Suitcase Suggestions

For Labor:
- One or two bed pillows
- Portable CD player with headphones and CDs/iPod
- Lip balm
- Cards, books and writing material
- Focal point
- Watch or clock with a second hand
- Lollipops and/or hard candy
- Camera, film and video recorder
- Hair tie and/or barrette
- Soft, warm socks
- Lotion or oil for massage
- Change for phone and/or vending machines
- Phone numbers of people you want to call after birth
- Health insurance card and Identification
- Name, address and phone number of pediatrician

For Postpartum:
Mom:
- Pajamas (2 sets)
- Panties (4 pair)
- Form-fitting nursing bras (2)
- Socks (2 pair)
- Slippers, flip-flops and robe
- Toiletries (Deodorant, Shampoo/Conditioner, Toothbrush, Toothpaste, Brush, Hair Dryer, etc)
- Clothes for trip home (Clothes that fit in 7th month, loose, comfortable)

Baby:
- Receiving blanket
- Pacifier (if desired)
- Clothes for trip home (weather appropriate)
- Car seat

REMINDERS:
- Checkout is 11am on the day of your discharge
- Please remember to take home your sitz bath, peri bottle, donut, and any other supplies given to you during your hospital stay. You will need these items to continue your care at home.
Preterm (Premature) Labor and Birth

- What is preterm labor?
- What is preterm birth?
- Why is preterm birth a concern?
- Which preterm babies are at greatest risk of health problems?
- What are risk factors for preterm birth?
- Can anything be done to prevent preterm birth if I am at high risk?
- What are the signs and symptoms of preterm labor and what should I do if I have any of them?
- How is preterm labor diagnosed?
- If I have preterm labor, will I have a preterm birth?
- What happens if my preterm labor continues?
- What are corticosteroids?
- What is magnesium sulfate?
- What are tocolytics?
- What happens if my labor does not stop?
- Glossary

What is preterm labor?
Preterm labor is defined as regular contractions of the uterus resulting in changes in the cervix that start before 37 weeks of pregnancy. Changes in the cervix include effacement (the cervix thins out) and dilation (the cervix opens so that the fetus can enter the birth canal).

What is preterm birth?
When birth occurs between 20 weeks of pregnancy and 37 weeks of pregnancy, it is called preterm birth.

Why is preterm birth a concern?
Preterm birth is a concern because babies who are born too early may not be fully developed. They may be born with serious health problems. Some health problems, like cerebral palsy, can last a lifetime. Other problems, such as learning disabilities, may appear later in childhood or even in adulthood.

Which preterm babies are at greatest risk of health problems?
The risk of health problems is greatest for babies born before 34 weeks of pregnancy. But babies born between 34 weeks and 37 weeks also are at risk.

What are risk factors for preterm birth?
Factors that increase the risk of preterm birth include the following:
- Having a previous preterm birth
- Having a short cervix
• Short interval between pregnancies
• History of certain types of surgery on the uterus or cervix
• Certain pregnancy complications, such as multiple pregnancy and vaginal bleeding
• Lifestyle factors such as low prepregnancy weight, smoking during pregnancy, and substance abuse during pregnancy

Can anything be done to prevent preterm birth if I am at high risk?
If you have had a prior preterm birth and you are planning another pregnancy, a preconception care checkup can help you get in the best possible health before you become pregnant. When you become pregnant, be sure to start prenatal care early. You may be referred to a health care provider who has expertise in managing high-risk pregnancies. In addition, you may be given certain medications or other treatment to help prevent preterm birth if you have risk factors. Treatment is given based on your individual situation and your risk factors for preterm birth.

What are the signs and symptoms of preterm labor and what should I do if I have any of them?
Call your health care provider right away if you notice any of these signs or symptoms:
• Change in type of vaginal discharge (watery, mucus, or bloody)
• Increase in amount of discharge
• Pelvic or lower abdominal pressure
• Constant low, dull backache
• Mild abdominal cramps, with or without diarrhea
• Regular or frequent contractions or uterine tightening, often painless
• Ruptured membranes (your water breaks with a gush or a trickle of fluid)

How is preterm labor diagnosed?
Preterm labor can be diagnosed only when changes in the cervix are found. Your health care provider may perform a pelvic exam to see if your cervix has started to change. You may need to be examined several times over a period of a few hours. Your contractions also may be monitored.
Your health care provider may do certain tests to determine whether you need to be hospitalized or if you need immediate specialized care. A transvaginal ultrasound exam may be done to measure the length of your cervix. The level of a protein called fetal fibronectin in the vaginal discharge may be measured. The presence of this protein is linked to preterm birth.

