Third Trimester OB Packet

Table of Contents:

WSNM Prenatal Education Classes

Third Trimester Considerations

3rd Trimester Precautions
Recognizing Preterm Labor
Fetal Kick Counts

Labor and Delivery

Am I in Labor?
When Should I call My Provider?
What to Bring to the Hospital
Pain Management during Labor and Delivery
Doula
Birth Plan
Labor and Birth Procedures/Interventions & Complications
Cesarean Section
Immediately after Birth
Breastfeeding Basics

WSNM Education Classes

Congratulations on your pregnancy! Thank you for choosing Women's Specialists of New Mexico. Our goal is to provide the highest quality healthcare and education during and after your pregnancy by offering a variety of programs and services. Classes are held in the downtown office: 1001 Coal Ave SE.

Prepared Childbirth Classes: These classes cover the process of labor, vaginal and cesarean delivery, comfort and breathing techniques, medical interventions, pain medication options, the special role of your support person/team, and postpartum information about mom, baby and family. It is best to complete this class at least 4 to 6 weeks before your due date. You can choose from the following classes:

Weeknight class-Monday or Wednesday evenings from 6:00-8:00pm. Meets 4 times or 1 all day Saturday Class from 9:00am-4:00pm

Childbirth Refresher Class: Expecting again? This 2-hour private class (flexible dates/times) will "refresh" families on the birth process including relaxation & breathing techniques, interventions, medications, and cesarean birth. In-person at the downtown office or on Zoom.

Breastfeeding Class: This class teaches you the breastfeeding basics. You will learn the nutritional, physical and emotional benefits to mom, baby and family. This 2-hour class is held on the 4th Saturday of the month from noon-2:00pm or on the 1st Tuesday evening of the month from 6:00-8:00pm.

New! Postpartum Class: Plan and prepare for your postpartum just like you would for your birth. Learn about recovery from birth and practical advice for ensuring your mental & physical wellbeing during the postpartum time.

Virtual hospital tours on Zoom: On the 4th Saturday of the month: Lovelace Women's Hospital 9:00-10:00am and Presbyterian Hospital 10:15-11:15am

Meet the Midwives: Held quarterly. 6:00-7:30pm at Lovelace Women's Hospital in the auditorium A/B

You Had A Baby Group: Wednesdays 10:00-11:30am held in the conference room in the downtown office. For Mom and baby. Free.

Infant Massage Class: Usually the 3rd Saturday of the month: 9:30-11:00am. Meets 1 time. Come learn about infant massage to help baby have more ease and calm. Baby should be between 2 weeks old and 6 months old. Limited class size

Dogs & Storks: 9:00-11:00am meets one time on a Saturday on Zoom. Sign up and pay with the instructor Colleen (978)855-3806

Registration: Sign up on our website, wwww.wsnm.org (under Wellness and Education, Childbirth Classes or contact Kathleen Briley at (505)843-6168 ext. 3024 kbriley@wsnm.org

https://wsnm.org/education/childbirth-classes/

Third Trimester Considerations

Third Trimester Precautions

During your third trimester, please monitor for the following precautions. If you are experiencing any of the following, please call our nursing triage line or on-call provider at 505-843-6168 or present to the obstetric triage unit at your designated hospital.

Preterm labor

- Uterine contractions that happen 4-6 times in an hour
- Menstrual like cramps in the lower abdomen that may come and go or be constant
- Low dull backache felt below the waistline that may come and go or be constant
- Pelvic pressure that comes and goes and feels like your baby is pushing down
- Abdominal cramping with or without diarrhea
- Change in vaginal discharge such as change into a mucousy, watery, or bloody discharge
- Leaking of watery fluid from the vagina that can feel like a large gush or an intermittent trickle of fluid

Decreased Fetal Movement:

If you are not passing kick counts or feel a subjective decrease in your baby's movements.

Preeclampsia or high blood pressure precautions:

- A headache that does not go away with one gram of Tylenol (acetaminophen)
- Persistent pain on your right side under your rib cage that isn't due to baby kicking you
- Changes in vision including blurred vision, spots/lights in your vision
- Blood pressure values of 150 systolic (the top number) or 100 diastolic (the bottom number)

Significantly increased swelling of your extremities more than usual

Recognizing Preterm Labor

What is preterm labor?

A term pregnancy takes about 40 weeks to complete. Babies born before 37 weeks may have problems breathing, eating, and keeping warm. Premature labor occurs between the 20th and 37th week of pregnancy. It is a condition where uterine contractions, or tightening of the womb, cause the cervix to open earlier than normal. This early cervical dilation can result in premature birth.

Why does it happen?

Although there are women who may be at a higher risk of preterm labor (such as twins, history of preterm birth, etc.), the specific cause or causes of premature labor are not known. Sometimes a woman may have premature labor for no apparent reason.

Why is it important?

The importance of recognizing preterm labor is so that you can seek care early. A baby born or at risk of being born prematurely is best taken care of in a hospital setting. If appropriate, there are certain medications that can be given to potentially delay labor long enough to give your baby medications that will help improve their well-being after birth.

What signs and symptoms do I need to be aware of?

- Uterine contractions that happen 4-6 times in an hour
- Menstrual like cramps in the lower abdomen that may come and go or be constant
- Low dull backache felt below the waistline that may come and go or be constant
- Pelvic pressure that comes and goes and feels like your baby is pushing down
- Abdominal cramping with or without diarrhea
- Change in vaginal discharge such as change into a mucousy, watery, or bloody discharge
- Leaking of watery fluid from the vagina that can feel like a large gush or an intermittent trickle of fluid

What to do?

