



Delivering Your Baby at Norfolk General Hospital



*A quick guide on what to expect
during labour and delivery*

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Welcome to the NGH Maternal Newborn Department

Our highly skilled team of Doctors, Nurses and Midwives are honoured to be a part of this significant chapter in your life. We are committed to ensuring that your labour and delivery experience is not just safe but also filled with understanding, support, and empowerment. A Holistic approach to your care, including cultural, traditional and alternative practices, can be incorporated into your birthing journey. Patient and family centered care is the heart of our unit.

The Labour and Delivery unit is located on the 3rd floor of the hospital. Please check in at Patient Registration across from the Emergency Triage to register as a patient any time you come to the hospital.

This informational package is designed to guide you through the labour and delivery process and provide you with valuable information and insight.



The Maternal Newborn Clinic: Supporting Your Journey

Routine Prenatal Care: For patients without a care provider, our maternal clinic offers routine prenatal care to ensure you receive the essential support needed for a healthy pregnancy.

Mental Health Support: Psychosocial support and referrals for pregnant and post-partum patients. Supports for circumstances from trauma, loss, or life experiences.

Rhogam Administration: For patients with an Rh negative (-) blood type, Rhogam administration is a crucial step in preventing complications.

Breastfeeding Support: Our clinic provides expert guidance and support for breastfeeding patients. We offer consultations, educational resources, and a supportive environment to help you navigate the joys and the challenges of breastfeeding.

Wellness Checks: After delivery, our Maternal Clinic continues to care for you and your baby with postpartum wellness checks. These visits are designed to monitor your recovery, address any of your concerns, and assist with a smooth transition into parenthood.

Newborn Wellness: You may be asked to return to the clinic for newborn wellness follow ups. This may include ongoing monitoring of weight or feeding progress, or assessment of jaundice levels.

Pre-Admission Clinic: Planning Your Birth

Your pre-natal records and birth preferences provide important information for members of your healthcare team.

Around 36 weeks, please call 519-426-0130 X 1279 to book/complete your pre-admission paperwork, review your birth preferences, and answer any questions you might have. This appointment can be in person or virtual. This is also an opportunity to tour the unit if you would like to.

If you are in labour, or have questions/concerns, please call 519-426-0130 x3204.

When to Come to the Hospital

Come to the Labour and Delivery unit when:

- Your contractions are regular or uncomfortable
- Your water has broken
- You have bleeding from your vagina
- Your baby is moving less or not at all
- You have a severe or constant headache, blurry vision or you are seeing spots
- You have been in a car accident, fallen or have had any abdominal trauma- even if you think its minor
- **You are less than 36 weeks and show signs of preterm labour**
 - regular contractions or tightening of uterus
 - period like cramps or a low dull backache

If you have a medical emergency, CALL 911

Examples of a medical emergency include:

- Heavy bleeding from your vagina
- A seizure
- You feel an urge to push or have rectal pressure
- You feel something in your vagina or in between your legs
- Sudden or constant pain in your belly (abdomen)

For all other pregnancy related concerns, you can call your family doctor, midwife, or obstetrician.

You can also present to the Maternal Newborn Department to be assessed.

What to Bring to the Hospital When in Labour

For Patient:

- Ontario Health Card and private medical insurance card
- Prescription medications
- Lightweight housecoat and slippers
- Underwear (3-6 pairs) and heavy flow pads
- Personal care products (toothbrush/ toothpaste, brush, shampoo and conditioner, body lotion, moisturizer for lips)
- Supportive or nursing bra and breast pads
- Breastfeeding pillow if you wish to use one
- Snacks for support person
- Cell phone and charger

For Baby:

- Package of newborn diapers and Baby wipes
- Barrier cream e.g., petroleum jelly
- 2 sleepers
- 3-4 receiving blankets
- Clothing for discharge
- Canadian Motor Vehicle Safety Standards (CMVSS) approved car seat

What NOT to Bring to the Hospital

- Do not bring valuables such as jewelry or money
- Do not wear or bring scented products
- Do not bring hair dryer, electric shaver, or other electrical appliances

Valuables

You should not bring a large amount of money, jewelry, or expensive clothing with you to the hospital. We suggest that no more than \$20 be kept at your bedside.

