

Maternity Passport & Procedure Guide



Ascension

Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Values

Service of the poor: Generosity of spirit, especially for persons most in need

Reverence: Respect and compassion for the dignity and diversity of life

Integrity: Inspiring trust through personal leadership

Wisdom: Integrating excellence and stewardship

Creativity: Courageous innovation

Dedication: Affirming the hope and joy of our ministry



Congratulations on your pregnancy. The Ascension care team welcomes you.

We are pleased that you have chosen an Ascension provider for the birth of your baby. The experienced staff at each location is committed to helping you achieve a safe and memorable birth experience. We offer attentive and personal nursing care, ongoing patient education, and a family-centered approach. Ascension maternity services are available at these locations:

- Ascension Seton Medical Center Austin
- Ascension Seton Williamson
- Ascension Seton Northwest
- Ascension Seton Hays
- Ascension Providence Waco

Our staff has provided this Maternity Passport as a guide to Ascension Maternity Services so that you may prepare for your delivery and know what to expect before, during, and after the birth of your child. Thank you for entrusting us by choosing us as the birthplace of your baby. We are confident you will be pleased with the expert care we give every patient.

Accommodations

Labor/Delivery/Recovery (LDR) Suites — The LDR Suites have wireless monitoring capabilities to allow you to walk freely during labor. Our goal is to individualize your birthing experience by supporting your chosen labor comfort measures, including birthing balls, squat bars, Rebozo, aromatherapy, music, as well as the assistance of a doula or other labor support.

Cesarean Delivery Rooms (C-Section) — If a cesarean delivery is required, a state-of-the-art operating room is conveniently located in the Labor and Delivery Unit.

Mother/Baby Rooms — Each private mother/baby room is designed to create a nurturing family-centered environment.

Neonatal Intensive Care Units (NICUs)

NICU staff embrace the family-centered approach to care. The NICU team includes board-certified neonatologists, neonatal nurse practitioners, skilled nurses, respiratory therapists, and social workers who are specially trained to care for premature and critically ill newborns 24 hours a day. Additional support service providers include registered dietitians, lactation consultants, speech therapists, and physical therapists. If the need arises, babies may be transported to a higher level of care. Within the Ascension System we can provide any level of care necessary for your infant.

- A Level II NICU provides care for non-critically ill newborns delivered at 32-weeks gestation or later who may need additional support like intravenous fluids or antibiotics
- A Level III NICU provides limited neonatal surgical services
- A Level IV NICU provides the highest and broadest level of neonatal surgical support services

Table of Contents

Your hospital stay 3

Preregistration.....	3
Registration process.....	3
Insurance precertification.....	4
Payment.....	4
Other charges.....	4
Insurance for your baby.....	4

Tips to help you have a healthy pregnancy 5

Prenatal care.....	5
Healthy eating during pregnancy.....	5
Physical activity.....	5
Alcohol use during pregnancy.....	5
Smoking when you are pregnant.....	5
Opioid Use Disorder.....	5
Five things you can do to prevent infections.....	6
When to call your doctor during pregnancy.....	6

Parent education classes and tours 7

Prepared Childbirth Series.....	7
Parenting Series.....	7
Maternity tours.....	8

Safety preparations for your baby 9

Car seat safety.....	9
Heatstroke.....	10
Safe sleep.....	10
Water safety.....	10
Cardiopulmonary resuscitation (CPR).....	10
Safe Baby drop off.....	11
Shaken Baby Syndrome.....	12
Safe Kids Austin.....	12

Your hospital experience with Ascension 13

What to expect when you arrive.....	13
Consent forms upon arrival at the Labor and Delivery Unit.....	13
Information about smoking.....	13
Visitors.....	13
Personalizing your delivery experience.....	13
Photography and video cameras.....	13
Types of delivery.....	13
Pain management.....	14
What to expect after delivery.....	15
Golden Hour.....	15
Support in the delivery room.....	16
Postpartum recovery.....	16
Choosing your baby's doctor.....	16

Breastfeeding 17

Your baby's hospital stay 18

Consent forms after the birth of your child.....	18
Medications your baby will receive.....	18

Delayed bathing.....	18
Infant security.....	18
Passing the baby around.....	18
Expectations for circumcision.....	19
Hearing screen.....	19
Heart screen.....	20
Bilirubin (Jaundice) screen.....	20
Texas newborn screen.....	20
Birth certificate.....	20
Social Security Number.....	20
Imm track.....	20
Texas Health and Human Services.....	20
Texas Attorney General's Office.....	20

Preparing to go home with your baby 21

What to do before you go home.....	21
Care Transition Calls from Ascension.....	21

Taking care of yourself 22

Maternal hypertension and hemorrhage.....	22
Human trafficking.....	22
Sex trafficking.....	22
Domestic violence.....	22
Urgent Maternal Warning Signs.....	23

Details about your scheduled delivery 24

Preparing for your delivery 25

Preparing for a scheduled delivery.....	25
Preadmission treatments prior to delivery.....	25
General information about your cesarean section.....	25
The day of your surgery/procedure.....	25
How you can assist in the safety process for your delivery.....	26

FAQs about surgical site infections 27

What is a surgical site infection (SSI)?.....	27
Can SSIs be treated?.....	27
What can I do to help prevent SSIs?.....	27

About your hospital 28

Ascension Seton Medical Center Austin..... 29

Ascension Seton Hays 31

Ascension Seton Williamson 33

Ascension Seton Northwest Hospital 35

Ascension Providence Waco 37

Maternity Services Preregistration Form 39

Checklist for pregnancy 41

What to pack in your maternity bag 42

Notes 43



Your hospital stay

Preregistration

It is very important to preregister with the hospital well ahead of your due date. We encourage you to register in your third to fourth month of pregnancy.

There are two easy ways to preregister:

1. You can use the enclosed preregistration form, or obtain one from your healthcare provider's office. Simply complete and mail to the address listed on the form. No confirmation will be sent, but you are welcome to confirm that the hospital received your form by calling the hospital admissions office.
2. You may walk in to your hospital admissions office to preregister during usual business hours Monday through Friday. Bring a copy of your insurance or Medicaid card. Call your hospital admissions office for business hours and directions.

Registration process

Our goal is to provide excellent care starting at the point of registration. We are committed to making your experience positive, friendly, and efficient. With that goal in mind, a representative from registration will contact you prior to your scheduled surgery or procedure. As part of the process, our staff will contact your insurance carrier to determine your benefits eligibility.

The representative will ask for your insurance information, update your personal demographics, and inform you of your financial obligation to the hospital.

On the day of your registration, you will need to bring the following items:

- Social Security number
- Medical insurance card(s)
- Copy of current Advance Directives/Living Will
- All consent forms, papers from your doctor's office
- Photo ID (driver's license, other state-issued ID, or military ID)
- Method of payment (check, cash, credit or debit card)

Upon arriving at the hospital for pre-admission, please sign in at the registration desk. Our registration representatives will verify that all your information is correct, have you sign all necessary forms, and settle any financial obligation.

If you have any other questions regarding your registration, you can contact us at:

- Ascension Seton Medical Center Austin - (512) 324-8750
- Ascension Seton Hays - (512) 504-5000, ext. 45021
- Ascension Seton Williamson - (512) 324-4262
- Ascension Seton Northwest Hospital - (512) 324-6000
- Ascension Providence - (254) 751-4000

For your safety, you should expect to be asked to verify your name, date of birth, and surgical or procedural site multiple times throughout your services here at Ascension Texas to ensure accuracy.

Insurance precertification

Many insurance companies require precertification or preapproval. It is important that you contact your health insurance company to find out what your maternity benefits are and how to get preapproved. Your employer may also have information about your benefits. Please note that failure to precertify with your insurance company can reduce the insurance payment, leaving you responsible for paying the balance.

Payment

A deposit toward co-payments, deductibles, and items not covered by insurance is requested at the time of preregistration, pre-admission testing, or admission on the day of the procedure. Ascension accepts cash, checks, money orders, and major credit cards. For patient convenience, payments can be made online at **healthcare.ascension.org/Billing/Texas**. Our staff members are available to assist with options for meeting your financial responsibility.

Other charges

Certain physician specialists may bill you directly for the professional component of certain services. Typically, radiology, anesthesiology, and pathology services in the hospital will result in such professional billings. Their billing is separate from your hospital bill and is not a duplication of billing. If you should receive a bill from a specialty clinic and you have questions regarding that bill, you would need to contact that professional component directly.

Insurance for your baby

Please note that once your baby is born you must call your insurance carrier to add the baby to your policy (usually within 30 days after birth).

If you are a young mother covered under your parents' insurance policy you should not assume the policy will cover your baby. Many insurance companies will not pay for the hospital bill, newborn care in the hospital, or any immunizations for a grandchild. Some insurance companies may pay for some care for a grandchild, but only if the grandparents are able to claim the grandchild on their income tax, or other very specific reasons.

Please call plenty of time before the baby is born to find out what the insurance will pay. Call the Member Services department of the insurance company, or the Human Resources department of the workplace that offers the insurance. Make a note of the phone number(s) you call and the name of the person(s) you speak with. This will help in case of problems or questions.

Ask specific questions like "Will this policy cover the baby's hospital bill at delivery?", "Will it pay for circumcision if we choose to have the baby circumcised?", "Will it pay for the baby's newborn care during the hospital stay?", "Will it pay for the baby's immunizations after baby goes home from the hospital?"

If you have Medicaid or cannot afford health insurance, health care for your baby is also available through the Austin-Travis County Health Department or the Seton Community clinics. Check with the business office before you leave the hospital to make sure all the billing records are accurate.



Tips to help you have a healthy pregnancy

Prenatal care

Early and regular prenatal care is important to make sure you have a healthy baby. Regular check-ups provide your doctor or healthcare provider the opportunity to measure your baby's growth as well as detect pregnancy complications such as high blood pressure or preterm labor. You should begin getting prenatal care as soon as you learn that you are pregnant. Ascension has many clinics within the communities we serve that can provide prenatal care to you at a lower cost if you do not have insurance or cannot pay for private prenatal care.

Healthy eating during pregnancy

During pregnancy, your body needs extra calories, protein, vitamins, and minerals to feed your growing baby. A diet based on the USDA's MyPlate can help you meet these needs. Try to eat a variety of foods from each food group. Remember to drink at least 8-10 glasses of liquids (mostly water) each day. Drinking plenty of fluids will help to reduce the risk of preterm labor. It is up to you to make healthy food choices for you and your growing baby.

