Preparing for the Birth of Your Baby

This booklet is designed to answer many of the questions that may arise during the last months of your pregnancy, as you begin to prepare for the birth of your baby.

We encourage you to read through this information and discuss any questions or concerns you may have with your health care provider. We wish you the very best.

Women and Infants Services
UC San Diego Health System

Important Telephone Numbers

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<td>Admissions and Registration</td>
<td>619-543-6570</td>
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<td>Financial Counseling</td>
<td>619-543-6984</td>
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<td>Labor &amp; Delivery Unit</td>
<td>619-543-6600</td>
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<td>Family Maternity Care Center</td>
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For information on classes and maternity tours, call UC San Diego Physician Referral Service at 800-926-8273 or register online at pregnancy.ucsd.edu
Planning Ahead

Before Your Baby is Born

Choose Your Health Care Provider and Delivery Location
With two distinct birth settings, a range of physicians and midwives, plus high-risk specialists and equipment ready if extra care is needed, you have more options at UC San Diego Health System than anywhere else in San Diego.

Depending on your personal preferences and medical needs, you may want to decide between getting your care with physicians or certified nurse-midwives (CNM). You may also want to choose between our Labor & Delivery Unit (where you can have your baby with either a physician or midwife), or our in-hospital Birth Center (with midwives only) for your delivery.

Choice of Two Birth Settings
• Labor & Delivery Unit – the conventional approach, including high-risk care
• In-hospital Birth Center – a holistic birthing alternative where walking, eating/drinking, and using tubs or showers during labor are encouraged

Choice of Caregivers
• Certified Nurse-Midwives
• Family Medicine Physicians
• Obstetricians
• Perinatologists

Choice of Support and Services
• Volunteer doulas
• Round-the-clock breastfeeding support
• High-risk care (multiples, fetal surgery, diabetes and prenatal diagnosis)
• Locations throughout San Diego for prenatal and follow-up care
• Level III Neonatal Intensive Care Unit (NICU)

Ask about changing your UC San Diego Health System provider, prenatal care office, or birthing location, if your preferences change at any time during your pregnancy.

Choose Your Baby’s Health Care Provider
During your pregnancy is the time to select the person who will provide health care for your baby – it is important that you decide before your baby is born. When choosing a pediatrician, family practitioner or pediatric nurse practitioner, look for someone whose philosophy of child rearing is similar to yours. Ask friends and your doctor or midwife for recommendations. For assistance in selecting a UC San Diego Health System provider, contact UC San Diego Physician Referral Service at 800-926-8273 or visit pregnancy.ucsd.edu.

Consider Taking Classes
You may find our prenatal classes helpful in preparing for childbirth, breastfeeding and the care of your newborn. For a detailed description of available classes, please refer to the Pregnancy and Childbirth Classes brochure you received earlier in your pregnancy. You can also visit our website at pregnancy.ucsd.edu for information or to register. You’ll find this website to be a great resource for online information:
• Take a virtual tour of our birthing facilities
• Learn about your baby’s growth month-by-month
• Gather information on infant care and development

Get a Car Seat for Your Baby
It is important to get a car seat before your baby is born. California State law requires that infants must always be secured in a safety-approved car seat when riding in a car. Getting your car seat early will allow time to install it before it’s time to come to the hospital for your delivery.

Before you leave the hospital with your new baby, your support person will be asked to bring the car seat to your room so that your nurse can show you both how to properly position and secure your baby in it.

If you need assistance installing the seat properly in your car, contact the California Highway Patrol at 619-220-5492 or Rady Children’s Hospital-San Diego at 858-576-1700, ext. 5096.

The Circumcision Decision
If you are having a boy, be sure to decide in advance if you want him to be circumcised. Check with your insurance carrier to find out if it covers the expense. If they do not, you will need to make plans to pay for the procedure yourself. Circumcision is usually performed in your pediatrician’s office within the first few weeks of life.
Admission to the Hospital
Patients who are getting prenatal care at any UC San Diego Health System clinic (with a UC San Diego Health System medical record number) do not need to fill out any pre-registration paperwork. If you have questions about registration for admission to the hospital, please call 619-543-6570.

Always Call Before Coming
Even if you are sure it’s time to come in to the hospital, please call ahead so that we will be prepared for your arrival. When you call, you will be asked questions about your pregnancy. We will help you determine what to do next.
- If you are the patient of a physician, call 619-543-6600.
- If you are the patient of a midwife, call 619-299-6667.

