

Having Your Baby



Welcome

Welcome to Altru's Family Birthing Center. We believe that having a baby means so much more than just labor and delivery-it begins with your decision to become a parent and continues beyond your baby's first year.

We hope you find this guide to the Birthing Center a useful resource and encourage you to read it through completely so you and your family will have a good overview of the care we can offer you. Being informed about your hospital stay will help you feel more comfortable and will prepare you for your return home as a family. If you come across any hospital terminology you don't understand, check the glossary in the back of this book or ask your nurse.

If you have additional questions or concerns, please don't hesitate to contact Altru's Birthing Center at 701.780.5480.

Thank you for choosing the Family Birthing Center at Altru to be a part of the most memorable event.

Childbirth Education

There are so many questions that arise as you get closer to your due date. The biggest obstacle may be the fear of the unknown. The more you know and understand about the process of labor, we believe the better prepared you will be to choose the best options available to you. You may get information about our Prenatal Classes by calling Altru's Prenatal Education Department at 701.780.3454 or by going to altru.org.

Methods of Delivery

As you come closer to your due date, your provider will discuss options for delivery and which method best fits you individually.

Your provider may discuss induction of labor with you. We follow guidelines by accredited organizations to determine when and induction is medically indicated or when it is safe to electively induce labor.

Medical inductions can occur as early as 37 weeks of gestation but vary depending on the condition. Some reasons for medical inductions are elevated blood pressures, diabetes, fetal growth restriction, etc. These conditions are followed closely throughout your pregnancy, or upon developing.

Elective inductions can occur as early as 39 weeks of gestation. It is your choice if you want to be electively induced. Usually, people choose this route due to the normal discomforts of pregnancy and the convenience of induction.

Another option, if you prefer, is to wait until labor occurs naturally. You can discuss this with your provider. However, if labor has not occurred by 41 weeks of gestation, your provider will recommend a medical induction of labor for "postdates".

Scheduled cesarean sections are reserved for those patients that have had prior cesarean sections and choose to deliver baby by repeat cesarean section, or if their baby is not head down. At that point your physician would discuss a cesarean section or external version with you. Some medical conditions may also require a cesarean section, at which point your provider would discuss this with you.

If you are scheduled for cesarean section, you will get a pre-operative phone call the day before your scheduled procedure. At that time, a nurse will discuss with you eating and drinking guidelines, any medications you are taking, if there are any complications with your pregnancy, your preferences for care of your baby, and what time you should arrive for your procedure. This also gives you the opportunity to ask any questions you may have about the procedure, or your hospital stay. Failure to observe these requirements may result in delay or cancellation of your surgery.

If you are scheduled for an induction, you will also get a call the day before your induction to review information about your admission and give you the opportunity to ask questions. We ask that you call an hour prior to your scheduled induction time. Unlike other scheduled appointments, occasionally your induction maybe be pushed back or put on hold. This happens due to obstetrical emergencies on the labor and delivery floor, admissions to the floor of patients who are in labor, or for other patients that require prompt evaluations. In this case, the charge nurse will communicate with you an approximate admission time or set up another time to talk with you over the phone. We strive to get you in for your induction as scheduled. Our priority is to provide all our patients with safe, quality care.

Preparing for your Hospital Stay

There are some items we recommend bringing for your hospital stay and some optional items that can be brought.

RECOMMENDED:

- Well-fitting bras (nursing style if breastfeeding)
- Personal items (deodorant, shampoo, conditioner, hair styling products, cosmetics, toothbrush, toothpaste, shaver, shaving cream, Q-tips, ect . . .)
- Loose fitting outfit to wear after delivery and to wear home on day of discharge
- Sleeper or outfit for baby to wear home on day of discharge
- Car seat is required, and the base must be installed prior to discharge
- Breast pump if planning to breast feed

OPTIONAL:

- Nightgowns or pajamas
- Underwear (mesh underwear provided)
- Robe and slippers
- Hair dryer and/or curling iron
- Baby book, camera, snacks
- Large blanket(s)
- Car seat cover
- Clothing for baby to wear while in the hospital (infant t-shirts provided)
- Hat or bonnet for baby
- Socks, booties, or mittens for baby
- Cell phone and charger – charger not supplied by hospital
- Personal pillows and blankets
- Battery operated fan
- Water bottle
- Self comfort items...Essential oils, diffuser, speaker, noise machine, card games.

We request that all jewelry and body piercing be removed during labor in the instance a cesarean birth is necessary. Valuables and jewelry should be left at home with family, as you are responsible for anything brought with you to the hospital.

Supplies provided for mother and baby during their hospital stay include:

- » All medications
- » Baby bath soap
- » Bulb syringe
- » Diapers for baby
- » Heating pad
- » Infant bath basin
- » Infant comb
- » Mesh underwear
- » Newborn T-Shirts
- » Nursing gowns
- » Pacifier by request
- » Robe and slipper socks
- » Receiving blankets
- » Sanitary pads

Choosing a Physician for your Baby

One thing you must decide before your admission to the hospital is who will take care of the baby after delivery. If you do not have a physician for your newborn, we suggest you talk with family and friends and ask who they use for their children. There are two groups of physicians you can choose from at Altru to take care of your newborn. Pediatrician or Family Medicine doctor. A list can be found at altru.org.

- » Pediatricians are primary care doctors who specialize in children's health, including physical, mental, and social health. To be a pediatrician, doctors attend 4 years of medical school and spend 3 years as a medical resident in pediatrics.
- » A Family Medicine Doctor is also a primary care doctor. They do their residency in a variety of medical fields in addition to pediatrics, including internal medicine and gynecology. They're certified through the American Board of Family Medicine.

Signs of Labor/Plan to Come to Hospital When

- » Onset of regular uterine contractions becoming more frequent and stronger (may at first feel like low backache or menstrual cramping). Contractions lasting 1 minute every 5 minutes for 1 hour. If you live out of town, you may want to call earlier.
- » Gush of fluid from vagina or trickle of fluid which you cannot stop or control (note time of leakage and color of fluid.)
- » Vaginal discharge of dark brown to red blood streaked mucous. This signals cervical softening and may occur one to two weeks prior to labor beginning.

Nurse Line

- » When you are sick or injured, you may want help making health care decisions. You may not know if you should go to an Express Clinic, make a doctor's appointment or use self-care. With Altru's Nurse Line, answers to your health questions are just a phone call away. Nurse Line uses the latest medical knowledge to provide you with advice and care information for your unique concerns.
- » For access during business hours 8 a.m. - 5 p.m. Monday – Friday, call 701.780.6900 option #2. After hours, weekends, and holidays, you can call 701.780.6773.

Urgent Medical Matter

For medical emergencies, dial 911. The after-hours Nurse Line should not be used for emergency questions.

Call immediately if you have any of the following:

- » Onset of uterine contractions as described above, sooner than 3 weeks before your due date.
- » Gush or trickle of fluid from vagina.
- » Bright red vaginal bleeding.
- » Fever over 100 degrees F.
- » Pain and increased frequency of urgency when urinating. Urinating in small amounts even though the amount you drank is unchanged or has increased.
- » Constant, severe abdominal pain, generally sudden onset.
- » Severe nausea or vomiting.
- » Severe headache.
- » Dimness or blurry vision.
- » Puffiness or new sudden onset of swelling of face, eyes, or hands.
- » Absence of fetal movement for 2-3 hours.

Your Admission

For your convenience, you may use either the Front Lobby Entrance or the Emergency Entrance between the hours of 6 a.m. and 8:30 p.m. Any visitors after 8:30 p.m. will need a current photo ID with them.

For your safety, between the hours of 8:30 p.m. and 6 a.m. we encourage you to use our Emergency Room Entrance only!

If you are very uncomfortable with labor or need assistance, there is an escort at the front lobby or in the Emergency Room who will escort you to the Family Birthing Center.

If you have completed your pre-admit screening, you will NOT need to register again on your admission in labor.

Labor and Delivery

After you have been admitted to the hospital and are settled in your room, your nurse will review your pre-admission folder and ask you questions related to your labor. You will then be examined to determine how your labor is progressing. Your nursing staff and physician will discuss with you the plan for your care that best meets your individual preferences and needs.

