

NAVAL MEDICAL
CENTER
PORTSMOUTH

*PREPARING FOR
CHILDBIRTH*



Important Phone Numbers

Labor and Delivery	757-953-4604
OB Clinic Nurse, NMCP	757-953-4347
OB Scheduling Nurse, NMCP	757-953-4300
Branch Health Clinics	
Boone Clinic	757-953-8353
Dam Neck Clinic	757-953-9915
Northwest Clinic	757-953-6247
Oceana Clinic	757-953-3933
Sewell's Point Clinic	757-953-9000
TRICARE Chesapeake Clinic	757-953-6366
TRICARE Virginia Beach Clinic	757-953-6708
TRICARE APPOINTMENT LINE	1-866-645-4584

Childcare Waiting Center 757-953-690r
Open M-F 0630-1630 closed holidays and weekends

Family Centered Maternal Child Website
<http://www.med.navy.mil/sites/nmcp/Patients/FCMIC/Pages/default.aspx>

The Labor Process



Stages of Labor

**What you might be feeling, how to cope,
And what you and your partner might do to
Manage your pain.**

Stages of Labor

Stage 1

In the first stage, your contractions will thin your cervix and dilate it to 10 centimeters. There are three phases of the first stage: early labor, active labor, and transition.

Stage 2

Once you've dilated to 10 cm, you are in the second stage of labor. Stage 2 includes pushing and delivery of the baby. Once you feel the urge, it's time to push.

Stage 3

After baby is born, you are almost done! A short time after baby arrives, the placenta will be delivered. Generally this requires no medical intervention and happens in 30 minutes. The process of labor will be explained in more detail on the next few pages.

Stage One-

Latent or early labor is where you will spend the most time. This is characterized by contractions that are sporadic, not very close together and do not last very long. The contractions are 5 to 30 minutes apart and last only 30-45 seconds. This is a very comfortable stage of labor for most woman. The goal of early labor is to open and thin out the cervix, generally to 3 cm.

Since contractions are not strong, you will find it easy to walk, talk, and do what you normally do. If you think it is labor, it is important to rest as much as you can. Early labor lasts on average 8 to 12 hours in length.

What You Might Be Feeling

- Contractions are manageable
- Low backache
- Loose stools



Early Labor

Behavior & Attitude

Generally, you are excited in this phase of labor because your baby will be here soon, the end of pregnancy is near and you're moving on to the next phase of parenting.

Partners tend to be a bit more nervous during this phase. This is the last chance to get everything done. They wonder if they will know how to support you in labor.

Ways to Cope

You won't need a lot of physical support or coaching for this stage of labor. It is best to ignore the contractions as long as you can. If you feel up to it, continue your day as planned. Many women choose to go on to work or finish whatever they had planned.

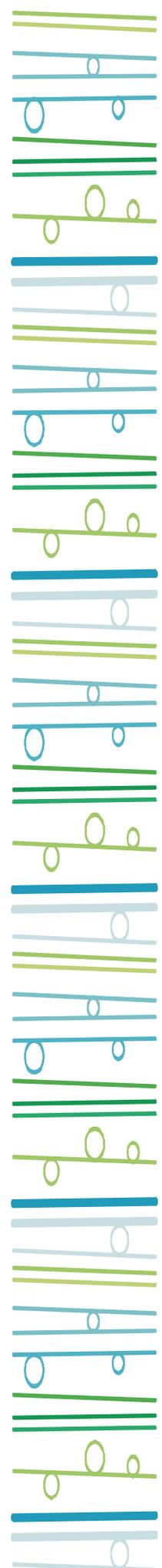
The keys to managing this phase effectively are to alternate rest with activity. Don't forget to keep up your fluids and to eat to light meals.

Here are some suggestions of things to do in labor:

- Take a walk
- Write a letter to baby
- Go to the movies
- Rent a funny video
- Have date night and go to dinner

What Your Partner Might Do

- Encourage her to move around
- Encourage her to drink fluids
- Encourage her to relax
- Time the contractions
- Praise and encourage her
- Finish any last minute things
- If you are not with her, text, email, call, skype, Facebook, or twitter, but do stay in contact, just to let her know you love her and you are thinking about her.



Stage One-

During active labor, contractions are more intense. Contractions have a regular pattern, come closer together and last longer. They are 3-5 minutes apart and last 45 to 60 seconds in duration. Most women are admitted to the hospital when they are in active labor as the cervix is open 4 to 7 cm. This is a serious phase because contractions are painful and mom gets down to work by using coping techniques and skills. Active labor lasts from 3 to 5 hours.

What You Might Be Feeling

- Contractions have your attention
- Need for support
- Tuning in to the contractions
- Distractions become annoying
- Less interest for eating/drinking



Active Labor

Behavior & Attitude

As the contraction intensity increases, relaxation becomes paramount. It takes more energy and increased focus to tune out distractions and create a positive environment to give birth. Most women feel the desire to be with someone. And may even fear being left alone.

Ways to Cope

Here are some suggestions of things to do:

- Change positions frequently
- Use rhythmic swaying or vocalizations
- Take a bath or shower for relaxation
- Rock in a rocking chair
- Rotate hips on a birthing ball
- Do pelvic tilts (great for backaches)
- Concentrate on relaxing
- Use creative visualization
- Ask for pain medication if you want it
- Play music and/or use aromatherapy (no candles)



What Your Partner Might Do

- Keep her company, but do take breaks by using a stand-in.
- Remind her to eat ice chips and go to the bathroom
- Encourage her to move around
- Massage her back to promote relaxation and comfort
- Protect her environment (keep it darker and quieter)
- Praise and encourage her
- Ask your nurse or doctor if you have any questions
- If she has a hard time focusing during a particular contraction ask her what she was thinking. If she was thinking something discouraging or negative, give her a new scenario to imagine for the next contraction.

Pain Medication

Intravenous (IV) pain medication is an option if you are less than 7cm dilated. An epidural is also an option for pain relief when you are about 4-5 cm dilated. See the section on pain relief for more info.

Stage One~

The hardest, but shortest phase of the first stage of labor is transition. During transition, contractions are stronger, longer and finish dilating the cervix to 10 cm. They usually last 60-90 seconds with only 1-2 minutes rest in between. Generally this phase only lasts for 30 minutes to 2 hours.

What You Might Be Feeling

- Contractions are very intense
- Difficult to concentrate and want to give up
- Need for support increases exponentially
- Hot flashes
- Burping, nausea, and vomiting
- Trembling or shaking
- Low back pressure as the baby continues to descend
- Your water may break
- Loss of modesty
- Loss of appetite

Transition

Behavior & Attitude

Transition is the hardest, but shortest part of labor. This is where it gets really tough. Many women will respond with phrases like "I can't do this" or "I am going to die".

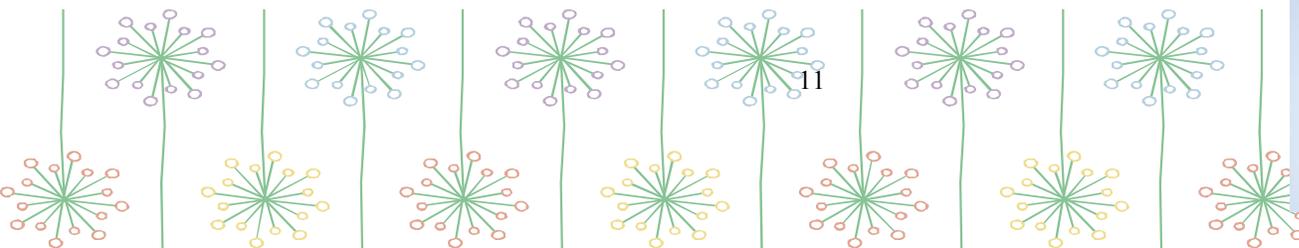
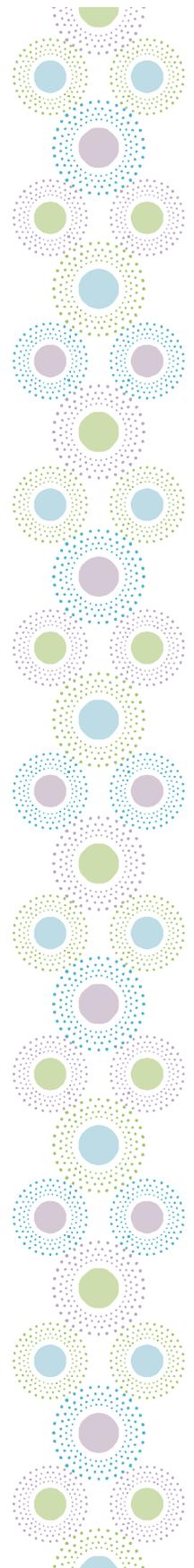
Ways to Cope

