



Special Blessings Family Birth Center at Kearny County Hospital is a labor, delivery, recovery and postpartum unit (LDRP) that delivers care to the obstetric mother, newborn and family. Once you are placed in a room, this is the room that you will use for your entire stay. You will give birth here and your baby will stay with you until you are ready to go home.

Our goal is to offer families the kind of childbirth experience they are looking for, in a medically safe environment in which we respect each family's unique and individual needs and address any questions or concerns.

The Birth Center offers quality medical expertise for both mother and baby in a home-like birthing room suite. We created our birthing suite with your comfort and care in mind. Each suite is spacious enough for your family and friends to visit. A sleeper couch, glider rocker, table and chairs, television, adjustable lighting, wifi, and private bathroom containing a whirlpool tub with a hand-held sprayer are some of the amenities. Mother and baby care monitoring equipment is hidden in the furniture.



The Birth Center has one triage suite that is used to provide care to mothers for outpatient testing and monitoring prior to being admitted to the Birth Center.

Nurse anesthetists are available 24 hours a day to administer labor epidurals.



Child Birth Education classes / Becoming a mom classes are designed to prepare couples for their labor and birth experience. To register, please call 620-355-7112 ext. 1244, or ext. 1400. Registration may also be done by email to Jessica Maldonado or Lilia Rainey. jmaldonado@kearnycountyhospital.com , liliaRainey@kearnycountyhospital.com

Processes – The first step in achieving a smooth admission process to the Birth Center is to pre admit after 36 weeks of pregnancy. When you arrive at Kearny County Hospital, please come through the main entrance and check in at the registration desk.

Your significant other is welcome to attend with you during this process. Keep in mind we will be speaking about your personal medical history during this visit and it will take about 35 minutes.

The Registration staff will obtain the following information:

Expected Due Date: _____

Doctor: _____

Your last name: _____

Your first name: _____

Telephone number: _____

Address (PO Box and/or Street): _____

City, State, Zip: _____

Birthdate: _____

Social Security Number: _____ - _____ - _____

Marital Status: Married Single Other



The Nursing staff will initiate the hospital, obstetrical, anesthesia and newborn consent forms.

A tour of the birthing rooms may be given if rooms are available.



Admission

Is it Time? You're feeling contractions. Still, true labor may not have yet begun.

Your care provider will discuss with you around 36 - 38 weeks in your pregnancy when to plan to arrive at the birth center.

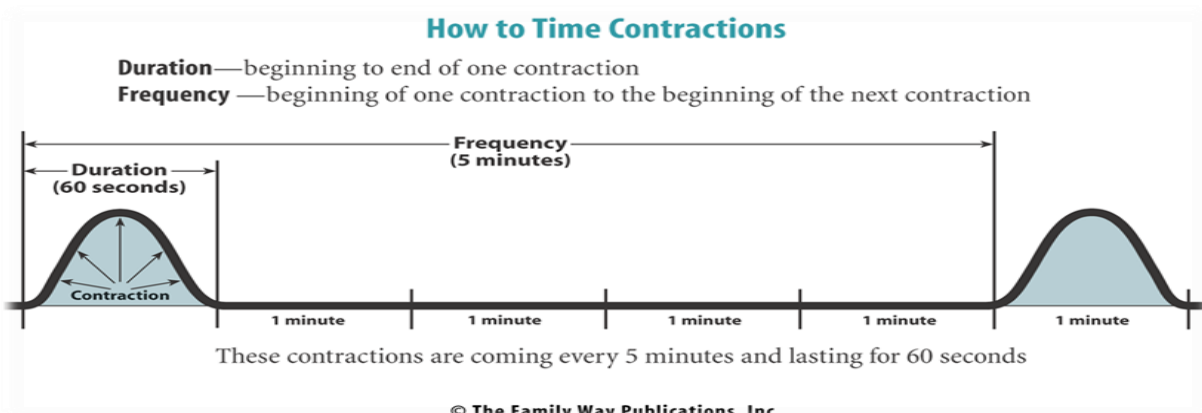
Sometimes, trying to tell the difference between true and false labor can be difficult.

