



Becoming A Family

Your Pregnancy and Hospital Services



**Baystate
Medical Center**

ADVANCING CARE.
ENHANCING LIVES.

THIS BOOK BELONGS TO

[BaystateHealth.org/parented](https://www.BaystateHealth.org/parented)

Congratulations on your pregnancy and thank you for choosing the Wesson Women and Infants' Unit of Baystate Medical Center as the place to have your baby. Every member of our staff understands that the birth of a child is one of life's most precious moments, and we look forward to the opportunity to share it with you.

Our hospital is the leading center for maternity services in Western Massachusetts. And although we're one of the largest birthing centers in the United States, we feel that each birth is unique, and that every mother and baby deserve outstanding care. That's why parents feel comfortable here. We believe that is the reason more than 4,200 babies are born here each year, more than half of all those born in the region.

Just as important, our staff has the medical expertise and technology to make your birthing experience a safe and happy one.

Your baby is yet to be born, and we know you have many questions about your pregnancy. We have prepared this booklet just for that purpose. We hope it will help you prepare for the many changes you will encounter, both physical and psychological, as you face the challenges and rewards of parenthood. We want to help you get ready to welcome and care for the newest member of your family.

This booklet will also tell you more about our services and procedures, and what to expect before and after you are in the hospital.

Please read this booklet and keep it handy. While it can not replace the information you will receive from your own health care providers, it will be a helpful reference for you.

We believe that in choosing Baystate Medical Center, you have chosen the best. We think you'll agree.

Mark A. Keroack
President/Baystate Health

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Your Pregnancy



Preparing for Your Baby

Before you deliver your baby, you need to learn:

- What kind of food to eat during your pregnancy and the postpartum period.
- Exercises that are safe to do during pregnancy and the postpartum period.
- Signs of labor and when to call your doctor or nurse-midwife.
- Breathing and relaxation techniques.
- The danger signs during pregnancy.
- How to care for yourself after delivery.
- Signs of postpartum depression.
- How to feed your baby.
- Infant safety techniques.
- How to diaper and bathe your baby.
- What are the normal bowel movements of a newborn baby.
- Burping and holding your baby.
- Care of the umbilical cord.
- The immunization schedule for babies.
- When and why you should call your baby's doctor.

You will find much of the information in our Becoming A Family booklets. We also offer classes where you can learn about pregnancy, childbirth, and infant care.

Preparation for Childbirth classes online or face to face are strongly recommended. Please register by your fourth month of pregnancy.

Sign up for our pregnancy and infant email newsletter at BaystateHealth.org/Babymail.

Changes During Pregnancy

Pregnancy is a time of many physical and emotional changes for the mother. You probably want to know more about these changes and what is happening to your growing baby. You may notice that your feelings about yourself, others, and the baby will change often. This is normal. The following is a short list of changes which both mother and baby will undergo.

Please check our reading list (page 150) for further information.

First Trimester

Experience of Mother	Changes	Development of the Baby
<p>The First Trimester (first three months) <i>These are called the months of adjustment - to the idea of being a mother, of having a child or, perhaps, of having another child.</i></p> <ul style="list-style-type: none"> • No menstruation* (period); • Sleepiness; • Frequent urination; • Nausea; • Fullness and tingling in the breasts. • You may be able to feel the top of the fundus, the upper rounded portion of your uterus, about one third of the way between the pubic bone and the navel.* 	<ul style="list-style-type: none"> • Changes occur in the cervix, which you will note as a vaginal discharge. • Breasts get bigger and darkening of the nipples and areola* on breasts occurs. • May experience mood swings. • By the end of 12 weeks of pregnancy, the enlarging uterus begins to rise out of the pelvic cavity. Uterus is now the size of a grapefruit. 	<p>End of one month:</p> <ul style="list-style-type: none"> • The baby is 1/4 inch long. • Spine, spinal cord, and digestive system are developing. • By the 25th day, the heart is beating. <p>End of two months:</p> <ul style="list-style-type: none"> • The baby's face is formed. • There are arm and leg "buds" with rudimentary fingers and toes. • External genitals begin to form, and the baby is now 1/2 inch long. <p>End of third month:</p> <ul style="list-style-type: none"> • The baby is 3 inches long and weighs about 1 ounce. • Placenta is producing the hormones needed to maintain pregnancy. • Fingers and toes can be seen.

Changes During Pregnancy

Second Trimester

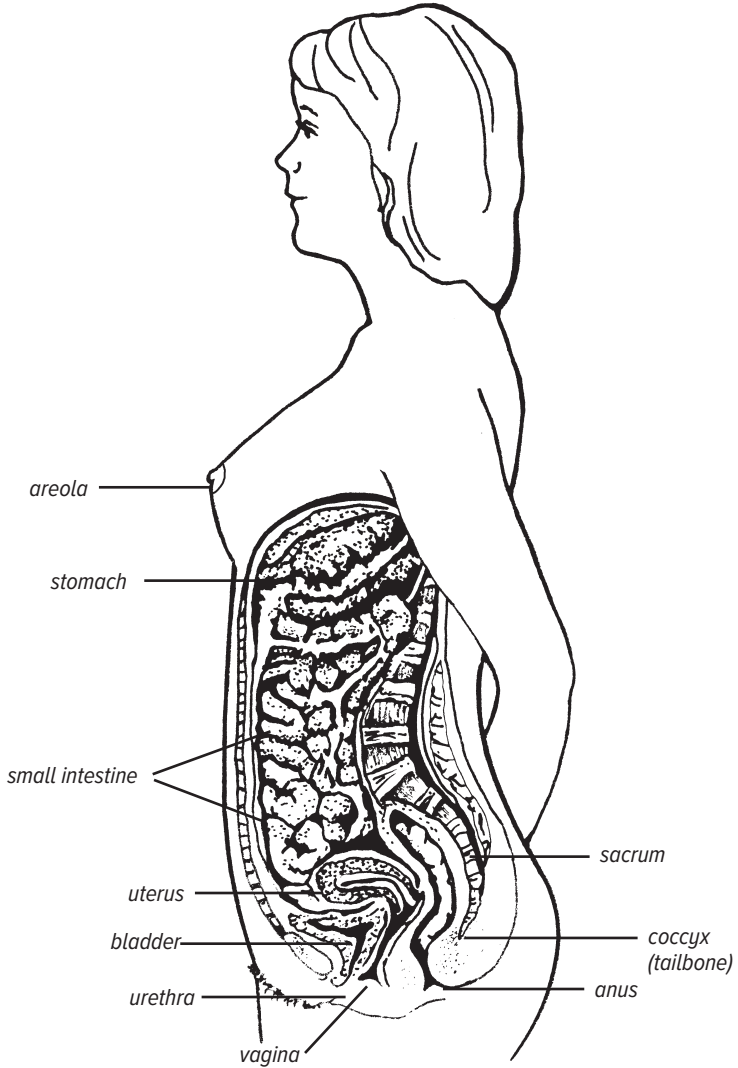
Experience of Mother	Changes	Development of the Baby
<p>The Second Trimester (middle three months)</p> <p><i>This is called the trimester of acceptance and planning. Mothers usually feel wonderful physically. This means the whole body is working more efficiently. There is quickening—mothers begin to feel the baby move.</i></p> <ul style="list-style-type: none"> • Stretch marks on the abdomen. • May have constipation* and gastric upsets –signs of increasing pressure of the uterus on the digestive organs. Important to drink more fluids and eat more fruits and vegetables. • Tired legs and occasional swollen ankles are experienced. Raise your legs whenever possible. 	<ul style="list-style-type: none"> • The uterus is increasing in size. More blood vessels are being created to supply the uterus and cervix, which is adapted muscularly for the job of labor. • Mobility of the pelvis is gradually increasing. 	<p>End of fourth month (16 weeks):</p> <ul style="list-style-type: none"> • The baby is covered with lanugo* (fine hair) and vernix* (a protective coating). • The baby is 6 inches long, and weighs about 4 ounces. <p>End of fifth month (20 weeks):</p> <p>The baby's movements may soon be felt.</p> <ul style="list-style-type: none"> • There is hair on the head. • The heartbeat can be heard with fetoscope. • Uterine contractions* (Braxton Hicks*) may become noticeable. • Baby is 10-12 inches long, and weighs 1/2 to 1 pound. <p>End of sixth month (24 weeks):</p> <ul style="list-style-type: none"> • Fat deposits begin to form under the baby's skin. • Baby will attempt to breathe if born. • Baby is 11 to 14 inches long, and weighs 1 1/2 pounds.

Changes During Pregnancy

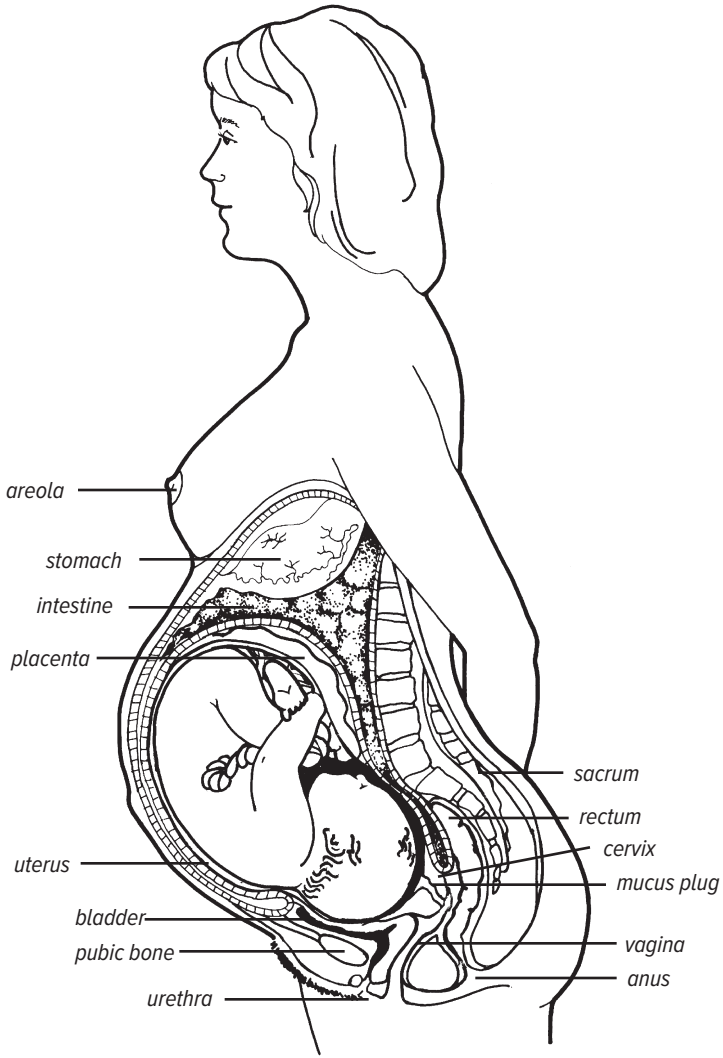
Third Trimester

Experience of Mother	Changes	Development of the Baby
<p>The Third Trimester (last three months) <i>The main discomforts for most mothers result from increased pressure on muscles, nerves, and blood vessels in the abdomen, pelvic cavity, and legs. The enlarged uterus and heavier baby cause the pressure. Mothers feel shortness of breath as the top of the uterus presses upward.</i></p> <ul style="list-style-type: none"> • Leg cramps, tired legs, and, possibly, varicose veins occur. • Occasional dizziness or feelings of lightheadedness occur. • With lightening, or settling of the baby low in the uterus, there is a return of frequent urination, possible constipation. Good nutrition is important. • The last part of the third trimester can be the most exciting and uncertain period of a woman's life. 	<ul style="list-style-type: none"> • Uterine contractions increase and the mother may experience false labor (Braxton Hicks) contractions during the last four to six weeks before delivery. • Discharges from glands of the cervix and vagina are enough to form a cork of mucus in the cervix. It keeps bacteria out, and may be dislodged before, or with the beginning of "true" labor. This is referred to as expulsion of the mucus plug.* The uterus is at the sternum (breastbone) by the 36th week. Shortness of breath may occur. • In the last month, the uterus lowers as baby settles into the birth position. This is "dropping" or "lightening." • There is softening and increased elasticity of tissue in the cervix, vagina, and pelvic floor. • Colostrum* discharge is increasing from breasts. Wash with plain water as needed. 	<p>Seven months (28 weeks):</p> <ul style="list-style-type: none"> • The baby can open eyes. • It looks red and wrinkled. • It is 14-17 inches long and weighs 2-3 pounds. <p>Eight months (32 weeks):</p> <ul style="list-style-type: none"> • Baby is acquiring a nice layer of fat under the skin. • Loses some of the downy hair covering the skin. • Has fingernails longer than fingertips. • If it's a boy, his testicles descend into the scrotum. <p>Nine months (36-42 weeks) Birth:</p> <ul style="list-style-type: none"> • Baby probably will weigh 7 to 7 1/2 pounds and be 18 to 20 inches long.

A Woman's Anatomy



A Pregnant Woman's Anatomy





Exercises and Body Changes

Most women find that a regular exercise program will result in a healthier and more comfortable pregnancy. If you were active before you became pregnant, you should be able to continue your activities. You should not begin a new strenuous sport or exercise program. Consult with your doctor or nurse-midwife about what type of program or activities would be best for you.

The American College of Obstetricians and Gynecologists recommends the following guidelines:

- Regular exercise is better than spurts of heavy exercise.
- Drink water before, during, and after exercising.
- Do not exercise in hot, humid weather or if you feel sick.
- Avoid jerky, bouncy, or high impact motions. Wear a good fitting bra.
- Avoid deep knee bends, double leg raises, and straight leg toe touches.
- After the fifth month of pregnancy, avoid exercises which require lying on your back for more than a few minutes.

Body Mechanics

Use of good body mechanics will prevent injury.

Therefore:

- Squat to pick things up. Use your legs to lift.
- Carry objects close to your body.

- Spread your feet, one foot slightly in front of the other, when lifting.
- Never twist your upper body; move your feet when turning.
- Get up slowly when lying down. Roll to your side, then push with your arms to a sitting position, and use your legs to stand.
- Wear comfortable, low-heeled shoes to help maintain good posture.

Precautions

- Always exercise slowly, be comfortable, and rest briefly between exercises.
- Start with warm-up exercises and taper off gradually.
- Do a few exercises at a time, several times during the day. Avoid tiring yourself.
- Stop and rest if you become breathless, dizzy, or tired.
- Never hold your breath. Relax on inhalation, contract, on exhalation.
- Change positions slowly.
- Stop exercises if you feel pain.

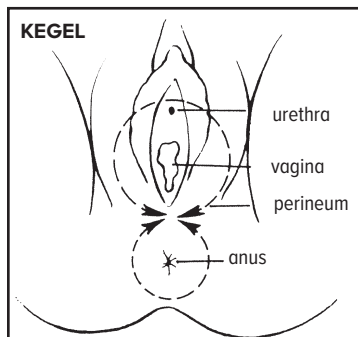
Exercises

The following exercises can be done at home:

Kegel

Purpose: To strengthen the pelvic floor muscles* and increase blood flow to the perineum.* Exercising these muscles will give better support to the uterus* and pelvic organs.

- You will slowly tighten the muscles as if you were to stop the flow of urine.
- Hold for 10 to 20 seconds then slowly release.
- Do 3-6 times a day.
- Can be done in any position.



Tailor Press

Purpose: To stretch inner-thigh muscles and backs of thighs.

- Sit on floor with soles of feet together.
- Put hands under knees.
- Press knees to floor against resistance of hands.

- Hold for count of five.
- Slowly release.
- Work up to 10 times.

Tailor Stretch

Purpose: To stretch inner-thigh muscles and backs of thighs.

- Sit on floor with feet apart, back straight.
- Keeping both arms parallel to floor, reach forward.
- Hold for count of five.
- Work up to 10 times.

Tailor Reach

Purpose: To align posture, stretch shoulders and upper back.

- Sit on floor with legs crossed.
- Bend elbows and place fingers at shoulder level.
- Alternating arms, reach up slowly.
- Reach to ceiling and hold for count of five. Work up to 10 times.

Pelvic Tilt

Purpose: To realign posture, strengthen abdominal muscles, stretch back muscles, relieve backache.

- Kneel on your hands and knees. Do not arch your back.
- Inhale.
- Exhale and raise your back. You should feel your abdominal muscles tighten.

Common Discomforts of Pregnancy

Some of the physical changes that take place during pregnancy may result in discomforts for you. *There are some relief measures you can use until the final one, birth, occurs!*

Discomfort	Possible Cause	Relief Measure
Nasal Congestion or Nosebleeds	<ul style="list-style-type: none"> Increased blood volume. 	<ul style="list-style-type: none"> Report to physician/nurse-midwife if severe. Lubricate nasal passages with petroleum jelly. Avoid decongestants unless ordered by doctor or nurse-midwife. Use humidifier. Use saline nosedrops.
Nausea and Vomiting (morning sickness) <ul style="list-style-type: none"> Can occur at any time during pregnancy but most common during the first 3-4 months 	<ul style="list-style-type: none"> Changes in hormones. 	<ul style="list-style-type: none"> After sleeping, get up slowly, sit on side of bed. Eat dry crackers, peeled cooked potatoes, toast, or apple. Don't drink large amounts of fluids all at one time. Instead, drink small amounts throughout the day. Eat many small meals and include protein foods. Eat a well-balanced diet, especially food with B vitamins. Use Sea Bands (also used for motion sickness). Call doctor or nurse-midwife if it becomes severe.
Heartburn	<ul style="list-style-type: none"> Stomach displaced by growing uterus. Progesterone relaxes the opening of the stomach, which allows for stomach acid to enter the esophagus. 	<ul style="list-style-type: none"> Eat frequent, small meals. Avoid greasy or spicy foods, coffee, cream before meals. Do not take Alka Seltzer or baking soda, which are high in sodium. Raise arms over head, inhale. Stay in upright position after meals. Eat 2-3 hours before bedtime. Sleep with your head/bed elevated.

Common Discomforts of Pregnancy

Discomfort	Possible Cause	Relief Measure
Leg Cramps	<ul style="list-style-type: none"> • Pressure of uterus on blood vessels, which decreases blood to legs. • Pooling of blood in legs. • Pointing of toes. • Fatigue or chilling. • Sudden stretching. • Sitting for long times. • Lack of calcium and/or too much phosphorus. 	<ul style="list-style-type: none"> • Slowly stretch the cramped muscle, point toes toward nose. If pain is in: <ul style="list-style-type: none"> • Foot - stand on affected foot. • Calf Muscle - straighten knee, pull foot towards head. • Thigh - stretch leg backward. • Buttocks* - stretch leg forward. • Increase calcium intake (milk, yogurt, cheese). • Decrease phosphorus (soda, hot dogs). Eat magnesium rich foods such as beans and whole grain. • Change positions.
Dizziness/ Fainting	<ul style="list-style-type: none"> • Pressure of uterus on large abdominal blood vessels. • Anemia. • Decreased blood sugar. 	<ul style="list-style-type: none"> • Do not lie on back or stand for long periods. • Eat nutritious foods. • Don't skip meals. • Avoid sudden changes in posture. • Stay in cool, well-ventilated rooms.
Constipation	<ul style="list-style-type: none"> • The hormone progesterone causes relaxation of digestive system. • Decreased physical activity. • Pressure on intestines from the enlarging uterus. • Change in diet. • Failure to empty bowels when urge is felt. 	<ul style="list-style-type: none"> • Drink 6-8 glasses of water daily. • Include fruits with breakfast. • Increase intake of bulk/roughage such as fruits, vegetables and whole grain products. • Increase physical activity, walk daily. • When sitting on toilet, assume squatting position by placing feet on stool- relax pelvic-floor muscles. • Don't take stool softeners/laxatives unless directed by doctor/nurse midwife. • Do not use mineral oil.

Common Discomforts of Pregnancy

Discomfort	Possible Cause	Relief Measure
Cramps under Rib Cage Shortness of Breath	<ul style="list-style-type: none"> • Diaphragm is compressed by uterus high in abdomen. • Diaphragm is pressed against the base of the lungs because of the position of the uterus. • Hormonal changes. 	<ul style="list-style-type: none"> • Lift rib cage upward by raising arm above head, then stretch. • Raise arms over head, stretch. • Sleep propped up with pillows. • Have doctor/nurse-midwife check for anemia. • You should experience some relief when baby moves downward.
Groin Ache	<ul style="list-style-type: none"> • Poor posture. • Standing too long. • Pressure of baby on uterus. • Round ligaments, which hold the uterus in place, are pulled and stretched. • Quick changes in positions 	<ul style="list-style-type: none"> • Correct posture. • Do light massage in groin area. • If spasm is sudden, pull leg up on affected side, or lie on the affected side with leg pulled up.
Backache	<ul style="list-style-type: none"> • Poor posture. • Softening of ligaments and joints. • Overweight. • Soft mattress. • Standing or sitting for prolonged periods. 	<ul style="list-style-type: none"> • Maintain good posture. • Do not bend over to lift something – squat instead. • Wear low heeled, sturdy shoes. • Avoid over-exertion. • Do pelvic tilt on all fours. • Change position slowly and frequently.
Numbness/ Tingling	<ul style="list-style-type: none"> • In arms/wrist: Possible carpal tunnel syndrome. • In legs/thigh: Uterus increases in size placing pressure on nerves. 	<ul style="list-style-type: none"> • Place hands on shoulders and rotate elbows. • Avoid sleeping on arms or hands. • Report to your doctor/nurse-midwife.

Common Discomforts of Pregnancy

Discomfort	Possible Cause	Relief Measure
Frequency of Urination	<ul style="list-style-type: none"> • Pressure of uterus on bladder. • Possible urinary tract infection,* especially if urination is accompanied by burning sensation. 	<ul style="list-style-type: none"> • Be patient, birth of baby will provide relief. • Check with doctor/nurse-midwife about possible infection. • Don't reduce fluid intake. • Do Kegel** exercise to help tone perineal muscles and prevent urinary leakage.
Flatulence (gas)	<ul style="list-style-type: none"> • Decreased mobility of intestinal tract. 	<ul style="list-style-type: none"> • Avoid gas forming foods: beans, cabbage, corn, fried foods, sweet pastry. • Drink water, eat bulk, roughage foods.
Hemorrhoids	<ul style="list-style-type: none"> • Varicose veins (enlarged blood vessels) of the lower bowel and rectum. • Relaxing effect of progesterone on veins. • Pressure of uterus on large bowel. • Overweight. • Lack of exercise. • Failure to empty bowels when urge is felt. This can lead to constipation. • Straining to move bowels. 	<ul style="list-style-type: none"> • See constipation. • Do Kegel exercise to stimulate circulation and decrease swelling. • Use cold compress; ice, witch hazel, vaginal pads (Tucks). • Check with doctor/nurse-midwife about over-the-counter medication.

Common Discomforts of Pregnancy

Discomfort	Possible Cause	Relief Measure
Swelling	<ul style="list-style-type: none"> • Pressure of uterus on blood vessels. • Standing or sitting for long periods. • Possible lack of protein in diet. • Tight clothing. • Hot, humid weather. • A small amount of swelling is normal. • Do not take diuretics (water pills). 	<ul style="list-style-type: none"> • Do foot circling. • Drink six to eight glasses of water daily. • Eat adequate protein. • Elevate legs periodically. • Do pelvic rock and Kegel** exercise for pelvic congestion. • Avoid processed foods with salt, but do not eliminate salt from diet unless advised by doctor/nurse-midwife. • Call doctor/nurse-midwife if swelling is in face or becomes severe.
Vaginal Discharge	<ul style="list-style-type: none"> • Provides protection against infection. 	<ul style="list-style-type: none"> • Call doctor/nurse-midwife if discharge becomes foul smelling, or you experience burning or itching. • Maintain good hygiene. • Do not douche. • Wear panties with a cotton crotch.
Braxton Hicks Contractions*	<ul style="list-style-type: none"> • Uterine contractions due to the stretching of uterine muscles. • At end of pregnancy, these may help cervix to soften. 	<ul style="list-style-type: none"> • Take warm shower, bath, change position, lie down on left side if upright; walk if you've been lying down. Try light abdominal massage. • If you are less than 7 months pregnant and feel 4 contractions within 1 hour, then call your doctor or nurse-midwife.
Breast Changes	<ul style="list-style-type: none"> • Due to hormones. 	<ul style="list-style-type: none"> • If breastfeeding, check for flat or inverted nipples.

** See page 12 for more on Kegel exercise.

Learn the Signs of Preterm Labor

Even if you do everything right, you can still have preterm labor. Preterm labor is a serious problem occurring before 37 weeks of pregnancy. This is too early, and your baby could be born too soon. Call your health care provider right away if you have any of these warning signs.

Warning Signs

- Contractions (your abdomen tightens like a fist) every 10 minutes or more often
- Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- Pelvic pressure—the feeling that the baby is pushing down
- Low, dull backache
- Cramps that feel like your period
- Abdominal cramps with or without diarrhea

What Your Health Care Provider Might Tell You

- Come into the office or go to the hospital right away.
- Stop what you were doing.
- Rest on your left side for one hour.
- Drink two to three glasses of water or juice (not coffee or soda).

Take Care of Yourself and Your Baby

- Get regular prenatal checkups.
- Try to avoid stress. Ask family and friends for help.
- Don't drink alcohol, smoke or take street drugs.
- If you feel burning or pain when you go to the bathroom, you may have an infection. Call your health care provider.

The above information was provided by the March of Dimes. To learn more information, visit the website of the March of Dimes at marchofdimes.com.

Vaccinations

Some people think immunizations are only for babies. Not true! Vaccines are important for all ages and especially vital for pregnant women and new mothers.

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated.

Two of the most important vaccines for pregnant women and new moms are the flu vaccine and a vaccine against whooping cough (pertussis).

