Getting Ready!

The birth of a child is such a special event and we are delighted that you have chosen Fenway Health and Beth Israel Deaconess Medical Center to play a role in that experience. Because each birth is as unique as the family involved, we are committed to making every effort to accommodate your family's needs and wishes.

We have prepared this brochure and the other materials you will receive in this packet to help you and your family prepare for your baby's birth. Please ask your obstetrical provider any questions you may have about this information or about anything else that concerns you. We want to make sure that the childbirth experience is as healthy and happy as possible for you, your baby, and your family.

WHEN TO CALL YOUR PROVIDER

Please call your provider if you have any of the following. Please call any time. Someone is always available by phone.

- decreased fetal movement
- leaking fluid
- frequent menstrual-like cramping
- severe nausea and vomiting (not able to keep anything down for a whole day)
- bleeding from your vagina
- discharge from the vagina that smells bad, itches, or causes pain
- pain or burning with urination
- pain in the lower abdomen
- severe headache not relieved by Tylenol (acetaminophen)
- fever of more than 100 degrees
- you think you have been exposed to a contagious disease
- severe depression or emotional upset
- someone in your life making you feel unsafe

As your baby's birth gets closer, there is a lot to do! Here are some things you will want to take care of in the weeks before your baby arrives.

PARENT EDUCATION CLASSES

Part of getting ready to have a baby is learning as much as you can about pregnancy and the birth process. Parent education classes can help. Information on available options can be found at www.bidmc.org/childbirth.

CHOOSE A PEDIATRIC PROVIDER

You will need to take your baby for a visit to a pediatric provider within a few days after discharge from the hospital. Therefore, it's important to choose someone well before you give birth. If you don't have someone in mind, your obstetrical provider may have a recommendation. Your baby will see a pediatrician while still in the hospital. If the pediatric provider you choose does not have privileges at BIDMC, your obstetrical provider will arrange for a staff pediatrician to care for your baby in the hospital.

Many parents find it helpful to meet with one or more pediatric providers before the baby is born. An introductory meeting can help you make sure you are choosing someone you will be comfortable working with as your baby grows. Meeting with a pediatric provider also gives you a chance to discuss the benefits of breastfeeding, vaccinations your baby will need, and whether or not to circumcise.

OTHER THINGS TO CONSIDER INCLUDE:

Training and credentials:
Is the pediatrician certified by the American Board of Pediatrics? Where did they receive training? You might find it especially helpful to ask family and friends in your community for recommendations and information about first-hand experiences.

Coverage:
Where will your baby be seen if illness arises during non-office hours? Who covers for your provider when they are not available? If your baby ever needs admission to a hospital, where will they go?

Accessibility:
How does the office handle parent phone calls? Is telephone advice available? How quickly can your baby be seen?

Convenience:
Will travel to the office be an issue? Remember, your visits to the pediatric office will be frequent in the first years of your baby's life.

DECIDE ON A FEEDING METHOD

You'll need to decide how you will feed your baby.

The American Academy of Pediatrics recommends that all babies receive only breast milk for at least the first six months of life, and then breast milk in combination with solid foods until at least 12 months of age.

Breast milk is more easily digested than formula. It contains a balance of nutrients that is ideal for your baby, and it has antibodies and special cells that help protect from infections. Breastfeeding may also help protect your baby from health problems later in life, including obesity, heart disease, allergies, and some types of cancer. Health benefits for the breastfeeding parent have also been shown, including a lower risk of breast cancer and ovarian cancer; a lower risk of diabetes, high blood pressure, and obesity; improved bone density; and possibly a faster return to pre-pregnancy weight.

Many of the organizations that offer childbirth classes also offer classes or additional information on breastfeeding. Ask for more information when you register for childbirth classes.

You can continue to provide breast milk for your baby after you return to work. Many resources are available to support breastfeeding when returning to work. More information is available from your obstetrical provider, a lactation consultant at Fenway Health 617.927.6300, BIDMC 617.667.5765, or from the La Leche League 800.525.3243. Additional information is available online at www.womenshealth.gov or from the Massachusetts Breastfeeding Coalition at www. massbfc.org

If you decide that breastfeeding is not the best choice for you, most pediatricians will recommend you use a formula based on cow's milk protein with added iron. There are many brands to choose from. Content and nutritional value are regulated by the Food and Drug Administration, so all common brands are very much alike. You do not necessarily have to use the brand of formula your baby receives in the hospital.

For some formula-fed babies, special formulas are needed. This may be because of allergies or other concerns. If you have a strong family history of allergies, or if you have other questions about formula, please speak to your pediatric provider.

INFANT CAR SEAT

Don't forget to get an infant car seat for your baby and learn how to use it correctly before you go to the hospital. You should do the following things before your delivery:

Take the car seat out of the box and become familiar with the straps, buckles, and adjustment mechanisms.

Practice installing the seat in your car to be sure you know how to do it. You may want to have your installed seat inspected to be sure it is installed correctly. You can find a certified child passenger safety seat technician in your area by going to www.seatcheck.org or by calling 1.866.SEAT.CHECK (1.866.732.8243). Many car seats come with a base and this should be securely installed before you head to the hospital.

