



Welcome

Our Presenter

Susan Difeo, labor and delivery nurse with
Cleveland Clinic Akron General Medical
Center.

(standing) Dr. Mitchell, Dr. Van Beek Dr. Arnold
(seated) Dr. Ellis, Dr. O'Shea, Dr.Cousineau (recently retired), Dr. McGrievy



? Questions during presentation ?

- We encourage questions throughout the class.
- Please feel free to ask general questions and/or jot down questions that are more personal. I'll be happy to discuss these with you after the class.

We are pleased you joined us today!

Your care is important to us

- After hours emergency calls are handled by our own physicians. The physician on call will return your call. If you have not heard back in 20 minutes and your issue is concerning you, proceed to OB triage.
- **ONCE you have called please keep your phone available. You will be called back soon.**

Our main number

330-668-6545

Your Patient Portal

You will be asked to be WEB enabled, if you have not been already. This is another way that you can communicate your questions, request appointments or medication refills.

HOWEVER- DO NOT USE IT FOR URGENT QUESTIONS!

Your lab work and test results can be reviewed by accessing your portal.

Access your patient portal by going to our website.

www.obgynofakron.com



Our website contains information that is very useful for pregnancy and women's health care.



ALWAYS CALL for:

- VAGINAL BLEEDING
- SEVERE CRAMPING
- LOW CONSTANT PELVIC PAIN
- FEVER GREATER THAN 100.4 THAT IS NOT REDUCED BY TYLENOL
- CHANGE IN VAGINAL DISCHARGE
- SIGNS OF URINARY TRACT INFECTION (UTI)
- SEVERE HEADACHE OR VISUAL CHANGES
- DECREASE IN FETAL MOVEMENT
- ANYTHING THAT SCARES, WORRIES, OR CONCERNS YOU

Your office visits 36 weeks to birth



- You will begin to have office visits weekly.
- Vaginal exams will be done to check for thinning and dilating of your cervix and position of baby.
- Additional tests or monitoring may be done at this time.
 - Group B Streptococcus (GBS)
 - Non-stress test (NST) may be done for problems or high-risk pregnancies.

3rd Trimester Concerns

- Alcohol use
- PNV after delivery
- No aspirin after 32 weeks
- Headache
- Increase swelling
- Visual disturbances

- Kick Counts are important. They help us know how baby is doing.

- If a baby becomes distressed, the frequency of movements may decrease
 - Three times a day, lay on your side for 30 minutes
 - Record how many times you feel a kick or movement



Call the office if

- Movement from 2 sessions in a row are less than 4
- Total number for the day is $\frac{1}{2}$ of the previous day's



Some COMMON QUESTIONS

- Intercourse- is safe through entire pregnancy unless told otherwise by physician
- Mild vaginal bleeding- after intercourse or exam can be expected
- Flying or long road trips not advised after 35 weeks
- Seatbelt safety - wear around belly

When to be on alert...

Your cervix is effacing (thinning) and you are more than 2 cm dilated.

Your baby bump has dropped, (is the baby head down, she is making her descent in to the right place for delivery)

You have a discharge that is jelly-like, "mucus plug"

Or your membranes are ruptured "water broke",

...ALL are signs that labor will be coming
but its not necessary immediate.

Call us when you have steady painful contractions in a pattern and you can't talk, or sleep through theses contraction.

These probably are not Braxton-Hicks

(AKA Practice contractions)

Now you may be ready.



When to Call the Office

- If you are having your first baby, call when your contractions are **5 minutes** apart (or closer) for approximately **1 hour**. Others should call when they are **5-10 minutes** apart.
- If your water leaks or breaks, **WITH OR WITHOUT** labor pains. Call as soon as it happens.
- You bleed like a period, but **NOT** the bloody show or the spotting you may experience after a vaginal exam.
- There is a sudden and significant decrease in the baby's movement.
- If you are in doubt about any of the above.

Real vs False Labor

How can I tell the difference between true labor and false labor?

