



Giving Birth at **Mount Sinai West**

A planning guide to a rewarding pregnancy,
labor, delivery, and postpartum experience



**Mount
Sinai
West**

Dear Parent To Be...

Thank you for choosing to give birth at Mount Sinai West.

In this guidebook, we have outlined all the basic information you will need to make the most of your experience giving birth.

Mount Sinai West takes pride in providing the highest quality care to our maternity patients. As part of the Mount Sinai Health System, Mount Sinai West is a teaching hospital affiliated with the Icahn School of Medicine at Mount Sinai. We are fully accredited by the Joint Commission on Accreditation of Health Care Organizations.

Our physicians, nurses, midwives, and clinical staff are all highly skilled, and our entire team is dedicated to providing you with the most complete information about your pregnancy, your choices of birth plan, your delivery, and your care afterwards.

Congratulations from all of us,



Holly Loudon, MD, MPH

Chair and Associate Professor
Department of Obstetrics and Gynecology
Mount Sinai West



Erin Figueroa, MSN, RN NE-BC

System Senior Director of Nursing
Obstetrics and Gynecology
Mount Sinai Health System

Useful Phone Numbers

Admitting Department:
212-523-6400

Birth Certificates:
212-523-6425
9 am - 4 pm, Monday - Friday

Cord Blood Banking Providers:
Viacord: 866-861-8435
CBR: 888-267-3256

Fetal Evaluation Unit:
212-523-8110

Labor and Delivery:
212-523-8212

Parent Family Education Program:
212-523-6222

Patient Relations Department:
212-523-7225

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Considerations in Early Pregnancy

Summary of Self-Care During Pregnancy

During pregnancy you should:

- Be sure to go to all prenatal care visits with your doctor and with the Fetal Evaluation Unit.
- Eat a healthful diet and drink plenty of fluids.
- Get as much sleep as possible.
- Read about giving birth, or take our online birth and parenting education courses.
- Choose a support person to be with you during labor and delivery.
- Write a birth plan that explains what you want and helps you to think about possible complications.

Talk to your doctor about:

- Ways to contact her after hours and when you should call.
- Steps you should take when in labor.
- Whether you want pain relief during labor.
- Perineal massage—the perineum is the area between the anus and the vagina. Massaging it may help to reduce your chance of trauma to that area.
- How you will travel to the hospital.
- Arrangements for home and work.

See Also: list of infant preparations on page 4.

Be aware of the signs of labor, which include:

- Contractions, both false and true.
- Your water breaks—amniotic fluid suddenly leaks out through the vagina.
- Back pain.
- Slight vaginal bleeding.

Choose from Our Range of Childbirth Options

Of all life's experiences, planning for and giving birth to your child is one of the most thrilling and eagerly anticipated. Each family is unique, so it makes sense that a hospital should offer more than just one way to have a baby.

It is our philosophy that all of the medically safe choices concerning labor and delivery should belong to you. To find out about the options available, please feel free to ask your obstetrical provider.



Labor and Delivery Suite

Our Labor and Delivery suite is staffed by an expert clinical team, provides the latest medical and monitoring equipment, and a full range of pain-relief options. The Labor and Delivery Suite accommodates a wide range of birth plans, from the simplest, natural delivery all the way up to cesarean section, as decided by you and your obstetrician or midwife during your prenatal visits.

Birth and Parenting Courses

Mount Sinai offers live virtual childbirth classes taught by certified childbirth educators. Our small-group classes are highly interactive and provide a comprehensive overview of each topic.

You can register for classes [here](#).

Fetal Evaluation Unit

The Fetal Evaluation Unit at Mount Sinai West, located in our outpatient building next to the hospital at 425 West 59th Street, offers comprehensive testing services from before pregnancy up to the time you enter the hospital for delivery. Genetic testing of one or both parents, accompanied by on-site interpretation with one of our professional genetic counselors, may take place if indicated or requested.

We also provide care for normal and high risk pregnancies, and have a special program for pregnant women with diabetes. Your first visit to the FEU may be in the 6th week, to check for viability of your pregnancy. Alternatively, this viability check may occur along with first-trimester screening, otherwise known as nuchal-translucency measurement, between the 11th and 13th week of pregnancy. Nuchal-translucency measurement is a routine screening offered to all women regardless of age. The test reveals your level of risk for certain fetal abnormalities. Genetic counseling is available to interpret the results as necessary.

In your second trimester of pregnancy, options for ultrasound screening include a 16-week fetal early anatomy evaluation and a 20-week comprehensive fetal anatomy ultrasound. As necessary, the advanced technology of 3-dimensional ultrasound will be used to visualize and diagnose potential problems. Further diagnostic tests offered in the Fetal Evaluation Unit include fetal echocardiography, chorionic villus sampling (CVS), amniocentesis, and cordocentesis. In cases of polyhydramnios, in which too much



amniotic fluid has accumulated, amniotic fluid reduction may be performed.

In your third trimester of pregnancy, ultrasound may be performed when your fetus is too large or too small for his or her gestational age.

If you have diabetes, hypertension, or are 35 or older, non-stress tests (NSTs) are recommended after week 35 of pregnancy. During this test in the Fetal Evaluation Unit, you will sit in a recliner while we monitor the fetal heartbeat and movements, and any contractions you may be having. Also included, or done alone, may be a biophysical profile (BPP).

All of the tests you receive are considered cumulatively as your pregnancy progresses, giving a complete and evolving picture of maternal and fetal health up to delivery. During each of your visits to the FEU, one of our maternal-fetal medicine specialists will drop by to answer any questions you may be having. The

staff and physicians of the FEU are here to help you. The FEU staff also manages insurance authorizations as required.

Fetal Evaluation Unit

425 West 59th Street, 4th Floor
New York, NY 10019
T: 212-523-8110



By the Fourth Month of Pregnancy

Financial Arrangements

If you have insurance, let your insurer know you are pregnant, and your expected delivery date, as soon as possible. In addition, as soon as you know you will be giving birth at Mount Sinai West, please notify your insurer of your pending admission. Prior notification to your insurer will assist us in processing your admission and will help you avoid a financial penalty from your insurance carrier.

