

# Patient Education

## Preparation checklist

You can print this, fill it out, and bring it to the hospital with you.

There are many things you can do to prepare for your baby's birth and homecoming.

### Choose your baby's name.

My choices for a girl:

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My choices for a boy:

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### Choose one or two birth partners.

Birth partners are the people who help you during labor and delivery (your husband, mother, etc.).

My birth partners are: \_\_\_\_\_

### Plan transportation to the hospital.

How I will get there: \_\_\_\_\_

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How long it will take: \_\_\_\_\_

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### Know your options for pain relief.

You have a choice between natural childbirth and using medications. Some medications used during labor include:

- analgesics (to ease pain and help the body rest between contractions)
- anesthesia, such as an epidural (to numb certain areas).

Talk to your health-care provider about the risks and benefits before making a choice.

My pain relief plan: \_\_\_\_\_

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### Arrange for child care if you have other children.

You can plan to stay in the hospital after you deliver at least two days if you deliver vaginally and three days if you have a Cesarean delivery so you'll need child care until you go home. Make sure you have a backup plan in case you can't reach the first person you call.

Name

Phone number

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### Make a list of people you'll want to call after the baby is born.

Keep it in your bag.



Nursing bras/supportive bra  
Underwear (4 pair)  
Toiletries, hair products (barrettes/headband)  
Comfortable, loose fitting clothes to wear home

**FOR BABY**

Undershirt  
Going home outfit  
Receiving/extra blanket  
Hat  
Sweater  
Baby book to imprint footprints

**Don't forget to purchase an infant car seat.**

Your baby cannot leave the hospital without a car seat. When in a vehicle, all babies must ride in an approved infant safety seat. This is required by law. It should be installed facing the rear and in the rear seat only—never in a seat with a front air bag.\*\* Follow the seat and vehicle manufacturers' instructions carefully.

\*\*The back seat is safest for children ages 12 and under. If your vehicle has no back seat or you are absolutely unable to avoid transporting a child in the front seat, see a dealer or mechanic for information about a front air bag on/off switch. Also, if you have side air bags alongside seats occupied by children, ask the vehicle manufacturer if the side air bags should be deactivated. If you have questions, call the Auto Safety Hotline at 1-888-327-4236. Also, if you have questions about how to install a seat properly or if you want a listing of safety seat inspection locations near you, contact SeatCheck at [www.seatcheck.org](http://www.seatcheck.org) or 1-866-SEAT-CHECK (1-866-732-8243).

**Write a birth plan.**

**This is a written statement about your plans for the birth. For example, it may include your choices for:**

- pain relief
- who will be there for the birth
- who will spend the night with you while you're in the hospital
- whether or not you would like to limit the number of visitors after you deliver.

Make notes for your birth plan in the space below. Show these to your health-care provider.

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**Note: In emergencies, things may not go as you planned. Certain procedures or medications may be necessary to ensure your safety and the safety of your baby.**

**Decide if you will breastfeed or bottle-feed.**

When possible, breastfeeding is best for babies. Breastfeeding is the most natural and nutritious way to feed your baby. Many experts recommend it for at least the baby's first year. The superior nutrition provided by breastmilk helps your baby's IQ. Research shows that breastfed infants have fewer and shorter illnesses. Breastfeeding appears to decrease the risk of obesity, high blood pressure, ear infections, childhood diabetes, childhood cancers, SIDS, and respiratory infections. The benefits of breastfeeding appear to last even after the baby has stopped breastfeeding.

Before you give birth, it's important to decide if you will breastfeed. That's because you can usually begin breastfeeding as soon as your baby is born.

If you have questions about breastfeeding or bottle-feeding, talk to your health-care provider. Or contact:

- the Lactation Consultants at St. Vincent's Medical Center  
203-576-6087
- the La Leche League®  
1-800-LA-LECHE (1-800-525-3243)  
[www.lalecheleague.org](http://www.lalecheleague.org)
- your local WIC office.

In some cases, breastfeeding may not be possible. Your baby's health-care provider can recommend a formula that's best for your baby.

Questions: \_\_\_\_\_

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**Decide if you want your baby to be circumcised (if you have a boy).**

This procedure removes the foreskin from the penis. It is optional. Talk about the risks and benefits with your health-care provider. If you decide you want your baby to be circumcised, ask about circumcision care.

My decision: \_\_\_\_\_

**Choose a pediatrician.**

This is someone who specializes in infant and child care. He or she may want to meet you before your baby is born. If you don't have a pediatrician for your baby, ask your health-care provider for advice. You may also want

to check with your health-care plan. You should choose a pediatrician before your baby is born so that they can examine your baby shortly after birth.

My baby's pediatrician: \_\_\_\_\_

**Arrange for child care.**

It can save time to do this before your baby is born. If you plan to use a child-care facility, be sure to visit several before you make a choice.