Differences Between False Labor and True Labor

| <i>Type of Change</i> | <i>False Labor</i> | <i>True Labor</i> |
|--------------------------|---|--|
| Timing of contractions | Often are irregular and do not get closer together (called Braxton Hicks contractions) | Come at regular intervals and, as time goes on, get closer together. Each lasts about 30-70 seconds. |
| Change with movement | Contractions may stop when you walk or rest, or may even stop with a change of position | Contractions continue, despite movement |
| Strength of contractions | Usually weak and do not get much stronger (may be strong and then weak) | Increase in strength steadily |
| Pain of contractions | Usually felt only in the front | Usually starts in the back and moves to the front |

Labor Induction

- Indications
 - Problems in pregnancy
 - Post-dates
- Types
 - Ripening the cervix-Cytotec is inserted to soften the cervix.
 - Stripping the membranes-cramping some bleeding,
 - Artificial rupture of membranes with use of amnio hook
 - PIT--Pitocin



Preparing for Baby and the birth experience



- **Birth Plan** : Let Nurses know if you have expectations, for example:
 - “DAD wants to announce the baby’s sex to the mother”
 - “MOM wants to pull baby out”
- We try our best to help you achieve your birth plan, when possible.
- Episiotomy
- Visitors during the delivery and after
- **Baby’s Care Classes Available**
 - (hand outs for hospital classes)
- Infant CPR
- Tdap vaccination
- Cord Blood Banking

Laboring Positions at home and at the hospital



I think its time to go to the hospital.

What To Remember:

- Be sure to communicate with your doctor that you are on your way.
- **EAT first:** You will not get to eat more than ice chips or popsicles at the hospital, after you arrive if you are in active Labor
- Bring **your card** from our office
- If you were given **prenatal records** – BRING them
- Bring the [Hospital's PRE-Registration Paperwork](#),
- AGMC includes the form for the birth certificate.
- Remember , You may be sent home if you are not far enough along
- Inductions: What does this mean? How long does it take?
- Camera- Hospitals will not permit video
- We will change you into hospital clothes, Tube TOP, no bra-

Labor

- Admitted through triage or direct admit
- IV
- Food vs clear liquid diet
- Visitors
- Antibiotics for GBS
- Transfer to Postpartum



Getting to the hospital

Report to Labor and Delivery Triage...

Cleve Clinic -AGMC

- Triage is in Labor & Delivery
- Second floor, this is the same floor as main entrance

Akron City-Summa

- Enter 25 N Adolph parking garage on Fountain St off E Market St
- Triage is in Labor & Delivery on Second floor

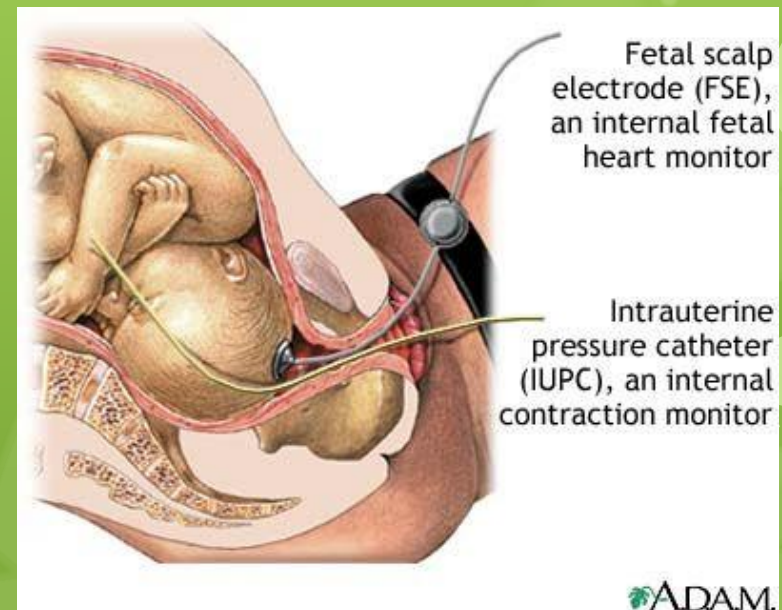
NOTE

Midnight - 6am both hospitals main entrance is closed
Go through the ER departments.
Both hospitals do have valet parking