When to Call the Hospital
- If this is your first baby, call when you are having contractions every four minutes that last 60 seconds each, for more than one hour.
- If this is not your first baby, call as soon as you have regular contractions.
- If your water breaks; please note the time, the amount and the color of the fluid.
- If you have vaginal bleeding.
- If your baby moves less than 10 times in one hour, or if your baby is not moving normally.
- If you have any questions.

What to Bring
Try to limit what you bring to the hospital to what will fit into one small overnight bag. You may wear your wedding ring, but please do not wear a watch or bracelet. It’s best to leave jewelry and other valuables at home.
- Your prenatal records (if you have a copy)
- Your insurance card and copay or deductible
- A copy of your tubal ligation consent form, if applicable
- Snacks and drinks for your support person
- Large loose shirt to wear during labor and birth, if desired
- Robe, slippers and toiletries
- Clothes to wear home
- Clothes for your baby to wear home, as well as hat and blankets
- Name, address and phone number of your baby’s health care provider
- Car seat – after your baby is born, your support person will be asked to bring your car seat to your room (please leave the seat in your car until it is time to go home).

Fire and safety regulations prohibit the use of personal electrical equipment that must be plugged in, with the exception of a small hair dryer with a Ground Fault Interrupter and circuit reset button. Laptops, video cameras, music players or any other electrical equipment that you bring to the hospital must be battery-operated. (Remember to re-charge your batteries before you arrive, or bring extra batteries with you.)

UC San Diego Health System cannot be responsible for lost items.
Parking and Entering the Hospital

For patients arriving during the day, between 5 a.m. - 8 p.m.:
The main entrance to UC San Diego Medical Center is open between 5 a.m. and 8 p.m. If you wish, your driver can let you off at the main entrance, where you may wait in the lobby while he or she parks the car.

Parking for patients and visitors is available in UC San Diego Medical Center’s parking structure located at the west end of West Arbor Drive. Make note of your parking space number, and go to one of the pay stations located in the parking structure to purchase a permit for the amount of time you need. The machines accept credit and debit cards, as well as cash. You can purchase additional parking time at a pay station located in the hospital cafeteria or in the Medical Offices – South lobby.

For patients arriving at night, between 8 p.m. - 5 a.m.:
Between 8 p.m. and 5 a.m., you must enter the hospital through the Emergency Department entrance on Front Street, as all other doors are locked. During these hours, you may park in the South Parking Lot on the northeast corner of Front Street and West Arbor Drive.

To enter the South Parking Lot, turn right on Front Street from West Arbor Drive, then turn right into the first driveway. Please park only in one of the spaces marked Pulmonary Rehabilitation Patients. All other spaces are reserved. Please note that your driver will need to move the car to the Medical Center’s parking structure by 6 a.m. to avoid a parking ticket.

Valet Parking
We also provide valet parking at a nominal fee for our maternity patients attending prenatal appointments, classes/tours and during their hospital stay. Please check with your prenatal clinic for details.

Checking In
Regardless of which birthing location you have chosen, please call ahead to let us know you are coming.

If you will be delivering in the Labor & Delivery Unit, please go directly to the check-in desk on the 2nd floor when you arrive.

If you are having your baby in the Birth Center (4th floor), you will be told where to check in when you telephone the midwife on call (some Birth Center patients may need to go to the Labor & Delivery Unit first).

Frequently Asked Questions

Birth Center

Who is eligible for the Birth Center?
The Birth Center is an option for healthy women who are having a normal pregnancy, and are being cared for by UC San Diego Health System’s CNMs. Most women are eligible for midwifery care, but there are certain medical, obstetric and prenatal conditions that require giving birth in the Labor & Delivery Unit. If you are interested in our Birth Center but are not currently in the care of our midwives, please call the program administrator at 619-543-3863 to determine if you are eligible.

What makes the Birth Center different?
Because the patients in the Birth Center are women with normal, low-risk pregnancies, there are fewer “routine” medical interventions than in the conventional Labor & Delivery Unit. Of course, all the necessary medical supplies and extra health care staff are available, if needed.

