

Case Study #13 - Birth Notes

Due 8/14 & 8/22 Born 8/27

9 lbs. 12 oz. 20.5 in.

Apgars 7 & 9

8/20 - 8/25

Phone calls and texts back and forth as the estimated due date approaches. Navigating NSTs and ultrasounds, induction talks, preemptive acupuncture. Dad asks questions about the due date during a hospital trip to monitor baby's heartbeat, and they adjust it to a week later. Lots of mental adjustments as well!

8/26

- 3:55 pm - Text from Mom. "Pretty sure I just lost my mucous plug. Just letting you know, I know it can still be a while before anything really happens." :)
- 6:34 pm - Text from Mom. "I am having stronger crampy contractions, and they are pretty low. When should I really start keeping track of timing again?" I suggest they keep track for a bit, to get a baseline for what's going on right now.
- 7:47 pm - I check in. Mom sends me a picture from the app she's using to time contractions. They are about 5-7 min apart and about 45 seconds to 1 min long. The intensity varies, but they feel strong. Sometimes she can't tell when one stops and one begins because there is constant cramping. I suggest we chat on the phone for a bit, to get a sense of where she's at, and answer any questions. She's doing great and will continue going with the flow. They will keep me posted.

8/27

- 2:12 am - Text from Mom. She's been trying to get some rest. She had a couple of small contractions: one manageable one when she was up and two stronger ones lying down. No water or blood. She will try to rest a bit more.
- 3:00 am - Text from Mom. She thinks she has some bloody show. We talk on the phone. I reassure her she's doing great. They will continue to try to get rest.
- 5:03 am - Text from Mom. "Is there a point when I should stop resting and just stay upright? They are pretty strong when I'm laying down but haven't timed them either." I reply that there isn't any specific point and that it has more to do with what she feels like doing. That it's good to change positions, but even getting up to the bathroom, and maybe hanging out there for a bit would be considered changing positions. She replies she doesn't want to prolong things by lying down, but she has switched sides, which I let her know counts as changing positions. I send a link for the "Miles Circuit" in case she wants a more structured thing to do.
- 6:57 am - Text from Dad saying, "she has moments and of nauseous feelings, and that makes her want to quit. Just took some Tums, water, and trail mix within the last 1/2 hour." I suggest we chat on the phone. It sounds like things are getting more intense, and she's thinking about going into the hospital. It does sound like it's time, and I remind them to call the midwives first, and to let me know when they're ready to leave so we can meet there.
- 7:55 am - Text from Dad. They just got the call back from the hospital, and Mom said they're good to go in when she's ready.
- 8:27 am - Text from Mom. They are getting in their car to go to the hospital. I will do the same.
- 8:50ish - I arrive at the hospital and meet them just as they are going by the info desk. In triage, nurse sets Mom up with a contraction monitor. Contractions seem variable between 2 and 5 minutes apart. As soon as she says that they will "leave him on the monitor for being non-reactive," the baby starts moving around lots. :)
- 9:50 am - Gets checked to be 5 cms, 90% effaced, +1 station. Midwife touches Mom's belly to determine the baby's position and feels like he may be "looking up." Mom mentioned how, at home, her daughter was unhappy when she saw her having a contraction.
- 10:06 am - Move to a room. Mom thinks her water may have broken. She hangs out in the bathroom for a bit while we set up the room. Since the baby may be "looking up," I ask if she would like to try using the rebozo to pick up her belly during contractions. She does that for a bit, it feels good. We talked about what effacement means, and the rubber band analogy. She gets in the bed, on her side, to try to rest and relax. She doesn't think she wants to try the tub. Contractions are getting closer together and more intense. Dad sets up aromatherapy (lavender and Peace & Calming).
- 10:39 am - Nurses come in to do blood work and monitor the baby. Mom and Dad talk about texting their relatives.
- 10:45 am - Nurses get the hep lock and blood in one take. I apply some pleasure on her hip -it feels great one contraction and not so the next. Contractions are every 2-3 minutes apart, with some overlapping. Mom is doing a great job

of going deep and trying to rest in between. We ask nurses for an ice bucket for washcloths, as Mom is feeling hot. Mom is able to sleep a bit in between contractions.

