

All About Labor & Delivery

IMPORTANT NOTE:

The office is open Monday – Thursday 8:00 AM – 4:00 PM, and Friday 8:00 AM – 3:00 PM. After hours, call **1-888-724-3845** if you think you are in labor.

Thank you for allowing us to be partners in your healthcare during this special time. All of us at Tepeyac OB/GYN want to support your pregnancy and birth in any way we can. The following information pertains to childbirth and what to expect at the hospital.

Preparing for Labor

Take Care of Yourself

In the third trimester, those sleepless nights, frequent bathroom breaks, and “I just can’t find a comfortable position!” complaints are normal. Here are a few suggestions to make your last weeks as pleasant as possible:

- Realize and admit your limits. If you are tired, listen to your body and rest when you can.
- Drink plenty of water and electrolytes. Avoid caffeinated beverages, sodas, and other sugary drinks.
- Avoid processed foods. Salt causes water retention, which may lead to swelling and high blood pressure.
- Wear comfortable clothes. Supportive shoes and support garments such as belly bands may lessen the strain on your lower back.
- When you lie down, use a pregnancy pillow, or prop yourself up with lots of pillows.

Planning your maternity leave

Every employer has a different set of forms to approve your maternity leave. If your employer requires us to fill out a form, please complete your portion and then give the remainder to the medical assistant at an appointment. A member of our staff will complete them and obtain necessary signatures from your doctors. This process may take **up to 2 weeks** and there is a **\$45 fee for this service**.

Cord Blood Collection

The baby’s umbilical cord blood is rich with stem cells that can be used in treatment of certain medical conditions. These stem cells are **not** the controversial “embryonic stem cells.” There are several blood banks that store this cord blood in case your baby develops a condition that can be treated using these cells.

Stem cell collection and banking is an elective procedure and is not covered by insurance. You will be charged a fee by the blood bank itself for storage. We also charge a fee of **\$200 for cord blood collection**, which is done at the time of delivery.

Birth Classes

We recommend that you consider a class to further prepare you for the birthing experience. Please remember that not all organizations share our philosophy regarding life issues and may discuss post-partum contraception as part of the course.

- We offer monthly **virtual group birth planning classes** led by one of our delivering midwives. During this session, we’ll walk through what to expect during labor and delivery and help you think through your preferences as you prepare for your birth experience. Classes are hosted virtually through Tepeyac OB/GYN. To reserve your spot, please call us at 703-273-9440.

- **StoneSprings Hospital** offers multiple childbirth and parenting classes which are taught in person. See <https://www.hcavirginia.com/locations/stonesprings-hospital-center/calendar> for the full list and to register.
- **Lamaze International** offers childbirth classes that focus on relaxation and breathing techniques to help you cope with labor. For a list of birth classes, go to www.lamaze.org.
- **The Bradley Method** is an extensive course that focuses on a partner-coached method of natural childbirth.

Disclaimer: Some childbirth education courses may discourage the use of medical procedures. We will respect your individual desires for labor and delivery, but ask that you keep in mind that the health of you and your baby ultimately dictate when intervention is needed.

Doulas

A doula (from the ancient Greek meaning “woman’s servant”) is a person who is trained to provide physical, emotional, and informational support to women and their partners during pregnancy, labor, and birth. They are trained in coaching you through this experience but they are not medical professionals and cannot perform clinical tasks. A doula does not make decisions for you but acts as an advocate to help you have the birth you desire. Many women who would like unmedicated births choose doulas to help coach them through labor. They stay with you throughout labor and can be an extra layer of support in addition to your partner, family, and friends.

If you are considering hiring a doula for your labor and delivery, we are happy to provide you with a list of doulas who we have worked well with in the past. If you wish to pick a doula that is not on our list, we may ask to meet or schedule a call with them. Please be aware that StoneSprings Hospital requires your doula to sign a doula agreement.

Birth Plans

Our practice does not require a written birth plan, but it can be an excellent communication tool. Websites such as www.babycenter.com and www.birthplan.com provide a convenient printout of your preferences. Putting together a birth plan is a great opportunity for the couple to work together and discuss their specific desires for labor and delivery. Please bring a copy of your birth plan to your prenatal visits for our review and another copy to the hospital.

