

**WHILE** *You're With Us*

# *Congratulations!*

YOU HAVE A NEW BABY!

The first cry of your newborn is sweeter than music to your ears. You have just given birth and now you, your tiny one and your family are all set to embark on a new adventure. The Women's Center at Seton Medical Center Harker Heights is happy to be a part of this special moment and we want to extend our warmest welcome to Mom, Dad and the new Baby!



# WHILE *You're With Us*

## *Boutique Amenities*

### AT THE WOMEN'S CENTER AT SETON MEDICAL CENTER HARKER HEIGHTS

The Women's Center at Seton Medical Center offers mothers, fathers and families services and amenities to make their stay more enjoyable and to help in the recovery process. Use the *Birth. Your Way.* form in this folder to note which Boutique Amenities you would like to enjoy during your stay with us.



#### **BIRTH EXPERIENCE DESIGNER, LORI GALLAGHER, RN**

Much like an expert wedding planner who is trusted to ensure the big day is everything the bride wants it to be, the Women's Center Birth Experience Designer ensures every aspect of baby's delivery is planned and personalized for the ultimate vision of happiness. These expert birth designers consult with each mommy one-on-one to accommodate their every wish. As a registered nurse who specialize in obstetrics, the birth designer is your personal liaison between your obstetrician's office and the Women's Center. Throughout the pregnancy, they communicate with the physician to create a personal birthing plan and answer any labor and postpartum questions quickly to put you at ease. Even with labor decisions involving what kind of pain management will be used, the birth designer helps ensure this milestone event is personalized to your absolute ideal.

#### **INFANT SECURITY PROGRAM**

The Women's Center at Seton Medical Center Harker Heights offers new mothers and their families a caring and secure environment. Your baby's location is monitored at all times through a state-of-the-art security system.

#### **PARTICIPATION OF FAMILY AND FRIENDS**

Visiting hours are open. Fathers/partners are not considered visitors but are an important part of the new family and are encouraged to come and participate in the care of the baby whenever possible. Siblings of the baby can visit during the regular hospital visiting hours.

#### **WAITING ROOM**

There is a special room with comfortable seating, a television and restrooms made especially for your family members as they await the new arrival. A phone is also available to call Labor & Delivery for up-to-date information about baby & mommy's progress.

#### **SETON BABY BIRTH CERTIFICATES**

A special Women's Center certificate is given to each new baby born at the Women's Center at Seton Medical Center Harker Heights. Signed by your doctor and blessed with the footprints of your little one, this commemorative certificate will be a wonderful addition to your baby's room and your memories.

#### **GIFT BOUTIQUE AND FLORAL SERVICES**

Special new gift baskets for new moms are available through the Angel's Cottage Gift Shop at Seton Medical Center Harker Heights. Order flowers for your loved one or friend at Seton Medical Center and no delivery fee will be charged.

Hours of operation: Monday–Friday, 10 am- 4:30 pm, (254)680-6345.

# WHILE *You're With Us*

## HELPFUL HINTS FOR SUCCESSFUL BREASTFEEDING

- Hold your baby skin-to-skin whenever possible. (Your baby can be dressed only in a diaper and held on your chest between your breasts.)
- Breastfeed your baby within the first two hours of birth.
- Room in with your baby.
- Good positioning and latch-on will prevent sore nipples and encourage adequate milk flow. Ask the lactation consultant to verify that your baby is latched correctly.
- Feed your baby on cue until satisfied. Your baby may eat for 10 to 50 minutes every one to three hours the first few weeks.
- Let your baby finish one breast per feeding, offer both, as the baby desires.
- Delay the use of pacifiers and bottles until breastfeeding is well established, unless medically necessary (2-4 weeks.)
- Colostrum has high concentrations of nutrients and immunities and is the only food that new babies need in the first few days.

The staff at the Women's Center has made a commitment to help you get started breastfeeding your baby and support you throughout the process.

