



ABOUT YOUR CARE DURING LABOR AND BIRTH

Having a baby is natural. Most mothers and babies go through it without serious problems. Even so, some situations may arise near the end of your pregnancy, or during labor. These can affect the care you or your baby may need. Many of those situations are described below. Some common practices you might experience at the hospital are also described. Ask your doctor, midwife, or nurse if you have questions.

LABOR

1. A nurse will work with your doctor or midwife to take care of you. Other trainees may be involved in caring for you. Students are always supervised by your doctor, midwife, or a nurse. You can opt out of having a student.
2. In most cases, you will be cared for by a provider from your prenatal practice. There are some circumstances where a doctor or midwife from another practice at the hospital may be involved in your care.
3. You may have a blood test during labor.
4. A nurse may put a monitor on your belly to check your baby's heartbeat. If it is normal, the monitor may be removed. The baby's heartbeat will be checked again during your labor with either the monitor or a doppler.
5. If your baby's heartbeat needs to be checked more closely, you might wear a monitor for longer. This monitor may be placed on your skin, or sometimes it is placed on top of the baby's head. Sometimes the baby's heartbeat patterns cause concern, even when the baby is fine. These patterns can be hard to understand. Your chance of a cesarean or vaginal delivery with vacuum or forceps increases when your baby's pattern raises a concern. Checking your baby's heartbeat does not prevent cerebral palsy or birth defects.
6. Sometimes it is possible to change the baby's heartbeat pattern. Your doctor or midwife may have you change position, give you IV fluids, oxygen, or a medication to slow contractions. They may place a tube inside your uterus to add fluid around the baby. This added fluid may take pressure off the umbilical cord during your labor.
7. You may have an intravenous line (IV) in your arm during labor. This is used to give you extra fluids, or medications as needed.
8. Pain you feel during labor can be relieved many ways. You might choose walking, a bath or shower, breathing, massage, special pillows, or a combination. Your doctor or midwife can offer you other, safe choices:
 - **Medication:** You get pain relief medication by needle (a "shot") or through an IV line. You may get sleepy. Allergic reactions are rare.
 - **Epidural:** A doctor places a thin tube in your back. This takes about 20 minutes. You can then get medications through the tube that will relieve most of your labor pain.
 - **Nitrous oxide:** A mixture of 50% nitrous oxide and 50 % oxygen is inhaled through a mask that you hold and self-administer as needed.

INDUCTION/AUGMENTATION

1. If your labor slows down, your doctor or midwife might give you oxytocin through an IV to make your contractions stronger and closer together.
2. Your doctor or midwife may try to help you start (induce) labor. Some reasons for this are:
 - your baby is overdue by 1–2 weeks
 - your baby has not grown well
 - infection
 - high blood pressure
 - diabetes
 - your water breaks
3. If your cervix is soft and stretchy, you may be given oxytocin through an IV. If your cervix is not ready, you may be given a medication, or have a special balloon inserted, to soften the cervix before using oxytocin.
4. Sometimes, your labor may be induced for non-medical reasons before your due date. Generally, this cannot be done before 39 weeks gestation because babies who deliver before then can have trouble breathing room air.
5. The risks of inducing labor include creating contractions that are too strong or frequent. This can cause changes in the baby's heart rate. This risk is usually manageable and the contractions can be decreased.
6. It can take several days of induction to get you into labor. See your provider for advice about induction.

