



## **Preparing for Birth - FAQs about Crocus Maternity Care in Labor**

The third trimester is here - you're on the home stretch!

Here is some information about your care at Crocus Maternity during labor and birth. All of our births are provided in the hospital, where we work with an excellent, patient-centered team of experienced Registered Maternity Nurses. Hopefully you are also attending prenatal classes.

### **What will happen when I go into labor?**

- If you think you might be in labor, you should call the Maternity Unit at WGH at 867-393-8725. You will speak with a nurse who will help you decide if you need to come in to the hospital for an assessment
- At a hospital assessment, you will first go to the Admitting desk in the main lobby of WGH - remember your health care card!
- The admitting clerk will check you in and send you upstairs to Maternity where a nurse will assess you. This will include reviewing your prenatal history, checking your blood pressure and baby's heart rate, and may include an internal exam to check whether your cervix is dilating (opening).
- The nurse will call the Crocus doctor on call who will come see you if needed. We work closely with our excellent team of nurses and an in-person visit with the doctor is not always required.

### **Who will deliver my baby?**

- When you are in labor, you will be admitted to the hospital and the Crocus doctor will be called by the maternity unit nurse.
- You will have a nurse in hospital dedicated to your care in labor. The Crocus doctor may be in and out of the hospital depending on your pregnancy and labor. The nurse will call the doctor with updates and any concerns, and when the time to push is nearing.
- The Crocus doctor will be present as you are pushing and giving birth, and deliver your baby
- If there are complications in your labor, an Obstetrician may be called to assist
- Sometimes a second doctor may be called to take care of the baby if any concerns are anticipated

### **What is your approach to birth?**

We believe that birth is a natural and healthy process. One of the most rewarding and exciting things about our job is that every birth is a unique journey. So it is hard to plan exactly what will happen, and we will work with you throughout your labor and delivery to offer the best care for you, taking into consideration your preferences and values. We use evidence-based care to offer only those interventions that we believe will help facilitate as healthy and normal a birth as possible.

### **Do I need a Birth Plan?**

Up to you! Of course, we will do our best to respect any wishes and preferences you have for your labor. A birth plan can be a good way to get you and your partner and/or support team mentally prepared for your birth. It can also be a tool to help you discuss any particular wishes or preferences with us prior to your labor. It is perfectly OK not to have a birth plan and many women prefer to just take their labor one step at a time. We will communicate what is happening and what options you have each step of the way.

Just remember - every birth unfolds in its own way, and the best birth plan includes the real possibility that things won't go as planned. Being ready to be flexible is a wonderful preparation for parenthood! If you choose to make a birth plan, there are some resources on our website.

### **What position can I push in?**

Any position that works!

### **Do you offer water births?**

No, but there are showers (and tubs coming soon!) for women to labor in.

### **Will I have to have an episiotomy (“cut”)?**

No! We hardly do episiotomies - only in rare circumstances and we'll discuss it first!

### **What options do I have for pain management?**

The maternity nurses and Crocus doctors are trained in helping women use body positions, breathing, water therapy, and support people to manage the pain of labor and we encourage these options as the first choice strategy. If you don't feel like the pain is manageable with these measures, there are a variety of medical options including Entonox (“the gas”); Morphine; Fentanyl; and Epidural.

### **I definitely *do* want an epidural!**

Most of the time this is delayed until you are in “active labor” with regular strong contractions dilating your cervix. Some women find they change their mind at this point and that's OK. When you feel ready for an epidural, the anaesthetist on call will be called in to provide it. One thing to know is that often labor progresses more quickly without an epidural, and if things are going very smoothly, you may surprise yourself and find you don't need it after all.

### **I definitely *do not* want an epidural!**

OK, no problem! One thing to know is that epidurals aren't just for pain - rarely, if your labor is stalled and other strategies to help it along haven't worked, an epidural can relax your pelvic muscles and bring about a vaginal birth. An epidural is less invasive and we will offer this if we think it could help you have a vaginal birth instead of a C-section.