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Part 1  
**THE THIRD TRIMESTER**

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Part 2  
**LABOR AND COMING TO THE HOSPITAL**

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Part 3  
**PAIN CONTROL IN LABOR**



# Pregnancy and Prenatal Class Companion



Dr. Mark Rosengarten  
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Part 4  
**PUSHING POSITIONS**



Dr. Mark Rosengarten  
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Part 5  
**DELIVERY AND AFTER CARE**



**Baby Under Construction**

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Part 6  
**C-SECTION, FORCEPS, VACUUM DELIVERIES AND LABOR INDUCTION**



Dr. Mark Rosengarten  
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Part 7  
**BREASTFEEDING**



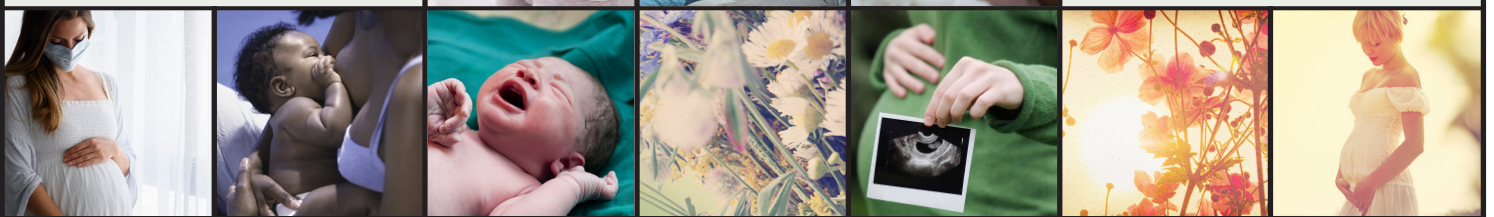
Dr. Mark Rosengarten  
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Part 8  
**CARING FOR YOUR BABY**



Dr. Mark Rosengarten  
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Part 9  
**100 DAYS OF HELL**



As the end of your pregnancy approaches you will get a lot of unsolicited advice about your pregnancy, your delivery and your baby.

Please ignore all advice.

It may be well intentioned but is often incorrect.

If you have questions please ask me first.



**Beware of Dr. Google. He is not your physician!**

*— Dr. Mark Rosengarten —*

## DO I NEED A BIRTH PLAN?

No you don't need a birth plan. A birth is something that is almost impossible to plan. I have delivered over 12,000 babies and every labor is different and unique. If you have a few special requests please let the nurse and doctors know of them and we will try our best to oblige. I believe strongly in just show up and let see how things go. The more open minded you are to the process, the easier things seem to go and there is less disappointment and sense of failure afterwards if things do not go as planned.

## BABY MOVEMENTS

In the third trimester make sure that your baby is moving on a regular basis. It is normal for the movements to slow down as your due date approaches. Typically babies are most active after meals and before going to bed and can be very quiet in between. Hiccups do not count as movements

If you feel that the baby is too quiet (no movement felt in 4 hours), sit down, eat and drink something sweet and cold. Your baby should start to move and we want 3 movements in that hour after eating and drinking. If your baby does not start to move after the meal, please come to the hospital. Don't panic, drive slowly. Baby will usually start to move en route to the hospital.

## BLEEDING

A small amount of vaginal bleeding is normal in the third trimester. Do not worry if you see some staining or even some fresh blood on your underwear. If you have soaked a pad with fresh blood or if you see blood running down your legs, this is too much bleeding to be normal. Please come to the hospital immediately. If you see some blood mixed with mucous, this is the bloody show. It is nothing to worry about and it may be a sign that labor will start in the next day or so. Most women do not see a bloody show or lose a mucous plug. Expect to go into labor without seeing a bloody show or losing the mucous plug.

## WHAT DO I DO IF MY WATERS BREAK?

Unlike in the movies, most women go into labor without their waters breaking first. If you are convinced that your waters have broken, have a shower, eat something and make your way to the hospital. Do not speed, as this is not an emergency. If you notice that the waters are green in color, make your way in sooner but it is not a 911 call. If you have group B strep you can wait for up to 4 hours before coming to the hospital as long as there are no other issues.



Once at the hospital we will check to make sure that your waters have indeed broken. If they have not we will send you home.