Ideally, young women should be up to date with their adult immunizations before becoming pregnant. If they are not, they should be immunized during the pregnancy against influenza and pertussis (given after 20 weeks gestation). If a mom is not immunized during her pregnancy, then she should be vaccinated in the hospital before going home with the new baby.

All family members, siblings, and caregivers surrounding the baby should also be immunized with flu and pertussis vaccine. A "cocooning" strategy of vaccinating everyone around the child helps to protect the baby until they are old enough to receive their own immunizations.



Pregnancy Checklist

Guidelines For A Healthy Baby

Month 1-3

- Meet with your obstetrician or nurse-midwife (have breasts checked for nursing).
- Have all medications (including over-the-counter drugs) approved by your doctor or nurse-midwife.
- Start prenatal vitamins.
- Avoid smoky areas.
- Maintain healthy eating habits.
- Begin reading books on pregnancy and childbirth.
- Begin prenatal yoga classes.
- Do not smoke, drink alcohol, or take drugs.
- Adopt healthy lifestyle.*
- Sign up for the Parent Education email letter at BaystateHealth.org/Babymail.**

Month 3-6

- Continue healthy eating habits.
- Continue monthly prenatal check-ups with obstetrician or nurse-midwife.
- Preregister for hospital stay at Baystate Medical Center.
- Buy or borrow maternity clothes.
- If returning to work following birth, arrange for childcare.
- Get vaccinated.
- Register for Childbirth classes in your fourth month.**

***Pregnancy/Environment Hotline** - Provides information about drugs and medications, chemicals, and other environmental agents which may be harmful to a pregnant woman and her unborn child.

Call Toll Free in MA: **1-800-322-5014**

Mondays 9:00 am to 4:30 pm, Wednesdays 9:00 am to 2:30 pm
and Thursdays 9:00 am to 12:30 pm.

Pregnancy Checklist

Month 6-9

- Begin Childbirth classes.**
- Continue healthy lifestyle.
- Select pediatrician.
- Select a reliable babysitter. (Have your sitter take the Keeping Baby Safe or Baby-sitters Academy class.)
- Register for Sibling, Keeping Baby Safe, and Grandparents classes.
- Start weekly prenatal visits to obstetrician or nurse-midwife during last month.
- Prepare nursery.
- Make arrangements at home for your hospital stay.
- Pack suitcase for you and your baby.
- Pack telephone numbers of friends and family.
- Plan transportation to and from hospital.
- Make sure that your baby's car seat is correctly installed in your car. *Consider checking with your Police or Fire department for free car seat installations or inspections. For more information on car seat safety and state by state inspection sites, visit www.safekids.org.*

Off-limits During Pregnancy

- Sushi.
- Any dish containing raw eggs (e.g., tiramisu).
- Undercooked meat.
- Unpasteurized soft cheeses such as feta or Brie, which may carry bacteria (pasteurized cheeses okay).
- Shark, swordfish, king mackerel, or tilefish.
- Alcohol.
- Hot tubs or bath water which raises your body temperature over 101° F.
- Saunas.
- Tanning beds.
- Routine X-rays.
- Aromatherapy oils (may cause uterine contractions when rubbed on the belly).
- Strong concentrated fumes, such as polyurethane or paint.
- Sitting for a long time while traveling, which could cause blood clots to form in your legs.
- Changing cat litter.



The Support Person's Role

For the next several months, the mother-to-be will receive a lot of attention—from health care providers, family, friends, and strangers.

As the partner, you may feel overlooked at times. But you should never feel unimportant. Your role is important during the pregnancy, and in all the years of parenting that lie ahead.

Exactly what that role will be is up to you and your partner to decide and work out together. But there are many ways in which your involvement can make this pregnancy a happier, healthier experience for both of you.

If this is your first child, you may feel a little anxious with all the new experiences facing you. Even if you have other children, you probably have a lot of concerns: Will your partner and baby be all right? Will she still have time and energy for you? Will you be able to meet your responsibilities to her and your baby? Do you want to play an active role in the labor and delivery?

Such worries and feelings are common whenever we begin some new phase of our lives—marriage, a job, a major move. They are normal.

The best way to ease your concerns is to learn all you can about pregnancy, birth, and parenthood.

You can start by listening and talking with your partner, and sharing your thoughts and feelings with each other. You can attend childbirth classes. Read books and articles, so you will know what to expect and how to deal with it. This will help you to help your partner, and to be her advocate—to speak up for her when she needs you to do so. It also will help you both to make good decisions along the way.

You can accompany your partner on her prenatal visits. Your presence will reassure her, and will make you part of the process.

Some parts of your role are very practical. You can help your partner by practicing healthy habits yourself by eating good foods and exercising. You should not smoke, take drugs or alcohol, and encourage your partner to do the same. Never physically or verbally abuse your partner. You can also help her with household chores and shopping.

When the time comes, you can get her to the hospital, deal with any paperwork on admission, and keep her calm and confident.

While you participate in the labor and delivery, you can provide everything from ice chips to back-rubs. You can breathe with her, encourage her, and reassure her. You can let her lean on you—emotionally and physically. We even have a chair in the room which converts to a bed so you can rest comfortably.

After the birth, you are encouraged to care for your baby—from bathing and changing, to cuddling and playing. You can help your partner adjust to the demands of motherhood as you become accustomed to parenthood.

If you are not married to the mother of your baby, then speak to the birth certificate clerk on how to become your baby's legal parent. You can sign a form while in the hospital so that your name can be placed on the birth certificate.

In other words, you can be a true partner and a true parent— right from the start.

And remember—we are here to help in any way we can.

Sex and the Pregnant Couple

The ups and downs of pregnancy, followed by the arrival of a baby, often add stress to a couple's relationship. Both partners go through a lot of change and personal growth during the childbearing year.

The topic of sex, during and after pregnancy, is surrounded by old wives' tales. Unfortunately, many people hesitate to discuss sex and sexuality with their doctor or nurse-midwife.

The following are a few things you should know:

Before the Baby is Born

It is natural to worry about hurting the baby when having sexual activity but the baby is protected by being inside the uterus. Orgasm is not harmful to the baby. Intercourse is generally safe all through pregnancy unless: the membranes have ruptured; there is vaginal bleeding or infection;* or there is vaginal or abdominal pain. If you have had previous miscarriages, you should talk to your doctor or nurse-midwife.

Some women notice they are more interested in sex when they are pregnant; others are less interested. A woman's desire may vary due to hormonal changes, fatigue, and changing body image. Her partner also may experience changes in sexual desire.

Sometimes simply "pleasuring" each other—massaging, relaxing, or snuggling, without necessarily moving on to intercourse—can maintain closeness and keep lines of communication open.

Finding a comfortable position for lovemaking may be difficult as pregnancy progresses, but it can be done. A position using shallow penetration may be helpful.

****See glossary for more information on these terms.***

Domestic Violence

Are you in a relationship in which you are being hit, kicked, punched, threatened, or made to feel afraid? Does your partner tell you that you are stupid or bad? Are you told that you cannot visit with family or friends? Does your partner blame you, alcohol, drugs or stress for the abusive behavior? If you are being hurt or are afraid of someone you are close with, then help is available. Remember, you should not be threatened or beaten. It is against the law. You can talk with your doctor or nurse.

You can also contact the following women's shelters and counseling centers for further help or information:

ARCH (Abuse and Rape Crisis)

24 hour Hotline)

Springfield **413-733-7100**

1-800-796-8711 (TTY)

Womanshelter/Companeras

Holyoke **413-536-1628**

Ware **413-967-3435**

24 hour Hotline: **1-877-536-1628**

www.womanshelter.org

Everywoman's Center

Amherst **413-545-0883**

24 hour Hotline: **413-545-0800**

Safe Passages

413-586-1125

Northampton

24 hour Hotline: **413-586-5066**

or **1-888-345-5282**

www.safepass.org

NELCWIT

Franklin County Hotline

413-772-0806

1-888-249-0806

24 hour hotline

www.nelcwit.org

New Beginnings/YWCA

Westfield **800-796-8711**

24 hour Hotline: **800-796-8711**

Community Legal Aid

Springfield **413-781-7814**

Domestic Violence

Court Information

You can get protective orders under the Abuse Prevention Act by calling your local district court.

Hampden County
413-505-5651

Springfield District Court
413-748-8600

Holyoke
413-538-9710

Northampton
413-586-7400

Greenfield
413-774-5533

Family Advocacy Center 50 Maple Street, Springfield

A program of Baystate Medical Center and the Children's Hospital, the Family Advocacy Center has a trained staff of physicians, psychologists, social workers, volunteers, and advocates and many programs to help you if you or your family are experiencing child abuse or domestic violence.

Since every family is different, the center offers counseling, medical services, advocacy programs, support programs, and legal services.

Depending upon your need, you may be helped by one or more of the following services:

- Sexual Abuse Clinic
 - Family Violence Prevention
 - Multidisciplinary Investigative Team
 - Domestic Violence Advocate Volunteer Program
 - Family Violence and Sexual Assault Clinical Team
 - Family Violence
 - Legal Project
 - Multidisciplinary Interview Team
 - Play Partnership Program
- Insurance is accepted and many therapy programs are free of charge. For more information, call the Family Advocacy Center at **413-794-9816**.

Emotional Adjustment of Pregnancy

Having feelings you didn't expect? Although pregnancy is thought to be a time in which mothers experience joy, calm and excited anticipation, the reality is that many mothers experience feelings of anxiety, sadness, fear, and other unexpected feelings. During a time of great transition like pregnancy and birth, these feelings are normal and should be expected.

The first job that every mother has during her pregnancy is to take care of herself. Your emotional health impacts the health of your baby. It is better for your baby and for you if you get the support you need during your pregnancy. Don't suffer alone. Help is available. Get the support you need when you need it. Talk to your provider today and they can provide you with resources to support you during these important months of your pregnancy.

Talk to your provider about your feelings if:

- They are of concern to you.
- They are getting in the way of your daily tasks.
- You have a history of depression and/or anxiety.
- You aren't able to sleep.
- You are having a complicated pregnancy and/or birth.
- You are having major life changes or stresses: job, relationship, family.

If you checked off one of the boxes above:

1. Talk to your OB or mental health provider about your feelings and concerns.
2. **Call MotherWoman.org at 413-387-0703** for mental health referrals and support groups.
3. Call PSI of Western MA Warmline at **866-472-1897** to talk to someone who understands and for referrals.
4. Call Baystate Behavioral Health Services at **413-794-7035** to connect with mental health resources.

Emotional Adjustment Questionnaire

The following questionnaire was developed to detect if a woman may be having postpartum depression but can work to detect depression in pregnant women as well. Please save this questionnaire and answer the questions immediately postpartum and then 4 to 8 weeks after your delivery. It usually takes about five minutes to complete. Please check the answer that comes closest to how you have felt IN THE PAST SEVEN DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things.

- As much as I always could (0)
- Not quite so much now (1)
- Definitely not so much now (2)
- Not at all (3)

2. I have looked forward with enjoyment to things.

- As much as I ever did (0)
- Rather less than I use to (1)
- Definitely less than I use to (2)
- Hardly at all (3)

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time (3)
- Yes, some of the time (2)
- Not very often (1)
- No, never (0)

4. I have been anxious or worried without a very good reason.

- No, not at all (0)
- Hardly ever (1)
- Yes, sometimes (2)
- Yes, very often (3)

5. I have felt scared or panicky without a very good reason.

- Yes, quite a lot (3)
- Yes, sometimes (2)
- No, not much (1)
- No, not at all (0)

6. I have been feeling overwhelmed.

- Yes, most of the time I haven't been able to cope at all (3)
- Yes, sometimes I haven't been coping as well as usual (2)
- No, most of the time I have coped quite well (1)
- No, I have been coping as well as ever (0)

Emotional Adjustment Questionnaire

7. I have been so unhappy that I have had difficulty sleeping.

- Yes, most of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

8. I have felt sad or miserable.

- Yes, most of the time (3)
- Yes, quite often (2)
- Not very often (1)
- No, not at all (0)

9. I have been so unhappy that I have been crying.

- Yes, most of the time (3)
- Yes, quite often (2)
- Only occasionally (1)
- No, never (0)

10. The thought of harming myself has occurred to me.

- Yes, quite often (3)
- Sometimes (2)
- Hardly ever (1)
- Never (0)

SCORING

Question No.	Your Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total 1-10	

Scoring: Please add all your scores together from questions 1 to 10. A total score higher than 10 indicates you may be experiencing symptoms of depression. Talk to your doctor or nurse-midwife for further information. You can also attend a support group for mothers at Baystate Medical Center. Call 413-794-5515 for more information, or visit our website at www.baystatehealth.org/parented to view our “After Baby is Born” parent resources.

Cox JL, Holden, JM, Sagovsky, R: *Edinburgh Postnatal Depression Scale (EPDS)*. *British Journal of Psychiatry* 1987; Vol.150.

Smoking, Drugs, and Environmental Hazards during Pregnancy

Smoking

We all know the medical dangers of smoking: emphysema, chronic bronchitis, lung cancer, heart disease, peptic ulcers, facial wrinkles, gum disease, loss of teeth, and self-pollution. Add to those the cost, the risk of fire damage, and the bad example smokers set for their children. Second-hand smoke can also cause medical problems for other family members.

But for the expectant mother, there are other reasons to quit. A mother-to-be supplies nutrients (food) to her baby. A smoking mother also supplies carbon monoxide and nicotine, and both of them are harmful to her and to her baby. Carbon monoxide reduces the amount of oxygen to mother and baby. A woman who smokes two packs a day does as much harm to her baby as a 40 percent decrease in blood flow would do.

Nicotine affects heart rate, blood pressure, and oxygen supply. Nicotine also can narrow placental blood vessels, further restricting the baby's supply of oxygen and nourishment. The baby can also suffer nicotine withdrawal, since nicotine is an addictive drug.

Because of decreased blood flow to the uterus, the average baby of a smoking mother weighs 5 to 8 ounces less than average, which means the baby may have more health problems.

Smoking women double their chances of having a spontaneous abortion, stillbirth, or premature birth.

Scientists have also discovered that the danger does not end when the baby is born.

Smoking, Drugs, and Environmental Hazards during Pregnancy

Babies may be at greater risk for having:

- Heart disease.
- Sudden Infant Death Syndrome (SIDS).
- Asthma.
- Learning disorders.

Exposing children to either parent's smoke doubles their chances of developing respiratory problems, ear infections, and cancer. Children of smokers are more likely to start smoking themselves, as well as to try other drugs. When you consider the many problems smoking creates and makes worse, it is best to stop. Quitting smoking during pregnancy is one way to safeguard your baby's health.

Most smokers find it difficult to quit by themselves. Talk to your health care provider about how to quit smoking. You can also refer to The American Cancer Society's website which contains resources for how to quit smoking.

Drugs, Alcohol, and Pregnancy

Your lifestyle and habits affect your baby's health and well-being even before birth. Drugs and alcohol damage your unborn baby.

A general rule for you to keep in mind is this: If you take a drug or have a drink, your unborn child does too.

Such drugs "cross" the placenta and reach the fetus—the unborn baby. This can have serious effects, depending on what you take in, how much, and how often.

Smoking, Drugs, and Environmental Hazards during Pregnancy

Alcohol

Drinking wine, beer, or liquor during pregnancy may damage your developing baby. Alcohol remains in the fetal bloodstream twice as long as in the mother. We do not know if any amount of alcohol is safe to drink, therefore we recommend that you not drink at all during your pregnancy.

A pregnant woman who drinks heavily may give birth to a baby with Fetal Alcohol Syndrome (FAS). This term refers to a whole group of medical problems, including physical and mental retardation, learning disabilities, facial deformity and heart defects. Statistics show that one of every 750 babies is born with FAS and there is no cure.

FAS is completely preventable - simply do not drink any alcohol during pregnancy. If you are drinking, you must stop for your baby's health. The sooner, the better. Your doctor or nurse-midwife can refer you to self-help groups like Alcoholics Anonymous, who can help you.

Marijuana and other “Street” Drugs

All “Street” Drugs are very dangerous for you and your baby. Illegal Drugs like marijuana, LSD, cocaine, heroin, and others can harm you and your baby. There is no known safe amount of marijuana use during pregnancy. The legalization of marijuana in Massachusetts does not change the dangers of use for mothers and babies. The drug's active ingredient THC is stored in body fat for 4 to 6 weeks and can affect your baby's growing brain. THC can be found in the urine and stools of babies at delivery. Marijuana also passes easily in breast

Smoking, Drugs, and Environmental Hazards during Pregnancy

milk and early colostrum production starts as early as 16-20 weeks of pregnancy. Important brain growth occurs in your baby's first months of life and marijuana contaminated breast milk may alter brain cells or hinder the baby's brain and nervous system. Cocaine can cause the baby's blood vessels to break, which can cause brain damage. Second-hand smoke from smoking marijuana is also harmful to your baby. Other effects include birth defects, severe bleeding for both mother and baby, learning disabilities, low birth weight, premature labor, and death of the baby.

Babies born to mothers who use heroin or cocaine will be born addicted and suffer painful withdrawal symptoms. These babies can be jittery and irritable for many weeks after birth. We do not know all of the long term effects that these babies may have as they grow up.

Some people think it's okay to take drugs occasionally. It is not.

Remember, when you take a drug, your baby is taking that drug. The effect on the baby's developing body may be very harmful and permanent. Tell your doctor or nurse-midwife if you have taken any drug or feel that you have a problem with drugs. There are treatment programs as well as self help groups such as Narcotics Anonymous. It is never too late to get help.

Your doctor, nurse-midwife, or our Social Services Department (page 61) can refer you to an alcohol or drug treatment program.

***Please don't force your baby to drink, smoke, or take drugs.
Treat your baby with love and care.***

Smoking, Drugs, and Environmental Hazards during Pregnancy

Caffeine

We suggest you limit your intake to less than 300 milligrams per day. A 5 to 8-ounce cup of coffee contains 100 to 130 milligrams.

Caffeine is also found in tea, some sodas, and some medicines, so you should limit those items as well.

Medicines

Your doctor or nurse-midwife will consider the risks and benefits of prescription medication before telling you to take them.

You would be wise not to take anything without talking to your health care provider, including: antacids for upset stomachs, cold medicines, nasal sprays, laxatives, and vitamins.

Check out any medication before you take it. If you are a breast-feeding mother and you need assistance with determining the risk of any medication, please call Lactation Services: 413-794-5312.

Nutrition Guide

By eating well during pregnancy, you can begin caring for your baby now—months before birth.

It is more important than ever that you eat a healthy, well-balanced diet, since your baby depends on you for the food needed to develop and grow.

Basically, what is best for you is best for your baby. To be sure both of you get what you need, you must eat many types of foods—in about the same quantities that you ate before you became pregnant.

Some foods can make you and your baby sick if you eat them during pregnancy. Avoid eating *unpasteurized* soft cheeses such as Brie, Feta, Camembert, and Roquefort. Do not drink unpasteurized milk. These are a common source of a bacterial form of food poisoning called listeriosis. Do not eat raw meat such as sushi, raw seafood, raw sprouts, rare or undercooked beef and poultry as they could have bacteria which could harm you or your baby. Be sure to cook all meat, poultry, and seafood thoroughly to kill this and other bacteria. Cook hot dogs until steaming hot and reheat deli meats. Limit the amount of liver that you eat since it has high amounts of Vitamin A. While Vitamin A is good for you, the Food and Drug Administration (FDA) recommends Vitamin A is best taken in the form of beta carotene which is found in fruit, vegetables, and prenatal vitamins.

During your first trimester (the first three months of pregnancy) you do not have to increase your intake of calories. During the second and third trimesters, you need about 300 calories more each day than before pregnancy.

Nutrition Guide

In adding those 300 calories, remember that quality is important. Do not add extra desserts or low-nutrition soft drinks. ***Rather, be sure to drink four cups of milk each day and to eat extra foods from the basic four food groups:***

- Milk and milk products (low fat choices are best).
- Fruits and vegetables.
- Bread and grains.
- Meat, fish, poultry, and eggs.

Seafood

Fish and shellfish are good sources of high-quality protein and other nutrients. **However, pregnant women should not eat certain kinds of fish because they contain high levels of mercury which can be harmful to the developing fetus.** You should not eat shark, swordfish, king mackerel, or tilefish during pregnancy. Salmon is recommended as it is low in mercury and high in omega 3 fatty acids, especially DHA, which is good for your baby's eyes, brain, and nervous system. Tuna is also high in omega 3 fatty acids but has moderate levels of mercury. Chunk light tuna has less mercury than other tunas and you can eat up to 6 oz per week. Other types of fish are fine in limited amounts. You can eat up to 12 ounces (two to three meals) of other varied fish and shellfish per week. Other foods with small amounts of omega 3 fatty acids include canola oil, walnuts, wheat germ, pumpkin seeds, and DHA fortified eggs. Purified fish oil tablets also have omega fatty acids. Check with your healthcare provider or the Environmental Protection Agency (**www.epa.gov/waterscience/fish** or **1-800-SafeFood**) to find out if the fish you like to eat is safe for pregnant women. The EPA also recommends that you limit your intake of fish with high levels of polychlorinated biphenyls (PCBc) which is found in many lakes and rivers. The EPA does recommend that you eat fish but not those high in mercury or from polluted waters.

Nutrient Needs for Pregnancy

What you need	What it does for your baby	Where to get it
Carbohydrate	Provides energy for you and your growing baby.	Breads, grains, pasta, crackers, cereals.
Protein	Provides basics for creating baby's cell, necessary for development of all organs; builds and repairs body tissue.	Meat, poultry, fish, eggs, dairy products, dried beans, peas, nuts.
Iron	Carries oxygen in the blood (you need extra blood during pregnancy); provides iron for baby to store for the first 4 to 6 months of life.	Liver, meat, poultry, fish, dried beans, dark green vegetables, dried fruits, prune juice. Iron is best absorbed from animal products.
Calcium	Helps form baby's bones and teeth, especially important during second half of pregnancy.	Dairy products, broccoli, tofu, canned fish with bones.
Folic Acid	Helps make new cells, particularly red blood cells.	Fresh fruits and vegetables, whole grains, liver, dried beans and peas.
Vitamin A	Promotes healthy skin, eyes, immune system.	Dark green or deep yellow vegetables and fruit, fortified dairy products.
Vitamin C	Promotes healthy skin, teeth, bones, blood vessels; helps body fight infection.	Citrus fruit, dark green leafy vegetables, broccoli, cabbage, bell peppers.
Zinc	Helps form protein for growth and development; helps heal wounds.	Meat, oysters, dried beans and peas, egg yolk, dairy products.

Keep these nutrients in mind when you plan your meals and choose foods that contain them. Eating a variety of foods will ensure that you and your baby obtain all these nutrients.

Meal Planning

Planning your meals can help you balance your diet and provide you and your baby with all the nutrients you need.

Meal planning will also help you avoid eating whatever is closest or easiest when you are hungry.

As you plan, you should consider the likes and dislikes of your family, your food budget, food availability and season, and the time it will take to prepare foods. Menus can be made one day at a time, or for several weeks in advance.

For snacks, choose wholesome and nutritious foods such as milk, cheese, fruits and vegetables, or peanut butter and nuts (in small amounts). Include seasonal fruits; these have more fiber than juices. Avoid low-nutrient, high-calorie foods such as chips, soda, cookies, cakes, and doughnuts. Small amounts of such foods eaten after a healthy meal will not harm you, but they should not be eaten in large quantities or in place of nutritious foods.

Remember, you are your baby's only source of food and your baby deserves the best. ***Use the Prenatal Food Guide on the next two pages to plan your meals.***

Meal Planning

Vegetarian Diet

A balanced vegetarian diet can provide the nutrients you need for a healthy pregnancy. If you eat a vegetarian diet, you want to eat foods with enough protein, vitamin B12, calcium, vitamin D, zinc, and iron. during your pregnancy and when breastfeeding. These nutrients are important for the development of your baby's growth, brain, and weight gain. *In general, your diet should contain:*

- **8 to 10 servings of fruits and vegetables, with lots of dark greens and deep yellows.**
- **6 to 11 servings of whole grains, breads, pasta, cereal.**
- **4 servings of legumes, seeds, nut butter, tofu.**
- **4 servings of calcium-rich foods: fortified soy milk, tofu, or a calcium supplement.**
- **1 daily multi-vitamin supplement that at least contains iron, B12, zinc, and vitamin D.**

If you have any concerns about your diet, talk with a registered dietitian to be sure you are eating a balanced diet, particularly if you plan to eat a vegan diet.

Eating for You and Your Baby

Food Group	Food Sources	Ideas	Why
Protein Group	<ul style="list-style-type: none"> • Chicken, lean meat • Fish limit to 2–3 times per week: (Tuna, chunk light only, limit to 1 can/wk) • Eggs • Dried peas, beans and lentils • Peanut butter • Cottage cheese, tofu • Soy burgers and other meat substitutes 	Choose 2–3 foods from this list every day	Protein is the basic building material for growth. Beef has iron which is important for blood cells and baby's brain cell development.
Milk Group	<ul style="list-style-type: none"> • Lowfat or skim milk (8 ounces = 1 cup) • Cheese, yogurt, soy milk with added calcium <p>If you can't drink milk, then talk to your doctor/nurse-midwife about taking a calcium pill.</p>	3–4 daily	This group provides calcium which is important for strong bones and teeth. (These foods also provide protein.)

Allergies

For those with a family history of food allergies, talk with your allergy doctor about food restrictions during pregnancy. The American Academy of Pediatrics recommends that you breastfeed your baby to help reduce the chance of allergies.

