

Maternity GUIDE

The best place for Mom and baby to be



NEWTON-WELLESLEY
HOSPITAL



BRIGHAM AND
WOMEN'S HOSPITAL



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

BRIGHAM AND WOMEN'S/NEWTON-WELLESLEY OBSTETRICS
AT NEWTON-WELLESLEY HOSPITAL

Congratulations on your Pregnancy!

The Maternal-Child Health staff of Brigham and Women's/Newton-Wellesley Obstetrics look forward to participating in your childbirth experience. Your baby's birth is a very special event. We understand that you want it to be safe, comfortable, and joyful. Our success in providing outstanding maternity care is based on working with you and your spouse or partner to provide the safest and most satisfying birth experience possible. This includes developing an individual plan of care to meet your needs and encouraging you and your partner to be active participants throughout your childbirth experience.

During your hospital stay, you will make decisions concerning care for you and your newborn. It is important that you have the most up-to-date information possible about your health care choices. We hope that the information provided in this Maternity Patient Information Guide, in addition to conversations with your care provider, will help you begin planning for this exciting event.

Please use this guide as a reference throughout your pregnancy. It contains information and suggestions for pregnancy, childbirth education, labor and birth. Once you deliver your newborn, you will receive a Postpartum Guide, which provides current information about caring for yourself and your newborn after labor and delivery. The information also covers what to expect in the days and weeks after giving birth including nutrition, exercise, newborn care, feeding guidelines and much more.

We look forward to being part of your childbirth team as we watch your family grow.

**Our mission is to treat and care for all our patients and their families
as we would a beloved family member.**

Brigham and Women's/Newton-Wellesley Obstetrics

The mission of the Maternal Child Health Service is to provide exemplary care throughout the continuum of antepartum, intrapartum, postpartum, and neonatal periods. Brigham and Women's/ Newton-Wellesley Obstetrics is committed to family-centered maternity care. We support and encourage those persons who are significant in your life to participate in your hospital experience. Each patient is readily assessed and an individualized plan of care is formulated to meet specific needs. A collaborative approach to patient care promotes continuity and ensures a safe and comfortable transition from the hospital to a family's home.

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Once you deliver your newborn, you will receive a Postpartum Guide, which provides current information about caring for yourself and your newborn after labor and delivery. The information also covers what to expect in the days and weeks after giving birth including nutrition, exercise, newborn care, feeding guidelines and much more.



Who's Who?

Throughout your stay at Newton-Wellesley Hospital (NWH), highly trained staff will support your family. Each staff member is here to provide education, encouragement, individualized care, and even just a listening ear. You can count on the maternity staff to deliver the high quality of care that you need, expect, and deserve.

Nurse Managers oversee the nursing staff and the day-to-day operations of the maternity unit.

Clinical Nursing Specialists are advanced practice nurses who serve as clinical resources to nurses.

Childbirth Education Program Coordinator oversees the pregnancy, birth, and parenting classes.

Certified Nurse Midwives are nationally certified advanced practice nurses with specialized training around delivering babies and providing prenatal, postpartum and primary gynecological care. Their expertise is in promoting the normal childbirth process and the health, wellness and education of the woman and her family. They practice in collaboration with an obstetrician and gynecologist and have been an integral part of the Newton-Wellesley Hospital obstetrical team since 1981.

Lactation Consultants are specialists who offer assistance for more complicated situations requiring hands-on breastfeeding help. They are also involved in teaching daily breastfeeding classes on the unit. Your nurse can give you more information regarding lactation.

Staff Nurses are registered nurses who are highly skilled in the area of maternity nursing. You will have a nurse for the day shift (7:00 am – 3:00 pm), the evening shift (3:00 pm – 11:00 pm), and the night shift (11:00 pm – 7:00 am).

Patient Care Assistants help staff nurses with the daily care of patients.

Student Nurses are from various local schools of nursing. A clinical instructor from their school supervises them during their time on the maternity floor.

Phlebotomists and IV Nurses are specially trained to do blood tests from either the patient's finger or arm. Along with staff nurses, IV nurses are specially trained not only to do blood tests but also to place IVs in a patient's arm or hand.

Unit Coordinators are the central contacts for the maternity unit and perform transcriptions, clerical, and reception duties. The unit coordinator also performs duties related to admission, discharge and transfer of patients, and is an expert user of the hospital computer system.

Hospital Chaplains are available for emotional and spiritual support, baby blessings, and questions concerning your child's religious life.

Clinical Social Workers are available to provide emotional support, resources and referrals to help guide you through this transition. A social worker can speak with you by telephone (617-243-6695) prior to your delivery and can meet with you while you are in the Hospital.

Childlife Specialists are certified practitioners trained to focus on the emotional and developmental needs of children and families with the mission of reducing stress associated with a hospitalization.

Environmental Support Service Associates focus on making your hospital stay as comfortable as possible. They clean the rooms, serve meals, empty trash, and keep the maternity floor very organized.

Patient Advisory Council consists of a group of patients dedicated to helping Newton-Wellesley Hospital identify opportunities to better serve its communities and contribute to the realization of those opportunities.

Responsibilities of Council members may include: providing input on new products and services, assisting with service development, refining messages for Hospital publications, helping to define new markets, participating in focus groups, providing testimonials for marketing communications, and representing the Hospital at events or with other organizations.

The Advisory Council meets quarterly on the Hospital campus. If you would like to be considered for membership, please contact Volunteer Services at 617-243-6048.

Chapter 1

Your Pregnancy



Pregnancy Record

My Starting Statistics		After Childbirth Statistics	
Due Date		Actual birth date	
Estimated birth date		Actual birth time	
My starting weight		Baby's weight at birth	
My starting waist measurement		My weight following childbirth	
My blood type			
My iron count (hematocrit)			

Record of Physician/Midwife Visits							
Date of visit							
Weeks of gestation							
My weight							
My blood pressure							
Baby's heart rate							
Lab tests or ultrasounds							
My uterus measurement (fundal height)							
My next appointment is scheduled for							
My waist measurement							

Record of Physician/Midwife Visits							
Date of visit							
Weeks of gestation							
My weight							
My blood pressure							
Baby's heart rate							
Lab tests or ultrasounds							
My uterus measurement (fundal height)							
My next appointment is scheduled for							
My waist measurement							



Trimester by Trimester

FIRST TRIMESTER (0-12 WEEKS)	
Initial Prenatal Visit	During your first visit you will meet with your obstetrician, nurse practitioner, or nurse-midwife. This is a great time to begin developing a relationship with your provider. Feel free to ask questions especially concerning good nutrition, safe exercise, and enjoying your pregnancy.
Assessments	You will have a comprehensive physical assessment including detailed medical, reproductive health, and family health histories. Your weight will be checked along with a vital sign assessment, urine dipstick for glucose, albumin, and ketones, and an abdominal measurement (fundal height).
Medications	Your provider may recommend prenatal vitamins according to your needs. You will want to avoid taking any medications or herbs (prescribed or over-the-counter) that have not been approved by your obstetrician or midwife.
Diagnostic Tests	At this visit, laboratory testing including blood work will be done to obtain baseline information on your general health.
Procedures	Your provider may schedule an ultrasound to check on fetal size and development.
Teaching and Learning	Read about your pregnancy. Ask your OB/midwife or friends about resources on pregnancy, your developing baby, and your newborn. See suggested readings in Chapter Two for our recommendations.
Fetal Development	<ul style="list-style-type: none"> • Embryo size doubles between nine and twelve weeks. • All major organs are forming, but they are not fully developed yet. • Eyes and ears are growing. • The heart is beating strongly. • At 12 weeks your baby is 2.5 inches long and weighs about 0.64 ounces. • The head is becoming more rounded and the face is completely formed. • Toes and fingers are formed and nails are beginning to grow. • The baby may be very active, but you cannot feel movement yet. • Male and female genitalia are recognizable by 12 weeks.

Trimester by Trimester

SECOND TRIMESTER (12–24 WEEKS)	
Prenatal Visit	You will be visiting your OB/midwife monthly or more frequently depending on your needs. Ask any questions you may have.
Assessments	At these visits you will have a weight check, vital sign assessment, urine dipstick for glucose, albumin, and ketones, abdominal measurement (fundal height), and a fetal heart check.
Medications	Continue taking your prenatal vitamins. Anemia during pregnancy is common. Your obstetrician or midwife may order iron supplements.
Diagnostic Tests	<p>Your health care provider may order prenatal screening tests. Other laboratory testing may also be ordered such as a complete blood count to test for the presence of anemia.</p> <p>The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be offered a screening test for Down syndrome, regardless of the woman's age. Screening may be a maternal blood test done in the first trimester along with ultrasound, or it can be a maternal blood test done in the second trimester without ultrasound, or a combination of both.</p> <p>ACOG also recommends that all pregnant women be offered invasive diagnostic testing by chorionic villus sampling (CVS) or genetic amniocentesis, regardless of age. These procedures obtain cells/tissue that allow for highly accurate diagnosis of Down syndrome or other genetic variations. However, CVS and amniocentesis are invasive and carry a small risk of causing a miscarriage.</p> <p>Noninvasive Testing for Women at Increased Risk for Chromosome Abnormalities</p> <p>A noninvasive blood test is now available for women with increased risk indicators for fetal chromosome variations. This test detects an increased amount of DNA material (mother and baby) that is circulating in your blood. This can predict a chromosomal abnormality such as Down syndrome (trisomy 21) in your baby. The increased risk factors include one or more of the following:</p> <ul style="list-style-type: none"> • Advanced maternal age • Personal/family history of chromosomal abnormalities • Fetal ultrasound abnormality suggestive of chromosomal abnormalities • Positive serum screening test
Procedures	Amniocentesis, or CVS (chorionic villus sampling), may be performed based on many factors, please discuss with your health care provider. This is a procedure in which a small sample of amniotic fluid is drawn out of the uterus through a needle inserted in a pregnant woman's abdomen. The fluid is then analyzed to detect genetic abnormalities in the fetus or to determine the gender of the fetus.

continued

Trimester by Trimester

SECOND TRIMESTER (12-24 WEEKS) continued	
Teaching and Learning	<ul style="list-style-type: none"> • Sign up for childbirth classes and other classes that are of interest to you, such as breastfeeding, baby care, infant CPR. See Chapter Two to find available classes. • Read about labor and childbirth. Ask your OB/midwife about their particular philosophies regarding labor and birth. Explore “Planning your Birth” and “Birth Plan” information in this chapter.
Fetal Development	<ul style="list-style-type: none"> • At 16 weeks your baby is about 6.3 inches long and weighs .08 pounds. It is kicking and moving about frequently. You may be feeling the baby moving. If this is your first baby, you are likely to feel the first movements a bit later. • At 20 weeks the baby is swimming in a large amount of amniotic fluid growing rapidly, both in length and weight and is now 9.8 inches long and weighs about .75 pounds. The baby is very active. You will probably notice that there are times when your baby seems to be asleep and other times when he’s moving a lot. • At 24 weeks your baby is about 12.5 inches long and weighs 1 pound, 1.6 ounces. You may feel different parts of the baby’s body through your abdominal wall. Your uterine muscle is stretching and you may feel occasional pain along the sides of your abdomen (round ligament pain). The top of your uterus (the fundus) reaches to just above your navel.
Reminder	<p>Submit all pre-registration forms to Newton-Wellesley Hospital (<i>see pocket in back of this booklet</i>). This includes: Parent Worksheet for Birth Certificates, Maternity Pre-Admission Form, and Healthcare Proxy. For more information about your hospital stay, see Chapter Four.</p>

Trimester by Trimester

THIRD TRIMESTER (24 WEEKS – BIRTH)	
Prenatal Visit	You will be visiting your OB/midwife more frequently now. Beginning at about 28 weeks you will have appointments every two weeks and then weekly from 36 weeks until delivery. Don't forget to ask any questions you may have concerning labor, birth, your hospital stay in the mother-baby unit, and going home.
Assessments	At these visits you will have a weight check, vital sign assessment, urine dipstick for glucose, albumin, and ketones, abdominal measurement (fundal height), and a fetal heart check. You may have a pelvic examination as you get closer to your due date.
Medications	Continue taking your prenatal vitamins. Anemia during pregnancy is common. Your obstetrician or midwife may order iron supplements.
Vaccinations	Health care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27 and 36 weeks of gestation, although Tdap may be given at any time during pregnancy.
Diagnostic Tests	Your healthcare provider may order a glucose tolerance test. Depending on these results, a 3-hour glucose tolerance test may be ordered. A swab of the vagina may be done between 35 and 37 weeks to test for the presence of Group B Streptococcus (GBS). GBS is a bacteria that occurs in 15% to 30% of women. If you test positive for GBS, you may be given antibiotics during your labor. Other laboratory testing may also be ordered such as a complete blood count to test for the presence of anemia.
Procedures	A non-stress test (NST) is sometimes ordered by your obstetrician or midwife to check on fetal well-being. A biophysical profile (BPP) may also be ordered. This test involves an ultrasound assessment of fetal well-being. Ultrasound or amniocentesis may also be ordered to check fetal well-being or maturity.
Teaching and Learning	<ul style="list-style-type: none"> • Read about baby care. • Talk with your caregiver as you choose whether to breastfeed or bottle-feed. Based on your breast exam you may be encouraged to consult a lactation specialist prior to the birth of your baby. • Finish all childbirth, breastfeeding, baby care, and other classes sooner rather than later. Babies have their own time schedules and sometimes may arrive early. • Read about labor and childbirth and develop your birth plan. See the Birth Plan Worksheet in cover pocket of this booklet. • At 30 weeks your baby's weight is now about 3 pounds, 11 ounces and measures about 15.8 inches in length. • You may be feeling pressure on your diaphragm, stomach, and intestines as your uterus and baby grow.

continued

Trimester by Trimester

THIRD TRIMESTER (24 WEEKS – BIRTH) continued

Fetal Development	<ul style="list-style-type: none">• At 36 weeks, the baby is almost fully mature and is now about 19.7 inches long and weighs anywhere from 5 pounds, 8 ounces to 9 pounds, 14 ounces.• The baby may descend into your pelvis (engagement) preparing for birth.• Once the baby has engaged, you may find that your breathing becomes easier and the pressure on your diaphragm is less.• Your baby is putting on weight at a rate of almost 8 ounces per week until delivery.• When the baby is awake, his eyes are open and he can differentiate between light and dark.• Labor may start at any time now. Do not worry if your baby is not born exactly on his due date. The due date is only an estimate. Only 5 % of babies are born exactly on their due dates. The long-awaited day is near and soon you will be holding your baby in your arms.
Birth Plan	It is best to complete your Birth Plan by the 32nd week of your pregnancy. A Birth Plan Worksheet can be found in the back pocket of this manual. Discuss your expectations with your physician/midwife. If you choose to complete a written birth plan, bring it with you to the hospital and pack extra copies to give to the staff caring for you. During your hospital stay, your nurse will check with you to assure that your needs and expectations are being met.
Car Seat Inspection	Schedule a car seat inspection. Many inspection stations have limited hours or require an appointment. Contact your local Police Department or visit www.nhtsa.gov or www.seatcheck.org for a listing of local inspection stations.

