



Labor/Delivery/Postpartum

Preparing for Delivery

Many moms-to-be feel a strong urge to complete projects and organize the house for the arrival of the baby. This is called the “nesting instinct”. If this urges hits you then do what you have to do to satisfy it but be careful NOT TO OVERDUE it. DO NOT EXHAUST yourself before you go into labor. You will need your energy for labor and delivery as well as caring for the new baby. As you near your due date there are several things you should consider doing.

Put a waterproof sheet or mattress cover on your bed to protect it in case your water breaks during the night.

Wash and organize your baby's clothes and organize your support team. Keep in mind you may need helpers a few weeks after the birth not just at the time of birth and in the first few days.

Prepare meals that can be frozen and defrosted easily

Packing for the hospital

Pack your bag a few weeks before your due date. Make a list of the last minute items that need to be packed before you leave the house and leave that list on the refrigerator door to remind yourself. A list of things you may consider packing are:

For Labor:

- Health insurance card, photo ID, and hospital registration forms
- Lotion or oil for massage
- Lip balm
- An old nightgown or nightshirt (if you do not wish to wear the hospital gown)
- A bathrobe, slippers, and socks

- Glasses (you may not be permitted to wear contact lens)
- Lollipops or hard candies to keep your mouth moist
- An MP3 player or CD player to play soothing music
- Camera

For Hospital Stay:

- Two or three nightgowns. (make sure they open in the front if you plan to breastfeed.)
- Two or three nursing bras and a dozen or so nursing pads
- Sanitary pads
- A few pairs of socks and panties
- Toiletries like toothbrush and toothpaste and deodorant
- Contact lenses
- Magazines or books

Pain relief in Labor

There are many options to provide pain relief while you are in labor. We are supportive of whatever you choose.

There are two types of pain-relieving drugs—analgesics and anesthetics.

Analgesia

Analgesia is the relief of pain without total loss of feeling or muscle movement. Analgesics do not always stop pain completely, but they do lessen it.

They are given as injections into a muscle or vein. This pain medicine can have side effects such as nausea, feeling drowsy, or having trouble concentrating. These medications are generally not given immediately before delivery because they may slow the baby's reflexes and breathing at birth.

Anesthesia

Anesthesia is blockage of all feeling, including pain. Some forms of anesthesia, such as general anesthesia, cause you to lose consciousness. Other forms, such as local anesthesia, remove all feeling of pain from parts of the body while you stay conscious.

Epidural analgesia

Epidural analgesia—causes some loss of feeling in the lower areas of your body, yet you remain awake and alert. An epidural is given in the lower back into a small area (the epidural space) below the spinal cord. Pain relief will begin within 10–20 minutes after the medication has been injected. After the epidural needle is placed, a small tube (catheter) is usually inserted through it, and the needle is removed. Small doses of the medication can then be given through the tube to reduce the discomfort of labor. The medication also can be given continuously without another injection. You can move after you have an epidural, but you may not be allowed to walk around.

Spinal block

Spinal block—a spinal block can be given using a much thinner needle. It is injected into the sac of spinal fluid below the level of the spinal cord. The spinal block uses a much smaller dose of the drug. Once the drug is injected, pain relief occurs right away. However, it lasts only for 1–2 hours. A spinal block usually is given only once during labor, so it is best suited for pain relief during delivery and is often used for cesarean sections if the patient does not already have an epidural in place.

Umbilical Cord Banking

Umbilical Cord Banking- Cord blood is blood from the baby that is left in the umbilical cord and placenta after birth. It contains cells called hematopoietic (blood-forming) stem cells that can be used to treat some diseases.

Stem cells are cells that can mature into different kinds of cells. The blood-forming stem cells found in cord blood make new blood cells to replace old ones in the body.

Blood-forming stem cells in cord blood can be used to treat some types of illnesses, such as disorders of the blood, immune system, and metabolism. They also are

used to offset the effects that cancer treatments have on the immune system. Cord blood is kept in one of two types of banks: public or private. They differ in important ways that may affect your choice.

