

# The ABCs of Birth and Baby Care

**My doctor or midwife:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Your Prenatal Guide to Experience the Birthing  
Process in the Healthiest and Most Efficient Way



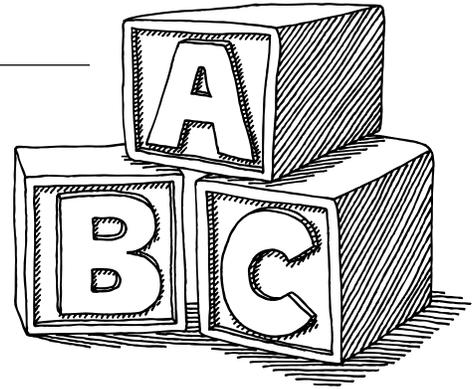
# ABCs of Birth

Birth is.....

**A**mazing

**B**ringing a new life into the world

**C**reating a new family unit



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## Key Points for a Successful Labor:



- Labor is the work you do to deliver your baby.
- Stay home as long as possible.
- Keep moving and changing positions.
- Have help and support.
- Learn about what you can do in labor – take a class and read this booklet!

## A for Attitude

- Look at how you view labor. Labor is not something that happens to you, nor is it a medical event. Rather, as the word implies, labor is the work your body does to deliver your baby.
- Trust your body to do its work. The uterus is a strong capable organ, very muscular and fit to do its work of carrying the baby, dilating the cervix and bringing the baby into the world. Labor is a healthy, normal process that works very well when we work with it.
- See labor as a “ladder:” contractions are the rungs, and each contraction is a step closer to your baby.



## A for At home

- It is best to stay home as long as possible, as long as you and your baby are doing OK.
- Most women wonder how they will know if it's labor. Irregular contractions are common in late pregnancy. Ignore contractions until they get your attention. Irregular contractions are your body's way of working out the uterus to make it strong for birth. Carry on with your usual activities of life. If it's early enough in labor, try to sleep or at least get some rest. Avoid lying on your back; instead, lie on your side.
- When contractions get stronger and longer, and are getting closer together, start timing them. You know when you are having true labor when:
  - Your contractions are 5 minutes apart from the beginning of one to the beginning of the next.
  - Your contractions are 1 minute long, and getting stronger, and this pattern lasts for more than an hour.
  - It is normal to have spotting called “bloody show.” That happens when the cervix is starting to open.
- If you think it's time to come to the hospital, or have any concerns, call your midwife or physician.
- If your water is broken while at home, avoid getting in your tub. Getting in your shower is fine.



## A for Activity

There are things you can do that not only help the labor progress, but also help with pain. Best of all, they have no unhealthy side effects. These activities include:

- Staying home as long as possible.
- Staying out of bed and off the monitor. Baby's heartbeat can be intermittently checked when you are having a low-risk pregnancy.
- Being upright. This helps gravity bring your baby down. This also applies for pushing.
- Walking as much as possible. Moving your muscles helps your labor move along too.

- Being in water. As the baby enjoys the watery world of the womb, so you can enjoy being in water during labor.
  - Get in the shower:  
The warm shower spray can be directed to sore spots on your back or abdomen, and the warmth and pressure of the water helps with pain. It also helps circulate your labor hormone. Being upright helps bring your baby down.
  - Get in the hospital birthing tub:  
Warm water immersion helps your circulation and increases the labor hormone. It helps you relax and dilate faster. It decreases pain and pressure. The tub allows you more movement. You can labor and deliver in the tub. It gives the baby a nice gentle transition from water into water. Your partner is welcome in the tub if you like.



## B for Birth

Your uterus is doing the work of birth. First dilating the cervix, then when the cervix is open, your uterus will push the baby outward. Your job is to cope with labor and cooperate with your uterus.