Birth Plan: Your Approach to Birth

The birth of your child is one of life's most special occasions. At Newton-Wellesley Hospital, we are committed to providing you with outstanding medical care that is responsive to your individual needs and supports you and your partner's personal approach to birth. There are many decisions to be made during labor. Writing a birth plan enables you and your partner to consider these choices and clarify your preferences. A written birth plan can also help you communicate with your care providers about your hopes for labor, birth, and the initial postpartum period. A Birth Plan Worksheet can be found in the back pocket of this manual.

Discuss these expectations with your physician/midwife between the 32nd and 36th week of pregnancy. If you choose to complete a written birth plan, bring it with you to the hospital and pack extra copies to give to the staff caring for you. During your hospital stay, your nurse will check with you to assure that your needs and expectations are being met.

Try to keep your birth plan as flexible as possible. While no one can predict how your labor and birth will progress, we will make every effort to comply with your preferences. However, some circumstances may necessitate unanticipated changes.

The following list of considerations can help as a guide to preparing your birth plan. Please include any information that will help us enhance your family's birth experience.

BIRTH PLAN CONSIDERATIONS		
Labor	Birth/Recovery	Postnatal care
Clothing during labor	Support persons present for delivery	Rooming-In
Monitoring of the baby	Positions during pushing	Vaccinations
Activity during labor	Spontaneous pushing	Circumcision
Eating and drinking	Directed pushing	Universal Newborn Screening
Vaginal exams	Episiotomy	Hearing Screening for Newborns
Pain medication	Watching the birth with a mirror	Breastfeeding
Activity/Positions/Birthing ball	Cutting the umbilical cord	Pacifier use
Hydrotherapy	Skin-to-skin contact after delivery	Bottlefeeding
Hypnotherapy	Antibiotic eye ointment	"First Foto" newborn pictures
Relaxation/Music	Vitamin K	Attend baby bath class
Patterned breathing	Cesarean birth if necessary	Attend breastfeeding support class
Massage/Effleurage	Initiation of breastfeeding	
Heat/Cold therapy	Cord Blood	
Epidural anesthesia	Who should announce infant gender?	
Perineal massage		
Support person during labor		

Diet and Nutrition During Pregnancy

Good prenatal nutrition promotes the development of a healthy newborn. You will need to adjust your diet during pregnancy to meet increased nutrient needs and become aware of and avoid eating foods that could be harmful to your newborn during gestation. The following guidelines highlight important aspects of diet and nutrition during pregnancy.

Increased Nutrient Needs

Calories: An average of 300 extra calories per day is needed during your second and third trimesters (500 to 600 extra calories for twins). Although the saying “eating for two” implies that you need lots of extra food, it really means eating just a little more and choosing foods with high nutritional value.

Protein: Approximately 60 grams of protein per day is recommended for the development of human cells and tissue. Adequate protein intake is essential throughout pregnancy (10 to 15 grams above pre-pregnancy needs). You can easily get an extra 10 to 15 grams of protein from the following:

- 2 cups of milk (16 gms)
- 2 ounces of chicken, fish, or meat (14 gms)
- 2 eggs (12 gms)
- 3 tablespoons of nut butter (peanut/almond/cashew/soy) (12 gms)
- 2 ounces of nuts (10 gms)
- 2 ounces of cheese (14 gms)
- 4 ounces of firm tofu (13 gms)
- 1 cup of yogurt (10 gms)



Vitamins and Minerals

Virtually all vitamins and minerals need to be increased during pregnancy with special attention to foods rich in folic acid, iron, and calcium. Ideally, increased vitamins and minerals can be obtained through a nutritious diet, but a prenatal vitamin supplement is usually recommended to ensure adequate intake.

Suggested Daily Food Intake

- **Fruit:** 2 to 4 servings (include at least one citrus fruit or juice) This will provide vitamin C and fiber. Yellow/orange fruit also provides vitamin A.
- **Vegetables:** 3 to 5 servings (include at least two dark leafy, yellow, or orange vegetables). These will provide fiber, vitamin C, and vitamin A. Dark leafy greens also provide iron.
- **Grains:** 6 to 11 servings (at least half should be whole grain, choose enriched cereals, rice, breads). These will provide fiber and B vitamins. Enriched products also provide iron and folic acid.
- **Protein foods:** 2 to 3 servings (chicken/fish/meat, eggs, nuts, tofu, beans, cheese, yogurt) These foods provide protein and iron (in animal flesh and eggs).
- **Milk products:** 3 to 4 servings (1 serving = 8 oz milk/yogurt or 1 oz cheese) Provides calcium and protein.
- **Fats:** Use fat in moderation, but include sources of omega-3 fatty acids (salmon, walnuts, flax, and canola oil).

Food Safety

Foodborne illnesses can be especially harmful during pregnancy. To reduce your risk:

- Do not eat any raw seafood such as clams, oysters, sushi, and ceviche. This includes refrigerated, uncooked smoked seafood. Canned or shelf-stable smoked seafood may be eaten.
- Avoid eating raw or undercooked meats, fish, poultry, and eggs.
- Avoid potential sources of listeria. Listeria is a bacterium that can cause severe illnesses. Pregnant women are much more susceptible to infection than others. The most common source of the bacteria is food made of unpasteurized milk and milk products. Pasteurization kills the listeria organism. All cheeses made in the US are fairly safe, as regulations require that they must be made from pasteurized milk. However, imported soft and semi-soft cheeses made from unpasteurized milk may contain listeria. Consequently, the Food and Drug Administration (FDA) advises that pregnant women avoid the following cheeses **if they are made from unpasteurized milk**: *Brie, Camembert, Feta, Goat, Limburger, Montrachet, Neufchatel, Queso Fresco, Asiago, Belle Paese, Blue, Brick, Gorgonzola, Havarti, Muenster, Port-Salut, Roquefort*. Note that if heated to boiling, these cheeses should be safe.
- Due to possible listeria contamination, the FDA also recommends heating hot dogs and deli meats until steaming hot and avoiding refrigerated meat spreads or meat pates (canned or shelf-stable are safe).

Safe Seafood Consumption for Pregnant & Lactating Women: Protecting your child from exposure to mercury and other toxins

Seafood can be an important part of a balanced diet for pregnant and lactating women. It is an excellent source of low fat, high quality protein and other nutrients including omega-3 fatty acids. Omega-3 fatty acids are especially important during pregnancy and lactation because they are necessary for infant brain and nervous system development. They are not produced by the body and must be obtained from one's diet. While certain seafoods are good sources of these fats, some may also contain high levels of mercury, PCBs (polychlorinated biphenyl compounds), and other potential toxins. Therefore, caution must be used in choosing the type and amount of seafood that you eat.

Mercury is a known neurotoxin. High levels of mercury may be especially harmful to the developing nervous system of a fetus, infant and young child. If a pregnant woman has a high level of mercury stored in her body tissues, this can expose the developing fetus to mercury. Also, during lactation, mercury in the mother's body can pass into her breast milk. And, young children may be exposed to mercury from eating certain types of fish.

Mercury occurs naturally in the environment. However, unnaturally large amounts of mercury are present in the environment as a result of industrial pollution, especially from coal burning power plants. Mercury falls from the air into water and accumulates in streams, rivers and oceans. Nearly all fish contain trace amounts of mercury, but larger fish accumulate high levels of mercury in their tissues and pose the greatest potential risk to people who eat them regularly. Mercury is stored in our tissues as well, so intake over time is cumulative.

The importance of minimizing exposure to mercury for pregnant and lactating women is internationally recognized. The Food and Drug Administration (FDA), Environmental Protection Association (EPA), and the National Academy of Sciences are among the groups that have issued guidelines.

Completely avoiding fish found to have the highest levels of mercury is recommended for all pregnant women, lactating women, and women who may become pregnant. Otherwise, up to twelve ounces per week of safe, low mercury fish can be consumed. See following pages for further detail. ▶▶

Low Mercury <i>Eat up to two 6 oz. portions a week</i>		Moderate Mercury <i>Eat no more than six 6 oz. portions a month</i>	High Mercury <i>Eat no more than three 6 oz. portions a month</i>	Very High Mercury <i>AVOID Eating</i>
Anchovies	Oysters	Bass, Striped or Black	Bluefish	Grouper
Butterfish	Ocean Perch	Carp	Chilean Sea Bass	King Mackerel
Catfish	Pollack	Cod, Alaskan	Mackerel, Spanish or Gulf	Marlin
Clams	Salmon	Croaker, White Pacific	Tuna, canned Albacore	Orange Roughy
Crab	Sardines	Halibut	Tuna, Yellowfin	Shark
Crawfish	Scallops	Lobster		Swordfish
Croaker, Atlantic	Shad (American)	Mahi Mahi		Tilefish
Flounder	Shrimp	Monkfish		Tuna steaks (Ahi, Bigeye)
Haddock	Sole, Pacific	Perch (freshwater)*		
Hake	Squid	Skate		
Herring	Tilapia	Snapper		
North Atlantic or Chub Mackerel	Trout, freshwater*	Sea Trout		
Mullet	Whitefish	Tuna, canned chunk light		
	Whiting			

* Due to potential mercury and PCB contamination, the Massachusetts Department of Public Health recommends that pregnant and nursing women, as well as all women of childbearing age and children under the age of 12 years old should: “Avoid eating all freshwater fish caught in rivers, streams, lakes and ponds within the state (this does not apply to farm-raised freshwater fish sold commercially), avoid bluefish caught off the Massachusetts coast, avoid any fish or shellfish from New Bedford Harbor and avoid lobster, flounder, soft shell crabs and clams from Boston Harbor.”

What about farm-raised salmon?

A recently published study found increased levels of certain contaminants in some farm-raised salmon. Salmon is an excellent source of omega-3 fatty acids and you can still include it in your diet while pregnant and nursing. To minimize possible exposure to contaminants:

- Choose wild salmon whenever possible, fresh, frozen, or canned (almost all canned is wild)
- Choose farm-raised salmon from North and South America (Washington State, Chile). These salmon had the lowest levels of contaminants; those from Northern Europe had the highest levels.

What about canned tuna?

Tuna may contain significant amounts of mercury. However, light tuna has just half the mercury of white tuna. The FDA states that up to 12 ounces a week of tuna should be safe to eat. However, many public health agencies, including the National Academy of Sciences, believe that standards should be much more conservative to minimize mercury exposure.

Recommended limits on tuna consumption for pregnant or nursing women and young children:

- Women weighing 120 pounds should not eat more than 8 ounces of light tuna or 4 ounces of white tuna per week.
- Children weighing 60 pounds should not eat more than 4 ounces of light tuna or 2 ounces of white tuna per week.

If I'm eating less fish, how can I get omega-3 fats?

There are a number of dietary sources of omega-3 fats or their precursors that you can easily add to your diet. These include:

- Walnuts: add them chopped to cereal, baked goods, or snack on them out of hand.
- Flax seeds: sprinkle on cereal; add to batters and baked goods. You will get the most benefit if you grind the seeds shortly before consuming (use a coffee grinder)
- Canola oil: use as you would any other oil
- Wheat germ: add to cereal and baked goods
- Eggs high in omega-3: These eggs are from hens fed diets that are high in vitamin E and flax.

Where can I get more information on mercury and seafood?

Environmental Protection Agency

www.epa.gov/ost/fish

Massachusetts Department of Public Health

www.state.ma.us/dph or 617-624-5757

Environmental Working Group

www.ewg.org/issues/mercury/index.php

Exercise During Pregnancy

The following exercise recommendations are adapted from guidelines established by the American College of Obstetricians and Gynecologists (ACOG) for pregnant women who do not have any maternal or perinatal risk factors. Before starting an exercise program you should talk with your health care provider for specific, individual information, and recommendations.

It is important to never exercise to the point of exhaustion. Remember to listen to your body and start your program slowly. If you haven't exercised in a while, start with as little as 5 minutes a day and increase that time weekly. A 5 to 10 minute warm-up is important each time you exercise.

Becoming active and exercising at least 30 minutes a day can benefit your health.

Benefits may include the following:

- Increased energy
- Reduction in backaches, constipation, bloating, and swelling
- Improvement in mood and posture
- Enhanced muscle tone, strength, and endurance
- Helps you sleep better

Keep in mind that pregnancy causes changes in your body that can affect your balance, joints, and heart rate. Hormones cause your joints to relax. Added weight during pregnancy can shift your center of gravity. Consequently, your body will work harder than when you are not pregnant.



Walking, swimming, cycling, and aerobics are considered safe during pregnancy, especially for exercise beginners. Moderate running, racquet sports, and strength training are generally considered safe for women who have done these activities prior to becoming pregnant.

After reaching your first trimester, avoid exercises that require you to lie flat on your back. Downhill skiing, contact sports, and scuba diving should be avoided during pregnancy.

Most women can safely start or continue to exercise during pregnancy and will derive benefits from regular activity. Discuss the benefits/risks of an exercise program and any obstetric or health condition which would limit your activity with you obstetrician or midwife.

You, Your Baby and Tobacco Use

The Agency for Healthcare Research and Quality released updated Public Health Service smoking cessation guidelines in June 2000. The American Heart Association supports these guidelines, which offer great hope to the 49 million American smokers who would like to quit.

