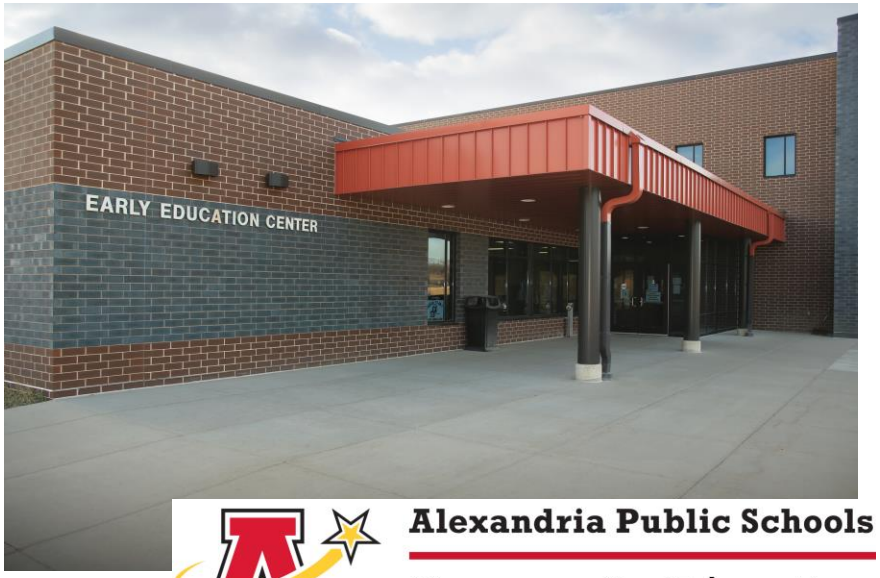
Alomere Health
Childbirth Class

Alomere Health
Childbirth Class

Childbirth class is presented by Alomere Health in partnership with District 206 Community Education Early Education

ALOMERE
HEALTH



Alexandria Public Schools
Community Education
Early Education

Goals of the Class

- Provide knowledge of labor and delivery
- Prepare for postpartum
- Introduce coping skills
- Build CONFIDENCE
- Make birth an enjoyable experience

Agenda

- 3rd Trimester
- Preparing for **BABY**
- Labor begins
- Hospital Admission
- Comfort measures
- Complications
- Delivery
- Postpartum Care

Q & A

The 3rd Trimester

What is a current discomfort of pregnancy you are experiencing?

How are you dealing with it?

*Support: How are **you** dealing with it?*

Normal Discomforts

- Edema and Varicose Veins
- Insomnia
- Acid Reflux
- Back and Hip Pain
- Dizziness
- Frequent Urination

Edema and Varicosities

Why? Your body is producing roughly 50% more blood volume. Meanwhile, your growing uterus is putting pressure on the large veins that return blood to your heart, leaving all the extra fluid to pool in your tissue causing edema. This pressure also may cause some veins to become swollen or look purple or blue.

Treatment

- Elevate feet
- Avoid standing for long periods
- Minimize time in the heat
- Drink lots of water
- Decrease salt intake
- Utilize support stockings

WARNING!!

- Sudden onset of swelling
- Increased edema with a diagnosis of pregnancy induced hypertension
- Asymmetric swelling
- Edema that is red, warm and/or tender to the touch

Insomnia

Why? Discomfort, anxiety, restless leg syndrome or leg cramps, heartburn and inability to lay in favorite positions

Treatment

- Utilized extra pillows/body pillows and pregnancy wedges
- Stick to a bedtime routine
- Essential oils
- White noise
- Avoid bedtime snacking ☹
- Skip caffeine in the afternoon
- Avoid blue light devices at bedtime
- Develop an exercise routine
- Massage

Acid Reflux

Why? Progesterone can cause the lower esophageal sphincter to relax allowing stomach acid to move up into the esophagus. Also, as your baby and uterus gets bigger and crowds the stomach, stomach acids are pushed upward into the esophagus.

Treatment

- Try foods such as milk and yogurt
- Avoid citrus and fried, fatty or spicy foods
- Eat smaller meals more frequently vs 3 large meals a day
- Avoid eating at bedtime
- Eat slowly
- Over the counter antacids (always check with your health provider first)

Back & Hip Pain

Why? During pregnancy, your body releases hormones that allow connective tissue to relax and soften. As a result of this, the joints and ligaments between the bones in your pelvis will begin to loosen in turn changing your posture. Other causes of pain in your hips and back include increased pressure on the sciatic nerve and round ligament stretching.

Treatment

- Warm compress
- Stretching exercises, swimming and walking
- Supportive belts
- Massage
- Chiropractic care and physical therapy
- Supportive shoes
- Avoid standing or sitting for long periods
- Practice good posture

WARNING!!

- severe or comes and goes every couple minutes
- following recent trauma
- accompanied by a fever
- vaginal bleeding
- one sided flank pain


SI-LOC

Dizziness

Why? Hormone levels change to help increase the blood flow in your body, which can cause a drop in blood pressure. Also, pressure from your growing uterus presses on your blood vessels. Other causes include anemia, low blood sugar and dehydration.

Treatment

- Limit standing for long periods
- Promote good circulation with frequent activity and compression socks
- Take your time with position changes
- Eat healthy, iron rich foods and snack between meals
- Drink plenty of water
- Avoid laying flat on you back
- Avoid hot baths or showers
- When feeling dizzy: sit or lie on your left side, take slow deep breaths, use a cold compress to face or neck and try sitting near a fan or having someone fan you.

*ALWAYS LET YOUR HEALTH CARE PROVIDER KNOW IF YOU HAVE BEEN EXPERIENCING DIZZINESS

Frequent Urination

Why? The volume of fluids running through your kidneys increases during pregnancy. That along with the pressure of the growing uterus causes frequent urination.

Treatment

- Limit caffeine
- Take your time and make sure you are emptying your bladder completely
- Don't try to "hold it"
- Avoid constipation
- Limit intake at bedtime (but push fluids during the day to prevent dehydration!!)

REPORT A SUDDEN INCREASE IN URINATION, BURNING, URGENCY OR BLOOD IN THE URINE

Warning Signs

What is Preterm Labor?

Definition:

When regular contractions result in the opening of your cervix after week 20 and before week 37 of pregnancy

Symptoms

- abdominal cramps
- A change in type of vaginal discharge–watery, bloody or mucus
- Pelvic or lower abdominal pressure
- Constant, low, dull backache
- Regular or frequent contractions
- Rupture membranes (your water breaks with a gush or trickle)

Questioning Preterm Labor

- Stop what you are doing.
- Drink 2-3 glasses of water or juice.
- Lay down to rest for 1 hour on left side.
- During that hour, count the contractions you feel.

**IF YOU HAVE 6 OR MORE CONTRACTIONS DURING THIS HOUR OF REST, CALL YOUR HEALTHCARE PROVIDER.

Preeclampsia

Definition: potentially dangerous pregnancy complication characterized by high blood pressure. It usually begins after 20 weeks of pregnancy in a woman whose blood pressure had been normal. It can lead to serious complications for both mother and baby.

Symptoms

- A headache that will not go away
- Changes in vision, including blurry vision, seeing spots, or having changes in eyesight
- Pain in the upper stomach area
- Nausea or vomiting
- Swelling of the face or hands
- Sudden weight gain
- Trouble breathing

Sex in the 3rd Trimester

Common Concerns

- **Safety**
  - Sex is perfectly safe in pregnancy unless instructed by your health care provider!
- Discomfort
- Body image changes/feeling unattractive
- Anxiety, fatigue, pregnancy discomforts

Considerations

- Communicate feelings with your partner (BOTH OF YOU!!)
- Discomfort may be caused by your enlarged uterus, back/hip/pelvic pain or sensitivity of the cervix. Try different positions and take your time
- Communicate concerns and discomfort with your care provider
- Be patient and understanding

*YOU MAY EXPERIENCE SPOTTING. CERVICAL BLEEDING FOLLOWING INTERCOURSE CAN BE COMMON IN LATE PREGNANCY. REGARDLESS, ALWAYS REPORT ANY VAGINAL BLEEDING TO YOUR PROVIDER.

Exercise

Pack your hospital bag

Preparing for Baby

Education

- Prenatal
- Breast Feeding
- Newborn
- Hypnobirthing
- Car Seat Safety

Choosing a Doctor for Baby

- Family Practice Physician
- Pediatrician
- Nurse Practitioner (unable to practice in the hospital, but able to resume care after discharge)

ASK FRIENDS AND FAMILY FOR OPINIONS!

Packing

- LESS IS BEST
- Pajamas/clothes for Dad
- Clothes to go home in.
- One outfit and blanket for baby to go home in
- Car Seat

What the hospital provides:

- Toiletries
- Medications
- Sanitary pads and breast pads
- Diapers and wipes

Local Resources

ALOMERE HEALTH

Here for Life

ALEXANDRIA Public Schools

Community Education
Early Education

MINNESOTA WIC

Connecting with You

NUTRITION FOR WOMEN, INFANTS & CHILDREN

Life Connections

Parenting Resource & Pregnancy Support Center

DOUGLAS COUNTY

SANFORD HEALTH

HORIZON Public Health

Prevent. Promote. Protect.

Time for a Break

Team Exercise

Labor and Delivery Terminology

Circle the terms related to pregnancy, labor, birth and postpartum.

Uterus | Nanogram | Effacement | Forceps | Jim

Placid | Bloody Show | Meconium | Summer Shunt

Engaged | Vacuum Extractor | Footling | Fundus

Fontanel | Meldop | Franziz | Colostrum | Lochia

Crowning | Apgar | Caroma | Postpartum Hemorrhage

Cervical Ripening | Transverse | Unlightening | Fox

Fetal Scalp Electrode | Maternal Dorsal Process | Filn

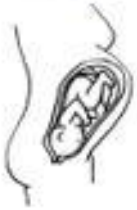
Bicornuate Uterus | Placenta Calcifications | Cervidil | Nubain

Intrauterine Pressure Catheter | Cephalopelvic Disproportion

Primigravida | Franklin Reflex | Dystocia | Oxytocin Challenge Test

1. 

2. 

3. 

4. 

5. 

6. 

7.

8. 

9. 

10. 

Answer Key

1. Breech
2. Fundal assessment
3. Occiput posterior
4. Breast pump
5. Vacuum
6. Internal monitor
7. Amnihook
8. Placenta
9. Forceps
10. Assessing effacement

ALOMERE HEALTH

Here for Life

Labor and Delivery

Some changes you may see as you get closer to the day…

- Mild contractions on and off for several weeks.
- Some cervical changes
- Loss of mucous plug
- “Nesting” instinct
- Lightening

True Labor vs. False Labor

True Labor

- Contractions become regular, longer, closer together, and stronger.
- Felt in the lower back and radiate to the front.
- Changes in cervix
- Continues with positional changes.

False Labor

- Contractions are irregular and short, do not get closer together or stronger.
- Felt in the fundus and groin, abdomen.
- No significant change in the cervix.
- Stops or slows with positional changes

Another sign of true labor…

Spontaneous Rupture of Membranes

- Trickle or gush of fluid
- Painless – Note color of fluid
- Before contractions start or with contractions
- Urine vs Amniotic fluid?

  Do a kegel to see!

When to go to the hospital!

- "5-1-1" Regular contractions 4-5 minutes apart lasting 1 minute for approximately 1 hour
- You cannot talk through a contraction or cannot cope with the discomfort at home
- Your water breaks

*When to Abandon the 5-1-1 Rule

- Heavy bleeding
- High risk pregnancy
- Constant pain
- Prematurity
- Breech or Transverse baby
- Fever

Making the Call

Call your MD or Midwife. If after hours, call the hospital.

- How far apart are the contractions, length & intensity
- Did your water break—time and color
- Is bloody show present
- Is your baby moving normally

Admission

- Check-in Main Entrance in the ER-(registration)
- Monitor baby 30 minutes
- Check frequency of contractions
- Complete admission forms
- Cervical exam
- Lab work

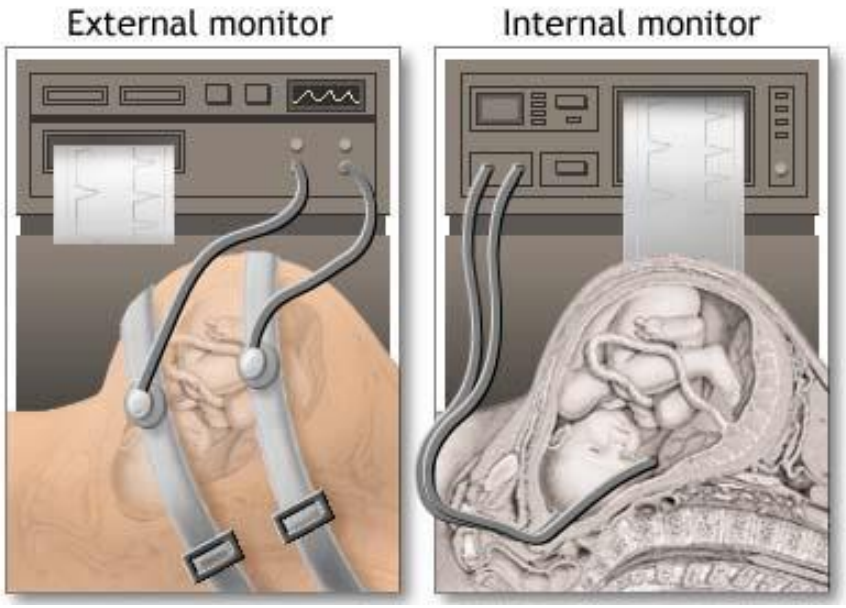
Security

The Birth Place Security Precautions

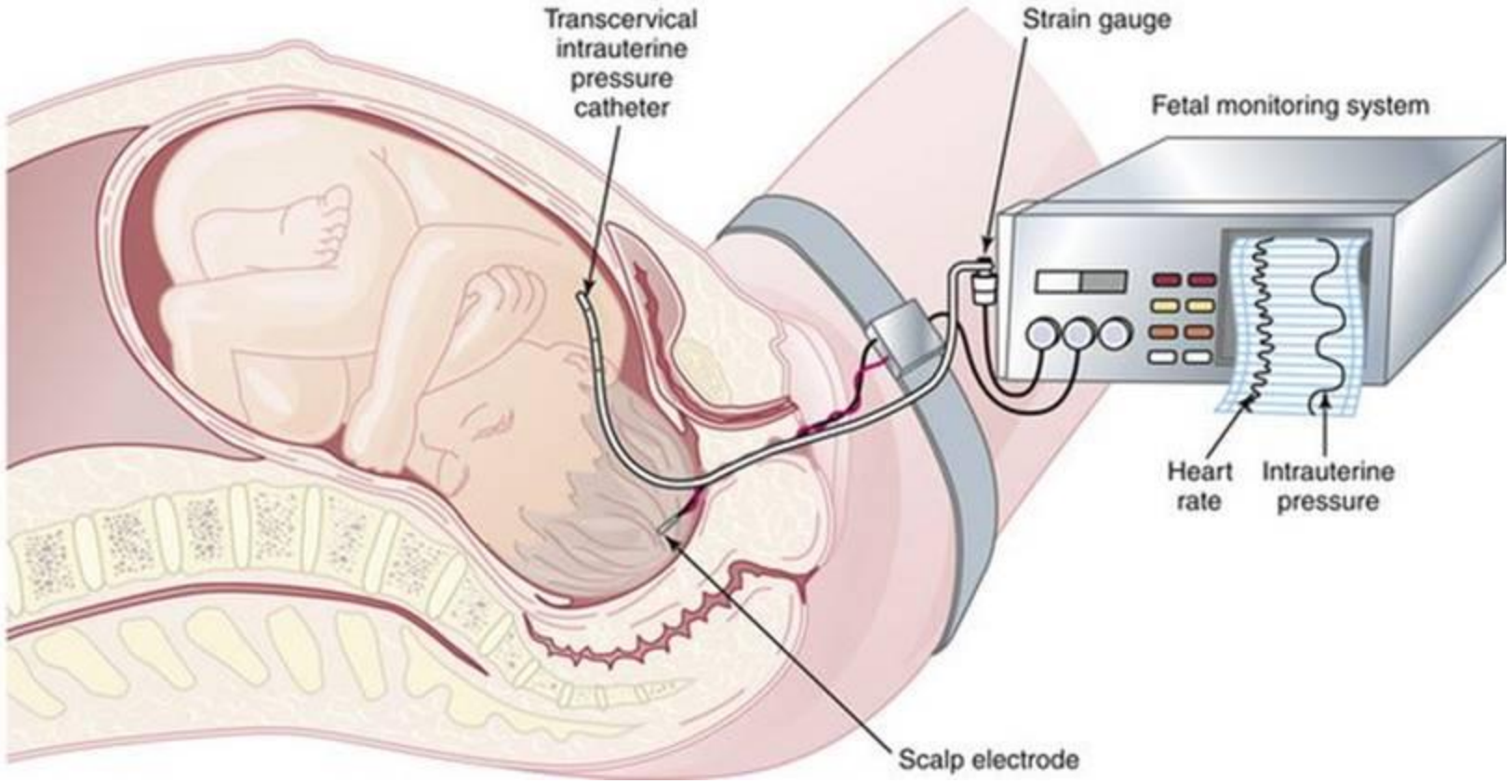
- Locked unit requiring code word
- Infant security bands
- Identification bands
- Med bands on all patients
- Hospital security guards

