

# Case Study #7 - Birth Notes

Due 3/16 Born 3/15

7 lbs. 13 oz. 19.75 in

First birth, under the care of a midwifery practice at a hospital. Desire to have a non-medicated, vaginal birth with minimal interventions. (PMPS -3 to -7)

- 2:05 am - Text from dad: She's is having contractions about 5 min apart and strong enough that she can't sleep through them. Looking back, she thinks she may have started having them throughout the day yesterday. He's been up with her about 30 min, and they are fairly regular. I give him a call back to touch base and get more info. She's doing great with them. Will try to continue to rest between and let me know if anything changes.
- 6:33 am - Text from dad: Contractions are down to about every 3 min. and close to 1 min long, for about an hour now. She's had bloody show. I call back to listen to her for a few contractions and make a plan. She's working really great through the contractions, and they do require her attention, although her demeanor is still chatty and upbeat. Says she doesn't need me just yet.
- 7:45 am - Text from dad. Mom would like me to come over. Also, walking seems to make contractions come more consistently (which may point to the baby being in an off position). I make my way over.
- 8:40ish am - I arrive. Mom is feeling the contraction a lot on her back, even though they radiate some to the front. The pattern is a bit irregular, and she's having a harder time relaxing into the sensations (saying 'ouch, ouch' more than making low sounds). It seems like the baby may be posterior, and we go through several spinning babies positions (rebozo-sifting, side-lying in between one round of contractions on each side, and an inversion for about 30 sec) to try to give baby more space to rotate. After the inversion, Mom gets up and says she felt a big stretch in her lower belly. Things seem to have shifted, and she's not feeling it on her back as much, and she's more able to get into the rhythm of the sensations. She begins to sound different: more low vocalizing and less resisting. She's doing some forward-leaning over the kitchen island, or leaning on dad, swaying her hips, starting to think about when it may be time to go to the hospital. We time the contractions for a bit, and they do seem more regular, and not dependent on her positioning. Has some Gatorade, and a few crackers. Feels nauseated. After about 15 minutes, she says she feels some pressure at the peak of the contraction and feeling that everything is stretching down. She decides it's time to go.
- 9:54 am - We leave for the hospital.
- 10:15 am - We get to the hospital, and they go up to the labor floor as I park the cars.
- 10:30ish am - I join them in triage. She's being monitored.
- 10:54 am - Gets checked to be 9.5 cms., 100% effaced, and 0 station.
- 10:55am - Water breaks. "I feel like I'm peeing." Everyone gets moving very quickly to get us into a room (303). As the nurse does the intake and others prepare the cart, we try to settle into the room. Mom is moving as her body allows, doing a great job of staying on top of the sensations. Stands, sways, does hands and knees. Feeling more intensity, and sounding a bit pushy on the top of the contractions.
- 11:10 am - Midwife does a quick check. Mom is fully dilated and +2 station, she starts to push with some direction. She is doing great doing what her body is telling her to do.
- 11:36 am - Baby is born, head to toe in one contraction!

"He's peeing on you!"

- 11:40 am - Clamp and cut the cord. Soon after the placenta is delivered. Pam examines the tear (2nd. degree) and sees there's a hematoma (just to let them know if pain increases). The repair takes a bit longer as there is a blood vessel that keeps bleeding. Mom comments on how active labor and pushing was easier than the back labor from when we were at the house.

"Look at his little tush!"

- 1:10 pm - Baby latches on, but is doing some slow sucking. He was gurgle-y from the fast birth, and is still expelling some of the fluid. He's figuring it out.