1. If you are concerned about your water breaking, either call the triage nursing line at our office or the on-call provider at 505-843-6168 or present to the obstetric triage unit in your designated hospital
2. If you are experiencing uterine contractions 4-6 times in an hour:
    a. Lie down tilted towards your side with a pillow behind your back for support
        i. Do not lie flat on your back as it may increase the contractions or completely on your side since you may no longer feel them
        ii. Remember that contractions during the day can be normal; however, it is NOT normal to feel them frequently
        iii. While lying down, place your fingertips on the top of your uterus
        iv. A contraction is a periodic tightening or hardening of your uterus. If your uterus is contracting, you will feel your abdomen get tight or hard, and then feel it relax or soften when the contraction is over.
        v. Premature contractions may or may not be painful
    b. Hydrate yourself with a large glass of water. Sometimes dehydration may cause contractions.
    c. You can also try a warm bath – this sometimes helps relax your muscles and slow down or stop uterine contractions
    d. Check for contractions for one hour by counting the minutes from the beginning of one contraction to the beginning of the next

e. Please call the triage nursing line or the on-call provider at 505-843-6168 OR present to the obstetric triage unit in the hospital if you experience any of the signs and symptoms listed above for one hour or you are concerned for leaking of fluid or spotting of blood from the vagina

More information: https://www.acog.org/womens-health/faqs/preterm-labor-and birth#:~:text=Preterm%20labor%20is%20labor%20that,needs%20medical%20attention%20right%20away.

Your Baby's Activity Record (Fetal Kick Counts): A guide to counting your baby's movements

What are fetal kick counts?

Fetal kick counts are a way for you to tell how your baby is doing. Babies are usually very active except during short periods of time (sometimes up to 2 hours) when they are sleeping. A good gauge of your baby's well-being is if they move at least 8-10 times in 2 hours or about 4-5 times in an hour.

When do fetal kick counts start?

In general, the perception of fetal movement starts around 18-25 weeks for most expecting moms. Movement becomes more regular as the pregnancy progresses and we typically recommend that you start tracking your baby's movements around 28 weeks when you are entering the third trimester of pregnancy.

How often?

Since you should be feeling baby movements daily, we recommend doing kick counts once daily. Any day you feel your baby is not moving as much as usual, you should count your baby's movements (kick counts). Remember, baby gets bigger towards the end of your pregnancy, there is less space for your baby to move, so movements may feel different. Even though the movements may feel smaller, you should still feel your baby move at least 4-5 times in one hour at least once a day.

How do I count my baby's movements?

1. Choose a time of day that your baby is usually active (sometimes it's helpful to count after a meal)
2. Get in a comfortable position. You can lie down or sit in a chair with your feet up.
3. Write down the date and time that you begin counting your baby's movements.
4. Continue counting until your baby has moved 10 times. Count any movements including kicks, rolls, swishes, or flutters.
5. After your baby has moved 10 times, write down the time on your chart.
6. If you can't feel your baby move, try to wake the baby by drinking a glass of juice or walking around for a few minutes. Then start counting again.

What should I do if my baby doesn't move?

If after doing kick counts, your baby has not moved 8-10 times in 2 hours, call your doctor or midwife right away or go directly to the hospital obstetric triage unit for evaluation

Resources: https://americanpregnancy.org/healthy-pregnancy/while-pregnant/counting-baby-kicks/

Labor and Delivery

Am I in Labor?

What is labor?

Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts (tightens). The contractions (labor pains) push your baby down onto your cervix (the opening of your uterus). This pressure causes your cervix to open. When your cervix is completely open (10 centimeters dilated), you will push your baby through your vagina and out into the world.

What do contractions feel like?

When contractions first start, they usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be 15 to 20 minutes apart. They may be irregular and will not feel too painful. As labor goes on, the contractions get stronger, closer together, and more painful.

How do I time the contractions?

When the contractions seem to be coming regularly, you should start to time them. You time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

What should I do during early labor when the contractions start?

If it is night and you can sleep, do so. If it happens during the day, there are some things you can do to take care of yourself at home:

- **Walk**. If the pains you are having are real labor, walking will make the contractions come closer together and they will be stronger, but you will be able to cope with them better if you are standing or moving around. If the contractions are early labor ones that come and go (sometimes called false labor), walking can make them go away.
- **Take a shower or bath**. This will help you relax.
- **Eat**. Labor is a big event. Your body needs a lot of energy to be effective. Eat whatever you feel like eating.
- **Drink water**. Not drinking enough water can cause contractions to be not as effective as they should be. You need to be well hydrated (drinking enough water) to help your body work well during labor.
- **Take a nap**. If you feel tired, lay down on your side and get all the rest you can. It helps to be rested when you go into active labor.
- **Do something you enjoy**. Spend time with family. Watch a movie. Distraction will help you relax.
- **Get a massage**. If your labor is in your back, a strong massage on your lower back may feel very good. Getting a foot massage or having your partner rub your feet can also be very relaxing.
- **Don't panic**. You can do this. Your body was made for this. You are strong!

When should I call my health care provider?

- Your contractions have been 5 minutes apart or less for at least 1 hour.
- If several contractions are so painful you cannot walk or talk during one.
- You think your amniotic sac (bag of waters) breaks. You may have a big gush of amniotic fluid (water) or just fluid that runs down your legs when you walk or move or change position.

Are there other reasons to call my health care provider?

If you are concerned about anything, don't hesitate to call your health care provider. You should definitely call your health care provider or go to the hospital if:

- It is 3 weeks or more before your due date, and you are having contractions.
- You have vaginal bleeding that is more than your period, soaks your underwear, or runs down your legs.
- You have sudden severe pain that does not go away with rest.
- Your baby has not moved for several hours.
- You are leaking greenish fluid.
- You have a severe headache that does not go away with eating, drinking, resting, or medicine.

