



Prenatal Packet

What to Expect at the Hospital during Labor, Delivery, and After...

Hospital Entry/Parking:

- Daytime, the closest place to park is the front door of the hospital (off the roundabout on Hwy 41)
 - Just inside the Main Entrance doors is the fireplace and deeper into the building just beyond that are the elevators that take you to the 2nd floor (take a left off the elevators and head down the white hall till you see a button/voice box on the hall to enter the Family Birthing Center)
- Overnight (after 8pm), the Main Entrance of the hospital is locked, and the only entrance is through the ER. Let the ER desk know why you are there and be sure to consider taking a wheelchair to cover the 100 yards+ to the Main Elevators.

When you arrive at the Family Birthing Center...

- A nurse will escort you to either a group triage room (if it is unclear if you are in labor) or to a labor room (if baby is about to arrive!)
- You will be fitted with a belly monitor. The two sensors track 1) baby's heart rate and 2) the pattern of contractions. After 20 minutes that show baby is well and a pattern of contractions is noted, if all is going well, intermittent monitoring can be performed in many cases using just a hand-held device that listens through a contraction.
- During this initial monitoring an IV is placed and initial bloodwork labs are drawn. The IV can often be capped off to allow freedom of movement (but the most effective way of supporting a baby under stress by labor is to rapidly administer IV fluids and that is one important tool we want to have ready for baby and Mom's safety at a moment's notice). The IV can also be used to administer nausea and pain medications, if needed.
- Then it is time for action! Walking the unit, massaging the breasts, bouncing seated on a birthing ball, taking a bath or shower, working with your Labor Champion/partner through those contractions... these are common steps during labor, and it is different for every woman. We support you listening to your body and offer suggestions to help keep you and baby safe and comfortable, with energy to last through the full labor process.

What if a problem occurs with my labor...

- Our #1 goal is to keep you and baby safe with a minimum of medical interventions, but if concerns arise for baby's heart rate dropping or there being a problem progressing in normal labor (e.g. baby presenting other than head down or not fitting through the birth canal), then we would consult a surgical obstetrician to perform a cesarean section delivery.
- This can be planned, discovered over the course of labor, or occasionally by sudden emergency.
- We can assist with C-sections both in the operating room and with baby care following. We'll be with you through whatever occurs.
- After a cesarean, the surgical obstetrician directs care orders until discharge from the hospital for mother.
- Cesarean delivery rate in the USA is 24% (about in 1 in 4 women) at the time I wrote this sheet, although our office typically runs substantially below this rate (some years as low as 10-12%, more like 1 in 8-10 women), and that is in part because we manage low-risk pregnancies.



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What to pack... (Consider these options, not required)

- Loose, comfortable and washable clothing/pajamas/robe (black or dark colors are best as things can get messy or stain at times in labor)
- Sandals or slippers or comfy cozy socks
- Personal care / Toiletry items
 - Toothbrush/paste
 - Hairbrush
 - Shower items
 - Lotion / lubricating eyedrops/ lip balm (the hospital air is very dry)
- Spacious underwear and large menstrual pads of your choosing (the hospital does supply some nice versions of these)
- Prunes, to keep the GI tract moving smoothly (less straining with BMs) after delivery
- Coconut oil / Lanolin for nipple soothing with breastfeeding
- Nursing bra
- Manual / hand breast pump to help a baby who is shy to latch
- Electrical breast pump (if you need help learning how to set-up or use yours, otherwise there is an electrical pump on the unit in case needed that is safe for universal use)
- Phone and charger (for music, camera, and to tell about the new arrival!)
- An outfit for baby to go home in
- Baby's car seat to go home

Duration of Stay:

- Most women stay in the hospital 2 days after vaginal delivery, with discharge around noontime of the second day (this standard is well-covered by insurance), e.g. delivery anytime Monday would go home Wednesday
- Mothers with cesarean-section delivery stay until noontime of the third day after delivery routinely (timing of discharge is determined by the surgical obstetrician) with a follow-up clinic visit at their office for one appt.
- Early discharge may be an option that you can request. We suggest staying until 25 hours after birth at a minimum to allow medical monitoring for this important adjustment phase for mom and baby
 - Also important blood work happens for baby (Jaundice and State of Michigan Newborn panel/PKU draw) happens at baby's 25 hours of age
 - For mothers with Group B Strep, if a limited amount of antibiotics were given, we would then need to monitor baby until 48 hours to assure safety for discharge
- Discharge may be pushed back anytime if medical need arises that warrant continued hospital care



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Going Into Labor...

There are two common ways of going into labor naturally...

