Golden Maternity Group April 22nd, 2021

**Labor, Delivery and Newborn Routine Practices**

**What happens if I go past my due date?**

Almost half of all pregnant persons will go past their due date. While your due date is at 40 weeks of pregnancy, the term period when it is ideal for baby to be delivered is between **37 and 42 weeks.**

We follow the Society of Obstetrician and Gynecologist of Canada (SOGC) guidelines that recommend we offer induction starting 7-10 days after your due date. We recommend that the induction process start between 7-10 days after your due date.

If you choose to be induced 7-10 days after your due date we will organize and discuss the induction process at your visit in week 40.

If you choose **not to be induced** 7-10 days after your due date:

* We will recommend an ultrasound be done to assess your baby’s well-being. You will receive a phone call from the Golden Hospital with appointment details.
* Once the ultrasound is done our maternity provider on call will review the results and phone you to discuss further management.
* We recommend induction to start by 10 days after your due date because it can by a process that takes a few days and studies show there is an increased risk of stillbirth the longer a pregnancy goes after 42 weeks. In pregnant persons over the age of 40 this risk happens at 40 weeks gestation.

Some people may require induction before their due date due to medical reasons that arise in the pregnancy. For example, high blood pressure, gestational diabetes or a baby whose growth is too low. If this is the case, we often consult our obstetrician colleagues in Cranbrook for advice on timing and mode of induction and delivery.

More information on timing of delivery and induction will be covered in session 4 of group prenatal care.

**What can I expect when I am in active labour and/or admitted to Hospital?**

Enemas and shaves are no longer a routine part of labour management.

Intravenous lines are not routine but may be recommended in certain circumstances.

We encourage people **to move and change positions during labour**. The hospital has birthing balls, squatting bars and birthing stools to aid during active labour.

All of our hospital labour rooms have a private toilet. There is a shower available in the maternity hallway for people in labor who wish to use it and use is encouraged.

We do not offer water births in our hospital but they may be offered at home.

A hospital tour (which may be virtual for the foreseeable future) will be covered in session 4 of group prenatal care.

**What pain management options are there while I am in Labor?**

Every person copes with labour differently. To help with labour discomfort, it is recommended that all birthers consider basic comfort measures such as:

•Showers

•Massage

•Relaxation

•Breathing techniques

•Frequent position changes and movement (walking, ball bouncing, rocking)

•Music of your own choosing (this can be very relaxing)

Pain relief options at the Golden Hospital include:

•Entonox (inhaled laughing gas)

•Narcotics (Morphine and Fentanyl)

•Epidurals

You can choose whether pain relief is used and in what form, in consultation with your nurse and maternity provider. Some options may not be suitable in your specific case.

This topic will be covered in depth during session 3 of group prenatal care.

**What can I expect during delivery?**

**Episiotomies** are not done routinely. An episiotomy is when your maternity provider uses freezing and scissors to cut the perineum (skin between the vagina and anus). Situations where an episiotomy might be used are to prevent extensive tearing or to hasten the delivery of your baby if there are concerns with your baby’s well-being, or during a vacuum or forcep delivery.

Hot compresses may be used to minimize tearing.

In a typical delivery the baby is placed on your abdomen and your partner may choose to cut the umbilical cord after at least one minute (commonly referred to as delayed or natural cord clamping).

We may have a second maternity provider at your birth. This does not mean that something is wrong. Having another provider at births helps our team stay up to date by participating in the smaller number of births we have in Golden.

If there ARE any concerns for your baby’s well-being:

•A second maternity provider and an extra nurse will be in attendance.

•The baby will be assessed immediately after birth and will be taken to the warmer for further care if necessary.

Otherwise, your baby will stay skin to skin for at least one hour after birth. It is important for your baby to be skin to skin for the first hour after delivery to help your baby transition to life outside of your uterus, stabilize their temperature, and improve your experience of breastfeeding. So long as the baby is skin to skin, the first feeding may vary from immediately after birth until up to 4 hours after birth. The baby will not be removed until the first feeding is complete.

At the time of delivery, we recommend that the birthing person receive an injection of oxytocin to reduce the risk of excessive bleeding after delivery. This is given into the outside of your thigh after the delivery of your baby’s shoulder.

These topics will be covered in further detail in session 4 of group prenatal care.

**What if I need an operative delivery?**

Our goal is a healthy mother and baby. There are times when we need to assist in delivering the baby.