Norfolk General Hospital assumes no responsibility for loss or damage to your personal property. Any valuables you must bring with you, should be sent home with a relative or friend. If this is not possible, ask staff about safe storage.

For more information or to answer any arising questions please contact your obstetrical care provider or the NGH Maternal Newborn Department (519-426-0130 ext. 3204)

Pregnancy Care: A Shared Responsibility

Regular Check-ups

Throughout your pregnancy, scheduled appointments with your healthcare provider are crucial for monitoring the health of both you and your baby. These visits allow us to address any concerns, track the growth and development of the baby, and provide you with valuable guidance.

Common Tests

To ensure a healthy pregnancy, various tests may be offered or recommended, including ultrasounds, blood tests, and genetic screenings. These tests help us to detect and address any potential issues, ensuring the best possible care for you and your baby.

Important Information for Labour and Delivery

Group B Strep (GBS) Screening and Treatment

Group B streptococcus is a common bacterium that can be harmless, but it poses potential risks to newborns exposed during childbirth. We conduct routine screening during the third trimester (usually around 36-37 weeks of pregnancy). If positive, IV antibiotics are administered during labour to help protect your baby from possible potentially serious infections such as pneumonia, meningitis or sepsis.

Monitoring During Birth

Monitoring of your baby's heart rate and your contractions helps us ensure the well-being of both you and your baby during labour. Your vital signs will also be monitored. The type and frequency of monitoring will be determined by the stage of labour, labour events, and any pre-existing or new obstetrical/medical conditions. This information guides our decisions and interventions, if necessary, to ensure a safe delivery.

Non-Stress Test refers to recording of the fetal heartbeat and movement to gain a sense of fetal well-being. This can take 20 minutes or longer.

Intermittent Auscultation refers to listening to the fetal heartbeat at intervals during the labour with a doppler.

Continuous Monitoring of your baby's heart rate and your contractions helps us ensure the well-being of both you and your baby during labour.



All About Contractions

Cervical Ripening

The first step of labour involves the softening, shortening and initial opening (dilation) of the cervix. This can occur without any “symptoms”. Some patients experience increased vaginal discharge, or mild, menstrual like cramping.

Sensations Associated with Uterine Contractions

Cramping or Tightening: Many patients describe the sensation of uterine contractions as cramping or tightening in the lower abdomen.

Pain: Contractions during labour can be painful. Pain management techniques, including walking, hydrotherapy, TENS unit, breathing exercises, medication, gas and air, or epidurals, are some of the options available to help manage discomfort.

Back Pain: Understanding the dynamics of uterine contractions is essential for healthcare providers and expectant parents alike, as it provides insights into the progression of labour and the well-being of both the patient and the baby.

Monitoring Uterine Contractions

Frequency: Measured as the time between the beginning of one contraction to the beginning of the next. In early labour, contractions may be spaced farther apart, while in active labour, they become more frequent.

Duration: Refers to the length of time a contraction lasts, typically measured from the beginning to the end of one contraction.

Intensity: The strength or force of a contraction, often subjectively assessed by the patient or measured by electronic monitoring devices during labour.

Characteristics of Uterine Contractions

Rhythmic Nature: Uterine contractions occur in a rhythmic pattern, with regular intervals between each contraction. The frequency and intensity of contractions change as labour progresses.

Initiation of Labour: The onset of labour is often marked by the initiation of uterine contractions. These contractions gradually increase in frequency, duration, and strength, signaling the beginning of the labour process.

Importance of Labour Support

Labour support, which includes emotional, physical, and individualized support provided to a patient during labour, can have several positive effects on the labour experience. Support may be provided by a partner, family member, friend, doula, or healthcare provider. Here are some of the potential effects of labour support:

Reduced Perception of Pain: Emotional support, encouragement, and physical comfort measures, such as massage or counterpressure, can contribute to a reduction in the perceived intensity of pain during Labour.

