

PATIENT INFORMATION

We recommend all patients planning to delivery in Swift Current phone 306-778-9418 and book a preadmission once they are 36 weeks.

INFORMATION ABOUT CYPRESS REGIONAL HOSPITAL

Meal Times

- Breakfast 8:00 am
- Lunch 12:00 pm
- Supper 5:00 pm

Extra beverages and sandwiches may be obtained from the fridge in the kitchen. These are for patients only. There are also vending machines on the main floor and cafeteria.



The kitchen on the Womens & Children unit

Cafeteria hours

- Monday to Saturday 7:45 am until 6:00 pm
- Sunday 9:00 am until 4:00 pm

Bedside Reporting

- 7:30 - 8:00 morning and evening

We will be giving report to the next set of staff at the bedside. This allows you as the patient to be involved with your care. We will ask that all visitors be excused from the room for this report for your privacy and if you are sharing a room for your roommate's privacy.

Smoking

Smoking is not allowed while you are in labour. After the baby is born and only after you have been up on your own following your 2 hour postpartum recovery period you may leave the ward for a cigarette. Do not leave your baby unattended in your room while you go downstairs.

Visiting Hours

Your support person may stay with you until you and the baby are discharged. Your support person is encouraged to participate in both your care and baby care. You are allowed one adult support to spend the night. Due to confidentiality and privacy for our other patients visitors waiting for you during labour and

delivery of baby cannot wait in the hallway outside of your room. Family members may visit at patient discretion. If you are too tired for visitors, please place the sign in your room outside your door for visitors to either “Knock Before Entering” or “Stop Do Not Enter”.

Important facts about the Women’s and Children’s unit

- Your baby will sleep in a cot beside you in your room
- Our unit is a locked unit and you must ring the buzzer to be let in and the staff must let you out of the doors
- Babies are to be transported around the unit in the baby cot, not to be carried around the hallways (but can be carried around your room). This is for the safety of your baby.
- Sleeping with your baby is not acceptable while in hospital and is not promoted/recommended while at home. Postpartum maternal fatigue/weakness and effects of analgesia put your baby at risk for SIDS (sudden infant death syndrome) while sleeping together
- The average stay after delivering your baby is 2 days
- If you choose to formula feed your baby, the appropriate formula will be provided for you while in hospital

WHEN TO COME AND WHAT TO BRING

Day of admission

Report to the Admitting Department when you arrive at the hospital and the receptionist will direct you to the Women and Children Unit.

If you come after hours and the main registration is closed, evening’s nights and weekends you will need to come through the emergency department.



Admitting

When should I come to the hospital?

- If you feel sudden or constant pain in your abdomen
- If your water breaks or your water is leaking
- If you have bright red bleeding that requires you to wear a pad
- If you are having regular contractions (3-4 contractions in 10 minutes over an hour)
- If you feel the baby is coming now and you feel like pushing
- There is a change in how your baby is moving

What should I bring to the hospital?

- Housecoat, slippers
- Toothbrush, toothpaste, shampoo, Kleenex
- Comb, hairdryer, curling iron

- Nursing bra/nursing pads – if breastfeeding
- Feminine pads/extra underwear
- Baby outfit and diapers for going home and, if you choose, during your hospital stay
- Baby pacifier/soother – if you feel it is necessary
- Car seat. The website <https://www.sgi.sk.ca/technicians> has a list of approved car seat technicians that can help with installation of car seat. It is not a function that staff on the unit do. You need to get car seat checked by someone who is qualified before you come in and have your baby.
- Mobile phone charger

What should I leave at home?

Leave large sums of money, credit cards, valuables and jewelry. We are not responsible for lost or stolen articles.

INDUCTION, AUGMENTATION, AND LABOUR

Induction of Labour

Sometimes the doctor will suggest that labour be induced when it is in the best interest of the mother and baby to not continue the pregnancy. The risk of continuing your pregnancy may be more harmful than having your baby right away. Induction of labour requires a discussion with your physician and your written consent. This may be because:

- The mother has health problems (e.g. high blood pressure or diabetes)
- The baby has health problems (e.g. growing too slow)
- The pregnancy is more than 1 week past the due date (41 weeks)
- Membranes have ruptured and labour has not started

How are arrangements made for my induction?

Your doctor will arrange a date for your induction. This does not guarantee that you will be induced on a specific date.

Your physician will discuss the risks and benefits of inducing your labour prior to induction. Your physician will then choose the best method of induction based on the assessment of your cervix.

Labour can be induced by:

- Artificial rupture of membranes
- Giving intravenous (IV) medication called oxytocin to start contractions
- Inserting medicated gel or a small tampon containing the hormone prostaglandin into the vagina or cervix

- Inserting a thin catheter with a water filled balloon into the cervix to stretch the cervix open and start contractions
- Taking a small pill called misoprostol

What should I do the day of the induction?