This may involve:

•Consultation with a second maternity provider or our surgeon on call or both, and/or phone consultation with an obstetrician in Cranbrook.

•The use of a vacuum, forceps, or caesarean-section.

The risks and benefits of these procedures will be discussed with you if the need arises.

The majority of caesarean sections are done using epidural or spinal anaesthesia so that you can be awake for delivery and your partner can be beside you in the operating room. In rare circumstances, general anaesthesia is used.

In the event that you have a caesarean section we also encourage your baby to be skin to skin immediately after delivery, the same as in a vaginal delivery. If your baby is well, then they are dried off by the baby nurse and brought to you to be skin to skin on your chest for at least the first hour after birth. Your baby would only remain at the infant warmer if further care is needed after delivery. This will be determined by the maternity provider and nurse who are assigned to take care of your baby during the c-section.

These topics will be covered in further detail in session 4 of group prenatal care.

**Do I need a doula?**

At the Golden hospital you will receive dedicated one-on-one nursing care in private birthing room in the active phase of labour.

At home, you will receive dedicated one-to-one midwifery care in the location you choose in the active phase of labour.

You can also choose to hire a doula. A doula’s role is to provide physical and emotional support to you and your partner through the labour process. There are two doulas available to consult with in Golden:

Kat Miller – High Tide Birth Support: [kat@hightidebirthsupport.ca](mailto:kat@hightidebirthsupport.ca)

Miacah Habana – Aspired Birth Doula Services: [www.aspiredbirth.ca](http://www.aspiredbirth.ca)

Large evidence base reviews have shown that doulas reduce the discomfort of labour, reduce the need for operative delivery, and improve overall satisfaction with your birth experience.

**How many people are allowed to attend my birth?**

Currently due to COVID-19 we are restricting the number of support people in hospital to one support partner and a doula.

Under normal circumstances, due to the small size of our labor and delivery rooms, we typically have space for up to 2 birth support people and a doula.

The number of people in attendance at a home birth will be discussed during your 36 week home visit.

**What can I expect after my delivery?**

Currently we recommend all babies receive an injection of vitamin K within 6 hours of birth. This is to promote normal clotting pathways and prevent spontaneous bleeding in the newborn. If you do not wish for your baby to have an injection there is an option for oral administration. We recommend you have the baby skin to skin or breastfeeding when they receive this injection.

You will also have the option of giving your baby an antibiotic eye ointment to prevent infection, your maternity provider will discuss with you the advantages/disadvantages so you can make an informed decision about this medication**.**

The baby is not bathed routinely at the hospital.

**Breastfeeding is encouraged** soon after delivery. Most babies are ready to feed between 45-75 minutes after birth. Nurses, your maternity provider, public health nurses and lactation consultants are available to help you establish breastfeeding in and out of the hospital. Establishing breastfeeding is a process and not an event. You will not have milk for the first 3 – 5 days. Your body will make colostrum. If you are not able to latch your baby, other options for giving your baby your colostrum or milk will be provided. It may be several days or weeks before you are able to have a comfortable and working latch. This is normal and support will be provided to you in and out of the hospital.

Formula supplements are not routine and are only used when necessary.

These topics will be covered in further detail in session 6 of group prenatal care.

**What if I want to save my placenta?**

Currently the SOGC and our local maternity providers recommend against saving placentas for the purpose of consuming them in any form due to the risk of serious infection related to consuming improperly prepared placental products.

However, if you wish to keep your placenta please alert your maternity provider and nurse and it can be packaged appropriately for you to take home.

**How long will I stay in the hospital after my delivery?**

Under normal circumstances a routine hospital stay is 24 hours after a vaginal delivery and 48-72 hours after a caesarean section. This timeline is very flexible depending on how the delivery went and how you and your baby are doing after your birth. Some people may feel well enough to go home before the recommended timelines.

**After I am discharged from hospital, who will follow-up with me?**

We have routine, in community and clinic follow-up after the birth of your baby. After you are discharged from hospital the maternity provider who delivered your baby will make a plan to do a home visit with you, within one week of your delivery. Our public health nurses will also contact you either while you are still in hospital or soon after you get home to organize a home visit as well. Your maternity provider and public health will coordinate visits so as to not duplicate tasks and to share information to provide comprehensive care in the first week after delivery. Should you require further home visits or public health support after one week it can be arranged. Otherwise, our shared maternity team will see you in clinic starting at 2 weeks after you birth your baby.