Eating for You and Your Baby

Food Group	Food Sources	Ideas	Why
<p>Fruits & Vegetable</p>	<ul style="list-style-type: none"> • Oranges, mango, melon, peaches, apples, berries, bananas, grapes, canned fruits, dried fruits, prunes, and raisins • Sweet potatoes, tomatoes, peppers, tomato juice, vegetable juice, broccoli, spinach, collards, kale, mustard greens, squash • Romaine/red leaf lettuce, cabbage, zucchini, green beans, cucumbers, celery, cauliflower, avocado, carrots 	<p>2 fruits & at least 1 ½–3 cups of vegetables every day</p> <p>Vary the color</p>	<p>These are rich in vitamins, minerals, and fiber.</p>
<p>Grain/Starch Group</p>	<ul style="list-style-type: none"> • Bread (whole grain is better), grits, rice, spaghetti, macaroni, noodles • Cereal, ready-to-eat (look for 3 grams of fiber or more), hot cereal, oatmeal • Rolls, English muffins, 1 ½ bagels, crackers • Potatoes, corn, peas, green bananas, plantain, sweet potatoes 	<p>Choose something from this list at each meal</p>	<p>Provides energy for you and your baby. Many cereals are fortified with iron and folic acid.</p>



Weight Gain

Weight gain during pregnancy varies with individuals, but should be between 25 and 35 pounds. When and how you gain is as important as the total number of pounds. In the first trimester, you may gain only 2 to 4 pounds, since your baby is only beginning to develop. During the next six months, you should gain approximately 1 pound per week. Sudden, large gains may be due to fluid.

The distribution of weight gain is approximately as follows:

- **Baby:** 7 - 8 pounds
- **Placenta:** 1 - 2 pounds
- **Amniotic fluid:** 2 pounds
- **Uterus:** 2 pounds
- **Breasts:** 1.5 pounds
- **Blood volume:** 4 - 6 pounds
- **Tissue, fluid:** 4 - 7 pounds
- **Fat:** 5 or more

If you are underweight, your doctor or nurse-midwife may encourage you to gain 28 to 40 pounds to help the baby reach a safe birth weight while you maintain your health and strength.

However, if you are overweight, your doctor or nurse-midwife may recommend an 11 to 20 pound weight gain. This is not the time to diet. While you are pregnant, you and your baby need the same amount of nutrients as an average sized woman. You can diet and lose weight later.

An adequate weight gain is important so that your baby will weigh about 7 1/2 pounds at birth. At this weight, your baby has the best chance to be healthy.

Return to Your Pre-Pregnancy Weight

You will lose approximately 15 to 18 pounds in the first week after your delivery. The rest of your weight gain will most likely be lost within the next three to six months. To help with your weight loss, eat three meals a day with several healthy snacks. Remember that portion size is important and limit or avoid low-nutrient/ high calorie foods. Use small amounts of fats such as butter, margarine, mayonnaise and oils.

If you are breastfeeding, you may find it easier to lose weight.

Exercising will help you lose weight but be careful not to overdo it. Walking is the best form of exercise for just about everyone. You can pace yourself and gradually increase both the speed and distance.

Breastfeeding

One of the most important decisions that you will need to make is how to feed your baby. The American Academy of Pediatrics recommends that whenever possible, babies be breastfed for their first year of life. There are many benefits to breastfeeding for both mother and baby. Even if you only breastfeed for a short period of time, your baby's immune system can benefit from breast milk. The following information is provided from both the American Academy of Pediatrics and the U.S. Government Women's Health Center.

Benefits for Baby

- Breast milk is the most complete form of nutrition for infants. It has the right amount of proteins, sugar, fat, and water that your baby will need for growth and development. It is easier for baby to digest so baby may have less colic or stomach upsets.
- Breast milk has antibodies to protect babies from infections. Recent studies show that babies who are fed breast milk for 6 months are less likely to develop ear infections, diarrhea and respiratory illnesses.
- Babies who are breastfed are less likely to die from SIDS in the first year of life. Breastfeeding may also decrease the incidence of diabetes, lymphoma, leukemia, Hodgkin's disease, obesity, high cholesterol, and asthma.
- Breastfed babies score slightly higher on IQ tests, especially premature babies.
- Your baby will have better oral and speech development.

Benefits for Mother

- Breastfeeding right after delivery helps to decrease excessive bleeding and also gets the uterus back to its original shape.
- Breastfeeding uses more calories thus helping mother to return to her pre-pregnant weight sooner

Breastfeeding

- Breastfeeding lowers your risk of breast and ovarian cancers.
- Breastfeeding may lower the incidence of osteoporosis after menopause.
- Exclusive breastfeeding (no formula) delays the return of normal ovulation and menstrual cycles (periods). You will still need to talk with your healthcare provider about birth control.
- Your life will be easier. You will save time and money. You will not have to get out of bed to make formula. If you breastfeed for a year, you will save \$1600 by not having to purchase formula.
- If you're planning on going back to work, you can continue to breastfeed. Your baby is less likely to be sick and thus you may take less time off.

In making your decision, please gather all the facts.

- Speak with your healthcare provider.
- Take a Breastfeeding Class through the Parent Education Department.
- Attend a Gathering for Breastfeeding Moms and Babies. Please visit www.baystatehealth.org/parented
- If, after taking the Breastfeeding Class you have still have concerns about breastfeeding, contact Breastfeeding Consultation Services at 413-794-5312, press 1.
- Read breastfeeding books. See page 151 for recommended books.

Formula Feeding

A mother may choose to formula feed for many different reasons. At Baystate Health we respect your decision and support your choice.

Formula is either modified cow's milk or a soy base product. It comes either in a liquid or powder form. There are also specialized formulas for babies who may be allergic to the standard formulas. You will give your baby formula, not regular cow's or soy milk, until your baby is one year old. Your baby's doctor will recommend what type of infant formula would be best for your baby.

You can check the U.S. Food & Drug Administration website (www.fda.gov) for current information on infant formula in the United States, as well as any recalls due to health and safety problems.

For additional information about formula feeding and safe bottle preparation, you can also search the CDC's website: www.cdc.gov.

Regardless of how you feed your baby, always make sure to hold, comfort, and cuddle your baby! There are endless benefits that come from the love that you share.

Seatbelt and Car Safety

Protecting Yourself Protects your Baby in a Car Crash

Always use your seat belt. A lap-shoulder belt gives much more protection than a lap belt alone. An air bag will also help. The biggest danger to an unborn baby in a crash is the mother's injury. If you are in a crash, even a minor one, go to the emergency room. Your unborn baby could be seriously injured even if you do not seem to be hurt. Use the seat belt correctly. Push the lap belt down as far as possible below your belly. Check to make sure it stays low. Both lap and shoulder belts should be snug. If you are wearing a heavy coat, open it and pull it to both sides, away from your belly. This helps the lap part of the belt fit correctly.

Sit as far back from the steering wheel as possible. Hitting the steering wheel in a crash can cause injury. Tilt it towards your chest. Let others do the driving as much as possible during the last few months of pregnancy. Avoid unnecessary trips. When you ride in the car, sit in the back seat if you can and use a lap-shoulder belt there.

Choosing a Car Seat for Your Baby

Never hold a baby in your arms when in a car. You cannot hold onto to a baby in a crash. Always use a rear facing car seat. There are two types of car seats for newborns. An infant only seat is small and can only be used facing the rear. A convertible seat faces the rear for a baby and faces forward for an older child. Choose one with a harness only (no shield). Always try the car seat in your car before buying it. Make sure it can be installed tightly in the back seat using the seat belt or Latch attachments. Beware of second-hand car seats. They often have safety problems, missing parts, no instructions. If the car seat has been in a crash, it should not be used again. Avoid using a car seat which is older than 6 years.

For further information on seat belt and car seat safety, go to www.safekids.org.



Maternity Services

and your stay with us

Welcome to the Wesson Women and Infants' Unit, Baystate Medical Center's state-of-the art Birthing Center.

The three floors of the Wesson Women and Infants' Unit have a total of more than 113,000 square feet, the equivalent of about 60 houses.

On the ground floor are the reception desk, gift shop, Wesson Women's Clinic, Midwifery Services, Perinatal Services, Conference room, and the Women's Evaluation and Treatment Unit.

The first and second floors of the Wesson Women's Birthing Center features homelike rooms that are designed to make expectant parents feel comfortable during the entire birth process.

The Neonatal Intensive Care Unit (NICU) is located on the second floor. This ultramodern 55-bed unit is one of the largest in the state and is designed for the unique stages of a newborn's recovery. Also located in this unit are an X-ray room, a minor surgery suite, a laboratory, and the parent's room.

We have all the people, equipment, and expertise necessary to make your childbirth experience a safe, healthy, and positive one. We offer a range of services to meet each family's needs—physical, emotional, and financial—whether they arise during your pregnancy or your hospital stay.

We are honored that you have chosen to share this special time in your lives with us.

From Our Family to Yours, Wesson Women's Staff

If you need further information, please call our Parent Education department at 413-794-5515. We will be happy to respond to your questions.

Maternity Services

Perinatal Diagnostic Services

The Perinatal Diagnostic Program specializes in the evaluation of pregnancies. The team of doctors, nurses, and technicians has the expertise related to pregnancy and problems that may occur. These specialized doctors are called perinatologists and are available to you and your doctor for consultation.

Certain pregnancies are considered to be high risk and require closer monitoring. The care of high risk pregnancies is one of the specialties at Baystate Medical Center.

The types of tests often used to check the health of a developing baby include the following:

- A non-stress test monitors a baby's heart beat while the baby kicks and stretches. If the heartbeat increases normally during the test, the baby is probably getting enough oxygen and nutrients.
- Chorionic Villus Sampling (CVS) is a procedure in which a small sample of cells is taken from the placenta and tested. CVS can be done earlier in the pregnancy (12 weeks) than amniocentesis.
- Ultrasound is a way to see the baby inside your uterus. It's like a baby's first physical exam. It provides information about your unborn baby and the surrounding area within the uterus.
- Amniocentesis, with the help of an ultrasound, is when a thin needle is inserted through your belly into your uterus. A small amount of fluid is taken which can be tested to see if your baby has any health problems.
- Percutaneous umbilical blood sampling (PUBS) is a procedure to test the baby's blood for severe anemia.

Maternity Services

Regional Perinatal Center

Baystate Medical Center is the regional transfer center for high-risk pregnancies and newborns. This means that we have the medical expertise and equipment to care for the mothers and babies with medical or obstetrical problems or complications, in addition to well mothers and babies.

If you need to be hospitalized during your pregnancy, we have a specially trained staff ready to care for you.

If your baby is premature, or has problems at birth, your baby may be placed in one of the special-care nurseries within our Neonatal Intensive Care Unit (NICU). This nursery is the most advanced unit in Western Massachusetts. Babies from other hospitals are often transferred to the NICU to receive the special care that they need. It has state-of-the-art equipment and specially trained doctors and nurses working 24 hours a day to care for sick babies.

Because the NICU is located next to the Birthing Center, mothers can be close to their babies. Parents, grandparents, and siblings may visit and will be encouraged to touch, and if possible, hold, and care for the baby.

At Baystate, you have the comfort of knowing that you—and we—are prepared for the unexpected. Your doctors, nurses, and others involved in your care will be happy to help you in any way they can.

Parent Education Department

Preparing for Childbirth

Baystate's Parent Education Department offers many childbirth preparation course options to accommodate a variety of schedules and learning styles.

Preparation for Childbirth Program

Our new online childbirth class is the perfect alternative for busy parents needing a flexible class schedule or for moms on bed rest. Have you given birth before? This online class is a great refresher course! While nothing can replace the personal connection of an on-site childbirth class, you'll learn the same essential information, including what's happening to your changing body, how you'll know when you are really in labor, helpful comfort techniques, advice for partners, an overview of medical procedures, and much more.

Childbirth Education Express

A one day class that provides brief information on the stages of labor and delivery, basic comfort techniques, medications, medical interventions and Cesarean birth. This class is a good choice for parents who would not otherwise attend childbirth classes or who have spent extensive time reading about childbirth.

Basic Breathing and Positions for Labor

This class is ideal for those parents who want face to face preparation in the use of comfort and support techniques for labor and delivery that are not covered in the Preparation for Childbirth and Childbirth Education Express classes. Practice time for relaxation, guided imagery, natural pain management and breathing techniques (Lamaze) are included. This class is expected to be used as an add on to childbirth education or as a refresher.

Multiples Childbirth Education

Our Multiples Childbirth Education class is a combination of online education with an onsite class at the hospital. Take the online portion at home, then attend one of the quarterly classes that includes a tour of Wesson/NICU.

Parent Education Department

BEFORE BABY IS BORN

Keeping Baby Safe Class

This class teaches basic life-support, infant CPR, and first aid for choking. Information on poison prevention, baby proofing your home, and car-seat safety is also included in this 2 ½ hour course.

Prenatal Breastfeeding Class

Receive the most current information on breastfeeding, including helpful tips and techniques. Newborn Behavior and Feeding is taken after your baby is born. This can also be taken as a single program.

Infant Care Class

This class will teach you how to care for and understand your new baby, including creating and maintaining a loving bond, diapering and bathing, taking baby's temperature, comforting techniques, infant feeding cues, sleep patterns, normal infant appearance and behavior and when to call the physician. This can be bundled with the Childbirth Preparation courses or can be taken as a single class.

FAMILY PROGRAMS

Grandparents' Class

This class for grandparents-to-be, provides information about current labor and delivery, infant feeding, and safety practices. Discussion about the role of grandparents and a tour of the birthing center is included.

Babysitting Academy

This training program is designed for teens ages 11½ to 15 and includes baby care, first aid, fire safety, home security, accident prevention, child behavior, and CPR.

Parent Education Department

AFTER BABY IS BORN

Newborn Behavior and Feeding

Taken after you deliver, this class provides continued support for new parents and provides information on newborn behavior in the first few weeks of your infant's life. The class includes feeding cues for breast and bottle feeding, infant sleep patterns, comforting a crying infant, information about returning to work, continued support for breastfeeding moms, pumping techniques, and storage of breast milk.

Mother To Mother

Designed for mothers as a safe, non-judgmental space to meet with other moms to discuss the adjustment of motherhood and leave feeling connected, refreshed and ready to face another day! Learn strategies for dealing with the stress of motherhood on a physical, emotional and relational level. Run by MotherWoman trained facilitator. Call 413-794-5515 for dates and times.

New Parents Support Group

It Takes a Village: Designed for new parents and caregivers, the group meets on Thursday mornings at 10 a.m. at the Greenwood Center in Longmeadow. There is no charge. This is an informal, social group for families with newborns and toddlers to gather and play. The group is facilitated by a Parent Educator who can also offer breastfeeding support if needed.

Gathering for Breastfeeding Mothers and Babies

Led by a lactation consultant, this group is for breastfeeding moms and their babies. The group meets on Wednesdays at 1pm at Wesson Women's, 759 Chestnut Street, Springfield. Check with the Wesson front desk for room location.

Parent Education Department

Additional Resources

In addition to classes, Baystate Medical Center offers several other opportunities for you to learn more about your pregnancy and new baby. You can visit our website at baystatehealth.org/bmcbirthing, which includes information about our Wesson Women & Infants' Unit, pregnancy, labor and delivery, classes, and more.

We also offer a series of books in our Becoming a Family Series, including *Your Pregnancy and Hospital Services* and *Your Baby and You at Home*. There is also another book for parents whose baby requires a stay in our Neonatal Intensive Care Unit. All books can be found at www.baystatehealth.org/parented

While you are in the hospital, you can talk to your health care team about any questions you have, or ask them for patient education materials that are available in a variety of languages on the unit.

ParentCare Email: Free Online Service

We are pleased to offer expectant and new parents a popular, weekly e-newsletter that includes developmental milestones; weekly support, tips, and advice; information about Baystate's services; links to online resources; and research findings that impact your baby's development. Each week's issue is customized to your exact week of pregnancy or baby's age up through their third birthday. You can even request that the weekly newsletter be sent to grandparents or other important people in your life. ***Register at any point during your pregnancy through your baby's third birthday by subscribing instantly online at baystatehealth.org/babymail. This newsletter is also available as a text messaging service if you prefer. For more information, call Parent Education at 413-794-5515.***

Baystate's New Beginnings

From the moment a baby is born, a family is also born. Pregnancy brings great expectations of hope and love for your unborn child. But pregnancy and the postpartum period can also bring many questions. Babies have a unique way of communicating with their parents, and if you know what to look for, you will quickly learn how to communicate with your baby. When you know how to look for specific behaviors, you will then know what he or she needs throughout the day and night.

Parent educators will be visiting your room after your baby is born to introduce you to this postpartum support program that teaches you how to understand your baby's behavior. ***For a “sneak peak” of this program please like our Facebook page “Baystate’s New Beginnings”, or on Instagram @baystatesnewbeginnings.***

Before You Arrive

Smoking

Even before you are admitted, it is important for you to know that Baystate Medical Center is a smoke-free hospital. Smoking is not allowed in any patient room, bathroom, or lounge. **There is no smoking in or outside any Baystate Medical Center building.**

Having a baby often changes the way you think about your health. You become a role model for your child. It is important that you have good health habits. Children who are exposed to smoking may develop serious health problems. We encourage you and your family members to use this special time to stop smoking.

Talk to your health care provider about how to quit smoking. You can also refer to The American Cancer Society's website which contains resources for how to quit smoking.

Visiting

At Baystate Medical Center, we have a secured entrance to our birthing units. Wesson 1 patients and visitors will be greeted at our Welcome Center. Wesson 2 visitors will use a telephone outside of the entrance to speak to one of our staff before we open the door.

Your visitors will need to know your full name and room number. There is also a television camera where we can view all visitors. The Wesson units have an open 24-hour visiting policy for all our patients who have had their baby. During labor, patients will designate three support people, including the partner, who will receive visitor passes. These passes may be given to you in WETU or by your LDRP nurse. Who receives the passes are at the discretion of the laboring mother. Other visitors will be allowed in 2 hours after birth so that we can provide the safest care for you and your baby. In consideration for other patients, visitors must behave in a quiet and respectful manner at all times.

Everyone entering and leaving your room should wash their hands with soap and water for at least 20 seconds or use the hand sanitizer by your door. Anyone not feeling well, or who has a cold or has been exposed to a communicable disease such as the flu, chicken pox, TB, measles, mumps, rubella, whooping cough, or impetigo, should not visit you or your baby.

We know how important it is to you to include your partner and family in your birthing experience. To give you and your baby the very best and safest experience possible, our staff may need to ask your family to leave your room for a period of time. Your family will be asked to wait in our waiting area and will be invited back into your room as soon as possible. We do not allow visitors to wait outside your door or in the hallways. We ask that you discuss this safety issue with your family as part of your birthing plan.

Visiting

Two to three people are welcomed during your labor and delivery time.

We do not limit visitors during your postpartum stay except during flu season. A pull-out bed is available in your room so your partner can stay overnight. If you have other children, they are also welcome to visit with you and the baby in your room. Young children must be supervised by an adult (other than you).

Quiet time is offered each day from 1 to 3 p.m. Quiet time is intended to:

- Offer an extended period of rest.
- Decrease postpartum sleep deprivation.
- Facilitate bonding between mom and baby and dad and baby.
- Allow moms to breastfeed without interruption.
- Help families transition from hospital schedule to home schedule.

During quiet time, lights will be dimmed and visitors will not be allowed unless medically necessary or invited by mom.

Payment and Insurance

The Patient Accounting Department has a team available to assist you with financial questions during your hospital stay. A Credit Representative is located at the Wesson Women and Infants' Unit and can be contacted at **413-794-2785** or **413-794-2452**. The representative can answer your questions by telephone, or visit you in the hospital room during your stay. Any questions that you have about your hospital bill after you are discharged can be answered by the Credit Service Unit.

The Financial Counseling Department has a team available to assist you with financial questions during your hospital stay. A financial counselor is located at the Wesson Women and Infants' Unit and can be contacted at **413-794-2785** or **413-794-2452**. The representative can answer your questions by telephone, or visit you in the hospital room during your stay.

Any questions that you have about your hospital bill after you are discharged can be answered by Patient Billing Services, Monday, Wednesday, and Friday from 8 a.m. to 4 p.m. and Tuesday and Thursday from 8 a.m. to 6 p.m. Call **413-794-9999** or **877-461-1931**. You can also view your bill and make a payment online at **www.baystatehealth.org/billpay**.

Hospital Services

Hospital Programs

If you have any questions about our Wesson Women's hospital programs or need a physician referral, visit **Baystatehealth.org**.

You are welcome to conduct health related research at our Consumer Health library at 3300 Main Street. Our Health Science Library is also available in the Chestnut building. If you would like educational materials brought to your bedside, please ask your nurse.

Social Services

Sometimes patients have personal and family problems related to hospitalization or illness. If you need assistance, a Baystate social worker will be happy to talk with you. You can request this service through your doctor, nurse-midwife, or nurse, or call **413-794-3264**.

Ronald McDonald House

Located one block from the Wesson Women and Infants' Unit, the Ronald McDonald House is a "home away from home" for families of babies and children being treated at Baystate or other Springfield area hospitals. It offers a clean, comfortable place to stay for a minimal fee. It has 20 bedrooms, kitchen facilities, a dining room, living room, play areas, laundry facilities, exercise and quiet spaces.

"The house that love built" is staffed by volunteers.

Referrals are made by the hospital and guests are accepted on a first-come, first-served basis. *More information may be obtained by calling **413-794-5683 (LOVE)**.*

Interpreters

Baystate Medical Center employs multilingual medical interpreters to help translate information related to your care and treatment. We have interpreters available in many languages, and a Spanish translator available 24 hours a day on site. If you need an interpreter, we would be happy to assist you. *Interpreters can be scheduled by calling **413-794-5419**.*

Hospital Services

Cafeteria/Café Services

We are pleased to offer a full-service dining facility on the second floor of the Daly Building. Follow the signs to the cafeteria. The cafeteria is open to the public from 6 a.m. to 6 p.m., 7 days a week. Atwater Cafe is located in the Daly Lobby and is open 7 days a week from 7:30 a.m. - 3 p.m. Monday-Friday and 11 a.m.-3 p.m. Saturday, Sunday and Holidays. In addition, vending machines are located throughout the medical center, and the Daly Gift Shop sells light snacks.

Patient Meals

Our Food and Nutrition Service is dedicated to providing high quality meals that meet your personal and health care needs. We offer a Room Service program which allows you to choose and receive meals at your convenience. Our free Room Service menu is offered to patients three times per day. For a fee, your guests may also order from our Guest Room Service menu. A one time complimentary meal will be provided to your partner. Your Room Service attendant will provide you with further details.

If you have special concerns or nutritional needs, our registered dietitians are available to assist you. If you would like to speak with a dietitian, please let your nurse know. If you would like more information about your diet after you leave the hospital, our dietitians can schedule an appointment for you with the Baystate Nutrition Network.

Visitor Accommodations

Local hotel accommodations with special “Baystate Medical Center” rates are available for visitors. A list of these hotels is available on all units and through the Patient & Guest Relations Office. The Ronald McDonald House, located within one block of the hospital, provides low-cost accommodations on a limited basis for families of Baystate Medical Center patients as well. For more information, please call the Patient & Guest Relations Office at **413-794-5456**.

Hospital Services

Volunteer Services

In addition to our skilled and caring employees, we have many active volunteers.

Volunteers can be found donating their time in a variety of ways: they staff the Auxiliary Gift Shops and Information Desks, serve as baby buddies in the Birthing Center, and cuddlers in the NICU, deliver flowers and provide support to families in the Emergency Department.

*If you would like to become a volunteer, you can obtain more information by calling **413-794-4210**.*

Auxiliary

The Baystate Medical Center Auxiliary encourages community interest in the Medical Center. *To learn more, call **413-794-3123**.*

Valuables

We urge you not to keep valuables in your hospital room. If you have brought electronics, jewelry, or money with you, please send them home with your family or friends. If you bring a cell phone with you, do not leave it on your meal tray or wrapped up in your bed linens. Do not leave any valuables unattended.

Patient Surveys

Because we are committed to continually improving our services, we need and appreciate your honest opinions and comments. You may be called at home or emailed with some questions about the care that you received while a patient at Baystate Medical Center.

Employee Recognition

At Baystate Medical Center, we are proud of our employees and we have a special employee recognition program to honor those who go beyond the call of duty in doing their jobs. If you feel a Baystate employee has made your visit more special, please let us know. *Call us at **413-794-5456**.*

Hospital Services

Gifts and Flowers

We invite you to visit our gift shops for a full line of gifts, cards, books, magazines, toiletries, candy, and flowers. The Women and Infants' Gift Shop is located in the lobby of the Wesson Women and Infants' Unit, and features an array of baby gifts and flowers. The Daly Gift Shop is located near the main entrance in the Daly building. There is also a gift shop located in our new outpatient facility on 3300 Main Street.

Mail and Flowers

Mail and flowers are delivered daily to your room. If mail arrives for you after you have left, it will be forwarded to your home address. Our staff will be happy to send out your outgoing mail. Please remind your friends and family that due to the increasing dangers of potentially life-threatening allergic reactions to latex rubber, latex balloons are not permitted to be brought or delivered to our patients or staff. Mylar balloons do not cause allergic reactions and are cheerfully accepted.

Pharmacy

For patients who would like to fill their prescriptions before leaving the hospital, there is a Baystate Pharmacy conveniently located on Daly 3 near the Gift Shop.

Banking Services

For your banking needs, there is an ATM (automatic teller machine) located on Daly 2, adjacent to the Cafeteria, and in our 3300 Main Street building.

Physicians/Nurse-Midwives

Your physician or nurse-midwife directs your medical care and makes decisions about your admission, evaluation, treatment, and discharge.

Hospital Services

Resident Physicians

The Medical Center has a major academic relationship with the University of Massachusetts Medical School.

Assisting your physician or nurse-midwife are residents. They are licensed doctors participating in a three-to-five-year education program at Baystate, which will lead to certification in medical specialties such as obstetrics and gynecology and pediatrics. Because Baystate is a teaching hospital, we can provide you with up-to-date technology, as well as the extra attention given by our residents, who are on duty round-the-clock.