Parents who continue to smoke tobacco are putting their children's lives at risk. Second-hand smoke comes from the burning end of a cigarette. This smoke is filled with more tar, poisonous gases (i.e. formaldehyde), and nicotine than the smoke inhaled by the actual smoker.

What happens when people smoke around babies?

- Babies have tiny lungs and airways. Breathing air filled with smoke causes these airways to become even smaller, making it harder for them to breathe.
- Babies and young children breathe much faster than adults so they will breathe in more environmental smoke than adults.
- Children of parents who smoke have more ear infections, colds, allergies, sore throats, and other lung problems during their first year of life causing them to cry and fuss more.
- Babies may have frequent bouts of colic or stomach upset when they are around second-hand smoke.
- Second-hand smoke increases asthma symptoms.
- Babies exposed to second-hand smoke have a greater risk of Sudden Infant Death Syndrome (SIDS).
- Babies of parents who smoke are at risk for burns from the ashes falling from the end of a cigarette or serious burn injuries and death may occur from fires caused by cigarette smoking.

As babies grow

Children's lungs grow more slowly if their parents smoke. Children of parents who smoke are twice as likely to become smokers later in life.

What can YOU do?

- Do not allow people to smoke in the same house or car as your baby.
- If you or anyone in your household smokes, please stop smoking!

Smoking leads to a physical and emotional dependency on nicotine. Consequently, it is difficult—but not impossible—to stop smoking. Most likely you will need help.

Please try to quit smoking:

- Speak to your nurse and he/she can provide you with a Smoking Cessation flyer.
- Seek assistance from your health care provider; he/she can discuss several smoking cessation options that are available to you.
- Call 1-800-TRY-TO-STOP for community resources and more ideas on how to quit or log on to: www.trytostop.org or www.quitworks.org.

The good news for you is that at one year after quitting, the risk of heart disease is cut in half. After 5 to 15 years of being smoke free, the risk is similar to that of a person who never smoked. The good news for your baby is an increased likelihood of a happy and healthy life.

Group B Strep Infection in Newborns

Group B Streptococcus (GBS) is a type of bacteria carried by some women. These bacteria live in the gastrointestinal tract and can move into the vagina and rectum at any time. GBS can be passed on to a baby during the birthing process and can cause serious illness and even death in newborns. Group B Strep is not a sexually transmitted disease.

Group B Strep is the most common cause of two types of infection affecting newborns. These are sepsis, a blood infection, and meningitis, an infection of the lining surrounding the brain. Most newborn disease happens in the first week of life, called “early-onset” disease.

Most early-onset disease can be prevented by giving antibiotics (usually penicillin) intravenously during labor to women who test positive for Group B Strep. Testing for GBS is done through vaginal and rectal cultures taken at 35 to 37 weeks of the pregnancy. If antibiotics are given at least four hours prior to delivery, the baby will be almost 100% protected from developing early-onset disease. The risk of disease in infants of GBS positive mothers who have been partially treated (antibiotics given less than four hours prior to delivery) is not known.

Given these risks, babies born to GBS positive mothers who are not fully treated with antibiotics four hours prior to delivery will be watched closely for signs of infection in the hospital for 24 to 48 hours. The physician seeing your baby may decide to have certain blood tests performed to better evaluate the possibility of infection. Depending on each individual situation, your physician may even start antibiotics immediately.

Babies who are born to GBS positive mothers who are not fully treated need to be watched closely at home as well. If any newborn less than six weeks of age has any of the following signs, the baby’s physician should be notified immediately:

- 1) Rectal temperature of 100.4° or greater.**
- 2) Signs of lethargy (increased sleepiness or unresponsiveness) or poor feeding.**
- 3) Signs of irritability (baby is crying excessively and is inconsolable).**

For more information about Group B Strep, please ask your baby’s physician or refer to the Centers for Disease Control and Prevention (CDC) website www.cdc.gov/groupbstrep.

Preterm (Premature) Labor

Preterm labor occurs three or more weeks before you are expected to give birth. Most women give birth between 37 and 42 weeks of pregnancy (a full term). In preterm labor, uterine contractions (tightening of the womb) cause the cervix (mouth of the womb) to open earlier than normal. This can result in the birth of a preterm or premature baby. Babies born prior to 37 weeks are considered preterm.

It is normal for your uterus to contract at times during your pregnancy especially when you first lie down, after you walk up and down stairs, or after sexual intercourse. However, it is not normal to have frequent (more than five contractions in an hour) uterine contractions before your baby is due. It is very difficult to predict who will have premature labor; it can happen to any pregnant woman.

Babies born prior to 37 weeks can have serious problems breathing, eating, and staying warm. Knowing what to look for may help you identify signs and symptoms of premature labor. If you notice any of the symptoms listed below, call your care provider immediately. Early recognition and treatment are important factors in stopping preterm labor and preventing premature birth.

Signs and symptoms of preterm labor may include:

Uterine tightening or contractions

More than four or five contractions in an hour. Contractions may be painless.

Menstrual-like cramps in the lower abdomen

May be rhythmic, continuous, or come and go. May be felt in the lower back.

Abdominal cramping

Cramping with or without diarrhea.

Low, dull backache felt below the waistline

May come and go or be constant. Different from the backache you might have felt as your uterus grew.

Pressure in lower belly, back, thighs, or between the legs

The feeling that your baby is pushing down or the baby is very heavy and low in the pelvis.

Vaginal discharge changes

Discharge may suddenly increase in amount and become watery or bloody.

Treatment may include:

- Bed rest
- Hydration, possibly via IV in the hospital
- Medications to relax the uterus and stop contractions
- Treatment of contributing factors (infection, high blood pressure, etc.)

Birth and Postpartum Doulas

Birth and postpartum doulas represent a new professional group of care providers, usually women, who support women and their families during labor, birth, and the postpartum period. Doula is a Greek word that means female servant.

Doulas receive education and training in order to provide support to childbearing women and new families. There are two types of doulas: one trained to provide labor and birth support; and one trained to provide support during the postpartum period. Some doulas are trained in both childbirth and postpartum specialties and many are certified through national organizations.

Doulas are not employed by the hospital, but rather hired independently by families to provide labor support. In that role, the doula meets with the family during pregnancy to determine their hopes and wishes for their birth experience. The doula stays with the family during labor and birth and visits the family postpartum to review the birth and help with questions about mother or baby care. Doulas do not provide nursing care and they do not replace the father or partner. In fact, they are there to support the father or partner in their role during labor and to assist the whole birth team in achieving a safe, satisfying birth. Many families have benefited from having a doula for labor support here at Newton-Wellesley Hospital.

Postpartum doulas provide education, support, and help in the home after the baby is born. They assist with baby care, help with the care of other children, cook and do light housework, run errands, and provide emotional support. Postpartum doulas may be hired for a negotiated number of hours or days. Most want to come for at least three or four hours at a time. Each family determines their individual needs.

Doulas may belong to professional or community organizations or may be self-employed. Every doula should be able to provide references. The cost of a doula varies, sometimes dependent upon experience.

If you are interested in more information or finding a doula, you may wish to call:

Doulas of North America (DONA) at **888-788-DONA (3662)**, or email doula@dona.org.



Donation and Banking of Umbilical Cord Blood

A number of organizations encourage pregnant patients to consider donating or banking umbilical cord blood. Collection of cord blood is a painless procedure that does not interfere with the birth or with mother and child bonding following the delivery. There is no risk to either mother or baby. Cord blood collection requires no blood center staff to be present during the baby's delivery.

What is cord blood?

- “Cord blood” is the blood remaining in the umbilical cord and placenta after the birth of a baby. About two cups of cord blood can be collected from each placenta.
- Cord blood is rich in stem cells, which are the “parent” cells of all blood cells. These cells are found in the bone marrow of adults and in the circulatory system of infants. Cord blood stem cells can be used in place of bone marrow stem cells when a matching bone marrow donor cannot be found. Once transplanted they migrate to the bone marrow, where they begin creating healthy blood cells. This enables the recipient to reconstitute their immune system.
- For reasons not completely understood, patients are less likely to reject stem cells from cord blood than stem cells from adult bone marrow. This may be related to the immaturity of the cord blood stem cells.
- Cord blood transplants are typically used to treat blood diseases such as leukemia and aplastic anemias, Hodgkin's lymphoma, immune deficiency disorders, and bone marrow failure. In addition, stem cells can be used to help patients with other life-threatening diseases and research is ongoing.

What should I do if I am interested in storing my baby's cord blood?

At this time Newton-Wellesley Hospital does not collect cord blood for public donation. We recommend discussing your interest with your physician, midwife, primary care physician, or pediatrician.

Seat Belt Use During Pregnancy

Protecting yourself protects your baby in a car crash

- **Always use your seat belt.** A lap-shoulder belt gives much more protection than a lap belt alone. An air bag will help, too. The biggest danger to an unborn baby in a crash is the mother's injury.
- **If you are in a crash**, even a minor one, get checked at a hospital emergency room. Your unborn baby could be seriously injured even if you do not seem to be hurt.
- **Use the safety belt correctly.** Push the lap belt down as far as possible below your belly. Check to make sure it stays low. Both lap and shoulder belts should be snug. If you are wearing a heavy coat, open it and pull it to both sides, away from your belly. This helps the lap part of the belt fit correctly.
- **Sit as far back from the steering wheel as possible.** Hitting the steering wheel in a crash can cause injury. Tilt it toward your chest.
- **Let others do the driving** as much as possible during the last few months of pregnancy. Avoid unnecessary trips. When you ride in the car, sit in the back seat if you can use a lap-shoulder belt there.

Choosing a car seat for your baby

- **Never carry a baby in your arms.** It is impossible to hold onto a baby in a crash. The American Academy of Pediatrics recommends that infants and toddlers ride in a rear-facing car safety seat until they are two years of age or until they reach the maximum weight or height allowed by the manufacturer of their seat.
- **Try the car seat in your vehicle before buying it.** Make sure it can be installed tightly in the back seat using the seat belt or LATCH attachments.
- **Beware of second-hand car seats;** they often have safety problems, missing parts, no instructions. If the car seat has been used in a crash, it should not be used again.
- The American Academy of Pediatrics recommends that infants and toddlers ride in a **rear-facing car safety seat until they are two years of age** or until they reach the maximum weight or height allowed by the manufacturer of their seat.

Learn more about car safety for babies:

National Auto Safety Hotline

Basic information and reporting defects:

888-DASH-2-DOT (327-4236)

800-424-9153 (TTY)

www.nhtsa.gov

SafetyBeltSafe U.S.A. Helpline

Answers to specific questions:

www.carseat.org

800-745-SAFE (7233)

Finding a local car seat inspection station
checking for recalls:

866-SEAT-CHECK

www.nhtsa.gov or www.seatcheck.org

American Academy of Pediatrics

www.aap.org/family/cps.htm

Chapter 2

Childbirth Education



Childbirth Education Department

All parents have questions – whether planning for their first or fifth baby. Helping you find the answers to your questions is the goal of the instructors and staff of the Childbirth Education Department at Newton-Wellesley Hospital.

We strive to make our programs and classes:

- Current, informative, and enjoyable (our childbirth educators are all certified instructors).
- A resource for your questions. Class sizes are small to ensure a good experience for participants.
- An opportunity to gather information and help prepare you to make informed decisions about your labor, your birth, and your baby.
- Individualized when necessary. Many of our educators offer private classes for moms on bed rest or expectant parents whose schedules conflict with our group classes.

Early in your pregnancy, please register for classes by calling the Wellness Center at 617-243-6221 or the Childbirth Education Office at 617-243-6649. A complete listing of our classes can be found on our Web site at www.nwh.org/classes. Registration and payment are required before the start of class. Some insurance plans will reimburse you for the cost of childbirth preparation classes. Following class completion, you will receive a certificate to submit to your insurance carrier. Financial assistance is available by contacting the Childbirth Education Department.

We are available to help meet your childbirth education needs. Please don't hesitate to contact the Childbirth Education Office directly at 617-243-6649.

How To Decide Which Classes Are Best For You

A variety of classes are offered at Newton-Wellesley Hospital to meet your educational needs regarding childbirth. The Childbirth Education Department staff is available to help you with your choices. The following suggestions can be used as guidelines for choosing classes that will best meet your needs.

First-time Parents

You may find it easiest to begin with either a Prepared Childbirth Class, Natural Childbirth Class, Hypno-birthing Class, or Planned Cesarean Childbirth Class. Most of these are offered in a six-week or weekend format. Ideally your childbirth class should be taken in the seventh or eighth month of your pregnancy and finish approximately four to six weeks before your due date. The only exception may be the Hypnobirthing class, which some parents like to take in the sixth or seventh month. Once you have chosen your primary childbirth class, schedule your Breast-feeding, Infant CPR & Safety, and Infant Care Classes around those dates. These classes can be taken at any time but are generally best before your ninth month. Please note that a hospital tour is included in the Prepared, Natural, Hypnobirthing, and Cesarean Birth Classes.

Experienced Parents

If this is your second or subsequent child, you may wish to take a Refresher Class, Hypnobirthing and/or a Maternity Tour. In addition, many parents find the Infant CPR & Safety to be a good review. Sibling Preparation classes will help prepare your children for the arrival of their new sister or brother.

All Expectant Moms

May be interested in our Prenatal Yoga Class.

Class Registration

You may register for all childbirth classes and programs by calling Newton-Wellesley Hospital's Wellness Center at 617-243-6221 or the Childbirth Education Office at 617-243-6649. A complete listing of classes and programs can be found on the following pages, or visit our website at www.nwh.org/classes.

Refund Policy

Refunds will be given for medical reasons only with physician documentation and may be subject to a processing fee. You may change to a different class up to three days before the start date, but this would be subject to space availability.

Class Descriptions

Tours of the Maternity Unit

This is a 30-40 minute tour of the Maternity unit. It is recommended for experienced parents who have not previously delivered at Newton-Wellesley Hospital or for any expectant parent not registered for a childbirth class. There is no charge for tours.

