



ROSS MEMORIAL HOSPITAL'S WOMAN & CHILD PROGRAM

PREPARING FOR YOUR BABY



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Ross Memorial Hospital

***Welcome to the Woman & Child Unit at the
Ross Memorial Hospital***

It is our pleasure to welcome you to the Ross Memorial Hospital. Our team of doctors and nurses look forward to being part of your upcoming event...the birth of your baby.

Ross Memorial Hospital provides family centered maternity and newborn care that is respectful of individual choices.

Ross Memorial Hospital encourages families to participate in the care of their new baby during their hospital stay and we endeavor to give as much encouragement, support and education as needed.

We support mothers in making decisions about their own care and their baby's care before, during and after giving birth in a warm and pleasant environment.

The Woman & Child Program hopes to offer a memorable birthing experience for you and your family.



Knowing You Are in Labour

If you are booked for a caesarean section and you have the following signs, come directly to the Obstetrical Unit. These signs may occur in any order:

- Contractions
- Ruptured Membranes
- Show

Contractions

Initially, contractions may feel similar to menstrual cramps. Aching may begin in your back, lower abdomen and thighs. This cramping eventually becomes stronger, lasting for longer periods and coming at closer, regular intervals. The frequency of contractions is timed from the beginning of one contraction to the beginning of the next contraction.

You may have contractions for several hours at a time and then the contractions may stop. This is called false labour.

Note: if you have a history of previous precipitous labour/ births, come into the hospital when you have any signs of labour.

If you are less than 37 weeks and feel that you may be in labour and you are not sure, call the Obstetrics Unit at (705) 328-6118 and ask for advice. It is better to feel confident and sure.



Ruptured Membranes

Your baby is enclosed in a bag of water (amniotic fluid). This bag of water may break before or during labour. It may come as a gush or as a small continuous trickle of fluid which you cannot control. The colour of the fluid may range from clear to pink.

Many women leak a small amount of urine when they cough or sneeze. It is sometimes difficult to tell whether this is urine or amniotic fluid that is leaking. Remember, amniotic fluid is usually clear or pink and does not smell like urine.

After your membranes have ruptured, do not put anything into your vagina because it may increase the chance of infections. You are advised to frequently change your pad.

You should note the time your water breaks, how much fluid there is, the colour of the fluid and the movement of the baby. Contact your doctor or the Obstetrics Unit at 328-6118 with this information.

Remember, if you're not sure your water broke, it is better to call your doctor or the Obstetrics Unit, to get further advice.

Show

Show is a pink or bloody stained mucous that has filled the cervix during pregnancy. It may loosen and be expelled vaginally hours or days before you go into labour. Show is normal and does not need to be reported as long as the discharge is pink or bloody and sticky.

When you reach your due date and are undelivered, you may be examined to find out if your cervix is getting ready for labour. Spotting can be common, after an internal exam, as the cervix has been stimulated.



When do I come to the Hospital?

Come to the hospital if:

- It is your first pregnancy and your contractions are 5 minutes apart for at least 1/2 hr.
- If you have had a previous delivery and your contractions are 5-7 minutes apart and strong.
- If you are booked for a caesarean section and your doctor has told you when to come.
- Your doctor has told you when to come.
- You are having difficulty relaxing between contractions.
- Your discharge is like a period flow or you pass blood clots.
- Your membranes have ruptured and the amniotic fluid is green in colour, foul smelling or bright red flow.

Call the Obstetrics Unit 328-6118 for further instruction.

While at home, it is important to relax during these early stages of labour. Taking walks and showers with rest periods will help.

Remember to drink plenty of fluids with light meals and snacks.

Do not eat if you are booked for a caesarean section and you think you might be in labour. Call your physician for advice or come directly to the hospital for assessment.



Ross Memorial Hospital

Fetal Movement

It is important that your baby continues to move as he or she did before you went into labour. If this changes, please call the Obstetrical staff or your doctor for further advice.