Remember, it is both illegal and unsafe for your baby to travel in a car without being securely and safely restrained in a properly-installed car seat.

Please note:

The seat you choose for your baby should be an infant car seat. The seat must be less than 6 years old, have all of the necessary pieces including a chest clip for the shoulder straps and the operator's manual. Additional car seat features for small infants include shoulder straps that are 7 inches from the base in their lowest position and a crotch strap that is about 3 1/2 inches from the back in its closest position. If your baby is small or premature, the baby may be monitored in the car seat before you leave the hospital. Some babies need to travel in a car bed due to their size or medical condition.

The hospital staff will help you should your baby need extra assistance to travel.

For additional guidelines from the American Academy of Pediatrics, please visit www.healthychildren.org.

MAKE ARRANGEMENTS FOR YOUR HOSPITAL STAY

Be sure you know how to reach your obstetrical provider when you go into labor. (More information on signs of labor is included in this packet.)

Talk with your family about the support person(s) you've chosen for your labor and birth. This is an important choice for you and an honor for those you select. Make sure those you select are willing and able to be there with you, and inform other family members or friends how they may visit you once the baby is born and you are in your postpartum room. Those supporting you will receive a badge that allows them to be with you in labor and delivery.

Make sure your obstetrical provider knows your wishes about labor and birth. Ask any questions you may have. Ask about signing a Massachusetts Health Care Proxy form. This is a step we recommend for all BIDMC patients. It tells your doctor who has the authority to speak on your behalf regarding your health care if you ever become unable to speak for yourself.

It is important to plan how you will get to the hospital. If you have other children, make arrangements for someone to care for them when you go into labor or need to come to the hospital. Make these plans well in advance as most babies are not born on their due dates and many come early.

You will also need to plan how you will get home from the hospital. Please be sure you have an infant car seat installed correctly in the car the baby will travel in.

FIND OUT ABOUT INSURANCE COVERAGE

Check with your insurance company regarding coverage for both you and your baby. Typically, insurance pays for two nights in the hospital if you deliver vaginally and four nights if you have a cesarean birth.

Ask if your insurance plan covers a home visit by a visiting nurse. Find out if this is available for everyone, or only for people who choose to leave the hospital early.

Make sure you know how to add your baby to your family health insurance plan.

If you do not have health insurance or another way to cover your hospital bill, please call our financial assistance office at 617.667.5661. Someone will be happy to help you.

PLAN YOUR RETURN TO WORK

If you will be returning to work after your baby's birth, be sure to begin your search for child care early. You will want to have enough time to find someone you are comfortable with. Many resources are available to help you in your search. A good place to start is by dialing 2-1-1 to reach "Mass 2-1-1," which provides free information on health and human services resources in the state.

Find out about any leave or disability insurance you may be entitled to through your employer.

Begin to explore ways you can continue breastfeeding after you return to work. There are many resources available in print and online that can help. Talk with your employer about a private area where you can pump your milk while you are at work.

AM I IN LABOR?

Symptoms of labor vary from person to person. Labor for one pregnancy may be different from labor for the next. Here are some general guidelines that may help you decide if you are in labor.

IT *MIGHT* BE LABOR IF:

- contractions start to occur at regular intervals
- contractions occur more than four times an hour
- contractions begin to last longer and get stronger and closer together
- contractions continue after drinking several glasses of water
- contractions continue when you change positions, rest, or empty your bladder
- there is a bloody discharge from the vagina
- there is gushing, leaking, or trickling of water from the vagina (broken bag of water, or ruptured membranes)

During the last weeks of your pregnancy, you will meet more frequently with your obstetrical provider.

You will learn a lot about how to monitor your progress and when to call your provider. Here are some of the things you might discuss with your provider.

Most babies are born between 37 and 42 weeks of pregnancy. Labor that starts before 37 weeks is known as "preterm labor." Preterm delivery increases the risk of health problems for your baby. Let your provider know right away if you have any symptoms of labor (see box) before 37 weeks.

Most people have frequent "practice" contractions, or tightenings of the uterine muscle during the last weeks of pregnancy. These contractions are usually not painful and should not occur more than four times an hour.

Contractions that come with the onset of true labor are usually painful, more frequent, and come with other symptoms.

Early labor is sometimes called the "latent phase." During this time, the cervix (the opening to the uterus) begins to thin and open. Contractions are usually mild or moderately uncomfortable, coming every 5 to 20 minutes. This phase may last a few hours or even longer, especially in first pregnancies.

In general, we recommend that healthy people stay at home during the latent phase. Spend some time walking and some time resting. Do what is comfortable for you. Drink plenty of fluids and eat lightly (to avoid nausea and vomiting). Use techniques to help you relax, such as slow, deep breathing. Some people find a bath or shower comforting.

If at any time there is fluid gushing or even slowly leaking from the vagina, call your provider. This may indicate ruptured membranes, also known as a broken bag of water. Your provider will advise you as to next steps if this happens.

As labor progresses, your contractions will start to get stronger and closer together. Contractions may be 3 to 5 minutes apart, and last 45 to 90 seconds each. You may have trouble talking during your contractions. These symptoms usually signal the onset of the "active phase" of labor, when dilation progresses more rapidly. People are normally admitted to the hospital once the active phase has begun.