If they have broken and you are not in labor we will admit you and get you into labor (induce you) with a drug called oxytocin. This will involve you getting an IV and also being attached to a fetal heart rate monitor. You cannot eat or shower once the induction process starts and the induction process may take a long time. If the labor ward is busy, we may even send you home for a few hours until we have a bed and a nurse for you. If you have not gone into labor by that time we will start the induction process.

If you are GROUP B STREP POSITIVE please remember to remind the nurses that you need antibiotics in labor. We would like to start the antibiotics within 4 hours of your water breaking.

## LABOR

Remember, if you think you are in labor you are not!

Continue to eat, exercise and go about your daily activities as normal. There is not much that you can do to get yourself into labor. All those old wives tales about eating spicy food, doing jumping jacks etc will only cause you a lot of discomfort and will do nothing to get your labor started. You can drive right up until you are in labor.

You are only in active labor when your contractions are 3 to 4 minutes apart and lasting about a minute long. The most important criteria for active labor are that your contractions are so painful that you cannot walk or talk during a contraction.

## WHAT TO DO WHILE WAITING FOR YOUR CONTRACTIONS TO GET STRONGER?

Find positions that are comfortable for you. Walking, bending forward, and standing in the shower with the warm water on your back, lying in the tub, getting a back massage. Keep on eating and drinking. Remember, eat whatever you want to throw up! Please see the comfort in labor handout.

## GOING TO THE HOSPITAL

When you feel that it is time to go to the hospital, just go. You do not need to call anyone to let them know you are on your way.



## WHERE TO GO?

Enter off Oak Street, drive 100 meters in and stop at the first entrance on your left. There will be a large sign over the door: Entrance no.97 UCC and Labor and delivery.

Park outside as close to the entrance as possible. At this time you do not need to pay for parking but this may change. Please read the signs regarding parking. The only things you need to bring with you at this point are your MSP card and a picture ID.

Enter into the Urgent Care Centre (UCC). A nurse will greet you and ask for your details and she will get you to sit down and then she will listen to your baby's heartbeat and take your blood pressure. You then register with the clerk. Give the clerk the prenatal records I have given you only if they cannot find the originals

There may be a wait to get into the beds in the UCC in order to be examined. If you are put in the waiting room, please remind the nurses every 15 minutes that you are waiting to be seen.

Once you are admitted and assigned a bed, a nurse or resident will examine you and check your cervix. If your cervix is 3cm or more dilated and you are having regular contractions you will be admitted to the labor room.

If your cervix is less than 3cm dilated you will be sent home. This is common and do not feel defeated if you are sent home. Yes, you are in labor but as labor rooms are very limited we would prefer you to go home for a while and return when your cervix is more dilated. In the interim we can use the birthing room for a mom whose labor is more advanced. You will be offered some Morphine and Gravol to help you relax and get some rest while you are at home. I suggest you take it. The nurses will tell you when to return to the hospital.

## OPTIONS FOR PAIN CONTROL IN LABOR

- Tub or shower, birthing balls
- Back massage, pressure applied to the lower back
- TENS machines (Rent online)
- Hypnobirthing (See online for resources)
- Laughing gas (Nitrous oxide)
- Epidural

## THE FIRST STAGE OF LABOR

The First stage of labor is when you are in active labor and your cervix is between 3cm and 10cm dilated. Once you are admitted in active labor, you will have a nurse to help you during your labor.



She will help you with monitoring you and your baby's well being. She will contact the doctors to update them on your progress and arrange for an epidural if you feel you want one. You are free to walk around in labor if you can and want to. The nurse will listen to your baby's heartbeat every 15 minutes.

Moms, you can eat and drink if all is going well during labor. If you get an epidural or need oxytocin you can drink, but no eating. Dads you can eat and drink. Bring food and snacks but try not to eat in front of your partner. Remember to bring your pillows. Dads, there is a bed (with a 2 inch thick foam mattress) for you in the labor rooms. We have blankets for you. Bring a sleeping bag and other creature comforts if you want to.

## THE SECOND STAGE OF LABOR OR THE PUSHING PHASE

This is the "pushing stage" of labor. The cervix has to be 10cm. dilated before you can start to push. Remember that you do not start to push until you feel pressure in your pelvis like you need to go to the washroom.