Here are some suggestions of things to do if you don't have an epidural:

- Change positions frequently
- Take one contraction at a time
- Rock in a rocking chair
- Do pelvic tilts (great for backaches)
- Concentrate on relaxing
- Rotate hips on a birthing ball
- Use visualization
- Use your rest periods effectively
- Stay focused on the goal

What Your Partner Might Do

- Cool rags for her face and neck
- Provide ice chips
- Change temperature in the room if possible
- Remind her that this is the short part, soon she will be pushing
- Remind her to go to the bathroom
- Encourage her to move around
- Massage her feet to promote relaxation and comfort
- Protect her environment (keep it darker and quieter)
- Praise her by saying words such as
"You are working so hard... You are so strong".



What To Do If She Wants To Push

As the pressure increases because the baby is moving down further in the pelvis, Mom may express the desire or need to push, even when the cervix is not completely dilated. Pushing prior to complete dilation will cause the cervix to swell and she may have to start over.

If you are instructed to not push here are some tips:

- Have mom lift her chin in the air
- Have her pant loudly
- Don't let her hold her breath
- Have her imagine a balloon or feather above her face that she is trying to blow away from her face.



Being a Good Coach

A laboring woman is very vulnerable. They need someone who will know their preferences and to help them achieve their labor goals. As a labor coach, you have a distinct advantage over everyone else, you know her best! Your job is to be supportive of her, enthusiastic, and committed to her.

Practicing relaxation and positioning ahead of time will make you feel more comfortable with the material and help her to train her body to relax. Most military families are not relaxed. It does take lots of practice to learn this skill. Spend time together practicing progressive relaxation, visualization, and using a focal point, so when the pain comes, you both will know what to do. The mind is your most powerful weapon against pain.

Finally, remember to enjoy the birth and take care of yourself as well. Pack yourself snacks, go to the bathroom when possible (try not to leave her alone.) However, wearing yourself down won't help her in the long run!

Good positions to try in labor:

- Walking: This allows your pelvis freedom to move and provides you the benefit of gravity.
- Rhythmic Movement: Using a rocking chair, ball or swaying back and forth, will give Mom something to do as well as open the pelvis, encouraging baby to descend.
- Squatting: Uses gravity and opens the outlet of your pelvis up to 10%.
- Hands and Knees: This is a great position for backache! It allows the baby to come out of the pelvis slightly and encourages it to turn and assume a better position if it is posterior (or facing your front), it also provides some relief for contractions and removes gravity.
- Side Lying: It is gravity neutral and can help slow a fast birth or ease the pain of some contractions.

These are by no means an exhaustive list of positions for labor and birth. Be flexible and try a variety of positions in labor, some will feel better than others. Too, try to keep the new position for 3-4 contractions to get used to the change.

Your nurses and doctors may ask Mom to use certain positions for better monitoring such as if you have an epidural, or for the well being of your baby. They may even ask Mom to move rapidly, so be prepared to do so, if the situation arises.



Pain Management



You know that children are growing up when they start asking questions that have answers.

John J. Plomp

Being able to relax during labor is achieved by controlling your thoughts and attitudes. Having a positive attitude about labor is one of the best ways to stay relaxed. If you focus on the pain, you will tense up and fight against the contractions. Too, they hurt more and labor may take longer. If you say, "I can't, I can't, I can't", then chances are YOU CANT. However, if you focus on other things such as your cervix opening, rocking in a chair or on a ball, use rhythmic vocalizations, you distract yourself, stay relaxed and focused. Positive thinking and vocalizations' will help you to relax. Here are a few techniques to get you started.



Quick body scan: Scan your body from head to toe to notice any tension and then release the tension with exercises like head rotations, shoulder rolls, shaking arms and hands, ankle rolls, and pelvic tilts.

Progressive relaxation: Begin by relaxing the muscles of your head and face. Release down the back or your neck, across your shoulders and arm, down your chest, abdomen and back, all the way down your legs to your toes. Breathe slowly, releasing more and more with each exhalation. Each time you release a muscle, concentrate on the positioning of that muscle and on the feeling of complete relaxation. It may help to think of a comforting touch smoothing gently from your brow, up into your hair, over the top of your head and down your body. Or you may try flexing specific muscle groups, while the rest of the body is totally relaxed. By flexing muscles, the opposite of relaxing muscles, you teach your body how to relax and what relaxation feels like. That way, you and a partner recognize what relaxation and tension both feel like.

Visualization: uses positive thoughts to help you through labor. Think of the contractions as something good. The stronger they are the better. When you feel a contraction, picture in your mind the muscles of the uterus pushing the baby down. Remind yourself that contractions only last for one minute. Another way that visualization can help is to picture yourself in a favorite place like the beach. When the contraction comes, picture it like a wave washing over you. The wave comes, builds up and goes away, taking pain and tension with it. Try imagining a relaxing place—a fireside, resting near a bubbling brook, or looking out on a pristine lake surrounded by mountains. Use mental pictures from favorite vacation spots to help you. Your mind will associate positive memories with labor and the birth of your baby.

Focal Point: Focus your concentration on something like a picture, spot on the wall, person or object. You could use baby's first outfit or an ultrasound picture.

Music has the ability to move you to dance or lull you to sleep. Music therapy can be an effective aid in helping you relax and work with your contractions. Most stores have a CD section where you can listen to music and find just the right one to help you relax. After you have found music and sounds that help you relax, play it often for the rest of your pregnancy and as you practice relaxing. This will cause an automatic response to relax when it's time for birth.

Scent is one of the strongest memories we have. Certain smells have a calming and comforting effect, especially those our minds associate with being relaxed. Bring items that smell like home. You can also bring lotions or essential oils. Jasmine and Sage have traditionally been used during labor to help contractions and ease muscular pain.

Breathing: A breathing pattern can give you something to focus on instead of contractions. Slow, relaxed breathing can prevent hyperventilating or holding your breath, both of which decrease the oxygen going to the baby and cause lactic acid build up in your muscles which means more pain. Take rhythmic breaths in through your nose and blow it out through your mouth like you are blowing the contraction away. Start and stop each contraction with a cleansing breath. A cleansing breath is like a big sigh that tells your body to start out relaxed.

If you practice relaxed breathing before you are in labor you will teach your muscles to relax when you breathe in this pattern. If you practice this enough, your muscles will start to automatically relax when you do the breathing.

Temperature: The use of heat or cold can be comforting. Heat packs are great for back labor. Cool wet washcloths on mom's forehead bring comfort and relief.

Showering or Bathing: Showering or bathing were used to soothe aches and pains before you were pregnant and it is something your body is already accustomed to for relaxation. The warm water helps to relax tense muscles. The shower water hitting your skin can sometimes confuse your pain sensors so you don't feel the pain of the contraction so strongly. Too, the sound of the water hitting the tile sounds like rain and is comforting as well.

Massage or Stroking: Massage and/or stroking helps your muscles relax. It can also help your mind relax so you can concentrate on your breathing.

