

Labor and Childbirth

Pregnancy and Childbirth
Patient Education Information

Obstetrics and Gynecology
Women's Health Program



University of Michigan
Von Voigtlander Women's Hospital

Table of Contents:

Planned Cesarean Section.....	3
Preoperative Instructions.....	3
The Procedure.....	5
Recovery.....	6
When to Call Your Healthcare Provider.....	7
Induction of Labor.....	8
When is Labor Induction Used.....	8
How is Labor Induced.....	8
If You Have a Scheduled Induction.....	8
Induction Rescheduling.....	10
Signs of Labor.....	10
Your Stay at the Von Voigtlander Women’s Hospital..	12
Birth Rooms.....	13
Family and Support.....	13

Planned Cesarean Section

Preoperative Instructions for Cesarean Birth

Cesarean sections are generally done in the mornings between 8 a.m. and noon. You will receive a phone call from one of the Birth Center nurses the night before your surgery to confirm the time and give you final instructions.

Every effort is made to start your surgery at the scheduled time. However, due to the unpredictable nature of childbirth, there is a possibility of a delay in your surgery start time. You will be informed of a change in your surgery time as soon as it becomes apparent that it must be delayed.

The Birth Center Charge Nurse will contact you if there is a need to adjust the surgery schedule.

1–3 day before your scheduled cesarean delivery:

- Go to the University of Michigan Health System (UMHS) Blood Draw sites for your admission labs that include blood type & screening and blood count. This must be done at a UMHS Blood Draw Site.
- Take the blue paper (with the yellow sticker) to the lab and bring it with you to your delivery.

The night before surgery:

- Do not eat anything 6 hours before your procedure (including gum, hard candy, water, etc).

- You may drink water or Gatorade up to 2 hours before admission.
- Do not smoke tobacco products or drink alcohol for at least 24 hours before your surgery.
- Take any medications you usually take unless your physician tells you not to take them.

The morning of your surgery:

- Take a shower or bathe with an antibacterial soap such as Dial before you come to the hospital.
- You may brush your teeth but do not swallow any water.
- Do not wear cosmetics, nail polish, or any jewelry including your wedding band. Leave all valuables at home.
- You may wear your eyeglasses. If you wear contacts, they will need to be removed before the surgery.
- Bring a copy of your Advance Directive if you have one.

In the Triage Area:

- You may have one support person come with you.
- Since space is limited in the Birth Center waiting areas, have other family members wait at home until three hours after your scheduled surgery before coming in to the hospital to visit you.
- Leave your suitcase and infant car seat in your car until after you are transferred to your postpartum room.

If you go into labor before your scheduled surgery date, call your healthcare provider or Triage at (734) 764-8134.

The Procedure

Your support person is welcome to attend the birth. Clothing for the operating room will be provided. Your support person should eat something before coming in to the hospital with you.

It will be cool in the operating room, but warm blankets will be provided. Your healthcare provider and other nurses, anesthesiologists, and obstetricians will be present in the room.

The two anesthesia options are general and regional anesthesia. General anesthesia puts you to sleep, but is very rarely used for delivery. Regional anesthesia stops feeling from the top of your uterus down to your feet. With regional anesthesia, you can be awake during the entire birth and you will not feel the surgery.

Various monitors will be used so that the anesthesiologist can continually watch your blood pressure and pulse. Your nurse may listen to your baby's heart rate. You may be given oxygen to breathe through a mask or tubing placed by your nose. The nurse will wipe your abdomen with an antiseptic solution, while other staff prepares you for surgery. Sterile drapes will be placed so that you and your support person will be unable to see the incision area. If you would like to see the baby at birth, the drapes can be lowered in front of you as the baby is delivered.

Once surgery begins, your baby will be delivered within five to fifteen minutes. The doctor makes a cut below your belly button and into the lower part of the uterus to remove the baby. The doctor removes the baby and the placenta. He or she then sutures the uterus and abdomen closed. Caregivers will immediately examine your baby at the infant

warming bed. Matching identification bands will be placed on you, your baby, and your support person. Your baby will be weighed, wrapped in warm blankets and brought to you to be cuddled. After the baby is born it will take about 45 to 60 minutes to finish your surgery. Your incision will be closed with staples or stitches and a dressing will be placed over the incision. You will be moved onto a stretcher and you and the baby will be taken to the recovery room.

