

APPENDIX D

About Your Care During Labor and Birth

Having a baby is natural. Most mothers and babies go through it without serious problems. Even so, some situations may arise near the end of your pregnancy, or during labor. These can affect the care you or your baby may need.

Many of those situations are described below. Some common practices you might experience at the hospital are also described. Ask your doctor, midwife, or nurse if you have questions.

LABOR

1. A nurse will work with your doctor or midwife to take care of you. In some hospitals, doctors who are in training (residents) may also help care for you.
2. Other trainees may be involved in caring for you. Students are always supervised by your doctor, midwife, or a nurse.
3. You may have a blood test during labor.
4. A nurse may put a monitor on your belly to check your baby's heartbeat. If it is normal, the monitor may be removed. The baby's heartbeat will be checked again during your labor.
5. If your baby's heartbeat needs to be checked more closely, you might wear a monitor for longer. This monitor may be placed on your skin, or sometimes it is placed on top of the baby's head. Sometimes the baby's heartbeat patterns cause concern, even when the baby is fine. These patterns can be hard to understand. Your chance of a cesarean or vaginal delivery with vacuum or forceps increases when your baby's pattern raises a concern. Checking your baby's heartbeat does not prevent cerebral palsy or birth defects.
6. Sometimes it is possible to change the baby's heartbeat pattern. Your doctor or midwife can place a tube inside your womb and add fluid around the baby. This added fluid may take pressure off the umbilical cord during your labor.
7. You may have an intravenous line (IV) in your arm during labor. This is used to give you extra fluids, pain relief drugs, or antibiotics.
8. Pain you feel during labor can be relieved many ways. You might choose walking, a bath or shower, breathing, massage, special pillows, or a combination. Your doctor or midwife can offer you other, safe choices:

Medication: You get pain relief medication by needle (a "shot") or through an IV line. You may get sleepy. Allergic reactions are rare.

Epidural: A doctor places a thin tube in your back. This takes about 20 minutes. You can then get drugs through the tube that will relieve most of your labor pain.

Nitrous oxide: Where available.
9. If your labor slows down, your doctor or midwife might give you oxytocin through an IV to make your contractions stronger and closer together.
10. Your doctor or midwife may try to help you start (induce) labor. Some reasons for this are:
 - your baby is overdue by more than a week or two,
 - your baby has not grown well,
 - infection,
 - high blood pressure,
 - diabetes, or
 - your water breaks.

If your cervix is soft and stretchy, you may be given oxytocin through an IV. If your cervix is not ready, you may get a prostaglandin medication, or a special balloon inserted, to soften the cervix before using oxytocin.
11. Sometimes, your labor may be induced for non-medical reasons before your due date. Generally, this cannot be done before 39 weeks gestation because babies who deliver before then can have trouble breathing room air.
12. The risks of inducing labor include creating contractions that are too strong or frequent. This can cause changes in the baby's heart rate. This risk is usually manageable and the contractions can be decreased. It is best to speak with your own provider regarding advice for induction; each hospital or institution will have its own rules regarding the scheduling of inductions.

*About Your Care During Labor and Birth continued***VAGINAL BIRTH**

1. Labor contractions slowly open your cervix. When your 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.
2. About 10–15 percent of mothers need some help getting the baby through the birth canal. A doctor or midwife may apply a special vacuum cup or forceps (tongs) to your baby's head. The doctor will then pull while you push the baby out.
3. In approximately one percent of births, the shoulders do not come out easily. This is called shoulder dystocia. If this happens, your doctor or midwife will try to free the baby's shoulders. Shoulder dystocia may cause a broken bone or nerve damage to the baby's arm. Most often, these problems heal quickly. Shoulder dystocia may cause tears around your vaginal opening, and bleeding after birth.
4. Many women get small tears around their vaginal opening. Sometimes a doctor or midwife will cut some vaginal tissue to make the opening bigger. This is called an episiotomy.
5. Most women with tears or an episiotomy will need stitches. Your stitches will dissolve over a few weeks during healing. The area may be swollen and sore for a few days. Rarely, infection may occur. Infrequently, a tear or cut may extend to the rectum. Most often this heals with no problem.
6. Normally, the placenta will come out soon after birth. If not, then the doctor or midwife must reach into the womb and remove the placenta. You may need anesthesia.
7. All women lose some blood during childbirth. Some reasons you might lose a lot are:
 - the placenta doesn't pass on its own;
 - you are having more than one baby, such as twins or triplets; or
 - your labor lasts a very long time.
8. Oxytocin can help reduce bleeding after birth. If your bleeding is very heavy, you may be given other medications to help contract your uterus. Very few women need a blood transfusion after vaginal birth.

CESAREAN DELIVERY

1. About one third of mothers give birth by cesarean. Some are planned; some are not.
2. During cesarean birth, a doctor delivers the baby through an incision (cut) in your belly.
3. Here are some common reasons you might need a cesarean:
 - your cervix doesn't open completely,
 - your baby doesn't move down the birth canal,
 - your baby needs to be delivered quickly because of a problem for mother or baby,
 - your baby is not in a position that allows for a vaginal delivery, or
 - you gave birth by cesarean delivery before.
4. Anesthesia is always used for a cesarean. Most cesareans are performed using regional anesthesia (spinal, epidural, or combined spinal-epidural) so that the mother is awake during the delivery. Some are performed using general anesthesia and the mother is not awake during the delivery.
5. You will lose more blood during a cesarean birth than during a vaginal birth. About 12 out of 1,000 mothers who have cesareans need a blood transfusion.
6. Infection is more common after a cesarean. Your doctors will give you medication to help prevent infection.
7. A thin tube (catheter) will drain your bladder during a cesarean. It may remain in place for 12–24 hours afterwards.
8. In less than one percent of cesareans, the mother's bowel or urinary system is injured. Most of the time these problems are fixed during the surgery.
9. In less than one percent of cesareans, the baby might be injured. Such injuries are usually minor.

*About Your Care During Labor and Birth continued***AFTER BIRTH**

1. Infection of the uterus (womb)
 - After a vaginal birth = 2–3 percent
 - After a cesarean birth = 20–30 percent.
 - Drugs (antibiotics) can lower the risk, but don't guarantee you won't get an infection.
2. You will have cramps as your womb returns to its normal size. Cramping gets stronger with each birth. You may notice it more when breastfeeding.
3. After a vaginal birth, you will probably have discomfort around your vaginal opening. After a cesarean birth, you will have pain from the incision. Ask your doctor or midwife for pain relief.
4. Vaginal bleeding is normal after birth. It will lessen over 1–2 weeks. About one percent of women will need treatment for heavy bleeding. Sometimes, heavy bleeding can happen weeks after birth.
5. Most women feel tired and may feel sad after birth. For about 10 percent of new mothers, these feelings of sadness linger or get worse. This may be postpartum depression. If this happens, ask your doctor or midwife for help.
6. When you can leave the hospital will depend on your health, your baby's health, and the help you have at home.

NEWBORN

1. At one minute, and again at five minutes after birth, your baby will be given Apgar scores. The scores are based on heart rate, breathing, skin and muscle tone, and vigor. Apgar scores help your pediatrician and the hospital staff care for your baby.
2. About 3 to 4 percent of babies are born with birth defects. Many (for example, extra fingers or toes) do not hurt the baby. Some, such as some heart abnormalities, can be serious.
3. Approximately 7 to 10 percent of babies are born prematurely, that is before 37 completed weeks of pregnancy. Premature babies may require treatment in a special nursery or an intensive care unit. Some babies born after 37 weeks also may need special care.
4. About 12 to 16 percent of babies pass meconium (the first bowel movement) into the amniotic fluid before delivery. If your baby is born with meconium-stained fluid, and is not crying at birth, the pediatrician will suction the meconium from the nose and mouth.
5. After birth, your baby will be given eye ointment to prevent eye infections. Your baby will also get a Vitamin K shot to prevent bleeding. A few drops of blood from his or her heel are taken to screen your baby for some diseases. The results are sent to your pediatrician. Your baby's hearing will be checked while in the hospital. You will be asked if you want your baby protected against hepatitis B before going home.
6. Three to four of every 1,000 newborns have serious infections of their blood, lungs, and—in more rare cases—the brain and spine. You may be given antibiotics to protect your baby if:
 - you carry Group B Strep,
 - you had a previous baby who had a Group B Strep infection shortly after birth,
 - you develop a fever during labor, or
 - your membranes (bag of waters) are ruptured for a long time.
7. If your baby is at risk, your pediatrician may order testing for infection. Your baby may also receive drugs to prevent infection.

*About Your Care During Labor and Birth continued***INFREQUENT OR RARE EVENTS**

The following problems occur infrequently or rarely during pregnancy:

1. A baby is born too early to survive, or with serious medical problems. A baby may die inside the womb after 20 weeks gestation (stillbirth or fetal death); or a baby may die shortly after or within one month of birth.
2. The mother develops blood clots in her legs after giving birth. This is more likely to occur after a cesarean delivery than after a vaginal birth.
3. The doctor must remove the mother's uterus (hysterectomy) to stop heavy, uncontrollable bleeding. The woman cannot become pregnant again.
4. The mother has a problem after a blood transfusion such as an allergic reaction, fever, or infection. The chance of contracting hepatitis (from a transfusion) is 1 in 100,000; the chance of contracting HIV is less than 1 in 1,000,000.
5. The mother dies during childbirth (less than 1 in 10,000). Causes might include extremely severe bleeding, high blood pressure, blood clots in the lungs, and other medical conditions.
6. Women who have a higher body weight ("body mass index") may be at risk for additional complications related to childbirth (infection, blood clots, cesarean delivery). Your obstetrician or midwife may recommend preventive medications or other therapy to reduce your risk of complications.

SUMMARY

Most babies are born healthy. Most mothers go through labor and birth without serious problems. But pregnancy and childbirth do have some risks. Many of the possible problems are frightening, but most are uncommon. The most serious events are very rare.

Your health care team will do its best to identify any problems early and offer you treatment. Your team looks forward to caring for you and delivering a healthy baby.

Authorization for Obstetrical Care

- I have read *About Your Care During Labor and Birth*.
- I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- 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.
- I know that anesthesiologists, pediatricians, resident doctors, and other clinical students/staff may help my doctor or midwife.
- I retain the right to refuse any specific treatment.
- All of my questions have been answered.

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.

Patient Name (print)

DOB or Patient ID#

Patient Signature

Date

Time

Clinician Name (print)

Clinician Signature

Date

Time

- I accept blood transfusions in the case of a life-threatening medical emergency.
- I refuse blood transfusion under any circumstances and have signed a separate form specifically for the refusal of blood products.

Patient Signature

Date

Time