You and your baby will be monitored according to your physician's request and any additional procedures ordered by your physician will be explained and provided for you. Some of the more common procedures are:

- » **Fetal Monitoring** – This is a recording of your baby's heart rate and your contraction pattern, indicates how your baby is tolerating labor. This may be done "externally" with monitors applied to your abdomen or "internally" with monitors inserted through your vagina and attached to the baby. You are able to move freely in bed or up to the chair with either method. There is a remote risk of infection to the baby's scalp if the internal monitoring method is used.
- » **Intravenous Fluids (IV's)** - An IV is used to administer pain relief medications and as a safety measure in case of an emergency. Additional fluids given to the mother also prevent dehydration as you will not be eating and drinking normally during active labor. Very few women may experience phlebitis (irritation of the vein) in the IV insertion area, which is easily treated at that time.
- » **Rupture of Membranes (bag of water)** - This may happen naturally during your early labor at home or in the hospital. If not, it may be done for you prior to the delivery of your baby and will sometimes shorten your labor. This is done during a vaginal exam and is a painless procedure. The risk of cord prolapse (dropping down) is the same for natural or assisted rupture of the membranes.

- » **Pelvic Exams** – Exams are done to determine the dilation of your cervix and the position of the baby's head. Pelvic exams will be done on admission and periodically through your labor to note labor progress.
- » **Labor Induction** – Induction of labor is generally reserved for those pregnancies with medical problems or other special circumstances. Induced labor is generally done using IV Pitocin. This medication will make the uterus contract and maintain labor contractions. If your physician feels that an induction is necessary, they will make arrangements with the Family Birthing Center for your admission. Elective inductions and medical inductions may be delayed based on the Family Birthing Center's current workload so that we may safely provide the necessary care for you and for the baby.
- » **Forceps/Vacuum Extraction** – This is an assisted delivery technique that is sometimes required due to maternal exhaustion or in some cases of fetal intolerance to labor. When used properly by trained physicians, the risks of injury to the baby or the mother are kept to a minimum. These are not routine practices and only happen with consent from the mother.
- » **Episiotomy (a surgical cut at the bottom of the vaginal opening)** - A surgical cut made at the opening of the vagina during childbirth to aid a difficult delivery. The need for an episiotomy cannot be determined until just prior to the delivery and will be decided by your delivering physician. The risks of infection and rectovaginal fistula (opening between the rectum and vagina) are kept to a minimum. This is not a routine practice.
- » **Birthing balls** – Are available for you to use during labor. A birthing ball may reduce the pain from your contractions, decrease your anxiety, and shorten the first state of labor.
- » **Water massage** – Take a warm shower or tub bath (tub rooms are limited), direct the water flow onto your back and or hips. Use a washcloth or warm blanket on your back. Or if you prefer, alternate with a cold pack/ice bag.
- » **Relaxation and Massage** – Rest as much as possible between contractions. Ask your labor partner to massage your back and shoulders to relieve the tension. Listen to relaxing calming music, darken the room, turn off the TV, direct your energies to rest and relax. You are welcome to bring your own massage device, any essential oils, etc.
- » **Patterned Breathing** – Try to concentrate on specific breathing patterns learned in childbirth preparation classes. Your labor nurses and labor partner will assist you as needed.
- » **Peanut Balls** – Typically used two ways:
 1. The laboring mother is in a semi reclined position, with one leg over the ball, and the other leg to the side of the ball. The nurse, or other support person pushes the ball as close to the mother's hips as is tolerable to her. This can promote dilation and descent with a well-positioned baby.
 2. While the mother is in a side-lying or semi-prone position, the peanut ball is used to lift the upper leg and open the pelvic outlet. This position may help rotate a baby from a less favorable posterior position to a more favorable position for delivery.

A full range of pain control options are available for you at the Family Birthing Center to help make childbirth as comfortable as possible. We encourage you to discuss your preferences regarding pain relief with your physician before you go into labor. The following are the most common:

Non-Drug Pain Relief Choices – There are many pain relief methods that have been used successfully by many women in labor without the use of medications. Some of them are:

- » **Position changes** – Avoid lying flat on your back, use upright or side lying positions, walk in your room or hall, lean on your labor partner for support, rock in rocking chair or rest in recliner. Squat when you need to push to help bring baby down the birth canal.

Medications used for pain relief:

- » **Analgesics/Sedatives** - These are medications to help relieve discomfort during labor and may be needed if the patient and physician feel appropriate. They may be given through the IV and/or IM (intramuscular). These medications have some potential for respiratory (breathing) depression for the mother and the baby. For this reason, timing and dosage of the medication are closely monitored.

Anesthetics – Less commonly used procedures and medications to decrease discomfort of delivery and/or the episiotomy.

A. Pudendal Block – the injection of local anesthetic in each side of the vagina to numb the vaginal area.

B. Local Anesthetic – the injection of local anesthetic around the area of the episiotomy for repair.

Epidural Analgesia – The injection of anesthetic into the lower back area by an anesthetist to decrease the discomfort of labor. A nurse anesthetist will administer an epidural only after labor is well established. Risks of this procedure will be discussed prior to injection by the anesthetist.

Patient information booklets on fetal monitoring, pain relief during labor and Cesarean Section are available in your doctor's office. If you have questions concerning these, or other procedures, we encourage you to discuss them with your doctor during prenatal visits.

Cesarean Birth (scheduled cesarean birth)

Before Admission

Prior to being admitted, the date and time for your Cesarean section will be scheduled with Altru's Birthing Center. At your last prenatal visit, your doctor will obtain a thorough history and physical, sometimes lab tests are taken to determine if you have an antibiotic resistant bacteria on your body. If you do, you will be admitted with special precautions called contact isolation for the care received after surgery.

Anyone having surgery could get an infection, although the risk is usually low for most people (less than 3 in 100 people). If infection occurs following surgery, it is usually at the incision. Common symptoms of surgical site infections are redness and pain around the incision, drainage of cloudy fluid or pus from the incision and fever or chills. Surgical site infections are treated using antibiotics.

These are things that you can do to help prevent infections from occurring:

- » Be at optimal weight and nutritional state
- » Tell your doctor about your medical problems (allergies, diabetes, and obesity can affect your healing)
- » Follow your doctor's instructions about diet and medications during your pregnancy
- » If you have a fever or have developed a cold or infection, tell your doctor before coming to the hospital.

The night before your scheduled date, you will be fasting for 8 hours before your cesarean, this means you will not be allowed to eat or drink any food or beverages. This is necessary to help keep your stomach empty during surgery to prevent complications, such as vomiting, or aspirating stomach contents into your lungs.

Also, the night before, you should shower and then cleanse the surgical area with the chlorhexidine cloths if they were provided at your clinic visit.

Try to get a good nights sleep to enhance strength and endurance for surgery and recovery, as well as taking care of your baby after your operation.

You will need to plan to arrive at the hospital approximately 2 hours prior to the time your cesarean is scheduled. A preadmission nurse from the Family Birthing Center will call you the afternoon/evening before your surgery to inform you of your admission time.

Your Hospital Admission to the Family Birthing Center

Your first day in the hospital will be the morning of your scheduled cesarean birth. Your admitting nurse will verify information about your history that was received during your pre-admit screening appointment. Your temperature, pulse, respirations, and blood pressure will be taken, and the nurse will listen to your baby's heart rate(s). You may have blood drawn for a Hemoglobin (your red blood cell count) and possibly a Type and Screen (which determines your blood type and screens your blood for surgery) as a precautionary measure.

You will be asked to verify your signed surgical permit and blood transfusions permit for your cesarean delivery. The nurses will gladly answer any questions that you may still have. If time allows, you may want to walk around the floor and familiarize yourself with the nursery, lounges, ect.

One support person may accompany you for your baby's birth. This should be decided prior to your admission and discussed with your doctor. If someone is going to surgery with you, they will wait outside the surgical suite until anesthesia is started, and then will join you in the surgery suite as surgery begins.

What Happens in Surgery?

Your Cesarean birth will be done in the surgical suite on the Family Birthing Center. Your IV will usually be started before moving to the surgery suite. This is done to supply your body with extra fluids so that your body will maintain a good fluid balance during and after surgery, as well as a route to give you any necessary medications. An anesthesiologist/ anesthesiologist will come to talk with you about the type of anesthesia that will be best for you and your baby. In some cases, your Cesarean birth will need to be done in the surgical suite in the surgery department. Your doctor should discuss this with you prior to your admission. If you are having a regional anesthetic (epidural or spinal), this is the time it will be done. A Catheter will be inserted into your bladder to assure an empty bladder during surgery, usually after the regional anesthetic is given.

Antiseptic agents are used by the staff to scrub before performing your Cesarean section. A nurse will shave your abdomen down to or below your pubic hair line and then use an antiseptic to cleanse the incision site. Antibiotics are generally given prior to the start of surgery.

Electrodes will be placed on your chest so that your heart can be monitored during surgery. A blood pressure cuff will be placed on your upper arm, and it is attached to an automatic machine. Sterile drapes will be placed in front of you as well as covering your body.

Your support person will be escorted to a chair right beside you at this time.