Recovery

You will be in the recovery room for two to three hours. Your blood pressure and pulse will be checked frequently as will the amount of bleeding you are having. You will be given pain medication. The anesthesiologist will talk to you about the options for post-operative pain management. You may receive narcotics from injections every few hours, have intravenous (IV) narcotics through a Patient Controlled Analgesia (PCA) pump, or will be given a narcotic in your epidural catheter before it is removed (called Duramorph).

When you are ready to be discharged from the recovery room, you and your baby will be transferred to your postpartum room. You will be admitted to a private or semi-private room in the Birth Center for your postpartum stay. Your support person may stay with you and your baby in your room overnight. Since there is no nursery in the Birth Center, your baby will be in your room with you during the entire hospital stay. Your nurses will assist you with your recovery from the surgery and with providing care for your baby. Your blood pressure and temperature will be monitored frequently. You will be assisted to get out of bed shortly after your surgery. Your diet will be advanced to solid foods by the

second day. The nurses will provide expert guidance with breastfeeding and newborn care to assist you in your transition to motherhood.

You will stay in the hospital for 2 days unless you have a medical problem that requires on-going hospitalization. You and your baby will receive a home visit with one of our mother/baby nurses from Michigan Visiting Nurses. Once you go home, avoid heavy lifting for 6 weeks. After 6 weeks you may begin an exercise program to regain abdominal muscle tone. Ask your healthcare provider what other steps you should take and when you should come back for a checkup.

When to Call Your Healthcare Provider

After the procedure, your abdomen will be sore. Walking and standing will be painful for the first few days, and you may have to use positions for nursing where you and/or your baby are on one side.

Below are symptoms that are *not* normal after a cesarean section birth. If you have just had a cesarean section, call your healthcare provider immediately if:

- You develop a fever over 100° F (37.8° C)
- You have drainage from, or separation of, the incision
- You have heavy bleeding from the vagina
- You become dizzy or faint
- You have leg pain, especially if you also have swelling and redness
- You experience nausea and vomiting
- You have chest pain
- You become short of breath

Induction of Labor

Induction is the process of starting labor before it happens naturally. Labor is induced in the hospital with the use of medications.

When is labor induction used?

- When the health of the mother or baby makes it necessary to start the birth process early.
- When the mother is one to two weeks past her due date.

How is labor induced?

Labor is induced in the hospital, using one of a few different methods. These include amniotomy, pitocin (oxytocin), and prostaglandins. Amniotomy is the term used for the breaking of the bag of waters that holds the baby. Oxytocin is a natural hormone that causes the uterus to contract, and is given intravenously in the form of pitocin. Prostaglandins are hormones that help the cervix to soften and thin. The two types of prostaglandin products typically used are called Cervidil and Cytotec.

If you have a scheduled induction:

Evening before your labor induction:

- You will receive a phone call from a Women's Hospital nurse who will review with you what to expect on the day of your labor induction. The nurse will answer any questions you have about your induction or hospital stay.

- You may eat your normal diet the day before and day of your induction unless told otherwise.

Day of your labor induction:

- Most labor inductions are started in the evening. You should arrive in the hospital in the late afternoon on the date you are scheduled for your induction. If the hospital is able to see you earlier than planned, the charge nurse will call you.
- The charge nurse in the Women's Hospital will probably call you between 4pm and 6pm. She will tell you what time to arrive at the Birth Center. Eat breakfast, lunch, and a light dinner on the day of your induction, and keep yourself well hydrated.
- Once you are admitted to the hospital and in your room, you will have an IV started and blood drawn. The nurse and doctor or midwife will work with you to plan your care and answer any questions you have about the induction process.
- Your healthcare provider will discuss with you which induction options are most appropriate for your particular needs.
- A fetal monitor will be used continuously to keep a close watch of you and your baby. You will be encouraged to change positions frequently and you may get up to use the bathroom.
- You may drink water and clear beverages during your induction.

Induction Rescheduling

Since the Women's Hospital is unable to predict how many patients and births it will have each day, there are days when there may not be enough hospital beds available for patients with a scheduled induction. When this happens and your induction needs to be moved, the charge nurse and your healthcare provider decide on another date for your induction. We appreciate your understanding in this situation and will do everything it can to help you have a safe and healthy childbirth experience.