- CNMs are responsible for all deliveries in the Birth Center. (Physicians do not attend deliveries in the Birth Center.)
- IVs are not routine.
- Pain medications are available with injections or IVs. (Epidurals are only administered in the Labor & Delivery Unit, see page 8.)
- You baby’s heart rate is monitored throughout labor with a hand-held Doppler, the same equipment used at your prenatal visits. (Continuous electronic fetal monitoring belts are not used.)
- Large, home-like beds are used instead of hospital beds.
- There are no restrictions on eating and drinking during labor.
- Walking and movement during labor are encouraged.
- Tubs and showers are commonly used for pain relief during labor.

Do the CNMs only attend births in the Birth Center?
No, the midwives attend births in both the Birth Center (4th floor) and in the Labor & Delivery Unit (2nd floor). If your baby is born in the Birth Center, you will not need to move to a different room for your postpartum care.

Does the midwife I see for my prenatal care always attend my birth?
A midwife is always available in both the Birth Center and in the Labor & Delivery Unit, 24 hours a day. This may or may not be the person you have been seeing for your prenatal care, but all of our midwives provide excellent care with the same philosophy.
Can I have pain medicine in the Birth Center?
Yes, the midwives can order pain medications for you in the Birth Center. Generally these are given as an injection or through an IV. You also can use hydrotherapy, birthing balls, birthing stools, massage, walking and breathing techniques for pain management. Epidurals are not used in the Birth Center because they require increased monitoring for you and your baby.

I know I want an epidural; can I still have a midwife for the birth of my baby?
Yes, midwives support your choices, whether they include narcotics, an epidural or a unmedicated birth. If you choose epidural anesthesia, you will give birth in the Labor & Delivery Unit, with the midwife still providing your care. After a short recovery time, you and your baby will be transferred to the Family Maternity Care Center (FMCC) for your postpartum care, and a midwife will continue to care for you until your discharge home.

Why might I be transferred from the Birth Center to the Labor & Delivery Unit during labor?
There are a variety of medical reasons for a transfer:
• You may decide to have epidural anesthesia
• You may need medication to assist your labor progress
• Your health care provider may be concerned for you or your baby’s well-being

All of these require increased monitoring for you and your baby. We will involve you and your partner in decision-making throughout your labor, including transfer to the Labor & Delivery Unit.

If I transfer to the Labor & Delivery Unit, will the midwife still attend my birth?
Yes, your midwife remains the primary care provider during most transfers, and continues to care for you until you are discharged from the hospital. If the need for a cesarean arises, or other complications occur, a physician will manage your care and the midwife will continue to provide support throughout your hospital stay.

Can I have a water birth?
We cannot offer you a water birth at this time. However, you can labor in our tubs in the Birth Center, and many women find this extremely helpful. There are no tubs in the Labor & Delivery Unit.

Labor & Delivery Unit
Will the staff follow my birth plan?
Your birth experience is very important to us. We will follow your birth plan as closely as we can. A healthy mom and baby is our shared goal. If a circumstance arises where we are unable to follow something in your birth plan, we will explain in detail the reasoning and include you in the decision-making process.

Do I need an IV?
An IV is used for the purpose of providing adequate fluids during labor, and to give medications for pain relief. If you think that you will not desire pain management, you should talk with your health care provider about whether or not an IV will be necessary for you.

Will I be able to eat or drink anything during labor?
In early labor, you may be able to eat and drink. In active labor, your intake may be limited to ice chips.

Can I walk around during labor?
In early labor, we encourage walking as much as you are comfortable with. In active labor, you can decide how much you want to be up and moving.

Do I have to be on a labor monitor in bed?
While you are in the labor bed, the staff will monitor your baby to make sure that labor is going well for the baby.

Can I labor in the shower?
Yes, you can labor in the shower. Depending on what stage of labor you are in, the nurse may ask to monitor your baby out of the shower from time to time.

How many people can be with me in the labor room?
We prefer to have no more than two people at a time in the labor room.

Can they stay for the delivery?
Our main focus is to maintain a safe environment for you and your baby, but you may decide who stays for the delivery.
Can my other child/children attend the birth?
If you are planning on having children younger than 8 years of age attend the birth, it is very important that they are adequately prepared for what will be happening. Some children may become scared or bored, and want to leave. For that reason, it is required that you have another adult, besides your support person, to be with the children. We do not have staff available to provide childcare.

