferences for your environment such as dimmed lighting, music, quiet, etc. We have tried to provide a homelike environment, however, you may also bring items with you that will individualize the environment for you. These items may include pictures, music, focal points, massage items, lotion, pillows or any item you may need for labor. Each room has its own temperature control and is equipped with a television.

Position Changes:

Often positional changes as well as movement can facilitate labor. Options may include: walking, use of a rocking chair, tub, shower, birthing ball, pelvic rocking, or any position that provides you comfort. Most rooms have glider rockers, tubs and showers. Birthing balls are available on the unit.

Occasionally, you may be asked to assume a certain position for the benefit of the baby.

Relaxation & Comfort Techniques:

We encourage you to use techniques that promote your comfort in labor. These may include massage, use of counter pressure, imagery, breathing techniques, heat and cold applications, or relaxation techniques.

Labor Support:

We know that the support you receive during labor will have a lot to do with your confidence to give birth. Please share with us any special things we can say or do that will help you.

Education:

Please let us know what classes/types of classes you have taken to prepare for birth and parenting.

**Certain decisions such as epidural anesthesia may limit the above options. Please discuss this with your provider.*



Fetal Monitoring:

It is important to determine your baby's heart rate throughout labor. Fetal monitoring is one way to do this. Your obstetrician/midwife will usually want you to be monitored continuously once you are in active labor. Usually it does not restrict your ability to change positions, sit in a chair or walk. Wireless monitoring will allow you to be mobile while on the monitor. Wireless monitoring is waterproof. If you are admitted to the hospital when you are in early labor or not in labor, your obstetrician/midwife will monitor your baby's heart rate intermittently. Please discuss any concerns you may have regarding fetal monitoring with your healthcare provider before you come to the hospital and with your nurse once you are here.



Eating & Drinking/Intravenous (IV) Fluids:

You can keep yourself hydrated in labor by eating light foods at home in early labor and by drinking clear liquids when you arrive at the hospital. Your fluid intake will be limited during labor or induction of labor and if you plan for an epidural. Most mothers receive IV's for fluid replacement in labor. The IV tubing can be capped off to allow more mobility, if you do not have an epidural or if you are not induced or dehydrated. IV's are needed for administration of pitocin, for IV pain medication, in preparation for an epidural, and for cesarean births.



Pitocin Induction & Augmentation of Labor:

These procedures artificially begin labor or help it to progress by complementing your body's own oxytocin. Your obstetrician/midwife will discuss these options with you.

Vaginal Exams:

A nurse, midwife or your obstetrician will do a vaginal exam to check your progress in labor. A vaginal exam will probably be done when you arrive at the hospital and may be repeated periodically to assess for progress.

Coping in Labor:

Please discuss how you would like to cope with your labor. You may use Northside Hospital's pain and coping scale listed below. You may also plan on using additional pain management options, such as pain medication, relaxation techniques, breathing, massage, movement, tub or shower, or the birthing ball. How can the nurses help you? Do you plan on using a doula? If yes, have you defined her role during labor and does she know your expectations?

****Please reference the pain and coping chart on the following page.***



Pain & Coping Scale

PAIN/COPING NUMBERS & WHAT THEY MEAN

- | | |
|----------|--|
| 0 | Desire minimal pain. Request an epidural as soon as possible. Desire narcotics prior to epidural. |
| 1 | Willing to wait for active labor for an epidural. Want to be given narcotics if requested and an epidural cannot be given. |
| 2 | Willing to wait until active labor for epidural. Prefer to avoid taking narcotics for pain relief until epidural can be given. |
| 3 | Undecided. Want to attempt “natural” labor. Want the option of an epidural if labor becomes more painful than expected. |
| 4 | Desire natural labor. Want to be given narcotics if she requests them. |
| 5 | Desire natural labor. Prefer the nurse not to offer narcotics. |

#5 - SECOND STAGE & BIRTH

Please share your preferences related to positions you want to try for pushing and for birth. For example, would you like to use the squatting bar? Would you or your partner like to cut the cord? Do you want to identify the gender of the baby yourself? We encourage immediate, uninterrupted skin to skin for the first hour or until the first breastfeed. We encourage you to breastfeed at some time during the first hour or two after birth.

Capturing Memories of Labor & Your New Baby:

You are welcome to capture some of the “special” moments of the upcoming birth with still photographs. Videotaping is permitted during labor. However, videotaping is excluded during pushing, the birth, or during a c-section and immediate transition of the newborn delivered vaginally. The OB/GYN physicians, neonatologists, certified nurse midwives and nurses want you and your baby’s safety to be their primary concern. Videotaping during the above mentioned times may pose a distraction to patient care, potentially impacting the safety of mother and newborn.