If I have preterm labor, will I have a preterm birth?
It is difficult for health care providers to predict which women with preterm labor will go on to have preterm birth. Only about 10% of women with preterm labor will give birth within the next 7 days. For about 30% of women, preterm labor stops on its own.

What happens if my preterm labor continues?
If your preterm labor continues, how it is managed is based on what is thought to be best for your health and your baby’s health. When there is a chance that the baby would benefit from a delay in delivery, certain medications may be given. These medications include corticosteroids, magnesium sulfate, and tocolytics.

What are corticosteroids?
Corticosteroids are drugs that cross the placenta and help speed up development of the baby’s lungs, brain, and digestive organs. Corticosteroids are most likely to help your baby when they are given between 24 weeks of pregnancy and 34 weeks of pregnancy.

What is magnesium sulfate?
Magnesium sulfate is a medication that may be given if you are less than 32 weeks pregnant, are in preterm labor, and are at risk of delivery within the next 24 hours. This medication may help reduce the risk of cerebral palsy that is associated with early preterm birth.

What are tocolytics?
Tocolytics are drugs used to delay delivery for a short time (up to 48 hours). They may allow time for corticosteroids or magnesium sulfate to be given or for you to be transferred to a hospital that offers specialized care for preterm infants. In addition to its role in protecting against cerebral palsy, magnesium sulfate also can be used as a tocolytic drug.

What happens if my labor does not stop?
If your labor does not stop and it looks like you will give birth to your baby early, you and the baby usually will be cared for by a team of health care providers. The team may include a neonatologist, a doctor who specializes in treating problems in newborns. The care your baby needs depends on how early he or she is born. High-level neonatal intensive care units (NICUs) provide this specialized care for preterm infants.
Glossary

**Cerebral Palsy**: A long-term disability of the nervous system that affects young children in which control of movement or posture is abnormal and is not the result of a recognized disease.

**Cervix**: The lower, narrow end of the uterus at the top of the vagina.

**Corticosteroids**: Hormones given to help fetal lungs mature, for arthritis, or for other medical conditions.

**Fetal Fibronectin**: A protein produced during pregnancy.

**Fetus**: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

**Magnesium Sulfate**: A drug that may help prevent cerebral palsy when it is given to women in preterm labor who are at risk of delivery before 32 weeks of pregnancy.

**Neonatologist**: A doctor who specializes in the diagnosis and treatment of disorders that affect newborn infants.

**Pelvic Exam**: A physical examination of a woman's reproductive organs.

**Placenta**: Tissue that provides nourishment to and takes waste away from the fetus.

**Prenatal Care**: A program of care for a pregnant woman before the birth of her baby.

**Tocolytics**: Medications used to stop or slow preterm labor.

**Transvaginal Ultrasound**: A type of ultrasound in which a device specially designed to be placed in the vagina is used.

**Uterus**: A muscular organ located in the female abdomen that contains and nourishes the developing embryo and fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

**FAQ087**: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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How to Tell When Labor Begins

- What happens when labor begins?
- What is false labor?
- How can I tell the difference between true labor and false labor?

What happens when labor begins?
As labor begins, the cervix opens (dilates). The uterus, which contains muscle, contracts at regular intervals. When it contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. Up to the start of labor and during early labor, the baby will continue to move.

Certain changes also may signal that labor is beginning. You may or may not notice some of them before labor begins:

<table>
<thead>
<tr>
<th>Sign</th>
<th>What It Is</th>
<th>When It Happens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling as if the baby has dropped lower</td>
<td>Lightening. This is known as the “baby dropping.” The baby’s head has settled deep into your pelvis.</td>
<td>From a few weeks to a few hours before labor begins</td>
</tr>
<tr>
<td>Increase in vaginal discharge (clear, pink, or slightly bloody)</td>
<td>Show. A thick mucus plug has accumulated at the cervix during pregnancy. When the cervix begins to dilate, the plug is pushed into the vagina.</td>
<td>Several days before labor begins or at the onset of labor</td>
</tr>
</tbody>
</table>

What is false labor?
Your uterus may contract off and on before “true” labor begins. These irregular contractions are called false labor or Braxton Hicks contractions. They are normal but can be painful at times. You might notice them more at the end of the day.

How can I tell the difference between true labor and false labor?
Usually, false labor contractions are less regular and not as strong as true labor. Sometimes the only way to tell the difference is by having a vaginal exam to look for changes in your cervix that signal the onset of labor.

