




Your Birthing Journey

Preparing you for your personal
journey through childbirth



Dear Expectant Mom, Congratulations on your Exciting News!

Going into labor and having your baby delivered is a unique and emotional experience. Here at Pomerene Hospital, our labor and delivery providers and nurses are dedicated to providing you with a meaningful, safe, and compassionate experience. The OB unit has seven spacious, well-equipped birthing rooms where you can deliver your baby in one comfortable, beautifully decorated space. Each room has a shower and bathroom facilities, medical equipment and technology to help make your experience as pleasant as possible. In addition to our birthing suites, we have three private rooms for postpartum care and one triage room. Also, we have birthing balls that can be used during labor—please ask your nurse upon arrival. All staff are available to help the feeding needs of your baby.

All nurses are trained in breastfeeding to ensure we can help support you during your stay and answer any questions you may have. If you have a birth plan that you have discussed and reviewed with your health care provider, please do not hesitate to bring that with you and give to your nurse during your stay.

For security purposes, we are equipped with video monitoring and an infant security system as part of our intensive security services. Please know that the security and safety of you and your baby is our number one priority at Pomerene Hospital. All persons entering the maternity unit are screened using our video monitoring equipment for admittance.

While on the unit, you can enjoy snacks and drinks from our patient kitchen. Vending machines are located in the cafeteria; hot meals for your support person can be purchased by stopping in the cafeteria or ordering over the phone from patient rooms.

From all of us at Pomerene Hospital OB Department, we welcome you and feel honored to care for you and your baby. I invite you to call our OB Department at 330-674-1584 Ext. 1290 with any questions you may have prior to your arrival.

Thank you for choosing Pomerene Hospital!

Sincerely,

Lisa Urdak, RNC, C-EFM
Manager of Maternal/Child Health

Caring for you and your baby



4 Star winner of Ohio First Steps for Healthy Babies Program. The Ohio First Steps for Healthy Babies is led jointly by the Ohio Hospital Association and the Ohio Department of Health. The program recognizes maternity centers in Ohio that have taken steps to promote, protect and support breastfeeding in their organizations. The Ohio First Steps program awards a star for every two steps achieved out of the ten step program.



In an effort to improve the health and welfare of mothers and infants, Pomerene has initiated Best Start, a new program to give expectant families the best start possible. Attendees will receive encouragement and education on the benefits of breastfeeding and how to achieve success.

We invite you to **CALL OUR OB DEPARTMENT**
if you have any questions at **330-674-1584, EXT 1290**

Discomfort of Pregnancy



Breast Changes

- Wear a good, supportive bra
- Wear breast pads if you are leaking colostrum.
- Avoid soap on the areola and nipple, use warm water to keep clean.
- If you are leaking colostrum, allow your breast to dry to air.

Round Ligament Pain

There are ligaments that hold the uterus in place on both sides of the abdomen. These run across the pelvic floor, and as the uterus grows, the fibrous ligaments stretch like a rubber band. Sudden movement and position changes can cause spasms that lead to discomfort that can take your breath away. It is known as the “knife stabbing pain.” As quickly as it comes, it will go away.

Hemorrhoids & Constipation

- Avoid becoming constipated by eating a high fiber diet.
- Increase fluids. A cup of hot decaffeinated coffee or tea in the morning is a natural stimulate for your system.
- Do not give yourself an enema or take over-the-counter laxatives. Contact your provider before taking any medication.

Skin Changes

Linea Nigra is the dark line running up and down your abdomen. This is due to hormone changes that effect skin pigmentation. The use of cocoa butter can help prevent stretch marks.



Fatigue & Insomnia

- Avoid exercise immediately before bedtime.
- Avoid caffeine.
- Rest, being as comfortable as possible.
Read a good book.
- Take a warm bath/shower, to help relax.

Frequent Urination

A lot of pressure is being placed on the bladder and even more when the baby drops. You may notice that sometimes when you cough, sneeze or laugh you may wet your pants. You can try Kegel exercises.

Aching Joints

Unfortunately, hip pain is common in pregnancy as your body's joints loosen up to prepare for labor. You may notice your hips are more painful at night in bed and you're probably finding it hard to get a good night's sleep.

Here are some simple steps you can try to help you sleep:

- Sleep on your side with legs bent and a pillow between your knees supporting the whole length of your leg. This position will support all the joints around your pelvis and hips. If this doesn't help, experiment with pillows and cushions until you find something that suites you.
- Place a pillow under your bump to stop you from rolling forward.

Leg Cramps

This type of cramp is called a “Charlie Horse.” Try locking your knee down to the bed and point your toes toward your head. You should receive immediate relief.



Shortness Of Breath

If shortness of breath is a problem for you:

- Avoid sleeping flat on your back. Lying on your side at night is usually more comfortable.
- Use pillows all around you, between your legs, and behind your back.
- Prop yourself up at night instead of lying flat.
- Sleep in a recliner with pillows all around.
- Slow down when climbing stairs.

Nasal Congestion

- A cold steam humidifier may help increase the moisture in your home.
- Try increasing your fluids.
- Talk to your healthcare provider about what you can use to ease your nasal dryness.

Swelling

To relieve swelling:

- Elevate your legs whenever possible.
- Place pillows under your legs when lying down.
- Try not to cross your legs when sitting.
- Do not wear knee high stockings with tight elastic band.
- If you normally stand at work, ask your employer if you may sit from time to time.
- Try to get up and move around throughout the day.
- Lie on your side when sleeping or resting.
- Check with your healthcare provider about regular exercises such as walking or swimming.



Heartburn

If experiencing, you may try:

- Eat 5 or 6 smaller meals a day instead of 3 normal sized meals.
- Do not take any over-the-counter medications for heartburn until you talk to your healthcare provider.
- Do not eat food or drink large amounts of liquids right before going to bed.
- Spicy, hot, fried or greasy foods may be a problem for you, so do not overdo with these food types.
- Prop yourself up at night if acid reflux is particularly severe.

Backache

Helpful tips for back discomfort:

- Walk with your back straight, trying to avoid the "waddle."
- Take breaks throughout the day.
- Wear low, rubber-soled shoes.
- When sitting for periods of time, place a small pillow or rolled towel in the lower part of your back.
- Ask your provider about appropriate back exercises.
- Bend at the knees, keeping your back straight.
- Avoid lifting anything heavy.

Sciatica

This is characterized by tingling, numbness and pain affecting the butt, hips, and thighs.

- A simple change in position of the baby can relieve this discomfort.

Understanding Pregnancy

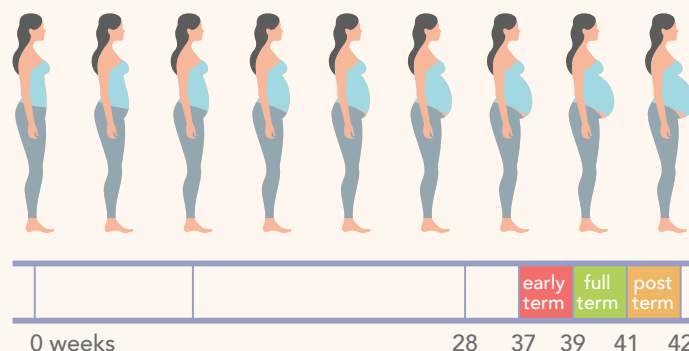
3rd Trimester

- Your baby gains fat, his lungs mature, and his brain is wired for thinking.
- You may experience a wide range of emotions and fears. Be sure to communicate your feelings with your partner, friends, and healthcare provider.
- Your baby needs more nutrients to help her brain and bones develop, so have lots of healthy foods on hand. Foods such as carrots, hard boiled eggs, cheese sticks, and fruit are easy to grab and go.
- Since your baby is still developing, it's important to continue avoiding hazards, such as alcohol, smoking, illegal drugs, and marijuana.
- Exercising has many benefits: it can relieve pregnancy discomforts and increase your chances for a easier labor and postpartum recovery. Try swimming, yoga, and walking.