Prepared Childbirth Class

This is a comprehensive class that helps expectant first-time parents through the stages of late pregnancy, labor, birth, and postpartum. Instructors will discuss signs of labor, when to come to the hospital, role of the support person, and comfort measures such as relaxation, breathing, positions, massage, visualization, hydrotherapy, analgesics and anesthesia. In addition, what to expect if medical interventions are necessary, including induction of labor, and Cesarean delivery will be discussed. Postpartum changes, the newborn after delivery will be covered, and a tour of the maternity unit is included.

Natural Childbirth Class

This class is for expectant parents who would prefer and want to prepare for an unmedicated birth. The class will emphasize actively coping with labor and includes considerable time to practice and discuss ways of working with your body to manage your labor. In addition, all the same material that is covered in the Prepared Childbirth class will be covered, including hospital tour, medication options, medical interventions such as induction and Cesarean delivery and postpartum changes.

Hypnobirthing

The HypnoBirthing® method, developed by Marie Mongan, is a comprehensive childbirth education class that emphasizes effective birthing techniques to enable you to work with the natural rhythms of your body, facilitating a more comfortable birthing experience and minimizing the need for interventions. This class teaches relaxation and self hypnosis techniques to release the fear that causes tension and pain and to enhance the release of the body's own natural anesthesia. This class also reviews the birthing process and emphasizes preparation for childbirth, including working collaboratively with your medical provider and meaningfully involving your birthing partner.

Cesarean Birth Class

This class is for expectant parents who are scheduled for a Cesarean delivery. The instructor will discuss what to expect both physically and emotionally. Topics will include preparation, anesthesia, recovery, postpartum, and the newborn after delivery. The support person's role is discussed and a tour of the maternity unit is included.

Refresher Class

This class gives experienced parents an opportunity to focus on this pregnancy and the birth of an additional child. The instructor will review signs and stages of labor, comfort techniques, medication options as well as a comparison of first and subsequent pregnancies and labors. Additional topics include current birth technology and a review of relaxation and breathing techniques. Sibling preparation and adjustment are also discussed. *Please note a hospital tour is not included and will need to be scheduled separately.* ▶▶

Breastfeeding Success

Although breastfeeding is a natural process, it is a learned experience for both the infant and new mother. Prenatal education and ongoing support are considered by lactation consultants to be the most important factors contributing to breastfeeding success. This class will cover the structure and function of the breast, breast vs. bottle-feeding, proper latch-on and positioning, nutrition, feeding patterns, and growth spurts, pumping and storage of milk. Partners are encouraged to attend the breastfeeding class.

Sibling Preparation Class

This class is for children four years and older accompanied by an adult. Through stories, video/slide show and hands-on activities a realistic view of a newborn's appearance, needs, and abilities will be presented. The special role of the big brother/sister will be emphasized and a brief tour of maternity unit will be provided. Each child will make a craft and receive a "graduation certificate."

The Youngest Siblings: Preparation for 2 & 3 year Olds

Children are given a brief tour highlighting the nursery and the new babies and will also see a postpartum room where their mothers will be staying. They are shown and will get a chance to practice how to safely hold a new baby. An age appropriate story about becoming a big brother/sister will be told and each child will receive a "graduation certificate."

Infant Care

New parents need to make many decisions as they care for their newborn. This class will provide the guidance and support needed as parents go through "on-the-job training" during an infant's first three months of life. The instructor will cover infant bathing and dressing, feeding communication, crying, sleep patterns, signs of illness, when to call a care provider, and the needs and adjustments of becoming a family. (The basics of newborn care will also be reviewed at the bedside while you are in the Hospital.)

Child & Infant CPR & Safety

This is an American Heart Association CPR for Family and Friends (Infant and Child) class. In addition to teaching CPR and choke-saving skills, this three-hour class will cover the following injury prevention topics:

- Childproofing your home
- Home safety supplies
- How to choose and properly use a car seat
- Product, fire and water safety
- Poison prevention
- Toy safety

Whether you are a parent, grandparent, teacher or a babysitter, this single session will provide you with the vital skills that turn a life-threatening situation into a lifesaving one. Includes a manual.

Prenatal Yoga

This class is designed to meet the special needs of pregnant women. Releasing tension, stretching and increasing strength, flexibility and energy are emphasized. Experience various breathing techniques and learn to apply them in meditation and yoga. The emphasis is on breathing, meditation, and gentle exercise. This class can be taken throughout your pregnancy.

Please note: We encourage you attend the above classes with a support person or partner and recommend classes should be completed by about four to six weeks before your due date.

To register for these classes or for more information please call the Childbirth Education Office at 617-243-6649, or visit our web site www.nwh.org/classes.

Recommended Reading for Pregnant Women and Their Families

Pregnancy and Birth

- Gentle Birth, Gentle Mothering* by Sarah Buckley (2009)
- Our Bodies, Ourselves: Pregnancy and Birth* by Boston Women's Health Book Collection (2008)
- Ina May's Guide to Childbirth* by Ina May Gaskin (2003)
- The Thinking Women's Guide to a Better Birth* by Henci Goer (1999)
- Optimal Care in Childbirth: The Case for a Physiological Approach* by Henci Goer and Amy Romano (2012)
- The Complete Book of Pregnancy & Childbirth* by Sheila Kitzinger (2003)
- The New Pregnancy & Childbirth: Choices & Challenges* by Sheila Kitzinger (2011)
- The Official Lamaze Guide: Giving Birth With Confidence* by Judith Lothian and Charlotte DeVries (2010)
- Essential Exercises for the Childbearing Year* by Elizabeth Nobel (2003)
- The Birth Partner, 3rd Edition* by Penny Simkin (2007)
- Pregnancy, Childbirth and the Newborn* by Simpkin, Bolding, Keppler, Durham and Whalley (2010)
- Expect the Best: Your Guide to Healthy Eating Before, During, and After Pregnancy* by Elizabeth Ward (2010)
- The Baby Book: Everything You Need To Know About Your Baby from Birth to Two* by William Sears (2013)

Breastfeeding

- The Nursing Mothers Companion, 6th Edition* by Kathleen Huggins (2010)
- Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers* by Nancy Mohrbacher and Kathleen Kendall-Tackett (2010)
- The Womanly Art of Breastfeeding, 8th Edition* by Wiessinger, West and Pitman (2010)

Additional Online Resources

Maternity Center Association

www.childbirthconnection.org

Coalition to Improve Maternity Services

www.motherfriendly.org

American College of Obstetrics and Gynecology

www.acog.org

Massachusetts Breastfeeding Coalition

www.massbfc.org

AAP Website for Parents

www.healthychildren.org

New England Newborn Screening Program

www.umassmed.edu/nbs

Center for Disease Control and Prevention

National Immunization Program

www.cdc.gov/nip

Immunization/Vaccination Information

www.cdc.gov/vaccines or www.immunizationinfo.org

Chapter 3

Labor and Delivery



Antenatal Evaluation and Testing Unit

During your pregnancy you may have questions or concerns that you feel cannot wait until your scheduled appointment and wish to bring them to the attention of your health care provider. If you call your provider, he or she may send you to the Hospital for further evaluation instead of waiting for your next office visit.

When you come to the Hospital, you will be directed to the Antenatal Evaluation and Testing Unit (AETU) located on 5 South. To reach the AETU, take the West elevators to the 5th floor. If it is between 6:30 am and 8:30 pm, our maternity admission staff will greet you, register you, and walk you to the AETU.

If you arrive after 8:30 pm, please use the Emergency Department (ED) entrance. The ED admission staff will register you at that time, and you will be escorted to the AETU. In the AETU you will be met by one of our specially trained antenatal nurses.

The time that you spend in the AETU will depend on the reason for your visit, as will the procedures that your provider may order. One common procedure is to listen to your baby's heartbeat and assess your contractions on a fetal monitor. If you are being evaluated for labor, you will be escorted to a comfortable chair or stretcher where you and your baby will be monitored. After a period of time, or dependent on your condition, your provider or your nurse will perform a vaginal exam to assess the progress of your labor. If you are in active labor, you will be transferred to the Labor & Delivery Unit. If you are not in active labor, you may be asked to walk for a while to see how your labor progresses.

Other reasons to be seen in the AETU may include pre-operative screening for a scheduled caesarean birth, evaluation of preterm labor, ruptured membranes, abdominal pain, dehydration, bleeding, a non-stress test (a non-invasive test to assess your baby's heartbeat) or assessment of you and your baby for any reason. The nursing staff in the AETU will be in constant contact with your provider and will keep him or her informed of both you and your baby's status.

What to Bring to the Hospital

From Home:

- Phone list, cell phone
- Camera, flash, battery charger, extra batteries
- ChapStick
- Toothbrushes and toothpaste for you and your partner
- Your favorite music
- Food for husband/partner (refrigerators/microwaves available in patient courtesy kitchens on each hallway)
- Socks, slippers, house shoes—footwear is mandatory due to health and safety regulations
- Robe, nightgown—hospital gowns are available, or if bringing your own, bring at least two
- Change of clothes for husband/partner
- Swimsuit/trunks for sharing tub/shower during labor
- Bras—nursing if breastfeeding, snug fitting if formula feeding
- Personal grooming items, hair dryer
- Pictures of family, pets, or other for focal point during labor
- Photos of children/siblings (on display in room)
- Inflatable or small spa pillow (to use in the tub)
- Maternity clothes to go home in
- Ice pack/blue ice for back labor (no microwavable warm packs)
- Tennis ball, massager
- Popsicles
- Your favorite body/massage lotions
- Massage tools
- Glasses, contacts, contact solution, case for contacts
- Headband, hair clip
- Shoes, sandals—easy on/off
- Partner should bring routine medications, including antacids and headache meds for themselves

For Baby:

During your hospital stay we will provide everything for your baby. Infant supplies include a thermometer, bulb syringe, bath soap, small washbasin, hairbrush, wipes, alcohol pads, and disposable diapers. These supplies can also be taken home. The baby will wear our t-shirts in the hospital. Please do not take hospital linens or t-shirts home.

- Several diapers
- Undershirt
- Gown or stretch suit (clothes to go home in)
- Hat
- Booties
- Two receiving blankets
- Bunting, outerwear, or heavy blanket (depending on the season)
- Car seat – We suggest you have the car seat installed and become familiar with how it works prior to discharge. We also recommend that you have the seat checked at a car seat inspection station. A list of inspection stations can be found at www.nhtsa.gov or www.seatcheck.org.

From Home/For Going Home:

You may find it helpful to bring your calendar—before going home, it may be helpful to schedule your pediatrician visit and your postpartum obstetrician visit.

Comfort Measures During Labor and Delivery

What Is Pain?

Childbirth pain does not indicate a physical problem or injury. Labor pain is the result of physical effort. The uterus is contracting, the cervix is dilating (opening), and labor is progressing. Childbirth pain may be tolerated more effectively if you are able to make the mental “jump” from pain as a warning signal to pain as an indicator of progress.

Pain is both sensory and emotional. As a sensation, pain is interpreted by each of us based on our personal, cultural, and social experiences. Emotionally, we each select personal coping mechanisms based on our individual experiences. Sharing your expectations with your caregivers will enhance your childbirth experience.

The physiologic basis of pain changes as labor progresses. During the first stage of labor, pain results from the uterus contracting and “pulling” on the cervix, which causes effacement and dilatation. Pain intensity increases with the progression of labor. During the second stage of labor, pain is caused by the descent of the baby through the cervix into the vagina. Many women describe this pain as pressure and welcome the opportunity to actively work with the pain/pressure during the pushing phase, which results in the birth of their child.

Some methods of pain control do not involve the use of medications (non-pharmacologic), and others do involve the use of medication (pharmacologic). Non-pharmacologic methods may be helpful to all women in the early stages of labor before pharmacologic methods are appropriate.

Labor is a process that is experienced differently by every woman. It is important to select options that reflect your individual approach to birth. Learning as much as you can before labor is the best way to be prepared and to decide about your preferences. The following factors affect pain. Understanding these may assist you in making decisions about pain management during your labor.

What Factors Influence Pain?

Desire. Each woman’s perception of how they wish to labor will be unique. If you really desire to labor using specific comfort therapies, you will be more likely to do so. Most women are surprised by the power of their labors and the empowerment they feel as they work through their labor.

Childbirth Preparation. Classes that explain a variety of comfort therapies provide answers and information that can help you form ideas best suited to your individual approach to birth. Your values and self-image, along with the facts about benefits and risks of each intervention, will help you make your individual decisions.

Emotional Support. You need competent and caring support from your loved ones and from the professional staff assisting you. Labor is a time when you are highly perceptive of either the positive or negative attitudes projected by those around you. Spend time reflecting on how you want to interact with those helping you during labor and how you would want them to interact with you. Touch is a good example. Some women wish to be held or touched in labor while others do not. If you know ahead of time what you want, share that information with your support person and let your caregivers know in your birth plan.

Flexibility. An uncomplicated labor does not require medications or anesthesia for safety. However, it is important to prepare for unforeseen circumstances in which medications or anesthesia may become medically necessary. Make the choices that are right for you, but remain flexible. The course of labor can never be predicted. For instance, you and your partner may have decided on natural childbirth, but your labor is longer and more intense than you expected, which may cause you to choose epidural anesthesia. Conversely, you may have anticipated asking for medication, but discover that your discomfort is manageable without it. ▶▶

Non-Pharmacologic Methods of Pain Relief

Comfort measures that provide natural pain relief can be very effective during labor and childbirth. Birthing techniques such as hydrotherapy, hypnobirthing, patterned breathing, relaxation, and visualization can increase the production of endogenous endorphins that bind to receptors in the brain for pain relief. Other methods of comfort therapy such as effleurage (light rhythmic stroking of the abdomen), massage, emptying the bladder, and hydrotherapy can provide pain relief and reduce the need for narcotic analgesia or anesthesia by naturally creating competing impulses in the central nervous system that can prevent the painful stimuli of labor contractions from reaching the brain.

Birthing ball

Few labor tools are as simple, beneficial, and versatile as the birthing ball. Birthing balls are professionally made for use in physical therapy and have been used for years to properly exercise and rehabilitate patients. The birthing ball has now found a new home in birthing centers and hospital obstetric departments across the country. The ball easily withstands the pressure applied by the weight of the laboring woman.

It is safe to use the birthing ball with both the external and internal electronic fetal heart monitor.

