

MY **UAB** *aby* JOURNEY



VISITATION & SUPPORT

UAB Medicine's visitation policy promotes a culture of safety and support for your physical, spiritual, and emotional needs. Research shows that having someone dedicated to supporting you during this challenging yet joyous time improves the medical outcomes for you and your baby.

During the labor portion of your stay, you may have multiple support people in your room. By the time of delivery, UAB Medicine requests that you choose no more than 2 support persons to remain with you. If you have a Cesarean delivery and are not put to sleep for the surgery, you may have 1 person with you in the operating room (OR). This person will be given proper clothing to wear into the OR to support you.

During labor, it is important that you rest and be in a calm environment. UAB Medicine's Labor & Delivery unit is committed to your positive birthing experience and partners one labor nurse to each patient throughout their labor and delivery. This nurse will support you through this journey.

If you or your baby's health or well-being require it, your care team may ask visitors to step out of your room. Some patients choose to use a code word or phrase that lets your labor nurse know that you want visitors to leave the room. The goal is to provide you with excellent care in a safe, calm environment that meets your individual needs.

Some patients choose to have a doula (personal labor assistant) as part of their care team during labor and delivery, and UAB Medicine supports this decision. Doulas are expected to adhere to the DONA (Doula of North America) Standards of Practice, this ensures that all members of your care team are supporting your birth plan and clinical care. At times, visitation may be altered for the safety of you, your baby, your family, and or staff.

Things to consider when completing your birth journey checklist:

- Who will support me during labor?
- Who are the 1-2 people who will support me during delivery?
- What code word or phrase would I use if I need the nurse to help clear my room of visitors?

LABOR

Most pregnant women go into labor spontaneously between 39 and 41 weeks of pregnancy. Some women choose to have their labor induced at 39, 40, or 41 weeks, based on their preferences, schedules, and recommendations from their care provider. Other women may need to have labor induced due to medical reasons on the part of the mother or baby. UAB Medicine supports your decision to pursue a vaginal delivery after a previous cesarean delivery. Your clinical team will provide information and options related to this decision throughout your journey.

Cervical ripening helps soften the cervix so that it can open more easily during labor. This can be done with a pill (misoprostol) or a cervical Foley catheter, which is a tube with a balloon at the tip. At UAB Medicine, we recommend that most patients begin with the balloon, as it has been shown to be safe in reducing the time in labor. Once removed, the balloon should have helped the cervix dilate to about 3 cm and become thinner (effacement). The misoprostol pill, when used, is placed in the vagina every 4 hours. Cervical dilatation is less guaranteed with this method, but it often helps start a labor contraction pattern. It cannot be used in patients who have had a previous Cesarean delivery. You and your provider will discuss your induction of labor method and choose the option that is best for you and your baby.

Once the cervix is ripe, contractions are needed. These can be brought on by medication, activity, or both. Pitocin is the medical or synthetic version of your body's natural oxytocin. Oxytocin is what causes contractions in spontaneous labor. Oxytocin can be increased through activity such as nipple stimulation (usually using a breast pump or stimulation by hand). Pitocin is given through an IV and can be adjusted or stopped easily if needed. At UAB Medicine, we administer Pitocin gradually based on proven medical guidelines, but we may adjust the administration pattern based on your and your baby's needs as labor progresses.

During labor – whether spontaneous or induced – the bag of water around the baby may break on its own. In other cases, your provider may recommend that he/she breaks the bag of water during an exam. This is done through the vagina with a blunt, slender plastic instrument. Breaking the bag of water helps put the pressure of your baby's head during contractions directly onto your cervix. This should help the cervix dilate more effectively. This usually is recommended between 3 cm and 6 cm of dilation, maybe more or less depending on how your labor is progressing.

Things to consider when completing your birth journey checklist:

- I would like my labor to be induced during the 39th 40th 41st week.
- Cervical ripening
- Contractions:
 - I would like to use Pitocin to strengthen or start my contractions.
 - I would like to walk, use the birth ball and step stools, and/or nipple stimulation to help strengthen contractions.
- Water breaking:
 - I am open to my provider breaking the bag of water around my baby to help labor progress.
 - I would like to allow my water to break on its own

FETAL MONITORING

Continuous electronic fetal monitoring involves wearing bands around the belly that are connected to a nearby monitor. We also have wireless monitors that use Bluetooth technology to provide the same monitoring without cables. At UAB Medicine, because we often care for women who have high-risk pregnancies and deliveries, continuous fetal monitoring is typically used throughout labor and delivery, to monitor the baby's well-being. However, in cases of low-risk labor and delivery, intermittent monitoring of the fetal heart rate is a safe option. Your nurse and provider can advise you during labor if this is a safe option for you and your baby.