## B for Breathing

- Our natural reaction to pain is to hold our breath, tense up, and get away from it. That's because pain usually signals something dangerous or damaging is happening. Labor is neither. It is the signal that the baby is coming. So we need to retrain and override these natural responses by breathing, relaxing, and working with the process.
- There are many breathing techniques but here's a simple one: just breathe in your nose and out your mouth, like you would when you are relaxing or falling asleep. Conscious breathing like this through contractions helps keep you focused and it keeps you breathing rather than holding your breath. Most importantly your breathing is how your baby gets oxygen.

## B for Ball

- The birthing ball is a great labor tool. It is a soft sitting surface, which means there is no pressure against your tailbone, so your pelvis stays wide open for your baby to drop down. Upright positions and staying out of bed also help in this way. You can slightly bounce or roll in circles or side to side on the ball.
- Your helpers can massage your back while you sit or lean over the ball. You can put the ball on the floor, bed or chair to lean over it.



## B for Back

Sometimes labor involves a backache. Putting counterpressure over your sacrum and positions that help the uterus drop away from the back can help.

- Leaning forward over your helper's shoulders and swaying, like slow dancing. Your helpers can also rub your lower back during contractions in this position.
- Leaning over the birthing ball or onto the bed. This allows your helpers to massage your back and put pressure on sore spots.
- You can lean onto the wall of the shower or over the tub's edge and have the handheld shower head spray your back. These positions also allow for back massage.

Your midwife may suggest small water injections over tiny areas in your back. Called "papules," these can decrease pain yet allow complete mobility and have no side effects.

## B for Bathroom

- Keep your bladder empty. This helps your baby to drop.
- Sitting on the toilet is a great position for labor. It allows your pelvis to open, promotes dilation, and brings the baby down. Get a pillow behind you or lean into your partner for comfort, if needed.
- You may sense rectal pressure at some point in your labor.
  - It's OK to try to have a bowel movement, but if you can't, the pressure may just mean your baby's head is coming down!

## C for Calm

Having a calm environment can really help with relaxation: dim lighting; calming music in the background, familiar objects and your own pillows and clothing are welcome.

## C for Class

Take a childbirth class. You will learn stages of labor, breathing and relaxing techniques, and activities and positions that help you cope with labor and help it progress. Practice together with your partner.



## C for Coach

Have a coach or support person to help you through labor. Having a helper in labor has been shown to shorten labor, decrease complications, help breastfeeding go better and make for a happier birth. Your helper can coach your breathing, remind you to relax, recommend activities and position changes, and do massage.

## C for Consume

Continue to eat and drink as you like. Having a baby is a workout for your body so it needs fluids and calories. Keeping well hydrated helps your uterus function well, so continue to drink often even if your appetite decreases. Consider light foods that are easier on your stomach.

## C for Coping

Coping options are ways to help you work with your birth.

- Sutter Davis is committed to helping you through labor by offering many coping options.
  - Here are more coping options besides what is discussed already in this booklet:
    - ◆ Acupressure
    - ◆ CUB (Comfortable Upright Birth) seat
    - ◆ Distraction Strategies
    - ◆ Frequent position changes
    - ◆ Heat packs or cold packs
    - ◆ Intentional Labor Positioning (see next page)
    - ◆ Meditation
    - ◆ Peanut balls for positioning in bed
    - ◆ Quiet
    - ◆ Rebozo techniques
    - ◆ Rocking chair
    - ◆ Slings to support you in the labor room
    - ◆ TENS unit
    - ◆ Visualization



- We will assess your coping in labor rather than ask you for a pain score.
- **Intentional Labor Positioning** techniques are exercises you can do before and during labor to help baby get into position and help labor progress.