What to Bring to the Hospital

These are just some suggestions of what to bring to the hospital:

- Bathrobe/slippers/socks
- Shampoo/lotion/massage oil/chapstick/soap
- Your "own" special pillow and/or blanket
- Hair band or clip
- Contact lens case and glasses (if applicable)
- Snacks/drinks for your support person/people
- Music
- Books/magazines
- Clothes to wear home
- Outfit (with legs) for the baby to wear home
- Car seat
- Cell phone and charger
- The hospital does not supply pacifiers. If you need one for your infant, you will need to bring one from home.
- Clothes/ personal items for support person(s)

Information about Cameras and Video Cameras

Camera use is allowed on Labor and Delivery. Use of a video camera must be cleared beforehand with the provider; it might not be allowed during the birth of the baby.

Pain Management during Labor and Delivery

How Painful Is Giving Birth?

You've probably heard a lot of stories about giving birth. The experience is very different for each woman. The amount of pain is different for everyone. The kind and amount of pain you have changes throughout your labor.

Why Is Labor Painful?

During labor, your uterus pushes the baby down and stretches your cervix (the opening of your uterus). Each time the uterus muscles flex, you may feel pain like a strong cramp. As your cervix and vagina stretch and open, you may feel a stretching, burning pain. Most contractions last 30 to 60 seconds, and you will be able to rest in between.

Is There Medicine I Can Take for Pain if I Need It?

There are many types of pain relief available in a hospital. The most common pain medications are narcotics, nitrous oxide, and epidural anesthesia.

What Are the Pros and Cons of Narcotics-IV Fentanyl?

Pros:

- They give fast pain relief (you will usually feel a decrease in pain within 2 to 10 minutes).
- Most can be given directly into your bloodstream through an IV.
- They may help you relax and be more comfortable.
- They don't usually slow your labor.

Cons:

- Narcotics do not last long (usually between 20 and 90 minutes).
- They may cause nausea.
- They may cause you to be itchy. Medicine can be given to help this.
- They may cause you to feel really "out of it" or sleepy.
- If narcotics are given within an hour of the birth, they may make the baby sleepy and make it harder for him or her to breathe right after birth or start breastfeeding; otherwise, the medicine is metabolized quickly in your and your baby's body and does not seem to have any harmful effects.
- Narcotics don't take away all of the pain or make your body numb. They mostly make each contraction less painful. They take the edge off the pain.
- You will need to be in bed while the medicine is in your system.

What are the Pros and Cons of Nitrous Oxide?

Pros:

- Safe, flavorless and odorless gas that you breathe through a mask, that helps you feel relaxed.
- Takes the edge off the pain and can reduce anxiety
- Can be used at any time in labor
- You decide when to use the medicine and when to stop it.
- Within 3 breaths of removing the nitrous oxide mask, the effects can no longer be felt.
- Doesn't pass onto baby.

Cons:

- There are a limited number of nitrous oxide units.
- Can make you feel dizzy, mild nausea, and have vomiting. Usually resolves shortly after removing the mask.
- You shouldn't use nitrous oxide if you have a vitamin B12 deficiency.

What are the Pros and Cons of an Epidural?

Pros:

- Very effective pain relief. An epidural numbs your body from the waist down, including your entire uterus. It involves putting a needle and then a small flexible tube into a space near the spine in your lower back. The pain medication flows through the tube and you lose feeling in your abdomen and legs.
- You stay clear headed.
- You can rest and get ready for pushing.

Cons:

- You will be laying down in bed until after the baby is born.
- Your blood pressure can lower which can cause the baby's heartrate to drop.
- Areas of pain may still exist.
- Can cause shivering, itching, nausea and may increase the risk of fever.
- There is a small chance of infection at the insertion site.
- There is more monitoring after the epidural. Continuous fetal monitoring, blood pressure, heart rate, oxygen monitoring for you and a urinary catheter is placed as you can't walk to the bathroom.

- You sometimes have to wait to get the epidural if the CRNA is not available.
- Rare but very serious risks are listed on the consent form.
- In some cases you may need pitocin to increase the labor contractions after getting an epidural.

How Can I Tell before Labor Starts Which Pain Management Plan is Right for Me?

If you plan to give birth in a hospital, you can choose to use pain medicines. First, learn all you can about how much help and what possible problems can occur if you use the pain medicines that are offered where you are going to have your baby. Then ask yourself the questions listed here. The answers will help you decide on the best way for you to keep yourself comfortable during your labor.

1) How strong is my desire to give birth without using pain medicines?
2) Will I be happier with my birth after it is over if I go through labor without using medicine or will I be happier afterward if I use pain medicines?
3) If my labor is normal and I am in more pain than I expected, do I want my helpers to talk me through it or do I want them to offer me pain medicine?

Remember that nobody knows ahead of time how painful or difficult your labor will be. Knowing your desires is the best place to start. Then when you are in labor, you need to be flexible and trust your support persons and caregivers to help you make decisions that are right for your experience. The following are some tips for coping with pain in labor:

I Would Like Help With the Pain, But I Don't Want to Use Medicine. What Can I Do?

This handout gives lots of tips for coping with the pain of labor. The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medications: knowledge about what to expect, belief in yourself, and emotional support and coaching during your labor.

COPING WITH PAIN IN LABOR WITHOUT THE USE OF MEDICATION:

What Can I Do Before Labor?

- Stay active all during your pregnancy. You will have more strength to get through labor.
- Take childbirth classes. The more you know, the less you fear. Fear makes pain hurt more.
- Arrange for a birth coach or doula. Having a person whose only job is to support you will help you cope during labor and feel more satisfied with the experience.

What Can I Do During Early Labor?

- In early labor go for a walk or dance. The more you move, the less you hurt!
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath.

What Can I Do During Active Labor?

