Care During Labor and Birth

What to expect when arriving at BMC Labor and Delivery

When you arrive at BMC Labor and Delivery you will be registered at the front desk. You will then come to triage. Triage is where we will check you and the baby and help decide if you should stay at the hospital or not. Sometimes when labor has just started it may be too early to stay at the hospital. If you and your baby are healthy you may be sent home to wait for labor to progress.

During labor, you will have a nurse and a midwife or doctor in charge of taking care of you and your baby. You will also be seen by resident doctors during your labor. Anesthesiologists are available if you want an epidural during labor. Medical students, student midwives, nursing students, or physician assistant students, may also help you in labor.

We will:
- Check the baby's heart rate
- Check your cervix to see how dilated you are
- Have blood taken for some tests
- You may have an IV placed (not everyone requires an IV in labor)
- Discuss your pain control options

Most pregnancies and births happen without complications. However, sometimes problems develop. This section will answer some of your questions about the most common problems.

We talk to all patients about these problems and will ask you to sign a form that says you understand them and agree to let us help you and your baby if any of these problems happen.

Illustrations by The Educated Birth/Cheyenne Varner

Search for these other helpful articles on Bump & Beyond:

Labor and Delivery Frequently Asked Questions

Preparing for the Unexpected During Birth

Having a C-Section

How to Prepare for Labor and Birth

Frequently Asked Questions About Common Problems During Birth

Labor Slows Down
Sometimes, labor can slow down. Here are ways your care team may:

- Help you change positions, rest, or get more fluids through your IV
- Break the bag of water (amniotomy): This is when your provider uses a small hook to break your bag of water. It should not hurt, and it can help labor move faster.
- Give oxytocin (Pitocin): This medicine helps make your contractions stronger.
- Use an intrauterine pressure catheter (IUPC): This tiny tube goes into your uterus to measure how strong your contractions are.
- Cesarean birth: If other treatments do not work, your baby may need to be born by C-section.

Problems with Baby's Heartbeat
If your baby's heartbeat changes, your care team may:

- Help with position changes, rest, or getting more fluids
- Break the bag of water (amniotomy) if it helps the baby move down
- Give oxytocin (Pitocin): This medicine helps make your contractions stronger.
- Use an intrauterine pressure catheter (IUPC): This tiny tube goes into your uterus to measure how strong your contractions are.
- Perform a C-section birth if needed to keep you and your baby safe

Baby Needs to Be Born Quickly
Sometimes, your baby may need extra help to be born quickly if there is an emergency. Here's how your provider may help:

- **Episiotomy**: A small cut in your vagina to make more room. Most people do not need this (it happens in about two to five of every 100 births), but sometimes it helps the baby be born safely.
- **Forceps or vacuum cup**: These tools gently help pull your baby out. They are used if pushing is not enough, which happens in about two to five of every 100 births. There are some risks, but most babies do well.
- **Cesarean birth**: If baby needs help to be born right away or if other options don't work, it may be the safest choice.

Cesarean Birth
A Cesarean birth, or C-section, is when your provider makes a cut through your belly and uterus to deliver your baby.

This happens in about one out of every three to five first births. It may be planned ahead or decided during labor

Why Might You Need a C-Section?

- Your baby's heart rate is abnormal during labor
- Labor may slow down or stop, even if you get medicine to help it move along
- Your baby is not in the right position
- You had a C-section before
- You have a medical problem

Risks of a C-Section

- Blood loss
- Infection
- Pain after surgery
- Scar tissue
- Rare risks:
- A small cut on the baby
- Damage to other organs (bladder, intestines)
- Hysterectomy (one to two out of 1,000 births)
- Death (one out of 10,000 births)

Fever During Labor
A fever during labor may mean you have an infection. If this happens:

- Your provider may give you antibiotics through your IV
- Your baby may need an IV and antibiotics after birth
- This happens in about two to five out of 100 births. It is more common with C-sections.

Frequently Asked Questions About Common Problems During Birth

Vaginal Tears
- Many people have small tears during birth. Your provider will check for tears and may use stitches to help them heal.
- These stitches dissolve and come out on their own.

Baby Gets Stuck
If your baby's head is born, but the shoulders get stuck, it is called shoulder dystocia. This happens in about two out of every 100 births.