One good way to tell the difference is to time the contractions. Note how long it is from the start of one contraction to the start of the next one. Keep a record for an hour. It may be hard to time labor pains accurately if the contractions are slight. Listed as follows are some differences between true labor and false labor:
Differences Between False Labor and True Labor

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>False Labor</th>
<th>True Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of contractions</td>
<td>Often are irregular and do not get closer together (called Braxton Hicks contractions)</td>
<td>Come at regular intervals and, as time goes on, get closer together. Each lasts about 30–70 seconds.</td>
</tr>
<tr>
<td>Change with movement</td>
<td>Contractions may stop when you walk or rest, or may even stop with a change of position</td>
<td>Contractions continue, despite movement</td>
</tr>
<tr>
<td>Strength of contractions</td>
<td>Usually weak and do not get much stronger (may be strong and then weak)</td>
<td>Increase in strength steadily</td>
</tr>
<tr>
<td>Pain of contractions</td>
<td>Usually felt only in the front</td>
<td>Usually starts in the back and moves to the front</td>
</tr>
</tbody>
</table>

If you have further questions, contact your obstetrician–gynecologist.

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Medications for Pain Relief During Labor and Delivery

- What are the types of pain-relieving medications that can be used during labor and delivery?
- What are systemic analgesics?
- What are the risks of systemic analgesia?
- What is local anesthesia?
- What are regional analgesia and regional anesthesia?
- What is an epidural block?
- How long does an epidural take to work?
- Will I be able to move or feel anything after receiving an epidural?
- What are the risks of an epidural?
- What is a spinal block?
- Will I be able to move or feel anything after receiving a spinal block?
- What are the risks of a spinal block?
- What is a combined spinal–epidural (CSE) block?
- Will I be able to move after receiving a CSE block?
- What are the risks of a CSE block?
- What is general anesthesia?
- How is general anesthesia given?
- What are the risks of general anesthesia?
- Glossary

What are the types of pain-relieving medications that can be used during labor and delivery?

In general, there are two types of pain-relieving drugs: 1) analgesics and 2) anesthetics. Analgesics relieve pain without total loss of feeling or muscle movement. They are used to lessen pain but usually do not stop pain completely. Anesthetics block all feeling, including pain.

What are systemic analgesics?

Systemic analgesics act on the whole nervous system, rather than a specific area, to lessen pain. They will not cause you to lose consciousness. These medications often are used during early labor to allow you to rest.

Systemic analgesics usually are given as a shot. Depending on the type of medication, the shot is given into either a muscle or a vein. In patient-controlled analgesia, you can control the amount of medication you receive through an intravenous (IV) line. This is a small tube that is placed into a vein through which medications or fluids are given.

What are the risks of systemic analgesia?

Systemic pain medicine can have side effects, such as nausea, feeling drowsy, or having trouble concentrating. Sometimes another drug is given along with a systemic analgesic to relieve nausea. Systemic analgesics can affect the baby's heart rate temporarily. It can be more difficult to detect fetal heart rate problems when these drugs are used. High doses of these
drugs can cause you to have breathing problems and also can slow down the baby's respiratory system, especially right after delivery.

**What is local anesthesia?**

*Local anesthesia* is the use of drugs that affect only a small area of the body. Local anesthetics provide relief from pain in that area. Local anesthetics are injected into the area around the nerves that carry feeling to the *vagina, vulva,* and *perineum.* The drugs are given just before delivery. They also are used when an *episiotomy* needs to be done or when any vaginal tears that happened during birth are repaired.

**What are regional analgesia and regional anesthesia?**

*Regional analgesia* and *regional anesthesia* act on a specific region of the body. Depending on the types of drugs that are used, they can lessen or block pain below the waist. They include the *epidural block,* *spinal block,* and *combined spinal–epidural (CSE) block.*

**What is an epidural block?**

An epidural block (sometimes referred to as "an epidural") is the most common type of pain relief used during labor and delivery in the United States. In an epidural block, medication is given through a tube placed into the lower back.

An epidural block can be used during labor and for a vaginal delivery or *cesarean delivery.* For labor and vaginal delivery, a combination of analgesics and anesthetics may be used. This combination of drugs causes some loss of feeling in the lower areas of your body, but you remain awake and alert. You should be able to bear down and push your baby through the birth canal. For a cesarean delivery, the dose of anesthetic may be increased. This causes loss of sensation in the lower half of your body. An epidural also can be used for *postpartum sterilization.*

**How long does an epidural take to work?**

Because the medication needs to be absorbed into several nerves, it may take a short time for it to take effect. Pain relief should begin within 10–20 minutes after the medication has been injected.

