

Case Study #14 - Birth Notes

EDD: 5/7 Born 5/4

6 lbs 15 oz 20 in.

Apqars 3 and 9

First birth, under the care of a small family medicine practice. Desire to have a nonmedicated vaginal birth with no interventions. PMPS - 5

5/3

7:04 pm - Text from partner. They think her water broke. Dr. said to go into the hospital to make sure it did. Having contractions about 4-5 min apart, lasting about 40-60 sec. Will keep me posted.

8:27 pm - Text from partner. Checked to be 1.5 cms. Still just waiting to see if her water broke or not (PH strip and slide were inconclusive). Want to wait an hour and then check again.

9:19 pm - Contractions are getting more intense, and she is worried about the pain. Partner is not sure what to do. I call back to get a better idea of what's going on. She's having a lot of back pain, that sticks around after contractions. I suggest things that will help baby get into a better position: hands and knees, polar bear, a round of sifting then side-lying, also lift and tucks.

10:22 pm - Text from partner. Checked to be 3.5 cms, and ruptured. They are being admitted. I ask if they want me to come in - yes.

10:52 pm - I arrive at the hospital. She's in the tub (room 307), trying to handle the intensity as much as possible. It's coming on strong and she feels it's too much. The back pain is not letting down, and she feels nauseous during contractions. Asks about pain options. Gets out of the tub to get checked.

11:50 pm - Checked to be 4 cms, 100% and 1 station. Gets in bed (side-lying) and gets Nubain. The intensity is not going down much, because it's mostly in her back (although also in her front). Asks for an epidural. Can feel the baby. Even though it's still intense, the Nubain takes a bit of the edge off. Wanting to hold on to the pink bucket. Partner very supportive by her head. Holding her hand. I do acupressure points and massage her legs when possible. Feeling hot. We continue to help her through each contraction as we wait for anesthesia.

5/4

Anesthesia arrives; explain procedure, ask questions.

1:00 am - Epidural goes in. While she's sitting on the edge of the table, they start seeing baby's heart decals (which is common as baby is close to being born). Resident checks her. She's fully dilated, 100%, and baby's head is right there.

1:15 am - Amber begins to push. We can already see some of the baby's hair. The epidural really hasn't had time to kick in, and she's doing amazing at working with her body and getting through the intense situation. Making great guttural sounds. Moving the baby down and out. She tries several positions, as she doesn't quite feel like she's making progress: on back, side, hand and knees. From hand and knees she moves one leg into a lunge, and she feels the progress.

1:53 am - Baby is born! He's gives an initial cry, but then is a bit unresponsive. Baby goes to the warmer, and the pediatric team work on assisting baby. Not hearing baby is scary for the parents, and it makes for some very long minutes.

1:58 am - Placenta is delivered. She's checked for tears, has a small internal 2nd. degree.

Baby is weighed and assessed, and then brought over to mom. He hangs out, doing skin to skin.

3:00 am - Latches on.