



Call us if you feel you are in labor or experiencing a medical emergency pertaining to your pregnancy. Simmonds, Martin & Helmbrecht Offices (301) 414-2300

An emergency prompt is available during and after business hours. This will route you to our answering service who can connect you to the provider on-call.

Labor & Delivery

As a routine part of your labor experience, we:

- Minimize cervical exams, when possible
- Provide you with your pain relief option of choice, as medically appropriate in your stages of labor
- Only recommend interventions as medically appropriate for your stage of labor
- Only recommend cesarean sections or assisted vaginal deliveries if medically indicated
- If a cesarean section is indicated, allow your partner or one support person to join in the operating room
- Do not routinely perform an episiotomy
- Provide delayed cord clamping
- Offer your partner the opportunity to cut the cord
- Provide skin-to-skin contact between mother and baby immediately after birth, if the baby is stable
- Offer "rooming in" with baby - baby only leaving the postpartum room when medically indicated
- Ask you if you would like your baby to receive routine medications and vaccinations before they are given
- Encourage breastfeeding within the first hour after delivery

Most hospital birthing and postpartum units respect the need for maximum parent-child bonding in the first hour after birth and minimize separation of mother and baby. Please check with your hospital for their specific policies on these matters.

Midwifery Care Associates: Our Birth Philosophy

Birth is a dynamic and unpredictable event. While we can't promise you that it will go the way you hope it will, we want to know your preferences in terms of how we care for you while you are in labor. Late in your second trimester (or sooner if you prefer), your midwives will offer you a birth preferences worksheet that you can use to learn about the choices you need to make around your birth and to communicate those choices to your care team. We will do our best to honor your preferences in an uncomplicated birth and to preserve the spirit of them as much as possible if complications arise during labor.

Signs of Labor

- You are over 34 weeks and are having strong contractions every 5 minutes for more than 2 hours.
- You are less than 34 weeks and are having strong contractions more than 4 times in an hour.
- You think you have broken your water. You may notice a large “gush” of fluid or continued leaking of fluid.
- You are experiencing vaginal bleeding.

Please note:

- DO NOT use our Patient Portal to send urgent questions or concerns.
- In many situations, it is likely the on-call provider will direct you to come to the hospital for evaluation as it's typically difficult to evaluate over the phone.
- If you are confident you are going to the hospital, please still call us so we and the nursing team can prepare for your arrival.
- It is not necessary to call us if you lose your mucus plug if you are not experiencing other symptoms. It may take several weeks to go into labor after loss of a mucus plug.

What to Expect at the Hospital

- Patients under the care of a physician:
 - You will be guided to Labor & Delivery triage where a nurse will likely examine you first.
 - Once you are admitted to your birthing room, you will meet your nurse and your vital signs and baby's heart rate will be monitored.
 - The on-call physician from our practice will come to examine you every few hours during labor, as needed.
- Patients under the care of a midwife:
 - You may be guided either to triage or directly to a birthing room depending on your circumstances. Your midwife will meet you as soon as possible after your arrival.
 - The on-call midwife will stay with you as much as she can during your labor. She may have to leave your room occasionally to attend to other patients.
- Though our goal is to avoid cesarean delivery, emergencies can occur during labor that we cannot anticipate.
 - The most common reasons for unplanned cesarean sections are:
 - Your baby's heart rate shows signs of distress.
 - Your cervix has stopped dilating despite all possible interventions.
 - You have been pushing for several hours and the baby is not descending.
 - You have a medical condition that makes it unsafe for a vaginal delivery.
 - Your baby is not head down (in breech position).

Types of Pain Medications

As labor progresses – and contractions become stronger and more frequent – some women choose to use pain medication. Your provider will discuss with you the types of pain medications available at your hospital. Some include:

- Regional anesthesia, such as epidural (most commonly used) and spinal block (used in cesarean sections)
- Analgesics, such as opioids (given through an IV or injection)

What to Expect After Giving Birth

- After a vaginal birth, you will move to a postpartum room. You will stay in the postpartum wing for 1-2 nights before going home. If you have a cesarean delivery, you will stay an extra night before going home.
- While at the hospital, the on-call provider will check in with you daily after you give birth.