Medical Students

Baystate also provides clinical training to medical students from the University of Massachusetts and other medical schools around the country. These students may also help care for you during your stay. They have completed several years of medical school and, under supervision, they also provide you with extra attention not available at non-teaching hospitals.

Nursing Team

Included on the nursing team that is caring for you are registered nurses, licensed practical nurses, nursing assistants and orderlies.

Under the direction of a registered nurse, the team plans your care, evaluates your response to the treatment your doctor or nurse-midwife prescribes, and monitors your progress.

Student nurses from accredited schools in the area assist the team in giving you the best possible care.

Hospital Services

Transportation and Parking

Baystate Medical Center is located on Chestnut Street, a major access street. Two bus stops allow for quick transportation into the center of Springfield.

If you have a car and are using the Wesson Women and Infants' Unit entrance, you should park in the lot in front of the building. There is additional parking in front of the Springfield building and in the Daly garage. Free valet parking is available during the daytime. Security personnel will be glad to provide parking information for you and your visitors.

Pastoral Care

It may be helpful to have someone with whom to share your emotional and spiritual concerns. Chaplains are available to everyone with respect to their religious tradition. If you would like to contact your own spiritual leader or the hospital chaplain, your nurse will be happy to make that call for you. *The Baystate Medical Center chaplain can be reached by calling 413-794-2899.*

Chapel

The Interfaith Chapel is always open for prayer and meditation. If you or your family need a quiet place to pray or meditate, the chapel is open 24 hours a day on Wesson 3.

Newspapers

Newspapers are available in the Daly and Wesson Gift Shops.

Telephones

Free bedside telephone service for local calls is provided to all of our patients. Each phone has its own number, which is printed on the phone. You can place local calls and receive calls directly from outside the hospital. You may also call any member of our staff directly from this phone. The Baystate telephone exchange is "794," but while you are in the hospital, you need only dial the five digit extension for calls within the medical center. To make a local call outside of the medical center, dial "9" first for an outside line.

Hospital Services

Telephone devices are available throughout the hospital 24 hours a day for use by deaf, hearing, and speech impaired patients (TTY/TDD). To receive one of these devices, you or your nurse can call The Central Processing Department at **413-794-5302**. Once the unit has been delivered to your room, your nurse will call the Help Desk at **413-794-3000** to have the telephone installed.

Cell phone use is permitted in your room but in the interest of privacy we request that phones not be used in the hallways.

Television

We are pleased to offer free hospital-based and cable television service to all of our patients. General health information programming is available, and you are also able to view all of the local commercial stations. Closed caption service is available on ABC, CBS, NBC, and PBS. Radio programming is also available on channel 24.

Blood Donor Center

Anyone between the ages of 17 and 65 who is in good health is eligible to give blood at Baystate's Blood Donor Center. The Center, located on Daly 1A, is open from 8 a.m. to 4 p.m. Monday, Thursday and Friday; and from 12 noon to 8 p.m. on Tuesday and Wednesday. You can call **413-794-4600** to make an appointment, or just drop by. Please encourage your visitors to stop by as well.

Taking Pictures

Many families choose to remember the birthing experience by taking photographs, movies, or videos. We encourage you to discuss your wishes along this line with your family/friends and with your doctor and nurse-midwife. We also require that you receive permission from any staff members before photographing them and/ or posting pictures on a public social networking website. Please use battery operated equipment.

Hospital Services

Breastfeeding Consultation Service

Our lactation consultants are nurses with advanced training in breastfeeding management. They are experienced in counseling, teaching, and problem solving with breastfeeding challenges.

The services include:

- In-hospital consultations.
- Outpatient consultations.
- Breastfeeding products, including bra fitting.
- Pump rentals and instruction.
- Gathering for Breastfeeding Moms and Babies.
- Breastfeeding classes.

*For more information about Breastfeeding Services, please call **413-794-5312 #1** or speak to your health care provider, childbirth educator, or delivery nurse.*

Ethics Committee

To serve our patients and their loved ones when a difficult ethical question arises about medical treatments or technology, Baystate Medical Center offers the services of an Ethics Committee. The committee is made up of both hospital staff and community members with a special interest in health care ethics and quality of care. **To request a case consultation, please call 413-794-8665.**

Patient and Guest Relations

We have an ongoing commitment to provide you with personalized service and the highest quality care. If you are dissatisfied with any aspect of your stay at Baystate Medical Center, or if you have suggestions for further improving our service, please call our Office of Patient and Guest Relations at **413-794-5456**. We welcome the opportunity to talk with you and resolve your concerns before you leave.

What To Bring To The Hospital

You might want to take some of the items listed below to the hospital with you. Separate the things you want for labor from your regular suitcase. *Try to pack light and be ready to go at least two weeks before you are due, so there will be no last-minute rush.*

Remember, you need to bring a car seat (see page 135).

Labor bag

- Focal point.
- Tennis balls.
- Massage tools.
- Cards and games.
- Cotton socks.
- Sour lollipops.
- Massage lotion.
- Hand fan.
- Breath spray.
- Chapstick.
- Toothbrush and toothpaste.
- Camera.
- Portable speaker for music.
- Your own nightgown (*optional*).

Suitcase for Mothers

- Your own nightgown (*optional*).
- Pajamas and robe for dad if he's staying overnight.
- One robe.
- Slippers that fit well.
- Toilet articles.
- Address book.
- Loose-fitting outfit for going home.
- Nursing or supportive bras.

Pack for Baby

- Undershirt.
- Going-home outfit.
- Hat.
- Sweater or blanket in cold weather.

The hospital will provide the following items:

For Mother

- Nightgown.
- Peripads and mesh underwear.
- Non skid socks.
- Hair dryer.

For Baby

- Diapers.
- T-Shirt.
- Blanket.

All baby blankets, T-shirts, and linen are for hospital use only and should not be packed for home use.

Becoming a Family: The Birth Experience

Since every family's birth experience is unique, we offer a variety of birthing options. You and your doctor or nurse-midwife should take time during your pregnancy to discuss your labor and delivery choices.

In addition to seeing women who come to the hospital in labor, we also treat women for many different problems that occur during pregnancy. Women who experience miscarriages, ectopic pregnancies, bleeding, premature labor, and medical complications such as diabetes and toxemia may also be seen and treated here.

Upon Arrival

When you arrive, you will go to the Wesson Building where the Wesson Women and Infants' Unit is located. Once inside the lobby of the Wesson Building, go to the Patient Registration Area. After registering, you will go to the Women's Evaluation and Treatment Unit (WETU) or you will be directly admitted to the Labor and Delivery Unit.

Women's Evaluation and Treatment Unit (WETU)

It is here that your labor will be evaluated to see if you are in early or active labor. A nurse or midwife will evaluate your labor and then report to your health care provider. A vaginal exam is usually done at this time to determine cervical dilation. If you're in very early labor, you may be sent home where you will be more comfortable during this early phase, or you may be encouraged to walk around for an hour or two before being examined again. Walking may bring more contractions and can help determine if your labor is true or false.

While you are in the unit, your labor will be observed. A fetal monitor will be used to evaluate your labor contractions and the baby's heart rate. You may watch TV and your support person can stay with you to help you with your breathing and relaxation techniques. Once you are in active labor, you will be transferred to a private birthing room located on the 1st floor.

Becoming a Family: The Birth Experience

Birthing Center

The Birthing Unit is located on the first floor of the Wesson building. There are private birthing rooms where you will go through labor and deliver your baby. Each room has its own shower and a pull-out bed for your support person. Emergency equipment is kept out of sight, behind panels within your room.

During labor you can walk, take a shower, watch TV, listen to music, or use a birthing ball or any of the other techniques you may have learned. If available, you may use our hydro-therapy tub for labor. Immediately after delivery, we will place the baby (if stable) directly on your chest for skin-to-skin contact.

A blanket is placed over you and your baby which creates a warm, calm place for your baby to relax. Babies learn through touch, sight, sound, smell and taste which is enhanced by this skin-to-skin contact. This is also a good way to begin breastfeeding. If so desired, your partner or family member can cut the umbilical cord.

Identification bracelets will be placed on you, your partner and your baby. A security monitor will also be placed on your baby. Your baby will receive a Vitamin K injection and erythromycin antibiotic eye ointment shortly after birth. All babies have low levels of vitamin K when they are born and the injection protects against rare but serious bleeding problems. Erythromycin ointment prevents eye infections that could develop from exposure to certain bacteria that may be present in the birth canal.

Your baby will remain in your room throughout your postpartum stay. Your pediatrician will perform your baby's physical exam in your room.

If you need a Cesarean delivery, you will be transferred to the Labor and Delivery operating rooms. One person can stay with you in the OR (*except if you need general anesthesia*). After your CS, you will go to the Post Anesthesia Care Unit (PACU) for the recovery period. If stable, your baby can remain with you and skin-to-skin contact/breastfeeding

Becoming a Family: The Birth Experience

will be encouraged. After approximately one to two hours, you and your baby will be transferred to a postpartum (after delivery) room.

During your pregnancy you prepare and plan for the day you get to bring your baby home and start your new life together as a family. New moms are often excited and a little anxious about going home. The care team at Baystate understands this and will discuss a discharge plan with you. During your hospitalization, you and your baby will get everything you need in an orderly and timely fashion. Your nurse will teach you about how to care for yourself and your baby. You can find another *Becoming a Family* book, “*Your Baby and You At Home*,” on the baystatehealth.org/parented website which will provide you with important information and answers to FAQ. We encourage you to read this book.

Please see page 153 for further details about your rights under the law.

Skin-to-Skin Contact

Health experts agree that skin-to-skin contact immediately after delivery is best for mother and baby. Your baby should be placed directly on your chest after delivery and remain there for the first hour at the very minimum. This helps support a healthy transition from inside to outside of the womb for your baby. The more contact mom and baby have in the first few hours and days, the better for both of them.

Immediate and frequent use of skin-to-skin contact will help with the following:

- Helps prevent heat loss and maintain a normal body temperature for baby. Mom is the best warmer.
- Baby uses less energy which helps prevent low blood sugar and keeps baby alert and engaged.
- Brings baby’s heart rate, breathing, and blood pressure back to normal after the excitement of being born.
- Baby is comforted, decreasing stress on baby and need for crying because he knows he is safe and secure with mom.

Becoming a Family: The Birth Experience

- Mother's skin provides healthy protection from many infections that baby may come into contact with in the early days of life.
- Increases the chances of an early start and likelihood of long-term breastfeeding success.
- Helps slow and may reduce overall bleeding for mom after delivery while stabilizing the hormonal shift after birth.
- Promotes early bonding and attachment between parents and baby.
- Keep cuddling skin-to-skin after you leave the hospital— your baby will stay warm and comfortable on your chest, and the benefits of bonding, soothing, and breastfeeding will likely continue well after birth. Skin-to-skin remains very beneficial for formula fed babies, too.
- Dads can snuggle, too— fathers and mothers who hold babies skin-to-skin help keep baby calm and cozy.

Isolation Signs

Sometimes when patients are admitted to the hospital, we need to take extra steps to prevent infection. These steps may mean isolating a patient from other patients. This is called “isolation.”

Isolation has been used for centuries to separate and put space between those who are sick and those who are susceptible. Think about the flu or chicken pox and how it is good to be separated from people who have those illnesses to prevent others from getting sick.

If you have an isolation sign on your door, in most instances, you will need to stay in your room. If you have to leave your room for a test or a treatment and have cough or cold symptoms, you may need to wear a mask. For other illnesses, like antibiotic resistant germs (MRSA), you may need to wash your hands and wear a clean hospital Johnny and robe.

Becoming a Family: The Birth Experience

Always ask your doctor or nurse:

- If you can leave your room to walk in the hall and what you need to do to prevent passing infection if you leave your room.
- What to do when you go home.

Visitors: Your visitors should report to the nurse's station if there is an isolation sign on your door. The nurse will explain to the visitors what they need to do to visit. It is always important for visitors to wash their hands when they arrive and before they go home.

Special circumstances may prevent visitors from coming to see you. When visitors are not permitted, they can contact you by phone to wish you well. There may be times when only family members and those who live with you are allowed to visit.

Your nurse or doctor can tell you about any special visiting rules that apply to you.

Isolation Sign Colors: To identify an isolation room, we use a brightly colored sign on or near the door to tell health care workers to use extra steps to prevent infection from spreading. If you have a sign like that on your door, it means people will care for you wearing special equipment and take certain measures to control infection. Health care workers may come in wearing a mask, eye wear, a cover gown, or gloves to care for you. This is normal and helps to prevent infection. For some illnesses, the door to your room may need to be kept closed.

- Green is for contact isolation. This is for germs that can be passed on hands and supplies. Health care workers will wear gloves and sometimes cover gowns. Hand cleaning and equipment cleaning is important to prevent passing germs in contact isolation rooms. Some examples for the contact isolation sign are germs like antibiotic resistant germs like MRSA or diarrheal illnesses.

Becoming a Family: The Birth Experience

- Orange is for the droplet isolation. This is for germs that can be coughed or sneezed out. Health care workers will wear a mask and eye wear; the door to your room can be open. You should cover you cough or sneeze with tissues to help prevent passing these germs to others. Some examples for droplet isolation signs are germs like the flu or strep throat.
- White is for standard isolation for germs that can be passed in the air. The door to your room will be closed and health care workers may need to wear masks. You can call the nurse anytime with the call bell. Some examples for the pink airborne isolation signs are germs like chicken pox or measles. Most people have immunity to these germs. Visitors must be immune to the germ you have to be able to visit. Ask your doctor or nurse if you have any questions.
- Teal is for airborne respirator isolation for germs passed in the air that are at risk for infection. The door to your room will be closed and all who enter must wear a mask. You can call the nurse anytime with the call bell. Some examples for airborne respirator mask isolation signs are germs like tuberculosis or some fevers. No one is immune to illnesses that need the teal sign. Any questions, talk to your doctor or nurse.

Pain Management

Not every patient experiences pain during their hospital visit. But for those who do experience pain, proper pain treatment can make them feel better. We hope that you will experience very little pain. Be assured that the staff will do all they can to reduce your discomfort. Your pain management plan will be addressed individually with you and your health care providers. If you have further questions or concerns, please talk to your doctor or nurse.

Baystate Health Philosophy Statement:

The health care providers at Baystate Medical Center are committed to excellence in pain management and believe that all patients have a right to pain relief.

Goals of Pain Management

- Patients/families will be informed that relief of pain is an important part of their care.
- Pain will be assessed initially and regularly and treatment will be individualized.
- Information and educational materials related to pain management treatments will be available for patient, family members and staff.
- An interdisciplinary approach will be utilized and the patient/family will be included as a key member of the team.

Patient Rights

You have the right to:

- A quick, effective and concerned response when you say you are in pain.
- The best available pain relief treatments.
- The services of a pain specialist, if needed.
- A sense that your complaint of pain is believed by a doctor or nurse.

Pain Management

Patient Responsibilities

To take an active role in your pain relief, you should:

- Ask your doctor or nurse what to expect.
- Be willing to discuss different pain relief choices. Work with your doctor or nurse to develop a pain relief plan.
- Ask for relief as soon as pain begins.
- Help doctors and nurses measure your pain.
- Tell your doctor or nurse about any pain that will not go away.

What is pain?

Pain is a feeling of hurt or strong discomfort. Most pain is caused by damage to nerves or tissues. No matter what the cause, pain is a serious concern for patients and health care providers. Pain may be acute or chronic.

Acute pain is temporary and has a specific cause, such as a surgical procedure, burn, fracture or other injury or disease.

Chronic pain occurs over several months or longer and may range in severity from mild to severe.

Benefits of Pain Management

When pain is controlled, you may have greater comfort during recovery and you may get well faster. With less pain, you can start to walk, do your breathing exercises, and get your strength back more quickly. You may even leave the hospital sooner.

Pain Control: What are the options?

Prevention

It is often easier to prevent severe pain than it is to relieve it. Pain can cause stress and anxiety, leading to muscle tension, which may worsen pain.

Pain Management

Remember:

Do not allow your pain to become severe.

Breaking the cycle of pain early will improve pain treatment.

Before any procedure or treatment, ask the doctor or nurse what to expect.

Here are some questions to ask:

Will there be much pain?

Where will the pain occur?

What is the plan for controlling pain?

If you know what to expect, you will feel less afraid and more in control. Together, we can help you manage your pain.

Treatments

Medication

Your doctor may prescribe medication to manage your pain. The medication will work better if it is taken before the pain becomes severe. This medication may be given by mouth (in pill or liquid form), directly into the muscle (injection) or through an intravenous (IV) line.

Some people may receive an epidural catheter (medicine given directly into the epidural space in your spinal column) or patient-controlled analgesia (PCA) pump for pain control. With the PCA pump, you can give yourself small amounts of medicine to control your pain. Ask your doctor or nurse about your medication and how it will be given.

Some women choose Nitrous Oxide inhalation which has been found to be an effective analgesic that reduces pain, decreases anxiety, induces a mild form of euphoria, or reduces the awareness of pain.

Pain Management

Non-Drug Pain Relief

Another way to relieve your pain is through the use of non-drug treatments. These treatments can be effective for mild to moderate pain and may also help to increase the pain-relief effects of drugs. Like pain medication, each non-drug method works differently for different types of pain.

A few of the most common non-drug methods include:

- Use of heat or cold therapy.
- Relaxation techniques (breathing, exercise, rocking chair) and rest.
- Massage.
- Changing position (use of pillows, sitting up, lying on side).
- Imagery/visualization (creating a mental picture).

Talk with your health care team for more information about these and other ways to manage pain.

YOU are the Pain Authority

Pain is a very personal experience and is different for everyone. You may need the help of doctors, nurses, pharmacists, and others when you are in pain. But, in order for them to help, you must tell them about your pain.

Tell them:

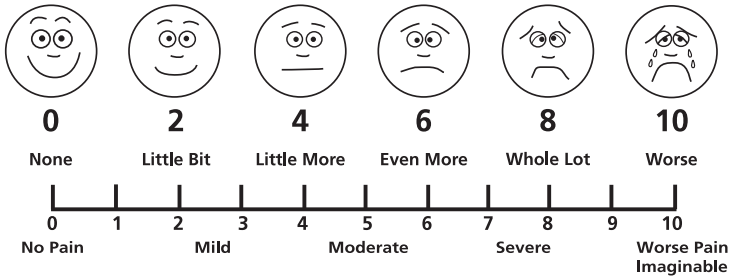
- Where the pain is.
- How the pain feels: sharp, dull, burning.
- Aching or tingling. Use a scale (0-10).
- If the pain is constant or if it comes and goes. What makes the pain worse.
- What makes the pain go away.

Pain Management

Measuring Your Pain

We ask you to help doctors, nurses and others to measure your pain. They will ask you to rate your pain on a scale of “0-10” (0 meaning no pain, 10 meaning the worst possible pain). By using the same scale each time, you can tell your doctor or nurse how your pain or discomfort is changing over time.

Here at Baystate Medical Center, we strive to provide ***Excellent*** care. Management of your discomfort is our top priority. To help you manage your discomfort, we will ask you to rate your discomfort on a scale from 0-10.



Pain Management

Common Worries

“I’m afraid I will be addicted or hooked.”

Fact: When pain medicines are given and taken the right way, patients very rarely become addicted to them.

“I don’t want to be a complainer.”

Fact: You have the right to ask for pain relief. In fact, telling your doctor or nurse about pain is what all patients should do. Your comfort is important to those who are caring for you.

“Taking drugs for pain is a sign of weakness.”

Fact: Untreated pain can decrease the quality of life and health, no matter how strong a person is. Less pain means less stress on the body and mind and it often means faster healing.

“I am concerned that pain medication may upset my stomach or cause constipation.”

Fact: Constipation or stomach upset can be a side effect of certain pain medications. Tell your doctor or nurse about your concerns. In addition to increasing your activity and fluid intake, the use of laxatives or stool softeners may be helpful in preventing constipation. Anti-nausea medications can be effective in treating any stomach upset that may occur.

We hope that you will experience very little pain. Be assured that your healthcare providers will do all they can to reduce your discomfort. *If you have further questions or concerns, please talk with your doctor, nurse-midwife, or nurse.*

Anesthesia

A full range of anesthesia services is available to patients who come to Baystate for maternity care. Members of the Department of Anesthesiology are on duty round-the-clock to provide the services described here. They are also available to answer any questions you may have.

It is important that you know as much as possible about the whole birthing experience so you can be well-prepared and confident. We encourage you to attend the Parent Education Department's Childbirth Preparation program. There you will learn breathing and relaxation techniques which may help you during your labor.

One thing you should know (which should ease your concerns) is that modern anesthetic drugs and procedures allow a woman to give birth with minimal pain and discomfort in addition to little or no risk of ill effects on the baby.

Many women can and do deliver their babies with little or no medication. We encourage you to walk, use a birth ball, or watch TV. The use of a shower or the labor tub can also be helpful. You may also use other relaxation methods, including breathing techniques. But if necessary, anesthetic medications may be given. The following information is provided by the American Society of Anesthesiologists.

Analgesia and Anesthetics

Analgesia is the full or partial relief of painful sensations. Anesthesia is usually considered to be a more intense blockage of all sensations, including muscle movement. Your wishes and your medical condition are important in selecting the type of pain relief administered to you. Be assured that your physicians will prescribe or administer medications only in the amounts and during those stages of labor that are best for the safety and well-being of your baby.

Anesthesia

There are several choices for pain relief:

Intravenous “I.V.” Medication

Pain-relieving medications that are injected into a vein or muscle will help dull your pain but may not eliminate it completely. These I.V. medications are prescribed by your obstetrician/nurse-midwife. Because they sometimes make both you and your baby sleepy, they are used mainly during early labor.

Local Anesthesia

Other pain-relieving medications may be injected in the vaginal and rectal areas by your obstetrician at the time of delivery. These medications are local anesthetics. They provide a numbness or loss of sensation in a small area. Local anesthesia is often used to ease the pain of delivery or when an episiotomy incision is done to assist the delivery. It does not, however, lessen the pain of contractions.

Regional Blocks

Regional blocks can reduce the discomfort of labor and provide either analgesia or anesthesia. Regional blocks refer to epidural and spinal blocks. They are administered in the lower back, usually by a specialist physician called an anesthesiologist. Local anesthetics and other drugs are used for these procedures to reduce or “block” pain and other sensations over a wider region of the body. Epidural analgesia may be used for labor and vaginal delivery. An epidural block may be used to provide anesthesia for a cesarean birth. A spinal block may be used to provide labor analgesia or anesthesia for a Cesarean birth. A combined spinal/epidural block also may be used for labor analgesia and/or anesthesia in certain cases.

Regional Analgesia for Labor

Regional analgesia for labor and delivery have become very popular because of the comfort they provide. The epidural decreases sensation in the lower areas of your body, yet you remain conscious. The right time to administer the epidural will vary from patient to patient.

Anesthesia

If you request an epidural, your obstetrician/nurse-midwife and anesthesiologist will evaluate you and your baby, taking into account your state of health and past anesthetic experiences, the progress of labor, and your baby's responses.

How is the epidural performed?

An epidural is given in the lower back. You will either be sitting up or lying on your side. If you request an epidural, the epidural is administered below the level of the spinal cord. This is called a lumbar epidural block.

Before the epidural is performed, your skin will be cleansed with an antiseptic solution. The anesthesiologist will use local anesthesia to numb an area of your lower back or near the tailbone. A special needle is placed in the epidural space just outside the spinal sac. A tiny flexible tube called an epidural catheter is inserted through this needle. Occasionally, the catheter will touch a nerve, causing a brief tingling sensation down one leg.

Once the catheter is positioned properly, the needle is removed and the catheter is taped in place. Additional medications are given as needed without another needle being inserted. The medication bathes the nerves and blocks out the pain. This produces epidural analgesia.

How soon will the epidural take effect?

Because the medication needs to be absorbed into several nerves, the onset is gradual, not immediate. Pain relief will begin to occur within 10 to 20 minutes after the medication has been injected.

What will I feel after the epidural takes effect?

Although significant pain relief will occur, you still may be aware of pressure or sensations with contractions. You may feel your obstetrician's examinations as labor progresses. Depending on your circumstances and your baby's condition, your anesthesiologist adjusts the degree of numbness for your comfort and to assist labor and delivery. You might notice some degree of temporary numbness, heaviness, or weakness in your legs.

Anesthesia

What is a combined spinal/epidural block?

A combined spinal/epidural block uses both techniques and can provide pain relief much faster. An injection of medication is made into the spinal sac followed by the placement of the epidural catheter. There may be less numbness with this technique. Some women may be able to walk around after the block is in place. A variation of this technique is sometimes referred to as a “walking epidural.”

How long will the epidural last?

The duration of the epidural analgesia can be extended until you deliver your baby. After the epidural catheter is placed, it will be attached to a computerized pump (PCA) which is controlled by the patient through a hand-held button. You can push the button when you feel the need for more pain relief. Your anesthesiologist and nurse will give you further instructions. Throughout your labor, your comfort and progress will be monitored by your doctor and nurse. After delivery, the epidural catheter will be removed and, within a few hours, sensations will return to normal.

Will the epidural affect my baby?

Considerable research has shown that epidural analgesia and anesthesia can be safe for both mother and baby, with little or no effect on the infant. However, medical judgment, special skills, precautions, and treatments are required. That is why a qualified anesthesiologist should perform this procedure.

Will it slow down my labor?

Each mother may respond differently to the various epidural medications. Some may have a brief period of decreased uterine contractions. Many, however, are pleasantly surprised to learn that after the epidural medications have made them more comfortable and relaxed, their labor may actually progress faster.

Anesthesia

Can I “push” when needed?