Security

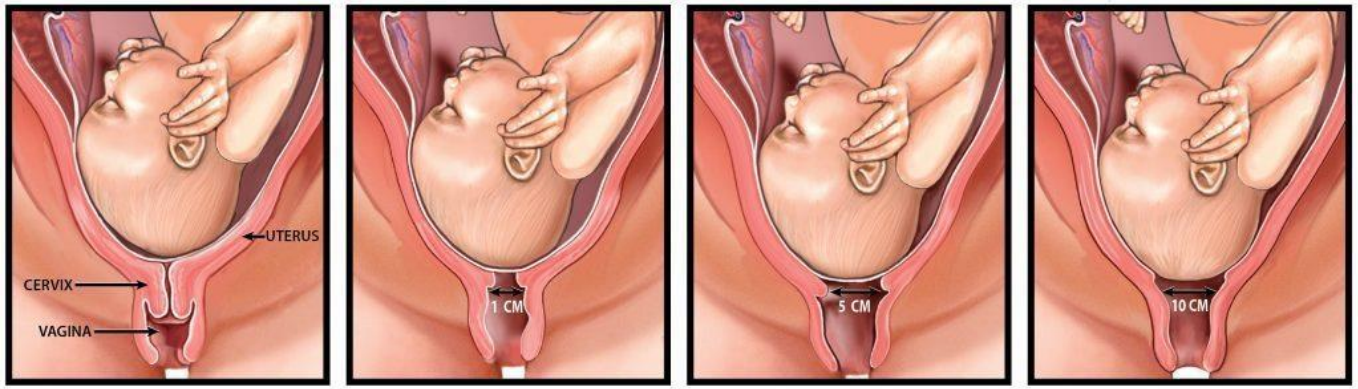
Fetal Monitoring



Internal Monitors

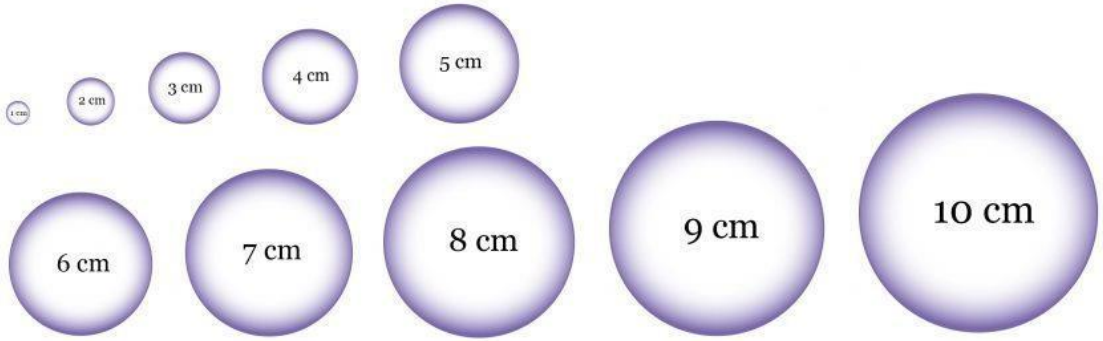


Cervical Effacement and Dilation



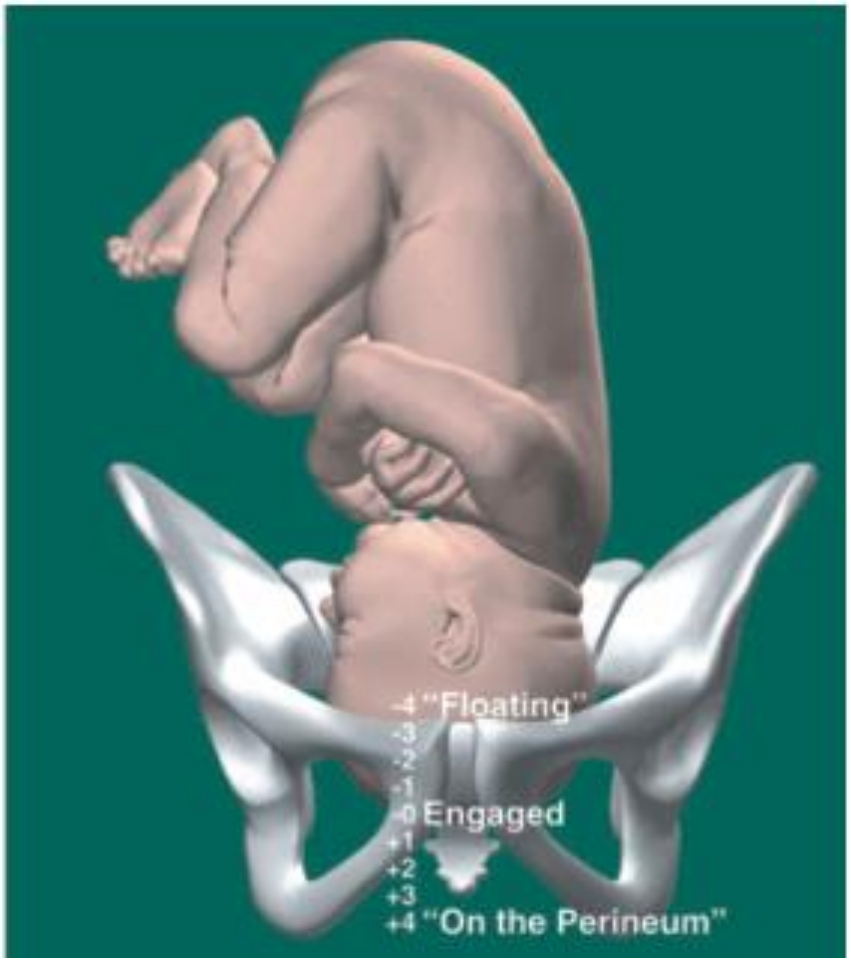
A. Cervix is not effaced or dilated. **B.** Cervix is fully effaced and dilated to 1 cm. **C.** Cervix is dilated to 5 cm. **D.** Cervix is fully dilated to 10 cm.

Dilation **- the gradual opening of the cervix measured in centimeters from 0 to 10 cms.**



Dilations are actual size to outside of circle in this 24" wide artwork

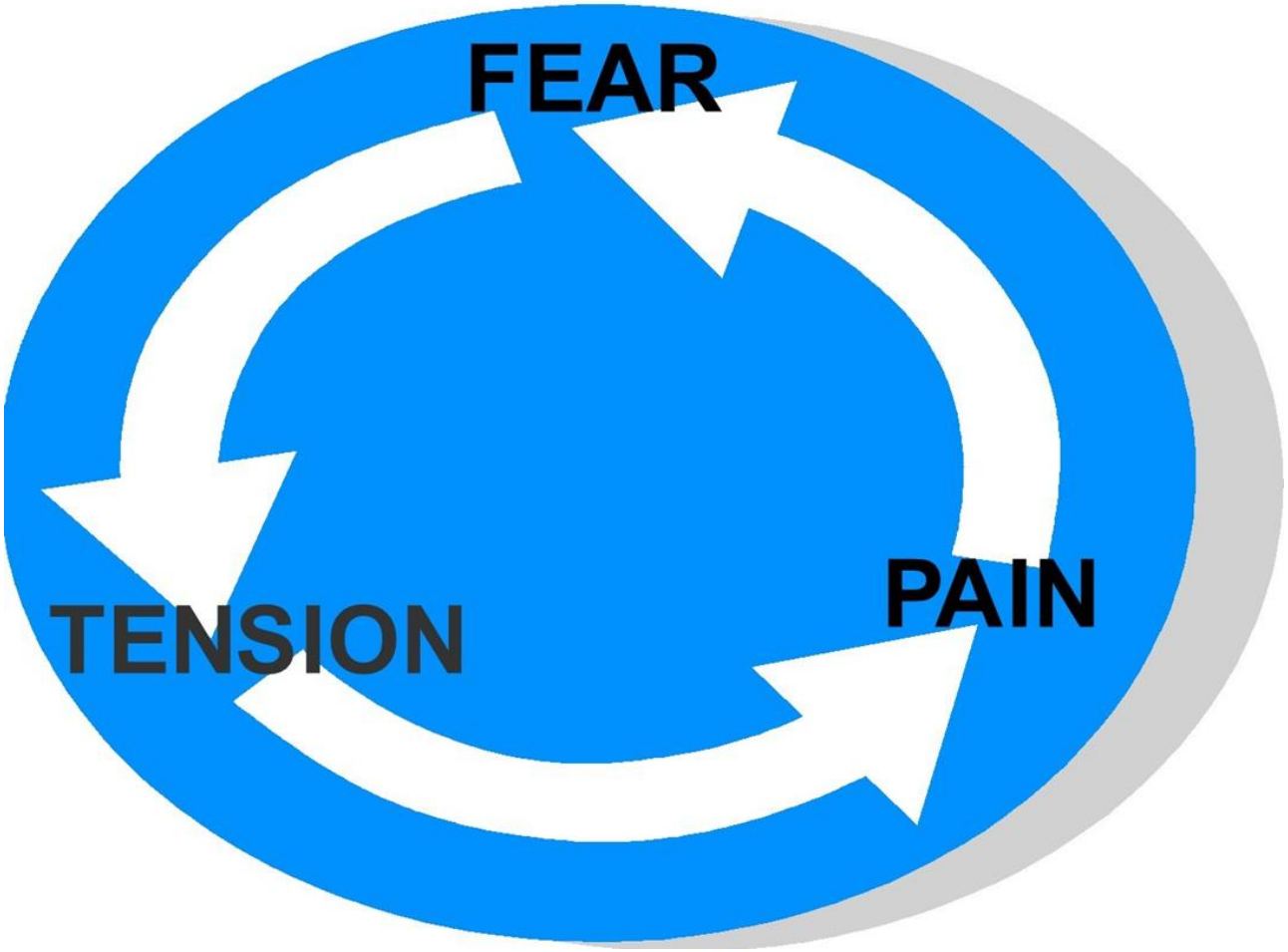
Pelvic Station



Exercise

What Will Labor and Birth Be Like?

The Pain Cycle



Stages of Labor

Stage I: Dilation (1-10 cm)

Early: 0-6 cm

Active: 6-8 cm

Transition: 8-10 cm

Stage II: Pushing (Birth)

Stage III: Delivery of Placenta

Early Labor

Dilation: 0-6 cm

Contractions: irregular, lasting 30-45 seconds

Felt as cramping, possible backache

Physical Changes

- Increased vaginal discharge
- Loose stools
- Uncomfortable/tense

Emotional Changes

- Talkative
- Emotional
- Nervous
- Anxious

Early Labor Support

- Continue normal activities if possible
- Drink fluids as normal, eat lightly
- Empty bladder every hour
- Rest between contractions
- Partner rub back, offer ice chips, hot/cold pack, reassuring words

Active Labor

Dilation: 6-8 cm

Contractions: may be 2-4 minutes apart, 45-60 seconds long

Physical Changes

Dry mouth

Temperature fluctuations

Backache

Nausea, vomiting

Increased vaginal discharge

Emotional changes

Becomes serious

Less talkative

Easily upset

Restless, moans

Active Labor Support

- Be there for Mom
- Offer support, words of encouragement- PRAISE!!
- Know Mom's wishes, be her spokesperson
- Quiet room, limit visitors
- Breathing and relaxation
- Pain relief, personal choice
- Change positions often

Birth Affirmations

Self Affirmations

- *I **CAN** do this!*
- *I am **strong**.*
- *My body is made for this.*
- *I am excited to give birth to my baby.*
- *My baby is healthy and happy.*
- *Everything is going perfect.*
- *I am in **control**.*
- ***I am doing this!***

Partner Affirmations

- *You are **amazing**.*
- *Perfect job.*
- *You are so **strong**.*
- *Thank you*
- *You **can** do this!*
- *You ARE doing this.*
- *You are so powerful.*
- ***Trust** your body.*
- ***I love you.***

Relaxation in Labor

Breathing Techniques

Massage

- *Counter Pressure*
- *Hip Squeeze*
- *Effleurage*

Position Change

- *Side to side*
- *Walking*
- *Chair*
- *Birthing Ball*
- *Standing*
- *Hands and Knees*

Support System

Hot and Cold Compress

Hydrotherapy

- *Tub Soaks*
- *Shower*

Aromatherapy

- *Lavender*
- *Peppermint*

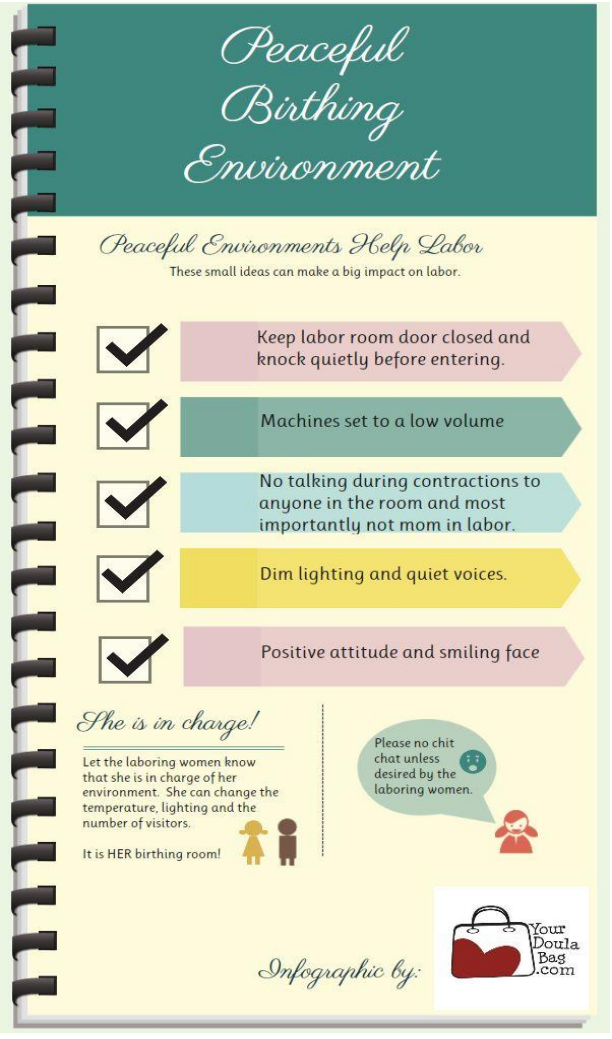
Focal Point

- *Photograph*
- *Baby Blanket*
- *Stuffed Animal*

Hypnosis

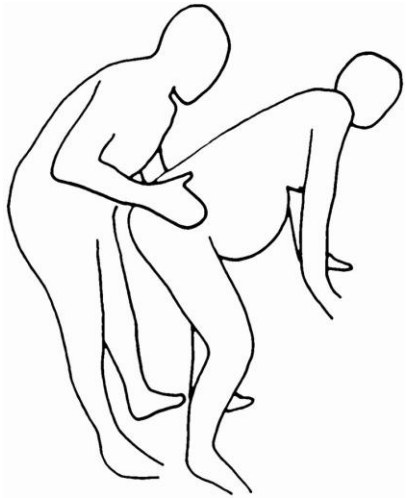
Prepare the Environment

- Dim the lights
- Music
- Privacy
- Comfortable Temperature
- Familiar Belongings