Decreased Use of Pain Medication: Patients who receive continuous support during labour may be less likely to request pain medication or epidurals.

Shorter Labour Duration: Emotional support and comfort measures may contribute to a more efficient progression of labour. Studies suggest that labour support may be associated with shorter labour duration.

Increased Satisfaction with Birth Experience: Patients who receive continuous support often report higher levels of satisfaction with their birth experience. Having a supportive presence can positively impact the overall perception of childbirth.

Reduced Risk of Caesarean Section: Continuous labour support has been associated with a lower likelihood of caesarean section. Supportive care during labour may help reduce stress and anxiety, contributing to optimal labour progression.

Lower Use of Medical Interventions: Patients with continuous labour support may experience a decrease in the use of medical interventions, such as vacuum extraction, forceps, or episiotomies.

Enhanced Communication: Having a support person or doula can facilitate communication between the labouring patient and healthcare providers, ensuring that the patient's preferences and concerns are heard and addressed.

Improved Emotional Well-being: Emotional support during labour can contribute to reduced anxiety and fear, promoting a more positive emotional experience for the labouring patient.

Facilitates Informed Decision-Making: Labour support, especially from a knowledgeable and experienced healthcare provider, can provide information and guidance, empowering the patient to make informed decisions about their birthing experience.

Promotes Bonding and Connection: The presence of a supportive companion, such as a doula, can enhance the emotional connection between the labouring patient and their support team, fostering a sense of security and comfort.

Postpartum Well-being: Positive labour experiences with adequate support have been linked to improved postpartum well-being, including lower rates of postpartum depression and improved maternal-infant bonding.



Labour

Three Stages of Labour:

Early Labour (First Stage): Contractions are usually mild and spaced further apart, helping to prepare the cervix for dilation. This can happen over hours or sometimes days. Early labour varies from person to person.

Active Labour (First Stage): Contractions intensify, becoming stronger and more frequent, leading to significant cervical dilation. This stage, when progressing normally, can take around 4-8 hours. This may happen more quickly or slowly depending on the patient's labour, the shape of their pelvis, the size and position of the baby, the strength of contractions as well as other factors.

Transition (First Stage): The final phase of the first stage involves powerful contractions as the cervix reaches full dilation.

Effacement and Dilation: Uterine contractions play a pivotal role in effacing (thinning) and dilating (opening) the cervix. This process allows the baby to move through the birth canal.

Contractions during Second Stage: The second stage of labour involves strong contractions to facilitate the actual delivery of the baby. These contractions, often more intense, help guide the baby through the birth canal. You may actively assist your body in pushing, or your care provider may allow for passive descent to happen. This is based on your labour and situation.

Birth of Placenta (Third Stage): Uterine contractions continue after the baby's birth to expel the placenta from the uterus.

Postpartum Contractions: After childbirth, the uterus continues to contract, known as afterpains or involution contractions. These contractions help the uterus return to its pre-pregnancy size and reduce postpartum bleeding.

Timeline Expectations for Labour and Delivery:

Labour is a unique experience, and timelines can vary greatly from one person to the next. Labour can progress slowly, or quickly, particularly if the patient has had a previous labour and vaginal birth. Every birth is different, and the healthcare team will provide support based on the individual situation and needs.

Pain Management During Labour

Positioning: Experimenting with different positions during labour can help manage pain and encourage the progress of labour. Upright positions, such as walking, squatting, or using a birthing stool, can be effective. The healthcare team will support the patients in finding the most comfortable positions.

Birthing Ball: Using a birthing ball can provide support and comfort during labour. Gentle bouncing or rocking on the ball can help alleviate pressure and encourage optimal fetal positioning. A peanut ball can be used in laying down positions.

TENS Machine (Transcutaneous Electrical Nerve Stimulation): A TENS machine is a portable device that emits mild electrical impulses through 4 electrodes placed on the skin. It can help reduce pain perception by stimulating nerve pathways and promoting the release of endorphins, the body's natural pain relievers.