Choosing a Doctor for Baby

You will need to decide on a doctor for your baby's care by the time you deliver. This is usually a pediatrician or a family practice doctor. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth by his/her doctor. There are many excellent doctors in our area to choose from. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one. If you have not chosen a doctor by the time you are delivered, your baby will be seen and examined by the on call pediatrician at the hospital.

Circumcision

Circumcision is the surgical removal of the layer of skin, called the foreskin, that covers the glans (head) of the penis. It is performed at Piedmont-Henry Hospital before the baby leaves the hospital. It only is performed if the baby is healthy. Circumcision is an elective procedure. It is a parent's choice to have their son circumcised and therefore may not be covered by your insurance policy. The circumcision will be performed by your obstetrician prior to your discharge from the hospital.

Episiotomy Care

An episiotomy is when a small cut is made to widen the opening of your vagina when you're giving birth. The physicians at Women's Health Specialists DO NOT cut episiotomies on every woman. It is a decision that is made at the time that the baby's head is crowning. It is done to assist delivery of the baby or to avoid tearing and is repaired with dissolvable stitches. To help ease the pain and for quicker healing you can:

- Apply cold packs or chilled witch-hazel pads to the area

- Do Kegel Exercises a day after birth
- Use a numbing spray or cream
- Use a pillow to sit on
- Do sitz baths (sit in a bathtub or warm water just deep enough to cover buttocks and hips)

Postpartum Depression

Postpartum depression can occur at any time after childbirth, but it most commonly starts 1–3 weeks after delivery.

Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks. Most women will experience postpartum blues. About 2–3 days after birth, many new mothers begin to feel depressed, anxious, and upset. For no clear reason, they may feel angry with the new baby, their partners, or their other children. These feelings are called postpartum blues or “baby blues.” Other common signs and symptoms including:

- Crying for no clear reason
- Trouble sleeping, eating, and making choices
- Feelings of doubt about being able to care for a baby

If these feelings get worse or do not go away, you may be developing postpartum depression. Postpartum depression may include:

- Baby blues that do not start to fade after about 1 week, or if the feelings get worse
- Strong feelings of depression and anger that start 1–2 months after childbirth
- Feelings of sadness, doubt, guilt, or helplessness that increase each week and get in the way of normal function
- Not being able to care for yourself or your baby
- Trouble doing tasks at home or on the job
- Changes in appetite
- Things that used to bring you pleasure no longer do

If you develop any of these symptoms please call our office for an immediate appointment.

Postpartum Warning Signs

If you experience any of the following after your delivery

please call the office 770-474-0064 between the hours of 9 am- 4 pm, Monday through Friday. After hours your call will transfer to the emergency line.

- Fever: Temperature above 101° F for greater than 24 hours
- Problems with episiotomy or cesarean incision: redness, drainage, severe bruising
- Urinary problems: burning, urgency
- Problem area on breast: redness, tenderness, lump, warmth
- Problem area on leg: redness, tenderness, lump, warmth
- Excessive vaginal bleeding: soaking a large peripad (kotex) in less than 2 hours; passing a clot larger than a baseball
- Foul-smelling vaginal discharge
- Severe abdominal or epigastric pain
- Severe headache
- Nausea and/or vomiting persisting for greater than 48 hours
- Shortness of breath, chest pain, coughing up blood

When Should I Call the Doctor?

You should call our office if you have any of the following:

- Regular contractions occurring every 5-8 minutes for an hour with the contractions lasting 30-45 seconds.
- Vaginal bleeding. Please note that normal spotting for a day or two after a vaginal exam, after sexual intercourse, or when you lose your mucous plug may occur. Call immediately if you are having vaginal bleeding for any other reason.
- Rupture of membranes. If you think your water has broken then call us right away. You will need to be evaluated either at the office or at the hospital.
- Decreased fetal movement. If you feel the baby is not moving normally, then you want to do kick counts. If you do not feel the baby moving adequately then contact us.

You do not need to contact us if you have lost your mucous plug and are not having any other signs of labor. It is normal for women to lose their mucous plug 1-2 weeks prior to the onset of active labor.