Discomforts

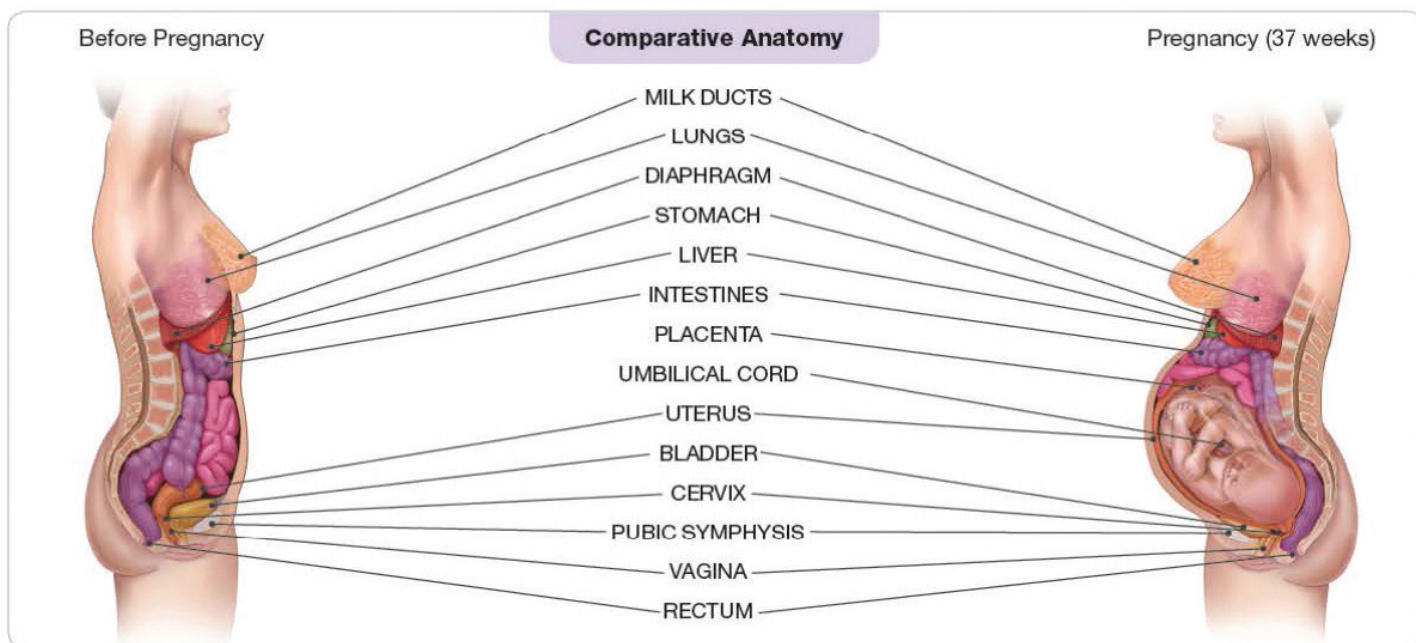
- Upset Stomach
- Backaches
- Leg Cramps
- Swelling
- Itching Abdomen
- Shortness of Breath

Pregnancy Timeline



ASK YOUR HEALTHCARE PROVIDER
about ways to ease any discomforts
you are feeling.

Anatomy Of Pregnancy



Labor Support



Creating a Support Team

You may already have a “doula” among your family and friends. A doula is a woman experienced in birth who provides continuous emotional and physical support. Here are some tips for building a support team from within your family and circle of friends.

BIRTH COMPANIONS PLAY A SPECIAL ROLE DURING LABOR.

1. Choose Carefully

Select people who make you feel confident and safe and will follow your wishes at your birth. Don't assume that a friend or family member with medical experience will offer the best labor support. Studies have shown that continuous support from people without medical training actually provide more benefits than support from people who are nurses or doctors.

2. Involve Them in your Birth Planning

Invite them to a prenatal appointment and your childbirth classes. Take a tour together of the place where you will give birth. Do a “labor rehearsal” to practice comfort measures. If you write a birth plan, share it with your labor support companions, and make sure they have a chance to talk about it with you and ask questions.

3. Create an Effective Labor Support Team

If there are several people providing you with support (such as your husband or partner and a family member or friend), make sure that the members of your team communicate well with each other and that each person is clear about what his or her role will be.

4. Share your Favorite Books or Websites about Birth

Let your team know about books and websites that are especially intended for people who will support laboring women. If there is a book that describes the kind of birth experience you want, share that with them too.

BOOKS FOR LABOR SUPPORT COMPANIONS

The Official Lamaze Guide: Giving Birth with Confidence (2005)
by Judith Lothian & Charlotte DeVries

The Birth Partner, Third Edition (2007)
by Penny Simkin

The Doula Book: How a Trained Labor Companion Can Help You Have a Shorter, Easier, and Healthier Birth (2002)
by Marshall H. Klaus, John H. Kennell, & Phyllis H. Klaus

The Labor Progress Handbook (2005)
by Penny Simkin & Ruth S. Ancheta

Tips for Labor Support People

HOW YOU CAN OFFER SUPPORT DURING LABOR



Techniques for Active Labor & Transition

Once her contractions become more intense, help her use the comfort techniques that work best for her. Suggest something new if the techniques you're using is starting to be ineffective or monotonous for her. Help her stick to her goals by being supportive and offering emotional assurance.

You can:

- Help her change into different positions: standing, walking, squatting, hands and knees, kneeling, slow dancing, sitting, and side lying are all good options
- Help her use movement, such as walking, stair climbing, and pelvic rocking
- Use face-to-face interaction, and give brief instructions if she loses focus (be sure to have fresh breath throughout labor!)
- Breathe with her through contractions, and count out loud if she wants you to
- Guide her in visualization exercises that focus on the baby or special memories that you share
- Be supportive of the sounds she needs to make during labor. But be aware that higher-pitched cries could be a sign that she is feeling out of control and needs focus
- Provide relief and comfort techniques for nausea, such as pressing her acupressure points, giving her ice chips or warm liquids, applying a cold cloth to her forehead, and preparing a toothbrush with toothpaste if she vomits
- Massage her back, neck, abdomen, or other parts of her body in a way that feels good to her
- Help her into the tub or shower
- Help her use the birth ball
- Provide emotional encouragement
- If she has an epidural, help her change from side to side and stay engaged in the birth process together (while she may no longer feel pain, she still needs your emotional support)

Techniques for Early Labor

Early labor is usually a time of happiness and excitement, mixed with some anxiety. You can:

- Rest with her to save your energy
- Draw a warm bath for her (check with your healthcare provider first if you think her bag of waters is broken)
- Prepare light snacks, and bring her drinks of water or nonacidic juices (as discussed with your healthcare provider)
- Take a walk with her
- Time contractions, and inform your healthcare provider of your progress
- Involve her in light activities, such as watching a movie, playing cards, or reading
- Inform necessary people that labor has started, especially if you need to cancel previous obligations or make pet or childcare arrangements

Tips for Labor Support People

HOW YOU CAN OFFER SUPPORT DURING LABOR



Techniques for Back Labor

If she is experiencing backache in labor, the baby may be in the posterior position (facing mom's front).

Try the following tips to ease the aching and encourage the baby to turn:

- Have her change positions- try squatting, hands and knees, kneeling, leaning forward, the slow dance, or the birth ball
- Help her into position to do pelvic tilts
- Apply hot and cold compresses
- Use your hands to do the double- hip squeeze
- Set up an area for her to do lunges
- Apply pressure to her kneecaps for the knee press
- Apply counterpressure

Techniques for Long Labor

Labor doesn't always follow a prescribed course.

If labor is taking a long time:

- Change techniques and positions, including using back-labor techniques mentioned above
- Offer to change the atmosphere in the room by dimming the lights or playing music, or leave the labor room together and go out to the hall or waiting room
- Rest (you need to rest, too, so consider having a backup support person)
- Help your partner stay hydrated and nourished as allowed by your healthcare provider
- Don't forget to eat if you're hungry and drink water so you will have energy to provide labor support

Techniques for Pushing

Pushing is the light at the end of the tunnel, but there is still hard work to be done.

To help her in this phase:

- Suggest and help her use different positions (squatting with a bar or on a stool, semi-sitting, hands and knees, sitting on the toilet or birthing chair, side-lying, forward- leaning)
- Provide emotional encouragement ("you're almost there!" "you're very strong!")
- Help her see her progress by setting up a mirror or letting her know when you can see the baby's head
- Hold a cold cloth to her forehead in between pushes
- Give her ice chips or sips of water

Massage Techniques for Labor

Effleurage Stroking

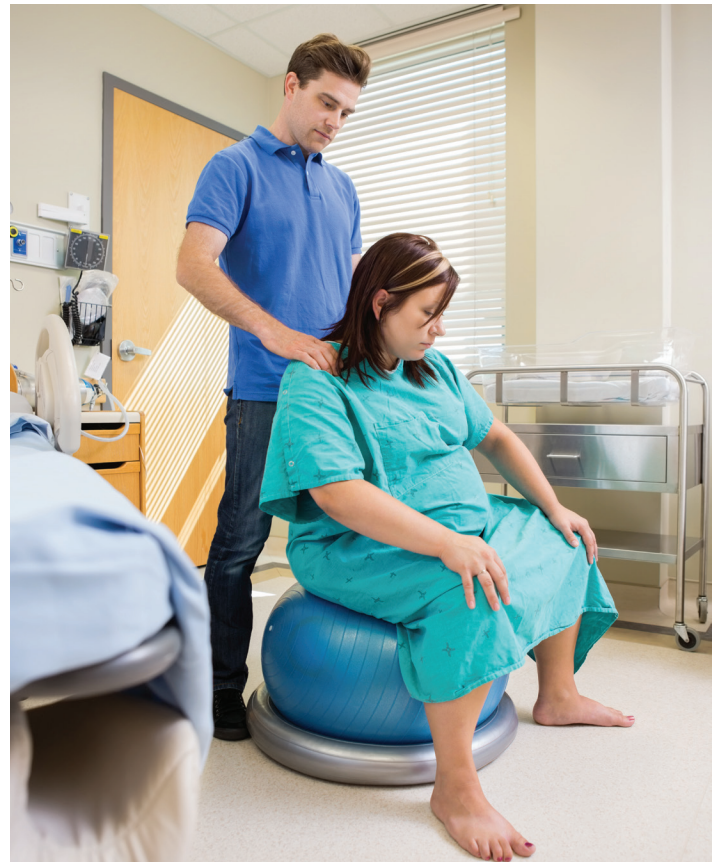
Effleurage stroking is a long, continuous stroke which is ideal for the arms, legs, and back. This can be done on bare skin using oil to achieve a continuous flowing stroke, or it can be done with clothing on or through the sheets. Ask her preference. Usually a firm pressure is welcome, but always start with a light pressure and increase it in response to your partner's feedback.