Find your rhythm! All women who cope well during labor go back and forth between resting in between the contractions and making movements that help cope with pain during the contraction. Each person has their own rhythm that works. You may

- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

What Can My Birth Partner Do During Labor?

- Help you find your rhythm and then help you during each part.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Remind you the baby is coming.
- Cheer you on!

What Can My Health Care Provider Do During Labor?

- Answer your questions.
- Check your progress and give you direction.
- Assure you that things are going normally.
- Provide pain medication if needed.

For More Information

Childbirth.org: Articles on pain and pain relief methods
http://www.childbirth.org/articles/labor/painrelief.html

Childbirth Connection:
- Labor Support: http://www.childbirthconnection.org/article.asp?ClickedLink=257&ck=10178&area=27

- Labor Pain: http://www.childbirthconnection.org/article.asp?ClickedLink=262&ck=10191&area=27

March of Dimes:
- Non-drug options: http://www.marchofdimes.com/pnhec/240_12931.asp

- Coping with Labor Pain: http://www.marchofdimes.com/pnhec/240_12936.asp

Understanding Birth 4th Edition Injoy Productions Inc.

More about Nitrous Oxide

What is nitrous oxide?

Nitrous oxide is a flavorless and odorless gas that can be used to help deal with the discomforts of labor. It can be used at any time during the labor and is safe for both mother and baby. It takes the edge off the contractions and can help a woman feel less anxious.

How is nitrous oxide given?

You hold a mask up to your nose and mouth that delivers nitrous oxide mixed with oxygen and you breathe in. The only person allowed to touch the mask is the laboring patient. You hold the mask yourself and decide when to inhale the nitrous. It can help you focus on breathing. It can help you feel relaxed. When you want to stop using the nitrous just take the mask off your nose and mouth and breathe in fresh air.

What are the side effects and risks of nitrous oxide?

You can feel dizzy, nauseous, and have vomiting while using nitrous oxide. After removing the mask and breathing in 3 breaths of room air you should feel back to normal. It is safe for the baby.

https://www.acog.org/womens-health/faqs/medications-for-pain-relief-during-labor-and-delivery

Understanding Birth 4th Edition Injoy Health Education

https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/easing-labor-pain-with-inhaled-nitrous-oxide

More about Epidural Analgesia

There are many options for managing pain during labor. You might decide before you begin labor that you want pain medication, or you may not want any medications. This handout discusses epidural analgesia.

What is Epidural Analgesia?

Epidural analgesia is a local anesthetic placed in a part of your back where it numbs the nerves that go from your pelvis and legs to your brain. The anesthetic is like the kind you get when you go to the dentist. With an epidural, you get an injection into the space around the nerves in your spine that makes your body numb below the site of the injection.

How Does an Epidural Work?

All of the nerves of the body send their messages to the brain through the spine. Anesthetics are medicines that block the messages from traveling up the nerves of your back to the brain. When the pain messages are blocked before getting to your brain, you do not "feel" the pain.

How is an Epidural Done?

You will have to sit on the side of the bed and lean forward for the procedure. At Presbyterian Hospital all of the members of your labor support team (including your partner) will need to leave the room; at Women's hospital, one person may remain in the room with you. The nurse anesthetist or anesthesia doctor will wash off your back and then give you a shot of Novocain in your back to numb the area. Then he/she will put a long needle through that numbed area into the epidural space (a very small space around the nerves of your spine). When he or she has found the space, a thin tube ("catheter") will be threaded through the needle, and the needle is removed. A pump is then set up to deliver the anesthesia through the tube into the epidural space during your labor. You will keep getting the medication throughout your labor - an epidural does not "run out". If you feel more sensations than expected, there is a patient controlled button that you can press to get a little more of the medication if needed. After birth, the tube will be taken out. The numbness will begin to go away. You will be able to move your legs and walk in an hour or so.

How Well Does an Epidural Work?

For some women, an epidural works very well. Within 15 to 20 minutes of starting the anesthesia, they lose feeling below the waist. Many women are so comfortable they can talk, watch television, or even sleep. Occasionally, the epidural does not work as well, and you may continue to feel pain or pressure even though your legs are numb. There is no way to guess who will get a "pain free" epidural and who will have an epidural that does not work completely. Most women can still feel the pressure of the baby's head with an epidural.

What Are the Benefits of an Epidural?

- If the epidural works well, you will not feel the intense pain of labor.
- Sometimes—especially with a first baby—early labor may be long. An epidural can give you a chance to rest so that you can gather your strength for active labor and birth.
- If you are very anxious, an epidural may help you relax. In some women it appears that the epidural may actually make your labor go more quickly.
- If you need a cesarean section, your epidural can be used to make you numb for the surgery.
- Women with twins or women who are having a TOLAC (Trial of Labor after Cesarean) may use an epidural so they are prepared for a cesarean section if their baby (or babies) has problems during labor or birth.

Are There Risks Associated With Having an Epidural During Labor?

Your labor progress depends on lots of things: the size of your pelvis, the size of your baby, the position of your baby, and the strength of your contractions. Most of these factors are out of your control. Sometimes an epidural can help and sometimes it makes labor longer and more complicated. The following information will help you balance the risks and benefits of using an epidural:

Risks of Insertion and Placement of Anesthesia in the Epidural Space:

- The epidural is inserted sterilely, but there is a small chance of infection at the site where the needle is inserted. A serious infection could cause paralysis or, very rarely, death.
- The needle could hit a nerve and cause nerve damage or paralysis. In most people, the spinal cord is above the area where the needle is placed, which is why this problem is rare.
- If the epidural is incorrectly placed too high in your back or into spinal fluid, you may lose the sensation of your breathing – the anesthesiologist is always close by immediately after the procedure to ensure that this does not cause a continual problem.