Will I be able to hold my baby right after birth?
Our goal is for you and your baby to be together as soon as possible after birth. Provided you are both well, your baby will be given directly to you to hold skin-to-skin, with a blanket over both of you to maintain warmth. Spending time quietly holding your baby in close contact gives you an opportunity to bond, and helps get breastfeeding off to a good start. You and your baby will spend one or two hours together in the Labor & Delivery Unit, before being moved to the FMCC for your postpartum care.

If I give birth by cesarean delivery, where will I go?
The Labor & Delivery Unit has its own operating room (OR) and a recovery room for cesarean deliveries.

How many people can come with me?
One person may accompany you into the OR, and then you may see visitors in the recovery room.

If I have a cesarean delivery, will my baby stay with me the entire time?
When possible, babies are placed in skin-to-skin contact with their mothers in the OR following delivery. When you are taken to the recovery room, your baby will remain with you to continue bonding. If you will be breastfeeding, it is preferable that your baby starts to nurse as soon as possible. The length of time spent in the recovery room will depend on your condition.

Family Maternity Care Center
Where do I go after delivery?
If you deliver in the Birth Center, you and your baby remain in the same room you gave birth in until you go home. If your baby is born in the Labor & Delivery Unit, you and your baby will be transferred to the Family Maternity Care Center (FMCC) or Postpartum Unit, approximately two hours after delivery.

If you have a cesarean delivery, we strongly encourage you to have a support person stay with you for 24 hours after delivery. If you don’t have a support person, your baby will be cared for in the Infant Special Care Center (ISCC) until you are fully able to care for your baby.

What types of rooms are available in the FMCC?
There are both semi-private rooms and private rooms.

Is it possible to reserve a private room?
Private rooms are available on a first-come, first-served basis. If a private room is not available when it’s time for you to go to the FMCC, you will be moved as soon as a private room becomes available.

What are the visiting hours?
Fathers and support people are welcome any time. We encourage siblings to visit as well; please be sure they are fully immunized and have no signs of illness. We offer “Siesta Time” from 1 p.m to 4 p.m. During this time, mothers and babies are given a chance to rest without any visitors or staff coming into their rooms.

Extended family and friends may visit from 10 a.m. to 1 p.m. and from 4 p.m. to 8 p.m. All visitors must stop at the nurses’ station to sign in and get a visitor identification badge.

Will I be seen by my physician or midwife in the hospital?
You will be seen by your usual health care provider if he or she is at the hospital; otherwise, you will be seen by one of the partners in your provider’s practice.
The Care of Your Baby

What does “skin-to-skin” mean, and why is it important?
There are many benefits to keeping babies close together with their mothers. We encourage you to hold your newborn baby naked (except for a diaper) on your own skin, with a blanket covering you both.

Babies who are frequently held “skin-to-skin” are:
• More likely to latch onto the breast and to breast feed more easily
• Have more stable and normal skin temperatures
• Have more stable and normal heart rates and blood pressures
• Have better blood sugars
• Are less likely to cry

Will my baby stay with me in my room?
In most cases, babies stay with their mothers (rooming-in) during their entire hospital stay. We encourage all mothers to keep their babies close to them, especially if they are breastfeeding.

If you have a cesarean delivery, we encourage you to have a support person stay with you for the first 24 hours.

Why don’t you bathe babies right away?
A creamy, protective substance called vernix is present on the skin of many newborn babies. We intentionally do not bathe your baby in the first 24 hours because leaving this substance to absorb into your baby’s skin helps protect against dryness and bacterial infections.

Babies transition better, feed better and sleep better when kept warm and skin-to-skin with their mothers in a calm, peaceful environment. Bathing is one of the normal newborn procedures that is delayed while your new family settles in.

Will my baby be taken to the nursery?
Healthy babies are not routinely placed in the nursery. Sometimes a baby may be taken to the nursery for tests, but a family member is always welcome to go with the baby if you wish. If your baby has a medical problem and needs to go to the ISCC, you are encouraged to visit.

If I wish, can I have the vitamin K injection and erythromycin ointment delayed?
Yes. We would like all newborns to remain skin-to-skin with the mother after delivery, if everything is going well. To delay the vitamin K injection and erythromycin by an hour or so is fine. Because the vitamin K protects the baby from bleeding problems in the first 24 hours, it is best to give it early if possible, within an hour after birth.