Signs of true labor:

- Strong contractions that are getting closer together and you cannot talk or walk with them
- Contractions are felt "all over" rather than just in the abdomen
- Contractions that are five minutes apart and lasting 60 seconds, and you have had this activity for about an hour
- If you are group B positive your physician may advise you to arrive at KCH after having regular contractions for about thirty minutes

Plan to arrive at the birth center right away if you have any of the following symptoms:

- Membranes or "water" rupture. You may notice a trickle of fluid from the vagina or a sudden gush
- Heavy bleeding from your vagina
- Sharp pain that doesn't go away
- The baby stops moving for several hours
- Severe headache, blurry vision
- Persistent back pain
- Any signs of labor before 37 weeks of pregnancy



What to Bring on admission

The list below is provided to help prepare your personal belongings for your hospital admission. Because babies have their own arrival schedules, we suggest you have the following items and information packed and ready one month before your due date. Please leave large amounts of money and valuables at home.

Insurance card
Sleepwear
Your favorite pillow and / or coverlet
Bathrobe
Socks & Slippers
Maternity underwear
Nursing bra & Breast pads if you plan to breast feed
Bra
Change of clothes and comfortable shoes to wear home
Toiletries, including toothbrush
Hair band, if applicable
Lip moisturizer
Sanitary napkins
Massage oils or lotions
Breath mints and snacks
Relaxation materials: books, magazines, music, aroma therapy
Birthing ball
Eyeglasses, if applicable
Cell phone and list of important phone numbers
\$4.00 cash to file your baby's birth certificate unless you have Medicaid

For Coach

Deck of cards, magazine, books, laptop, iPad
Camera/video camera and film/tape
Toiletries, including toothbrush
Change of clothes
Snacks and reading material
Dollar bills or change for vending machines
Cell phone/prepaid phone card
List of important phone numbers

For Baby

Car seat
Clothing for going home – hat to cover ears - socks
Receiving blanket – blanket suitable for outside temperatures
Keepsake baby book for foot prints

What Will Happen on Admission

When you get here, a qualified labor and delivery nurse will settle you in our triage suite or one of our birthing suites and begin to monitor your progress by:

- Taking your vital signs
- Asking about your pregnancy history
- Performing a vaginal exam
- Connecting you to a fetal monitor
- Your physician will order a saline lock or an intravenous (IV) catheter that is threaded into a peripheral vein, flushed with saline, and then capped off for later use.
- Obtaining a blood test to check your blood count
- Answering questions you may have and discussing your birthing plan

Fetal Monitoring During Labor

In order to check the well-being of the baby while you are in labor, your nurse will monitor the baby's heart rate. While fetal heart monitoring does not prevent a problem from occurring, changes in the baby's heart rate can help to alert the health care provider that something might be wrong. Depending on circumstances your physician may order intermittent or continuous fetal heart rate monitoring.

Telemetry fetal monitoring is available for us to track your baby's well-being while you walk around the birthing center.

Ice Chips and clear liquids in Labor

You will be able to have ice chips and clear liquids throughout your labor until delivery. For safety reasons, eating and drinking are put on hold until your baby is delivered. Also, remember to bring lip balm to keep your lips from drying.

Photography / Video

Because the birth of a baby or the stay of a loved one is a special time that many people like to record with pictures and video, we want you to be aware of our policies regarding photography. You may take pictures before and after the birth of your baby.

Please ask staff before including them in your photos and respect their decision if they do not wish to be in a picture.

If the staff becomes very busy because of a problem, please turn off your cameras and follow any directions given by the medical team as they work; they will let you know when it is safe to continue taking pictures.

Visitors while you are in Labor

We ask that no one visit that may be sick and that children are not left unattended. We may ask visitors to step out of the birthing rooms at times during exams / assessments. This is your labor and you have the option to decide who will be present. No Visitor Signs are available for you to place on your door at any time you desire no visitors.

POSITIONS FOR LABOR

Lying flat on the back is the least effective delivery position of all — any position that enlists the aid of gravity is likely to yield speedier results. Moving around during labor, as well as varying positions often, can ease discomfort and also speed progress.

Side-lying is much better than lying on your back because it doesn't compress the major veins in your body which can compromise blood flow to your baby. You can use the side-lying position if you've had an epidural or if you're being continuously monitored.

