



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

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Hey Mama!

A Guide to Pregnancy, Birth and Babies

Birth

my name:

.....

my provider's name:

.....

This project was made possible through support from the Massachusetts College of Art and Design Foundation.

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With many thanks to the Boston Medical Center Friends of Women's Health for their generous support

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Birth

This guide will answer some of your questions about labor and birth. Talk to your provider before you go into labor. Ask questions and learn as much as you can. Think about what is important to you and your family during labor and birth.

Contents:

- 2 What are the signs of labor?
- 4 What should I expect when I get to the hospital?
- 5 What happens to my body in labor and birth?
- 6 What are my choices to deal with labor pain?
- 8 What are some problems that can happen in labor and birth?
- 11 What should I know about cesarean delivery?
- 12 Keeping you and your baby safe during your stay.



What Are the Signs of Labor?

Many changes happen in your body before labor begins.

What to do about early labor:

- During the night, stay in bed and rest as much as you can.
- During the day, go for a walk, talk to friends.
- Drink plenty of water and eat meals and snacks at regular times.
- For pain relief, try a warm bath, or shower massage or a hot water bottle
- Ask for help from your partner, Birth SisterSM or other support person.
- Call your provider before you come to the hospital.
- Leave valuables like jewelry at home.

You may have some of these signs before you go into labor

- A small amount of light pink or brownish mucus from your vagina.
- Your baby moves down into your pelvis. You may feel less pressure on your stomach and more pressure on your bladder.
- Diarrhea
- Cramps or mild contractions. These feel like when you get your period
- Lower back pain
- Your bag of water may break. You might have a gush or a trickle of fluid from your vagina. (You can be in labor without breaking your water.)

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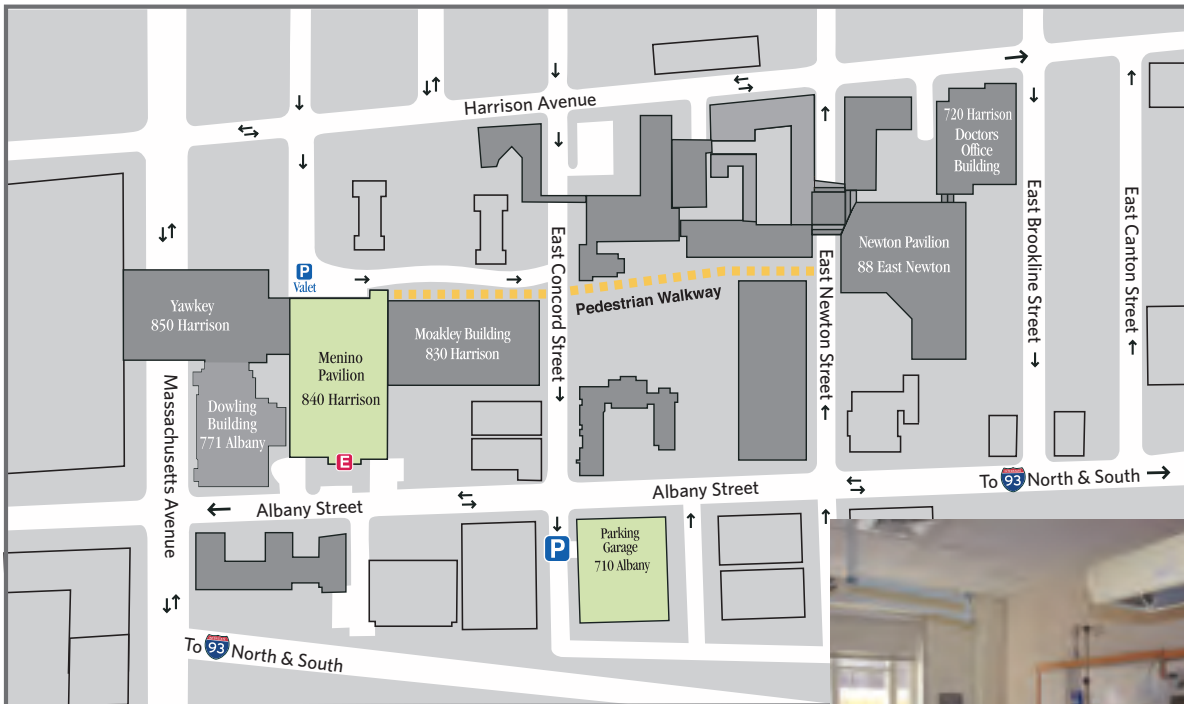
When do I call my provider?