Self-pay rates for patients without insurance must be arranged with the hospital's Department of Finance prior to your admission.

To do so, please call **212-256-3234**.

Medicaid. If you believe you may be eligible for Medicaid through the Prenatal Care Assistance Program, please call **212-523-7868** to get enrolled in the system.

Preparing to Care for Your Infant

Here's a checklist of some preparations for the care of your infant, to be made during pregnancy. Our *Parent/Family Education Program* has **online classes** to help with your planning. Your obstetrician or midwife can discuss this list with you, and will have additional ideas.

- Choose a pediatrician before the birth of your baby. If this is your first child, you might ask friends who live in your neighborhood for recommendations, and then look up the various practices online to see what services they offer and what insurance plans they accept. You might also go to www.mountsinai.org and use the Find a Doctor feature to locate a pediatrician in your neighborhood who is affiliated with Mount Sinai West or another Mount Sinai Health System hospital. In addition, you can call **1-800-MD SINAI** (1-800-637-4624) to find a Mount Sinai Health System pediatrician.
- Also choose a pediatrician who is affiliated with Mount Sinai West to come examine your newborn and officially discharge your baby from the hospital. If your permanent pediatrician is not affiliated with Mount Sinai West, ask your obstetrician or midwife if they have a pediatric group they usually work with who will discharge your baby. After you are discharged, you can choose to continue with the Mount Sinai West-affiliated physician, or to start taking your baby to the pediatrician you have chosen in your own neighborhood.

- Consider your plans for feeding your baby. It is recommended that nutrition is provided exclusively by breastfeeding. All that your baby needs is included in your breast milk. You can learn more about breastfeeding through the Understanding Breastfeeding course by registering [here](#).
- Prior to discharge, bring an outfit for the baby to wear home from the hospital. Also, bring a car seat if you will be going home in a private car. If you will go home from the hospital in a taxi, you do not need to have a car seat for that trip. Some car services have infant car seats available.
- Who will help you when you are home from the hospital? If this is your first baby, be aware that it takes some time to learn how to feed, diaper, and soothe a crying newborn. You will receive training while in the hospital, but help while home is also important. Even an hour or two of assistance from a family member or friend can make a big difference in your day. If you have other children, a little help can make the transition easier for the older kid(s), who will need more attention for a while. If you have the resources, a postpartum doula or a baby nurse can be hired to ease the first week(s) at home.

Familiarize Yourself With Some In-Hospital Activities and Options

The following are some subjects that will come up while you are in the hospital delivering your baby, but for which you need to prepare in advance. Please read this section carefully and pinpoint items for closer scrutiny or research.

Birth Certificate Application and Acknowledgement of Paternity Form

After you give birth to your baby, but before you leave the postpartum floor of the hospital to go home, you must turn in a Birth Certificate Application, also known as a *Mother/Parent Worksheet*. We strongly encourage you to read it in advance, or even fill it out in advance. *To learn more and to get copies of the Application online, please see page 21 of this manual.*

In addition, if you are not legally married when the baby is born, and you wish to name the baby's father on the birth certificate, you must complete the *Acknowledgement of Paternity Form*. This form must be filled out in English after the birth of the baby, but before you go home. Page 21 of this manual tells more about the *Acknowledgement of Paternity Form*, and how to get it online in English, Spanish, Chinese, Korean, Russian, or Haitian Creole. Print the form out ahead of time and study it.

If you have any questions regarding the birth certificate application process, please contact the Birth Registrar's office between 9 am - 4 pm, Monday through Friday at **212-523-6425**.

Cord Blood Banking

The decision to collect umbilical cord blood at the time of your delivery or cesarean section is a personal one and should be discussed with your physician or midwife. Be a good consumer: research the cord-blood banking company carefully to find out if their services are appropriate for you. Once you have registered with a cord blood bank, the bank will send you a cord blood collection kit that contains labeled

tubes and other materials used in the collection process.

The staff of the Labor and Delivery Suite is happy to help you collect cord blood. Please be aware, however, that this service is not considered standard of care, and is not the responsibility of the hospital staff, including the delivery room nurses. You must bring the collection kit with you to the delivery room and keep it in your possession until you hand it to the delivering physician or midwife. Sometimes it is not possible to collect cord blood because the delivery requires all of the staff's attention.

Will You Need an Interpreter?

Language interpretation is always available. Please make the hospital staff aware of your needs.

If you are deaf or hard of hearing, schedule sign language interpreters 24 hours in advance, by calling **212-523-2187**.

For emergencies, call **212-523-5678**

Planning the Personal Items to Bring for Your Stay

Since Mount Sinai West cannot take responsibility for your personal possessions, please bring only essential items:

- Maternity or nursing bra
- Personal toiletry articles
- Nightclothes, bathrobe, slippers
- Eyeglasses
- List of current medications
- Reading material
- List of important phone numbers



- Only a small amount of cash
- Copies of your preadmission registration forms
- This guide, for reference, along with the birth certificate application, and the acknowledgement of paternity form, if applicable.

Events Leading Up to Childbirth

Monitoring Fetal Movements

Fetal movements are a reliable way of knowing that your baby is active and healthy. It is important to remember that babies, like all of us, have their own unique patterns of activity and sleep. You know your baby better than anyone else and should trust your instincts.

- By the 24th week of pregnancy, you will have begun to feel fetal movements.
- Starting at the 28th week of pregnancy, it is important to complete daily fetal movement counts.
- Pick a time during the day when you will be able to relax for at least one hour. Make sure that it is a time when you will not be distracted while counting. You may find that your baby moves the most after you have had a meal.
- Note the time when you begin counting. Record the number of minutes it takes until you feel the baby move **TEN (10) TIMES**.
- Record any movements that you feel—even light movements count. Remember that the larger the baby grows, the less room he or she has in which to move.
- Call your doctor or midwife if it takes longer than 2 hours to count 10 movements.
- If at any time you think that your baby is not moving, find a place to sit or lie down and relax. Start counting the number of minutes it takes for your baby to move 10 times. Again, call your doctor or midwife if it takes longer than 2 hours to count 10 movements.
- In any of the situations below, **CALL** your doctor or midwife and **GO** to the

Labor and Delivery Triage Unit on the 12th Floor of Mount Sinai West:

1. If you haven't felt any movements at all for 2 hours; **or**
 2. If you notice a significant **CHANGE** in the number of daily fetal movements; **or**
 3. If you notice that the movements are much weaker than they used to be.
- If you have any concerns or questions regarding fetal movements, call your doctor or midwife, or call the Labor and Delivery Unit at **212-523-8212**.