If your amniotic membranes are ruptured, and the baby is still quite high (meaning how high the baby is in the pelvis, or pelvic station), depend on your nurse or care provider (physician or midwife) to tell you if it is safe to use the ball. If the baby remains “high,” active labor and use of the birthing ball may help to bring the baby down into the pelvis. If you are allowed to sit in a chair or walk in the hallways, it is safe to use the birthing ball.

When using the birthing ball, it is important to have your birth partner “spot” you at all times. The safest way for your birth partner to spot you is to have him/her sit in a chair with legs apart, while you sit on the birthing ball positioned in between them. Other positions are discussed below.

Use of the birthing ball is becoming much more common. Because it is one of the newest pieces of “birthing equipment,” substantial formal research has not been completed which will confirm the advantages of using it as a labor aid. Still, it is undeniable that many laboring women find the birthing ball effective as a comfort measure during labor.

Here are just a few reasons for using the birthing ball during labor:

- Sitting on the birthing ball keeps the baby properly aligned in the pelvis.
- The ball encourages pelvic mobility.
- Pregnant women find it easier to get up and down from the ball than a standard chair or sofa during labor.
- The ball encourages the baby to drop down further (descend) into the pelvis by allowing gravity to work with the laboring mother.
- The ball allows the laboring woman to shift her weight, rock her pelvis, and find comfortable positions to labor in more easily.
- The ball can be used when in the hands and knees position. This decreases the pressure and stress on the hands and wrists that traditionally affect the length of time the position can be used.



Patterned Breathing

These breathing techniques provide comfort and focus while enhancing labor progress. Patterned breathing enhances oxygen flow to your baby and is also vital to the contracting uterus.

Beverages

You should stay well hydrated while laboring. Laboring women may have clear liquids such as water, juice, broth, ice, and Popsicles.

Movement and Position Changes

You may experience less pain in some positions than in others during labor. Laboring women tend to find upright positions most comfortable such as sitting, standing, and walking. Many choose a lying down position as labor advances. Moving about during labor is usually more comfortable than staying still and can help labor progress by the simple effects of gravity and the changing shape of the pelvis. It may also relieve pain by shifting pressure and allowing the baby to move. You may try sitting, kneeling, standing, lying down, getting on your hands and knees, and walking.

Superficial Heat and Cold

Heat can be effective when applied by using a hot water bottle, hot moist towels, or warm blankets. Superficial cold can come from an ice bag, washcloths soaked in ice water, or a bag of frozen peas. Hot compresses applied to the lower abdomen, groin or perineum, a warm blanket over the entire body and ice packs to the lower back or perineum can help alleviate labor pain. Using heat or cold on separate parts of the body at the same time can provide particularly effective pain relief. For example, apply a cool cloth to the forehead with warmth on the lower back. For maximum effect, change the heat and cold locations frequently, about every twenty minutes.

Counter-pressure

Counter-pressure consists of steady, strong force applied to one spot on the lower back during contractions using the heel of the hand, or pressure on the side of each hip using both hands. Counter-pressure helps alleviate back pain during labor, especially in those women experiencing “back labor.”

Touch and Massage

Touch can convey pain-reducing messages. A hand placed on a painful spot, a pat of reassurance, stroking the cheek in an affectionate gesture, or a tight embrace can communicate a message of caring to the laboring woman.

Purposeful massage of the hand or other parts of the body also communicates caring. Massage takes the form of light or firm stroking, vibration, kneading, deep circular pressure, and continual steady pressure. Stroking or rubbing the neck, shoulders, back, thighs, feet or hands is an effective pain-reliever. No fancy techniques are required. Receptors in the brain receive the sensations of pleasure from the massage blocking reception of the painful stimuli of labor. Bare skin receives the signal best and unscented powders and lotions are helpful for massage.

Aromatherapy

Aromatherapy is the use of essential oils such as lavender, rose, camomile, and clary sage. These can be administered in a variety of ways including in oil during a massage, in hot water as a bath or footbath, a drop in the palm or on the forehead of the laboring woman or a drop on a warm face cloth. Aromatherapy reduces stress and tension during labor. Beware, however, that pregnant and laboring women are highly sensitive to smell. Be sure that you use a scent that you enjoy. Stop any comfort measure if and when it is no longer working for you. ▶▶

Hydrotherapy

Hydrotherapy during labor (techniques using water) can be emotionally soothing and can also help with pain relief. Many of the private bathrooms in our labor suites include a Jacuzzi tub. The Jacuzzi can be used to recline in the bubbling water or by sitting on a shower stool to use the hand-held shower massage during active labor. Many women are comforted by the combination of warmth, water pressure, and the sound of the water. Advocates of hydrotherapy even suggest that immersion in water may accelerate labor, decrease blood pressure, and increase a laboring woman's feeling of control over her birth.

Focus and Distraction

Many methods of coping with pain rely on the laboring woman's ability to focus and use mind-diverting activities. Fear and anxiety cause the release of stress hormones. You can ease these feelings by envisioning a pleasant scene or, at times, visualizing what is actually happening such as the cervix opening or the baby moving down. Focusing one's attention is a deliberate activity and is aided by verbal coaching, visualization, self-hypnosis, and concentration on a visual, auditory, or tactile stimulus.

Distraction is a more passive form of focusing attention by using stimuli from the environment that will draw attention away from your pain. Attention focusing and distraction are usually used with other strategies and may not be useful for severe pain.

These techniques are meant to help you reduce fear, anxiety, and pain, and can also be helpful with any discomfort you may experience after the birth of your baby.

Audio-analgesia

Audio-analgesia (music, talk) are used to control pain in numerous situations including dental work, post-operative pain, burn treatment, and childbirth. Many childbirth educators use music in their classes to create a peaceful and relaxing environment and they advocate for its use during labor as an aid to relaxation. Audio-analgesia for pain relief consists of soothing music between and during contractions.

Music creates a pleasant and relaxing environment and music transmitted through earphones can block out disturbing, distracting, or unpleasant sounds. Carefully chosen music can also reinforce rhythmic breathing patterns, massage strokes or facilitate focusing one's attention. Music preferences vary widely. Feel free to choose your own music and bring your CDs with you. Each labor room at Newton-Wellesley Hospital is equipped with a Bose CD/Radio system.

Pharmacologic Methods of Pain Relief

Non-pharmacologic comfort therapies along with medical interventions may enhance the effectiveness of a lower dose of medication, which will limit side effects for you and your baby.

Narcotic Analgesics

Narcotic analgesics are usually given directly into an IV (intravenous catheter). Effects are felt within two to four minutes and are often described as "taking the edge off" of pain. Narcotic analgesics do not require you to restrict movement. You can stand, walk, and shower during labor. You may feel relaxed and mildly drowsy. Labor may speed up, especially if there has been slow progress due to tension and fear. At other times, narcotic analgesics may cause a temporary slowing of progress. Doses may be repeated every couple of hours and the effects on the baby, such as respiratory depression, are generally minimal.

Local Anesthesia

Your physician or midwife can inject a local anesthetic into your vagina or the area surrounding it to ease pain. These numbing medications usually affect a small area and are especially useful prior to an episiotomy or the repair of a laceration. It rarely affects the baby and after it wears off, there are usually no lingering effects. The main limitation is that they do not relieve the pain of labor contractions.

Epidural Anesthesia

Epidural anesthesia is the most effective method of pain control during labor. Epidural anesthesia involves the placement of a small catheter into the lower back by an anesthesiologist. A continuous infusion of medication is administered through the catheter to provide a constant level of anesthesia.

Epidural anesthesia has some side effects. They may cause the mother's blood pressure to drop, which in turn may slow the baby's heartbeat. Preventive steps are taken to avoid this occurrence. Before receiving the epidural, fluids are given through an IV and the mother is positioned on her side to improve circulation. Blood pressure and heart rate, as well as the baby's heart rate, are continuously monitored. Epidural anesthesia may also slow your labor progress. A medication called Pitocin is given to stimulate uterine contractions.

At Newton-Wellesley Hospital, we are using a new form of epidural anesthesia delivery called Patient Controlled Epidural Anesthesia (PCEA). PCEA is delivered using a special pump that allows laboring women to self-medicate. These intelligent pumps record the amount of anesthesia received and prevent overdosing while providing women with control of their pain.

Spinal Block

A spinal block is given as an injection into the lower back. No catheter is required because the medication is injected into the spinal fluid. Spinal blocks are most often used for Cesarean births or procedures where it is not necessary for the mother to help push her baby out. A spinal block numbs the lower half of the body, provides excellent relief from pain, and starts working more quickly than an epidural. It also has the same possible side effects as epidural anesthesia. Spinal block is traditionally used for scheduled Cesarean births.

General Anesthesia

General anesthetics are medications that cause a loss of consciousness. They are rarely used except for emergency Cesarean deliveries or in the very rare case when anatomy of the spine does not allow for spinal insertion.

General anesthesia works very quickly and results in almost immediate loss of consciousness in the mother. Women are told to not eat anything if the use of general anesthetic is understood in advance.

After general anesthesia wears off, women may feel woozy, tired, and nauseated for several hours. This feeling usually fades within a day.

Cesarean Birth: What you need to know

Your baby's birth is a very special event. We have enclosed the following information to help you and your partner understand what to expect before your Cesarean birth.

Diet

Nothing solid to eat after midnight. You may have clear liquids (water, juice, broth) up to four hours prior to your planned Cesarean birth.

Arrival

Arrive at the hospital two hours prior to the time of your scheduled Cesarean birth.

Belongings

We recommend that except for your camera, you leave all your belongings in your car. If you are planning cord blood banking, remember to bring your kit. Your family may bring the rest of your belongings to you when you are transferred to your postpartum room.

Significant Other

Your significant other may accompany you to the operating room (OR). He/she may come in once you are comfortable, adequate anesthesia has been administered and your baby's delivery is ready to begin. Having more than one support person in the OR needs to be discussed with and approved by your anesthesiologist.

Visitors

While in the OR, family/visitors may wait in the west wing waiting area. Visitation in the recovery room is possible once your condition is stable. Privacy and respect for other recovery room patients will be considered.

Intravenous "IV"

Your IV will be started upon arrival to your pre-op room. Your nurse will use buffered lidocaine to numb the area prior to the insertion of the IV. This will make placement of the IV less painful.

Fetal Monitoring

You will be placed on a fetal monitor for a short period of time. This will allow us to listen to your baby's heart and assess if you are having contractions.

Abdominal Prep

Your lower abdomen will be prepped with clippers to remove pubic hair. Instead of razor shaving, hair removal with clippers, used on the morning of surgery, results in reduced surgical site infections.

Antacid

An oral antacid may be ordered and given pre-operatively to prevent nausea and reflux while in the OR.

Foley Catheter

A foley catheter is placed to empty your bladder of urine. Placement is done in the OR after your spinal anesthesia is working.

Length of Cesarean Birth

You will be in the OR for approximately one and one half hours.

Immediately After the Birth

After the birth, you will be observed in the Post Anesthesia Care Unit (PACU) for approximately two hours. Your baby is evaluated and cared for in a warming unit in the OR. As soon as it is determined that your baby is transitioning well, he or she will be brought to you and your partner for bonding. Your baby may be placed skin to skin in the OR or upon entering the recovery room. If your baby is showing cues to feed the nurses will help you with that.

Recovery

From the OR you will go to the recovery room for one and one half to two hours. Here your vital signs and pain level will be monitored closely. When your care team determines you are stable, you will transfer to your postpartum room.

Post Cesarean Care

Education regarding care for you and your baby will begin as soon as possible after your Cesarean birth in preparation for your discharge. We have enclosed the following information to help you and your partner understand what to expect the first 18 hours after a Cesarean birth.

Hourly Checks

Staff will be monitoring your vital signs and comfort level on an hourly basis for the first 18 hours following your cesarean birth. You will have these checks even as you sleep. Staff will make these checks as least disruptive as possible.

Pain Medication

During surgery you receive medication that offers relief for most of your discomfort for the first 18 hours post delivery. Additional medication for pain will be ordered and available as needed. It is important to remember that medication for pain is ordered on an “as needed” basis and not on a scheduled basis. Let your nurse know if you need pain medication. Pain medication may minimize pain but not eliminate it completely. Your nurse will ask you to rate your pain on a scale of 0-10. You can also discuss non-pharmaceutical alternatives with your nurse.



Intravenous “IV” fluids

You will have intravenous fluids on a continuous drip via an IV catheter in your arm post delivery. These fluids keep you hydrated and the IV catheter provides access for medications to treat pain, nausea or itching as needed. The fluids may be discontinued prior to 18 hours while the IV catheter will remain in place for 18 hours.

Compression Boots

You will have compression boots on your lower legs to enhance circulation post delivery. The boots massage your legs and reduce the risk of blood clots that can accompany any surgery.

Foley Catheter

You will have a catheter in place draining your urine. The catheter is placed while in the OR and will be discontinued within 8-12 hours after your surgery.

Activity

Your nurse will help you out of bed within the first 8-12 hours. This early activity helps to prevent post surgical complications. Your nurse will continue to assist you out of bed until you are comfortable to do so on your own.

Abdominal Dressing and Vaginal Blood Flow

Your nurse will be checking your abdominal dressing and the amount of vaginal blood flow. You will find your vaginal blood flow will be heavier in the first 24 hours and then lessen.

Diet

Surgery and anesthesia may slow digestion. You will start with ice chips and progress to clear liquids (Jell-O, popsicles, broth, juice) then solids. Your nurse will listen to your abdomen for bowel sounds to assess your digestion. You will progress to a regular diet as your condition allows.

Baby

“Rooming In” in your postpartum room is encouraged to build a strong bond with your baby. Staff will be available to assist you with baby care and feeding. In the event your baby is admitted to the Special Care Nursery, we will encourage you to be with your baby as much as possible and staff will assist you to visit as soon as your condition allows. We support ongoing communication between parents and staff to help answer your questions and enhance the bonding process.

Checklist for the Labor Support Person

Before Labor: Learn as much as you can

- Attend Childbirth Education classes.
- Attend as many of the supplementary classes (Breastfeeding, Infant CPR, and Infant Care) as possible.
- Ask questions at your physician's/midwife's office and in your childbirth class.
- Read and review information on labor and birth.
- Complete a birth plan and review with your childbirth instructor and physician/midwife.

