



## Labour and Delivery

### **Planning ahead – who and what do I need to bring to the hospital?**

Having support people with you in the hospital when you give birth is a great idea. Choose 1-3 people who are supportive and can help you stay calm and focused.

Although your hospital stay may only be a day or two, you will need to bring clothes and supplies for you and your baby. Have these items ready in your **hospital bag**:

#### For mom:

- Alberta Health Care card
- SIN number
- Comfortable, loose-fitting clothes (including socks)
- Phone/camera/music and chargers
- Lip balm, toothbrush, toothpaste, other toiletries
- 1 pack of high-absorbency pads
- Birth plan (optional)
- Snacks and a water bottle

#### For baby:

- 2 receiving blankets
- 2 outfits
- 1 pack of newborn diapers and wipes
- Hat or toque
- Approved car seat

### **IS IT TIME TO GO TO THE HOSPITAL?**

Each labour is unique. Sometimes labour starts with your water breaking. Sometimes it starts with contractions. Here are some signs to watch for that can tell you that it is **time to go to the hospital**:

- **Contractions:** 3-5 minutes apart (or less) for at least one hour, becoming stronger with time. At first, contractions are often irregular and can come and go. This is early (latent) labour. Your body is getting ready for the big day. Drink lots of water, relax and try to keep your mind off the contractions. Try to rest when the contractions space out.
- **Bleeding:** any bleeding that is more than spotting.
- **Water breaking:** if you have a sudden leak of fluid, go to the hospital (even if you are not having contractions, and even if you are not sure whether your water has broken).
- **Baby's movements:** If you do Kick Counts and do not get 6 movements in under 2 hours, go to the hospital right away.

When you arrive at the hospital, go to the labour and delivery unit. You will be assessed in a triage room. One support person can accompany you here. Children are not allowed in the hospital units.

### **Early (latent) labour**

During latent (early) labour, your cervix is softening, thinning out, and starting to dilate (open). If the triage assessment shows that you are in latent labour, it is best for you and your baby to *not* stay at the hospital. You will be given guidelines to know when to return to the hospital. In the mean time, try to relax, have a warm shower, listen to music, or find other ways to distract

yourself. Time your contractions. If there is no difference in the frequency and strength over 30 minutes, stop timing. Resume timing when you feel there has been a change.

### **Active labour**

If the assessment shows that you are in active labour, it's time to stay at the hospital until your baby is born! You will move to a private labour room where a nurse will work with you throughout your labour. The number of people you can bring to support you while you have your baby varies depending on the hospital (usually at least two). Ask other family and friends to wait at home until after your baby is born.

### **Pain management during labour**

Labour is an intense experience. Each labour is different and no one can predict how your labour will feel, or how long it will last. Keep an open mind about your labour, know what options are available to help you cope with it, and take it as it comes. Here are some options you can try:

#### *Non-medication techniques*

- **Relaxation:** breathing, visualization, massage. You can learn more about this in prenatal classes.
- **Walking:** helps ease back pain. It can also speed up the progress of labour.
- **Shower:** warm water can ease the pain. Spend as much time in the shower as you wish.
- **Different positions:** position changes help to make you more comfortable, and can also speed up labour. The beds in the labour rooms can be adjusted to accommodate a variety of positions. Try lying on your side, sitting up, or on your hands and knees. Birthing balls are also available.

#### *Medications*

- **Morphine:** Given by injection. You will still feel the contractions, but they will not feel as intense. It lasts around 4 hours, and can be given again if needed.
- **Fentanyl:** Related to morphine, but shorter-acting. It is given through an IV, and lasts minutes, up to an hour. Unlike the fentanyl in street drugs, the fentanyl we use is carefully regulated and safe.
- **Entonox** (also called nitrous oxide or "laughing gas"): A gas that you inhale during your contractions. It is very helpful in relaxing you and has no effect on the baby.
- **Epidural:** Can take away most or all of the pain of labour. An anesthetist inserts a tiny tube into the space around your spinal cord, and small amounts of medications will be infused for the rest of your labour. Your legs and abdomen will feel numb, you will probably not be able to walk, and a nurse will help empty your bladder with a catheter. Usually you must be at least 3-4 cm dilated and in active labour to get an epidural. You can then sleep or rest until it's time to push.

