



During Your Hospital Stay

TABLE OF CONTENTS

	<i>Page</i>
<i>What to Expect During Your Hospital Stay</i>	<i>2-4</i>
<i>What to Expect From Our Family-Centered Approach to Care</i>	<i>5-6</i>
<i>Pain Management During Labor and Birth</i>	<i>7-12</i>
<i>Security Instructions for Parents</i>	<i>13</i>
<i>Information About Scheduled Procedures</i>	<i>14</i>
<i>Induction of Labor</i>	<i>15-16</i>
<i>Having a Cesarean at Evergreen</i>	<i>17-19</i>

What to Expect During Your Hospital Stay

About Your Room

Your room contains a special bed that is controlled by push buttons. Your nurse can show you where these buttons are located and how to use them. The nurse-call light is located on the bedside rails. When you activate the nurse-call light, the nurse or health unit coordinator will come to your room or talk to you over the intercom system. The button for the light over your bed may also be found on the handrails. Each room features a tape/CD player, DVD player, television with remote control and a telephone.

Your room has a bathroom equipped with a toilet and a whirlpool bath. You will be given a package of supplies that includes sanitary pads, disposable briefs, peri-bottle, and extra blue waterproof pads for your bed. These supplies are included in your hospital bill.

Clean linen and towels will be brought to your room each morning, or whenever necessary. Please ask for any additional linens, including more pillows and warm blankets, if you need them for comfort. The sink in the room is specially designed for your baby's first bath which happens soon after birth.

Day Bed

The window seat can serve as a comfortable single bed. Linens are not provided for the guest bed. Please bring your own linens—a sleeping bag/comforter and your own pillow are recommended.

Meals

Meals are served around 8:00 a.m., 12:00 noon, and 5:00 p.m. We would be happy to reheat your meal if it arrives when you are caring for your baby. Extra snacks or beverages are available for mothers at any time. Other family members may bring trays and snacks from the deli or cafeteria, or food from outside the hospital, if they wish to join you for a meal. There are vending machines in the main waiting area for beverages and snacks. There is also a small refrigerator in your room for food storage.

Visiting

Your family and visitors are welcome to be with you whenever you wish. Children must be accompanied by an adult other than the patient. Should you want more private time with your baby or time to sleep without being disturbed, there is a sign on your door you can use that reads, "Please do not disturb." You may also dial "0" and ask the hospital operator to hold all telephone calls, and you may talk to your nurse about limiting visitors.

Formal health screening for colds or infections is not done by the hospital staff. Please be sure your visitors are healthy (free of colds, infections, and flu) and that everyone washes their hands before touching the baby. Children other than siblings are asked not to visit.

Online Access

Wireless network access is available for use with your personal computer in all areas of the hospital, including patient rooms. The wireless network will work with any 802.11b compatible network card using Microsoft XP. The sole network is “Evergreen,” with no passwords or SSIDs needed. Please be aware that you are using the network at your own risk as it is wide open to the Internet with no firewall or filtering devices available. This network is separate from all Evergreen corporate and administrative systems, and is not available in the few areas where wireless would interfere with medical devices.

Smoking

Evergreen Hospital Medical Center is a non-smoking facility. With your physician’s or midwife’s authorization, you may leave the unit and smoke on the patio off of the hospital’s Images Cafe & Deli, on the lower level. Follow the signs to the Green Zone, basement level. Your baby must remain in the unit under supervision by a family member if you leave. Let your nurse know if you plan to leave the maternity area to smoke.

Bath and Baby Care Class

A baby care class that addresses bathing, feeding, and caring for your baby takes place every morning and afternoon at 9:15 a.m. and 4:00 p.m. in the Family Maternity Center classroom (Blue 2-116). Your baby and other family members are welcome to attend. If you cannot attend classes before discharge, you and your family are welcome to return from home to attend the class.

