



Labor & Delivery

RHJ Birth Philosophy

Many patients inform us that creating a birth plan is a stressful experience. Our birth plan is for you to stay healthy, deliver a healthy baby, and have a positive experience! It is not necessary to create a birth plan.

As a routine part of your labor experience, we:

- Minimize cervical exams
- Provide you with your pain relief option of choice; you do not need to decide before labor which options to accept or decline.
- Only recommend interventions if they are needed because labor is not progressing
- Only recommend cesarean sections if medically indicated due to fetal distress or maternal inability to proceed safely with labor
- Let you choose your own music
- Do not routinely perform episiotomy
- Provide delayed cord clamping
- Offer your partner the opportunity to cut the cord
- Collect cord blood if you have a kit for collection
- Provide skin-to-skin immediately after delivery
- Encourage breastfeeding within the first hour after delivery
- Delay all non-essential baby care until after initial bonding with the baby is complete

Call us if you feel you are in labor or experiencing a medical emergency pertaining to your pregnancy.

Chevy Chase Office (301) 654-5700

Falls Church Office (703) 533-9211

Washington, DC Office (202) 331-1740

An emergency prompt is available during and after business hours. This will route you to our answering service who can connect you to the provider on-call.

Signs of Labor

- You are over 34 weeks and are having strong contractions every 5 minutes for more than 2 hours.
- You are less than 34 weeks and are having strong contractions more than 4 times in an hour.
- You think you have broken your water. You may notice a large “gush” of fluid or continued leaking of fluid.
- You are experiencing vaginal bleeding.

Please note:

- DO NOT use our Patient Portal to send urgent questions or concerns.
- In many situations, it is likely the on-call provider will direct you to come to the hospital for evaluation as it's typically difficult to evaluate over the phone.
- If you are confident you are going to the hospital, please still call us so we and the nursing team can prepare for your arrival.
- It is not necessary to call us if you lose your mucus plug if you are not experiencing other symptoms. It may take several weeks to go into labor after loss of a mucus plug.

What to Expect at Delivery Time

- Once you arrive at the hospital you will be guided to Labor & Delivery triage where a nurse will likely examine you first.
- If you are in active labor or have broken your water, you will be taken to the Labor & Delivery room where you will meet your nurse and your vital signs and baby's heart rate will be monitored.
- The on-call provider from our practice will come to examine you every few hours during labor, as needed.
- Though our goal is to avoid cesarean delivery, emergencies can occur during labor that we cannot anticipate.
 - The most common reasons for unplanned cesarean sections are:
 - Your baby is in distress.
 - Your cervix has stopped dilating despite all possible interventions.
 - You have been pushing for several hours and the baby is not descending.
 - You have a medical condition which makes it unsafe for a vaginal delivery.
 - Your baby is not head down (in vertex position).

Pain Medication Options

As labor progresses – and contractions become stronger and more frequent – some women choose medication. Options include:

- A regional pain blocking procedure that can be used during labor (epidural block)
- A pain blocking procedure that's typically used shortly before delivery (spinal block)
- Opioids

What to Expect After Delivery

- After a vaginal delivery, you will move to a postpartum room a few hours after birth and stay until 1-2 days later. If you have a cesarean delivery you will stay an extra day, 3-4 days, prior to going home.
- While at the hospital, the on-call provider will check in with you daily after your delivery.