Induction of Labor

Your due date is the first day of the 40th week of pregnancy. Most babies are born between 37 – 42 weeks, which is considered full term. We may suggest an induction if you pass your due date. If you wish to delay induction past 40 weeks, we will monitor the baby’s health with additional tests. If the baby is doing well you may wait up to 2 weeks after your due date to deliver. However, we may advise delivery at a certain time based on your individual history.

Monitoring the Baby’s Health

We may recommend certain tests to evaluate the health of your baby and placenta prior to your delivery. These may be indicated if you are past your due date, or if there are other medical concerns such as diabetes or high blood pressure. Possible tests include the following:

- Non stress test (NST) – Monitors the baby’s heart rate over time
- Amniotic fluid index (AFI) – ultrasound to assess the amount of amniotic fluid by the baby
- Biophysical profile (BPP) – includes NST, AFI and other ultrasound measurements.

Packing your Hospital Bag

Pack your bag for the hospital several weeks before your due date. Consider bringing the following:

- To relax: massage oil, scented lotion, music
- To stay connected: Cell phone with charger, camera, tablet or laptop
- Distractions: books, crosswords, Sudoku
- Toiletries: toothbrush, toothpaste, deodorant, hair ties
- Baby clothes: Onesies, socks, hat, receiving blanket, sweater or jacket, diapers, and wipes
- Clothes for the hospital: nightgown, robe, slippers
- Clothes to go home: maternity or nursing bra, underwear, loose fitting maternity clothes

Tdap Vaccine

Pertussis, also known as whooping cough, is a respiratory infection that causes a flu-like illness and severe cough. Though older children and adults rarely have severe complications, pertussis can be fatal in newborns. You can provide your newborn the best chance of avoiding infection by getting vaccinated yourself during the 3rd trimester. The vaccine is called “**Tdap**” and is not made from aborted fetal cells. When you get Tdap **between 28-36 weeks of pregnancy** some of your antibodies against this disease are passed to the baby, providing some protection in the first few months of life. We provide the vaccine, but if we are out of stock you may also go to your primary care doctor, pharmacy, or local health department. Encourage other family members to be vaccinated to decrease the likelihood that anyone will inadvertently expose your child to this disease.

During Labor

Normal vs. Abnormal Labor

Differentiating between true labor and a false alarm can be tricky, even if you have had babies before. **If you think you are in labor, call us right away.** In general, signs of true labor include:

- Painful contractions that last 30-60 seconds each
- If this is your 1st baby: Contractions are about 5 minutes apart
- If this is your 2nd (or more) baby: Contractions are 10 minutes apart
- Your water breaks. This can feel like a sudden gush of fluid or a constant trickle. It should be CLEAR.
- If you live more than hour away, or you have a history of rapid labor, call us sooner!

The following are **NOT** normal symptoms of labor. Please **call us immediately** if they occur, as they are signs your baby may be under stress.

- If you have had a previous Cesarean section and are having labor pains
- Your water has broken and it is **green or brown**
- You are bleeding
- You have a fever
- Baby is not moving well
- You have symptoms of pre-eclampsia including: strong headaches with changes in vision, swelling of the face, vomiting with right upper abdominal pain

Laboring at Home

We do not offer home births but if you prefer to stay at home for the beginning of your labor, please discuss this with us. If you are in early labor and your GBS test is negative, you may not have to go to the hospital immediately. Please let us know if you are in labor so that the on-call provider can stay in contact with you about how you are progressing.

Water Breaking

This is also known as “rupture of membranes” and feels like a sudden gush of fluid or a constant trickle/leak. If your water breaks at home, please call us right away. Your water should be **clear**. Green or brown water indicates the baby 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. In this case, we must monitor the baby closely.

If you are at the hospital and your water has not broken, we will not break it without discussing it with you first.

Food & Drink

The hospital has certain policies regarding solid food intake during labor. For patients having a vaginal delivery, solid food intake is allowed up until an epidural is placed. If you have an epidural, you may have hard candy, gum, clear liquids (drinks that are clear & without pulp), Jell-O, and popsicles. The hospital provides many clear liquids or you can bring some from home. For those planning a Trial of Labor after Cesarean (TOLAC), solid food intake may be limited, similar to patients who are having a scheduled surgery. If you are scheduled for a Cesarean section, you will be given specific instructions on food and drink intake prior to your surgery.