How to Recognize Labor and What to Do

In the months approaching your due date, be aware of the signs of labor:

- Contractions
- Your water breaks—amniotic fluid suddenly leaks out through the vagina. This may be a gush of fluid, or only a trickle
- Back pain
- Slight vaginal bleeding

True vs False Labor

Before “true” labor begins, you may have periods of “false” labor. These are irregular contractions of your uterus, called Braxton Hicks contractions. They are normal but can be painful. They are usually also felt in the stomach and not the back. Timing the contractions is a good way to tell the difference between true and false labor. Note how long it is from the start of one contraction to the start of the next. Keep a record for an hour. If the contractions are getting closer together, longer, or stronger, then it may be true labor. If you think you are in labor, call your doctor. If you can't reach the doctor, go to the Mount Sinai West Labor and Delivery Triage Area, on Floor 12, as detailed at the beginning of Chapter 4.

About Planned Cesarean Deliveries

A scheduled cesarean section is one that you and your doctor have decided in advance is the best birth plan for you. When you know in advance this is the way you will deliver, you will be given a date and time for the procedure. All information about how to prepare for such a cesarean section is contained in Chapter 4 of this manual, in the section entitled “*Planned Cesarean Delivery*.”

Giving Birth With Us



Admission to the Hospital

When you arrive for admission to Mount Sinai West to deliver your baby, or when you are having serious pregnancy concerns, you will usually come in through the main entrance at 1000 Tenth Avenue, between 58th and 59th Streets. Once you enter the hospital, you will usually go straight up to the 12th Floor Labor and Delivery Triage Area, which is to the right of the Labor and Delivery Suite.

Obstetrical Registration and Triage

Mount Sinai West's highly skilled, compassionate Maternal Child Health nurses, obstetricians, high-risk pregnancy specialists, and midwives provide expertise and experience in caring for the full range of pregnancies—from low-risk, typical cases to extremely complicated pregnancies. In all situations, our family-

centered care approach supports the mother and the baby.

Most Deliveries Start With a Visit to the Labor and Delivery Triage Area

The Labor and Delivery Triage Area is located on the 12th Floor, to the right of the Labor and Delivery Unit. There, you will check in at our registration desk, even if you are already pre-registered. Our Labor and Delivery triage area is staffed 24 hours a day to meet the needs of our pregnant patients. With an average stay time of 2 to 4 hours, it is here where we will evaluate your labor symptoms, perform testing, and care for any urgent pregnancy concerns.

Once checked in, you will change into a hospital gown. You will be connected to a fetal monitor to assess your contractions and the baby's heartbeat, have your medical history taken, and be examined by



one of our providers. Your obstetrician or midwife will be notified. After assessment, you may be admitted to the main Labor and Delivery unit, to the Antepartum Unit, or discharged with instructions on when to call and/or return.

These can be very anxious times, but be assured that our doctors, physicians' assistants and nurses are highly experienced and knowledgeable.

We are here to monitor your health and that of your baby, provide information, and help you understand what may come next.

Antepartum Unit

Prior to delivery, some women may experience a pregnancy complication that requires monitoring and observation. For these women, the Antepartum Unit provides comprehensive medical and nursing care. Our Antepartum Team is comprised of maternal-fetal medicine specialists and fellows, obstetricians, and nurses. Other medical and surgical specialists are consulted as required.

Labor and Delivery Suite

After assessment in Labor and Delivery triage, laboring mothers are moved into one of 13 Labor and Delivery rooms, or into one of three operating suites available for Cesarean deliveries or other medical emergencies. Your care team will carefully review your birth plan. They will continue working with you as your labor progresses and throughout the birth of your baby. We are honored to be part of this exciting event!

In the birthing room on Labor and Delivery, your nurse will assess your blood pressure, pulse, and temperature and place you on a fetal monitor. An intravenous line will be placed to give you medication and fluids.

You may also receive ice chips to help quench your thirst. Do not eat any food without your provider's permission.

All About Vaginal Birth

Spontaneous and Induced Vaginal Birth

In a vaginal birth, labor is the process of contractions that positions the baby for birth, delivers the baby through the vagina, and passes the placenta through the vagina after birth.

There is no way to know exactly when you will go into labor on your own, though somewhere around 40 weeks of pregnancy is considered the average. On the other hand, there may be a medical reason for your labor to be induced. If the birth plan you have developed includes a scheduled induction, you will come to the Labor and Delivery Triage Area at the appointment time given to you by your doctor or midwife.

Factors That Might Complicate a Vaginal Birth

Certain medical conditions you may have before and during pregnancy may increase the likelihood of complications during labor and/or delivery. Your provider will discuss them with you. They include:

- Anemia
- Diabetes
- Elevated blood pressure
- Bleeding disorders
- Heart disease
- Lung disease
- Some infectious diseases, such as HIV

Complications That May Occur During Vaginal Birth

With or without specific risk factors, the following complications may result from attempting a vaginal birth:

- Tearing of the vagina or surrounding tissues
- Excessive bleeding
- Blood clots
- Uterine infection
- Need for operative vaginal delivery, using forceps or vacuum to deliver the baby
- Need for cesarean section
- Injury to the baby

Factors that Can Contraindicate a Vaginal Birth

Some conditions cause a very high risk of complications during vaginal delivery, and a cesarean section may become necessary. If you have any of these, your obstetric provider will discuss the best birth plan with you in more detail:

- Active herpes genital lesions
- HIV, in certain circumstances
- Placenta positioned over the cervix—placenta previa
- Early separation of the placenta from the uterine wall—placental abruption
- Umbilical cord slips out of the birth canal before the baby's head—umbilical cord prolapse
- Large baby
- Baby in wrong position in the uterus

Labor

During labor, the uterus will begin to contract, moving the baby down the birth canal. The cervix, which is the opening of the uterus into the vagina, will slowly dilate to a diameter of 10 centimeters. The exact amount of time for the labor process can vary greatly.

