

Case Study #6 - Birth Notes

Due 4/29

Born 5/6

7 lbs. 13 oz. 19.5 in.

Appears 8 and 9

42 year old single-mom-by-choice (IVF). First birth, under the care of an OB practice at a hospital. Desire to have a non-medicated, vaginal birth. (PMPS -5)

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6:00PM: contractions 10 minutes apart, lasting about 30 seconds each. Comfortable and can talk, but has back pain.

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4:00AM: she feels more discomfort with contractions and would like some support, contractions 5-6 minutes apart about a minute long each.

5:15AM: Mentee-doula arrives at K.'s house. We watch TV and K. is able to have a conversation without stopping or pausing through contractions.

6:50AM: We time some contractions and they average about 6 minutes apart, 1 minute long. They are starting to bother her sometimes in that she has to shift or breathe out during.

11:30AM: Doula arrives to check on things and K. does polar bears and side lying releases for some tension release. She is able to immediately nap afterwards.

3:30PM: We all go to K.'s acupuncture appointment.

4:45PM: We all go home and K. tries to get some rest.

9:30PM: Contraction update: 7 min apart, and 45 sec long. Will try to get sleep

10:00PM: Mucus plug

5/6

1:00AM: K.'s water breaks.

1:30AM: Calls Doula to update and ask her to come over.

2:30AM: Doula arrives at K.'s house. Do some rebozo sifting and polar bear. Call doctor, asks she come in. Friend arrives around 3am.

4:00AM: Everyone goes to the hospital

4:30AM: K. is in triage

5:00AM: Mentee-doula arrives at hospital. K. is measured at 4cm dilation, 50% effaced and baby is at -3 position. Amniotic fluid is stained with meconium.

5:30AM: We settle into K.'s room (#3802). Nurse begins fetal monitoring because of the meconium. K. is more uncomfortable with contractions and they stop her when she's walking. She has to breathe to get through them, and they still come at about every 5 minutes, varying in intensity.

6:00AM: K. does 8 lift and tucks to encourage baby's head to engage in the pelvis.

6:30AM: Doctor comes in and says that she needs to be constantly monitored throughout labor.

7:00AM: K. is resting comfortably in bed in a semi-reclined seated position. She gets up occasionally to use the restroom and contractions pick up in intensity drastically every time she uses the restroom. Doula goes to record podcast.

10:00AM: Contractions are getting stronger and K. lays on her side to encourage baby to spin and alleviate her back labor. Doula is back.

11:30AM: Doctor checks and sees that she is 7cm dilated, 90% effaced and baby is at -2 station.

12:50PM: Midwife-laborist checks dilation and she is 8cm and baby is at 0 station. This progress happened after a trip to the bathroom!

1:00PM: Nubain and Fenergan (in half doses) are given so that K. can sleep for 1-2 hours.

1:20PM: K. is comfortably sleeping, stirring occasionally with a contraction but never fully waking up.

3:05PM: When K. wakes up, she feels the urge to push. Has been doing some involuntary pushing for a bit. Feeling pressure all the time. Resident checks dilation and says that K. is 10cm dilated and K. gets cleared to start pushing.

3:20PM: K. starts pushing with contractions, on back, with nurse guiding her and her friend counting to 10 so that K. pushes about 3 times per contraction.

4:25PM: Midwife comes and checks K's dilation and says that she's only about 8 or 9 cm still and that there is a lip. That baby is -2 station. (???) K. begins to rest on her side and resist the urge to push, to finish dilating and let baby descend.

4:35PM: Nurse starts K's Pitocin drip (2 milliunits/min)

4:45PM: Midwife checks dilation again and she's about 9cm, baby is at -2 station

5:20PM: Pitocin increased to 4 mU/min

5:45PM: Pitocin increased to 6 mU/min

5:55PM: K. is checked again and the lip is gone. She is cleared to start pushing again.

6:15PM: Pitocin increased to 8 mU/min

6:50PM: Pitocin increased to 10mU/min. Still pushing on back with leg sup during each contraction.

7:15PM: Nurse shift change. New nurse, who used to be a midwife, feels K's tummy to determine baby's position. Feels he's posterior, asks if she has tried pushing on the toilet. Since this has been a good position for K., she brings in a shower chair next to the bed, and K pushes while sitting. Baby rotates.

7:50PM: K. is moved back to the bed at her request and pushes on her side. Contractions are about 3 min apart and she's working really hard, getting her baby to move down.

9:05PM: Baby's head is beginning to crown and Dr. is called in.

9:12PM: Doctor and his team are all set up, K. is moved back to laying on her back with legs in stirrups.

9:17PM: Baby is born. Cord is clamped and he's taken by the pediatric unit to suction and assess.

9:20PM: Placenta is delivered. Shortly thereafter baby is brought to mama, to do skin-to-skin and bond. Doctor repairs tear. When baby starts displaying some interest in nursing, he's encouraged to initiate breastfeeding.