- Beginning at one shoulder, place both your hands on either side of her arm and gently stroke from the shoulder down. Suggest she exhale her breath as you stroke down the arm, hand, and fingers. Or you can observe her breath and begin the stroke as she exhales. This will help her to have a sense of breathing out any tension—releasing both her tension and / or fatigue to your stroking hands. Repeat this stroke on the other arm.
- Beginning on one leg, place your hands on either side of the upper thigh and stroke down the leg, feet, and toes. Again, suggest she exhale and have a sense of releasing to your stroke. Repeat on the other leg.
- Beginning on her lower back (she can be side lying or sitting “backwards” in a chair so her back is exposed to you), place your hands on either side of her spine. In one continuous stroke, massage upwards to the shoulders and then pull your hands down again to her lower back and repeat. The use of oil helps to create a real sense of flow. If oil or powder is not being used, it's probably best not to do this stroke on bare skin, as too much friction might be encountered. Cover her entire back with this upward and downward stroke to create a feeling of general relaxation. Your partner may, however, direct you to concentrate your massage in one specific area, especially if she has back pain.

Squeezing and Kneading

Squeezing and kneading can be used for the muscles of the shoulders, arms, hands, buttocks, legs and feet. The advantage of this technique is that you don't need oil or bare skin. It can be done through both the sheet and the blanket.

- Begin kneading each of the muscle groups mentioned by gently but firmly squeezing them, using a slow, sensuous, rhythmic stroke, as though you were kneading clay.



- Use your whole hand and not just your fingers, which can cause an unpleasant, pinching effect.

Counter Pressure

Counter Pressure on the sacrum or lower back can give great relief or comfort, especially if she is experiencing back pain. You can use your fist or your palm over her sacrum, lower back, or wherever her pain is felt. In making a fist, it will be more comfortable for you to keep your fingers open to the outside instead of curling them inward. During each contraction, exert constant pressure. She will probably say, “harder, harder.” To conserve your energy, lean the weight of your body into the pressure instead of just using your arm or hand. She can best receive this massage while lying on her side, sitting “backwards” on a straight chair, sitting up sideways in bed, or kneeling on all fours. Using an object like a tennis ball, ice pack, heating pad, cold pop can, or even your foot can facilitate this technique.

Hospital Bag Checklist

We have most of the items you may need during your stay at Pomerene Hospital.
However, there are some things you may wish to bring with you.

For Mother:

- ☐ Nightgown/ Robe
- ☐ Maternity/ Nursing Bra
- ☐ Going Home Outfit
- ☐ Breast Pads
- ☐ Lansinoh Nipple Cream
- ☐ Shampoo/Conditioner
- ☐ Soap
- ☐ Toothbrush / Toothpaste
- ☐ Deodorant
- ☐ Lotion
- ☐ Hair Bands/ Hair Brush
- ☐ Comfortable Pillow
- ☐ Phone/Phone Charger
- ☐ Chapstick

For Baby:

- ☐ Approved Carseat
- ☐ Warm Blanket
- ☐ Outfit To Go Home
- ☐ Socks
- ☐ Baby Hat

For Support Person:

- ☐ Change Of Clothes
- ☐ Toothbrush
- ☐ Deodorant
- ☐ Camera
- ☐ Phone/Charger
- ☐ Change For Vending Machines

Understanding Labor



Listen to your Body

WHEN TO GO TO THE HOSPITAL



If you think you are in labor the first thing you want to do is relax. Be sure to time your contractions and if your water breaks call your doctor. You should go to the hospital when your contractions are 5 minutes apart for an hour or if your membranes have ruptured. Below is a guide to help you decide when to go to the hospital. The best advice is to listen to your body.

Observe your Contractions

- Growing More Intense
- Lasting Longer
- Regular Pattern
- Close Together

When Your Membranes Rupture

Think **COAT**

- **C**olor of fluid
- **O**dor of fluid
- **A**mount of fluid
- **T**ime rupture occurred

Warning Signs That Need Immediate Attention

- Preterm Labor (3 or more weeks before due date)
- Vaginal Bleeding (bright red vaginal bleeding)
- Abdominal Pain
- Decreased Fetal Movement
- Fever
- Headache
- Urinary Discomfort

Please **CALL OUR OB DEPARTMENT** at Pomerene Hospital before arriving at the hospital so they can prepare for your delivery
330-674-1584, EXT 1290

Labor Signs

Lightening

Your baby has dropped. This is where you and the ones close to you will notice that your fundus has changed positions. This can occur weeks before delivery or right before. Most women state this is when they feel an increase of pressure in the pelvic area. The wonderful part of lightening is you are now able to breath because the fundus has dropped 2 to 3 inches from your ribs.

Contractions

Most women experience painless, irregular contractions throughout their pregnancy, also known as "Braxton-Hicks." You will experience more frequent Braxton-Hicks as your due date gets closer.

Effacement - Thinning of Cervix

Prostaglandins, the chemical your body produces, will soften your cervix. Your nurse or provider will be able to tell you effacement change with a pelvic exam.

Dilation

The cervix is measured in centimeters from 0 to 10, this is also measured upon vaginal exams. You will be 10 centimeters before pushing.

Mucous Plug

The mucous plug is developed through hormones. The plug serves as a block to the long cervix and helps to prevent bacteria from getting into the uterus. The plug may dislodge as the uterus softens and ripens. Some women do not even notice they lose their mucous plug, but it may feel very thick and stringy piece of mucous. It can be days or moments until labor begins.

Station

Station is known as the relationship of the top of the baby's head to the spines of your pelvic bones. A negative number means the baby's head is above the ischial spines. If it is a positive number this means it is below the ischial spines.

Nesting

This will be the day you will feel like you have more energy than you have all nine months. One day you will clean one end of the house to the other. This is known as the nesting instinct; it is preparing your body to get things ready. Try not to over do it, you will need plenty of energy for labor.

Bag Of Water

The amniotic fluid:

- Acts as a cushion for the baby.
- Allows the temperature and environment to stay stable for the baby.
- Keeps bacteria away from the baby.

When your water breaks you may experience a gush of fluid or minimal amount of fluid leaking. If there is any doubt that your water has broken, please call your provider. Most providers prefer that the fetus be delivered within 24 hours of your water breaking.



BABY DROPS



FREQUENT CONTRACTIONS



INCREASED BACK PAIN




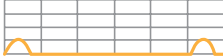


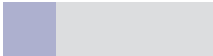
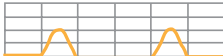
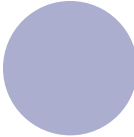

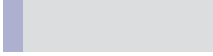

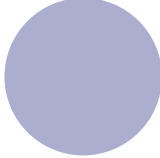

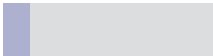

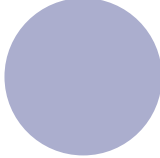

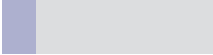

DIARRHEA



WATERS BREAK

Understanding Labor

Stages of Labor Summary Chart

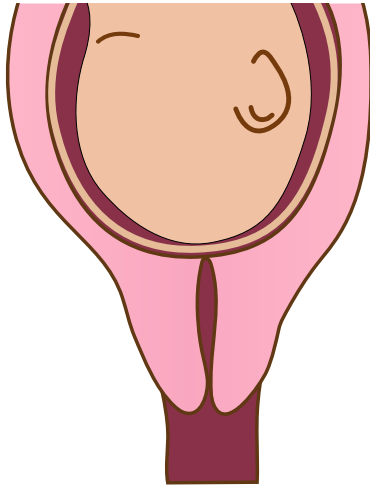
1st STAGE Early Labor	0 24  6-12+ hours (could last a day or more)	 30-45 sec each 5-30 min apart	 0-6 cm	 Excited, Anxious	Stay at home, rest, take a short walk, or do light activities.
1st STAGE Active Labor	0 24  3-5 hours	 45-60 sec each 3-5 min apart	 6-8 cm	 More serious, focused	Use different positions, breathing exercises and relaxation techniques.
1st STAGE Transition	0 24  30 min-2 hours	 60-90 sec each 1-3 min apart	 8-10 cm	 Frustrated, dependent	You may feel nauseous or shaky. Support people need to provide focus.
2nd STAGE Pushing & Birth	0 24  20 min - 3 hours or more	 60-90 sec each 3-5 min apart	 10 cm	 Relieved, Energized	Use different positions to push. Support people can provide encouragement.
3rd & 4th STAGES Placenta & Recovery	0 24  First few hours after birth	Weak, infrequent contractions help deliver the placenta and start the process of involution (shrinking of the uterus)	The cervix closes in the days after birth.	 Happy, bonding	Hold your baby skin to skin for at least an hour right after birth.