While at the Women's Center you will receive help in learning to identify your baby's cues for feeding, maintaining proper positioning, knowing when your baby is getting enough, and preventing sore nipples and engorgement.

# WHILE *You're With Us*

## **MOMMY'S DISCHARGE CHECKLIST**

Hopefully, you have utilized the time during your hospital stay to adjust to the beginning stages of motherhood and to begin to establish a close family bond. Now it is time to take your new bundle home. The following is a checklist of things that need to be done before you are discharged.

### **Discharge by the Obstetric Doctor**

Your doctor will visit you each day during your hospital stay. On the day of discharge, the doctor will check all aspects of your recovery and if you are stable, will write a discharge order.

### **Discharge Teaching**

Your nurse will instruct you on how to care for mommy and baby once you return home.

### **RhoGAM**

If you are an Rh-negative mother who gave birth to an Rh-infant, you will be given an injection of Rh-immune globulin (RhoGAM) within 72 hours after birth. This injection will prevent your body from producing anti-bodies that could endanger subsequent babies during pregnancy.

### **Rubella**

During your pregnancy, you were tested for immunity to the German measles. If your immunity was low, you will receive the Rubella vaccine prior to discharge from the hospital in order to protect you from contracting the disease during future pregnancies.

# WHILE *You're With Us*

## **BABY'S DISCHARGE CHECKLIST**

You came into the hospital as one individual, but you will be leaving as two separate individuals. The following is a checklist of things that will need to be done for your baby.

### **Discharge by the Baby's Pediatrician**

Your baby's doctor will visit you and the baby each day during your hospital stay. The doctor will examine your baby and write the order for your baby's discharge when your baby is ready to go home with you.

### **Cord Blood Studies**

If your blood type is Rh negative, your baby's cord blood will be tested to determine blood type and Rh status.

### **Test for Jaundice**

This test is done to check the bilirubin level in your baby's blood. It is either checked via a blood test or the bilirubin level is measured transcutaneously (through the skin). This test will be done during your hospital stay. Normal physiologic jaundice is a condition that affects 50 percent of all newborns. Before your baby was born, it had a large number of red blood cells (RBC's) to carry oxygen while in utero. After birth, the extra RBC's are not needed and begin to deteriorate. The product of this breakdown is bilirubin. Bilirubin is normally detoxified by the liver and excreted by the bowel. However, because a baby's liver is immature and unable to handle the bilirubin, the excess may cause jaundice, which is marked by yellow discoloration of the baby's skin, mucous membranes and whites of the eyes. Physiologic jaundice usually appears on the second or third day of life and disappears within a week. This may not need to be treated, but if the levels are elevated, the baby may need to be treated under phototherapy.

### **Birth Certificate**

You will be given a Birth Certificate work sheet to complete prior to discharge. A representative from the hospital will meet with you to collect and review this form. Once it is typed, you will be asked to proofread and sign it for submission to the State Department of Vital Services. The father's social security number is needed to complete the birth certificate. If parents are not married, both parents need to be present to sign the birth certificate. When the state receives the birth certificate, they will notify the social security office and a social security card will be sent in the mail within approximately six weeks. If you would like to receive a certified copy of the Birth Certificate before you leave the hospital, you can obtain one from the Bell County Vital Statistics Office.

# WHILE *You're With Us*

## ❑ **Newborn Screening Test**

The state of Texas requires that all newborns be screened for some rare health problems. If these problems are found early and treated, other serious problems can be prevented. Several congenital disorders are tested for by collecting a few drops of blood from the baby's heel. A few babies will need to have the screening repeated if there is a problem with the blood sample. Please get any repeats done right away. Ask about the results when you visit your pediatrician. Parents will be notified if there are any problems with the test. Some of the conditions included in the testing are hypothyroidism, PKU, sickle cell disease, galactosemia and adrenal hyperplasia.

