



Call the Midwife!

(512) 745-6378

If you are **37 or more weeks pregnant**, and

- think you may be in labor
- think your water has broken
- have any other *urgent* concern related to your baby or pregnancy

Our answering service MedConnect will answer the call and forward your information to the midwife on call. She will call you back within 15 minutes.

Please call the midwife line FIRST. If you have not heard back from a provider within 15 minutes,
then you may call the office line at (512) 425-3825

It is VERY important that you do not arrive at the Birth Center without talking to the midwife first.

Please return the consent documents in the folder as soon as you can, if not tonight then at your next OB Appointment.

What happens if I think I am in labor, or I think my water breaks?

- Call the midwife for guidance. You and your midwife will decide if it is time to come in to the birth center. (See the handout, “Am I in Labor?”)
- If it is after hours, your midwife will explain to you when she will meet you downstairs or let you know how to get into the birth center.
- Unless the birth is imminent, you will come in through Ob-Gyn North and go to an exam room, just like your prenatal visits, and the midwife will examine you and get your vital signs.
- We will listen to the baby for about 20 minutes on the monitor.
- Together with your midwife, you will decide if it is time to be admitted to the birth center.

What happens if my water breaks before contractions start?

- Let your midwife know if you think your water is broken or if you are leaking fluid. She may want you to come in to the office to confirm that it is your water that is broken.
- Depending on the time of day, you will make a plan with the midwife to either rest and wait for contractions, or encourage labor.
- If you are GBS+, we will have you come in and start your antibiotics, but if all is well, you will be able to return home for early labor.

Call your midwife or call the office if any of these things are happening:

- You think your baby is not moving well, or you haven’t felt the baby move in a while. A normal fetal kick count (any movement) is at least 10 kicks in 2 hours which is reassuring and normal. Call us if you feel NO fetal movements in 1 hour or less than 10 kicks in 2 hours.
- You are having vaginal bleeding that is heavy like a period or running down your legs
- Your water broke with a large gush, and you can feel “something” in your vagina. (If this happens get in a knee-chest position with your bottom in the air and call the midwife immediately).
- You have a headache that doesn’t get better with Tylenol, and/or you are having new problems with your vision and /or severe indigestion / flu like symptoms.



Encouraging Labor & Natural Birth

Here are some things that you can do to prepare for labor and birth, and encourage a timely birth:

- Walk! Walking every day encourages natural alignment of your baby in your pelvis. Try to walk with a good stride and at a brisk pace for at least twenty minutes every day. A good time to walk is after dinner in the evening.
- Eat at least 6 dates a day. Dates are delicious, and actual studies have shown that date consumption in the last 4 weeks of pregnancy reduced the need for induction and augmentation of labor (Al-Kuran et. al, 2011).
- Drink red raspberry leaf tea to your heart's content (not raspberry flavored black tea, but tea made from red raspberry leaves). Red raspberry leaves are believed to help tone the uterus, and the tea is tasty.
- Drink plenty of fluids. Your body works hard to replenish your baby's amniotic fluid. Staying hydrated helps your baby have plenty of amniotic fluid. Low amniotic fluid levels can be a reason for a hospital birth, so this is important.
- Get plenty of rest.
- Have sex if you feel like it (and your water's not yet broken!). Prostaglandins in semen may help soften the cervix, and orgasms may stimulate uterine toning contractions.
- An herbal labor preparation formula, [Dr Christopher's Birth Prep](#), can be taken as directed on the bottle beginning at 36 weeks of pregnancy. Discuss with your midwife if this is an option for you. It can be purchased online and at some health food stores and herbal shops.
- Enjoy the last few weeks of pregnancy! We promise you, it may seem like it, but you will not stay pregnant forever.

Please **DO NOT** use other natural or over the counter methods (like castor oil) to try and induce labor unless under the specific guidance of your midwife.