You are now ready for surgery and the obstetrician will make the initial skin incision. You may hear a sucking noise when they break the bag of water (amniotic fluid). You may feel pressure as the doctor assists the baby out of the abdomen. Next you will hear your baby cry!

Immediately after the baby is born, he or she will be put under a warmer to be examined by the nursery staff. If mother and infant are well, mother will be offered skin to skin contact.

If the baby leaves to go to the nursery, your support person will leave with your baby and may stay with the baby in the newborn nursery. Once you are transferred to the recovery area and stable, your support person and baby may be able to join you so you can hold and feed your baby.

What to Expect After Your Cesarean Birth

The cesarean birth, just as the vaginal birth, is an experience you will never forget, and we would like to make it as pleasant and as comfortable as possible for you and your new family.

After your delivery, you will have Post-anesthesia Care for about an hour or longer. Your nurse will be assessing you frequently to make sure you have stabilized after the anesthesia you were given for your cesarean birth.

After your Post-anesthesia care, you will be returned to the care of your Family Birthing Center nurse. Your nurse will continue frequent assessments, which include: vital signs, assessing vaginal bleeding, incision checks, uterine massage, etc. As your recovery progresses, these assessments will decrease in frequency.

Your nurses will also teach you how to support your incision with a pillow/blanket or with your own hands. Supporting the abdomen is very important, whenever you move, cough or deep breathe. Turning, coughing and deep breathing are done to stimulate your entire body to return to its normal daily functions, and to help prevent complications. You should be doing this approximately every two hours while you are awake.

During the first 24 hours after your cesarean delivery, your IV will remain in place. You may find it an obstacle that gets in the way, but your nurse will be able to help you when turning, positioning, and breastfeeding if needed. Your foley catheter will be removed once you are able to ambulate.

If you had a regional anesthesia for your cesarean, you may have been given a Duramorph or Fentanyl injection through the catheter to minimize post-operative pain. In which case, you will have an oxygen saturation monitor on your finger or toe for approximately 24 hours.

After your cesarean, your doctor may choose "Patient controlled Analgesia" or PCA for your pain control method. Your doctor will decide the type of medication and how much medication you can have in a given time frame. The PCA machine will then be set by your nurses to deliver that dosage each time you press the PCA button. You cannot give yourself too much medication as there are built-in timers in the machine to make sure your doses are safely timed during your therapy. You will receive only the medication you need throughout the day, as prescribed by your doctor. No more, no less.

Your nurses will instruct you on how to use the PCA button. Remember to push the button before you turn in bed, cough, or when you need pain relief. If you have questions, please discuss your concerns with your nurses.

Later the day of your cesarean, you will be assisted out of bed. Your catheter will be removed once you are ambulatory. After the first time you urinate, your nurse will check your bladder to determine if it has emptied. Activity (walking, rocking etc.) is encouraged as soon as possible to aid your body with healing. Periodic assessments will continue throughout your stay and as needed.

At least once a day your abdomen will be checked to inspect your incision for healing and for the return of your bowels to their normal function. Your vaginal bleeding will also be assessed for amount/odor/color.

Your diet is determined by your doctor. You will start with sips of water and ice chips. Your diet will be advanced as you tolerate it and according to your physician's orders.

Breastfeeding after cesarean delivery may require some assistance from your nurse in positioning the baby until you are comfortable moving on your own. A cesarean birth does not prevent you from breastfeeding.

During the second and third day after your cesarean, you will physically be able to do more. Your nurse will teach you to bathe and feed your baby, discuss safety factors and assist you in self-cares. By the time you are ready to be discharged, you will be able to take care of your baby and yourself successfully.

Practice before surgery to use after your cesarean:

Breathing

Inhale a long, slow deep breath through the nose, and then blow out through pursed lips, slowly but steadily, every last bit of air as if you were trying to make a candle flicker as long as possible. This should be done 3 at a time...at least 15 minutes apart...no less than 3 times per hour.

Coughing or huffing

To help clear your lungs of fluid, you should practice coughing or huffing 2 or 3 times per hour. COUGH: Support the surgical site. Give a deep low chest

cough (not a throat clearing). HUFF: This is an open-throated cough. It should come from deep in the chest or it has little value. It is a forceful expiration of air by the sudden contraction of the rib and abdominal muscles with the mouth open and the jaw loose.

Body Muscles

- » You should start these in the Recovery Room. Move toes up and down.
- » Move ankles up and down...hold up and down for a count of 2.
- » Ankle circles: Rotate feet in a circular motion...first in one direction then in the opposite direction.
- » Slide heel up toward the buttock, bending the knee; then slide the heel back down, pushing the knee forcefully into the bed, for a slow count of 3. Do 10 on each leg, each hour.
- » Roll your straight legs in and out, knees together, then facing away.
- » Pinch the cheeks of your buttocks together, then release. Do 10 times per hour for a count of 4.
- » Clench fists and raise arms 5 inches from the bed. Hold for a count of 5. Do 10 times each hour.

Standing

Bend knees. Use your arms to turn toward the edge of the bed (roll over). Sit first and swing your feet a few times. Take 2 deep breaths, exhale slowly. Brace your abdominal muscles by holding your breath and using your hands on your abdomen as you get up. Use your legs as well as your arms to avoid pressure or stretching of your abdominal muscles.

Use good posture!

Post-Partum Sterilization

If you have chosen to have a post-partum tubal ligation or bilateral salpingectomy (sterilization) following your baby's birth, we have outlined your surgery days activities as follows. Please feel free to ask questions regarding your surgery and care.

- » After talking with your doctor and/or the doctor who will do your surgery about the tubal ligation, you will be asked to read and sign a surgical consent form.

- » The IV you had during labor and delivery may be kept in place, changed to a cap at the place where the tubing was connected and kept in place, or may be taken out.
- » You will **NOT BE ABLE** to have any food, liquids, or medications by mouth including no water/ice chips for 6 hours before surgery, unless your doctor orders otherwise.
- » Before leaving your room for surgery, a nurse will take your temperature, pulse, respirations, and blood pressure. Your uterus and vaginal flow will also be checked. The nurse will also ask you questions to make sure you are ready for surgery. You will be asked to empty your bladder prior to surgery.
- » You will be taken to surgery on a cart (bed).
 - When you arrive in surgery, you will have a short stay in a waiting area called the Holding Room. There, the doctor or nurse who will be giving you anesthesia will talk to you. He or she will ask you questions about your past and present medical and surgical problems. Ask any questions you may have about the anesthesia you will be receiving.
- » After talking with anesthesia, your IV will be started if it isn't running already. An IV is needed for several reasons:
 - To replace fluids that you would normally be drinking.
 - To provide a fast way to give any medication needed during and after surgery.
- » You will be moved to the surgery room and will be connected to a heart monitor so your heart rate can be recorded during surgery. To do this, small round discs with a sticky surface on one side will be applied to your chest. These are removed once surgery is over.
- » Appropriate anesthetic will be determined by the anesthesiologist. In some cases, the epidural used in labor may be used for this procedure. Occasionally, general anesthesia is used, in which a tube will be placed in your throat or nose. This is so anesthesia can help you breathe and remove any secretions. This tube is taken out before you wake up. You may have a sore throat after you wake up.
- » The obstetrician will make a small incision right below your navel. Your fallopian tubes will be seen through this incision. The doctor will remove a portion of your or left fallopian tubes. When you wake up after surgery, your abdomen will be tender. You will have a band-aid or small dressing over your incision.
- » When you awake in the recovery room, you may feel a mask on your face. This is a oxygen mask. Some patients in the recovery room receive oxygen, so don't be alarmed. A nurse will check your blood pressure frequently with an automatic blood pressure machine. When you awaken, you may have sips of liquids. After surgery, you will stay in the recovery room for about 60 minutes, and then return to your room in the Family Birthing Center. Your IV will be taken out after you are able to drink fluids without any complications.
- » Sometimes after a post-partum tubal ligation, intestinal gas will build up and make you feel bloated and uncomfortable. Cramping in both lower sides of the abdomen from surgery can occur. Changing positions frequently when in bed, rocking in a rocking chair, and walking will help relieve this discomfort. The discomfort can last anywhere from several hours to a day, coming and going at intervals.
- » Your doctor will order additional medication to help your discomfort after surgery. You should ask your nurse for medications as you need.
- » Your care after delivery and length of stay usually do not change because of your surgery.
- » You will be told how to take care of your incision before you leave the hospital. Please ask the doctor and/or nurses any questions about your care at home.

Students

As a teaching institution, our department participates in the education of students in nursing and medicine. These students may participate in your care during your labor, delivery, and post delivery stay. They are well supervised and are allowed to do only certain tasks that are appropriate for their level of education.