Talk with your provider about when you should call or come to the hospital. Your provider will consider your stage of labor and other factors such as where you live and your previous history in deciding when you should call or come to the hospital.

When you come to the hospital, come to the **EAST CAMPUS** and enter through the Feldberg lobby, which is the main east campus entrance at 330 Brookline Ave. From the lobby, proceed to the 10th floor. Wheelchairs are available in the lobby if you need one. There is a garage next to the lobby, and discounted parking is available if you have your parking ticket validated in the lobby.

WHO WILL SUPPORT YOU IN LABOR?

You choose who will best support you during your labor and the birth of your baby. As your due date approaches, be sure you have talked to those who will be supporting you about what you need.

It's a good idea to let other family and friends know ahead of time that you'd prefer they wait to visit until you are in your post- partum room.

Our staff will welcome those supporting you in your room. On occasion, staff may need to limit the number of people in the room for safety or privacy reasons.

WHAT ARE NORMAL FETAL MOVEMENTS?

You should feel your baby move daily. If you think your baby is not moving normally or there is a change from what you have normally been experiencing, you may want to do a kick count. Most people don't need to do this, but in certain circumstances your provider may ask you to count how many times your baby moves. Ideally you want 10 movements in 2 hours. A movement can be a kick, a swish, a turn, or a flip of the baby.

SHOULD I CALL MY OBSTETRICAL PROVIDER?

You and your doctor will talk in detail about when you should call or come to the hospital once labor has begun.

In general, **if this is your first baby,** you should call your doctor if you have one hour of regular contractions that:

- you are unable to talk through, and
- are 45 to 60 seconds long, and
- occur every three minutes if you live within 30 minutes of the hospital,
- or occur every five minutes if you live farther away.

In general, **if this is not your first baby,** you should call your doctor if you have one hour of regular contractions that:

- you are unable to talk through, and
- are 45 to 60 seconds long, and
- occur every five minutes if you live within 30 minutes of the hospital,
- or occur every ten minutes if you live farther away.

IMPORTANT:

The guidelines given here should be used only if you are 37 weeks pregnant or more. If you experience any symptoms of labor before 37 weeks, please call your provider right away.

Call for ruptured membranes:

As noted, please call any time you have a gush or trickle of fluid from the vagina, whether or not there are contractions.

In any emergency, please call 911 for help.

During labor, your contractions cause the cervix to open so that your baby can be born. This is called "dilation." The cervix must dilate to about 10 centimeters before your baby will be born. The cervix also becomes shorter and thinner during labor. This is called "effacement." Effacement is measured in percentages. When the cervix is 100% effaced, it is completely thinned out in preparation for birth.

As labor progresses, your contractions help the baby's head move down into the birth canal. You may hear the doctors and nurses talking about the position of the baby's head or "station." The station is measured according to where your baby's head is in your pelvis. A negative number (-3, -2) means your baby's head is high in the pelvis. A station of "0" means the head has moved down. The head is at +4 or +5 right before birth.

SUPPORT PERSON POLICY IN LABOR AND DELIVERY

We recognize that families play an important part in the birth process and are vital members of the health care team. Family members and support persons, as identified by the patient, provide support, comfort, and important information regardless of time of day or day of the week.

It is recommended that you discuss your choice for labor support persons ahead of time with your family and friends. Being a support person is a great honor and responsibility for those you choose. It's helpful for you to know ahead of time that those you have chosen are willing and available to be with you during this experience. It's also best to let others know that they are welcome to visit you in your postpartum room after you leave the labor and delivery unit.

All family/support persons will be asked to sign in at the registration desk in labor and delivery. We keep a log of everyone who has signed in. Each visitor is given a badge to wear while in the unit. Before any visitors go to your room, staff at the registration desk will confirm with you and with the primary nurse that it's okay for them to come in.

Please ask family members and those you'd like to support you not to come to the hospital if they develop a contagious illness. This is for your safety. Our staff may ask your family/ support persons certain questions about symptoms to make sure they are not sick. While you are in labor, there may be circumstances in which staff will ask your support persons to wait in a comfortable area outside of your room. Also, in order to make sure we protect the safety and privacy of all our patients, we ask that those visiting you do not stand or wait in the hallways.

ACTIVE LABOR

The "active phase" of labor usually begins when the cervix is four to five centimeters dilated. In active labor, your contractions are more regular, last longer, and are more intense than they were in the latent phase. This is when you will want to use controlled breathing and other techniques you learned during childbirth preparation. Please discuss your goals for your labor with your nurse soon after your arrival in labor and delivery. Your nurse can show you a variety of positioning and movement techniques, and can explain the use of a labor ball or a shower to help your labor progress. Some of these techniques can be used in conjunction with pain-relief medication or procedures; others are best used in non-medicated births. Your nurse will talk with you about what might work best for your labor.