Visit [myplate.gov](https://www.myplate.gov) and browse by audience to find dietary guidance for Moms-to-Be to help you plan healthy meals.



The Women, Infants, and Children (WIC) program assists low-income pregnant or breastfeeding women and children under age five. WIC offer classes on healthy eating, coupons for nutritious food, breastfeeding education and support, free immunizations for children, and assistance with utilizing other health services. Contact your local Texas Health Department or visit [TexasWIC.org](https://www.texaswic.org) for enrollment and other helpful information.

Physical activity

Physical activity can help manage weight gain and improve your fitness for labor and delivery. Medical guidelines recommend that pregnant women get 30 minutes of moderate exercise most days of the week. Exercise every day of the week is ideal. Make sure to talk with your doctor before starting or continuing any exercise routine.

Alcohol use during pregnancy

Alcohol easily crosses through the placenta during pregnancy and goes into your baby's bloodstream. Drinking

alcohol (beer, wine, wine coolers, liquor, most cough syrups, and some medications) can cause birth defects in your baby. These birth defects include physical, mental, and behavioral abnormalities known as Fetal Alcohol Syndrome (FAS). Make sure to check with your doctor before taking any over-the-counter medications. Also be sure to talk with your doctor if you habitually use recreational drugs or alcohol. Your physician can work with you to develop a plan of care to support a healthy pregnancy.

Smoking when you are pregnant

If you smoke, your baby will not get all of the nutrients and oxygen needed for proper growth and development.

Your blood vessels carry oxygen and nutrients to your baby. Nicotine from cigarettes makes these blood vessels smaller. Smaller blood vessels mean there is less blood and therefore less oxygen getting to your baby.

The carbon monoxide in cigarettes is a poisonous gas. Carbon monoxide replaces some of the oxygen in your blood and keeps your baby from getting enough oxygen.

Smoking when you are pregnant can cause your baby to be born:

- With a low birth weight
- Premature with many health problems
- So premature that the baby is unable to survive

Opioid Use Disorder

Opioids are a type of drug that includes illegal drugs like heroin and legal medications used to treat pain like oxycodone, hydrocodone, and morphine. These drugs can be highly addictive, causing a disease known as Opioid Use Disorder (OUD). People with OUD typically feel a strong craving for opioids and find it hard to cut back or stop using them. Over time, many people build up a tolerance to opioids and need larger amounts. Those who suddenly reduce or stop opioid use may suffer withdrawal symptoms such as nausea or vomiting, muscle aches, diarrhea, fever, and trouble sleeping. OUD is a treatable illness like diabetes or high blood pressure. If you have an OUD and are pregnant, you can take helpful steps now to ensure you have a healthy pregnancy and a healthy baby. During pregnancy, OUD should be treated with medicines, counseling, and recovery support. Good prenatal care is also very important. Ongoing contact between the healthcare provider treating your OUD and those supporting your pregnancy is very important. If you are concerned about your opioid use or have any of these symptoms please check with your healthcare professionals about treatment.

Five things you can do to prevent infections

Avoiding contagious diseases such as the common cold, strep throat, and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.

1. Wash your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with an alcohol-based hand sanitizer. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.

2. Make sure healthcare providers clean their hands or wear gloves.

- Doctors, nurses, and other healthcare providers come into contact with lots of bacteria and viruses. Before they treat you or your baby, ask them if they've cleaned their hands.
- Healthcare providers should wear clean gloves when they care for you and your baby. Don't be afraid to ask them to wear gloves.

3. Cover your mouth and nose.

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Keep tissues handy at home, at work, and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or your hands.
- If you use your hands, clean them right away.

4. If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go to a medical appointment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.

5. Get vaccinations to avoid disease and fight the spread of infection.

Make sure that your vaccinations are current. Check with your doctor about shots you may need. Vaccinations are available to prevent the following diseases:

- Chicken pox
- Mumps
- Measles
- Diphtheria
- Tetanus
- Hepatitis
- Shingles
- Meningitis
- Flu (also known as influenza)
- Whooping cough (also known as pertussis)
- German measles (also known as rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human papillomavirus (HPV)

© *The Joint Commission, www.jointcommission.org*

When to call your doctor during pregnancy

If and when any of the following occur, you should call your doctor right away for treatment:

- Heavy bright red vaginal bleeding (as much or more than a period, with or without pain)
- Sudden or slow leak of amniotic fluid from the vagina
- Severe constant abdominal pain
- A temperature over 100 degrees for more than 24 hours
- Nausea, vomiting, or diarrhea more than four hours
- Pain or burn sensation during urination
- Absence or drastic decrease in fetal movement (less, a lot more, or none at all)
- Indigestion that does not resolve with medication
- A very bad headache that does not resolve with medicine recommended by your doctor
- Blurred vision or spots in vision
- Sign of preterm labor (less than 37 week) such as 4-6 contractions in an hour
- Sign of term labor (more than 37 weeks) such as painful contractions 5-7 minutes apart for greater than one hour

Your team of qualified professionals is here to help you have a comfortable and memorable birth experience.

Parent education classes and tours

Ascension Texas has partnered with Breastfeeding Success (BFS) to provide the best in parent education for our patients. We are committed to the concept that every family has the right to be informed about the birth process as well as the ability to choose how their birth experience is managed. The first step in an empowered birth process is learning by participation in classes and peer groups. The BFS team has gathered together a collection of class offerings that honor and celebrate the birthing goals of all participants as well as classes and peer groups focused on parenting and postpartum wellness. All BFS classes are taught in-person as well as through live virtual experiences.

Learn more about BFS at BFSuccess.com | Register for classes at healthcare.ascension.org/events

Prepared Childbirth Series

From Belly to Birth

A Birthing from Within inspired childbirth class takes into consideration all birth choices and styles. Available as a two-day class or as a four-part evening series, this class provides information about your body during pregnancy, the labor experience, and the different stages of birth. We will explore coping strategies, complications, options, and decision-making to help you prepare for childbirth. You may also uncover some unexpected questions and discover inner wisdom.

Newborn Care and Safety

Learn to care for your tiny new family member. Most of us receive a lot of support and guidance during our first few days after giving birth from the caregivers at our birthplace... and then we take the baby home! This class will make sure your most burning questions are answered, offer some important knowledge and skills, and provide some tips and tricks for mastering your new role. This course will help you feel prepared to take on the start of a very challenging and fulfilling new job—parenthood.

Prenatal Breastfeeding Success

Every family is unique, and breastfeeding may look different for each family. This class helps new parents understand how to reach your breastfeeding goals and gain confidence in providing nutrition for your baby, helping to get things off to a good start. During this session, families will learn how the body makes milk, how to read your baby's hunger cues, latching and positioning, stages of lactation, and how to know when to call for support. Specific concerns will also be addressed during each class. Though breastfeeding is often briefly discussed in other classes, having a dedicated breastfeeding course will help ensure that you know what to expect and how to get things off to the best start possible.

Parenting Series

Postpartum mental wellness

Many parents experience postpartum mood changes and may benefit from education related to identifying stressors and symptoms. This class is designed to be taught in two parts. The first class is held before childbirth to help parents prepare for the expectations of pregnancy and childbirth. The second class is held after the baby arrives. This class is not intended to be a therapy group but will provide proactive solutions to common mental health issues.

Breastfeeding and returning to work

You have worked out the kinks with breastfeeding and now it's time to return to work. It can feel like quite a daunting task. This class will teach you the ins and outs of how to make returning to work and breastfeeding a breeze!

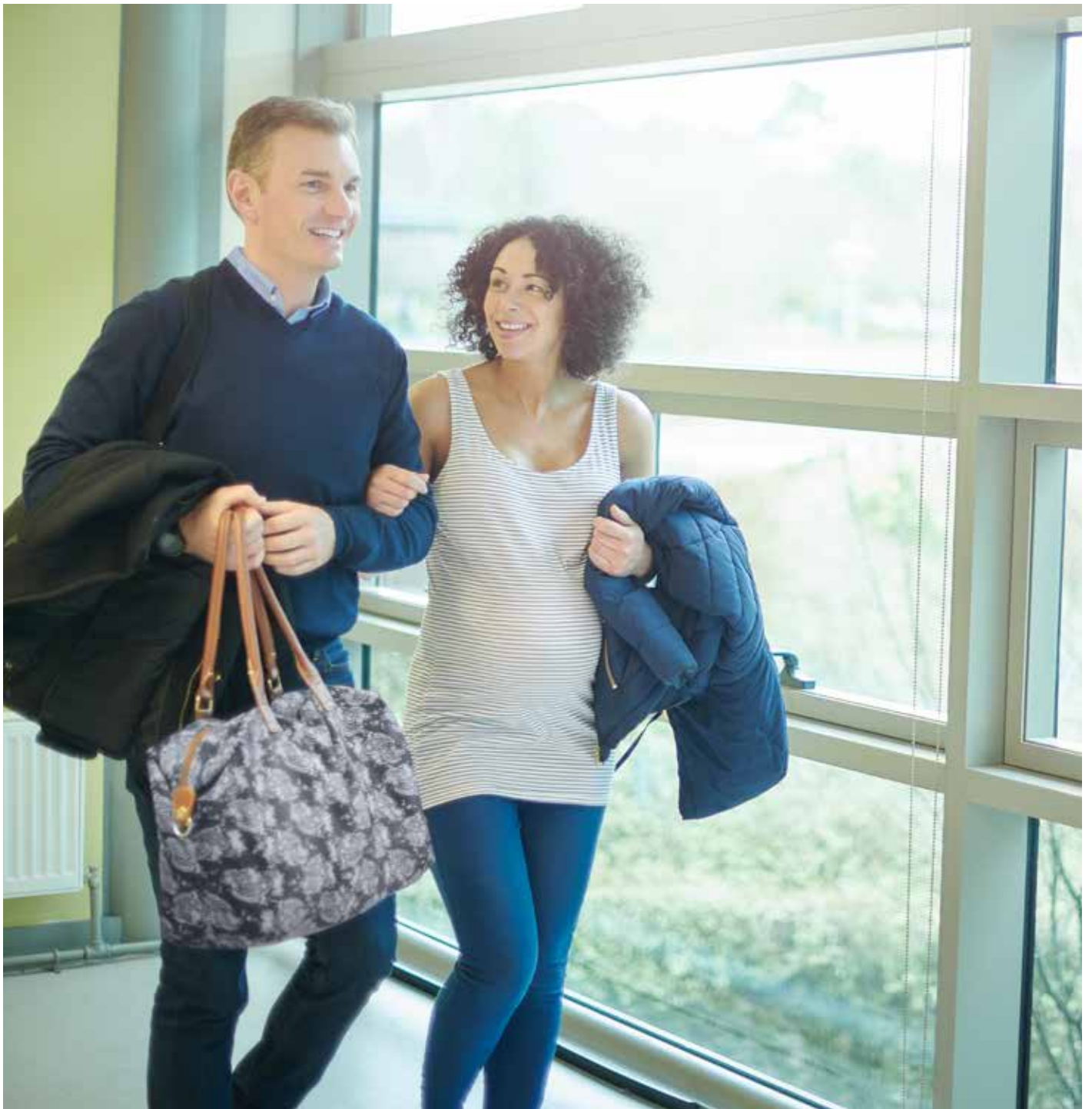
Infant massage

Infant massage is a fun and relaxing way to bond with your baby. Regular massage may also help your baby sleep deeper and longer, provide relief from colic or gassy spells, increase muscle tone (important for suckling skills), provide relief from teething pains, and promote relaxation for both you and your baby. This class can be taken prenatally with a doll or after your baby is here with gentle massage oils.