Resident Physicians

Our residents are doctors who are obtaining specialty training in family medicine. They work under the supervision of your own doctor and keep him/her updated about your condition during your stay. Resident physicians are actively involved in your

labor and delivery care along with your physician. If you choose not to have a resident physician involved in your care, please notify your physician at your clinic visit. If you have questions or concerns regarding resident physicians or students, please discuss them with your doctor.

Fellows

You may be seen by one of our “fellows” who is usually a family medicine doctor doing additional training with our obstetricians.

Photography and Videotaping for Personal Use

The use of video and camera equipment is allowed at the Family Birthing Center under the following guidelines:

- » Verbal agreement from the delivering physician and nursing staff must be obtained prior to the delivery.
- » There are to be no views of medical procedures, including the delivery from the perineal view (foot of the bed), or cesarean delivery.
- » The video/camera equipment may only be positioned near the top of the mother’s bed, so you will not interfere with any treatment or procedures.
- » Filming of the newborn after delivery is permitted after he/she is stabilized. Please ask your nurse when it is OK to video or take pictures, or if you have any questions.

After Delivery

Delayed cord-clamping is a standard of practice at Altru. At delivery, if your baby appears well/healthy delayed cord clamping for approximately one minute will be done. At that time, your labor support person may cut the umbilical cord with direction from the physician if you/they choose.

During your recovery period uninterrupted skin-to-skin contact is promoted for at least the first hour as long as you and your newborn are without complications. This is called the Golden Hour. Your nurse will continue to monitor you and your baby to ensure a smooth transition for you both. As long as there are no problems, your baby may remain with you in the birthing room. With your consent, family members may visit as soon as your room is cleared after the delivery.

You will have Pitocin ran in your IV for four hours following delivery to help prevent post-partum hemorrhage. After the Pitocin is infused, if you are stable and do not need further IV medications, your IV may come out.

Golden Hour and Skin-to-Skin Contact.

What is Skin-to-Skin contact?

Skin-to-Skin contact means your baby is placed unclothed on to your chest, against your skin, and under a blanket or clothing. (Baby may have a diaper on if you prefer). Skin-to-Skin can also be done with a support person if you choose.

What does Skin-to-Skin do?

Studies show that the mother-child bond is critical for your baby’s ongoing growth and development.

- » Improves temperature regulation
- » Improved oxygen saturation
- » Stabilizes blood glucose
- » Reduces pain perception
- » Improved sleep
- » Decreased stress
- » Less weight loss
- » Enhanced brain development
- » Helps baby feel calm and comforted so baby will cry less
- » Promotes feelings of closeness and protectiveness
- » Provides the best opportunity for breastfeeding to get started. Infants can smell colostrum (mothers breast milk) at birth. Regardless of feeding method, all babies love to snuggle skin-to-skin. Do this as much as possible, especially while feeding
- » For mothers, skin-to-skin can help your uterus to contract and bleed less
- » During the golden hour, admission assessment of the newborn, newborn medications, weight/measurement, footprints, and security photo will be done

Baby’s first bath will be sometime after 8 hours of being born.

Your baby is born with a natural moisturizer already present called Vernix. Vernix is a white substance on

your baby's skin and is a perfect protector.

At birth, we will dry your baby's skin, but take care to leave the vernix on. This will help your baby to:

- » Have more bonding time in the first hours of life
- » Help keep blood sugar stable
- » Help baby transition and keep temperature steady
- » Prevent infections and form immunities

Visitation

We recognize and believe that contact with family and friends is an integral part of patient care in the birthing experience.

Patients control who is allowed in for visitors. You will be given a daily access code for the elevator entrance onto the unit. You will be responsible for giving the access code and your room number to visitors. Access codes change every day at midnight. The next day's code will be given to you in the late evening/early in the morning by your nurse.

Your family may visit during the immediate post-delivery time if desired by you and as your condition allows.

You and your family are encouraged to have the baby with you as much as needed and desired to facilitate and promote family bonding and your education of infant cares.

Siblings are encouraged to visit but must be accompanied by and directly supervised at all times by an adult other than yourself. Your children should not be left unattended in any areas of the hospital.

Your nurse can place a "Do Not Disturb" sign on your door if at any time you wish not to have visitors.

Visitation Considerations

During any visiting time, patient care (yours and your baby's) will take priority and visitors may be asked to step out of the room in order to complete necessary treatments, procedures or education.

- » Visitor and family parking areas are in the front of the hospital
- » Your family is also welcome to dine in our cafeteria located on the hospital's lower level (hours are 6:30 a.m. - 2 p.m.) or make use of our room service. Your nurse will provide them with a menu and

instructions.

- » In consideration of everyone's health, Altru is a tobacco-free institution. Smoking and other tobacco products are not permitted on hospital property. Thank you for your support in keeping our environment safe and clean.

After Hours Visitation

Effective from 8:30p.m. to 4:30 a.m., our after-hour inpatient visiting procedures require some form of photo ID (Driver's license, tribal card, military ID, passport, etc.). You will be asked by security if you are able to produce an ID when you pick up the black phone to gain entrance to the hospital.

Infection Prevention

ANYONE in contact with you or your baby should be free of communicable disease or recent exposure to infection.

With your permission, visitors may be allowed to hold the baby while in your room. They are asked to wash their hands before holding the baby. Masks are available upon request.

Washing procedure:

- » Remove all jewelry and roll up sleeves to elbow
- » Scrub hands and arms to elbows for at least 15 seconds with soap and water.
- » Rinse and dry
- » After drying, apply Avagard to hands and arms.

Post-Partum Care

The staff at the Family Birthing Center hope to make your stay with us enjoyable and as comfortable as possible.

Consistent with our family-centered approach, we provide nursing care called "mother-baby" care. This special approach means that the same nurse will care for both you and your baby in your room, and that your nurse is skilled in the care of both mothers and infants.

Mother-baby nurses care for both the mother and baby, nurturing your baby and supporting your new family.

Families need time to adjust when a new baby arrives. You will have a lot to learn about yourself and your new baby. With mother-baby nursing, the

nurse cares for the family according to their needs – not according to arbitrary schedules. Mother-baby nurses educate and support new parents during their hospital stay. Getting to know and learning the specific needs of your baby is an important part of your hospital care. Your infant will remain in the room with you at all times. The newborn nursery is available for procedures if needed.

Post-partum staffing ratios are typically 1:6, meaning one nurse for three mom-baby couplets. This is different from labor where our staffing ratio is 1:1, meaning one nurse per pregnant/laboring patient.

Medications After Delivery

The goal of Altru is for every patient to be as pain free as possible, but most women feel discomfort during and after childbirth. Your doctor has ordered medications for the pain as needed. The medications will not take away all the pain, but it should help you to be more comfortable. If you are still feeling discomfort, be sure to tell your nurse who can check with your doctor about having your pain medications adjusted or changed. We will use the pain scale to rate your pain and to determine the effectiveness of your medication.

As a patient, we expect that you will:

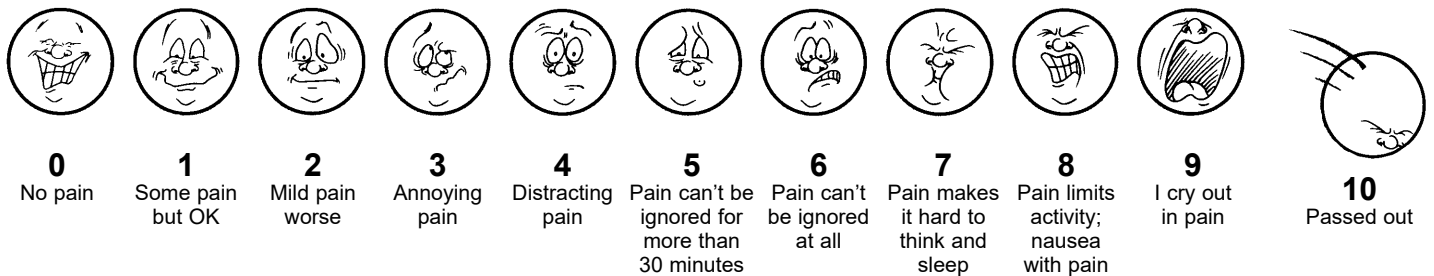
- » Ask us questions regarding what to expect about your pain and what pain management options are available.
- » Work with us in developing a plan for managing your pain.
- » Ask us for pain relief and help us to assess and measure your pain.
- » Participate actively in decisions about how to manage your pain.
- » Tell us how well the pain treatment is working for you.