	<p>You may do these exercises <b>Daily</b>:</p> <p><a href="https://www.spinningbabies.com/pregnancy-birth/daily-activities/">https://www.spinningbabies.com/pregnancy-birth/daily-activities/</a></p>
<p>You may do these exercises <b>Weekly</b>:</p> <p><a href="https://www.spinningbabies.com/pregnancy-birth/weekly-activities/">https://www.spinningbabies.com/pregnancy-birth/weekly-activities/</a></p>	
	<p><b>Jiggle</b> (not for the first trimester)</p> <p><a href="https://www.spinningbabies.com/pregnancy-birth/techniques/the-jiggle/">https://www.spinningbabies.com/pregnancy-birth/techniques/the-jiggle/</a></p>
<p><b>Side Lying Release</b></p> <p><a href="https://www.spinningbabies.com/pregnancy-birth/techniques/side-lying-release/">https://www.spinningbabies.com/pregnancy-birth/techniques/side-lying-release/</a></p>	

## C for Counterpressure

- When back discomfort is associated with contractions, a technique called counterpressure often helps. Have a helper press on the area of discomfort during contractions.
- Staff can also make a moist heat pack for sore areas.
- Sometimes the “hip squeeze” is comforting as well. Have a helper apply pressure inwards on both hips during contractions.

## C for Closeness and Comfort

These words are lumped together because they mean one thing to your newborn baby, YOU. Your baby will be placed immediately upon your chest at birth, skin to skin. This is the best recovery room for your baby. You will both enjoy this continual contact throughout your stay. This contact comforts the baby and also helps baby stabilize vital signs, blood sugar, temperature and oxygen levels. Being skin to skin also stimulates milk making hormones. This closeness especially helps the baby breastfeed. The baby can crawl to the breast unaided and begin nursing.



## C for Colostrum

You’ve got milk! Colostrum is produced in the breasts from the 5<sup>th</sup> month of pregnancy. This early milk is in just the right amount to match baby’s stomach size. As the baby’s stomach size grows, so does your milk supply. In fact, the baby’s sucking determines the milk supply. Being close to mom means more than just getting milk to a baby - it is comfort. Most babies are a bit overwhelmed with their new world at first. You may notice this by extra fussiness after baby’s second day or night. Babies need continual contact and very frequent nursing these early days; this is a normal process that helps them adjust and increases milk supply. Their stomach size grows to accommodate the increased milk volumes that typically happen after the third day of life.

## D for Doula

- A doula is a support person with special training in labor relaxation and positioning techniques. They are experienced in helping women through labor, giving support and guidance. A doula becomes an important part of your labor care team and works with your nurse and midwife or physician.
- The Birthing Center at Sutter Davis Hospital has volunteer doulas (available at no cost).
- You may hire your own private doula.



## D for Delivery

Delivering at Sutter Davis Hospital’s Birthing Center? If so, we ask that you pre-register during your second trimester. This way, we can anticipate your arrival and quickly admit you when you are in active labor. You can do this online at:

[sutterhealth.org/davis/services/pregnancy-childbirth](https://sutterhealth.org/davis/services/pregnancy-childbirth).

## D for Drugs and Anesthesia in Labor

- There three options for drugs during labor: nitrous oxide gas, narcotics and epidurals.
- Narcotics and epidurals have side effects that may affect labor, birth, baby and breastfeeding.

### Nitrous oxide (also called “laughing gas”)

Nitrous oxide is a gas that you inhale and exhale through a facemask that you hold. It is eliminated through your lungs when you breathe out so has no effect on the baby or your labor. It does not take away the pain, but helps you feel less anxious and helps you cope with it. You will need to stay in bed while using nitrous oxide. Your nurse will set it up for you and show you how to use it.

## Narcotics

Narcotics are an option for pain medicine in labor. They are given as a shot or through an IV (a catheter that is placed in a vein in the arm or hand).

Options are: fentanyl, stadol, and morphine.

### Advantages

- May give you a break from labor's intensity and help with relaxation.
- Less risk of labor slowing down than epidurals.
- May still use the tub once the medication wears off.



### Disadvantages

- Does not take away all the pain.
- May experience side effects of nausea, sleepiness, dizziness, confusion, or hallucinations.
- They are short-acting. Their effect will wear off after a few hours. Depending on the medication, they may last from 1-6 hours. This may be an advantage for someone who just wants a short rest.