Once the cervix reaches full dilation, the baby can pass out of the uterus and travel down the birth canal, to be delivered through the opening of the vagina.

Pain Management

The intensity of discomfort during labor and delivery varies from person to person. Some women may manage well with relaxation and breathing techniques. However, others choose some type of medical pain relief. At Mount Sinai West, we have a dedicated team of obstetric anesthesiologists, doctors who specialize in pain relief during labor and delivery. They are present in the Labor and Delivery Suite 24 hours of the day, every day of the year.

Nitrous Oxide

Mount Sinai West offers nitrous oxide, otherwise known as laughing gas, to help manage labor pain. Nitrous oxide reduces pain and the awareness of pain; decreases anxiety; and induces euphoria, a feeling of happiness. This analgesic is inhaled as a blend of 50% nitrous oxide and 50% oxygen. It provides a reasonable alternative to narcotic or epidural pain management throughout labor and delivery. It may also be used in early labor, prior to receiving epidural analgesia.

Epidural, Spinal, or Combined Epidural-spinal Analgesia

Regional analgesic techniques are the most common methods for relief of labor pain. In these techniques, analgesic medication is placed near the nerves that carry the painful impulses from the uterus and cervix. Our anesthesiologists commonly use epidural, spinal, or combined spinal-epidural techniques to minimize your pain.

- Pain medication is injected into the epidural space surrounding your spinal cord, or into the spinal space, or both.
- Medication is given in small amounts by an anesthesiologist.
- Minimal medicine transfers into the maternal blood stream.
- Labor pain and sensation in your lower body is decreased.
- Provides good pain relief, while allowing you to continue with labor and delivery.
- A possible side effect of pain relief is a drop in maternal blood pressure, which may, in turn, lead to a drop in the baby's heart rate. This is easily treated with IV fluids and medication.
- Another possible side effect is a headache after you deliver, which may need treatment.

The Experience of Vaginal Birth

We want to help you have the birth experience you have been hoping for. Your nurse will stay close by to support your labor, answer any questions and help you understand what may be coming next.

Once the cervix is fully dilated (opened) and the baby is heading down the birth canal, the nurses will help prepare you for delivery.

Once your doctor or midwife says you are ready to begin pushing, your nurse will help you get into position. Your support person and your nurse may need to hold your legs in place while you push. Your provider will encourage and instruct you. Pushing means that you will be bearing down, as if you are trying to have a bowel movement.

“Crowning” is when the baby’s head is seen at the opening to the vagina. When this happens, you may be asked to slow your pushing. Depending on your delivery plan, your doctor or midwife may massage your perineum to gently stretch it. An episiotomy is not routinely done, but in some cases, it is necessary.

Once your baby’s head is out, you will be asked to stop pushing and breathe. Your doctor or midwife will check to make sure that the umbilical cord is not around the baby’s neck. Then, you will be able to deliver the rest of the baby. If the baby appears healthy and is breathing well, the baby may be placed on your stomach to initiate skin-to-skin contact. The umbilical cord will be clamped and cut. Shortly thereafter, the placenta will be delivered.

Sometimes the baby’s head does not move as expected through the birth canal. If this happens, your doctor may use forceps or vacuum extraction to move the baby.



Continued

Immediately After Delivery

- Right after birth, your baby may be placed on your abdomen or chest. This skin-to-skin contact may lead to improved breastfeeding success.
- You may need stitches if your perineum is cut or torn.
- You will receive abdominal massage to help the uterus clamp down and decrease bleeding.
- The vaginal area, perineum, and rectum will be cleansed.
- An ice pack may be placed on the perineum to soothe and decrease swelling.
- You will receive oxytocin to help the uterus contract, and to decrease bleeding. It will be administered through your IV or via injection.
- Your doctor or midwife will order pain medication, which will be available to you if needed.
- Your baby's Apgar scores will be measured.
- Your baby will be given a Vitamin K injection and erythromycin eye ointment. These medications are mandated by the State of New York. They cannot be refused.
- Your baby's vital signs will be assessed.

Apgar Scores

Virginia Apgar, MD, an obstetrician who practiced here in New York City, created this simple scoring system in 1952 to evaluate the physical status of newborns. After the umbilical cord clamp is placed and the cord is cut (by your partner if you wish), your baby is then dried and wrapped warmly. The Apgar score is done at 1 minute and 5 minutes after birth to assess the baby's color, pulse, muscle tone, respiratory status, and reflexes.

Recovery After Vaginal Birth

Your baby will stay with you in your birthing room if your delivery is uncomplicated and your newborn is stable during the immediate recovery period after birth. You and your partner will need this private time to bond with your baby. The first hour after birth is called the Magical Hour. In your birthing room, you and your baby will begin to know each other through skin-to-skin contact. Your first feeding may occur at this time. Rooming with your infant enables you to observe and recognize his or her needs and you can begin learning about infant care. Our nurses will help you care for your newborn. Please do not have family members visit until at least two hours after your baby is born.

Continued



Planned Cesarean Delivery

If your birth plan calls for a planned cesarean section delivery, here's some information you'll need to know before, during and after the surgery.

A cesarean section is a surgical procedure to deliver a baby in which an incision is made through the abdomen into the uterus and the baby is lifted out.

Pre-Admission Testing

In preparation for surgery, your Obstetrician will arrange pre-admission testing 24-48 hours prior to your scheduled cesarean delivery, as indicated.

During the 24 hours Before Your Cesarean Section:

Prepare any last minute questions you may have, because on the day before your surgery you will receive a phone call to confirm the time of your arrival and outline the events of the next day.

You will not be allowed to eat, drink or smoke after midnight. This includes candy, gum and water. Check with your doctor if you are taking any medication. Try to get a good night's sleep.