Before Discharge

- Please complete birth certificate forms (Washington State Birth Filing Form). After you have completed the forms, please give them to your nurse.
- Written consent forms require your signature for tests and immunizations.
- Your baby will have a blood test for newborn screening (*refer to Baby Care section*). This is done by pricking your baby’s heel.
- Your baby’s first hepatitis B immunization is an important vaccination. It will be given shortly after birth or prior to discharge.
- Your nurse will schedule your Postpartum Care Center appointment. The ideal time for your clinic visit is when your baby is 2 to 4 days old.
- Carts are available for transporting your belongings. We will accompany you and your baby to your car.
- Bring your baby’s car seat with you to the hospital. Please prepare for this by removing your car seat from the packaging before coming to the hospital. Your baby needs to go home in a car seat. **Please be aware that it is your responsibility to ensure the safe installation of your baby’s car seat.** Before or after your baby is born, have

your baby's car seat checked at one of Evergreen's free Car Seat Inspection Clinics by a certified car seat safety technician. Call 425.899.3000 for more information.

A maternity nurse or staff member will help you to your car when you leave the hospital; however, the hospital and nursing staff is not responsible for the safe installation or adjustment of your baby's car seat.

Plans for First Days at Home

Our care for you and your new family continues. We will see you and your baby in the Postpartum Care Center when your baby is 2-4 days old. We want to learn how your baby is doing, answer your questions, and teach you ways to increase your comfort after birth. Physicians and midwives suggest you come to this appointment, and they receive a written assessment of how you and your baby are doing. It is at this 2-to-4-day appointment that we are able to detect jaundice and excessive weight loss in the baby and arrange a treatment plan with your baby's physician.

During the next weeks, we encourage you to attend the weekly Parent-Baby sessions for continued support through the first year following birth. The Breastfeeding Center will also offer guidance and help, by telephone or by appointment, for as long as you are breastfeeding. Our commitment to you and your family is to provide individualized, excellent education, care, and support throughout your pregnancy, birth experience, and through the first year following the birth of your baby.

Length of Stay

After an uncomplicated vaginal birth, you can expect to go home approximately one day after birth. After a Cesarean birth, you will go home approximately 2 days later. Your physician or midwife will determine if your length of stay will be longer based on your need for continuing medical and nursing care. The time you go home will depend on the time of day your baby was born and whether or not you experienced any complications.

Digital Photography for Your Newborn – “Birthprint”

Birthprint is a self-contained photo delivery kiosk designed especially to photograph your new baby in the first hours after birth. The kiosks are located on 2 Blue in the hallway near the Family Maternity Center classroom, and on 4 Blue in the family lounge.

The kiosks are always open and ready to use any time of day. Pictures are taken without a flash to protect your baby's eyes. The kiosk saves your images so you can leave the kiosk and continue your photo session at a later time. You can choose from a variety of photo packages, or design your own package. Complete photo packages printed on studio-quality Kodak prints are ready to take home within minutes. You can also use Birthprint's e-mail service to instantly share your baby's portrait with family and friends. Our Birthprint photo service allows you to put your baby's picture online for a nominal fee. Payment can be made by check, debit card, or credit card.

Best Wishes

We hope this information is helpful to you. If you have more questions, the nurses caring for you are happy to help you find answers. We wish you a wonderful beginning!

What to Expect From Our Family-Centered Approach to Care

Many new experiences will occur in the short time your family will spend with us before you take your new baby home. We strive to create a family-centered experience in helping mom to recuperate while learning to feed and care for the new baby. This learning is an ongoing process that begins weeks or months before labor and continues while mom is in labor, throughout her hospital stay, and even after the family goes home. Here is what can be expected during your stay.