My plans for child care:

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**Discuss your pregnancy with any other children you have.**

Children need to understand how a new baby will fit into their daily routine. Ask your health-care provider for tips on preparing children. The Family Birthing Center at St. Vincent's Medical Center offers sibling tours for children as well as childbirth classes, breastfeeding classes, baby care classes and tours for you.

For more information or to sign up for a tour or class, call  
203-576-5643.

## WHEN TO CALL

Everyone's labor is different, so it is impossible to predict when or how your labor will begin. Listed below are some guidelines to use to inform your caregiver. Ask your individual caregiver when they would like to be called. Even though the office may be closed, you can always call the office number and the answering service will contact your caregiver. If for some reason you do not get a call back from the caregiver within a 15-minute time period, then please call the service again. It may be possible that the wrong phone number was written down, or some other miscommunication occurred.

1. Call if your water breaks. Tell your caregiver the color and time that it happened. Your water may break whether you are in labor or not. If it is during regular office hours, you will probably be asked to come in to be checked. If it is after office hours, you will probably be instructed to go to the hospital to be checked.
2. Call if you have any vaginal bleeding. It is normal to have a small amount of thick brown discharge (mucous plug), or have blood streaked mucous (bloody show). You should not, however, have any bleeding that would seem like a period.
3. Contractions: If this is your first pregnancy, please call your doctor

when your contractions are five minutes apart (timed from the onset of one contraction to the beginning of the next contraction), lasting 45-60 seconds, and for one hour.

If you are scheduled for an elective cesarean section, please call at any time if you notice contractions.

Also, if you are very uncomfortable, call even if it doesn't fit the 5-minute time frame.

4. If for any period of time you notice a decrease in the level of activity of the baby, call the office.

### **Having a Cesarean Delivery**

Many patients wonder whether they'll need a cesarean. Sometimes your doctor knows the answer before labor even begins - if you have a placenta previa, for example, or if the baby is in a transverse lie (that is the baby is lying sideways within the uterus rather than head-down). But most of the time, neither you nor your doctor can know whether you'll need a cesarean until you see how your labor progresses and how your baby tolerates labor.

A cesarean delivery is performed in an operating room under sterile conditions.

The exact place on the women's abdomen where the incision is made depends on the reason she's having the cesarean. Most often, it is low, just above the pubic bone, in a transverse direction (perpendicular to the torso). This cut is known as a Pfannensteil incision or, more commonly, a bikini cut. Less often, the incision is vertical, along the midline of the abdomen.

A cesarean delivery takes 30 - 90 minutes to perform.

### **Anesthesia for a Cesarean Delivery**

The most common forms of anesthesia used for cesarean deliveries are epidural and spinal. Both kinds of anesthesia numb you from mid-chest to toes but also allow you to remain awake so that you can experience the birth of your child. You may feel some tugging and pulling during the operation, but you do not feel pain. Sometimes the anesthesiologist injects a slow-release pain medication into the epidural or spinal catheter before removing it in order to prevent or greatly minimize pain after the operation.

If the baby has to be delivered in an emergency and there's no time to place an epidural or spinal, general anesthesia may be needed. In that case, you are asleep during the cesarean and totally unaware of the procedure. Also, general anesthesia may be needed in some cases because of complications in pregnancy that make it unwise to place epidurals or spinals.

### **Reasons for Elective Cesarean Delivery**

The baby is in an abnormal position (breech or transverse)

Placenta previa

You've had extensive prior surgery on the uterus, including previous cesarean deliveries or removal of uterine fibroids

Delivery of twins, triplets, or more

### **Reasons for Unplanned but Non-emergency Cesarean Delivery**

The baby is too large in relation to the women's pelvis to be delivered safely through the vagina - a condition known as cephalopelvic disproportion (CPD), or the position of the baby's head makes vaginal delivery unlikely

Signs indicate that the baby is not tolerating labor.

Maternal conditions preclude safe vaginal delivery, such as severe cardiac disease

Normal labor comes to a standstill

### **Reasons for Emergency Cesarean Delivery**

Bleeding is excessive

The baby's umbilical cord pushes through the cervix when the membranes rupture (known as prolapsed cord)

Prolonged slowing of the baby's heart rate

### **Recovery from a Cesarean Delivery**

After the surgery is finished, you are taken to a recovery area, where you stay for a few hours, until the hospital staff can make sure your condition is stable. Often, you can see and hold your baby during this time.

During the first day you have a cesarean, you will spend most of the time in bed. After that, you will gradually increase your activity so you can build the strength you need to take care of yourself and the baby at home. The recovery time from a cesarean delivery is usually longer than from a vaginal delivery, because the procedure is a surgical one. Typically you stay in the hospital for 3 - 4 days, sometimes longer if complications arise.