

# Mother and Baby Care

## Volume I: Your Maternity Guide



NEWTON-WELLESLEY  
HOSPITAL



BRIGHAM AND  
WOMEN'S HOSPITAL

BRIGHAM AND WOMEN'S/NEWTON-WELLESLEY OBSTETRICS  
at Newton-Wellesley Hospital



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL  
AND MASSACHUSETTS GENERAL HOSPITAL



# Congratulations on your Pregnancy!

Your baby's birth is a very special event. We understand that you want it to be safe, comfortable, and joyful. The Maternal-Child Health staff of Brigham and Women's/Newton-Wellesley Obstetrics look forward to supporting you throughout your childbirth experience



and beyond. It is a privilege to be a part of this exciting time for your family.

Our success in providing outstanding maternity care is based on working with you and your support person to provide the safest and most satisfying birth experience possible. This includes developing an individual plan of care to meet your needs and encouraging you and your support person to be active participants throughout your childbirth experience.

During your pregnancy and hospital stay, you will make decisions concerning care for you and your newborn. It is important that you have the most up-to-date information possible about your health care choices. At Newton-Wellesley, we are devoted to finding a better way in health care and empowering our patients as partners. We have developed a two-volume mother and baby care guide. This is *Volume I: Your Maternity Guide*. We hope that the information provided in this guide, in addition to conversations with your care providers, will help you begin planning for this wondrous event.

You may use this guide as a reference throughout your pregnancy, beginning with your Pregnancy Record on page 4. Your guide contains information and suggestions for pregnancy, childbirth education, labor and birth. Once you deliver your newborn, you will receive *Volume II: Your Postpartum Guide*. It provides information about caring for yourself and your newborn immediately after labor and delivery. The guide also discusses what to expect in the days and weeks after giving birth, including nutrition, exercise, newborn care, feeding guidelines and much more. Many mothers find it helpful to familiarize themselves with some of this information in the weeks prior to giving birth. It can help you feel more fully prepared in advance and relaxed when your baby arrives. You may wish to preview *Your Postpartum Guide* at [nwh.org/maternityguides](http://nwh.org/maternityguides).

*Again, congratulations! This is an exciting and momentous time in your life. We look forward to being part of your childbirth team as we watch your family grow.*

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## Volume II: Your Postpartum Guide

After the arrival of your newborn at Newton-Wellesley Hospital (NWH), you will receive a copy of *Mother and Baby Care, Volume II: Your Postpartum Guide*. You may also access it online [nwh.org/maternityguides](http://nwh.org/maternityguides). We encourage you to review the postpartum guide in advance of your hospital stay. Many mothers find it a helpful resource as you prepare to transition from pregnancy care to baby care and self-care.



## Newton-Wellesley Obstetrics

The maternity team at Newton-Wellesley Hospital strives to provide exemplary care throughout the continuum of antepartum, intrapartum, postpartum, and neonatal periods. The team is committed to family-centered maternity care. We support and encourage those persons who are significant in your life to participate in your hospital experience. Each patient is readily assessed, and an individualized plan of care is formulated to meet specific needs. A collaborative approach to patient care promotes continuity and ensures a safe and comfortable transition from the hospital to a family's home.

While we hope this guide is very helpful to expectant mothers and their support persons, it is not intended to cover all situations and circumstances or to serve as the sole resource for maternity care. As always, please check with your providers for current and individualized guidance. Additionally, policies and procedures for visiting, parking and more may change. Please check [nwh.org](http://nwh.org) for the most current information.

## Who's Who?

Throughout your stay at Newton-Wellesley Hospital, highly trained staff will support you and your family. Each staff member is here to provide education, encouragement, individualized care and even just a listening ear. You can count on our maternity staff to deliver the highest quality and safest care, exceeding expectations at every turn.

Among others, your care team may include:

- Obstetricians
- Neonatologists
- Newborn Hospitalists
- Private Pediatricians
- Staff Physicians
- Nurse Managers
- Clinical Nursing Specialists
- Childbirth Education Program Coordinator
- Certified Nurse Midwives
- Lactation Consultants
- Staff Nurses
- Patient Care Assistants
- Student Nurses
- Phlebotomists and IV Nurses
- Unit Coordinators
- Spiritual Care Staff and Hospital Chaplains
- Clinical Social Workers
- Child Life Specialists
- Environmental Support Service Associates
- Hearing Screen Technicians
- Birth Registrar
- Dietary / Food Services Ambassador
- Newborn Photographer

If you should have questions about any of these roles, please feel free to ask your nurse.

## CHAPTER 1:

# Your Pregnancy

## Pregnancy Record

My Starting Statistics		After Childbirth Statistics	
Due date		Actual birth date	
Estimated birth date		Actual birth time	
My starting weight		Baby's weight at birth	
My starting waist measurement		My weight following childbirth	
My blood type			
My iron count (hematocrit)			

Record of Physician/Midwife Visits							
Date of visit							
Weeks of gestation							
My weight							
My blood pressure							
Baby's heart rate							
Lab tests or ultrasounds							
My uterus measurement (fundal height)							
My next appointment is scheduled for							
My waist measurement							

Record of Physician/Midwife Visits							
Date of visit							
Weeks of gestation							
My weight							
My blood pressure							
Baby's heart rate							
Lab tests or ultrasounds							
My uterus measurement (fundal height)							
My next appointment is scheduled for							
My waist measurement							



## Trimester by Trimester

### FIRST TRIMESTER (0–12 WEEKS)

<b>Initial prenatal visit</b>	During your first visit you will meet with your obstetrician, nurse practitioner, or nurse-midwife. This is a great time to begin developing a relationship with your provider. Feel free to ask questions especially concerning good nutrition, safe exercise, and enjoying your pregnancy.
<b>Assessments</b>	You will have a comprehensive physical assessment including detailed medical, reproductive health, and family health histories. Your weight will be checked along with a vital sign assessment, urine dipstick for glucose, albumin, and ketones, and an abdominal measurement (fundal height).
<b>Medications</b>	Your provider may recommend prenatal vitamins according to your needs. You will want to avoid taking any medications or herbs (prescribed or over-the-counter) that have not been approved by your obstetrician or midwife.
<b>Diagnostic tests</b>	At this visit, laboratory testing including blood work will be done to obtain baseline information on your general health.
<b>Procedures</b>	Your provider may schedule an ultrasound to check on fetal size and development.
<b>Teaching and learning</b>	Read about your pregnancy. Ask your OB/midwife or friends about resources on pregnancy, your developing baby, and your newborn.
<b>Fetal development</b>	<ul style="list-style-type: none"> <li>• Embryo size doubles between nine and twelve weeks.</li> <li>• All major organs are forming, but they are not fully developed yet.</li> <li>• Eyes and ears are growing.</li> <li>• The heart is beating strongly.</li> <li>• At 12 weeks your baby is 2.5 inches long and weighs about 0.64 ounces.</li> <li>• The head is becoming more rounded and the face is completely formed.</li> <li>• Toes and fingers are formed and nails are beginning to grow.</li> <li>• The baby may be very active, but you cannot feel movement yet.</li> <li>• Male and female genitalia are recognizable by 12 weeks.</li> </ul>

## SECOND TRIMESTER (12–24 WEEKS)

<b>Prenatal visit</b>	You will be visiting your OB/midwife monthly or more frequently depending on your needs. Ask any questions you may have.
<b>Assessments</b>	At these visits you will have a weight check, vital sign assessment, urine dipstick for glucose, albumin, and ketones, abdominal measurement (fundal height), and a fetal heart check.
<b>Medications</b>	Continue taking your prenatal vitamins. Anemia during pregnancy is common. Your obstetrician or midwife may order iron supplements.
<b>Diagnostic tests</b>	<p>Your health care provider may order prenatal screening tests. Other laboratory testing may also be ordered such as a complete blood count to test for the presence of anemia.</p> <p>The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be offered a screening test for Down syndrome, regardless of the woman's age. Screening may be a maternal blood test done in the first trimester along with ultrasound, or it can be a maternal blood test done in the second trimester without ultrasound, or a combination of both.</p> <p>ACOG also recommends that all pregnant women be offered invasive diagnostic testing by chorionic villus sampling (CVS) or genetic amniocentesis, regardless of age. These procedures obtain cells/tissue that allow for highly accurate diagnosis of Down syndrome or other genetic variations. However, CVS and amniocentesis are invasive and carry a small risk of causing a miscarriage.</p> <p><b>Noninvasive Testing for Women at Increased Risk for Chromosome Abnormalities</b></p> <p>A noninvasive blood test is now available for women with increased risk indicators for fetal chromosome variations. This test detects an increased amount of DNA material (mother and baby) that is circulating in your blood. This can predict a chromosomal abnormality such as Down syndrome (trisomy 21) in your baby. The increased risk factors include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Advanced maternal age</li> <li>• Personal/family history of chromosomal abnormalities</li> <li>• Fetal ultrasound abnormality suggestive of chromosomal abnormalities</li> <li>• Positive serum screening test</li> </ul>
<b>Procedures</b>	Amniocentesis, or CVS (chorionic villus sampling), may be performed based on many factors, please discuss with your health care provider. This is a procedure in which a small sample of amniotic fluid is drawn out of the uterus through a needle inserted in a pregnant woman's abdomen. The fluid is then analyzed to detect genetic abnormalities in the fetus or to determine the gender of the fetus.
<b>Teaching and learning</b>	<ul style="list-style-type: none"> <li>• Sign up for childbirth classes and other classes that are of interest to you, such as breastfeeding, baby care, infant CPR. See Chapter Two to find available classes.</li> <li>• Read about labor and childbirth. Ask your OB/midwife about their particular philosophies regarding labor and birth. Explore "Planning your Birth" and "Birth Plan" information in this chapter.</li> </ul>



## SECOND TRIMESTER (12–24 WEEKS) *continued*

<b>Fetal development</b>	<ul style="list-style-type: none"> <li>• At 16 weeks your baby is about 6.3 inches long and weighs .08 pounds. It is kicking and moving about frequently. You may be feeling the baby moving. If this is your first baby, you are likely to feel the first movements a bit later.</li> <li>• At 20 weeks the baby is swimming in a large amount of amniotic fluid growing rapidly, both in length and weight and is now 9.8 inches long and weighs about .75 pounds. The baby is very active. You will probably notice that there are times when your baby seems to be asleep and other times when he's moving a lot.</li> <li>• At 24 weeks your baby is about 12.5 inches long and weighs 1 pound, 1.6 ounces. You may feel different parts of the baby's body through your abdominal wall. Your uterine muscle is stretching and you may feel occasional pain along the sides of your abdomen (round ligament pain). The top of your uterus (the fundus) reaches to just above your navel.</li> </ul>
<b>Reminder</b>	Submit all pre-registration forms to Newton-Wellesley Hospital ( <i>see pocket in back of this booklet</i> ). This includes: Parent Worksheet for Birth Certificates, Maternity Pre-Admission Form, and Health Care Proxy.

## THIRD TRIMESTER (24 WEEKS–BIRTH)

<b>Prenatal visit</b>	You will be visiting your OB/midwife more frequently now. Beginning at about 28 weeks you will have appointments every two weeks and then weekly from 36 weeks until delivery. Don't forget to ask any questions you may have concerning labor, birth, your hospital stay in the mother-baby unit and going home.
<b>Assessments</b>	At these visits you will have a weight check, vital sign assessment, urine dipstick for glucose, albumin, and ketones, abdominal measurement (fundal height) and a fetal heart check. You may have a pelvic examination as you get closer to your due date.
<b>Medications</b>	Continue taking your prenatal vitamins. Anemia during pregnancy is common. Your obstetrician or midwife may order iron supplements.
<b>Vaccinations</b>	Health care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks of gestation, although Tdap may be given at any time during pregnancy.
<b>Diagnostic tests</b>	Your health care provider may order a glucose tolerance test. Depending on these results, a 3-hour glucose tolerance test may be ordered. A swab of the vagina may be done between 35 and 37 weeks to test for the presence of Group B Streptococcus (GBS). GBS is a bacterium that occurs in 15% to 30% of women. If you test positive for GBS, you may be given antibiotics during your labor. Other laboratory testing may also be ordered such as a complete blood count to test for the presence of anemia.

