



Tepeyac OB/GYN
Something More Than Medicine™

About Labor and Delivery

Congratulations! All of us at Tepeyac OB/GYN want to support your pregnancy and birth in any way we can. We are happy to have the opportunity to be partners in your healthcare. We want you to feel secure that we will review your birth plan with you so that we can be sensitive to your wishes. Similarly, we would like for you to work with us in respecting some of the limits that we consider medically necessary.

Birth Plans: Our practice does not require you to make a written birth plan. But it is an excellent communication tool. There are many user-friendly websites, such as www.BabyCenter.com and www.Birthplan.com, which give you a printout after you click on your preferences. It is a great opportunity for you and your husband to work together and think about what is on your “wish list.” Please bring a reviewed copy of your plan with you for labor and delivery personnel.

Induction of Labor: Your due date is the last day of the 40th week of pregnancy. Most babies are not actually born on this day but at some time between 37-42 weeks. This range is considered full-term. Before 37 weeks labor is considered pre-term, but typically we will not try to stop labor if it begins in the 36th week. We may suggest an induction before 41 weeks, but each couple can choose to wait until the baby would be truly late (more than 2 weeks after your due date). In this case, the baby’s health must be checked using surveillance tests (NST: monitoring the baby’s heart beat/AFI/Amniotic Fluid Index: Amniotic fluid production by baby – which is dependant on the placenta’s aging/BPP/Biophysical Profile: an ultrasound scoring system – like Apgar score). These are general guidelines and we may advise delivery at other times because of other medical conditions.

Laboring at Home: We do not offer home births. If you plan to stay at home for most of your labor, please discuss this plan with us ahead of time. If you are in early labor and your GBS (Group B Streptococcus) is negative, you do not have to go to the hospital immediately. Please call us if your water has broken, if you are bleeding, if you have a fever, or if the baby is not moving well or if you have had a previous Cesarean section.

Water Breaking: We will not break your water without discussing it with you first when you are in labor at the hospital. If your water breaks at home, we would like you to call and tell us. Your water should be clear, not GREEN. Green water means that the baby has had a bowel movement called meconium. Meconium can be harmful to the baby if it

gets into the lungs and sometimes indicates that the baby is finding labor difficult. If your fluid is green, we feel it is important to monitor the baby as closely as possible.

Whirlpool: While all the delivery rooms at Fair Oaks Hospital have adjustable birthing-beds and showers, there are only 3 rooms with whirlpools. If you want a room with a whirlpool, please tell us when you call. If they are available, we will try to keep one of these open for you. However, the staff may require this room for other laboring patients who present before you arrive. For safety reasons, the whirlpool cannot be use after the membranes have ruptured.

Food and Drink: The hospital anesthesiologists are uncomfortable with women eating solid foods in labor due to the prolonged emptying time of the stomach in active labor. They do allow hard candy, gum, and clear liquids – e.g. drinks that are clear (without pulp), Jell-O, and popsicles. The hospital provides an assortment of clear liquids or you can bring these items from home. The intake of women planning a Vaginal Birth After Cesarean Section (VBAC) may be restricted – similar to patients who are having a scheduled surgery.

Intravenous Fluids: IV fluids are required if a woman chooses an epidural, is on Pitocin, and if she or her baby has certain medical conditions. In other cases, simple access to the vein is sufficient using a small, plastic, capped-off catheter called a Heplock. Heplocks allow complete mobility. If medicines, such as antibiotics, are needed – as in the case of mothers who test positive for Group B streptococcus (GBS), a dose can be given by briefly attaching a syringe or tubing to the Heplock. The heplock provides an additional degree of safety if there is a sudden or unexpected event in labor, during or after the delivery. If a woman does not want even a Heplock, this should be discussed ahead of time at a prenatal visit.

Electronic Fetal Monitoring: Monitoring can be done externally on the abdomen (using a Doppler similar to the hand-held ones used at each appointment) or it can be done internally (using an electronic cord attached to the skin – similar to an EKG). Internal monitoring is not done routinely by this practice. External monitoring can be done with the woman in any position (lying in bed, sitting in a rocking chair or standing); the cords are long enough to allow positioning changes.

Walking in Labor: Like most hospitals, INOVA Fair Oaks requires electronic fetal monitoring at the time of admission, once each hour, and for any indicated reason throughout the early labor. If the heart tracing has recorded a reassuring pattern, a woman can be free to move about on the labor and delivery floor or in her room. The amount of time it takes to get a good heart pattern varies; but if the baby is active, it can take only 20 minutes. However, in the final stages of labor (while pushing) the baby's heart rate must be monitored continuously. VBAC patients often require continuous monitoring during their entire labor.

Episiotomies: We are not eager to cut an episiotomy. If we do recommend an episiotomy it is because we believe that it will prevent excessive tearing (a straight surgical incision is less painful and heals better than a jagged scar). Episiotomies are also done in

certain cases where the baby needs assistance to deliver vaginally and the only alternative to performing one is a Cesarean section. If you do not want an episiotomy under any circumstances, please add this to your birth plan and discuss this with us at an appointment.

Vacuum vs. Forceps: Many couples include in their Birth Plan that they prefer a vacuum extraction over forceps delivery. Vacuums are often seen as the more “gentle” instrument. However, vacuums and forceps are not interchangeable; forceps can help in circumstances where a vacuum might be ineffective or harmful. Our doctors are trained to use both instruments safely in the different delivery circumstances that call for their assistive devices to help deliver your baby vaginally (instead of doing a Cesarean section).

Cesareans (C-sections): We would like to reassure you that we have no desire to do even one unnecessary C-section. Every one of us can remember a delivery where we had almost given up hope of a vaginal delivery. Then, praise God, something changed and a healthy baby was born vaginally. Unless it is a medical emergency, there is usually plenty of time to discuss the necessity of a C-section with the parents.

Cutting the Cord: Babies with medical difficulties who require quick attention (such as meconium in the amniotic fluid) are handed immediately to the neonatologist or newborn nurse. If your baby does not need immediate care, the cord is usually cut shortly afterwards. It is not difficult to let it pulse for 5 minutes, but if we wait until it completely quits pulsing, this can take 20 minutes or longer. And, the placenta delivers the perfect amount of blood to the baby every moment – both before and after delivery. Dads or other family members may be invited to cut the cord if time permits.

Eye Ointment: Virginia state law requires hospital personnel to administer an antibiotic ointment (erythromycin) to each newborn’s eyes within one hour of birth. The nurses can apply the eye ointment while the baby is in a parent’s arms and are willing to wait until the baby has been breastfed. Parents who refuse the ointment must put this in writing and may have to sign some additional forms. Please include this refusal in your birth plan.

Vitamin K Injection: A small Vitamin K injection is routinely given to babies in the thigh muscle shortly after birth. This protects them from internal bleeding due to insufficient blood clotting. If you plan to refuse this injection for your baby, please discuss this with the baby’s future pediatrician before the 35th week of pregnancy and please note this in your birth plan.

Circumcision: This is an optional surgical procedure that can be performed by your obstetrician one or two days after the birth of your baby boy.

Music: It is a great idea to bring a CD or take player with you. It is a simple way to create an atmosphere that you feel “at home” in.

Lotion: Most moms appreciate massage during some part of their labor. Remember to bring lotion or massage oil. This is often not packed.

