WHAT TO EXPECT WHEN YOU COME in for LABOR/INDUCTION

Stop in Admitting to pick up your paperwork and check in at the Nurses Station.

✱ A staff member will greet you, weigh you, then escort you and your partner to your room where you’ll change into a hospital gown and give a urine specimen. If you have a birth plan, please share it with the nurse who admits you.

✱ You may be in bed or in a chair. If you are receiving Pitocin or have a high risk pregnancy (history of preterm labor, pre-eclampsia, fever, etc.), you may have continuous monitoring with a portable monitor. You will be able to walk in the hall or take a shower as long as you and your baby’s condition permits.

✱ After placing you on the monitor and checking vital signs, your nurse will discuss with you your medical and surgical history, including previous deliveries and postpartum experiences.

✱ Often we verify the information from your doctor’s office. We will also ask some non-medical questions regarding religious/cultural needs, advance directives, family support or any social issues, such as domestic abuse, because your safety is important to us.

✱ A vaginal exam is usually performed to determine the progress of labor, what part of the baby is presenting and to check for ruptured membranes.

✱ We will ask you to sign permits for: epidural, circumcision of your son if you choose, conditions of admission for your baby (similar to what you signed for yourself in Admitting), and videotaping. Either you or your partner will be asked to fill out a belongings checklist so that all of your belongings are accounted for when you are discharged.

✱ If you are being induced, need antibiotics or want an epidural, you will need an IV started. Your nurse will numb the IV site with Lidocaine before starting the IV.

✱ Eating solid food is usually not allowed while in labor, but you may drink clear fluids, eat popsicles or eat ice chips. It is okay to eat something light at home before coming in for induction.

✱ As you progress in labor, you have various options for pain relief. Talk to your nurse about natural birthing options such as a birthing ball or aromatherapy, or a medical intervention.

✱ If you prefer medical intervention, your doctor will order a narcotic or an epidural. If you are unsure, discuss it with your labor nurse. She can only provide what is ordered by your doctor. An anesthesiologist will administer the medicine within 30 minutes of the order being received. For this reason don’t wait until your pain is unbearable to ask for an epidural. You cannot walk after your epidural is started; you either use the bedpan or may need to have a catheter placed to keep your bladder empty.
If your doctor tells you that you tested positive for beta strep (a common vaginal bacteria) and will need an antibiotic in labor, it will be started as soon as possible after your admission. We prefer that you receive 2 doses before you deliver, usually 4 hours apart, in order to decrease the risk of infection in your baby. For this reason your labor could potentially be a little longer because your doctor may not break your bag of waters or start Pitocin until you are closer to receiving your 2nd dose.

You are free to decide who can visit both before and after delivery. We ask that medical personnel have enough space to keep you and your baby safe, especially during delivery. We can help with “crowd control” if you like, and tactfully ask people to leave and/or wait in another area.

Once you are fully dilated, you may not be asked to push right away, especially if you have an epidural. We often have our patients “labor down”, which means letting the baby move down the birth canal naturally, so they don't become exhausted. This will probably be done for about an hour before active pushing is started.

For a vaginal delivery, your labor nurse will be caring for you. A nurse anesthetist or neonatal nurse practitioner will be caring for your baby. If needed, another staff member may come in to offer assistance. If your delivery develops into a Cesarean Section, whether an emergency or not, your labor nurse will most likely continue to care for you in the Operating Room and Recovery Room.