

My Labour and Birth Guide

South Shore Regional Hospital (SSRH)

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- This pamphlet will help you talk about the upcoming birth of your baby. It will also help your health care providers understand what treatments you would like and the things that matter most to you.
- We have suggested things to talk about with your birth partner, support persons, and health care providers. The information in this pamphlet can be used to help guide your decisions.
- Remember that it helps to be flexible and open to changes as you go through labour and birth.

Who would you like with you?

- You can have up to 2 support people with you during labour. They can be your partner, a friend, a relative, or a doula. It is your decision who you would like with you to support you during labour and birth.

For your support person

Nova Scotia Health encourages people who are giving birth to have a support person stay with them throughout their labour, delivery, and post-partum period. This support person is expected to be helpful and supportive throughout their stay.

What to expect during labour

Listening to your baby's heartbeat

- Your health care team will check your baby's heartbeat regularly once you are in active labour (the pushing stage). They may use an ultrasound machine called a handheld doppler.
- Sometimes, continuous (at all times) fetal heart rate monitoring may be recommended. If needed, you will wear a fetal monitor to record your baby's heartbeat and your contractions. You will still be able to change positions, sit up, use a birthing ball, take a bath, and even sometimes walk while wearing the fetal monitor.

Intravenous (I.V.)

- You may need to have an I.V.:
 - › For certain medications
 - › For an epidural
 - › If you had a lot of bleeding during a previous birth
 - › If you are having or previously had a caesarian (c-section) birth

Vaginal exams

- Vaginal exams are done by doctors, nurses, and midwives.
- Vaginal exams are done to check how dilated (open) your cervix is. This helps us to know what stage of labour you are in. This is important to help you choose the right type of pain relief.
- We limit the amount of vaginal exams to lower the risk of infection.

How do you plan to cope with labour pain?

- Labour and birth are challenging. Each person copes with labour differently. Some people may want or need medications or procedures to have a healthy labour and birth.
- Learn about the natural methods and drugs that are available for dealing with labour pain.
- Comfort measures that **do not** include medications:
 - › Heat, cold, or pressure
 - › A warm shower or bath
 - › Quiet music or dim lighting
 - › Meditation or visualization
- Your position and movement during labour may help you to be more comfortable and help your labour to progress. You can try:
 - › Walking
 - › Sitting upright
 - › Rocking
 - › Swaying
 - › Straddling a birthing ball

Do what feels right for you.

- The decision to use medications for pain relief in labour is between you and your health care providers. When deciding the best method to help you, your health care team will consider:
 - › How long you have been in labour
 - › How close you are to having your baby
 - › How you are coping with labour
- Medications work differently for everyone. No medication will make labour and birth pain free.

Types of pain relief medications

Morphine

- You may choose to have a morphine (narcotic) injection. This is injected into a muscle in your upper thigh or hip using a needle. **Because morphine can give you nausea (feeling sick to your stomach), you will also be given Gravol® to help with this.**
- This injection may help your body relax and allows your labour to keep going. It is given during early labour or in the earlier, active stage of labour. You can get morphine more than once if your labour is long.

Fentanyl

- You may choose to have fentanyl through your I.V. during active labour. Fentanyl is used for moderate to severe (very bad) pain. It is different than morphine. Fentanyl helps when:
 - › you are finding it hard to manage your pain.
 - › you are waiting for an epidural.
- Fentanyl works right away and does not last for a long time. It is safe to use during the active stage of labour.

Nitrous oxide

- You may choose to have nitrous oxide (laughing gas). Nitrous oxide is given through a mask that you hold to your face. You breathe in the gas during each contraction. Nitrous oxide works faster than morphine and does not stay in your body for very long. Nitrous oxide helps when:
 - › your labour is active or fast and you are not ready to push.
 - › you are waiting for an epidural.