You may brush your teeth in the morning. Take a shower before coming to the hospital. Please leave valuables at home and most of your luggage in the car until you are transferred to the postpartum unit after your procedure. Please also remove all jewelry and body piercings. Plan to arrive at the hospital at least two hours before your scheduled cesarean section time. Bring a copy of the preadmission registration form that you filled out and submitted online, your insurance card, and a driver's license or some other form of identification.

Admission

When you arrive for admission to Mount Sinai West for your scheduled cesarean section, you will come through the main entrance at 1000 Tenth Avenue, between 58th and 59th Streets. Come to the 12th Floor, and enter the Labor and Delivery Triage Area, to the right of Labor and Delivery. Please arrive two hours before your procedure, unless otherwise instructed by your obstetrical care team.



Before Surgery

In preparation for your cesarean section, you will be asked to do the following:

1. Change into a hospital gown and provide a urine sample.
2. Have an intravenous line (IV) started in your arm or hand. Through this you will receive necessary fluids and medications as needed.
3. Have blood drawn.
4. Be seen by your obstetrician and anesthesiologist, and asked to sign a consent form.
5. You may be required to take a clear liquid antacid medicine.
6. Have your surgical site prepared.

At any time during preparation for surgery, hospital staff and clinicians will be available to answer any questions you may have.

Your Procedure

Once your care team is ready, you will be escorted into the operating room. Your support person will be asked to wait outside of operating suite while you are being prepared for the procedure. You will be asked to sit up while your spinal anesthesia is administered. Once this is completed, you will be helped to lie down, and the anesthesiologists will begin to monitor your vital signs. The baby's heart rate will also be assessed at this time. Your nurse will place a Foley catheter to help drain your bladder during the procedure. Your abdomen will then be prepped with an antiseptic solution and draped. At this time your support person will be escorted into the operating room to be with you.



At the time of the delivery, there will be a pediatrician present to assess your baby. The baby will be weighed and given a Vitamin K injection and erythromycin eye ointment. These medications are mandated by New York State and cannot be refused. Once the baby is deemed stable, he or she will be brought over to you and your support person for the duration of the procedure. At this time, skin-to-skin contact may or may not be initiated. At the end of the procedure, your support person will be asked to leave the operating room and will join you and the baby later in the recovery room.

Recovery Room

Once you have been transferred to the recovery room, your vital signs and bleeding will be assessed for a minimum of 2 hours. During that time, you can initiate or continue skin-to-skin contact with your newborn. You will be assisted by

our nurses to begin breastfeeding as well. Your support person will be with you; this is an important time for you and your partner to bond with the baby. You are allowed only one visitor in the recovery room, with no rotation.

Continued

Policies and Procedures

Photography and Video Recording

Pictures may be taken during delivery. Only still photography is allowed in the birthing room for vaginal delivery, or operating room for cesarean delivery. Photographs are permitted to be taken behind the anesthesia screen and in the operating room at the discretion of your obstetrician. Video recording is not permitted in the birthing/operating rooms, regardless of type of delivery.

Video recording and still photography of the mother and her baby are permitted in the mother's room on the postpartum units. However, no photography or video recording is permitted in the newborn nursery. Any video recording and photographing of staff may be done only with that staff member's permission.

Visitor Policy

If you are delivering in the Labor and Delivery Suite, you may have two healthy support persons at your bedside during the birth experience (inclusive of a certified doula if you will be using one). Once you reach the postpartum unit, you are allowed one visitor at a time in the room. Only visitors with no symptoms of contagious illness are allowed to enter the hospital. All visitors will be screened for COVID-19 symptoms in the main lobby on a daily basis. All visitors must be at least 12 years of age. Non-designated support person visiting hours are from 11 am - 6 pm. For your designated support person, visiting hours are open, including overnight.

Security

Mount Sinai West is committed to keeping you and your family safe, and has numerous safeguards in place on our postpartum units.

1) Baby identification bracelets:

If you deliver your baby at Mount Sinai West, both baby and parents will receive bracelets which will have identical identifying information. This information will include the birth parent's last name and the baby's medical record number. These bracelets will be used to identify the baby and to compare against the birth parent's and support person's bracelet whenever the baby is rejoining them.

2) An additional safety measure, called a transponder, will be on the baby's ankle.

The transponder is a security monitor that will sound an alarm if the baby goes near an exit door. The door will also automatically lock if the baby is within a few feet of the door. An alarm will sound if the baby leaves the unit before the transponder has been disabled. Also, our delivery and postpartum units are monitored by security personnel 24/7.

3) Do not allow anyone to take your baby unless you know they are a staff member.

Our staff wears identification badges with a pink border. Make sure the picture on the badge matches the person wearing the badge.



Your Postpartum Stay: Education, Breastfeeding, Pediatric Evaluation

The comfortable postpartum rooms, each with a bathroom and shower, are where you will stay after leaving the Labor and Delivery Suite. We strongly encourage you to keep your baby in your postpartum room. During your stay there, a member of the caring and experienced postpartum nursing staff will monitor your physical progress and that of your infant. The nurse will assist and teach you as you build your relationship with your new baby and learn to care for her or him. In addition, during your stay, the pediatrician will evaluate your baby and conduct important tests.

Rooming-In & Breastfeeding

Mount Sinai West supports mother and baby “rooming-in” together and breastfeeding after birth. By keeping babies and moms together right after birth, mothers can breastfeed their babies on demand. Healthy babies and their mothers stay together day and night and practice rooming-in so they can get to know each other. This also allows new parents to understand normal baby behavior.

Your nurse will teach aspects of baby care, breast care, and self care to you and your family. A special emphasis is placed on breastfeeding education and training. Our nurses, most of whom are nationally-board-certified lactation counselors (CLC), will assist you in breastfeeding and support. In addition, we have a staff of lactation specialists—internationally-board certified lactation consultants (IBCLC’s). If needed, a lactation specialist will be referred to you by your nurse.

Learning About Your Baby

During the postpartum period, your nurse will reserve time especially for you to answer questions about caring for your newborn and for yourself. Your nurse cares for several other new mothers and babies as well, so it is important that you take advantage of the time she has set aside for you.