Parent groups

Creating community and connecting with other families is an important part of new parenthood. Bosom Buddies is open to lactating mothers who provide breast milk in a number of ways. This class can be taken prenatally with a doll or after your baby is here, using gentle massage oils.

View the BFS website at BFSuccess.com for the most up to date listings and choose from a variety of classes that will help you get prepared for your new addition. Many classes offered above may be covered as part of your insurance benefit. Breastfeeding Success offers sliding scale pricing to any family in need. Please call 512-808-0237 with any questions or for help with scheduling. We look forward to seeing you in class!



Maternity tours

As a complement to our education classes, taking a virtual tour of the perinatal unit within the Ascension hospital of your choice will introduce you to the physical layout of the unit and services offered. Links to the virtual tours at each location are available on the Ascension website.

Virtual maternity panel discussion and Q&A

Join us for an online conversation focused on delivering your baby in an Ascension Texas hospital. The discussion will consist of a panel of maternal services experts from each of our Ascension sites, along with an anesthesiologist

and our partners from Breastfeeding Success. The panelists will discuss common questions asked during our maternity tours and provide information beneficial to mothers before delivery.

During the session, you will have the opportunity to chat directly with an Ascension associate from your specific site, view a maternity tour, and ask questions.

Email ascensionperinatalmailbox@ascension.org

Safety preparations for your baby

During your pregnancy, it is important to make preparations and learn how to keep your baby safe. Baby care and feeding classes are offered by Ascension and may also be offered through your doctor's office or clinic. Whether you plan on delivering at an Ascension Seton hospital or at Ascension Providence visit our website at healthcare.ascension.org/events for more information or to register for classes.



Call Parent Education at 512-324-4252 for additional information or answers to other questions you may have.

Car seat safety

The most important factor in selecting a car seat is to find one that fits your child and your vehicle. You must be able to place your baby in the car seat correctly and safely each time you take the baby in the car. Always read the car seat manual before using your car seat and follow the manufacturer's instructions carefully.



Rear-Facing-Only Seat



Rear-Facing Convertible Seat

The American Academy of Pediatrics ([healthychildren.org](https://www.healthychildren.org)) recommends that children ride rear-facing as long as possible, until they reach the maximum height or weight limit that the car seat manufacturer specifies. As your child outgrows the height and weight limit for their car seat, transition to a rear-facing convertible seat, which has increased height and weight maximums so that your child can ride rear-facing for two years or more. A convertible car seat can be used rear-facing, then transitioned to a forward-facing seat once the child reaches a certain weight. Be sure to read the car seat labels and manual as many rear-facing convertible car seats can be used for newborns starting at 5lbs.

Rear-facing car seat tips:

- Ensure the recline angle of the seat is adjusted appropriately according to the manufacturer's instructions.
- Install the car seat with either the seatbelt or lower anchors, not both. If installing with the seatbelt, take note if your car seat has a built-in lock off feature, which can make installation easier. If it does not, be sure to

lock the seatbelt. If installing with the lower anchors, check your vehicle owner's manual to ensure the seating position is approved for using lower anchors to install a car seat.

- Once installed, the car seat should move less than one inch side-to-side and front-to-back.
- For rear-facing children, car seat harnesses should be adjusted to be at or below the child's shoulders. The chest clip should be at armpit level and the harnesses should be tight so that you cannot pinch any slack at the shoulder. You can practice by harnessing a teddy bear in your car seat.
- Do not use products such as mirrors, hanging toys, seat protectors, padding, or other items that were not sold with your car seat or crash tested by your car seat's manufacturer.

Several weeks before your due date, call **512-324-TOTS (8687)** to schedule a free car seat inspection with certified Child Passenger Safety Technicians at Dell Children's Medical Center.

Remember to bring the car seat, car seat base, and the car seat manufacturer instructions to the hospital so that you have them on the day you are discharged with your baby. Most Ascension Texas hospitals have certified Child Passenger Safety Technicians who can assist with your car seat safety at discharge.

Learn more at dellchildrens.net/safety.

Austin Proper and Waco, car seat inspections and car seat assistance:

Dell Children's Medical Center:

512-324-TOTS (8687), dellchildrens.net/safety

Austin-Travis County EMS:

512-972-7233, austintexas.gov/EMS

Austin Public Health:

512-972-5139

austintexas.gov/department/injury-prevention

TXDOT - Waco District:

254-867-2879

nhtsa.dot.gov/cps/cpsfitting

If you cannot afford a car seat for your baby, you may qualify for assistance through any of the above car seat inspection programs or through Safe Riders, 800-252-8255.

Heatstroke

Never leave your child alone in or around a vehicle any time of the year, even if the windows are partially open, the engine is running, or the air conditioner is on. Reduce the number of deaths from heatstroke by remembering to **ACT**:

- **Avoid** heatstroke-related injury and death by never leaving a child alone in a car, not even for a minute. Keep your car locked when not in use so kids can't get in on their own.
- **Create reminders.** Most heatstroke deaths in cars occur when a parent forgets their child is in the backseat. Place an item you will need at your destination, such as your phone, purse, wallet, or briefcase in the backseat by the child as a reminder to always check the backseat. Ask your childcare provider to call if your child doesn't show up for care as expected.
- **Take action.** If you see a child alone in a car, call 911. Emergency personnel want you to call and are trained to respond to these situations.

Source: *Safe Kids Worldwide, safekids.org and NHTSA, nhtsa.gov/campaign/heatstroke*

Safe sleep



To reduce your baby's risk of suffocation when sleeping, remember the ABCs of Safe Sleep:

A: Alone

Soft objects, blankets, toys, bumper pads, as well as people and pets should be kept out of your baby's sleep area to reduce the risk of suffocation or strangulation. A wearable blanket or sleep sack is one way to keep baby warm without loose blankets.

B: On their Back

For the first year, babies should sleep on their backs every time they go to sleep. When babies begin to roll back to front and front to back, then they do not need to be returned to their back. Stop swaddling when your baby begins to roll.

C: In a Crib

Babies should sleep on a flat, firm sleep space such as a crib, bassinet, play yard, or baby box in the same room as the caregiver. Sharing the same room as baby (room-sharing) is safer than sharing the same sleep space (bed-sharing). Only bring your baby into your bed to feed or comfort, then immediately place your baby back in his or her own sleep space.

More tips for safe sleep:

- Avoid smoking, drinking alcohol, or using drugs when pregnant or caring for your baby.
- Sleep in a smoke-free environment.
- Prevent your baby from overheating. Your baby should only wear one more layer than the caregiver.
- Never place your baby to sleep on a couch, sofa, chair, car seat, stroller, or inclined sleeper. If your baby falls asleep on any of these surfaces, move him or her to a safe sleep space as soon as possible.

Source: *AAP Healthy Children, healthychildren.org*

Water safety

Drowning is called the silent killer as it can happen in seconds and without warning. Never leave a baby unattended in the bathtub, even for a moment.

- Keep your baby within arm's reach during bath time. Have bathing supplies and a towel within reach so you can keep a hand on your baby at all times. If you must leave the bathroom to answer the phone or door, take the baby with you.
- The American Academy of Pediatrics recommends using a hard plastic baby bathtub that meets current safety standards instead of a bath seat that can tip over. Baby bathtubs with a sloped or textured surface can help keep baby from sliding.
- Fill the bathtub with two inches of water that feels warm to the inside of your wrist. Set your home water heater to a maximum of 120 degrees Fahrenheit or lower to avoid burns and scalds.

For more information, visit dellchildrens.net/water.

Source: *AAP Healthy Children, healthychildren.org*

Cardiopulmonary resuscitation (CPR)

CPR is a life-saving skill. We recommend that all parents take a yearly cardiopulmonary resuscitation (CPR) class.

Do not start first aid for choking if the child can breathe, cry, talk, or cough. The child's reflexes are working to clear the airway.

Here are some key actions to take in the event of choking and breathing emergencies:

If you are with a child who is choking:

1. Shout for help
2. Start rescue efforts
3. Call 911

Infant choking (if baby is unresponsive)

If the infant is choking and unable to breathe, cry, talk, or cough, begin CPR and have someone call 911.

Give 5 back blows alternating with 5 chest compressions (using two fingers technique taught for infant CPR). Continue this sequence of 5 and 5 until the object is dislodged or the infant becomes unresponsive.

If the infant becomes unresponsive (the infant is choking and unable to breathe, cry, talk, or cough), begin CPR and have someone call 911. While giving CPR, look in the mouth for the object before giving the two breaths, remove the object if visible. If the object cannot be seen, give two breaths and continue CPR.

Infant CPR

Begin CPR when a child is unresponsive or unconscious or when breathing stops.

1. Start 30 chest compressions

- Place 2 fingers of 1 hand on the breastbone just below the nipple line.
- Compress the chest at least 1/3 the depth of the chest, or about 4cm (1.5 inches).
- After each compression, allow the chest to return to normal position. Compress the chest at rate of at least 100 times per minute.