Other epidural considerations:

- If your bladder is full, you will not be able to feel the sensation to urinate, so you will need a catheter to drain the urine after the epidural is placed.
- Women who have an epidural have a higher chance of getting a fever during labor, and then the baby may need additional blood work and observation to rule out infection.
- Women who have an epidural placed early in their labor are more likely to need medication to make contractions stronger.
- Your legs will be numb. Once you have an epidural you cannot get out of bed at all until the epidural medicine is turned off. If your baby gets stuck in a "crooked" position, you will not be able to move around to "jiggle" the baby into a good position. This may increase your chance of needing a cesarean section. The nurses help you turn from side to side about every 30 minutes to help baby move.
- It may be hard to feel your contractions when you need to push. Pushing can take longer.
- Women who have an epidural have a higher chance of needing a vacuum or forceps to help give birth.

Postpartum considerations after an epidural during labor:

- The most common risk of an epidural after the baby is born is a "spinal headache." This only happens one or two times for every 100 epidurals that are used. This is a terrible headache that comes 1 to 2 days after the epidural is removed. If you get a spinal headache, you will need to return to the hospital to have a special procedure called a "blood patch." The patch usually helps right away.
- Your baby may have a harder time getting started breastfeeding.
- Many women report ongoing back pain after an epidural, but we do not know if this is because of the epidural or because of other things that may have happened during their labor.
- There is a very, very small risk of permanent paralysis—loss of the ability to move your legs.

For More Information

Childbirth Connection: Labor Pain → Options: Labor Pain → Epidural & Spinal

http://www.childbirthconnection.org/article.asp?ck=10190&ClickedLink=264&area=27

Doula

Have you considered a doula?

Navigating labor and delivery is a big experience. So much to consider. Many women have a supportive team that they plan to have with them during their labor but having a doula can be helpful not only to you but to your team.

What is a doula?

A doula is someone who serves a woman physically, emotionally, and spiritually throughout the labor, delivery, and postpartum experience. She has experience and knowledge around the comfort measures and what to expect during labor. She offers the support team a break when needed and suggestions on what measures may be most helpful per the stage of labor the woman is moving through. A doula understands the expected emotional growth and challenges labor brings and offers wisdom on what might be helpful to move through throws of labor.

Other benefits of a doula:

Having a doula present decreases risk of C-section as they are knowledgeable about labor positions, stretches and exercises to help optimize baby's position in the pelvis and promote labor progression. Doulas increase birth satisfaction which decreases postpartum depression. Having a doula present can help facilitate breastfeeding success. Some doula services offer postpartum doula support with help around the house once discharged from the hospital.

Here is a link to the New Mexico Doula Directory where you can find a doula that is a good fit for you.

https://nmdoula.org/nm-doula-directory/

Birth Plan

A birth plan or map helps you to think through the different options available to you during your birth and helps you prioritize preferences. Keep in mind, a birth plan should be flexible. The benefit of a birth plan is to familiarize yourself with some of the twists and turns of labor and delivery and how you might best navigate them. Consider downloading the attached birth plan to personalize and share with your birth team.

Labor and Birth Procedures/Interventions/Complications

When you arrive on Labor and Delivery, these are a few things that you may encounter either as part of routine care or as an intervention if problems arise.

Vaginal or Pelvic Exam(s)

- When you arrive at the hospital, you will probably have a pelvic exam to find the cervix and determine the progression of labor (by determining how dilated/thin/soft your cervix is). Vaginal exams may be done at various times throughout your labor. Vaginal exams are uncomfortable for some people, especially if you are in early labor and your cervix is hard to reach.

- If you are leaking fluid, a sterile speculum may be placed in your vagina to determine if your bag of waters has broken.

IV (Intravenous Access)

- It is recommended that you have an IV placed in your arm during labor. It is useful to have an IV so that fluid or medication may be given to you while you are on L&D. IV fluids/medications may be used for induction, pain relief, dehydration, infection, or hemorrhage.
- If you don't need any fluid or medication, you can request a "saline lock" (i.e., "heparin lock"). A saline lock is a little catheter that remains in the vein but does not require IV fluid to be running. It gives you more flexibility in your arm and allows for more movement, while still keeping the vein open in case you need fluids or medication. If you have a saline lock and are not receiving IV fluids, then it is very important for you to drink throughout your labor to stay well-hydrated.
- The IV is usually left in place several hours after the birth in case an emergency arises.

Artificial Rupture of Membranes (AROM)

- Your health care provider may use a small hook, like a plastic crochet hook, to break the bag of waters.
- You and your baby do not feel pain when this happens. Usually, you feel a warm gush of liquid.
- AROM may be recommended to help with labor progress or to monitor the baby with internal monitors
- Not everyone needs an AROM - many women's bag of waters break on their own.

Fetal Monitoring

There are two types of fetal monitoring, external monitoring and internal monitoring.

- External monitoring is the most common form of monitoring both your baby's heartbeat and your contractions. It is an ultrasound device that is strapped to your belly during labor.
- Monitoring may be done continuously – for example if pain medication is being used, if you are having an induction, or if your provider is concerned about your baby's well-being – or it may be done intermittently. The hospital also has a portable monitoring system so that you can wear wireless monitors and walk around during labor or take a bath/shower.
- Internal monitoring is almost exclusively used in high-risk situations or when more accurate types of monitoring may prevent other unnecessary interventions. A fetal scalp electrode, or FSE, is a small probe that is placed on the baby's head. An FSE may be used if your provider is concerned about your baby's heartbeat or is having trouble finding your baby's heartbeat with external monitors.
- Another type of internal monitoring is an intrauterine pressure catheter (IUPC). This device is inserted into the uterus and lies next to your baby. This monitor can determine the strength of your contractions as well as place sterile fluid back into the amniotic sac.