### Risks

- Because they go into the mother's bloodstream, the baby gets them too. This means the medication may affect the baby:
  - May affect baby's breathing.
  - May affect baby's ability to breastfeed. Baby may have a delayed, weak, or uncoordinated suck.
  - May affect baby's alertness and ability to show feeding cues and sustain latch and sucking.
- May slow labor progress.
- May lead to delayed onset of milk supply and lower initial milk volumes.



## Epidurals

An epidural is a pain medication that is given through a small flexible catheter (tube) into your back. It does not go into your spinal cord, but into a small space around it. An anesthesiologist inserts the catheter with a large needle that is taken out once the catheter is in place. The medication then goes in a little at a time with a pump that ensures a measured dose at all times. Sometimes a woman has a button to give herself a small extra dose if she would like it.

### Advantages

- For most women, the epidural takes away all, or almost all, of the labor pain.
- This can make women more relaxed.



### Expectations

- It will take at least 30 minutes to get you ready for your epidural. This includes the time it takes to give you at least one large bag of IV fluid. The anesthesiologist will then be called to come for the procedure.
- Requires staying in bed for the rest of your labor.
- Intake will be limited to clear liquids.
- A urinary catheter will be inserted and remain in place to empty your bladder.
- An IV will be inserted and continuously infuse.
- You will be hooked up to the fetal monitor all the time.

### Disadvantages

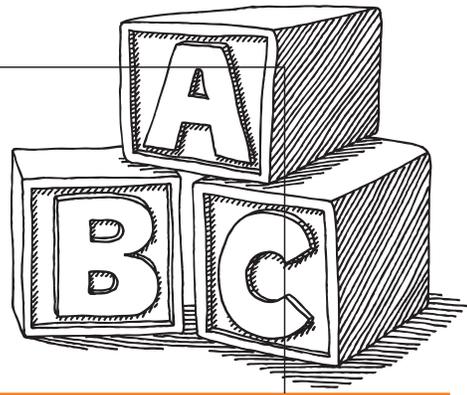
- The pushing phase of labor may take longer.
- There are common side effects such as itching or low-grade fever.



### Risks

- It may not work. Women sometimes have pain even after getting the epidural, or they may only get partial relief.
- Your blood pressure may be temporarily lowered which may slow your baby's heartbeat.
- There is an increased risk of needing to use a vacuum or forceps to help the baby out.
- Permanent damage to the nerves is very rare, but possible.
- Some women experience a severe headache in the days after having an epidural.
- Does an epidural increase the chance of having a Cesarean Section?
  - It has not been proven by research that an epidural directly increases the risk of Cesarean Section.
  - However, many of the other problems associated with epidurals (prolonged labor, continuous fetal monitoring, longer pushing stage, babies not rotated to the right position, fever, use of Pitocin) do increase the likelihood of having a C-Section.

# ABCs of Baby Care



*The moment that you have been anticipating and planning for has finally come... the birth of your new baby! We would like to take this opportunity to share with you how we will care for your baby after his or her birth at Sutter Davis Hospital. Our philosophy of evidenced-based, family-centered care continues during your postpartum experience, offering you the highest level of care in partnership with you and your family. Our pediatric providers follow the American Academy of Pediatrics (AAP) guidelines as well as guidelines from the Centers for Disease Control (CDC) and the World Health Organization (WHO) for newborn care. Guidelines are reviewed annually to ensure that we safely care for your baby according to the most current recommendations based on the most up-to-date research in newborn health.*

*Our goal is to give your baby the best care our expertise provides.*



## Caring for Your Baby at Sutter Davis Hospital Birthing Center

### Throughout your stay at Sutter Davis Hospital, we will:

- Encourage and support **exclusive breast milk feeding**.
- Encourage “**rooming-in**.” You and your baby will not be separated during your hospital stay unless for medical reasons.
- Discourage the use of pacifiers or non-medically indicated formula supplementation.
- Be active partners in educating you and your family about newborn care.
- Include you in our bedside nursing report at the end of every nursing shift (7 a.m. and 7 p.m.).