As you labor in the hospital, you will be cared for by a team of providers. This team works with your obstetrical provider. Members of the team include a registered professional nurse (RN) and physician residents—doctors who have completed medical school and are receiving advanced training in obstetrics. Residents always work closely with your obstetrical provider. Depending on your needs, others may be involved in your care as well, including an anesthesiologist (who can help provide pain relief during the birth), a neonatologist (a specialist in newborn care), or a neonatal nurse practitioner (a registered nurse with specialized training in the care of newborns). You may also see medical or nursing students who work alongside your health care team. The names of the doctors and nurses caring for you will be written on the white board in your room. If you ever have any questions about who is providing care, please be sure to ask. If you do not want students to be involved in your care, please let a member of our staff know.

A fetal monitor will be placed on your abdomen when you come in for labor. This gives us information about your baby's heart rate, your contractions, and how your baby is tolerating the labor. Once this first assessment is done, the monitor will be used as needed during the labor to see how your baby is doing.

Sometimes, ongoing (continuous) monitoring is best. Ongoing monitoring may be external as described above or may be internal. Internal monitoring is when a small electrode wire is placed on your baby's head. Your care team will explain in more detail if ongoing and/or internal monitoring is needed.

The last part of active labor is called "transition." During transition, the cervix becomes fully dilated and the baby begins to move into the birth canal. This may be the shortest phase of labor for many people, but it may also be the most intense. Strong contractions occur every two to three minutes and last for 60 to 90 seconds. You may feel pressure in the rectum and/or an urge to push.

All through your labor, your care team will be monitoring your condition and that of your baby using a variety of methods. Your nurse will be helping you with position changes, using techniques to facilitate the proper movement of your baby into the pelvis.

Sometimes, your obstetrical provider may decide that medication or other interventions are needed based on how your labor is progressing and how your baby is responding. For example, a medication called Pitocin can be given intravenously if your labor is not progressing. In some cases, instruments can be used to help with your baby's birth if this is needed. As always, ask any questions or raise any concerns you have about your care.

The obstetrical anesthesia department at BIDMC offers information sessions on pain control during labor and delivery. Call 617.667.3353 to learn more.

PAIN CONTROL DURING LABOR AND DELIVERY

There are a number of methods you can use to help with the pain of labor. Many patients attend childbirth classes and learn relaxation techniques that help them manage labor. There are also several types of pain medication available. If you decide you would like pain relief, your nurse, doctor, and an anesthesiologist can help you choose the best option. You will be asked to "grade" your pain on a scale from 0-10, where 0 means no pain and 10 means the worst pain you can imagine. For more information on pain control options, including risks and benefits of each, please call our department of anesthesia at 617.667.3353 and ask about the information sessions on pain control during labor and delivery.

PAIN MEDICATION, OR ANALGESICS

Pain medications are available through an intravenous (IV) line. Sometimes these are used before choosing an epidural.

EPIDURAL ANESTHESIA

An epidural involves injecting medicine into the epidural space in your lower spine. This helps block pain signals going to your uterus. While you are sitting up or lying on your side, a small area on your lower back is numbed, a small needle is inserted, and a thin tube is threaded through the needle. The needle is removed, and your medication is given through the tube. With an epidural, you may feel the pressure of your contractions, but not the pain. An epidural does not affect your baby, the progress of your labor, or your chance of having a cesarean delivery. Your epidural will be attached to a pump that will give you medication for as long as you need it. You may also receive patient-controlled epidural analgesia (PCEA). With PCEA, you are given a button you can press to give yourself a little more medication. You should press this button only if you feel pain, and only you should press the button. The machine is programmed so that you cannot give yourself too much medication.

SPINAL/EPIDURAL COMBINED TECHNIQUE

Sometimes a single injection of medication can be given deeper into the sac that surrounds the spinal canal at the time an epidural catheter is placed. This provides fast pain relief that lasts several hours. After that, additional epidural medication can be given as described in the previous section.

SPINAL ANESTHESIA

In spinal anesthesia, medicine is injected through a small needle into the sac below the bottom of the spinal cord. The medicine numbs the body from the waist down. With a spinal, you cannot feel or move your lower body. Spinal may be used during vaginal delivery if forceps are needed. It is also sometimes used during cesarean delivery.

LOCAL ANESTHETIC

Numbing medicine will be given if needed before stitching any laceration or episiotomy.

CESAREAN BIRTH AND VBAC

Cesarean birth, sometimes called c-section, is an operation that delivers your baby through your abdomen. In some cases, a vaginal birth was planned but cesarean birth is needed to ensure everyone's health (unplanned cesarean). In other cases, a cesarean birth is planned (planned cesarean, repeat cesarean, or elective cesarean). This section tells more about when cesarean might be done and describes pain control used during cesarean birth. Information about vaginal birth after cesarean (VBAC) is also given. If you know you are having a cesarean, you will receive additional information about preparing for this surgery before you come to the hospital.

UNPLANNED CESAREAN

A decision is sometimes made during labor to deliver the baby by cesarean. This may occur when the baby is too large to pass through the pelvis or when the baby is not tolerating labor well. In rare instances, emergency cesarean is needed if your life or the baby's life is in danger.

PLANNED CESAREAN

Sometimes, your obstetrical provider will recommend a cesarean birth because of certain factors in your pregnancy. Examples of when a cesarean may be recommended for a first or subsequent birth include: the baby's position (including breech), an abnormal location of the placenta (such as placenta previa), multiple gestation (such as twins or triplets), an active genital herpes infection.