2. Open airway

- Open the airway (head tilt–chin lift). If you see a foreign body, sweep it out with your finger. Do not sweep with your finger if you do not see anything in the mouth.

3. Start rescue breathing

- Take a normal breath and cover the infant's mouth and nose with your mouth.
- Give 2 breaths, each for 1 second. Each breath should make the chest rise.

4. Resume chest compressions

- Continue with cycles of 30 compressions followed by 2 breaths.
- After 5 cycles of compressions and breaths (about 2 minutes) and if no one has called 911 or your local emergency number, call 911 yourself.

Source: American Academy of Pediatrics, healthychildren.org



Visit healthcare.ascension.org/classes to sign up for CPR classes.

To find a CPR class, call the American Heart Association CPR referral line (1-877-AHA-4CPR) or check the class schedule online at ascension.org.

Safe Baby drop off

In 1999, Texas became the first state to pass a safe haven law for infants. Also known as the Baby Moses law, this law provides a responsible alternative to parents who might otherwise harm or abandon a newborn child in an unsafe place. You can find this law in the Texas Family Code, Chapter 262, Sub-chapter D. Emergency Possession of Certain Abandoned Children.

How does the Safe Baby Site work?

A parent who is unwilling or unable to care for their baby can bring the child to a fire station or hospital and leave the baby with someone who works there. As long as the infant is less than 60 days old and has not been harmed, the parent will not be charged with abandonment.

The workers at the Safe Baby Site will care for the baby and arrange for medical evaluation and treatment, if necessary. The Department of Family Protective Services will be contacted to take custody of the baby, but they will not attempt to identify or locate the parent.

What should I do?

If I want to leave my baby at a Safe Baby Site, what should I do?

Go to a hospital or fire station and give your baby to a person who works there. Please remember, it is very important that you do not leave the baby at the door or in the parking lot.

What information will I have to give?

The people working at the Safe Baby Site will not ask questions to try to learn your identity. If you are willing though, they will record any information you can share about the baby's date and place of birth, health, race, or medical history of the parents. This information could be very important in caring for the child in the future.

Shaken Baby Syndrome**What is Shaken Baby Syndrome**

Shaken Baby Syndrome (SBS) is a preventable, severe form of physical child abuse resulting from violently shaking an infant by the shoulders, arms, or legs. The most common trigger for shaking a baby is excessive crying—a normal phase in infant development. Babies two to four months old are at greatest risk for SBS because they may cry longer and more frequently. Even brief shaking can cause serious health issues, and in severe cases, death.

Preventing Shaken Baby Syndrome

Babies can cry a lot in the first few months of life and this can be frustrating, but it will get better. Remember, you are not a bad parent or caregiver if your baby continues to cry after you have done all you can to calm him/her.

You can try to calm your crying baby by:

- Assessing whether he/she is hungry, needs a diaper change, or needs to be burped
- Rubbing his/her back
- Gently rocking
- Offering a pacifier
- Singing or talking
- Taking a walk using a stroller or a drive with the baby in a properly secured car seat
- Checking for signs of illness or discomfort like diaper rash, teething, or tight clothing

You may need to focus on calming yourself if you are stressed or frustrated by your crying baby. Put your baby in a crib on his/her back, make sure he/she is safe, and then walk away to calm down, call a friend, relative, neighbor, or parent helpline for support. Check on him/her every 5 to 10 minutes.

If you have tried various ways to calm your baby and he/she won't stop crying, contact your child's doctor if you are concerned. Be sure to seek help or contact your doctor if you are experiencing frustration and need assistance.

Signs and Symptoms of Shaken Baby Syndrome:

- Vomiting
- Change in sleeping pattern or inability to be awakened
- Extreme irritability or fussiness
- Inability to be consoled
- Inability to nurse or eat
- Breathing problems (irregular breathing or not breathing)
- Convulsions or seizures
- Unresponsiveness
- Loss of consciousness
- No pulse

If you suspect your child has been injured by shaking, it is important to seek medical help right away.

Resources:

purplecrying.info
aap.org
dontshake.org
cdc.gov

Safe Kids Austin

Safe Kids Austin, led by Dell Children's Medical Center, is a local coalition of community, civic, and state organizations committed to preventing childhood injuries. The coalition focuses mainly on promoting safety in vehicles, in and around water, while walking and biking, and at home through education, outreach, and advocacy. Safe Kids Austin is a member of Safe Kids Worldwide, the nation's first non-profit organization dedicated solely to the prevention of unintentional childhood injury. Find more information and safety tips at safekidsaustin.org.

Our specialists take the time to understand the care you need, including special care.

Your hospital experience with Ascension

What to expect when you arrive

When you come to the hospital to deliver, your care team will meet you at the Labor and Delivery Unit and help get you ready to deliver your baby. Once you are in a room, you will change into a hospital gown and be placed on a monitor that allows the care team to see how your baby is doing. The admission process will include a review of your medical history, your current medication list, and a review of the procedure you are having. An IV will be started and will remain in place until after delivery. You will have a chance to ask questions about what to expect. You will be asked to sign consent forms for care, and any medications ordered by your doctor will be given.

Consent forms upon arrival at the Labor and Delivery Unit

Upon admission to the Labor and Delivery Unit you will be asked to read and sign the following consent forms:

- Admission and treatment
- Vaginal and/or cesarean delivery (although most women are expected to deliver vaginally, sometimes the medical conditions of the mother or baby require a cesarean delivery)
- Blood transfusion (in the unlikely event that it becomes necessary)
- HIPAA — Health Insurance Portability and Accountability Act
- Consents for treatment of the baby

Information about smoking

Ascension Texas is committed to ensuring the health, safety, and welfare of all individuals utilizing our facilities and services. Consistent with our mission as a healthcare institution, smoking by all staff, patients, and visitors is prohibited at all Ascension facilities and campuses.

While we are not asking people to quit smoking, it is our hope that a smoke-free environment will provide the incentive to do so. Please talk with your physician or a nurse about smoking cessation support information and resources available to assist you during your visit to our facility.

Visitors

The mother's primary designated support person(s) are welcome to visit at any time you choose. Siblings may visit with mother and baby in the mother's room. (Visitors will be asked to wait in designated waiting areas, as hallways must remain unobstructed for safety reasons.) Visitors' children under the age of 12 are discouraged. Young children may

unknowingly bring childhood diseases to our newborns. Please note general visiting hours may vary based upon location.

Personalizing your delivery experience

Ascension hospitals offer a wide range of options for labor support and childbirth. It is our goal to make your birth experience as unique and meaningful as possible. Discuss your options or desires with your physician.

Photography and video cameras

Patients may bring in a still photographer with permission from their physician and the hospital to capture images of labor and delivery and newborn photos. Most Ascension facilities have photography services available. Ascension Seton has a close relationship with and recommends asking for the in-hospital services of family photographer, Hello & Co. Visit hellolocphoto.com for more information.

Types of delivery

Vaginal delivery

A spontaneous vaginal delivery occurs when a pregnant female goes into labor without the use of drugs or techniques to induce labor. Delivery of the baby occurs in the normal manner. An assisted vaginal delivery occurs when your doctor uses instruments, such as forceps, to help deliver your baby.

Scheduled induction of labor

An induction of labor means that your doctor will not wait for your body to go into labor on its own. Instead, your doctor will help your body go into labor by using safe methods of stimulating labor. Sometimes, the doctor may help by manually rupturing your bag of water to see if contractions will start on their own. Most of the time, with an induction of labor, your doctor will give you one or more kinds of medication to create contractions. These actions help the body go into labor. There are instances where the induction of labor does not work to create true labor. If this should happen, your doctor will work with you to create a new plan for delivery.

Cesarean section delivery

A cesarean section is a surgically assisted delivery of your baby that is performed by your obstetrician and a highly qualified team. This procedure will take place in an operating room. Within the Ascension Texas Labor and Delivery Units, there are dedicated surgical suites uniquely designed for the delivery of your baby. You may identify one support person to join you in the operating room and in the recovery area. Delivery by cesarean section may be planned or unplanned.

Planned cesarean section delivery

Prior to going into natural labor, your doctor will deliver your baby through an incision in your lower abdomen. If you and your doctor decide a planned cesarean section is the right delivery option for you, you will be scheduled to arrive at the hospital on a selected date and time. You will arrive two or more hours prior to the time you are scheduled to go into the operating room.

Unplanned cesarean section delivery

An unplanned cesarean delivery might be needed if any of the following conditions arise during your labor:

- Failure of labor to progress, meaning the cervix begins to dilate and but stops becoming fully dilated, or the baby stops moving down the birth canal
- Maternal health complications
- The baby is not tolerating the stress of labor
- You go into spontaneous labor prior to planned delivery date and time

Pain management

Your care team believes that managing your pain is an important part of your overall care. While the methods of pain management throughout your delivery and postpartum experience may change, our goal is to keep you as comfortable as possible, to promote early self-care and ambulation, and to allow you to get adequate rest.

As a patient you have the right to expect:

- Appropriate assessment and management of pain
- Information about pain, pain relief measures, and side effects of pain medications
- That you will be asked to participate in your pain management plan
- Your assessment of pain will be believed and respected

You can help us care for your pain by:

- Having realistic expectations of pain
- Asking your doctor or nurse what to expect
- Discussing pain relief options and making a plan with your doctor and nurse
- Asking for pain relief medications when your pain first begins
- Telling the doctor or nurse about any pain that will not go away
- Expressing your concerns regarding pain and pain medication side effects

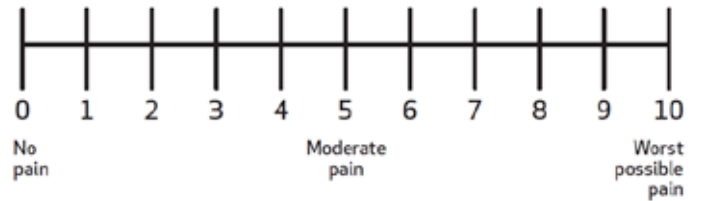
To help us manage your pain, we will ask certain questions:

- Where does it hurt?
- Do you feel pain all the time or does it come and go?
- How are you coping with your labor?
- Please describe your pain. Here are some words to describe your pain:

Aching	Tiring	Burning
Miserable	Crampy	Throbbing
Deep	Numb	Squeezing
Stabbing	Nagging	Piercing
Sharp	Gnawing	Shooting
Dull	Unbearable	Pressure
Tender	Radiating	

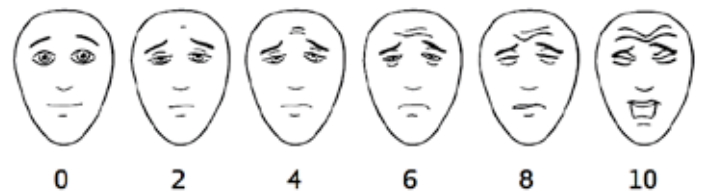
We will refer to two pain scales when asking for your input to assess your pain:

1. Numeric pain rating scale:



- On a scale from 0 to 10, where 0 is no pain and 10 is the worst pain you've ever experienced, what is the number that represents your overall pain level at this moment?
 - o 0 to 3 mild pain
 - o 4 to 6 moderate pain
 - o 7 to 10 severe pain
- Is this self-reported pain level at the acceptable level? If not, interventions (medication or non-medication) may be needed.