- Your nurse will discuss your labor and birth plan with you, whether you have a written plan or just want a “wait and see” approach.
- You will have access to information about infant feeding to help you make an informed choice.
- As soon as possible after the birth, the baby will be placed skin to skin. This contact is beneficial to the infant in many ways. It stabilizes the baby's temperature, heart rate, and respiratory rate, and helps to make the most comfortable transition to life outside the womb. It also helps promote breastfeeding for babies who will be breastfed.
- If breastfeeding, you will be assisted to breastfeed as the infant begins to show cues of wanting to feed. This usually occurs within the first hour of birth. Your nurses and lactation consultants will continue to help you learn how to get your baby latched on to the breast during your stay as needed.
- If you choose to formula feed, you will be assisted with how to correctly prepare bottle feedings.
- You will be assisted with diapering, and swaddling and how to hold and comfort your baby.
- You will be assisted with your own care and recovery while you begin your transition to post pregnancy.
- Your baby will always stay in your room with you unless there is a medical problem requiring attention in the Special Care Nursery or Intensive Care Nursery.
- If you are breastfeeding and have to be separated from your baby, we will teach you how to maintain lactation and store breastmilk for your baby.

- Breastfeeding babies will not be given formula or water unless there is a medical reason to do so. In most cases, if a breastfed infant needs supplementation, we will show you how to do this to best promote breastfeeding.
- Because of our Baby-Friendly designation, Evergreen Hospital Medical Center does not give formula samples to breastfeeding families. We do not have promotion gift items from formula companies.
- You will have access to our Postpartum Care Center and Breastfeeding Center for continued assistance and support after leaving the hospital. We also offer various support groups for new parents during this new and exciting time in your lives.



Pain Management During Labor and Birth

Most pregnant women are concerned about pain during childbirth. There are a variety of effective techniques available to you for relieving pain, but the perfect method for eliminating childbirth pain from start to finish has not been developed.

Pain normally indicates a problem or an injury—that something is wrong with our bodies. Childbirth pain indicates physical effort—that the uterus is contracting and that labor is progressing. If you are able to make the mental “jump” from pain as a warning signal to pain as an indicator of progress, pain can be dealt with more effectively. The best way to do this is to educate yourself in advance, knowing that the right therapy at the right time makes a positive difference. The decisions you make regarding pain can affect your health, the well-being of your baby, and the way your labor progresses.

COMFORT THERAPIES

Pleasure travels faster along nerve pathways than pain. Pleasure or comfort causes our bodies to produce elevated levels of our own *endorphins* or “feel-better” hormones. In this way, basic methods of comfort therapy can provide pain relief and also enhance the effectiveness of lower doses of pain medications, thereby minimizing medication side effects for you and your baby.

The Basic Methods of Comfort Therapy Include:

- ***Patterned Breathing*** – Like the techniques learned in childbirth preparation classes, these breathing techniques provide comfort and focus while enhancing labor progress. Breathing enhances oxygen flow to your baby and is also vital to the contracting uterus muscles.
- ***Beverages*** – You should stay well hydrated while laboring. Laboring women drink liquids and eat ice chips while, at other times, intravenous (IV) fluids are used. You can still walk around with an IV if a rolling stand is used.
- ***Moving*** – Moving around during labor is usually more comfortable than staying still and can help labor progress by the simple effects of gravity and the changing shape of the pelvis. It may also relieve pain by shifting pressure and allowing the baby to move – you may try sitting, kneeling, standing, lying down, getting on your hands and knees, and walking. The *birthing ball* and *bean bag* chair can be helpful tools for varying position and activity. Ask your labor nurse if you wish to use them.

- **Water** – The soothing effect of hydrotherapy—water—is a boost for most laboring women. Recline in the bubbling water of the Jacuzzi tub during active labor or sit on a shower stool using the hand-held shower massage. The combination of warmth, water pressure, and the sound are very comforting.
- **Warm and Cool** – Gentle warmth applied by warm or cool washcloths, or a bag of ice wrapped in a cloth provide tremendous relief to laboring women. Using warmth or coolness on separate parts of the body at the same time can provide particularly effective pain relief. For example, apply a cool cloth to the forehead with warmth on the lower back. For maximum effect, change the warm and cool locations frequently, about every twenty to thirty minutes.
- **Massage** – Stroking or rubbing the neck, shoulders, back, thighs, feet or hands. No fancy techniques are required. Receptors in the skin pick up the signal of touch and elevate endorphins. Bare skin receives the signal best. Unscented powder and lotion are helpful for massage.
- **Attention Focusing and Meditation** – Fear and anxiety cause the release of stress hormones. You can ease these feelings by envisioning a pleasant scene or, at times, visualizing what is actually happening – the cervix opening, the baby moving down. Techniques learned in childbirth education classes teach you how to reduce fear, anxiety, and pain.