Call your clinic during office hours. After office hours, call 617-414-2000 or the number your provider gives you if:

- Your bag of water breaks. Call even if you do not have contractions.
- You have regular, painful contractions
- You have bleeding from your vagina
- Your baby is not moving as much as before



Directions to Labor and Delivery



Getting to labor and delivery at BMC

- You can park your car in the garage at 710 Albany St.
- Go to Labor and Delivery on the 3rd floor of the Menino building.
- After 11 pm you can use the Albany St. door at the Emergency Room.

For a tour call
(617) 414-5168



Room for labor and birth

What Should I Expect When I Get to the Hospital?

Can I have visitors?

Support people are very important during labor. You may have up to 3 support people during your labor and birth. For safety reasons, your support person may be asked to leave the room during a procedure, like getting an epidural. You may have one support person for a cesarean birth if you are awake. Your support person will need to wait for you outside of the operating room if you are asleep for a cesarean birth. (To learn more, see cesarean birth on page 11) Talk to your provider about having a sibling attend the birth before you are admitted in labor. Children must be with an adult at all times.

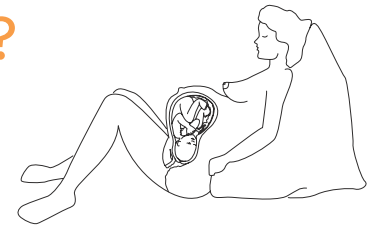
- In the Labor and Delivery Unit a nurse will check your vital signs (your blood pressure and temperature), your baby's heart beat and your contractions.
- A provider will see you. The provider may do a vaginal exam to check your cervix.
- You will move to a private birthing room if you stay in the hospital.
- The nurse will put an IV (intravenous needle) in your arm. You can get extra fluids and medicines through your IV if you need to during labor.
- The nurse will take some blood to check for anemia and your blood type.
- A provider will talk to you about the risks of labor and birth and ask you to sign a consent form to care for you during labor and birth.

Is it really labor?

You may have contractions that do not open your cervix. Your provider may ask you to drink water and walk for 1 or 2 hours. Your contractions may stop or get stronger. The provider will check your cervix again and decide if you should stay or go home.

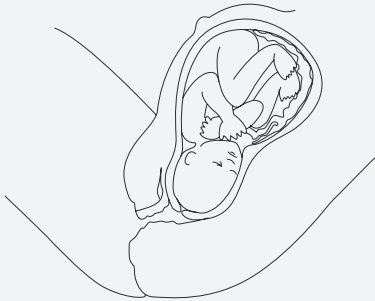


What Happens To My Body In Labor and Birth?



Early Labor (5-24 hours)

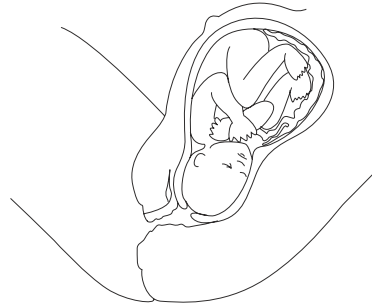
Rest, eat and drink lightly. Breathe slowly through contractions and relax.



Cervix opens 0-4 centimeters

Active Labor (3-6 hours)

Change your position. This may be taking a shower, sitting in a chair or rocking on your hands and knees.



Cervix opens 4-8 centimeters

Transition (10-60 minutes)

This is a very intense part of labor but does not last very long. You may need extra support during this part of labor.



Cervix opens 8-10 centimeters

Pushing and Birth (5-30 minutes)

Push in a comfortable position. Blow or pant when your baby's head is crowning. This helps to prevent tears to your vagina.



Your baby moves out of your uterus, through your vagina and out of your body.

Birth of the Placenta (5-30 minutes)

Contractions feel very mild. Your vagina may feel sore. You may be shaky and cold.

Your placenta moves out of your uterus, through your vagina and out of your body.

What Are My Choices to Deal with Labor Pain Without Medication?