Contractions Log

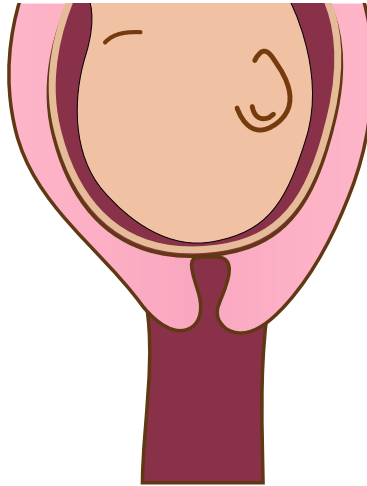
Contractions are timed in 2 different categories: FREQUENCY and DURATION.
Please use the contraction log below to time your contractions.

[illegible]

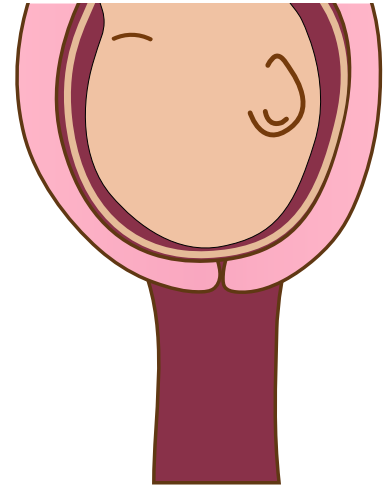
Cervical Effacement & Dilation



0% EFFACED



50% EFFACED



100% EFFACED

EFFACEMENT

The gradual thinning, shortening, and drawing up of the cervix measured in percentages from 0% - 100%.

DILATION

The gradual opening of the cervix measured in centimeters from 0 - 100 cms.



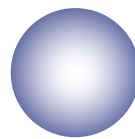
1CM



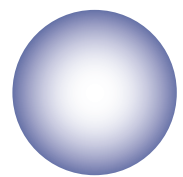
2CM



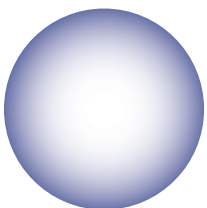
3CM



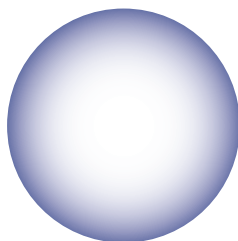
4CM



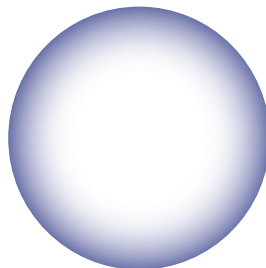
5CM



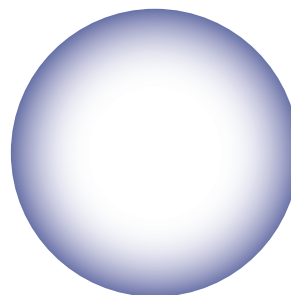
6CM



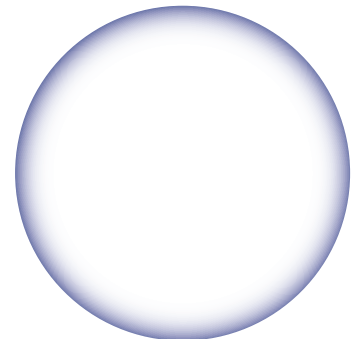
7CM



8CM

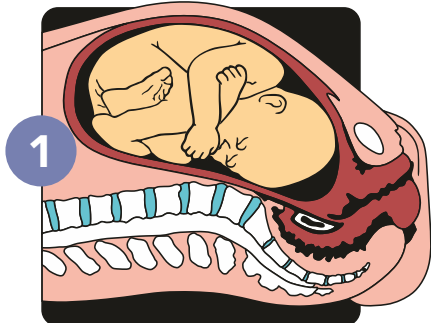


9CM

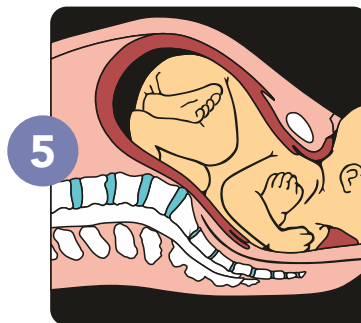


10CM

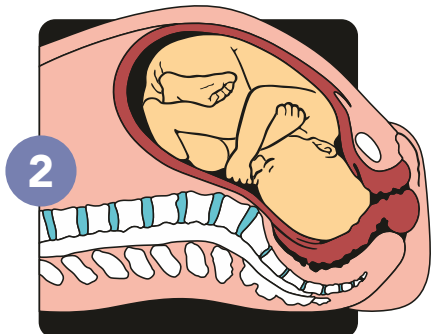
Mechanisms of Labor



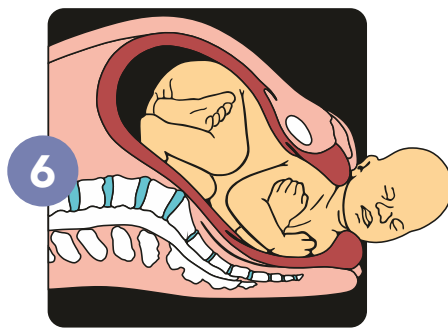
Head Floating, Before Engagement



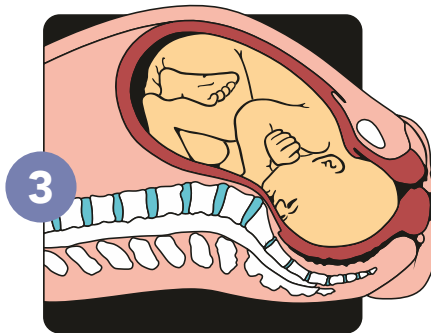
Complete Extension



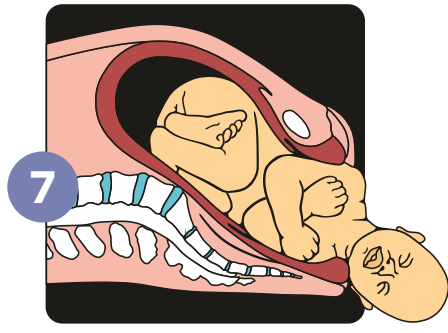
Engagement, Flexion, Descent



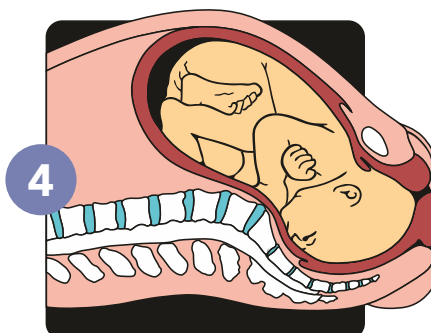
Restitution (External Rotation)



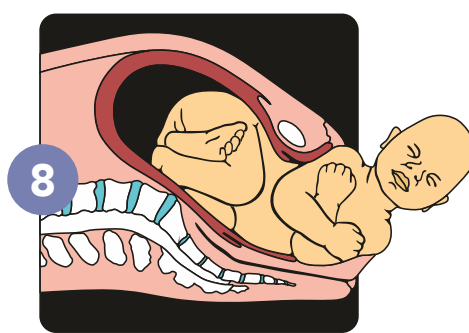
Further Descent, Internal Rotation



Delivery of Anterior Shoulder



Complete Rotation, Beginning Rotation



Delivery of Posterior Shoulder

Understanding Comfort Techniques

FIND COMFORT IN LABOR

Labor Environment

- Dim the lights
- Use aromatherapy
- Play music

Hydrotherapy Labor Environment

- Get in the bathtub and let the warm water soothe you- turn on the jets if they're available
- Take a shower and spray warm water on your belly or back
- The bath works best when you are in active labor