Utilizing the **basic methods of comfort therapies** may enhance the effectiveness of a lower dose of medication which can therefore minimize undesirable side effects for you and your baby.

MEDICATIONS FOR PAIN MANAGEMENT

- ***Narcotic Analgesics*** – Narcotic analgesics, such as Stadol, Demerol, Nubaine, Fentanyl, and Morphine are usually given directly into an IV already in place. Effects are felt within 2-4 minutes and are often described as “taking the edge off” of pain. Narcotic analgesics do not require you to restrict movement so you can stand, walk and shower during labor. You may feel relaxed and mildly drowsy. Occasionally, labor may speed up, especially if there has been slowing due to tension and fear. At other times there is a temporary slowing of progress. Doses may be repeated every couple of hours and the effects on the baby, such as respiratory depression, are generally minimal.
- ***Sterile Water Injections*** – This technique is useful for women who desire relief from back pain. Your labor nurse injects a tiny amount of sterile water just under the skin in your lower back. Sterile water injections can sting but effectively relieve labor back pain, though contractions continue to be felt in the front. This technique is useful when you desire back pain relief yet want to stay mobile. Because no medication is used, labor progress and your baby are not affected. The sterile water is absorbed harmlessly after about 90 minutes, when doses are repeated to maintain pain relief. Sterile water injections may be used in conjunction with narcotic analgesics for enhanced pain relief.
- ***Local Anesthesia*** – Your physician or midwife can inject a local anesthetic into your vagina or the area surrounding it to ease pain. These numbing medications usually affect a small area and are especially useful prior to an episiotomy or the repair of a laceration. It rarely affects the baby and after it wears off, there are usually no lingering effects. The main limitation is that they do not relieve the pain of contractions during labor.
- ***Pudendal Block*** – A pudendal block is given by the physician or midwife as an injection to block pain in the perineum. An injection of numbing medication is administered to the pudendal nerves located just within the vaginal walls. It does not lessen the pain of contractions. It is very effective for relieving the pain around the vagina and rectum as the baby descends through the birth canal, as well as numbing the area prior to episiotomy. Pudendal block is considered one of the safest forms of anesthesia and serious side effects are rare.
- ***Spinal Block*** – A spinal block is given as an injection into the lower back. No catheter is required because the medication is injected into the spinal fluid. Spinal blocks are used for cesarean births or procedures where it is not necessary for the mother to help push her baby out. A spinal block numbs the lower half of the body, provides excellent relief from pain, and starts working quickly. It also has the same possible side effects as epidural anesthesia.

- **General Anesthesia** – General anesthetics is injected through an IV line with a tube inserted in your airway to provide oxygen while the anesthetic works. General anesthesia works very quickly and results in almost immediate loss of consciousness in the mother. It is rarely used except for emergency circumstances. If the stomach is not empty before general anesthesia is given, it is possible to vomit and breathe food and stomach acid into the lungs. To avoid this, a pre-surgical antacid is given immediately before delivery. After general anesthesia wears off, women feel generally woozy and tired for several hours and may feel nauseated. Your throat may be sore from the airway tube. These feelings usually fade within a day or two.
- **Epidural Anesthesia** – Epidural anesthesia may be chosen to reduce pain during labor and delivery. An epidural may minimize pain, but will not cause a total loss of sensation. With an epidural, you may feel pressure, some discomfort, and have some feeling in your legs. These sensations allow your muscles to work so you can push your baby out. It is important to remember that each person's experience may vary somewhat.