Each woman deals with her labor pain in her own way. Understanding how your body works and feeling relaxed, loved and supported will help you to deal with labor.

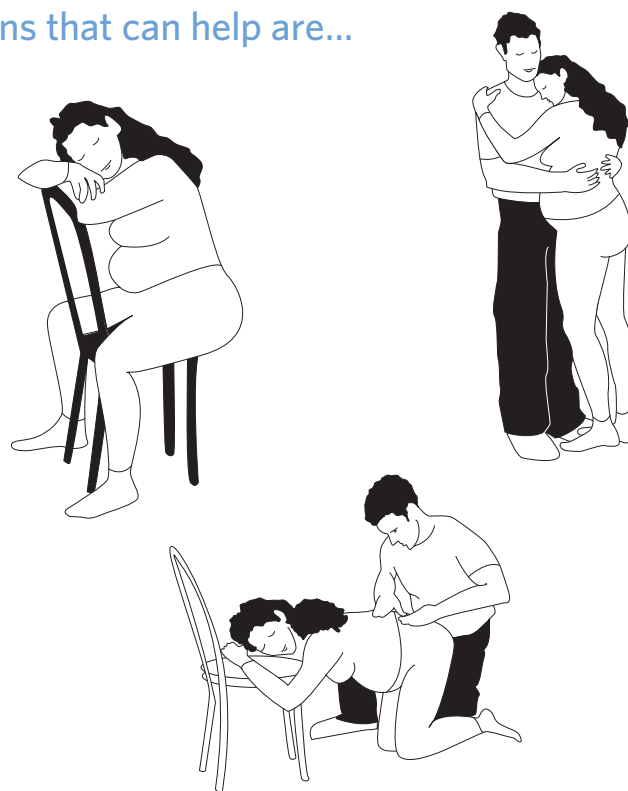


Birth SisterSM giving support

You can also:

- Breathe through your contractions.
- Take a shower to help with pain.
- Use warm packs or ice packs where it hurts.
- Walk if you can.
- Choose a support person who can help you through the contractions.
- Change your position when it is hard to cope.

Positions that can help are...



What Are My Choices to Deal with Labor Pain Using Medication?

Some women choose pain medication to deal with labor pain. There are two types of medications: narcotic medication and anesthesia medication.

Narcotic medication

This is medication given through your IV or by shot.

Narcotic medication helps to:

- Take away some of the pain.
- Make you feel more relaxed.
- Sleep in between contractions.

Narcotic medication may:

- Not take all of the pain away.
- Make your baby sleepy and have a harder time breathing if you get the medicine too close to giving birth.
- Cause an allergic reaction in some women. This is rare.

Anesthesia medication

This is a medication given by an anesthesiologist (a doctor specially trained to give anesthesia medicine) to numb labor pain. During labor or a cesarean section, anesthesia can be given in 3 ways:

Epidural anesthesia

The anesthesiologist places a small catheter or tube in your back. Pain medication goes through the tube to numb your labor pain. You can get more pain medication through the tube as you need it during your labor. It takes about 20 minutes for the pain to stop. An epidural is the most common way to give anesthesia pain medication.

Spinal anesthesia

The anesthesiologist gives you a shot of pain medication in your back. Spinal anesthesia numbs labor pain in a short amount of time and is more often used for a cesarean section.

Epidural and spinal anesthesia help to:

- Numb most of your labor pain
- Make you feel more relaxed

Epidural and spinal anesthesia may:

- Slow the pace of your contractions and make pushing time longer
- Cause a headache that can last several days.

General anesthesia

The anesthesiologist gives you medicine to make you go to sleep during surgery. You will have a tube down your throat to help you breathe while you are asleep. General anesthesia is not used very often.

Problems During Birth

While most labor and births go normally, sometimes problems develop. This section will answer some of your questions about the most common problems.

Problem

What treatments will help?

What else should I know about the treatments?

What if my labor needs to be induced?

Misoprostol and oxytocin (pitocin). These are medicines to ripen your cervix and start contractions.

Misoprostol and pitocin can make contractions too strong. Your baby may have a hard time with strong contractions. Your provider can change your medicine should you or your baby have a problem.

What if my labor slows down?