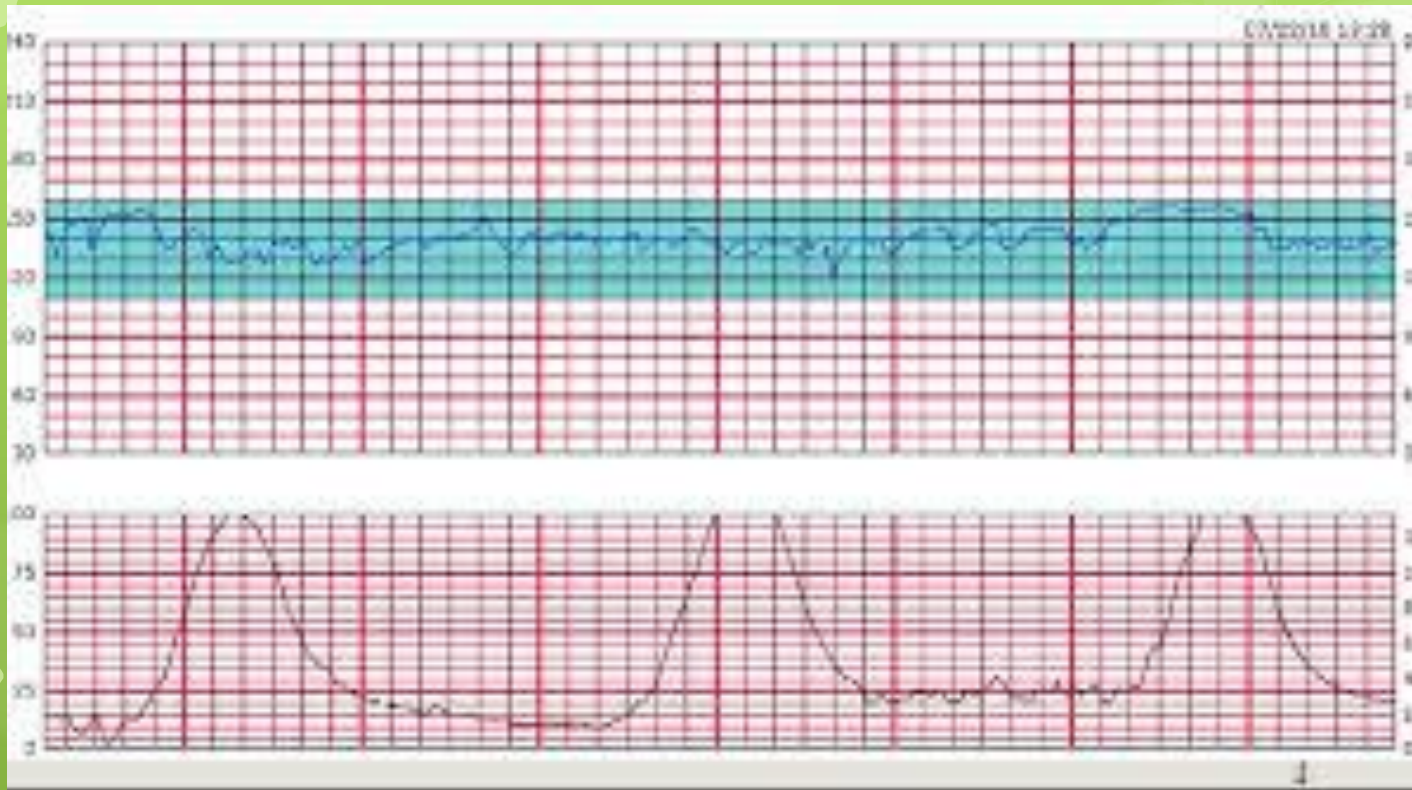
During Labor

Fetal Heart Rate Monitor

- Shows condition of baby
- External vs Internal
 - Need to monitor
 - Baby (FHR)
 - Uterus (contractions)
- Monitors held on with soft belts
- Abnormal tracing
- Some other tools of the trade.



