Beverly Hospital
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Authorization and Description of Obstetrical Care

Having a baby is a natural event. Most mothers and babies go through labor and birth without serious problems. Even so, certain conditions may develop toward the end of your pregnancy that can affect the medical care you need and/ or tests or procedures required.

Below are common practices and events you might experience during your time at the hospital. This information is intended for informational purposes only and if you have additional questions, please ask your clinician.

LABOR

When you arrive on Labor and Delivery, you will be cared for by a labor and delivery nurse who will work closely with your doctor and/or midwife. There is a board-certified or board-eligible obstetrician in the hospital 24 hours a day.

- The nurse will typically put a fetal monitor on your abdomen for twenty to thirty minutes to check your baby's heartbeat. If the heartbeat is normal, the monitor may be removed. The baby's heartbeat will then be checked from time to time during the labor.
- If your baby needs to be checked more closely than can be accomplished with an external monitor, then an internal monitor electrode is placed on the baby's head. Very rarely, this can cause an infection of the baby's scalp.
- You will probably have a blood test during labor to measure your blood count.
- Many women need extra fluids during labor. An intravenous line (IV) is one way to supply fluids. An IV is also necessary for providing certain types of pain relief and/or antibiotics.
- If you feel you need pain relief, your doctor or midwife can offer several possibilities that are safe for you and your baby. These include:
  - A Jacuzzi tub and a shower are available in each labor/delivery room.
  - Medication: You can be given a medication as a shot or through an IV line. You might get a little drowsy. Allergic reactions are rare, but can happen.
  - Nitrous Oxide which you inhale through a mask.
  - Epidural: An epidural is a common form of pain relief for birth. An anesthesiologist will place a thin flexible tube in your back. This procedure will take 20 minutes or longer. He or she can give you pain-relief medication through the tube. This will diminish most of the pain of labor.
- If your labor slows down, your doctor or midwife might give you the hormone-like drug Pitocin (through an IV) to make your contractions more effective.
- Based on current research, elective (non-medically necessary) Cesarean births and/or inductions will be scheduled at 39 weeks, unless there is a medical reason to deliver your baby earlier.
- Occasionally, your doctor or midwife may determine the need to start (induce) your labor; for example, if your pregnancy is past your due date, you or your infant have medical indications, or your water breaks. Most methods either aim to prepare the cervix with a medication inserted into the vaginal canal or taken by mouth, or aim to start (induce) contractions by administering a medication (Pitocin) intravenously. The induction of labor will require continuous monitoring of your baby's heart rate.

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VAGINAL BIRTH

- Labor contractions slowly open the cervix. When the cervix is completely open, contractions, along with your help, push the baby through the birth canal (vagina). Usually, the baby's head comes out first, then the shoulders, followed by the rest of the body.
- About 10 to 15 percent of mothers need some help getting the baby through the birth canal. A doctor may apply a special vacuum cup or forceps to the baby's head to help the mother push the baby out. With both instruments, mothers may need an episiotomy to allow more space for the baby to be delivered. The risks to the baby associated with the use of forceps or vacuum, although rare, include facial nerve damage, skull fracture, intracranial hemorrhage, bruising, or scalp abscess.
- In approximately one percent of births, the shoulders do not come out easily, a condition called shoulder dystocia. If this happens, the doctor or midwife will try to help free the baby's shoulders. Shoulder dystocia may break the baby's collar bone or cause nerve damage to the baby's arm. Most often, these problems heal quickly. Shoulder dystocia may cause tears around the vaginal opening and bleeding after birth.
- Many women will get small tears around the vaginal opening. Rarely the doctor or midwife will cut some tissue to make the opening bigger. This is called an episiotomy.
- Most women with tears or an episiotomy will need stitches. The stitches will dissolve during healing. The area will be swollen for a few days and sore for a few weeks. Rarely, infection may occur. About one percent of the time, a tear or cut may extend to the rectum. Most often, after repair, this heals with no problem. Rarely, continued problems with bowel movements may occur.
- Our standard of care is to delay clamping and cutting of the umbilical cord for 30-60 seconds after birth. This practice appears to be beneficial for term and preterm infants.
- Normally, the uterus will expel the placenta soon after birth. In about one percent of births, this doesn't happen and the doctor or midwife must reach into the uterus and remove the placenta. If this happens, anesthesia may be necessary.
- All women lose some blood during childbirth. Increased blood loss is possible with the following:
  - The placenta doesn't pass on its own
  - The birth of twins or triplets
  - Labor lasts a very long time
- Pitocin can help reduce excessive bleeding after birth. If bleeding is very heavy, other drugs can help contract the uterus. Very few women (less than one percent) need a blood transfusion after vaginal birth.

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CESAREAN BIRTH

- Approximately one out of four mothers gives birth by Cesarean. Some Cesareans are planned, while others are unexpected. Planned Cesarean births will be scheduled at 39 weeks of pregnancy.
- During a Cesarean birth, a doctor delivers the baby through an incision in the mother's abdomen. Occasionally, the doctor may use a vacuum to assist the baby through the incision.
- The most common reasons for Cesarean birth are:
  - the cervix doesn't open completely
  - the baby doesn't move down the birth canal
  - the baby needs to be delivered quickly because of a problem for mother or baby
  - the baby is too large or not in a position that allows for a vaginal delivery.
- Anesthesia is always used for a Cesarean birth. Most are performed using spinal or epidural anesthesia, so the mother is awake during the procedure. Less than one percent of Cesarean births are performed using general anesthesia.
- Blood loss is greater with Cesarean birth than with a vaginal birth. Less than one percent of our Cesarean births need a transfusion.
- Infection is more common after Cesarean birth. Doctors routinely give antibiotics during the birth to help prevent infection for the mother.
- A thin tube called a catheter will be placed in the bladder to drain the urine during the operation.
- Compression boots will be applied prior to your surgery and will remain on after your surgery until you are up and walking. These boots decrease the risk of developing blood clots in your legs.
- In less than one percent of Cesarean births, the operation may cause damage to the bowel or urinary system. Most of the time these problems will be recognized and corrected during the operation.
- In less than one percent of Cesarean births, the baby might be injured during the birth. When this does happen, it is usually minor.

EPIDURAL FOR YOUR LABOR PAIN

An epidural is a way of taking away the pain of labor and childbirth. Like most medical treatments, it has risks and benefits. It is important to learn about these risks and benefits before deciding if an epidural is right for you. If you choose an epidural, you will be asked to sign a written consent in order to receive it.

Epidural analgesia uses a slow continuous infusion of a local anesthetic and a narcotic in the epidural space of the spinal area. It "blocks" the nerves from the uterus and the birth passage without stopping labor. A successful epidural, once administered, gives you pain relief, and an awake state for the remainder of the labor and birth of your baby.

HOW IS IT DONE?

- You will first receive intravenous (IV) fluids.
- You will then be positioned on your side or seated upright on the bed with your chin on your chest and your knees close to your abdomen.
- A small area on your back will be numbed with an injectable anesthetic.
- A needle will be placed through the numbed area and into the epidural space of your spine. A thin tube (a catheter) will be threaded into that needle to the epidural space, and the needle will be removed.

- A “test dose” of medication will be injected into the catheter to confirm the proper placement, and then an initial dose will be administered.
- The catheter will be taped to your back and connected to a pump that delivers a continuous infusion of pain medication. Once in place, the catheter will not restrict your movements and you will not feel it in your back.

Administration of the epidural is usually minimally painful. Within three to five minutes, the nerves of your uterus will begin to numb. You will feel the full effects after 10 to 20 minutes. The epidural catheter will be removed within 12 hours after giving birth, and the effect of the analgesia usually wears off completely within a few hours.

WHAT ARE THE RISKS?

Considerable research has proven that epidurals can be safe for both mother and baby, having little or no effect on the infant. However, there are risks, including the following:

- Epidural anesthesia sometimes has an effect on blood pressure, which usually can be corrected quickly and easily with position changes and an increase in IV fluids.
- Shivering is a common reaction; keeping warm with blankets can help.
- Although uncommon, a headache may develop if a puncture in the covering of your spinal fluid occurs during administration.
- Rarely, the anesthetic may temporarily affect chest muscles and make it seem harder to breathe; oxygen can be given to relieve this feeling.

At Beverly Hospital, an anesthesiologist will be in the hospital the entire time your epidural is in place.

WILL IT AFFECT LABOR?

Sometimes contractions will become farther apart after an epidural. In this case, you may be given a drug called oxytocin (Pitocin) to make your contractions stronger. On the other hand, an epidural may actually speed your labor because you are more relaxed.

You may or may not be aware that you are having a contraction, but your contractions will be monitored. Your care team might instruct you on when to push, or your doctor may allow the contractions to move the baby down through the pelvis on their own.

Recent studies show that epidurals for labor do not cause an increased need for a cesarean birth when administered in active labor.

WHAT ELSE IS THERE TO KNOW?

If the anesthesiologist cannot easily locate the epidural space, it may not be possible to have one. This seldom happens. On occasion, labor advances so quickly that there is not enough time to administer an epidural. Rarely, some epidurals give “patchy” pain relief, causing the feeling that some parts of the abdomen are anesthetized and other parts are not.

You must remain in bed after the epidural. Because your abdomen is anesthetized, you will not be able to urinate as you wish. If your labor lasts more than several hours, you will probably need a urinary catheter, which is a tube put into your bladder to drain urine. This is not uncomfortable while the epidural is in place.

Each woman's labor is unique to her. The degree of labor pain you feel differs from that felt by other women in labor. It depends on factors such as the level of pain tolerance, size and position of the baby, strength of uterine contractions and prior birth experiences. Tell your care provider which pain relief options you want to use during labor.

NITROUS OXIDE FOR PAIN RELIEF IN LABOR

Nitrous oxide, commonly known as "laughing gas" for the euphoric sense it can cause, has been used in medical and dental procedures along with helping with labor pain since the 1800s. It is a naturally occurring, colorless gas that has a slightly sweet odor and taste. The way it works is not entirely understood, but it is thought to stimulate the release of endorphins, corticotropins and dopamine, causing the euphoric feeling.

The system used at Beverly Hospital is different than what you would use at the dentist's office. Our system uses 50% nitrous oxide and 50% oxygen, while dental offices typically use 80% nitrous oxide. In addition, dentists use continuous flow, which means you are constantly receiving nitrous oxide, while our system allows you to breathe the gas when you want to, allowing you to choose when and how much you receive.

Nitrous oxide works quickly, with most women feeling the effects within 30-60 seconds. You can stop and start use at any time. Side effects include dizziness, nausea, light headedness, and unsteadiness. It can be used during all phases of labor. You can also choose to change pain management plans at any time at the discretion of your doctor or midwife.

Studies have shown no effect on infant Apgar scores (a test designed to quickly evaluate your baby's physical condition at birth to see if there is an immediate need for extra medical or emergency care), but other effects are unknown. Nitrous oxide has been used in the United Kingdom, Finland, Sweden, and Canada for many years. And, the University of California in San Francisco has used nitrous oxide for over 30 years with no reported problems.

If you have any further questions about the use of nitrous oxide, please talk to your nurse, obstetrician, or anesthesiologist.

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AFTER BIRTH (Vaginal or Cesarean)

- The chance of uterine infection after a vaginal birth is less than one percent; after Cesarean birth, the chance of uterine infection is two to seven percent. Antibiotics can lower the risk, but do not guarantee against infection.
- Cramping may occur as the uterus returns to its normal size. This cramping gets stronger with each birth and may be more noticeable during breastfeeding.
- Discomfort around the vaginal opening is likely with vaginal births. Women who have Cesarean births will have pain from the incision in their abdomen. Pain medication is available. You should discuss this with your nurse.
- Vaginal bleeding is normal after birth. It will lessen over one to two weeks. About one percent of women have heavy bleeding and need treatment. Sometimes this type of bleeding can happen weeks after birth.
- Most women feel tired and weepy after birth. For about one percent of new mothers, these feelings don't go away, or get worse. If this happens, ask your doctor or midwife for help.
- Usually women stay in the hospital for two days following a vaginal birth, and for four days following a Cesarean birth. Various factors influence when you go home from the hospital. These include your health, your baby's health and available support after discharge.

NEWBORN

- At one and five minutes after birth, the baby will be assigned Apgar scores. The scores measure the baby's heart rate, breathing, color, muscle tone, and reflex. These scores assist your pediatrician and the nursing staff in planning the care of your baby.
- About three to four percent of babies are born with birth defects, most of which are not life threatening. Ultrasounds can be useful in detecting birth defects, but, not all birth defects can be detected before birth.
- Approximately eleven percent of babies are born before term (less than 37 weeks of pregnancy), or have a problem that will require special care.
- Beverly Hospital has a Level II B Special Care Nursery and a neonatologist on-site, 24 hours a day.
- In about 12-16 percent of babies, meconium (the first bowel movement) is passed into the amniotic fluid before delivery. When this occurs, the neonatologist will be available if your baby needs special care.
- If the mother carries group B strep, develops a fever during labor, or the water is broken for an extended amount of time, antibiotics may be given during labor to reduce the risk of infection to the mother and the baby. If the baby has an increased risk of infection or shows signs of infection, the pediatrician will send the baby's blood to the laboratory for testing and may also order antibiotics for your baby.
- After the baby is born, he or she will be given eye drops, an injection of vitamin K and the hepatitis B vaccine. Your baby will also have testing including a blood test to determine if there are any metabolic disorders, a newborn hearing screening, and a screening for critical congenital heart disease.
  If you choose for your baby not to have any of the above, let your provider and nurse know.
- It is important for the baby's doctor to know your medical history as many health conditions during pregnancy affect the baby's health after birth. Your baby's doctor and nurse will review your medical history and the results of testing you had during your pregnancy.

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RARE COMPLICATIONS

Although problems during pregnancy and birth are not frequent, there are considerations you should know.

- A few babies are born too early to survive or have serious medical problems. About seven to ten out of every 1,000 babies die in late pregnancy (stillbirth) or soon after birth.
- About three out of every 1,000 mothers develop blood clots in their legs after giving birth. These blood clots can travel to the lungs.
- In about one to two out of 1,000 births, a doctor must remove the uterus (hysterectomy) to stop heavy, uncontrollable bleeding. This means a woman cannot become pregnant again.
- About six out of every 1,000 women receive a blood transfusion after giving birth. The risks associated with blood transfusion include an allergic reaction, fever, excess fluids in the bloodstream and infection. The chance of contracting hepatitis from a transfusion is one in 1.6 million; the chance of contracting HIV is less than one in 1.9 million.
- Very rarely (less than ten per 100,000), mothers don't survive childbirth. Causes might include extreme and severe bleeding, high blood pressure, blood clots in the lungs and other unforeseen conditions.

SUMMARY

Most babies are born healthy and most mothers go through labor and birth without serious problems. Pregnancy and childbirth have some risks. Many of the possible problems sound very frightening. Most of the problems are uncommon, and the most serious complications are quite rare.

Your healthcare team will watch you carefully for signs of possible problems. They will do their best to identify them early, explain them clearly, and offer you the best treatment options.

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Authorization for Obstetrical Care

- I have read "Authorization and Description of Obstetrical Care at Beverly Hospital."
- I understand what has been discussed with me, as well as the content of this form. I have been given the opportunity to ask questions and have received satisfactory answers.
- I understand that no guarantees or promises have been made to me about expected results of this pregnancy.
- I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy or during labor, unforeseen conditions may be revealed that require additional procedures.
- All of my questions have been answered and I consent to obstetrical care during my birthing experience. I understand that some of the procedures described above may occur. I retain the right to refuse any specific treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

I consent for the release of my prenatal records, including the results of HIV, genetic, and other STD testing, to my baby's pediatrician. I understand that sharing this information is necessary to support newborn care and may prevent unnecessary testing.

GUIDELINES FOR OBSTETRICAL CARE AT BEVERLY HOSPITAL

Patient Name (print)_____Date of Birth_____

Patient Signature _____Date_____ Time_____

Clinician Name (print)_____Date_____ Time_____

Clinician Signature _____Date_____ Time_____

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