- » Share with your healthcare provider a list of your current medications, vitamins, herbals and supplements.
- » When receiving a new medication, ask your healthcare provider how a new medicine will help. Ask for written information about it, including its brand name and generic name.
- » Ask your healthcare provider about the possible side effects of your medicine.
- » Ask your healthcare provider when and how often you should take your medications. If you don't understand, ask them to write it down.
- » Contact your healthcare provider if you feel you are having a reaction or experiencing side effects from medication.
- » When in doubt, talk to your healthcare provider.
- » Make sure all your questions are asked and answered prior to leaving the hospital.

Therapeutic Ultrasound Treatment

Occupational and physical therapists specializing in women's health are trained to treat the aches and pains that accompany pregnancy as well as bladder and bowel control issues, tail bone pain and pelvic pain. Therapeutic ultrasound decreases pain and inflammation in the pelvic floor area and can promote and accelerate the healing process. This can be done in the privacy of your hospital room after your delivery. It is also available after discharge as an outpatient procedure.

Ask your provider at the time of delivery or contact Altru's Outpatient Physical Therapy at 701.780.5610.



Bedside Report

Keeping you informed of the care you and your baby will receive and allowing you an active role in deciding that care is very important to us. We will be giving our shift report at your bedside to facilitate this and ensure that you are always aware of your care team and the plan of care.

Rooming in with Baby

- » Help you feel confident as a new mother and parent
- » Give you opportunity to discover the unique qualities of your baby
- » Provide optimal time for you to welcome your baby into the family unit
- » Allow you to rest peacefully knowing your baby is sleeping or content at your bedside
- » Optimize nursing care and teaching for you and your family
- » Enable you to make a smooth transition from the hospital environment to your home.

You will be moved to another room after your baby's birth. Your nurse will assist you with moving. Our rooms are single occupancy. We also have sleep accommodations for your support person.

Healthy snacking for you and baby

With today's busy schedules, it's often hard to find time to eat 3 balanced meals. Healthy snacks may provide you and your baby with the nutrients you both need for energy and growth during your pregnancy, childbirth and breastfeeding.

Be sure to choose foods that are nutritious. Snacks that contain carbohydrates, vitamins, minerals, fiber, protein, and are low in fat are the best choices. Dividing what you eat into small meals and snacks throughout the day is best for you and your baby. By eating frequent small snacks, you will give your body energy throughout the day.

Nutritious snack list

Plain popcorn	Low fat yogurt
Whole grain crackers	Reduced fat cheese
100% fruit juices	Fresh fruit
Fresh vegetables	Cereal
Graham crackers	Trail mix
Dried fruit	Hummus
Muffins	Cereal bars
Peanut Butter	Unsalted nuts

Choosing healthy snacks is just as important as making healthy food choices for meals.

GRAINS Make half of your grains whole	VEGETABLES Vary your veggies	FRUITS Focus on fruits	MILK Get your calcium-rich foods	MEAT & BEANS Go lean with protein
Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal, or pasta	Eat more dark-green like broccoli, spinach, and other dark leafy greens Eat more orange vegetables like carrots and sweet potatoes Eat more dry beans and peas like pinto beans, kidney beans, and lentils	Eat a variety of fruit Choose fresh, frozen, canned, or dried fruit Go easy on fruit juices	Go low-fat or fat-free when you choose milk, yogurt, and other milk products If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods	Choose low-fat or lean meats and poultry Bake it, broil it, or grill it Vary your protein routine choose more fish, beans, peas, nuts, and seeds
For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to www.foodpyramid.com .				
Eat 6 oz every day	Eat 2½ cups every day	Eat 2 cups every day	Get 3 cups every day	Eat 5½ oz. every day

Breastfeeding

The Family Birthing Center strongly encourages you to exclusively breastfeed your baby. Colostrum is almost all babies need. Our Lactation Consultants have specially trained our Mother-Baby staff to assist you with breastfeeding, and are also available to meet with you to discuss special needs or concerns.

Education is key. Try to learn as much as you can about breastfeeding before your baby is born. Altru holds a breastfeeding class once a month, you can register online at: altru.org > classes and events.

There are many good books to learn about breastfeeding as well. We recommend:

- » A Nursing Mother's Companion by Kathleen Huggins
- » Breastfeeding: A Parent's Guide by Amy Spangler
- » The Womanly Art of Breastfeeding by Le Leche League International

There are so many benefits to breastfeeding! Here are some reasons to strongly consider breastfeeding for both you and your baby:

- » Your breastmilk is always ready. No mixing, measuring, or heating. No sterilization and refrigeration. No clean up!
- » Nighttime feedings are quick and easy. (No preparation).
- » Breastfeeding saves money – Nothing additional to buy.
- » Going out is simple. Breastfed babies are easy to take along.
- » Breastfeeding is a warm and cozy time for you and your baby.
- » Weight loss can be easier, and it helps your uterus to return to normal size more quickly.
- » Breastmilk is the perfect food for your baby. It's just what your baby needs in just the right amount.
- » Breastmilk changes to meet your growing baby's needs.
- » Breastmilk is gentle to your baby's stomach and very easy to digest.
- » Your baby will have less colic, constipation, and diarrhea.
- » Your early breastmilk (colostrum) gives your baby protection against disease.

» Breastfed babies have fewer colds and ear infections.

» They also have less asthma, food allergies, and eczema.

Inform your family on your decision to breastfeed. You will need their support and encouragement. Your main support person needs to know as much about breastfeeding as you do. Bring them to class!

Nutrition during Breastfeeding

- » Breastfeeding requires more calories (up to 400 more calories per day), protein, vitamins, and minerals than you needed before pregnancy. The exact number of calories you need is determined by how much you are nursing. The more you nurse, the higher your caloric needs.
- » Eating a healthy, balanced diet will give your body what it needs to help you produce quality breast milk for your baby.
- » Consume a wide variety of food from all food groups.
- » Extra calories should be from nutritious foods such as lean meats, low-fat or nonfat dairy products, fruits, vegetables, and whole grain breads and cereals.
- » If you feel that your baby is bothered by a certain food that you eat, stop eating that food for at least three days and try it again when your baby is older.
- » Drink approximately 12 (8 fluid oz) caffeine-free beverages per day, according to thirst. Drinking a beverage each time you nurse your baby can get you the fluids you need.

Daily Meal Planning Guidelines

- » Have at least 3 cups of low-fat or fat-free dairy foods for adequate calcium and vitamin D intake.
- » Eat at least 3 cups of vegetables (including at least 1 cup of dark green or orange vegetables).
- » Have at least 3 cups a day of fruit. Limit juice to 100% fruit juice and drink only 1 cup per day.
- » Eat 7-8 ounces of grain foods like whole grain bread, cereal, or pasta. At least half your grains should come from whole grains.
- » Eat 6-7 ounces of protein foods like meat, fish or poultry.

» If you do not eat meat, substitute similar amounts of other foods with protein like cooked dried beans or lentils, tofu or soy, eggs, unsalted nuts, or peanut butter.

Breast Feeding and Weight Loss

Breastfeeding along with a healthy diet provides a natural way for you to lose weight gained during pregnancy. After all, some of the weight gained during pregnancy is stored to help make breastmilk after your baby is born.

How soon can I start losing weight while breastfeeding?

It is important to have good nutrition while your milk supply is established in the first 2 months. Too much weight loss during this time can prevent you from getting enough nutrients to make enough breastmilk for your baby. After your milk supply is established, a slow weight loss (less than 5 pounds per week) is recommended. Losing weight more slowly will help you keep the weight off in the future.

How do you know that baby is getting enough?

The most common concern that you will have is if your baby is getting enough. There are many clues that indicate everything is going well:

- » Baby is eating every 2-3 hours during the day, and content between feedings
- » Baby is wetting diapers. One diaper in the first 24 hours progressing daily to 5-6 wet diapers once breast milk is in (after day 4)
- » Baby is having bowel movements. Stools will change from green, tarry meconium to yellow seedy stools as the milk increases.
- » Breasts are softer when baby is done nursing.
- » You can hear baby swallowing during the feeding.

If questions arise in the course of your breastfeeding don't hesitate to call your doctor or the Family Birthing Center. A Lactation Consultant or Breastfeeding Specialist will talk with you or will call you back.

We hope this helped in your decision to breastfeed and strengthened your resolve to make it a positive experience!

Selecting and Preparing Formula

Today's infant formulas are designed to imitate mother's milk as much as scientifically possible and are a safe and appropriate choice. If you choose to formula feed your baby, you should plan to have:

- » Bottles & nipples (at least 6 of each)
- » Bottle brushes for cleaning
- » Formula of your choice – approximately 1–2-week supply (24 oz needed daily)

During your stay at the Family Birthing Center we will provide the bottles, nipples, and formula for your baby. The types of formula we provide are Similac products including Isomil (soy formula). You may bring another brand of formula if you wish, and we will provide bottles, nipples, and sterile water for mixing.