Standing or walking has been shown to relieve some of labor's discomfort, but there's an even better reason to get vertical: It helps you work with gravity, allowing your pelvis to open and your baby to move down into your birth canal. Standing is something you can do at any point during labor, though you might want to lean against a wall or your partner for support during contractions

Rocking in a chair or swaying back and forth on a birthing ball, allows your pelvis to move and encourages the baby to descend. You can sit in a rocking chair or on a birthing ball even if you're being monitored continuously. Each birthing suite has a glider rocker and two sizes of birthing balls are available for your use, or you may choose to bring your own. With a birthing ball you can sway side to side. It helps stretch your body and move the baby into a good position for birth by using movement, gravity and upright positioning.

Squatting also gives your baby more room to move on down. You can use your partner for squatting support, or you can use a squatting bar, which is attached to the birthing bed. Squatting can be used in conjunction with monitoring equipment.

Sitting in bed can ease the pain of contractions and allow gravity to assist in bringing your baby down into the birth canal. You can assume this position even if you've been given an epidural.

Hands and knees (on all fours) is another way to cope more comfortably if you have back labor. This position, which can be assumed even if you're attached to a fetal monitor, also allows you to do pelvic tilts for comfort, while giving your partner great access to your back for massage and counter pressure.

Whirlpool use in labor can help with pain relief. If you have an epidural or if your baby has had a bowel movement in the amniotic fluid you will not be able to use the whirlpool.



Your delivery choices at Kearny County Hospital include natural childbirth, a full range of pain management options including IV pain medication, epidural, and cesarean delivery when necessary. It's important to plan for the birth of your baby by reviewing your expectations and options with your family and doctor. *See Making a Birth Plan on page 12*

PAIN RELIEF OPTIONS IN LABOR

IV medications such as a narcotic are available for pain and may be used until you are around 9 cm dilated or as ordered by your physician. Narcotics don't eliminate pain. They might cause sleepiness and nausea.

Epidural analgesia: provides safe and effective pain relief from early labor through delivery. An epidural block is a regional analgesic that can be used during labor. An epidural alleviates most pain in the lower body without significantly slowing labor. With epidural analgesia, it is not unusual to experience numbness or tingling in the legs, and you will not be allowed out of bed once the epidural is in place.

Spinal: if you need to have a Cesarean section and you do not already have an epidural in place for labor, most likely you will have a spinal anesthetic. Once the anesthetic is administered, you will feel the onset of numbness, starting from your feet and rising to mid-chest level.

Local anesthetic injection: doesn't help with labor pain but might be used to numb the vaginal area if you need an incision to extend the opening of the vagina (episiotomy) or repair a tear after delivery. The medication is injected into the perineum or vaginal tissue and takes effect quickly.

Pudendal block can be used shortly before delivery to block pain between the vagina and anus (perineum). A local anesthetic is injected into the vaginal wall and takes effect in 10 to 20 minutes

General is sometimes necessary if you require a Cesarean delivery and your physician feels that taking time to perform a spinal would delay delivery too long. You would be put to sleep and ensure that you feel no pain throughout the procedure.

DELIVERY OPTIONS

Vaginal Delivery

This is your delivery and you have the option to decide who will be present during labor and delivery. You may have up to four people in your birthing room. No Visitor Signs are available for you to place on your door at any time you desire no visitors.

Cesarean Section

For planned and unplanned Cesarean section deliveries, we have a surgical room that is always ready. One support person will be allowed to be with you during your Cesarean section.

Vaginal Birth after Cesarean – VBAC

The Family Birth Center at Kearny County Hospital wants to give you the best care possible. Taking part in choices about your delivery is an important part of this care. Because you had a cesarean birth before, you come to this delivery experience with further choices to make. We will give you information so that



you can make choices that are best for you and your family. The goal is a healthy mother and baby, whether the birth is vaginal or cesarean.

Labor Induction and Augmentation

A labor induction may be considered after you have completed 39 weeks in pregnancy. It is a procedure that artificially starts labor. Labor may be induced by giving a medication (intravenously or vaginally), or by physical stimulation (stripping or artificial rupture of your membranes, or placement of a foley bulb by your doctor). Your doctor will explain the procedures and reasons for induction.

If a labor induction is planned for you:

- You and your doctor will schedule a start time with the hospital.
- You generally are not allowed to have anything to eat or drink after midnight the evening before your scheduled induction.
- You should notify your doctor or clinic provider of any changes in your health as soon as possible before your scheduled induction.
- Labor augmentation is the use of medication (Pitocin) to improve the progress of your labor. Your doctor may recommend augmentation to increase the strength and frequency of your contractions if your labor is progressing slowly.