Individual basic newborn care will be done at the bedside. The nurses taking care of you and your baby will review diapering, bathing and safety.

While in the hospital, additional infant care education is available 24 hours a day on the *Newborn Channel*, our in-house patient education television channel. It features free and continuous programming on newborn care, maternal recovery from childbirth, and various family topics.

Hourly Rounding

Because we want to provide excellent care for you and your baby, a member of your care team will be coming to your bedside every hour or so to make sure that you are comfortable and to check to see if you have everything you need. The staff member will ask you about your pain level, whether you need help to use the bathroom, if you need supplies for you and your baby, and answer any questions you or your family members may have.

Postpartum Medication

Your doctor may order additional medications, which will be administered by your nurse. Your nurse will help answer any questions you may have, and you should let him or her know if they are not having the desired effect.

LactMed is a free, online database with information on drugs and lactation from the National Library of Medicine. You may access it at: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Geared to the healthcare practitioner and nursing mother, *LactMed* contains over 450 drug records. It includes information such as maternal levels in breast milk, infant levels in blood, potential effects in breastfeeding infants and on lactation itself, the American Academy of Pediatrics category indicating the level of compatibility of the drug with breastfeeding, and alternate drugs to consider. References are included, as is nomenclature information, such as the drug’s Chemical Abstract Service’s (CAS) Registry number and its broad drug class.

LactMed was developed by a pharmacist who is an expert in this subject. Three other recognized authorities serve as the database’s scientific review panel. Ancillary resources, such as a glossary of terms related to drugs and lactation, and breastfeeding links are also offered.

Expect Staff to Check and Recheck Your Family's Identification Bands

Wear your hospital identification (ID) band at all times while you are in the hospital. Our staff is expected to review the information on your hospital ID band before giving you any medications; before tests, procedures, and X-rays; or when giving you your food tray. If your ID band comes off or is unreadable, ask us to replace it. You, your baby and your primary support person will wear bracelets with matching numbers during your stay. You and your baby's band numbers will be checked whenever your baby is separated from you and again when your baby is returned to you. The bracelets must be worn until your baby is discharged from the hospital.

Use Your Nurse Call Button

There is a gray button kept close to the bed, which may be used to call for help whenever it is needed. Call buttons are also located in all bathrooms.

Help Prevent Falls

For your protection, we strive diligently to prevent falls during your hospital stay. This includes placing your call button within reach, helping you get out of bed, and taking you for walks on the nursing unit. If you are at risk for falling, we will take extra precautions. We want this to be a safe and secure environment for you and your baby. Parents, staff and visitors all play an important part in helping to reach this goal.

Accidental infant falls happen because of unfamiliar surroundings and effects of medication. Please let your nurse know if you are too sleepy or not comfortable holding your baby.

You can help prevent falling by:

- Calling a staff member if you need help getting out of bed or a chair.
- Keeping your call button close to you—let us know if you cannot reach it!
- Wearing hospital-provided non-skid socks or shoes when you walk around.
- If you wear glasses, making sure you have them on before you get out of bed.
- Following the staff's instructions to prevent falls.

Prevent Your Newborn From Falling by Following These Precautions Related to Transportation, Sleep, and Visiting Children

Transportation

- Babies may not be carried in the hallways; bassinets must be used.
- Babies are moved to and from the nursery, or any other procedure area, in a bassinet.
- Babies must stay on the Mother-Baby Unit at all times, except when going to procedures.
- The only people who may take your baby out of your room are you, your key support person who wears the ID band matching yours and the baby's, or a staff member wearing a badge that has a pink border.

Sleep

- Do not sleep with your baby in your bed. When you feel sleepy or plan on sleeping, place baby back in the bassinet on his or her back.

- If you should fall asleep with the baby in your bed or in your arms, your nurse will move the baby to the bassinet.

Preventing Infections

Preventing infections is one of the most important goals at the hospital. While not every infection is preventable, many can be prevented by taking certain precautions.

Practice Good Hand Hygiene

One of the best ways to prevent infections is hand hygiene. Hand hygiene refers to washing hands with soap and water, or cleaning them with an alcohol-based hand sanitizer. Alcohol-based products are an easy way to perform hand hygiene. Throughout the hospital, you will see hand sanitizer dispensers in hallways and patient rooms.

Ask Your Providers to Practice Hand Hygiene

Your health care team is expected to clean their hands before and after providing care to prevent the spread of infection. They are required to use hand sanitizer or wash their hands with soap and water. If you're not sure that your health care provider cleaned his or her hands, please ask the provider to do so before examining you or your baby or performing a procedure.



Newborn Examination by a Pediatrician

Within 24 hours of birth and daily during hospitalization, your newborn will have a thorough examination by a Mount Sinai West pediatric physician. Please be prepared to inform the physician regarding your family medical history and that of the baby's father.

Newborn Screening Tests

During your baby's stay on the postpartum unit, several screening tests will be completed. These screenings allow problems to be discovered early, so they can be treated most effectively. In general, if your infant gets an abnormal result on a screening test, it only means that the baby's risk of a disorder is higher than average. Only followup testing can determine if an actual problem exists.

Critical Congenital Heart Disease Screening

Critical congenital heart disease (CCHD) represents a group of heart defects that cause serious, life-threatening symptoms. Some babies with CCHD can look and act healthy at first, but within hours or days, develop serious complications. We screen because CCHD is often treatable if detected early. Only about 1 baby in 100 will have CCHD.

We screen for CCHD with pulse oximetry, a painless, non-invasive test that measures how much oxygen is in the blood. The pulse oximeter is a sensor placed on the baby's skin. The pulse-ox test only takes a couple of minutes and is performed after the baby is 24 hours old.

If your baby's pulse-oximetry result is out of the normal range, it only means that your baby's blood-oxygen level was low during the test. It does not necessarily mean that your baby has CCHD. Only more precise follow-up testing will tell whether a baby has the condition or not. Because the harmful effects of CCHD can develop shortly after birth, your doctor will be notified and follow-up testing will be completed before the baby leaves the hospital.

