

## Planning for Your Birth

Planning with your doctor/provider, midwife, and labor support person(s) will optimize your birth and result in the best experience for you and your growing family. The summary below is a starting point. We encourage you to individualize your plan of care.

### Labor & Delivery (L&D):

- **Preparing for Childbirth:** Pain during and after childbirth is a normal part of labor and delivery. Whether you plan on a natural childbirth, an epidural, or medications, having Plan A & B is important. Frederick Health Childbirth Education Program offers a variety of e-classes for expectant and postpartum parents. Please visit <https://www.frederickhealth.org/services/birth-place/> for more information on these classes, a free educational library, and our online picture tour. The Spinning Babies website also offers information to prepare you for labor and birth <https://spinningbabies.com/>. Text4baby is a free health text messaging service that provides information for pregnant people and new parents. Sign up at <https://www.text4baby.org/>
- **Electronic Fetal Monitoring (EFM):** Your baby's heart rate and your contractions will be monitored intermittently or continuously for safety. Some EFM patterns of your baby's heart rate are reassuring. Other EFM patterns may be non-reassuring and require interventions such as changing your position, increasing IV fluids, oxygen, and vaginal exams. Once the baby resumes a reassuring heart rate pattern your nurse will explain what was done and why.
- **IV:** It is safest for you to have IV access while you are in L&D, but you may not need to have continuous fluids depending on your plan of care. Your nurse will start an IV and draw blood samples on admission. The IV will be removed approximately six hours after a vaginal delivery and up to 24 hours after a cesarean section.
- **Diet:** During active labor and pushing, you may have a diet of clear liquids which includes some juices, broths, gelatin, popsicles, water, and ginger ale. Discuss timing for a regular diet with your provider.
- **Walking and position changes:** During labor, your nurse will encourage you to try different methods to cope with contractions. Walking, using a birthing ball, showering, or bathing will help promote labor. A walking path for low-risk women in early labor may be an option. Please ask your nurse for information on the Labor Lane walking path and the interactive map.
- **Support Person/Visitors:** Women who have continuous support during labor have a more positive birthing experience. Your support person might be a spouse, partner, friend, or family member. You are also welcome to arrange for birth doula support prior to your admission. As visitor guidelines do change, please check the Frederick Health website for the most up to date information.
- **Pain:** Discuss your plan for pain management with your doctor or midwife and let your nurse know what options you prefer. Your nurse will assess your labor pain and you will be asked to describe the location, type, and intensity of your pain. Your nurse will help you identify non-medication and medication options to help you cope with labor.
- **Pushing:** During the second stage of labor (pushing), your nurse will encourage you to try many positions and techniques to help your baby descend for birth.
- **Birth:** At birth, your newborn will be placed on your abdomen. Delayed cord clamping for 30 – 60 seconds is standard practice for most babies. If you desire a longer period of delayed cord clamping, discuss it with your provider. When the cord is ready to be cut, we will help the designated person do

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so. The baby will be placed on your chest for uninterrupted skin-to-skin contact for the first hour of life unless there are special care needs for the baby. Skin-to-skin contact keeps your baby warm, helps with bonding and successful breastfeeding. Apgar scores, vital signs, and ID bands may be done during skin-to-skin contact. We will weigh the baby after this important hour of bonding. We encourage you to wait until after the first hour of life to introduce your baby to family and friends.