## THIRD TRIMESTER (24 WEEKS–BIRTH) *continued*

<b>Procedures</b>	A non-stress test (NST) is sometimes ordered by your obstetrician or midwife to check on fetal well-being. A biophysical profile (BPP) may also be ordered. This test involves an ultrasound assessment of fetal well-being. Ultrasound or amniocentesis may also be ordered to check fetal well-being or maturity.
<b>Teaching and learning</b>	<ul style="list-style-type: none"> <li>• Read about baby care.</li> <li>• Talk with your caregiver as you choose whether to breastfeed or bottle-feed. Based on your breast exam you may be encouraged to consult a lactation specialist prior to the birth of your baby. Please discuss any history of breast surgery as this may impact your breastfeeding experience.</li> <li>• Finish all childbirth, breastfeeding, baby care, and other classes sooner rather than later. Babies have their own time schedules and sometimes arrive early.</li> <li>• Read about labor and childbirth and develop your birth plan. See the Birth Plan Worksheet in the back pocket of this booklet.</li> <li>• At 30 weeks your baby's weight is now about 3 pounds, 11 ounces and measures about 15.8 inches in length.</li> <li>• You may be feeling pressure on your diaphragm, stomach and intestines as your uterus and baby grow.</li> </ul>
<b>Fetal development</b>	<ul style="list-style-type: none"> <li>• At 36 weeks, the baby is almost fully mature and is now about 19.7 inches long and weighs anywhere from 5 pounds, 8 ounces to 9 pounds, 14 ounces.</li> <li>• The baby may descend into your pelvis (engagement) preparing for birth.</li> <li>• Once the baby has engaged, you may find that your breathing becomes easier and the pressure on your diaphragm is less.</li> <li>• Your baby is putting on weight at a rate of almost 8 ounces per week until delivery.</li> <li>• When the baby is awake, his eyes are open and he can differentiate between light and dark.</li> <li>• Labor may start at any time now. Do not worry if your baby is not born exactly on his due date. The due date is only an estimate. Only 5 % of babies are born exactly on their due dates. The long-awaited day is near, and soon you will be holding your baby in your arms.</li> </ul>
<b>Birth plan</b>	It is best to complete your Birth Plan by the 32nd week of your pregnancy. A Birth Plan Worksheet can be found in the back pocket of this manual. Discuss your expectations with your physician/midwife. If you choose to complete a written birth plan, bring it with you to the hospital and pack extra copies to give to the staff caring for you. During your hospital stay, your nurse will check with you to assure that your needs and expectations are being met.
<b>Car seat inspection</b>	Schedule a car seat inspection. Many inspection stations have limited hours or require an appointment. Contact your local Police Department or visit <a href="http://www.nhtsa.gov">www.nhtsa.gov</a> or <a href="http://www.seatcheck.org">www.seatcheck.org</a> for a listing of local inspection stations. If your baby is born at less than 37 weeks, your baby will have a 90-minute car seat test prior to discharge. Please familiarize yourself with how to use a car seat. We suggest practicing with a doll or teddy bear.

# Birth Plan: Your Approach to Birth

The birth of your child is one of life's most special occasions. At Newton-Wellesley Hospital, we are committed to providing you with outstanding medical care that is responsive to your individual needs and supports you and your support person's personal approach to birth. There are many decisions to be made during labor. Writing a birth plan enables you and your support person to consider these choices and clarify your preferences. A written birth plan can also help you communicate with your care providers about your hopes for labor, birth and the initial postpartum period. A Birth Plan Worksheet can be found in the back pocket of this manual.

Discuss these expectations with your physician / midwife between the 32nd and 36th week of pregnancy. If you choose to complete a written birth plan, bring it with you to the hospital and

pack extra copies to give to the staff caring for you. During your hospital stay, your nurse will check with you to assure that your needs and expectations are being met.

Try to keep your birth plan as flexible as possible. While no one can predict how your labor and birth will progress, we will make every effort to comply with your preferences. However, some circumstances may necessitate unanticipated changes.

The following list of considerations can help as a guide to preparing your birth plan. Please include any information that will help us enhance your family's birth experience. Remember, it's our mission to treat and care for all our patients and their families as we would a beloved family member.

## Birth Plan Considerations

### Labor

Clothing during labor  
Monitoring of the baby  
Activity during labor  
Eating and drinking  
Vaginal exams  
Pain medication  
Activity/positions/  
birthing ball  
Hydrotherapy  
Hypnotherapy  
Relaxation/music  
Patterned breathing  
Massage/effleurage  
Heat/cold therapy  
Epidural anesthesia  
Perineal massage  
Support person during labor

### Birth/Recovery

Support persons present  
for delivery  
Positions during pushing  
Spontaneous pushing  
Directed pushing  
Episiotomy  
Watching the birth  
with a mirror  
Cutting the umbilical cord  
Skin-to-skin contact after  
delivery (*not recommended beyond  
the early hours of life*)  
Antibiotic eye ointment  
Vitamin K  
Cesarean birth if necessary  
Initiation of breastfeeding  
Cord Blood  
Who should announce  
infant gender?

### Postnatal care

Rooming-in  
Vaccinations  
Circumcision (infant  
must receive vitamin K)  
Universal newborn  
screening  
Hearing screening for  
newborns  
Breastfeeding  
Pacifier use  
Bottle feeding  
"First Foto"  
newborn pictures





## Diet and Nutrition During Pregnancy

Good prenatal nutrition promotes the development of a healthy newborn. You will need to adjust your diet during pregnancy to meet increased nutrient needs as your baby develops. You will also want to avoid eating foods that could be harmful to your baby during critical gestational (pregnancy) stages.

The following guidelines highlight important aspects of diet and your baby's nutritional needs during pregnancy. If you have questions, please don't hesitate to discuss them with your providers.

### Increased Nutrient Needs

**Calories:** An average of 300 extra calories per day is needed during your second and third trimesters (500 to 600 extra calories for twins). Although the saying "eating for two" implies that you need lots of extra food, it really means eating just a little more and choosing foods with high nutritional value.

**Protein:** Approximately 60 grams of protein per day is recommended for the development of human cells and tissue. Adequate protein intake is essential throughout pregnancy (10 to 15 grams above pre-pregnancy needs). You can easily get an extra 10 to 15 grams of protein from the following:

- 2 cups of milk (16 gms)
- 2 ounces of chicken, fish, or meat (14 gms)
- 2 eggs (12 gms)
- 3 tablespoons of nut butter (peanut / almond / cashew / soy) (12 gms)
- 2 ounces of nuts (10 gms)
- 2 ounces of cheese (14 gms)
- 4 ounces of firm tofu (13 gms)
- 1 cup of yogurt (10 gms)



## Vitamins and Minerals

Virtually all vitamins and minerals need to be increased during pregnancy with special attention to foods rich in folic acid, iron, and calcium. Ideally, increased vitamins and minerals can be obtained through a nutritious diet, but a prenatal vitamin supplement is usually recommended to ensure adequate intake.

## Suggested Daily Food Intake

**Fruit:** 2 to 4 servings (include at least one citrus fruit or juice) This will provide vitamin C and fiber. Yellow/orange fruit also provides vitamin A.

**Vegetables:** 3 to 5 servings (include at least two dark leafy, yellow, or orange vegetables). These will provide fiber, vitamin C, and vitamin A. Dark leafy greens also provide iron.

**Grains:** 6 to 11 servings (at least half should be whole grain, choose enriched cereals, rice, breads). These will provide fiber and B vitamins. Enriched products also provide iron and folic acid.

**Protein foods:** 2 to 3 servings (chicken/fish/meat, eggs, nuts, tofu, beans, cheese, yogurt) These foods provide protein and iron (in animal flesh and eggs).

**Milk products:** 3 to 4 servings (1 serving = 8 oz milk/yogurt or 1 oz cheese) Provides calcium and protein.

**Fats:** Use fat in moderation, but include sources of omega-3 fatty acids (salmon, walnuts, flax, and canola oil).

## Food Safety

Foodborne illnesses can be especially harmful during pregnancy. To reduce your risk:

- Do not eat any raw seafood such as clams, oysters, sushi, and ceviche. This includes refrigerated, uncooked smoked seafood. Canned or shelf-stable smoked seafood may be eaten.
- Avoid eating raw or undercooked meats, fish, poultry, and eggs.
- Avoid potential sources of listeria. Listeria is a bacterium that can cause severe illnesses. Pregnant women are much more susceptible to infection than others. The most common source of the bacteria is food made of unpasteurized milk and milk products. Pasteurization kills the listeria organism. All cheeses made in the

US are fairly safe, as regulations require that they must be made from pasteurized milk. However, imported soft and semi-soft cheeses made from unpasteurized milk may contain listeria. Consequently, the Food and Drug Administration (FDA) advises that pregnant women avoid the following cheeses **if they are made from unpasteurized milk:** *Brie, Camembert, Feta, Goat, Limburger, Montrachet, Neufchatel, Queso Fresco, Asiago, Belle Paese, Blue, Brick, Gorgonzola, Havarti, Muenster, Port-Salut, Roquefort*. Note that if heated to boiling, these cheeses should be safe.

- Due to possible listeria contamination, the FDA also recommends heating hot dogs and deli meats until steaming hot and avoiding refrigerated meat spreads or meat pates (canned or shelf-stable are safe).

## Safe Seafood Consumption for Pregnant & Lactating Women:

### Protecting your child from exposure to mercury and other toxins

Seafood can be an important part of a balanced diet for pregnant and lactating women. It is an excellent source of low fat, high quality protein and other nutrients including omega-3 fatty acids. Omega-3 fatty acids are especially important during pregnancy and lactation because they are necessary for infant brain and nervous system development. They are not produced by the body and must be obtained from one's diet. While certain seafoods are good sources of these fats, some may also contain high levels of mercury, PCBs (polychlorinated biphenyl compounds), and other potential toxins. Therefore, caution must be used in choosing the type and amount of seafood that you eat.

**Mercury** is a known neurotoxin. High levels of mercury may be especially harmful to the developing nervous system of a fetus, infant and young child. If a pregnant woman has a high level of mercury stored in her body tissues, this can expose the developing fetus to mercury. Also, during lactation, mercury in the mother's body can pass into her breast milk. And, young children may be exposed to mercury from eating certain types of fish.

Mercury occurs naturally in the environment. However, unnaturally large amounts of mercury are

present in the environment as a result of industrial pollution, especially from coal burning power plants. Mercury falls from the air into water and accumulates in streams, rivers and oceans. Nearly all fish contain trace amounts of mercury, but larger fish accumulate high levels of mercury in their tissues and pose the greatest potential risk to people who eat them regularly. Mercury is stored in our tissues as well, so intake over time is cumulative.

The importance of minimizing exposure to mercury for pregnant and lactating women is internationally

recognized. The Food and Drug Administration (FDA), Environmental Protection Association (EPA), and the National Academy of Sciences are among the groups that have issued guidelines.