- You and your partner/support will stop in admitting then be directed to the Women’s and Children’s unit at your appointed time.
- Be aware that you may still be called and induction of labour postponed (depending on the reason for your induction) if someone with a more urgent reason requires induction.
- You may have a shower and a light breakfast if you desire.
- You should not smoke for at least 2 hours before going to the hospital. Nicotine has been shown to have harmful effects on your baby.



Hallway entering Womens & Children

- Bring the prenatal papers that your doctor may have given you.
- Make sure your suitcase for the hospital is packed
- You will go to Women and Children unit where a nurse:
 - Will talk with you about the procedure and answer any questions that you have
 - Assess you and your baby
 - Monitor your baby’s heart by placing the external fetal monitor on you for 30 minutes pre induction.
- The doctor, resident doctor or midwife will assess you and your baby then start the induction.



The Treatment Room

What happens after the induction is started?

You will need to stay in bed for at least 30 minutes or up to 2 hours with a fetal heart rate monitor on to assess your baby’s heart rate and your contractions.

Depending on the method of induction you will then be encouraged to:

- Walk around and be active in the hospital until labour starts while you and your baby are monitored.

Or

- If all is well after 2 hours, you may be allowed to go home and wait for your labour to start. Detailed instructions will be provided at the time of your induction.



Labour & Birthing Room

You can shower, eat and do what you normally do while you wait for labour to start.

What is Augmentation of Labour?

Augmentation of labour is aimed towards increasing the amount and strength of your contractions. It is used when your contractions do not result in continuing cervical dilation or movement downward (descent) of your baby.

To augment your labour your physician will either rupture your membranes or start an oxytocin infusion.

What is an Oxytocin infusion?

A medication given intravenously to increase the frequency, length, and strength of your contractions. Depending on your cervix it may be used for induction or during labour as an augmentation method. It is also given after delivery to help decrease your bleeding.

Preparing for Labour

What is the difference between pre-labour and true labour?

It is easy to confuse pre-labour with true labour. You may have uncomfortable contractions in pre-labour, but they are different from the contractions in true labour:

Pre-labour	True-Labour
<ul style="list-style-type: none">• Contractions are at irregular intervals; e.g., every 5 to 15 minutes.	<ul style="list-style-type: none">• Contractions occur at more regular intervals; e.g., 3 to 5 minutes apart.
<ul style="list-style-type: none">• Contraction length varies; e.g., lasting 20 seconds to 90 seconds	<ul style="list-style-type: none">• The length of contractions usually increases; e.g., lasting more than 30 seconds
<ul style="list-style-type: none">• Although they may be painful, the strength of contractions remains the same or may lessen.	<ul style="list-style-type: none">• Intensity of contractions gradually increases, becoming progressively more painful.
<ul style="list-style-type: none">• Contractions are often felt in the lower abdomen.	<ul style="list-style-type: none">• Contractions can be felt in the abdomen, across the lower back, and sometimes in the thighs.
<ul style="list-style-type: none">• You may find that contractions are most uncomfortable when you are moving and lessen when you are resting.	<ul style="list-style-type: none">• Contractions do not decrease when you are resting, but continue regardless of what you are doing.

- The cervix usually remains closed.
- There is no “show” (pink-tinged vaginal mucus).
- The cervix thins and shortens (effaces) and opens (dilates).
- There may be “show” and/or fluid leaking from your [amniotic sac](#).

What should we do if we are not sure if it is pre-labour or true labour?

- If it’s night, try to sleep. You want to be well rested for childbirth. In true labour you may not be able to sleep but will at least rest. If you fall asleep, it is most likely pre-labour.
- Take a shower or soak in the tub. The contractions in pre-labour will often become less frequent and shorter. In true labour the contractions will continue no matter what you are doing.
- Distract yourself. Watch a movie, walk in the garden, play cards. If you are in true labour, the contractions will demand your attention. If it’s pre-labour, you may be able to carry on with your usual routine.

Pain Medication options in Labour

Non-medicinal pain management examples include walking, soaking in a tub, massage, meditation, position changes

- **Focal point concentration** – look at someone or something to help clear your mind and focus
- **Visualization** - bring a photo or picture someone or something that makes you feel relaxed and safe
- **Water therapy** – stand or sit in a shower or soak in a tub. This can decrease your pain and increase your labour process in active labour. Drink lots of water while soaking in the tub



The labour room with the birthing tub

- **Complete relaxation** – tense and relax each part of your body in turn for a period of three to five seconds. Breathe in as you tense and out as you relax. Work from your toes to your head

The labour room with the birthing tub

Breathing methods

Slow breathing – keep your shoulders dropped and relaxed, breathing in slowly through your nose and out through your mouth

Light breathing – Let your contractions guide you’re breathing. Breathe about twice your normal rate during a contraction, after a contraction return to your slow breathing

Panting – you may be asked to use panting breathing that help you control your urge to push when you are not quite fully dilated but have an urge to push. Breathe in and out lightly and quickly

Positions during labour

Walking – being upright helps your baby’s head more down and relieves back ache

Standing – Rock or sway hips and lean forward while standing, apply counter pressure to your back and hips by using a rolled towel, ball, or your partners hand to help relieve back ache.