Epidural anesthesia involves the placement of a tiny catheter into the lower back by an anesthesiologist. A continuous infusion of medication is administered through the catheter to provide a constant level of pain reduction. Epidural anesthesia may cause the mother's blood pressure to drop, which in turn may slow the baby's heartbeat. Preventive steps are taken to avoid these undesirable side effects: Before receiving the epidural, fluids are given through an IV and the mother is positioned on her side to improve circulation. Blood pressure and heart rate, as well as the baby's heart rate, are continuously monitored. It may be more difficult to push the baby through the birth canal since the muscles of the pelvic floor are more relaxed. Occasionally, it may be necessary for the care provider to use a vacuum extractor or forceps to assist with delivery. In rare cases, the muscles in the chest may be temporarily affected, causing breathing discomfort. By decreasing the rate of infusion and wearing an oxygen mask, this sensation can be relieved. Other possible side effects may include severe headache, dizziness or, though rare; seizures. (An **epidural block** is epidural anesthesia using a higher dosage of numbing medication. An epidural block can be used for cesarean birth or other surgery.)

FREQUENTLY ASKED QUESTIONS ABOUT EPIDURAL ANESTHESIA:

- **When can I ask for an epidural? How soon will I get it?**

While the decision lies with each individual care provider, most will let you have an epidural when you are somewhere between 3 and 5 centimeters dilated. The time to have the epidural placed - and for you to feel relief - varies from patient to patient, usually within 30-45 minutes.

- **Is there an anesthesiologist always in the hospital?**

Yes, they are in the hospital 24 hours a day. A second anesthesiologist can be called in within 20-30 minutes if needed.

- **Will an epidural slow down my labor?**

An epidural may slow your labor. In this instance, Pitocin may be given. Pitocin is a medication that makes your uterus contract.

- **Will I be able to move my legs?**

Although you will stay in bed with an epidural, most women can move their legs, while there are a few who cannot. It is the goal of an epidural to relieve your pain and still allow you to move your legs and push your baby out.

- **Will I be able to get up and go to the bathroom?**

Your legs will not support you safely after you have an epidural so you will not be able to get out of bed. You will have a foley catheter inserted to empty your bladder.

- **Will I need an IV?**

Yes, an IV is required prior to receiving an epidural.

- **What other equipment will I need?**

You will have an IV, a blood pressure monitor, an EKG monitor, a pump to run the continuous epidural, and a catheter. Your baby will be continually assessed using an **electronic** fetal monitor.

- **Does an epidural wear off before I have my baby?**

Continuous infusion of the anesthetic will help keep you comfortable during your labor. If you have an epidural for a long time, the dosage may need to be decreased for the pushing stage when your full participation is needed to birth your baby.

- **Can I choose to have an epidural at the last minute?**

You can ask to have an epidural late in your labor. Your nurse, doctor, or midwife may tell you that if you have an epidural late in labor, it may not have time to take effect before the birth. They may suggest other methods to help with pain relief. Factors staff consider as they counsel you about late anesthesia include how rapidly your labor is progressing, whether this is your first baby, and how far dilated your cervix is.

Safe delivery means a healthy mother and a healthy baby. We are here to support your childbirth experience and strive to provide the very best care for you and your baby. Your personal beliefs, emotions and desires will play an important role in this experience. Consider your pain relief options and discuss them with your physician to be sure the choice you make is the right one for you.

The following factors can assist you in making decisions about pain management in labor:

- ***Desire*** – Each woman’s perception of how they wish to labor will be unique. If you really desire to labor using specific comfort therapies, you will be more likely to do so. Most women are surprised by the power of their labors and the empowerment they feel as they work through their labor.
- ***Childbirth Preparation*** – Classes provide answers and information that help you form ideas best suited to your individual approach to birth, emphasizing a variety of comfort therapies. Your values and self-image, along with the facts about benefits and risks of each intervention, help you to make your individual decisions.
- ***Emotional Support*** – You need competent and caring support from your loved ones and from the professional staff assisting you. Labor is a time when you are highly perceptive of either positive or negative attitudes projected by those around you. Spend time reflecting on how you wish to interact with those helping you during labor.
- ***Flexibility*** – An uncomplicated labor does not require medications for safety; yet it is important to prepare for unforeseen circumstances for which interventions may become medically necessary. Make the choices that are right for you, but remain flexible too, since the course of labor cannot be predicted.