*Completely avoiding fish found to have the highest levels of mercury is recommended for all pregnant women, lactating women, and women who may become pregnant. Otherwise, up to twelve ounces per week of safe, low mercury fish can be consumed. See following pages for further detail.*

<b>Low Mercury</b> Eat up to two 6 oz. portions a week		<b>Moderate Mercury</b> Eat no more than six 6 oz. portions a month	<b>High Mercury</b> Eat no more than three 6 oz. portions a month	<b>Very High Mercury</b> AVOID Eating
Anchovies	Ocean Perch	Bass, Striped or Black	Bluefish	Grouper
Butterfish	Pollack	Carp	Chilean Sea Bass	King Mackerel
Catfish	Salmon	Cod, Alaskan	Mackerel, Spanish or Gulf	Marlin
Clams	Sardines	Croaker, White Pacific	Tuna, canned Albacore	Orange Roughy
Crab	Scallops	Halibut	Tuna, Yellowfin	Shark
Crawfish	Shad (American)	Lobster		Swordfish
Croaker, Atlantic	Shrimp	Mahi Mahi		Tilefish
Flounder	Sole, Pacific	Monkfish		Tuna steaks (Ahi, Bigeye)
Haddock	Squid	Perch (freshwater)*		
Hake	Tilapia	Skate		
Herring	Trout, freshwater*	Snapper		
North Atlantic or Chub Mackerel	Whitefish	Sea Trout		
Mullet	Whiting	Tuna, canned chunk light		
Oysters				

\* Due to potential mercury and PCB contamination, the Massachusetts Department of Public Health recommends that pregnant and nursing women, as well as all women of childbearing age and children under the age of 12 years old should: "Avoid eating all freshwater fish caught in rivers, streams, lakes and ponds within the state (this does not apply to farm-raised freshwater fish sold commercially), avoid bluefish caught off the Massachusetts coast, avoid any fish or shellfish from New Bedford Harbor and avoid lobster, flounder, soft shell crabs and clams from Boston Harbor."



## What about farm-raised salmon?

A recently published study found increased levels of certain contaminants in some farm-raised salmon. Salmon is an excellent source of omega-3 fatty acids and you can still include it in your diet while pregnant and nursing. To minimize possible exposure to contaminants:

- Choose wild salmon whenever possible, fresh, frozen or canned (almost all canned is wild)
- Choose farm-raised salmon from North and South America (Washington State, Chile). These salmon had the lowest levels of contaminants; those from Northern Europe had the highest levels.

## What about canned tuna?

Tuna may contain significant amounts of mercury. However, light tuna has just half the mercury of white tuna. The FDA states that up to 12 ounces a week of tuna should be safe to eat. However, many public health agencies, including the National Academy of Sciences believe that standards should be much more conservative to minimize mercury exposure.

Recommended limits on tuna consumption for pregnant or nursing women and young children:

- Women weighing 120 pounds should not eat more than 8 ounces of light tuna or 4 ounces of white tuna per week.
- Children weighing 60 pounds should not eat more than 4 ounces of light tuna or 2 ounces of white tuna per week.

## If I'm eating less fish, how can I get omega-3 fats?

There are a number of dietary sources of omega-3 fats or their precursors that you can easily add to your diet. These include:

- **Walnuts:** add them chopped to cereal, baked goods, or snack on them out of hand.
- **Flax seeds:** sprinkle on cereal; add to batters and baked goods. You will get the most benefit if you grind the seeds shortly before consuming (use a coffee grinder)
- **Canola oil:** use as you would any other oil
- **Wheat germ:** add to cereal and baked goods
- **Eggs:** high in omega-3: These eggs are from hens fed diets that are high in vitamin E and flax.

## Where can I get more information on mercury and seafood?

### Environmental Protection Agency

[www.epa.gov/ost/fish](http://www.epa.gov/ost/fish)

### Massachusetts Department of Public Health

[www.state.ma.us/dph](http://www.state.ma.us/dph) or 617-624-5757

### Environmental Working Group

[www.ewg.org/issues/mercury/index.php](http://www.ewg.org/issues/mercury/index.php)



# Exercise During Pregnancy

The following exercise recommendations are adapted from guidelines established by the American College of Obstetricians and Gynecologists (ACOG) for pregnant women who do not have any maternal or perinatal risk factors. Before starting an exercise program, you should talk with your health care provider for specific, individual information and recommendations.

It is important to never exercise to the point of exhaustion. Remember to listen to your body and start your program slowly. If you haven't exercised in a while, start with as little as 5 minutes a day and increase that time weekly. A 5 to 10-minute warm-up is important each time you exercise.

Becoming active and exercising at least 30 minutes a day can benefit your health. Benefits may include the following:

- Increased energy
- Reduction in backaches, constipation, bloating and swelling
- Improvement in mood and posture
- Enhanced muscle tone, strength and endurance
- Helps you sleep better

Keep in mind that pregnancy causes changes in your body that can affect your balance, joints and heart rate. Hormones cause your joints to relax.

Added weight during pregnancy can shift your center of gravity. Consequently, your body will work harder than when you are not pregnant.

Walking, swimming, cycling and aerobics are considered safe during pregnancy, especially for exercise beginners. Moderate running, racquet sports, and strength training are generally considered safe for women who have done these activities prior to becoming pregnant.

After reaching your first trimester, avoid exercises that require you to lie flat on your back. Downhill skiing, contact sports, and scuba diving should be avoided during pregnancy.

Most women can safely start or continue to exercise during pregnancy and will derive benefits from regular activity. Discuss the benefits/risks of an exercise program and any obstetric or health condition which would limit your activity with your obstetrician or midwife.





# You, Your Baby and Tobacco Use

The Agency for Healthcare Research and Quality released updated Public Health Service smoking cessation guidelines in June 2000. The American Heart Association supports these guidelines, which offer great hope to the 49 million American smokers who would like to quit.

Parents who continue to smoke tobacco are putting their children's lives at risk. Second-hand smoke comes from the burning end of a cigarette. This smoke is filled with more tar, poisonous gases (i.e. formaldehyde) and nicotine than the smoke inhaled by the actual smoker.



## What happens when people smoke around babies?

- Babies have tiny lungs and airways. Breathing air filled with smoke causes these airways to become even smaller, making it harder for them to breathe.
- Babies and young children breathe much faster than adults, so they will breathe in more environmental smoke than adults.
- Children of parents who smoke have more ear infections, colds, allergies, sore throats and other lung problems during their first year of life causing them to cry and fuss more.
- Babies may have frequent bouts of colic or stomach upset when they are around second-hand smoke.

- Second-hand smoke increases asthma symptoms.
- Babies exposed to second-hand smoke have a greater risk of Sudden Infant Death Syndrome (SIDS).
- Babies of parents who smoke are at risk for burns from the ashes falling from the end of a cigarette or serious burn injuries and death may occur from fires caused by cigarette smoking.

## As babies grow:

Children's lungs grow more slowly if their parents smoke. Children of parents who smoke are twice as likely to become smokers later in life.

## What can YOU do?

- Do not allow people to smoke in the same house or car as your baby.

- If you or anyone in your household smokes, please stop smoking!
- Smoking leads to a physical and emotional dependency on nicotine. Consequently, it is difficult—but not impossible—to stop smoking. Most likely you will need help.

### Please try to quit smoking:

- Speak to your nurse and he/she can provide you with a Smoking Cessation flyer.
- Seek assistance from your health care provider; he/she can discuss several smoking cessation options that are available to you.
- Call 1-800-TRY-TO-STOP for community resources and more ideas on how to quit or log on to:

**[www.trytostop.org](http://www.trytostop.org) or  
[www.quitworks.org](http://www.quitworks.org).**

The good news for you is that at one year after quitting, the risk of heart disease is cut in half. After 5 to 15 years of being smoke free, the risk is similar to that of a person who never smoked. The good news for your baby is an increased likelihood of a happy and healthy life.

### A Special Note about Cannabis Use and Alcohol Consumption

Cannabis use and alcohol consumption are not recommended during pregnancy or while breastfeeding. Ingestion may require screening of babies and a report to the Department of Children and Families (DCF).

## Group B Strep Infection in Newborns

Group B Streptococcus (GBS) is a type of bacteria carried by some women. These bacteria live in the gastrointestinal tract and can move into the vagina and rectum at any time. GBS can be passed on to a baby during the birthing process and can cause serious illness and even death in newborns. Group B Strep is not a sexually transmitted disease.

Group B Strep is the most common cause of two types of infection affecting newborns. These are sepsis, a blood infection and meningitis, an infection of the lining surrounding the brain. Most newborn disease happens in the first week of life, called “early-onset” disease.

Most early-onset disease can be prevented by giving antibiotics (usually penicillin) intravenously during labor to women who test positive for Group B Strep. Testing for GBS is done through vaginal and rectal cultures taken at 35 to 37 weeks of the pregnancy. If antibiotics are given at least four hours prior to delivery, the baby will be almost 100% protected from developing early-onset disease. The risk of disease in infants of GBS positive mothers who have been partially treated (antibiotics given less than four hours prior to delivery) is not known.

Given these risks, babies born to GBS positive mothers who are not fully treated with antibiotics four hours prior to delivery will be watched closely for signs of infection in the hospital for 24 to 48 hours. The physician seeing your baby may decide to have certain blood tests performed to better evaluate the possibility of infection. Depending on each individual situation, your physician may even start antibiotics immediately.

Babies who are born to GBS positive mothers who are not fully treated need to be watched closely at home as well. If any newborn less than six weeks of age has any of the following signs, the baby’s physician should be notified immediately:

- **Rectal temperature of 100.4° or greater.**
- **Signs of lethargy (increased sleepiness or unresponsiveness) or poor feeding.**
- **Signs of irritability (baby is crying excessively and is inconsolable).**

For more information about Group B Strep, please ask your baby’s physician or refer to the Centers for Disease Control and Prevention (CDC) website [www.cdc.gov/groupbstrep](http://www.cdc.gov/groupbstrep).

# Preterm (Premature) Labor

Preterm labor occurs three or more weeks before you are expected to give birth. Most women give birth between 37 and 42 weeks of pregnancy (a full term). In preterm labor, uterine contractions (tightening of the womb) cause the cervix (mouth of the womb) to open earlier than normal. This can result in the birth of a preterm or premature baby. Babies born prior to 37 weeks are considered preterm.

It is normal for your uterus to contract at times during your pregnancy especially when you first lie down, after you walk up and down stairs, or after sexual intercourse. However, it is not normal to have frequent (more than five contractions in an hour) uterine contractions before your baby is due. It is very difficult to predict who will have premature labor; it can happen to any pregnant woman.

Babies born prior to 37 weeks can have serious problems breathing, eating and staying warm. Knowing what to look for may help you identify signs and symptoms of premature labor. If you notice any of the symptoms listed below, call your care provider immediately. Early recognition and treatment are important factors in stopping preterm labor and preventing premature birth.

## Signs and symptoms of preterm labor may include:

- **Uterine tightening or contractions**  
More than four or five contractions in an hour.

Contractions may be painless.

- **Menstrual-like cramps in the lower abdomen**  
May be rhythmic, continuous or come and go.  
May be felt in the lower back.
- **Abdominal cramping**  
Cramping with or without diarrhea.
- **Low, dull backache felt below the waistline**  
May come and go or be constant. Different from the backache you might have felt as your uterus grew.
- **Pressure in lower belly, back, thighs, or between the legs**  
The feeling that your baby is pushing down or the baby is very heavy and low in the pelvis.
- **Vaginal discharge changes**  
Discharge may suddenly increase in amount and become watery or bloody.

## Treatment may include:

- Bed rest
- Hydration, possibly via IV in the hospital
- Medications to relax the uterus and stop contractions
- Treatment of contributing factors (infection, high blood pressure, etc.)





# Seat Belt Use During Pregnancy



## Protecting yourself protects your baby in a car crash

- **Always use your seat belt.** A lap-shoulder belt gives much more protection than a lap belt alone. An air bag will help, too. The biggest danger to an unborn baby in a crash is the mother's injury.
- **If you are in a crash**, even a minor one, get checked at a hospital emergency room. Your unborn baby could be seriously injured even if you do not seem to be hurt.
- **Use the safety belt correctly.** Push the lap belt down as far as possible below your belly. Check to make sure it stays low. Both lap and shoulder belts should be snug. If you are wearing a heavy coat, open it and pull it to both sides, away from your belly. This helps the lap part of the belt fit correctly.
- **Sit as far back from the steering wheel as possible.** Hitting the steering wheel in a crash can cause injury. Tilt it toward your chest.
- **Let others do the driving** as much as possible during the last few months of pregnancy. Avoid unnecessary trips. When you ride in the car, sit

in the back seat if you can use a lap-shoulder belt there.