Epidural

- You may choose to have an epidural. It is a procedure to give continuous pain relief. It is useful when:
 - › your pain is very bad and you are getting tired.
 - › other relief methods or medications are not helping.
 - › your labour is not progressing.
- An anesthetist (a doctor who puts you to sleep for surgery) will put the epidural tube in. The epidural tube is about the size of a fishing line and is put in your back. The tube is attached to a pump with a bag of pain medicine. The pump sends the medicine to the area around your spinal cord.
- You may also be able to control extra doses of your epidural medication using a patient-controlled analgesia (PCA). By pressing a button, you will be able to give yourself extra doses of epidural medication when you feel you need it.
- An epidural is only used when your labour is active. **You will not be able to walk once you have an epidural.**
- If you have questions, ask a member of your health care team. We are here to help you.

Interventions

- Your health care team may need to:
 - › start your labour (called induction).
 - › help move your labour forward (called augmentation).
- If your labour needs to be induced or augmented, your health care team may use one or more of these:
 - › Prostaglandins: This is a medication that helps thin and open your cervix. It can be given vaginally (like Cervidil® and Prostin® E2 vaginal gel), or taken by mouth (like misoprostol).
 - › Foley catheter: This catheter (thin, hollow tube) is inserted (put in) into your cervix. It helps to thin and open your cervix.
 - › Breaking your water or amniotic sac (sac filled with liquid that your baby is in): This is also called ARM (artificial rupture of membranes).
 - › Oxytocin: This medication (also called pitocin) is given through an I.V. to help start your labour or to make your contractions stronger.

Birth

- There are things you can do to make your labour and birth experience personal. You can bring:
 - › Personal objects
 - › Your own music
 - › Your own clothes
 - › A picture of a loved one
- We have a mirror so you can watch the birth of your baby, if you choose. If you want to, you can touch your baby's head as they are being delivered.
- You may choose to include special cultural ceremonies or celebrations in your birth experience.
- Please tell your health care team who you would like to announce the sex of the baby.
- You can take pictures of the birth. **When taking pictures, do not include staff.**
- Different positions can help with the baby's birth. At the hospital, there are 2 birthing rooms that have:
 - › Birthing beds
 - › Birthing balls
 - › Rocking chairs
 - › Squatting bars
 - › Other equipment

Using this equipment can help during labour and birth. Your doctor, nurse, or midwife can suggest ways for you to use this equipment.

- To prevent heavy blood loss, you may be given oxytocin injection after you give birth. Oxytocin lowers blood loss by helping your uterus (womb) contract and deliver your baby. It is injected in your leg or arm using a needle, or given through your I.V. (if you have one). Your body makes oxytocin naturally which may be enough to make your uterus contract to prevent bleeding.
- Tell your health care team if you want a natural birth of the placenta (no oxytocin given through an I.V.).

Cutting the baby's umbilical cord

- We recommend waiting to clamp and cut the umbilical cord for at least 1 minute after delivery. This is done unless it is an emergency. You can decide who will cut the umbilical cord. You can also cut the cord yourself, if you choose.

After birth

Skin-to-skin contact

- After birth, we encourage skin-to-skin contact between the birth parent and the baby for 1 to 2 hours. During skin-to-skin, the baby is placed on the bare chest of the birth parent, wearing only a diaper. Research has shown that skin-to-skin is the best and safest place for baby because:
 - › it helps them adjust to life in the outside world.
 - › it is warm and helps regulate their temperature.
 - › familiar voices can be heard as you and your support persons talk or sing to them.
 - › it helps regulate (balance) baby's vital signs (like blood pressure, pulse, breathing).
 - › it exposes baby's skin to good bacteria, building their immune system.
 - › helps breast or chestfeeding to get off to an early and good start by giving baby time to find and nuzzle the breast or chest.
- Any exams needed during this time can be done while doing skin-to-skin.
- We will not weigh the baby until after the first skin-to-skin contact. To weigh the baby, we will need to take them from the birth parent to place them on the scale.

