



# WHAT TO EXPECT AT THE HOSPITAL FOR DELIVERY

## WHO WILL BE A PART OF MY CARE TEAM?

- A PIWH Midwife and/or Physician
- Labor & Delivery Nurses
- Anesthesia provider (for epidural or cesarean delivery)
- NICU team (only if indicated)

## CAN I "SET THE MOOD" IN MY DELIVERY ROOM?

- Absolutely! Please feel free to bring your own music, aromatherapy, twinkle lights, or small fan. (Just no open flames!)
- For the most part, you will have control of the lighting in the room. In some instances, we will need to turn on bright lights for better visualization.

## WHAT IS CONSIDERED STANDARD FOR LABOR AND DELIVERY?

- IV access and admission lab work (blood count, blood type, mandated syphilis testing).
- Fetal monitoring will be patient specific, but can be portable as long as we are able to effectively monitor baby and your contractions as indicated.
- Laboring and pushing in whatever positions you would like as long as it is effective and safe.
- Avoiding episiotomy unless necessary.
- Avoiding vacuum/forcep delivery unless indicated.
- Baby placed immediately skin-to-skin with the birthing person.
- Delayed cord clamping for at least 30-60 seconds. The midwives will generally wait until the cord has stopped pulsating.
- Uninterrupted "Golden Hour" and establishment of breastfeeding.
- Pitocin given intravenously (IV) after delivery to prevent postpartum hemorrhage.
- Placenta sent to biomedical waste or pathology as indicated.
- Baby's measurements will be taken and newborn medications will be given after the "Golden Hour."

## WHAT SHOULD I DO IF I HAVE PREFERENCES THAT ARE NOT THE STANDARD OF CARE?

- Please speak with one of our providers at one of your prenatal appointments. There are many modifications that we can accommodate, but some require additional paperwork or planning (taking the placenta home, declining newborn meds, declining pitocin for hemorrhage prevention). There are also some things we cannot accommodate due to hospital policy (i.e. water birth).

## DO I NEED A WRITTEN BIRTH PLAN/PREFERENCES?

- The short answer is "It depends".
- If the "standard of care" listed above is what you want, there is no need to write it down.
- If you have modifications to the standard of care or things you really want to make sure your care team knows, writing it down is a great idea!

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