**Will I be able to move or feel anything after receiving an epidural?**

You can move with an epidural, but you may not be able to walk around. Although an epidural block will make you more comfortable, you still may be aware of your contractions. You also may feel your health care provider's exams as labor progresses.

**What are the risks of an epidural?**

Although it is rare, an epidural block can cause the following side effects:

- Decrease in blood pressure—An epidural can cause your blood pressure to decrease. This, in turn, may slow the baby's heartbeat.
- Fever—Some women develop a low-grade fever as a normal reaction to an epidural.
- Headache—If the covering of the spinal cord is pierced while the tube is being placed and spinal fluid leaks out, you can get a bad headache. This happens rarely.
- Soreness—After delivery, your back may be sore for a few days.

Serious complications with epidurals are very rare:

- There is a small risk that the anesthetic medication could be injected into one of the veins in the epidural space. This can cause dizziness, rapid heartbeat, a funny taste, or numbness around the mouth when the epidural is placed.
- If anesthetic enters your spinal fluid, it can affect your breathing muscles and make it hard to breathe.

**What is a spinal block?**

A spinal block—like an epidural block—is a form of regional pain relief. A small amount of medication is injected into the spinal fluid. Depending on the drugs used, it can be used for regional analgesia or anesthesia. It starts to relieve pain quickly, but it lasts for only an hour or two.

**Will I be able to move or feel anything after receiving a spinal block?**

You may be numb after receiving a spinal block and will need assistance moving.

**What are the risks of a spinal block?**

A spinal block can cause the same side effects as an epidural block.

**What is a combined spinal–epidural (CSE) block?**

A CSE block is another form of regional pain relief. It has the benefits of both a spinal block and an epidural block. The spinal part acts quickly to relieve pain. The epidural part provides continuous pain relief. Lower doses of medication can be used with a CSE block than with an epidural block for the same level of pain relief.
Will I be able to move after receiving a CSE block?
The CSE block sometimes is called a "walking epidural." Depending on your hospital's policy, you may be able to walk for a short distance after the block is in place. For example, you may be able to walk a few feet to the bathroom with assistance. However, some hospitals and birthing centers require women who receive any type of pain relief to remain in bed.

What are the risks of a CSE block?
A CSE has the same risks as an epidural block.

What is general anesthesia?
*General anesthesia* causes you to lose consciousness so that you do not feel pain. It usually is used only for emergency situations during childbirth.

How is general anesthesia given?
It is given through an IV line or through a mask. After you are asleep, your anesthesiologist will place a breathing tube into your mouth and windpipe.

What are the risks of general anesthesia?
A rare but major risk is aspiration of food or liquids from a woman's stomach into the lungs. Labor usually causes undigested food to stay in the stomach longer than usual. While you are unconscious, the contents of your stomach can come back into the mouth and go into the lungs. This can cause a lung infection (pneumonia) that can be serious. General anesthesia usually requires the placement of a breathing tube into the lungs to help you breathe while you are unconscious. Difficulty placing this tube is another risk. General anesthesia can cause the newborn baby's breathing rate to decrease. It also can make the baby less alert. In rare cases, the baby may need help breathing after birth.

Glossary
*Analgesics:* Drugs that relieve pain without loss of muscle function.
*Anesthetics:* Drugs that relieve pain by loss of sensation.
*Cesarean Delivery:* Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.
*Combined Spinal–Epidural (CSE) Block:* A form of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid (spinal block) as well as through a thin tube into the epidural space (epidural block).
*Epidural Block:* A type of regional anesthesia or analgesia in which pain medications are given through a tube placed in the space at the base of the spine.
*Episiotomy:* A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.
*General Anesthesia:* The use of drugs that produce a sleep-like state to prevent pain during surgery.
*Local Anesthesia:* The use of drugs that prevent pain in a part of the body.
*Perineum:* The area between the vagina and the anus.
*Postpartum Sterilization:* A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.
*Regional Analgesia:* The use of drugs to relieve pain in a region of the body.
*Regional Anesthesia:* The use of drugs to block sensation in a region of the body.
*Spinal Block:* A type of regional anesthesia or analgesia in which pain medications are administered into the spinal fluid.
*Systemic Analgesics:* Drugs that provide pain relief over the entire body without causing loss of consciousness.
*Vagina:* A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.
*Vulva:* The external female genital area.

If you have further questions, contact your obstetrician–gynecologist.