Rule number 2: NO PRESSURE-NO PUSHING.

There are many different positions that you can push in. Your nurse will direct you. There is the beginner's position of lying on your back or on your side with your hips flexed or you feet in the support stirrups. Then there is the waterski position when you grab onto a rope or sheet that is attached to a bar at the end of the bed. When you have a contraction you pull on the rope and this gives you more power to push.

The most efficient position to push in as the head comes under the pubic bone is with you lying flat on your back with your knees pulled up to your chest and your pelvis tilted upwards (*The McRosengarten position*). This is not for beginners as lying flat on your back can be very uncomfortable and make you have a lot of reflux but it is very very useful towards the end of the second stage as the baby comes under the pubic bone.

Push for about ten seconds, take a breath and push for another 10 seconds. We would like 3 or 4 pushes per contraction. Rest between contractions. Sip water or juice to keep hydrated and you can use a fan to help cool you down.

Once we can see the baby's head at the opening, the nurse will call another nurse to assist her with the delivery. She will also call the doctors if they are not already present. If there are concerns about the baby, a paediatrician may also be called.

As the head crowns we will support your perineum to prevent unnecessary tearing and we will guide your pushing so as to help deliver your baby as safely and with as little tearing to you as possible.



## THE BABY IS DELIVERED.

The baby will be delivered onto your chest where it will remain for at least a few minutes, if the baby is breathing and pink. We do not cut the umbilical cord for at least 2 minutes (delayed cord clamping). Dads you can do this if you wish. We want baby skin to skin with you as soon as possible and for as long as possible. The paediatrician will examine your baby on you or come back later for the newborn check.

We then deliver the placenta and repair any tears. We use dissolvable sutures so they do not need to be removed. Baby then goes onto your breast for the first feed. You can finally get to eat and drink too. Only after the baby is an hour old will the baby will be checked by the paediatrician and weighed.

Your baby does not need the eye ointment. Please decline this option. You will have to sign a waver refusing the ointment. Your baby will get a shot of Vitamin K after birth. I recommend this.

**REMEMBER:** Eye ointment **NO**, vitamin K injection **YES**

## YOUR STAY IN HOSPITAL

If you have an uncomplicated vaginal delivery we will try to keep you in the same room that you delivered in. If we are tight for beds or if you had a more complicated delivery where your hospital stay may be more than a day, we will transfer you to a private single postpartum room. You do not pay extra for a private room. We are not using semi private rooms during the Covid pandemic. Your stay in hospital will usually be between 1 and 2 nights depending on how things go with you and your baby. Your baby and partner will stay in the same room as you.

- You can bring your own food and other creature comforts.
- Limit visitors (There are no visitors allowed during the Covid Pandemic). Remember you are going to be up most of the nights.

## BREAST FEEDING

This will take some time to master. Remember, if you are finding this part easy you are doing something wrong!!!!

Most moms find that even though they gave birth to one baby, this baby has 2 very distinct personalities. We have the day baby who is usually quiet, chilled and who wants to sleep most of the day. Then we have the night baby who is hangry and won't stop crying all night long.

During the day I suggest that you try to wake your baby up every 2 to 3 hours to feed. It may be harder than you expect to wake your baby and keep interested in feeding. Things you can do



to wake it up include: changing the diaper, tickling the feet or gently blowing on its face. Try to get the baby to latch and feed for about 30 minutes in total (about 15 minutes a side). After that is done, ask the nurse for a breast pump and pump for about 30 minutes to help stimulate your breasts to produce milk. The small amount of colostrum you pump can be given to your baby through a syringe, which your nurse will help you with. If your baby won't wake up, then spend more time pumping and less time feeding. If the latch is a problem ask for the nurse to get the lactation consultant to see you before you are discharged.