Regional analgesia allows you to rest during the longest part of labor, which occurs during cervical dilation. Then, when your cervix is completely dilated and it is time to push, you will have energy in reserve. The regional block can reduce your pain while allowing you to push when needed. Even if you do not have the urge to push, you should be able to do so with instruction.

If the baby’s head needs to be guided through the birth canal with forceps or a vacuum instrument, the block can be intensified to provide anesthesia and muscle relaxation.

What are the risks of a regional block?

Although not common, complications or side effects can occur, even though you are monitored carefully and your anesthesiologist takes special precautions to avoid them. To help prevent a decrease in blood pressure, fluids will be administered intravenously (into one of your veins). In addition, during your labor, you will be positioned usually on your side. After delivery, you should remain in bed until the block wears off.

Shivering may occur and is a common reaction. Sometimes it happens during labor and delivery, even if you did not receive any anesthetic medications. Keeping you warm often helps it subside.

Although uncommon, a headache may develop following the block procedure. By holding as still as possible while the needle is placed, you help to decrease the likelihood of a headache. The discomfort, sometimes lasting a few days, often can be reduced or eliminated by simple measures such as lying flat, drinking fluids and taking pain tablets. Occasionally, a patient may need additional treatment if the headache persists.

Anesthesia

On rare occasion, the anesthetic medication may affect the chest muscles and make it seem harder to breathe. Oxygen can be given to relieve this feeling and help the breathing.

The veins located in the epidural space become swollen during pregnancy. There is the risk that the anesthetic medication could be injected into one of them. To help avoid unusual reactions stemming from this, your anesthesiologist will first administer a test dose of medication and you may be asked if you notice any dizziness, a funny taste, rapid heart beat or numbness.

Your anesthesiologist carefully evaluates your condition, makes medical judgments, takes safety precautions and provides special treatment throughout the procedure. You should feel free to talk with your anesthesiologist about your options for pain relief and their possible side effects.

Anesthesia for Cesarean Births

Epidural, spinal or general anesthesia may be given safely for Cesarean-section deliveries. Choices depend on several factors, including the medical conditions of you and your baby and, when possible, your preferences.

How is the epidural block given for a Cesarean delivery?

If you already have a labor epidural catheter in place and then need a Cesarean delivery, it is usually possible for your anesthesiologist to inject additional anesthetic medication through the same catheter to enhance pain relief safely. This stronger concentration of medication converts the analgesia to anesthesia. Anesthesia is necessary to numb the entire abdomen completely for the surgical incision. If one does not have an epidural in place then spinal or general (not common) anesthesia would be given for a Cesarean delivery.

Anesthesia

What is spinal anesthesia?

Spinal anesthesia is given using a much thinner needle in the same location of the back where an epidural block is placed. The main differences are that a much smaller dose of anesthetic medication is needed for a spinal block, and it is injected into the sac of spinal fluid below the level of the spinal cord. Once the spinal anesthetic medication is injected, the onset of numbness is quite rapid.

When is general anesthesia used?

General anesthesia is used when a regional block is not possible or is not the best choice for medical or other reasons. It can be started quickly and causes a rapid loss of consciousness. It is used when an urgent vaginal or Cesarean delivery is required, as in rare instances of problems with the baby or vaginal bleeding. In these circumstances, general anesthesia is quite safe for the baby.

One of the most significant concerns during general anesthesia is whether there is food or liquids in the mother's stomach. During unconsciousness, "aspiration" could occur, meaning that some stomach contents could come up and then go into the lungs. Here they could possibly cause pneumonia. Your anesthesiologist, therefore, takes extra precautions to protect your lungs, such as placing a breathing tube into your mouth and windpipe after you are anesthetized. Before your Cesarean delivery, you also may be given an antacid to neutralize stomach acid.

It is best to remember, though, that you should not eat or drink once you begin active labor, regardless of your plans for delivery or pain control. Sometimes during labor, small sips of water, clear liquids or ice chips are given.

Modern anesthesiology offers today's mothers a variety of choices for a more comfortable childbirth. It is the goal of your anesthesiologist to answer your questions, ease your fears and make your labor and delivery as safe as possible for you and your baby.

Anesthesia

Anesthesia Summary

Each kind of anesthesia offers advantages according to the type of pain relief needed. It is important that you practice your breathing and relaxation techniques which may help if for some unusual reason anesthesia cannot be given. No one type of anesthesia is best for every woman. The choice depends on your preference, your condition, the amount of pain you experience, and the status of the baby. Sometimes, the condition of the woman or the baby may call for an anesthetic other than the one chosen before admission. As with all medications, there is the possibility of complications.

Baystate provides round-the-clock expertise and services to meet your needs as they arise.

*Remember, we are available 24 hours a day and are happy to answer any additional questions you may have about anesthesia at **413-794-3520**.*



Labor and Birth



Preparing For Labor and Delivery

The following information should be used in conjunction with childbirth classes.

Before Labor Begins

The majority of babies are born between 38 and 42 weeks of pregnancy. However, only a very small percentage of babies are actually born on their due date!

The last weeks of pregnancy, you will notice both physical and emotional changes with your body. These changes tell you and your doctor/nurse-midwife that your body is preparing for labor.

A first baby usually descends into the mother's pelvis 2 to 4 weeks before labor begins. This is called lightening.* With second and subsequent babies, lightening often takes place after labor has begun.

Your uterus is a strong muscle that surrounds the baby. During the last few months of pregnancy, the uterus tightens and relaxes. These are called Braxton Hicks contractions. These contractions increase and occur more often in the last month of pregnancy. It is believed that Braxton Hicks contractions help to soften and thin out the cervix. Sometimes they are so strong women think that they are in labor. If the cervix does not dilate (open), they are called false labor contractions. Often, lying down on your side or taking a warm bath will cause them to ease up or go away.

Another sign that your body is preparing for labor is that you may have an increased vaginal discharge.

Just before going into labor, you may have diarrhea and/or flu-like feelings for one or two days. Backache, cramping, energy spurt or fatigue may also occur.

Preparing For Labor and Delivery

There are some ways to tell true labor from false labor:

False Labor	True Labor*
<ul style="list-style-type: none">• Little or no effacement* and dilation* (thinning and opening of the cervix) occurs.• Membranes do not rupture.• Contractions do not become longer, stronger, or closer together.• Contractions become irregular and stop when you walk, shower, change position, or drink fluids.	<ul style="list-style-type: none">• Effacement and dilation continue.• Membranes may rupture.• Contractions become longer, stronger, and closer together. They usually occur at regular intervals.• Contractions do not stop when you walk or change position.

Signs Of Labor

Bloody Show*

As the cervix* begins to efface (thin) and dilate (open), a pink or bloody discharge can occur. You might also see a “plug” of mucus. This can happen several days before or at the beginning of labor.

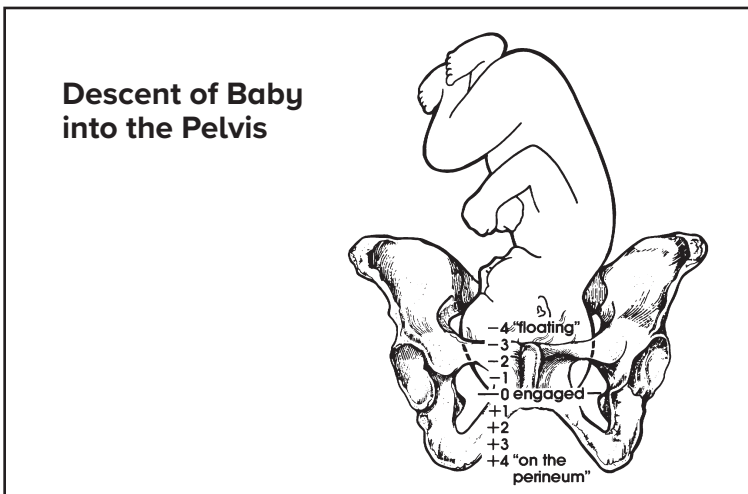
Ruptured Membranes

A gush or slow leak of amniotic fluid from the vagina. Call your doctor or nurse-midwife.

Contractions

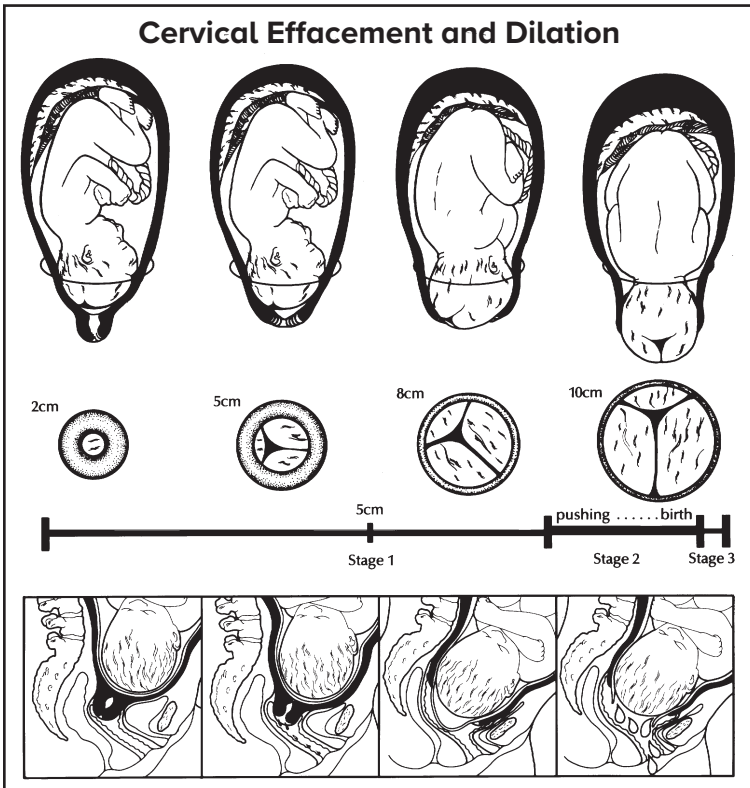
When labor begins, the contractions feel like cramps. They become stronger, closer together, and last longer. Usually first-time moms come to the hospital when the contractions are five minutes apart (for at least 1-2 hours) and last 45-60 seconds in length. Second or third-time moms come in when contractions are ten minutes apart and don't go away when you rest.

If you are unsure about any of the above signs of labor, call your doctor or nurse-midwife.



What Is Happening During Labor

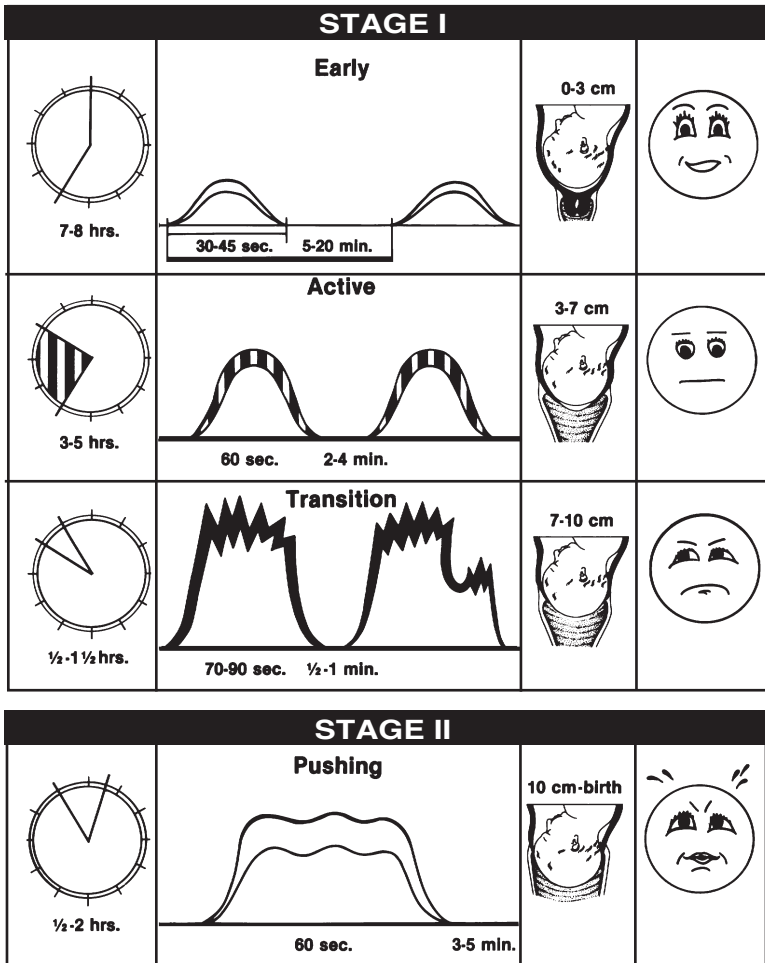
Uterine contractions begin at the top of the uterus (fundus) and continue down to the cervix. They cause the cervix to efface (thin) and dilate (open). During the first stage of labor, the cervix must dilate from 0 to 10 centimeters. This happens over a period of time with an average length of labor for a first time mother (primigravida) being 14 hours (7 for multigravidas). The first stage of labor is further divided into *early*, *active*, and *transition* phases. The contractions change in frequency and in strength during these phases. **See chart on next page.**



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What Is Happening During Labor

The second stage of labor begins when the cervix is 10 centimeters. The contractions are usually felt as an urge to push or wanting to have a bowel movement.* Now the baby's head and body can be pushed out through the vagina. This may take up to 2 hours or longer.



What Is Happening During Labor

The third stage of labor is the *delivery of the placenta*. Uterine contractions cause the separation of the placenta from the uterine wall. The contractions continue to close the blood vessels at the place where the placenta was attached. This prevents hemorrhaging (excessive bleeding). You will continue to have contractions during the postpartum period as these cause the uterus to return to its original size.

Recommended Labor Positions

Your position in labor has an important effect upon your contractions. Use gravity to help your cervix dilate. By standing, sitting and walking, you will have the baby's head against the cervix which may help with dilation. Most women find that by trying different positions, they have more effective contractions.

To make your labor most efficient, remain upright and mobile as long as possible. Some women walk for awhile, then lie on their side, then sit, in order to conserve their energy.

- Sit in a rocking chair with feet propped on a stool.
- Straddle a narrow chair using two pillows.
- Sit tailor-fashion on bed or floor. Lean forward, as desired, on pillows.
- Kneel with a stack of five or six pillows supporting upper body.
- Pull chair up to table or bed, place one or two pillows on the surface. Lean over and relax.
- Have labor partner sit in chair. Kneel in front of partner. Use pillows as needed. Use back pressure or massage as needed.
- Stand facing table or bed. Place several pillows on surface. Lean forward over pillows. Keep knees slightly bent.
- Have labor partner kneel. Kneel facing partner—pillow can be used if needed. Lean forward, resting head on partner's lap.
- Use a birth ball. Gently bouncing or rocking on the ball can be soothing. Use it with other positions such as leaning over the ball while on hands and knees.

What Is Happening During Labor

Pushing

Once your cervix is fully dilated (10 cm), the baby can enter the birth canal* (vagina). If you have had an urge to push before full dilation, it will be a relief to push now. You may feel a variety of sensations: pain; a burning, stretching sensation; backache; bowel pressure; or relief.

It is important to “listen” to your body now: Push when you have the urge. Have patience. It is not unusual to push for several hours. The semi-sitting position is used most often for pushing.

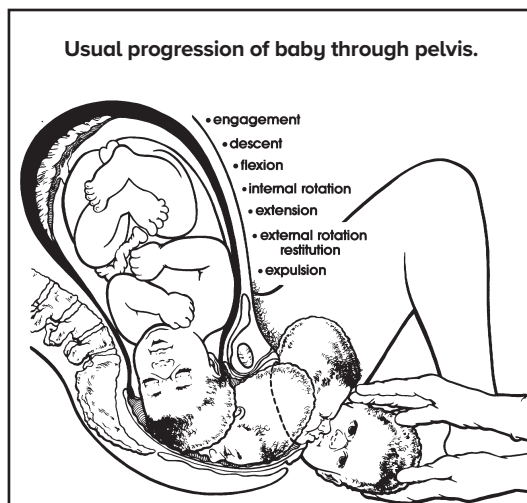
However, there are other positions which may feel better or help to rotate the baby:

Side lying: Lying on your side, you or your support person can hold the top leg as you push. This position may increase the pelvis diameter since the tailbone(coccyx) moves slightly back. It is also used to slow down a rapid birth.

Squatting: Using a squat bar on the birthing bed, you can squat to allow gravity to aid your pushing. This position may also help the baby to rotate and descend onto the perineum.

Hands and Knees:

Used often when the baby is in a posterior position as it helps to rotate the baby's head. It also helps to relieve back pressure.



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Labor Guide (Remember, every labor is unique.)

Physical Changes	What Women May Experience	What To Do
<p>STAGE I Early Phase 0–4 cm dilated</p> <p>Contractions: 5–20 min. intervals 30–45 sec. duration</p>	<ul style="list-style-type: none"> • May have bloody show and/or rupture of membranes. • Contractions may feel like a backache, pelvic pressure, gas, or cramps. • Contractions become stronger, longer, and closer together. • May feel excited or anxious. 	<ul style="list-style-type: none"> • Continue with usual activities, but sleep if tired. • Relaxation – use breathing only if necessary. Empty bladder. • Call doctor or nurse-midwife when necessary.
<p>Active Phase 4–8 cm dilated</p> <p>Contractions: 3–5 min. intervals 40–60 sec. duration</p>	<ul style="list-style-type: none"> • Stronger, more frequent contractions. • Discomfort in back and/or legs. • Becomes more serious, quiet and preoccupied with self. • Discouragement – may doubt ability to cope. • Low back pressure, nausea, and/or vomiting. 	<ul style="list-style-type: none"> • Relax, use focal point. • Change positions, walk, use labor tub or shower, empty bladder. Concentrate on one contraction at a time. • Partner: Offer comfort measures like fluids, ice chips, face cloth, backrub effleurage. Offer encouragement. • Low back pressure: pelvic rock. Get up on hands and knees. Lean over with contractions.
<p>Transition Phase 8–10 cm dilated</p> <p>Contractions: 1–3 min. intervals 60–90 sec. duration</p>	<ul style="list-style-type: none"> • Long, intense contractions, leg cramps, shaking, tremors. • Feels exhausted, overwhelmed, and wants to give up. • Difficulty concentrating, feeling of panic, nausea and/or vomiting. • Contractions may have more than 1 peak and seem very long. • Relaxation is hard. 	<ul style="list-style-type: none"> • Continue relaxation techniques. Change positions. Blow out with urge to push. • Partner: Stand up and use eye contact – have her breathe with you. Be patient. Don't leave her. Encourage her – you're almost to full dilation.

Labor Guide

Physical Changes	What Women May Experience	What To Do
<p>STAGE II Birth Full dilation Pushing</p> <p>Contractions: 2 min. intervals 60–90 sec. duration</p>	<ul style="list-style-type: none"> • Tired, but may have a burst of energy. • Pressure on rectum and perineum. • May feel like you have to have a bowel movement. • May have uncontrollable urge to push. • Bulging, splitting or stretching sensation. • Intense backache. 	<ul style="list-style-type: none"> • Assume gravity-aided position. • Push towards vaginal opening. • Relax perineum and go with the contraction. • Relax in between contractions. • When the head is crowning, push slowly; pant if necessary.
<p>STAGE III Delivery of Placenta</p> <p>Contractions: Less intense</p>	<ul style="list-style-type: none"> • Variety of feelings; relief, gratitude, disbelief, joy, exhaustion. 	<ul style="list-style-type: none"> • Hold baby. • Doctor or nurse-midwife will repair episiotomy* or laceration if necessary. • Medication used.

Support Person's Help Sheet

Problem	What to do for the mother
Labor not progressing	<ul style="list-style-type: none"> • Have her walk. Use a birth ball. • Have her take a shower or use labor tub. • Stimulate her nipples.
Pushing not progressing	<ul style="list-style-type: none"> • Have her change position to squatting, sitting on toilet, or birth ball. Have her walk. Use tub or shower. • Encourage visualization: have her visualize her body relaxed and/or the cervix* opening over the baby's head.
Nausea	<ul style="list-style-type: none"> • Have her take slow, deep breaths. • Apply a cool washcloth to her face. • Encourage position change, either to her side or sitting up. • This may be a sign of transition.
Cold, Chills	<ul style="list-style-type: none"> • Use warm blanket. • Encourage a warm shower. • Have her wear socks. • Try massage.
Back Labor	<ul style="list-style-type: none"> • Change her position every half hour. • Get her into hands and knees position. • Have her do pelvic tilt. • Apply counterpressure to her back using tennis balls, your hand, rolling pin, or small paint roller. • Apply heat or cold using heating pad/hot water bottle; Tupperware rolling pin filled with hot or cold water; warm moist packs.

Support Person's Help Sheet

Problem	What to do for the mother
Leg Cramps	<ul style="list-style-type: none">• Place the heel of her foot into your hand. Use your other hand to push the ball of her foot toward her head.• Apply warm compresses.• Try massage.
She panics or thinks she “can’t go on”	<ul style="list-style-type: none">• Stand up and tell her you’re there to help.• Hold on to her. Communicate that you care and that she has someone to hold on to.• Put your face in front of hers and breathe with her.• Tell her she can and will do her breathing.• Be “present”. Stay calm.• Tell her you love her.
You’re tired – doubting your ability to help	<ul style="list-style-type: none">• Take a short break. A nurse will stay with her.• Eat – you need nourishment.• Use relaxation and breathing techniques to calm yourself.• Have empathy (understanding), not sympathy (feeling sorry).• Remember the nurse and doctor or nurse-midwife are there to help your partner.

Comfort Measures For Labor

Hydrotherapy

Many women find that being in warm water helps to relieve tension and pain. The warm water helps increase circulation/blood flow which may help to increase endorphin production, cervical dilation and reduce pain. You can either use the shower or get into our hydrotherapy tub, which is available on a first come basis.

Touch and Massage

Many women like to be touched or massaged during labor. Some don't. You may like massage during some of your labor, but not during other parts. Both you and your partner can massage different areas. You might find that effleurage (very light stroking) is helpful, or you may prefer a more forceful touch, like a massage. Some women like to have just one part of their body massaged such as the foot or back. It is important to try different types. Use corn starch or lotion so that you don't irritate your skin.

Position Changes

As indicated earlier, changing your position can help ease the pain of the contractions. Every hour try a new position. ***See page 97 for recommended labor positions.***

Counterpressure

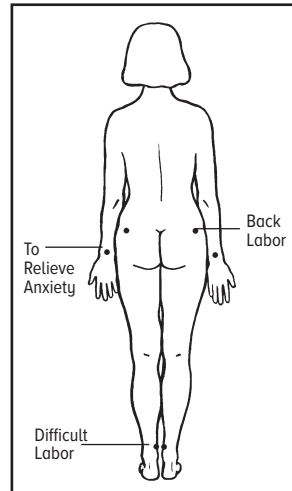
This is a type of massage usually used when you feel a great deal of pressure in your lower back. This can happen with back labor or when pushing. Counterpressure is done by your support person to help relieve the pressure and/or backache. The support person presses the heel of their hand or their fist against your lower back during a contraction.* Tennis balls, rolling pin, ice pack, rolled-up towel, or a warm compress may also help. You will need to tell your support person what feels the best. Your labor nurse can also offer suggestions.

Comfort Measures For Labor

Acupressure

For many centuries, acupressure or Shiatsu has been used to help laboring women. The belief is that when the natural flow of energy in the body is blocked, areas of the body don't function properly. By pressing or massaging certain points on the body, pain and tension can be relieved. Pressure should come from the fingertips or thumb. Massage directly over the acupressure point. Apply pressure for five to ten seconds, repeating several times.

The following diagram shows three points which can be used during labor:



Heat and Cold

The use of heat or cold can be used to help you feel comfortable. Using heat can be relaxing during labor. You can use a hot water bottle or a warm wet towel wrapped in plastic. Placed on the abdomen, groin or back, it may ease discomfort felt in those areas. Replace them when they cool. Warm showers, as mentioned earlier, are also helpful.

You may find that your body or legs shake during transition. Your labor nurse will get you a warm blanket which may help. When pushing, warm compresses on your perineum may help to relax this area and may take away the burning sensation that can occur.

Women in labor often find themselves cold at one point in their labor, only to be very hot a short time later. Cold or cool wash cloths can be used on your face and body. A cool shower or being fanned can be helpful. After the baby is born, a cold compress will be placed on your perineum to help reduce swelling. You may experience chills, so a warm blanket will be available.

Comfort Measures For Labor

Attention Focusing

Using a focal point during labor can help to take your mind off the pain of the contraction. With your eyes open, look directly into the eyes of your support person or stare at a picture or object nearby. You can also sing, count or repeat phrases such as “I am safe, I am calm” or “open cervix, out baby” when using your focal point.

Fluids

The lack of fluids can affect your body and thus make labor more difficult. If labor is progressing normally, you should drink water, juice, soda, and popsicles. Since the breathing patterns may make your mouth feel dry, using ice chips or lollipops will be of help.

If you are unable to drink fluids, have a long labor, or receive medication, your doctor or nurse-midwife will want you to have intravenous* fluid (IV) to prevent dehydration.* IV fluids are also used with women who have a high risk labor.

With all this fluid intake, it is important to empty your bladder every hour. A full bladder is uncomfortable and may slow down your labor. Your support person should remind you to go to the bathroom every hour. Occasionally a woman is unable to urinate (pee). Catheterization, placing a small tube into the bladder, may be necessary.

TENS (Transcutaneous Electrical Nerve Stimulation)

TENS is a noninvasive method of pain relief. While it has been used for many years for postoperative pain relief, it can also be used to relieve pain during labor. TENS involves the stimulation of selected nerve fibers through the use of a pulse generator. Minute electrical impulses are sent from the pulse generator through wires to electrodes (small pads) which are placed along each side of the spine and lower back. During a contraction, you regulate the impulses by a hand control. The impulses are felt as a vibration, prickling or tingling sensation.