2. Faces pain scale



- What face best represents your pain level right now?
 - o 0 to 3 mild pain
 - o 4 to 6 moderate pain
 - o 7 to 10 severe pain
- Is this self-reported pain level at the acceptable level? If not, interventions (medication or non-medication) may be needed.

Pain management for labor

Labor is a natural process that can be painful. We are here to help you understand and establish reasonable expectations for coping with labor. There are many options to choose from to cope with labor, including medication and non-medication methods.

Medicated methods:

- IV medications
- Nitrous oxide inhalation
- Epidural
- Aromatherapy

Non-medicated methods:

- Breathing and relaxation techniques
- Massage
- Taking a shower or bath
- Rocking
- Birthing ball
- Movement (walking, frequent position changes)

- Heat/cold therapy
- Dim lighting
- Music

Your nurse will assess and ask you about your pain regularly to ensure that they are addressing your comfort needs and managing your pain.

Pain management during a cesarean section

Typically, a regional block placed by an injection of medication into a space in the back is the preferred method of anesthesia for a delivery. There are times, though, that general anesthesia is the safest option. Your anesthesiologist will discuss the risk and benefits of both types of anesthesia on the day of your delivery. Your postoperative pain management may also be discussed.

Pain management after delivery

Our mission is to partner with you to prevent and relieve your pain and unpleasant symptoms even though zero pain after delivery is not always possible. We want to make you comfortable, but some level of discomfort may be expected with your condition. We may not be able to relieve all pain, but we will do all we can to keep your pain manageable for you and we are committed to sharing our knowledge about pain relief and symptom management with you.

You may have pain after the birth of your baby. Discuss what you are feeling with your doctor and nurses. The most common sources of pain from a vaginal delivery are a swollen vaginal area and/or bottom, episiotomy or tears, cramping, and hemorrhoids. If you had a cesarean section, you may have pain from your incision, gas, and/or cramping. Your care team will discuss with you the options for pain management and will work with you to establish reasonable expectations and a pain medication plan. Prescribed pain medications are safe to use while breastfeeding. Alternative ways to help reduce your pain include using ice packs, taking sitz baths, using heat packs, repositioning, using foam cushions, and regularly emptying your bladder. Your nurse will ask you about your pain regularly to assess it and ensure they are managing it.

Pain management after discharge

Your doctor will review pain management options for home once you are discharged from the hospital. These may include over-the-counter pain relievers, such as ibuprofen

and/or acetaminophen. Prescribed medications are safe to use while breastfeeding.

What to expect after delivery

Unless your baby requires additional care at delivery, the care team will make every effort to minimize the time you and baby are separated immediately after birth. You can expect the following based on your delivery method:

After a **vaginal birth**, as soon as the baby is fully delivered and appears healthy, he/she will be dried and laid skin-to-skin at your breast, or wrapped in blankets for warmth, depending on your preference.

After a **cesarean delivery**, your baby will be dried under a radiant warmer and then wrapped in blankets for warmth to return with you to the recovery room for skin-to-skin time in privacy.

Golden Hour

Meeting your baby for the first time is an experience you will never forget. Shortly after delivery, a member of your nursing care team will dry and assess your baby. The baby will then be placed on your bare chest and covered with a warm blanket. This connection of your unwrapped baby lying directly on your bare chest is called skin-to-skin contact and can provide you and your baby time to bond. Assessment of your baby by the delivery team can occur while the baby remains skin-to-skin.

According to the American Academy of Pediatrics, a healthy newborn should be placed in direct contact with their mother immediately after delivery and until the first feeding is accomplished. Here at Ascension, we encourage skin-to-skin contact with your baby for the first 60 minutes after birth with no interruptions. The first hour of life outside the womb for your baby is a time to welcome your baby and promote a peaceful transition. And it only happens once in a lifetime.

During the Golden Hour we encourage:

- Minimal people in the room immediately after delivery
- Low lighting in the room
- Low noise levels
- Loving, gentle touches for your baby

We are prepared for all types of pregnancies. Our care team wants to make your birth experience as safe as possible.



Beyond the Golden Hour, we encourage you and other family caregivers to continue to utilize skin-to-skin techniques to create a warm and safe environment for your baby. Here are some of the benefits of skin-to-skin contact for baby and mother:

Baby

- Improved respiratory rate, heart rate, and temperature
- Stabilized blood sugar
- Prepares baby for breastfeeding

Mother

- Increased bonding and increased confidence in caring for baby
- Increased success with breastfeeding
- Increased milk production
- Promotes postpartum recovery

Support in the delivery room

Typically, you can plan to have at least one support person present in the delivery room with you. Check with your healthcare provider about what is allowed in the hospital where you plan to deliver.

Postpartum recovery

Immediately after your delivery, you may remain in your labor room or be moved to a separate post-anesthesia recovery area. The nursing staff will attend to your immediate recovery from surgery, delivery, and anesthesia. Your stay in the recovery area will last until your vital signs

are stable, on average 1 to 2 hours. However, once you are past the immediate recovery period of 1 to 2 hours, your condition may not require such frequent monitoring by a nurse. To support your family experience, you will have a private room for the rest of your hospital stay, allowing more time to rest and recover with your new baby and your family. Depending on your health needs, you may remain in the room in which you delivered until the time of discharge or you may be moved to another unit. Regardless of where you recover, the staff is available when called to assist you and teach you all you need to know about mother and baby care. The nurses and staff are specially trained to help you transition to independence at home with your new baby.

Your care into the next phase of your postpartum stay will be focused on pain management, getting you up and moving, and providing you the education and information you need to transition safely home with your baby. You can expect to stay in the hospital 24–72 hours. The length of your stay is mostly determined by your type of delivery.

Choosing your baby's doctor

We ask that you name your baby's doctor when you come in to Labor and Delivery so that essential information about your baby's delivery and care can be communicated with their office after discharge. If your chosen doctor does not or cannot admit babies to the hospital where you deliver, a doctor will be assigned to your baby during your baby's stay to provide care. However, you will follow up with your chosen doctor after discharge and need to make an appointment with their office prior to discharge.

Breastfeeding

The evidence is clear that breastfeeding has many benefits for mothers and babies as well as the communities in which they live. Breastfeeding protects infants and mothers against a wide variety of diseases and conditions. Breastfeeding is also good for the environment and is a free renewable resource.

Ascension Texas is committed to providing high-quality breastfeeding support for its patients. Additionally, all of the birthing hospitals have received Texas Ten Step designation, which recognizes successful efforts to implement policies that are aligned with optimal breastfeeding practices. Through our partnership with Breastfeeding Success we are able to offer the gold-standard in clinical lactation care at all of our birthing and children's hospitals. Our commitment to supporting breastfeeding families is evident in our exclusive breastfeeding rates, which are the highest in the region.

The Breastfeeding Success team of International Board Certified Lactation Consultants (IBCLCs) is available to provide lactation support from preconception to weaning. "As a clinical expert in the management of breastfeeding and human lactation, the IBCLC is trained to counsel mothers and families on initiation, exclusivity, and duration of breastfeeding, and to assist with any difficulties or high-risk situations. IBCLCs are sensitive to and support the needs of mothers, infants, children, and various family structures in working toward breastfeeding goals."

Ascension Texas is also proud to highlight several best practices we utilize to support optimal breastfeeding and patient care:

- Skin-to-skin contact for mother and baby for at least the first hour after birth is called the **Golden Hour** and allows your baby to find and orient to the breast immediately following delivery, setting the stage for effective latch and positioning.
- **Continued skin-to-skin contact and rooming in** encourage unrestricted access to the breast for practice and bonding.
- **Optimal cord clamping** ensures the best overall health



outcomes and energy levels, which babies need for the work of breastfeeding.

- Babies are born covered in a protective fluid that when not washed off immediately helps babies to find the breast and latch more easily. Therefore, at Ascension we practice **delayed bathing**, meaning we do not bathe your baby immediately after they are born.
- We **do not use pacifiers unless requested by a parent**. Overuse of pacifiers reduces breastfeeding practice and feeding time.
- **Donor breast milk is available at most sites for any newborn under 5 days with a medical need**. Donor human milk is proven to be the healthiest food for infants when mother's own milk is not yet available.
- Ascension has **Neonatal Intensive Care Unit (NICU) Lactation Consultants** who have advanced skills to teach and provide interventions to a special patient population.
- Honoring all families is one of our top priorities. We provide **individualized support for formula-feeding families** that includes teaching safe formula preparation and feeding practices to ensure safety and the best outcomes.
- **Procedures are done in the patient room or while the baby is breastfeeding**, as the act of suckling has been proven to be pain-reducing for baby.
- Early and effective milk removal ensures sufficient milk supply. We will provide **instruction on hand expression and access to hospital-grade breast pumps during your stay**.
- Access to high-quality lactation equipment confirms parents are discharged with everything needed to bring in a full milk supply if and when needed. Therefore, we provide **outpatient hospital-grade breast pump and baby scale rentals** so that you can continue best breastfeeding practices and track your baby's growth progress.
- Our **lactation-specific staff and patient education will help you to make informed decision and provide the best in clinical care**.
- Having a written feeding plan is helpful when reporting to the infant's primary care provider about how feeds are going. We will provide you with a **written discharge feeding plan with referrals for community support** should you need them. Community referrals are vital to ongoing breastfeeding success.