## Choosing a car seat for your baby

- **Never carry a baby in your arms.** It is impossible to hold onto a baby in a crash.
- **Try the car seat in your vehicle before buying it.** Make sure it can be installed tightly in the back seat using the seat belt or LATCH attachments.
- **Do not use a car seat that is more than six years old.**
- **Beware of second-hand car seats;** they often have safety problems, missing parts, no instructions. If the car seat has been used in a crash, it should not be used again.
- The American Academy of Pediatrics recommends that infants and toddlers ride in a **rear-facing car safety seat until they are two years of age** or until they reach the maximum weight or height allowed by the manufacturer of their seat.

To learn more about car safety for babies, please speak with your provider.



## CHAPTER 2:

# Childbirth Education

## Childbirth Education Department

All parents have questions – whether planning for their first or fifth baby. Helping you find the answers to your questions is the goal of the instructors at the Childbirth Education Department at Newton-Wellesley Hospital.

Our programs and classes are:

- Current, informative and enjoyable. Our childbirth educators are all certified instructors.
- A resource for your questions. Class sizes are small to ensure a good experience for all participants.
- An opportunity to gather information. We will help prepare you to make informed decisions about your labor, your birth and your baby.
- Individualized when necessary. Many of our educators offer private classes for moms on

bed rest or expectant parents whose schedules conflict with our group classes.

Early in your pregnancy, please register for classes by calling the Childbirth Education Office at 617-243-6649. A complete listing of our classes can be found on our website at [nwh.org/classes](http://nwh.org/classes). Registration and payment are required before the start of class. Some insurance plans will reimburse you for the cost of childbirth preparation classes. Following class completion, you will receive a certificate to submit to your insurance carrier. Financial assistance is available by contacting the Childbirth Education Department.

We are pleased and honored to help meet your childbirth education needs. Please don't hesitate to contact the Childbirth Education Department directly at 617-243-6649.



## Preparing for Childbirth and Parenting: Class Descriptions

We offer a variety of childbirth classes at Newton-Wellesley Hospital. The following descriptions may guide you in choosing the classes that are best for you. Additionally, the Childbirth Education Department staff is more than happy to help as you make your choices.

### Tours of the Maternity Unit

This is a 30 to 40-minute tour of the Maternity unit. It is recommended for experienced parents who have not previously delivered at NWH or for any expectant parent not registered for a childbirth class. There is no charge for tours.

### Prepared Childbirth Class

This is a comprehensive class that helps expectant first-time parents through the stages of late pregnancy, labor, birth and postpartum. Instructors will discuss signs of labor, when to come to the hospital, role of the support person and comfort measures such as relaxation, breathing, positions, massage, visualization, hydrotherapy, analgesics and anesthesia. In addition, what to expect if medical interventions are necessary, including induction of labor, and Cesarean delivery will be discussed. Postpartum changes, the newborn after delivery will be covered and a tour of the maternity unit is included.

### Natural Childbirth Class

This class is for expectant parents who would prefer and want to prepare for an unmedicated birth. The class will emphasize actively coping with labor and includes considerable time to practice and discuss ways of working with your body to manage your labor. In addition, all the same material that is covered in the Prepared Childbirth class will be covered, including hospital tour, medication options, medical interventions such as induction and Cesarean delivery and postpartum changes.

### Hypnobirthing

The HypnoBirthing® method, developed by Marie Mongan, is a comprehensive childbirth

education class that emphasizes effective birthing techniques to enable you to work with the natural rhythms of your body, facilitating a more comfortable birthing experience and minimizing the need for interventions. This class teaches relaxation and self-hypnosis techniques to release the fear that causes tension and pain and to enhance the release of the body's own natural anesthesia. This class also reviews the birthing process and emphasizes preparation for childbirth, including working collaboratively with your medical provider and meaningfully involving your birthing partner.

### Cesarean Birth Class

This class is for expectant parents who are scheduled for a Cesarean delivery. The instructor will discuss what to expect both physically and emotionally. Topics will include preparation, anesthesia, recovery, postpartum and the newborn after delivery. The support person's role is discussed, and a tour of the maternity unit is included.

### Refresher Class

This class gives experienced parents an opportunity to focus on this pregnancy and the birth of an additional child. The instructor will review signs and stages of labor, comfort techniques, medication options as well as a comparison of first and subsequent pregnancies and labors. Additional topics include current birth technology and a review of relaxation and breathing techniques. Sibling preparation and adjustment are also discussed.

### Mind Body Birth Workshop

This workshop is a fun, casual class that focuses on the mind/body connection during labor and delivery. It is for first-time parents as well



as those with previous experience and is a complement to other childbirth preparation class. It is intended for expectant moms and support persons, considering either an unmedicated birth or medical pain relief. You will learn and practice breathing for releasing tension and staying relaxed, visualization, stretches, massage techniques, counter pressure, prenatal bonding and positive affirmations.

### Spinning Babies® Parent Class

Spinning Babies® is the exploration of techniques used for a more comfortable pregnancy and positions when labor seems long, painful or has a stalled. During labor the baby needs to pass through the three levels of the pelvis. This class helps you understand where the baby is in the pelvis, why it matters and what you can do to help your baby get in an ideal position. Together, you and your support person can use these techniques before and during labor to help “make room for baby!”

### Breastfeeding Class

Although breastfeeding is a natural process, it is a learned experience for both the infant and new mother. Prenatal education and ongoing support are considered by lactation consultants to be the most important factors contributing to breastfeeding success. This class will cover the structure and function of the breast, breast vs. bottle-feeding, proper latch-on and positioning, nutrition, feeding patterns, growth spurts, pumping and storage of milk. Support persons are encouraged to attend the breastfeeding class.

### Sibling Preparation Class

This fun and interactive class is for young children accompanied by an adult. The teacher will read the children a story about becoming a big brother/sister and they will get a chance to practice how to safely hold a new baby. After circle time, the class will take a brief tour highlighting the nursery and a postpartum room so that children can picture where their mothers will be staying.

### Infant Care

New parents need to make many decisions as they care for their newborn. This class will provide the guidance and support needed as parents go through “on-the-job training” during an infant’s first three months of life. The instructor will cover infant bathing and dressing, feeding communication, crying, sleep patterns, signs of illness, when to call a care provider and the needs and adjustments of becoming a family. (The basics of newborn care will also be reviewed at the bedside while you are in the Hospital.)

### Child and Infant CPR and Safety

This is an American Heart Association CPR for Family and Friends (Infant and Child) class. In addition to teaching CPR and choke-saving skills, this class will cover child safety seats, safe sleep environments, babyproofing and other injury prevention topics.

*Please note: We encourage you attend the above classes with a support person and recommend classes should be completed by about four to six weeks before your due date.*



## CHAPTER 3:

# Labor and Delivery

## Antenatal (Before Birth) Evaluation and Testing Unit

### For Specialized Prenatal Care

During your pregnancy you may have questions or concerns that you feel cannot wait until your scheduled appointment and wish to bring them to the attention of your health care provider. If you call your provider, he or she may send you to the Hospital for further evaluation instead of waiting for your next office visit.



When you come to the Hospital, you will be directed to the Antenatal Evaluation and Testing Unit (AETU) located on 5 South. To reach the AETU, take the West elevators to the 5th floor. If it is between 6:30 a.m. and 8:30 p.m., our maternity admission staff will greet you, register you and walk you to the AETU.

**If you arrive after 8:30 p.m., please use the Emergency Department (ED) entrance.** The ED admission staff will register you at that time, and you will be escorted to the AETU. In the AETU you will be met by one of our specially trained antenatal nurses.

The time that you spend in the AETU will depend on the reason for your visit, as will the procedures that your provider may order. One common procedure is to listen to your baby's heartbeat and assess your contractions on a fetal monitor. If you are being evaluated for labor, you will be escorted to a comfortable chair or stretcher where you and your baby will be monitored. After a period of time, or dependent on your condition, your provider or your nurse will perform a vaginal exam to assess the progress of your labor. If you are in active labor, you will be transferred to the Labor & Delivery Unit. If you are not in active labor, you may be asked to walk for a while to see how your labor progresses.

Other reasons to be seen in the AETU may include pre-operative screening for a scheduled caesarean birth, evaluation of preterm labor, ruptured membranes, abdominal pain, dehydration, bleeding, a non-stress test (a non-invasive test to assess your baby's heartbeat) or assessment of you and your baby for any reason. The nursing staff in the AETU will be in constant contact with your provider and will keep him or her informed of both you and your baby's status.



# What to Bring to the Hospital

## For You and Your Support Person:

- Phone list, cell phone
- Camera, flash, battery charger, extra batteries
- Lip balm, e.g., ChapStick
- Toothbrushes and toothpaste for you and your support person
- Your favorite music
- Food for support person (refrigerators/ microwaves available in patient courtesy kitchens on each hallway; hospital cafeteria and coffee shop)
- Socks, slippers, house shoes – footwear is mandatory due to health and safety regulations
- Robe, nightgown – hospital gowns are available, or if bringing your own, bring at least two
- Change of clothes for support person
- Swimsuit/trunks for sharing tub/shower during labor
- Bras – nursing if breastfeeding, snug fitting if formula feeding
- Personal grooming items, hair dryer
- Pictures of family, pets or other for focal point during labor
- Photos of children/siblings (on display in room)
- Inflatable or small spa pillow (to use in the tub)
- Maternity clothes to go home in
- Tennis ball, massager
- Your favorite body/massage lotions
- Massage tools
- Glasses, contacts, contact solution, case for contacts
- Headband, hair clip
- Shoes, sandals – easy on/off
- Support person should bring routine medications, including antacids and headache meds for themselves; nurses cannot dispense over-the-counter medications
- This guide: *Mother and Baby Care, Volume I: Your Maternity Guide*

## For Baby:

- Several diapers
- Undershirt
- Gown or stretch suit (clothes to go home in)
- Hat
- Booties
- Bunting, outerwear, or heavy blanket (depending on the season)
- Car seat – we suggest you have the car seat installed and become familiar with how it works prior to discharge. We also recommend that you have the seat checked at a car seat inspection station. A list of inspection stations can be found at [www.nhtsa.gov](http://www.nhtsa.gov) or [www.seatcheck.org](http://www.seatcheck.org).

During your hospital stay we will provide everything for your baby. Infant supplies include a bulb syringe, bath soap, small washbasin, hairbrush, wipes and disposable diapers. These supplies can be taken home. Your baby will wear our t-shirts while in the hospital. Please do not take hospital linens or t-shirts home. You will also be given a Newton-Wellesley Hospital sleep sack, which you may take home.

## Obstetrician and Pediatrician Contact Information

Since you may want to schedule your baby's pediatrician visit and your postpartum obstetrician visit prior to leaving the Hospital, please bring that contact information with you. If you need help finding a pediatrician for your newborn, please refer to our website at [nwh.org/find-a-doctor](http://nwh.org/find-a-doctor) or call our CareFinder representatives at 617-243-6566. This is a very important relationship to establish for your child.



## Comfort Measures During Labor and Delivery

### What Is Pain?

Childbirth pain does not indicate a physical problem or injury. Labor pain is the result of physical effort. The uterus is contracting, the cervix is dilating (opening) and labor is progressing. Childbirth pain may be tolerated more effectively if you are able to make the mental “jump” from pain as a warning signal to pain as an indicator of progress.

Pain is both sensory and emotional. As a sensation, pain is interpreted by each of us based on our personal, cultural and social experiences. Emotionally, we each select personal coping mechanisms based on our individual experiences. Sharing your expectations with your caregivers will enhance your childbirth experience.

The physiologic basis of pain changes as labor progresses. During the first stage of labor, pain results from the uterus contracting and “pulling” on the cervix, which causes effacement and dilatation. Pain intensity increases with the

progression of labor. During the second stage of labor, pain is caused by the descent of the baby through the cervix into the vagina. Many women describe this pain as pressure and welcome the opportunity to actively work with the pain/pressure during the pushing phase, which results in the birth of their child.

Some methods of pain control do not involve the use of medications (non-pharmacologic), and others do involve the use of medication (pharmacologic). Non-pharmacologic methods may be helpful to all women in the early stages of labor before pharmacologic methods are appropriate.

Labor is a process that is experienced differently by every woman. It is important to select options that reflect your individual approach to birth. Learning as much as you can before labor is the best way to be prepared and to decide about your preferences. The following factors affect pain. Understanding these may assist you in making decisions about pain management during your labor.



## What Factors Influence Pain?

### Desire

Each woman's perception of how they wish to labor will be unique. If you really desire to labor using specific comfort therapies, you will be more likely to do so. Most women are surprised by the power of their labors and the empowerment they feel as they work through their labor.

### Childbirth Preparation

Classes that explain a variety of comfort therapies provide answers and information that can help you form ideas best suited to your individual approach to birth. Your values and self-image, along with the facts about benefits and risks of each intervention will help you make your individual decisions.

### Emotional Support

You need competent and caring support from your loved ones and from the professional staff assisting you. Labor is a time when you are highly perceptive of either the positive or negative attitudes projected by those around you. Spend time reflecting on how you want to interact with those helping you during labor and how you would want them to interact with you. Touch is a good example. Some women wish to be held or touched in labor while others do not. If you know ahead of time what you want, share that information with your support person and let your caregivers know in your birth plan.

### Flexibility

An uncomplicated labor does not require medications or anesthesia for safety. However, it is important to prepare for unforeseen circumstances in which medications or anesthesia may become medically necessary. Make the choices that are right for you, but remain flexible. The course of labor can never be predicted. For instance, you and your support person may have decided on natural childbirth, but your labor is longer and more intense than you expected, which may cause you to choose epidural anesthesia. Conversely, you may have anticipated asking for medication but discover that your discomfort is manageable without it.

## Non-Pharmacologic Methods of Pain Relief

Comfort measures that provide natural pain relief can be very effective during labor and childbirth. Birthing techniques such as hydrotherapy,

hypnobirthing, patterned breathing, relaxation and visualization can increase the production of endogenous endorphins that bind to receptors in the brain for pain relief. Other methods of comfort therapy such as effleurage (light rhythmic stroking of the abdomen), massage, emptying the bladder and hydrotherapy can provide pain relief and reduce the need for narcotic analgesia or anesthesia by naturally creating competing impulses in the central nervous system that can prevent the painful stimuli of labor contractions from reaching the brain.

### Birthing ball

Few labor tools are as simple, beneficial, and versatile as the birthing ball. Birthing balls are professionally made for use in physical therapy and have been used for years to properly exercise and rehabilitate patients. The birthing ball has now found a new home in birthing centers and hospital obstetric departments across the country. The ball easily withstands the pressure applied by the weight of the laboring woman.

It is safe to use the birthing ball with both the external and internal electronic fetal heart monitor.

If your amniotic membranes are ruptured, and the baby is still quite high (meaning how high the baby is in the pelvis or pelvic station), depend on your nurse or care provider (physician or midwife)





to tell you if it is safe to use the ball. If the baby remains “high,” active labor and use of the birthing ball may help to bring the baby down into the pelvis. If you are allowed to sit in a chair or walk in the hallways, it is safe to use the birthing ball.

When using the birthing ball, it is important to have your birth partner “spot” you at all times. The safest way for your birth partner to spot you is to have him/her sit in a chair with legs apart, while you sit on the birthing ball positioned in between them. Other positions are discussed below.

Use of the birthing ball is becoming much more common. Because it is one of the newest pieces of “birthing equipment,” substantial formal research has not been completed that would confirm the advantages of using it as a labor aid. Still, it is undeniable that many laboring women find the birthing ball effective as a comfort measure during labor.

*Here are just a few reasons for using the birthing ball during labor:*

- Sitting on the birthing ball keeps the baby properly aligned in the pelvis.
- The ball encourages pelvic mobility.
- Pregnant women find it easier to get up and down from the ball than a standard chair or sofa during labor.
- The ball encourages the baby to drop down further (descend) into the pelvis by allowing gravity to work with the laboring mother.



- The ball allows the laboring woman to shift her weight, rock her pelvis and find comfortable positions to labor in more easily.
- The ball can be used when in the hands and knees position. This decreases the pressure and stress on the hands and wrists that traditionally affect the length of time the position can be used.

## Patterned Breathing

These breathing techniques provide comfort and focus while enhancing labor progress. Patterned breathing enhances oxygen flow to your baby and is also vital to the contracting uterus.

## Beverages

You should stay well hydrated while laboring. Laboring women may have clear liquids such as water, juice, broth, ice and Popsicles.

## Movement and Position Changes

You may experience less pain in some positions than in others during labor. Laboring women tend to find upright positions most comfortable such as sitting, standing, and walking. Many choose a lying down position as labor advances. Moving about during labor is usually more comfortable than staying still and can help labor progress by the simple effects of gravity and the changing shape of the pelvis. It may also relieve pain by shifting pressure and allowing the baby to move. You may try sitting, kneeling, standing, lying down, getting on your hands and knees and walking.

## Superficial Heat and Cold

Heat can be effective when applied by using a hot water bottle, hot moist towels or warm blankets. Superficial cold can come from an ice bag, washcloths soaked in ice water or a bag of frozen peas. Hot compresses applied to the lower abdomen, groin or perineum, a warm blanket over the entire body and ice packs to the lower back or perineum can help alleviate labor pain. Using heat or cold on separate parts of the body at the same time can provide particularly effective pain relief. For example, apply a cool cloth to the forehead with warmth on the lower back. For maximum effect, change the heat and cold locations frequently, about every twenty minutes.

## Counter-pressure

Counter-pressure consists of steady, strong force applied to one spot on the lower back during



contractions using the heel of the hand, or pressure on the side of each hip using both hands. Counter-pressure helps alleviate back pain during labor, especially in those women experiencing “back labor.”

### Touch and Massage

Touch can convey pain-reducing messages. A hand placed on a painful spot, a pat of reassurance, stroking the cheek in an affectionate gesture, or a tight embrace can communicate a message of caring to the laboring woman.

Purposeful massage of the hand or other parts of the body also communicates caring. Massage takes the form of light or firm stroking, vibration, kneading, deep circular pressure, and continual steady pressure. Stroking or rubbing the neck, shoulders, back, thighs, feet or hands is an effective pain-reliever. No fancy techniques are required.

Receptors in the brain receive the sensations of pleasure from the massage blocking reception of the painful stimuli of labor. Bare skin receives the signal best and unscented powders and lotions are helpful for massage.

### Aromatherapy

Aromatherapy is the use of essential oils such as lavender, rose, chamomile, and clary sage. These can be administered in a variety of ways including in oil during a massage, in hot water as a bath or footbath, a drop in the palm or on the forehead

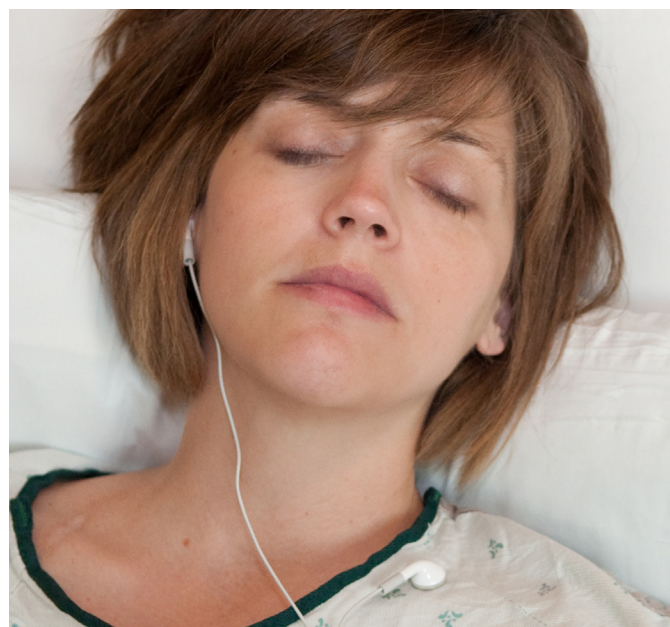
of the laboring woman or a drop on a warm face cloth. Aromatherapy reduces stress and tension during labor. Beware, however, that pregnant and laboring women are highly sensitive to smell. Be sure that you use a scent that you enjoy. Stop any comfort measure if and when it is no longer working for you.

### Hydrotherapy

Hydrotherapy during labor (techniques using water) can be emotionally soothing and can also help with pain relief. Many of the private bathrooms in our labor suites include a Jacuzzi tub. The Jacuzzi can be used to recline in the bubbling water or by sitting on a shower stool to use the hand-held shower massage during active labor. Many women are comforted by the combination of warmth, water pressure and the sound of the water. Advocates of hydrotherapy even suggest that immersion in water may accelerate labor, decrease blood pressure, and increase a laboring woman's feeling of control over her birth.

### Focus and Distraction

Many methods of coping with pain rely on the laboring woman's ability to focus and use mind-diverting activities. Fear and anxiety cause the release of stress hormones. You can ease these feelings by envisioning a pleasant scene or, at times, visualizing what is actually happening such as the cervix opening or the baby moving down. Focusing one's attention is a deliberate activity and is aided by verbal coaching, visualization, self-hypnosis and concentration on a visual, auditory or tactile stimulus.





Distraction is a more passive form of focusing attention by using stimuli from the environment that will draw attention away from your pain. Attention-focusing and distraction are usually used with other strategies and may not be useful for severe pain.

These techniques are meant to help you reduce fear, anxiety and pain, and can also be helpful with any discomfort you may experience after the birth of your baby.

### Audio-analgesia

Audio-analgesia (music, talk) are used to control pain in numerous situations including dental work, post-operative pain, burn treatment and childbirth. Many childbirth educators use music in their classes to create a peaceful and relaxing environment and they advocate for its use during labor as an aid to relaxation. Audio-analgesia for pain relief consists of soothing music between and during contractions.

Music creates a pleasant and relaxing environment and music transmitted through earphones can block out disturbing, distracting or unpleasant sounds. Carefully chosen music can also reinforce rhythmic breathing patterns, massage strokes or facilitate focusing one's attention. Music preferences vary widely. Feel free to choose your own music and bring it with you.

## Pharmacologic Methods of Pain Relief

Non-pharmacologic comfort therapies along with medical interventions may enhance the effectiveness of a lower dose of medication, which will limit side effects for you and your baby.

### Narcotic Analgesics

Narcotic analgesics are usually given directly into an IV (intravenous catheter). Effects are felt within two to four minutes and are often described as "taking the edge off" of pain. Narcotic analgesics do not require you to restrict movement. You can stand, walk and shower during labor. You may feel relaxed and mildly drowsy. Labor may speed up, especially if there has been slow progress due to tension and fear. At other times, narcotic analgesics may cause a temporary slowing of progress. Doses may be repeated every couple of hours and the effects on the baby, such as respiratory depression, are generally minimal.

### Local Anesthesia

Your physician or midwife can inject a local anesthetic into your vagina or the area surrounding it to ease pain. These numbing medications usually affect a small area and are especially useful prior to an episiotomy or the repair of a laceration. It rarely affects the baby and after it wears off, there







are usually no lingering effects. The main limitation is that they do not relieve the pain of labor contractions.

### **Epidural Anesthesia**

Epidural anesthesia is the most effective method of pain control during labor. Epidural anesthesia involves the placement of a small catheter into the lower back by an anesthesiologist. A continuous infusion of medication is administered through the catheter to provide a constant level of anesthesia.

Epidural anesthesia has some side effects. They may cause the mother's blood pressure to drop, which in turn may slow the baby's heartbeat. Preventive steps are taken to avoid this occurrence. Before receiving the epidural, fluids are given through an IV and the mother is positioned on her side to improve circulation. Blood pressure and heart rate, as well as the baby's heart rate, are continuously monitored. Epidural anesthesia may also slow your labor progress. A medication called Pitocin is given to stimulate uterine contractions.

At Newton-Wellesley Hospital, we are using a new form of epidural anesthesia delivery called Patient Controlled Epidural Anesthesia (PCEA). PCEA is delivered using a special pump that allows laboring women to self-medicate. These intelligent pumps record the amount of anesthesia received and prevent overdosing while providing women with control of their pain.

### **Spinal Block**

A spinal block is given as an injection into the lower back. No catheter is required because the

medication is injected into the spinal fluid. Spinal blocks are most often used for Cesarean births or procedures where it is not necessary for the mother to help push her baby out. A spinal block numbs the lower half of the body, provides excellent relief from pain, and starts working more quickly than an epidural. It also has the same possible side effects as epidural anesthesia. Spinal block is traditionally used for scheduled Cesarean births.

### **General Anesthesia**

General anesthetics are medications that cause a loss of consciousness. They are rarely used except for emergency Cesarean deliveries or in the very rare case when anatomy of the spine does not allow for spinal insertion.

General anesthesia works very quickly and results in almost immediate loss of consciousness in the mother.

Women are told to not eat anything if the use of general anesthetic is understood in advance.

After general anesthesia wears off, women may feel woozy, tired and nauseated for several hours. This feeling usually fades within a day.

### **Nitrous Oxide**

Nitrous oxide is a sedative that is inhaled through a mask to help a laboring woman feel more comfortable and less anxious. It is also commonly referred to as "laughing gas." If you are interested in learning about the benefits and side effects of nitrous oxide, please talk to your provider.



## Cesarean Birth: What you need to know

Your baby's birth is a very special event. We have enclosed the following information to help you and your support person understand what to expect before your Cesarean birth.

### Diet

Nothing solid to eat after midnight. You may have clear liquids (water, juice, broth) up to four hours prior to your planned Cesarean birth.

### Arrival

Arrive at the hospital two hours prior to the time of your scheduled Cesarean birth.

### Belongings

We recommend that except for your camera, you leave all your belongings in your car. If you are planning cord blood banking, remember to bring your kit. Your family may bring the rest of your belongings to you when you are transferred to your postpartum room.

### Support Person

Your support person may accompany you to the operating room (OR). He/she may come in once you are comfortable, adequate anesthesia has been

administered and your baby's delivery is ready to begin. Having more than one support person in the OR needs to be discussed with and approved by your anesthesiologist.

### Visitors

While in the OR, your family/visitors may wait in the West Wing waiting area. Visitation in the recovery room is possible but restricted once your condition is stable. Privacy and respect for other recovery room patients will be considered.

### Intravenous "IV"

Your IV will be started upon arrival to your pre-op room.

### Fetal Monitoring

You will be placed on a fetal monitor for a short period of time. This will allow us to listen to your baby's heart and assess if you are having contractions.



## Abdominal Prep

Your lower abdomen will be prepped with clippers to remove pubic hair. Instead of razor shaving, hair removal with clippers, used on the morning of surgery, results in reduced surgical site infections.

## Antacid

An oral antacid may be ordered and given pre-operatively to prevent nausea and reflux while in the OR.

## Foley Catheter

A Foley catheter is placed to empty your bladder of urine. Placement is done in the OR after your spinal anesthesia is working.

## Length of Cesarean Birth

You will be in the OR for approximately one- and one-half hours.

## Immediately After the Birth

After the birth, you will be observed in the Post Anesthesia Care Unit (PACU) for approximately

two hours. Your baby is evaluated and cared for in a warming unit in the OR. As soon as it is determined that your baby is transitioning well, he or she will be brought to you and your support person for bonding. Your baby may be placed skin-to-skin in the OR or upon entering the recovery room. As there are potential risks associated with unobserved skin-to-skin care, our nursing staff will closely observe you and your infant and will help you find the correct skin-to-skin position. Routine skin-to-skin care is not recommended beyond the early hours of life. (Please feel free to discuss these issues with your health care team.) If your baby is showing cues to feed, the nurses will help you with that.

## Recovery

From the OR you will go to the recovery room for one and one half to two hours. Here your vital signs and pain level will be monitored closely. When your care team determines you are stable, you will transfer to your postpartum room.





## Post Cesarean Care

Education regarding care for you and your baby will begin as soon as possible after your Cesarean birth in preparation for your discharge. Please review the following information to help you and your support person understand what to expect the first 18 hours after a Cesarean birth.

### Hourly Checks

Staff will be monitoring your vital signs and comfort level on an hourly basis for the first 18 hours following your cesarean birth. You will have these checks even as you sleep. Staff will make these checks as minimally disruptive as possible.

### Pain Medication

During surgery you receive medication that offers relief for most of your discomfort for the first 18 hours post delivery. Additional medication for pain will be ordered and available as needed. It is important to remember that medication for pain is ordered on an “as needed” basis and not on a scheduled basis. Let your nurse know if you need pain medication. Pain medication may minimize pain but not eliminate it completely. Your nurse will ask you to rate your pain on a scale of 0-10. You can also discuss non-pharmaceutical alternatives with your nurse.

### Intravenous “IV” fluids

You will have intravenous fluids on a continuous drip via an IV catheter in your arm post delivery. These fluids keep you hydrated and the IV catheter provides access for medications to treat pain, nausea or itching as needed. The fluids may be discontinued prior to 18 hours while the IV catheter will remain in place for 18 hours.

### Compression Boots

You will have compression boots on your lower legs to enhance circulation post delivery. The boots massage your legs and reduce the risk of blood clots that can accompany any surgery.

### Foley Catheter

You will have a catheter in place draining your urine. The catheter is placed while in the OR

and will be discontinued around 12 hours after your surgery.

### Activity

Your nurse will help you out of bed within the first 8-12 hours. This early activity helps to prevent post-surgical complications. Your nurse will continue to assist you out of bed until you are comfortable to do so on your own.

### Abdominal Dressing and Vaginal Blood Flow

Your nurse will be checking your abdominal dressing and the amount of vaginal blood flow. You will find your vaginal blood flow will be heavier in the first 24 hours and then lessen.

### Diet

Surgery and anesthesia may slow digestion. You will start with ice chips and progress to clear liquids (gelatin, ice pops, broth, juice) then solids. Your nurse will listen to your abdomen for bowel sounds to assess your digestion. You will progress to a regular diet as your condition allows.

### Baby

“Rooming In” in your postpartum room is encouraged to build a strong bond with your baby. Staff will be available to assist you with baby care and feeding. In the event your baby is admitted to the Special Care Nursery, we will encourage you to be with your baby as much as possible, and staff will assist you to visit as soon as your condition allows. We support ongoing communication between parents and staff to help answer your questions and enhance the bonding process. We have a nursery available 24/7.

# Checklist for the Labor Support Person

## Before labor: learn as much as you can.

- Attend Childbirth Education classes.
- Attend as many of the supplementary classes (Breastfeeding, Infant CPR, and Infant Care) as possible.
- Ask questions at your physician's/midwife's office and in your childbirth class.
- Read and review information on labor and birth.
- Complete a birth plan and review with your childbirth instructor and physician/midwife.

## Be familiar with signs of labor.

- The contractions are usually at regular intervals increasing in frequency, intensity and length. (They become longer, stronger and closer together.)
- Mucous plug (bloody show) is not very significant and there is no need to call the physician/midwife or go to the hospital.
- If membranes rupture ("breaking the water") or start to leak, make a note of time, amount, color and odor. Contact your physician/midwife as some prefer to see you and others may ask you to go to the hospital.
- Pack your bags and do as much as you can during the last month. Make a list of things you may need to add at the last minute. Review the

list, "What to Bring to the Hospital."

- Install the car seat; have it inspected and ready to take your baby home.

## Early labor: stay patient!

- Promote rest and relaxation (put class information to good use).
- Provide a quiet, calm atmosphere: use massage, music and warm water shower/bath to promote relaxation.
- Between rest and quiet time, go on with your life. Go shopping, walking or visit friends.
- Try to relax and stay patient. This is your time to check for gas in car and to be sure you have packed those things you wish to bring to the Hospital.

## Active labor: be supportive

- Encourage her to listen to her body, move around and change positions.
- Some women find it helpful when the support person times the contractions. It can help her keep her perspective. Time from the beginning of one contraction to the beginning of the next. Keeping a record of the duration of contractions may help determine changes in the labor pattern. Try counting off 15-second intervals during a contraction if it helps her.



- Breathe with her if she is having trouble concentrating. Slow, deep, easy breathing usually works best for most women. Remind her of useful breathing techniques: cleansing breath, sighing, moaning. Don't insist she breathe a certain way if she doesn't find it helpful. Let her find her own rhythm and follow her cues.

## Call your physician or midwife

- If membranes rupture, "breaking the waters," (usually 10-15% of all labors), it is important to call soon, especially if she is Group B Strep positive.
- If a first-time mom is having contractions at regular five-minute intervals or less (requiring total concentration) and she can't walk or talk through them any longer, call your physician or midwife.
- If she has had a baby before and contractions are "feeling like labor" do not wait at home until a strong active labor pattern is established. This labor may progress much more quickly than the last labor.
- If she has vaginal bleeding, call your physician or midwife.

## At the Hospital

- Once at the Hospital, review your birth plan with your nurse.
- The nurse will help you locate and become familiar with things you both may find useful during labor:
- Jacuzzi bathtub/shower, emesis basin, washcloths, ice chips, rocking chair, birthing ball, extra pillows and extra blankets.
- Create a peaceful environment, making her as comfortable as possible. Try dimming the lights, playing music, adjusting the bed.
- Explore the maternity unit, if she feels like walking.
- Remember, women in active labor don't always tell you what they need. Watch for twitching, wriggling, frowns, grimaces or curled toes. Try massage, stroking, suggest a warm shower or tub. She may lick dry lips, push hair back from her face and rub her own back. Follow her cues.
- Be positive. Encourage and praise her efforts. Keep up her spirits but do not minimize her difficulty. Acknowledge that what she is

experiencing is painful and intense, then remind her of the progress she is making.

- Continue to appear relaxed yourself. Keep your voice calm and soothing. Remember neither one of you has to control labor: let the birth happen.

## Transition: when the going gets tough

- Give encouragement, praise, reassurance and love. Remember that labor is a healthy (normal) process.
- Review your handouts: know the signs and symptoms of transition and what you can do to help. Your nurse will be there to help and offer suggestions.
- Don't give up on your ideas just because they don't always work the first time. Repetition can be helpful. Even if you lose her attention during a contraction, firm and confident suggestions can help to regain the connection.
- Shallow, more rapid breathing may be helpful. Quiet, slow breathing may not provide enough concentration at this time in labor.
- Blowing may be needed if she begins to push and has not recently been checked for dilation. The nurse will help you. (She may need to blow through a few contractions if she has the urge to push. The provider or nurse will check to be sure it is time to begin pushing.)
- You should not feel panic. We are here to support both you and your loved one through this process.

## Second stage of labor: bearing down

- Ask the nurse for warm compresses and a mirror, if they aren't in the room.
- Review the two types of bearing down. The nurse will help guide you both.

### 1. Spontaneous bearing down

- Remind her to listen to her body and let the contraction guide her as to her position and technique. Pushes when she can no longer resist the urge to push.
- Bear down while holding her breath or release air by grunting, groaning, making noise.
- The focus is moving the baby down, up and out.



**2. Directed bearing down. To be used:**

- With anesthesia.
- If there is not progress in the first hour with spontaneous pushing after position changes (squatting, supported squat, toilet, hands and knees, side, standing).
- If there is fetal distress and she needs to deliver right away.

**Remind her:**

- To go with her body's urges.

- Relax the perineum (pelvic floor muscles).
- Making noise is okay.
- To open her eyes and look in the mirror.
- To touch the baby's head if she wishes.
- To blow if the physician/midwife asks her to stop pushing.

You may wish to remind the physician/midwife of any special requests you may have discussed earlier, such as helping to catch (deliver) the baby, discovering the gender of the baby yourself and cutting the cord.

## Frequently Asked Questions About Labor and Delivery

### I think that I am in labor. When should I call my provider?

Your prenatal care provider will instruct you on when to call the office if you think that you are in labor. Most providers will suggest that you contact the office if you have been having contractions every five minutes for one hour, have broken your bag of water (this may be a huge gush or a constant trickle), or if you have heavy bleeding similar to that of a period. Please call your prenatal care provider if you have any questions regarding the safety of you or your baby.

### What is the difference between true labor and false labor?

**If you are beyond 37 weeks of pregnancy, the following are signs of true labor:**

- Painful uterine contractions occurring at least every five minutes and lasting 30 to 45 seconds.
- Contractions starting far apart and gradually getting closer.
- Eventually, contractions getting much stronger and lasting longer.
- Contraction pain often starts in the back and moves to the front.

- Walking makes the contractions feel stronger.
- Contractions disturb your train of thought, conversation and activity.
- The cervix is dilated and effaced and continues to change with contractions.

**If you are beyond 37 weeks of pregnancy, the following are signs of false labor:**

- Contractions occur at irregular intervals.
- No real change in contraction frequency.
- No change in contraction length and strength.
- Pain usually in the front and varies in intensity.
- Walking slows down contractions.
- Contractions do not disturb your normal conversation, train of thought or activity.
- No change in dilation or effacement of cervix after one to two hours of observation.

### Can I eat and drink while I am in labor?

If you are at home, we recommend that you eat light and keep yourself well hydrated. You may want to avoid acidic and dairy beverages such as some juices and milk as you may find that these products upset your stomach in labor.



In the Hospital, we encourage clear liquids including ice pops, gelatin, bouillon, ginger ale, juice, and water. If you would like to bring in your own beverages, we suggest putting them in a small cooler or storing them in the Labor and Delivery unit refrigerator. Please be sure to have these items well marked with your name. Also, you may want to pack snacks for your support person.

### How can I tell if my water has broken?

Put on a clean maxi pad and lie down for 30 minutes. When you stand up you should notice a small puddle on the maxi pad if you have ruptured your membranes because the water will collect in the vagina and leak out when you stand. If you have broken your water, you should note the time, amount, color and odor and call your physician or midwife. If you have had a positive Group B Strep (GBS) culture, it is very important to notify your provider if you think your water has broken.

### What is fetal monitoring?

Fetal monitoring is defined as watching the baby's heart rate for indicators of well-being during labor and birth or in some instances during antenatal testing such as a Non-Stress Test (NST). There are different ways to monitor your baby including the use of an electronic

fetal monitoring, telemetry, or a doptone (used during your prenatal visit to assess the fetal heart rate). Telemetry monitoring is like Electronic Fetal Monitoring except one can maintain mobility including ambulation (walking) outside of your room.

### When can I ask for an epidural? How soon will I get it?

While the decision lies with each individual care provider, most will recommend waiting to get an epidural until you are between three and five centimeters dilated. It takes a few minutes to get the epidural placed and another few minutes for you to feel relief. Complete pain relief may take 10 to 20 minutes or more.

### Can I change my birth plan?

Absolutely! Your birth plan is important and is used as a guide for those caring for you and it can always be changed. Flexibility is the key to a successful birth plan both for the laboring woman, her support person and for the caregivers.

### How many support people can I have with me in the birthing room?

This will be decided between you and your support person and your medical staff. Please

discuss your plans for labor support (partner, family, friends) with your provider and make this part off your birth plan. As you decide who will be with you remember that there is limited space in the birthing rooms. Finally, as your labor progresses you may find that your needs change, and you may want to be alone with your support person. Also, medical needs may change in which a quiet, relaxed environment becomes necessary. There is a lovely waiting area for friends and family whom you want to be near you, but not in the room with you.

### **Can I take photos/use a video camera after my baby's birth?**

Birth is a special occasion for you and your family and taking pictures is often a part of the occasion. We ask that you check with your health care team first to be sure it is okay to take pictures and that if Newton-Wellesley Hospital staff are in your pictures, you first obtain their consent to be photographed.

We also ask that you take pictures or video only before the birth (in labor) or after the birth (after your baby is born). Please do not take pictures during the birth itself or during any treatment that your baby may need after delivery. This request is for a couple of reasons.

First, our primary concern is to make sure you and your baby are safe. The delivery room can get very busy and sometimes the doctors, midwives and nurses must act quickly and need room to carry out their jobs. To have someone photographing or taking video may create an unnecessary distraction.

Second, if you deliver your baby by Caesarean section, it will be in the operating room. The operating room must be kept sterile, and it is a very busy place. Photos and videos of the operation are not allowed. Taking pictures of your baby is allowed once he or she is safely on the warmer. Again, we ask that you check with your health care team first to be sure that it is okay to take pictures.

Lastly, we request that you respect the privacy of other patients, families, visitors and staff and not include them in your pictures.

### **How can my friends and family get information about me and my labor progress?**

We understand that your friends and family are excited for you and want to be kept up to date on your progress so they can congratulate you and welcome your new addition. However, health care privacy laws prohibit us from disclosing information about your status. Therefore, we recommend that you coordinate a phone tree or identify a designated friend or family member to keep your loved ones updated on your progress.

### **Where do I go when I arrive at the hospital to deliver?**

Between the hours of 6:30 a.m. and 8:30 p.m., please enter through either the East or West lobby entrance. Take the West elevators to the 5th floor. There you will find the Reception/Registration area. After registering you will be escorted to the Antenatal Testing and Evaluation Unit (AETU) for evaluation.

If you arrive after 8:30 p.m., please use the Emergency Department entrance where you can register with the Admitting Coordinator. You will then be directed to AETU for evaluation of your labor.

### **Where can I park?**

Patient parking is available in the Patient/Visitor Parking Garage located at the East Hospital Entrance. Valet parking is offered there from 8:00 a.m. to 4:00 p.m. If you come to the Hospital after 8:30 p.m., you will need to check in at the ED. During this time, you can park in the Patient Garage adjacent to the ED, but you will need to move your vehicle as soon as possible to avoid a higher parking fee. There is also limited patient parking available at the West Hospital Entrance, with valet parking offered from 7:00 a.m. to 6:00 p.m. We also offer discounted multiple-day parking passes for patients and visitors as well as weekly passes, which are available at the gift shop and parking cashiers' desks, located in the West Lobby and in the lobby near the Medical Office Building.



## CHAPTER 4:

# Your Hospital Stay

## Hospital Basics

### Your Room

Your room contains a special bed that is controlled by push buttons. Your nurse can show you how to adjust it. Television controls and nurse call light are also located on the bedside rails. When you activate the nurse call light, the nurse or unit coordinator will talk to you over the intercom system.

### Cots

We are happy to provide cots or sleep chairs for your convenience. We ask that the cot be folded and covered by 7:30 each morning so that we may provide care to you and your family in a safe environment. Cot sheets may be placed in a laundry bag when you are discharged.

### Cellular Phones

Cell phones are permitted in the 5th floor waiting area and inpatient rooms. Please be advised that there may be times when you are asked to refrain from cell phone use because the phone may interfere with the electronic medical monitoring equipment. There is also a phone in each room for your use. We ask that you and your visitors refrain from using cell phones when a provider is in the room.

### Hand Washing

Please ask guests to make use of the antibacterial hand-washing dispenser located inside the door of your postpartum room before and after handling your baby. This is especially important for any children who may visit, as they are more susceptible than adults to the random germs that surround us all. Never let anyone handle your baby unless he or she has washed his or her hands correctly. If friends or family are ill or suspect they may be getting ill, advise them not to visit. This is for the good of everyone, especially for the protection of your newborn.

### Smoke-Free/Tobacco-Free Campus

As a leader in the health care field, Newton-Wellesley has a special responsibility to offer a clean and healthy environment. Tobacco use in and around the Hospital can pose health and safety risks for patients, employees and visitors. Consistent with our mission to create the best environment possible, Newton-Wellesley's campus is completely tobacco and smoke free.

### Use of the Nursery

We believe that mothers rest and sleep more comfortably when their babies are close by them. We encourage you to keep your baby with you in your room. It is important to know that breastfeeding frequently and without long interruptions helps you establish a good milk supply and may also prevent painful engorgement. If you are having trouble settling and comforting your baby, your nurse will be happy to help you. For times when you may need rest, our Nursery is available 24/7.

### Rooming In

Rooming In is an arrangement in the hospital where a newborn infant is kept in the mother's hospital room instead of in a nursery.

### How will my baby and I benefit from Rooming In?

- Rooming In encourages the attachment of mother and baby.
- Rooming In maximizes mother and baby's joyful interaction.
- Rooming In enhances baby's natural physical connection to his/her mother.
- Rooming In gives confidence for nighttime parenting.

- Rooming In provides more opportunities for success for breastfeeding mothers.
- Rooming In enables babies to get to know their mothers by using their senses: feeling their mother's warmth, hearing her heartbeat, smelling her. This increases babies' feelings of safety and well-being and makes it easier for them to adapt to life outside the womb.
- Rooming In enhances early attachment of mother and infant, which has a positive effect on the baby's brain development. Both mother and baby's attachment instinct is highest during the first days of life.
- Rooming In also helps babies regulate their body rhythms, heart rate, temperature and sleep cycles.

After the birth, Rooming In is the most important way to keep mothers and infants connected as they begin their life together. For times when you may need rest, our Nursery is available 24/7.

## Skin-to-Skin Contact

Skin-to-skin care during your recovery and newborn transition period on the labor delivery unit provides important benefits to your newborn. These include stabilizing your baby's body temperature and blood sugar as well as facilitating bonding and breastfeeding initiation. As there are potential risks associated with unobserved skin-

to-skin care, our nursing staff will closely observe you and your infant and will help you find the correct skin-to-skin position. As a result of these risks, routine skin-to-skin care is not recommended beyond the early hours of life. Please feel free to discuss these issues with your health care team.

## Safe Sleep

In order to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death, you and anyone who cares for your baby should be informed about safe sleeping positions. While back-sleeping is considered safest for most newborns, you should talk to your baby's physician to learn what is best for your baby. You can also learn more by visiting [safetosleep.nichd.nih.gov](http://safetosleep.nichd.nih.gov).

## Quiet Time on the Maternity Unit

Each afternoon between the hours of 2:00 and 4:00 p.m. the Maternity Unit at Newton-Wellesley Hospital will "quiet down" so you may have uninterrupted time to rest with your new baby. The only interruption during this time would be for essential patient care.

Having this Quiet Time will benefit you and your baby by decreasing your fatigue, increasing bonding time and allowing you to become familiar with your baby's feeding cues. Please ask that your visitors delay their visit with you until after that time of day.





## Professional Baby Photography

A baby photography service is available on the unit. More information regarding this service will be available to you during your Hospital stay. Should you choose to use this service, please be sure to complete your session prior to your discharge day.