Your provider may:

- Help you change positions or recommend an episiotomy (vaginal cut)
- Use gentle moves to help your baby be born. This can include pressing on your pubic bone or helping your baby's arm come out first.
- Sometimes, your baby's collar bone may break, but it usually heals on its own. Rarely, a nerve in your baby's arm may get hurt, but it usually gets better with therapy

Bleeding Too Much After Birth
Heavy bleeding can happen after birth. This is called a hemorrhage.

This happens in about 15 out of 100 births.

Here's how your provider may help:

- Uterine massage: Rubbing your belly to help your uterus contract
- Medicines to help stop bleeding
- Uterine balloons to stop bleeding: A uterine balloon is a soft, inflatable device that can be placed inside the uterus to help stop heavy bleeding after birth.
- Removing the placenta: If it is stuck, your provider may need to take it out.
- Dilation and curettage (D&C): A small surgery to take out placenta or tissue
- Blood transfusion: If you lose too much blood, you may get new blood. This happens in four out of 1,000 births.
- Hysterectomy: In very rare cases, the uterus may need to be removed to stop the bleeding. This only happens in one to two out of every 1,000 births.

Help for Baby After Birth

Most babies start breathing on their own after birth but sometimes, babies need extra help. This is called neonatal resuscitation. Your provider may:

Give your baby oxygen through a mask

Place a small tube in your baby's lungs to help them breathe

Sometimes, babies pass meconium, which is their first bowel movement, in the water before birth. If this happens, a pediatrician will be at the birth to make sure your baby is breathing well.

Special pediatricians (neonatologists) at the hospital are ready to take care of the baby if there is an emergency.

We want you to have the safest and best birth experience. Most people give birth without problems, but we want you to know what might happen, so you feel prepared. You are always welcome to ask questions. We are here to support you and your baby every step of the way. You can review this information and ask your provider any questions before signing the consent form for labor.

When to Call for Help

Illustrations by The Educated Birth/Cheyenne Varner

Call for Help:

If you have any of these warning signs, call the number for your clinic.

After office hours call **617.414.2000** or the number given to you by your provider

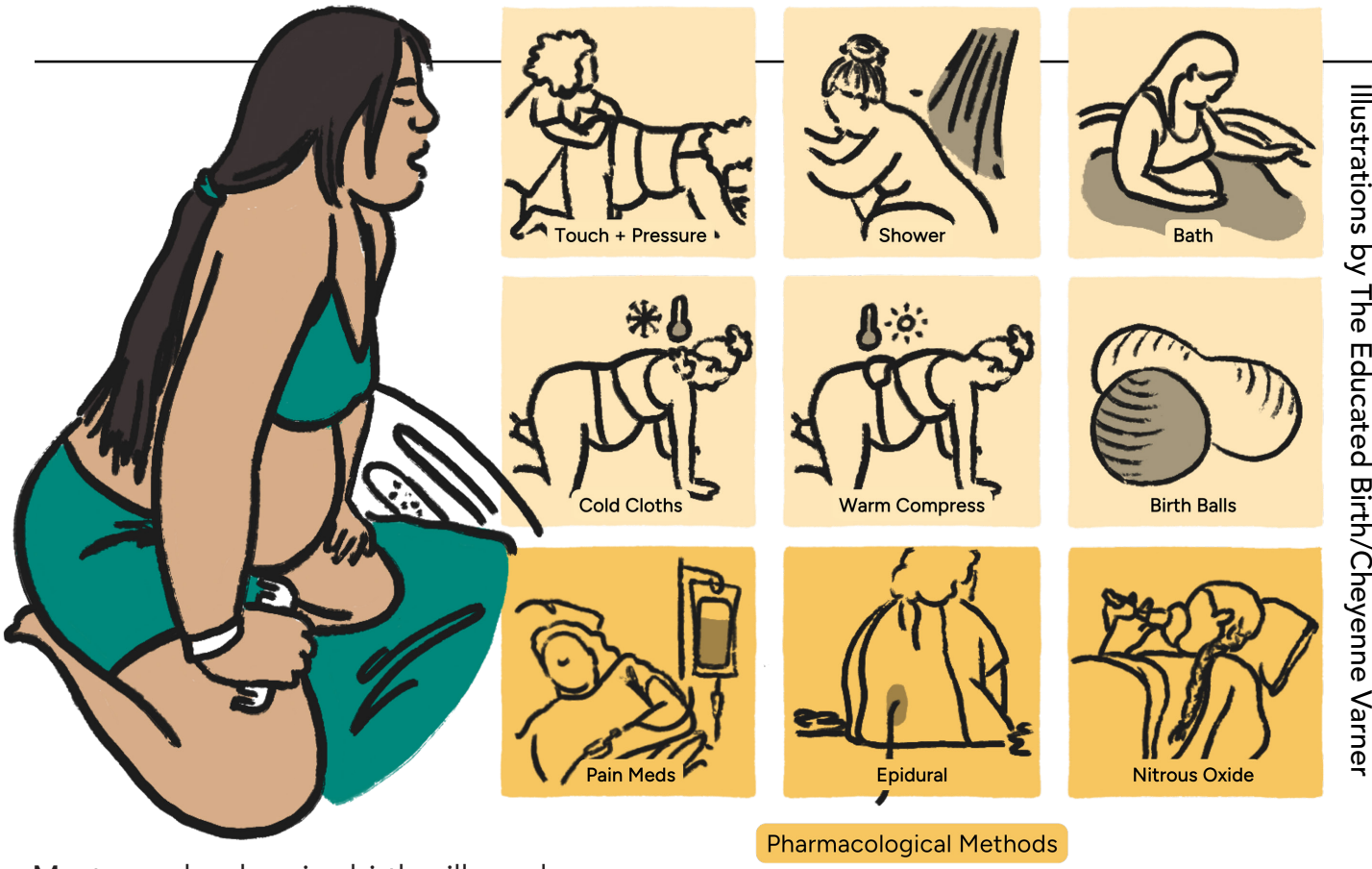
Search for these other helpful articles on Bump & Beyond:

Warning Signs During Pregnancy

High Blood Pressure and Preeclampsia

Preterm Labor and Birth

Comfort in Labor



Illustrations by The Educated Birth/Cheyenne Varner

Most people who give birth will need some support to manage the pain of contractions. There are many safe and helpful ways to increase your chances of coping well throughout the process, such as **childbirth education**, **doula** support, and **hydrotherapy**. If you choose medication for pain relief, there are three major types: **narcotics**, **nitrous oxide**, and **epidural anesthesia**.

Childbirth Education Classes

Childbirth classes help you know what to expect during the labor and the birth process. They are safe places to ask questions or talk about your birth-related concerns.

Search for these other helpful articles on Bump & Beyond:

Choices of Pain Medication in Labor

Unmedicated Labor Options and Comfort Techniques

How to Prepare for Labor and Birth

Childbirth Education Classes

Bump & Beyond

Childbirth Education Classes

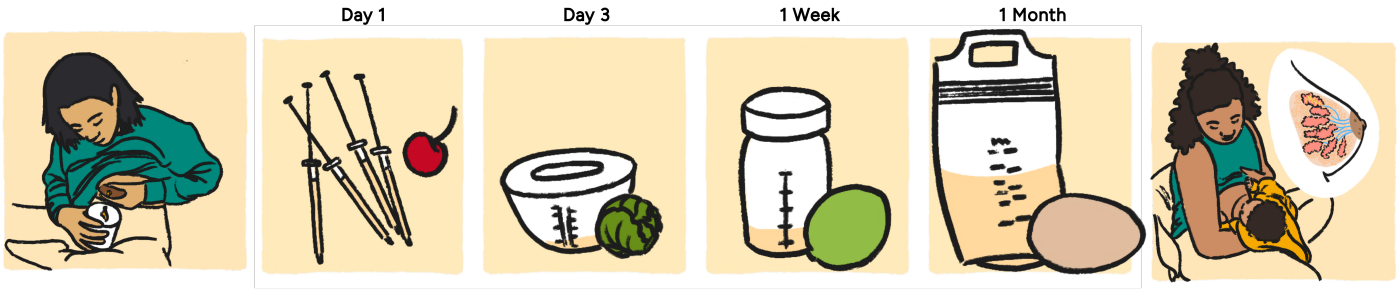
Illustrations by The Educated Birth/Cheyenne Varner

- Prepare for birth, breastfeeding, and postpartum
- Learn about labor and birth, pain management, comfort and relaxation, breastfeeding, newborn and postpartum care
- Ask questions or talk about your birth related concerns

Ask for a referral or view the calendar and sign up on line

BOSTON MEDICAL CENTER

Breastfeeding



Illustrations by The Educated Birth/Cheyenne Varner

When and How Much Should a Baby Breastfeed?