The Breastfeeding Success Lactation Team is available at Ascension Texas birthing and children's hospitals 7 days/week. Patients and staff can access the lactation team anytime by calling the BFS hotline at 512-808-0237.

Breastfeeding Success is an in-network provider with most major insurance companies. After discharge, patients may visit one of their local breastfeeding medicine clinics for one-on-one lactation care, equipment rental, classes, and peer groups. Visit [bfsuccess.com](https://www.bfsuccess.com) to learn more. Breastfeeding Success looks forward to getting to know your family better to support your lactation and infant feeding journey.

Your baby's hospital stay

Consent forms after the birth of your child

You will be asked to sign the following consent forms after the birth of your baby:

- Hepatitis B vaccine for your baby
- Circumcision, if you plan this choice for your baby boy

It is a good idea to discuss circumcision and vaccinations with your baby's doctor or clinical provider during your pregnancy. If you make the decision before you enter the hospital, you will feel less pressured to make your decision before you go home.

Medications your baby will receive

The Centers for Disease Control (CDC) strongly recommends two medications to be given to your baby at birth. The first is an antibiotic ointment administered to the eyes to help prevent conjunctivitis (pink eye). Conjunctivitis in a newborn may be caused by a blocked tear duct, or infection with a virus or bacteria passed from the mother to her baby during childbirth. When caused by an infection, neonatal conjunctivitis can be very serious.

The second medication is vitamin K, given by injection, usually to the thigh. Vitamin K is a vital nutrient that our body needs in order for blood to clot and to stop bleeding. Babies have very little vitamin K in their bodies at birth. Vitamin K deficiency bleeding or VKDB, is a condition that occurs when a baby does not have enough vitamin K. Without enough vitamin K, there is a chance of bleeding into the intestines and brain. The good news is that VKDB is easily prevented with one injection of Vitamin K given in the thigh at birth.

The American Academy of Pediatrics, along with the CDC, also recommends starting the Hepatitis B vaccination series while in the hospital. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious lifelong illness. Normally the first dose is given within 24 hours of birth and completion of the shot series occurs by six months of age.

Delayed bathing

Research shows that for most babies delaying the bath for at least 12–24 hours after birth has many benefits. This delay provides more uninterrupted time for bonding with your baby, promotes successful breastfeeding, reduces risk of infection, helps your baby maintain a stable blood sugar and helps your baby better regulate their own body temperature. Delaying the bath also allows time for you to rest and recover. Along with skin-to-skin contact and the Golden Hour after delivery, delayed bathing provides a great opportunity to make your birth experience unique and meaningful. You and your family can be more involved in the

first bath, allowing everyone to enjoy this special moment.

Infant security

Our staff considers the comfort and safety of you and your baby as one of our top priorities. You need to be aware of the important security measures in place to protect your family. All employees wear photo identification badges with unique characteristics to identify associates assigned to work with moms and babies. State-of-the-art technology for electronic security and monitoring systems are in place on all perinatal and newborn care units.

Infant footprints are protected in the baby's chart. We use a bracelet identification system, which includes hand-written information at the time of delivery matched to the mother and baby that are then applied to the mother's wrist, the mother's adult designee's wrist, and the baby's wrist and ankle. No one will be allowed to move the baby from the mother's room or the nursery without a matching wrist identification band or the appropriate identification. Here are some things you can do to ensure your baby's safety and security in the hospital:

- Feel free to ask questions. Use your nurse call light if you have any questions about staff, or any situation about which you are unsure.
- Do not leave your baby unattended. Call for your nurse if you are going to be away from your baby.
- Be sure to have your identification bands checked with the baby's band if for any reason you have been separated from your baby.
- Ask for proper photo identification from anyone entering your room or attending your baby.
- Ask for an explanation any time your baby is removed from your room.
- Always place your baby in the crib if you want to walk in the hallway with your baby.

Passing the baby around

As new parents, you are happy, overwhelmed, infatuated, scared, and proud, but mostly, you're tired. Family members will want to visit you and your new baby. However, it is recommended that new parents do set boundaries with visitors. A healthy respect for boundaries will greatly help new parents feel at ease when visitors come to meet your new addition.

Babies have a very basic immune system and are very vulnerable to germs and diseases. If you do have visitors come to the hospital, here are a few things to keep in mind:

Ensure that your visitors:

- Avoid kissing the baby on the face, especially on the lips
- Wash their hands prior to holding baby
- Do not disturb feeding or sleeping patterns
- Are healthy
- Keep visits brief



As a new parent, you get to choose who and for how long you want your visitors present. Your care team is always here to support your preferences and to ensure the best experience possible. We will work with you to monitor visitors, help encourage short visits, and even ask visitors to leave, if needed.

Expectations for circumcision

Male circumcision is the surgical removal of the foreskin, which is the layer of skin that covers the head of the penis. Circumcision is elective, it is your choice whether to have it done. It is important to have all of the information about the possible benefits and risks of the procedure before making a decision. You may think about future health benefits, religious or cultural beliefs, and personal preferences or social concerns. Circumcision takes only a few minutes. During the procedure, the baby is placed on a special table. Various surgical techniques are used, but they follow the same steps. The penis and foreskin are cleaned then a special clamp is attached to the penis and the foreskin is cut and removed. If you have any questions or concerns, talk with your healthcare professional during your pregnancy so you have enough time to make an informed decision. Because circumcision is an elective procedure, it may not be covered by your health insurance policy. To find out if your policy covers the procedure, call your health insurance provider.

Hearing screen

Approximately 3 out of every 1,000 children in the United States are born deaf or hard of hearing. Fortunately, early identification and intervention allow children with hearing loss to receive help during the first two years of life, a critical period for the development of speech and language skills. Left undetected, hearing loss can negatively impact speech and language acquisition, academic achievement, and social and emotional development.

Two different tests are used to screen for hearing loss in babies. Both types of exams are painless and non-invasive to you baby. Your newborn can rest or sleep during both tests. The results of your baby's hearing screen will be reviewed with you by a pediatrician or care provider before you are discharged.

- Otoacoustic emissions test whether some parts of the ear respond to sound. During this test, a soft earphone is inserted into your baby's ear canal. It plays sounds and measures an "echo" response that occurs in ears with normal hearing. If there is no echo, your baby might have hearing loss.
- The auditory brainstem response tests how the auditory nerve and brainstem (which carry sound from the ear to the brain) respond to sound. During this test, your baby wears small earphones and has electrodes painlessly placed on his or her head. The electrodes adhere and come off like stickers and should not cause discomfort.

<https://dshs.texas.gov/tehd/audiology-services-texas-newborn-hearing-screening-program.aspx>

Heart screen

Critical congenital heart disease (CCHD) represents a group of heart defects that cause serious, life-threatening symptoms and requires intervention within the first days or first year of life. The CCHD screening usually happens when your baby is between 24 and 48 hours old. Newborn CCHD screening uses a device called a pulse oximeter to measure oxygen in the baby's blood. Newborns with low blood oxygen are at higher risk for CCHD.

dshs.state.tx.us/newborn/cchd.aspx

Bilirubin (jaundice) screen

Bilirubin screening is a routine practice to screen every newborn for high bilirubin levels in the blood (hyperbilirubinemia). Some newborns develop a yellowish color in their skin and/or eyes known as jaundice. Jaundice is caused by a buildup of bilirubin, a pigment in the blood. The screening is done before your baby leaves the hospital. It requires taking a small sample of blood from your baby's heel.

Texas newborn screen

The newborn screen blood test is required by law for any baby born in Texas (Health and Safety Code, Chapter 33) and identifies babies that may have a specific disorder or medical condition. Early treatment of these disorders can help prevent serious complications or even death. Two screens are completed in Texas to detect the disorders at the earliest possible opportunity. The first screen will be collected at the hospital between 24 to 48 hours of age. The second screen will be collected at your pediatrician's office between 1 to 2 weeks of age. This screen requires a couple drops of blood from your baby's heel.

dshs.texas.gov/newborn/default.shtm
dshs.texas.gov/newborn/screened_disorders.aspx

Birth certificate

Texas requires a completed birth certificate to be filed within five days of birth. A Birth Registrar will assist you in completing the information needed to file your baby's birth certificate while you are in the hospital. In certain circumstances additional information and/or documents may be necessary. Our team of Birth Registrars are prepared to help your family navigate through the entire process. Any changes to the information on the birth certificate after it is officially filed with the State of Texas must be made through the Texas Attorney General's Office.

Social Security number

Your baby will be registered for a Social Security number when the birth certificate information is completed. You will need to ask for a receipt of the application especially if you are currently on or will be applying for Medicaid or WIC. The Social Security card will be mailed to your home address in four to six weeks.

Imm track

Keeping up with vaccine records is now easier than ever, thanks to ImmTrac2, the Texas Immunization Registry. Texas Department of State Health Services (DSHS) offers the Texas Immunization Registry at no cost to all Texans. The registry is secure and confidential, and safely consolidates and stores immunization records from multiple sources in one centralized system. Texas law requires written consent by individuals to participate in the registry. Access to the registry records is for those who have authorization. Authorized organizations include healthcare providers, schools, and public health departments. You will be given the opportunity to register for ImmTrac2 at the hospital.

immtrac.dshs.texas.gov/TXPRD/portallInfoManager.do

Texas Health and Human Services

The Texas Department of State Health Services (DSHS) has been restructured to sharpen their focus on public health. The goal of DSHS is to promote and protect the health of people and the communities where they live, learn, work, worship, and play. Visit the DSHS website or your local DSHS office to access lots of great information for raising your family in Texas.

dshs.texas.gov

Texas Attorney General's Office

In addition to birth certificate matters, you may contact the Texas Attorney General's Office if you have any concerns or questions about paternity issues (legal father) during your pregnancy. The Attorney General's Office has forms and information for acknowledgement of paternity by your baby's father. Acknowledgement of paternity is very important to ensure that your baby becomes eligible for benefits such as Social Security, veteran's benefits, child support, and healthcare.

texasattorneygeneral.gov

Preparing to go home with your baby

Welcome to parenthood! Over the next weeks, months, and years, you can expect to have times of joy and excitement, but it is normal to also experience times of worry and anxiety. You may also have many questions.