### Immediately after your baby is born, we will:

- Put your baby on mom’s chest skin to skin, unless immediate medical attention is needed.
- Assist mom and baby with breastfeeding.
- Frequently check baby’s vital signs (heart rate, respirations and temperature) to safely monitor your baby after he or she is born (checks are done while baby remains skin to skin with mom).
- At 1-2 hours old we will weigh baby, give baby a full newborn assessment, take your baby’s footprints and administer the standard newborn medications: **hepatitis B vaccine**, **vitamin K** injection, and **erythromycin** eye ointment.

### Upon transfer to postpartum, we will:

- Continue to encourage skin-to-skin contact throughout your postpartum stay.
- Check your baby’s vital signs every eight (8) hours at approximately midnight, 8 a.m. and 4 p.m.  
*If mom is Group B Strep (GBS) positive, or if other risk factors are present, vital signs will be checked every four (4) hours at midnight, 4 a.m., 8 a.m., noon, 4 p.m. and 8 p.m. Assessments--including vital signs--may increase in frequency on an individualized basis if indicated.*
- Check your baby for **jaundice** by assessing your baby’s skin between 4-6 a.m. every morning.
- Have your pediatrician or pediatric nurse practitioner/physician assistant examine your baby within 24 hours of birth and then every morning until discharge.
- Weigh your baby every night at midnight in order to check your baby’s **weight loss** (a certain amount of weight loss is expected). Babies are weighed at midnight each day in order to have consistent information available for the pediatricians during their daily morning visits.
- Encourage **quiet time** every day from 1-3 a.m. and 1-3 p.m. We will not interrupt you during these times unless there is a medical need; we encourage you to limit visitors during this time in order to take advantage of this therapeutic time.

## Before discharge, we will:

- Screen your baby for congenital heart disease by providing **pulse oximetry** testing.
- Provide routine **hearing screening** to assess that your baby is able to hear in both ears prior to discharge.
- The lab will collect a small sample of your baby's blood from the bottom of his or her foot for the newborn screening test when your baby is around 24 hours old.
- Ask you to complete a worksheet with information needed for your baby's birth certificate. You will then CAREFULLY REVIEW the final version that will be filed with the state.
- Schedule your baby's first routine pediatric and lactation follow-up appointments.

## After discharge:

Come to **Sutter Davis' Postpartum and Breastfeeding Support Group!** This is an informal, drop-in session for new parents, led by a certified nurse-midwife and a lactation consultant. This group provides a caring and supportive setting for new parents to share their experiences and ask questions.

### Postpartum and Breastfeeding Support Group

Wednesdays from 2:30 - 4:00 pm

635 Anderson Road, Suite 10B  
Davis, CA 94546

(530) 750-5880

## Glossary of Terms

**Erythromycin Ointment:** Antibiotic ointment applied to the newborn's eyes within two hours after birth to prevent neonatal gonorrhea and chlamydial ophthalmia. These conditions left untreated could result in blindness.

**Exclusive Breast Milk Feeding:** Recommended by AAP, WHO and UNICEF. Evidence has shown that exclusive breast milk feeding for the first 6 months of life promotes optimal health for your baby's body and brain, protecting the baby from childhood infection and chronic disease. Exclusive breastfeeding right after childbirth is needed to establish an adequate milk supply and provide your baby with much needed colostrum. At Sutter Davis Hospital, we encourage exclusive breastfeeding throughout your stay at the hospital even if your plan is to both breast and bottle feed. Sutter Davis Hospital has been awarded the distinct Baby Friendly designation from WHO because of our evidence-based infant feeding practices.