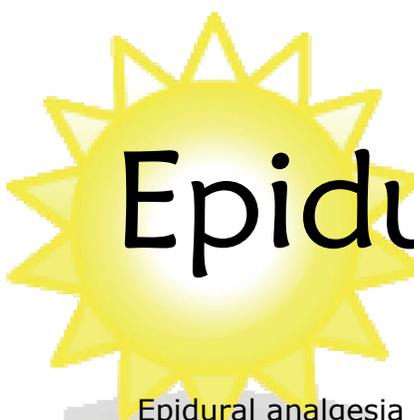
Gentle Pressure: As contractions increase in intensity you may notice tightening of the brow, eyes, jaw or hands. Gentle pressure, with or without movement, can help mom identify and release that tension. For overall tension—give her a strong bear hug and let her release into you.

Kneading: Slow rhythmic kneading is helpful for reducing tension in the shoulders, thighs or buttocks. Grasp the muscle between the heel of your hand and your closed fingers. Squeeze in with gentle pressure, hold, then release and repeat, moving across the muscle. The thumbs may be used with the heel of the hand, but avoid pinching with thumb and fingers.

Light or fingertip massage on the mother's back or abdomen, also called *effleurage*, may be preferable over deep massage for some women. Effleurage stimulates nerve endings called "*meissner's corpuscles*" which travel faster across the body than the signal of pain, thereby "blocking" the pain signal from reaching the brain so quickly.

Stroking: Use firm pressure with the palm of the hand to stroke from shoulder to hip, or thigh to knee. Before one hand leaves the body, the other hand begins a second stroke. Alternate hands, maintaining constant contact with mom as you slowly move across her back or thigh. Hand over hand across the lower abdomen may be done by mom during a contraction as it is a natural response to rub where it hurts.

Counter pressure: Applied heavy pressure is effective on painful areas of the lower back and an excellent pain relief technique that can help reduce the sensation of pain and the transmission of the pain impulses to the brain. Fold your fingers flat against the palm of your hand. Keeping wrist straight, use the knuckles to press into her pain. Position yourself so your body will lean into your arm to increase the pressure from your fist. The heel of the hand may be used for counter pressure, but it is more uncomfortable on the wrist for long periods.



Epidurals and Spinals

Epidural analgesia is a technique in which a needle is passed between the enclosed vertebrae and into the space just outside the dural membrane (which surrounds the spinal cord, spinal nerve roots, and the spinal fluid). Local anesthetics and/or narcotics placed in the epidural space cross this membrane into the spinal fluid and bath the nerves in anesthetic producing pain relief. A thin plastic tube called a catheter may be placed through the needle. The needle is withdrawn and the catheter is taped in place. The catheter is placed on an epidural pump and a continuous dose of medication is given. Epidurals are most often utilized during labor. Currently, there are no reliable statistically significant data showing a cause-and-effect relationship between the use of epidural anesthesia and adverse outcomes.

Spinal analgesia is administered when a different needle is advanced past the epidural space and through the dural membrane into the subarachnoid space that contains spinal fluid. Spinal analgesia is sometimes referred to as single-shot anesthesia. An Intrathecal is a subset of spinal analgesia. Spinal analgesia is short acting and used for cesarean delivery not labor.

Another technique to avoid some of the drawbacks of an intrathecal (limited duration with less control of pain) is to combine an intrathecal technique for immediate relief with an epidural catheter 'back-up' if you need more or longer pain relief.

Pain relief from Epidural or Spinal analgesia is the most effective pain management technique available. Most women notice a pressure sensation with their contractions and as baby moves down into the pelvis. No medication can block this feeling. Usually you will develop numbness from the top of your abdomen down to your feet. You can still move your legs, but they may become weak and difficult to control. You will not be able to get out of bed to walk during this time. Because you will be unable to properly empty your bladder, your nurse will place a Foley catheter to keep it drained. These effects are normal responses to the local anesthetic and disappear as the medications wear off. The Foley catheter will be removed when it is time to push.



The anesthesia provider and labor nurse will position you correctly for the placement of the epidural or spinal (usually either lying on your side or sitting up). The anesthesia provider will apply an antiseptic solution to your lower back to reduce the chance of infection. A local anesthetic will be placed into the skin and into the ligaments under the skin. You will feel a small “pinch and a burn.” After that, there should not be much discomfort from the actual placement of the epidural or spinal needle; most women will feel only a pressure sensation. If you do feel pain during the procedure, let the anesthesia provider know, but do not move. Occasionally, there will be strong tingling in a hip or running down a leg like you hit your funny bone. This can happen occasionally with needle placement and is not a cause for alarm; however, you should inform your anesthesia provider if it occurs.



Once the epidural catheter is placed, the anesthesia provider will test that it is in the proper position before injecting the medication to relieve your discomfort. It usually takes about twenty-five minutes to place the catheter and perform the test. Pain relief usually begins within five to ten minutes after the medication is injected, although it may take 30 minutes for the full effect.



IV Pain Medication

What are narcotics?

Narcotics are a type of analgesic given to relieve pain and for some women are a great option for pain management. Narcotics are given through an IV in small doses during the early stages of labor.

What are the advantages of taking narcotics during childbirth?

Narcotics offer pain relief and do not interfere with a woman's ability to push during labor. Unlike an epidural, a narcotic does not numb the pain, but instead blunts it. Narcotics may help to reduce anxiety and improve the ability to cope with painful contractions.

What are the potential side effects of narcotics?

- Nausea or vomiting
- Itching
- Dizziness or sedation

How will the narcotics affect my baby?

Narcotics do cross the placenta during labor and can cause side effects to the baby, such as respiratory depression, if given too close to birth. This is why narcotics are not given to laboring patients when they are 7cm or more dilated.



What types of narcotics are used during childbirth?

The most frequently used narcotic medications at NMCP are:

Stadol:

Stadol is usually given intravenously in small doses. The advantages of using Stadol include:

- Starts working in less than five minutes
- Is a sedative
- Has minimal fetal effects
- Causes minimal nausea



Fentanyl:

Fentanyl is a synthetic narcotic that provides mild to moderate sedation.

The advantages of using Fentanyl include:

- Begins working quickly (although, usually only lasts 45 minutes)
- Minimal sedation
- Minimal fetal effects

Nubain:

Nubain is a narcotic agonist-antagonist that is comparable to morphine. The advantages of using Nubain include:

- Begins working within 5 minutes of administration
- Minimal nausea
- Minimal fetal effects

Variations

Keeping an Open Mind

**The right
Perspective!**

Variations in Labor

As you plan and imagine your labor and eventual delivery, it is important to keep an open mind. Your actual labor may not match the expectations and the birth preferences you have planned. For example, you may be planning an un-medicated labor and when you come into the hospital in labor, the doctor tells you that your baby has turned and is now breech and you need a cesarean section for delivery. Or you may plan not to have an episiotomy and during birth, your baby is very large, needs assistance being born and an episiotomy is necessary.

An open mind can help to ease you through the period of adaptation in which we reconcile our expectations, hopes, and dreams with the reality of what has occurred. Several common variations in labor are listed below.

Common Variations

- Pre-Term Labor occurs when contractions cause the cervix to open and thin out before 37 completed weeks of gestation. Pre-term labor can result from smoking, alcohol or drug abuse, medical illness, high blood pressure, bladder/kidney, vaginal, uterine or gingivitis infection. If you have more than 4-6 contractions in an hour, your doctor will want you to come in to Labor and Delivery to be evaluated. Medication will be given to stop your contractions. Other medications may be provided to assist with maturing your baby's lungs, especially if you are between 24 to 34 weeks gestation.
- Prolonged Early Stage Labor is early labor that lasts twenty-four hours or longer before reaching 4 cm. Stay nourished, drink plenty of water, and rest. Alternate quiet activity with distracting activity. Your doctor may recommend sedatives, tranquilizers, or labor augmentation.
- Prolonged Active Stage Labor is labor that slows or stops after you reach 4 cm. Causes can include fear, full bladder, exhaustion, or the baby's position. Your doctor may recommend IV fluids, pain medications for relaxation, or labor augmentation.
- Prolonged Second Stage or Pushing is labor that slows or stops after reaching 10 cm and pushing for more than 3 hours. Try pushing in positions that open the pelvic outlet or ones that use gravity to help baby descend.
- Postdate Pregnancy is pregnancy that continues past your due date. If you have not delivered by 41 weeks gestation, you will begin a postdate pregnancy plan that may include testing twice a week, daily fetal movement recording, and a possible labor induction.
- Back labor is caused by a posterior baby. This means the back of baby's head, the Occiput, pushes on mother's tailbone during labor. It is generally a longer and more painful labor in which mothers feel pressure only in back.