11:15 am - Mom is starting to feel it more on her back. She moves to hand and knees for a few.

11:24 am - Feels like her water may have broken again? Or maybe it's a lot of bloody show and more mucus plug? Things are very intense, and Mom feels discouraged, feeling she can't do it. She's also tired and feeling weak. We talk about getting her some food. Dad gets the cooler, which has chicken broth. We warm it up, and she sips on some broth.

1:07 pm - Hangs out in the bathroom for a bit.

1:20 pm - The nurse takes off the continuous monitoring. Mom is still tired and discouraged, and we need to reenergize things. We open the blinds, Mom has part of a trail mix bar. Since she's still feeling it on her back, I propose some lift-and-tucks. These feel harder when she begins doing them, but they feel better/good the more she does them.

2:09 pm - She finishes nine lift-and-tucks, then goes back to the bed, side-lying on her left side. She finishes the trail mix bar.

1:45 am - Nurse gets a set of vitals.

2:35 pm - Mom feels a big gush of water into the pad.

2:45 pm - Nurse get another set of vitals. Mom is making some grunting noises at the top of the contractions. She would like to get feedback from Midwife if she can go with the sensation, to avoid what happened in her last birth.

3:10 pm - Midwife comes in, listens, and says she can continue to go with it. To not full out push, but the grunts are fine.

3:50 pm - Mom is feeling uncomfortable and needing to move. She gets up, gets dried, and changed. We also change the bed (she had been on wet pads).

4:00 pm - New nurse. Mom does some hands and knees, leaning over the top of the bed. Says it is "comfortable but not comfortable." She says, "I just wanna know how much longer. I know, I know. Do one contraction at a time," the last bit in a mocking voice (we've already told her this a couple of times).

4:30ish pm - Starts getting a half a bag of IV fluids to see if that helps calm the crampy quality of the contractions (they are lingering in between), in case she's a bit dehydrated. She settles into an extreme side-lying position. Also tries the throne position.

5:45 pm - Feeling and sounding pushier. Talk about getting checked.

5:55 pm - Gets checked by a resident (Midwife is in a delivery). She's almost fully dilated (has a lip). The Resident asked if she would push to get it out of the way, and while she's saying this, the lip dissolves. She asks if Mom would like to start pushing, and then I say no (which I apologize for to the parents afterward), that she just wanted to know if she was good to start pushing if she wanted to. Baby is +1/+2 station. The bag of fluids is done.

6:10 pm - Mom feels like the intermittent monitoring is very disturbing, and we ask if she could get continuous wireless monitoring. Mom is feeling more intensity and feeling like she would like to have Midwife back in the room. She's still at the other delivery, so another resident comes in. This allows for a do-over in communicating Mom's wishes not to do directed pushing. We give the doctor the birth plan. He stands back and is very hands off, as per the plan's wishes. Mom is doing involuntary pushing, just going with her sensations. At some point, doctor gets called out of the room.

6:45-ish pm - Midwife comes to the room. Mom is pushing on her side, just going with what her body is telling her. We suggest she try pushing on her other side to provide movement and then on her back. Mom is moving baby down wonderfully, and we can see more and more of the baby's head. Dad gets ready to help catch the baby. The head is born, and then together with Midwife, they deliver the rest of his body.

7:14 pm- Baby is born! He's a bit gurgly, so he gets lots of stimulation, but soon gives some good cries.

7:19 pm - Clamp and cut the cord.

7:24 pm - Placenta delivery. Mom reminds Midwife that they are taking it home. There's a bit of bleeding, but not concerning. The cervix is visible, but Midwife explains that the uterus should retract back to its place and that this is also not a concern.

7:30ish pm- Baby latches and breastfeeds.