### **After you have your baby**

You will move to the postpartum unit. Here, the baby's siblings and grandparents can visit during visiting hours. Your partner can visit any time, but can only stay overnight if you are in a private room (which costs ~\$180/night – ask at the hospital for the current price).

You can expect to stay in the hospital for about 1-2 days after your baby is born. Some mothers and infants stay longer if they experience difficulties during or after the birth.

**You and your baby will need a check-up at The Alex 4-5 days after you leave the hospital.**

Please call to book this as soon as possible. **Bring your papers from the hospital to this appointment!!** We can continue to see you and baby for regular check-ups as baby grows.

***Congratulations!!***



## GBS Swab

Group B Streptococcus (GBS) is a bacteria that can make babies sick if they are exposed to it during birth. It is present in the vagina of 15-20% of pregnant women, but causes no harm (and usually no symptoms) for the women who have it. Not all babies who get GBS become sick, but there is a small chance of developing pneumonia, infection in the blood, meningitis, or even death.

We test for GBS during every pregnancy with a swab, which we will do at your next visit. This is a vaginal and a rectal swab. Please make sure you only bring people with you to this appointment that you are comfortable being in the room during this swab. Adults can wait in the waiting room, but please find someone to care for your children at home.

If your GBS swab comes back positive (you have the bacteria), you will be given antibiotics, usually penicillin, through an IV when you go into labour. This decreases the amount of the bacteria so that your baby is less likely to get sick from it.

\*Let your doctor or NP know today if you are allergic to penicillin.\*

## Take the **Car Seat YES** Test

A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the YES test to help you properly install the car seat in your vehicle and buckle up your child correctly every time.

**Push, pull and adjust the seat until you can check each item that applies to your child's car seat.**

### Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.



### Getting ready

- I've read the instruction booklet that came with the car seat.
- I've read my vehicle owner's manual on how to install a car seat.
- I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- My child's car seat is in the back seat.
- I never place the car seat in front of an airbag.
- My child's car seat is approved to be used in Canada and has a CMVSS label.

### Securing the car seat

There are 2 ways to secure the car seat.

#### Either

- I'm using the **Universal Anchorage System (UAS)** to secure the car seat.
  - I've checked my vehicle owner's manual for the correct UAS anchor locations.
  - The UAS belt goes through the **rear-facing belt path** on the car seat or base and is attached to the UAS anchors.



#### Or

- I'm using the **seat belt to secure the car seat**.
  - I've checked my vehicle owner's manual for how to lock the seat belt for use with a car seat.
  - The seat belt goes through the **rear-facing belt path** on the car seat or base and is buckled up.
  - If the seat belt doesn't lock, I've used a belt lock or locking clip.

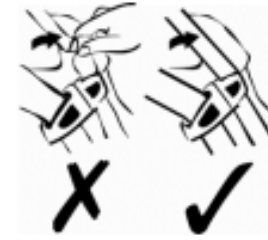


#### For either UAS or seat belt installation:

- I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- The car seat moves less than 2.5 cm (1 inch) in any direction.**

## Buckling your child in the car seat

- The slots the harness straps go through are at or just below my child's shoulders.
- The chest clip is at the level of my child's armpits.
- The shoulder harness lies flat with no twists.
- The harness is snug—I can't pinch a fold in the harness strap.



## Being safe

- My child rides in the car seat every trip.
- If the car seat has a carry handle, I put it in the travel position.
- I've sent in the registration card and checked for recalls on my child's car seat. Recall information is available from Transport Canada at 1-800-333-0510 or at [www.tc.gc.ca/roadsafety](http://www.tc.gc.ca/roadsafety) (search for child safety).
- If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- When my child outgrows the rear-facing seat, I'll move them to a forward-facing car seat.