Laboring down

Many believe that pushing during birth begins when you have reached the magical 10 cm. But, there is a beneficial practice that can come before pushing called “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 and rotate while you follow only natural, gentle urges to push. This process can last for up to 1 to 2 hours. First-time moms may push for 1-3 hours, or it could be 10-20 minutes. And because it’s impossible to predict the amount of time you’ll spend pushing, laboring down is an effective way to help you conserve energy by reducing the amount of time spent actively pushing.

Umbilical cord

As soon as your baby’s body is fully delivered and appears healthy, your physician will assist your support person to cut the umbilical cord. Next, we encourage **skin –to-skin** bonding with your new baby on your chest. Your baby may stay with you on your chest as long he or she is doing well. Initial assessments of your baby can then be performed with your baby on your chest. We encourage you to cuddle your baby as soon as possible after delivery.

Immediate Recovery (Within the first two hours after delivery)

Your nurse will continue to check your condition after delivery. Your abdomen will be massaged periodically to minimize bleeding to make sure your uterus stay firm. Your nurse will teach you how to massage your uterus.

We give Pitocin after delivery to help the uterus stop bleeding by squeezing down on the raw blood vessels exposed as the placenta is released.

An ice pack may be applied to your vaginal area to minimize swelling.

Your IV will stay in place until your vital signs and bleeding are stable and you have been able to walk to the bathroom. Then your IV will be converted to a saline lock. Be sure to wait for a nurse to help you out of bed the first time or two. Your nurse will let you know when your condition allows you to get out of bed without nurse assistance.

Your baby will be weighed and measured in your birthing room. Baby's foot-prints will be imprinted onto paper, matching identification bands will be placed on you, your baby and support person. These safety bands are checked anytime your baby is separated from you.

Your baby will be given a Vitamin K injection to aid in blood clotting, and an antibiotic eye ointment to prevent eye infection.

You will be encouraged to breastfeed your baby as soon as possible after delivery. (Babies are generally the most alert and ready to feed in the first 1 to 2 hours after birth). Your nurse and / or lactation counselors will assist you with positioning and feeding.

You will be encouraged to walk in your room as soon as your condition allows.

Visitors may be asked to leave until after the immediate recovery so that the nurse may monitor you and your baby closely.

Postpartum Recovery - (2 hours or more after delivery)

Once you are past the immediate recovery period of 2 hours, your condition may not require such frequent monitoring by the nurses. You will be allowed more privacy and time to rest and recover with your new baby and family. The staff is readily available when called to assist you and teach you all you need to know about mother and baby care. This is the time to learn all you can about what you need to know to care for yourself and baby at home. Take advantage of all the available reading materials, DVD's, and one-on-one instruction from the staff.

Routine Mother Care

Your nurse will periodically monitor your recovery. Your uterus will be checked for firmness, and your vital signs will be monitored.

An ice pack may be used in the first 12 hours to minimize swelling and discomfort in your vaginal area.

Pain medication is available at your request for any discomforts. Please don't hesitate to ask for pain medication by pushing your nurse call button.

All new mothers should rinse with warm water each time they go to the bathroom for up to 6 weeks after delivery. This rinses away germs and vaginal discharge. A plastic squeeze bottle is provided for this purpose.

A sitz bath (warm water soak in the whirlpool) and TUCKS (witch hazel pads) are available to sooth and cleanse your stitches and hemorrhoids.

If you had a cesarean section, your bandage will be removed after showering if a wound vacuum system is not being used. If your incision



was closed with staples, the staples will be removed by your nurse or doctor in the doctor's office at your first visit.

Rest during the days and weeks after delivery. Resting helps you heal, and will give you the energy you need to be a mother. Schedule periods of rest along with your other activities; for example, try to nap when your baby naps. Avoid noise and distractions, including many visitors and phone calls.

Celebration Meal

Our dietary staff will serve a meal in your birthing room for you and one support person to *Thank You* for sharing your birth experience at Kearny County Hospital. A menu will be given to you to complete.

Expect to stay in the hospital 28 to 48 hours after the baby is born by vaginal delivery, and 3 to 4 days by cesarean section.