Labor Induction or Augmentation

What is an Labor Augmentation?

A Labor Augmentation is the use of medications and/or other methods to improve your labor. Some women have contractions that are NOT strong or frequent enough to cause the cervix to dilate or thin out sufficiently for birth. Medications and other interventions can be used to strengthen and increase the frequency of contractions you may be having so that your baby can be born. Sometimes very little medication is used because after the augmentation is started, the body begins producing natural hormones that cause delivery.

What is a Induction?

A Labor Induction is the use of medications and/or other interventions to start or induce labor because contractions have not started at all.

Why would I need an Induction or Augmentation

There are many reasons why you may need a labor induction or augmentation.

- You may live very far from the hospital.
- You may have rapid deliveries and can not make it to the hospital.
- You may pass your due date.
- You may develop high blood pressure due to pregnancy.
- You may develop an infection in your uterus.
- Your bag of waters may have broken before you are term (38 to 40 weeks gestation) or before your contractions start.
- Labor may be induced or augmented if your health or the health of the baby(s) are at risk.

How is it done?

There are a number of ways to induce labor or augment contractions. Some may be done in your doctors office. Other methods may be done in the hospital where labor and delivery services are near by and/or the baby needs to be monitored.

Labor Induction or Augmentation

Stripping the Membranes.

Stripping your membranes can be done in the doctor's office. Your doctor or midwife will check the progress of your cervix and may suggest stripping your membranes. Your cervix is stripped by inserting a gloved finger between the thin membrane that connects the amniotic sac to the inner wall of your uterus. Stripping membranes cause the body to release hormones called prostaglandins, that will soften the cervix to prevent your pregnancy from going much beyond your due date. Some women will have contractions and some vaginal spotting as a result of this procedure. Some (but not many) will actually go into labor!

Other interventions that are used to induce or augment labor

Foley bulbs are used to help your cervix dilate by simulating a baby's head pressing against your cervix. A thin tube is placed through the cervix. A small balloon on the end behind the cervix is inflated and a bag of fluid is tied to the free end of this tube to add weight like the pressure baby's head would put on the cervix. The foley bulb will fall out on its own when the cervix is dilated to approximately 3 centimeters.

Amniotomy is the medical term for having your water broken by your provider. It is also called "Artificial Rupture of Membranes (AROM)." When the baby's head is low enough that there is less chance of the umbilical cord slipping out first, your provider will use a thin plastic hook to break your water. There may be a large gush of fluid or a small trickle. AROM is done because hormones released by your body when this happens stimulate your body to labor more.

Misoprostil, also called cytotec, is a synthetic prostaglandin that is formed into a small pill that is placed in the vagina to help your cervix soften and make dilation easier. Cytotec can stimulate your uterus to contract; it is not given if you are contracting regularly on your own.

Pitocin is a synthetic version of oxytocin, a hormone naturally produced in your body to stimulate contractions. Pitocin is used to regulate these contractions. Ideally we try to get them to be 2-3 minutes apart and lasting 60-90 seconds.

Assisted Delivery

Occasionally, it may be apparent that mother and baby need a little extra help for a successful vaginal delivery. Your health care provider might use forceps or a vacuum extractor to help deliver the baby. The use of these instruments to assist in delivery is referred to as an *assisted* or *operative vaginal delivery*. While this type of delivery is not an option if a woman's cervix is not fully dilated, assisted vaginal delivery is helpful when a baby has free access to the birth canal but is not progressing down the birth canal as expected.

Why would an assisted delivery be necessary?

In some cases, a baby needs to be delivered more quickly than a mother is expected to push it out. Usually this is because the baby has a slow heart beat. Another common reason for operative vaginal delivery is when the mother has been pushing for a long time and is getting exhausted. If a little extra power will make the difference, assisted vaginal delivery is an option. Your doctor will discuss the risks and benefits of an assisted delivery with you. In cases where the cervix is not adequately dilated, or the baby is too high in the birth canal to safely assist, a cesarean section is usually needed.

Your doctor might discuss a forceps or vacuum delivery with you if:

- Your baby's heart rate drops during the second stage of labor (pushing)
- Your baby isn't in the best position for an easy delivery.
- You are very tired and can't push any more
- There's a medical reason why you shouldn't push for too long (for example, you have heart disease)
- You are having twins and need help to give birth to your second baby.

What are the instruments used in an assisted delivery?

Forceps are similar to smooth metal tongs, with loops on either side, that are used to gently turn the baby's head or gently pull to assist the baby through the birth canal as the mother pushes. A vacuum extractor utilizes suction to turn the baby's head or pull the baby through the birth canal. The suction cup has a controlled amount of suction, so just enough is used to help deliver the baby. The vacuum extractor prevents the baby's head from moving back up the birth canal between contractions and can be used to assist the mother while she is pushing during contractions.

Cesarean Sections

What is a Cesarean Section?

Cesarean birth is the birth of a baby by surgery. The doctor makes an incision (cut) in the belly and uterus (womb) and then removes the baby. The surgery is called a cesarean section or c-section. According to the National Center for Health Statistics, 1 in 3 babies in the United States is delivered by cesarean section.

The natural way for a baby to be born is through the mother's vagina (birth canal). But sometimes vaginal birth isn't possible. If you or your baby have certain problems before or during labor, c-section may be safer than vaginal birth. You and your health care provider may plan your cesarean in advance. Or you may need an emergency (unplanned) c-section because of a complication that arises for you or your baby during pregnancy or labor.

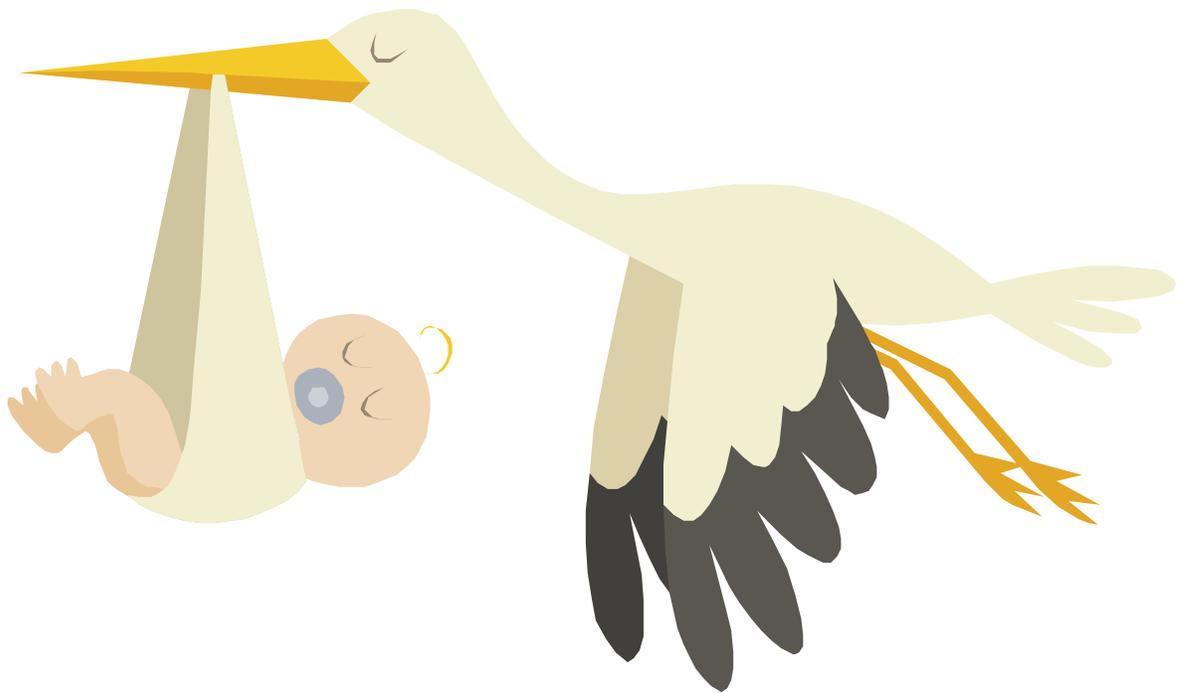
Why Might I Have a C-Section?