Formulas come in three preparations: powdered, concentrated liquid, and ready-to-feed liquid. Both the powdered and concentrated liquid need to be constituted with a specified amount of water. Follow the manufacturer's instructions for preparation and storage.

New nipples and bottles should be washed in soapy water, rinsed and boiled for 10 minutes before use. After each use thereafter, wash them with hot, soapy water using a bottle brush. Then rinse and air dry or you may choose to use a dishwasher to clean your baby's bottles and nipples.

Always check the expiration date on formula. Do not buy or use expired formula or use cans that are dented or damaged. Wash your hands before preparing formula. Wash the top of the can with hot water and dry. Shake if required. Use a clean can opener. (You may want to reserve one for formula only). Wash and dry the can opener after each use. Follow the manufacturer's directions exactly when mixing formula.

You may warm formula that has been refrigerated by running it under hot water. Microwave ovens should not be used to warm formula. (Uneven heating could cause serious burns). Check the temperature of the formula by shaking a few drops on your inner wrist; it is ready when it no longer feels cold. It does not need to be warm, but just body temperature. Use warmed formula immediately. Do not reuse leftover formula. Bacteria from the baby's mouth enters the bottle and multiplies, making the milk a possible cause of illness in your baby. Rinse bottles and nipples right

after use for easier cleaning. Opened cans of liquid formula should always be covered tightly and stored in the refrigerator for no longer than the time noted on the labels. Powdered formula should be covered and stored in a cool, dry place for use within a month.

When you are traveling, it may be safest to use bottled water for preparing formula, because different water supplies may upset your baby. Make sure the label states that water is safe for drinking. Another alternative is to use ready-to-feed formula when you are away from your home.

How to Feed Your Baby

Let your baby know it is time to eat by stroking their cheek with your finger or the nipple. Your baby should turn toward the nipple, and then you can place the nipple between your baby's lips and sucking will begin. As you hold the bottle, it should be tilted so the nipple remains filled with formula. If air fills part of the nipple, your baby will swallow air and become gassy. Your baby will take small amounts of formula in the first few days. Healthy babies take what they need, so don't force your baby to drink more.

Support your baby's head in the bend of your arm. Bottles should not be propped as it may result in choking or allow the baby to take in too much air. It may increase the baby's chances of getting ear infections. After the baby's first teeth appear, do not allow the baby to fall asleep with the bottle in the mouth, as it may contribute to tooth decay. Babies will stop sucking, turn away from the nipple, or fall asleep when they have had enough.

If your baby is crying, try soothing the baby before beginning the feeding. Babies' stomachs are more settled after feeding if they begin the feeding calmly.

If your baby is sleepy, you may have to wake the baby every 3-4 hours. Try unwrapping, changing a diaper, stroking and talking to your baby. Another waking technique is to sit the baby up with one hand supporting the chin and the other supporting the back. Removing blankets and skin-to-skin contact may also help stimulate the baby to suck. Gently moving the nipple during feeding may help the sleepy baby to sustain a suck.

Babies will increase the amount of formula taken as their weight increases. Do not be concerned if your baby takes a little more or a little less at each feeding, or each day, as long as weight gain is good.

Watch your baby to be sure that formula is coming through the nipple at the right speed. If the flow is too slow, your baby will seem to work very hard at

sucking for a few moments, then may act frustrated and possibly let go of the nipple. If the flow is too fast, your baby will be doing a lot of gulping and sputtering, and milk may leak out of the corners of the mouth. You may need to try to switch to a different nipple to find the one that works well for your baby.

Successful Bottle Feeding

Take your time when you are bottle feeding. Use the time for love and nurturing, as well as nutrition. Try to hold your baby skin-to-skin when possible. Talk to your baby after the feeding is finished. Switch arms when feeding as this gives your baby a chance to see the world from different perspectives and can help you to be more comfortable, too. Feel good about bottle feeding. You can give your baby nutrition and lots of love and cuddling while bottle feeding.

Things to remember when bottle feeding:

- » NEVER heat the formula in a microwave. You may cause burns in your baby's mouth.
- » NEVER prop the bottle to feed your baby. Always hold the baby when feeding.
- » NEVER put your baby to bed with a bottle. This may result in serious tooth decay.
- » NEVER feed a bottle that has been at room temperature for over an hour or that was used earlier for a feeding

If your Baby Needs Special Care

Some babies are born prematurely or need increased monitoring. For these newborns, Altru has a Level III Neonatal Intensive Care Unit (NICU) and a Special Care Nursery.

If your newborn is requiring care in our NICU, we have highly skilled staff that include Neonatologists, Nurse Practitioners, Registered Nurses, Respiratory Therapists, and Occupational Therapists. If your baby needs to be admitted to the NICU, you and your partner will be kept updated on your infant's condition and allowed to visit as soon as possible.

If your newborn is requiring care in our Special Care Nursery, we have highly skilled staff that come to your room, and you can keep your baby with you during your stay. Our staff includes Neonatologists, Pediatricians, Family Practice Providers, and Registered Nurses.

Treatments and Tests

Periodic physical assessments of you and your infant will be performed throughout your stay. All exam results and any treatments for results outside of the range of normal for you or your infant will be explained to you and your family in a language you can understand.

At 24 Hours of Life, Your Newborn Will Have:

Newborn Blood Spot Screening

The purpose of this screening test is to detect metabolic disorders that can lead to serious health consequences in your newborn. By early identification of these disorders, a newborn can be treated before symptoms appear, preventing physical and cognitive delays, serious illness, and death. A small sample of blood will be drawn from your baby's heel at 24 hours of age. The blood sample is sent to the University of Iowa Hygienic Laboratory (UHL), which is our designated central screening laboratory. At UHL, greater than 50 metabolic disorders can be identified and diagnosed. Some of the disorders currently being screened for are Phenylketonuria, Congenital Hypothyroidism, Adrenal Hyperplasia, Galactosemia, Sickle Cell Disease, Fatty Acid-Oxidation Disorders, Organic Acidemias, and Amino-Acidemias. The results of this screening test will be made available to your baby's doctor, usually within 2 weeks of birth.

Universal Hearing Screening

Universal Hearing Screens are offered to all newborns at Altru Health System in an effort to detect congenital hearing loss in your baby.

A small probe is placed into your baby's ear canal. This does not hurt the baby. A soft wave of noise will enter your baby's ear. The probe will detect if the baby's ear responds to that noise. The test takes approximately 5 minutes to complete.

If your baby does not pass the first test, your baby will be retested while in the hospital. Follow-up appointments with Altru's Audiology may need to be done as an outpatient if necessary. The Audiology Department has staff to conduct other types of tests to detect hearing loss. They also have screening and intervention programs to assist your newborn.

Cardiac Screening

This screening is completed to evaluate for congenital heart disorders in your baby. Your baby's heart rate and oxygen saturations are monitored for evaluation. The test is done in the nursery and takes just minutes to complete. Your baby's doctor will discuss any pertinent findings or need for additional tests with you.

Newborn Security

The Family Birthing Center has a Newborn Security Policy in place to help protect you and your infant(s). All entrances to the Family Birthing Center are locked and monitored at all times. At all times during your hospital stay your baby is protected from being transported within or outside of the hospital by unauthorized personnel or strangers. Your participation with us in the security program is essential. We ask that you follow these guidelines:

- » Please follow all posted instructions to gain access to the unit. All visitors must have the current access code to the unit.
- » You and your baby will be properly identified immediately after birth with a 5 part band system. This identification must remain intact during your stay. Please talk to your nurse to know what identification is required.
- » An infant security monitor will be placed on your infant's umbilical cord clamp shortly after birth and must remain on until your nurse removes it prior to your discharge.
- » Know the name of the nurse who is caring for you and your baby each shift. She is assigned to both you and your baby and is available to assist you with caring for yourself and your baby.
- » Only properly identified Family Birthing Center staff are allowed to transport your baby from your room. This may be for special tests, procedures, or exams. You may be able to accompany your baby at this time. Be sure to know what identification is required by talking with your nurse.
- » Your baby should be attended to at all times. If you wish to leave your room, please take your baby with you in the crib, or you may choose to take the baby to the nursery until you return.
- » When you plan to rest, close your room door and place your baby's bassinet between your bed and the outside wall.

- » When you are walking in the halls with your baby, please have baby in the bassinet and push him/her with you. For safety reasons, we ask that you please do not carry your baby around the unit.
- » Tell your nurse about any unfamiliar persons entering or calling your room or inquiring about your baby – even if they are dressed in hospital uniform. It is only safe to answer questions from Family Birthing Center staff who are wearing proper identification.