Signs of Labor

During one of your prenatal visits, talk with your health care provider about when you should come to the hospital. Your health care provider will give you a contraction rate for when to come into the Birth Center. You may be told to come in sooner for high risk pregnancies or if conditions change.

There are a few signs that tell you when labor is approaching:

- Lightening or “baby dropping:” the baby's head settles deep into your pelvis. This happens from a few weeks to a few hours before labor begins.
- Bloody Show: a thick, vaginal discharge of pink or bloody mucus. When the cervix begins to open the plug is pushed into the vagina. This can happen several days before labor or at the onset

- The “water breaks:” a continuous vaginal discharge of a watery fluid. The fluid filled sac that surrounded the baby during pregnancy breaks. This happens several hours before labor to any time during labor.
- True labor contractions: regular, strong contractions lasting 50-80 seconds that feel like cramps. This is your uterus tightening and relaxing and can be painful. This happens at onset of labor. Call the Von Voigtlander Women’s Hospital Triage when they are 4-5 minutes apart for one hour or whenever your provider advises: (734)-764-8134

Your post-delivery care at the University of Michigan will continue at home through the Michigan Visiting Nurses program. The day after you go home, a nurse will call you to answer any questions you have and schedule a home visit.

After a vaginal delivery, the home visit is usually made on the third day after birth. For women who have had a cesarean section, a visit can be expected on the fourth or fifth day, based on the healthcare provider’s wishes. Parenting education at this visit is focused on educating the whole family, and the Michigan Visiting Nurses specialize in family-centered care.

On the day of your visit, the nurse will:

- Check the health status of both mother and baby.
- Teach mother and other family members about caring for a new baby (feeding, sleeping, normal development, signs of illness, etc).
- Answer questions regarding care for a new mother and baby.
- Provide information about when to contact the healthcare provider.
- Remove staples from the incision for Cesarean section mothers.

- Help with breast feeding.
- Check the home and baby's sleeping environment for safety.

After your visit, the nurse will

- Call to follow-up a few days later.
- Talk with your healthcare providers about the visit.

If you have any questions about the Home Care Program for New Mothers and Babies before your scheduled visit, call the Michigan Visiting Nurses at (734) 477-7297 or toll free at (866) 552-9913.

Your Stay at the Von Voigtlander Women's Hospital

Review "When to Call Your Healthcare Provider" under Labor and Birth. **Calling ahead is important!** If you arrive unannounced, your admission may be delayed.

Von Voigtlander Women's Hospital

Phone: 734-764-8134

The Von Voigtlander Women's Hospital

Once you've arrived at the Women's Hospital, a nurse and a triage coordinator will check your labor status in a triage examination room. Based on the progress of your labor, one of the following decisions will be made:

- A nurse will escort you to a Birthing room and help you get settled.

- You are asked to walk for up to two hours in the hospital and return for another exam.
- You will be sent home to rest and relax until contractions are stronger.

Birth Rooms

The Women's Hospital Birth Rooms were designed to provide complete care. This means that your labor, birth, and postpartum period can all take place within the same room. Climate control and lighting options are within your reach, and monitoring equipment is unobtrusive. All rooms have a private bathroom with a shower or a tub. Tub rooms are limited and available on request for relaxation during labor.

Your bed can accommodate multiple positions for labor and birth. A recliner is close by for your support partner.

Family and support

There is no set limit to the amount of support people you can have in your birthing room. However, if it becomes too crowded, some of your members will have to wait in one of the two waiting rooms in the Birth Center.

Children under 14 must be accompanied by an extra adult that can stay with them if they chose to wait in the lobby.

The University of Michigan Health System is a teaching hospital, and therefore there will be resident and attending physicians in addition to your nurse in the room during your delivery. There may also be medical

students present who work with your physician team. If you have been seeing a midwife throughout your pregnancy, there will probably be fewer people present at your birth. If you have concerns about male healthcare providers in your birthing room, talk to your healthcare provider *before* arriving at the hospital.

Disclaimer: This document is for informational purposes only and is not intended to take the place of the care and attention of your personal physician or other professional medical services. Talk with your doctor if you have Questions about individual health concerns or specific treatment options.

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Last Revised 11/2011