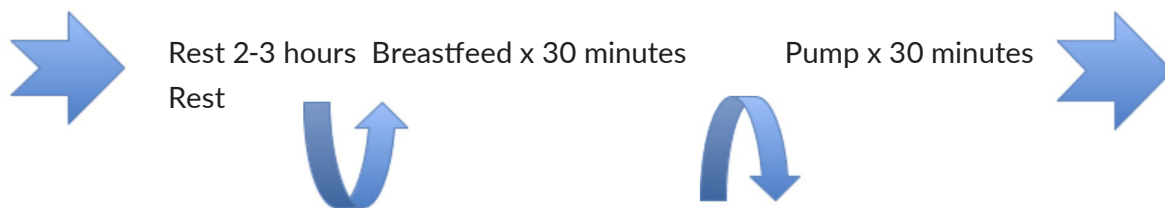
The nights are more tiring as "night baby" will usually wake up at around 10:30 pm and will cluster feed for the next 3 to 5 hours. This can be very tiring and frustrating. Try and breastfeed for as long as possible. The first night after birth I would suggest that you try and push through and let the baby breastfeed for as long as it wants to.

**Hell Night** is usually on the second night (and 3rd and 4th nights). On those nights I suggest that you start with breastfeeding and when you hear that your baby is still hungry and may no longer be interested in feeding from the breast, this is when I suggest that you top up your starving baby with some donor milk or some formula. 30 to 50mls should settle your baby and get you some much-needed sleep. I suggest that you use a bottle with a nipple to feed your baby. Syringe feeding at that time of the morning is a waste of time. Your baby will not get nipple confusion from the nipple and bottle. You do not need to bring your own formula; the nurse will supply you with formula, donor milk, bottles and nipples.

If you want to you can usually buy some donor milk from the hospital before you go home. (Available Monday to Friday from the milk bank depending on supply. Ask the doctor that discharges you for a prescription for donor milk). You can also use formula. Any premixed bottled formula is ok. I do not recommend one brand over another. Once you have opened a bottle of formula keep it at room temperature. It can be used again within 6 hours. After that, discard and use a new bottle.

Once you are discharged from hospital the South Community Birth Program midwives will help you with breastfeeding issues and baby care as well. There are certified lactation consultants who work in that program who are available to assist as well.

## DAY FEEDING





## NIGHT FEEDING

Breastfeed until your baby goes to sleep or until you hear the starving cry, then top up with formula or donor milk and go to sleep.

If your baby doesn't settle after that, put the baby on you and go to sleep. If that still does not get you baby to sleep, try a soother.

## YOUR MILK COMES IN

This usually happens around the 5th to the 7th day after delivery but may be sooner or later. Your breasts may become engorged and very tender and you may also get a fever and chills. You may also feel some lumps in your armpits. These lumps are extra areas of breast tissue. Use frozen cabbage leaves to help with breast engorgement. Apply the frozen cabbage leaves to your breasts and change them every hour between feeds and apply warm compresses to your breasts before you feed. Also, a firm massage of the breasts may help to open up the milk ducts. Do this in a warm shower, it is very effective. Take Advil, one or two tablets every 4 to 6 hours if you have a fever. If you have a fever and your breasts are RED and tender you may have mastitis. Please call me or come back to the hospital for assessment.

## NIPPLES

Your nipples will get cracked, blistered and even bleed. Apply nipple cream regularly. Any nipple cream will do. If you want to, you can try using a nipple shield to help alleviate the nipple pain from the baby latching directly onto your nipples. If you need a break from feeding try the breast pump. There are lactation consultants available most days during the week to assist you with breastfeeding if you are having difficulties. Please ask your nurse or myself to arrange this for you. I can prescribe you a medicated nipple cream called Dr. Newman's nipple cream. Moms swear by it. Apply it after feeds and wipe off before feeds with a warm cloth.

## CARING FOR YOUR BOTTOM

The stitches dissolve by themselves and your bottom does not get infected.

For pain, I suggest using Xtra strength Advil and Xtra strength Tylenol. Take one or two of each pill together every 4 to 6 hours on a regular basis for moderate to severe pain. I do not suggest you use Naproxen or Aleve for pain control when you get home as this medication often causes a lot of stomach irritation. If you still have pain after taking the Advil and Tylenol combination you may need a stronger pain medication called Dilaudid. This you take in addition to Advil and



Tylenol and only as needed for breakthrough pain. You will need a special prescription for the Dilaudid as it is a narcotic. All these meds are safe to take while breastfeeding.

Stool softeners. These will be given to you. Your first bowel movement will not be as difficult as you expect and it may take a few days for your bowel to work.

