

## Exploring the many decisions that will come up in your delivery room

"*But I have a birth plan!*" That's what I often hear while starting a conversation about the many scenarios that may occur in the delivery room. As if labor isn't hard enough, there are a plethora of decisions to be made from the time you enter the labor & delivery floor, to the moment you leave the hospital.

These decisions cannot be made beforehand. They are decided as your experience roles by, moment to moment. You *don't want* interventions and *you'd really like* to have delayed cord clamping. The list goes on. But what if your OB wants to break your water during labor, attach an internal monitor to your baby's head or is not even present that day, leaving you to deal with an OB you don't even know.

To get you started on the not-so-imaginary road of choices before your *actual, real life labor experience* happens, here is a list of the top 8 decisions that you will definitely have to make in a NYC delivery room:

### **1) Am I checking in to the hospital or not?**

You may arrive with regular contractions and your OB or midwife tells you that you are only 3cm dilated. It is very common to show up too early at the hospital unless you have a doula by your side- so now what? A hospital usually won't admit you before you are 5cm dilated so in this case, you are probably better off going back home. It could take several more hours to get to 5cm; also, your labor could stop and start again, even though you thought all was feeling very regular.

However, if you live far away or feel the contractions are that unbearable, you could *ask* to get admitted. Once you are admitted though, you can't leave without your baby in your arms, so do think this through! Remember, if your labor stalls once you are admitted for good, your team will most likely induce labor. A lot to ponder!

### **2) Should I get IV fluids?**

Most hospitals do like to give mothers IV fluids while in labor. Many OB's and midwives are okay with you having a "hep-lock" only: a little catheter in your arm which would give access for IV fluids if/when necessary. With the hep-lock, you can move freely and are not hooked to any cables, so it is therefore wise to ask your doctor during your pregnancy if this option is available.

### **3) Should I have my water broken?**

Breaking the water means someone wants to speed up your labor. This can be a good thing, i.e.: if your labor has stalled a bit and needs to progress. Breaking of the water can be unnecessary, i.e.: when your labor is going well and your OB team just wants to speed things up. Remember, breaking the water *is* considered an intervention and even though it may not hurt you, (some mothers do observe more painful contractions from this intervention) once it's broken, your baby is at risk for an infection. This means that you might end up needing antibiotics to prevent infection, if you haven't progressed fast enough after the water was broken. It would be wise to discuss the pros and cons about this with your doula.

#### **4) Should I agree to pitocin?**

Pitocin would be the other option vs. breaking the water when contractions are not as strong or regular as they "should" be. Yet there are lots of other natural options that can help to increase contractions, more comfortably and perhaps more steadily. You will learn about these in a [childbirth class](#) or your doula will recommend them to you during [prenatal sessions](#), and once you are in labor.

#### **5) Should I have an epidural?**

There is no right or wrong here. What's important is that you make the decision for yourself and don't just get an epidural because the anaesthiologist is on the floor, coincidentally and very available, or you agreed with your birth partner to not have one. If you are planning on not having an epidural you should look into hiring a doula. Births with a doula have a 50% epidural rate while births without a doula have a 90% epidural rate. Your [doula](#) should not be against an epidural but rather make you more comfortable so you don't feel the need for pain medication.

#### **6) Do I Circumcise?**

The U.S. circumcision rate keeps falling, as more than half of US baby boys are not getting circumcised anymore. A decade ago, few people even questioned whether their son would be circumcised, but now new parents really are more educated before they make an irreversible decision for their son. Don't worry: No one will circumcise your son without your permission (and a signed consent form). But you will do yourself (and your son) a big favor if you read up on the issue before you sign up for it.

#### **7) Do I need to get the Hep B vaccine before we go home?**

Hospitals offer to vaccinate your baby one day after birth in the hospital. To get all your questions about vaccines answered, talk to your pediatrician BEFORE your baby is born. Yes, you should schedule a visit while you are pregnant!

#### **8) Should I get a private room?**

Aside from the question whether you want to pay between \$300 and \$900 per night for a private room in New York City- are you okay with sharing your room with a stranger after not having slept for 1-2 days, while bleeding and with a newborn? Most new moms are very vulnerable after birth and feel very sensitive to noise and visitors. If you can afford it, I highly recommend getting a private room. These rooms will become available based on the time your baby was born.

Questions? I'm here to help! Contact me at [stephanie@thenewyorkdoula.com](mailto:stephanie@thenewyorkdoula.com)

Best,  
Stephanie