Be familiar with signs of labor

- The contractions are usually at regular intervals increasing in frequency, intensity, and length. (They become longer, stronger and closer together.)
- Mucous plug (bloody show) is not very significant and there is no need to call the physician/midwife or go to the hospital.
- If membranes rupture or start to leak, make a note of time, amount, color, and odor. Contact your physician/midwife as some prefer to see you and others may ask you to go to the hospital.
- Pack your bags and do as much as you can during the last month. Make a list of things you may need to add at the last minute. Review the list "What to Bring to the Hospital."
- Install the car seat; have it inspected and ready to take your baby home.

Early Labor: Stay patient!

- Promote rest and relaxation (put class information to good use).
- Provide a quiet, calm atmosphere: use massage, music, and warm water shower/bath to promote relaxation.
- Between rest and quiet time, go on with your life. Go shopping, walking, or visit friends.
- Try to relax and stay patient. This is your time to check for gas in car and to be sure you have packed those things you wish to bring to the hospital.

Active Labor: Be supportive

- Encourage her to listen to her body, move around, and change positions.
- Some women find it helpful when the support person times the contractions. It can help her keep her perspective. Time from the beginning of one contraction to the beginning of the next. Keeping a record of the duration of contractions may help determine changes in the labor pattern. Try counting off 15-second intervals during a contraction if it helps her.
- Breathe with her if she is having trouble concentrating. Slow, deep, easy breathing usually works best for most women. Remind her of useful breathing techniques: cleansing breath, sighing, moaning. Don't insist she breathe a certain way if she doesn't find it helpful. Let her find her own rhythm and follow her cues.

Call your physician or midwife

- If membranes rupture (usually 10-15% of all labors), it is important to call soon, especially if she is Group B Strep positive.
- If a first-time mom is having contractions at regular five-minute intervals or less (requiring total concentration) and she can't walk or talk through them any longer.
- If she has had a baby before and contractions are "feeling like labor" do not wait at home until a strong active labor pattern is established. This labor may progress much more quickly than the last labor.
- If she has vaginal bleeding.

At the Hospital

- Once at the hospital, review your birth plan with your nurse.
- The nurse will help you locate and become familiar with things you both may find useful during labor: Jacuzzi bathtub/shower, emesis basin, washcloths, ice chips, rocking chair, birthing ball, extra pillows, extra blankets, tape and/or CD player.
- Create a peaceful environment, making her as comfortable as possible. Try dimming the lights, playing music, adjusting the bed.
- Explore the maternity unit, if she feels like walking.
- Remember, women in active labor don't always tell you what they need. Watch for twitching, wriggling, frowns, grimaces, or curled toes. Try massage, stroking, suggest a warm shower or tub. She may lick dry lips, push hair back from her face, and rub her own back. Follow her cues.
- Be positive. Encourage and praise her efforts. Keep up her spirits but do not minimize her difficulty. Acknowledge that what she is experiencing is painful and intense, then remind her of the progress she is making.
- Continue to appear relaxed yourself. Keep your voice calm and soothing. Remember neither one of you has to control labor: let the birth happen.



Transition: When the going gets tough

- Give encouragement, praise, reassurance, and love. Remember that labor is a healthy (normal) process.
- Review your handouts: Know the signs and symptoms of transition and what you can do to help. Your nurse will be there to help and offer suggestions.
- Don't give up on your ideas just because they don't always work the first time. Repetition can be helpful. Even if you lose her attention during a contraction, firm and confident suggestions can help to regain the connection.
- Shallow, more rapid breathing may be helpful. Quiet, slow breathing may not provide enough concentration at this time in labor.
- Blowing may be needed if she begins to push and has not recently been checked for dilation. The nurse will help you. (She may need to blow through a few contractions if she has the urge to push. The provider or nurse will check to be sure it is time to begin pushing.)
- Do not panic! ▶▶

Second Stage of Labor: Bearing down

- Ask nurse for warm compresses and mirror, if they aren't in the room.
- Review two types of bearing down. The nurse will help guide you both.

1. Spontaneous bearing down

- Remind her to listen to her body and let the contraction guide her as to position and technique. Pushes when she can no longer resist the urge to push.
- Bear down while holding breath or release air by grunting, groaning, making noise.
- The focus is moving the baby down, up, and out.

2. Directed bearing down. To be used:

- With anesthesia.
- If there is not progress in the first hour with spontaneous pushing after position changes (squatting, supported squat, toilet, hands and knees, side, standing).
- If there is fetal distress and she needs to deliver right away.

Remind her:

- To go with her body's urges.
- Relax the perineum (pelvic floor muscles).
- Making noise is okay.
- To open her eyes and look in the mirror.
- To touch the baby's head if she wishes.
- To blow if the physician/midwife asks her to stop pushing.

You may wish to remind the physician/midwife of any special requests you may have discussed earlier, such as helping to catch (deliver) the baby, discovering the gender of the baby yourself, and cutting the cord.

Frequently Asked Questions

About Labor and Delivery

I think that I am in labor. When should I call my provider?

Your prenatal care provider will instruct you on when to call the office if you think that you are in labor. Most providers will suggest that you contact the office if you have been having contractions every five minutes for one hour, have broken your bag of water (this may be a huge gush or a constant trickle), or if you have heavy bleeding similar to that of a period. Please call your prenatal care provider if you have any questions regarding the safety of you or your baby.

What is the difference between true labor and false labor?

If you are beyond 37 weeks of pregnancy, the following are signs of true labor:

- Painful uterine contractions occurring at least every five minutes and lasting 30 to 45 seconds.
- Contractions starting far apart and gradually getting closer.
- Eventually, contractions getting much stronger and lasting longer.
- Contraction pain often starts in the back and moves to the front.
- Walking makes the contractions feel stronger.
- Contractions disturb your train of thought, conversation and activity.
- The cervix is dilated and effaced and continues to change with contractions.

If you are beyond 37 weeks of pregnancy, the following are signs of false labor:

- Contractions occur at irregular intervals.
- No real change in contraction frequency.
- No change in contraction length and strength.
- Pain usually in the front and varies in intensity.
- Walking slows down contractions.
- Contractions do not disturb your normal conversation, train of thought or activity.
- No change in dilation or effacement of cervix after one to two hours of observation.

Can I eat and drink while I am in labor?

If you are at home, we recommend that you eat light and keep yourself well hydrated. You may want to avoid acidic and dairy beverages such as some juices and milk as you may find that these products upset your stomach in labor. In the hospital, we encourage clear liquids including Popsicles, Jell-O, bouillon, ginger ale, juice, and water. If you would like to bring in your own beverages we suggest putting them in a small cooler or storing them in the Labor and Delivery unit refrigerator. Please be sure to have these items well marked with your name. Also, you may want to pack snacks for your partner.

How can I tell if my water has broken?

Put on a clean maxi pad and lie down for 30 minutes. When you stand up you should notice a small puddle on the maxi pad if you have ruptured your membranes because the water will collect in the vagina and leak out when you stand. If you have broken your water, you should note the time, amount, color, and odor and call your physician or midwife.

What is fetal monitoring?

Fetal monitoring is defined as watching the baby's heart rate for indicators of well-being during labor and birth or in some instances during antenatal testing such as a Non-Stress Test (NST). There are different ways to

monitor your baby including the use of an electronic fetal monitoring, telemetry, or a doptone (used during your prenatal visit to assess the fetal heart rate). Telemetry monitoring is like Electronic Fetal Monitoring, except one can maintain mobility including ambulation outside of your room.

When can I ask for an epidural? How soon will I get it?

While the decision lies with each individual care provider, most will recommend waiting to get an epidural until you are between three and five centimeters dilated. It takes a few minutes to get the epidural placed and another few minutes for you to feel relief. Complete pain relief may take 10 to 20 minutes or more.

Can I change my birth plan?

Absolutely! Your birth plan is important and is used as a guide for those caring for you and it can always be changed. Flexibility is the key to a successful birth plan both for the laboring woman, her partner, and for the caregivers.

How many support people can I have with me in the birthing room?

There is no rule to say how many persons can be with you. Please discuss your plans for labor support (partner, family, friends) with your provider and make this part off your birth plan. As you decide who will be with you remember that there is limited space in the birthing rooms. Finally, as your labor progresses you may find that your needs change and you may want to be alone with your partner. Also, medical needs may change in which a quiet, relaxed environment becomes necessary. There is a lovely waiting area for friends and family that you want to be near you, but not in the room with you.



Can I take photos/use a video camera after my baby's birth?

Birth is a special occasion for you and your family and taking pictures is often a part of the occasion. We ask that you check with your health care team first to be sure it is okay to take pictures and that if Newton-Wellesley Hospital staff are in your pictures, you first obtain their consent to be photographed.

We also ask that you only take pictures or video before the birth (in labor) or after the birth (after your baby is born). Please do not take pictures during the birth itself or during any treatment that your baby may need after delivery. This request is for a couple of reasons.

First, our primary concern is to make sure you and your baby are safe. The delivery room can get very busy and sometimes the doctors, midwives, and nurses must act quickly and need room to carry out their jobs. To have someone photographing or taking video may create an unnecessary distraction.

Second, if you deliver your baby by Caesarean section, it will be in the operating room. The operating room must be kept sterile and it is a very busy place. Photos and videos of the operation are not allowed. Taking pictures of your baby is allowed once he or she is safely on the warmer. Again, we ask that you check with your health care team first to be sure that it is okay to take pictures.

Lastly, we request that you respect the privacy of other patients, families and visitors and not include them in your pictures.

How can my friends and family get information about me and my labor progress?

We understand that your friends and family are excited for you and want to be kept up to date on your progress so they can congratulate you and welcome your new addition. However, health care privacy laws prohibit us from disclosing information about your status. Therefore, we recommend that you coordinate a phone tree or identify a designated friend or family member to keep your loved ones updated on your progress.

Where do I go when I arrive at the hospital to deliver?

Between the hours of 6:30 am and 8:30 pm, please enter through either the main lobby entrance or the Wikstrom Surgical Center entrance. Take the West elevators to the 5th floor. There you will find the Reception/Registration area. After registering you will be escorted to the Antenatal Testing and Evaluation Unit (AETU) for evaluation. If you arrive after 8:30 pm, please use the Emergency Department entrance where you can register with the Admitting Coordinator. You will then be directed to AETU for evaluation of your labor.

Where can I park?

Patient parking is available in the parking lot near the Hospital's main entrance and in the Patient/Visitor Parking Garage located at the East Hospital Entrance. Valet parking is provided at the Main Hospital entrance, the Wikstrom Surgical Center entrance and the Emergency Department (ED) entrance from 8:00 am to 4:00 pm. If you come to the Hospital after 8:30 pm, you will need to check in at the ED. During this time, you can park in the Patient Garage adjacent to the ED.

Chapter 4

Your Hospital Stay



Hospital Basics

Your Room

Your room contains a special bed that is controlled by push buttons. Your nurse can show you how to adjust it. Television controls and nurse call light are also located on the bedside rails. When you activate the nurse call light, the nurse or unit coordinator will talk to you over the intercom system.

Cots

We are happy to provide cots for your convenience. We ask that the cot be folded and covered by 7:30 each morning so that we may provide care to you and your family in a safe environment. Cot sheets may be placed in a laundry bag when you are discharged.

Cellular Phones

Cell phones are permitted in the 5th floor waiting area and in patient rooms. Cell phones are not allowed in the hallways or other patient care areas. Please be advised that there may be times when you are asked to refrain from cell phone use because the phone may interfere with the electronic medical monitoring equipment. There is also a phone in each room for your use. Some families purchase prepaid phone cards for long distance calls.

Hand Washing

Please ask guests to make use of the antibacterial hand-washing dispenser located inside the door of your postpartum room before and after handling your baby. This is especially important for any children who may visit, as they are more susceptible than adults to the random germs that surround us all. Never let anyone handle your baby unless he or she has washed his or her hands correctly.

Smoke-Free Campus

As a leader in the health care field, Newton-Wellesley has a special responsibility to offer a clean and healthy environment. Tobacco use in and around the Hospital can pose health and safety risks for patients, employees and visitors. Consistent with our mission to create the best environment possible, Newton-Wellesley's campus is completely tobacco and smoke free

Use of the Nursery

We believe that mothers rest and sleep more comfortably when their babies are close by them. We encourage you to keep your baby with you in your room. It is important to know that breastfeeding frequently and without long interruptions helps you establish a good milk supply and may also prevent painful engorgement. And, feeding often helps your baby to have frequent bowel movements and to reduce the likelihood of jaundice. If you are having trouble settling and comforting your baby, your nurse will be happy to help you.

Rooming In

Rooming In is an arrangement in the hospital where a newborn infant is kept in the mother's hospital room instead of in a nursery.

How will my baby and I benefit from Rooming In?

- Rooming In encourages the attachment of mother and baby.
- Rooming In maximizes mother and baby's joyful interaction.
- Rooming In enhances baby's natural physical connection to his/her mother. ▶▶

- Rooming In gives confidence for night time parenting.
- Rooming In provides more opportunities for success for breastfeeding mothers.
- Rooming In enables babies to get to know their mothers by using their senses: feeling their mother's warmth, hearing her heartbeat, smelling her. This increases babies' feelings of safety and well being, and makes it easier for them to adapt to life outside the womb.
- Rooming In enhances early attachment of mother and infant, which has a positive effect on the baby's brain development. Both mother and baby's attachment instinct is highest during the first days of life.
- Rooming In also helps babies regulate their body rhythms, heart rate, temperature and sleep cycles.

After the birth, Rooming In is the most important way to keep mothers and infants connected as they begin their life together.

Skin-to-Skin Contact

Skin-to-skin contact provides many benefits to your newborn baby. Placing your baby directly on your bare chest should be done as often as possible, not just during feedings. Hold your baby, wearing just a diaper, on your chest with his head under your chin and face turned to the side. His neck should be slightly flexed in the sniffing position to protect the airway and his chest should be flat against your chest. Cover the baby with a warm blanket, leaving his face uncovered. Your baby's nurse can help you find the correct position. Your body temperature will rise to keep your baby warm and stabilize your baby's body temperature, which stabilizes her vital signs. The heat from your body also keeps your baby warm without having to use her own energy. That energy can be used for growing and learning to feed. Benefits from continuous skin-to-skin include:

- Stabilize your baby's body temperature
- Stabilize your baby's respiratory rate
- Stabilize your baby's heart rate
- Stabilize your baby's blood sugar
- Help your baby grow and develop
- Build your baby's immune system

Quiet Time on the Maternity Unit

Each afternoon between the hours of 2:00 and 4:00 pm the Maternity Unit at Newton-Wellesley Hospital will "quiet down" so you may have uninterrupted time to rest with your new baby. The only interruption during this time would be for essential patient care.