Security Instructions for Parents

Your baby's safety is a priority at Evergreen Hospital Medical Center. Evergreen takes precautions to be sure your baby is protected. You can help in the following ways:

1. Become familiar with the hospital personnel who work in the Family Maternity Center.

A nurse and unit technician will be assigned to care for you and your baby. When they come on duty, they will come in and introduce themselves to you. Your caregivers and your baby's physician are the only persons who have any reason to take your baby anywhere.

You may encounter other hospital staff such as housekeeping personnel who will be cleaning your room; lab and dietary personnel may enter your room for consultations and/or tests; auxiliary workers may drop by to deliver flowers. If you have questions or are unsure about any of these people, press your call light and someone from the nurses' station will assist you.

2. Never leave your baby alone or unsupervised in the room.

If your partner or trusted family member or friend is not available to watch your baby, please take your baby with you if you leave your room.

3. Feel free to question anyone who comes into your room.

If you are unsure of anyone who comes in your room or asks about your baby, even if he or she is wearing a hospital uniform or has an apparent reason for being there, press your call light to check with the nurses' station.

4. Check for proper identification before giving your baby to anyone, or you are welcome to accompany your baby for tests or procedures.

All Family Maternity Center staff members wear ID badges. Even if a person entering your room looks and acts like a hospital employee, ask him or her for identification. If you're still unsure for any reason, press your call light to contact the nurses' station and alert your nurse.

5. When your baby is born, your nurse will apply a small plastic transmitter to your baby's ankle. This transmitter is part of our new state-of-the-art infant security system. *If your baby is brought close to any of our exit doors, the door will automatically lock.* This system is meant to augment the security measures listed above.

Information About Scheduled Procedures: Induction and Cesarean Surgery

If you have been scheduled by your obstetric healthcare provider's office for labor induction or a Cesarean section at Evergreen Hospital Medical Center, this information is to further explain the scheduling procedure.

- The day prior to your scheduled labor induction or Cesarean section, you will be contacted by a Women's Services nurse. She will tell you the tentative time for your procedure and answer any questions you may have.
- Prior to leaving for the hospital the day of your procedure, please call the Family Maternity Center at **425.899.3501** to verify that your labor induction or Cesarean section has not been delayed due to an unexpected high volume of patients.
- If your scheduled induction or Cesarean section is delayed, please contact your obstetrician to coordinate when you will be rescheduled. *Often this is the same day*, but sometimes circumstances warrant rescheduling for a different day. **If you are scheduled for a Cesarean section, please do not have anything to eat or drink before checking with your obstetrician.**

If you have further questions, please contact your obstetrician.

Induction of Labor

Your healthcare provider may recommend inducing or starting your labor for various reasons – primarily when there is a concern for your health or the health of your baby. For example:

- You are 1- 2 weeks past your due date
- Your water has broken, but you are not having contractions
- There is an infection in your uterus (chorioamnionitis)
- Your baby has stopped growing at the expected rate
- There is not enough amniotic fluid surrounding the baby
- Your placenta is not working as well as it should
- You have a medical condition that may put you or your baby at risk, such as high blood pressure or diabetes

The most important consideration in the success of induction of labor is the readiness of your cervix, called “cervical ripeness”. A cervix that is soft, thinned, and starting to dilate or open is called favorable. If your cervix is not favorable, your provider will use one of several methods to make it more favorable:

Cervical Foley is a thin rubber tube that is inserted through the cervix with a balloon at the tip. The fluid-filled balloon applies constant pressure to soften, thin and dilate the cervix. This is usually done the day before induction is scheduled, and you are sent home with the Foley in place.