REPEAT CESAREAN

If you have had a cesarean birth in the past, you and your obstetrical provider may decide on a repeat cesarean for this pregnancy. Because there are some medical risks to undertaking a vaginal birth after cesarean (VBAC, see below), the decision to attempt VBAC is individualized and is made in consultation with your obstetrician. Based on this consultation, a repeat cesarean delivery may be planned.

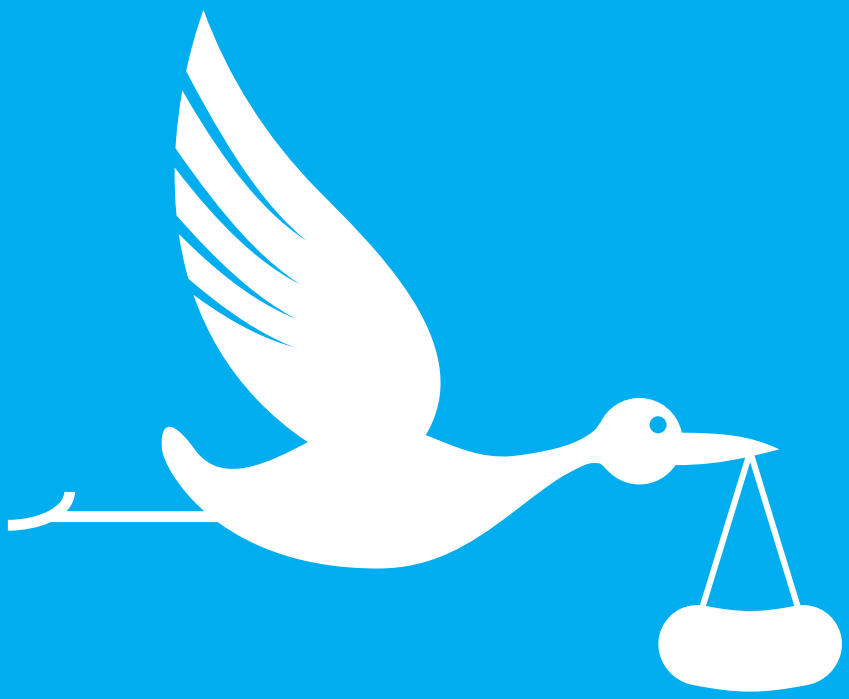
Some people who have had cesareans in the past are not candidates for VBAC and it is recommended they instead have a repeat cesarean delivery. These people include those with classical (vertical) uterine incisions, people with two or more previous cesarean deliveries, those with uterine scars from fibroid surgery that are incompatible with labor, and those with certain other medical conditions.

VBAC

This stands for "vaginal birth after cesarean." It is when a person who has had a cesarean in the past goes through labor and has a vaginal delivery. The American College of Obstetricians and Gynecologists has determined that a "trial of labor" after previous cesarean delivery is an acceptable option for selected people. If you have had a cesarean in the past, talk with your obstetrical provider ahead of time about whether trying a vaginal birth is a good choice for you. BIDMC supports selected people in attempting a VBAC, and the medical center has the required supports to safely offer this option to those who medically qualify for it. The decision to select VBAC is individualized, and is made after counseling from your obstetrician about the risks and benefits for you and your baby.

ELECTIVE CESAREAN

Elective cesarean is cesarean delivery by choice. Elective cesarean needs to be discussed with the obstetrician ahead of time. At BIDMC, some obstetricians will perform this procedure, but only after a thorough discussion with the patient about the risks and benefits, and only if the obstetrician and the person believe it is safe and in the best interest of both the person and the baby. Experts are studying this option. It is not yet known whether there are true long-term benefits to this choice. If you want more information, please talk with your obstetrician.



Most often, your baby will be placed on your body right after the birth. Your baby's body will be covered with normal fluids and some blood. Sometimes, a white "cheese-like" substance is seen on the baby's skin. This is called vernix and helps protect the skin. If needed, a nurse will suction secretions from the baby's mouth.

After the birth, you may feel a variety of emotions. Some people expect they will feel a certain way after the birth, and then get worried if different emotions arise. For example, you may feel relief and elation when you first see your baby. Or you may feel confused, worried, or detached. You may have a combination of these or other feelings. Remember, you may need to give yourself some time to recover from the birth and to get to know this new member of your family. A period of adjustment after a baby's birth is normal and is different for everyone. However, please speak up and tell your providers any time you are worried about how you are feeling.

THE FIRST HOURS AFTER BIRTH

Here is what you can expect as we begin to help you care for your newborn.

We encourage you and your partner to hold your newborn as soon as possible. The hours right after delivery are the perfect time to begin to develop a close relationship with your new baby.

Plan to have some unhurried skin-to-skin time with your baby during the first hours. Skin-to-skin contact can help your baby stay warm and will encourage your baby to suckle if you are breastfeeding.

If you plan to breastfeed, we encourage you to begin soon after birth—within the first hour is ideal. Most babies are awake and alert right after birth but have a prolonged sleepy period later. Babies who have the chance to breastfeed before this sleep time tend to "catch on" more easily to breastfeeding. As long as your baby is medically stable, you don't have to wait for them to be washed or weighed before you begin to breastfeed.