Your health care provider may suggest that you have a c-section for one or more of these reasons:

- You've already had a c-section in another pregnancy or other surgeries on your uterus.
- Your baby is too big to pass safely through the vagina.
- The baby's buttocks or feet enter the birth canal first, instead of the head. This is called a breech position.
- The baby's shoulder enters the birth canal first, instead of the head. This is called a transverse position
- There are problems with the placenta. This is the organ that nourishes your baby in the womb. Placental problems can cause dangerous bleeding during vaginal birth.
- Labor is too slow or stops.
- The baby's umbilical cord slips into the vagina, where it could be squeezed or flattened during vaginal delivery. This is called umbilical cord prolapse.
- You have an infection like HIV or genital herpes.
- You're having twins, triplets or more.
- The baby has problems during labor that show it is under stress, such as a slow heart rate. This is sometimes called "fetal distress."
- You have a serious medical condition that requires intensive or emergency treatment (such as diabetes or high blood pressure).
- The baby has a certain type of birth defect.

A woman who has a c-section usually takes longer to recover than a woman who has had a vaginal birth. Women can expect to stay 3 days in the hospital after a c-section. Full recovery usually takes 4 to 6 weeks. Usually, the hospital stay for vaginal birth is 2 days, with full recovery taking less time than a cesarean.

Stage Two



Delivery

Pushing

Pushing begins when the cervix reaches 10 cm, however, if you do not feel the urge to push, pushing can be delayed until the baby moves further down into the pelvis when the urge is more apparent. Your nurse and/or doctor will guide you through the steps of pushing. They may have you try different positions such as side lying or squatting. Pushing does feel different than contractions alone. As the perineum begins to stretch, it is common to feel a burning sensation. Some women call this, “the ring of fire”. However, pushing through the pain in slow and controlled pushes, during the peak of the contraction, is best.

Most first babies take longer to be delivered than subsequent births because the body has not stretched like this before. Pushing may take up to three hours for first time Mothers. However, with each push, the baby moves down a little bit closer to you. Again, slow and controlled pushing efforts are best and assist in the prevention of trauma to the perineum.



Congratulations !!!

After your baby is born, the baby may be placed on your chest, if you desire and do not have any risk factors. This process is called skin to skin or kangaroo care. If you or baby have complications of pregnancy, your baby will be placed on the infant warmer.

Medications for Baby

An injection of vitamin K is given to all newborns to prevent unexpected bleeding caused by low levels of blood clotting factors that are vitamin K dependent .

Erythromycin ointment is an antibiotic. It looks similar to petroleum jelly. It is placed in a newborn's eyes to prevent eye infections since baby does pass through your vagina. The ointment may be delayed for an hour so you and baby can get acquainted.

Newborns are started on the Hepatitis B vaccine series. Your nurse will give you a hand out with information about this vaccine.

Baby's First Bath

Within two hours of life, the baby will receive her/his first bath. Dad can begin his relationship with baby by assisting with the first bath. A baby's temperature can drop afterwards so baby must stay warmed for at least half an hour under the warmer. A special sensor is placed on the baby's skin to monitor temperature. If baby's temperature is ok after half an hour, then baby is clothed, wrapped and given to Mom. Mom can place baby, naked but diapered, next to her naked chest with a blanket draped around baby's back. This is called skin to skin care and assists baby to transition from the liquid environment inside the womb to the air environment outside the womb. Skin to skin care also assists with breastfeeding and bonding.

Infant Safety

HUGS Tags

When a baby is born, three bands are attached. The first one is called a HUGS tag. This is for the baby's security; if it is taken off or if baby gets too close to the doors alarms will sound and the doors will lock. This system is monitored by hospital security.

JD Bands

The other two bracelets help us identify baby and her parents. These numbered bands have baby's gender, mom's name and the date and time of delivery. Mom and one other designated person, usually Dad, will also get matching bands.

Baby Girl
Doe, Jane
1/27/2009 @ 0927

Footprints

At birth, we take each baby's footprints with an ink pad. We make a copy for our records and one for you as a keepsake. Parents are welcome to ask for prints to be made in a baby book as well. When we give the baby a bath we wash all the ink off.



Further Evaluation

Blood Glucose Level

Your baby may need to have her or his blood sugar checked. A very small sample of blood is taken from baby's heel and is analyzed right away. The first will be taken shortly after delivery and then once every hour two more times. Some reasons your baby would need her sugar level checked include:

- Your baby is bigger/smaller than other babies at that gestation
- Mom had gestational diabetes
- Mom used insulin during pregnancy

Infection

If Mom has Group Beta Strep or Chorioamnionitis (an infection in the amniotic membranes and fluid) the pediatricians will be notified. Mom's that are positive for Group Beta Strep are given antibiotics to prevent infections in baby during labor. Depending on the amount of antibiotics mom has received, baby may need to have some blood drawn to make sure she does not also have an infection. If baby shows any signs of infection after delivery, baby will receive antibiotics through an IV that is placed in baby's hand, foot, leg, arm, or scalp and go to the Observation Nursery adjacent to the NICU.

Observation Nursery

The Observation Nursery is for babies who need special attention and closer monitoring. If you have a c-section your baby may stay in the observation nursery for a few hours as baby recovers. If your baby shows signs of infection, needs lab work and IV antibiotics she or he may spend a day or two in the Observation Nursery. Once baby is recovered, baby will be brought to Mom on the postpartum unit.

Breastfeeding

TYPES OF BREAST MILK

Colostrum is the first type of breast milk that is made during pregnancy and continues to be made for several days after birth. It is either yellowish or creamy in color, and much thicker than the milk that is produced later. Colostrum is high in protein, fat-soluble vitamins, minerals, and immunoglobulins. Immunoglobulins are antibodies that pass from the mother to the baby and provide passive immunity for the baby. Passive immunity protects the baby from a wide variety of bacterial and viral illnesses. Two to four days after birth, colostrum will be replaced by transitional milk. On the first day of life, a newborn's stomach can hold about one-sixth to one-fourth of an ounce of milk (5 to 7 ml) per feeding. Not surprisingly, this amount of colostrum is ready and waiting in the breast.

Transitional Milk is made after colostrum and lasts for approximately two weeks. The content of transitional milk includes high levels of fat, lactose, water-soluble vitamins, and contains more calories than colostrum.



Mature Milk is the final milk that is produced. 90% is water, which is necessary to maintain hydration of the infant. The other 10% is comprised of carbohydrates, proteins, and fats which are necessary for both growth and energy.

Breastfeeding Tip

The chart below shows the average size of a newborn's stomach and how much milk it can hold at birth. This is why your colostrum, or early milk, is more than enough to fill your newborn's tummy.



Milk supply is based on the number of times each day your breasts are well drained of milk either by breastfeeding or pumping. To make more milk, breastfeed or pump more often and for longer.



Breast milk is the best food for your baby and breastfeeding is a broad term for providing breast milk for your baby. It includes feeding directly from the breast, expressing or pumping breast milk for delivery by a bottle and all combinations in between.

The Naval Medical Center Portsmouth supports breastfeeding by:

- Offering classes on the basics of breast feeding and breast feeding and the working Mom.
- Training all medical staff on the Mother-Baby Unit to help with breastfeeding and having lactation consultants available to assist when more help is needed.
- Formula will be provided on the wards when specifically requested or medically necessary.
- Providing a breastfeeding room in the pediatric clinic and two rooms for pumping outside the observation nursery.

