

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

Having a baby is a natural event. Most mothers and babies go through labor and birth without serious problems. However, certain situations may arise during your pregnancy, or in labor, that can affect the care you or your baby need. Some of those situations are described below. Here are also some common practices you might experience during your time at the hospital. If you have questions, be sure to ask your obstetrical provider.

### **Labor**

1. A nurse will work with your doctor or midwife to care for you during your stay.
2. Student midwives and student nurses may also help care for you. Students are always supervised by your midwife or nurse and you always have the right to decline their presence.
3. You may have a blood test during labor to measure your blood count, to check for infection, or for other purposes.
4. When you arrive at the hospital in labor, a nurse will usually put a fetal monitor on the outside of your abdomen to check the baby's heartbeat. This is an external monitor. If the heartbeat is normal, the monitor may be removed. The baby's heartbeat will be checked from time to time during the labor.
5. If the baby's heartbeat needs to be checked more closely, you will wear the external monitor for part or all of labor. Normal heart rate patterns are reassuring. However, even when the baby is fine there may be variations in his or her heart rate pattern that cause concern. Fetal monitoring does not prevent cerebral palsy or complications of birth defects.
6. Sometimes, the external monitor does not give enough information about the baby's condition. If this happens, your doctor or midwife will place a different type of monitor inside your uterus. This is an internal monitor. The end of the monitor, a wire called an electrode, is attached to the baby's head. Very rarely, this can cause an infection on the baby's scalp.
7. Sometimes, abnormalities in the baby's heart tracing can be corrected by an amnioinfusion. The doctor or midwife places a small plastic tube into the uterus and adds fluid to the amniotic fluid. In some situations, this may take pressure off the umbilical cord.
8. You may have an intravenous line (IV) in your arm during labor. An IV can be used to give you extra fluids or certain types of pain relief medications or antibiotics. Not all women need an IV.
9. The vast majority of women will have a vaginal delivery. However, there are reasons why a Cesarean birth may be necessary to protect the safety of the mother or baby. Your obstetrical provider may recommend before or during labor that you have a Cesarean birth. Risks of Cesarean birth include, but might not be limited to:
  - Bleeding that may require a blood component transfusion
  - Infection that may be treated with antibiotics
  - Damage to body parts that are near the uterus (the bowel, the bladder, or blood vessels).

Most often, one Cesarean birth does NOT make it impossible to have a vaginal birth in the future, but your Obstetrical provider will discuss this in detail with you.

## **Pain Relief for Labor**

1. There are many forms of pain relief for labor. These include walking, using the tub or shower, breathing and deep relaxation techniques, and massage. If you feel you need additional pain relief, your doctor or midwife can give you other choices that are safe for you and your baby.

These choices include:

- ❖ **Medication:** You can be given a medication as a needle in your muscle (a “shot”) or directly through an IV line. You might get a little drowsy. It is possible you could have an allergic reaction.
- ❖ **Epidural:** An epidural is the most common form of pain relief for labor and birth. An anesthesia specialist will place a thin flexible tube in your back. This procedure will take about 20 minutes. You can then receive pain relief medication through the tube. This medication takes away most of the pain of labor.
- ❖ **Spinal:** Spinal anesthesia is one dose of medication that is placed in your back. It may be used in combination with an epidural, or may be used by itself for Cesarean birth.

## **Inducing Labor**

1. Sometimes, a woman’s health or the health of her baby makes it necessary to induce labor (to give the labor process a “jump start”). In the United States, about a quarter of labors are induced. Some reasons to induce labor include:
  - ❖ A baby that is overdue by more than a week or two
  - ❖ A baby which has not grown well
  - ❖ Infection
  - ❖ High blood pressure
  - ❖ Diabetes
  - ❖ A rupture of the bag of water

Your obstetrical provider can help get labor started in various ways. If your cervix is soft and stretchy, you will usually be given oxytocin (Pitocin®) through an IV. If your cervix is not “ripe” (ready) you will probably receive medications like misoprostol or cervidil. These medications are inserted into your vagina or given orally.