**Q:** My child's knees are bent, is it still safe to use a rear-facing car seat?

**A:** Yes, injuries to the legs are very rare when children ride in rear-facing seats.



**If you answered "YES" to all of the statements, you're ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle's owners manual for the exact installation instructions.**

## For more information:







- go to [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca) (search for car seats)
- go to [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca) (search for car seats)
- call Health Link at 811

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[www.albertahealthservices.ca](http://www.albertahealthservices.ca)

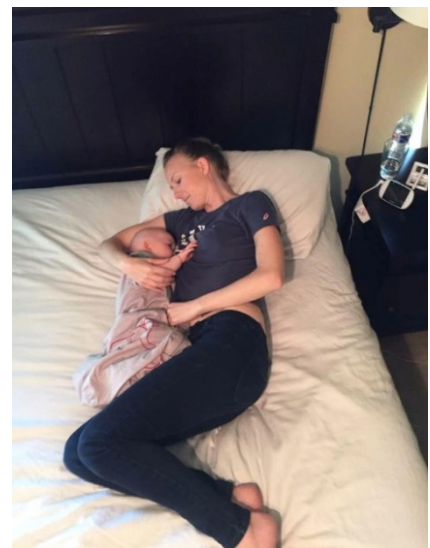
## Safe Sleep for Your Baby

In healthy, full-term babies, Sudden Infant Death Syndrome (SIDS) is the leading cause of death up to 1 year of age. Here are some important things you can do to help prevent SIDS:

	<b>Put your baby on their BACK to sleep, every sleep. Have tummy time when baby is awake with you.</b>
	<b>Use a crib, cradle, or bassinet that is free of clutter (no loose blankets, bumper pads, stuffies, etc.)</b>
	<b>Keep your baby warm, not hot</b>
	<b>Keep your home smoke-free before and after birth</b>
	<b>Breastfeed your baby</b>
	<b>Share a room (room-sharing for 6-12 months decreases the risk of SIDS) Don't sleep when your baby is in bed with you, and <u>never</u> sleep with baby on a sofa or other sleep surface.</b>

### **IF you choose to bed-share:**

- Firm mattress or other sleep surface only. Never sleep with your baby on a soft or padded surface such as a sofa, upholstered chair, bed with a soft mattress or bedding, water or air-filled mattress.
- Keep bed covers, blankets, and pillows far away from your baby (you and baby both need to wear whatever you need to keep warm instead of using a blanket)
- Make sure that you and your partner know when your baby is in bed with you
- Never sleep with your baby if you or your partner:
  - smoke
  - are overtired from stress or lack of sleep
  - have used alcohol, cannabis, street drugs or any over-the-counter/prescription/herbal medicine.  
These can make you less able to respond to your baby's needs







# Vaccines

Your child’s immunity is their armour against disease. Vaccines help your child to develop this armour through their natural immune response. This means they can safely develop antibodies, before being exposed to the disease, so they don’t get sick!

We recommend giving your baby these routine vaccines. Call your local Community Health Centre (<https://www.albertahealthservices.ca/findhealth/service.aspx?id=1000870>) as soon as baby is born to book them. For more information, visit [www.immunizealberta.ca](http://www.immunizealberta.ca)