Birthing ball – useful to sit on or lean on while in a kneeling position

Kneeling – tilting your pelvis can take pressure off hemorrhoids and relieve backache. To lessen strain on your hands and wrists, lean forward on a chair or bed.

Squatting – widens the pelvis to help your baby come down and out by working with gravity



Medications used for pain relief include:

Entonox (Nitrous Gas) – a medication given through a mask connected to a tank (containing oxygen and nitrous gas).

Morphine – is a narcotic give through intravenous or intramuscular during early labour

Fentanyl – is a narcotic give through an IV during the later stages of labour

Epidurals – a regional anesthesia that blocks pain to the lower half of your body and can be given once in active labour.

What to expect when you are fully dilated and during delivery

- A Vaginal examination to ensure full dilation. Once you are fully dilated you may be asked not to push until the baby has descended further into your pelvis. Pushing too soon can make the cervix swollen and difficult to open further.
- If your water (amniotic sac) is still intact it may be broken to help you along. The amniotic sac is the membrane inside the uterus that holds the fetus and amniotic fluid.
- **An episiotomy** is an incision (cut) made in the area between the vagina and rectum to enlarge the space for the baby to pass through the vaginal opening, this is not a routine practice and unless it's necessary, it won't be performed.
- **Delayed Cord clamping** is a practice that is recommended and will be accommodated unless health care staff have a concern about you or your baby
- **Skin to skin** contact with your baby immediately after birth for 60 minutes is recommended and will be accommodated unless health care staff have a concern about you or your baby. Skin to skin contact promotes breastfeeding and latching; helps maintain your baby's temperature, blood sugar, heart rate, and blood pressure; and helps initiate bonding with you baby.

After Your Delivery

- It is best practice to receive oxytocin after delivery to help your uterus contract, help the placenta deliver, and keep your uterus firm to decrease your bleeding
- You will be monitored closely the first 2 hours following your delivery. We will massage your uterus and check your bleeding every 15-30 minutes for 2 hours after you deliver



The Post-Partum Room

Vitamin K injection

Vitamin K is a medication given routinely after delivery with verbal consent from parents

Vitamin K is important in blood clotting. Vitamin K is made in the intestines by bacteria. Newborns need to be colonized by bacteria from their parents before they start making vitamin K. Vitamin K 1mg is given intramuscularly at birth to help prevent neonatal hemorrhagic disease.

If you have any questions discuss them with your Health Care Provider so you can make an informed consent on your baby's behalf regarding Vitamin K.

Routine blood work on your baby

During the first few days after birth, your baby will have a phenylketonuria (PKU) test done. This is a routine test as part of the newborn screening program for life threatening conditions that have medical treatments available. If detected, this allows for early treatment and intervention.

Bilirubin levels will be tested during hospital stay to test for jaundice. Newborn jaundice is a yellowing of a baby's skin and eyes. Newborn jaundice is very common and can occur when babies have a high level of bilirubin, a yellow pigment produced during normal breakdown of red blood cells.

Circumcision

- Circumcision of baby boys is an optional surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis. The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy.
- Only a few Physicians perform circumcisions and they are done in the doctor's office or in Ambulatory department within the first 6 weeks of your baby's life. This procedure is not covered by Saskatchewan health and the cost varies from \$140-\$350. Inform your family physician if you request this and they will arrange it to be done as an outpatient

Newborn Hearing Screening

Before discharge your nurse will do a screening test on your baby by placing a small earpiece in baby's ear. Soft sounds are sent into the ear and results are sent back into a computer to assess your baby's hearing. The test is very safe and does not hurt. If your baby does not pass this hearing test it does not mean that your baby cannot hear – it will be repeated by the Speech pathologist in the first month or two.

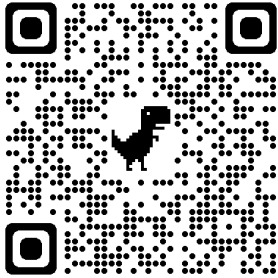
Pertussis Vaccine:

Receiving the Pertussis (whooping cough) vaccine is advised for you and your partner prior to delivery of your baby. Please contact Public Health to arrange this vaccine. Your baby cannot receive this immunization until 2 months of age and while you may not be sick with the disease you may be a carrier and can pass it on to your baby.