2. Rarely, labor may be induced for non-medical reasons after 39 weeks of pregnancy but before your due date. Inducing labor for non-medical reasons cannot be scheduled before 39 weeks.
3. Inducing labor has certain risks including creating contractions that are too strong or too frequent. This can stress the baby. In almost all situations, this risk can be managed and the contractions can be decreased. Inducing labor may not be successful. This can increase the risk of cesarean birth, especially if this is your first baby and/or your cervix is not ripe (ready for labor).



## Vaginal Birth

1. Labor contractions slowly open the cervix. When the 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, followed by the rest of the body.
2. Approximately 10-15 percent of mothers need some help getting the baby through the birth canal. A doctor may apply a special vacuum cup or, very rarely, forceps to the baby's head to help you push the baby out. Large studies have shown that the vacuum cup and forceps are safe.
3. In about one percent of births, the shoulders do not come out easily. This condition is called shoulder **dystocia**. If this happens, the obstetrical provider will try to help free the baby's shoulders. Shoulder dystocia may cause a broken collar bone or arm for the baby or nerve damage to the baby's arm. Usually these problems heal quickly. Shoulder dystocia may cause tears around the vaginal opening and bleeding after birth.
4. Many women will get small tears around the vaginal opening. Rarely, a doctor or midwife will cut some tissue to make the opening bigger (**episiotomy**) if absolutely necessary to facilitate birth.
5. Most women with tears or an episiotomy will need stitches. The stitches will dissolve over a few weeks as you heal. The area may be swollen and sore for a few days. Rarely, infection may occur. Sometimes, a tear or cut may extend to the rectum. Usually, after stitches, this heals with no problem.
6. Normally, the uterus will push out the placenta soon after birth. In about one percent of births, this doesn't happen. The doctor or midwife must reach into the uterus and remove the placenta (sometimes called the "afterbirth"). If this happens, you may need anesthesia or a surgical procedure to remove the placenta.
7. All women lose some blood during childbirth. A woman is more likely to lose a lot of blood if:
  - ❖ The placenta doesn't pass on its own
  - ❖ She is having multiples as in twins or triplets
  - ❖ Labor lasts a very long time
8. Pitocin® can help reduce bleeding after birth. If bleeding is very heavy, other medications may be given through the IV, by injection, or rectally to help the uterus contract and push out the placenta. Very few women (less than one percent) need a blood transfusion after a vaginal birth.

## Cesarean Birth

1. About one third of mothers give birth by cesarean. Some cesareans are planned. Others are unexpected.
2. During cesarean birth, a doctor delivers the baby through an incision (a cut) in the mother's abdomen (belly).
3. The most common reasons for cesarean birth are:
  - ❖ The cervix doesn't open completely
  - ❖ The baby doesn't move down the birth canal
  - ❖ The baby needs to be delivered quickly because of a problem for mother or baby
  - ❖ The baby is not in a position that allows for a vaginal delivery
  - ❖ The mother has had a cesarean birth before
4. Anesthesia is always used for a cesarean birth. Most of the time, this means regional anesthesia, such as a spinal, epidural, or combined spinal-epidural techniques. The mother is awake during the birth. Rarely, general anesthesia may be used and the mother is not awake during the birth.



5. Blood loss is greater with cesarean birth than with a vaginal birth. It is still rare (12 cases in 1000) to need a blood transfusion.
6. Infection is more common after cesarean birth. The doctor will give antibiotics prior to the birth to help prevent infection.
7. A thin tube called a urinary (**Foley**) catheter will drain the bladder during the operation. It will usually stay in the bladder for 12-24 hours afterwards.
8. In less than one percent of cesarean births, the operation may cause damage to the bowel or urinary system. Most of the time, these problems will be recognized and corrected during the operation.
9. In less than one percent of cesarean delivery, the baby might be injured during the birth. When this does happen, it is usually minor.