#6 - CESAREAN BIRTH

One support person is welcome to attend a cesarean birth if general anesthesia is not used. She/he does not have to watch the operation but can sit beside your head during and after the surgery and may hold the baby after the baby has been stabilized. Of course, this is a sterile procedure and she/he may not cut the cord. What is your preference for your partner's presence?

A catheter to keep the bladder empty is required for surgery. For almost all cesarean births, epidural anesthesia is used during the surgery. After the birth of your baby, other medications may be given if needed. These may affect your alertness in the recovery room with your baby. Postpartum pain relief will be given through the epidural by a patient controlled analgesia (PCA) pump. If you have had spinal anesthesia or general anesthesia, your pain will be relieved by medications given through your IV again with the use of a PCA pump.

Your support person may accompany you to the recovery room. Should your baby need more observation, she/he will be taken to one of our nurseries and your support person may go along. We encourage skin to skin and breastfeeding in the recovery room if mom and baby are ready.



#7 - AFTER YOUR BABY IS BORN

Your Baby's Doctor:

Have you selected a doctor for your baby? Does she/he have privileges at Northside Hospital? If not, one of our hospital pediatricians will be able to take care of your baby while you are in the hospital and when your baby goes home, the hospital pediatrician will send baby's records to your chosen pediatrician. If the pediatrician has privileges, the nurses will notify the pediatrician of your baby's birth, so that they can come to see your baby while in the hospital. Please have this information available when you are admitted to labor and delivery. For immediate high risk care of a sick newborn we have specially trained neonatologists/pediatricians, nurses and respiratory therapists in our Special Care Nursery.

Immediate Newborn Care:

We encourage immediate, uninterrupted skin to skin for the first hour or until first breastfeeding. Skin to skin keeps your baby warm, blood sugar stable, promotes breastfeeding and relaxes, soothes and calms both you and your baby. Normal newborn care will take place following skin to skin time. We value your time benefiting from skin to skin care and will delay normal newborn care as much as we can. This includes weighing, measuring, checking temperature, pulse, respiration, cord care, and a physical exam.



Infant Feeding:

Exclusively breastfeeding while in the hospital will give you and your baby the best start. Unless medically indicated, there is no reason to give formula. Colostrum, the first milk you make, is easily digested and produced in just the right amount for your baby's small stomach. You might be concerned that you won't have enough milk for your baby. The more frequently the baby breastfeeds, the more colostrum the baby gets which also causes the baby to stool, an important sign that your baby is getting enough breastmilk. The mature milk will transition in sooner the more frequent the baby feeds. For those who need additional assistance, lactation consultations are available through the hospital's Lactation Center. Once you are home, the Lactation Center offers an advice line that is available for any questions or concerns you may have related to breastfeeding.

Family Centered Care:

We encourage you to keep your baby with you as much as possible, as this will help you to know your baby, your baby's cues and to gain confidence in your own parenting skills. You may have your baby in the room with you at all times except for the morning examination by your pediatrician and the evening weight done in the nursery. Your baby's picture will be taken in your room. Your partner will be able to stay with you overnight.

We cannot promise a particular room or type of room and we cannot promise that you can be moved. Remember that it is the caring, competent staff that will make the most difference in your stay.

Circumcision:

If you choose to have your baby son circumcised, your obstetrician will perform the procedure. Please discuss pain management with her/him. Your baby's nurse will then teach you how to care for the area.

Metabolic Screening:

State mandated newborn screening tests are done before taking your baby home. These tests now include what was previously known as supplemental testing. These lab tests are required by the state and must be done on all newborns before going home from the hospital, regardless of their age. Every new baby must be tested, even if the baby is healthy and has no symptoms. The state laboratory reports all abnormal tests to your baby's doctor. If you take your baby home before 24 hours of age, this test must be repeated before the baby is one week of age, in your pediatrician's office or health clinic. Please check with your pediatrician as to when your baby should be seen in the office for the first visit.

#8 - GOING HOME

A typical stay for a vaginal birth is one to two days; for a cesarean birth it is three to four days. We encourage you to check with your insurance company to see how many days of postpartum care are covered.

On the morning you and your baby go home, the person who will take you home should arrive with a car seat safely installed and be ready to correctly place your baby in the seat. We are not able to install your seat or to place your baby in your car seat.

It is also good to consider what help you have arranged at home:

- I have planned for all the help I need after leaving the hospital such as meals, groceries, family/friend support and help, housework, laundry, etc.
- No, I have not arranged any of these plans and will need to consider help when returning home.

For more information:

Visit northside.com/maternityresources
or call MothersFirst at (404) 845-5555





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northside.com/maternity