Massage

- **Counter Pressure**
- **Hip Squeeze**
- **Effleurage**



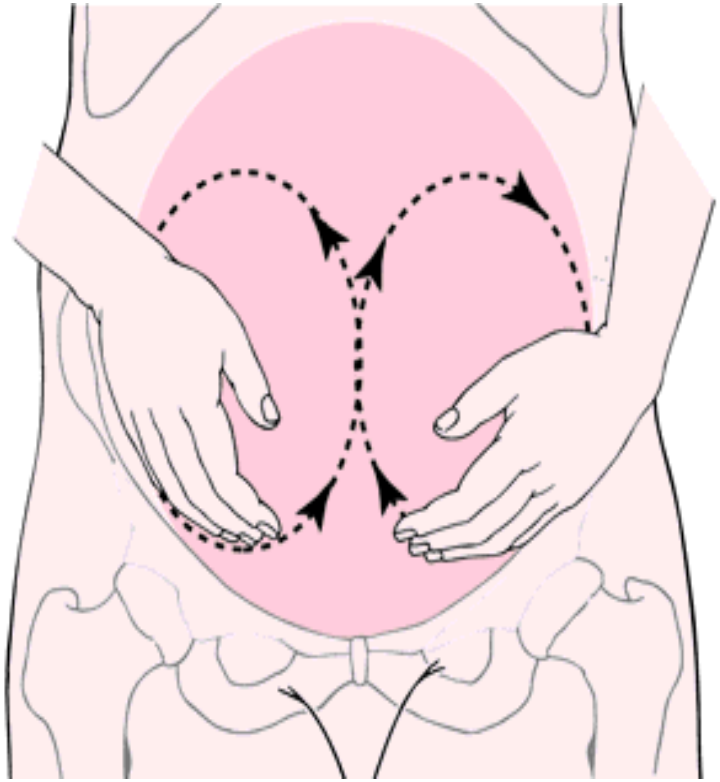
Counter Pressure

Constant steady pressure with the contraction

Hip Squeeze

Both hands are placed low on the hips with thumbs toward the center, and the other fingers spread and pointing up and in at an angle. With the heels of your hands push and rotate in toward the center, and then up slightly. Hold the squeeze throughout the contraction.

Effleurage



slow, rhythmic,
light strokes

Positioning

The Slow Dance

Birthing Ball

Peanut Ball

Texas Roll

Why Move?!

- Activity can shorten labor by more than an hour.
- Movement reduces the need for an epidural by 20%.
- Gravity reduces the c-section rate by 30%!!

Pain Medications During Labor

- Narcotic
- Nitrous Oxide
- Regional Blocks (Epidural, Intrathecal, Spinal block)

Why Pain Meds?

- Mother's extreme discomfort due to position of baby, strength of contraction, length of labor.
- Fatigue
- Lack of progress
- Personal preference

Narcotic Analgesics

Nubain, Morphine, Fentanyl, Stadol

A medication injected into your vein or muscle to reduce your awareness of pain and have a calming effect.

Narcotic (Nubain/Fentanyl/Morphine/Stadol)

The Good:

- Takes the “edge” off the pain
- Can promote relaxation between contractions
- May indirectly speed up labor
- Works quickly

The Bad:

- Makes some mothers sleepy
- May experience nausea, dizziness
- Possible temporary decrease in strength and frequency of contractions
- Can affect baby’s respiratory rate if given too close to delivery

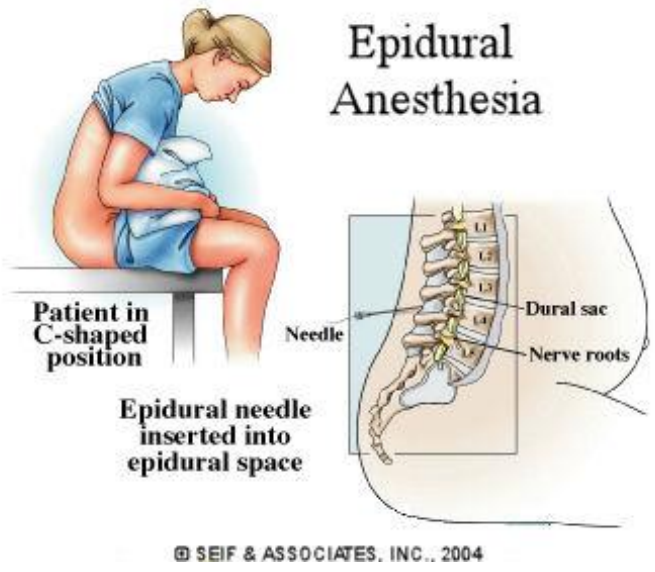
Epidural Anesthesia

Prerequisites for epidural placement

- *Consent*
- *IV Fluid Bolus (approx. 30-45 min)*
- *Health History*

Positioning for placement

- *Sitting*
- *Side Lying*



Epidural

Pros

- ***Little to no pain with contractions***
- *Allows rest and relaxation*
- *Given continuously until after delivery*

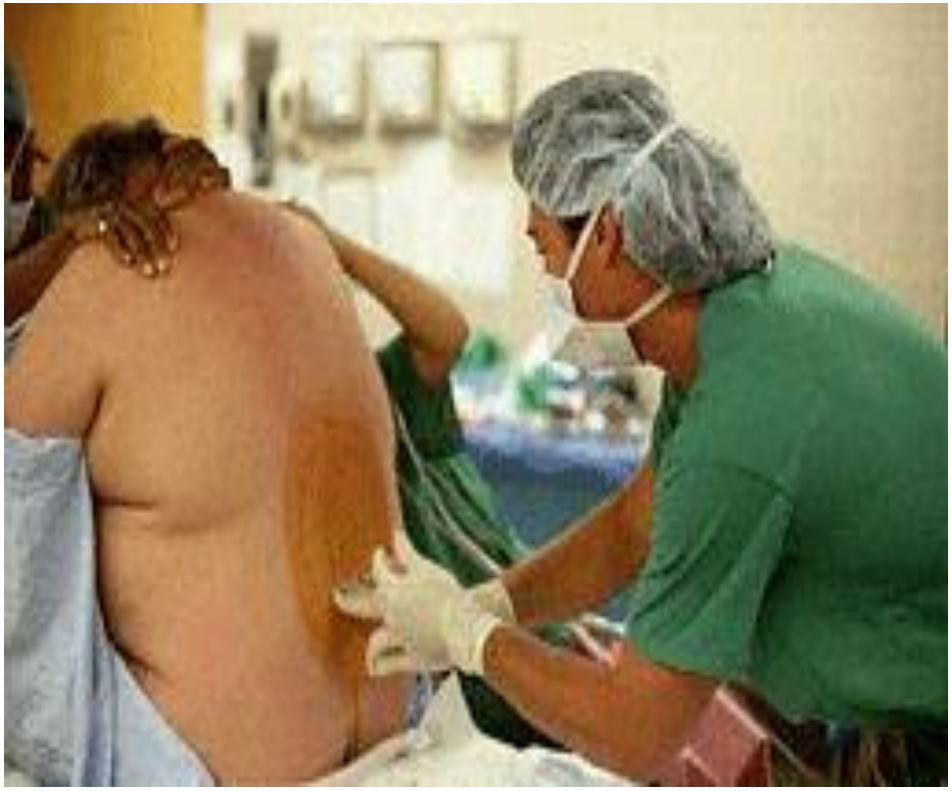
Cons

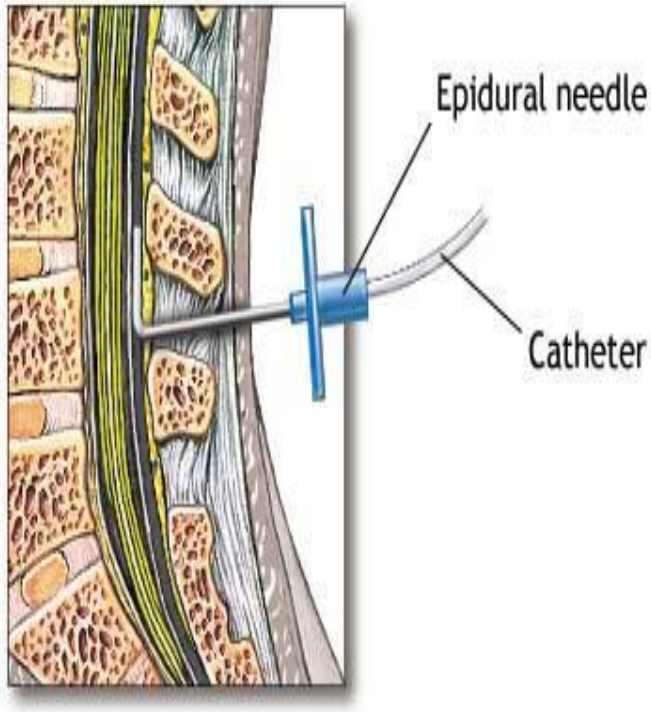
- Occasional failed or one-sided epidural
- Confined to bed
- Urinary Catheter placement

Risks

- *Spinal headache*
- *Significant drop in blood pressure resulting in fetal distress*
- *Maternal fever*