The baby's doctor might recommend that the baby get screened with pulse oximetry again, will do a complete clinical assessment, or have more specific tests, like an echocardiogram (an ultrasound picture of the heart), EKG (electrocardiogram), or chest x-ray to diagnose CCHD.

Signs of critical congenital heart disease in infants include:

- Loss of healthy skin color/change in skin color
- Cyanosis (a bluish tint to the skin, lips, and fingernails)
- Rapid or troubled breathing
- Swelling or puffiness in the face, hands, feet, legs, or areas around the eyes
- Shortness of breath or tires easily during feedings
- Sweating around the head, especially during feeding
- Poor weight gain

Blood Tests

Your newborn will undergo blood tests to check for various conditions and diseases that cannot be seen, but may cause health problems. If identified and treated early, serious problems can often be prevented. In New York State, all babies are required to be tested for more than 40 metabolic and genetic disorders, even if the baby seems healthy, and has no symptoms or health problems. A tiny amount of blood is taken from the baby's heel, collected on a special paper, and sent to the Department of Health for analysis. The baby's heel may have some redness at the puncture site and may have some bruising that usually goes away in a few days. Most screening tests cannot be performed until a baby is at least 24 hours old. But there are times when the sample may be collected before 24 hours of age, requiring the baby to have a second specimen collected four to five days later. All babies must have the newborn screening specimen collected before being discharged from the hospital.

Hearing Screening

In New York State, all babies are required to have their hearing checked before going home. The purpose of this screening is to check your newborn's ability to hear and to help identify babies who might require further testing. Since good hearing is so essential for the development of speech and language skills, it is important that the identification and management of a hearing impairment be done as early as possible. A hearing screening is non-invasive and painless. The screening methods used are otoacoustic emissions and/or auditory brainstem responses.



Both procedures take only a few minutes and can be performed while the infant is resting. A trained specialist measures your baby's hearing while soft sounds are played.

Going Home

Before you leave the hospital, your obstetrical provider must authorize your discharge, and your infant's pediatrician must authorize discharge for your baby. Your nurse must also verify your baby's identification with you, and remove the ID Bands. Please formulate any questions you may have, and ask your health care professionals as the discharge process takes place.

Once your obstetrical provider has approved your discharge from the hospital, you should prepare yourself and your baby for the trip home. Generally, you will be discharged two days after a vaginal delivery and three to four days following a cesarean birth.

Turning in the Birth Certificate Application, Paternity Form if Necessary

Please read page 21 of this manual for more about the Birth Certificate Application. It is essential that you turn this form in after you deliver your baby, but before you leave the postpartum floor of the hospital to go home.

Information about the Acknowledgement of Paternity Form can be found on page 21 of this manual. If you are not legally married when the baby is born, and you wish to name the baby's father on the birth certificate, you must complete the *Acknowledgement of Paternity Form* and turn it in with the *Birth Certificate Application*. The *Acknowledgement of Paternity Form* must be filled out in black ink only and requires two witnesses who are not relatives of the couple.

Discharge Information

When your doctor tells you that you and your baby are ready to go home, your nurses will discuss ongoing care with you. You will also receive a written discharge plan for you and for your baby that describes the arrangements for any future care that your doctor may order after discharge. You and your baby may not be discharged until the services required in your written discharge plan are secured or determined by the Hospital to be reasonably available. You also have the right to appeal this discharge plan.

You will also receive any prescriptions that are needed from the doctor. At that time, you may ask the doctor to initiate “Med-to-Bed” filling of the prescriptions. If you choose the “Med-to-Bed” option, your medications will be brought to your bedside before you go home.

**Discharge time is 11 AM.
Please make arrangements
accordingly.**

What to Expect: The Physical Effects of Childbirth

Physically, you might have the following:

- Constipation —You may not be able to move your bowels until the third or fourth day after delivery.
- Stitches may make it painful to sit or walk.
- Hemorrhoids —Hemorrhoids are common. They may make it painful for you to move your bowels.
- Hot and cold flashes—This is due to your body trying to adjust to the change in hormones and blood flow levels.
- Urinary or fecal incontinence—During delivery, your muscles were stretched. This may make it hard for you to control your urine and bowel movements for a short period of time after delivery.
- “After pains”—The shrinking of your uterus can cause contractions. These can worsen when your baby nurses or when you take medication to reduce bleeding. It is normal to have this after delivery.
- Vaginal discharge/bleeding—This is heavier than your period, and often contains small clots. The discharge gradually fades to white or yellow and stops within 6 weeks.
- Weight—Your postpartum weight will probably be about 10 pounds below your full-term weight. Water weight drops off within the first week as your body regains its salt balance. Give your body time to return to its prepregnancy weight. The amount of time this takes varies greatly from person to person.

What to Expect: The Emotional Effects of Childbirth

Emotionally, you may be feeling:

- “Baby blues”—About 80% of new moms have irritability, sadness, crying, or anxiety. This begins within days or weeks of giving birth. These feelings can result from hormonal changes, exhaustion, unexpected birth experiences, adjustments to changing roles, and a sense of lack of control over your new life.
- *Postpartum depression (PPD)*—This condition is more serious and happens in 10%-20% of new moms. It may cause mood swings, anxiety, guilt, and persistent sadness. Your baby may be several months old before PPD strikes. It is more common in women with a family history of depression.
- *Postpartum psychosis*—Postpartum psychosis is a rare, but severe condition. Symptoms include difficulty thinking and thoughts of harming the baby. If you feel this way, call your doctor right away.
- *Sexual relations*—You may not feel physically or emotionally ready to begin sexual relations right away.

Ways to Take Care of Yourself After Discharge

- When your baby sleeps, take a nap.
- Set aside time each day to relax with a book, or listen to music.
- Ask your doctor about when it is safe to shower, bathe, or soak in water.
- Get plenty of exercise and fresh air.
- Schedule regular time for you and your partner to be alone and talk.
- Make time each day to enjoy your baby. Encourage your partner to do so, too.
- Breastfeeding is the recommended form of newborn feeding.
- Take a break from having visitors if you feel stressed.
- Ask for help when you need it.
- Talk with other new moms and create your own support group, or join one. The Parent/Family Education Program has a breastfeeding support group, plus other classes of interest.
- Delay having sexual intercourse and putting any objects into the vagina until you have had your 4-6 week check-up.