Newborns digest breast milk quickly and need to feed often—usually every 1 to 2 hours the first week. This is normal and helps your body make the right amount of milk.

- **Feed on demand:** Offer the breast whenever your baby shows signs of hunger. This may be every hour, every 2 to 3 hours, or sometimes longer. Following your baby's signs and feed them as often as they want.

- **How long to feed:** Newborns may nurse 10–30 minutes each time. Don't watch the clock. Watch your baby's signals to know when they are full. In their second week, babies usually feed less often.

How Can I Make Enough Milk?

During pregnancy, you can get ready for breastfeeding with hand expression. This is a type of massage you do on your breasts. Learn how on Bump & Beyond in the Prenatal Hand-Expression of Colostrum article.

Key Tips for the First Hours and Days

- Colostrum is normal. In the first days you make small drops of thick "first milk."
- Feed often. Breastfeed at least 8 to 12 times each day (sometimes more.)
- If baby can't latch, hand express 8 to 10 times a day. This is important if you had a C-section or problems like diabetes, preeclampsia, or hemorrhage.
- Hold baby skin to skin. Place your baby's bare chest and cheek on your bare chest.
- The first hour matters. Keep baby skin to skin for at least 60 minutes after birth.
- Avoid formula unless your baby's doctor recommends it.
- Donor milk is donated by another breastfeeding parent and processed to make it safe. Consider donor milk if your baby needs extra milk.

Search for these other helpful articles on Bump & Beyond:

Getting Started with Breastfeeding

How to Breastfeed and Get a Good Latch

Prenatal Hand-Expression of Colostrum

Welcome Baby

Illustrations by The Educated Birth/Cheyenne Varner

What You Need to Know About Newborn Care

After your baby is born, you will both go to a private postpartum room. You will learn how to care for your new baby and yourself after birth. Skilled postpartum nurses will help you and your baby get ready to go home safely.

Medicines for Baby

We recommend three medicines for newborn babies:

- Vitamin K shot prevents bleeding problems
- Antibiotic eye ointment to protect eyes
- Hepatitis B vaccine to prevent liver infection

Exams and Test for Baby

We are able to care for your baby in your room and do exams and tests for your baby there. These include:

- State newborn metabolic screen and bilirubin screen: Blood will be taken for both these tests at the same time.
- Hearing test
- Heart screen
- First bath: When your baby is 12-24 hours old. We delay the bath to help your baby stay warm and to make sure the blood sugar stays in the normal range.
- Removing the umbilical cord clamp: 24 hours after they are born.
- Circumcision: When the baby is 12-24 hours old, has peed at least once, and eating well. This procedure is done in an exam room in the Postpartum unit.

NEW PARENT TO-DO LIST

Car Seat: Bring your car seat to your room as soon as you can. We will show you how to safely place your baby in it. You will have time to practice and ask questions. If you need help or have questions about how to get a car seat, talk to your provider.

Birth Certificate:
A staff member will come to your room to help with the birth certificate forms. Please bring a government ID, like a driver's license or passport, for one or both parents. You can also start the forms before you come to BMC.

Newborn Appointment:
Choose a provider or clinic for your baby. We will help set up your baby's first visit when they are 3 to 5 days old.

Ride Home: Start planning your ride home. We plan for you and your baby to leave by 11:00 AM.

Search for these other helpful articles on Bump & Beyond:

Getting Ready to Go Home: Baby Checklist

Getting a Birth Certificate for Your Baby

Exams and Tests for Your Baby

Car Seat Safety

Counting Kicks is What You Should Do. It's Important and Easy Too!

Here's How: Starting at the 3rd trimester, begin counting.

1. Monitor your baby's movements with the FREE *Count the Kicks* app or web counter. Or, visit CountTheKicks.org to download a paper movement monitoring chart.
2. Count your baby's movements every day — preferably at the same me. Try to pick a time when your baby is normally active.
3. Time how long it takes your baby to get to 10 movements, and rate the strength of your baby's movements.
4. After a few days, you will begin to see an average length of me it takes to reach 10 movements.
5. Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

Don't Delay!

Download the FREE *Count the Kicks* app in the app store today!

- **Helps you monitor baby's movement patterns and strength of movement**
- **Empowers you to SPEAK UP if you notice a change in your baby's normal movement patterns**
- **Promotes early bonding**
- **Helps reduce anxiety**
- **Available in 20+ languages**
- **CountTheKicks.org**

DOWNLOAD APP

English