Right after birth, a nurse will place an identification band on your baby's ankles. The number on the band will match the number on your band. It will also match the number on a band worn by another person you have chosen. During your stay, the nurses will check these numbers whenever you or your chosen individual take your baby out of the nursery, and every time the baby is brought to your room.

After delivery, you will stay in the delivery room for a time so that we can monitor your recovery. If needed, your episiotomy or any tear in the vaginal area will be repaired with stitches. A local anesthetic may be used if needed before the stitches are put in. You may hold your baby while you are recovering in labor and delivery.

A nurse will check the baby's temperature, heart rate, and breathing. The baby will be weighed and measured before leaving the delivery room. If needed, a neonatologist (a specialist in newborn care) is available to evaluate your baby.

After a few hours, your family will be moved to a hospital room on the obstetric floor. The postpartum nurse will check the baby's tags and temperature. An additional physical exam will also be completed. We encourage you to keep your baby in your room as much as possible.

It is important that your baby receive these tests. If the blood screening has not been completed before you go home, this can be done through your pediatric office. If we are unable to schedule your baby's hearing screening before discharge, someone from our audiology department will contact you to arrange the testing. If screening for heart defects has not been completed, ask your pediatric provider for advice.

ROUTINE TREATMENTS AND SCREENING TESTS

Your baby will receive a number of routine treatments and screening tests in the first hours and days of life.

Treatments

EYE OINTMENT – Soon after your baby is born, erythromycin eye ointment will be placed in their eyes. This is an antibiotic that prevents an eye infection caused by organisms the baby may have been exposed to during delivery. This treatment is required by state law and is strongly recommended by the American Academy of Pediatrics (AAP).

VITAMIN K – Your baby will also receive a shot of Vitamin K into the thigh to provide some of this vitamin until their body can make more. Babies without enough Vitamin K can have serious bleeding problems. This shot is strongly recommended by the AAP.

HEPATITIS B VACCINE – Before you take your baby home, they should also receive the first "baby shot"—the first dose of hepatitis B vaccine. This immunization protects against the hepatitis B virus—a common cause of serious liver infections in older children and adults. There are minimal risks with this shot, which is given in the baby's thigh. Side effects, which are rarely seen in babies, can include swelling where the shot is given and a mild fever. Later doses of this vaccine are given with other routine shots at regular pediatric check-ups (at one or two months and between six and 12 months). More information on the vaccine, and a form for you to sign that gives us permission to give the vaccine to your baby, are in the folder you will receive on the postpartum floor.

Screening tests

For many illnesses and conditions, early detection and treatment are extremely important. In some cases, problems cannot be seen by examining the baby. Sometimes screening tests can reveal hidden problems so that treatment can begin. Babies born in US hospitals receive certain screening tests required by law. (You have the right to decline testing due to sincerely held religious beliefs. If you wish to decline, please notify your nurse.)

At BIDMC, your baby will receive the following screening:

BLOOD TESTS – All babies born in US hospitals have blood tests to screen for several rare diseases that can be treated if they are found early. You may hear hospital staff refer to this as "the PKU test" because the test for phenylketonuria (PKU) was the first newborn screening test that was developed. Now we test for PKU and several other rare diseases.

The nurse will draw a few drops of blood from your baby's heel. This is enough for all of the tests. The tests are most accurate when the blood is drawn at least 24-72 hours after birth, and after the baby has had a number of feedings. The blood is sent to the New England Regional Screening Laboratory. The lab will contact your baby's health care provider if there are any abnormal results. More information on the screening tests is available in the folder you will receive on the postpartum floor and in the paper you will receive once the blood sample is obtained from your baby.

HEARING TESTS – Another test required by state law is hearing screening. Approximately 4 in 1,000 infants are identified with some degree of hearing loss. When hearing loss is identified early, treatment can begin so that the baby's speech, language, and learning can better develop.

This is a simple test that is performed while your baby is sleeping. You will find out the results right after the screen is completed. If your baby does not pass this first screen, a re-screen or further testing will be arranged with the help of the hearing specialist (audiologist). The cost of hearing screening should be covered by your health insurance. If for some reason your insurance company will not cover this cost, it will be covered by the state.

SCREENING FOR HEART DEFECTS – About 18 out of every 10,000 babies born in the US have a serious heart problem. Sometimes, babies with life-threatening heart defects seem fine just after birth, but develop serious problems within the first days or weeks of life. Finding heart defects early can help prevent problems later on. Before discharge, your baby will receive a simple screening test in which small sensors are placed on the baby's right hand and a foot to measure the oxygen level in the blood. The test only takes a few minutes and is completely painless. Low oxygen levels can sometimes, but not always, be a sign of a heart problem. If your baby's oxygen level is low, the pediatric doctor caring for your baby will talk with you about what to do next. More information on this screening test can be found in the packet you will receive when you come to the hospital.

Other tests your baby may need

Sometimes, babies need to be tested to make sure they don't have an infection or a problem with blood sugar. Finding and treating these problems early will help make sure your baby stays as healthy as possible.

TESTS FOR INFECTION - Sometimes, babies can be exposed to infection during late pregnancy or delivery. Newborn babies who might have an infection need to be evaluated so that treatment can begin right away if infection occurs.