Episiotomy and Vaginal/Perineal Tears

- An episiotomy is an incision made in the perineum (the tissue between the vaginal opening and anus) during childbirth.
- There's no need for a routine episiotomy, but the procedure is still warranted in some emergencies. Your health care provider may recommend an episiotomy if: your baby is in an abnormal position, or your baby needs to be delivered quickly.
- If you need an episiotomy, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or if your epidural is no longer numbing the area. You're not likely to feel your health care provider making the incision or repairing it after delivery.
- The providers at Women's Specialists of New Mexico have a ***very low*** rate of cutting an episiotomy.
- If you have an episiotomy or if you have a natural tear from the birth of the baby, you may need stitches to repair the tear. Again, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or your epidural is no longer numbing the area. The stitches will dissolve on their own a few weeks after the birth.

Forceps and Vacuum Deliveries

- There are two main reasons why a birth might need to be assisted by means of vacuum extraction or forceps. The first, and most urgent, of these reasons is "fetal distress." If these heart rate changes occur and your cervix is already completely dilated and the baby's head is very low in the birth canal, your provider may recommend using forceps or a vacuum to help your baby to be born. The second reason is "maternal exhaustion." Sometimes women with a very long pushing phase of labor will become so fatigued that assistance delivering the baby may be needed.
- The vacuum extractor has a soft cup which is attached to the baby's scalp by suction. Babies born with the assistance of the vacuum extractor will usually have an area of swelling where the cup was applied. This swelling goes away quickly and is usually completely resolved within 24 hours. Occasionally there may be lacerations or abrasions of the baby's scalp because of the vacuum and friction. Other possible negative consequences of vacuum extractors are cephalohematomas (collections of blood under the scalp), and bleeding in the brain (which is very rare). If a vacuum is used in the birth process, there is a greater chance of tearing the perineal tissue of mom's body than during a vaginal birth without a vacuum.
- Forceps are steel instruments that resemble a pair of large spoons that lock together at the handles. Each blade (the official name for the "spoon" portion, although they are not sharp) is slid into the vagina, one at a time. These blades are positioned around the sides of the baby's head and then the handles are placed together and locked into place. With the baby's head cupped between the blades, the doctor pulls as the mother pushes. Forceps carry the risk of bruising or lacerating the baby's head or face, or more serious damage to the baby (which is very rare). Forceps may also cause lacerations or other injuries to the tissues of the mother's vagina, pelvic organs, or perineum.
- The advantages of these two procedures are the potential avoidance of a C-section. Recovery from a vacuum or forceps delivery is often quicker and less painful than recovery from a C-section operation. In certain situations, delivery of your baby can be achieved more rapidly with vacuum or forceps than with C-section, which is a benefit to both you and your baby.

Cesarean Section

What is a cesarean section?

A cesarean section (C-section) is a surgery performed to deliver a baby through the abdomen after making incisions through the different layers of the abdomen and the uterus.

Why are c-sections done?

- As a repeat c-section in a woman who has had a prior c-section and declines a trial of labor
- If labor is not proceeding normally, and the cervix is not dilating
- If your cervix has completely dilated, but despite pushing, your baby is not fitting through your pelvis
- If your baby is showing signs of distress or not tolerating labor
- Certain placental abnormalities
- Emergency situations

Will I need a c-section?

If you or your baby has severe trouble during labor, your health care provider will talk with you and your support team about the possibility of a C-section. Then, together, you will decide on the best plan. Sometimes, problems develop so quickly that a C-section needs to be done as an emergency operation. In that case, there will not be time to allow labor to continue, and a C-section will be done immediately.

If you have had a C-section before, speak with your healthcare provider about the safest way to give birth. You may be offered the choice of a trial of labor after cesarean (TOLAC) to achieve a vaginal birth after cesarean (VBAC). A person who has had a classical incision (vertical incision of the uterus) is not a candidate for a TOLAC. There are other reasons why a C-section would be scheduled based on your own health and surgical history.

What are the risks of a C-section?

All surgeries have risks. Women who have C-sections have a higher risk of damage to their organs (such as the bladder or bowel) during the operation as well as heavy bleeding and infection after the birth of the baby. Your provider will discuss a more comprehensive list of risks.

The major risk to you from having a C-section occurs the next time you are pregnant. In the next pregnancy, there is a higher chance of placenta previa (a placenta that partly or completely covers the cervix) or placenta accreta (a placenta that grows into the wall of the uterus). These can increase your risks of bleeding and hysterectomy (removal of the uterus) at the time of delivery in a future pregnancy.

What anesthesia is used for a C-section birth?

For a planned or non-emergency C-section an epidural or spinal anesthesia is the anesthesia of choice. You would be awake during the surgery and potentially feel a tugging/pulling sensation, but not pain. In an emergency where a woman does not already have an epidural, the woman sometimes has to be put to sleep using general anesthesia because it is faster.

Can my partner/support person be with me during the C-section?
If the woman is awake, a support person can be with her for the birth. If general anesthesia is used and the woman is asleep, support people need to wait in the labor recovery room or waiting room until the surgery is complete.

What about the recovery after a C-section?
In general, most women recover well following a C-section. Recovery from surgery takes longer than recovery from a vaginal birth. You are typically kept in the hospital for 2 or 3 nights. In the weeks following surgery, it is recommended to avoid lifting any weight heavier than 15 lbs to allow for the incision to completely heal.

Resources:

- https://www.acog.org/womens-health/faqs/cesarean-birth

https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/cesarean-procedure/

Immediately after Birth

Most patients have questions about what to expect immediately after delivery. Both Lovelace Women's Hospital and Presbyterian downtown have earned the designation of baby friendly. This means they make every effort of keeping mom and baby together, promote skin to skin, and offer breastfeeding support and education as needed.