Gas and Air (Entonox): A mixture of nitrous oxide and oxygen, commonly known as gas and air, is a self-administered option for pain relief during labour. It provides a quick onset of relief and allows the patient to remain in control. It is safe for both the patient and baby and is often used in combination with other pain management methods.

Narcotics in Labour: In some cases, the healthcare provider may recommend the use of narcotics to manage pain during labour.

Patient-Controlled Epidural Analgesia (PCEA): The epidural gives the most pain relief in labour, however, epidurals do not always completely remove pressure sensations associated with baby position or descent into the pelvis. It works by providing continuous pain relief through a pump that allows the patient to control the dosage within safe limits. An epidural can wear off and require a top up or need to be repositioned. Based on the patient's anatomy and metabolism, there are rare situations when an epidural is not as effective as desired. The most common side effect after an epidural can be a headache which happens about 1% of the cases. Benefits and risks will be discussed with the patient prior to the procedure and consent obtained. The epidural gives the most pain relief in labour, however, epidurals do not always completely remove pressure sensations associated with baby position or descent into the pelvis.

Augmentation and Induction of Labour

Augmentation of Labour

Sometimes, labour needs assistance to progress. Augmentation involves enhancing contractions that have slowed, while induction initiates labour. These interventions are carefully considered and discussed with the patient based on medical necessity. Some reasons to consider augmenting labour may include:

- Infrequent, irregular contractions
- Short and/or weak contractions
- Failure of the cervix to dilate

Labour augmentation is done by breaking the bag of water surrounding the baby or starting oxytocin by IV. Oxytocin mimics the natural hormone that the body produces during labour and helps improve the frequency, length, and strength of contractions which will cause the cervix to dilate.

Induction of Labour

What is Induction of Labour?

Most patients will go into labour on their own sometime between 37-41 weeks of pregnancy. However, in some cases, labour may need to be started before this happens.

Induction of labour is a medical procedure performed to stimulate uterine contractions and initiate the childbirth process when it does not begin naturally. There are various reasons why induction may be recommended, such as prolonged pregnancy, medical complications, or concerns for the well-being of the patient and their baby.

The steps of induction of labour may include ripening the cervix and initiation of contractions.

If the cervix is long, closed and firm patient may receive an intervention to ripen the cervix.

Methods of Induction

1. Foley Catheter:

Purpose: The Foley catheter is a soft tube that is inserted through the cervix into the uterus.

How it Works: The catheter is inflated with sterile water, creating pressure on the cervix and promoting dilation.

Process: The insertion may cause mild discomfort, but it is a generally well-tolerated method.

2. Prostaglandin:

Purpose: Prostaglandin is a hormone-like substance that helps soften the cervix and stimulate contractions.

How it Works: It is either applied to the cervix as a gel, tablet or tampon like insert

Process: The healthcare provider will closely monitor the patient during the administration to ensure a controlled and safe induction process.

3. Oxytocin:

Purpose: Artificial Oxytocin is a medication given by IV that mimics the hormone that plays a crucial role in initiating and regulating contractions during labour.

How it Works: It is given through IV

Process: The dosage is carefully controlled to gradually increase the strength and frequency of contractions. Continuous monitoring of contractions and the baby's heart rate will be done to ensure both are within safe parameters.

Timing: Induction of labour can take time. Be prepared for the process to progress gradually. There will be a period of observation and the patient may be sent home overnight and given instructions of when to return. The method of induction depends on the clinical exam, obstetrical history and indication for induction. The healthcare team will explain the reasons for the recommendation and keep the patient informed at every step.

Conclusion: We understand that the induction of labour process can be both exciting and overwhelming. Our dedicated team is here to support you and answer your questions.



Assisted Vaginal Birth

Assisted vaginal delivery refers to the use of medical instruments to assist in the delivery of a baby through the birth canal when a patient is unable to do so with the natural forces of their own contractions. This intervention is typically considered when there are concerns about the progress of labour or the well-being of the patient or baby. Two common methods of assisted vaginal delivery are vacuum extraction and forceps delivery.