When to Call Your Doctor

After you leave the hospital, contact your doctor if any of the following occur:

- Signs of infection, including fever and chills
 - Increased bleeding: soaking more than one sanitary pad per hour
 - Wounds that become red, swollen, or drain pus
 - Vaginal discharge that smells foul
 - New pain, swelling, or tenderness in your legs
 - A headache unrelieved by pain medication, increased heartburn, nausea, dizziness, or pain on the right side of your abdomen
 - Pain that you cannot control with the medications you were given
 - Pain, burning, urgency or frequency of urination, or persistent blood in the urine
 - Cough, shortness of breath, or chest pain
 - Depression, suicidal thoughts, or feelings of harming your baby
 - Breasts that are hot, red, and accompanied by fever
 - Any cracking or bleeding from the nipple or areola (the dark-colored area of the breast)
- If you think you have an emergency, call for medical help right away.**

Paperwork Necessary To Obtain a Birth Certificate for Your Baby

Getting a correct birth certificate for your baby requires that you hand in at least one document after you have given birth and before you leave the hospital. You will be given the blank forms to fill out while you are recovering from childbirth in the hospital. **It is important that you fill them out completely and correctly, as it is difficult to change them after submission.**

1. Mother/Parent Worksheet or Birth Certificate Application

The main form is the Birth Certificate Application, also known as the *Mother/Parent Worksheet*. If you would like to review this form ahead of time, or even fill it out at home and bring it with you to the hospital, visit our website at www.mountsinai.org/locations/west/care/obgyn

and locate under the Pregnancy and Birth tab, Patient Forms.

It is available in English or Spanish and may be completed in either language. You can download the form, print it out, and fill it out using ink, and sign it. Alternatively, you can fill it out on your computer, print it out, and sign it. Either way, make a copy for yourself, and bring the original to the hospital when you give birth.

2. Acknowledgement of Paternity Form

If the baby's mother is not married, the baby's mother and the baby's father must fill out a form to legally identify him as the father. This is the *Acknowledgement of Paternity Form*. You must wait to fill out this form after the birth of the baby, while

you are still in the hospital. The blank form will be given to you in English, and you must complete it in English. Along with this form come several pages of information explaining what it means to sign this form. Both the baby's mother and the baby's father should read this information carefully. Go to www.mountsinai.org/locations/west/care/obgyn and under the Pregnancy and Birth tab, Patient Forms, and download the information and the form in English, Spanish, Chinese, Korean, Russian, or Haitian Creole.

Remember, you should wait to fill out this form after the birth of the baby, while you are still in the hospital. Also, you will have to fill out the form in English. If you speak another language, studying or printing the form in your language now may help you get ready to fill the form out in the hospital.

3. Same Sex Couples

Same sex couples that are married may fill out the birth certificate application and submit with a copy of their marriage license. Same sex couples that are not married must contact NYC DOH for updated guidelines. You may do this by calling 311. Our Birth Registrars are available to assist in hospital after delivery.

4. Transgender Couples

Please contact NYC DOH by calling 311 for the most updated guidelines on how to submit for birth certificates. Our Birth Registrars are available to assist in hospital after delivery.

For Additional Help With All Birth Certificate Paperwork Contact Mount Sinai West's Birth Registrar at 212-523-6425

9 am - 4 pm, Monday - Friday

Resources



Mount Sinai West

Obstetrics Service

Mount Sinai West

1000 Tenth Avenue
New York, New York 10019

To Obtain Your Physician's Phone Number, visit:

www.mountsinai.org/locations/west/care/obgyn

and click "Find A Doctor".

To Obtain Your Midwife's Phone Number, visit:

www.mountsinai.org/locations/west/care/obgyn

and click the Midwives link under Pregnancy and Birth

Obstetric Emergencies:

Call your obstetrician or midwife and go to Mount Sinai West, Floor 12, Labor and Delivery Triage Area, to the right of the Labor and Delivery Unit.

Website:

www.mountsinai.org/locations/west/care/obgyn

Online Education:

www.mountsinai.org/locations/west/care/obgyn

and click the "Childbirth Education Classes" button.

Directions

By Car

Take the West Side Highway (Henry Hudson Parkway) to the 56th Street exit. Head eastbound on West 56th Street to 10th Avenue. Turn left (northbound) on 10th Avenue to Mount Sinai West's main lobby entrance (east side of 10th Avenue, between West 58th and West 59th Streets).

Parking

Mount Sinai West provides, for a moderate fee, curbside valet parking service on weekdays, during the hours of 6:00 am to 6:00 pm at its main entrance on 10th Avenue between 58th and 59th Streets. The vehicle is stored in the hospital garage on West 59th Street between 10th and 11th Avenues, and is returned to the hospital entrance at the scheduled departure time indicated by the visitor. Other public parking garages are located on the north side of West 59th Street between 9th and 10th Avenues, on West 58th Street (one-way, eastbound) and on West 60th Street (one-way, westbound) between Columbus Circle and 9th Avenue, and on West 59th Street (one-way, westbound) between 10th and 11th Avenues.

By Bus

M11 (uptown) to 10th Avenue and West 59th Street. M11 (downtown) to 9th Avenue and West 59th Street. M57 (crosstown) to 10th Avenue and West 57th Street. M104 (Broadway line) to Columbus Circle (Broadway between West 58th Street and West 60th Street).

By Subway

Take an A, B, C, D, #1 train to Columbus Circle (58th-59th Streets) at the intersection of Broadway and 8th Avenue.

Additional Resources on Pregnancy and Childbirth

The American Congress of Obstetricians and Gynecologists

www.acog.org

American Pregnancy Association

www.americanpregnancy.org

www.womenshealth.gov

La Leche League-Breastfeeding Information

www.llli.org 800-La Leche

WIC: Women Infant and Children Program

www.fns.usda.gov/wic