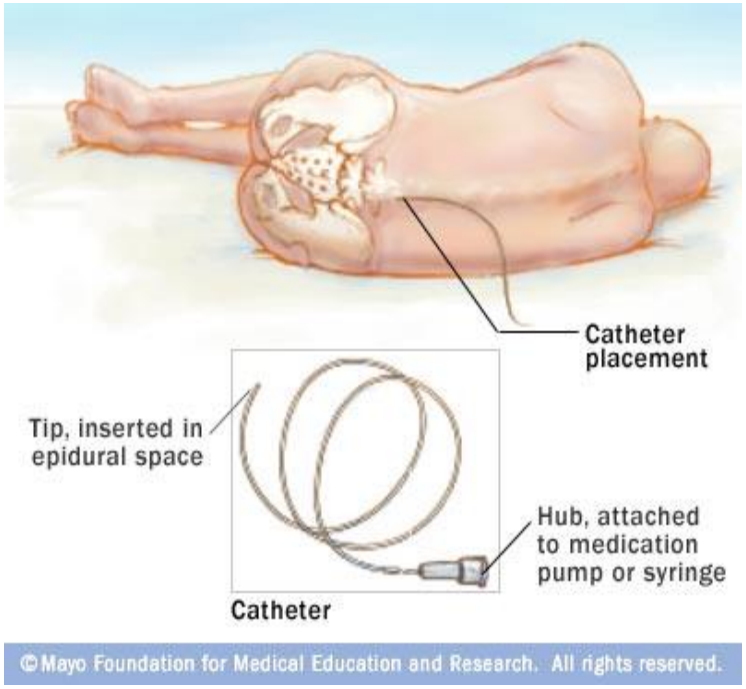
Epidural Administration

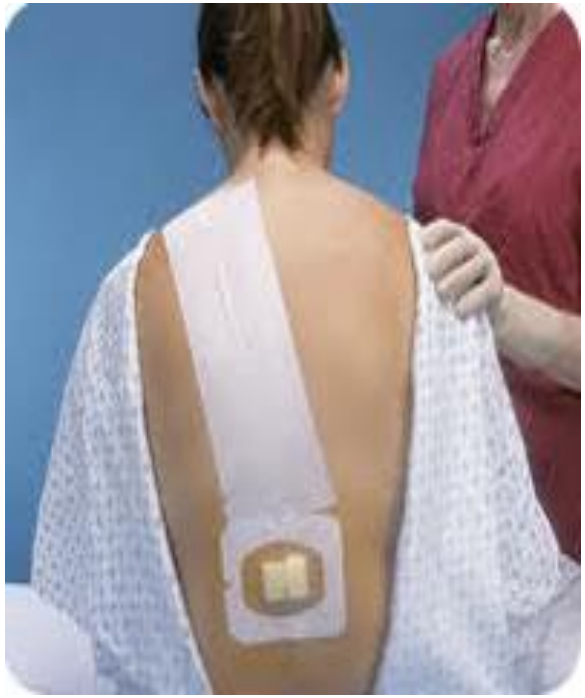




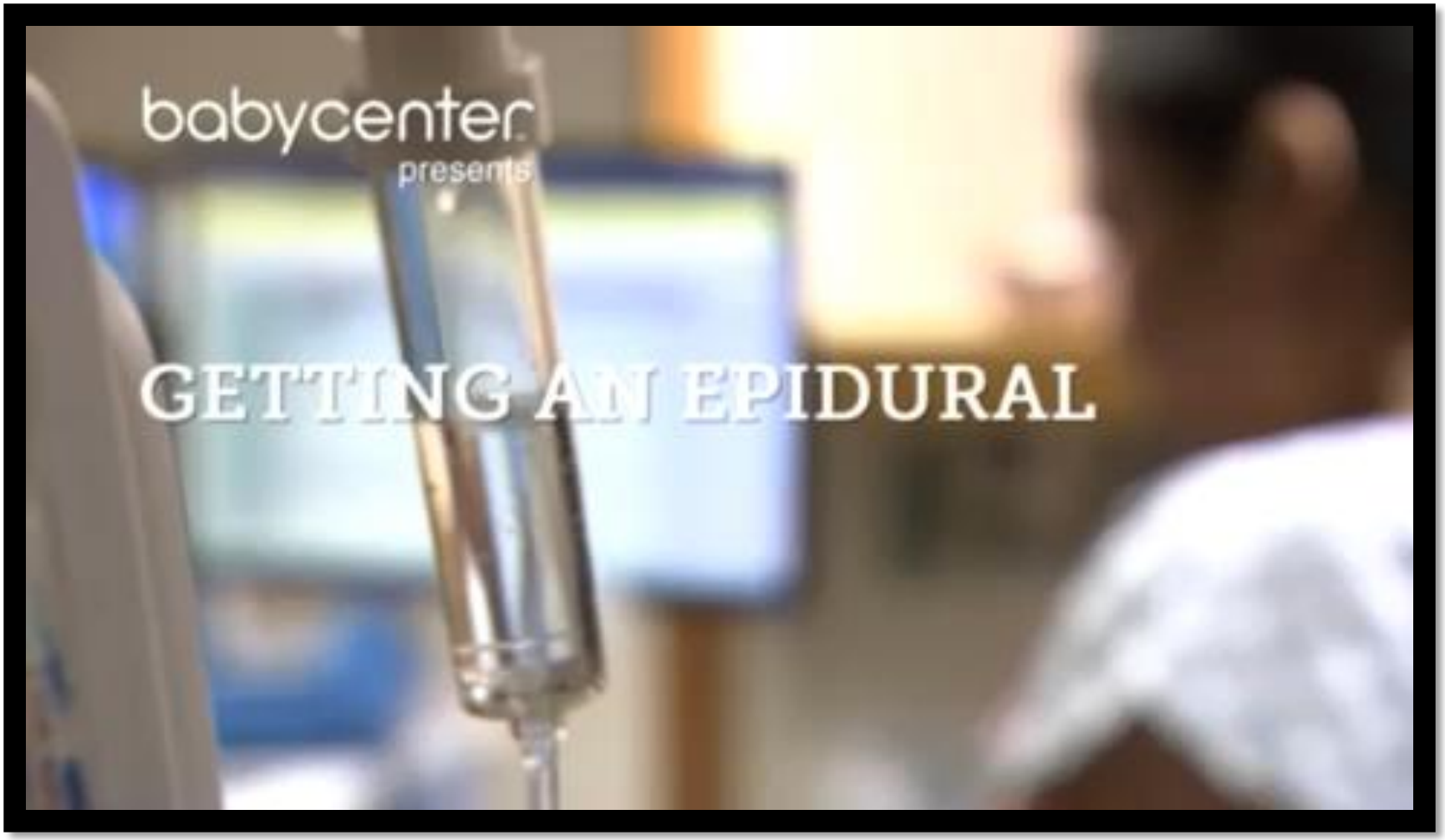
adam.com

Epidural

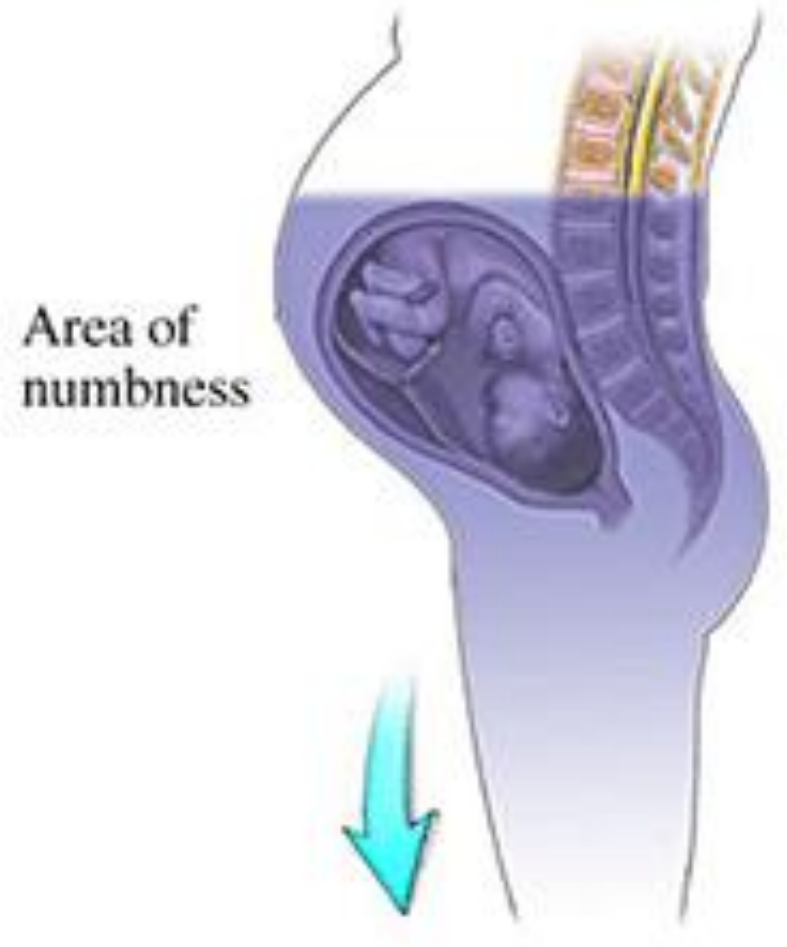




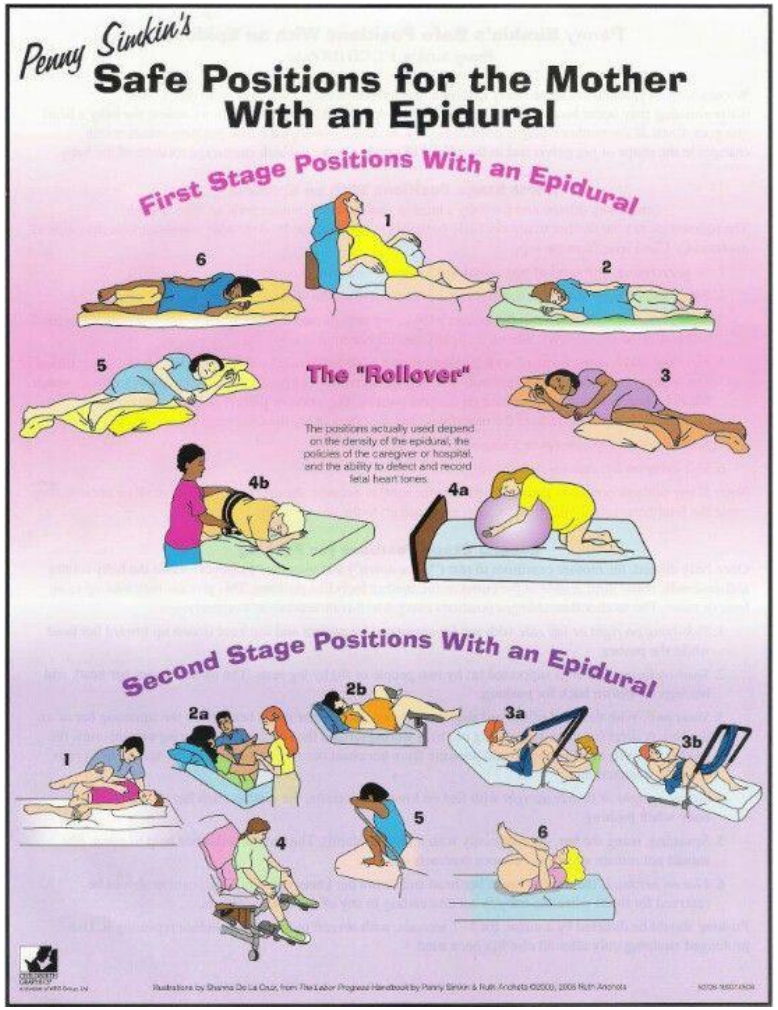
Epidural Placement

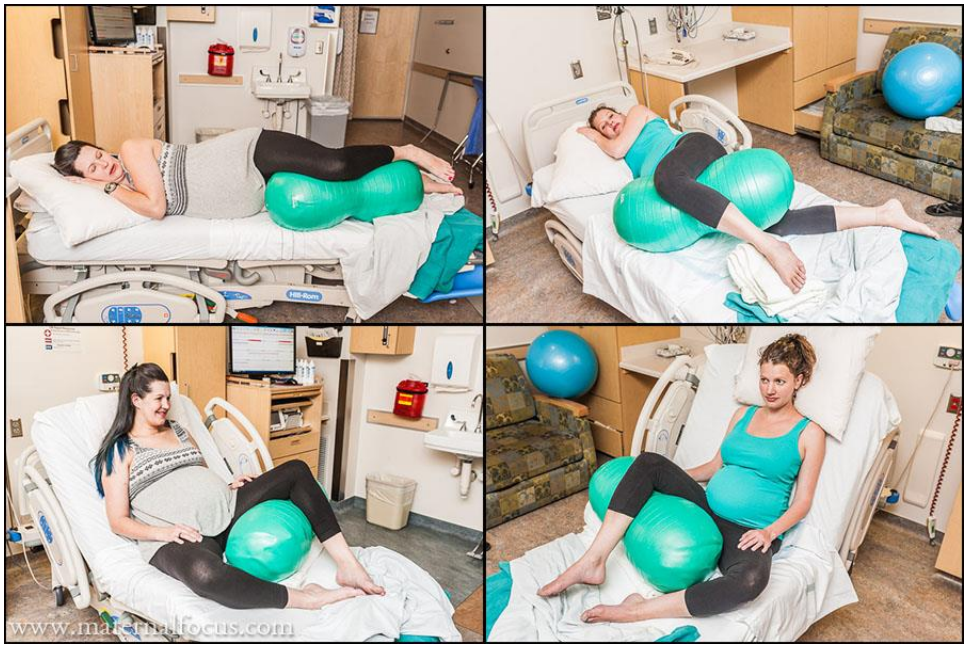


Epidural Results



Position Changes with Epidural Anesthesia





Spinal Block

--Anesthesia is put directly into the spinal cord fluid

--Relief is fast, but no catheter for continuous dosing. Wears off in a few hours

--Used in C-sections

Nitrous Oxide

In the doses given during labor, nitrous oxide is not a strong analgesic. Many women find it helps them relax and decreases their perception of labor pain.

- Does not slow labor
- No affect on breastfeeding
- Baby is not sleepy at birth
- Self administered
- Nitrous oxide can be easily discontinued, and its effects disappear within five minutes after cessation.

Transition Labor

Dilation: 8-10 cm. ***Effacement:*** 100% ***Contractions:*** 1 ½ - 3 min apart, 50-90 seconds long
May have the urge to push

Physical Changes

- Temperature changes
- Increased vaginal discharge
- Shakiness of legs
- Cramps in legs, butt

Emotional Changes

- Restless
- Increased irritability
- Total focus on self
- Questioning the ability to go on

Transition Labor Support

- Stay with Mom
- Assist with breathing, eye to eye
- Keep Mom calm
- Offer words of encouragement

- Nurses: Monitor Mom and baby, inform M.D./midwife of your status, prepare room for delivery

Laboring Down

Instead of forcefully and actively pushing with each contraction immediately after reaching 10 cm, laboring down allows your body to naturally bring baby further down.

2nd Stage of Labor: Pushing

10 cm = Birth

Physical Changes

- Natural urge to push
- Rectal pressure
- Burning sensation

Emotional Changes

- Excitement to meet baby!
- Many feel better working with their contractions
- May get “second wind”

2nd Stage Labor Support

- Words of encouragement and reassurance
- Assist with breathing, counting
- Support legs
- Encourage changing positions

- Nurses: Support Mom and partner, prepare room for delivery, monitor baby

Pushing

- **Push as if you're having a bowel movement**. Relax your body and thighs. Put all your concentration into pushing — not into worrying about whether you'll empty your bowels or pass urine (People who attend births for a living understand, expect it and don't think twice about it).

- **Chin to your chest**. If you're on your back, make sure you put your chin to your chest and curl around baby. This will help you focus your pushes to where they need to be.

- **3 big pushes**. Take a few deep breaths while the contraction is building so you can gear up for pushing. As the contraction peaks, take a deep breath and then push with all of your might — holding your breath or exhaling as you do... whatever feels right to you. You might like the nurses or your coach to guide you by counting to 10.

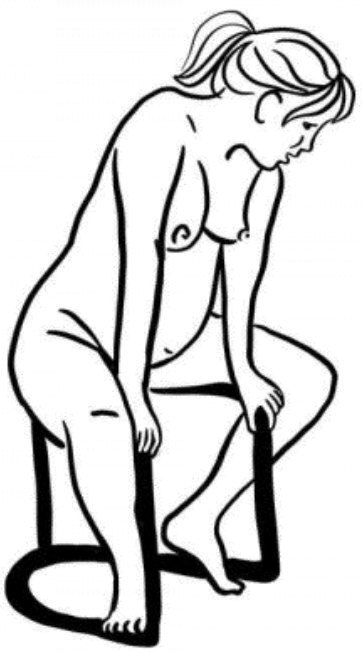
- **Rest between contractions.**

- **Stop pushing if instructed**. Your provider may have a concern or might be trying to protect you from a tear. If you’re feeling the urge to push, pant or blow instead.

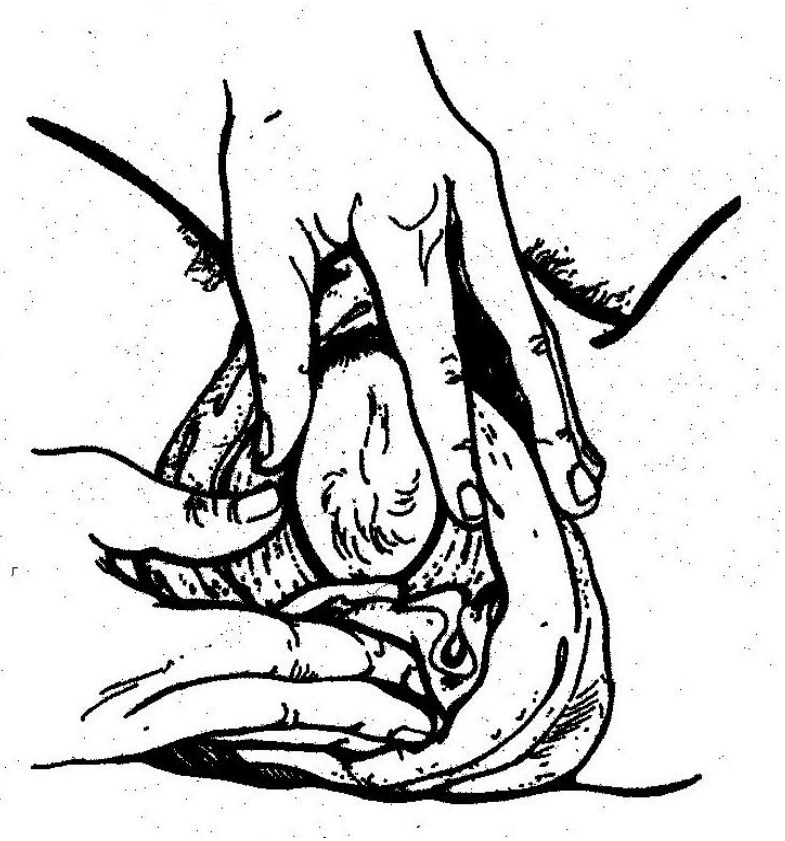
- **Keep an eye on the mirror**. Once there’s something to look at, watching your baby’s head crown may give you the inspiration to push. Keep in mind that pushing is a two steps forward one step backward process — so don't become frustrated when you can see baby’s head and then disappears again.

Pushing Positions

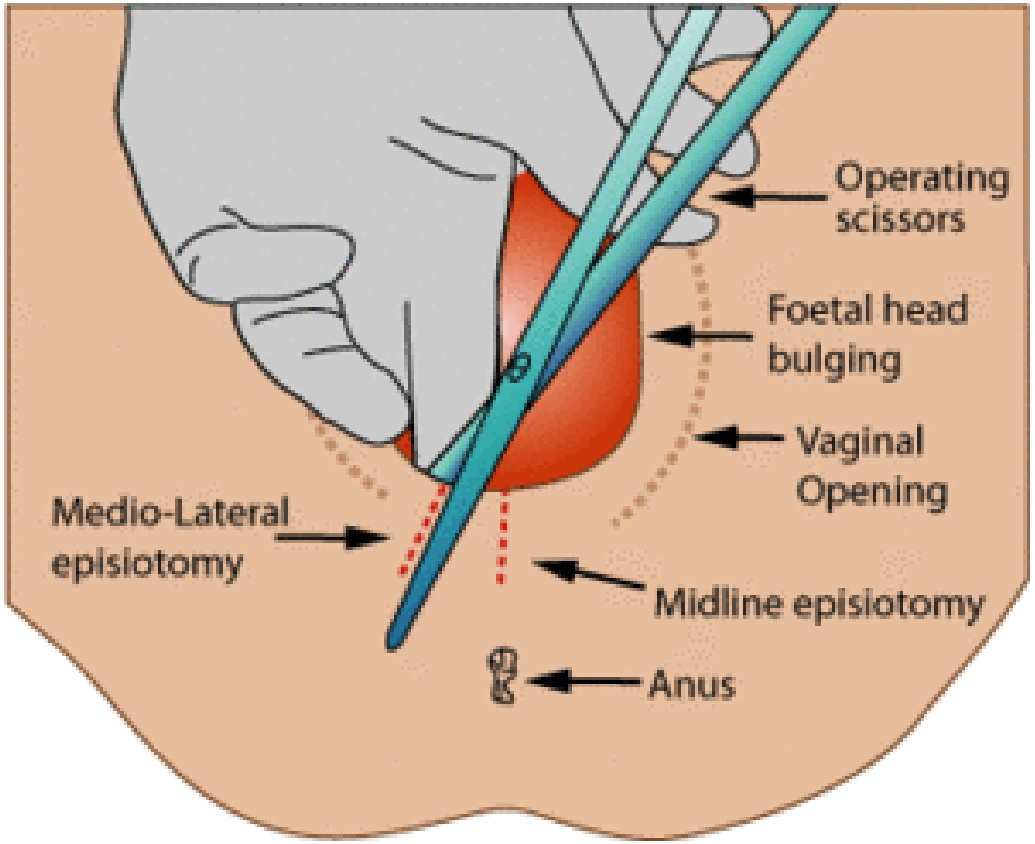
Birthing Stool/Deby



Perineal Massage and Support



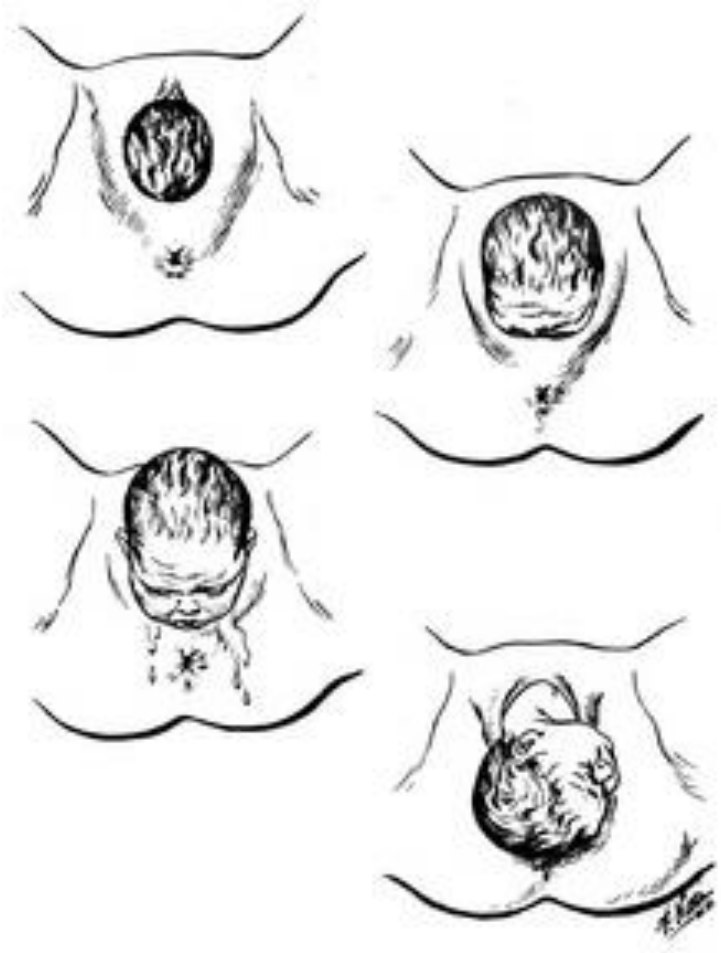
Episiotomy



Rarely performed!!

