

Great Valley OB/GYN

Birthing Plan

We are frequently asked by patients about birthing plans. We would like to make your labor and delivery experience as joyful, comfortable and safe as possible. Please read on to become familiar with our routine policies and procedures. They are all designed with your best interests as our primary goal. We will not do anything to you without your verbal permission at the time, and we encourage you to ask all questions as they arise. We want you to be involved in all decisions that need to be made.

Environment: Each labor room is a private room and has a private phone. You are welcome to bring your own music or movies, or to have the room as peaceful, quiet and as dimly lighted as you like during labor. You are welcome to take photographs after the delivery, but hospital policy prohibits the videotaping of the birth. There are now nursing and medical students but no residents at Paoli Hospital. They will only be present with your agreement at the time. The rooms may seem large during the tour but when all the needed equipment and medical personnel are present, the rooms are not large enough to accommodate more than two support people safely once the pushing part of labor begins. That includes a Doula if you have chosen to have one. You will have a Labor and Delivery Nurse available to you during active labor to provide the same kind of support that a Doula may provide. If you have children that will be waiting, they will need to have adult supervision in the waiting room. We recommend that you bring your own pillow(s) with a pillowcase you don't care about, as well as bottled water and lip and skin moisturizer.

Refreshments: Assuming both you and the baby are doing well, you may have ice chips and popsicles/water ice while you are in labor. Additional food and drink is discouraged for two reasons. First, labor often causes significant nausea and vomiting. Secondly, if you should need to be delivered by C-section, the complications of vomiting can include having your stomach contents get into your airway. That is known as aspiration and can be life-threatening. Having an empty stomach will minimize both the unpleasant symptoms and the medical risks as noted. After a vaginal delivery, you are welcome to eat and drink whatever you would like, with the exception that alcohol is not permitted on hospital grounds. Most labor patients are somewhat dehydrated and IV fluids are often used to maintain adequate fluid and glucose needs for the work of labor. You may not need to be hooked up to an IV bag, but we do request that you have IV access established (a heplock) so that we may administer medication or fluids quickly in the event of an emergency.

Fetal Monitoring: Fetal monitoring must be done at least periodically while you are in labor, and there are situations that make continuous monitoring necessary. These include but are not limited to: the use of Pitocin, placement of an epidural, the 2nd stage of labor (pushing) and if at any time the fetal monitoring is not completely reassuring. We generally use external monitoring unless there is a medical reason to place internal monitors and we try to keep your internal exams to the minimum number needed to provide you with good care. Your nurse is

also likely to perform some of the internal exams. Monitoring can be done sitting up in a chair, standing next to the bed, or in bed, but wireless monitoring while walking is not yet available at Paoli. Walking with intermittent monitoring in early labor is fine once we have established that the baby is doing well.

Pain Medication: Please keep an open mind about pain medication, as it is impossible to predict what you may want until you are actually in labor. We will support your preference, whatever it may be. You may desire to labor and deliver without pain medication, with only IV narcotic pain medication (Stadol with or without Phenergan), or with an epidural. We will periodically offer you pain medication but this is not our way of encouraging you to use it if you do not want it. We will NOT offer you anything that has not been used safely for many years for pregnant patients. If you want your support team to do massage, acupuncture, hot/cold packs, or relaxation techniques for pain control, that is fine. If it is safe for you and the baby to be off the monitor, it is fine if you would like to take a shower. Jacuzzis (water births) are not available at Paoli.

Uncomplicated vaginal deliveries: If you want to try a certain position for pushing, let us know at the time and we will try to accommodate you. We do not shave your pubic hair or offer enemas before delivery. We may trim the hair if needed in order to repair any lacerations you may sustain. If you would like to watch the baby deliver, a mirror will be available. We will offer the opportunity for your support person, or you yourself, to cut the umbilical cord. We generally place the baby on your abdomen immediately after delivery, unless you would like the baby to be cleaned up first. If you would like to see the placenta, simply ask us at the time and we will be happy to show it to you. We generally give Pitocin through your IV after delivery of the placenta. This usually does a great job of minimizing your bleeding, which can be considerable in amount without it. If you are planning on breast-feeding, we will encourage you to do so as soon as you are cleaned up and the bed is put back together again (the bottom of the bed is removed for the delivery).

Episiotomies: We generally do not perform episiotomy unless you specifically request one, even when it is obvious that you will tear. Not cutting an episiotomy will minimize the risk of tearing into the rectum (having a fourth degree laceration), but will not allow us to control where or in how many places you tear. Having a slow controlled delivery is the most effective way to minimize tearing and we will give you guidance as to when to push or stop pushing. Perineal massage is fine but will not actually increase the natural elasticity of your skin. If you do not have an epidural, or if your epidural does not provide adequate pain control for laceration repair, we will use a local anesthetic. Any stitches that are needed will dissolve and do not need to be removed.

Baby Care: The nurses will be reviewing and requesting your signed consent for various testing and treatments for your newborn after you are admitted to the hospital. They will want to know your preferences with regards to feeding the baby, the use of pacifiers etc. You will also need to let us know who you have chosen to be your baby's pediatrician. The hospital now has a nursery available for the baby if you should prefer not to have the baby "room in."

Circumcision: At Paoli, it is the obstetricians rather than the pediatricians who perform most of the circumcisions. If you request that your newborn son be circumcised in the hospital (it is completely optional/elective and not medically necessary), he will be given a local anesthetic so that he will not feel the procedure. He will get Tylenol after the procedure. The nurses will explain how to take care of the baby following the procedure. Occasionally, there will be some bleeding. We may use silver nitrate rather than using stitches to stop the bleeding. This can temporarily leave a black charcoal-like residue that seems to get everywhere. Do not be alarmed if that is present. We apologize, but family members are not invited to watch.

Cesarean Delivery: We do not perform Cesarean sections unless they are medically indicated, or you specifically request delivery by that route. We will discuss any recommendation for cesarean delivery and give you adequate time to think over all options unless the fetal monitoring is non-reassuring, in which case we hope you will trust our judgment. If you already have an epidural for labor pain, the epidural will usually provide adequate anesthesia for a C-section. Additional medication will be given through the epidural catheter. We will not start until we are certain that you will not feel pain. It is normal to feel touch and pressure during a C-section. If you do not have an epidural, spinal anesthesia is usually recommended. Usually only one support person is permitted in the operating room and they are brought in once we are sure that the anesthesia is working. In order to minimize the risks of infection, we cannot have a family member cut the umbilical cord during a C-section. Once the baby has been evaluated by the neonatal nurse practitioner or neonatologist, they will bring the baby over to see you. Rarely, general anesthesia is needed. If it is, we ask your partner to wait in your hospital room and other family members to wait in the waiting room.