Having this Quiet Time will benefit you and your baby by decreasing your fatigue, increasing bonding time and allowing you to become familiar with your baby's feeding cues. Please ask that your visitors delay their visit with you until after that time of day.

Professional Baby Photography

A baby photography service is available on the unit. You will be asked to sign an authorization form in order for the photographer to visit you in your room. More information regarding this service will be available to you during your hospital stay.

Fragrances

Please be mindful that newborns can be very sensitive to scents and fragrances. Please ask your guests to refrain from using scented fragrances such as colognes, perfumes, aftershave, soaps, lotions, powders, deodorants, hair sprays and other hair products while visiting you during your Hospital stay.

No Latex Balloons Allowed!

Did you know that non-inflated latex balloons or fragments could be inhaled and lead to serious injury or death? For this reason, latex balloons are not allowed in the hospital.

Mylar balloons are a safe and acceptable substitute to latex balloons. Mylar balloons can be purchased in the Gift Shop located on the first floor next to the Coffee Shop.

Outpatient Lactation Services at Newton-Wellesley Hospital

Many mothers need additional breastfeeding support after they are discharged from the hospital. NWH offers new mothers and babies a free Breastfeeding Support Group and an on-site Outpatient Lactation Clinic. Please call the Lactation Office at 617-243-6314 for more information on outpatient lactation services at NWH.

Security Instructions for Parents

Keeping Your Baby Safe

Your baby's safety is a priority at Newton-Wellesley Hospital. Please follow these guidelines to assist in making your stay with us a safe one.

What you can do:

- Know the names of your nurses and other staff members who care for you and your baby.
- Place your baby's bassinet on the side of your bed that is farthest away from the door.
- Place your baby in a bassinet to walk in the hallway. Never carry your baby outside of your room.
- When your baby is out of the bassinet, always maintain a firm but gentle hold. Newborns can move more than we think they can.
- Never leave your baby alone in your room.
- Your baby must be with the mother or support person when in the room or hallway. The mother or support person must be wearing an ID band.
- Do NOT sleep with your baby; if you feel drowsy put the baby back in the bassinet.
- Do NOT leave the baby unattended on a bed or chair.
- Do NOT remove your bracelet or any of the baby's bracelets.

What Hospital Staff will do:

- Any staff member who works in Maternity or Pediatrics will have a unique pink Newton-Wellesley Hospital ID.
- Only staff and parents who have an ID band can enter the nursery.
- A staff member will always check to ensure that your band matches your baby's ID band.
- Newton-Wellesley utilizes an electronic security tag for your baby's safety. Please DO NOT remove or attempt to adjust the tag. If you have any questions, your nurse can help you.
- Maternity Patients — Following your baby's birth, you and your baby will be identified with matching bands.
- In the event your baby may leave your room for an evaluation or procedure, your ID band will be matched with your baby's ID band when your baby returns to you.
- Pediatric patients — Upon admission an ID bracelet will be placed on your baby.

General Security Guidelines

Sibling Safety

Children who are ill should not visit you and your newborn. Children who do visit you during your hospital stay should be accompanied by an adult at all times. There are many hallways, closets, and elevators in the hospital. Children can become easily lost if allowed to roam. Siblings and other children are not allowed to spend the night.

Belongings

Do not bring large amounts of cash or credit cards to the hospital. When leaving your labor room, please look around to make sure you have all your belongings. When leaving the hospital, pack carefully and check drawers and closets.

Gloves

These are for patient care only.

Visitors

Visitors are welcome in the labor area with a patient's permission. Visitors are asked to stay inside the labor room or in the waiting area. We do not allow family members to stand in the hallway outside rooms.

The Maternity Unit has an innovative way for you to spend uninterrupted time with your new baby. Each afternoon between the hours of 2:00 and 4:00 pm the Unit will "quiet down" so you may rest with your baby. The only interruption during this time would be for essential patient care. Please ask that your visitors delay their visit with you until after that time of day.

We ask all visitors to leave by 8:30 pm, so we can begin our scheduled parent-teaching classes. There is so much to do and learn in the short time that you are here. You should consider how you are feeling and how much rest you need. The staff can offer you guidelines to share with your visitors. All visitors should wash their hands prior to handling the infant. Anyone who is sick should stay at home.

Patient Registration and Financial Guidelines

Please complete the Maternity Pre-Admission Form and the Parent Worksheet for Birth Certificates. Send to Newton-Wellesley Hospital, Attention: Maternity Registration, during the second trimester of your pregnancy. If an update is needed, please contact Maternity Registration at 617-243-6339. This will avoid any delay in admitting you to your room when you arrive in the labor unit. If you have any questions or changes in your registration information, including your name, phone number, address, employer, or your health care insurance company, please contact Maternity Registration at **617-243-6339**.

Advance Directives

By state law we are required to ask our maternity patients if they have an advance directive. You will be asked if you have one when you register at our Maternity Center registration desk. For your convenience, registration staff have copies of the Guide to Advance Directives, which explains how to use the health care directive (living will) and health care power of attorney to plan for health care decisions. Please bring copies of these completed forms with you when you return to the hospital to have your baby. More information about Advance Directives can be found on the next page.

Insurance

Most insurance plans require that you add your new baby to your insurance within the first 30 days of birth. Many plans also require that you choose a physician for your baby within this time frame as well.

Advance Directives

Advance directive is the general term for several legal documents that tell your doctor and other people what your health care wishes are if:

- you become unable to make your own health care decisions; or
- you become terminally ill *and* unable to make your own health care decisions.

What kind of advance directive is honored in your state depends on your state's law. Some states have more than one directive. There is no one form that can be used in every state. Advance directives include:

- the **Health Care Proxy** (in MA, NY, MI)
- a **Health Care Power of Attorney** or **Durable Power of Attorney for Health Care** (in all states except MA, NY, MI)
- the **Living Will** (in all states except MA, NY, and MI; also called a Natural Death Declaration, Medical Treatment Declaration, Terminal Care Document, etc.)

Why are advance directives important?

Advance directives are an important part of planning for your health care because they put your values and wishes into a legally binding document or into the hands of someone you trust. If, because of an accident or illness, you cannot make decisions about your health care, your directive will help your health care provider to respect your wishes.

Without a directive, your doctor will turn to your spouse or family member who may have the legal authority to consent to or refuse treatment for you. If there is a disagreement among the members of your family (or if you don't have a family), your doctor will have to ask a court to name a legal guardian to make choices for you.

If you enroll in a health plan, or are admitted to a hospital, nursing home, hospice, or home health agency, you will be given information about advance directives. But the choice to fill one out is yours alone. If you do complete one, and later change your mind, you can cancel it at any time.

If you decide to complete any advance directive, it is very important to talk with your doctor or other members of your health care team, your agent (the person you choose as decision maker), and with other people who may be involved with your care. The time to think and talk about your health care choices is *before* you need to depend on the directive.

How are the directives different?

A **Health Care Proxy** or **Health Care Power of Attorney** lets you choose someone you trust to make health care decisions for you. It becomes effective only if and when you become unable to make or communicate your own health care decisions. It lets your doctor and others know whom to ask to find out what your wishes would be in a particular situation.

The person you choose, called your agent, will have full legal authority to make any health care decisions for you, including decisions about life-sustaining treatment if you wish. He or she can decide for you *only* when you cannot decide for yourself. Your agent must act according to your wishes or in your best interests.

Because the Health Care Proxy applies to all health decisions, and not just to decisions at the end of life, it is important for you to talk with your agent about issues important to you. For example, you might discuss how you would feel about having constant pain, what it would mean to you to have a permanent mental disability, or how your religious beliefs or moral code would guide your decisions.

No one can predict what might happen in the future. But if the time comes when you must depend on another person to make decisions about your care, that person will have to know what is important to you in order to make the best choices for you. >>

A **Living Will** is a written statement you give to your doctor and family members. It declares that if you become terminally ill or there is no reasonable hope for your recovery, that you wish to avoid medical treatments that would only prolong the time of death and do not offer any hope of cure. Most documents say that you wish to be given all treatment necessary to keep you comfortable. Some Living Wills have checklists of treatments you do or don't want in certain situations. Others have blanks where you can write in your specific wishes.

Where can I get the form(s) that are legal in my state?

You can often get the right form(s) from Newton-Wellesley Hospital, your health plan, hospice, nursing home, or home care agency, or from your own doctor, lawyer, or clergyperson. Many non-profit groups also have information and forms for low or no cost.

How do I complete a directive?

In most cases, advance directives are simple forms that do not contain technical or legal language. All documents require that you be a mentally competent adult (age 18 or over) who is signing the form freely and without pressure from anyone. Most require at least one and usually two witnesses. A notary is usually not necessary. You should give copies to your doctor or health care provider, your agent, family members, and other people who may be involved with your health care. You do not need a lawyer to complete an advance directive, but you may want to talk with a lawyer about advanced planning matters in general.

Frequently Asked Questions

Can my baby stay in my room at all times?

Yes. Our philosophy of Family-Centered Care supports the concept of mother and baby spending as much time together as possible. With your nurse to help you and answer your questions about your new baby, we feel this time spent together will provide an environment for you to learn about your newborn's responses to his/her world and increase your confidence about caring for your newborn. There is a nursery open and available 24 hours a day if your baby should need it.

Can I spend the night with my partner?

All rooms have a bed for one adult to stay overnight. The bed is covered with a fabric spread when not in use during the day. We encourage partners to stay the night and participate in the nighttime care of their newborn whenever possible. Nighttime is a great opportunity to learn about newborn care and behavior.

To provide you with the highest quality care, siblings and other children are welcome to visit but are not allowed to spend the night.

What are the visiting hours for this floor?

For current visiting hours, please go to www.nwh.org/visitors.

Is there a cost for parking?

There is a daily fee for parking in the Hospital Garage. Newton-Wellesley Hospital offers discounted multi-day parking passes for patients and visitors. Passes may be purchased at the Gift Shop and the Cashier's Office, located just off the West Lobby or at any of the parking booths. A pass provides unlimited parking for seven consecutive days.

Where can I find clean patient gowns and/or bedding?

There is a clean linen/patient gown cart located in the hallway. This is where your nurse will get clean gowns and/or bedding supplies for you.

Can I watch a movie in my room?

Yes. We have a TV and DVD player that can be wheeled into your room. You may bring your own DVDs. A movie channel guide and schedule are available in your room.

Where can I purchase a newspaper?

Papers can be purchased outside the main entrance of the hospital.

Does the Hospital have wireless Internet access?

Each patient room within the Maternity Department is equipped with wireless Internet access. This access is not available in the hallways, lobbies or other patient care areas.

Where is the gift shop?

Located on the first floor next to the Coffee Shop, The Newton-Wellesley Hospital Flower & Gift Shop offers a variety of gifts for patients of all ages. You can order flowers, teddy bears, candy, balloon bouquets, and other items that will put a smile on your loved one's face. You can also purchase important toiletries in the gift shop such as Tylenol, lotion, and more. ▶▶

Gifts and flowers can be delivered to any room free of charge. To order, call 617-243-6079. All proceeds go to the Newton-Wellesley Hospital Auxiliary, which supports the growth of Newton-Wellesley Hospital.

To view a selection of gifts and flowers available, please visit our website at www.nwh.org/gifts.

What will happen when we are discharged from the hospital?

When it is time to go home your physician or midwife will write your discharge orders. Your pediatrician will discharge your baby. Your nurse will explain these orders with you. Instructions will be given for at home care and for follow up care if needed. Once all orders and instructions have been described to you and all your questions have been answered, you must sign the discharge instructions sheet.

What dining services are available in the Hospital?

The Cafeteria is located on the second floor and is open Monday through Friday from 6:30 am to 4:00 pm. Weekend hours are 6:30 am to 6:30 pm. Weekly meal menus are located near the Cafeteria entrance.

The Coffee Shop is located on the first floor and is open Monday through Friday, serving breakfast from 7:00 to 11:00 am; lunch from 11:00 am to 4:00 pm; and dinner from 4:00 to 8:00 pm.

Charlie's On The Way, located on the Shipley Way Bridge is a take-out operation providing coffee, fresh baked goods, upscale sandwiches and beverages. Charlie's On The Way is open Monday through Friday from 6:00 am to midnight. Weekend hours are 6:00 pm to midnight.

Room service allows patients to choose the time they will eat as well as their favorite selections from our diet-specific menus from 6:30 am until 7:00 pm. Your Room Service Ambassador will be available to answer questions and provide assistance with the meal ordering process once your diet order has been cleared by your physician.

Breakfast items are available throughout the day; lunch and dinner selections are available after 11:00 am.

Guests may also order from our room service menu. Breakfast is available for \$8, lunch and dinner for \$12.

Our goal is to meet nutritional needs with high-quality meals and personalized service. We look forward to serving you!

What's in the Kitchen?

There are a variety of food and drink items for you and your family to enjoy during your stay. Please help yourself (at anytime) to any food items in the kitchen unless it is marked with someone else's name and room number. There is a microwave oven and toaster in the kitchen for your use. If you would like to refrigerate or freeze any food items, please mark these items with your family's name and room number.

Foods available on the maternity unit include: crackers, graham crackers, Jell-O, breakfast cereals, sherbet, bread, Popsicles, jelly, peanut butter, ketchup, mustard, butter, and sugar. Drinks available include: orange juice, water, ginger ale, milk, coffee, and tea.

Does the hospital have any exercise facilities available?

Yes, The Shipley Fitness Center, located on the Newton-Wellesley Hospital campus, is a state-of-the-art facility with cardio and strength training machines and equipment. Family members of patients can now use the facility while they wait! A full day pass is available for \$5. For more information about this service, contact 617-243-6644.