What to do before you go home

When the day arrives to take your baby home, you will want things to go as smoothly as possible. It helps to be prepared before you go home.

- Spend time with your care team to get answers to all your questions.
- Make arrangements for someone to drive you home.
- Provide a safety-rated car seat for your baby to travel home safely.
- Your nurse will need to make certain you have signed all the necessary forms and that you have been provided education and answers to any questions you may have related to care at home.
- Review the discharge feeding plan for baby with your care team.
- Make two follow-up appointments prior to discharge; one for yourself and one for your baby.
- New mothers will need an appointment with their doctors or clinic providers 6 weeks after a vaginal delivery or 2 weeks and 6 weeks after a cesarean section delivery. In addition, an appointment for staple removal may be required if you had a cesarean section and your staples were not removed prior to discharge.
- Prior to discharge, your baby will need an appointment scheduled with your chosen pediatrician. The appointment will need to take place anywhere from 1 day to 2 weeks after discharge. You will be instructed by the baby's discharge physician when to make the appointment.
- Take one last look around the room to ensure you have all your personal items before you leave.

Care Transition Calls from Ascension

Making sure that you are prepared for life at home with your baby is a priority for our care team. When you and your baby leave our care, we still want to know how you're doing. Three to five days after you are discharged, you will receive a phone call from one of our care team members to check in with you. Care Transition Calls are made by registered nurses working on your postpartum unit and take only about five minutes. Through these calls, we continue our partnership with you, making sure you are able to fulfill what



is expected of you for a safe transition of caring for your baby at home.

The main goal of the call is to make sure you understand all of the instructions you have received and know how to take care of yourself and your baby. During the call, the nurse will ask you how you and baby are doing, find out if prescriptions have been filled, talk to you about any unusual pain, and ask if follow-up appointments have been scheduled. You will also have the opportunity to ask questions and share highlights or concerns about your hospital experience.

Benefits of Care Transition Calls:

- Ensures safe and effective care, even at home
- Helps prevent post-delivery complications
- Allows for ongoing awareness of normal feelings versus abnormal postpartum blues that may require attention or treatment
- Extends support from your care team to the first days of parenthood
- Helps with any infant feeding concerns
- Can prevent readmissions for mom and baby
- Makes sure pain management plan is working
- Escalates concerns to the appropriate resources

At Ascension, we believe that making the call makes difference.

Taking care of yourself

Maternal hypertension and hemorrhage

Ascension Texas has teamed up with the state to provide safe, quality, and equitable care for all moms and babies. We implement nationally recognized bundles and team-based training to simulate conditions that lead to maternal mortality and severe morbidity. By simulating conditions such as hemorrhage, preeclampsia, and sepsis, the teams are able to recognize and respond early to actual events to reduce maternal morbidity and mortality.

Human trafficking

Human trafficking involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Every year, millions of men, women, and children are trafficked worldwide—including right here in the United States. It can happen in any community, and victims can be any age, race, gender, or nationality. Traffickers might use violence, manipulation, or false promises of well-paying jobs or romantic relationships to lure victims into trafficking situations.

www.dhs.gov/blue-campaign/what-human-trafficking

Sex trafficking

When an adult is required to engage in a commercial sex act as the result of force, threats of force, fraud, coercion, or any combination of such means, that person is a victim of trafficking. Under such circumstances, perpetrators involved in recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting a person for that purpose are guilty of federal sex trafficking of an adult. This is true even if the victim previously consented to engage in commercial sex.

Child sex trafficking

Any child (under the age of 18) who has been recruited, enticed, harbored, transported, provided, obtained, advertised, maintained, patronized, or solicited to engage in a commercial sex act is a victim of trafficking regardless of whether or not force, fraud, or coercion is used. The use of children in the commercial sex trade is prohibited both under U.S. law and by legislation in most countries around the world.

Labor trafficking

Labor trafficking encompasses the range of activities—recruiting, harboring, transporting, providing, or obtaining—involved when a person uses force or physical threats; psychological coercion; abuse of the legal process; a scheme, plan, or pattern intended to hold a person in fear of serious harm; or other coercive means to compel someone to work. Once a person's labor is obtained by such means, the person's previous consent or effort to obtain employment with the trafficker does not preclude the person from being considered a victim, or the government from prosecuting the offender. U.S. law prohibits the importation of goods produced by forced labor, including

forced child labor; convict labor; and indentured labor under penal sanctions.

traffickjamlive.org/about

Domestic violence

Domestic violence occurs across all age groups and life stages. Rather than reducing during pregnancy, expecting a child is a key risk factor for domestic violence beginning or escalating. It greatly threatens both the mother's and baby's health. For many families, pregnancy can bring about feelings of stress, which is normal. But it's not okay for your partner to react violently to stress. Abuse can be emotional and/or physical. An abusive partner may cause emotional pain by calling you names or constantly blaming you for something you haven't done. An abuser may try to control your behavior by not allowing you to see your family and friends, or by always telling you what you should be doing. An abusive partner may also try to cause you physical harm. Sometimes, an abuser may aim this physical harm toward a pregnant woman's belly. This kind of violence not only can harm you, but it also can put your unborn baby in grave danger. Some partners become abusive during pregnancy because they feel:

- Upset because this was an unplanned pregnancy
- Stressed at the thought of financially supporting a first baby or another baby
- Jealous that your attention may shift from your partner to your new baby, or to a new relationship

What can you do?

Recognize that you are in an abusive relationship. Once you realize this, you've made the first step toward help. Have a plan for your safety. This can include:

- Learn the phone number of your local police department and healthcare provider's office in case your partner hurts you. Call 911 if you need immediate medical attention. Be sure to obtain a copy of the police or medical record should you choose to file charges against the abuser.
- Find a safe place. Talk to a trusted friend, neighbor, or family member who you can stay with, no matter what time of day or night, to ensure your safety.
- Put together some extra cash and any important documents or items you might need, such as a driver's license, health insurance cards, a checkbook, bank account information, Social Security cards, and prescription medications. Have these items in one safe place so you can take them with you quickly.
- Pack a suitcase with toiletries, an extra change of clothes for you and your children, and an extra set of house and car keys. Give the suitcase to someone you trust who can hold it for you safely.

Remember: No one deserves to be physically or emotionally abused. Recognize the signs of abuse and seek help. You might feel very scared at the thought of leaving, but you've got to do it. You and your baby's life depend on it. National domestic violence hotline: 800-799-SAFE (7233) or 800-787-3224 TTY.

URGENT MATERNAL WARNING SIGNS



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in your vision



Fever



Trouble breathing



Chest pain or fast-beating heart



Severe belly pain that doesn't go away



Severe nausea and throwing up (not like morning sickness)



Baby's movements stopping or slowing



Vaginal bleeding or fluid leaking during pregnancy



Vaginal bleeding or fluid leaking after pregnancy



Swelling, redness, or pain of your leg



Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: [safehealthcareforeverywoman.org/urgentmaternalwarningsigns](https://www.safehealthcareforeverywoman.org/urgentmaternalwarningsigns)



Take a photo to learn more

© 2020 American College of Obstetricians and Gynecologists. Permission is hereby granted for duplication and distribution of this document, in its entirety and without modification, for solely non-commercial activities that are for educational, quality improvement, and patient safety purposes. All other uses require written permission from ACOG.

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety tools to help facilitate the standardization process. This tool reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular tool may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.



V1 May 2020

Details about your scheduled delivery

Name: _____

Surgeon: _____

Ascension delivery hospital: _____

Date of surgery: _____

Pre-admission testing appointment: _____

When to arrive at hospital: _____

When to stop eating: _____

Any preparations your doctor has asked you to do before your surgery: _____

Questions for your healthcare provider or nurse

Please bring this surgery guide with you to all of your appointments relating to your surgery/procedures, including on the day of the surgery/procedure.

Preparing for your delivery

With pregnancy, at some point you will go into labor on your own, your water may break, or your physician will send you to the hospital for delivery. When any of these things happens, you will go to the hospital and be seen by a care team. If you are in labor or need to deliver your baby, you will be admitted to the hospital. A highly trained obstetrical care team will take care of you and your baby through labor, delivery, recovery, and the postpartum period.

Preparing for a scheduled delivery

Based on certain circumstances, your obstetrician may decide to schedule your delivery for a specific date. While a scheduled delivery may not be what you expected, the decision may be based on your medical history, the well-being of you or your baby, or other factors affecting your pregnancy. You can choose to schedule an elective induction or cesarean section after 39 weeks of pregnancy when medical induction or cesarean section may be necessary because of your health or your baby's health. A medically indicated delivery may occur before your due date and before 39 weeks of pregnancy.

Your doctor will work with you to determine the best date based on the reason(s) for scheduling your delivery. Even with the perfect date planned, uncontrollable events may happen that will change your date of delivery. Your scheduled surgery or scheduled induction may also be delayed or postponed by the care team to ensure the safest care for you and your baby.

Preadmission treatments prior to delivery

Typically, your physician will not require any pre-admission treatments prior to the day of your delivery. Once you arrive at the hospital, your nurse may draw blood, give you pre-procedural medications, or order specific tests at your doctor's request. If your doctor needs to order tests before delivery, their office care team will help coordinate and schedule those appointments.

General information about your cesarean section

Anesthesia for surgery

If you have not already met with the anesthesiologist, he or she will visit with you on the day of your surgery. The anesthesiologist will review your planned procedure, medical history, and laboratory studies.

Enhanced Recovery After Surgery (ERAS)

With a surgical delivery or cesarean section, our goal is to help you with pain control, facilitate the quick return of body functions, and to assist you with early movement and walking to keep you safe and healthy. The Enhanced Recovery After Surgery (ERAS) program has been studied internationally as well as in the United States. Research has shown that the Enhanced Recovery process shortens the length of your hospital stay and allows you to return to your normal routine and lifestyle more quickly than the traditional surgical approach of a long recovery period.

ERAS focuses on four main areas: pre-surgery preparation and education, pain management, diet, and mobilization. The following instructions and information are provided to help you understand what to expect and the part you play in your healthy recovery.