1. "Water breaking" or rupture of the membranous amniotic sack that surrounds baby with leaking of amniotic fluid
 - Leakage of fluid happens prior to contractions starting in about 10% of pregnancies
 - It may be a dramatic "gush" or only a little trickling, but once amniotic fluid starts to leak, it continues to leak and drip, especially with moving around, coughing/sneezing, and position changes
 - It is very common to have urine leakage (e.g. from baby pushing on the bladder). The biggest difference is that the amniotic fluid leakage continues to trickle out.
 - If you have fluid coming out and you're not sure what it is... call the doctor within an hour.
 - Fluid may be clear and watery or at times can be greenish or even the color of pea soup if there is meconium mixed in. Make note of the COLOR of fluid that comes out and the TIME that you first noticed the fluid.
 - It is common for the fluid to be blood-tinged, especially in early labor. Spotting bleeding in early labor is a normal part of cervical ripening and dilating, and this is called "bloody show."
 - If there is ever continuing trickling bleeding or menstrual-like bleeding that has continuing flow, that is a reason to call your doctor within the hour.
 - If your water breaks at term (37+ weeks), that is a good time to call the hospital Family Birthing Center 906-449-3400.
 - The nurse on the unit may ask if you know if you have Group B Strep of "GBS"; this bacteria, if present, warrants treatment with IV antibiotics soon after your water is broken... please proceed directly to the hospital within the hour. If your GBS swab was negative, then taking up to 6-8 hours to come to the hospital is ok as long as you still feel baby moving around actively. During this time you may be preparing your things, taking a shower or bath to relax, and eating some light food as fuel before you head in to the hospital. If things get intense, head in pronto!
 2. Contractions
 - Contractions, which often feels like a tightening or firmness of the belly that occurs in a repetitive and cyclic manner is how 90% of women enter labor.
 - Having a phone app or using a watch to time contractions and writing down helps you to see the timing of contractions patterns, both how often and how long they occur.
 - "Early / Latent labor" is the first 6cm of cervix dilation, and there are times when the body will start to labor and then after several hours or even a day, may relax with contractions tapering off even after starting to dilate. After 6cm we call this "active labor" and that is when the body continues to progress with momentum toward delivery in the majority of women.
 - "Bloody show" as explained above may occur, or water may break at anytime during contractions. These are normal parts of labor.
 - Some women will find that walking and massaging one's breasts (or even using your breast pump?!) can increase contractions and lead to a faster early labor phase. Other women may choose to try to get in a last nap before the coming increasing intensity of active labor
 - If you have contractions that persist and intensify in a repetitive and cyclic manner, then it is a good time to call the hospital Family Birthing Center at 906-449-3400.
 - Labor typically happens more slowly in a first-time mother, where "early labor" can take hours to days, and then "active labor" takes about 4-8 hours (usually 1-2 hours to dilate each centimeter from 6 to 10cm) and then the pushing phase of labor may even take 3-4 hours.
 - Labor often happens more quickly in a subsequent pregnancy with shorter "early labor" and usually 1 hour to dilate each centimeter from 6-10cm and usually pushing for less than 3 hours is typical.
 - Most women with labor that starts with contractions will need to head to the hospital when the contractions are intense enough to require stopping talking to breathe through contractions. For those women who live near the hospital, usually when contractions are occurring every 2-4 minutes and "taking your breath away" is a good time to drive on over.
- Please let Family Birthing Center (906-449-3400) know when you are coming so they can have a room prepared for you upon arrival.
 - Importantly, listen to your body, and if you feel a greater sense of urgency to get to the hospital, then go with that!



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Pain Relief Tools in Labor:

- **Position changes**
 - Birthing ball / Swiss Gym Ball
 - Birthing Stool
 - Birthing bar
 - Hands and knees
 - Peanut ball
- **Partner spotting and counter-pressure**
- **Massage Tools**
 - Tennis ball
- **Distraction methods**
 - Music / soundtrack
 - Focal point
- **Warm / Cool compresses**
- **Tub or Shower (“hydrotherapy”)**
- **Rebozos**
- **Nitrous Oxide / Laughing Gas (not currently available at UPHS-Marquette)**
- **IV Medication**
 - Stadol or Nubain: opioid cousin of morphine used every 2-3 hrs as needed up to 3 doses for “taking the edge off”
 - Good for a short nap of relief
 - Body/Leg strength is maintained; can still walk around
 - Side effects: some people feel “punch drunk,” may slow contractions some
 - Intrathecal: spinal one-time injection
- **Epidural: spinal continuous infusion**
 - The most common way to deliver a baby in the U.S. is with an epidural.
 - Epidural is not a failure in relieving pain with other methods, but does make for a more medicalized labor experience (some women are able to avoid c-sections with using an epidural, which is a good trade-off).