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Group B Streptococcus and Pregnancy

- What is group B streptococcus (GBS)?
- What does it mean to be colonized with GBS?
- Why is GBS a concern for pregnant women?
- What are the types of GBS infection in newborns?
- What are early-onset GBS infections?
- What are late-onset GBS infections?
- Can these infections be prevented in newborns?
- When are pregnant women tested for GBS?
- What if the test results are positive?
- What if I am allergic to penicillin?
- What if I already had a baby who had a GBS infection?
- What if I am having a planned cesarean birth?
- Glossary

What is group B streptococcus (GBS)?

Group B streptococcus is one of the many types of bacteria that live in the body and usually do not cause serious illness. It is found in the digestive, urinary, and reproductive tracts of men and women. In women, it can be found in the vagina and rectum. GBS is not a sexually transmitted disease. Also, although the names are similar, GBS is different from group A streptococcus, the bacteria that causes "strep throat."

What does it mean to be colonized with GBS?

A person who has the bacteria but shows no symptoms is said to be colonized. The number of bacteria that a person has may change over time. A person colonized with a large number of bacteria may have low levels of bacteria months or years later. It also is possible for the number of bacteria to decrease to levels that cannot be detected.

Why is GBS a concern for pregnant women?

Most pregnant women who are colonized with GBS have no symptoms or health effects. A small number may develop a urinary tract infection or infection of the uterus caused by GBS. The most serious health effect is that a woman colonized with GBS late in her pregnancy can pass it to her baby.

What are the types of GBS infection in newborns?

There are two types of GBS infections in newborns: 1) early-onset infections and 2) late-onset infections. Both types of infections can be serious.

What are early-onset GBS infections?

Early-onset infections occur during the first week of life, generally within the first 24–48 hours after birth. These infections can occur as the baby moves through the birth canal of a woman who is colonized with GBS. Only a few babies who are exposed to GBS develop an infection. Certain factors, such as preterm birth, may increase the risk of a baby becoming
infected. The most common problems caused by early-onset GBS infections are lung infections, blood infections, and meningitis.

What are late-onset GBS infections?
These infections occur after the first 6 days of life. Late-onset infections may be passed from the mother to the baby during birth or they may be caused by contact with other people who are colonized with GBS. Late-onset infection can lead to meningitis and other diseases, such as pneumonia.

Can these infections be prevented in newborns?
GBS testing late in pregnancy and treatment during labor can help prevent early-onset infections. However, it does not prevent late-onset infections. It is important to recognize the signs and symptoms of late-onset GBS infection in your baby:

- Slowness or inactivity
- Irritability
- Poor feeding
- Vomiting
- High fever

If your baby has any of these signs or symptoms, contact your pediatrician right away.

When are pregnant women tested for GBS?
To help prevent early-onset GBS infection, women are tested for GBS late in pregnancy, between weeks 35 and 37. The test is called a culture. In this test, a swab is used to take a sample from the woman’s vagina and rectum. This procedure is quick and is not painful. The sample is sent to a lab where it is grown in a special substance.

What if the test results are positive?
If results of the culture test are positive, showing that GBS is present, you most likely will receive treatment with antibiotics during labor to help prevent GBS from being passed to your baby. Antibiotics help get rid of some of the bacteria that can harm the baby during birth. The antibiotics work only if they are given during labor. If treatment is given earlier in pregnancy, the bacteria may regrow and be present during labor. Penicillin is the antibiotic that is most often given to prevent early-onset GBS infection in newborns.

What if I am allergic to penicillin?
If you are allergic to penicillin, tell your health care provider before you are tested for GBS. Women with mild allergic reactions can take an antibiotic called cefazolin. If you have had a severe reaction to penicillin, such as hives or anaphylaxis, the bacteria in the sample need to be tested to determine the choice of antibiotic.

What if I already had a baby who had a GBS infection?
If you had a previous baby with GBS infection or if your urine has GBS bacteria during this pregnancy, you are at high risk of passing GBS on to your baby during labor and delivery. You will receive treatment during labor to protect your baby from infection. You will not need to be tested between weeks 35 and 37 of pregnancy.

What if I am having a planned cesarean birth?
If you are having a planned cesarean birth, you do not need to receive antibiotics for GBS during delivery if your labor has not begun or the amniotic sac has not ruptured (your water has not broken). However, you should still be tested for GBS because labor may occur before the planned cesarean birth. If your test result is positive, your baby may need to be monitored for GBS infection after birth.