Can I request no bottle/formula be given to my baby?
We very much encourage all mothers to breast feed their infants. Part of ensuring success is to avoid giving formula, bottles or pacifiers to newborns. If there is a medical reason to give the baby a supplement, options will be discussed with you.

What kind of security does the hospital have?
An electronic surveillance system is in place to make sure that your baby is safe at all times. This consists of a comfortable leg band that is placed on your baby in the FMCC. It monitors the location of your baby at all times, and sets off an alarm for the nurses if the baby gets too close to an exit. In addition, our infant security system includes color-coded identification badges, video cameras, limited access and alarmed doors to the unit. Your baby’s safety is our highest priority.

Hearts & Hands Volunteer Doula Program
The services of our volunteer doulas (childbirth assistants) are offered free of charge, to women delivering in both the Labor & Delivery Unit and the Birth Center. A doula helps with comfort measures, such as relaxation, breathing, massage and positioning (using movement for comfort and to help the labor progress) – and she can show dads or other support people how to help, too. When a doula is called in for a birthing mother, she then stays with her continuously until the baby is born, no matter how long it takes and regardless of what pain medications are used, or the type of delivery. Doula care is known to decrease the length of labor, to decrease the need for pain medication, and to reduce the rate of cesarean deliveries.

Hospital staff may call for a doula on a mother’s behalf any time of the day or night. (Please note: we cannot always guarantee the availability of a volunteer doula.) For more information on the Doula Program, call 619-543-6269 or visit pregnancy.ucsd.edu.
Comfort Measures for Labor and Birth

There are a variety of comfort measures that can be used to relieve the normal pain of labor and birth. Comfort measures should be started at home in early labor, and continued at the hospital during the later stages of labor and birth. Although these usually do not totally remove the pain of the contractions, these comfort measures help support your body’s natural ability to cope. Many women can and do give birth using these methods and nothing else. If you have any questions about the use of these or other types of comfort measures, please discuss them with your doctor or midwife.

Environment
“Setting the mood” can help you to feel more comfortable and at ease. This might include playing soft relaxing music, keeping the lights dim, and having your support people stay focused on your needs.

Hands-on Touch
Hands-on touch can range from simply holding hands to deep massage or counter pressure against your back during contractions. Some women like a leg, foot or hand massage. Be sure to tell the person who’s touching you what feels good and what doesn’t.

Heat and Cold
Heat and cold packs help relieve discomfort. Heat is especially good for achy pains and can help relax muscles. Cold can numb a painful area, such as a sore back.

Bath and Shower
Laboring women often find a warm bath to be very relaxing. The buoyancy of the water helps relieve some of the pain of the contractions and the warmth relieves tension. The warmth and relaxation may also help your labor to progress. In the shower, you can sit in a chair and direct water onto your back or abdomen.

Breathing
Breathing can be very effective in helping you work with the pain of labor as it increases. There are many patterned forms of breathing, which are typically taught in childbirth preparation classes.

Our staff will suggest some breathing techniques you can try, as you need them. In general, the more you can utilize slow, deep breaths with your contractions, the more relaxed you will be and the more oxygen will get to your body and the baby’s.

Positioning
Certain positions can actually reduce the pain you feel, depending on where you are in the labor process and the position of the baby at that time. Babies need to go through a complex series of movements as they make their way down the birthing canal. When the mother is more active and using upright positions, this process is easier. Standing, walking, sitting and squatting are some of the upright positions to consider. Using more upright positions can decrease the length of labor by increasing the strength and frequency of the contractions. When you need to rest, lying on your side is another great choice. Some women find that leaning forward and even being on your hands and knees can help significantly if you are experiencing back pain with your contractions.

Birthing Ball
A birthing ball is a large rubber ball similar to those used for physical therapy and exercise. Leaning or sitting on the ball can decrease the discomfort of contractions and relieve the pain of back labor. Birthing balls are available for use during your labor.
Analgesia and Anesthesia for Labor and Delivery

The Department of Anesthesia provides 24/7 anesthesia care for women giving birth in the Labor & Delivery Unit.

The information below discusses the various pain relief methods and their benefits, as well as some of the possible side effects and limitations of each. If you have any questions concerning anesthetic practices at UC San Diego Health System, speak with your doctor or midwife. You can also phone the Labor & Delivery Unit at 619-543-6600 and ask to speak to the anesthesia resident or attending physician on call.