The American Academy of Pediatrics recommends breastfeeding for one year. By this time a child should receive most of his nutrition from solid food. This is also close to the time most children start walking. The surge of independence associated with the developmental milestone will make weaning more difficult. Organizations such as La Leche League recommend longer. Worldwide the average length is seven years. The length of time is up to you.

You can store breast milk in plastic containers (bottles or bags for Playtex systems). Breast milk may be refrigerated for up to 48 hours and frozen up to 3 months in a regular freeze and 6-12 months in a deep freezer.

From a nutritional stand point they are the same. Pumping or expressing breast milk is a good option for women who have to return to work or simply have problems feeding from the breast. You can combine both methods, such as providing bottles during the day and feeding from the breast in the evening and on weekends.

Hunger Cues

Babies should be fed when they indicate hunger. Crying is a *late* indicator of hunger- breastfeeding is much easier for both mom and baby if mom is able to pick up on baby's earlier hunger cues.

Common infant hunger cues include:

Early

- Smacking or licking lips
- Opening and closing mouth
- Sucking on lips, tongue, hands, fingers, toes, toys, or clothing

Active

- Rooting around on the chest of whoever is carrying him
- Trying to position for nursing, either by lying back or pulling on your clothes
- Fidgeting or squirming around a lot
- Hitting you on the arm or chest repeatedly
- Fussing or breathing fast

Late

- Moving head frantically from side to side



Early hunger cue



Late hunger cue

Postpartum

Community Resources

The Navy and Marine Corps Relief Society Visiting Nurse will call every first time mother and offer a home visit about a week after you've been discharged from the hospital. If this isn't your first baby, you can call to set up a home visit. The Navy and Marine Corps Society is the only outside agency that is authorized by the Navy to call you at home regarding postpartum services.

During home visits, nurses will complete a newborn assessment, assist with breastfeeding, answer any questions you may have and may bring you a baby gift as well. NMCRS nurses come to your home to provide you with lots of emotional support because having a baby is a very rewarding, but challenging experience for parents.

Norfolk	757-322-3134	Portsmouth	757-953-5956
Little Creek	757-462-2963	Oceana	757-433-3383

Fleet and Family Service Centers provide parenting and support classes to active duty families. Several of the classes are listed below:

New Parent Support Resource Awareness Workshop

Welcome to the Military

Dad's and Discipline

Parenting in the Military

Toddler Time

Norfolk	757-444-2102	Little Creek	757-462-7563
Oceana	757-433-2912	Northwest	757-421-8770

4KL: Mother-Baby Unit

Call 953-4760 / 4785

Family Centered Care

Family Centered Care is featured on the Mother-Baby Unit as the new baby and parents have the opportunity to room together. Information is available from the multidisciplinary team consisting of nursing services, obstetricians, pediatricians, clergy, a dietician, social worker, discharge planner and a lactation consultant. We also strongly recommend you tune your television to channel 20 to view the Newborn Channel for non-stop learning opportunities. Our goal is to ensure that you have the Information and support you need for successful parenting.

Accommodations for Dad / Visitors

Dad or one designated adult may remain with you at all times. There is a fold out chair-bed in each room to accommodate this person. Children are not allowed to stay overnight. Family and friends may visit at any time, however, we request that your visitors respect your family's need for rest and bonding with your new infant. Visitors who are ill or have a condition that can be spread to others should refrain from visiting. Your newborn has an immature immune system and is at risk for infections.

On rare occasions private rooms may not be available such as when the patient census is high. During these times, Dad or other overnight visitors may not sleep over.

Breastfeeding Support

Help with breastfeeding is available during your stay. We have certified lactation consultants who offer prenatal classes as well as bedside instruction. We encourage you to attend these classes prior to the birth of your new baby. Staff members have also received training to be able to assist you and your baby to learn this new skill.



Sometimes the laughter in mothering is the recognition of the ironies and absurdities. Sometimes, though, it's just pure, unthinking delight.
Barbara Schapiro

What To Expect The Day Of Discharge

The time you are discharged will depend on your Obstetrician and Pediatrician's orders. The average length of stay after delivery, without complications, is 48 hours for a vaginal birth, depending on the time of birth and if this is your first baby or not. Women who have had a baby before, may be given orders to go home a bit earlier, if there are no complications with Mom or baby. The average length of stay after a cesarean delivery, without other complications, is 72 hours. If there are no time constraints, you will probably be ready to go home around noon on the day of discharge.

Before you can be discharged, there is a mandatory Discharge Class that **ALL** parents must attend. This is a time for parents to ask last minute questions regarding baby care and postpartum care. In addition, a Shaken Baby Syndrome Prevention video and the 5 S's of the Happiest Baby on the Block are also presented to provide awareness regarding colic which is prolonged infant crying and how to prevent it.

Discharge medications will be available in the pharmacy before you go home. You or your spouse will be able to pick up the medications with your valid military ID card while you and baby are getting ready to go.

You will be allowed to walk off the unit if you feel comfortable, or a wheelchair can be provided to assist you off the unit. Please bring your car seat to your room to transport the baby out of the hospital.



Routine Pediatric Care

If this is your first child, he may have a military or civilian primary care manager depending upon availability in the military clinic. Because pediatrics and family medicine are different clinics, an adult family member may be in the military clinic while your child has a civilian. The TRICARE office can provide you with a list of civilian providers in your area. The number is 1-866-645-4584.

Baby Blues vs Postpartum Depression

Having a baby can be very stressful. A woman can go through many hormonal and physical changes that can make her act and feel differently than she normally would. Labor and delivery, in addition to caring for a newborn, bring another level of stress, especially for a first time mother. It is physically and mentally draining on a woman, which is why so many women experience what is referred to as the "baby blues" or "postpartum blues."

Baby Blues affect 80% of women. Peak at 3-5 days and resolve by 2 weeks.

- Crying, weepiness, sadness, anxiety
- Irritability, exaggerated sense of empathy
- Mood lability and "ups" and "downs"
- Feeling overwhelmed, frustrated
- Insomnia; trouble falling or staying asleep, fatigue/exhaustion

Postpartum Depression affect about 30% of military women. Symptoms usually begin within 2-3 months postpartum, though onset may be immediately after delivery but persist beyond 2 weeks postpartum.

- Persistent sadness, frequent crying, even about little things
- Poor concentration or indecisiveness, difficulty remembering things
- Feelings of worthlessness, inadequacy or guilt, feeling overwhelmed
- Irritability, crankiness, fatigue, loss of energy, insomnia or hyper-insomnia
- Loss of interest in caring for oneself, loss of pleasure (including sex)
- Significant decrease or increase in appetite
- Anxiety manifested as bizarre thoughts and fears, such as obsessive thoughts of harm to the baby
- Headaches, chest pains, heart palpitations, numbness and hyperventilation
- Lack of interest in the baby, family or activities
- Recurrent thoughts of death or suicide

Postpartum depression requires medical attention. Seek medical care sooner rather than later.

Neonatal Intensive Care

The Neonatal Intensive Care Unit at Naval Medical Center Portsmouth is prepared to take care of the smallest of patients. Our facility provides state of the art equipment to manage most complex neonatal issues. We are a 20-24 bed level III NICU with the latest technology. The unit also includes a 9 bed Observation Nursery. The NICU (4P) is located on the 4th floor of Bldg 2, next to the Labor and Delivery Unit.

The NICU healthcare staff are committed to providing the best care for babies and their families. Medical services are provided by a highly qualified staff of neonatologists, pediatricians and nurse practitioners. In house medical consultant services are available for Pediatric Cardiology, Pediatric Neurology, Pediatric Surgery, Endocrinology, Hematology-Oncology, Genetics and Ear, Nose and Throat Specialty services.

Nursing services are provided by skilled professionals with an average of 15 years NICU experience. Other Support services include Social Work, Discharge Planning, Neonatal Pharmacy, and Pediatric Occupational Therapy.