### **ABOUT YOUR CARE AFTER THE BIRTH**

1. You may have cramps as the uterus returns to its normal size. This cramping gets stronger with each birth. You may notice it more when breastfeeding.
2. If you had a vaginal birth, you will probably have discomfort around the vaginal opening. If you had a cesarean birth, you will have pain from the incision in your abdomen. Pain relief medication may be given through the epidural or spinal. Oral or injectable pain medication may be used after the procedure. Ask your doctor or midwife for pain relief if you need it.
3. Vaginal bleeding is normal after birth. It will lessen over 1-2 weeks. About one percent of women have heavy bleeding and need treatment. Sometimes this type of bleeding can happen weeks after birth.
4. Most women feel tired and weepy after birth. For about ten percent of new mothers, these feelings don't go away or they get worse (postpartum depression). If this happens, ask your doctor or midwife for help.
5. Your health and your baby's health will determine when you can go home from the hospital. Usually this is 2 days for a vaginal birth and 4 days for a cesarean section birth.

### **Newborn**

1. We strongly encourage and support breastfeeding for babies, unless there is a medical reason that makes it unsafe.
2. About 3-4 percent of babies are born with birth defects. Many do not hurt the baby (such as extra fingers or toes). A few, such as some heart defects, can be serious.
4. Approximately 11 percent of babies are born before term (less than 37 weeks of pregnancy), or have a problem that will require some form of special care. This may mean that the baby will receive treatment in our Neonatal Care Center or rarely, transferred to a Neonatal Intensive Care Unit in Boston. A small percentage of babies born after 37 weeks also may need some form of special care.
5. About 12-16 percent of babies pass **meconium** (the first bowel movement) into the amniotic fluid before delivery. If this happens, the baby's mouth and airway will be suctioned at the time of delivery to remove as much of the meconium as possible.
6. After your baby is born, he or she will be given eye ointment to prevent infection of the eyes and an injection of Vitamin K to prevent bleeding. Using only a few drops of blood from his or her heel, blood tests will be done to screen your baby for 30 different conditions. The results will be sent to your pediatrician in the

community. Your baby's hearing will be checked while in the hospital. You will also be encouraged to have your baby receive the first immunization against hepatitis B before going home. A cardiac screening to detect congenital heart disease will also be done.

7. Three to four of every 1,000 newborns have serious bacterial infections of the blood, lungs, and **in rare cases** the surface of the brain and spinal cord. To reduce the risk of infection to your baby, you may receive antibiotics during labor if:

- ❖ You carry Group B Strep
- ❖ You develop a fever during labor

8. If your baby is at increased risk of infection or shows signs of infection, your pediatrician may decide to send blood or cultures to the laboratory for analysis. Your baby may also receive antibiotics.

### **Infrequent or Rare Events**

The following problems occur infrequently or rarely during pregnancy.

#### **Babies:**

- ❖ 6-7 per 1000 die in the uterus after 20 weeks of pregnancy (stillbirth or fetal death)
- ❖ 4-5 per 1000 die shortly after birth or within one month of their birth
- ❖ 11% of all babies are born prematurely

#### **Mothers:**

- ❖ One in 30,000 vaginal births, a doctor must remove the uterus (hysterectomy) to stop heavy, uncontrollable bleeding. This means a woman cannot become pregnant again. This rate is higher for cesarean sections, from <1 percent for the first cesarean section to 9 percent for  $\geq 6$  cesarean sections.
- ❖ 6 out of 1000 women receive a blood component transfusion after giving birth. The risks associated with blood transfusion include an allergic reaction, fever, or infection. The chance of contracting hepatitis from a blood transfusion is 1 in 100,000; the chance of contracting HIV is less than 1 out of 1,000,000.
- ❖ After delivery your chance of uterine infection is about 6%. After cesarean birth, the chance of a wound infection is 1-2 percent. Antibiotics can lower the risk, but cannot guarantee that you won't get an infection. Please review the education on steps you can take to help reduce your risk of infection.
- ❖ <1 percent of mothers will develop a blood clot in their vein called a deep vein thrombosis (DVT).
- ❖ **Very rarely (less than 1 in 10,000)**, mothers don't survive childbirth. Causes might include extremely severe bleeding, high blood pressure, blood clot in the lungs, and problems caused by other medical conditions.

**Summary**

Most babies are born healthy. Most mothers go through labor and birth without serious problems. You should realize though, that pregnancy and childbirth have some risks. Many of the possible problems sound very frightening. Remember, most of these problems are uncommon, and the most serious events are quite rare. Your health care team will watch carefully for signs of possible problems. They will do their best to identify them early, explain them, and offer you treatment. Your health care team looks forward to caring for you during labor and birth, and to delivering a healthy baby.