A hearing screen is done on all babies to find the few that may have trouble hearing. If hearing loss is found early, there are many ways that babies can be helped. The test is safe and painless and can be done in about 10 minutes. A trained professional may visit your room and use a hand held device. She will insert a probe into the baby's ear. If this method is unsuccessful, a more advanced test is performed. This more advanced test uses computerized equipment that monitors the brain's response to earphone-conducted sounds, revealing even mild degrees of hearing loss. Test results are available before you leave the hospital. Some babies may need the hearing test repeated if there is fluid in the ear, noise in the testing room, the baby was moving a lot or the baby has hearing loss. If your baby needs to have the hearing test repeated, have this done as soon as possible.

## ❑ **Circumcision**

If you had a baby boy, you may be trying to decide whether you would like a circumcision to be performed. During a circumcision, the skin that covers the tip of the penis is removed. Circumcision may be done in the hospital on the first or second day after birth, or in your doctor's office after discharge. The procedure takes only 5–10 minutes and a local anesthetic (numbing medicine) may be given to lessen the pain from the procedure. Deciding whether to have your son circumcised is a personal decision. Speak to a health care provider and take time to consider both the risks and benefits. The type of procedure that is performed will determine the care you will need to provide.

## ❑ **Cord Clamp**

The Cord Clamp that was placed on your baby's umbilical cord at birth will be removed by the nursing staff before your baby leaves the hospital.

## ❑ **ID and Security Bands**

Prior to discharge, you will verify your baby's identification bands and yours. One of the baby's bands will be removed and be placed on the chart. Your baby's security band will be deactivated through the computer and removed at the desk.

# LABOR PARTNER'S *Cheat Sheet*

Birth companions play a special role during labor. Since there will be a lot going on that day, bring this “cheat sheet” with you to the hospital. Refer to it for ideas to try during the different stages of labor.

## **TECHNIQUES FOR EARLY LABOR AT HOME**

Early labor is usually a time of happiness and excitement, mixed with some anxiety.

- Rest with your partner to save your energy
- Draw a warm bath for her
- Prepare light snacks and bring her water
- Take a walk with her
- Time her contractions
- Involve her in light activities (watching a movie, playing cards or reading)
- Inform necessary people that labor has started (especially if you need to cancel previous obligations or make pet or childcare arrangements)

## **TECHNIQUES FOR ACTIVE LABOR & TRANSITION**

Once contractions become more intense for your partner, help her use the comfort techniques that work best for her. Suggest something new if the technique you’re using is starting to become ineffective or monotonous for her. Help your partner stick to her goals by being supportive and offering emotional assurance.

- Help her change into different positions: standing, walking, squatting, resting on her hands and knees, kneeling, slow dancing, sitting or lying on her side
- Interact with her face-to-face and give brief instructions if she loses focus easily
- Breathe with her through contractions and count out loud if she wants you to
- Guide her in visualization exercises that focus on the baby or special memories that you both share
- Be sympathetic to the sounds she makes during labor. However, be aware that higher pitched cries could be a sign that she is feeling out of control and needs focusing and redirecting
- Provide relief and comfort to cope with nausea (i.e. ice chips, warm liquids, a cool cloth to the forehead, preparing her toothbrush with toothpaste if she vomits)
- Massage her back, neck, abdomen or other parts of her body in a way that feels good to her
- Help her into the tub or shower
- Help her use her birthing ball
- Provide emotional encouragement (“You’re doing great,” “You’re breathing really well,” “Our baby will be here soon,” “You’re so strong,” “Your body is doing its job wonderfully,” “I love you so much”)
- If she has an epidural, help her change from side to side and stay engaged in the birth process together. While she may no longer feel pain, she still needs your emotional support.