Cervidil (prostaglandin E) is a hormone insert that is placed into the vagina stimulating strong cramping. It has a string attached so it can be removed if the contractions become too long or frequent. You will be continuously monitored on the labor unit once Cervidil is inserted. We can use battery powered monitors so you may still move about while laboring.

Cytotec (misoprostol) is a tablet that can be taken by mouth or inserted into the vagina stimulating contractions. Cytotec can be repeated every 4-6 hour as needed to stimulate contractions. You will be continuously monitored on the labor unit once Cytotec is started, but as mentioned above you may still move about.

These three methods are generally considered cervical ripening agents, though some women go into labor with these interventions.

Pitocin is the synthetic form of Oxytocin – a hormone that is produced naturally by your body that causes the uterus to contract. Pitocin is given through an IV in your arm and increased slowly to gradually bring on regular contractions. Research has shown that pitocin contractions are no more intense than natural labor contractions; but you get to regular and

strong contractions faster with induction. Because every mom and baby can react differently to pitocin induction, you will need to be continuously monitored. Battery powered monitors allow movement.

The risks of any form of induction:

- Overstimulation of the uterus causing contractions that are too frequent or too long which can stress the baby.
- Failure of the induction to work, leading to a long labor, going home to try another day, or possibly a c-section delivery.
- Delivering the baby too early because of an uncertain due date.
- Increase in the likelihood of c-section delivery.

The benefits of labor induction:

- The risk of infection increases the longer your water is broken without delivery (induction shortens time in labor).
- Overdue babies have “tired” placentas that don’t support the baby as well.
- Overdue babies are more likely to have meconium-stained fluid.
- Vaginal deliveries may become more difficult as the baby continues to grow inside you.
- Serious medical conditions can threaten mom and baby if delivery does not occur soon.

We ask that you call FMC (425-899-3500) when you get up the morning of your induction to be sure we can still get you in at the scheduled time. Occasionally we may need to delay your induction time or even reschedule it for another day, so beware it is not a guaranteed time.

One in five women in the US has their labor induced. It is a very safe and commonly practiced procedure. Be sure to ask your provider whatever questions you have about your induction. Be informed, get prepared, then relax and think about meeting your baby!

Having a Cesarean at Evergreen

If you know you are going to have a Cesarean, the following suggestion will help you prepare for your birth:

- Make sure you understand the reason for your Cesarean and discuss any questions you have about the Cesarean with your physician. Learn as much as you can about the procedure. Read about Cesarean birth in *Pregnancy, Childbirth and the Newborn* and learn about the procedure in childbirth classes.
- Once your Cesarean is scheduled, be sure you know how long before the surgery you must not eat food or drink liquids. Having an empty stomach before receiving anesthesia decreases some of the risks of anesthesia. It is a good idea to eat well and drink lots of fluids the day before your surgery.
- With a planned Cesarean, you will probably have spinal anesthesia. Read about spinal anesthesia in the *"Pain Management during Labor and Birth"* page in this section of your notebook. You will discuss your anesthesia with your anesthesiologist before your Cesarean. They will review some of the common symptoms including: lack of pain but sensation of pulling while the surgeon operates; loss of ability to move your legs; use of a catheter to drain urine while you are anesthetized; trembling after the baby comes; and possible nausea which can be treated with medication. You will be able to see and hear your baby and you will be able to hold your baby after the pediatric team dries and stabilizes him/her.
- Decide who you would like to accompany you for the birth. You may have up to two adult support persons. If you want more, discuss this with your physician.
- If you want music played during the surgery, bring your special music CDs with you.

THE DAY OF YOUR SCHEDULED CESAREAN

- Come to the Family Maternity Center two hours before your scheduled surgery. You will be greeted by your nurse and oriented to your surroundings. You will be given a hospital gown to wear for the delivery.
- Once you are settled into your room, your nurse will place a fetal monitor on your abdomen using two elastic belts. The fetal monitor allows your physician and nurse to check on your baby's activity and heart rate as well as the activity of your uterus.
- An intravenous (IV) tube will be placed in your lower arm/hand. They will collect a urine specimen.
- Your abdomen will be shaved to remove hair about two inches above and two inches below the area where your incision will be.