Constipation is a common problem after having a baby. I suggest you hold off on your vitamins, increase your fibre intake and take a gentle laxative such as Restoralax every day or every other day until you become regular again.

Use Tucks medicated pads to wipe with. Buy these beforehand and bring to the hospital with you. Hemorrhoid cream and ice packs for hemorrhoids. Sit in a warm bath of water (with or without Epsom salts) as often as you want.

## **CARING FOR YOUR BABY**

**There is no manual. Use your common sense. You cannot harm your baby and you cannot mess this up.**

Babies choke during the first few days of life. They will not suffocate. If you see your baby choking try not to panic. Pick up the baby, hold it on your forearm with the head down and pat its back. Put your baby BACK DOWN in the bassinet. You can also raise the head of the bassinet to help prevent your baby from choking. Ask the nurse how to do this.

It is normal for babies to sound like they have a cold or as if they have a blocked nose. If they are having trouble breathing we can put some saline drops into the nose to help clear the congestion. Babies also make rasping noises when they sleep. This is normal

Your baby will lose weight for the first week of life and it will also get jaundiced (may look yellow) for the first few days. We will check the babies jaundice level before you go home. You do not need to worry about that. The community nurses will come to visit you at home the day after discharge. They will weigh your baby and check it for jaundice again.

Wrap your baby with a single towel. Arms in or out doesn't matter. Babies lose a lot of heat through their heads. Keep their heads covered when possible.

The baby goes home with the cord clamp attached to the end of the cord. You do not have to care for the end of the cord. It will fall off by itself after a week or so. You do not have to clean the area or apply alcohol.

Put baby on its back to sleep. Try putting it in the bassinet first, but if it won't settle there then put baby on your chest and go to sleep. Dads should not go to sleep with babies lying on them.



Use a soother for babies that just cannot stop sucking. Use a nail file to trim baby's nails. Putting socks or baby mittens on your babies hands may also help stop baby from scratching their faces.

The routine vaccinations are given at 2, 4, and 6 months. Consult your family doctor or local health unit about when to book an appointment.

## **SLEEP**

Lack of sleep will make you crazy and will increase your risk of having postpartum depression. Try and get as much rest during the day when your baby is usually less fussy and demanding (remember the perfect day baby). At night breast-feed and top up with formula or donor milk until your milk comes in. Get your partner to help you with the night feeds by getting the baby and returning it to the bassinet. Your partner can also do the bottle feeds. It is recommended that you and your baby sleep separately, however, if your baby has been fed, topped up, changed and burped and still won't go to sleep, as a last resort it is OK for your baby to sleep on you. You can also try using a soother to help babies get to sleep if you have tried all the above. Most moms end up sleeping with their babies for the first few weeks whether they plan to or not as it is the only way both mom and baby get some rest.

You should not sleep with babies if you are taking medications that can sedate you. Partners should not sleep with babies.

## **THE BRIGHT START BUNDLE**

This is not in effect during the Covid pandemic.

## **STEM CELL BANKING**

I do recommend you enrol in the Canadian Blood Services stem cell collection program. It is free and does not involve anything more of you than to complete the form and to remind the nurse that you want to donate the cord blood at the time of delivery. This service is only available at certain hours of the day. You can register to donate cord blood online at <https://www.blood.ca/en/stemcells/donating-cordblood/cordblood-faqs>. I do not recommend private stem cell banking.

## **ONCE YOU ARE HOME (THE 100 DAYS OF HELL)**

Make sure that you get out of the house every day. You can take the baby with you if you want. In colder weather make sure the baby is warm and dry. If you decide to leave the baby at home when you go out make sure you leave the baby with a responsible adult.



Make sure you make time for yourself every day. Make it a priority to have a shower and a good meal every day. Even if it means leaving your baby to cry for a few minutes while you do so. Coffee is fine and the occasional glass of wine or beer is acceptable. No foods are contraindicated during breastfeeding.

Mommy crying for the first 2 weeks is very normal. These are the baby blues. Getting good rest and eating and drinking regularly are very important. If after 2 weeks you find that you are still crying a lot or you cannot seem to stop having sad or worrisome thoughts please call me.