TENS can be used throughout labor and delivery. When used with the breathing patterns and relaxation, you may need little or no medication.

Comfort Measures For Labor

To get more information about TENS, talk with your doctor or nurse-midwife and a physical therapist. For further information about TENS units call Diagnostic Scheduling at 413-794-2222 to schedule an appointment with a member of the Physical Therapy Department.

Doula

A doula is a woman who is trained to provide physical, emotional, and educational support for women before, during, and after childbirth. Many women and their partners find that having a doula present during childbirth is both helpful and reassuring.

Birth Ball

A birth ball is a large, sturdy exercise ball which mom can use in several positions. Sitting and swaying on the ball helps to stimulate pain relief receptor sites on the pelvic floor and release pain reducing endorphins. You can also get on your knees, lean into the ball and rock back and forth or you can sit on the ball and then lean on pillows on the bed. Your partner can rub your back with either of these positions. You may bring your own ball or use one provided by the hospital.

Movement

Moving may help your labor. Try walking, pelvic rocking, or slow dancing with your partner. Use pillows for comfort whether in bed or sitting in a chair. Use the birth ball and sway back and forth.

Environment

Think of the techniques you normally use to make yourself comfortable and use them to calm and comfort yourself in labor. Try dimming the lights and keep the area you're in as peaceful and private as possible. Maintain a comfortable temperature. Listen to your favorite music. Wear your own nightshirt and/or bring your own pillow with a bright pillowcase. Bring your favorite socks. Use the shower or tub.

Relaxation: The Key

Relaxation, patterned breathing, massage, and imagery are all tools you and your partner can use together to help you cope with contractions. When your muscles are relaxed (loose and heavy) and your mind is calm and alert, your body can work well to help you cope with stress or pain. Tightening the muscles in your body can cause your labor to be longer and more uncomfortable. Tense muscles keep the uterus from getting all the glucose (sugar/energy) and oxygen that the uterine muscles need to contract and dilate the cervix. Without all these nutrients, the uterine muscles build up lactic acid which you feel as painful contractions.

You may already have developed techniques to help yourself relax. Think of how you can use them when you're in labor. Or you may find it difficult to relax. It is important to remember that you can learn relaxation skills. The key is that you must practice daily by yourself as well as with your partner.

Relaxation is a skill that you can use throughout your life.

Tips for Increasing Your Relaxation Skills

The way you relax best may not be your partner's way. Be sure to listen to your body to find what helps you.

Get comfortable. Use pillows to support your head, arms, and legs. Your knees and elbows should be slightly bent.

Relax your breathing. Slow it down to a comfortable level. Think about releasing tension each time you exhale.

Tense, then release each muscle, starting at your head and working down to your feet. Note how different muscles feel when relaxed.

Visualize images, sounds, or feelings that help you feel at peace.

Imagine your partner's hands drawing the tension from your muscles like a magnet. Think of releasing to your partner's touch.

Relaxation: The Key

Suggestions for the Labor Coach

Help your partner get comfortable by adjusting pillows and so forth.

Be aware of your own tension. Slow down your breathing and let your muscles release; she will sense your calm.

Use a soothing voice and images of warmth, heaviness, and letting go.

Let your touch absorb her tension. Massage is great; use firm, smooth strokes that tell her you care about her comfort.

Become familiar with signs that show that she is relaxed; her face is smooth; her limbs heavy; her joints move easily; her muscles feel soft; she looks comfortable.

Relaxation Exercises

Relaxation is a learned skill. After you have mastered the basics, feel free to move on to any of these exercises. Practice will increase your skill.

Deep Breathing

Take a deep breath as you make yourself comfortable and let it out slowly. Inhale fully, counting from 1 to 4. Exhale slowly and count from 1 to 8. Make sure you are inhaling enough to do this comfortably. Visualize the numbers appearing in front of you as you count.

Body Awareness

Throughout the day, notice your breathing and slow it down if you are anxious or tense. Tune in to your body when you are tense, and consciously release your muscles; unwrinkle your brow; and loosen your shoulders and hands.

Neuro-muscular Control

Progressively relax your muscles, then try tensing an arm or a leg while keeping the rest of your body relaxed. Your partner can check to help you feel the difference between the tensed and relaxed muscles.

Self-suggestion

Get comfortable and slow your breathing. Attempt to increase feelings of warmth and heaviness by saying to yourself “my left arm is heavy.” Repeat three times. Then try the right arm, legs, neck, and shoulders. Repeat the sequence with “my left arm is warm.” Don’t try too hard; just allow the feeling to come.

Touch Relaxation

Touch relaxation is a hands-on technique to reduce body tension. It requires practice and conditioning. You and your partner learn how your body tenses up and how much touch is needed to release the tension.

When applying touch, use long, firm but gentle strokes. Use the whole hand, not just the fingertips. Stroke towards the end of a body part. The idea is to draw tension out of the body.

Relaxation Exercises

To practice: Tighten a part of your body. Your partner should mold his/her hands around the muscles. Apply a firm but gentle touch. You should release the muscles. As your partner feels the release of tension, then he/ she should stroke away from the body.

Practice on each other. Tense, then relax the following muscle groups:

Head: Partner places two fingers against the temples on each side of your head. Press firmly, then release slowly.

Forehead: Tense muscles. Partner strokes across forehead towards temples.

Shoulders: Raise your shoulders towards head. Partner strokes from neck down across shoulders. Another way is to have your partner face you. Partner presses the heels of his/her hands against your shoulders.

Arms/legs: Partner cups his/her hands around the top part of the arm or leg. Apply pressure then slowly stroke downward.

Buttocks: Tighten your buttocks. Partner firmly strokes down toward hips. In labor, your partner will look for tense areas in your body. Your partner will then touch the tense area, and you will relax.

Visualization

Breathe slowly and gently. Let the feelings of relaxation flow through your body. Breathe out your tension. “See” your tension leaving your body through your fingers and toes. Imagine yourself being somewhere or doing something positive and pleasant—being at the beach, in a garden, or walking in the woods, for example.

See yourself becoming very comfortable and enjoying the sense of calmness and peacefulness. During labor contractions, picture the cervix opening against the baby’s head. Whenever you use visualization, imagine the positive sights, smells, and sounds you can experience as you relax deeply.

Music

Many people use music to relax. You can use a MP3/iPod during labor. Practice with a variety of music—you’ll be surprised what you may end up listening to when in labor!

Breathing Techniques

Breathing techniques are another tool that you can use to help reduce the stress of labor. Breathing patterns can be used when you have a stressful time, such as labor, a crying baby, or having to tell your boss that the report is not done! As with learning any new skill, practice is important. Practicing your breathing patterns will give you more confidence and will become your first response when in labor. Practice at different times, such as when stopped at red lights or during radio/TV commercials.

Breathing patterns help to provide enough oxygen for you and your baby. They give you something to focus on and they help you with your relaxation techniques. For most women, breathing patterns do not take away the pain of the contractions, but rather act as a distraction technique. They provide an alternative to the normal response to pain which is to hold your breath and tighten up the muscles. This in turn causes you to have more pain.

The key points of all breathing patterns are:

- **Relaxation.**
- **A focal point (external or internal).**
- **Cleansing breaths.**

You will need to know what your normal breathing rate is. This will change depending upon what you're doing or the time of day. To find your normal breathing rate, count the number of breaths (inhale/exhale counts as one) you take in one minute. Do this more than once at different times so you can get your average rate. In labor, stay with your normal rate as long as you are comfortable and relaxed.

Breathing Techniques

Strategies to use with breathing:

- Count breaths.
- Use light massage such as effleurage.
- Count to 4 or 5 as you inhale and exhale.
- Use music via headphones.
- Visualize-close your eyes and “see” an image, or place that you find relaxing.
- Get on all fours and rock.
- Walk.
- Sing a tune in your head.
- Use repetitive phrase: “I am safe...I am sound,” “Breath in oxygen, breathe out tension.”
- Stand and rock your pelvis from side to side.
- Bathe or shower.
- Change the way you inhale/exhale.
- Inhale/exhale through your nose.
- Inhale/exhale through your mouth.

It is important to keep your breathing as even as possible to prevent hyperventilation* (very rapid, deep breathing causing an imbalance of oxygen and carbon dioxide). Try not to start your breathing patterns until you can no longer walk or talk through a contraction. If you find that you are tensing up, use slow paced breathing.

Cleansing Breath

The cleansing breath is used to begin and end all breathing patterns. It is a signal to everyone that the contraction is either beginning or ending. It is also your signal to “cleanse” your mind and body of any stressful thoughts and to focus in on relaxing your body.

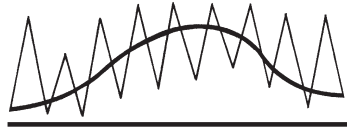
As you feel the contraction begin or end, take a deep, full breath; think of cleansing or clearing your mind. This is your signal to relax your body.

Breathing Techniques

Slow Paced Breathing

Many women use just this pattern throughout their labor since it has a calming effect on the body.

- Start with cleansing breath.
- Slowly breathe in through your nose and exhale through your mouth.
- Do 6-10 per 60 seconds or half your normal breathing rate.
- End with cleansing breath.

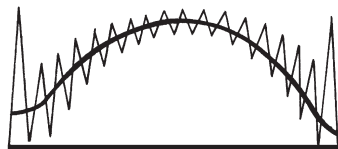


Modified Paced Breathing

As the contractions become stronger, you may want to increase your rate of breathing.

- With ***Modified Paced Breathing***, you can increase your rate but do not breathe faster than twice your normal rate.
- Start with cleansing breath.
- Slowly breathe in through your nose and exhale through your mouth.
- Increase your rate of breathing (20-40).
- End with cleansing breath.

You can also start with *Slow Paced Breathing*, increase your rate just during the peak of the contraction, then return to *Slow Paced Breathing*.



Breathing Techniques

Patterned Paced Breathing

This breathing pattern makes use of a repeated, clear rhythm to help calm your mind and body. Your partner can also offer verbal or visual cues to help you.

- Cleansing breath.
- Breathe in and out through your mouth (you can use your nose) making a sound such as “he” or “he/she.”
- Use soft blows or sighs to make a pattern.
- End with cleansing breath.



Example: In-out/In-Out/In-Out/In-blow, repeat pattern (in this case 3 to 1) throughout contraction.

You can do any pattern you want but rates over 5 tend to be tiring. You may want to use a song such as Yankee Doodle or a phrase such as “I think I can.” You can also use a pyramid pattern such as 4 to 1, then 3 to 1, then 2 to 1, then 1 to 1.

Your support person can use signals such as fingers or by saying “In/Out, In/Out, In/Blow.”

This breathing pattern is often used when a woman is in the transition phase or has a premature urge to push.

Breathing Techniques

Breathing Pattern for Pushing

It is important to visualize the baby coming through the birth canal as you push. Remember to relax your perineum.

- Cleansing breath.
- Inhale through your nose and hold for 5-10 seconds.
- Exhale, bearing down with abdominal muscles, making small grunts or groans.
- Repeat until contraction ends.
- Two cleansing breaths.

Do not do prolonged breath holding as it can make you very tired, cause excessive pressure to the birth canal, and reduce oxygen to the baby.

Cord Blood

Currently, cord blood stem cells are used in the treatment of over 40 diseases, including leukemia and other cancers. By studying cord blood stem cells, scientists may discover new uses for this valuable resource— one that would otherwise be discarded as medical waste after your baby is born. Many researchers believe that cord blood stem cells may someday be used to treat many more life-threatening diseases including cancer, heart disease, stroke, diabetes, and more.

After your baby is born, the cord blood in the placenta will be discarded as waste or may be collected.

At Baystate Medical Center, you can make one of following choices for the cord blood:

1. After your baby is born, the cord blood in the placenta will not be collected for preservation.
2. Preserve the cord blood with a private company of your choosing. In this case, you would make all the arrangements with that private company ***before your delivery***, and you are responsible for all the costs associated with the collection.

*If you want additional information on cord blood banking, you should contact your obstetrician or midwife's office, or go to the Massachusetts State website at ***www.mass.gov*** and search for "cord blood."*

Medications

The decision to use medication is one that only you can make once you are in labor. Many women can and do deliver their baby without medication, but others need the tool of medication. It is important that you feel comfortable with your decision, which should be what is best for you.

Medication	How It Is Given	When It Is Used
Sedatives	<ul style="list-style-type: none"> • Pill or injection. 	<ul style="list-style-type: none"> • Early labor.
Analgesics* (Stadol, Morphine) Nitrous Oxide – Face Mask – Early or Active Labor	<ul style="list-style-type: none"> • Injection or IV. 	<ul style="list-style-type: none"> • Early or active labor.
Epidural	<ul style="list-style-type: none"> • Injection into the lower back to the epidural space. A tiny tube is placed into epidural space. End of tube taped up by shoulder. Medication is pumped in on a continuous basis. 	<ul style="list-style-type: none"> • Can be given at any time once in active labor. • Cesarean birth.
Spinal	<ul style="list-style-type: none"> • Injection into the lower back to the spinal canal. 	<ul style="list-style-type: none"> • Cesarean birth. • Forceps delivery.
General (Gas)	<ul style="list-style-type: none"> • Face mask. • IV injection. 	<ul style="list-style-type: none"> • Emergency delivery. • Alternative when regional anesthesia cannot be used.

Medications

A successful childbirth is one that you feel good about. There is no pass or fail in childbirth. Remember the goal is to have a healthy mother and baby. Be sure to discuss with your doctor or nurse-midwife what your wishes are and what alternatives will be available in labor.

The chart below summarizes the types of medication that are available while you're in labor.

Medication	Advantages	Disadvantages
Sedatives	<ul style="list-style-type: none"> • Allows for rest. • If in false labor, contractions will stop. 	<ul style="list-style-type: none"> • No pain relief.
Analgesics* (Stadol, Morphine)	<ul style="list-style-type: none"> • May help with relaxation. • Small amount of exposure to medication for baby. 	<ul style="list-style-type: none"> • Does not eliminate pain. • May affect strength or frequency of contractions. • Not usually given in transition as it can affect baby (sucking, alertness, or muscle tone).
Epidural	<ul style="list-style-type: none"> • Good pain relief for both labor and delivery. • May help with dilation. • Additional medication can be given through tube. 	<ul style="list-style-type: none"> • Not always 100% effective. • May affect strength or frequency of contractions. • Decrease in blood pressure can occur. • Ability to push may be affected.
Spinal	<ul style="list-style-type: none"> • Complete relief from pain. 	<ul style="list-style-type: none"> • May decrease blood pressure. • Spinal headache (2%). • Very rare: nerve injury or meningitis.
General (Gas)	<ul style="list-style-type: none"> • Fast administration. 	<ul style="list-style-type: none"> • Aspiration of vomit into lungs (rare).

Variations on Labor and Birth

Slow Labor

You may have a labor which is progressing as it should be. Some women experience a long latent or early phase of labor. There can be many causes. The baby's head may not be against the cervix, contractions are not effective, or the cervix has not effaced or dilated.

This long, slow labor may be tiring and discouraging.

What To Do:

- **Walk, watch TV or a movie, or visit with friends.**
- **Take a warm bath or shower, then try to rest or sleep.**
- **Have your support person give you a massage.**
- **Drink water, fruit juices, tea with honey. Eat food that is easy to digest, such as jello or broth.**
- **Use your relaxation techniques.**

Often women with slow labors will become very tense which can further slow labor down. It is important to have patience. It is not unusual for a woman having her first baby to take up to 20 hours to get into active labor.

If these measures are not enough to get labor to progress, your doctor or nurse-midwife will consider using other methods. These can include medication, nipple stimulation, pitocin* (a synthetic hormone) or artificial rupture of membranes.

It is important to have patience. It took 9 months to develop your baby so it's not realistic to expect the baby to be born in a couple of hours.

Back Labor

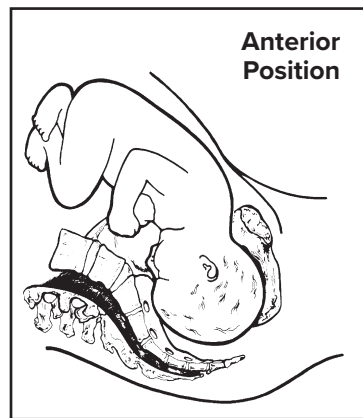
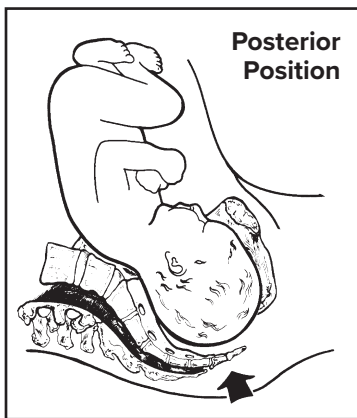
Back labor is when contractions are felt mainly in the lower back area. It is felt as a continuous backache that becomes worse with the contractions. Usually the cause is due to the position of the baby's head. Instead of the head facing downward (anterior), the baby is

Variations on Labor and Birth

coming face up (posterior) or “sunny side up.” Labor and/or pushing may be longer since the baby’s head must rotate to the anterior position. Moving helps to rotate the baby’s head.

What to Do:

- Change position every 15 to 30 minutes.
- Get on hands and knees. Do the pelvic tilt.
- Have your support person apply counterpressure to your back using tennis balls, their hand, rolling pin, or small paint roller.
- Apply heat or cold using heating pad/hot water bottle; Tupperware rolling pin filled with hot or cold water; warm moist packs.
- Figure 8 massage.



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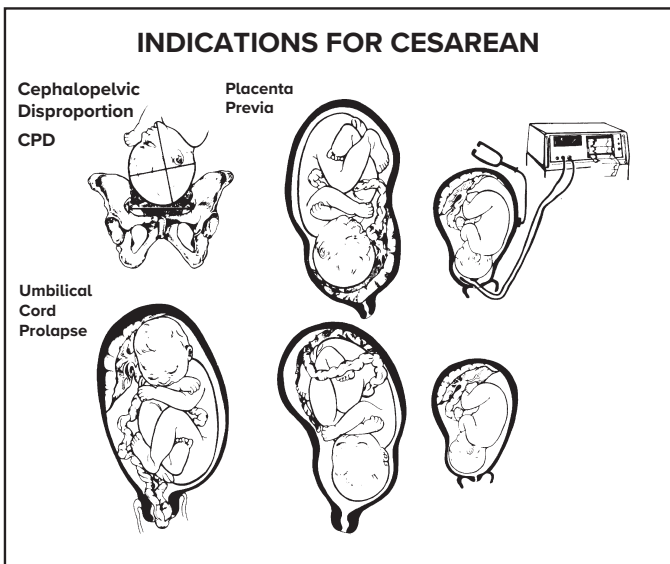
Cesarean Birth

Since having a cesarean delivery is always a possibility, it is important that you understand the medical procedures. Knowing what to expect can prepare you and your support person.

Cesarean childbirth is the surgical delivery of a baby through a woman's abdominal wall and uterus.

This type of delivery is chosen when a vaginal delivery might be harmful for either the baby or the mother. If you are having a scheduled cesarean birth, your doctor's office may give you instructions with a pre-scrub to use the night before the surgery. There are some conditions that increase your chances for having a Cesarean delivery. They include maternal diabetes, breech presentation,* genital* herpes, chronic maternal illness, multiple babies, toxemia, and a small pelvis.

More often, however, a Cesarean is done when a problem arises during active labor or pushing.



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Cesarean Birth

During labor, remembering the following suggestions may help to reduce your chances of having a Cesarean:

- Walk or remain in an upright position through-out your labor.
- Urinate every hour on the toilet. A full bladder will add to your discomfort and may slow labor down.
- Drink fluids or have ice chips to prevent dehydration.
- Use relaxation and breathing techniques.
- Don't get discouraged if your labor progresses slowly. Have confidence in your body.
- Take a shower or bath if membranes are not broken.
- During the pushing stage, change your position if you are not making progress. Squatting can increase your pelvic size. Make sure you have a good urge to push. If not, walk around the room. You can also try pushing while sitting on the toilet.

Even under the best conditions, there are times when a Cesarean delivery is necessary. The most important thing to remember is that this method helps you achieve your goal and ours—a healthy baby, and a healthy mother.

Once the decision has been made to have a Cesarean delivery, you can expect the following:

Birthing Room

Your abdomen will be shaved. You will have an IV in your hand or arm. Blood will be taken by a laboratory technician. Your support person will change into a scrub suit.

Delivery Room (Operating Room)

A nurse will stay with you and you will meet the anesthesiologist, whom you may have met already in the Birthing Room, and who will give you instructions about anesthesia. Usually, spinal or epidural anesthesia is given and you will remain awake so that your support

Cesarean Birth

person can be with you throughout delivery, and you can see your baby right after birth.

The oxygen mask will be placed on your face and electrodes will be placed on your chest so that your heart can be monitored. A catheter (tube) will be placed into your bladder. Your abdomen will be washed and draped with sterile cloths. A sterile drape will be placed between your head and abdomen which will prevent you from seeing the surgery. Your arms will be placed on arm boards which extend out from the operating table. A blood pressure cuff will be attached to your arm. Compression boots, inflatable leg coverings that are attached to a machine, will be placed on your legs. They work to gently squeeze your legs to aid with blood circulation.

Once these procedures have been completed, your support person will be brought in to sit by your head. Also at your head is the anesthesiologist, who can be very helpful by answering any questions you might have. There will be many other people in the room. Besides your doctor, there is an assisting doctor, operating technician who gives the instruments to your doctor, two nurses, and sometimes the team from the Neonatal Intensive Care Unit (NICU). The doctor will make an incision* through the wall of the abdomen and the uterus. You may feel pressure, tugging, shoulder pain, shortness of breath or nausea during the surgery. Use your deep, slow breathing.

Your baby will be delivered in about 10 minutes and will be taken to an open, warm crib. Often, doctors and nurses from the NICU will examine your baby to make sure there are no problems. Your baby will be brought over for you to see and touch if there are no problems. Your support person may hold the baby. 30 to 50 minutes will be spent suturing (sewing) your uterine and abdominal incisions.

You may nurse your baby after delivery, in the recovery room, or wait until you get to your room, one to two hours later. If you decide to wait, be sure to ask your nurse to bring the baby to you shortly after you arrive at your room.

Cesarean Birth

Recovery Room

You will spend up to two hours in the *Post-Anesthesia Care Unit* (PACU), provided there are no complications. During this time, your blood pressure, pulse, and fundus (the top of your uterus) will be checked.

At the time when you receive your anesthesia, a medication, spinal morphine, is usually given which should provide you with pain relief for 18 to 24 hours after delivery. If for some reason you did not receive this medication, you can request pain medication in the recovery room. You may have your baby and support person with you for part of your recovery period. You can breastfeed the baby if you feel up to doing so. All of this will depend upon how both you and your baby are doing after delivery.

Postpartum Room

Here, you can have your baby brought to you to nurse or just to cuddle. Within 8 to 12 hours after delivery, you will be encouraged to walk. Depending on your doctor, you may begin eating soft or regular food. Your IV and catheter will be taken out, usually within 12 to 24 hours. You may or may not have a bandage over your incision after the first day. Your doctor will tell you when your stitches or staples will be removed. You will have a vaginal flow* and probably will feel tired.

Ask the nurse and your support person to help you when you hold and feed the baby the first few times. It is important to get into a comfortable position. Use a pillow over your abdomen to protect the incision from the baby's movement. Try holding the baby in the football hold. This is when you place the baby by your side, with the baby's head in your hand and the body is tucked under your arm. Use a pillow underneath for support.

Cesarean Birth

Feelings

You may feel a variety of emotions after delivery—from happiness and thankfulness to resentment and disappointment. A period of “blues” is common to all mothers. If you had your heart set on having a vaginal delivery, you may feel anger, guilt, or letdown. You will need time to sort out your feelings and talk about your experience.

It is important to share your feelings with your support person and health care provider. Getting together with other women who have had a Cesarean birth also may help. A number of books about Cesarean birth are available—see reading list on page 150. Further information will be available after you deliver in *Becoming a Family: Your Baby and You at Home* booklet.

VBAC*

VBAC is short for vaginal birth after Cesarean. Even though you have had a Cesarean, you may be able to deliver your next baby vaginally. Today, women are encouraged to have a trial of labor for future pregnancies.

The reasons for a VBAC:

Less risk (if successful) than a Cesarean Birth. Cesarean birth is major surgery and requires anesthesia. Complications such as infection, bleeding, and blood transfusion can occur.

Shorter Recovery Time. Economic. Since there is a shorter hospitalization, the cost is less.

Since there are conditions which can prevent a VBAC, you will have to talk with your doctor or nurse-midwife about your suitability for a VBAC.

Medical Management of Labor and Birth

	Purpose	Disadvantages
<p>Amniotomy</p> <ul style="list-style-type: none"> • Breaking of the bag of amniotic fluid.* Doctor or nurse-midwife uses a long, thin plastic amnihook. Does not hurt. 	<ul style="list-style-type: none"> • To start labor. • To make labor more effective. • To attach an internal fetal scalp electrode. 	<ul style="list-style-type: none"> • Labor does not always begin. • Increased risk of infection.
<p>Episiotomy</p> <ul style="list-style-type: none"> • Surgical incision made from the vagina down towards the rectum. Made to enlarge vaginal opening just before birth of baby's head. 	<ul style="list-style-type: none"> • To prevent tearing of perineal muscles. • Hasten delivery of baby. • Straight incision easier to repair than large tear. • Enlarged area for forceps or vacuum extractor. 	<ul style="list-style-type: none"> • Possible blood loss. • Pain during postpartum period. • Does not always prevent tears in perineum. • Incision can become infected.
<p>Fetal Heart Monitoring</p> <ul style="list-style-type: none"> • Monitoring of baby's heart rate by a machine. • External: Ultrasound* • Internal: Electrode attached to baby's head. • Telemetry Unit 	<ul style="list-style-type: none"> • Gives a printing of fetal heart and contractions. • Able to see how baby is doing when there are complications or when medication is given. • Can see how contractions affect a baby's heart rate. • A small fetal monitor unit which you can wear while walking. 	<ul style="list-style-type: none"> • External monitor belts may be uncomfortable. • Cannot walk beyond length of cord.