Routine Baby Care

You will enjoy more opportunities to learn basic baby care before you go home while you room in with your baby. The nursing staff is available to provide hands-on assistance. You will be given written instruction to take home as a reference. Take advantage of every opportunity to learn while there are staff members available to answer questions. Your baby's crib will be stocked with all the basic diapering and daily care supplies you need. Clean blankets and t-shirts are provided for your baby while in the hospital, but are not to be taken home.



- The baby's nurse will be monitoring baby's health and vital signs periodically
- Your baby will receive a blood test called "Newborn Metabolic Screening" which is required by law after your baby is 24 hours old
- Circumcision, if chosen for your baby boy, is usually done on the day you go home
- A newborn hearing screening will be offered for your baby as required by Kansas Law
- Screening for critical congenital heart defects will be done after your baby is 24 hours old
- The first Hepatitis B vaccine may be given before your baby goes home (consent form is required)
- Your baby's picture will be taken using mom365 service. A purchase of the photograph is not required.

Making a Birth Plan

A birth plan is a communication tool that summarizes how you want different aspects of your baby's birth to be handled. It is not a contract, but rather a simple, clear, one – to two page statement that outlines your choices. The plan is a guideline that can be changed at any time and should be flexible in case something comes up or you want to change your mind about certain things. While much of what happens during delivery is way beyond your (or anyone's!) control, creating a birth plan will at least make your wishes clear.

Definitely talk the plan over with your doctor -- it's important to make sure you're both on the same page. If you decide to have a Birth Plan, please provide it to the Birth Center Nursing staff when you pre-admit. We will keep it in a folder until you arrive for your baby's birth.

Remember, the best birthing plan is one that leads to a safe delivery, a healthy mom, and a healthy baby.

See the attached sample Birth Plan that you may want to use.

Thank you for choosing the Family Birth Center at Kearny County Hospital to have your baby.

Please do not hesitate to call, email or stop by our offices for any questions or concerns.



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Birth Plan

Full Name: _____ Support Person name: _____

Due Date: _____ Doctor's name: _____

My delivery is planned as:

Vaginal Repeat C-Section VBAC

-
- I'd like visitors during labor
 - I want to limit visitors during labor and I will let them know
 - I want to limit visitors during labor and I want the birth center staff to help me with this
 - I do not want any visitors during labor except my support person

During labor I'd like

- Music played (I will provide)
- Aroma therapy (I will provide) (No candles are allowed to be burned in the hospital)
- The lights dim
- The room as quiet as possible
- As few vaginal exams as possible
- Hospital staff limited to my own doctor and nurses
- My partner to take pictures
- My partner to be present the entire time
- To have ice chips and clear liquids
- _____

I'd like to spend the first stage of labor:

- Standing up Rocking chair Birthing ball In the shower In the whirlpool
- Walking around Time in bed as I desire _____

I'd like fetal monitoring to be:

- Continuous Intermittent External Internal

I'd like labor augmentation:

- Performed with Pitocin Performed by rupture of membrane
- Never to include artificial rupture of the membrane _____

For pain relief I'd like to use:

- Breathing techniques Massage by my partner IV medication Epidural Local anesthesia
- Nothing
- _____

As the baby is delivered, I would like to:

- Push spontaneously Push as directed
 - Push without time limits, as long as the baby and I are not at risk
 - Use a mirror to see the baby being born
 - Use whatever methods my doctor deems necessary
-

Immediately after delivery, I would like:

- My partner to cut the umbilical cord To see the placenta before it is discarded
 - _____
-

I would like to hold my baby:

- As soon as my doctor can give him / her to me
 - Placed skin to skin on my chest
 - Placed on a blanket on my chest
 - Left skin to skin on my chest until after the first breastfeeding
 - After the nurse has dried and swaddled
-

If a C-section is necessary, I would like:

- My partner to remain with me the entire time Have my baby skin to skin as soon as possible
 - To breastfeed in the recovery room _____
-

Please don't give my baby:

- Pacifier Bottle with formula or water
 - _____
-

I'd like baby's first bath given:

- In my birthing room In the nursery with my support person
-

If I have a boy:

- Want a circumcision Do not want a circumcision
- Want a circumcision with my partner present

- _____
- _____
- _____
- _____