- **Newborn Medications:** Soon after delivery, your baby will receive three medications for their safety with your consent. Erythromycin eye ointment will be applied to prevent eye infections. An injection of Vitamin K is given to promote blood clotting and prevent bleeding in the first six months of life. Hepatitis B vaccine is given to prevent a virus that affects the liver.
- **Complete Couplet Care (CCC):** You and your baby will be rooming-in together during your stay. Newborn bath, assessments, blood draws, and pediatrician visits will be done in your presence. CCC allows for improved bonding, helps babies feel safe and protected, and supports breastfeeding. CCC will help you learn to care for your newborn while being supported by professional nursing staff.
- **Cesarean Birth:** If you deliver your baby by cesarean section, only one support person will be allowed to be with you and your baby during the delivery and recovery period. On rare occasions, general anesthesia is required. Your support person will not go to the operating room, but they can join you in the recovery room. We recommend having a support person spend the first night with after a Cesarean birth as it may be difficult for you to care for your baby alone.
- **Postpartum/Newborn Care:** You and your baby will be transferred to your postpartum room about two hours after you deliver. When your care is transferred between nurses, the off-going nurse will introduce you to your on-coming nurse and provide a bedside report. This is a good time for you to ask questions about your care. You may want to ask your family and visitors to leave the room during bedside report for your privacy.
- **The Family Center Postpartum Unit:** As visitor guidelines do change, please check the Frederick Health website for the most up to date information.
- **Post-Partum Pain Management:** We will use a variety of ways to manage your discomfort after delivery. It is important that you discuss your plan for pain control with your nurse.
- **Breastfeeding:** The American Academy of Pediatrics recommends that you feed your baby only breast milk for the first six months. We have dedicated lactation consultants available to assist with breastmilk feeding. To help you with breastfeeding after you are home, we offer a free Breastfeeding Support Group every Friday afternoon. If you plan to breastfeed and bottle feed, we recommend not introducing formula in the early postpartum period. Patients who place the baby to the breast ONLY while establishing a milk supply have a greater long-term milk supply and success with breastmilk feeding either by the breast or by pumping. Breast pumps are readily available.
- **Formula Feeding:** We support all families in the feeding choices made for their newborns. We will teach and assist you in all feeding techniques to support the growth and development of your baby.
- **First Bath:** Your baby will not be bathed for 6 -12 hours after delivery for natural skin protection. If you choose not to have a baby bath in the hospital, let your nurse know.

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- **The First Day after Delivery:** There are many duties to be done by our talented team before you go home including newborn photos. The State of Maryland requires newborn screening for hearing, heart defects, and metabolism in addition to paperwork for the baby's birth certificate. Your baby's pediatrician and a member of your obstetrics team will examine you and your baby.
- **Car Seat:** Be familiar with your baby's car seat prior to arriving at the hospital. Please read the instruction manual and if your seat has a base, secure it in the back seat of your vehicle. It is important that you bring your car seat into the hospital by the evening prior to discharge. For assistance with your car seat please go to [www.seatcheck.org](http://www.seatcheck.org).
- **Dietary Needs:** Meals are provided to mothers based on the provider's order. Snacks, drinks, and ice water are available as needed. If you have special dietary needs, please notify your nurse on admission. Your support person and visitors may purchase food in the cafeteria, or they may purchase a tray with the cashier to be delivered by the hostess to your room.
- **Safe to Sleep®** practices reduce your baby's risk of sleep-related causes of infant death. For more information go to: <https://safetosleep.nichd.nih.gov/>.
- **Discharge:** Health insurance coverage permits a 2 night stay for a vaginal delivery and 3-4 nights for a C-Section. Discharge time is 11 am on your day of discharge. Someone should take you home at this time, it will be at least 2 weeks before you can safely drive.
- **Neonatal Intensive Care Unit (NICU):** Frederick Health NICU providers are from the Johns Hopkins Medical system. Our providers are both neonatologists and neonatal nurse practitioners. They are available in-house 24 hours a day, seven days a week. A NICU provider will come and speak with you and your family, if it is known or suspected that your baby may need specialized care and admission to the NICU. The provider will explain what to expect at delivery and answer any questions. If there is time prior to your delivery, we can arrange a tour of the NICU, where you are able to meet the charge nurse and ask questions about the NICU. If your baby is admitted to the NICU the provider will come and update you on your baby's condition as soon as possible. Once your baby's condition is stable you will be able to visit the NICU. As visitor guidelines do change, please check the Frederick Health website, and speak with NICU staff to confirm visitation on this special unit.