Glossary
Amniotic Sac: Fluid-filled sac in the mother’s uterus in which the fetus develops.
Anaphylaxis: An allergic reaction with symptoms ranging from hives and itching to breathing problems and shock. It can be life threatening for some people.
Antibiotics: Drugs that treat infections.
Cesarean Birth: Birth of a baby through incisions made in the mother’s abdomen and uterus.
Colonized: Having bacteria in your body that could cause illness, but having no symptoms of the disease.
Meningitis: Inflammation of the membranes of the brain or spinal cord.
Preterm: Born before 37 weeks of pregnancy.
Sexually Transmitted Disease: A disease that is spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).
Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

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What to Expect After Your Due Date

- What is the due date and what does it mean?
- What is postterm pregnancy?
- What are the risks associated with postterm pregnancy?
- What tests can be performed in cases of postterm pregnancy?
- What is electronic fetal monitoring?
- What is labor induction?
- How is labor induced?
- Glossary

What is the due date and what does it mean?
Your due date is used as a guide for checking your pregnancy’s progress and the baby’s growth and age. Health care providers often use more than one method to set the due date. Ultrasound performed between 18 weeks and 20 weeks of pregnancy often is used to help confirm the age of a fetus.

What is postterm pregnancy?
A postterm pregnancy is one that lasts 42 weeks or longer. Women who are having a baby for the first time or who have had postterm pregnancies before may give birth later than expected. However, the most common cause of postterm pregnancy is an error in calculating the due date. When a postterm pregnancy truly exists, the cause usually is unknown.

What are the risks associated with postterm pregnancy?
After 42 weeks, the placenta may not work as well as it did earlier in pregnancy. Also, as the baby grows, the amount of amniotic fluid may begin to decrease. Less fluid may cause the umbilical cord to become pinched as the baby moves or as the uterus contracts.

If pregnancy goes past 42 weeks, a baby has an increased risk of certain problems, such as dysmaturity syndrome, macrosomia, or meconium aspiration. There also is an increased chance of cesarean delivery.

What tests can be performed in cases of postterm pregnancy?
When a baby is not born by the due date, tests can help the health care provider check on the baby’s health. Some tests, such as a kick count, can be done on your own at home. A kick count is a record of how often you feel your baby move. Others are done in the health care provider’s office or in the hospital. These tests involve electronic fetal monitoring and include the nonstress test, biophysical profile, and contraction stress test.

What is electronic fetal monitoring?
Electronic fetal monitoring uses two belts placed around the mother’s abdomen to hold instruments that measure fetal heart rate and the strength of uterine contractions. This method is used to perform the following tests for fetal well-being:

- Nonstress test—The mother pushes a button each time she feels the baby move. This causes a mark to be made on a paper recording of the fetal heart rate.
- Biophysical profile—This test combines the results of electronic fetal monitoring and an ultrasound exam. It checks the baby’s heart rate (using the nonstress test) and estimates the amount of amniotic fluid. The baby’s breathing, movement, and muscle tone also may be checked.
• Contraction stress test—The baby's heart rate is measured when the mother's uterus contracts. The contractions are induced, and changes in the fetus's heart rate are noted.

**What is labor induction?**

Labor induction is the use of medication or other methods to bring on labor. Labor is induced to cause a pregnant woman's cervix to open and to prepare for vaginal birth. Most healthcare providers wait 1–2 weeks after a woman's due date before considering inducing labor.

**How is labor induced?**

Methods used to induce labor include:

- Ripening or dilating the cervix—**Prostaglandins** may be used to soften the cervix and to cause the uterus to contract. Special devices can be used to dilate the cervix.
- Stripping or sweeping the amniotic membranes—Your healthcare provider sweeps a finger over the thin membranes that connect the amniotic sac to the wall of your uterus. Women who have this procedure are more likely to have contractions and may go into labor within 48 hours.
- Rupturing the amniotic sac—Your healthcare provider makes a small hole in the amniotic sac to release the fluid (“breaking the water”). Most women go into labor within hours of their water breaking.
- Using oxytocin—This hormone, given through an intravenous (IV) tube in your arm, causes the uterus to contract.

**Glossary**

**Amniotic Fluid:** Water in the sac surrounding the fetus in the mother's uterus.

**Cesarean Delivery:** Delivery of a baby through an incision made in the mother's abdomen and uterus.

**Dysmaturity Syndrome:** A condition in which the fetus is malnourished. He or she is born with a long and lean body, an alert look on the face, lots of hair, long fingernails, and thin wrinkled skin.

**Macrosomia:** A condition in which a fetus grows very large.

**Meconium Aspiration:** A condition in which the baby inhales a greenish substance that builds up in the bowels of a growing fetus. This blocks the airways and causes the baby to gasp for air.