Things to consider when completing your birth journey checklist:

- I plan to listen to my baby's heart rate continuously through labor and birth.
- Using a wireless monitor is important to me, to allow for movement out of the bed during labor and birth.
- I prefer intermittent monitoring, if possible.

FOOD & DRINK DURING LABOR

Labor is hard work, and maintaining nutrition is an important part of caring for moms in labor. We must balance the need for calories and fluids with the potential for an emergency. While most labor is uncomplicated, some moms and babies require an emergency cesarean section.

Solid food in the stomach during emergency surgery can cause aspiration (food contents from the stomach getting into the lungs), which is very dangerous. Therefore, in order to ensure the safety of our moms in labor, we limit eating and drinking to ice chips and clear liquids (popsicles, Gatorade, black coffee, tea, fat free broth, Jell-O), which are much safer than solid food if surgery is needed. For many of our patients we also use IV fluids, which often contain sugar, to avoid dehydration and provide nutrition and energy. In addition to providing the clear liquids listed above, we do have food and snacks available as soon as you deliver. If you are coming to the hospital for an induction of labor, we do recommend that you eat before you arrive – this is safe and will provide you energy to start your day.

PAIN MANAGEMENT PLAN

At UAB Medicine, we offer multiple pain management options for you, to help reduce the pain of contractions. These include medications in your IV (systemic), or an epidural (regional), where medication is administered through a small catheter in your back. Both methods can be very safe for you and your baby and can be initiated as part of your birth journey.

We also offer pain management options for labor and delivery that do not include medications. Examples of these that are supported by UAB Medicine and your labor team include visualization exercises, breathing techniques, warm/cold compresses, position changes, and birthing balls (see the equipment section).

At UAB Medicine, we want to be prepared for any emergency that you or your baby may experience, so a pre-anesthesia consult will be completed at admission. This does not include any medications or require a change in your plan.

Things to consider when completing your birth journey checklist:

- I am interested in avoiding any pain management medications during labor.
- I am interested in more information on non-medication pain management options.
- I am interested in medications through my IV to manage the pain of labor and delivery.
- I would like an epidural, if my condition allows.

ENVIRONMENT

Calm environments reduce stress hormones and result in a safer, more positive birth experience. UAB Medicine will partner with you to customize your labor and delivery environment to promote a calm and supportive environment.

Things to consider when completing your birth journey checklist:

- Noise
 - Silence
 - Quiet voices are ok
 - Music
 - TV
 - No TV
 - No noise preference
- Lighting
 - Dim lights
 - Flameless candles
 - No light preference

EQUIPMENT

Birthing balls (round or peanut balls) have been shown to help women through labor. For unmedicated labors, they provide a firm yet soft place to sit that helps relieve the strain on your back muscles. Also, “draping” over the ball can help keep you in an upright position that helps the baby descend. If you plan to have an epidural for pain management, these balls can help with your positioning in the bed, which helps with your labor pain and your baby’s rotation, flexion, and descent in the labor process. These items are used to help you be more mobile and get in the best positions for comfort and for the labor and delivery process. All UAB Medicine Labor and Delivery RNs are trained in how to use the birthing balls for medicated and non-medicated labors, and they are happy to help you if you are interested in this option.

Birthing bars serve a similar purpose as birthing balls. The bars are attached to your labor bed and allow you to grasp them to help position you upright, and they also help if you wish to use the squatting position. All UAB Medicine Labor and Delivery rooms have birthing bar options.

Having a mirror in the labor room can provide a visual memory of your labor and delivery. Some women report feeling more engaged in their delivery when they used a mirror. It also helps many women focus during pushing and see the progress they are making. This is an individual decision for you. All UAB Medicine Labor and Delivery rooms can accommodate a mirror for your use.

Things to consider when completing your birth journey checklist:

- I would like to utilize available equipment during labor and/or birth.
 - Birthing ball
 - Birthing bar
 - Mirror

PUSHING

Once you are fully dilated, it is time to push. If you feel your contractions, pushing should occur as you feel the urge to push or bear down. If you have a medicated labor and have difficulty feeling your contractions, your care team will guide you through the buildup of your contractions, and as they fade, they will help you push with your contractions. Resting between contractions is important for you and your baby.

