

At Good Samaritan Hospital

When you arrive on Labor and Delivery, your nurse will review your health history. She will check your cervix to see how your labor is progressing and then relay this information to your physician. The baby will be monitored with an external monitor to make sure that the contractions are not causing any distress. If everything is progressing normally, you should be able to continue to move around your labor room and Labor and Delivery. Continue to drink as much fluid as possible during labor and keep your bladder empty. If you decide you want pain medication or an epidural, an intravenous line will be started.

Utilizing the relaxation and distraction techniques that you have learned in class will help you maintain control. These techniques should help you avoid or delay the need for medication or anesthesia.

As labor progresses and the contractions become more challenging, try “upright” positions so gravity will help encourage the baby to move down and out. Upright positions include walking, slow-dancing, kneeling over the back of the bed or sitting in a rocking chair. The use of the birthing ball not only keeps your body fairly upright, but also allows for a squatting-type sit, which will increase the pelvic opening up to 20 percent. Rest on your side.

While pushing, use positions that maximize the baby’s descent. Most women feel most comfortable pushing in a semi-sitting position. Squatting or pushing on your side may also be comfortable positions. While pushing relax your shoulders, neck and legs. Your partner and the nurse can help support your legs if you have an epidural and cannot hold them by yourself.

There are two types of pushing efforts: spontaneous and directed. Women with no anesthesia can push spontaneously with the urge during a contraction. As the contraction begins, take a cleansing breath and release. Then as the urge builds, quickly take another big breath in, curl around your belly, tighten your abdominal muscles and bear down. As you bear down, you may hold your breath for several seconds or *slowly* release the air by grunting or straining. Your labor nurse and physician will guide you in the technique and timing that is most effective and safe for both you and baby. Women with epidural anesthesia in place may not have the urge to push and so the pushing timing and efforts are often improved when “directed” by the caregiver and labor partner.

When the Baby is Born

As the baby is delivered, it is placed on the mom’s abdomen. The nurse will help dry the baby off and suction amniotic fluid and mucus from the nose and mouth with a bulb syringe. Newborns are usually blue until they cry and oxygenate their skin. The dad is handed scissors and shown how to cut the umbilical cord. After bonding with the baby, your nurse will weigh the baby and do an assessment. This includes a physical exam and some basic procedures for the baby’s health. The baby receives an antibiotic eye ointment that prevents blindness that can be caused by gonorrhea or chlamydia. A shot of Vitamin K is given to help the baby make clotting factors which are essential to reduce the risk of bleeding during the first week of life. Hospital identity bands will be placed on the baby and both parents. These should remain in place until you go home. After the assessment, the baby remains with you until discharge. You will be given lots of help and advice by the hospital staff. Your pediatrician will visit you in the hospital and you will receive a book from Good Samaritan on Postpartum and Newborn Care.

Hospital Stay at Good Samaritan Hospital

Your insurance will allow you to stay in the hospital for 48 hours (2 days) after a vaginal delivery and 96 hours (4 days) after a cesarean section. If you want go home early, you can be discharged from the hospital if you are feeling well and the baby is doing well. To go home after a cesarean section, you should be eating a normal diet, taking oral medications and able to walk around. Most women do not have a bowel movement until they go home.