**Placenta:** Tissue that provides nourishment to and takes waste away from the fetus.

**Prostaglandins:** Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

**Ultrasound:** A test in which sound waves are used to examine the fetus.

**Umbilical cord:** A cord-like structure containing blood vessels that connects the fetus to the placenta.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

**If you have further questions, contact your obstetrician–gynecologist.**

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Labor Induction

- What is labor induction?
- Why is labor induced?
- What is the Bishop score?
- What is "ripening the cervix"?
- How is cervical ripening performed?
- What are prostaglandins?
- What devices are used to ripen and dilate the cervix?
- What is "stripping the membranes?"
- How can rupturing the amniotic sac bring on labor?
- When is amniotomy done?
- What is oxytocin?
- What are the risks associated with labor induction?
- Is labor induction always effective?
- Glossary

What is labor induction?
Labor induction is the use of medications or other methods to bring on (induce) labor.

Why is labor induced?
Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth. Labor induction may be recommended if the health of the mother or fetus is at risk. In special situations, labor is induced for nonmedical reasons, such as living far away from the hospital. This is called elective induction. Elective induction should not occur before 39 weeks of pregnancy.

What is the Bishop score?
To prepare for labor and delivery, the cervix begins to soften (ripen), thin out, and open. These changes usually start a few weeks before labor begins. Health care providers use the Bishop score to rate the readiness of the cervix for labor. With this scoring system, a number ranging from 0–13 is given to rate the condition of the cervix. A Bishop score of less than 6 means that your cervix may not be ready for labor.

What is "ripening the cervix"?
Ripening the cervix is a process that helps the cervix soften and thin out in preparation for labor. Medications or devices may be used to soften the cervix so it will stretch (dilate) for labor.

How is cervical ripening performed?
Ripening of the cervix can be done with prostaglandins or with special devices.

What are prostaglandins?
Prostaglandins are drugs that can be used to ripen the cervix. They are forms of chemicals produced naturally by the body. These drugs can be inserted into the vagina or taken by mouth. Some of these drugs are not used in women who have had a previous cesarean delivery or other uterine surgery to avoid increasing the possible risk of uterine rupture (tearing).
What devices are used to ripen and dilate the cervix?

Laminaria (a substance that absorbs water) can be inserted to expand the cervix. A catheter (small tube) with an inflatable balloon on the end also can be inserted to widen the cervix.

What is "stripping the membranes?"

Stripping the membranes is a way to induce labor. The health care provider sweeps a gloved finger over the thin membranes that connect the amniotic sac to the wall of your uterus. This action may cause your body to release prostaglandins, which soften the cervix and may cause contractions.

How can rupturing the amniotic sac bring on labor?

Rupturing the amniotic sac can start contractions. It also can make them stronger if they have already begun. The health care provider makes a small hole in the amniotic sac with a special tool. This procedure, called an amniotomy, may cause some discomfort.

When is amniotomy done?

Amniotomy is done to start labor when the cervix is dilated and thinned and the baby’s head has moved down into the pelvis. Most women go into labor within hours after the amniotic sac breaks (their “water breaks”).

What is oxytocin?

Oxytocin is a hormone that causes contractions of the uterus. It can be used to start labor or to speed up labor that began on its own. Contractions usually start in about 30 minutes after oxytocin is given.

What are the risks associated with labor induction?

With some methods, the uterus can be overstimulated, causing it to contract too frequently. Too many contractions may lead to changes in the fetal heart rate, umbilical cord problems, and other problems. Other risks of cervical ripening and labor induction include the following:

- Infection in the mother or baby
- Uterine rupture
- Increased risk of cesarean birth
- Fetal death

Medical problems that were present before pregnancy or occurred during pregnancy may contribute to these complications.

Is labor induction always effective?

Sometimes labor induction does not work. A failed attempt at induction may mean that you will need to try another induction or have a cesarean delivery. The chance of having a cesarean delivery is greatly increased for first-time mothers who have labor induction, especially if the cervix is not ready for labor.

Glossary

Amniotic Sac: Fluid-filled sac in the mother’s uterus in which the fetus develops.

Amniotomy: Artificial rupture of the amniotic sac.

Cervix: The opening of the uterus at the top of the vagina.

Cesarean Delivery: Delivery of a baby through incisions made in the mother’s abdomen and uterus.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

Laminaria: A natural or artificial substance inserted in the cervix that expands when it absorbs water.

Oxytocin: A hormone used to help bring on contractions of the uterus.

Prostaglandins: Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Umbilical Cord: A cord-like structure containing blood vessels that connects the fetus to the placenta.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician—gynecologist.