If your baby's movement has decreased:

- Have something to eat or drink
 - Lie on left side and count fetal movements
- * If you count less than 6 movements in two hours, come to the hospital to be assessed.**

NST (Non-Stress Test)

There may be occasions when your doctor would like to know more about the well-being of your baby. A non-stress test may provide such information. During the test, which takes approximately 20-60 minutes, the baby's heart rate and movements are monitored using a fetal monitor.

Before the test, go to the Admitting department for an outpatient form. It's okay to eat something, but do not smoke before the test.

If you have questions, concerns or doubts, we will be happy to help reassure you!



What to Pack

Mother

Toiletries

- 1 package of super absorbent feminine pads
- Tooth brush and paste
- Brush and comb
- Shampoo
- Breast Pads

Clothing

- Underwear (Ross Memorial Hospital provides only two pairs of mesh panties)
- Slippers
- Nursing bras if breast feeding
- Housecoat
- Nightgowns/Pajamas and leisure wear

Optional

- Camera and film/video camera
- CD player (battery operated)
- Breast feeding pillow
- Own favorite pillow

Baby

- Diapers
- Vaseline and body wash
- Clothing (if you prefer not to use hospital linens)
- Rear-facing car seat

We would like to remind parents/families that baby gowns, receiving blankets and all other items are the property of the hospital and should not be taken home.



Videotaping

The Women and Child Health Program support the wish of the patients to enhance their birthing experience during their delivery. This can extend to videotaping the delivery, however, the medical, nursing, respiratory staff and midwives have the right not to be included in the videotaping. Family members wishing to videotape the delivery will be advised of this prior to delivery. Consent must be obtained and must be discontinued if complications arise. Videotaping from the head of the bed is suggested and tripods are not permitted.

Parking

There is meter parking in the area outside of the Emergency department and main entrances. Use of the long-term parking lot will cost \$6.00 upon exit.

Admission

You are strongly encouraged to complete your admission forms and forward them to the hospital's Admitting Department as soon as possible. It is one less thing to be concerned about when you arrive at the hospital in labour!

Patients booked for a caesarean section will be advised by their Obstetrician when they should come to the Antenatal Clinic.

Please give consideration to the last name under which you will be admitted (i.e., married, maiden, hyphenated name). The name you choose will be the name which is entered on your baby's armbands and all hospital records. After you leave the hospital, you officially register the birth of the baby with his or her permanent name.



The Big Day!

When you are ready to come to the hospital, go directly to the Admitting Department. Call your doctor/midwife first if you've been so instructed.

Upon arrival at the hospital, the admitting staff will obtain the necessary information and escort you to the Obstetrics Unit. Should you arrive at the hospital after 8pm, go to the Emergency Department, and you will be directed to the Obstetrics Unit.

The Obstetrical nurse will notify your doctor of your arrival. You should ask any questions or discuss any concerns about your labour and delivery with this nurse.

Support Person

The mother may choose TWO support people to be with her during delivery. The partner/coach is one of these two people.

The labour coach is an important member of the delivery team, however, if the labour situation becomes complicated and intervention measures are required, coaches may be asked to leave. The delivery team moves quickly. We need your patience and tolerance during such times.

In case of a booked caesarian section, your partner is welcome in the operating room after your spinal/epidural anaesthetic has been given. Your partner will go with the baby to the infant care room after delivery. If you have a general anaesthetic (go to sleep), your partner will not be present in the operating room. Your support person is encouraged to stay the night after a caesarian section.



Birthing Unit

The birthing unit is a warm, friendly and pleasant environment. We provide private birthing suites. One of these suites is for patients with ward coverage and following a delivery these patients will be transferred to another room with shared accommodation. Each room has its own shower, phone, and television.

Outside your room is a name plaque which will identify your name and physician. If you do not want this displayed, simply inform your nurse.