**Analgesia**

**Analgesia** is pain relief without total loss of sensation or consciousness.

**Analgesic medications** are usually narcotics, which lessen the sensation of pain and allow the mother to rest between contractions. (These medications can be used in the Birth Center, as well as in the Labor & Delivery Unit.)

**How administered:** By intramuscular (IM) injection or intravenously (IV).

**Best time:** Analgesic medications work especially well during the early stages of labor, before the cervix is dilated to 7 centimeters (cm).

**Possible side effects:** Drowsiness and nausea.

**Pros:** In long labors, these drugs can help you rest before the transition phase.

**Cons:** High or repeated doses may cause heavy sedation of both you and your baby, and occasionally slow down the baby’s breathing. This effect can be reversed with other medication, if necessary.

**Anesthesia**

**Anesthesia** numbs part or all of the body. There are several types of anesthesia.

**Epidural Block**

An epidural block numbs the lower half of the body, easing the pain of contractions and vaginal pain as the baby moves down the birth canal. An epidural administered for labor uses low concentrations of medication, so that the mother is usually still able to move her legs and to feel the sensation of touch or pressure. An epidural block using stronger medication can also be used to make the lower two-thirds of the body completely numb to allow a pain-free cesarean delivery. Epidurals usually work very well, but they are not always perfect and sometimes they cannot completely relieve labor pain.

**How administered:** By placing a thin plastic tube through a needle that is inserted between the “spinous processes” (back bones you feel on your spine) and into an area called the “epidural space.” First, a local anesthetic is given to numb the skin and underlying tissue before the needle is inserted. Then a larger needle is carefully advanced until the anesthesiologist finds the epidural space. A flexible tube (catheter) is then passed into the epidural space through the needle and then needle is removed. Local anesthetics and/or narcotics are given through this catheter in small amounts. While some effect may be noticed in as little as five minutes, it often requires 15 to 20 minutes to achieve the full benefit. The catheter is taped to the mother’s back, allowing her to assume any comfortable position.

**Best time:** In active labor, when the mother is having frequent, strong contractions and the cervix is dilated between 3 to 5 cm.

**Possible side effects:** It is quite common to develop mild itching over the chest and abdomen; this is easily treated if it becomes a problem. An infrequent side effect is a decrease in blood pressure. If necessary, this can be treated with IV fluids or medicine that is safe for you and your baby. On a rare occasion, a spinal headache may occur if the sac containing the spinal fluid is entered with the epidural needle or catheter. If a spinal headache occurs, it is usually easily treated.

**Pros:** Amount and type of medication can be adjusted to meet individual pain relief needs. Does not make mother sleepy and has not been found to be harmful to babies in amounts commonly given.

**Cons:** May interfere with ability to push if the abdominal muscles are relaxed or the mother cannot feel the pressure of the baby moving down the birth canal. The medication may need to be adjusted or temporarily discontinued, so the mother is able to push the baby out at delivery.
**Spinal Block**
This is a quick-acting form of anesthesia that numbs most or all sensation in the lower two-thirds of the body. It is commonly used for cesarean births, particularly when an epidural catheter has not already been inserted. It can also be used when a patient is expected to deliver in one to two hours after arrival at the hospital. Most patients cannot move their legs for two to three hours after a spinal block.

**How administered:** Local anesthetic is injected to numb the skin and a small spinal needle is passed into the sac containing the spinal fluid; a local anesthetic and a narcotic are injected. Pain relief is rapid, and lasts up to three hours.

**Best time:** Late in labor or before cesarean delivery.

**Possible side effects:** As with the epidural, it is common to develop mild itching over the chest and abdomen; this is easily treated if it becomes a problem. Nausea and vomiting sometimes occur. Low blood pressure and spinal headache are infrequent and usually easily treated.

**Pros:** Rapid pain relief.

**Cons:** Prevents pushing. Also, if labor and delivery last longer than two hours, another form of anesthesia may be required. For this reason, spinal block is often combined with an epidural.

**General Anesthesia**
General anesthetics are medicines that cause rapid loss of consciousness. General anesthesia is used only under certain complicated situations and rarely for vaginal delivery.

