

When You Go Home - Postpartum Depression

After you give birth, you may feel tired and a little overwhelmed by the huge task of caring for your baby. Your hormone levels have also gone through some major changes. For a few days or weeks, you may have the "baby blues," which can include feelings of sadness, mood swings, anger, anxiety and low self-esteem. The "baby blues" are very common and will pass in time. Your doctor can suggest some ways to help you feel better. Less common is postpartum depression (PPD). The symptoms of PPD are severe. They can include feelings of hopelessness, high anxiety, eating problems, feeling "out of control," and thoughts of harming yourself or the baby. PPD is not a sign of weakness. It's not something you can just snap out of, but it can be treated. Call your doctor or midwife if you think you have PPD. If you feel like you might hurt yourself or your baby, call your doctor immediately.

Shaken Baby Syndrome - Never Shake a Baby

Babies let you know what they need by crying. It's the best way they can tell you if they are sleepy, lonely, hungry, too hot, too cold, in pain or sick. At first, you might have to try a few things to make your baby happy. In a short time, you will be able to tell a hungry cry from a sleepy cry.



Sometimes babies cry when they don't need anything. A crying baby who won't stop crying can be very upsetting. Try to stay calm. Babies can tell when you are upset. This makes them cry louder and harder. No matter how impatient or angry you feel, never shake your baby. Hard shaking can cause brain injury, cerebral palsy, visual impairment, learning and behavioral problems, seizures, paralysis and death.

To help calm a crying baby, check to see if your baby is hungry, is too hot or too cold, or needs a diaper change. Check to see if your baby is sick or has a fever. Feed your baby slowly and burp your baby often. It may help to rock your baby. Give your baby a pacifier or let your baby breast feed. Play soft music, sing or hum to your baby. Secure your baby in a child safety seat and go for a ride in the car.

If nothing seems to work, place your baby in a safe place, like a crib or playpen, and take a break. Take a deep breath and count to ten. Never hold or pick up your baby when you feel angry. Call a friend for support.

Be sure that everyone who cares for your child knows not to shake a baby. If you think your baby has been shaken, seek proper medical care immediately. Prompt medical attention can save your baby's life.

To report child abuse or maltreatment in New York State call the New York State Child Abuse and Maltreatment Center at 1-800-342-3720.

For more information about Shaken Baby Syndrome, write: Healthy Babies, New York State Department of Health, Box 2000, Albany, NY 12220 or visit www.health.state.ny.us.

For More Information

You should play an active role in making your childbirth the kind of experience you want. To do so, you need information. Take part in childbirth preparation classes and read books about childbirth. Ask questions and discuss your wishes with your doctor or nurse-midwife.

Single copies of the following publications are available, free of charge, from the New York State Health Department:

Your Guide to Healthy Birth

Welcome to Parenthood: A Family Guide

For your copy, write to:

Healthy Babies, New York State Department of Health
Box 2000, Albany, NY 12220

Include the name of the publication and your name and address or visit www.health.state.ny.us.

For help in finding prenatal care services, call the New York State Health Department's Growing Up Healthy Hotline 1-800-522-5006 (toll-free)

Childbirth Education Classes

Cortland Regional Medical Center offers childbirth education classes for expectant parents and support persons. Classes are taught by a registered maternity nurse with training in childbirth education.

Birth Planning Topics Include:

- Anatomy and Physiology
- Baby's Growth and Development Nutrition
- Breathing Techniques for Labor Relaxation
- Labor and Delivery Process
- Medical Interventions
- C-sections
- Postpartum
- Care and Characteristics of Newborns
- Breast-feeding or Formula
- Circumcision
- Infant Safety

Instruction is provided in a friendly and informal setting in the hospital to encourage participation. Lectures are enhanced by demonstrations and audiovisual aids such as handouts, videos, slides and models. There is a nominal fee for the class. For more information, please call (607) 756-3750.


Cortland Regional
MEDICAL CENTER
The Center of Your Care

134 Homer Avenue
Cortland, NY 13045
(607) 756-3500
www.cortlandregional.org

Maternity Information

Care for New Life




Cortland Regional
MEDICAL CENTER



Maternity Information Law

New York State's Maternity Information Law requires each hospital to provide the following information about its child birth practices and procedures. This information can help you better understand what you can expect, learn more about your childbirth choices, and plan for your baby's birth.

Most of the information is given in percentages of all deliveries occurring in a hospital during a given year. For example, if 20 births out of 100 are by cesarean section, the cesarean rate will be 20 percent. If external fetal monitoring is used in 50 out of 100 births, or one-half of all births, the rate will be 50 percent.

This information alone doesn't tell you that one hospital is better than another for you. If a hospital has fewer than 200 births a year, the use of special procedures in just a few births could change its rates.