Your health care team will review the history of your pregnancy and your baby's birth. If there is a risk of infection, your baby will be evaluated in the neonatal intensive care unit (NICU). Transfer to the NICU for this evaluation does not necessarily mean your baby is sick. The transfer is done because the NICU is the best place for newborn specialists to fully evaluate your baby. Once the evaluation is complete, your baby will be moved to the postpartum floor if they do not appear ill.

As part of the NICU evaluation, we will do blood tests on your baby, which require less than 1/2 teaspoon of their blood. These blood tests help us see whether or not your baby needs treatment for infection. The two main tests are:

CBC: The first blood test, a CBC (complete blood count), shows if the baby's body is responding to a possible infection. The CBC results are ready within a few hours. If the CBC and/or the history suggest an increased chance of infection, the baby will be given antibiotics through a baby-sized intravenous (IV) line. After the IV is in place, the first dose of antibiotics will be given in the NICU. The remaining doses will be given in the nursery on the postpartum floor if the baby is not showing signs of illness.

Blood culture: The second blood test is called a blood culture, and it takes a few days before the results are complete. This test shows if there is an actual infection in the blood. If no infection is seen on this test in 48 hours and the baby continues to be well, any antibiotic treatment that has been started can usually be stopped. If an infection is present or is highly likely, the antibiotic treatment will be continued for a longer time—usually at least seven to ten days. If this happens, your pediatrician will give you more information about what to expect.

TESTS FOR LOW BLOOD SUGAR - Babies who are either large or small for their age, and/or babies whose parents had diabetes during pregnancy, have a greater chance of having low blood sugar in the first hours of life. The nurses will check the blood sugar on these babies within an hour of birth, and every one to two hours after that until at least six hours after birth. These tests require only a drop of the baby's blood and can be done in the delivery room or on the postpartum unit. Babies with low blood sugar may need some extra sugar that can be obtained through feeding. If you are breastfeeding, you will be encouraged to breastfeed early and frequently. If you have chosen not to breastfeed, we will work with you to determine what feedings your baby might need. In rare cases, a baby with low blood sugar may need to be admitted to the NICU for IV sugar.

Jaundice

Babies often become yellow (jaundiced) in the first week of life. The yellow color happens because red blood cells in the newborn break down and release a substance called bilirubin. The bilirubin makes the skin appear yellow. This is not dangerous for the baby unless the levels get very high or in rare cases when the jaundice is caused by a more unusual underlying problem.

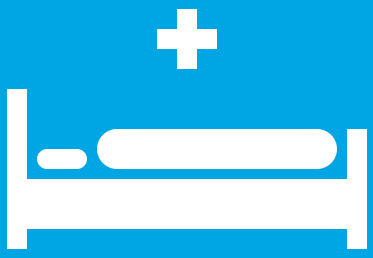
Before you leave the hospital, we will check the baby's bilirubin level. This requires less than 1/2 teaspoon of blood and is usually drawn at the same time as the newborn screening blood tests. Babies with high levels may need phototherapy—a treatment where the baby is placed under special blue light to get rid of the bilirubin. Very rarely, blood transfusion is needed.

If your baby's bilirubin is elevated before you go home, your baby's health care provider will discuss this with you. Babies are usually most yellow at four to five days of age, so you may not see jaundice until after you leave the hospital. If you notice that your baby looks yellow after you go home, you should call your pediatric office for advice.

Circumcision

If you want to have your son circumcised in the hospital, please discuss this with your obstetrical provider. You will learn about the procedure and sign a consent form. Medication is recommended for pain relief during this procedure.

If you are not sure about whether to have your son circumcised, talk to your baby's pediatric provider. Also, if you think you might wait until later to decide, you should realize that circumcision after discharge from the hospital (except in the case of ritual Jewish circumcision) is usually done in an operating room with anesthesia.



YOUR STAY IN THE HOSPITAL

After your baby is born, you will be moved to a postpartum room where you will stay until you leave the hospital. There, you will find a flexible and relaxed environment where you can recuperate, get to know your baby, and receive personalized care. Most people stay in the hospital two nights after a vaginal birth and four nights after a cesarean. We encourage you to keep your baby in your room as much as possible while you are in the hospital. We call this "rooming-in." There are many health benefits to rooming-in for both you and your baby when you stay together throughout your hospitalization. This helps you get to know one another more quickly and is also important in the establishment of breastfeeding.

SAFETY FOR YOU AND YOUR BABY

Safety practices and policies are in place to protect you and your baby. A list of these will be available to you on the postpartum unit. Please review them now so that you will know what to expect.

If a staff member is taking your baby out of your room, they must have a hospital ID badge with a blue background. If the person does not have a Beth Israel Deaconess ID badge with a blue band behind the name, do not allow the person to take your baby.

If your baby has been away from you, the staff will check the baby's ID bands with you before you and your baby are reunited.

Security doors protect the entrance to the postpartum unit. Your family and friends must ring a bell to enter and exit the unit. Once inside, they must sign in at the desk and receive a visitor's pass.

Please do not leave your baby alone in the room.

Please do not take your baby off the unit until it is time for you to go home.