**How administered:** Intravenous (IV) medications or inhalation of gases.

**Best time:** Just before delivery.

**Possible side effects:** Nausea, vomiting, drop in blood pressure, breathing problems.

**Pros:** Rapid effect; most useful for situations requiring immediate delivery.

**Cons:** Mother misses the birth; baby receives some of the medication, causing drowsiness.
Breastfeeding Your Baby

As a nationally certified “Baby Friendly Hospital,” we’re dedicated to supporting breastfeeding, and keeping you and your baby together in the same room throughout your hospital stay. All of our maternity care staff are trained to assist mothers with breastfeeding. It is our policy not to give pacifiers or artificial nipples to breastfeeding infants, or to feed newborns anything other than human milk, unless medically indicated. To learn more about the prestigious Baby Friendly designation, and the importance of breastfeeding, visit babyfriendlyusa.org.

The First Days
Colostrum, the milk you will produce in the first few days, is full of antibodies to protect your baby against infections. You will produce the right amount to meet your baby’s needs.

Your nurse will show you how to hold your baby for feeding, and how to make sure that he latches on properly to the breast. This is very important, as it will help you to breast feed successfully from the start. Most of the problems experienced by breastfeeding mothers in the first few weeks (for example, sore nipples) happen because the baby’s mouth is not positioned on the breast in the best way.

In the hospital, your baby will sleep in your room next to your bed. That way, you will get to know your baby quickly, including when she wants to nurse. This is especially important at night because you will be able to breast feed when your baby is ready, without either of you being disturbed too much.

All Your Baby Needs

It is important to feed your baby whenever he seems hungry, not on a schedule. This will ensure that you produce plenty of milk to meet his needs. That’s because each time he feeds, messages are sent to your brain, which then sends signals to your breast to produce more milk.

More feeding = More signals = More milk

Breast milk contains all the food and water your baby needs. Giving other food or drink could be harmful, and may also make him less interested in breastfeeding.

If you give your baby a bottle:
• She may be at greater risk of infection
• She will be at greater risk of developing allergies if you have a family history of allergies
• You may produce less milk for future feeds
• Sucking on the nipple of a bottle may make it more difficult for him to latch on to your nipple properly

Our goal is to give you all the support you need to feel confident in your role as a new mother, including adequate information to get breastfeeding off to a good start before you go home. There are additional resources available to you after you leave the hospital, too, including information about how to feed your baby when you return to work.
California Newborn Screening

Blood Testing
California State law requires that, before leaving the hospital, all babies must have a blood sample drawn to test for some rare disorders that are not immediately apparent after delivery. Newborn screening identifies most, but not all, of the babies born with these disorders, so treatment can be started right away.

A heel-prick is used to take a few drops of the baby's blood. The blood drops are collected on a special paper and then sent for testing. The baby's heel may have some redness at the pricked site, and some babies may have bruising, but this usually disappears in a few days. If you say “no” to the screening test, you must sign a form that says your hospital, doctor and clinic staff are not responsible if your baby develops problems because these disorders were not identified and treated early.

Hearing Screening
The California Department of Health Services (DHS) has implemented a statewide comprehensive Newborn Hearing Screening Program to help identify hearing loss in infants. The goal of this program is to identify babies with hearing loss, and link them with services by 6 months of age.

The screening takes only a few minutes while a baby sleeps. Soft sounds are played through earphones specially made for babies, and the baby's response to the sound is measured.

For more information on the Newborn Hearing Screening Program, call toll free 877-388-5301.

Discharge and Follow-up Care
The average hospital stay is one to two days for a vaginal delivery, or four days for cesarean delivery. With arrangements for follow-up care and good support at home, discharge from the hospital may take place 24 hours after delivery, but usually no sooner.

After your baby is born, your support person will be asked to bring your baby's car seat to your room in the Birth Center or Family Maternity Care Center. Your nurse will demonstrate how to properly position and secure your baby in the car seat. This must be done before your baby is discharged; please be sure to have a car seat before your baby is born, so your discharge is not delayed.

We prefer to discharge patients by 11 a.m., if possible. Please arrange ahead of time for the person giving you a ride home to be at the hospital by 11 a.m. on the morning of your discharge.

On the day you go home from the hospital, you will be given specific, written discharge instructions for making follow-up appointments.

We wish you all the best on your journey into parenthood. Please let us know how we can help.
Questions to ask your health care provider:


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