Massage

- Have your labor partner massage your shoulders, legs, back, or wherever feels good
- Try a light circular massage on your belly with your hands or shower spray
- During contractions, have your partner apply pressure on your lower back using their hands or a tennis ball
- Try a double-hip squeeze (partner's hand placed low on your hips, pressing in and up during contractions)
- Apply warm water or cold water bottles, wash clothes, heating pads, or gel packs to sore areas

Vocalization

- Moan or make low, guttural sounds
- Avoid shrieking or making high-pitched sounds

Breathing

- Take deep, cleansing breaths
- Try breathing quicker or adding a pattern as labor intensifies
- Breathe in a way that feels right for you



Visualization

- Imagine that each contraction is an ocean wave that crests and recedes
- Visualize yourself in a peaceful place, such as a favorite vacation spot, to help during labor, and between contractions- imagine the sounds and sensations of being there
- Use focal points, such as your ultrasound photo or an object in the labor room
- Repeat a word or positive phrase

Positions & Movement

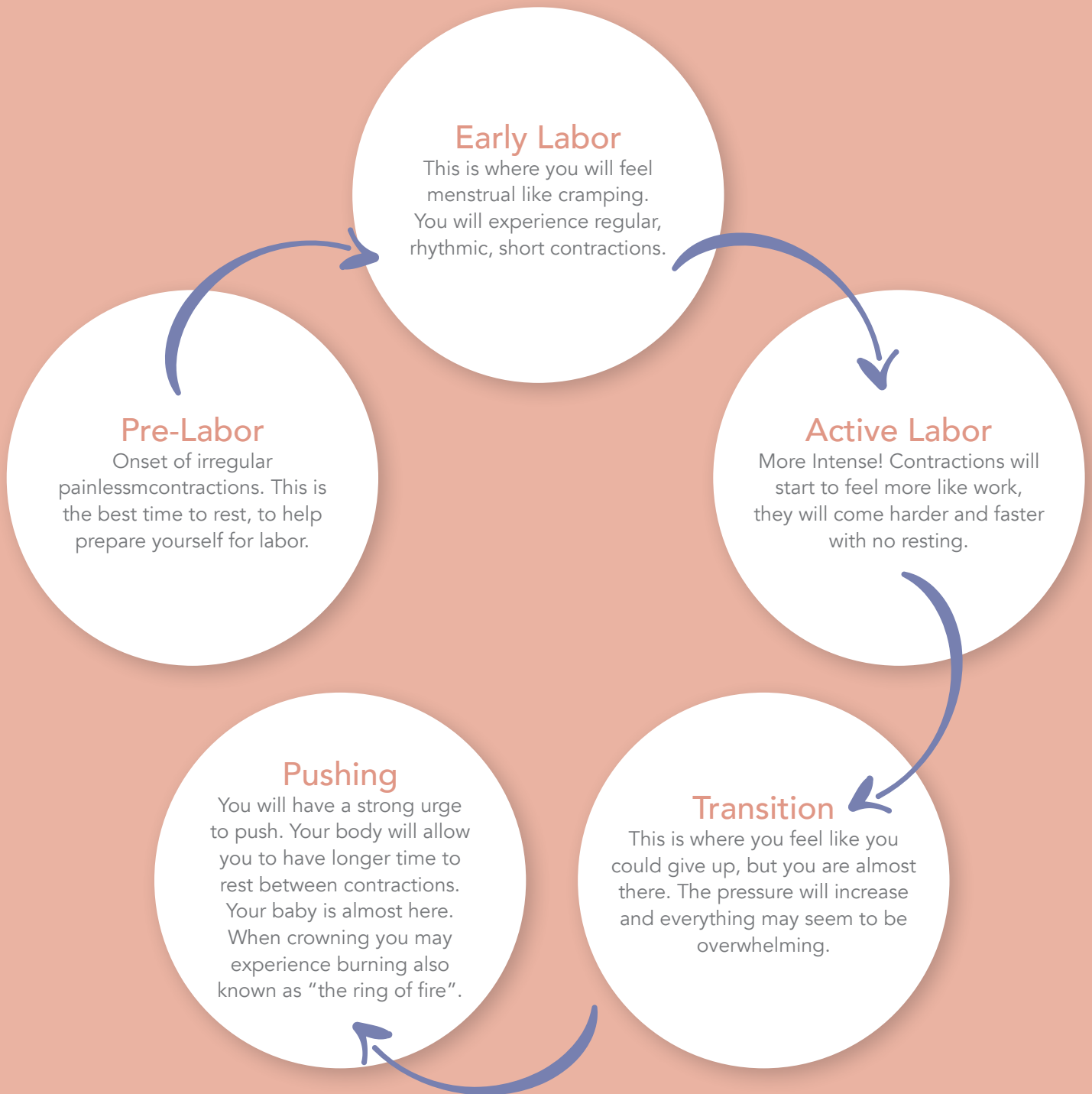
- Try sitting, standing, squatting, getting on hands and knees, leaning forward, and side-lying
- Use movement, such as rocking your pelvis or slow dancing with your partner
- Walk the halls or climb the stairs
- Use labor tools, such as a fitness ball, squat bar, or birthing stool

Pushing

- Use a variety of positions- squatting, hands and knees, semi-sitting, and side-lying
- Try exhaling as you push, and avoid holding your breath
- Listen to your body and follow your instincts

What Labor May Feel Like

Please remember every labor experience is different.
This is how labor is explained by many women.



Positions for Labor

HELPFUL POSITIONS FOR EVERY STAGE OF LABOR

Upright Positions

These will progress your labor and help your baby descend into the pelvis and rotate.



Walking

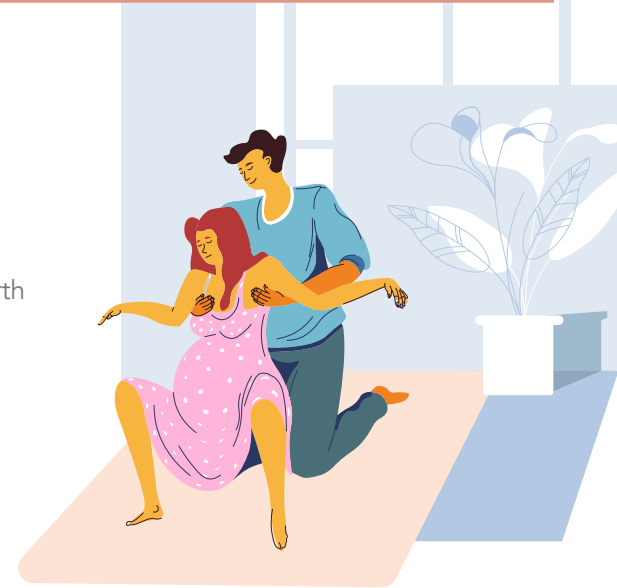
- Provides change of scenery
- Boosts your confidence

Standing

- Lean against a raised bed, a birth ball that's placed on a bed, or another sturdy surface

Sitting

- Good resting position
- Keep your knees lower than your hips to give the baby enough room to rotate



Forward Leaning Positions

These can help your baby turn and align properly, progress your labor, and ease back pain.



Sitting

- Lean forward and rest your upper body against a bed, the back of your chair, or another sturdy surface



Abdominal Lifting

- Alleviates back and groin pain
- Try abdominal lifts from the beginning to end of several consecutive contractions



Hands & Knees

- Support your weight on your hands and knees, or kneel with your upper body on a birth ball
- Consider kneeling on a pillow
- Try this position during contractions, and rest in between contractions

First Stage of Labor

(from Early Contractions to the Full Dilation of the Cervix)

Asymmetrical Positions

Place legs at different heights, such as standing on the floor with the one foot elevated on a stool. This opens one side of the pelvis more than the other, which helps make enough room for the baby to turn.