Immediately following a vaginal birth you can expect your baby to be placed on your abdomen unless you request otherwise or for the provider indicates that there is a medical indication to have the baby go to the infant warmer next to your bed for further assessment. The baby nurse will dry and stimulate your baby while on your abdomen. The delivering provider will wait 30 seconds or more before cutting the umbilical cord so long as baby is transitioning well to the outside world. You or birth partner can request to cut the cord or you can have the delivering provider cut the cord. Next, your baby will be placed skin to skin on your chest for the "golden hour". Allowing baby to be skin to skin the first hour of life supports a smooth transition to the outside world and promotes a good first latch if you choose to breastfeed. During the first hour the baby nurse will be checking on baby and taking their vital signs frequently. After that hour then baby will be weighed and further assessed. Baby will room in with you throughout your stay unless baby requires the neonatal intensive care unit (NICU) for medical considerations.

Breastfeeding Basics

Here are just a few tips to consider when planning to breastfeed your baby. Remember we are here to provide gold standard recommendations and support you in your decision making. The following are some of the most commonly asked questions we get in clinic from those who are planning to breastfeed.

How do I prepare prenatally?

- Eat a well-balanced diet including iron rich foods.
- Assess your mental health status. Work on navigating the emotional ups and downs of pregnancy by building and utilizing a "tool box". Your toopl box may include diet, exercise, family support, therapy and medications. Knowing your baseline mental health status and knowing how to manage changes will set you up for success with breastfeeding. Breastfeeding can be an emotional journey. Navigating the normal breastfeeding bumps in the road may feel bigger than it needs to be if we are not feeling well supported mentally and emotionally.
- NO need to prepare your nipples, and do not pump prenatally.
- Discuss your medical history with your provider to determine if you may benefit from a lactation consultation prenatally. There are some medical conditions that may warrant early intervention after birth to support a strong milk supply.
- Have your provider give you a prescription for a breast pump that is covered by insurance (although, many women do not need to pump, it is nice to have in case you need to)
- Take a breastfeeding class!

What can I expect the first few weeks?

- Immediately after birth you can expect uninterrupted skin to skin with your baby for the first hour. This is true for all hospitals in Albuquerque so long as you and your baby are stable after birth. You may need to wait for immediate skin to skin after a C-section until you are in the recovery room.
- During the first hour, your baby will go through several steps to get ready for their first latch. It is important to not rush or force the first latch. The steps you will like observe from your baby are:
    - Crying
    - Calm and alert
    - Turning their head
    - Opening their eyes, sucking on their hands
    - Wiggling, stretching
    - Crawling towards the breast
- The first 24 hours baby is in recovery mode. We expect a sleepy baby the first 24 hours. Do as much skin to skin as you can. This will help baby transition to the outside world and have more frequent

latches. You can consider hand expression after breastfeeding attempts in the first 24 hours. Hand express into a spoon and spoon feed what you get.

- Your milk supply grows as your baby's stomach grows. Over the first week your baby's stomach grows from the size of a marble to about the size of an egg and so does your supply. Do not be discouraged by drops of colostrum (early milk) on the first couple of days, this is normal.
- Days 2-9 your baby will be cluster feeding. This means your baby understands their job. They know the more they are at the breast the more milk you will make in the coming days. This is important to their growth pattern as they will grow rapidly leading up to day 14. We expect a little weight loss in the first couple of days and then they will make that up by 2 weeks of age.
- Cluster feeding does not stop there. It will continue throughout your breastfeeding experience. This is a skill that your baby is programmed to do. It is best to breastfeed on demand and try to stay away from scheduled feedings as this can interfere with their natural feeding rhythm that protects their growth and your milk supply.
- If you are concerned about milk supply see a lactation consultant early. You have about 4-6 weeks to establish a baseline supply, after that it gets more difficult.

Should breastfeeding hurt?

- NO. Breastfeeding should not be painful. The first few days may be uncomfortable but not be overly painful. The latch should not cause cracking or bleeding. Your nipple should be fairly round after feeding. If you are having cracking, bleeding or significant pain then you should work with a lactation consultant.
- Both Presbyterian and Lovelace have lactation consultants on staff that you can request to see before discharge. They both have outpatient breastfeeding clinics and you can schedule a one on one appointment. WSNM also has lactation services. When making an appointment just ask for a lactation or breastfeeding consultation and it will be scheduled with the lactation consultant.
- In the early weeks try the cross cradle hold, football hold, and laid back position. Learn more about positioning and latch mechanics in the breastfeeding class.

What products do I need to buy to support breastfeeding?

- One of the great things about breastfeeding is that it is inexpensive. You do not have to have anything on hand to start breastfeeding. I do recommend bringing home the tube of lanolin that the hospital gives you. Apply lanolin to tender nipples after feedings to help with healing. You may find that silver nipple cups are helpful to keep your shirt from sticking to your nipples in the early days. Some women like to have a breastfeeding pillow available to help with positioning but not a necessity. It is good to learn early how to latch without a pillow to help you feel more confident about the versatility of breastfeeding.

How can my partner support breastfeeding and be part of caring for baby?

- Have your partner do skin to skin in between feedings or about 20 minutes before the feeding to prime baby for a good latch. This also gives you an opportunity to eat, shower, or take a nap. Never under estimate the power of skin to skin. The more skin to skin the better feedings you will have and baby can do this not only with you but with your partner as well.

- While breastfeeding, your partner is on water and snack duty in the early weeks. You will find that you have increased thirst while feeding and that you feel hungry more often. Listen and respond to your body. Have large mug of water and a snack handy while feeding. This will also support a strong milk supply.
- At night, your partner changes the diapers and brings baby to you for feeds. After feedings your partner calms, burps, and puts baby back down so that you can go right back to sleep.

How do I know if my baby is getting enough milk from breastfeeding?