Position changes, rest, or extra fluid through your IV

Amniotomy. This is when your provider breaks your bag of water with a small hook, like a crochet needle. This does not hurt. This may shorten your labor.

Oxytocin (pitocin). This is a medication that can make contractions stronger. (To learn more see “What if my labor needs to be induced?”)

Intrauterine pressure catheter. This is a small tube your provider puts inside your uterus. It shows how strong your contractions are.

Cesarean Birth. You may need a cesarean birth because other treatments did not help. (To learn more, see “What Should I know about Cesarean Birth?”)

Problem

What treatments will help?

What else should I know about the treatments?

What if there's a problem with my baby's heartbeat?

Position changes.
Extra oxygen for you to breathe.
Fetal Scalp Electrode (FSE). This is a small monitor your provider puts on your baby's head. It gives more information about your baby's heartbeat.

What if my baby needs help coming out quickly?

Forceps or a vacuum cup.

Episiotomy. This is a small cut in your vagina. Most women do not need an episiotomy.

Cesarean birth. (To learn more, see "What should I Know About Cesarean Birth?" on page 11)

Most babies do fine with forceps or a vacuum cup. Forceps may bruise your baby's skin or very rarely hurt a nerve in your baby's face. The vacuum cup may cause swelling on your baby's scalp or very rarely hurt blood vessels in your baby's head. Forceps or a vacuum may increase the risk of hurting the muscles in your pelvis.

Episiotomies can increase the risk of deep tears in the vagina. Tears into the rectum can cause problems with holding gas or bowel movement.

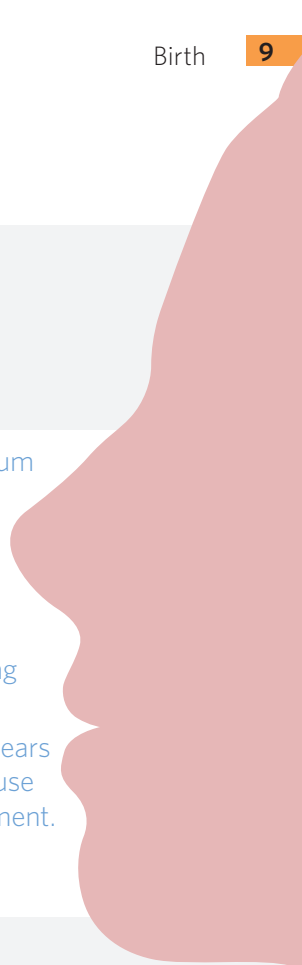
What if I get a fever during labor?

Antibiotics. An infection in your uterus may cause a fever. Your provider may give you antibiotics through your IV.

Your baby may also need IV antibiotics after birth.

What if my vagina tears during birth?

Sometimes your vagina can tear during birth. Your provider will check your vagina for tears after your baby is born. You may need stitches to heal the tear. A cold pack helps with soreness on the first day.



What Other Problems Should I Know About?

What if I bleed a lot after my baby is born?

- **Massage.** Your provider may massage your uterus to help it to contract.
- **Oxytocin and other medicines.** These medicines can stop your uterus from bleeding.

In a few cases a woman may need more help to stop the bleeding. These treatments might be:

- **Dilation and Curettage.** This is surgery to take out any tissue left in your uterus after birth. It can help to stop the bleeding. Dilation and Curettage may increase your risk of infection and damage to your uterus, bladder or intestines.
- **Blood transfusion.** This is when you get new blood to replace the blood you lost.
- **Hysterectomy.** This is when your doctor removes your uterus to stop the bleeding. Very few women need a hysterectomy.

Shoulder Dystocia. This is when the baby's head is born but the shoulder gets stuck behind your pubic bone. This is an emergency. This happens in 2 out of every 100 births. Your provider may ask you to change your position. They might cut an episiotomy. Your baby's collar bone could break during birth. Mostly this gets better quickly. Sometimes pressure on the baby's shoulder can hurt a nerve in your baby's arm. Mostly the nerve gets better with physical therapy. Although rare, brain damage or death can happen to a baby stuck for a long time.

What Should I Know about Cesarean Birth?

Cesarean birth means your doctor makes a cut through your skin and uterus to deliver your baby.