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Newborn Circumcision

- What is circumcision?
- When is circumcision performed?
- Is circumcision a required procedure?
- Is circumcision a common practice?
- Why do some parents choose to have their sons circumcised?
- Why do some parents choose not to have their sons circumcised?
- Are there any health benefits associated with circumcision?
- Are there any risks associated with circumcision?
- How is circumcision performed?
- What should I expect after my baby boy has been circumcised?
- How do I keep the circumcised area clean?
- If I decide not to have my son circumcised, how do I clean his penis and foreskin?
- Glossary

What is circumcision?
Circumcision is the surgical removal of the layer of skin, called the foreskin, that covers the glans (head) of the penis.

When is circumcision performed?
Circumcision on Infants may be performed before or after the mother and baby leave the hospital. It only is performed if the baby is healthy. If the baby has a medical condition, circumcision may be postponed. Circumcision also can be performed on older children or adults. However, recovery may take longer when circumcision is done on an older child or adult. The risks of complications also are increased.

Is circumcision a required procedure?
Circumcision is an elective procedure. That means that it is the parents’ choice whether to have their infant sons circumcised. It is not required by law or by hospital policy. Because it is an elective procedure, circumcision may not be covered by your insurance policy. To find out, call your insurance provider or check your policy.

Is circumcision a common practice?
Although many newborn boys in the United States are circumcised, the number of circumcisions has decreased in recent years. It is less common in other parts of the world.

Why do some parents choose to have their sons circumcised?
There are hygienic reasons for circumcision. Smegma is a thick white discharge containing dead cells. It can build up under the foreskin of males who are not circumcised. This can lead to odor or infection. However, a boy who has not been circumcised can be taught to wash his penis to get rid of smegma as a part of his bathing routine.

For some people, circumcision is a part of certain religious practices. Muslims and Jews, for example, have circumcised their male newborns for centuries. Others may choose circumcision so that the child does not look different from his father or other boys.
Why do some parents choose not to have their sons circumcised?
Some parents choose not to circumcise their sons because they are worried about the pain the baby may feel or the risks involved with the surgery. Others believe it is a decision a boy should make himself when he is older.

Are there any health benefits associated with circumcision?
Circumcised infants appear to have less risk of urinary tract infections than uncircumcised infants. The risk of urinary tract infection in both groups is low. It may help prevent cancer of the penis, a rare condition.

Some research suggests that circumcision may decrease the risk of a man getting human immunodeficiency virus (HIV) from an infected female partner. It is possible that circumcision may decrease the risk of passing HIV and other sexually transmitted diseases from an infected man to a female partner. At the present time, there is not enough information to recommend routine newborn circumcision for health reasons.

Are there any risks associated with circumcision?
Possible complications include bleeding, infection, and scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. More surgery sometimes is needed to correct these problems.

How is circumcision performed?
Circumcision takes only a few minutes. During the procedure, the baby is placed on a special table. It is recommended that an anesthetic be used for pain relief. Various surgical techniques are used, but they follow the same steps:

- The penis and foreskin are cleaned.
- A special clamp is attached to the penis and the foreskin is removed.
- After the procedure, a bandage and petroleum jelly are placed over the wound to protect it from rubbing against the diaper.

What should I expect after my baby boy has been circumcised?
If your baby boy has been circumcised, a bandage with petroleum jelly may be placed over the head of the penis after surgery. The bandage typically falls off the next time the baby urinates. Some heath care providers recommend keeping a clean bandage on until the penis is healed, while others recommend leaving it off. In most cases, the skin will heal in 7–10 days. You may notice that the tip of the penis is red and there may be a small amount of yellow fluid. This usually is normal.

How do I keep the circumcised area clean?
Use a mild soap and water to clean off any stool that gets on the penis. Change the diapers often so that urine and stool do not cause infection. Signs of infection include redness that does not go away, swelling, or fluid that looks cloudy and forms a crust.

If I decide not to have my son circumcised, how do I clean his penis and foreskin?
If your baby boy has not been circumcised, washing the baby's penis and foreskin properly is important. The outside of the penis should be washed with a mild soap and water. Do not attempt to pull back the infant's foreskin. The foreskin may not be able to pull back completely until the child is about 3–5 years old. This is normal.

As your child gets older, teach your son how to wash his penis. He should pull back the foreskin and clean the area with soap and water. The foreskin then should be pushed back into place.

Glossary

Anesthetic: A drug used to relieve pain.
Foreskin: A layer of skin covering the end of the penis.
Glands: The head of the penis.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Sexually Transmitted Diseases: Diseases that are spread by sexual contact, including chlamydia, gonorrhea, genital warts, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Smegma: A whitish, cheesy substance normally built up and shed from under the male foreskin.

If you have further questions, contact your obstetrician–gynecologist.

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