**Group B Strep (GBS):** A normal bacteria that can live without symptoms in a woman's vagina or rectum. It is the leading cause of infection in the lungs, blood or brain of the newborn during the first week of life. The risk of infection to the newborn can be decreased significantly by receiving antibiotics in labor. Those babies whose mothers do not receive sufficient antibiotics in labor should have a blood test performed after they are born to rule out GBS infection.

**Hearing Screening:** A simple and painless test that measures your baby's response to sound; while your baby sleeps, soft sounds are played through earphones specially made for babies. Your baby's responses to the sounds are measured by Otoacoustic Responses (OAE). Babies who do not pass their hearing screens in the hospital will be referred for outpatient follow-up and testing.

**Hepatitis B Vaccine:** A vaccine that prevents hepatitis B, a disease of the liver. Per CDC, all babies should receive the first dose of this vaccine at birth. The remaining two doses of the series are given between 2-6 months of age.

**Jaundice:** When an infant has higher than normal levels of bilirubin, a breakdown product of red blood cells. This can cause the newborn's skin to have a yellow appearance. Some infants' bilirubin levels can rise to a point in where photo light therapy is necessary.



**Newborn Screening Test:** State mandated blood test that screens for specific metabolic, endocrine, hemoglobin and other genetic diseases of the newborn. Information about this screening can be found at [cdph.ca.gov/nbs](http://cdph.ca.gov/nbs).