IV Fluids and Heplocks

Intravenous fluids are required if a woman chooses an epidural, is on Pitocin or if she or her baby has certain medical conditions. In other cases, simple access to the vein is sufficient using a small, capped-off catheter called a Heplock. Heplocks allow complete mobility. If medicine is needed, a dose can be given by briefly attaching a syringe or tubing. In case of an unexpected event or emergency, the heplock provides an additional degree of safety, allowing immediate access for IV medications or fluids.

Electronic Fetal Monitoring

To ensure the baby is tolerating labor, we monitor his or her heart rate. This can be done externally on the abdomen (using a Doppler similar to those used at each appointment) or internally (using an electronic cord attached to the baby’s scalp). We do not routinely use internal monitoring. External monitoring can be done with the woman in any position such as lying in bed, sitting in a rocking chair, or standing.

Electronic fetal monitoring is necessary at the time of admission, once each hour, and for any indicated reason throughout early labor. The amount of time it takes to get a reassuring heart rate pattern varies; if the baby is active, it may take only 20 minutes. In the final stages of labor (while pushing) the baby’s heart rate must be monitored continuously. TOLAC patients often require continuous monitoring during labor.

Walking in Labor

If the heart monitor has recorded a reassuring pattern, you are free to move about the hospital room or on the labor and delivery floor during early labor.

Creating a Restful Environment

You may consider bringing in some items from home to create a more familiar and restful atmosphere in your hospital room. These items can include family pictures, twinkle lights, battery operated candles, blankets, pillows, lotion or oil for massage, and music.

Delivery

Episiotomies

Our practice does not routinely cut episiotomies. If we do recommend an episiotomy, it is because we believe it will prevent excessive tearing. Episiotomies are also used to facilitate a vaginal delivery when the only alternative is Cesarean section. If you do not want an episiotomy under any circumstance, please add this to your birth plan and discuss this with us at an appointment.

Vacuum vs. Forceps

Certain circumstances may require assistive devices during vaginal delivery to avoid Cesarean section. 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. If our providers feel that it is necessary to use one of these assistive devices, the OB hospitalist will be there to assist.

Cesarean Section

We would like to reassure you that we have no desire to do even one unnecessary C-section. Unless it is a medical emergency, there is plenty of time to discuss the necessity of a C-section with you.

Post-Partum Care for You & Baby

Holding Your Newborn

Babies who are born vaginally and are doing well clinically are placed on mom’s abdomen after birth. We encourage immediate skin-to-skin contact and breastfeeding after delivery to promote bonding. Your partner is also encouraged to hold your baby skin-to-skin. Babies with medical difficulties after birth may need to be evaluated by the neonatologist or newborn nurse prior to holding your baby.

Cutting the Cord

If your baby does not need immediate care, the umbilical cord is clamped and cut shortly after birth. If time permits, Dad or another family member may be invited to cut the cord. Please let us know if you desire delayed cord clamping and include it in your birth plan.

Eye Ointment

Virginia state law requires the administration of an antibiotic ointment (erythromycin) to each newborn's eyes within one hour of birth. The nurse can apply the eye ointment while the baby is in a parent's arms and are happy to wait until the baby has been breastfed. Parents who decline the ointment must put this in writing and may be asked to sign a refusal form. Please include this decision in your birth plan.

Vitamin K Injection

Vitamin K assists the body in proper blood clotting. Babies are born with low levels of Vitamin K, so a Vitamin K injection is routinely administered in the thigh muscle shortly after birth. If you plan to decline this injection, please note this in your birth plan and discuss this with the baby's pediatrician. Please also be aware that we will not perform circumcision on boys who have not had this injection because of increased bleeding risk.

Circumcision

This is an optional surgical procedure that we can perform within one or two days after the birth of your baby boy.

Car Seats

Federal law requires use of a car seat for your baby. This must be installed prior to leaving the hospital. Your local fire department or police station may be of assistance in ensuring proper installation of your car seat.

Pediatrician

During your hospital stay, your baby will be seen by either their pediatrician or a hospitalist. To ensure continuity of care from hospital to outpatient care, we recommend selecting and pre-registering with a pediatrician prior to your delivery. This allows communication between providers, particularly if your baby needs extra care. Your baby is required to have a pediatrician before hospital discharge. We are happy to provide a referral to a pediatrician if needed.