General Considerations for Assisted Vaginal Delivery

Medical Assessment: The decision to use vacuum extraction or forceps is based on a careful assessment of the patient's and baby's health, the progress of labour, and other relevant factors.

Informed Consent: Healthcare providers discuss the potential risks and benefits of assisted vaginal delivery with the patient before the procedure, and their informed consent is obtained.

Close Monitoring: The healthcare team closely monitors both the patient and baby during the procedure to ensure their well-being.

Alternatives: In some cases, if assisted vaginal delivery is not progressing safely or is contraindicated, a caesarean section may be considered.

Post-Delivery Care: After delivery, both the patient and baby receive postpartum care, and any potential complications are addressed.

Assisted vaginal delivery is a medical intervention that can be a valuable tool in certain situations, aiding in the safe delivery of a baby. However, the decision to use these methods is made judiciously, considering the individual circumstances of each labouring patient. It is important for expectant parents to discuss these possibilities with their healthcare providers during prenatal care to understand the potential scenarios and make informed decisions.

Caesarean Section

A Caesarean section, commonly known as a c-section, is a surgical procedure in which a baby is delivered through incisions made in the patient's abdominal and uterine walls. While some c-sections are planned in advance for various medical reasons, some are performed during labour itself due to emergent situations. Here is an overview of Caesarean sections during labour:

Indications for Emergency C-Section During Labour

Fetal Distress: Abnormal fetal heart rate patterns or signs of distress may prompt the need for a quick delivery.

Labour Progression Issues: Prolonged labour or failure of the baby to progress through the birth canal despite sufficient contractions.

Umbilical Cord Prolapse: When the umbilical cord slips through the cervix ahead of the baby, potentially compromising blood flow.

Placental Abruption: Separation of the placenta from the uterine wall before the baby is born, which can be an emergency requiring swift delivery.

Maternal Health Concerns: Conditions such as preeclampsia or eclampsia may necessitate a c-section to protect the patient's health.

Previous C-Section: If a patient has had a previous c-section, a subsequent labour may be managed with a repeat c-section for safety reasons.

Procedure:

Anesthesia: Regional anesthesia, such as an epidural or spinal block, is administered to numb the lower half of the body.

Incisions: Typically, two incisions are made: one in the abdominal wall and another in the uterus.

Delivery: The baby is carefully delivered through the incisions. The surgical team ensures the well-being of both the patient and the baby.

Closure: After the baby is delivered and the placenta is removed, the incisions are closed with stitches or staples.

Considerations:

Recovery: Recovery from a c-section may take longer than a vaginal delivery, and there are specific postoperative care instructions for the patient.

Future Pregnancies: Having a c-section does not necessarily mean that future deliveries will be via c-section. Vaginal birth after a previous c-section (TOLAC-Trial of Labour after a C-section) may be considered based on individual circumstances.

Breastfeeding: While breastfeeding is encouraged after a c-section, some patients may need additional support due to the surgery's impact on mobility and comfort.

Emotional Impact: The experience of a c-section, especially if unplanned, can have emotional implications for some patients. Open communication with healthcare providers and emotional support are important aspects of postpartum care.

Complications: As with any surgical procedure, there are potential risks and complications associated with c-sections. These will be discussed with the patient before the procedure.

While a vaginal delivery is optimal for most patients, a Caesarean section during labour is a common and safe intervention when necessary. The decision to perform an emergency c-section is made swiftly to prioritize the health and safety of both the patient and the baby. Expectant parents are encouraged to discuss their birth preferences and potential scenarios with their healthcare providers during prenatal care to be informed and prepared for various possibilities.

Post-Delivery Care for Parent and Baby

Delayed Cord Clamping: Unless there is an immediate concern for the baby, delayed cord clamping is standard practice. This allows more blood to transfer from the placenta to the baby, promoting better iron levels and overall health.