Medications

- With your consent, after the first hour of skin-to-skin your baby may receive:
 - › eye ointment to prevent infections caused by gonorrhea and chlamydia.
 - › a Vitamin K injection into the muscle of the upper leg. This is given to help prevent bleeding. Having your baby skin-to-skin or breast or chestfeeding while they get this injection will help them cope with pain or discomfort.

Emergencies

- Things can happen while you are in labour that are not expected. If your baby needs more help, your health care team will tell you what is happening and include you in the decision making.
- If you need an assisted birth, your obstetrician (a doctor who cares for pregnant people and delivers babies) may talk to you or your support person about using a vacuum or forceps (a device used to help with the birth).
- You may need an episiotomy (a cut made between the vagina and the anus) to help with the birth. This is **not** common.
- You may need a c-section for you or your baby's health. This surgery is done by an obstetrician. You would either be awake, but frozen from the chest down, or you would have general anesthetic (medication to put you to sleep during surgery) and be asleep. 1 support person can go into the operating room (O.R.) with you **if you are awake. If it is an emergency, you likely will be asleep and your support person cannot go into the O.R. with you.**
- Cameras are allowed in the O.R. for photos.
- **Do not take pictures of staff members.**

Rooming in and baby care

- Having your baby with you in your room (also called rooming in) is expected when you and your baby are healthy and stable. Your health care team can answer any questions you have about caring for and feeding your baby.
- Your relationship with your baby continues the moment they are born. The time you spend with your baby in the early minutes, days, and weeks of their life builds your parenting abilities for your child's lifetime.
- We encourage skin-to-skin contact between the baby and the birth parent or support persons in these early days.
- Your health care team may need to watch your baby more closely if there are any medical concerns.
- Your support persons can stay with you or visit at any time, to support you and to help care for your baby.

Feeding

- We encourage you to talk to your health care team about how you plan to feed your baby. Breast or chestfeeding is protected and supported at SSRH. Parents may also make an informed choice to feed with formula.
- Breast or chest milk is the best food for newborns. Breast or chest milk is the only food your baby needs for the first 6 months of life. Breast or chest milk and breast or chestfeeding have many health benefits for you and your baby.
- We encourage you to collect your colostrum (first breast or chest milk) before your baby is born. When collected and brought with you to the hospital, it can be given to your baby as the first choice of supplementation, if needed. Your health care team will talk about this with you. For more information on expressing breast milk before your baby is born, see the pamphlet *Hand Expressing Breast Milk Before Your Baby is Born*:
 - › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1928.pdf
- If you have made an informed decision to formula feed, bring a supply of ready-to-feed formula with you to the hospital. For more information, see *Infant Formula: What You Need to Know*:
 - › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/08103.pdf
- Feed your baby when you see their hunger cues (like putting their fist near or in their mouth, turning their head towards your breast or chest, sucking on their hand, smacking their lips).
- We **do not** supply or use soothers unless needed for health reasons.

Education

- Your health care provider (doctor, nurse, or midwife) will review education with you about newborns during your prenatal and postnatal care. If you have any questions, please ask your health care provider.
- Bring your *Loving Care* books with you during your stay. For more information, see:
 - › www.nshealth.ca/women-and-childrens-health-program/public-health-parenting-supports

Privacy

- Loved ones often call the the unit to ask about a patient's condition. We cannot give any information without your consent.

Mental health during pregnancy

- If you are pregnant, have recently given birth, or are caring for a newborn baby, you may have:
 - › New or worse anxiety or depression
 - › Bipolar disorder or psychosis for the first time
- During pregnancy and after your baby is born, there are changes in your brain and hormones. It can be harder to cope if you have:
 - › Complications during pregnancy
 - › Problems with money or relationships
- There is help. **Please talk to your nurse, doctor, or midwife if you are struggling.** It is important to take care of yourself and to find support.