- You will be given a small amount of a liquid antacid to drink. This will neutralize the acid in your stomach making anesthesia a safer procedure.
- Your partner(s) will be given shoe covers, a hat, surgical mask, and gown to cover his or her clothing.
- Your nurse will talk with you about what to expect in the operating room—who will be in the room, what will happen during the surgery, and what will happen in the first two hours following birth.

If you learned you are going to have a Cesarean during labor, here are some suggestions for you:

- Be sure you understand the reason for the Cesarean and have discussed the situation thoroughly with your physician or midwife.
- Your nurse will talk to you about what to expect in the operating room—who will be in the room, what will happen during the surgery, and what will happen in the first two hours following birth.
- Decide who you would like to come with you for the birth. You can have up to two adult support persons. If you want more, talk with your physician or midwife.
- Bring any CD's you brought with you to play during the surgery.

During the Surgery

- Your nurse will take you and your partner(s) to the operating room. Depending on your individual circumstances, you may walk, ride in a wheelchair, or lay on a stretcher.
- The anesthesiologist will discuss the types of anesthesia which are used for Cesarean birth (epidural and spinal) and tell you which one would be best for you. You will have a chance to ask questions and learn about the procedure. Anesthesia is given while you sit up or lie on your side. Once you have been given your anesthesia, you will be helped to lie on your back. A small wedge pillow will be placed under your hip to tilt your uterus to the side a bit and take the weight of the baby off the large blood vessels in your abdomen.
- A fetal monitor will be placed on your abdomen to monitor your baby.
- The nurse will place a urinary catheter (small, soft plastic tube) through your urethra into your bladder to keep your bladder empty during surgery. You will feel being touched but have no pain.
- Your abdomen will be washed with a special yellow liquid to clean the skin where your incision will be made.
- A surgical drape will be placed vertically between your upper and lower body to keep the surgical area clean. If you would like to watch your surgery and see the birth of your baby, a drape with a plastic window is available.

- Your partner will be at your head on one side and the anesthesiologist on the other. You will have a blood pressure cuff on one arm which allows us to assess your blood pressure frequently. You will also have heart monitors applied to your chest and a small clamp placed over your finger so we can be sure you are getting enough oxygen.
- Let your anesthesiologist, physician, or nurse know right away if you feel pain, are having trouble breathing, are uncomfortable, nauseated, cold, or frightened. They can help you be more comfortable.
- Use relaxation techniques and slow breathing during the Cesarean. Hold your partner's hand.
- Once surgery begins, you can expect to see the baby within 5 to 10 minutes. You will see your baby as he or she is taken to the warming and examination table. Usually 3 to 5 minutes later when your baby is doing well, we will wrap your baby in warm blankets and bring your baby to you to see and cuddle. These are important first memories.
- Take photographs. A digital camera has the advantage of being able to see pictures of the baby within seconds.
- If your baby needs care from a pediatrician, neonatologist and/or special care nursery nurse, have your partner or your anesthesiologist keep you informed about how your baby is doing.
- It usually takes about 20 to 30 minutes to suture your uterus and abdomen. A thick dressing is then placed over your incision

AFTER THE BIRTH

- Unless your baby needs special care, your nurse will take you and your baby back to your room. Your nurse will closely monitor you and your baby for the first hour after birth. She will ask you to breathe deeply and to turn from side to side until the numbness from the anesthesia is gone.
- Your nurse will assist you the first time you get out of bed. She will help you with your first breastfeeding. If you plan to formula feed your baby, she will show you how.
- Be sure to let your nurse know if you are having pain, feel shaky, or feel as though your skin itches. There are medications that are safe and can be given to increase your comfort.
- Most women go home about two days after the Cesarean. You will be seen in the Postpartum Care Center for an appointment to check on you and your baby a day or two later. Your physician or midwife will schedule a follow-up visit a week to several weeks later. Call your physician or midwife if you have any concerns about your incision or your health once you are home.