Skin-to-Skin Contact: Skin-to-skin contact immediately after birth is encouraged. This intimate connection between the patient and their baby promotes bonding, regulates the baby's temperature, heart rate and respiratory rate, and facilitates breastfeeding.

Recommended Vitamin K: Vitamin K is routinely administered to newborns to prevent a rare bleeding disorder. Discuss the options with the healthcare provider to make an informed decision.

Eye Ointment: Eye ointment is offered to prevent eye infections that can be caused by bacteria present in the birth canal. However, it's a personal choice, and it can be declined unless there are concerns about potential exposure.

Newborn Exam: A thorough examination of the newborn is conducted to ensure overall health. This includes measurements and assessments to identify any potential issues early on. Newborn screenings, Critical Congenital Heart Disease (CCHD) testing, and jaundice assessments are conducted within 24 hours of birth to ensure the health and well-being of the newborn.

Feeding Your Baby

Breastmilk is the best food for your baby. The World Health Organization and the Canadian Pediatric Society recommends babies be breastfed for 2 years. It is recommended to exclusively breastfeed for 6 months before introducing other foods.

Norfolk General Hospital supports the baby friendly initiative and staff members are fully trained to support and assist you with breastfeeding while in the hospital. Breastfeeding support and resources are available after discharge.

If you have made an informed decision not to breastfeed, our staff will fully respect your choice.

Length of Stay and Postpartum Testing

For vaginal births, the typical hospital stay is one day, and for caesarean sections, it is one to two days. Our team will provide personalized postpartum care instructions and support before discharge.

When to Follow Up

You will need to make an appointment with your Family Physician or the Maternal Newborn Clinic for follow up for your baby within 24-48 hours of being discharged.

You will also need to follow up with your obstetrical provider 4- 6 weeks after delivery or as advised on discharge.

When to Get Help After Delivery

CALL YOUR DOCTOR RIGHT AWAY IF YOU HAVE OR NOTICE:

- A fever greater than 38.5°C or 101.6°C
- Tenderness or redness on the breasts
- Foul smelling vaginal discharge
- You have to pee often and it is painful or burns to pee
- Redness, swelling or fluid coming from your c-section incision
- Severe backache or abdominal pain
- A severe headache
- “the blues” that are very bad or will not go away
- Heavy and bright red vaginal bleeding, with or without clots and you are using one or more pad(s) per hour
- Pain, redness or swelling in your legs

CALL YOUR DOCTOR RIGHT AWAY IF YOUR BABY:

- Is excessively sleepy or excessively irritable
- Has a temperature greater than 37.5°C (100.4°F) or under 36.0°F (96.8°F)
- Has difficulty breathing
- Has increased jaundice (yellow coloured skin)
- Has dark coloured urine or less than 4 wet diapers in 24 hours (after day 4)
- Has a reddened cord area or foul odour or discharge from cord area
- Vomit is green in colour

Labour & Delivery Resources

NGH Maternal Newborn Department

3rd Floor, Norfolk General Hospital
365 West Street, Simcoe
P: 519-426-0130 ext. 3204 F: 519-429-6982

NGH Midwife

Maternal Newborn Clinic
Prenatal & Postpartum Care
Juanita Peters
365 West Street, Simcoe
P: 519-426-0130 ext. 1279

Family Medicine Obstetrical Team

- Dr. R. Kundu
64 Donly Drive North, Suite 4C, Simcoe
P: 519-428-3060 F:855-519-5896
- Dr. L.M. Austen
414 Main Street, Unit 2, Port Dover
P: 519-583-2225 F: 519-583-2250
- Dr. K. Sinkowski
216 West Street, Simcoe
P: 519-428-0444 F: 519-428-1725
- Dr. J. Szabo
105 Main Street of Delhi, Delhi
P: 226-549-4004 F:519-582-3770

Midwifery Teams

- **Norfolk Roots**
100 Colborne Street North, Suite F, Simcoe
P: 519-428-1414 F: 519-428-1439
- **Midwives of East Erie**
340 Lock Street West, Dunnville
P: 905-701-7428 F: 905-701-4400