

## 30 Week Maternity Handout

### COMMON QUESTIONS about Labor and Delivery

**What is the safest mode of delivery?** Childbirth is a natural process; thankfully, the majority of the time it occurs with no complications. However, sometimes it doesn't go as smoothly as we hope. VACUUM or FORCEPS ASSISTED, or CESAREAN DELIVERIES are sometimes indicated when emergencies or situations arise where their use is necessary. You will play a role in decision-making if this situation arises as to what is safest for you and your baby.

**What is an Episiotomy?** This is a surgical incision of the perineum and vaginal wall to help expedite the delivery of the baby or facilitate instrumental delivery (vacuum or forceps). We DO NOT perform routine episiotomy. It is generally performed for specific indications where delivery should occur quickly either for maternal or baby concerns.

**What can I use for pain when I am in labor?** Pain is a very personal experience and everyone handles pain differently. There are many things you can do in labor to help cope with pain and taking a **Prenatal Class** is highly recommended to help you learn some of the non-medical things you can do (massage, rocking, hip compression, shower/bath, TENS, acupuncture, exercise ball, etc).

Medication such as narcotics (fentanyl or morphine), nitrous oxide (laughing gas), and epidurals are commonly used during labor. All of these medicines are well documented to be safe in labor and delivery. If you request medicine for pain control in labor, we (as well as your labor nurse) can help you decide which option is most appropriate.

### **How often should my baby move? FETAL MOVEMENT Counting**

This is a simple way for you to check the health of your baby. In general, an active baby is healthy. There is no such thing as too much movement, but you SHOULD NOT IGNORE too little movement. As long as your baby is moving in their normal pattern, it is not necessary to count the baby's movements exactly. If you feel there has been a change or a decrease in your baby's movements then you should do a formal movement count: Have something to eat and drink then lie down on your side and count the movements. You should be able to feel 6 movements in less than 2 hours. Any movement is a movement EXCEPT hiccups. If your baby is continuously moving, count that as 1 movement until there is a distinct pause. ***If you are unable to get 6 movements in 2 hours or you are concerned about your baby's movements, proceed directly to RGH for assessment***

### **When do I go to the hospital?**

**You will be going to the Women's Specialty Unit on the 6<sup>TH</sup> Floor at the Rockyview Hospital.** If you use the main entrance, take the elevator to the 6<sup>th</sup> floor and turn right when getting off. You will already be pre-registered and your chart will be waiting for you at the hospital. You DO NOT NEED to notify a physician before going to the hospital. A nurse will assess you initially and then contact the Doctor on call.

We advise patients to go to the hospital:

- If you are >37 weeks: when contractions are 3-5 minutes apart AND regular, each lasting 45-60 seconds or at least 2 hours in a row and getting stronger to the point where you can't walk or talk through them.
- You think you have broken your water (obvious gush or subtle leak), whether you're having contractions or not.
- Concerns about fetal movement (a significant change or a decrease)
- Vaginal bleeding. We expect a small amount of spotting in your labor (usually with wiping) but if you are soaking pads, passing clots, or trickling blood, we should assess you at the hospital regardless of how far along you are.
- If you have been involved in a car accident.
- If you are <37weeks: if you are having 6 or more contractions per hour for more than 2 hours in a row or think you have broken your water.
- any other urgent concerns in your pregnancy (severe abdominal pain, severe headaches, etc)

**Should I circumcise my baby boy?** Circumcision is a personal decision for families. It is not performed in the hospital and not covered by any insurance plan. The cost is about \$250-\$300. Parents must make arrangements before the baby is 6 weeks old or before 10lbs. We are happy to provide you with info on the physicians who perform this procedure.

**What should I bring to the hospital?**

For Mom	For Baby
AB Personal Health Care card	3-4 receiving blankets
3 <sup>rd</sup> Party Insurance card	3-4 undershirts
Housecoat, slippers, PJs, sweat suits, nightgowns	4 sleepers or "onesies"
3-4 panties and 2 nursing bras	Package newborn diapers
Package of high absorbency pads	Hat or touque to wear in hospital and for home
Toiletries (toothbrush, shampoo, conditioner, etc)	Warm blanket to go home
Loose fitting clothes to wear home	Laundry bag for soiled clothes
Cell phone and camera (and chargers)	Baby's "going home" outfit
	Approved Infant car seat

**Who can visit in the hospital?** RGH Maternity Unit VISITING AND SUPPORT POLICY

Our goal is to provide a safe and supportive environment for all patients. We understand that family is excited to congratulate you and meet your new baby, but keep in mind that new moms and babies need their rest after giving birth and privacy to learn how to take care of the baby.

ANTEPARTUM – If you are admitted to the hospital for a reason other than labor, 'visiting' is between 11am and 9pm. 2 Visitors and 1 designated 'support' person is allowed at the bedside at one time.

LABOUR AND DELIVERY – You may have up to TWO people in your labor room at any given time.

POSTPARTUM – (after you have your baby):

- Up to TWO 'support' persons may stay with you 24/7 to help take care of you and the baby. This may occur in private or designated semi-private rooms. Beds or bedding is not provided for the 'support' person but they can rest/sleep on the chair beside the patient's bed. Please do not sleep on any patient beds or on the floor. They are responsible for buying or bringing their own food (the hospital will not provide it). There can be many interruptions during the night when the nursing staff attend to you and your baby (or to your roommate if in a semi-private room).
- support people and visitors must be free from illness- they will not be allowed on the unit if they are sick.
- Grandparents and siblings of the new baby may visit between 8am and 9pm.
- Other family members/friends/children can visit between 3-9pm
- Only 2 visitors (in addition to the one 'support' person) are allowed at the bedside at one time. The rooms are just not big enough and a packed room can interfere in the nurses' ability to help care for you! Larger groups can visit in the patient lounge or the breastfeeding class area if it is not already in use. Babies are not allowed off the unit until after mom and baby are discharged. This is for security reasons.

**Can I get a private room?** Unfortunately, it is not possible to reserve a private room in advance like a hotel. Shortly after you deliver your baby, your nurse will ask you what kind of room you prefer. The hospital will do its best to accommodate your request, but there are a limited number of private rooms, and they are allocated on a 'first-come-first-serve' basis. They cost an extra \$180/ night (midnight to midnight) and most 3<sup>rd</sup> Party Insurance plans will cover this cost. Be sure to check with your insurer to make sure!