Room Service

Room Service is a special meal program for you during your hospital stay. It allows you to order meals and snacks between the hours of 6 a.m. and 7 p.m. Food selections of your choice are ordered from a menu that is tailored to the diet ordered for you by your doctor. Your order will be delivered to your room within 45 minutes. One complimentary guest meal is provided by the Family Birthing Center, so you may celebrate your baby's birth! Additional guest trays may be ordered at an additional cost per tray (\$7.00). You will also receive one "pizza party" coupon after delivery.

Length of Stay

You and your physician will determine what is an appropriate length of stay for you. The average length of stay following an uncomplicated vaginal delivery is usually 24-48 hours (about 2 days) after birth. Cesarean birth stays are usually 48-72 hours (about 3 days) after birth.

Leaving the Hospital

On the day you are discharged your physician should see you in the morning to discuss going home routines and follow-up care. Please bring your infant's car seat to your room (and ensure the base is installed in the car you plan to go home in) prior to discharge.

Your nurse will prepare your discharge paperwork, follow-up appointments, and order any medications that you may need. Please remember to have your insurance and pharmacy cards available when you pick up your medications. Please make special arrangements with your nurse if your discharge must be after 3 p.m.

When you are ready to leave the hospital, your family member or friend may drive from the visitors parking area to meet you under the front entrance canopy.

The nursing staff will assist you with getting to the front entrance with baby.

Car Seat Safety

A baby needs a car seat from the moment he/she takes his first ride home from the hospital. Although you may feel like it is safer to hold that baby in your arms, IT IS NOT! Using a car seat correctly can help prevent serious injury or death for your baby. The biggest mistake new parents make is bringing the new car seat to the hospital STILL IN THE BOX for the nurses to help put in the car, but they CAN'T and WON'T.

It is YOUR responsibility to know the proper installation of your baby's car seat. Go to a car seat safety class (held a few times a month through Altru and Safe Kids). Call 701.780.1489 or you may register for classes online through MyChart to schedule a class or attend a check-up event the second Thursday of each month at Rydell Cars from 4 - 7 p.m. Take the time to know how important it is for proper installation of the seat, harnesses, and buckles and how to position them. It is a good idea to practice adjusting and installing the car seat before the birth of your baby. Bring your car seat to the hospital soon after birth, you will want to make the necessary adjustments for your baby. Babies who are smaller or are born prematurely will need their car seat for a trial to determine if the car seat will meet his/her needs before he/she can be discharged.

While a new car seat is best, if you will be using a car seat from a friend, relative, or rummage sale, please be sure to check the car seat over very carefully! DO NOT USE it if there are not instructions, if there are any missing pieces, the seat is cracked or broken, the seat has been in an accident (even if there's no obvious damage), or the seat is older than the expiration date. All car seats should be labeled with a date of manufacture, and seat name or model number, without these you cannot check on recalls.

North Dakota and Minnesota laws state that you must follow the car seat manufacturer recommendations. They must remain rear facing until at least 1 year of age and 22 pounds. An infant car seat would state that it complies with Federal vehicle Safety Standard 213. The American Academy of Pediatrics and some safety advocates recommend that they continue to ride rear facing as long as possible, and to the upper most weight limits of convertible seats which can be 40-50 pounds. This promotes better head and neck safety in the event of an accident.

The “best” car seat is one that fits your newborn and can be easily installed correctly in your car. You must use it EVERY time you take your baby in the car. It will not matter if it is the most expensive seat available, if it is not installed properly, it CANNOT protect your baby.

Using Your Car Seat Properly:

- » Register your car seat with the manufacturer, so you will be updated on any recalls.
- » NEVER place a car seat in front of an airbag
- » Always place baby FACING REAR. It is recommended to place the car seat in the middle of the back seat, but you should check your vehicle instruction manual
- » The seat should not move more than 1 inch side to side at the seat belt path
- » Shoulder straps should be at or below baby’s shoulder level
- » Harness should have a snug fit. You should only be able to pass one finger between your baby and the strap
- » Harness clip is at baby’s armpit level
- » NEVER place any padding behind or underneath baby in the seat
- » Bulky clothing such as snowsuits or bulky jackets should not be worn

Motor vehicle crashes are the leading cause of death and injury in children under the age of 19. Statistics show that more than 1,000 American children will die this year from injuries received in a vehicle crash. The tragedy is that most of those deaths could have been avoided with proper child restraint and car seats. Together we can ensure that every ride is a safe ride.

For more information on child passenger safety, please contact Safe Kids Grand Forks at 701.780.1489 or safekids@altru.org or visit www.safekidsgf.com.

Billing and Charges

While you and your baby’s healthcare are our primary concern, the financial part of your hospital stay is a necessary component of our service to you. Altru now sends one combined charge that encompasses

the total on a normal pregnancy and delivery after your baby has been born. This charge includes all obstetrical care through delivery; charges for ultrasounds, laboratory and other tests will continue to be billed by visit. (North Dakota and Minnesota Medicaid and self-pay patients will continue to be billed by visit). If you have medical insurance coverage, our insurance claims department will prepare your statement and automatically submit this claim to your insurance company. Please make sure that you have provided us with the correct insurance information. This will save time and make sure that your bill is promptly taken care of. You may also wish to contact your insurance provider prior to delivery to ask about specific coverage and admission notification requirements.

Some of the standard charges everyone has are as follows:

Room charge – This is a set fee for your hospital room. Included in this fee are your meals, housekeeping, utilities, and replacement costs.

Nursing charge – This is a variable fee that depends upon the level of nursing care you and your baby require during each 24-hour period of your hospital stay.

Delivery charge – This is a set fee for the items needed for the actual delivery of your baby. Included, but not limited to this fee are gloves, gowns, drapes, instruments, suture, sponges, and cord clamp.

Newborn nursery – This is a set fee for your infant(s) room. Included in this fee is an infant warmer with emergency equipment, open crib, supplies such as heel warmers and alcohol swabs, utilities, housekeeping and replacement costs of equipment and linens.

Circumcision – This is a set fee for this procedure. Included in this fee are the equipment and supplies used during the circumcision. There is also a separate fee from the physician who performs the procedure. Because a circumcision is an elective procedure, many insurance companies do not pay for this procedure. In that case, you should make prior arrangements for payment.

Remember other charges vary depending upon your diagnosis and the lab tests, procedures, and medications your care provider orders for you and/or your baby.

If you have questions regarding the charges on your bill, please call Altru Patient Services 701.780.1500.

We understand that there are circumstances in which patients may have financial difficulties. If you feel you will have difficulty in meeting your payment requirements, please contact our business office at 701.780.5180 or 701.780.1745 to talk with a financial advisor and arrange a payment schedule.

Health Insurance

It's a good idea for you to check on your health insurance coverage for maternity and newborn care. Some insurance companies do not cover the full cost of maternity or baby's stay. Others have special conditions regarding your length of stay at the hospital. If you have no insurance coverage or limited coverage, we can help you make special payment arrangements. Please call Patient Services at 701.780.1745 or 701.780.5180 to discuss your options for payment. You may also call 701.780.5474 to speak with one of our Family Care Coordinators, regarding options to keep down your hospital costs during your stay.

Many HMO's or Insurance companies also require you to notify them upon admission to the hospital or when the baby is born. Contact your insurance carrier early in the pregnancy so you are aware of any requirements for your specific plan.

Social Services

As individual needs are indicated, our staff social worker is available to assist you with special services such as financial counseling, or community resource referrals.

Spiritual Care

There is a trained chaplain available to visit you and your family Monday – Friday from 8 a.m. to 4:30 p.m. There is also a chapel located on the main floor of the hospital for prayer. Please inform your nurse if you would like to visit the chaplain.

Community Resources

Altru's Birthing Center Lactation Consultants (701.780.5467)

Individualized breast feeding counseling appointments. Breast pump education/counseling.

La Leche League (1.800.La Leche)

Breastfeeding mothers helping other breast feeding mothers. Monthly meetings for support, education, lending library and phone support.

Public Health Department (701.787.8100)

Provides immunizations, nutrition counseling, nursing and other services.

WIC (701.775.3667)

Provides nutrition education and special foods to pregnant and breastfeeding women as well as infants and children up to age five.

Grand Forks County Social Services (701.787.8500)

Provide financial and medical assistance to qualifying families. These programs include TANF, fuel assistance, child care assistance, medical assistance., SNAP.

Child Support Enforcement Unit (701.787.8575, 701.746.5481 or 800.723.5437)

Assistance with child support issues: Locating absent parents, establish and enforce child support payments, and establishing paternity if necessary.