Most patients feel increased pressure in their vaginal area, bottom, and/or lower back during pushing. You push using the same muscles that are used when you sneeze. You will be directed to push much like when you have a bowel movement. Pushing is most effective when you feel the urge to push, which indicates that your baby is in the right place to begin pushing.

Delayed pushing may be used if your baby is still positioned high when your cervix is fully dilated. If this occurs, time may be provided for your baby to move down the birth canal before you start pushing. There are multiple positions that assist you with pushing, including sitting up, squatting, lying on your side, moving side to side, and being on all fours. Based on your preference, you and your baby’s clinical situations, and overall safety, your team will help support you in the position(s) that you feel most comfortable pushing in.

Things to consider when completing your birth journey checklist:

- I would like to feel the urge to push (this may include stopping pain medication during pushing).
- I would like my team to help by directing me during pushing.
- I am interested in delayed pushing, if my team thinks it will be helpful during the labor process.

DELIVERY

As part of your delivery, we use research-based practices that are considered to be the safest and most effective for you and your baby.

- Delayed cord clamping: This allows for more blood from your placenta to enter your baby, increasing blood volume and iron storage, both of which are beneficial to your baby.
- Skin-to-skin contact at delivery: Your newborn is placed on your chest to help naturally regulate his/her temperature, heart rate, and breathing. This also promotes successful breastfeeding.
- Delayed infant bath: There are many benefits of delaying your baby's first bath, including decreased risk of infection, stabilization of blood sugar and temperature, and improved bonding and breastfeeding.
- Infant rooming-in: New families are encouraged to room together, to assist in bonding and learning to care for your new baby.
- Participation of your support person during delivery
- UAB Medicine supports your decisions regarding safe, respectful organ care in regards to your placenta. If you choose to take your placenta home with you, your team will provide any necessary information.

BREASTFEEDING

At UAB Medicine, we understand that how to feed your baby is one of the most personal decisions you will make in caring for your baby. We know that breast milk is best for most babies. We will provide you with the information and support you need to decide what is best for you and your baby.

We understand that breastfeeding can be challenging. UAB Medicine's board certified lactation consultants (IBCLCs) are available to help and support you before your baby is born and throughout your breastfeeding journey. You will be seen by a lactation consultant during your hospital stay and can schedule a consultation before or after your baby is born.

Things to consider when completing your birth journey checklist:

- I would like more information on breastfeeding
- I would like to speak to a lactation consultant prior to my delivery

PRESERVING SPECIAL MOMENTS ALONG YOUR JOURNEY

Taking pictures can be a wonderful way to document your labor and delivery experience. Your care team will assist you and/ or your support person(s) getting those first memories and each step along this journey. Birth photographers are welcome and can be included as part of your support team if you choose. In order to protect everyone in your journey's privacy we do ask that staff are only photographed with their prior consent, photos do not include exposed vaginal or breast areas of the patient, or actual procedures in progress. A onetime security photo will be taken of your baby very soon after birth; this is only used in cases of emergency and with your knowledge. There are opportunities to have professional photography taken of your baby prior to your discharge.

Things to consider when completing your birth journey checklist:

- I have specific photos or moments I would you like to try to capture during my labor and delivery journey
- I will have a support person taking photos during my birth journey
- I plan to include a birth photographer in my support team
- I am interested in having professional photography of my baby while in the hospital

HELPING OUR COMMUNITY & OTHER FAMILIES:

As part of UAB Medicine’s continuing effort to improve the care of women and infants in our community, we partner with LifeSouth’s public cord blood banking program. Please consider participating in this program by allowing your unused cord blood to be banked and used to assist in the care of others.

Things to consider when completing your birth journey checklist:

- I would like more information on the public cord blood banking program
- I would like to participate in the public cord blood banking program

DISCHARGE PLANNING

At UAB Medicine, our standard of care is for mothers to be discharged after 48 hours for a vaginal delivery and 96 hours for a Cesarean delivery. A longer stay may be needed depending on how late in the day you deliver. However, your doctor or your baby’s doctor may give you the option of being discharged sooner. Mothers are under no obligation to be discharged early and may choose to stay the full 48 or 96 hours in the hospital.

Things to consider when completing your birth journey checklist:

- I am interested in being discharged early, if my and my baby’s condition allow it.

NOTES:



UAB WOMEN & INFANTS SERVICES

UAB MEDICINE

The University of Alabama at Birmingham