Medical Management of Labor and Birth

	Purpose	Disadvantages
<p>Forceps</p> <ul style="list-style-type: none"> Two spoon shaped instruments (like salad tongs) placed on sides of baby's head. 	<ul style="list-style-type: none"> To assist in delivery if fetal distress occurs. Rotate baby's head. If mother unable to push due to medication or exhaustion. Protects premature baby's head from vaginal compression. 	<ul style="list-style-type: none"> May require an episiotomy. Slight bruising of baby's head or face. Vaginal bruising or tearing can occur.
<p>Induction / Augmentation of Labor</p> <p>1. Stripping of membranes</p> <ul style="list-style-type: none"> Doctor or nurse-midwife inserts finger between cervix and amniotic membrane. Membrane is loosened from lower part of uterus. <p>2. Misoprostal or Cervidil</p> <ul style="list-style-type: none"> Gel is placed within or on cervix. <p>3. Pitocin</p> <ul style="list-style-type: none"> Synthetic oxytocin* is placed into IV solution. Infusion pump regulates amount given. Usually causes uterine contractions. 	<ul style="list-style-type: none"> Labor is medically started. Induction: Labor is started because of a medical problem either for the mother or baby (toxemia, diabetes, fetal distress, postmaturity, etc.). Augmentation: To make labor contractions more effective. Labor may begin. Softens and dilates cervix Labor may begin. To begin labor. Membranes rupture with no labor contractions. Labor contractions not close or strong enough. 	<ul style="list-style-type: none"> Labor may not start. A small amount of bloody discharge occurs. Membrane may rupture. Contractions are stronger right from the beginning. Fetal monitor necessary.

Medical Management of Labor and Birth

	Purpose	Disadvantages
<p>Intravenous Fluid Solutions</p> <p>1. IV</p> <ul style="list-style-type: none"> • An IV will be started in your hand or arm to supplement your fluid intake. A catheter is attached with a tubing to a bag of fluid and then placed into a vein in the hand or arm. <p>2. Heparin Lock</p> <ul style="list-style-type: none"> • A needle with a cap is placed into a vein. 	<ul style="list-style-type: none"> • To keep a vein open in case of emergency. • Provides fluid to prevent dehydration. • To give medication. • Maintains blood pressure if regional anesthesia is used. • To keep a vein open in case of emergency. 	<ul style="list-style-type: none"> • May be uncomfortable. • May be more difficult to move or walk around. • Infiltration (leaking of fluid) may occur, causing swelling or soreness. • May be uncomfortable.
<p>Vacuum Extractor</p> <ul style="list-style-type: none"> • A cap-shape instrument which is attached to the baby's head. A tube, attached to a vacuum pump, creates suction, keeping the cap on the baby's head. Doctor or nurse-midwife can help the baby out with contractions. 	<ul style="list-style-type: none"> • Helps to deliver baby as with forceps. • Needs less space in vagina than forceps. • Baby's head can be at a higher station.* 	<ul style="list-style-type: none"> • Area where cap was attached may be swollen. • May not rotate baby as does forceps. • Episiotomy may be needed.

Emergency Delivery

While there are many stories about babies being born in elevators and the like, in actuality most women have enough time to come into the hospital for delivery. However, in case you are the rare exception, here is a review of what to do for an emergency delivery.

You can tell that it is too late to go to the hospital if:

- You can feel the baby coming.
- You have a strong urge to push or bear down which you can't stop.
- The baby's head can be seen in the vagina.

What To Do (Support Person)

- Call 911.
- Have the mother lie down. Have her pant or blow to keep from bearing down.
- Wash your hands, if there is time.
- Put a clean sheet or towel under the mother's buttocks (fanny).
- Place a hand over the baby's head and mom's perineum and use a small amount of counterpressure to prevent a fast delivery. Mother should pant.
- Ease the baby's head out. Do not pull on the baby.
- If the membrane has not ruptured, tear it and pull it away from baby's face.
- If the cord is around the baby's neck, loosen it and slip it over the baby's head.
- Hold the baby down and wipe any mucus from the baby's mouth.
- Dry the baby with a clean towel.
- Place the baby on the mother's belly, and place a towel or blanket over the baby.
- Do not pull on the placenta. Let it deliver naturally.
- Do not cut the cord.
- Wrap the placenta in a plastic bag and place it next to baby.
- Have the baby breastfeed. This will cause the uterus to contract

Emergency Delivery

and prevent excessive bleeding.

- Watch for bleeding.
- Check the fundus (top of uterus) by pushing down below the belly button. The uterus should feel like a grapefruit. If it is soft, massage it slowly until it becomes firm. Repeat as needed.
- If the baby is not breathing, massage the baby's back and chest. Tap the feet gently. If there is no response, check for a pulse. If no pulse, begin CPR.

The most important thing is to remain calm. Usually there are no problems with emergency deliveries. The ambulance will bring both mother and baby to the hospital to make sure all is well.



After the Baby is Born

After the Birth

Instruction

Remember, do not leave your baby unattended in your room at any time. If you plan to leave your room, bring your baby to the nursery. Also, do not give your baby to any hospital staff who are not properly identified as a Baystate Medical Center employee. Please verify all hospital personnel with the Nurse's Station.

Our staff wants you to be as confident and comfortable as possible about caring for yourself and your new baby even before you go home.

New moms are anxious to go home where they are most comfortable to bond and recover, and that makes sense from a clinical, infection control perspective as well. We will work to ensure you and your baby get everything you need—from immunizations to education, to breastfeeding help—in an orderly and timely fashion, so that you can return home and start your new lives together.

In addition to the educational programs prior to delivery, we offer one-on-one teaching instructions for you and your baby during your hospital stay. You will be able to ask questions, and practice the techniques demonstrated. A Baystate's New Beginnings Educator from the Parent Education department will visit you and present you with a Guide to help you through the first 12 weeks of your baby's life. They will also ask you if you would like a 7–10 day follow up phone call at home to check on your recovery. You will also receive the *Becoming A Family: Your Baby and You At Home* book which will provide you with more information on newborn and postpartum care.

On each shift, one nurse will be assigned to care for you and your baby and will give you additional information and instruction. Such individualized teaching is a key part of our maternity care and is practiced throughout the hospital. Nurses, pharmacists, social workers, nutritionists, lactation consultants, and other staff are available to answer any questions you might have.

What to Expect During Your Stay

WHAT TO EXPECT DURING YOUR STAY

- Physical care by your nurse.
- Use “Please Do Not Disturb” sign as needed.
- Assistance with feeding your baby.
- Pain assessment/management.
- Education about self and baby care.
- Fill out Birth Certificate form.
- Visits by your provider (doctor or midwife).
- Visit from Lactation Consultant.
- Visit from Baystate’s New Beginnings Parent Educator.
- Nursing care.
- Screening blood tests.
- Hearing test.
- Hepatitis B vaccine.
- Daily check-in by Pediatric team.
- Screening for congenital heart defects.

If your baby is in the Continuing Care Nursery (CCN) or the Neonatal Intensive Care Unit (NICU), speak with your nurses and pediatricians about what to expect.

When You and Your Baby Can Safely Go Home

WHEN YOU CAN SAFELY GO HOME

- Your bleeding is normal.
- You have no active infection.
- Your pain is controlled.
- Your high-risk complications are under control.
- You've recovered from surgery enough to eat, drink, and walk around.
- Your questions about health care have been answered.
- Your follow-up care has been discussed with you.
- You and your baby have started to figure out the basics of feeding and know who to call if you have questions once you are home.
- Your baby has been evaluated for jaundice.
- Your baby has normal breathing, peeing, pooping, and temperature.
- Your baby has normal lab tests.
- Your questions about baby care have been answered.
- You have a safe car seat.
- Your baby's follow-up care has been discussed with you.

After the Birth

Infant Bathing—“Wait for 8”

When your baby is born, he or she may be covered with a white substance called vernix. Vernix acts as a waterproof barrier while your baby was in utero and helped your baby pass through the birth canal. Vernix also acts as an antioxidant, skin cleanser, moisturizer, temperature regulator, and a natural, safe antimicrobial for your baby post delivery. Vernix aids in breastfeeding as colostrum and vernix are similar in smell which helps the baby find the breast. After birth, your baby will be wiped down quickly while skin-to-skin with you but it is important for most of the vernix to stay on your baby. It will slowly absorb into the baby's skin. In most cases, the hospital staff will encourage you to wait for at least 8 hours before bathing your baby.

Rooming-In Program

Rooming-in means you may keep your baby with you as much as you wish.

When the baby is in your room and you or a family member are not holding your baby, use the bassinet. It is important to always place your baby in the bassinet right next to your bed when you plan on sleeping. You should not sleep with the baby in the bed with you. Everyone should wash their hands before holding your baby. If you leave the room, even for a short time, bring the baby to the nursery.

At the time of delivery, you, your partner, and your baby will have received matching identification bracelets. A nurse will check those bracelets before you take your baby from the nursery.

In addition, a security tag will also be placed on your baby at the time of birth. Tell your nurse if the security tag or ID band falls off or is missing. You should not remove your ID band until your baby leaves the hospital.

All babies are on a demand feeding schedule. If you are breastfeeding, the first day your baby will be sleepy and will have 2-4 good feedings. After the first 24 hours you probably will be nursing every two or three

After the Birth

hours. Formula-fed babies usually eat every three to four hours. But every baby is different, and you may need to adjust to your baby's schedule. Your nurse will help you with this.

Birth Certificates

After your baby is born, a medical records employee will ask you to complete a birth certificate information sheet. Our birth certificate clerk will provide you with further information. Information about your baby's social security number can be obtained at this time. There is no charge to receive a social security number but it may take six to nine weeks before you receive your baby's card. Because your stay with us will be short, it is important that you complete the form as soon as possible. Your doctor or nurse-midwife will sign the form, and the birth will be registered with the Massachusetts Bureau of Vital Statistics as soon as you choose your baby's name. About two months after your baby's birth, you can, for a small fee, request an official birth certificate from your city/town clerk's office.

Car Seats

Remember you need to bring a federally approved infant car seat. It is a Massachusetts and Connecticut state law that all babies must ride in a car seat. There are many models and types of seats and each one comes with specific instructions for installation and safe use. We recommend that you review the car seat instructions and learn how to install a car seat properly and safely strap baby in correctly. Install your car seat before your due date and get it checked by a local certified car seat technician. This requires special training and nurses are not permitted to assist with car seat installation. Consider checking with your local police or fire department for help with car seat installation and inspection.

Time to Go Home

When it is time for you to go home, your partner may park in the discharge parking area near the front door of the Wesson Women and Infants' Unit.

After the Birth

Prior to your discharge, your doctor or nurse-midwife will answer questions and give you instructions for postpartum care at home. You will need to make an appointment with your doctor or nurse-midwife for an examination within four to six weeks after delivery.

On the evening before you are discharged, you might want to send home any flowers or gifts you have received. This will make it easier when you leave for home with your baby.

Following the pediatrician's examination, you will be instructed on the care of your baby. It is important to keep office appointments as instructed by your doctor.

On the day that you leave, your nurse will provide you with a discharge instruction sheet as well as a discharge slip. Further information is in the *Becoming a Family: Your Baby and You* at Home booklet.

You and your baby can expect to go home together. Your nurse will help you and answer questions at this time. Your identification bands will be checked. You will sign the newborn identification sheet as the person taking the baby home. *If you go home before your baby does, keep your identification bracelet on your wrist as you will need to show it to us when you come to take your baby home.*

Once Home

Along with the joy you will experience when you bring your baby home, you may feel doubt, fatigue, and mixed feelings for a few weeks. Caring for your home, family, and new baby can be overwhelming.

Remember: Never shake or hit your baby. This can cause brain damage or even death. This is referred to as Shaken Baby Syndrome, or abusive head trauma.

You may feel depressed for a short time. This is not unusual. If these feelings persist, you should call your doctor or nurse-midwife. Meanwhile, eat well—do not try to diet—drink plenty of fluids and get plenty of rest, napping whenever the baby sleeps. Share your feelings

After the Birth

with your partner and your friends. Sometimes it helps to talk with other women who have experienced similar feelings.

If you have questions, call your doctor or nurse-midwife. And if your questions concern our services or maternity care, call our Parent Education Department at 413-794-5515.

Tdap/Flu Vaccines

Pertussis (whooping cough) and the flu are serious diseases for babies. Adults and older children can spread pertussis and flu virus to babies. You will be assessed as to whether you are up to date with your Tdap (Tetanus, diphtheria, and pertussis) and/or influenza vaccines. If you need the vaccine(s), it will be offered to you by your health care providers. Anyone (older children, other adults, grandparents, babysitters) who will be around your baby should get a Tdap booster and a yearly flu vaccine by their health care provider.

Hepatitis B Vaccine

The following information is provided ahead of time so that you can make an informed decision. After delivery, further information on other types of vaccines for your baby will be given to you in the *Becoming A Family: Your Baby and You* at Home book and by your pediatrician.

What is Hepatitis B?

Hepatitis B is a serious disease that can be prevented. It is a disease of the liver caused by a virus. Most people who get the virus get better in a few months. Some however, carry the virus all their lives. Babies and young children who become infected with Hepatitis B are at very high risk for chronic infection and serious liver disease later in life.

How Do You Get Hepatitis B?

You can get it through contact with the blood of someone who has the virus. Young children with Hepatitis B can pass it to unvaccinated children through biting and sharing toys that they have put into their mouths. In households where there is an infected person, the virus can be passed to unvaccinated persons by sharing personal things like

After the Birth

razors and toothbrushes. You can also get it through sex with a person who has the virus. A baby can get Hepatitis B at birth from a mother who has the virus. One third of the persons with Hepatitis B do not know how they got the virus.

How Do You Know if You Have Hepatitis B?

Some people who get Hepatitis B feel tired and sick. Sometimes their skin or eyes become yellow. Many people who have the virus never feel or look sick. They may not ever know they have it. But they can still get serious liver disease and pass the virus to others. The only way to know for sure if you have Hepatitis B is to get a blood test. Most women are tested for Hepatitis B during their pregnancy.

How Can I Protect My Baby Against Hepatitis B?

Babies can be protected by getting three shots of the Hepatitis B vaccine. It is important to protect babies before they have contact with the virus. Your baby's doctor will give you more information on when your baby will receive the first shot of vaccine. The vaccine is provided free of charge by the Massachusetts Department of Public Health.

Is the Vaccine Safe?

The Hepatitis B vaccine is very safe. The most common side effect is soreness at the place where the shot is given. No serious illness has been related to the vaccine.

Siblings

If you have other children, it is important to prepare them for the birth of the new baby. All adjustments in life take time, effort, and patience. What if your partner came home and told you, “I love you so much that I’m getting another one just like you!” It is normal for children to have some jealous feelings about the new baby. You may wonder if you can love this new baby as you do your firstborn. Rest assured that human beings have a great capacity to love, and in time you will love being a parent to all your children.

The following suggestions may be of help.

- Answer your child’s questions about pregnancy simply and directly.
- Include your child in a few of your prenatal visits. Enjoy together listening to the fetal heart and meeting your doctor or nurse-midwife.
- Visit your library for books and videos on babies and siblings.
- Go over any photos or baby books to show what it was like when your child was a baby.
- During flu season, sibling visitation may be limited.

Steps to a Better First 100 Days

Parenting is very demanding of your time and energy. Taking care of yourself will help you meet the challenges of parenthood. Below are several steps you can take to increase your well-being during the first hundred days and beyond.

SLEEP: Catch up on lost sleep by napping during the day as your baby naps. Sleep is necessary for well-being. If you haven't slept AT ALL for over two days, it's time to seek professional help immediately.

FAMILY AND FRIENDS: Have another trusted adult come to your home for a couple of hours each day for the first several weeks. They can help with laundry, cleaning, cooking, and holding your baby while you shower or nap.

HEALTHY EATING: Eat well balanced meals and healthy snacks, continue your prenatal vitamins as directed by your provider, and drink plenty of water. Family and friends can help by making meals you like. Research has also shown that taking Omega 3 Fatty Acids (fish oil) can help regulate emotional well-being.

EXERCISE: Include a 30 minute period into your daily schedule. Going for a walk or dancing to music with your baby helps regulate your hormones. Rigorous exercise should not be started until you see your provider at the 4 week postpartum visit.

SUNLIGHT: Getting 10 minutes of sunlight each day helps improve mood.

AVOID ISOLATION: Maintain friendships and make new ones. There are many places to meet other mothers. Visit the breast feeding support group, local play groups, infant massage and MotherWoman groups. Please ask for a complete listing of resources available in your area.

Steps to a Better First 100 Days

PRACTICE STRESS REDUCTION ACTIVITIES: Deep breathing, visualization, massage, skin-to-skin contact with your infant, or sitting in the tub for 20 minutes can all reduce stress. Don't try to be a superhero parent. No one is perfect. It's a good time to let go of your usual expectations and focus on the most important things, taking care of yourself and your baby. Let dishes sit, meals be simple and anything unnecessary not be done for the first period while you're adjusting to your new life with your baby.

One out of five mothers experience an array of emotional challenges during the first year of motherhood. Anxiety and depression are two examples of these challenges. If you feel you are having difficulty eating, sleeping, and carrying out routine daily activities, call your health care provider. There is help available for you!

Pets

New parents often worry about how their pet will react to the baby.

The following suggestions may be of help:

- Get a doll and begin to treat it like your baby. Put the doll in the crib, diaper and talk to it.
- Play a tape of a baby crying. Stroke your pet and talk softly so that crying is not frightening.
- If you have friends with babies, have them bring their baby over to your house. This will let your pet hear and smell a baby in your home.
- Let your pet smell the baby's clothes and toys. Set up the baby furniture before the baby is born so that your pet becomes familiar with it.
- Pack a t-shirt from home and have your baby wear it in the hospital. Then have your partner take it home and let your pet smell it. When you bring baby home, have your partner hold the baby and let your pet smell the baby. You give your pet a special treat.
- When visitors come to see the baby, have them greet your pet. A treat can also be given to your pet.
- Include your pet in activities with the baby. Feeding the baby is often one activity that pets enjoy watching or being nearby.
- No matter how well your pet gets along with your baby, never leave them alone together. Babies can make sudden noises or movements which could startle your pet.
- Make sure your pet has current vaccinations. Your pet should be free from fleas. Your pet should not have any worms. Do not let your baby play in the area that your pet uses as a bathroom.
- Turtles, snakes, lizards, rodents, and baby poultry are not recommended pets for children under the age of five. These pets can be carriers of Salmonella and other bacteria which can be transferred from adults to children.

Words You'll Need To Know

Abdomen: The front part of the body which is located below the chest and above the legs. The area where the uterus will grow. Often called the belly.

Afterbirth: Placenta and membranes that are expelled after delivery of the baby.

Afterpains: Contractions of the uterus during the first week after delivery. Breastfeeding mothers and women who have been pregnant more than once may experience more frequent and/or more painful cramping.

Amniotic fluid: The clear fluid that surrounds the baby during pregnancy. It helps to protect the baby from injury and infection. Leakage of this fluid should be reported to your doctor or nurse-midwife.

Analgesics: Drugs which help relieve pain without causing unconsciousness.

Anesthesia: Medication that is given to block sensation in a region of the body, or to cause loss of consciousness.

Antepartum: The time before a baby is born.

Apgar score: A physical exam completed on the baby at 1, 5, and 10 minutes of age. The baby is rated by observing pulse, respiration, muscle tone, reflex, irritability and color.

Areola: The area of dark skin that surrounds the nipple on the breast.

Birth canal: The passageway (vagina) through which the baby is born.

Birthmark: An unusual mark or blemish on the skin at birth.

Bowel movement: Bodily waste discharged through the anus. Also called feces, stools, excrement.

Braxton Hicks contractions: Uterine contractions, usually not painful, that occur throughout pregnancy. These contractions help to condition the uterus for the work of labor and may help to soften the cervix, which will allow for effacement and dilation in labor.

Words You'll Need To Know

Breech presentation: When the baby is positioned so that the buttocks, knees or feet would be delivered first.

Buttocks: The fleshy part of the hips. Also called the fanny.

Catheter: A small thin tube inserted into the body through a natural channel. Permits injection of fluids or medication (IV's, epidural anesthesia) or allows withdrawal of fluids (blood, urine, mucus).

Centimeter: A metric measure used to describe dilation of the cervix during labor. Approximately 2.5 cm. equals 1 inch.

Cephalhematoma: A lump or swelling on the head which is filled with blood. The blood will slowly be reabsorbed in several weeks or months.

Cervix: Neck-like structure at the bottom of the uterus that opens into the vagina (birth canal). The cervix must dilate (open) to 10 centimeters (4 inches) before the baby can enter the birth canal.

Cesarean: Surgical delivery of the baby through an incision made in the abdomen and uterus.

Circumcision: The surgical removal of the foreskin of the penis.

Colostrum: The first milk, yellow to clear in color, produced by the breasts to feed the baby. Colostrum is high in protein, minerals, vitamin A, nitrogen, and antibodies.

Constipation: Infrequent bowel movements which are hard and difficult to pass.

Contraception: Prevention of conception or impregnation. Birth control.

Contraction: The tightening and shortening of a muscle. In labor, the uterine muscles contract to dilate the cervix and push the baby down the birth canal.

CPD (Cephalopelvic disproportion): The baby's head is too large or positioned incorrectly and cannot fit through the mother's pelvis.

Dehydration: A condition where body fluids are lost at a faster rate than they are replaced.

Words You'll Need To Know

Dilation/Dilatation: Openness. To dilate is to open. During labor, refers to the gradual opening of the cervix to 10 centimeters.

Edema: Swelling caused by excess fluid in the tissues.

EDC: “Estimated date of confinement”—or the date the baby is expected to arrive. For example, EDC 5/1/2010.

Effacement: The thinning and shortening of the cervix.

Effleurage: The gentle stroking or massage of the abdomen. It may be used during a contraction.

Enema: The insertion of a solution into the rectum and colon to remove bowel movement or gas.

Engagement: Descent of the baby’s presenting part (head or buttocks) into the pelvis.

Episiotomy: Surgical incision made into the perineum by the doctor or nurse-midwife just before delivery to enlarge the vaginal opening.

Fallopian tubes: A tube or duct next to each ovary. The tubes open into the uterus. The sperm fertilizes the egg in the fallopian tube, then travels down the tube into the uterus for implantation.

Fertility Awareness: Also referred to as Natural Family Planning. Involves not having sexual intercourse when ovulating. Ways of determining ovulation include the basal body temperature, mucus, sympto-thermal, and calendar methods.

Fontanel: Openings in the skull (head) where the bones have not yet grown together which are covered with a tough membrane. Allows for head to mold through the birth canal. Also called the soft spot.

Forceps: Instruments used to assist in the delivery of the baby from the birth canal.

Formula: A milk mixture or substitute for feeding a baby.

Fundus: The upper rounded portion of the uterus.

Genital: The organs of the reproductive system.

Words You'll Need To Know

Gravida: A pregnant woman, or the number of times a woman has been pregnant. A multigravida is a woman who has had multiple pregnancies, i.e. gravida 3, means three pregnancies.

Hyperventilation: Imbalance of oxygen and carbon dioxide in the body caused by breathing too fast. Signs are tingling in hands and feet, dizziness, and numbness around the mouth.

Immunity: Having resistance to certain diseases. This can happen from having had a disease, from mother passing it to her baby, or by a vaccination.

Immunization: Vaccines which prevent diseases such as diphtheria, tetanus, polio, measles, mumps, Hepatitis B, rubella, and hemophilus.

Incision: Act of cutting into. A cut or gash.

Infection: Illness caused by either a virus or bacteria.

Intravenous (IV): The placement of a catheter into a vein with sterile fluid for the purpose of nutrition, hydration or medication.

Lanugo: Fine downy hair which covers the baby.

Laxative: A substance which loosens and expels feces (bowel movement).

Lifestyle: A way of living. A healthy lifestyle means eating good food, no smoking or drugs, exercising, and avoiding environmental pollutions.

Lightening: Descent of the baby into the pelvis during the latter part of pregnancy.

Lochia: The vaginal discharge that occurs three to six weeks after delivery. During the first to third day, it will be bright red (rubra). It will change to pinkish-brown and watery until the 10th day (serosa). It then becomes a thin, yellowish to white discharge (alba) which can last until six weeks after delivery.

Lubricant: A substance which prevents friction. Makes things smooth or slippery.

Words You'll Need To Know

Meconium: The baby's first bowel movement. It is dark green/black in color. If it occurs during labor, it may indicate fetal distress.

Menstruation: Monthly endometrial shedding and discharge of a bloody fluid from the uterus during the menstrual cycle.

Milia: Oil glands which are clogged. Also called whiteheads.

Molding: The act of pressing or squeezing together to form a shape. A baby's head gets molded from passing through the birth canal.

Mucus plug: A plug of mucus inside the cervix that prevents the entrance of infection into the uterus.

Multipara: "Multip," a woman who has given birth before.

Navel: Where the umbilical cord was attached to the baby while in the uterus. Also called the belly button.

Night sweats: Profuse perspiration. You may often wake up to find nightclothes wet from perspiration. Your body is getting rid of the extra fluid from pregnancy.

Nitrous Oxide: An inhaled gas given through a face mask used for pain management during labor. It can give a feeling of euphoria, and has been known to reduce anxiety and decrease pain sensations.