What to Pack

The amount of time at the birth center varies by the length of labor but is generally less than a day. Most families are comfortable with one small carry-on or duffle bag and a small bag or cooler of drinks and snacks. The birth center is equipped with a small fridge stocked with drinks and you may use it to store your own items.

Because birth is not a “medical” event, no hospital gowns are needed and laboring mothers wear whatever is comfortable, or nothing at all. Many women like to wear a soft skirt & sports bra or comfortable lounging clothes. Labor partners should be dressed comfortably as well because most couples nap or snuggle in bed during their stay.

Baby items:

- Going home outfit for your baby, onesie and gown, hat and receiving blanket
- Car seat, ready and installed before labor (Safe Riders state program 800-252-8255)
- We provide disposable diapers during your stay but you may want to bring cloth diapers if you prefer.
- We provide a bulb syringe for your baby.

Mother items:

- Comfortable lounging outfit
- A terry cloth robe if you have one
- Comfy home maternity outfit (don't forget extra socks and a comfy bra if you desire)
- We provide sanitary pads, disposable underwear, squirt bottle for cleaning your perineum, and ibuprofen while you are here.

Partner/Support person items:

- A complete change of clothes, just in case
- Gum, mints or breath fresheners are handy

Snack suggestions:

- A lot of drinks for hydration- Gatorade, juice, water for mom & support person(s)
- Fresh fruit, yogurt, granola bars, cheese for mom & support person(s)

Paperwork:

- Your blue folder and all of its contents

Please have at home:

- Thermometer (no tympanic membrane/ear or pacifier type)
- Ibuprofen and/or Tylenol
- Long, overnight maxi pads (see handout for ideas)
- A donut pillow may be helpful, but is not necessary



Home Care of the Postpartum Mother

Danger signs to call about:

- Temp 100.4 or greater
- Soaking a pad an hour or bleeding with clots bigger than a plum
- Foul smelling vaginal discharge
- Pain with urination (may be normal during the first 24 hours only)
- Constipation longer than three days
- Depression and crying spells lasting longer than 3 days after the first week
- Painful red areas on breasts
- Headache that does not improve with Hydration/Tylenol/Motrin or blurry vision with increased swelling in hands/feet

Rest: Take it easy for the first two weeks. Caring for yourself and the baby should be your only major responsibility. Your body is healing a large wound inside the uterus where the placenta was and perhaps also a perineal wound. You will need help for household duties for 1-2 weeks (cooking, cleaning, laundry, and caring for your other children). Rest when the baby sleeps and keep visitors to close friends or relatives for short visits. Fatigue decreases your milk supply and your ability to cope with these new added responsibilities.

Cramps: Afterbirth cramps are usually manageable after your first baby. They usually increase in severity with every baby after that. For the pain, take 400-800 mg ibuprofen. 400mg can be taken every 4 hours, 600mg every 6 hours, and 800mg every 8 hours. If this is insufficient, add 500 mg of Tylenol between doses. If your pain is not controlled with ibuprofen and Tylenol, call your midwife. Some women find relief from cramps by laying on your stomach over a blanket role after you empty your bladder.

Vaginal Bleeding: The top of your uterus should feel firm and at the level of your belly button (or lower). For the first 24 hours, bleeding should resemble your heaviest days of a period. Saturating more than 1 large pad an hour is excessive, so call us immediately. By day 3, your bleeding should be less in amount and lighter in color, light pink to yellow. By day 10, it is pink or brown and watery with spotting (enough to require a small pad). If after day 3, the bleeding becomes red and heavy, it is often a sign that you are “over doing it” and need to slow down. Many women, however, spot sporadically for four to six weeks postpartum. Call us for excessive bleeding, strong offensive odor, unusual abdominal pain or a fever over 100.4.

Care of the perineum (your bottom) and/or stitches: Use an ice pack intermittently for the first 24 hours. Baby diapers with ice in the lining make great ice packs! You could also soak some pads in water or herbal bath “tea” and then put them into your freezer.



natural BEGINNING

The cold will help to decrease swelling and bruising. You may also apply witch hazel or Tucks compresses, particularly to hemorrhoids.