Dad's, it is normal for you not to have this overwhelming love for you baby right away. It will come. Your first duty is to look and care for your partner. She will look after, love and care for your baby.

It is also very normal to have more fights and arguments. Sleep deprivation, hormonal changes and lack of personal time only make matters worse. If you are feeling angry and frustrated with your partner let them know (in an honest but nice way). It is OK to let off some steam but after the fight kiss and make up.

Be patient. You will get your old life and your wife back. And your new life will be so much better than you could have ever imagined.

## HAVING A BABY DURING THE COVID19 PANDEMIC

The same rules apply during pregnancy, delivery and postpartum. Socially distance, wash hands and wear a mask.

- In the hospital moms, partners and babies stay together.
- Partners can leave and come back to the hospital but they cannot swap out with another person.
- Patients do not need to wear a facemask in labor.
- Mom and partners should wear facemasks when walking in the hospital common areas.
- Moms are encouraged to breastfeed. If a mom has Covid she can still breastfeed but she should wear a facemask while doing so.

The hospital is fully operational and there are enough nurses, doctors, support staff and PPE's to go around.

You will be asked a series of questions on admission to determine your risk status for having Covid. If deemed necessary you may be swabbed for Covid.

NO VISITORS are allowed in the hospital that includes siblings and grandparents.

We encourage as short a hospital stay as possible.



Doctors are not allowed to visit their patients if they are not working on call. A member of the call group will deliver your baby and then notify me of the delivery. If I am not allowed to come to the hospital I will call you to see how you and baby are doing.

A member of the call group will see you during your postpartum stay and discharge you when you and baby are ready to go.

At home, try and limit visitors. All visitors should wear a facemask and wash hands on entering the home. It is acceptable to ask visitors who have a cold etc or who may have been in contact with a person suspected or confirmed of having Covid not to visit your home.

### COVID RESOURCES:

[PregnancyVancouver.ca/covid-19-pregnancy](https://PregnancyVancouver.ca/covid-19-pregnancy)

### THE SOUTH COMMUNITY BIRTH PROGRAM (SCBP)

I think that probably the hardest part of transitioning into parenthood is the dealing with breastfeeding, newborn issues and the other problems that come with it like lack of sleep, lack of support and trying to navigate all the confusing pieces of advice that constantly bombards new moms.

New moms also need reassurance that they are doing a good job and help when they are not. This is difficult to do all this during short office visits with either your family doctor, the community nurse or myself.

I have teamed up with the South Community Birth Program who are a collective of fabulous midwives who work together with family doctors, lactation consultants and nurses in order to provide my patients with the best support and care during the often difficult first 6 weeks after having your first baby.

My call group partners will look after you while you are in hospital and the SCBP midwife will see you on the day of discharge and set up appointments to see both you and your baby for the first 6 weeks after delivery. During this time you do not see your family doctor or myself. If the SCBP feels that there is a medical issue that needs my attention they will contact me to let me know.

They do not make house calls.

You have to take your baby with you to see them.

If you leave the hospital without the SCBP contacting you please call them and tell them you are a patient of mine and please could they set up a mom and baby postpartum visit.



You are going to find this resource very helpful.

The South Community Birth Program (SCBP)  
1193 Kingsway, Vancouver, BC V5V 3C9

(604) 324-2201

## FOR DADS

- Buy the cabbage. Put it in the freezer.
- Get your partner out of the house every day!
- Tell your partner how awesome they are
- Buy a “push” present
- Back and foot rubs are always appreciated. Don’t ask for anything in return!
- You do the bottle feeds especially at night
- Housework will get you bonus points.

## AND REMEMBER

- You **don’t** need a birth plan to have a baby.
- You probably **won’t** lose your mucous plug or see a bloody show.
- Your waters will probably **not** break before you’re in labor at the hospital
- If you think you’re in labor **go back to sleep**.
- It’s almost never too late for an epidural in a first labor
- No pressure, **no pushing**.
- **MacRosengarten position for the pushing** (Pull your legs back and aim your bottom at the ceiling).
- If you’re finding breastfeeding easy at first, you’re doing something wrong.
- Your milk may only come in after a week. **Don’t starve your baby!**
- Parenting is like golf.... **don’t overthink things**
- **You can’t mess this up!!!!**

**GOOD LUCK**