Delivery

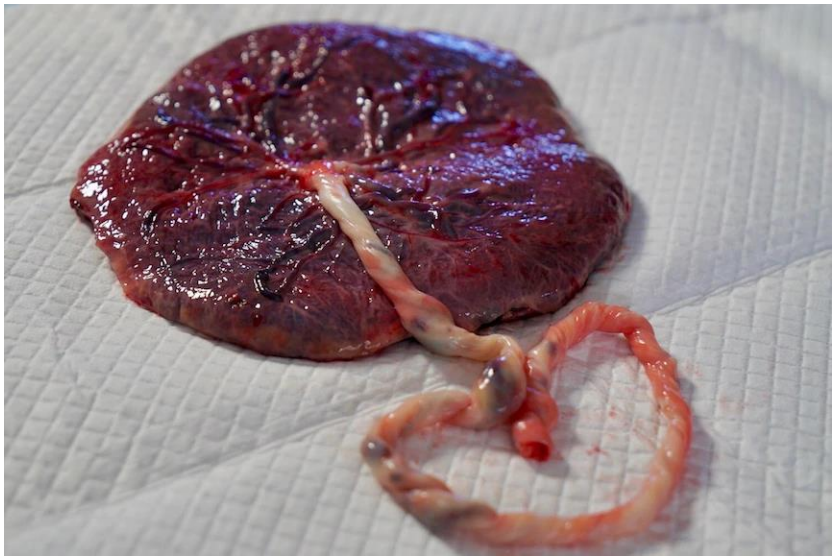
During the second stage, the baby's head moves down the vagina until it can be seen. Once your baby's head is born, most of the hard work is over. Typically, with one more gentle push the body is born quite quickly and easily.



3rd Stage: Delivery of the Placenta

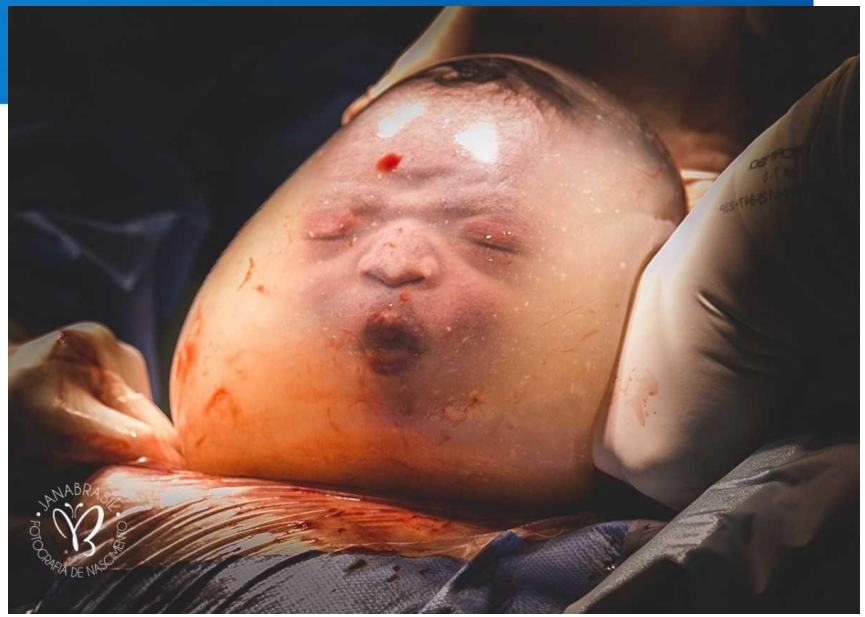
- Usually occurs within 30 minutes of birth.
- Care provider will inspect the placenta to make sure it is complete.
- Felt as a cramp, you typically have to push gently.
- Easy in comparison to delivering your baby.

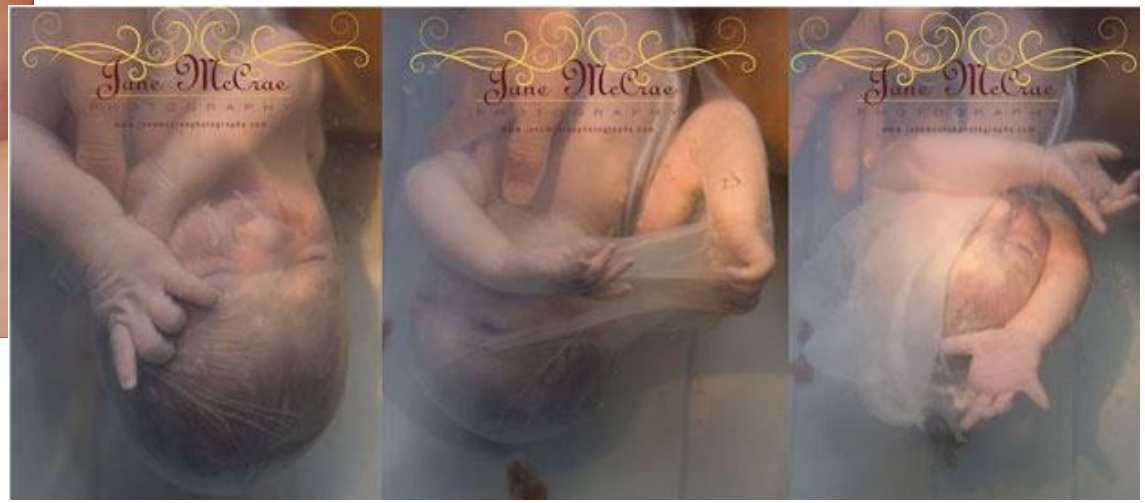
Placenta



Water Birth

En Caul Delivery





Unexpected Outcomes

Unexpected Outcomes

An unexpected outcome is a situation that is unplanned and the person involved is typically unprepared.

- Can be positive, middle of the road or challenging.
- "Expect the Unexpected" is one of the most fascinating aspects of birth.
- It is the uncertainty that makes giving birth both exciting and scary at the same time.

Having knowledge of birth variations can ease anxiety if plans are changing quickly.

Unexpected Outcomes

- What would you consider an unexpected outcome?

- How do your cope with an unexpected outcome?

Induction of Labor

Reasons for Labor Inductions:

- High Blood Pressure
- Past Due Date
- History of very fast labors
- Fetal health concerns
- Gestational Diabetes

Labor Induction

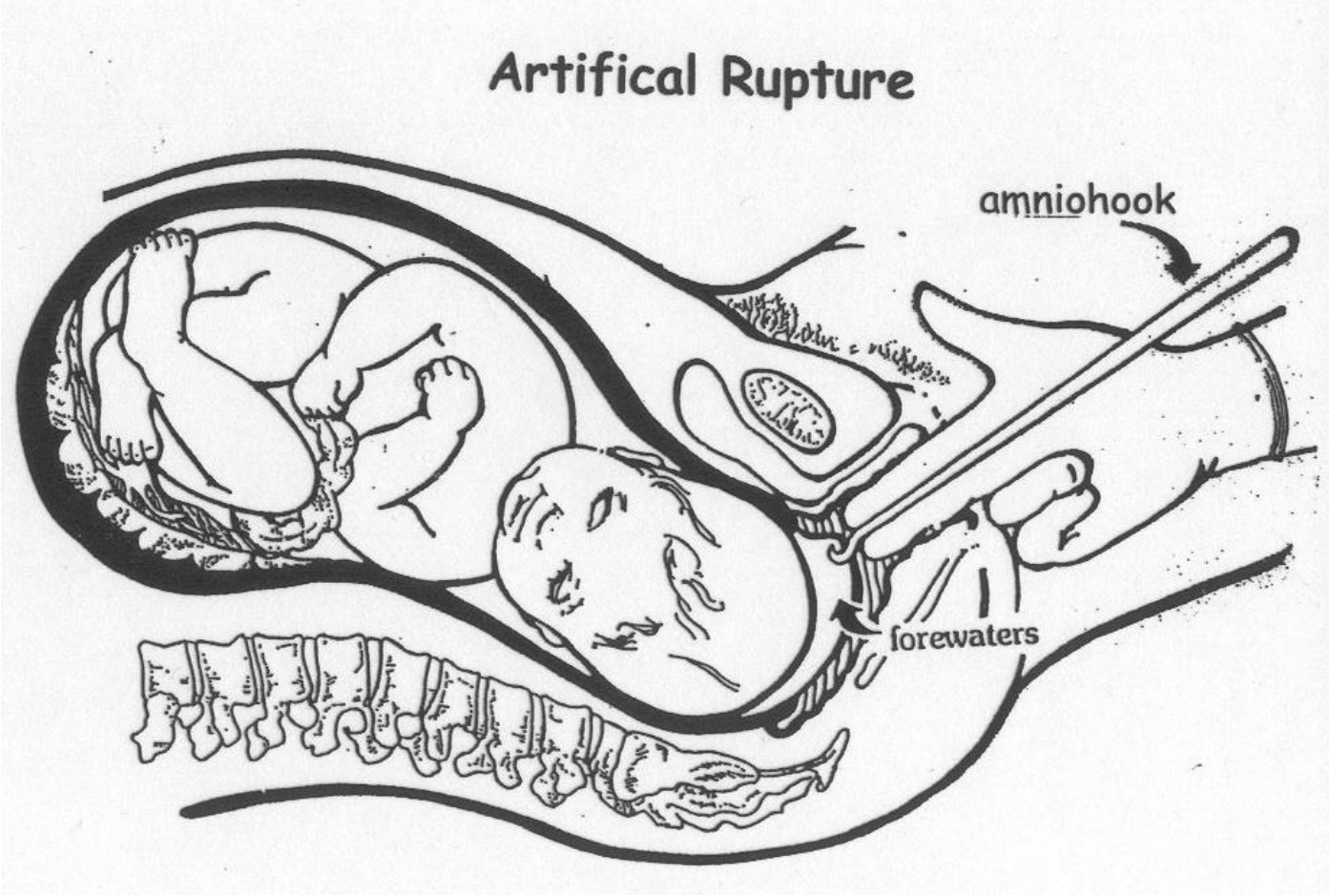
Medical

- Stripping the membranes
- AROM
- Cervical dilators
- Prostaglandins
- IV Pitocin

Non-Medical

- Walk
- Accupressure
- Bowel stimulation (enemas or castor oil)
- Sex
- Nipple stimulation

Amniotic Membrane Rupture



Pitocin

Used to cause or strengthen labor contractions during childbirth and/or control bleeding after.

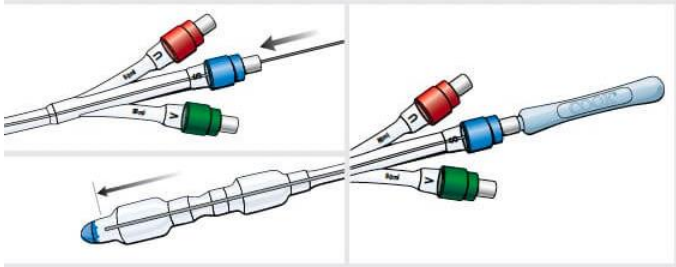
Prostaglandins

Naturally occurring hormone-like substances that stimulate certain changes in the cervix that cause it to ripen.

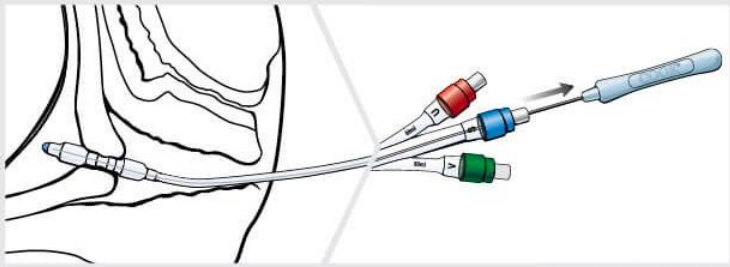
Cook's Catheter/Cervical Ripening Balloon

The Cook Cervical Ripening Balloon catheter is comprised of two silicone balloons and uniquely engineered to allow the cervix to naturally and gradually dilate prior to the induction of labor.

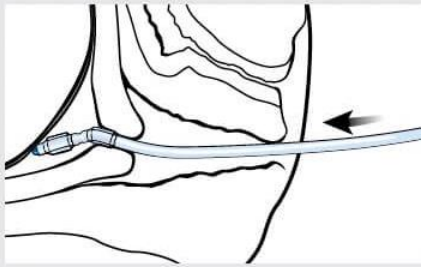
Cook's Catheter



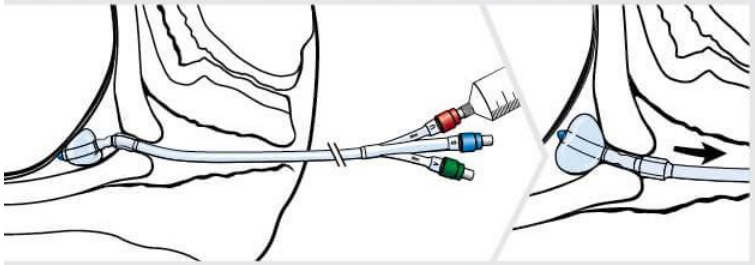
1 Seat the stylet handle firmly into the blue port labeled "S".



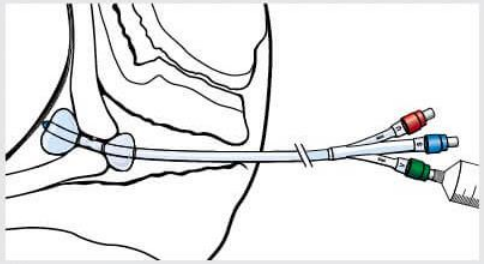
2 Use the Cervical Ripening Balloon with stylet to traverse the cervix. **Note**: Once the cervix has been traversed and the uterine balloon is above the level of the internal uterine opening (internal os), remove the stylet before further advancing the catheter.