Sitz baths are wonderful for healing – a sitz bath can be purchased at any drug store- it looks like a pan that rests in your toilet. Warm water sitz baths 2-3 times per day can increase circulation and promotes healing. If you desire, ice sitz baths are also an effective therapy for healing vaginal lacerations and / or hemorrhoids. Hemorrhoids can appear in pregnancy and worsen with prolonged pushing. For relief of hemorrhoids the first 24 -48 hrs use, ice bags / packs, ice sitz baths and witch hazel compress or Tucks. After 48 hrs use preparation H ointment, OTC analgesic or anesthetic spray (like Benzocaine), warm sitz baths and stool softeners. If you have painful hemorrhoids not relieved by these measures, call the office line.

Urination and Bowel Movements: Your first bowel movement will be easier than you anticipate and will not damage stitches if you have any. Drink plenty of fluids, increase your fiber intake (raw fruits, and vegetables, bran, whole wheat products). You can also use an over the counter stool softener (not a laxative!) called Docusate Sodium (Colace). Rinse your bottom with warm water in the peri bottle sent home with you after each urination and bowel movement, then pat dry with toilet paper. Try to empty your bladder after you feed your baby. You may not feel the urge to urinate, but your body will empty about 3 liters of urine per day to release the swelling of pregnancy. Keeping an empty bladder will help prevent excessive vaginal bleeding.

Diet: Continue to eat healthy foods and drink plenty of water. You are still growing your baby! Have plenty of easy to grab, healthful snacks around while you are recovering and breastfeeding. Continue to take your prenatal vitamins. If your bleeding was heavy after birth, or you started out with low iron levels, a supplement called Floradix Iron & Herbs can help boost your blood supply without making you constipated like traditional iron supplements.

Exercise: Begin gradually and listen to your body. You may begin Kegel exercises immediately to contract the pelvic floor muscles to increase tone, circulation and speed healing. You should limit your stair climbing for about the first week. You may go for a ride in a car or go out for dinner when you begin to have cabin fever, but try not to overdo it. Let your bleeding be your guide and remember to get rest when you need it.

Intercourse: Intercourse is appropriate once your vaginal discharge has stopped and when you both feel ready. We ask that you wait to resume your sex life until after your 6 week postpartum exam in our office. If you are breastfeeding it may help you feel more comfortable if you use a water based lubricant such as Astroglide or KY Liquid. Talk to your Midwife if you have any questions or concerns.

Follow up care: A nurse or midwife will visit you in your home between 24-48 hours after the birth, or schedule a visit in the office. We would like to will see you in our office when the baby is three days old and again six weeks later. This will help us assure



that your body is healing well from delivery and make sure you are emotionally adjusting well.

Typically our home visit nurse will contact you after delivery to schedule the 24 hour home visit. Your midwife will send the nurse with information about your birth, so that she can examine you and baby thoroughly. Your baby will receive a Newborn Metabolic screening test which is required by the state at the 24 hour visit. You will receive copies of your birth summary and initial newborn assessment to send to your pediatrician for your first appointment. Some pediatricians request a visit with your baby before day 3, while others feel comfortable seeing your baby at day 14. We encourage you to tell your pediatrician about your plans for an out of hospital birth. At day 3 postpartum, you and your baby will return to the office to see the midwife. On day 3, your baby will receive a newborn hearing screen, and a cardiac defect screen. We will also observe the baby's latch and monitor for jaundice.

Breast Care

Around day 3-5, your milk will come in. Engorgement occurs as the milk supply increases. Your breasts may feel heavy, distended and tender to the touch. You may notice your skin is warm and veins are visible on the breasts. The nipples may become firmer and difficult for your baby to grasp when feeding. Engorgement lasts about 24 to 48 hrs and may cause a slightly elevated temperature. If your temperature is above 100.4, this may suggest infection or mastitis.