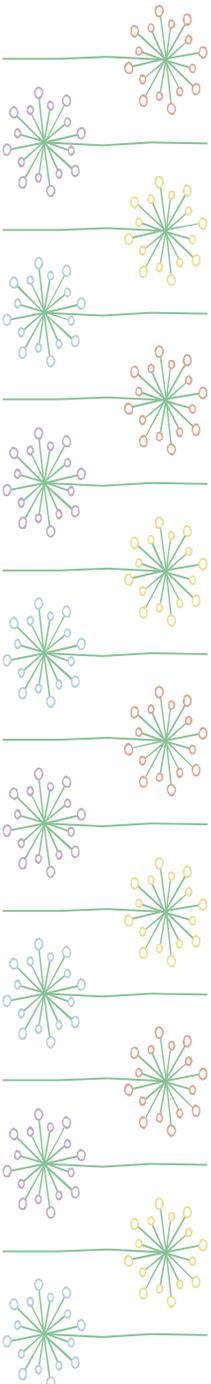
Many babies are admitted to the NICU because they are delivered prematurely. Infants born before 37 completed weeks of gestation are considered premature and have unique health considerations. Other babies are admitted for a variety of medical conditions, including infection, breathing difficulties, heart problems and/or birth defects.

Naval Medical Center Portsmouth and the March of Dimes Corporation have established a joint collaboration in support of military families who deliver premature and/or sick babies in our medical treatment facility. Many family-centered services and support activities are available to parents during their babies stay in the Neonatal Intensive Care Unit, such as multidisciplinary family conferences, scrapbooking, weekly topical presentations, sibling-support activities, bedside mailboxes with educational literature for increased communication with the medical team, and much more.



Warning Signs

During Pregnancy



Are you in labor?



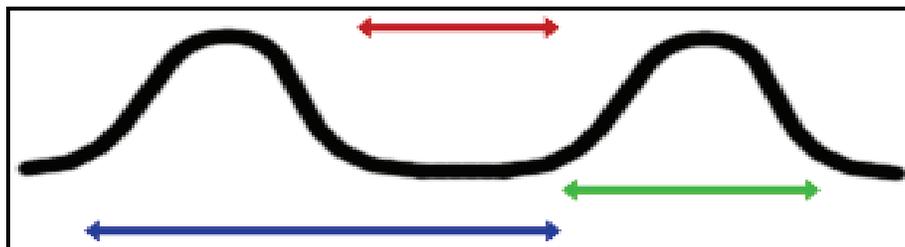
Labor Pains

It is often difficult to know if you are in labor or not. Here are few tips. If you are still unsure, call 757-953-4601, 02, 03.

- * Contractions become stronger, last longer, and come closer together and do not stop.
- * Your activity does not effect the strength of the contractions.

Time your contractions by using a watch with a second hand. To determine frequency, begin counting from the *start* of a contraction to the *start of the next* contraction. *See the blue line.*

To determine duration, time from the *start* of a contraction to the *end of the same* contraction. *See the green line.*



Timing contractions is used to determine your labor progress. For first-time Mom's, when contractions become regular about 3-5 minutes apart, last 60 seconds, and are uncomfortable, it is time to come to the hospital. When contractions follow this pattern, your cervix is usually 4-7 cm dilated and you are in active labor. Once your water breaks, come into the hospital regardless of the contraction pattern. Do NOT drive yourself to the hospital, call a friend.

**If you live far away from the hospital, plan to come a bit earlier. You can walk around the hospital complex while you wait until your contractions are regular at about 5-6 minutes apart and 45-60 seconds in duration.*

Warning Signs!

1. VAGINAL BLEEDING: A gush of blood from your vagina. Blood-tinged mucus two days after a vaginal exam or intercourse is okay.
2. SEVERE ABDOMINAL PAIN: Constant pain that does not go away.
3. LEAKING OR GUSH OF FLUID: If you are unsure if your water has broken, come in IMMEDIATELY!!! Do NOT wait for contractions start.
4. DECREASED MOVEMENT OF THE BABY: A decrease in the number of baby movements, come in. DON'T WAIT, COME IN.
5. SEVERE HEADACHE that does not go away even after taking Tylenol.
6. BLURRED VISION: Seeing spots/flashing lights. Constant dizziness.
7. SUDDEN WEIGHT GAIN: 10 lbs in a week and swelling of your face.
8. FEVER: Temperature greater than 100.4 degrees F.
9. NAUSEA AND VOMITING: Can't keep any fluids down and are not urinating.
10. Pain when you empty your bladder.
11. COME TO L&D TRIAGE: regardless of contraction frequency if:
 - * Your due date is a month or more away (less than 37 weeks gestation)
 - * Your being followed for high blood pressure
 - * Your baby is breech
 - * You are carrying twins or higher multiples
 - * You had a cesarean section with your last delivery
 - * Your doctor told you to report to L&D once regular contractions start

Fetal Movement Counting

One of the best ways to determine your baby's overall health and wellness is to record your baby's movements every day.

Counting these movements can provide your doctor with a warning of developing problems. You should begin a counting routine at the beginning of the 7th month of your pregnancy (28 weeks). The instructions below are to help you and your doctor be sure that your baby is doing well.



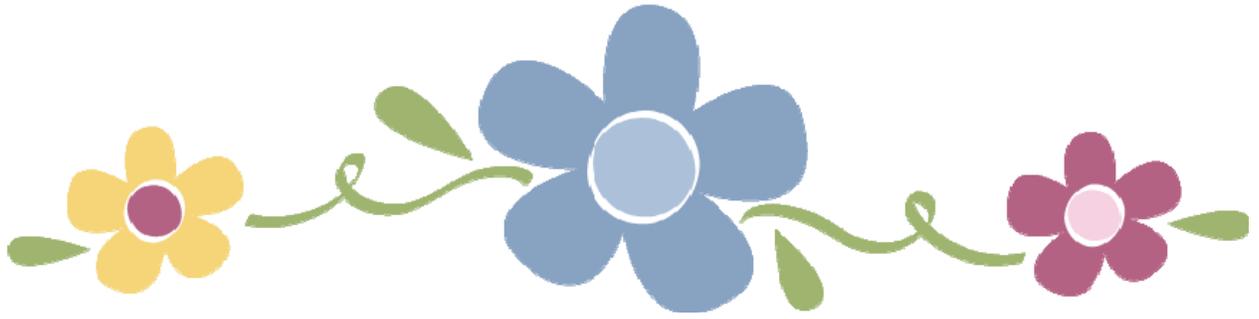
Count your baby's movement whenever he or she is most active. Lying on your side is best. This count should occur about the same time each day. Count 10 separate times that the baby moves. A movement may be a kick, turn, or a flip.

Record the time it takes your baby to move 10 times. If you count 10 movements in less than one hour, stop counting until the next day. If one hour passes with less than 10 movements, drink a full 8 oz glass of water and repeat the counting.

If you do not get ten movements within two hours, you should call or go to Labor and Delivery immediately. Do not wait until the next day or appointment.

L&D: 953-4601





TERMS YOU MAY HEAR



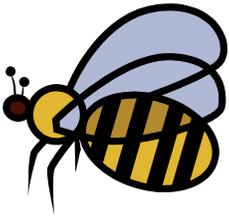
Grown-ups never understand anything for themselves, and it is tiresome for children to be always and forever explaining things to them.

Antoine de Saint-Exupery- "The Little Prince" 1943



Amniotic fluid- nourishing and protecting liquid contained in the same

sac as a growing baby. Amniotic fluid protects the developing baby by cushioning against blows to the mother's abdomen, allows for easier fetal movement, promotes muscular, skeletal and lung development, and helps protect the fetus from heat loss.