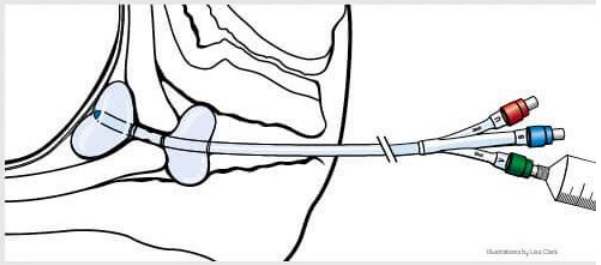
3 Advance the Cervical Ripening Balloon through the cervix until both balloons have entered the cervical canal.



4 Inflate the uterine balloon with 40 mL of saline. Once the uterine balloon is inflated, pull the device back until the balloon abuts the internal cervical os.



5 The vaginal balloon is now visible outside the external cervical os and should be inflated with 20 mL of saline.



6 Once the balloons are situated on each side of the cervix and the device has been fixed in place, add more fluid to each balloon in turn, until each balloon contains a maximum of 80 mL of fluid. Time the balloon placement so that the balloon is in place no longer than 12 hours before active labor is induced.

Why wait?

Inductions before 39 weeks are done for medical reasons only.

- Important for brain, lungs, & liver development
- Less likely to have vision & hearing problems
- Babies born early have less fat development
- Babies can suck, swallow, & stay awake long enough to eat

Prolonged Labor

Possible causes:

- large size of infant
- multiple pregnancy
- position of the baby
- fullness of bladder
- inefficient contractions
- delay in rupture of membranes

Prolonged Labor

Prevention:

Empty bladder

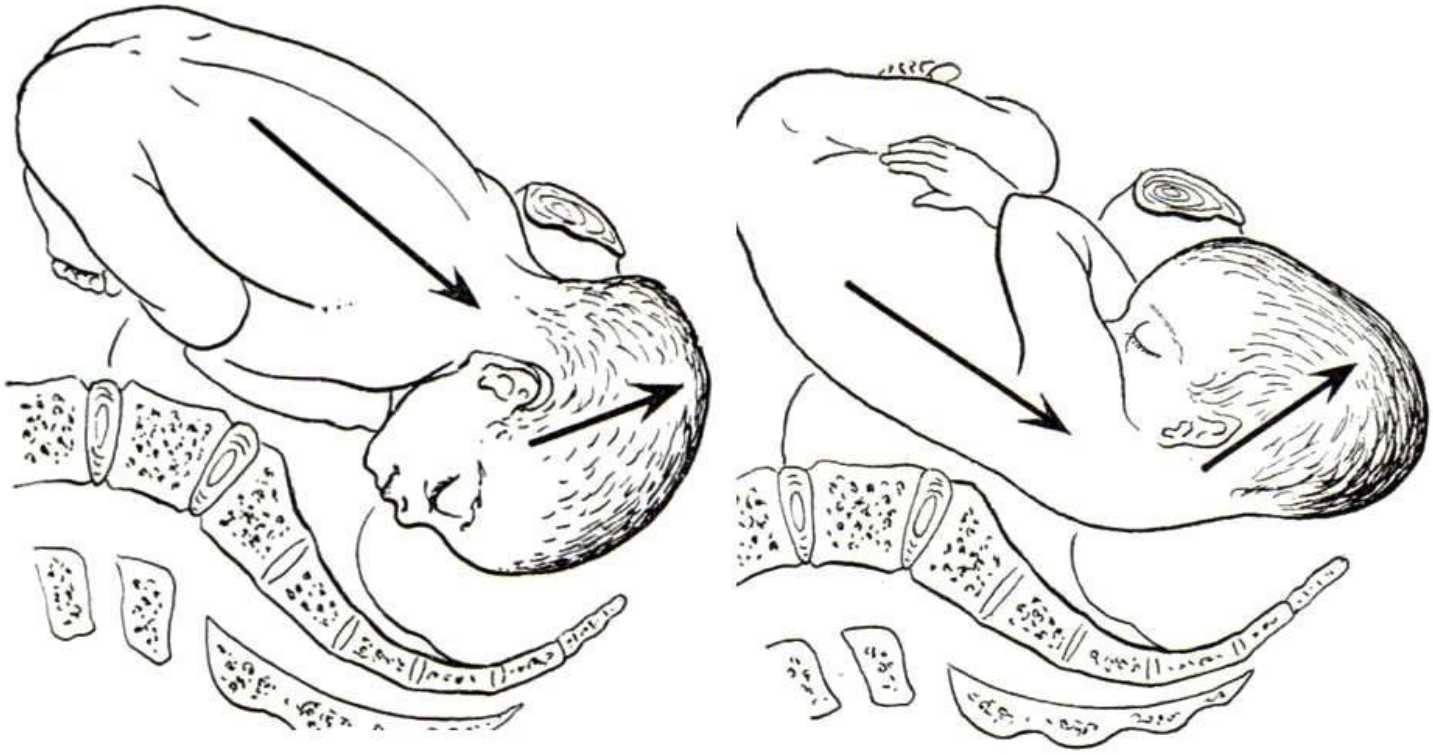
Change positions frequently

Relaxation

Ambulation

Presence of supportive companion

Prolonged Labor/Baby's Position



occipito-anterior (OA)

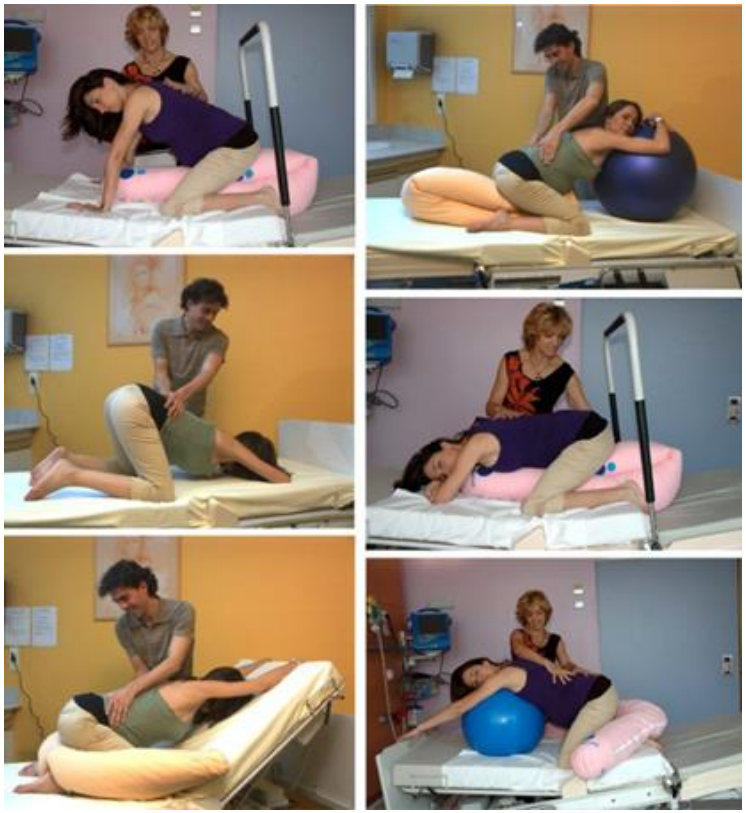
occipito-posterior (OP)

With an OP there is deflexion of the baby's head and so there is a larger diameter to stretch the vaginal entrance.

Symptoms

- Increased back discomfort
- Irregular contraction pattern
- Longer labor
- Longer pushing time

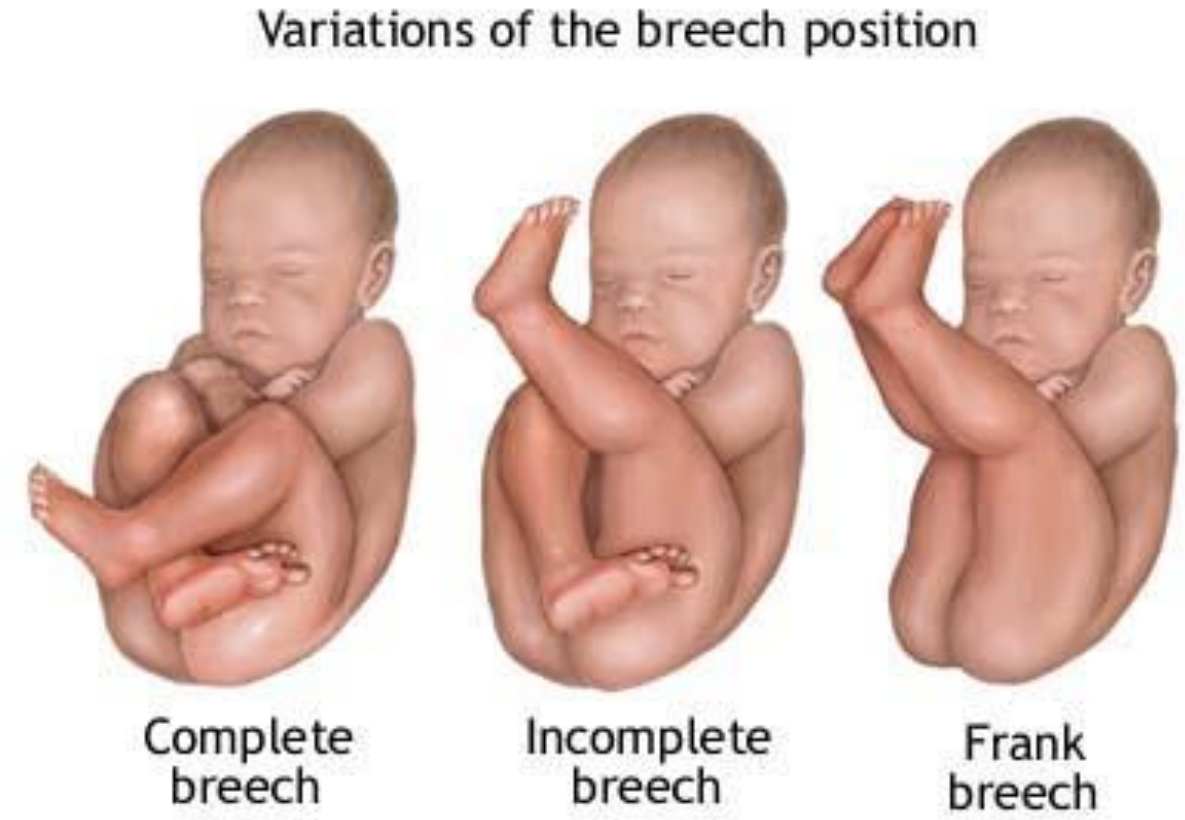
Interventions



Malpresentation

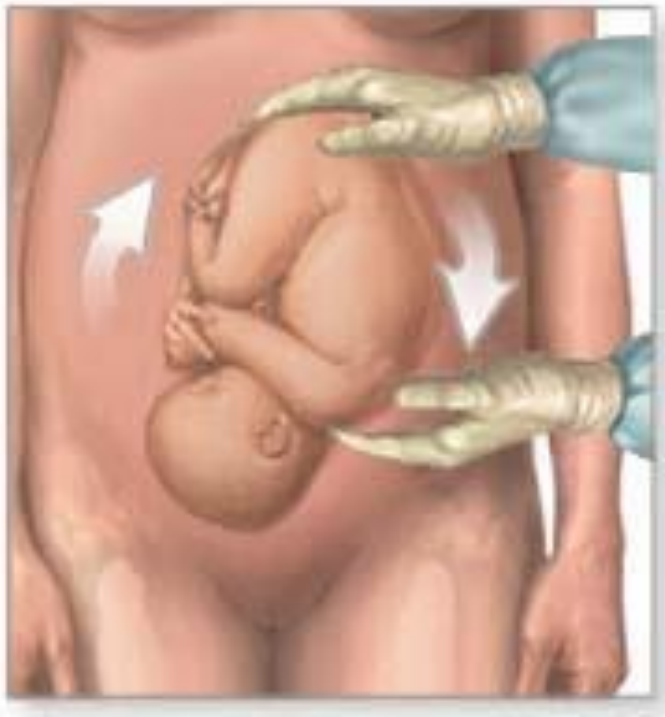
Malpresentation refers to when your baby is in an unusual position as the birth approaches.