Fetal Heart Tracing



Pain Relief During Labor

Analgesics

- Medicine given through an IV, or orally
 - Does not cause loss of feeling or movement
 - Examples include Morphine
 - Side effects

Anesthetics

- Local anesthesia
- Regional anesthesia
 - Example: epidural or spinal
 - Combination
- You Will not be able to walk around after the epidural.
- Most opt for epidural

Cesarean Section



- Indications: Breach, placenta placement, very big baby
- Vaginal birth after cesarean (VBAC)
 - Discuss with physician
- Complications are rare
 - #1 surgery done in United States

More considerations after delivery

Expectations of stay

- Labor Suite
- After delivery > Transferred to Postpartum floor, > baby kept in your room
- Nursery is on this floor
 - 1-2 days for vaginal delivery
 - 3-4 days for cesarean delivery



- The hospitals will **encourage breastfeeding**:
 - Insurance companies usually require a prescription for a Breast Pump, if you feel like you will need one ask at this time.
- **Select a Pediatrician prior to coming**: you will be asked for this name
- **Birth control**: Many options are available. Some need to be prior authorized: (Long acting birth control, IUDs)
- **Birth Certificate form**: Fill out forms with the baby's name
 - Needed for social security number
 - 6 week minimum time frame to get the birth certificate from the hospital.

Postpartum

- Private Room
- Baby stays with you unless additional monitoring or treatment is needed
- Pain relief
- Circumcision?
- Physical changes
 - Breastmilk/feeding, Lactation specialist on site
 - Vaginal bleeding
 - Fundal checks
 - Care of episiotomy



Postpartum

Blues

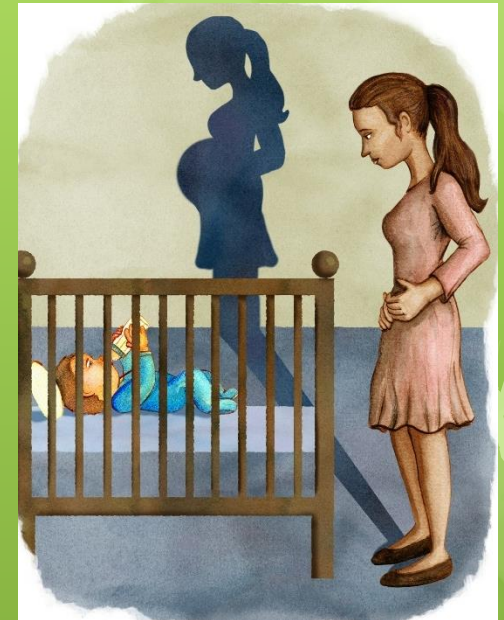
- Occur 2-3 days after birth
- Last 1-2 weeks
- Depressed, anxious or upset
 - Crying, insomnia
- Question whether able to care for a new baby

Depression

- 1-3 weeks after birth
- May occur up to 1 year
- More intense feelings
- Sadness, anxiety, despair
- Prevention from completing daily tasks

What to do if you are feeling **BLUE?**

- Do not wait until your postpartum checkup
 - Family may notice symptoms
- **Notify office immediately**
- Treatment
 - Antidepressants
 - Can be safe
 - Talk therapy
 - Support groups, one-on-one counseling



Exercise after Baby

- USUALLY safe to begin within a few days, however, c-section recovery takes longer
 - Cardio and strength training
 - Begin light: stroller walks, yoga
 - Stop if painful



Benefits:

- Strengthen abdominal muscles
- Increase energy
- Prevent postpartum depression
- Better rest
- Stress relief

Questions?



LABOR, DELIVERY, AND POSTPARTUM CARE. (2011, May 11). Retrieved April 17, 2016, from <http://www.acog.org/Patients>