

BIRTHING PLAN

The providers at Reiter, Hill, Johnson, and Nevin congratulate you on your new pregnancy and welcome you to the practice.

During your pregnancy, we will strive to provide you with the most current and compassionate care. Our ultimate goal in the hospital is the delivery of a healthy baby to a healthy mother. The following information is an attempt to address the most frequently encountered questions, requests, and concerns raised by our laboring patients.

Unless otherwise expressed or medically contraindicated, our assumption is that the preferred mode of delivery is an unassisted vaginal delivery. Should an operative vaginal or cesarean delivery be considered, a thorough discussion of the indications risks and benefits will be held with you and your partner.

EARLY FIRST STAGE OF LABOR

Many women like to ambulate in the early stage of labor. Such ambulation in your room or on the unit is permitted if your baby is doing well and you have no medical reason for continuous monitoring (such as a trial of labor after Cesarean section or pitocin induction/augmentation). Hospital policy does require intermittent fetal monitoring.

Since blood work is drawn on admission, and you will likely need an IV when in active labor, you will be encouraged to have a saline lock (IV site that is not attached) placed with the initial blood draw that can later be converted to an IV. This will permit ambulation unencumbered by an IV pole.

We typically allow you to have either ice chips with sips of water or clear liquids. Solids are not permitted because of the risk for aspiration should cesarean delivery ultimately be required.

You may shower as long as you are comfortable. There are no tubs or whirlpools at Sibley.

ACTIVE LABOR

IV hydration is recommended in active labor to maintain your considerable fluid needs and provide ready access should the need for medication and/or blood replacement arise.

When in active labor, women typically limit themselves to their bed, a rocking chair or a birthing ball. Monitors will be placed on the abdomen at this time but should not interfere with repositioning yourself as frequently as you wish.

You are welcome to bring your own music. Room lighting can be adjusted to your preferences.

You may bring your own clothing but most find hospital supplied apparel more practical because they allow easy access to blood pressure cuffs, IV's, catheters, etc.

You will be asked your preferences for pain management upon admission to the unit but such preferences may change at any time. If you are considering an epidural, early IV hydration and blood work are encouraged because these are necessary before placement. If you wish natural childbirth, you will be supported and encouraged in that decision.

There are occasions when pitocin augmentation/induction is medically indicated. Appropriate discussion would then be held with you and your partner prior to starting the medication. Administration of pitocin requires continuous fetal monitoring.

Rupture of membranes may be recommended to enhance the labor process. Again, the appropriate discussion would occur prior to its performance.

SECOND STAGE/DELIVERY

A number of safe pushing approaches are available. We will attempt to identify what works best for you.

Delivery is generally accomplished in a semi-seated position in the birthing bed with legs in rests.

Hospital policy prohibits filming of the delivery or any medical procedures. Photographs are permitted once the appropriate hospital personnel have given their approval.

Although routine episiotomies are not performed, it is very likely that natural tearing will occur during the birth process.

In the absence of complications, your baby will be placed on your abdomen after delivery and your partner will be allowed to cut the cord.

On occasion deliveries may need to be expedited for maternal or fetal indications. Discussion will be held about the indications for vacuum or forceps assisted delivery before any procedure is performed.

Should cesarean delivery be required you will be taken to the operating room and prepped for surgery. Your partner may then join you just before the operation begins. Unless special care is required for your baby, he or she will remain in the operating room until you go back to your room. Should general anesthesia be required you partner will wait in the recovery room for you.

After delivery of the placenta, pitocin will be given through the IV to help the uterus contract and decrease bleeding.

In uncomplicated deliveries, your baby will remain with you in the LDR until you are transferred to the post partum floor.

Breastfeeding is encouraged in the delivery room.