Never leave the baby alone on the bed.

If you are adjusting your bed, please make sure the baby's crib isn't too close to the bed. The crib can get caught in the bed as it moves, which could cause the baby to fall.

It's important for babies to be held and cuddled a lot in the first weeks and months of life. We encourage you to hold your baby often, especially skin-to-skin. Please do not hold the baby in your bed if you are feeling tired or sick. Your baby could fall or be injured. Ask your nurse for help in these situations. Always place your baby back in the crib if you are going to sleep.

Always place your baby on their back to sleep. This has been shown to reduce the chance of sudden infant death syndrome, or SIDS.

At BIDMC, we are always working to promote patient safety. We believe that communication between patients and staff is an important part of this effort. Please be sure to ask questions about anything you don't understand. If something doesn't seem right, or if you are concerned about your care or that of your baby, please speak up. It is always okay to ask a question, or to ask the same question more than once. Ask any questions you have about medications, routine care practices, or the identity and role of anyone who enters your room.

If English is not your preferred language, or if you are deaf or hard of hearing, please ask for an interpreter or certified deaf interpreter when having important conversations with medical staff, or when you or your baby are having medical tests.

VISITORS

At BIDMC, your visitors are welcome.

We try to strike a balance between helping family and friends give a warm welcome to a newborn, and making sure parents get the rest they need after giving birth. We encourage you to rest when your baby is resting. We also want to be sure parents and babies have time together to get to know each other and learn to breastfeed. The baby's other parent is welcome any time, and siblings are also encouraged to visit whenever they can, according to the wishes of the parent. (Please make sure small children who will be visiting don't have contagious illnesses.) Relatives and friends may visit at the discretion of the parent.

All visitors in obstetrics must obtain a visitor's badge at the nurses' station. The badge must be visible at all times and must be changed every 24 hours. The only people who can transport the baby to and from the nursery are the parent and a second person the parent designates at the time of delivery.

LEARNING TO CARE FOR YOUR NEWBORN

From the start, you are strongly encouraged to participate in your baby's care. Research has shown that this early contact greatly increases the confidence new parents have when they leave the hospital.

Your postpartum time in the hospital is short. We will do everything we can to guide and support you as you learn to care for your newborn. Your nurse will talk with you about holding, bathing, and feeding your baby. In addition, please be sure to check out the Newborn Channel on the TV in your room. This is provided free of charge to all patients. The Newborn Channel is available in both English and Spanish. It is also accessible online at www. thenewbornchannelnow.com. Just ask your nurse for the password when you are in the hospital.

You will also receive a folder that is full of information that will help you as you learn to care for your baby. Be sure to read this information and to take this packet with you when you leave.

BREASTFEEDING SUPPORT

Our staff is eager to make sure you have a good start breastfeeding your baby. The best time to begin is right in the delivery room, within an hour of the baby's birth if possible. Holding your baby skin-to-skin right after birth will keep them warm. During the first hour after birth, your baby will be alert and most interested in breastfeeding. We know that skin-to-skin contact is key to parent-baby bonding for bottle-fed babies as well.

Nurses on the postpartum unit have special expertise in helping parents and babies breastfeed, and are available 24 hours a day to help you and your baby learn this important new skill. Written information may be found in your OB discharge folder.

Breastfeeding is a learning process for both you and your baby. If you and your baby need additional help with breastfeeding, your nurse will ask one of the lactation consultants to visit you before you leave the hospital. The consultants are available daily while you are in the hospital.

“ROOMING-IN” WITH YOUR BABY

We want to make sure things go smoothly both in the hospital and at home. One way we do this is by encouraging you to keep your baby in your room with you. This is called “rooming-in.” There are many benefits of rooming-in for both parent and baby.

WHAT IS ROOMING-IN?

Rooming-in means that you and your baby are together most of the time while you are in the hospital. That is, your baby is with you during the day and sleeps in a crib beside your bed at night. Rooming-in is a good way for you and your baby to bond in the early days of your baby’s life and to get used to the routines you will use at home. If you choose to room-in with your baby, you may still bring the baby to the nursery if you need a rest, or if you can’t watch your baby because of a medical test or other reason.

If you choose not to room-in and to use the nursery more frequently, staff at the medical center will respect your choice and support you in the care of your baby.

WHAT ARE THE BENEFITS OF ROOMING-IN?

- Babies cry less, which helps them learn sleep patterns
- Better bonding between baby and family
- Helps create harmony between parent and baby
- Babies sleep better
- Parents sleep better
- Parents get to know the baby’s sleep cycles
- Parents learn to recognize when the baby is hungry
- Breast milk comes in sooner
- Increases frequency of breastfeeding
- Encourages breastfeeding on demand
- Leads to a longer duration of successful breastfeeding
- Decrease in postpartum depression

Contact Information

Regular Business Hours	
Fenway Health main line	**617.267.0900**
Fenway Health nursing line	**617.927.6300**

Off Hours & Weekends	617.730.3188
Fenway Health group on call	**617.730.3188**

fenwayhealth.org/obstetrics

These materials adapted from Beth Israel Deaconess Medical Center.

Beth Israel Deaconess Medical Center

FENWAY HEALTH