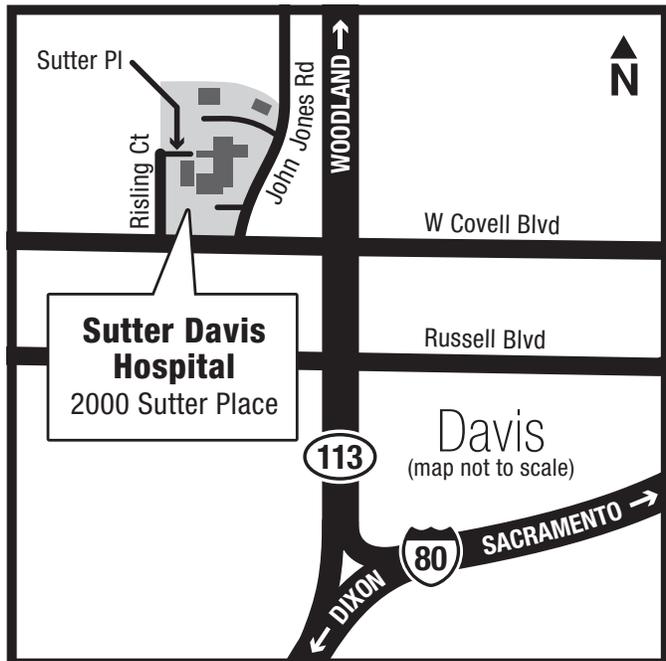
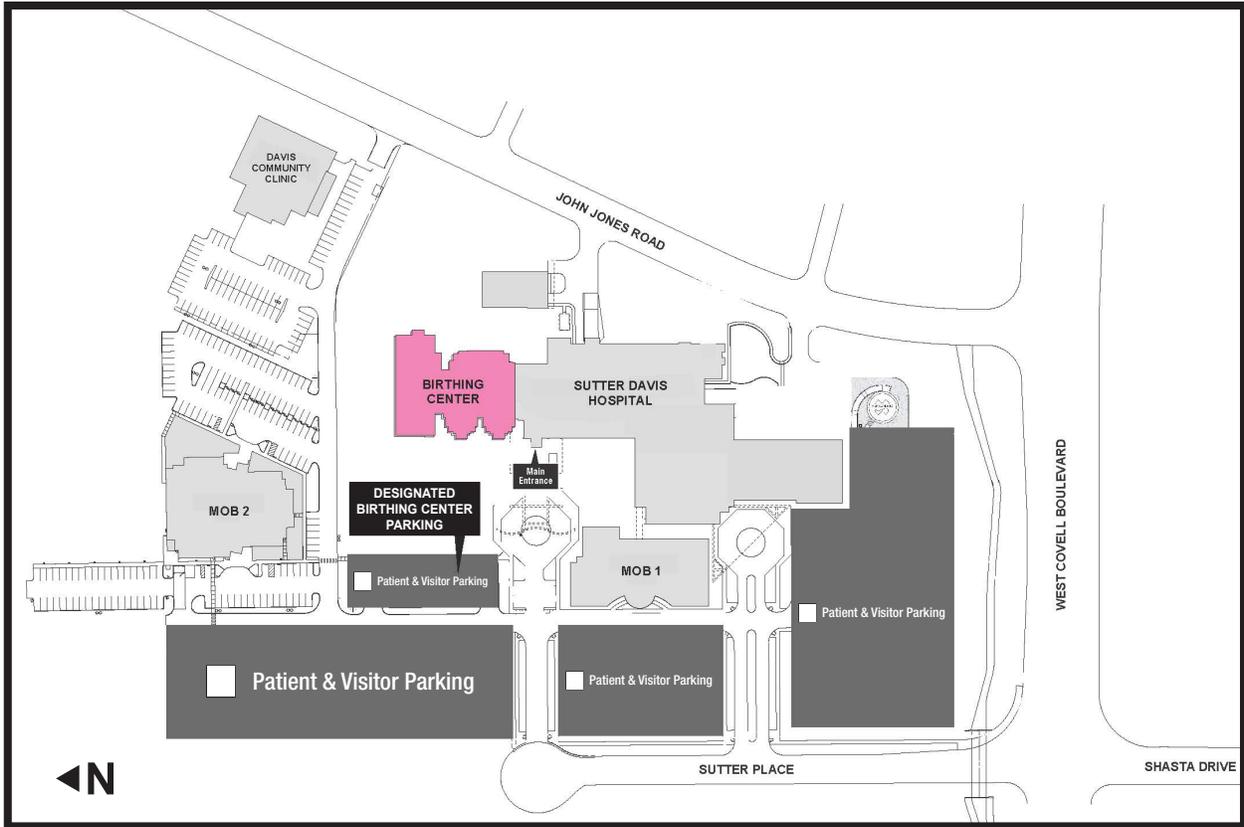
**Pulse Oximetry:** A simple and painless test that measures how much oxygen is in the blood. A sticky strip, like a band-aid, with a small red light, or "probe," is placed on the baby's hand or foot. The probe is attached to a wire, which is attached to a special monitor that shows the baby's pulse oximetry reading. It takes just a few minutes to perform when a baby is still, quiet and warm. This test will be performed after the baby is 24 hours old.

**Quiet Time:** A scheduled time each day between 1-3 a.m. and 1-3 p.m., where interruptions to the newborn and their family are limited in order to promote rest, sleep and bonding.

**Rooming-In:** Your baby stays in your room with you throughout your hospital stay unless medical reasons require more intensive monitoring.

**Vitamin K:** A vitamin in the body that helps clot blood and prevents bleeding. Newborns have very little vitamin K in their bodies at birth which puts them at high risk for hemorrhagic disease of the newborn (first week of life) and late hemorrhagic disease (2-12 weeks of age). Both are serious diseases that can cause death in the newborn. Injectable vitamin K has proven to reduce the incidence of both these diseases.

**Weight Loss:** Healthy, full term newborns can lose some of their birth weight within the first few days of life. Babies are born with natural fat stores to provide protection after they are born. Weight loss is normal and babies should return to their birth weight between 2 to 3 weeks of age. Additional lactation support may be required if weight loss is greater than 10 percent.



 **Sutter Health**  
Sutter Davis Hospital

**Sutter Davis Hospital**  
2000 Sutter Place  
Davis, CA 95616  
530-756-6400 main  
530-759-7444 birthing center  
[sutterdavis.org](http://sutterdavis.org)

307400-733 (4/23)