For relief of engorgement, you can hand express milk while standing in a hot shower. Feed your baby frequently. Analgesics like ibuprofen and Tylenol can help with the discomfort. Women who start breastfeeding immediately after birth, and avoid the use of supplements or pumping (for bottle feeding) are less likely to engorge painfully. Invest in a nursing bra. Breast milk operates on the Supply and Demand principle: pumping + infant suckling at the breast will tell your brain there is more than one baby, and more milk should be made. Consider this when you begin pumping. Avoid underwire bras, as this can cause clogged milk ducts and mastitis.



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BEGINNING

Home Care of the Newborn

Danger signs to call about (call the “labor” phone number):

- Rapid breathing, grunting or retractions (see “Newborn Breathing” below)
- Baby blue or gray all over – stimulate baby to cry and call 9-1-1!
- Baby lethargic and not feeding for two feedings in a row
- Temperature <97 or >99 not responding to interventions for one hour

Please call your baby’s pediatrician/healthcare provider within that first day after birth to see when s/he would like to see your baby. Your pediatrician will do your baby’s second metabolic screen at 2 weeks of life.

Newborn Breathing: Babies make lots of interesting but normal noises. They hiccup, sneeze and “rattle” when a small amount of mucous is in the nose and throat. If your baby has a lot of mucus, or you think your baby is choking on mucus, you can use the bulb syringe in the baby’s mouth. Respirations are irregular, sometimes shallow and rapid, alternating with deep and slow.

Call your midwife or pediatrician if you observe any of the following **abnormal** patterns:

1. Grunting – a consistent grunting/whining sound as your baby exhales
2. Retractions – skin between ribs appears to be sucked in with each breath
3. Rapid breathing – more than 70 breaths per minute lasting more than 10 minutes when baby is not crying.

It is normal for your baby to spit up a little bit or blow small spit bubbles after delivery. You may turn them on their side and wipe their mouth. If your infant is visibly choking or turns blue, call 911.

Color: Slight blueness of hands and feet is normal for the first few days. New babies shift their circulation entirely after birth, and they need a little practice to get all the blood to their fingers and toes. Call 911 and the pediatrician if baby becomes blue or gray all over. Stimulate baby to cry and keep warm.

Temperature: You do not need to take your baby’s temperature routinely unless your baby’s body feels cold or hot to touch. A newborn’s temperature may be unstable during the first 24-48 hours. Temperature should be taken with a regular digital thermometer under the arm. Ear thermometers are not accurate for newborns. If it is below 97° or above 99°, your baby might need more or less clothes. Skin to skin on a parent’s chest is the best place to regulate a baby’s temperature. If baby does not respond to adding or removing a layer of clothing within one hour, call your midwife or pediatrician.

Breastfeeding: Nurse your baby about every 2-3 hours, or a *minimum of 8 times a day*. You can’t nurse your newborn too much, so more is just fine. It is normal for babies to have ****one**** longer sleep period soon after birth for about 4-5 hours. Note nursing times on the breastfeeding log. Make sure baby is getting a mouthful of breast and not just the nipple. If



nursing is very painful or you are concerned, call us so that we can help you. If your baby is difficult to keep awake to nurse or you are concerned call us or your pediatrician.

Urine and bowel movements: Your baby's first wet diaper and bowel movement should occur within the first 24 hours. Call us if your baby does not urinate or have a black tarry stool within that time. After your mature milk comes in (3-5 days), baby should be producing six wet diapers every 24 hours. The breastmilk stool is mustard in color and is liquid in consistency.

Activity: Jerky movements and a "startle" reflex are normal. Call us if you notice any part of the body which the baby does not move at all, or if there is persistent, spasmodic twitching of the arms or legs. If the baby is sleepy and not interested in nursing for two feedings in a row, call us immediately.

Jaundice: Slight jaundice is normal in the first five days of life. This yellow color is due to the breakdown of excessive red blood cells into bilirubin. The liver cannot always filter the bilirubin quickly. It is deposited in the skin, the whites of the eyes and into the gut. Press finger gently into the baby's chest and legs once each day in the natural light of a window. If your baby appears yellow, call us.