Age	Vaccine(s) your child will receive	Diseases your child will be protected against
 <b>2 Months</b>	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> <li>• Pneumococcal conjugate (PNEU-C13)</li> <li>• Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b</li> <li>• Pneumococcal Disease</li> <li>• Rotavirus</li> </ul>
 <b>4 Months</b>	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> <li>• Pneumococcal conjugate (PNEU-C13)</li> <li>• Meningococcal conjugate (MenconC)</li> <li>• Rotavirus</li> </ul>	<ul style="list-style-type: none"> <li>• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b</li> <li>• Pneumococcal Disease</li> <li>• Meningococcal Disease</li> <li>• Rotavirus</li> </ul>
 <b>6 Months</b>	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> <li>• Pneumococcal conjugate (PNEU-C13) (for high-risk children only)</li> </ul>	<ul style="list-style-type: none"> <li>• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b</li> <li>• Pneumococcal Disease</li> </ul>
 <b>6 Months</b> Repeated annually, every influenza season	<ul style="list-style-type: none"> <li>• Annual (seasonal) influenza</li> </ul>	<ul style="list-style-type: none"> <li>• The strains of influenza expected to circulate in that influenza season. Because the strains of influenza circulating change every season, the influenza immunization changes each season as well. To be protected, your child needs to receive his or her influenza immunization every year, at the start of influenza season (approximately October of every year).</li> </ul>
 <b>12 Months</b>	<ul style="list-style-type: none"> <li>• MMR-Var</li> <li>• Meningococcal conjugate (MenconC)</li> <li>• Pneumococcal conjugate (PNEU-C13)</li> </ul>	<ul style="list-style-type: none"> <li>• Measles, mumps, rubella, chickenpox</li> <li>• Meningococcal Disease</li> <li>• Pneumococcal Disease</li> </ul>
 <b>18 Months</b>	<ul style="list-style-type: none"> <li>• DTaP-IPV-Hib</li> </ul>	<ul style="list-style-type: none"> <li>• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b</li> </ul>
 <b>4-6 Years</b>	<ul style="list-style-type: none"> <li>• dTap-IPV</li> <li>• MMR-Var</li> </ul>	<ul style="list-style-type: none"> <li>• Diphtheria, whooping cough (pertussis), tetanus, polio</li> <li>• Measles, mumps, rubella, chickenpox</li> </ul>



## Birth Preferences

Every labour is unique, and unexpected changes can arise. For example, if the pain is greater than you expected, please remain open-minded about pain control options.

Hospital name: \_\_\_\_\_

Delivery group: \_\_\_\_\_

Estimated due date: \_\_\_\_\_

**Support People** - I'd like the following people to be present during my labour and the birth of my baby:

Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**The Setting** - I would like to:

- Bring music or movies/TV shows to watch on my phone/tablet
- Have the room as quiet as possible
- Have other specific things with me at the hospital: \_\_\_\_\_
- Have my support people stay with me at all times
- Have only my doctor and nurse be present (no residents, medical students, etc.) – please note all medical trainees work under the supervision of a staff doctor.

**Monitoring/Interventions** - As long as the baby and I are doing fine, I'd like to:

- Have intermittent rather than continuous electronic fetal monitoring
- Have a normal vaginal birth, rather than a C-section, if this is safe for me and my baby

**Pain Relief** - I'd like to try the following pain-management techniques:

- Breathing techniques/self-hypnosis
- Walking/changing positions
- Shower
- Hot/cold therapy
- Massage, acupressure (you/your support people can learn acupressure points in advance)
- Medication (e.g., laughing gas, morphine)
- Epidural
- Please don't offer me pain medication.

**Vaginal Birth** - During delivery, I'd like:

- Pictures/videos showing my baby emerging from the birth canal
- Pictures/videos that do not show my private parts
- No pictures/videos
- To hold my baby right away, uninterrupted for at least an hour (as long as my baby does not need immediate medical help)
- To breastfeed as soon as possible

**C-Section** - If I have a C-section, I'd like:

- My support person to be present during the operation
- The baby to be given to my partner as soon as he or she is dried, if appropriate

**Postpartum** - After delivery, I'd like:

- My baby to receive a vitamin K injection to help prevent bleeding
- A private room (~\$180/night)
- A room shared with another family, separated by a curtain (free)
- To breastfeed exclusively
- To both breastfeed and use formula
- Formula-feed exclusively

**Other wishes, thoughts, and concerns:**

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