Early Maternity Discharge Information

A Massachusetts law was enacted in 1998 that allows maternity patients who are discharged early from a hospital to have a nursing visit at home.

What is an early maternity discharge (EMD) visit?

Eligible mothers and infants who participate in an early discharge from the Hospital will be offered (upon agreement by the mother) a minimum of one home visit following discharge of the mother and infant. This visit by an experienced registered nurse is intended to help with assessment and education about infant care, bottle/breast feeding, your own post delivery care and any other relevant information including the need for social support in the community.



Who is eligible for an EMD visit?

Your insurance must cover this visit; however, some insurance plans are exempt from the law including self insured companies, most out-of-state plans and Federal insurance plans.

How do you notify your Hospital providers that you are interested?

Please inform your nurse if you would like to have the Hospital staff locate a provider that can provide a timely home visit. We will contact home health providers on your behalf to request a visit. The ability to identify a provider for your home visit is dependent upon where you live, the staff availability of the provider and your insurance coverage. Please share any preferences you may have.

What are your rights?

You may contact the Department of Public Health at 1-800-462 5540 if you feel your right to this benefit has been unfairly denied.

Chapter 5

Resources



Pregnancy and Parenting Resources

Becoming a parent is an exciting experience. It is also a time of change and transition. Nurturing yourself is just as important as taking care of your baby. Clinical Social Workers are available at Newton-Wellesley Hospital to talk with you about this transition and to provide a range of resources including parenting education, groups for mothers, private-pay help at home, information about postpartum blues and depression, and financial assistance. You may reach a social worker by calling 617-243-6695, or you can ask to meet with a social worker when you are in the hospital.

Newton-Wellesley Hospital's Wellness Center

2014 Washington Street, Newton, MA 02462

617-243-6221

www.nwh.org/classes

The Center offers exercise and wellness classes including Prenatal Yoga, Pilates, Strength Training, Tai Chi, as well as Nutrition, First Aid and CPR.

American Academy of Pediatrics

National Headquarters: 141 Northwest Point Boulevard, Elk Grove, Illinois 60007

847-434-4000

www.aap.org

An organization of over 55,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults. Their award-winning web site is updated daily and provides a wide range of helpful information for parents and caregivers. Some of the topics included are "The Latest Research and Reports on Children's Health Issues" and "Information on New State and Federal Legislation."

BostonParents Paper

<http://boston.parenthood.com>

Award-winning magazine and Web site with information, tips and resources that parents across eastern Massachusetts have depended on for more than 25 years.

Newton-Wellesley Hospital Breastfeeding Support Group

617-243-6314

www.nwh.org/breastfeeding-support

The Breastfeeding Support Group provides breastfeeding support and assistance to new mothers who have been discharged from the hospital setting. Mothers learn breastfeeding techniques and can ask our lactation consultants breastfeeding questions. Many of our participants find it not only helpful but also comforting to hear how other mothers are managing with breastfeeding a new baby. Location and times are available at www.nwh.org/breastfeeding-support.

Centers for Disease Control and Prevention

1600 Clifton Road, Atlanta, Georgia 30333

800-CDC-INFO (800-232-4636)

www.cdc.gov

Online research publications of health topics including the following:

- **National Center on Birth Defects and Developmental Disabilities**

www.cdc.gov/ncbddd

January is Birth Defects Prevention Month. This site offers many tips for having a healthy pregnancy.

- **Reproductive Health**

www.cdc.gov/reproductivehealth

This information source explains many issues including infant health conditions.

Center for Early Relationship Support: A Program of Jewish Family and Children's Services

1430 Main Street, Waltham, MA 02451

781-647-5327

www.jfcsboston.org

Programs include: Visiting Moms, Early Connections, Nurturing Rooms, Feeding Support, Healthy Families, post-adoption support, and managing multiples.

Children's Miracle Network

205 West 700 South, Salt Lake City, Utah 84101

801-214-7400

www.cmn.org

An international non-profit organization dedicated to raising funds for and awareness of children's hospitals and clinics. These non-profit hospitals provide charity care, research, and community outreach to help millions of children with diseases and injuries of every kind.

Early Childhood Social Emotional Health Program at Newton-Wellesley Hospital

2014 Washington Street, Newton, MA 02462

617-244-0079

The Program offers consultation for children under age 5 with common behavior problems including, but not limited to, colic, sleep disturbances, explosive behavior and separation anxiety. We also work with parents and infants together in the setting of perinatal emotional complications such as depression and anxiety.

Family Ties of Massachusetts

Massachusetts Department of Public Health (DPH)
Donovan Health Building, 3rd Floor, 5 Randolph Street, Canton, MA 02021
Hotline: 800-905-TIES (8437), Office: 781-774-6602
www.massfamilyties.org

A statewide parent-to-parent information and support network for families of children with special needs. It is a central directory for early intervention programs throughout the state. The mission of the program is to match you with an experienced parent who has a child with the same or similar disability or special needs. Their belief is that the most powerful source of support is other parents.

The Freedman Center at William James College

1 Wells Avenue, Newton, MA 02459
617-332-3666 x1123
www.williamjames.edu/community/freedman-center/index.cfm

Provides a centralized source of information, educational classes, workshops, and seminars. They help connect children and families with appropriate information, providers, resources, and one another to serve their mental health and wellness needs.

The Genesis Fund

52 Second Avenue, First Floor, Waltham, MA 02451
781-890-4282
www.thegenesisfund.org

A non-profit organization that provides funding for specialized care of children with birth defects, genetic diseases, and mental retardation.

Growth and Nutrition Program

Bureau of Family Health and Nutrition
250 Washington Street, Boston, MA 02108
617-624-6060
www.mass.gov/dph/growthnutrition

The target of this program is for all Massachusetts children from birth to age six with declining growth due to nutrition. This is known as “Failure to Thrive” (FTT). There are many causes including social, economic, or emotional, so a multidimensional team is the best approach. They include a physician, nutritionist, a nurse, a social worker, and a psychologist or case manager all trained in evaluation and treatment of growth delays.

Healthy Start Program

P.O. Box 1977, Andover, MA 01810
888-488-9161
www.hspmoms.org

This service promotes early, comprehensive, and continuous prenatal care for low income, uninsured women in Massachusetts. Healthy Start reaches out to women at risk for poor birth outcomes and provides assistance in securing pregnancy-related services, such as WIC (Women, Infants and Children Program).

Lactation Care, Inc.

25 Fisher Avenue, Newton, MA 02461

617-244-5593

www.lactationcare.com

Consultants provide support and solutions for breastfeeding. They offer one-on-one prenatal and postpartum classes, telephone support, breast pumps for sale and/or rent, and related accessories.

LATCH (Lower Anchors and Tethers for Children)

866-SEAT-CHECK (732-8243)

www.seatcheck.org or National Highway Traffic Safety Administration at www.nhtsa.gov

A new system that makes child safety seat installation easier without using seatbelts. LATCH is required on most child safety seats and vehicles manufactured after September 1, 2002. For installation and inspection information, call or visit their websites.

La Leche League International (LLL)

957 North Plum Grove Road, Schaumburg, Illinois 60173

847-519-7730, 800-LALECHE (525-3243)

www.lalecheleague.org

An internationally recognized authority on breastfeeding. LLLI is a non-profit group comprised of mothers, families, and health professionals from around the world. There are over 3,000 LLLI groups in 61 countries led by mothers who volunteer their time to help women breastfeed. Helps mothers who breastfeed through mother-to-mother support, encouragement, information, and education.

Lamaze International

2025 M Street, Suite 800, Washington, DC 20036

800-368-4404

www.lamaze.org

A philosophy that provides a foundation and direction for women to prepare to give birth. Their classes cover normal labor, positioning, massage, anesthesia, breastfeeding, postpartum, and more.

March of Dimes

888-MODIMES (663-4637) or 508-366-9066

www.marchofdimes.com

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. They have been in business for over 65 years. They support research grants focused on finding causes of birth defects and premature birth. They have an online Pregnancy and Newborn Health Education Center.

Massachusetts Department of Public Health (DPH)

250 Washington Street, Boston, MA 02108

617-624-6000

www.mass.gov/dph

This is the main office for the state. There are many other offices and regional health offices in the state with programs, which they can direct you to. Some are included below.

Massachusetts Division of Medical Assistance (DMA)

(617) 624-6000

www.mass.gov/masshealth

This is the single state agency in Massachusetts that administers Medicaid (Title XIX) and The Children's Health Insurance Program (CHIP) (Title XXI). In Massachusetts, Medicaid and CHIP are combined into one program called MassHealth. DMA also manages the Insurance Partnership for small businesses.

MassHealth

Division of Medical Assistance

800-841-2900

www.mass.gov/masshealth

The DMA offers health care benefits directly or by paying part or all of your health insurance premiums. MassHealth pays for health care for certain low and medium income people living in Massachusetts. Some of the criteria include those under 65 and not living in a nursing home or other long-term care facility; families with children under 19; children under 19; and pregnant women.

Massachusetts Down Syndrome Congress (MDSC)

20 Burlington Mall Road, Suite 261, Burlington, MA 01803

800-664-MDSC (800-664-6372), Office: 781-221-0024

www.mdsc.org

The Massachusetts Down Syndrome Congress (MDSC), established in 1983, is an all-volunteer, non-profit made up of parents, professionals and anyone interested in gaining a better understanding of Down syndrome.

Medela, Inc.

1101 Corporate Drive, McHenry, IL 60050

800-435-8316

www.medela.com

A leading manufacturer of breast pumps and accessories distributed worldwide. Call toll-free for a location near you to purchase/rent breast pumps. (Breastfeeding National Network, BNN: 800-TELLYOU (835-5968)).

National Birth Defects Center

52 Second Avenue, First Floor, Waltham, MA 02451

781-466-9555

www.thenbdc.org

The NBDC provides diagnosis and treatment by physicians and specialists for children with birth defects, genetic diseases, and mental retardation. They also provide genetic counseling to prospective parents.

National Women's Health Information Center

United States Department of Health and Human Services, Office on Women's Health

200 Independence Avenue SW, Room 712E, Washington, DC 20201

800-994-WOMAN (9662)

www.womenshealth.gov

A huge database including detailed information from pre-pregnancy to childbirth, breastfeeding, postpartum care, childcare, and beyond. There are questions and answers and other related topics. Their telephone number listed above is a helpline for your questions.

Nursing Mothers' Council of the Boston Association for Childbirth Education (BACE)

69 Court Street, Newton, MA 02458

617-244-5102

www.bace-nmc.org

Free telephone counseling for tips, guidance, or problem-solving. Call for counselor in a town near you.

Outpatient Lactation Services at Newton-Wellesley Hospital

Many mothers need additional breastfeeding support after they are discharged from the hospital. NWH offers new mothers and babies a free Breastfeeding Support Group and an on-site Outpatient Lactation Clinic. Please call the Lactation Office at 617-243-6314 for more information on outpatient lactation at NWH.

Parental Stress Line

800-632-8188

www.parentshelpingparents.org

An anonymous and confidential support stress line, open 24 hours day, seven days a week. Parents and caregivers under stress with children of any age can talk to a trained volunteer counselor.

Postpartum Depression/Anxiety Support

800-944-4773

www.postpartum.net

Provides support, encouragement, and information for women suffering from perinatal mood and anxiety disorders, including postpartum depression.

Pregnancy Exposure InfoLine

40 Second Avenue, Suite 520, Waltham, MA 02451

800-322-5014

www.thepeil.org

A toll-free service which provides information concerning drugs, medications, and other agents that might be harmful to pregnant women and their unborn children. All calls are confidential and free of charge.

Prescription Parents, Inc.

Parents Helping Parents of Children with Cleft Lip & Palate

45 Brentwood Circle, Needham, MA 02492

617-499-1936

www.prescriptionparents.org

Faces of Children

617-355-8299

www.facesofchildren.org

Prescription Parents (PP), a local Boston organization run by volunteers, has helped parents in Massachusetts, New Hampshire, Vermont, Maine, Rhode Island, and Connecticut for over 40 years. We have now merged with Foundation for Faces of Children (FFC) a New England-based, not-for-profit organization, which provides patients and families with the most accurate, up-to-date, and accessible information about facial conditions (including cleft lip, cleft palate, and other head and facial differences) and advocates for the best care possible for these children.

Therapy and The Performing Arts

52 Second Avenue, First Floor, Waltham, MA 02451

781-466-9555

www.tpaprograms.org

Therapeutic and recreational programs for children with physical and intellectual disabilities.

Women, Infants and Children Program (WIC)

Bureau of Family and Community Health

800-WIC-1007 (942-1007)

www.mass.gov/wic

WIC serves low-income pregnant, postpartum and breastfeeding women, infants and children up to age five who are determined to be at “nutrition risk” by a health professional. They must also meet income guidelines. It is a federal grant program available in all 50 states, 33 Tribal Organizations, American Samoa, District of Columbia, Guam, Puerto Rico, and the Virgin Islands. These 88 WIC State agencies administer the program through 2,200 local agencies and 9,000 clinic sites. This program has been recognized as the most cost effective, preventative nutrition program of its time. The WIC program works with the Department of Food and Agriculture to provide participants with coupons redeemable at Farmers’ Markets for fresh fruits and vegetables. Participants also receive checks for nutritious foods such as milk, cheese, fruit juices, iron-fortified cereals, peanut butter, dried beans, and eggs. They also collect and review the immunization status of its infants and children and make referrals to keep children up-to-date on their shots. In Massachusetts they have a statewide network of 37 local programs with 130 sites and 800 retail stores.

zipmilk.org

ZipMilk MA is a community service of the Massachusetts Breastfeeding Coalition, providing listings for breastfeeding resources based on zip code. Names and contact information are provided through the Massachusetts Lactation Consultant Association, La Leche League, Nursing Mothers Council, Massachusetts WIC, and local hospitals and community groups.

Smoking resources

www.trytostop.org

www.quitworks.org



NEWTON-WELLESLEY
HOSPITAL



BRIGHAM AND
WOMEN'S HOSPITAL

Brigham and Women's/Newton-Wellesley Obstetrics
2014 Washington Street, Newton, MA 02462
617-243-6000 www.nwh.org



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL