



Center for Women's Health

Labor Topics

Most births at St. Joseph Mercy Hospital are done in **LDRs**, Labor, Delivery and Recovery rooms. Although LDRs look comfortable and homey, they are completely equipped with fetal monitors, birthing beds, delivery lights, oxygen, and a private bath; some even have a Jacuzzi®. LDRs are quite comfortable for labor, convert quickly to a delivery room just before the baby is born, and then transform back into a recovery room after delivery.

If you should need a cesarean section, you will be delivered in one of the C-section rooms in labor and delivery. One person, your partner or support person, may accompany you during your cesarean section.

Depending on how your labor and delivery went and how your baby is doing, you may decide on a short hospital stay of 24 to 36 hours after delivery. However, if you have had a long labor or your baby is in the special care nursery, you may choose to stay on the postpartum unit for up to two days after delivery. Most mothers stay three days after a cesarean section.

The Family Birth Center offers a wide variety of pre-delivery and postpartum educational resources. Please take the time to read through the Family Focused Care booklet found in your New OB packet. It gives the details of specific classes and times they are offered. Information regarding **Labor and Delivery Tours** is also included in this booklet. If you are preparing for your first delivery at St. Joe, we recommend that you call **712-5400** to schedule a tour. Schedule early as tours tend to fill up.

After you deliver, there is an educational channel on your TV which has continuous short education films about a variety of subjects including caring for yourself, breastfeeding and newborn infant care. However, after delivery, time is at a premium and the more you can do to prepare in advance, the easier it will be afterwards.

What happens when I think I'm in labor or I've broken my bag of water?

During regular office hours, please call the office and speak directly with a receptionist who will put you through to a nurse. Depending on your circumstances, you will be directed to come to the office for evaluation, or sent to the triage area in Labor and Delivery. If you call after office hours, you will be given instructions on how to reach the on-call physician.

Arriving at the Hospital and Monitoring Your Baby

When you arrive at the hospital, please go directly to the Family Birth Center entrance. Take the elevator to the third floor and check in at the labor and delivery triage area. The triage area is used for initial evaluation of pregnant patients who may be in labor. In triage, you will speak to an admitting registrar (bring your insurance cards!) and one of the resident physicians will evaluate you. The resident will call the doctor on call for our practice to discuss whether you should be admitted. During the triage evaluation your baby will usually be monitored for at least 20 minutes to see if the general pattern of contractions and fetal heartbeat is normal. Your blood pressure and other vital signs will also be checked. Once you are admitted, blood will be drawn and you will be transferred to an LDR room.

Activity in Labor

If your baby is healthy and your labor is progressing normally, you may be as active as you wish while in labor. We encourage periods of walking, sitting in a rocking chair, taking a warm shower, using a Jacuzzi, or rocking on all fours. Most women are comfortable staying active (with short periods of rest) and changing their activity every ten or fifteen minutes. This is especially true in early and mid-labor. Later in labor most women do not really feel like moving around much. Even when you are lying in bed, changing positions frequently is good, for both you and your baby.

IVs

Intravenous fluids (W+for short) may be helpful in labor. IVs are used if you are dehydrated and unable to drink enough fluid to rehydrate yourself adequately. Occasionally medications are administered intravenously. If any complications arise (such as heavy bleeding or fetal distress) an IV will be started. You will also need an IV before anesthesia can be administered. If labor is normal and uncomplicated, you may not need an IV.

Episiotomy

An episiotomy is an incision made in the lower vagina to make more room for the baby's head during birth. If it seems that your skin is about to tear rather than stretch to allow the baby to be born, an episiotomy may be made. It may also be done if the baby shows signs of distress while you are pushing and needs to be delivered as quickly as possible. Some childbirth preparation instructors recommend "perineal massage" (stretching and massaging the lower portion of the vagina during the last month of pregnancy) in order to decrease the chances of needing an episiotomy. This may or may not be helpful, but it is not harmful and you may try doing it if you wish.

Coaches, Partners, Visitors

A good coach can contribute significantly to making your labor easier. Many women want their husband or partner with them while other women choose to have another friend or relative present as a support person or coach. This may be a mother, sister, or very close friend or a **doula** (a trained childbirth support person, usually an experienced mother herself). In general, we recommend you limit your support team to one or two. If there are too many people it may be distracting. If your coach has never helped with a labor before, we recommend that they attend childbirth education classes with you so they can learn effective ways to support and help you. If you have special circumstances or requests, such as having your children attend the birth, please discuss them with us before labor.

Anesthesia

Anesthesia is not necessary for successful labor and delivery, but in the right circumstances, it can greatly ease the pain of labor. Lamaze® and other natural childbirth techniques are also very helpful in managing the discomforts of labor. The labor and delivery nurses are comfortable with the various relaxation techniques routinely used and are there to support both you and your coach as needed. It is a good idea to check with your insurance carrier about whether you have coverage for anesthesia in labor. Most insurances cover it, but if not, the expense can be considerable.

The following information is provided so that you will have enough information to ask questions and discuss your preferences with your physician. Some women go through the entire labor and delivery process without any form of anesthesia but it is helpful to know what is available if you should desire or require some form of anesthesia.

Narcotic Analgesics Small doses of morphine, often accompanied by a medication to prevent nausea, can be given in early labor to help the mother tolerate intense early contractions. These may cause some nausea and may make both you and your baby "sleepy". They are generally offered early in the labor course so that they will have time to wear off before the birth. Narcotics can also be helpful in providing a period of rest at the beginning of a labor if you are tired but have been unable to sleep because of contractions.

Intrathecal Anesthetic An intrathecal anesthetic is usually given when the anesthesiologist wants to achieve rapid relief of pain. This frequently happens when the cervix is 6 to 10 centimeters dilated. Intrathecal provides pain relief below the umbilicus, usually within a few minutes from the time the block is given. A saddle block is a kind of intrathecal anesthetic which numbs the outer vagina, buttocks, and inner thighs.

Intrathecal anesthesia may be used in conjunction with an epidural, or may be used alone. For cesarean sections, intrathecal anesthesia, with a higher dose of medication, is often used. This anesthesia is sometimes used if you need a forceps delivery because it gives good relief for the brief but intense pain of delivery.

Epidural An epidural anesthetic is given through a thin plastic catheter inserted next to the spinal nerves by an anesthesiologist. Epidurals generally give excellent relief from pain and can last as long as the labor since the catheter allows additional medication to be pumped into the epidural space as necessary. By varying the pump rate, the level of pain relief with the epidural may be increased or decreased as necessary. Babies need to be continuously monitored when you have an epidural, so you will not be able to move around as much once the epidural is placed.