To help your baby break down bilirubin and prevent jaundice:

- Expose your baby's skin to sunlight every day during the first week of life, with the diaper open and your baby otherwise naked. Sunlight helps your baby break down bilirubin through the skin.
- Your baby should have ten minutes of "sunning" on each side (front and back) two times a day for the first week or so.
- Summer Texas sun is perfect for sunning babies. If it is winter time or it is cold out, sun your baby in a window.
- If you live in a newer home, the window may be coated with UV protector. This doesn't help your baby break down bilirubin. Try sunning your baby through a warm car window – car windows are generally not coated with UV protector.
- Nurse your baby often. Breastfeeding often will help encourage your baby to stool which will help to clear bilirubin from his or her gut.

Cord Care: The cord stump generally does not require much extra care. Keep the cord stump clean and dry. You do not need to use alcohol or herbs to help the cord dry. We will check the baby's cord at the 24-48 hour visit and the 3 day visit, and will remove the cord clamp. Call us or your pediatrician immediately if cord has a foul odor or discharge, or the skin around the cord is red or swollen.

Skin and Bathing: The baby's skin may have a coating of white vernix which is beneficial. Rub it into the skin but don't wash it off- it will be absorbed into skin. Babies don't generally require bathing, but just a little spot cleaning, especially in the diaper area and in the neck folds after your milk comes in ☺ You may wash the baby's hair and diaper area with a mild soap.



Newborn Feeding Log

1. You cannot nurse your baby too much.
2. Nurse your baby about every 2-3 hours, or a *minimum of 8 times a day*.
3. Your baby should have *at least* 1 dirty diaper and 1 wet diaper on the first day of life, 2 dirty/2 wet on the 2nd day of life, and 3 dirty/3 wet on the third day of life.
4. After the 3rd day of life, your milk is generally coming in, and babies will have more frequent dirty/wet diapers.

	Example	Day 1	Day 2	Day 3	Day 4
Feeding	1 am, 35 min				
Time/duration	4 am, 15 min				
Dirty Diapers	II				
Wet Diapers	III				



Transferring to the Hospital

We all want you to have a successful, wonderful birth center birth. Most women that plan a birth center birth will have a birth center birth. Sometimes things don't go as planned, and one of the reasons that birth at Natural Beginning is so safe, is because we are trained to recognize when things start to venture out of our "safe" zone. When that happens, we are so grateful for the services the hospital has to offer.

If the midwife notices something abnormal with you or your baby before or during labor, she will discuss the plan of care with you. You will be actively involved in the decision if it is not an emergency (and true emergencies are very, very rare). If we transfer to the hospital, we know that something is not going as we had planned, and we need something that the hospital can offer us.

Your midwife will care for you at the hospital, unless she needs to care for another mama at the birth center. If your midwife cannot stay with you, you will be under the care of our wonderful doctors and the nurses at the hospital. We will do everything we can to preserve whatever aspects of your birth center birth that we can in the hospital.

Some things to expect if you go to the hospital:

- The admission process, unless it is a true emergency, takes about an hour.
- The nurse will have you sign lots of papers, and ask lots of questions. This is her job, she has to do it, and it's not fun for her, either 😊
- You will also have an IV started and blood drawn.
- They will need to listen to your baby's heartbeat on the monitor.
- If part of the transfer plan is an epidural, the admission process needs to be completed and your lab results need to be received before the epidural can be placed. This can take 1-1.5 hours.
- If your water has been broken for over 18 hours or you have a fever, antibiotic therapy will be started.

An important thing to remember is that if we are going to the hospital, we are going there because we need their help. Even if we transfer to the hospital, our cesarean rate for a mother that is planning a birth center birth and is 37 weeks pregnant or more with a head-down baby is less than 5%, so transferring to the hospital does not mean you will automatically have a cesarean birth.