Malpresentation

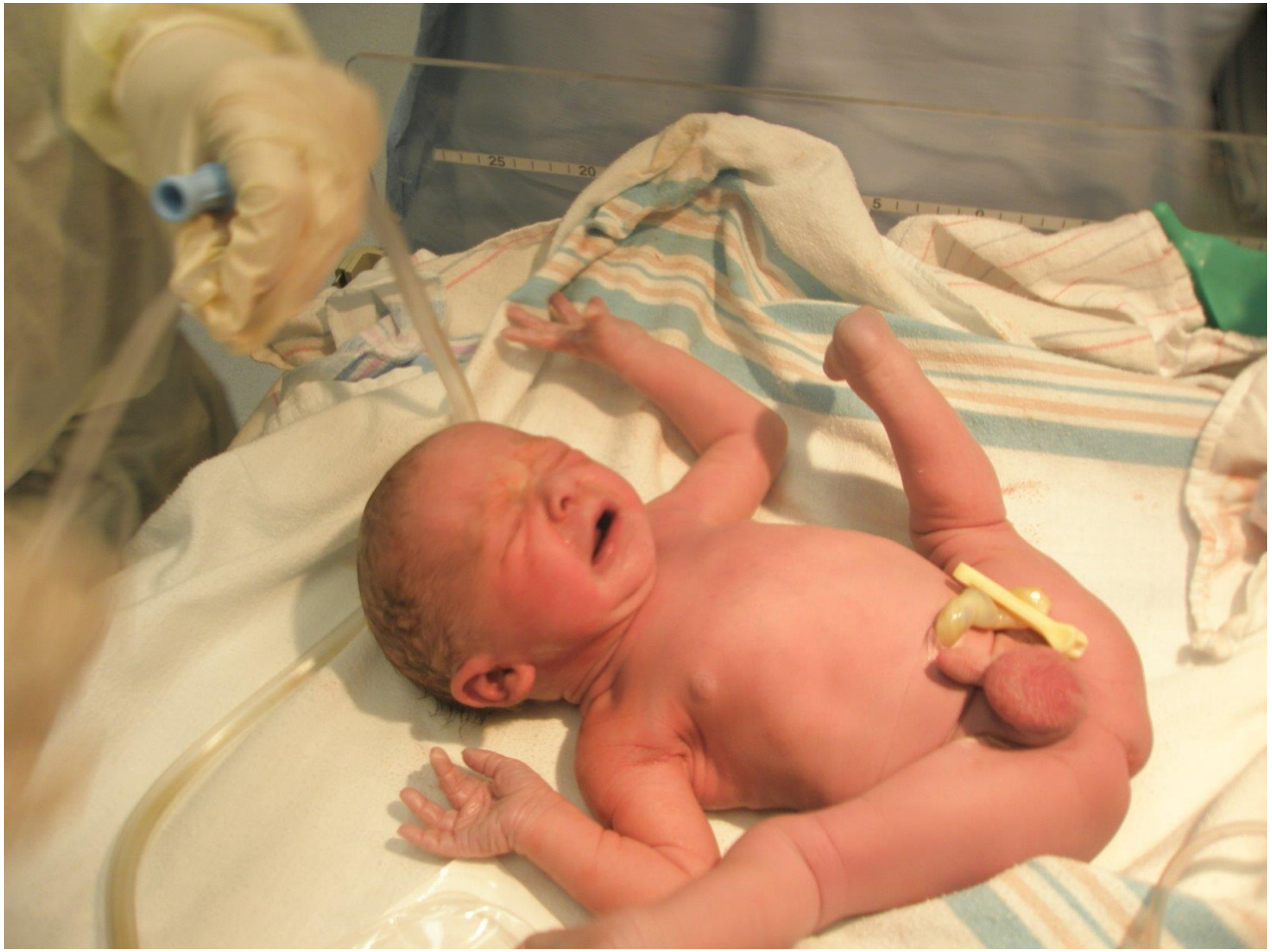


Breech

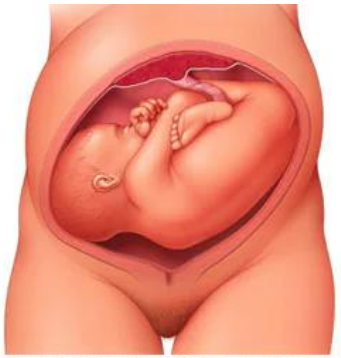
External version

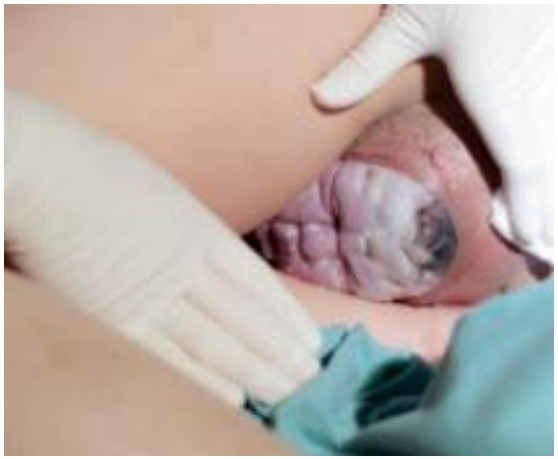


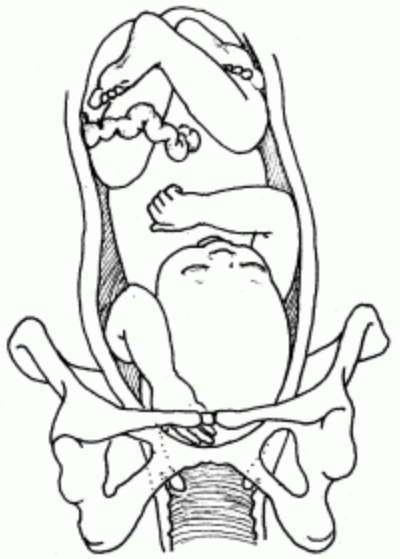
Breech



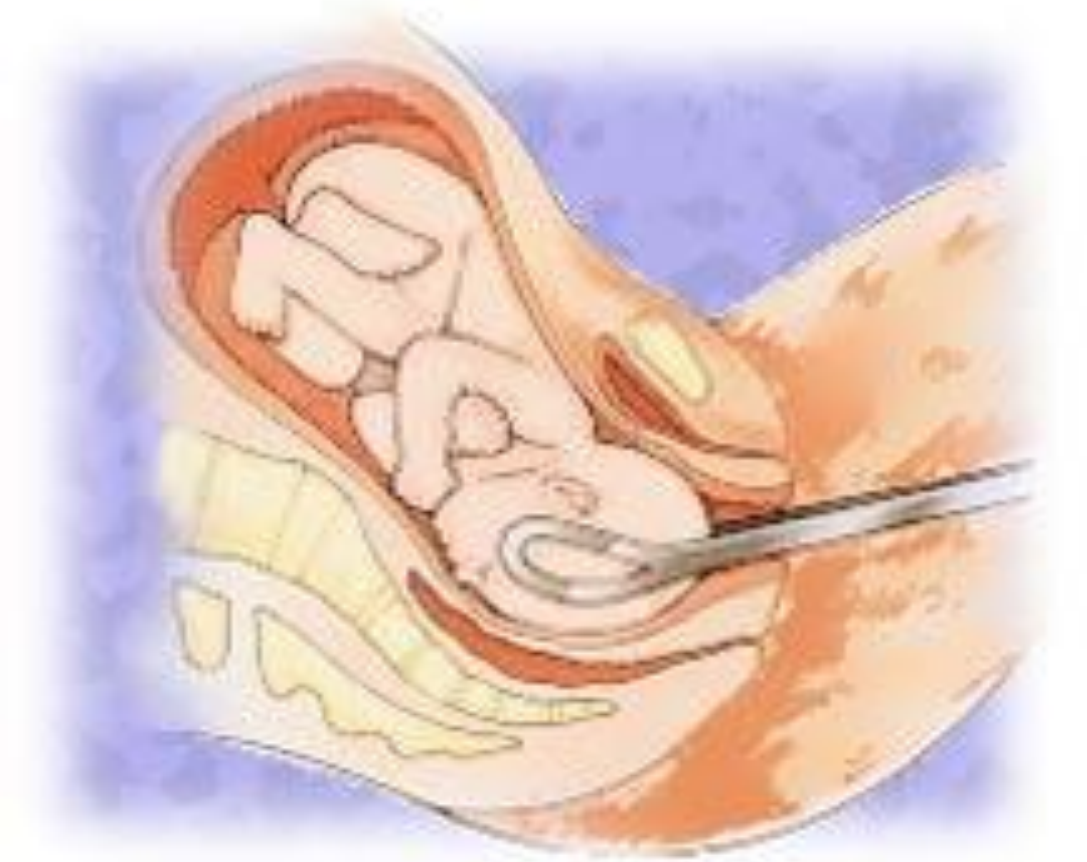
More Malpresentation





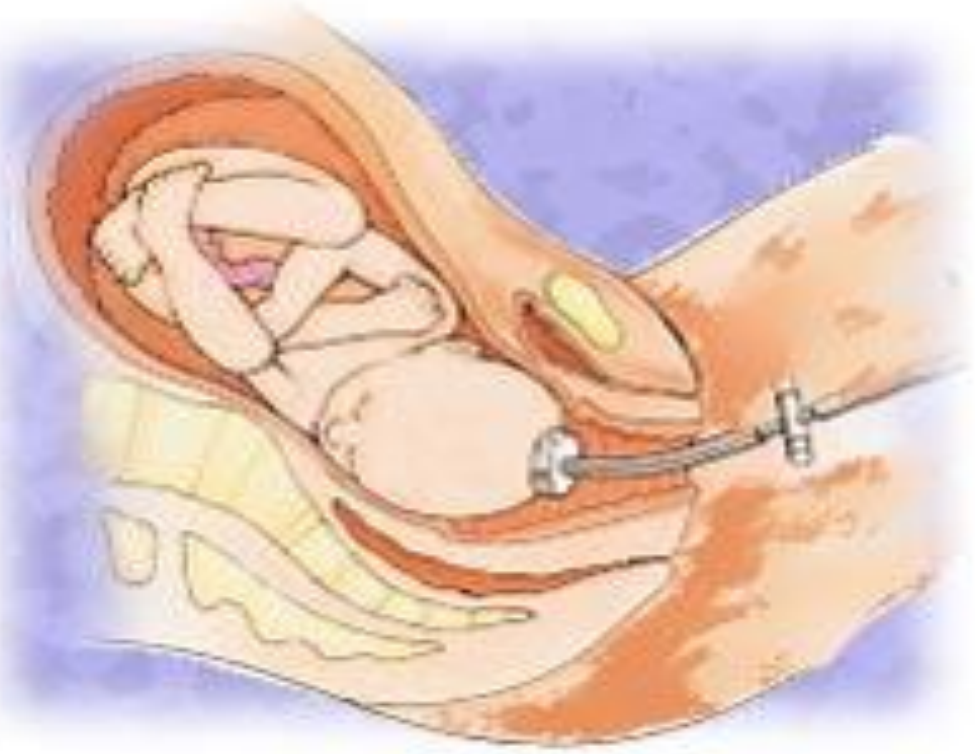


Forceps assisted delivery



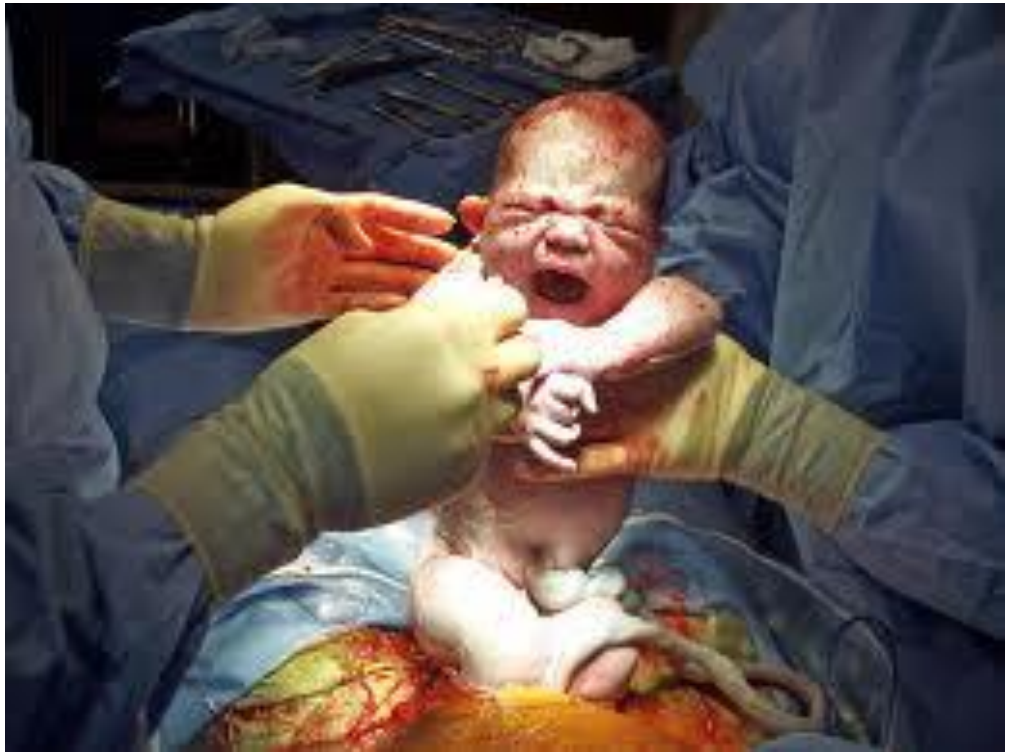
Forceps Placed by trained physicians

Vacuum Extraction



Cesarean

A surgical procedure used to deliver baby through incisions made in the abdomen and uterus.



Reasons for *Cesarean*

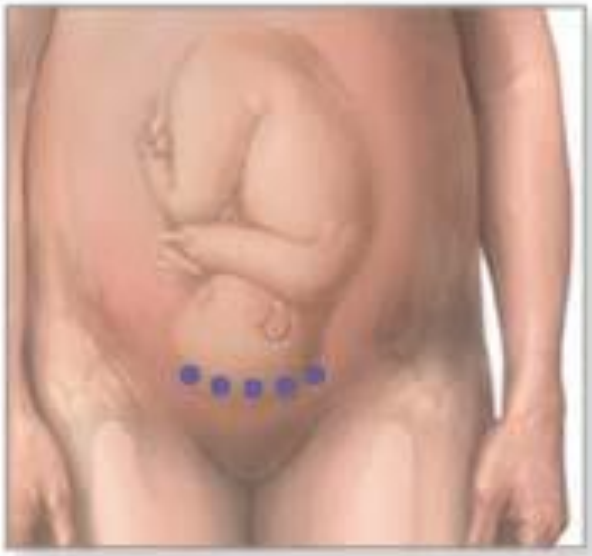
- Previous Cesarean birth (if VBAC not possible)
- Complications during pregnancy or in a previous birth
- Malpresentation
- Baby's health
- Mom's health

Family Centered C-Sections

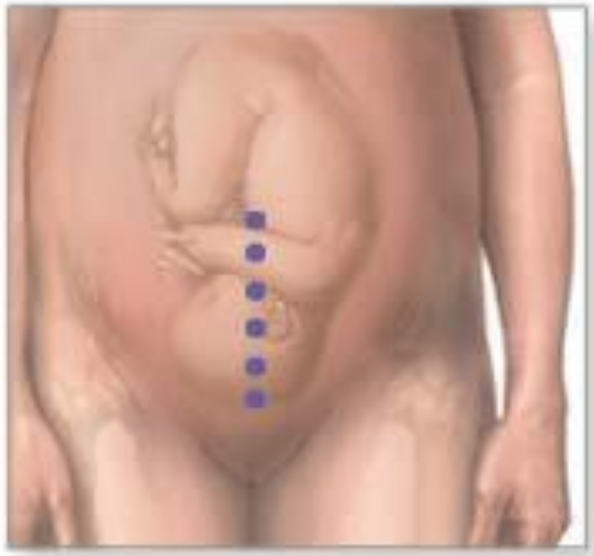
- Lowering the drape for mom to see baby immediately
- Skin to skin as soon as possible
- Breastfeeding in OR
- Partner involvement

Cesarean Incisions

Horizontal incision



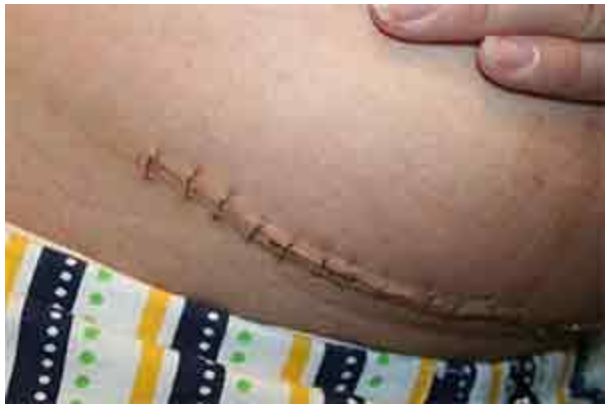
Vertical incision



Incision Repair

Skin Glue

Steri-strips



Staples

Cesarean


Welcome Baby

Appearance

- Often bluish-purple at delivery and slowly turn pink
- May be covered in vernix
- Acrocyanotic: hands and feet remain blue
- Head molding
- Bruising

Nurse

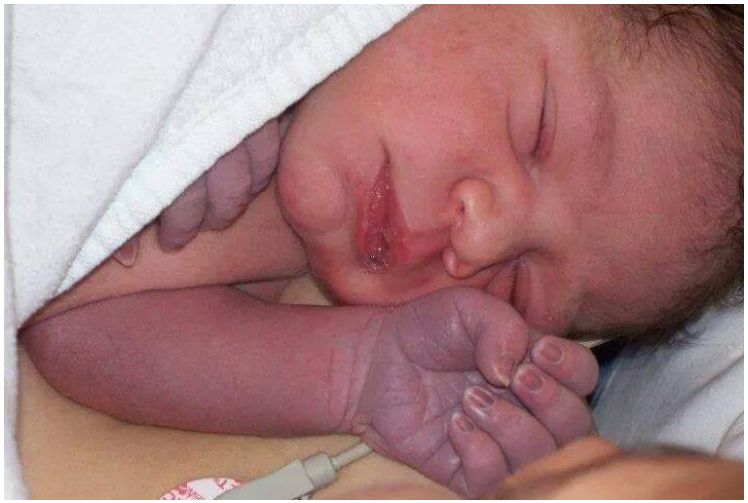
- Drying and stimulating baby
- Monitoring vital signs
- Observing physical appearance
- Performing Apgar scores

Vernix

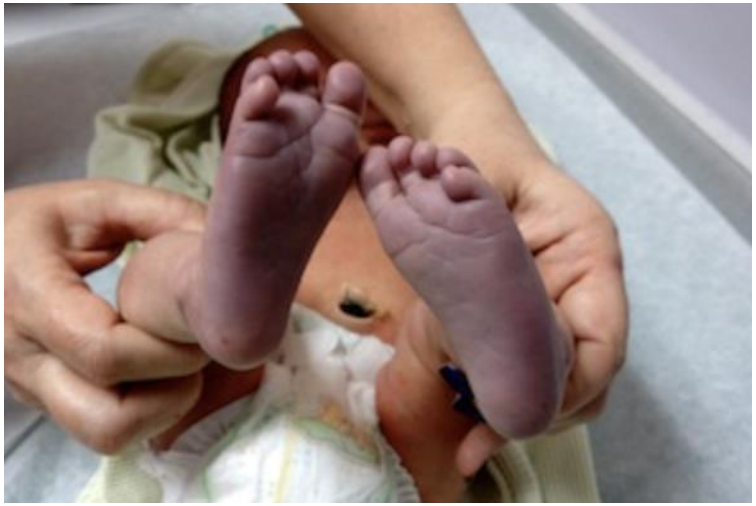
Protective barrier covering baby's skin that shields it during the prolonged exposure to amniotic fluid.