## Fragrance-Free Hospital

Please be mindful that newborns and staff members can be very sensitive to scents and fragrances. Please ask your guests to refrain from using scented fragrances such as colognes, perfumes, aftershave, soaps, lotions, powders, deodorants, hair sprays and other hair products while visiting you during your Hospital stay.

## No Latex Balloons Allowed!

Did you know that non-inflated latex balloons or fragments could be inhaled and lead to serious

injury or death? For this reason, latex balloons are not allowed in the hospital. Inflating latex gloves as balloons is also not allowed.

Mylar balloons are a safe and acceptable substitute to latex balloons. Mylar balloons can be purchased in the Gift Shop located on the first floor near the lobby.

## Outpatient Lactation Services at Newton-Wellesley Hospital

Many mothers need additional breastfeeding support after they are discharged from the hospital. NWH offers new mothers and babies a free Breastfeeding Support Group and an on-site Outpatient Lactation Clinic. Please call the Lactation Office at 617-243-6314 for more information on outpatient lactation services at NWH.

## The Role of Your Support Person

Your support person has an important role in supporting you in labor as well as in the postpartum phase of care. This person can help ensure that the immediate environment is safe by organizing the room and placing personal belongings out of the way of traffic flows. Be sure to ask your nurse where the kitchen is located. Your support person may wish to fill your water pitcher or return a meal tray.

It is essential that mothers and babies have time for rest plus opportunities for onsite education provided by your health care professionals. Your support person can help to manage the flow of visitors to prioritize the time for you and baby. Your support person may also help with:

- feedings and changing diapers
- keeping a list of feeding times and wet/messy diapers
- writing down all questions for your care team

Additionally, prior to your discharge day, your support person should practice using the car seat and remove all unnecessary items from your room. This will help keep the focus on you and baby during the transition.

Your support person should feel free to get involved and ask questions of your care team so that you both feel more confident and relaxed in the hospital and when you get home.



# Safety Instructions for Parents

## Keeping Your Baby Safe

Your baby's safety is a priority at Newton-Wellesley Hospital. Please follow these guidelines to assist in making your stay with us a safe one.

### What you can do:

- Know the names of your nurses and other staff members who care for you and your baby.
- For newborn safety, place your baby's bassinet on the inner side of the room.
- Place your baby in a bassinet to walk in the hallway. Never carry your baby outside of your room.
- When your baby is out of the bassinet, always maintain a firm but gentle hold. Newborns can move more than we think they can.
- Never leave your baby alone in your room.
- Your baby must be with the mother or support person when in the room or hallway. The mother or support person must be wearing an ID band.
- Do NOT sleep with your baby; if you feel drowsy put the baby back in the bassinet.
- Do NOT leave the baby unattended on a bed or chair.
- Do NOT remove your bracelet or any of the baby's bracelets.

### What Hospital Staff will do:

- Any staff member who works in Maternity or Pediatrics will have a unique pink Newton-Wellesley Hospital ID.
- Only staff and support persons who have an ID band can enter the nursery.
- A staff member will always check to ensure that your band matches your baby's ID band.
- Newton-Wellesley utilizes an electronic security tag for your baby's safety. Please DO NOT remove or attempt to adjust the tag. If you have any questions, your nurse can help you.
- Maternity Patients — Following your baby's birth in the Delivery Room, you and your baby will be identified with matching bands.

- In the event your baby may leave your room for an evaluation or procedure, your ID band will be matched with your baby's ID band when your baby returns to you.

## General Safety Guidelines

### Sibling Safety

Children who are ill should not visit you and your newborn. Children who do visit you during your hospital stay should be accompanied by a responsible adult at all times. There are many hallways, closets and elevators in the hospital. Children can become easily lost and frightened if allowed to roam. Children are not allowed into the kitchen without supervision. *Under no circumstances are siblings and other children allowed to spend the night.*

### Belongings

Do not bring large amounts of cash or credit cards to the Hospital. When leaving your labor room, please look around to make sure you have all your belongings, especially your phone chargers, etc. When leaving the Hospital, pack carefully and check drawers and closets.

### Gloves

These are for patient care only.

### Visitors

Visitors are welcome in the labor area with a patient's permission. Visitors are asked to stay inside the labor room or in the waiting area. To protect patient privacy and safety, we do not allow family members to stand in the hallway outside rooms.

We ask all visitors to leave by 8:30 p.m. There is so much to do and learn in the short time that you are here. You should consider how you are feeling and how much rest you need. The staff can offer you guidelines to share with your visitors. All visitors should wash their hands prior to handling the infant. During flu season, please see our website for any specific visitor restrictions in place. *For the sake of you and your newborn, anyone who is sick should stay at home.*

Your visitors will receive a "Visitor Pass" identification sticker in order to be able to access the unit.

## Patient Registration and Financial Guidelines

Please complete the Maternity Pre-Admission Form and the Parent Worksheet for Birth Certificates included in the back folder. During the second trimester of your pregnancy, send to Newton-Wellesley Hospital, Attention: Maternity Registration, 2014 Washington Street, Newton, MA 02462. This will avoid any delay in admitting you to your room when you arrive in the labor unit. If you have any questions or changes in your registration information, including your name, phone number, address, employer, or your health care insurance company, please contact Maternity Registration at 617-243-6339.

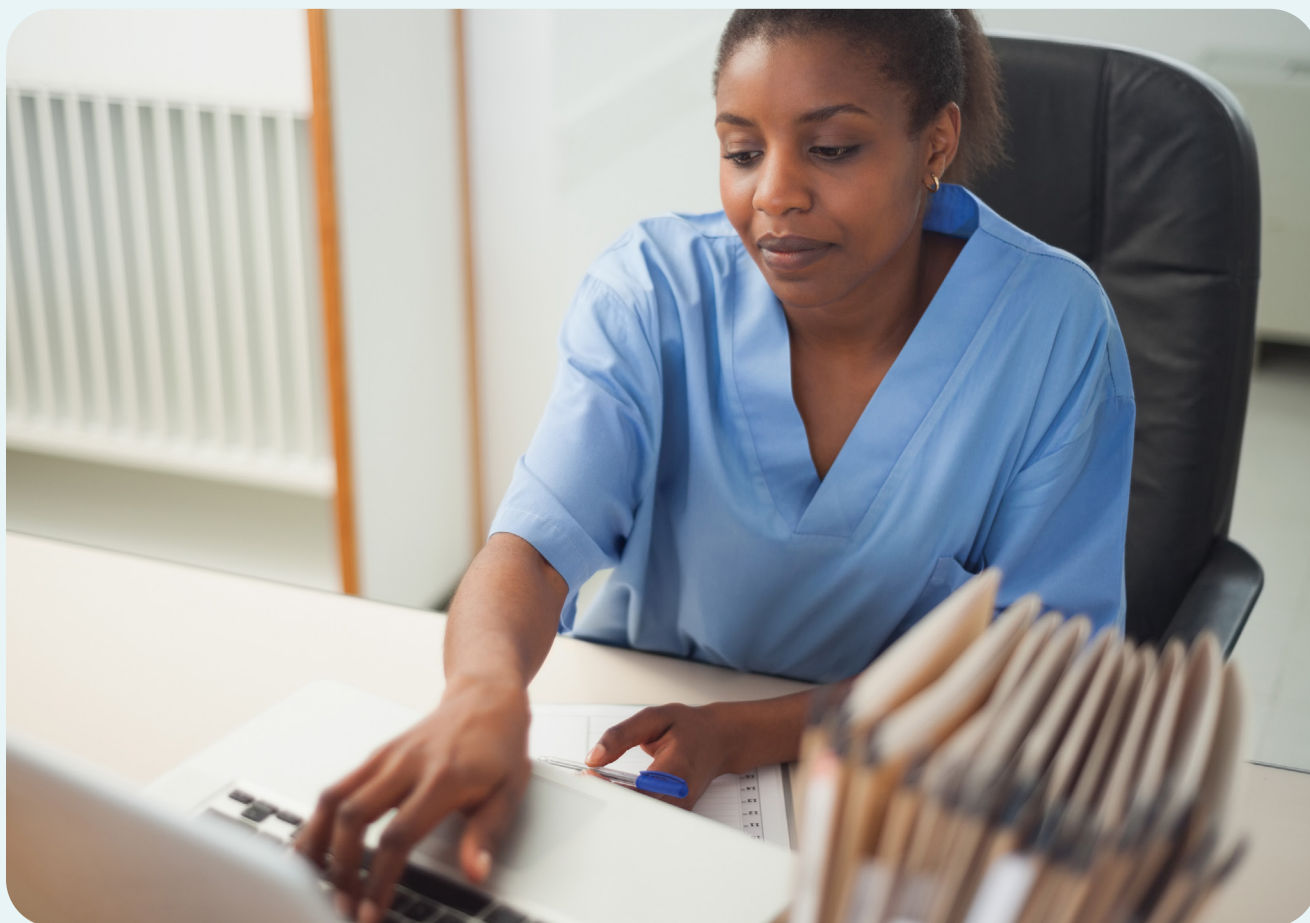
### Advance Directives

By state law we are required to ask our maternity patients if they have an advance directive. You will be asked if you have one

when you register at our Maternity Center registration desk. For your convenience, registration staff have copies of the Guide to Advance Directives, which explains how to use the health care directive (living will) and health care power of attorney to plan for health care decisions. Please bring copies of these completed forms with you when you return to the Hospital to have your baby.

### Insurance

**Most insurance plans require that you add your new baby to your insurance within the first 30 days of birth.** Many plans also require that you choose a physician for your baby within this time frame as well. Please visit [nwh.org/find-a-doctor](http://nwh.org/find-a-doctor) for assistance choosing a pediatrician. You may also contact Newton-Wellesley's CareFinder service at 617-243-6566.



# Early Maternity Discharge Information

A Massachusetts law was enacted in 1998 that allows maternity patients who are discharged early from a hospital to have a nursing visit at home.

## What is an early maternity discharge (EMD) visit?

Eligible mothers and infants who participate in an early discharge from the Hospital will be offered (upon agreement by the mother) a minimum of one home visit following discharge of the mother and infant. This visit by an experienced registered nurse is intended to help with assessment and education about infant care, bottle/breast feeding, your own post-delivery care and any other relevant information including the need for social support in the community.

## Who is eligible for an EMD visit?

Your insurance must cover this visit; however, some insurance plans are exempt from the law including self-insured companies, most out-of-state plans and Federal insurance plans.

## How do you notify your Hospital providers that you are interested?

Please inform your nurse if you would like to have the hospital staff locate a provider who can



provide a timely home visit. We will contact home health providers on your behalf to request a visit. The ability to identify a provider for your home visit is dependent upon where you live, the staff availability of the provider and your insurance coverage. Please share any preferences you may have.

## What are your rights?

You may contact the Department of Public Health at 1-800-462-5540 if you feel your right to this benefit has been unfairly denied.

## Pregnancy and Parenting Resources

Becoming a parent is an exciting experience. It is also a time of change and transition. Nurturing yourself is just as important as taking care of your baby. Clinical Social Workers are available at Newton-Wellesley Hospital to talk with you about this transition and to provide a range of resources including parenting education, groups for mothers, private-pay help at home, information about postpartum blues and depression and financial assistance. You may reach a social worker by calling 617-243-6695, or you may ask to meet with a social worker when you are in the Hospital.

Additionally, Newton-Wellesley is taking the lead on community outreach through our Postpartum Council, formed by the Collaborative for Healthy Families and Communities. To find out more about this initiative or to volunteer for the Council, visit [nwh.org/communitycouncils](http://nwh.org/communitycouncils).

There are also many fine online resources and government help lines you may access as you navigate both your pregnancy and parenting experiences.



## NOTES





# NEWTON-WELLESLEY HOSPITAL

2014 Washington Street  
Newton, MA 02462

**NWH.org**