Child Care Aware (701.787.7755)

Provides support and guidance through resources and referrals to help you in selection appropriate childcare.

Right Tracks (701.795.3000)

Provides evaluation and assistance if you have concerns regarding your child's development in growth and expected milestones.

**Community Violence Intervention Center
24 Hour Crisis Line: 701.786.8900****Main Office: 701.746.0405**

Services are free and confidential for concerns or assistance in any issues of family violence.

Cross Roads Program (701.787.8500)

Provides assistance with child care for single teen mothers attending school.

Valley Health (701.775.4251)

Provides education and information about pregnancy, physical exams, pregnancy tests and contraception.

**Housing Assistance (HUD - 701.746.2545 or
Insignia Residential Management 701.775.0597)**

Provide financial assistance to qualifying families to secure adequate housing.

Mothers of Multiples**(Ann 701.772.7900; Mandy 701.777.9080)**

Moms of multiples helping new moms of multiples. Meetings monthly for support and education.

Healthy Families (701.772.7577)

Healthy Families is a voluntary home visiting program designed to support families as they become parents. Healthy Families is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. Interactions between Family Support Specialists and families are designed to promote positive parent-child relationships and healthy attachments through strength based, family centered, culturally-sensitive and reflective practices.

**GFAFB New Parent Support Program
(701.747.4205)**

Promotes family readiness by enhancing the health, welfare, and morale of air force families

Newborn Resources and Contacts

American Academy of Pediatrics

aap.org

**American College of Obstetricians and
Gynecologists**

acog.org

**National Association of Pediatrics Nurse
Practitioners**

napnap.org

Childhelp, USA

Offers information on how to prevent shaken-baby syndrome
800-4-A-CHILD

Civitas

Offers child development and parenting information
civitas.org

Depression After Delivery -

depressionafterdelivery.com

La Leche League

A national source for breastfeeding information
800-LALECHE
lalecheleague.org

Safe Kids Worldwide

Offers information on child car seats
safekids.org

Newborn Channel

Offers helpful and information for new parents
newborn.com

Sudden Infant Death Syndrome

cjsids.org

US Consumer Product Safety Commission

Has information on baby product safety and recalls
800.638.2772
cpsc.gov

US Dept. of Transportation Auto Safety Hotline

Has automated recall information on infant car seats
800.424.9393

Glossary

FOR PARENTS - TO - BE

- Abruption placenta (placental abruption):** partial or complete separation of the placenta from the wall of the uterus before the baby is born.
- Afterbirth:** the placenta and membranes expelled from the uterus during the third stage of labor (after the baby is born).
- Amniocentesis:** removal of a small amount of amniotic fluid from the amniotic sac in order to evaluate the baby's health.
- Amniotic fluid:** fluid surrounding the baby in the womb.
- Analgnesia:** relief of pain without loss of sensation or consciousness.
- Anesthesia:** General anesthesia is loss of consciousness caused by anesthetics. Local anesthesia limits loss of sensation to one area of the body.
- Apgar score:** numerical evaluation of a newborn at one and five minutes after birth. A score can range from one to ten; seven and up are normal scores.
- Areola:** dark area of the breast surrounding the nipple.
- Birth canal:** the passageway from the uterus to the vagina through which the baby is born.
- Braxton Hicks contractions:** irregular contractions that may become somewhat uncomfortable near the end of pregnancy. They are often mistaken for true labor.
- Breech birth:** delivery of the baby other than head first. Most breech deliveries are buttocks first.
- Cervix:** narrow, lower portion, or neck, of the uterus.
- Cesarean delivery:** delivery of the baby through an incision in the abdomen and uterus. The incision may be vertical or horizontal.
- Colostrum:** the first fluid produced by the milk glands in the breast. It is high in protein and antibodies.
- Contraction:** tightening of the uterus in a wavelike rhythm during labor.
- Crowning:** moment during labor when the crown (top) of the baby's head becomes visible at the opening of the vagina.
- Dilation:** opening of the cervix during labor from zero to ten cm (full dilation), at which point a mother-to-be can begin to push her baby out.
- Doula:** a woman who cares for a new mother.
- Electronic fetal monitoring (EFM):** recording during labor of the baby's heartbeat and of uterine contractions.
- Epidural anesthesia:** injection of medication into the space surrounding the spinal cord to numb the body below the waist.
- Episiotomy:** an incision into the perineum at the rear of the vagina to enlarge the vaginal opening.
- Fetal distress:** alteration in the well-being of the fetus during labor, indicated by certain changes in the fetal heart rate pattern.
- Fontanelle (soft spot):** area of the skull not covered by bone at birth.
- Fundus:** upper part of the uterus.
- Hemorrhoids:** varicose veins on the rectum.
- Hyperventilation:** dizziness caused by an imbalance of oxygen and carbon dioxide in the blood from breathing rapidly.
- Induction:** artificially starting labor by giving Pitocin (synthetic oxytocin) or prostaglandin gel.
- Involution:** return of the uterus to its non-pregnant size during labor.
- Kegels:** exercise to strengthen the pelvic floor (vaginal and rectal) muscles by contracting and releasing them.
- Labor stages:** first stage, complete dilation of the cervix; second stage, delivery of the baby; third stage, expulsion of the placenta.
- Let-down reflex:** release of milk into the nipple area.
- Linea nigra (black line):** dark line that sometimes develops down the middle of the pregnant woman's stomach.
- Lochia:** blood-stained discharge from the vagina after delivery.
- Meconium:** thick, greenish substance that is the baby's first bowel movement.
- Meconium staining:** presence of meconium in the amniotic fluid.
- Nonstress test:** assessing fetal well-being with EFM measuring the response of the baby's heart to movement.
- Oxytocin:** hormone that causes the uterus to contract during labor and causes the milk ducts on the breasts to release milk.
- Perineum:** area between the vagina and the rectum.
- Placenta:** organ that transfers nutrients and oxygen from mother to fetus and waste products from fetus to mother.
- Preeclampsia:** a condition of late pregnancy in which the mother-to-be experiences swelling of her hands, face, and feet, high blood pressure, and protein in her urine.
- Premature (preterm) labor:** labor before 37 weeks of pregnancy (counted from the start of the last menstrual period).
- Prolapsed cord:** umbilical cord that precedes the baby out of the uterus; may necessitate Cesarean delivery.
- Puerperium:** the six weeks after delivery.
- Ripening:** softening of the cervix near term.
- Stress test:** EFM test of the well-being of the fetus during contractions deliberately stimulated with oxytocin.
- Transition:** end of the first stage of labor, from eight to ten centimeters dilation.
- Umbilical cord:** thick, cable-like structure that connects the fetus and placenta and contains two arteries and one vein.
- VBAC:** acronym from vaginal birth after Cesarean.
- Vernix:** greasy, whitish substance that covers the fetus in the uterus to protect its skin from exposure to the amniotic fluid.

Somebody Said . . .

Somebody said it takes about six weeks to get back to normal after you've had a baby . . .
somebody doesn't know that once you're a mother, normal is history.

Somebody said you learn how to be a mother by instinct . . .
somebody never took a three-year-old shopping.

Somebody said being a mother is boring . . .
somebody never rode in a car driven by a teenager with a driver's permit.

Somebody said if you're a "good" mother, your child will "turn out good" . . .
somebody thinks a child comes with directions and a guarantee.

Somebody said "good" mothers never raise their voices . . .
somebody never came out the back door just in time to see her child hit a golf ball
through the neighbor's kitchen window.

Somebody said you don't need an education to be a mother . . .
somebody never helped a fourth grader with his math.

Somebody said you can't love the fifth child as much as you love the first . . .
somebody doesn't have five children.

Somebody said a mother can find all the answers to her child-rearing questions in the
books . . . somebody never had a child stuff beans up his nose or in his ears.

Somebody said the hardest part of being a mother is labor and delivery . . .
somebody never watched her "baby" get on the bus for the first day of kindergarten -
or on a plane headed for military "boot camp".

Somebody said a mother can do her job with her eyes closed and one hand tied behind
her back. . . somebody never organized seven giggling Brownies to sell cookies.

Somebody said a mother can stop worrying after her child gets married . . .
somebody doesn't know that marriage adds a new son or daughter-in-law to a mother's
heartstrings.

Somebody said a mother's job is done when her last child leaves home . . .
somebody never had grandchildren.

Somebody said your mother knows you love her, so you don't need to tell her . . .
somebody isn't a mother.

**"The decision to have a child is to accept that your heart will
forever walk outside of your body."**

Katherine Hadley



Altru Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our website at altru.org. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.732.4277. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.732.4277. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.732.4277.