The WHO recommends waiting for a minimum of 6 hours before washing vernix off. Ideally, they recommend waiting 24 hours.

Acrocyanosis



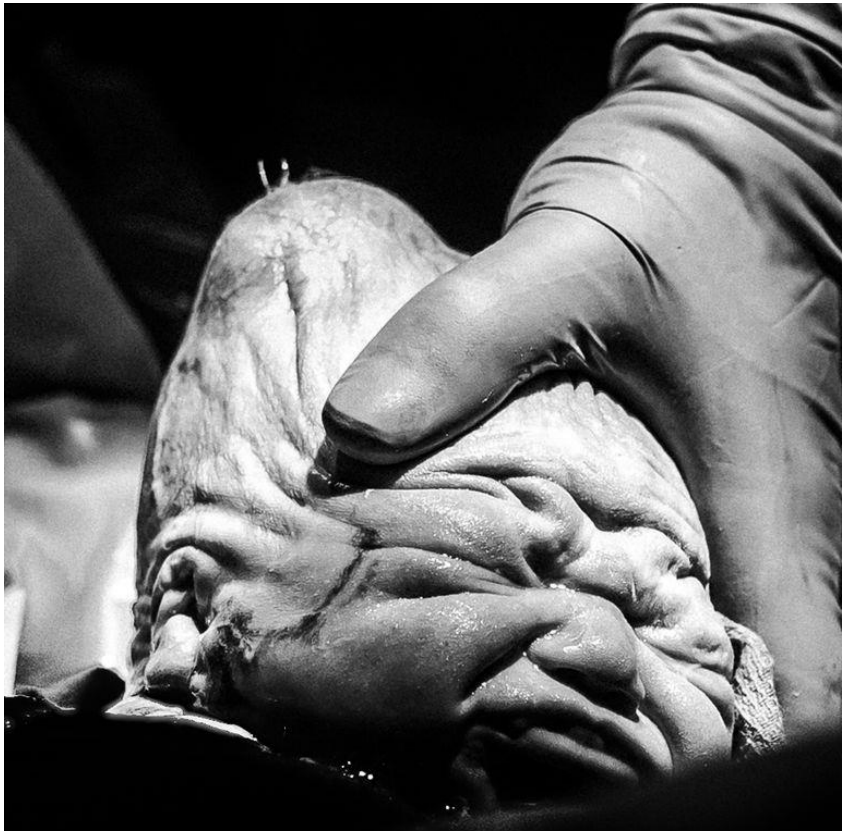
Blood and oxygen are circulating to the most important parts of the body such as the brain, lungs, and kidneys rather than to the hands and feet.

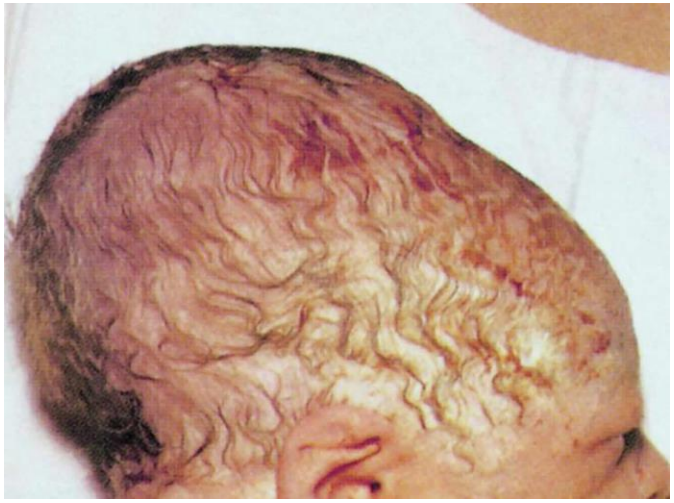


Acrocyanosis improves as the baby's body gets used to new blood circulation patterns. Commonly it is persistent for 1-2 hours and intermittent up to 48 hours.

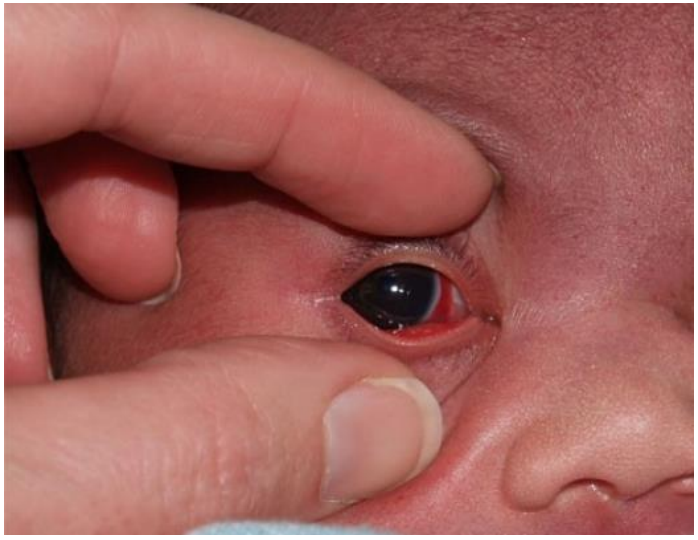
Head Molding

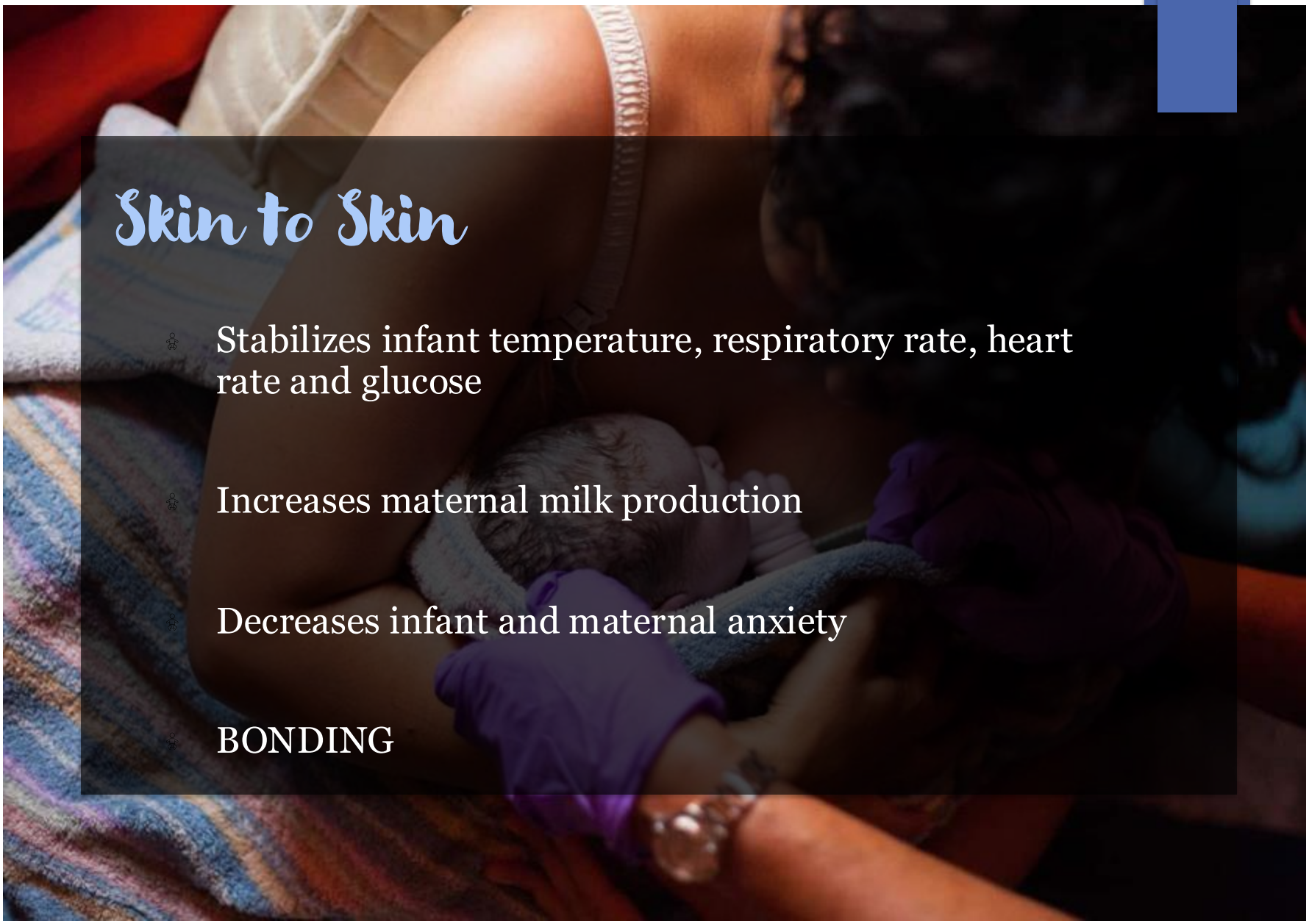
Caused by pressure on baby's head as it descends during labor.





Bruising





Skin to Skin

- Stabilizes infant temperature, respiratory rate, heart rate and glucose
- Increases maternal milk production
- Decreases infant and maternal anxiety
- BONDING

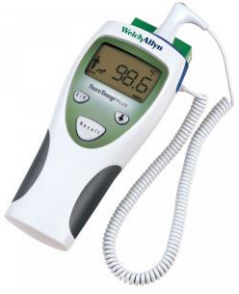
Apgars

Apgar score

	Score 2	Score 1	Score 0
Appearance	 Pink	 Extremities blue	 Pale or blue
Pulse	> 100 bpm	< 100 bpm	No pulse
Grimace	Cries and pulls away	Grimaces or weak cry	No response to stimulation
Activity	 Active movement	 Arms, legs flexed	 No movement
Respiration	Strong cry	Slow, irregular	No breathing

Used in evaluating the need for extra medical care or emergency care is needed.

Equipment



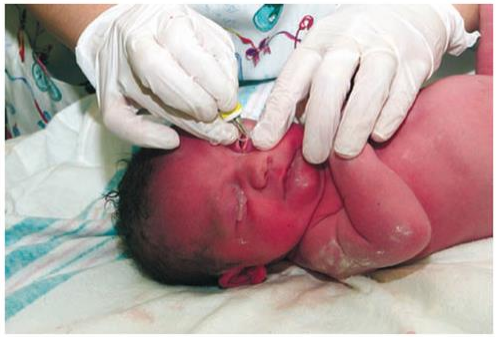
Routine Medications

Vitamin K

Babies do not receive enough vitamin K from their mothers during pregnancy, therefor the injection is given to prevent vitamin K deficiency.

Erythromycin

Prevention of certain eye infections



Hepatitis B Vaccine

Prevents against hepatitis

Measurements

- Length
- Weight
  - Repeated nightly until discharge
  - Expect weight loss
- Head Circumference

Prior to Discharge

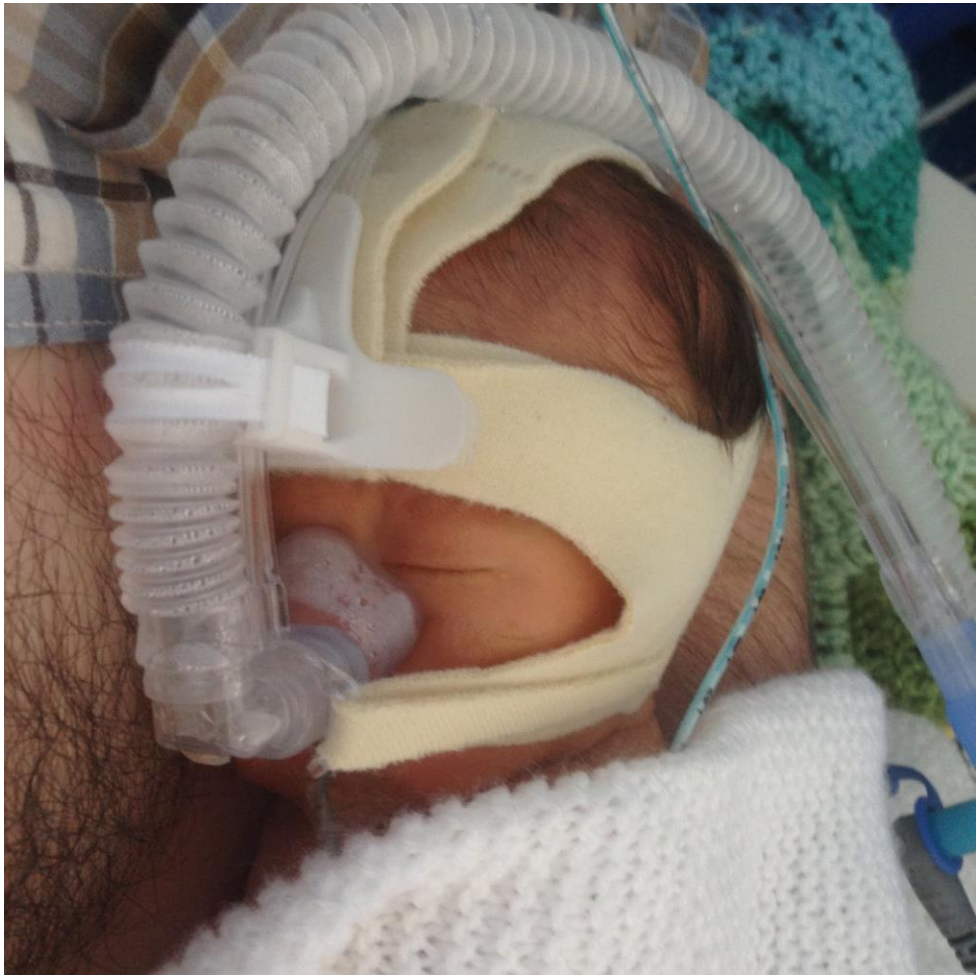
Hearing Screen

PKU Testing

Congenital Heart Disease Screening

Bilirubin


Special Care



CPAP

IV Placement

Jaundice

Yellowing of the skin, eyes and mucous membranes which occurs in 60% of babies.

Phototherapy

Glucose Monitoring

- Preterm
- Large for gestational age
- Mother with gestational diabetes
- Illness

Detailed nursery protocol

Postpartum

Postpartum

Hospital Stay

- 1-2 Days for Vaginal Deliveries
- 3-4 Days for Cesarean Births

Daily Care

- Uterus—frequent massage by staff
- Vital Signs
- Stitches/Incision or Laceration
- Vaginal Flow

Medications

- Pain relievers and stool softeners are most common
- As directed by your doctor

Vaginal Delivery

- Vaginal discomfort and swelling
- Rectal discomfort
- Cramping
- Bleeding

- Tylenol and Ibuprofen are given on request instead of scheduled
- Stool softeners at your request
- Dermoplast Spray and witch hazel available
- Prenatal vitamin given on a schedule

Cesarean

- Will still have vaginal bleeding
- Will still have uterine cramping
- Medications for pain and stool softeners are scheduled.
- May experience gas pains.
- Higher risk for pneumonia or blood clots, activity encouraged!

Laceration and Perineal Care

- Dissolvable stitches
- Sit in warm water several times a day
- Use squirt bottle with warm water (peri-bottle)
- Pat (don't wipe) your bottom dry from front to back
- Ice Packs
- Tucks pads, lidocaine gel, dermoplast

Lochia

Vaginal bleeding

	COLOR	IT LASTS…
RUBRA	Dark red	3 – 4 days
SEROSA	Pinkish brown	4 – 10 days
ALBA	Whitish yellow	10 – 28 days

Baby Blues

- Normal
- Affects 60-80% of postpartum women
- Often starts within 3-4 days after delivery and may last several days
- Feeling irritable, anxious, sad and/or worried
- Cries easily
- This is not postpartum depression, although if the mood does not elevate after 2 weeks please contact the health care provider

Don’t forget about YOU!

- Plan to take it easy until your postpartum follow up
- Accept help/meals from company, do not try to entertain!
- Seriously, sleep when baby sleeps
- Drink lots of fluids
- Take a daily vitamin
- Continue tub soaks to heal your perineum
- Step outside