The door to the Obstetrics floor is locked for patient safety between the hours of 8:00PM to 8:00AM. One support partner will be allowed in at all times.

Once you are settled into your room, the nurse will be monitoring your progress to prepare for the birth of your baby. If you're booked for caesarean section, a 20-30 minute monitoring strip will be done.

Patients labouring for vaginal delivery are electronically monitored for short periods of time (15-20 minutes). This is a method of assessing the condition of your baby and the impact the labour has on your baby. Continuous monitoring may be appropriate in certain circumstances.



Pain Relief

Delivering a baby is a very personal experience, so choose the form of pain relief that feels right for you.

Epidural

A common medication used is the epidural anaesthetic. This medication is ordered by your doctor and an intravenous line must be in place before it is given. An epidural is given to you by an Anaesthetist who will explain the procedure to you. You must remain in bed once the epidural is in place.

Nitronox is a self-administered medication in the form of gas (given by face mask). Regardless of what state of labour you may be in, please ask your doctor or nurse about your pain relief options.

Caesarean Sections

We understand that most parents look forward to a vaginal birth, however, sometimes a caesarean section is required for the safety of the baby. If this procedure is necessary, a doctor will discuss it with you.

Caesarean sections are done in the operating room. The anaesthetic is usually an epidural or spinal. We encourage your partner to come into the operating room with you. Your partner will accompany your baby back to the nursery where he or she will be monitored for a short time by a nurse. In cases where you have a general anaesthetic (when you are completely asleep), your partner will not be permitted in the operating room.



Induced Labour

Sometimes it's necessary to induce labour. Your doctor will discuss the process with you.

Methods of inducing labour include the following:

- Rupturing membranes
- Use of medication called syntocin
- Use of medication called cervidil

Please note:

Labour is a natural process. Shaving and enemas are no longer done. Normally, episiotomies are not done.

Group B Strep (GBS)

Group B Strep is a type of bacteria that may cause illness in newborn babies, pregnant women, the elderly and adults with other illnesses.

In pregnant women, GBS may cause infections of the bladder or uterus. Most people carry GBS in their bodies but do not become ill. Adults carry GBS in the vagina, rectum, bowel and throat.

Between 35-37 weeks gestation, your doctor will swab your vagina and rectum to test for the presence of GBS. Pregnant women who carry GBS will receive intravenous antibiotics during labour to prevent any illness in the newborn.



Visiting Hours

Two visitors per patient at any one given time.

Visiting hours are as follows:

11 am- 1 pm

5 pm – 8 pm

2 pm – 4pm is our mothers' rest period

Flexibility will be allowed for family members on the day of delivery at the discretion of the nursing staff, physician or mother and will depend on the condition of the mother and baby. Siblings are encouraged to visit at any time.

All visitors are to sanitize their hands before entering and when leaving the unit and hospital.

Anyone with a cough, fever or feeling generally unwell
MAY NOT VISIT the unit as per infection control guidelines.



Hospitality

Cafeteria

The cafeteria is located on the basement floor of the east wing. It's open 7:30am-3:30pm seven days a week

Reflections Café

The Reflections Café is located in the main lobby and is open:

Monday to Friday 7:00am–7:00pm
Saturday and Sunday 7:00am-3:00pm

The Café is operated by volunteers. All proceeds are donated back to the hospital.

ATM Banking Machine

A bank machine may be found in the main entrance to the hospital, across from the Cashier's Office.

Gift Shop

The Reflections Gift Shop is located in the main lobby beside the Café. This is also run by volunteers and proceeds are donated to the hospital.

The Gift Shop is open:
Monday to Friday 9:30am–4:30pm
Saturday and Sunday 11:00am–3:00pm

No Smoking Policy

We are pleased to provide a smoke-free environment for patients, visitors and staff.



Notes:



Ross Memorial Hospital
10 Angeline Street North
Lindsay, Ontario K9V 4M8
705-324-6111
www.rmh.org

Obstetrics Unit 328-6118