Your provider will talk to you about cesarean birth and ask you to sign a consent form. Your support person can be with you in the operating room. After the cesarean, you, your support person and your baby stay in a recovery room. A nurse will take care of you.

You may need to have a cesarean birth because:

- Your baby has a problem in pregnancy or in labor.
- Your labor stops.
- You had a cesarean birth before.
- Your baby is not in the right position.
- You have a medical problem.

What problems can a cesarean birth cause?

- Blood loss
- Infection
- Pain after cesarean
- Scar tissue. This can make other abdominal surgeries harder to do.

Some rare problems might be:

- Damage to your bladder, intestines or blood vessels.
- A small cut on your baby.
- Hysterectomy (surgery to remove your uterus).
- Death.

Can I have a vaginal birth after a cesarean birth?

Maybe. Although rare, the scar on your uterus can tear in labor. You are more likely to tear if you have had more than one cesarean. Your midwife or doctor will talk to you about the chance of having problems in your next pregnancy.

What Happens after I Give Birth?

Enjoy the special time after your baby is born. Your baby is awake for the first hour after birth. This is a good time to breastfeed your baby for the first time. Your provider, nurse or Birth Sister can help you and your baby to breastfeed. Expect to stay in your labor room for 1 to 2 hours after you give birth.

Keeping your baby safe

- The nurse will put a security band around your baby's ankle. Taking your baby out of the postpartum area will set off an alarm. This is to keep your baby safe.
- You will have many visitors during your stay. These visitors may be nurses, doctors, midwives and other hospital workers. Anyone who comes into your room should wear a hospital ID badge.
- Your baby may go to the nursery during your stay. Make sure the person taking your baby to the nursery is wearing a hospital badge.
- Do not leave your baby alone. Ask your nurse for help as you need to.
- Do not leave your baby alone on an open surface, like the edge of your bed. Put your baby in the bassinet (plastic crib).

Your nurse will:

- Check your baby's weight.
- Put erythromycin, an antibiotic ointment in your baby's eyes. The ointment prevents infections that can pass from you to your baby during birth.
- Give your baby a shot of Vitamin K. Vitamin K helps to prevent problems with bleeding in your baby.
- Check your bleeding and vital signs.
- To learn more see [Your Stay at Boston Medical Center After Birth](#).



When you Leave the Hospital

- Plan to leave between 10am and noon on the day you go home.
- Have a car seat for your baby.
- Your nurse will make a visit time with your provider between 1 and 6 weeks after birth.
- Your nurse will make a visit time with your baby's provider about 1 week after birth.

My midwife or doctor

Telephone number

Visit date

My baby's doctor or nurse practitioner

Telephone number

Visit date



Glossary

Amniotomy Breaking the bag of water around your baby with a special plastic hook.

Anesthesiologist A doctor specially trained to give anesthesia pain medication during surgery or when you are in labor.

Antibiotics Medicine to treat infection caused by bacteria.

Cervix The opening of your uterus or womb.

Cesarean birth Surgery to remove your baby from your uterus. Also called C Section.

Contraction Your uterus gets tight. Contractions can be strong and regular or mild and not regular. Strong, regular contractions can open your cervix.

Dilation & Curettage Surgery to take out any tissue left in your uterus after birth. Also called D&C.

Fetal Scalp Electrode A small monitor that attaches to your baby's head to measure the baby's heartbeat.

Epidural Anesthesia Anesthesia pain medication by an anesthesiologist through a tube or catheter in your back.

Episiotomy A small cut in your vagina and perineum (see perineum) to help your baby to be born more quickly.

Hysterectomy Surgery to remove your uterus.

Intrauterine Pressure Catheter A small tube put into your vagina and uterus to measure the strength of your contractions.

Oxytocin (Pitocin) Medicine given through your IV that causes contractions. Pitocin may be used to induce labor or to stop bleeding after birth.

Perineum The tissue between the opening of your vagina and your anus.

Placenta A red, fleshy organ that grows with your baby inside your uterus. Oxygen and nutrients cross through the placenta to your baby by the umbilical cord (see umbilical cord).

Spinal anesthesia Anesthesia pain medication given by an anesthesiologist as a shot in your back.

Umbilical Cord Blood vessels that carry oxygen and nutrients from the placenta to your baby.

Uterus Your womb or the part of your body where your baby grows.