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VAGINAL BIRTH

1. Labor contractions slowly open your cervix. When your cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina). Usually, the baby's head comes out first, then the shoulders.
2. About 10–15 percent of mothers need some help getting the baby through the birth canal. A doctor may apply a special vacuum cup or forceps (tongs) to your baby's head. The doctor will then pull while you push baby out.
3. In approximately one percent of births, the shoulders do not come out easily. This is called shoulder dystocia. If this happens, your doctor or midwife will try to free the baby's shoulders. Shoulder dystocia may cause a broken bone or nerve damage to the baby's arm. Most often, these problems heal quickly. Shoulder dystocia may cause tears around your vaginal opening, and bleeding after birth.
4. Many women get small tears around their vaginal opening. Though infrequent, sometimes a doctor or midwife will cut some vaginal tissue to make the opening bigger when necessary. This is called an episiotomy.
5. Most women with tears or an episiotomy will need stitches. Your stitches will dissolve over a few weeks during healing. The area may be swollen and sore for a few days. Rarely, infection may occur. Infrequently, a tear or cut may extend to the rectum. Most often this heals with no problem.
6. Normally, the placenta will come out soon after birth. If not, then the doctor or midwife must assist in removal of the placenta. This may happen in the delivery room, or you may need anesthesia in the operating room to safely remove the placenta.
7. All women lose some blood during childbirth. Some reasons you might lose a lot are:
 - the placenta doesn't deliver on its own
 - you are having more than one baby (twins or more)
 - your labor lasts a very long time.
8. Oxytocin can help reduce bleeding after birth. If your bleeding is very heavy, you may be given other medications to help contract your uterus. Very few women need a blood transfusion after vaginal birth.

CESAREAN DELIVERY

1. About one quarter of mothers give birth by cesarean. Some are planned; some are not.
2. During cesarean birth, a doctor delivers the baby through an incision (cut) in your belly.
3. Here are some common reasons you might need a cesarean:
 - your baby is not in a position that allows for a vaginal delivery
 - you gave birth by cesarean delivery before
 - your cervix doesn't open completely
 - your baby doesn't move down the birth canal
 - your baby needs to be delivered quickly because of a problem for mother or baby
4. Anesthesia is always used for a cesarean. Most cesareans are performed using regional anesthesia (spinal, epidural, or combined spinal–epidural) so that the mother is awake during the delivery. Some are performed using general anesthesia and the mother is not awake during the delivery.
5. You will lose more blood during a cesarean birth than during a vaginal birth. About 12 out of 1,000 mothers who have cesareans need a blood transfusion.
6. The mother developing blood clots in her legs after giving birth is more likely to occur after a cesarean delivery than after a vaginal birth. To prevent this, you will have compression devices placed on your legs until you are out of bed walking and will be given an injection of a blood thinner called Lovenox (which is compatible with breastfeeding).
7. Infection is more common after a cesarean. Your doctors will give you medication to help prevent infection.
8. A thin tube (catheter) will drain your bladder during a cesarean. It may remain in place for 12–24 hours.
9. In less than one percent of cesareans, the mother's bowel or urinary system is injured. Most of the time these problems are fixed during the surgery.
10. In less than one percent of cesareans, the baby might be injured. Such injuries are usually minor.

**ABOUT YOUR CARE DURING
LABOR AND BIRTH****AFTER BIRTH**

1. Infection of the uterus:
 - After a vaginal birth = 2–3 percent
 - After a cesarean birth = 20–30 percent.
 - Medications (antibiotics) can lower the risk, but don't guarantee you won't get an infection.
2. You will have cramps as your womb returns to its normal size. Cramping gets stronger with each birth. You may notice it more when breastfeeding.
3. After a vaginal birth, you will probably have discomfort around your vaginal opening. After a cesarean birth, you will have pain from the incision. Ask your doctor or midwife for pain relief.
4. Vaginal bleeding is normal after birth. It will lessen over 1–2 weeks. About one percent of women will need treatment for heavy bleeding. Sometimes, heavy bleeding can happen weeks after birth.
5. Most women feel tired and may feel sad or anxious after birth. For about 10% of new mothers, these feelings linger or get worse. This may be postpartum depression. If this happens, talk to your doctor or midwife.
6. When you can leave the hospital will depend on your health, your baby's health, and the help you have at home. Generally, 2 nights after a vaginal birth and 3 nights after a cesarean birth.