Summary of statistics, details are provided in this document \*

|   |                 |   |                 |
|---|-----------------|---|-----------------|
| Labor Induction   | 25%             | Cesarean Section  | 33%             |
| Assisted Delivery (vacuum or forceps)                             | 10-15%          | Surgical complication (ie, damage to the bowel or urinary system)           | < 1%            |
| Shoulder Dystocia   | 1%              | Injury to baby during cesarean delivery                                     | <1%             |
| Retained Placenta   | 1%              | Hysterectomy following first cesarean section                               | <1%             |
| Blood transfusion following a vaginal delivery                    | < 1%            | Hysterectomy following $\geq$ 6 cesarean sections                           | 9%              |
| Hysterectomy following a vaginal birth                            | 1 in 30,000     | Blood transfusion following a cesarean section delivery                     | 1.2%            |
| Postpartum depression   | 10%             | Wound infection following cesarean section                                  | 1-2%            |
| Uterine infection   | 6%              | Birth defects   | 3-4%            |
| Deep vein thrombosis (DVT)  | <1%             | Preterm delivery  | 11%             |
| Maternal Death  | <1 in 10,000    | Meconium in amniotic fluid  | 12-16%          |
| Stillbirth  | 6-7 out of 1000 | Newborns with serious bacterial infection (i.e., blood, brain, spinal cord) | 3-4 out of 1000 |
| Death of newborn shortly after birth or within one month of birth | 4-5 out of 1000 |   |                 |

\*All statistics in this document are based on national rates. For information about statistics at Anna Jaques Hospital please contact the Infection Control or Quality Department at Anna Jaques Hospital (978-463-1000).

**CONSENT FOR OBSTETRICAL CARE**

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Has explained that I will receive care and treatment for pregnancy and delivery (birth) at Anna Jaques Hospital.

- I have received a copy and read “About Your Care During Labor and Birth” and I understand what it says.
- No one has made any guarantees or promises about the expected results of this pregnancy.
- I am aware that there may be other risks and complications, not mentioned on this form.
- I understand that during the rest of my pregnancy, or during labor, we may find conditions that we don't yet know about. If so, I may need other procedures, including Cesarean birth.
- I understand that by signing this form, I give consent for Cesarean birth, if it is recommended in order to protect the safety of my baby or myself.
- I understand that Cesarean birth has special risks, including bleeding, infection and damage to body parts that are close to the uterus (for example, the bladder and intestines).
- I understand that I will have the chance to discuss this and ask questions before any procedure.
- I have the right to refuse any specific treatment.
- I understand that my care will include ongoing discussion(s) about my health and recommended treatment.

My obstetrical provider has also explained that there may be other risks or complications. In particular these risk include, but are not limited to:

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**Blood Transfusion:** I may also need a blood transfusion. If a blood transfusion is required, I understand that there are risks, even when all safety measures are taken. The risks include but are not limited to:

- Fever
- Chills
- Allergic reactions
- Red urine
- Shock
- Hemolysis (destruction of the transfused red blood cells)
- Chest pain
- Heart failure
- Respiratory failures (transfusion related acute lung injury)
- Death

Transmission of infectious agents including bacteria, hepatitis virus or Human Immunodeficiency Virus (HIV)

**Disposable of Tissues:** I give permission to Anna Jaques Hospital to dispose of any tissue or fluid.

**CONSENT FOR OBSTETRICAL CARE**

**The Healthcare Team:** I understand that treatment and care will be provided by a team of healthcare providers headed by an obstetrician. I understand that this healthcare team may include doctors, midwives, nurses, and clinical students/staff. These healthcare team members may also watch or take part in my treatment and care.

I have read this form and I understand what it says. I have had the opportunity to talk with my obstetrical provider. All of my questions have been answered in a language that I understand. I agree to receive treatment and care as described in this form.

X \_\_\_\_\_ **OR**  
 Patient's Signature Print Name

X \_\_\_\_\_ **and** \_\_\_\_\_  
 Signature of Person authorized to sign for patient Print Name Relationship to patient

\_\_\_\_\_  
 Witness Signature Print Name Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_