

- We encourage laboring at home until active labor, unless otherwise recommended by your provider.
  - Contractions should be strong and regular (every 2-4 minutes)
  - Comfort measures to cope with contractions include: position changes, walking (inside and outside), rocking chair, yoga ball, bathtub/labor pool or shower, hands and knees, rebozo sifting
  - Eat and drink as tolerated – stay well hydrated with frequent snacking of light, non-greasy foods
- Patients are usually admitted to the hospital in active labor, unless otherwise recommended by your provider.
  - For some women, this may not be until 6cm dilated with strong, regular contractions
- **Labor**
  - **A cervical exam** is recommended at admission and then as needed based on your labor.
    - This is always done with your permission
  - Your nurse will ask how you are **coping** with your contractions/labor. She may ask you to rate your **pain** using 0-10 scale, especially if you are requesting medication. You may choose for the nurse to not ask you to rate your pain.
  - **Baby Monitoring** – 20 minutes of continuous monitoring is required at admission followed by intermittent listening to the heart beat with a doppler
    - If you need continuous monitoring because of a concern about you or your baby, telemetry (mobile) monitoring or bluetooth Novii monitoring can help you be out of bed.
      - Some positions may not be possible if we cannot hear your baby's heart beat or monitor contractions
    - Sometimes, with your consent, we need to monitor your baby's heart beat or your contractions from the inside (monitor on baby's head and monitor inside your uterus). We will talk to you about why if this is recommended.
  - **IV saline lock** (IV site in your arm (first choice) or hand, not connected to tubing)
    - Can be used for:
      - IV fluids if you are dehydrated, if baby has abnormal heart rate, or if your labor pattern is abnormally slow
      - IV antibiotics if you are GBS+ or if you have signs of infection during labor
      - IV Pitocin after birth to prevent or treat heavy bleeding/postpartum hemorrhage
      - IV fluids if you choose to have epidural for labor comfort (see below)
    - If you choose to not have IV saline lock, an IV can be placed if you have need for fluids, antibiotics, or medication to treat bleeding (including blood).
      - This could delay treatment if there is difficulty getting your IV placed in an emergency.
  - **GBS positive**
    - If you test positive for group B strep during your pregnancy, we recommend you receive IV antibiotics while you labor to prevent infection to your baby from exposure to the bacteria.
    - If you choose to decline, we ask you to sign a form that you understand this is against our evidence-based advice.
  - **Non-Medication Comfort Measures** – encouraged for everyone
    - Dim lights
    - Wear hospital gown or your own clothing. Bra is optional (remove if you have epidural).
    - Bring music to play. There is a nature station on the TV
    - Aromatherapy – You may bring oils to use during your labor/birth. Please no diffusers.
    - Positions – rocking chair, couch, birthing ball, walking in hallway, shower, bath, labor pool, side-lying positions in bed with or without peanut ball, rebozo sifting, Kaya birth stool, squat bar
    - Labor support – family members and/or doula support are welcome
      - Up to 3 family members and a doula may stay with you during birth
      - Your nurse and your provider will also be available to provide labor support as we are able and based on your needs/preferences

- Eating/Drinking – Eat and drink as you like in labor at home and while in early labor at the hospital.
      - In active labor, talk with your provider about their recommendations
      - If your labor is being induced or if you or baby have medical complications, we may recommend liquids only.
  - **Medication Comfort Measures** – if you choose
    - **Nitrous Oxide** – inhaled short-acting gas for pain relief. Most common side effect is nausea and dizziness. Does not have known effects on baby. It is exhaled from your lungs as you breathe.
    - IV medication – decreases pain, may allow you to rest or sleep
      - **Stadol** – nausea, dizziness, sleepiness. Can cause baby to be sleepy/have trouble breathing if birth happens soon after getting this medication. May cause some babies to have trouble with latching to breastfeed for several hours after birth.
      - **Nubain** - nausea, dizziness, sleepiness
      - **Fentanyl** – does not usually cause dizziness or sleepiness. Best used in transition or while pushing if needed.
      - You may be out of bed with assistance if not dizzy.
    - **Epidural** – eliminates pain, may feel pressure without pain
      - May increase the time you labor and the time you push
      - You may not be out of bed
  - **Labor Augmentation**
    - We support the work of your body to labor and recognize that some women take longer to labor than others.
    - If your labor is not progressing normal and/or if there is problem with you or baby, we may recommend these to help your labor keep going if waiting longer has not helped.
      - Nipple stimulation to increase contractions
      - Breaking the bag of waters
      - Pitocin to increase contractions
- **Birth**
  - You may **photograph** any part of your labor or birth. You may video during labor and after birth. You may not use live video recording during the birth until the baby is born and on mom’s chest.
  - **Position** - Push and birth in the position most comfortable to you
  - **Pushing** – Mothers begin the pushing stage of labor after the cervix has dilated to 10cm. Your provider will discuss with you the best time to start pushing before delivery.
    - It can be normal for you to push for 4 hours if this is your first baby and if you have an epidural.
  - Episiotomy – **We do not recommend routine episiotomy.**
    - Might be needed if you baby’s heart rate is very low and the head is almost out (most common) or if your baby needs to be born by vacuum and more space is needed (rare). This can only be done with your consent.
  - **Vacuum delivery / Forceps delivery**
    - May recommend if you have been pushing and the baby’s head is low and the heart rate is very low to quickly help baby be born, or if you have been pushing a very long time and are having difficulty from exhaustion. The alternative to vacuum delivery is cesarean birth. The major risk is bleeding in the head from too much pressure on the vacuum or too much pull by the provider. Most babies will have a small area of swelling and bruising that goes away over 24 hours. This can only be done with your consent.
  - If you have a **Cesarean**:
    - One support person may go to OR with you unless you need to be put to sleep in an emergency
    - Skin-to-skin is offered after cesarean and you and your baby will recover in the same room unless you or baby are having complications.