# LABOR PARTNER'S *Cheat Sheet*

## **TECHNIQUES FOR BACK LABOR:**

If your partner is experiencing backpain during labor, the baby may be in the posterior position (facing mom's front). Try the following tips to ease the aching and encourage the baby to turn:

- Change positions: squatting, resting on hands and knees, kneeling, lunging, slow dancing or using a birthing ball)
- Help her into position to do pelvic tilts
- Apply hot and cold compresses
- Double hip squeeze, knee press, counter pressure

## **TECHNIQUES FOR LONG LABOR**

Labor doesn't always follow a prescribed course. If labor is taking a long time:

- Change techniques and positions
- Offer to change the atmosphere in the room (dim the lights, play music, limit visitors)
- Rest (you will need to rest too so consider having a backup support person)

## **TECHNIQUES FOR PUSHING**

Pushing is the light at the end of the tunnel, but there is still hard work to be done.

- Suggest and help her use different positions
- Provide emotional support ("You're almost there," "You're very strong")
- Help your partner see her progress by letting her know when you can see the baby's head
- Hold a cool cloth to her forehead inbetween pushes
- Give her ice chips



# CONTRACTION *Cheat Sheet*

## HOW TO TIME CONTRACTIONS

This page can come in handy when labor begins. Using a watch or a clock with a second hand, keep track of the start time and duration of her contractions.

## WHAT DO CONTRACTIONS DO?

When the uterus contracts, the cervix opens, allowing the baby to move into the birth canal. Contractions build to a peak and gradually fade, before stopping for a short time to allow the uterus to rest. Many women say contractions initially feel like menstrual cramps or a lower backache that radiates towards the abdomen. As labor progresses, these sensations become more intense. When the uterus contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft again. The uterus may contract off and on before “true” labor begins. These irregular contractions are called “false labor” or Braxton Hicks Contractions. They are normal but can be painful at times. You might notice them more at the end of the day.

## WHY SHOULD I TIME CONTRACTIONS?

Timing contractions helps you know when to contact your physician. If you experience four or more contractions an hour, before 37 weeks gestation, call your physician or L&D. If you are unsure, confused about what you are feeling or suspect something may be wrong, call your physician or go to the hospital.

## HOW DO I TIME CONTRACTIONS?

Frequency is measured from the start of one contraction to the start of the next contraction (start time.) Record the number of seconds each contraction lasts (duration.)

## WHEN SHOULD I CALL MY PHYSICIAN/HOSPITAL OR GO TO THE HOSPITAL?

Women generally can labor at home until they experience:

- Contractions more frequent than 8 in one hour or 4 in 20 minutes
- Regular, painful contractions every 5 minutes or less consistently for one hour
- Contractions strong enough to require comfort measures (breathing techniques, etc.)
- A gush of fluid or blood from the vagina
- Lower abdominal/vaginal pressure that may feel like the baby is pushing down
- Decreased fetal movement (4 times in one hour)
- Severe headache (not relieved by Tylenol), blurry vision, spots before eyes, severe heartburn or pain in the upper right side of your abdomen (not relieved by antacid) or increased swelling

# CONTRACTION *Cheat Sheet*

Date:

CONTRACTION	START TIME	DURATION
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

# WHILE *You're With Us*

## APGAR SCORE

The APGAR score is a test used to measure the vital signs of a baby at birth. It is used to quickly assess the health of an infant at one minute and at five minutes after birth.

The 1-minute APGAR score measures how well the newborn tolerated the birthing process. The 5-minute APGAR score assesses how well the newborn is adapting to the environment.

At one and five minutes after your baby is born, the attending health care provider will assess five vital areas of newborn health. The APGAR score uses measurements of 0, 1, or 2 for each category, with the best possible total score equaling 10.

Sign	Score		
	0	1	2
<b>Heart Rate</b>	Absent	<100	>100
<b>Respiratory Rate</b>	Absent	Weak, Irregular	Good, Crying
<b>Muscle Tone</b>	Flaccid	Arms & Legs Flexed	Well Flexed
<b>Reflex Irritability</b>	No Response	Grimace	Cough or Sneeze
<b>Skin Color</b>	Blue, Pale	Hands & Feet Blue	Completely Pink

A score of 7-10 is normal and indicates your baby is in good condition. A score of 10 is very unusual. Almost all newborns lose one point for blue hands and feet (acrocyanosis).