Home Safety

Your baby's immune system is fragile and does not have the ability to fight infections. If your visitors have colds or other illness that can be transferred to the baby, keep your baby safe, and ask them to visit at another time or refrain from holding your baby.

Car Seat Safety - please visit: <https://www.sgi.sk.ca/technicians> and make arrangements to have your car seat inspected and for assistance with installation.



Scan the QR code for some helpful information to prepare for your birth in Saskatchewan

In person tours are available if desired Monday-Friday 10:00-3:00. Please call 306-778-9435 prior to arrival to ensure staff availability

Collecting Colostrum in Pregnancy

Your doctor, midwife or nurse may have discussed with you the option of collecting colostrum for your baby in the last weeks of pregnancy (usually after the 36th week of pregnancy). There are some situations where stimulation of the nipples in pregnancy would not be advised. It is strongly recommended that you speak to your prenatal care provider about whether collecting colostrum in pregnancy is right for you.

What is colostrum?

- Colostrum is the first milk the breast produces. It is present from about the 20th week of pregnancy. It may appear as a yellowish fluid that may leak onto the woman's bra. At the time of birth, the breasts start producing more colostrum which gradually increases until the woman's more mature milk comes in around the time the baby is 3-4 days old.
- Colostrum is the perfect "first food" for your baby. It is easy to digest and has the right mix of protein, fat, carbohydrates, vitamins and minerals to provide all the nutrition and energy your newborn baby needs to get off to a good start!
- Colostrum contains the building blocks to help make your baby's immune system stronger.
- Colostrum also helps the baby pass the meconium (baby's first bowel movement). This helps prevent jaundice which can be responsible for sleepiness and poor feeding in some babies.

Why should I consider expressing colostrum by hand in pregnancy?

- Breastmilk is the recommended food for all babies. While most babies will breastfeed well immediately after birth; some babies need a little help.
- The colostrum you collected during pregnancy can be used as a supplement to help limit the need for formula. Supplementing a baby with extra colostrum can be particularly beneficial for babies that were delivered early, are recovering from a complicated birth or born to mothers with diabetes or other health conditions that might impact milk production.
- Learning to express milk before the baby is born helps mothers become more confident about their ability to breastfeed.
- Some studies show that collecting colostrum in pregnancy and early hand expression of colostrum in the 1st 24 hours after birth has been associated with the mature milk coming in sooner and in larger volumes.

How do I hand express colostrum?

Supplies you will need: A colostrum collection kit can be requested from your lactation consultant (contact information at the end of this page). You can also purchase oral syringes that hold 3- 5 ml of liquid. You will use the syringes to collect the colostrum after you express it. You will also want a small cup such as a medicine cup to collect the colostrum. It is important that supplies used are clean.

Getting Started:

This video can be helpful to show you how to hand express colostrum:

<https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>

Note: the video shows expressing milk after the baby is born. You will likely only make a small amount of colostrum while you are pregnant, and that is normal.

1. Wash your hands
2. Applying a warm compress to your breast or expressing after a warm bath or shower can help make the colostrum flow.
3. Begin with gentle breast massage, stroking from the back of your breast towards the nipple.
4. Put your thumb above the nipple and your first few fingers below the nipple forming a “C” shape with your hand.
5. Press back towards your chest, then compress your breast and release.
6. Repeat this process, building up a rhythm. Press, compress, release.
7. The colostrum will start to appear as little beads of milk. You can use a clean teaspoon, a medicine cup or a syringe to collect the drops of milk.
8. Colostrum can be collected 2-3 times a day in the same syringe. Store the syringe in the fridge between uses.
9. At the end of the collecting day, the colostrum can be frozen. Place the syringe into a zip-lock bag before placing in the freezer. Label the syringe and bag with your name and the date of when you expressed.
10. Frozen colostrum can be stored in the freezer for up to 6 months. Once thawed it must be used within 24 hours.
11. You may take the syringes of frozen colostrum to the hospital using a freezer block and an insulated bag. The colostrum can be thawed before use at room temperature or by holding the syringe in your hand or running it under warm water.

After the birth, ideally breastfeeding should begin immediately and be unrestricted. If baby feeds successfully at the breast, the antenatal colostrum may not be needed.

If your baby is experiencing difficulties with breastfeeding, you will be encouraged to hand express fresh colostrum for your baby. You may also use any colostrum you collected and stored during your pregnancy.

For more information or to obtain a colostrum collection kit:

**Connie Smuk RN, IBCLC
Public Health Nurse, International Board Certified Lactation Consultant
306-778-5291**

Scan the QR code for some helpful breastfeeding and colostrum collection videos