Stair Climbing

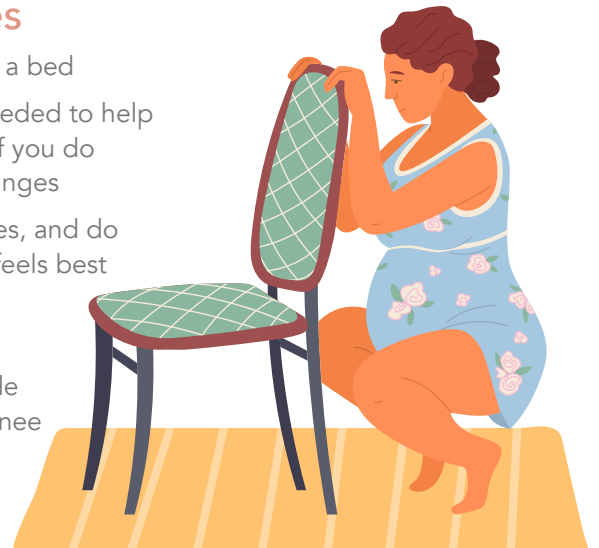
- Try stair climbing with a support person nearby
- Use the handrail to help maintain your balance

Kneeling Lunges

- Do kneeling lunges on a bed
- A support person is needed to help you maintain balance if you do kneeling or standing lunges
- Try lunges on both sides, and do more on the side that feels best

Standing Lunges

- Make sure that you have good traction under your feet
- Stabilize a chair or footstool that won't slide, and place it on your side
- Stand upright with one foot on the chair, and lunge over the raised knee until you feel a stretch in both thighs
- Shift your weight back to an upright position and repeat



Side-Lying Positions

These are restful and help the baby rotate more than if you were lying down flat on your back. They are good positions to try if you've had an epidural, if you're tired, or if you're physically limited for any other reasons.



Side-Lying

- To do this position, be on your right or left side with a pillow under your top knee for support

Side-Lying Modified

- You may prefer to roll over onto your chest with your upper knee drawn toward you, keeping the pillow under your knee for support

Positions for Labor

HELPFUL POSITIONS FOR EVERY STAGE OF LABOR

Second Stage of Labor (Pushing and Birth)

Pushing Positions

There are several beneficial positions for the second stage of labor. Consider trying these positions instead of lying flat on your back, which doesn't offer any gravity advantage and may not give your baby enough room to move.



Sitting

- These positions offer gravity advantage and a little more room for your baby to rotate
- Semi-sitting or sitting upright may not always gravity advantage and a little more room for your baby to rotate give babies enough room to move so consider pushing in a variety of ways



Side-Lying

- During pushing and birth, your legs will need to be far enough apart that the baby can come out
- Your upper leg will be supported by a support person or by a leg rest that's attached to the hospital bed



Hands & Knees

- This position uses gravity to help your baby rotate
- Modify the hands-and-knees position during the second stage by leaning on the back of the bed, a squatting bar, or over a birth ball



Squatting

- Squatting has a significant gravity advantage and opens your pelvis to assist the baby's rotation
- Keep your feet flat on the floor or a sturdy lowered section of the bed, and lower yourself into a squatting position with the help of a partner

TAKE NOTE

- Practice all of these positions at home with a support person (becoming familiar with them now will make it easier to use them during labor and childbirth)
- Don't attempt actual pushing before your labor begins
- It's helpful to change positions every 30 minutes, switching from being restful to being active
- If you find that a certain position or movement feels better than others, and your labor continues to progress, you may stay in that position for as long as you like
- Don't use any position that doesn't feel right or if the baby's heart rate decrease as you're using it
- Movement can be applied to most of these positions, so experiment until you find movements that feel soothing and natural

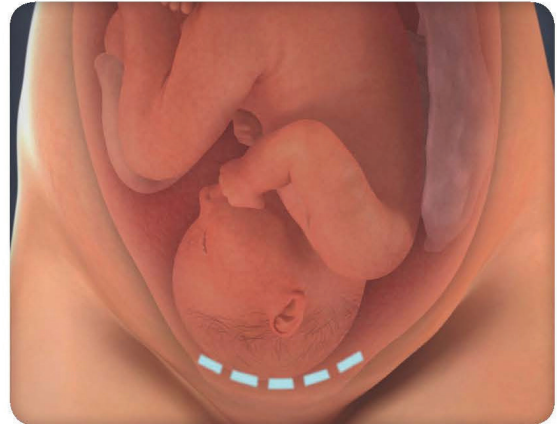
Understanding Cesarean Birth

A cesarean birth is the surgical delivery of a baby through an incision in the mother's belly and uterus. Cesarean births are done if vaginal birth is impossible or unsafe for you and your baby.

Reasons for an Unplanned Cesarean Birth

Unplanned cesareans are performed when they become necessary during labor. Here are a few reasons:

- When the baby's head doesn't fit through the pelvis (it's common for labor to slow down, and pushing may take longer and not be effective)
- Your baby has an abnormal heart rate
- Labor isn't progressing



Reasons for an Emergency Cesarean Birth

An immediate emergency cesarean only happens in about 1% of all births. In the case of an emergency, general anesthesia is usually used- this means you are asleep for the birth. Usually support people are not brought into the operating room during these emergency cesarean births. Here are some reasons emergency cesareans are performed:

- A placental abruption, which is when the placenta separates from the uterus wall before the baby is born, causing severe bleeding
- Cord prolapse, which is when the baby's head is still high and the umbilical cord slips through the dilated cervix the cord can get pinched and block the flow of oxygen to the baby
- Uterine rupture, which is a tear in the wall of the uterus that can cause dangerous bleeding for mom and distress (abnormal heart rate) to the baby
- Baby in the wrong position
- Changes in the baby's heart rate

The cesarean incision is just above the pubic bone



This mother holds her baby skin to skin as her surgery is being completed.

Understanding Medical Procedures

Method	How It's Done	Why It's Done/Benefits	Risks to Mom	Risks to Baby
Induction <i>Using medication or procedures to start labor</i>	<ul style="list-style-type: none"> • Mechanical dilator (device inserted in cervix and expanded) • Sweeping membranes • Cervical ripening agents (medicine applied on or near cervix) • Pitocin (medicine added to IV) 	<ul style="list-style-type: none"> • Too far past due date • Water breaks without contractions • Pregnancy has put you or baby at risk 	<ul style="list-style-type: none"> • Increased chance of cesarean birth • Increased labor discomfort 	<ul style="list-style-type: none"> • Fetal distress
Augmentation <i>Using medication or procedures to speed up labor</i>	<ul style="list-style-type: none"> • Pitocin • Amniotomy (breaking the bag of water) 	<ul style="list-style-type: none"> • Labor slows down • Need for stronger, more frequent contractions 	<ul style="list-style-type: none"> • Doesn't always shorten labor • Infection (with amniotomy) 	<ul style="list-style-type: none"> • Fetal distress
Analgesic <i>Narcotic pain medication</i>	<ul style="list-style-type: none"> • Nurse adds medicine to an IV or injects it into your thigh or hip 	<ul style="list-style-type: none"> • Can be given shortly after requested • Provides fast relief • Doesn't numb muscles 	<ul style="list-style-type: none"> • Drowsiness, nausea, and itching • May slow breathing • May lower blood pressure 	<ul style="list-style-type: none"> • Slow breathing • Sleep and less alert at birth
Epidural <i>Regional anesthesia that numbs pain in the lower body</i>	<ul style="list-style-type: none"> • Anesthesiologist or nurse anesthetist places a catheter in your lower back that carries medicine to you 	<ul style="list-style-type: none"> • Safe, effective pain relief • Chance to rest • Does not affect mental state 	<ul style="list-style-type: none"> • Shivering, fever, itching, nausea • Lowered blood pressure • Incomplete pain relief • Other rare risks are listed on consent form 	<ul style="list-style-type: none"> • No significant risks to the baby are known
Second stage Interventions <i>Procedures that help baby through birth canal</i>	<ul style="list-style-type: none"> • Episiotomy (an incision in the perineum) • Vacuum extractor (a suction cup and pump that helps guide the baby out) • Forceps (an instrument shaped like tongs to help guide the baby out) 	<ul style="list-style-type: none"> • Too tired to push • Epidural causes ineffective pushing • Baby needs to be born quickly 	<ul style="list-style-type: none"> • Doesn't offer substantial benefit (episiotomy) • Increased pain and infection after birth (episiotomy) 	<ul style="list-style-type: none"> • Temporary marks/bruising on the baby's face or head (vacuum/forceps)

Postpartum



The days immediately following delivery can be very draining. Taking care of yourself and your baby are your two top priorities. The “baby blues” may surface, following are examples of these:

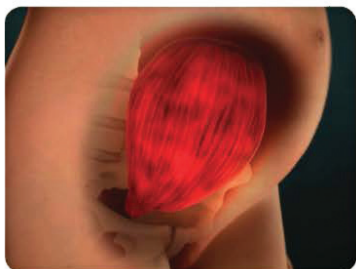
- Hormonal changes
- Physical discomforts (pain from c-section or stitches)
- Fatigue
- Letdown after looking forward to the birth
- Disappointment at not regaining pre-pregnant shape (it took 9 months to grow this shape)
- Anxiety about taking care of a baby
- May feel lonely at home, if you were working previously
- Worry about returning to work
- Balancing the needs of an infant with those of other family members

Becoming a Mother is a Rewarding Experience

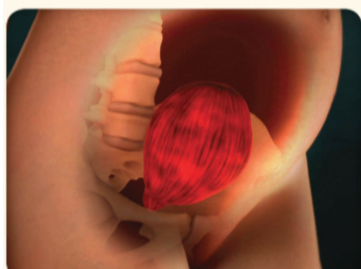
- Keep in mind that by 6 to 8 weeks, you will have the majority of your strength back
- Accept help from family members and friends
- Take advantage of napping while your infant sleeps