The types of births could affect the rates as well. Some hospitals offer specialized services to women who are expected to have complicated or high risk births, or whose babies are not expected to develop normally. These hospitals can be expected to have higher rates of specialized procedures than hospitals that do not offer these services.

This information also does not tell you about your doctor's or nurse-midwife's practice. However, the information can be used when discussing your choices and wishes with your doctor or nurse-midwife, and to find out if his or her use of specialized procedures is similar to or different from that of the hospital.

Rates of Selected Procedures in Childbirth

554 total births at Cortland Regional Medical Center during 2005	
30.5%	of births were cesarean sections
20.2%	of births were primary cesarean section
10.3%	of births were repeat cesarean sections
N/A	of women with previous cesarean sections who had a vaginal birth (VBAC)
11.7%	of births were deliveries by midwives
98.5%	of births involved external fetal monitoring
7.4%	of births involved internal fetal monitoring
0%	of births involved low forceps delivery
0%	of births involved mid forceps delivery
0%	of births were breech births delivered vaginally
16.4%	of births involved analgesia
0%	of vaginal births included general anesthesia
0%	of vaginal births included spinal anesthesia
11.5%	of vaginal births included epidural anesthesia during labor or delivery
0%	of vaginal births included paracervical anesthesia
13%	of cesarean sections included general anesthesia
63.9%	of cesarean sections included spinal anesthesia
23%	of cesarean sections included epidural anesthesia
11.9%	of births involved induction of labor
13.2%	of births involved augmentation of labor
11.9%	of vaginal births included episiotomy

Cortland Regional Medical Center Offers:

- Birthing Rooms
- Family-Centered Maternity Care
- Whirlpool Tub Hydrotherapy
- Mother-Baby Couplet Care
- Facilities for Support People

Definitions

Analgesia - Medication is used to decrease the sensation of pain.

Anesthesia - A medication or other agent is used to cause a loss of feeling. For general anesthesia a gas or intravenous medication is used to make the mother unconscious during delivery. For spinal anesthesia, the drug is injected into the lower spinal area to numb the vaginal region. For epidural anesthesia, a drug is given through a fine tube inserted in the mother's lower back to numb the vaginal area and lower abdomen. For paracervical anesthesia, a drug is injected into the cervix (opening of the womb) to relieve the pain of labor.

Augmentation of Labor - A drug is used to help labor contractions continue or become stronger.

Birthing Room - An in-hospital arrangement in which labor, birth, and immediate recovery after birth all occur in the same room. In some hospitals it may be called an "LDR" or "LDRP."

Breech Birth - A birth in which the infant's buttocks and/or feet enter the birth canal first.

Cesarean Section - A surgical operation in which the baby is delivered through incisions made in the woman's abdomen and uterus. A primary cesarean section is the mother's first, even if she's given birth vaginally before. A repeat cesarean section is when the mother had one or more cesarean sections previously.

Episiotomy - An incision sometimes made to enlarge the vaginal opening.

Fetal Monitoring - Electronic recording of contractions and the baby's heartbeat. External fetal monitoring involves the use of small instruments held in place on the mother's abdomen by belts. Internal fetal monitoring involves inserting a small tube with a fine wire into the uterus and attaching the wire to the baby's scalp. Also a soft tube may be placed near the baby's head to measure contractions.

Forceps Delivery - Spoon-shaped instruments, called forceps, are used to help deliver the baby's head. In a Low Forceps Delivery, the instruments are not used until the baby's head has moved through the pelvis.

Medical Induction of Labor - A medication is used to start labor contractions.

Nurse-Midwife - A registered nurse who has specialized midwifery training to care for women and babies during pregnancy, childbirth and after birth.

Mother-Baby Couplet Care - An arrangement in which the same nurse cares for mother and baby as a family unit. Infant care takes place primarily in the mother's room.

Vaginal Birth After Cesarean Section (VBAC) - The mother has had a cesarean section previously, but delivers the baby vaginally.

After Delivery - Inpatient Medical Coverage

Each health insurer in New York State is required to provide inpatient hospital coverage for a mother and her newborn for at least 48 hours after childbirth for vaginal delivery and at least 96 hours after a cesarean section. In addition, each hospital must provide parent education, assistance and training in breast or bottle feeding; and any necessary maternal or newborn clinical assessments.

If you choose to leave the hospital earlier, your inpatient hospital coverage will be extended to include at least one home care visit. The home care visit will provide parent education, assistance and training in breast or bottle feeding; and any necessary maternal or newborn clinical assessments. This visit will be in addition to any home care coverage available under your insurance policy.

Check with your insurance company for more details on your maternity coverage.