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Baby Care in the Hospital

When you arrive at the hospital, a nurse may ask you if you want “routine baby medications” and that refers to 3 things that are given routinely to babies in the USA:

1. Erythromycin salve; a thin ribbon of ointment is put on baby’s eyelids so that when they blink, the salve coats the eyes and protects against bacteria that can enter the eyes (in third world countries treatment has often led to infant blindness).
2. Vitamin K shot: injection in the thigh, given to help with blood clotting to prevent from brain bleeding for baby (baby’s liver’s aren’t developed enough to produce all the clotting factors that adults have)
3. Hepatitis B vaccine: first and only vaccine given before discharge, the only vaccine given before 2 months of age, prevents chronic liver disease by blood borne illness

After birth:

- Baby will be lifted to your chest (tethered by the umbilical cord) upon arrival
- Time for bonding! Skin-to-skin, offer to latch at the breast in the first hour of life
- Care team will assess apgars like color and breathing and cry and heart rate. Wiping with blankets or using a bulb to clear the nose and mouth may be utilized commonly
- If concerns for baby’s well-being arise, then baby is moved to an open crib bay where oxygen and monitoring and assistance can be given to baby right in the delivery room a few feet away, then returned to your arms once stabilized (or in rare cases with the need to transition to the NICU for intensive care down the hall)

Other checks:

- Routine vital signs (heart rate, temperature, breathing rate) are watched closely by nursing
- Hearing screen (headphones that bounce sound waves off baby’s ear drum and record the reverberation back)
- Blood pressure in each limb and Oxygen saturation stick on each hand (checks circulation)
- Blood draws:
 - Bilirubin for Jaundice level when baby is 25 hours of age, possibly repeated if elevated
 - PKU (Phenylketonuria)/State of Michigan Newborn Panel blood draw for rare genetic conditions



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Common Potential Baby Procedures:

- Circumcision of Male Infants
 - Elective procedure (truly, YOUR choice to do this or not)
 - Recommended by the American Academy of Pediatrics for benefits for hygiene, less sexually transmitted disease risks, and lower rates of penile cancer later in life
 - Procedure is done down the hall and lasts about 30 minutes. A dose of Tylenol, pacifier dipped in sweet sugar water (for distraction) and Lidocaine numbing shot are used for anesthesia. Many babies sleep through the entire time
 - Returned to you with Vaseline and gauze on the fresh, raw tip of the penis. Continue using Vaseline as long as there is any scab present on the surface
 - Nursing will help you learn to change diapers and how to avoid kicking to minimize bleeding risk
 - Risks of procedure: Rarely bleeding (which could lead to stitches or in most severe cases a blood transfusion), or infection
- Frenotomy for "Tongue-tied" or "Lip-tied" babies who struggle with breastfeeding/latch
 - Quick clipping followed by lidocaine to the cut and then encouraged to return to breastfeeding with increased freedom of movement of the tongue and lip
 - Risks: bleeding, care not to damage adjacent tongue/gums

Discharge Medication

- Vitamin D (cholecalciferol) 400-800units by mouth daily
 - This "sunshine vitamin" helps strengthen bones and prevent Ricketts
 - All babies need Vit D supplementation, and fortunately, there are no side effects!
 - Prescription or check out the following over-the-counter options
- Amazon.com's Carlson's Super Daily Baby Vit D drops
- Gerber Soothe Vit D + probiotic



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Maternal /Baby / Child Medical Supplies

1. Rubbing Alcohol and cotton Q-tips (for umbilical stump cleaning)
2. Petroleum Jelly / Vaseline (for circumcision care)
3. Coconut Oil / Lanolin (for mother's nipples when breastfeeding)
4. Vit D3 drops at least 400micrograms daily. "the sunshine vitamin" (to prevent Rickets and strengthen bones until a chewable multivitamin can be used at age after 2 years). E.g. Carlson's Super Daily Baby Vit D, Gerber Soothe probiotic +vit D
5. Thermometer: that can take quick oral or rectal temps is best
6. Bulb to suction out nasal secretions (some like the Nose Frida, although I prefer a simple bulb)
7. Baby nail clippers and files (since biting baby nails introduces your germs and risks for cavities into baby's mouth, please avoid this)
8. Desitin Extra-Strength in the white and purple tube (for diaper rash) *avoid use with cloth diapers as prevents absorbency despite washing
9. Eucerin Ointment in the white cylinder tub with the navy blue lid (for chapped winter cheeks/diaper chaffing)
10. Clotrimazole 1% cream: anti-fungal when advised by physician for yeast/Candida diaper rash
11. Medi-Frida liquid medication dosing pacifier; may make for easier oral medication administration
12. Tylenol/Acetaminophen (for fever/pain after 3 months of age, or prior to that age only with doctor's advice)
13. Motrin/Ibuprofen (for fevers or pain after 3 months of age, see office weight-based dosing guide)
14. Zyrtec liquid (for allergic reactions); this is the newer and less-sedating alternative to Benadryl. Physician should advise for dosing younger than on the bottle
15. Hydrocortisone Cream for mild itching, bug-bites, or eczema/dry skin patches (not on baby's face)
16. Head and Shoulders Shampoo (for Cradle Cap) *avoid getting in the eyes to prevent tears!