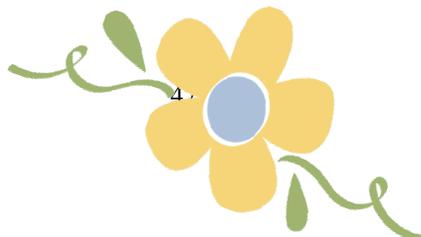
Apgar score- A score given to newborns at 2 and 5 minutes of age. The score is based on 5 categories: color, cry, muscle tone, respiration, and reflexes. There is a possible 0 to 2 points for each category with a maximum score of 10.



Cervix- the lower part of the uterus that joins with the top end of the vagina. Before labor begins, the cervix drops into the vaginal canal at an angle that makes it point toward the back (posterior). One sign of progress is that the cervix has become anterior, meaning that its position has realigned forward to allow the baby to drop into the birth canal. During pregnancy, the cervix lengthens and thickens to protect the baby. During labor, the cervix softens, shortens, opens and thins out, to allow the baby to pass through.

Cesarean section (c-section)- an incision is made in a woman's abdomen and her uterus to deliver the baby when a woman cannot deliver vaginally, or if a baby is in distress during labor.

Dilation - the process of opening the cervix. It is measured from 0 centimeters which is a closed cervix and 10 cm which is a fully opened cervix. The cervix opens with strong contractions of the uterine muscles and pressure from the baby's head pushing against it during contractions.



Effacement - the process of thinning out of the cervix. Effacement is measured by percentages or quarters, such as 0%, 25%, 50%, 75%, and 100%. 0% refers to a thick cervix that looks like a little Donut that doesn't have a hole in the middle, but has a dimple. 100% refers to a completely thinned out cervix that looks like a turtle neck sweater with a head coming through it.

EFM (external fetal monitoring)- the visual and auditory recording of the fetal heartbeat and the maternal contraction pattern. The instrument is applied to the mothers abdomen.

Epidural Catheter- a very thin tube placed by an Anesthesiologist or Nurse Anesthetist, which delivers medication into the epidural space to relieve the pain of contractions during labor. It numbs the lower body.

Episiotomy - A surgical incision to make the vaginal opening larger so that the baby can be born.



Foley Catheter- a tube that is inserted through the urethra into the bladder to drain urine. It is inserted after epidural placement or when getting out of bed is not recommended.

FSL/FSE (fetal scalp lead/electrode)- a spiral shaped wire that is placed under the first few layers of skin on the baby's head or buttocks. It monitors the fetal heart rate and is used when it becomes difficult to keep the baby's heart rate recorded by an external fetal monitor.



IUPC (intrauterine pressure catheter)- a pressure sensitive tube that is placed inside the uterus to accurately measure the strength, frequency, duration and resting tone of contractions.



Ischial spines- the narrowest part of the inner pelvis. The Ischial spines point inward and can be felt during vaginal exams. These bony protuberances are used to measure the fetal station which is the descent through and out of the maternal pelvis.

Mucous Plug- mucous inside the cervix blocking the internal and external opening of the cervix. Seen during early labor or as the cervix opens.

Oxytocin- a hormone in a women's body that contributes to the Start of labor and stimulates the "let down" response for breastfeeding.

Perineum- the area of skin between the vagina and rectum.

Phases of labor-

Early: 0-3 centimeters dilation

Active: 4-7 centimeters dilation

Transition: 8-10 centimeters dilation



Pitocin- a medication that is a man-made form of oxytocin. Pitocin is given via an IV in very small doses to increase the number and strength of contractions so that the cervix will open and thin out.

Placenta- is a fetal organ that connections he mother's blood supply to the fetal blood supply. The placenta provides oxygen and nutrients to the fetus. The placenta also removes wastes and returns them to the mother's blood to be excreted. And the placenta produces hormones that play a role in triggering labor and delivery.

Show- a pink or blood tinged mucous discharge seen as the cervix dilates. The cervix is very vascular and as it opens the small, blood filled capillaries can leak.





Station– the location of the baby's head in relation to the ischial spines of the pelvis. At the level of the ischial spines the station is measured as 0. Above, it is measured in negative numbers, such as -1, -2, -3, -4. A negative 4 means that the baby is floating above the pelvis and has not entered it. Positive numbers refer to the location within the pelvic bones such as +1, +2, +3, +4. Positive 4 means that the top of the babies head is showing or Crowning.

Umbilical Cord– blood vessels that spiral together that are attached to the baby and to the placenta for oxygen and nutrient transfer.

Uterus– a muscular organ consisting of bands of muscles that hold the fetal unit. During labor, the uterine muscles flex together causing contractions, which push the baby down into the pelvis and out for birth.

Uterine contractions– the coordinated flexing of the uterine muscles. During labor, contractions cause cervical change . These contractions are strong and regular. Some women can experience “false labor”. In false labor contractions are not regular or strong enough to cause cervical change over time. These contractions may progress into early labor and then into active labor or may stop all together.

Vacuum extractor– The use of a special instrument that is attached to the baby’s head to help guide it out of the birth canal during delivery.

Vulva - the external genital organs of a woman.





What to Bring for Labor & Delivery

Pillows (1-2) with colored or patterned case
Chapstick® or lip balm
Pen and notepad
Time passers: book to read, playing cards, videotapes
(NMCP does not have DVD players but you may bring your own)
Tape or CD/MP3 player for playing music
Focal Point
Birth Plan
Personal phone with important family numbers
Change for the vending machines or snack for the support person
Camera, film, video recorder and fresh batteries
Brush/comb
Band or barrettes to put hair up and out of your face
Socks and slippers (optional)
Lotion for massage
Tennis ball/roller for back massage
Baby Book for foot prints after birth
Sweater or sweatshirt and a change of clothing for support person. It is sometimes cool in the labor rooms and you may get wet if mom wants to use a shower to help relax between contractions. Extra pillows for the support person if they would like to stay overnight with Mom.

What to bring for the Mother-Baby Unit

Pajamas/night gown
Bathrobe
Panties (You may bring your own peri-pads or Depends diapers)
Well fitting bra (nursing or regular)
Nursing Pads
Baby clothes, especially socks (2-3 sets)
Toothbrush/toothpaste
Grooming aids & cosmetics (NMCP has soap/shampoo but you can bring your own)
Mom's going home clothes (loose fitting)
Baby's going home outfit (to include cap) and blanket
Infant car seat for the day of discharge
(Diapers and wipes are provided while in the hospital).



NMCP Policies for 4M



NMCP is a non-smoking campus. Please do not smoke on the grounds or in the parking garage.

Cell phones may be used on Labor and Delivery (4M), postpartum, and the NICU, but we ask that you respect our other patients and other staff—please use common courtesy when making phone calls or texting.

Non-military visitors are allowed on base, however; they must have valid driver's license, proof of insurance, and registration to drive a vehicle on base. All adults should carry a picture ID at all times. **Non-military visitors are allowed on base after admission into the hospital.**

Please be respectful of patients and staff with the number of visitors you allow in your room. Your doctor or nurse may ask visitors to leave if their presence is interfering with our ability to provide the best care possible to you.

Please do not allow children to roam the hallways. There should be another adult, besides your labor coach, with them at all times.

Cameras and video taping— the use of such devices is determined by staff discretion. Video taping of the actual birth is prohibited.

Child Care

Make sure you have a backup plan ready in the event you are admitted to the hospital early OR your stay is longer than you anticipated. Here are some available resources:



MWR Mid-Atlantic
Region Child Care
Resource and Referral:
1-866 NAVY-CDC

(After Hours Emergency
Care May Be Available)





NMCP Free Child Care Waiting Center

The Naval Medical Center Portsmouth proudly offers a FREE child care service for families with medical appointments at Charette Health Care Center. Parents may now leave their children ages 6 weeks to 5 years old with Navy-certified child care providers during the period of their appointment, up to a maximum of 4 hrs per day.



The Child Care Waiting Center is located adjacent to the parking garage in Building 249, across from the ground floor entrance to the hospital.

Open Monday—Friday, 0630-1630
(Closed weekends and all federal holidays)

Validation of Appointment is required

To make reservations, and for information about what you may need to bring with your child, please

Call 757-953-6904