Resources

Prenatal education sessions offered by Family Resource Centres

- Contact Sabrina
 - › Phone: 902-543-3119
 - › Email: sabrinatanner@bellaliant.com

Infant feeding classes

- Contact Sarah:
 - › Email: sarah.frittenburg@nshealth.ca

Your Guide to Labour and Birth

- › <https://resources.beststart.org/wp-content/uploads/2016/01/E42-E-Your-Guide-to-Labour-and-Birth-20200821-AODA-Final-optimized.pdf>

Having a baby at South Shore Regional Hospital (video)

- › www.nshealth.ca/having-baby-south-shore-regional-hospital-video-1911-1

Nova Scotia Health Women and Children's Health Program

- › www.nshealth.ca/women-childrens-health

Nova Scotia Health Public Health – Pregnancy and Parenting

- › www.nshealth.ca/pregnancy-parenting

What to bring to the hospital

For the person giving birth:

- Nova Scotia health card

Clothes:

After you have a baby, you will be about the same size as when you were 5 months pregnant. Some suggestions to bring include:

- Comfortable, loose clothes
- 5 to 6 pairs of comfortable underwear (no thongs because you will be wearing pads)
- Nursing bra or good support bra (like a sports bra)
- Nightgown or pajamas
- Housecoat
- Slippers or flip flops

Personal hygiene items:

- Shampoo
- Soap
- Toothbrush and toothpaste
- Deodorant
- Brush or comb
- Hair dryer
- Tissue
- Lip balm
- 24 super-absorbent pads

Reading material:

Breastfeeding Basics

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/05003.pdf

Comfort items:

- Pillows from home
- Music
- Larger towels

Food (meals for the person giving birth will be provided in the hospital):

- Snacks (there is a fridge available)

Other items:

- Medications (please give these to your nurse when you get to the hospital)
- Small amount of money for parking
- Social insurance number (to fill out baby's birth registration)
- A debit or credit card (when registering baby's birth online, or for TV hookup in your room)

Other suggestions include:

- Camera
- Phone
- Watch (for timing contractions)
- Pen, paper

For baby:

Clothes

- No more than 2 onesies and 2 sleepers
- 1 take-home outfit
- 1 hat

Personal hygiene items

- 24 to to 36 newborn-size diapers (about 12 to 14 will be used each day)

Food

Nova Scotia Health protects, promotes, and supports breast or chestfeeding. If you have made an informed decision not to breast or chestfeed your baby, bring your baby's formula to the hospital. Only use ready-to-feed formula (prepared liquid) type.

Do not feed powdered formula in the first 2 months to babies who are:

- › Premature (born before 37 weeks)
- › Small (weigh less than 5 ½ pounds)
- › Immunocompromised (your baby's immune system does not work well)

We encourage you to bring ready-to-feed formula in single-sized bottles. These can be bought at most grocery or drug stores. If this is not an affordable option for you, talk to your health care provider before you have your baby.

Other items:

- 2 or more receiving blankets
- 1 heavy blanket (for when baby goes home in your car)
- CMVSS (Canadian Motor Vehicle Safety Standards) infant car seat removed from the box and put together before the birth of your baby.
- Car seat manual, in case you need it. Staff cannot go to your car with you, so you should try putting the car seat in your car before the birth of your baby. Nova Scotia Health does not rent or loan car seats. We recommend that you have a car seat technician check if your car seat is a fit for your car.



Do not use a snowsuit or bunting bag while your baby is in their car seat. Snowsuits and bunting bags do not let the car seat straps get snug enough. They are not safe. For more information about infant car seats, visit:

› <http://childsafetylink.ca/car-seat-safety>

For your support person

Some suggested items for support people to bring include:

- Change of clothes
- Pajamas (if staying overnight with the baby)
- Toothbrush, toothpaste
- Deodorant
- Brush or comb
- Snacks, food, water, or juice
- Money for meals
- Camera or phone
- Comfort items from home (like a pillow)
- Patience, support, and a positive attitude
- Questions for the health care team

**What are your questions?
Please ask. We are here to help you.**