Non-stress test: A test using the fetal monitor to determine the baby's heart rate in response to its movement. It is one way to see if the baby or placenta has any problems.

Ovulate: The production of an egg by the ovary.

Oxytocin: The hormone that stimulates uterine contractions and the release of milk in the breast (the let-down reflex).

Pelvic floor muscles: This is a group of muscles which surrounds the urethra, vagina and anus. Also called perineal muscles.

Perineum: The area between the vagina and the rectum.

Persistent: Continuing to exist in spite of interference or treatment.

Perspiration: A saline fluid released by the sweat glands. Sweating.

Words You'll Need To Know

Phlebitis: Inflammation of a vein.

Pitocin: A trade name for an oxytocic hormone that causes uterine contractions. It can be given to induce labor, increase contractions, or after delivery, to prevent excess bleeding.

Placenta: A circular, flat organ attached to the inside of the uterus through which nourishment goes to the baby and waste products are removed. The placenta is attached to the baby by the umbilical cord. It also is referred to as the afterbirth during the third stage of labor.

Posterior presentation: Position of the baby in which the back of the baby's head is against the mother's back. Sometimes this is called "sunny side up" or "face up."

Postpartum: The six-week period following delivery.

Precipitous labor: A fast, rapid labor usually less than three hours long.

Presentation: The way the baby presents. Refers to that part of the baby that first enters the pelvis and lies over the cervical opening.

Primipara: "Primip," a woman pregnant with, or delivering, her first child.

Rectal: Relating or being near the rectum.

Rectal tube: A tube which is placed into the anus and rectum to allow gas to pass.

Show: The blood-tinged mucus discharged from the cervix/vagina before or during labor. It may be accompanied by the mucus plug.

Station: Measurement of the baby's presenting part through the pelvis.

TOLAC: Trial of labor after cesarean delivery. A successful trial can lead to a VBAC (Vaginal birth after cesarean).

True labor: Contractions that produce progressive effacement and dilation of the cervix.

Ultrasound: A test in which sound waves are used to produce images to examine the fetus or view the internal organs.

Words You'll Need To Know

Umbilical cord: The cord that connects the placenta and the baby. It contains two arteries and one vein surrounded by a tissue called Wharton's Jelly. After birth, the cord is cut, with the stub falling off within two weeks. The place from which it falls off is what we call the "belly button."

Urinate: To discharge urine. To pass water, pee.

Uterus (womb): The hollow, muscular organ in which the baby grows. It contracts during labor, which causes it to thin (efface) and dilate (open) its neck-like opening, the cervix. This allows the baby to pass through the birth canal.

Vaccines: Weakened or dead disease producing microorganisms which cause the body to produce antibodies against disease.

Vacuum extractor: A device used to help in the delivery of the baby from the birth canal.

Vaginal flow: Discharge from the vagina of mucus, blood, and tissue debris following childbirth. Also called lochia.

Vas Deferens: The tubes that carry sperm from the testicles to the penis.

VBAC: Vaginal Birth After a Cesarean delivery. Usually women who have had a Cesarean do not automatically have their next delivery by Cesarean.

Vernix: The white, greasy substance that covers the baby's body during pregnancy. It protects the skin from the amniotic fluid.

Version: Procedure by which the doctor or nurse-midwife turns a breech presentation to a vertex presentation.

Vertex presentation: The most common presentation, in which the baby's head is the presenting part over the cervix.

Whole grains: Breads and cereals made from rye, corn, wheat, bran, or oats.

Suggested Reading

Pregnancy and Birth Preparation

ACOG

Guide to Planning for Pregnancy, Birth and Beyond.

Balaskas & Balaskas

New Active Birth

Baldwin & Palmarini

Pregnant Feelings

Bean

Methods of Childbirth

Bing & Coleman

Having a Baby After 30

Bradley

Husband Coached Childbirth

Eisenberg, Murkoff & Hathaway

What to Expect When

You're Expecting

What to Eat When You're Expecting

Ewy & Ewy

Preparation for Childbirth

Gaskin

Ina May's Guide to Childbirth

Gutmacher

Pregnancy, Birth and Family Planning

Jacobson

How to Relax and Have Your Baby

Jimenez

The Pregnant Woman's Comfort Guide

Jones

The Birth Partner's Handbook

Mind Over Labor

Visualizations for an Easier Childbirth

Kitzinger

Birth At Home

Birth Over Thirty

The Complete Book of Pregnancy and Childbirth

Pregnancy Day By Day

Lieberman

Easing Labor Pain

Nilssen

A Child is Born

Peterson

Birthing Normally: A Personal Growth Approach to Childbirth

Ribble

The Rights of Infants

Simpkin

The Birth Partner: Everything You Need to Know to Help a Woman Through Childbirth

Pregnancy, Childbirth and the Newborn

Wsinney and Anderson

Eating Expectantly; The Essential Eating Guide and Cookbook for Pregnancy

Sichel and Driscoll

Women's moods: What Every Woman Must Know About Hormones. The Brain and Emotional Health.

Suggested Reading

Cesarean Birth and Vaginal Birth after Cesarean

Cohen & Estner

Silent Knife

Donovan

The Cesarean Birth Experience

Hausknecht & Heilman

Having a Cesarean Baby

Jones

The Expectant Parents' Guide to Preventing a Cesarean Section

Peterson & Mehl

Cesarean Birth—Risk and Culture

Richards

The Vaginal Birth After Cesarean (VBAC) Experience

Exercise

Artal, Subak-Sharpe

Pregnancy and Exercise — A Complete Program for Women Before and After Giving Birth.

Hughes

The Complete Prenatal Water Workout Book

Jordan

Yoga for Pregnancy

Noble

Essential Exercises for the Childbearing Year

Olkin

Positive Pregnancy Fitness

Regnier

Prenatal & Postpartum Exercises for Baby & Me

Parenting/Career

Ashery & Basen

Parents with Careers Workbook

Auerback

Keys to Choosing Child Care

Brazelton

Work and Caring

Buhler

The Very Best Childcare and How to Find It

Burton, Dittmer & Loveless

What's a Smart Woman Like You Doing at Home?

McBride

Tips for Working Parents: Creative Solutions to Everyday Problems

McKaughen

The Biological Clock: Balancing Marriage, Motherhood and Career

O'Brien

Back to Work: A Guide for Expectant and New Working Parents

Olds

The Working Parents' Survival Guide

Stewart

Fathering and Career: A Healthy Balance

Breastfeeding

Huggins

The Nursing Mother's Companion

Kitzinger

Breastfeeding Your Baby

Suggested Reading

LaLeche League International

The Womanly Art of Breastfeeding

Mohrbachert & Kendall-Tackett

Breastfeeding Made Simple

Spangler

Breastfeeding, A Parent's Guide

West & Marasco

The Breastfeeding Mother's Guide to Making More Milk

Parenthood

American Academy of Pediatrics

Caring for Your Baby and Young Child

Auckett

Baby Massage

Brazelton

On Becoming A Family

Infants and Mothers

What Every Baby Knows

Caplan & Caplan

The First Twelve Months of Life

Eisenberg, Murkoff and Hathaway

What to Expect The First Year

Greenspan & Thorndike

First Feelings: Milestones in the Emotional Development of Your Baby and Child

Lansky

Dear Babysitter Handbook

Leach

Your Baby and Child

Pantley

The No Cry Sleep Solution—Gentle Ways to Help Your Baby Sleep Through the Night

Sears

The Fussy Baby

Spock & Rothenberg

Dr. Spock's Baby and Child Care

White

The First Three Years of Life

Your Rights

Baystate Medical Center supports your basic rights while you are a patient here.

As a hospital patient, you have the right:

- To choose the facility in which you will be treated.
- To receive an itemized bill for services you receive.
- To know the names and specialties of the people treating you.
- To confidentiality of your medical records.
- To prompt response to your requests.
- To know the relationship between your hospital and other health care or educational facilities.
- To know the rules of the facility which apply to you.
- To information about financial assistance and free health care.
- To see or obtain copies of your medical records.
- To refuse to be examined or treated by students or other staff.
- To receive privacy during treatment.
- To receive prompt life saving treatment in an emergency.
- To consent to your treatment.
- To know the relationship between your doctor and the Medical Center.
- To know your treatment options.

Your rights are guaranteed by a law called the Patient's Bill of Rights. A complete copy of the bill follows.

Patient's Bill of Rights

Baystate Medical Center subscribes to the Patient's Bill of Rights, enacted by the Legislature of the Commonwealth of Massachusetts on May 23, 1979, and signed into law by Governor Edward J. King. To inform you of your rights as a patient, here is a copy of the law.

The rights established under this section shall apply to every patient or resident in said facility. Every patient or resident shall receive written notice of the rights established herein upon admittance into such facility, except that if the patient is a member of a health maintenance organization and the facility is owned by or controlled by such organization, such notice shall be provided at the time of enrollment in such organization, and also upon admittance to said facility. In addition, such rights shall be conspicuously posted in said facility.

Every such patient or resident of said facility shall have, in addition to any other rights provided by law, the right to freedom of choice in his/her selection of a facility, or a physician or health service mode, except in the case of emergency medical treatment or as otherwise provided for by contract, or except in the case of a patient or resident of a facility named in section 14A of chapter 19; provided however, that the physician, facility, or health service mode is able to accommodate the patient exercising such right of choice.

Every such patient or resident of said facility in which billing for service is applicable to such patient or resident, upon reasonable request, shall receive from a person designated by the facility, an itemized bill reflecting laboratory charges, pharmaceutical charges, and third party credits and shall be allowed to examine an explanation of said bill regardless of the source of payment. This information shall also be made available to the patient's attending physician.

Every patient or resident of a facility shall have the right:

(a) upon request, to obtain from the facility in charge of his/her care the name and specialty, if any, of the physician or other person responsible for this care or the coordination of his/her care;

Patient's Bill of Rights

- (b)** to confidentiality of all records and communications to the extent provided by law;
- (c)** to have all reasonable requests responded to promptly and adequately within the capacity of the facility;
- (d)** upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution insofar as said relationship is related to his/her care or treatment;
- (e)** to obtain from a person designated by the facility a copy of any rules or regulations of the facility which apply to his/her conduct as a patient or resident;
- (f)** upon request, to receive from a person designated by the facility any information which the facility has available relative to financial assistance and free health care;
- (g)** upon request, to inspect his/her medical records and to receive a copy thereof in accordance with section 70, and the fee for said copy shall be determined by the rate of copying expenses;
- (h)** to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological, or other medical care attention;
- (i)** to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- (j)** to privacy during medical treatment or other rendering of care within the capacity of the facility;

Patient's Bill of Rights

(k) to prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes or prior discussion of the sources of payment unless such delay can be imposed without material risk to his/her health, and this right shall also extend to those persons not already patients or residents of a facility if said facility has a certified emergency care unit;

(l) to informed consent to the extent provided by law; and

(m) upon request to receive a copy of an itemized bill or other statement of charges submitted to any third party by the facility for the care of the patient or resident and to have a copy of said itemized bill or statement sent to the attending physician of the patient or residents; and

(n) if refused treatment because of economic status or the lack of a source of payment, to prompt and safe transfer to a facility which agrees to receive and treat such patient. Said facility refusing to treat such patient shall be responsible for: ascertaining that the patient may be safely transferred; contacting a facility willing to treat such patient; arranging the transportation, accompanying the patient with necessary and appropriate professional staff to assist in the safety and comfort of the transfer; assure that the receiving facility assumes the necessary care promptly, and provide pertinent medical information about the patient's condition; and maintaining records of the foregoing.

Every patient or resident of a facility shall be provided by the physician in the facility the right:

(a) to informed consent to the extent provided by law;

(b) to privacy during medical treatment or other rendering of care within the capacity of the facility;

Patient's Bill of Rights

- (c)** to refuse to be examined, observed, or treated by students or any other facility staff without jeopardizing access to psychiatric, psychological or other medical care and attention;
- (d)** to refuse to serve as a research subject, and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic;
- (e)** to prompt life saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purpose of prior discussion of source of payment unless such delay can be imposed without material risk to his/her health;
- (f)** upon request, to obtain an explanation as to the relationship, if any, of the physician to any other health care facility or educational institutions insofar as said relationship related to his/her care or treatment, and such explanation shall include said physician's ownership or financial interest, if any, in the facility or other health care facilities insofar as said ownership related to the care or treatment of said patient or resident;
- (g)** upon request to receive an itemized bill including third party reimbursements paid toward said bill, regardless of the sources of payment; and
- (h)** in the case of a patient suffering from any form of breast cancer, to complete information on all alternative treatments which are medically viable.

Every maternity patient, at the time of pre-admission, shall receive complete information from an admitting hospital on its annual rate of primary Cesarean sections, annual rate of repeat Cesarean sections, annual rate of total Cesarean sections, annual percentage of women who have had a Cesarean section who have had a subsequent

Patient's Bill of Rights

successful vaginal birth, annual percentage of deliveries in birthing rooms and labor-delivery-recovery, or labor-delivery-recovery-post-partum rooms, annual percentage of deliveries by certified midwives, annual percentage which were continuously externally monitored only, annual percentage which were continuously internally monitored only, annual percentage which were monitored both internally and externally, annual percentage utilizing intravenous, inductions, augmentation, forceps, episiotomies, spinals, epidurals, and general anesthesia, and its annual percentage of women breastfeeding upon discharge from said hospital.

Any person whose rights under this section are violated may bring, in addition to any other action allowed by law or regulation, a civil action under section 60B to 60E, inclusive of chapter 231.

No provision of this section relating to confidentiality of records shall be construed to prevent any third party reimbursor from inspecting and copying, in the ordinary course of determining eligibility for or entitlement to benefits, and all records relating to diagnosis, treatment, or other services provided to any person, including a minor or incompetent, for which coverage, benefit or reimbursement is claimed, so long as the policy or certificate under which the claim is made provides that such access to such records is permitted. No provisions for this section relating to confidentiality of records shall be construed to prevent access to any such records in connection with any peer review or utilization review procedures applied and implemented in good faith.

No provision herein shall apply to any institution operated or listed and certified by the First Church of Christ, Scientist, in Boston, or a patient whose religious beliefs limit the forms and qualities of treatment to which they may submit.

No provision herein shall be construed as limiting any other right or remedies previously existing as law.

Patient's Bill of Rights

Any person who wishes to voice a complaint regarding the violation of the above listed Patient Rights while at Baystate Medical Center may contact the following:

- 1.** Department of Patient and Guest Relations Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199
413-794-5456
- 2.** Board of Registration in Medicine
200 Harvard Mill Square
Suite 330
Wakefield, MA 01880
781-876-8200
- 3.** Massachusetts Department of Public Health Policy Commission
Office of Patient Protection
50 Milk St. 8th Floor
Boston, MA 02109
800-436-7757

Your Rights When You Have a Baby

Federal law gives you the right to stay in the hospital with your baby for at least 48 hours after giving birth (or 96 hours after birth if you have a Cesarean section). If this time period ends between 8 p.m. and 8 a.m., you have the right to stay in the hospital for one more night, until after 8 a.m., unless you choose to leave earlier.

If you would like to go home from the hospital early (before 48 hours after giving birth or before 96 hours after a Cesarean section), you may do so if your doctor or nurse-midwife agrees.

For More Information: *If you need more information, call The Department of Public Health at 617-624-6000, Monday through Friday from 8:30 a.m. - 5:00 p.m. 617-624-6001.*

Your Right to Receive Information and to Make Decisions about Your Medical Care

You have certain legal rights regarding your medical care, including:

- The right to receive from your physician information you need to make an informed and voluntary decision about whether to agree to a procedure or treatment your physician recommends.
- The right to receive information in a way you can understand.
- The right to accept or refuse any procedure or treatment, including life-sustaining treatments.

Decisions About Your Medical Care

Before you decide to accept any treatment or procedure, you must be given information including:

- A description of the recommended treatment or procedure, including its risks, benefits, and the likely outcome.
- A description of alternative treatments or procedures with their risks, benefits, and likely outcomes, including the result of not having any treatment at all.
- The major problems, if any, expected in recovering and the time period during which you might not be able to resume your usual activities.
- Other information usually given by physicians to patients in similar circumstances.
- Other information which would be important for you in making your decision.

Health Care Proxy: When You Can't Speak for Yourself

There may come a time when, because of an illness or accident, you are not able to make your own decisions. In Massachusetts, if you are at least 18 years old and competent, you may complete a Health Care Proxy form to choose another person (called your Health Care Agent) to make health care decisions for you when you cannot.

Your Health Care Agent can only act for you if your physician determines, in writing, that you are unable to make or communicate your own health care decisions (if you are in a coma, for example). Your Health Care Agent would then have the legal authority to make all health care decisions for you, including decisions about life-sustaining treatment. The Health Care Proxy Law also allows you to put specific limits on your Agent's authority, if you choose to do so.

Decisions About Your Medical Care

The purpose of the Health Care Proxy is to make sure that your wishes are respected if you become unable to decide for yourself. You are not required to complete a Health Care Proxy on admission or at any other time in order to receive medical care from any health care provider. You have the right to receive the same type and quality of health care whether or not you complete a Health Care Proxy. If you have a completed Health Care Proxy, you should give copies to your doctor and to Baystate Medical Center to put into your medical record. If you have not completed a Health Care Proxy, but would like to, please speak to your primary care nurse.

If You Don't Have a Health Care Proxy

All adults have the same legal rights to accept or refuse medical care. If you become unable to make or communicate your health care decisions, you have those same rights. But someone else must then make health care decisions for you. If you have not completed a Health Care Proxy, your family may be asked to make health care decisions based upon what they believe you would want done. If you have no family, or if there is disagreement about what treatment you would want, a court may be asked to appoint a guardian to make those decisions on your behalf.

Even if you have not completed a Health Care Proxy, you can still write down your specific instructions about how you wish to be treated if you become unable to make your own health care decisions. This is sometimes called a "Living Will." These instructions can help other people to know of your wishes regarding future medical treatment.

Maternity Disclosure Information

As required by Massachusetts law, we are providing you with the following maternity information. This sheet is to help you understand and use the information so you can know what to expect, learn more about your choices, and plan for your baby's birth.

Most of the numbers are percentages of all the deliveries at the hospital during a given year. For example, if one birth out of five is by Cesarean section, the Cesarean rate will be 20 percent. If half the births use the external electronic fetal monitor only, the number will be 50 percent.

The numbers by themselves cannot be used to say one hospital is doing a better job than another. If a hospital does fewer than 500 births a year, just a few births can change the numbers a lot. If a hospital has more high-risk births (those with complications), it may have higher rates for many of the interventions listed. However, the Department of Public Health has found that even though the Cesarean rate differed widely from hospital to hospital, very little of the difference was due to how many high-risk clients were served.

The figures also do not tell you about your own doctor's or nurse-midwife's practice. You can ask them if their own practice is similar or different. In this way, you can use the form to help you talk over your choices and wishes for the birth. We also encourage you to take childbirth preparation classes and to read books about childbirth to learn more about your options and help you decide what you want this birth to be like. You can have a lot to say in making it the kind of experience you want.

If you have any further questions, call our Parent Education Manager at 794-0256.

Fact Sheet Statistics and Definitions

3864 total deliveries,* **3964** babies, for the period of **January 1, 2018** through **December 31, 2018**.

- 33%** **Cesarean Deliveries:** The percentage of all births that were by Cesarean section. A Cesarean section is when the doctor delivers the baby through the mother's abdomen by a surgical operation.
- 17%** **Primary Cesarean Delivery:** The mother's first Cesarean, regardless of whether she has given birth vaginally before.
- 16%** **Repeat Cesarean Delivery:** A Cesarean section when the mother has had one or more Cesarean births before.
- 2%** **Vaginal Birth after Cesarean Delivery (VBAC):** This is when a woman has had a Cesarean delivery before but births this baby vaginally. This percentage reflects the number of women who labored and delivered vaginally. According to the American College of Obstetrics and Gynecology, this is a safe alternative.
- 67%** **Deliveries in Birthing Rooms (LDRP):** The percentage of all deliveries that took place in the same room where the mother labored, rather than moving her to a separate delivery or operating room.
- 17%** **Deliveries by Certified Nurse-Midwives:** A Certified Nurse-Midwife (CNM) is a nurse who has advanced education in Midwifery and provides obstetrical and gynecological services for women.
- 86%** **Labors that were continuously externally monitored:** An external monitor is a machine that measures the baby's heart rate and the contractions of the mother's uterus by two belts fastened around the mother's abdomen. The baby's heart rate, which can be a sign of the baby's well-being, also may be checked by listening through the mother's abdomen with a hand held ultra sound monitor.

Fact Sheet Statistics and Definitions

- 11%** **Labors that were continuously internally monitored:** An internal monitor is the same as the external monitor, except the baby's heart rate is measured by a wire passed through the vagina (birth canal) and fastened under the skin of the baby's scalp. Usually the external belt still will be used to measure contractions.
- 7.5%** **Labors that were monitored both internally and externally.**
- 21.25%** **Labors that were induced:** Induction is when labor is started by artificial means rather than waiting for it to begin on its own. Usually a drug called Pitocin is given through an intravenous line (IV) in the mother's arm. The membranes (bag of waters) also may be broken to start labor.
- 15.25%** **Labors that were augmented:** This is when labor contractions are helped along by an artificial means, usually with a drug called Pitocin. This is usually done because the contractions the mother is having are not strong enough or regular enough to dilate the cervix and cause the labor to progress.
- 1%** **Deliveries assisted by forceps:** This is when a specially designed surgical instrument is used to guide the baby's head through the birth canal during the actual birth process.
- 1.25%** **Births assisted by a vacuum suction cup.**
- 1.75%** **Women receiving episiotomies:** An episiotomy is a small incision made in the perineum before the baby is born. This is done to prevent the mother's vaginal tissue from tearing during the birth process.
- 57.75%** **Women who received epidural anesthesia:** A tiny, soft tube is inserted into the lower back and placed into the epidural space which is located before the spinal cord. Medication is given and the contractions should not feel painful. You are awake and can see the birth of your baby. Can be used in active labor, delivery, and for Cesarean delivery.

Fact Sheet Statistics and Definitions

- 2.25% Women who received general anesthesia:** This is when the mother is put to sleep for the birth. It is necessary for very rare, severe emergencies.
- 22% Women receiving spinal anesthesia:** This is when a drug is injected into the spinal canal in the lower back so the mother will not feel any pain below her breasts or waist. With a vaginal delivery the mother is awake but may not be able to push the baby out without using forceps or a vacuum suction cup. Spinal anesthesia is used more often for a Cesarean delivery.
- 83% Women breastfeeding on discharge:** This refers to the percentage of all mothers who are breastfeeding when they go home from the hospital. Breastfeeding, even for a short period, has many health benefits for babies.
- 51% Male babies who were circumcised:** Circumcision is the surgical removal of the foreskin of the penis.

96 sets of Twins, 2 sets of Triplets*

**For this report, a twin or multiple birth is counted as one delivery.*

Telephone Directory

Breastfeeding Consultation Service

Outpatient Consultation **413-794-5312, #1**

Breastfeeding Products and Pump Rentals **413-794-5312, #3**

Baystate's New Beginnings Program **413-794-6857**

Blood Donor Center **413-794-4600**

Behavioral Medicine Program **413-794-5555**

Cafeteria **413-794-4267**

Childbirth/Parent Education **413-794-5515**

Hospital Tours

Register for childbirth classes in your fourth month of pregnancy.

Prenatal and Postpartum Classes

2-Week Preparation for Childbirth

Childbirth Education Express

1 Day

*Basic Breathing and Positions
for Labor*

Prenatal Yoga

Keeping Baby Safe

Prenatal Breastfeeding

Infant Care

Grandparents' Class

Babysitters Academy

Postnatal Yoga: Mom and Me

Newborn Behavior and Feeding

New Parents Support Group

Gathering for Breastfeeding

Moms and Babies

Mother to Mother Support Group

Credit Service Unit (*Questions about bill or financial arrangements*)

Telephone numbers are assigned alphabetically.

If your last name begins with the letter:

A – D 413-794-3932

E – I 413-794-3933

J – N 413-794-3928

O – R 413-794-3931

S – Z 413-794-3929

Telephone Directory

Department of Anesthesiology	413-794-3520
Department of Pastoral Care	413-794-2899
Catholic Chaplain	413-794-2627
Employee Recognition	413-794-5456
Gift Shop	413-794-5459
Interpreter Services	413-794-5419
March of Dimes Resource Center	888-MODIMES
.	(888-663-4637)
<i>Toll free: questions about pregnancy, genetics, drug use, environmental hazards, birth defects, newborn care, support groups, and related topics – 9 a.m. to 6 p.m.</i>	
Patient and Guest Relations	413-794-5456
Hairdressing Services	
Notary Public	
Patient Accounting Department	413-794-3210
<i>(Financial questions during your hospital stay)</i>	
Ronald McDonald House	413-794-5683 (LOVE)
Baystate Health Link	
Health Information and Physician Referral	413-794-2255
Volunteer Services	413-794-4210
Women’s and Infants’ Information Desk	413-794-5521
<i>(mail or flower delivery)</i>	

When to Call the Doctor or Nurse-Midwife

During pregnancy call your doctor or nurse-midwife immediately if you have:

- Bright red bleeding.
- Pain in abdomen that does not go away. Abdominal wall is rigid (hard).
- Nausea, vomiting, dizziness or pain lasting more than two minutes.
- Persistent vomiting.
- Recurring headaches.
- Visual disturbances such as spots before your eyes or double vision.
- Major decrease in urine or foul-smelling urine.
- Chills or fever.
- Leaking or a gush of fluid from vagina (ruptured membranes).
- Swelling of hands and face.
- Major decrease in fetal movement.
- If you are less than 7 months pregnant and feel more than 4 contractions within an hour.



All the best information, from Baystate Medical Center

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