- You know of your baby is getting enough if your baby is calm and satisfied after most feedings.
- You know your baby is getting enough if your baby is feeding 8 or more times in 24 hours and is having 6 or more wet diapers in 24 hours. Baby should have frequent stool diapers usually daily.
- An exclusively breastfed baby's stool is yellow seedy. This is another good sign your baby is getting enough or the right nutrients from breastfeeding.

How long should I breastfeed my baby?

- The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months and continued breastfeeding with appropriate complimentary foods for 2 years and beyond as desired by the breastfeeding person and their baby.

Breastfeeding can be an amazing, beautiful time during parenthood. It comes with emotional vulnerability and tremendous personal growth. Be patient, take it one feeding at a time, and have realistic expectations. Ask for help when needed and most importantly do not compare your journey to anyone else.

Bringing Your Baby to Breast: Positioning and Latch

New babies have a stepping-crawling reflex that can help them seek out the breast. Give your new baby many chances to self-attach in the first few days. Right after birth is a good time to start. Keep your baby on your chest skin-to-skin. Babies often nurse about 10 to 12 (or more) times in 24 hours when they are using the self-attached way to latch.

How do I know when my baby needs to feed? What are hunger cues?

- Rooting (turning the head with searching movements of the mouth)
- Increased alertness (especially rapid eye movement, the wiggling of the eyes under closed eyelids)
- Bringing a hand toward the mouth, sticking out tongue
- Sucking on a fist or finger
- Mouthing motions of the lips and tongue
- Crying is a late feeding cue. If the baby is crying, calm the baby and attempt to feed

Positioning:

The first step to successful latching is correct positioning. The biggest key to correct positioning is to ensure that your baby is tummy to tummy with you. Make sure you hold baby close to your breast. Bring baby to you do not lean over to them.

Types of holds:

- Cross cradle (your baby is held in front of you, one hand is on the base of the baby's neck and the body is supported with that same arm)
- Football/clutch hold (the baby is held next to you with your hand on the base of the neck, baby's legs toward your back)
- Cradle/Madonna hold (baby is rested on your forearm, not in the crook of your arm, your forearm is brought closer to bring the baby to breast)
- Side lying (you are lying on your side, the baby is in front of you on his/her side, the arm that is higher is the one that helps bring the baby to breast).

Getting a Good Latch

- Start with your baby's nose opposite your nipple.
- Be patient and wait until your baby opens his/her mouth very wide.
- Move your baby to your breast, don't move your breast to your baby. Your baby's chin should reach your breast first.
- Once the baby opens their mouth, guide baby to the breast chin first. The chin will touch the breast first promoting the baby to come from under the nipple and up and over. This helps to create a wide gape with their mouth and they will take in a large amount of the areola and not just the nipple.

Latching baby to the breast

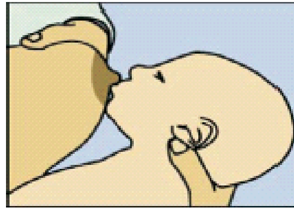

Figure 1. Tickle baby's lips to encourage him to open wide.

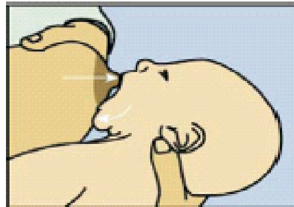

Figure 2. Point nipple to roof of baby's mouth and when open wide, pull him onto the breast, chin and lower jaw first.

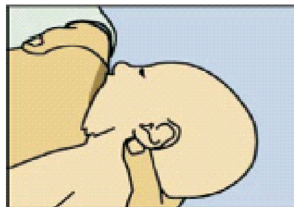

Figure 3. Watch the lower lip and aim it as far from base of nipple as possible, so the baby's tongue draws lots of breast into the mouth.

What if it Hurts?

Continued pain is a sign that you need help. You may feel an initial discomfort with the latch, especially as your nipples get use to breastfeeding, but if the pain continues throughout the feeding your latch may be incorrect. Break the seal by inserting a finger into the corner of the baby's mouth. You will feel the release of the suction and *then* move the baby back away from the nipple. Get the baby back into position and try latching again.

Nipple Care:

- Apply Lanolin after each breastfeeding attempt. No need to wash lanolin off.
- Ask you healthcare provider about All Purpose Nipple Ointment (APNO) if you are having cracking and bleeding. This ointment is prescription only. It helps to prevent infection for cracked and bleeding nipples and advances healing. Apply after each feeding. You do need to wash this ointment off before each feeding.
- You might consider wearing silver nipple cups in the early days of breast feeding to promote healing by keeping your bra or shirt from rubbing your nipples.

Change out breast pads as soon as they are damp. Not doing so will create an environment for bacteria and yeast to grow and will cause skin breakdown on your nipples.

For More Information

Women's Specialists of New Mexico Breastfeeding Clinic
call 505- 843-6168 and ask for a lactation appointment
Presbyterian Breastfeeding Support Services: 505-841-1773
Women's Hospital Lactation Support Services: 505-727-6797 (Mon-Fri 8a-5p, occasional weekends)
La Leche League: www.lalecheleague.org/
The La Leche League web site has lactation support information in several languages, connections for local La Leche groups and information on breastfeeding and the law
Local Albuquerque Chapter: 505-821-2511 Assistencia en espanol: Cindy 505-507-5264, 9am-7pm

Get your insurance covered free breast pump!
Not all women will need to pump. Your baby understands their job. Their job is to bring in a strong milk supply. This is why feeding on demand is so important. But there are some situations that may require you to pump. Your insurance provides a free double electric breast pump. Download the breast pump order form to access your benefit and follow the instructions. We recommend getting your pump in the 3rd trimester so that you have it before delivery. You do not need to bring the pump to the hospital.