NEWBORN

1. At one minute, and again at five minutes after birth, your baby will be given Apgar scores. The scores are based on heart rate, breathing, skin and muscle tone, and vigor. Apgar scores help your pediatrician and the hospital staff care for your baby.
2. After birth, your baby will be given eye ointment to prevent eye infections. Your baby will also get a Vitamin K shot to prevent bleeding. A few drops of blood from the heel are taken to screen your baby for some diseases. The results are sent to your pediatrician. Your baby's hearing will be checked while in the hospital. You will be encouraged to have your baby receive the Hepatitis B vaccine to protect them from this virus before discharge.
3. About 3–4% of babies are born with birth defects. Many (for example, extra fingers or toes) do not hurt the baby. Some, such as some heart abnormalities, can be serious. While some defects can be identified during pregnancy, some cannot be identified until after birth.
4. Approximately 7–10% of babies are born prematurely, that is before 37 completed weeks of pregnancy. Premature babies may require treatment in a special nursery or an intensive care unit. Some babies born after 37 weeks also may need special care.
5. About 12–16% of babies pass meconium (the first bowel movement) into the amniotic fluid before delivery.
6. Three to four of every 1,000 newborns have serious infections of their blood, lungs, and—in more rare cases—the brain and spine. You may be given antibiotics to protect your baby if:
 - you had a previous baby who had a Group B Strep infection shortly after birth,
 - you develop a fever during labor, or
 - your membranes (bag of waters) are ruptured for a long time.
7. If your infant is identified as potentially having a complication or needing resuscitation at birth, Wentworth Douglass Hospital may consult with a physician from a neonatal intensive care unit (NICU) who specializes in newborn care (neonatologist) through its telemedicine services. Telemedicine is accessed through interactive video and audio communication technology. As part of this consult your health history, health information, examinations, and diagnostic tests will be shared, and a health record will be maintained of the consult by both hospitals. If this service is used, a professional fee bill will be sent to the patient by NICU.



ABOUT YOUR CARE DURING LABOR AND BIRTH

INFREQUENT OR RARE EVENTS

The following problems occur infrequently or rarely during pregnancy:

1. A baby is born too early to survive, or with serious medical problems. A baby may die inside the womb after 20 weeks gestation (stillbirth or fetal death); or a baby may die after birth.
2. The doctor must remove the mother's uterus (hysterectomy) to stop heavy, uncontrollable bleeding. The woman cannot become pregnant again.
3. The mother has a problem after a blood transfusion such as an allergic reaction, fever, or infection. The chance of contracting hepatitis (from a transfusion) is 1 in 100,000; the chance of contracting HIV is less than 1 in 1,000,000.
4. The mother dies during childbirth (less than 1 in 10,000). Causes might include extremely severe bleeding, high blood pressure, blood clots in the lungs, and other medical conditions.
5. Women who have a higher body weight ("body mass index") or other risk factors may be at risk for additional complications related to childbirth (infection, blood clots, cesarean delivery). Your obstetrician or midwife may recommend preventive medications or other therapy to reduce your risk of complications.

SUMMARY

Most babies are born healthy. Most mothers go through labor and birth without serious problems. But pregnancy and childbirth do have some risks. Many of the possible problems are frightening, but most are uncommon. The most serious events are very rare. Your health care team will do its best to identify any problems early and offer you treatment. Your team looks forward to caring for you and delivering a healthy baby.

Authorization for Obstetrical Care:

- I have read *About Your Care During Labor and Birth*.
- I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- No guarantees or promises have been made to me about expected results of this pregnancy.
- I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy, or during labor, unforeseen conditions may be revealed that require additional procedures.
- I know that anesthesiologists, pediatricians, and other clinical staff may help my doctor or midwife.
- I agree and give my consent to participate in a telemedicine health service, if recommended for my care and treatment.
- I retain the right to refuse any specific treatment.
- All of my questions have been answered.

I consent to obstetrical care during my birthing experience. I understand that some of the procedures described above may occur. I retain the right to refuse any specific treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Patient Name (print)

Patient Signature

Date/time

OB Provider Name (print)

OB Provider Signature

Patient DOB: _____