Understanding Postpartum

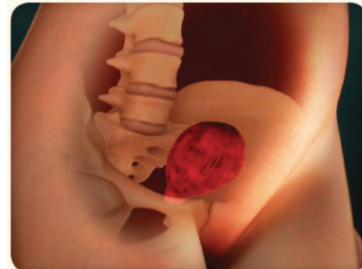
WHAT HAPPENS AFTER YOU GIVE BIRTH



Immediately after birth



At 3 weeks



At 6 weeks

Involution

- This is when your uterus starts to get smaller and continues to shrink for about 6 weeks until it reaches its original size
- During involution, you might feel mild to moderate contractions called “afterpains”

Vaginal Bleeding

- This is called lochia, and it occurs when the uterus shreds tissue and blood after birth
- Bleeding is heaviest after birth and then slows down
- Wear pads instead of tampons to reduce your risk of infection

Soreness

- You will have some soreness in your perineum (the area between your vagina and anus) and your pelvic floor

Ease Soreness By:

- Using ice packs in the first 24 hours
- Running warm water over the area while you shower
- Taking a warm bath or using a plastic sitz tub
- Using witch hazel pads or numbing spray

How Can I Take Care of Myself at Home?

- Eat healthy foods and drink plenty of water
- Exercise when you feel up to it
- Get out with your baby for fresh air
- Schedule some time for yourself
- Sleep when your baby sleeps
- Ask for help

CALL YOUR HEALTHCARE PROVIDER

Postpartum Warning Signs

- A fever of 100.4 F (38 C) or higher
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding
- Pain or burning with urination
- Lump, hard area, redness, or pain in your breast
- Red, tender, or painful area on your leg
- Other concerns about your health

Newborn



Understanding Newborns



Common Newborn Characteristics

- Vernix (cream-cheese looking substance on skin)
- Lanugo (soft hairs on her body)
- Cone-shaped head
- Enlarged breasts and genitals
- Birthmarks, dry skin, and milia (white bumps on the face)

Common Newborn Procedures

The hospital will perform basic procedures for your baby's health and safety. Many of these can be done while you hold your baby skin to skin on your chest.

- APGAR score (evaluation of your baby right after birth)
- Hepatitis B vaccine and Vitamin K shot (helps baby's blood clot)
- Antibiotic eye ointment (protects her from certain vaginal bacteria)
- Newborn screening test (looks for diseases that require immediate treatment)
- Heart defects
- Hearing test
- Bilirubin Level

Crying

Crying is normal and is how your baby communicates. It can be frustrating, but when your baby cries, respond right away. Never shake, drop, throw, or hit your baby when he cries. This can cause serious injuries or death. If you are frustrated, put your baby in her crib and walk away to take a break.

Reducing the Risk of Sids

SUDDEN INFANT DEATH SYNDROME

SIDS is the leading cause of death in babies between 1 month and 1 year of age. The exact cause of SIDS is unknown, and although it's very rare, you can help reduce the risk.

- Place your baby on his back to sleep
- Keep soft bedding, pillows, bumper pads, and toys out of the crib (use a crib that meets current safety standards)
- Have your baby sleep in a crib or bassinet near your bed
- Breastfeed your baby
- Keep your baby away from cigarette smoke
- Do not overheat your baby
- Go to well-baby checkups and get your baby his routine immunizations
- Do not use products such as wedges or positioners that claim they can reduce the risk of SIDS
- Do not use baby powder



Care for Newborns

Skin To Skin (Kangaroo Care)

Immediately after birth placing your infant 'skin to skin' or in 'kangaroo care' is the best place for your healthy baby. Skin to skin has many benefits for mom and baby. It is the best way for your baby to transition after birth, his/her temperature, respiratory rate, blood sugar and heart rate is best regulated when placed directly on your chest and he/she is soothed by the sound of your heartbeat.

Molding

Your infant's head will mold while making its way through the pelvis and vagina, which may give your baby the "cone head." The baby's sutures are not fused, allowing them to override, which allows the head to descend down the canal. The swelling may take a few hours to a few days to go away.

Milia

You may see pimple-like bumps on the infant's nose. This is called milia and it is perfectly normal. Milia are clogged pores and should not be picked or squeezed, they will eventually go away on its own.

Lanugo

Baby's skin is protected by lanugo in utero. Lanugo is the fine, soft hair all over the infant's body. Premature infants tend to have more lanugo than a full-term baby.

Eyes

Newborns can see up to 12 inches at birth. Infants' eyes are usually a blue-gray color, you may not know their true eye color until up to 9 months.

Umbilical Cord

A clamp will be applied to the infant's cord. Your healthcare provider will discuss with you how to care for the umbilical cord before discharge, so you know proper care while you are at home.

Skin

Stork bites are commonly found on the forehead, chin and the nape of the neck, these are not birthmarks and will fade over time. Acrocyanosis is when the infant's hands and feet are bluish, this may occur up to 24 hours. Acrocyanosis is caused by the oxygenated blood rushing to the vital organs and the hands and feet are the furthest from those. Once the vital organs are nourished the hands and feet are next.

Genitals

Girls tend to have swollen labia and produce a lot of mucous discharge, this is due to hormones that were passed from the mother. Boys' scrotums are usually seen as swollen and this is due to the pressure applied while moving through the canal.

Prophylaxis

To protect infants from the leading cause of blindness in newborns due to the infection of gonorrhea, the United States requires all newborns to receive treatment to the eyes. Antibiotic ointment, such as erythromycin is applied directly after birth. The infant's eyes might appear swollen from the ointment but will clear in a day or so.

Vitamin K

Due to the infant's liver being immature at birth and the production of Vitamin K is low, the baby is given Vitamin K shortly after delivery. The medication is given through an injection usually given in the thigh. This will help your infant decrease the risk of bleeding.

Security For Your Infant

All employees of the OB unit will have a pink name badge. The box that is placed on your baby's ankle will lock all doors if close to an exiting door. The nurses will be sure to check identification bands to assure the correct placement of the infant.

Your baby will receive two bracelets that have numbers, the mother and the father will also receive bracelets with the matching numbers. The numbers will be matched when receiving your baby from the nursery.

Kangaroo Care

What is Kangaroo Care?

Kangaroo Care is a technique where you hold your baby skin-to-skin, chest-to-chest for close contact, reuniting you with your baby and letting both of you develop strong bonds with each other.

You Provide the Special Care

Welcome to a special part of your baby's care. It's a part of your baby's care that only you and your family can do, - especially you, the baby's mother. This special care is called Kangaroo Care. It is special because when you do this for your baby, your baby is reminded of the environment of the womb and finds those things that are familiar from the womb reassuring and calming. When you do Kangaroo Care, your baby hears your heart beat, is gently rocked by your breathing movements, recognizes your scent, is warmed by your body, and is held snugly up against you. These things remind your baby of being in the womb and babies like that memory. Babies are so calmed by the familiar environment that they usually go to sleep within minutes of starting Kangaroo Care.

Why Do Kangaroo Care?

Kangaroo Care helps babies breathe more regularly, keep a regular heart rate, increase the amount of oxygen in the blood, decrease abnormal breathing episodes, reduce infections, latch onto the breast readily and easily, gain weight faster, sleep better, have better mental and motor development, and go home sooner. Mothers feel closer and more confident with their babies after Kangarooing and have an easier time breastfeeding because Kangaroo Care increases milk production.

How soon can Kangaroo Care Start?

If you delivered your baby at full term, you can start Kangarooing right after birth and continue as much as you like throughout the first 6 weeks of life. Feeding your baby in Kangaroo Care and then letting your baby sleep in Kangaroo Care until the next feeding helps breastfeeding and gives your baby the kind of sleep that helps the brain develop. If your baby is in the special care unit, you will be able to start Kangaroo Care as soon as the nurse or

physician caring for your baby thinks the time is right. The right time is not based on your infant's weight or age. Instead, it is based on your baby's medical condition. Many units prefer that the baby be stable before beginning Kangaroo Care. Your baby's heart and breathing patterns, oxygen levels, and medical problems determine when the baby is stable enough to be transferred into and out of Kangaroo Care. The healthcare staff will know when your baby can Kangaroo. Many family members also may need some time to be ready to Kangaroo. Many adjustments and concerns accompany a baby being in the special care nursery. When you feel ready to hold your infant in this intimate, special way, let your baby's nurse know.

How Do I Get my Baby into Position?