- This can only be done with your consent.
- **Delayed Cord Clamping** – we all practice this!
  - If your baby passed meconium before birth, or is having trouble and not breathing at birth, we will milk the cord to deliver as much blood as we can before clamping/cutting so that NICU can evaluate baby.
  - If you are **banking or donating your cord blood**, you must bring the kit with you.
- **Skin to Skin** is done for at least the 1<sup>st</sup> hour after birth if there are no complications with you or baby.
- **Placenta** - it most often takes 5-30 minutes for the placenta to be delivered. If it has been longer than this, manual removal may be recommended. This can only be done with your consent.
  - If you would like to take your placenta home, there is a form you sign and you will be given your placenta in a bucket to take home. You should bring a cooler with you and you should have someone designated to take it home (we will not store it for you).
- **Bleeding after birth** of baby and placenta
  - Breastfeeding and nipple stimulation can help prevent heavy bleeding
  - Active management, or medication as soon as placenta and/or baby is born, is recommended to prevent heavy bleeding/hemorrhage.
    - IV Pitocin if you have an IV (recommended) – this may continue for 3-4 hours after birth
    - IM Pitocin (injected into your thigh)
    - PR Cytotec tablets (placed into your rectum)
    - Other medications or procedures as needed (will be discussed with you)
  - If you have chosen to not have an IV saline lock, or are choosing to only receive medications if you have heavy bleeding/hemorrhage (expectant management), and you are having heavy bleeding, we will recommend you get an IV for fluids and can use:
    - IM Pitocin (injected into your thigh)
    - PR Cytotec tablets (placed into your rectum)
    - IV Pitocin
    - Other medications or procedures as needed (will be discussed with you)
- **Newborn Care**
  - **Erythromycin** – Eye ointment put on newborn’s eyes within an hour after birth
    - Given to prevent eye infection or blindness that can be caused by exposure to bacteria in the birth canal.
    - Some families make informed choice to decline this medication and can sign a form at the hospital.
  - **Vitamin K** – given by injection into the leg to prevent your baby from having serious bleeding in the days and early weeks after delivery. Preservative free.
    - Prevents a rare but serious condition called Early Vitamin K Deficiency Bleeding
    - The body does not make vitamin K for many weeks after birth
    - Recommended for all babies. Some families make informed choice to decline this medication and can sign a form at the hospital.
    - Your newborn **MUST** receive the Vitamin K injection in order to be circumcised during his hospital stay.
  - **Hepatitis B vaccine** – given in the hospital before discharge. Preservative free.
    - Hepatitis B is passed through blood and body fluids.
    - Some families choose to wait and have this vaccine given during the baby’s routine check-ups.
    - We encourage you to discuss this with your infant’s healthcare provider.
  - **Rooming-In** – your baby will stay with you in your room throughout your admission, unless your baby needs to be in the ICN for special care.

Name: \_\_\_\_\_

Partner/Support Person Name(s): \_\_\_\_\_

Doula Name(s): \_\_\_\_\_

Procedures:

- IV saline lock
- No IV saline lock unless I need antibiotics, fluids, or other IV medication during labor

Comfort:

- Non-medication methods planned (dim lighting, soft voices, birthing ball, walking, shower, bathtub, kaya, etc.)
- Labor pool.
- Please do not ask me to rate my pain.
- Please do not offer me medication – I will ask for it if I choose this.
- Nitrous oxide for pain.
- IV pain medication.
- Epidural when I am in active labor.

After Birth:

- Medication given automatically to prevent heavy bleeding/postpartum hemorrhage.
- Medication given only if I have heavy bleeding or postpartum hemorrhage.

Newborn Care:

- I plan to Breastfeed
- I plan to Formula Feed
- I want Erythromycin eye ointment
- I want Vitamin K injection
- I want Hepatitis B Vaccine
- I would like to have my son circumcised

Other Requests:

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