Cooley Dickinson Hospital

My Birth Day Wishes

Women's Health
and Childbirth Center
Cooley Dickinson Hospital

My Birth Day Wishes

Welcome to the Childbirth Center at Cooley Dickinson Hospital. We believe birth is a powerful event that will change your life forever. Thank you for including us at this special and exciting time. We look forward to working with you as part of your birth care team.

We've written *My Birth Day Wishes* because we want to learn more about you and tell you about us. Please take time to carefully complete the booklet, *My Birth Day Wishes*. At your next OB office visit, review your booklet with your care provider. They will send the final copy to the hospital. It will be added to your medical record for the birth of your baby. It's a good idea to make a copy for yourself and pack it in your labor bag. If you decide to make changes on your copy, be sure to talk the changes over with your provider. And bring your copy with you when you go to the Childbirth Center.

When you arrive at the Childbirth Center, you and your nurse will review the copy of *My Birth Day Wishes.* If you have made changes, be sure to tell your nurse about the changes you have made.

Our very best wishes for a healthy pregnancy.
We are looking forward to meeting you!

Baby's due date: _____
Name(s) of expectant mother and partner:

Mother_____

Partner_____

Name(s) of additional support people that may accompany me/us:

_____

_____

Please see, 'Helpful Information for Partners, Families and Friends in Prenatal Packet #2

What is the name of your obstetrical care provider?

- ☐ Cooley Dickinson Center for Midwifery Care
- ☐ Hampshire OB/GYN
- ☐ Woman Care / Northampton OB/GYN

Have you hired a professional doula?

If yes, what is the doula's name? _____

I've taken childbirth classes with _____

What is the name of the baby's pediatrician/family practitioner:

_____

Are you planning to

- ☐ breastfeed
- ☐ formula feed

If your baby is a boy, do you plan to have him circumcised?

- ☐ No
- ☐ Yes. Would you like your baby circumcised at Cooley Dickinson Hospital?
  - ☐ Yes
  - ☐ No

Do you have religious, cultural, or spiritual preferences that you would like to include into your birth experience?

_____

_____

Early Labor:
Early labor is sometimes a lengthy process. During this time we encourage you to rest or move freely, change positions, eat light snacks and drink lots of clear liquids. In most circumstances, home is a much better place for early labor. Do not be discouraged if after being evaluated at the hospital, you are asked to walk for a period of time or even to return home. Occasionally, a medication can be provided to help you rest. If you are planning to use alternative treatments and / or therapies, please list them below and discuss with your provider.

Your Comments About Early Labor:

_____

_____

Eating and Drinking/ Settling in:

All of our Labor & Birth Rooms are private and have showers and Jacuzzi tubs; refrigerators; and CD players. Please bring your favorite music, dim the lights to create a relaxing environment and change positions, as needed for comfort. You may invite friends and family to be with you during your labor or they may wait in the Family Waiting Room (Solarium). Once in the Childbirth Center, we encourage you to continue to drink clear liquids which we provide such as water, juice, broth, tea, Jell-O, ice chips. You may also bring your own drinks such as a sports drink to keep you hydrated. Your support people may bring their own food and beverages or purchase them in our cafeteria or coffee shop.

We do not perform enemas or shave you. IV's are only used when they are medically necessary. If you are in early labor or scheduled for an induction, it may take some time to be in active labor. Talk with your provider about what you may eat in early labor or if you need to have your labor induced.

Your Comments:

_____

_____

Monitoring:

When you come to the Childbirth Center, we will listen to your baby's heart rate with an external monitor for 20-30 minutes. We will monitor your baby's heart rate on and off throughout your labor. Sometimes, continuous monitoring becomes medically necessary. Monitors are available that will allow you to walk around, change position and to safely use the shower or bath.

Your Comments:

_____

_____

Making Progress in Labor:

Walking around and standing or sitting upright are helpful for the progress of labor. If labor does not progress, you may need additional help such as breaking the bag of water or using pitocin. Pitocin is like oxytocin, the hormone your body produces during labor. If this is necessary we start pitocin at the lowest dose and gradually increase it while monitoring you and the baby. If indicated, your care provider will discuss this more completely with you.

Your Comments:

_____

_____

Labor Comfort: There are many ways to work with contractions. Things I may want to try during labor

Circle all that apply:

hold my hand	change positions	warm/cold packs	self hypnosis
calming touch	walking	ice chips	inward focus
massage by partner	squatting	soft lighting	focal point
slow dance	lunge	music	distraction
double hip squeeze	birth ball	family support	reassurance
counter-pressure	rocking chair	moaning/sound	encouragement
water –jacuzzi tub, shower, birthing tub (see description below),	sitting on toilet	using calm or patterned breathing	friend's support

Pain medication.

We offer two options which are safe for the baby. All medications have benefits and risks. Your careprovider will talk with you about them before you make a decision.

1. A rapid acting short-term narcotic, either IV or an injection. This may make you feel sleepy.
   - ☐ I do not want to use this kind of medication
   - ☐ I might want to try this kind of medication.
   - ☐ I definitely want to use this kind of medication in my labor.

2. Epidural anesthesia. An anesthesiologist provides epidural medication. With an epidural you will have an IV and your blood pressure will be monitored closely. Your baby's heart rate will be monitored continuously. You will not be able to walk around and you may not feel the urge to urinate. If this happens you may need a catheter to empty your bladder.
   - ☐ I do not want to use epidural anesthesia.
   - ☐ I might want to try epidural anesthesia in my labor.
   - ☐ I definitely want to use epidural anesthesia in my labor.

How would you like us to approach you about using pain relief medication while you are in labor?

- ☐ I do not want to discuss pain relief medication in labor.
  If I decide that I want medication, I will ask for it.
- ☐ When I arrive at the hospital, tell me about all of my options for pain relief medication.
  If I decide later that I want medication, I will ask for it.
- ☐ When I arrive at the hospital, tell me about my options for pain relief medication.
  Remind me about my options as my labor progresses.
- ☐ I want to know as soon as possible when my choice of pain relief medication is available.

Please choose the sentence that best describes your feelings about pain relief medications in labor.

- ☐ I feel very strongly that I would like to give birth without using any pain relief medication.
- ☐ I would like to labor without pain relief medication. I might also want to use pain relief medication.
- ☐ I would like to have pain relief medication as early as possible in my labor.
- ☐ Other _____

Your Comments:

_____

_____

Birthing Tub / Jacuzzi Tub

When an expectant mother in active labor enters water in a tub, she experiences weightlessness with the hydrostatic pressure supporting her body. The heat of the water helps relax the muscles and allows the laboring mother to feel more relaxed and less uncomfortable during her labor.

A birthing tub (still water, not whirlpool tub) is reserved for women who plan *to give birth* in water. Sometimes partners join the mother in the tub to physically support her during labor and birth. Partners need to wear a bathing suit in the tub.

For women who want to labor but not give birth in water, each private labor room features a bathroom with a Jacuzzi-style whirlpool tub. Your Comments:

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Pushing:

We will be encouraging you to follow your body's signals and to use natural breathing rhythm. We will provide guidance, as needed. We encourage you to try various positions for pushing. *Please circle the positions you would like to try using*: pushing on the toilet, squatting, sitting in bed, side-lying, birth stool, kneeling on all fours. Vacuum extractors and forceps are *not* routinely used at Cooley Dickinson Hospital. There are some circumstances in which your care provider may recommend their use.
Your Comments:

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Episiotomy:

Episiotomies are not routinely done at Cooley Dickinson Hospital. The majority of vaginal births do not require an episiotomy. OB's and Midwives use a 'wait and see' approach to decide if one is needed. Warm compresses feel good and help the perineum stretch. Talk to your care provider about this option. There might be a tear at the time of birth. Stitches might be needed to repair a tear. There are some circumstances in which your care provider may recommend an episiotomy. Stitches are necessary after an episiotomy.
Your Comments:

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Cesarean Birth:

Cesarean births take place in our cesarean surgical suite right in the Childbirth Center. You will likely be awake and your support person can remain with you for the birth. Your support person will be able to hold your baby as long as the baby is in good health. You will often be able to touch and get to know your baby while still in the surgical suite. Early recovery for mom takes place in a birthing room. The baby is usually able to be with mom and family. (See below: Immediately Following Birth)
Your Comments:

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Observers/Students at Your Labor and Birth:

Please note: Cooley Dickinson Hospital does not have medical students, interns, residents or medical photographers. Nursing students from local colleges train at our hospital during the school year.
Your labor nurse would ask for your consent before involving a nursing student in your care.
Your Comments:

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Immediately following birth:

If you have chosen not to know the sex of your baby, you or your support person may choose to make this announcement. Following a vaginal birth, your baby is usually placed on your abdomen. In most circumstances, your support person may cut the umbilical cord. Following a vaginal or cesarean birth, your baby stays with you so that parents and baby can get to know each other in a quiet environment. The baby will often show cues that he or she is ready to feed. If you plan to breastfeed, this is a wonderful time to put baby to breast. If you choose to formula feed, a nurse can bring a bottle of formula to you. We encourage

skin-to-skin contact, holding your baby on your bare chest with baby only wearing a diaper. A blanket will be placed over both of you for warmth.

Your Comments:

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Routine newborn procedures

Routine newborn procedures are done within the first hour after birth. Many of these procedures can be delayed until after the first feeding. Sometimes, a baby may have to go to the nursery for additional care. The mother or support person may accompany the baby.

- On-going assessment of baby including taking baby's temperature, and breathing rate
- Weighing, measuring, footprints, security bands
- Antibiotic eye ointment can be delayed up to 1 hour
- Vitamin K shot can be delayed up to 1 hour
- PKU test after 24 hours (Blood test)
- Hepatitis B shot is recommended to occur within the first 12 hours
- Baby bath can be done in your room or in the nursery.

Your Comments:

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Special Words About Breastfeeding

Babies arrive well-fed but need to nurse often so that you will make a good milk supply. In the first couple of hours, babies often have a strong urge to nurse. This is a great time to put baby to breast. The nurses will help you to learn to breastfeed your baby. Try not to feel anxious if it takes time for both you and baby to learn. The baby will get to know you by being held close. A lactation specialist is available for extra help if needed.

Your Comments:

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Postpartum Care:

You will be moved to a postpartum room after spending one or more hours in your birthing room with your baby. The postpartum period is a time to rest and recover from birth. It is also a time for you and your baby to learn about each other. We encourage 24 hour-rooming-in so that mother (and partner) and baby are together throughout their stay. A postpartum nurse will be caring for both you and your baby. She may also be caring for other postpartum moms and babies, too. Our nurses look forward to helping you learn to take care of yourself and your baby. Be sure to leave enough time without visitors for the nurses to teach you about baby care.

Your Comments:

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_____

Pacifiers and Bottles:

Pacifiers are not routinely given to babies. Bottles are not routinely given to breastfed babies. Please let our staff know your preferences. We will respect your wishes.

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Choices for Your Length Stay at the Childbirth Center:

The Sate of Massachusetts requires insurance companies to pay for mother and baby postpartum care in the hospital for up to 48 hours after a vaginal birth and 96 hours after a cesarean birth. A doctor or midwife from your obstetrical practice will visit you each day at the hospital. On the day that you are going home, your care provider will medically discharge you to go home. S/he will also tell you when to make a follow-up visit at the office.

A pediatrician will assess your baby's health after birth and on each day that you remain in the hospital. *After* 24 hours, the baby's blood will be tested for signs of jaundice and for certain treatable diseases. On the day that you are going home, the pediatrician will medically discharge your baby.

Going Home Early

Some women prefer to return home earlier than the time allowed by insurance. If would like to go home early, be sure to tell your nurse so that your careprovider and the pediatrician will be prepared to medically discharge you and your baby.

If mother and baby go home *before* 24 hours after the birth, your pediatrician will want your baby to be seen by a medical professional within 24 hours of returning home. It is important for the baby to have necessary blood work done and to check that the baby is doing well. The pediatrician may advise you to have a home visit from a visiting nurse. The pediatrician may also want you to bring your baby to their office to be examined.

Home Visit from a Visiting Nurse

Visiting Nurses are skilled in caring for new mothers and babies. Some insurance companies will pay for a visiting nurse to go to your home and assess the health of both mother and baby. A visiting nurse can assist with breastfeeding problems and teach you about newborn care. If you are interested in a home visit, contact your insurance company during your pregnancy to ask about coverage for this option. Private pay options are also available. Our case manager will meet with you after your baby is born and help you to plan for this option.

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Support Services available after you return home:

	Want information	Planning on using	Your Contact Information (phone/e-mail)
Breastfeeding Consult			
Breastfeeding Supplies			
Beyond Birth Group			
Baby Massage			
Momma and Baby Yoga			

Other things you would like us to know:

Our wish is to honor your preferences for your birth experience. In some situations, the health of you or your baby may necessitate flexibility. You will be consulted by a nurse and/or your doctor or midwife if a change of