Getting the baby into position is called transfer. You can do a standing transfer - stand by your baby and directly lift your baby onto your chest and then sit down, or a sitting transfer - someone hands the baby to you after you sit down in a chair. Nurses can teach you how to lift your baby under the head and buttocks and place your baby between your breasts so your baby's head can snuggle under your chin. After you have had help once or twice, you will soon be able to do it by yourself.

Who Can Do Kangaroo Care?

Just about anyone related to the infant – mother, father, sibling, grandparent, and sometimes even a surrogate parent or aunt. In hospital settings mothers and fathers usually provide Kangaroo Care and others do so after the infant is discharged.

When Should I Kangaroo?

At birth at least 20 minutes of Kangarooing is needed to help breastfeeding. After, there is no one time that is better than another. Try to do some each day, at least an hour at a time. The more the better.



How Long should I Kangaroo?

For full term infants, Kangarooing up to 12-24 hours a day is quite customary. Kangarooing for quite a few hours is especially needed by breastfeeding mothers and their babies. For premature infants, as frequently as you can is recommended. Generally, a baby should receive at least 1 hour of Kangaroo Care each time. With 1 hour of Kangaroo Care the baby will receive the sleep benefits of Kangaroo Care and breast milk production may improve. Try to Kangaroo for at least 1 hour each time, 4 times a week to get the benefits Kangaroo Care can provide.

What to Wear for Kangaroo Care

You need to wear pants or a skirt and a shirt that opens in front and is big enough to close around your baby's back. Wearing a flannel or fleece shirt will help your baby stay warm, be sure you are warm enough but not too warm. The commercial wraps provide modesty and the needed warmth, while allowing you to go about your daily activities.

What Should your Baby Wear?

All babies need to wear a diaper. Be sure that the diaper does not go higher than the baby's belly button – all of the baby's chest needs to be skin-to-skin to keep the baby warm.

- Full term babies do not need a head cap in Kangaroo Care when indoors, but may need one if they go outdoors into cool or cold temperatures. A head cap on a full term baby may cause the baby to get too warm after an hour of indoor Kangaroo Care. If the baby sweats, take off the cap.

- Pre term infants greater than or equal to 2 lbs do not need a head cap when indoors and when mother's not moving. If you are walking about with your baby in Kangaroo Care, place a head cap on your baby's head.
- Pre term babies less than 2 lbs should wear a head cap or have their heads covered during Kangaroo Care and may wear booties, too.

The back and sides of your baby should be covered by a receiving blanket or a specially designed Kangaroo wrap to keep your baby warm. If your baby is full term, fold the blanket in half. If your baby is preterm or sick, fold the blanket in fourths. Many commercial Kangaroo wraps are available and are especially useful for a mobile Kangaroo Caregiver. Ask the hospital staff what they use as insulation to prevent heat loss during Kangaroo Care.

What is the Best Position for Kangarooing?

- Full term infants should be positioned upright between the breasts. Your baby will choose which breast to use as a pillow.
- Pre term infants of 2 lbs or more should be placed between the breasts or with the head on one breast.
- Pre term infants less than 2 lbs should be placed at an angle so that the head is on one breast and the baby's body tucks beneath the other breast. Small premature babies have difficulty remaining upright, so positioning them on the slant angle will make them relax.

Be sure that your babies' knees are bent and kept beneath his buttocks to keep him securely in place.



How to Know if your Baby likes Kangaroo Care

Your baby's behavior will tell you. If your baby becomes less active and falls asleep, this is a wonderful response and an important one too. The sleep in Kangaroo Care is very different from sleep in cribs and incubators – it is deeper and more restful and better for the baby's brain. So, please let a sleeping baby sleep. Many babies wake up from Kangaroo sleep eager to feed. If your baby remains awake and searches for your face, this is also important because it means he knows of your presence and wants to see you. Establishing eye contact cements bonding and builds self-esteem in your baby.

When Should You Stop Kangaroo Care?

When the infant starts to appear unsettled and squirms to be removed from skin-to-skin contact, check the baby's body temperature. If the temperature is warm, undo a layer of insulation covering the infant. If temperature is not an issue, maybe the baby is trying to tell you that Kangaroo Care is no longer relaxing and pleasant. In some preterm babies this occurs at 38-40 weeks, in others it occurs at 12-24 months. Full term infants seem to love Kangarooing for 12 months.

Special Circumstances for Kangaroo Care

In some special care units, babies on respirators are allowed to Kangaroo, and in some places babies having phototherapy are also allowed to Kangaroo. Some hospital's permit very small, very young premature babies to Kangaroo.

How Many Babies can share Kangaroo?

Mothers of multiples can safely Kangaroo 2 or 3 infants simultaneously without worrying about the babies' body heat while lying naked against your chest. Maternal breasts respond to the heat needs of the chest. Maternal breasts respond to the heat needs of the infant(s) lying on the breast and if you can hold 3 at the same time all 3 will be kept warm. Just be sure that your babies' skin is in good contact with your skin because you make heat and pass heat to your babies through your skin.

Understanding Pregnancy to Parenting

Keeping a daily log of your baby's feelings, wet diapers, and bowel movements can help you tell that your breastfeeding is going well. Compare your baby's patterns with the breastfeeding and diaper guidelines below to know whether you should seek help with breastfeeding.

How To Use The Chart

- Use the "Feeding" column to track the number of feeds in a 24-hour period
- Enter the date and time each feeding started
- Check the box to indicate which breast each feeding started on
- Each time your baby has a wet and/or dirty diaper, check a "pee" and/or "poop" box
- Use the "notes" sections to record any concerns or special things that happened during that feeding

Breastfeeding and Diaper Guidelines

- Breastfeed every time your baby shows signs of hunger (e.g. making sucking motions with mouth, bringing hand to mouth, fidgeting)
- Newborn babies should breastfeed about 8-12 times every 24 hours
- By day 5, your breastfeed baby should have at least 4 loose, yellow, seedy stools the size of a quarter or larger each day
- By day 5, newborns should have at least 6 wet diapers with pale yellow urine each day
- Call your baby's healthcare provider if your baby is not eating or is not having the appropriate number of wet or dirty diapers each day

SAMPLE

Feeding/ Day	Date	Time	Started on		Diaper Changes	Notes
			Left	Right		
1	10/24/20	2:45 am	✓		<input type="checkbox"/> Pee <input type="checkbox"/> Poop	Hand expressed after feeding
2	10/24/20	4:30 am		✓	<input type="checkbox"/> Pee <input type="checkbox"/> Poop	
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Breastfeeding is the Best

We recommend that all moms breastfeed their babies.
Following are the benefits and ways to prepare.

- Your breast milk is the best substance for your baby. Nothing else compares.
- Breast milk is easy to digest. It does not contain anything your baby cannot digest.
- Breastfeeding promotes bonding. It helps you and your baby bond in ways that other feeding types do not.
- Breast milk is healthy. It protects your baby from germs and getting sick. On breast milk, your baby will have fewer illnesses and doctor's visits.
- Your breast milk helps protect your baby from ear infections, digestive problems, diabetes, asthma, obesity, and SIDS (sudden infant death syndrome). Babies who aren't breastfed are at higher risk for developing these conditions.
- Breastfeeding helps to protect you. The longer you breastfeed, the lower your risk of developing breast cancer, ovarian cancer, and diabetes.
- Breastfeeding is convenient. It doesn't require sterilizing bottles, mixing formulas, or warming the milk.
- Breastfeeding saves money. It's free!



Be Prepared

How To Prepare

- See your OB/GYN Physician or Midwife regularly throughout your pregnancy. Routine prenatal care can help to avoid complications or an early delivery.
- Take childbirth and breastfeeding classes. Many of the classes are low cost or covered by health insurance. Call the OB Unit at 330-674-1584 ext. 1290 to register for your class.
- Get support from dad, families, and friends. A strong support system is critical to a successful experience. They should encourage and support your choice to breastfeed.
- Be prepared to breastfeed after you give birth. Right after your baby is born, he/she will be placed skin to skin on your chest. This helps your baby adjust to being outside of the womb and keeps him/her warm. Let your baby latch onto your breast when he/she shows interest. This should happen within the first 1-2 hours of life.
- Lactation specialists are available. Ask your nurse to contact a lactation counselor or consultant if you need help.
- Do not plan to use pacifiers, bottles, or formula. Using an “artificial” nipple too soon (such as a pacifier or bottle nipple) can make breastfeeding more difficult and may interfere with your milk supply.
- Be prepared to breastfeed frequently. On average, babies eat 8-12 times in 24 hours. Your baby may be sleepy at first and eat less often, so watch for feeding cues such as smacking lips or trying to latch onto their hands.
- Be prepared to leave your baby skin to skin while you are awake. This is “babywearing” and will encourage your milk to come in sooner and fuller.
- Be prepared to keep your baby in your room with you. This is “rooming in” and will allow you to watch for feeding cues and breastfeed immediately. It will also allow both you and baby to rest better knowing that each other is nearby.



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