About two hours before your scheduled cesarean section, you will be asked to drink a flavored beverage. This is an important part of the ERAS process. Because surgery is stressful on the body, this drink provides plenty of calories and energy to support body functions during the delivery. The pre-procedural carbohydrate load, along with keeping you warm in the operating room and providing medications for pain BEFORE the surgery, help reduce the stress your body feels. The less stress your body experiences, the quicker it can recover and the quicker you will be ready to care for your new baby.

After you leave the recovery area, your care team will continue to promote the ERAS program by removing your bladder catheter and your IV as soon as possible. They will encourage you to sit up as soon as you feel like it and then to begin walking as soon as it is safe. Additionally, you will be encouraged to drink plenty of liquids and eat solid foods as soon as possible. You will also be encouraged to rest.

While you will experience some pain and discomfort after surgery, our goal is to keep you comfortable. With the ERAS program, the use of narcotics is limited. Narcotics can cause nausea and vomiting, breathing difficulties, itching, constipation, and other potential problems. Other non-narcotic forms of pain medication and methods to control your pain will be used. Your care team will work with you to keep your pain controlled so you are able to walk and provide care for your baby and yourself. Your nurse will frequently ask you about your pain so that your level of pain remains tolerable. We want you to walk, move, eat, and sleep well. Let your nurse know if the pain management plan needs adjusting.

The day of your surgery/procedure

Scheduled induction of labor

For your safety, check with your doctor about when to eat your last full meal prior to arriving for your induction of labor.

Scheduled cesarean section delivery

For your safety, do not eat or drink anything after midnight unless instructed otherwise by the anesthesia staff.

How you can assist in the safety process for your delivery

As a patient, you can make your care safer by being an informed member of your healthcare team.

Before you go to the hospital:

Ask your doctor:

- Are there any prescription or over-the-counter medications that you should not take before your surgery/delivery?
- Can you eat or drink before your surgery/delivery?
- If you have other questions, write them down. Take your list of questions with you when you see your doctor.

Do not:

- Bring jewelry, including body piercings
- Bring valuables, including prescription medications
- Wear contact lenses
- Clip or shave the abdominal or perineal area

Do:

- Take a bath or shower to reduce the chance of infection
- Wear clothing that is easy to take off and put on
- Contact your doctor or surgeon if you are sick or have other concerns about your health

Ask someone you trust to:

- Take you to the hospital
- Be with you at the hospital during your stay. This person can make sure you get the care you need to feel comfortable and safe.

At the hospital:

You will be asked to sign an Informed Consent Form. Read it carefully and verify all the information listed. It includes:

- Your name
- The kind of surgery and the type of anesthesia you will have
- The risks of your surgery
- A statement confirming that you talked to your doctor about the surgery and have had the opportunity to ask questions
- Your agreement to have the surgery

Make sure everything on the form is correct. Make sure all your questions have been answered.

For your safety, the staff may ask you the same questions many times. They will ask:

- Who you are
- What kind of surgery you are having
- About your medical history
- When was the last time you ate or drank anything
- Do you have any allergies

Before your delivery:

- A healthcare professional will talk to you about what is going to happen, what to expect, and will allow you to ask any last-minute questions.
- Your care team will prepare you for the induction, procedure, or cesarean section. This will include starting an IV, taking blood, administering medications, and preparing the surgical site or the perineum for delivery.
- Your care team will take a “time out” just before your procedure or surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.

During your delivery:

- Your care team may consist of many different providers. Depending on your needs or the needs of your baby at delivery, the right experts will be there with you.
- A “time-out” process will be completed before any procedure is started.
- Active warming techniques will be used to maintain normal body temperature during and after surgery or your delivery.
- You can expect your baby to stay with you in the operating room, the delivery room, and the recovery area. The baby will only be separated from you if he/she needs additional care.
- Safety precautions will be taken to ensure your baby is properly identified after delivery. Bands with matching information to yours will be placed on your baby. Your baby's footprints will be taken and an electronic tag for security will be placed on your baby. This tag helps us monitor the location of your baby during your stay in the hospital.

After your delivery:

- You can expect your baby to stay with you in the postpartum area. Only if the baby needs additional care will the baby be separated from you.
- Tell your doctor or nurse about your pain. Hospitals and other surgical facilities that are accredited by The Joint Commission must help relieve your pain.
- Ask questions about medicines that are given to you, especially new medicines.
- What is the name of the medication?
- What is it for?
- What are the side effects?
- Ask your doctor if you will need medication after you leave the hospital.
- Ask when you can resume activities such as work, exercise, and intimacy.
- Your catheter will be removed 6 hours after your surgery or at the time of delivery if a vaginal delivery occurs.
- You may wear inflatable air sleeves on your lower legs to minimize the risk of blood clots after surgery until you walk for the first time.
- Your care team will help you get up and start walking about 6 hours after surgery.

© The Joint Commission www.jointcommission.org

FAQs about surgical site infections

A cesarean section (c-section) delivery is a surgical procedure and comes with certain risks, including infection at the incision. There are also procedures you may have when delivering vaginally. An episiotomy is when the healthcare provider makes an incision in the perineal tissue to make more room for the baby during delivery. After the delivery, this tissue incision is repaired with surgical suturing. Sometimes the act of delivering will also cause a tear along the perineal tissue. When this happens, your provider will repair the tear with surgical suturing. Because infection can occur here as well, the following information will help prepare you for caring for your incision and for preventing any infection from occurring.

What is a surgical site infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Some common symptoms of a surgical site infection are redness and pain around the area of the incision or tearing, drainage of cloudy fluid from your surgical wound, and fever.

Can SSIs be treated?

Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection.

Occasionally, patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals do to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean hands and arms up to their elbows with an antiseptic agent just before the surgery or before your delivery.
- Clean hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts, and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or with an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know whom to contact with questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

About your hospital



Ascension directory of hospitals with maternity services

Ascension Seton Medical Center Austin
t 512-324-1000

Ascension Seton Hays
t 512-504-5000

Ascension Seton Williamson
t 512-324-4000

Ascension Seton Northwest Hospital
t 512-324-6000

Ascension Providence Waco
t 254-751-4000

Ascension Seton Medical Center Austin



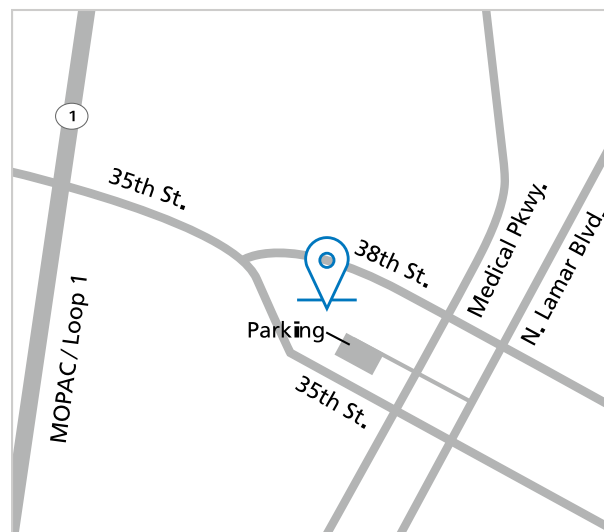
Driving directions

From IH-35

- Take IH-35 to 38 1/2 St. exit
- Take 38th St. west to Medical Pkwy. (one block west of North Lamar Blvd.)
- Take Medical Pkwy. south one-half block to Emergency/South Entrance

From Mopac/Loop 1

- Take Mopac to 35th St. exit
- Take 35th St. east (it becomes 38th St. at Jefferson) to Medical Pkwy. (you will drive past SMC Austin)
- Take Medical Pkwy. south one-half block to Emergency/South Entrance



Ascension Seton Medical Center Austin

1201 W 38th St • Austin, TX 78705

Parking

Parking is available in the south parking garage; limited valet parking is available at the North Entrance. Parking is validated for the day of pre-admission testing and the day of surgery/procedure, for one free exit per day. For validated parking, please park in one of the following areas:

- Valet parking (if available): located in front of the hospital and west of the Breast Care Center
- South garage: located behind the hospital

Important numbers

Registration front desk is available 24/7:

512-324-1126

Maternity services:

t 512-324-1126

f 512-324-1788

Obstetrical patient registration:

Registration for obstetrical patients needing immediate care and those desiring preregistration for anticipated future care is available 24 hours per day on the second floor, West Tower (2W) lobby of the hospital.

Guest services:

The cafeteria is located on the ground floor of the hospital.

- **Monday-Friday:** 6:30 a.m.-10 a.m.; 11 a.m.-2 p.m.; 5 p.m.-7 p.m.
- **Saturday-Sunday:** 8 a.m.-10 a.m.; 11 a.m.-2 p.m.; 5 p.m.-7 p.m.

The gift shop is located in the North Lobby. It carries coffee and light snacks.

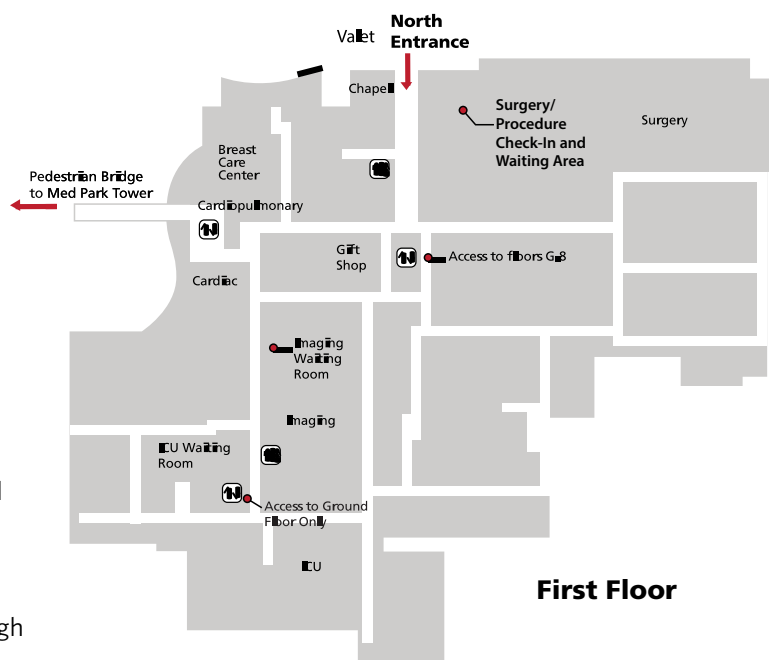
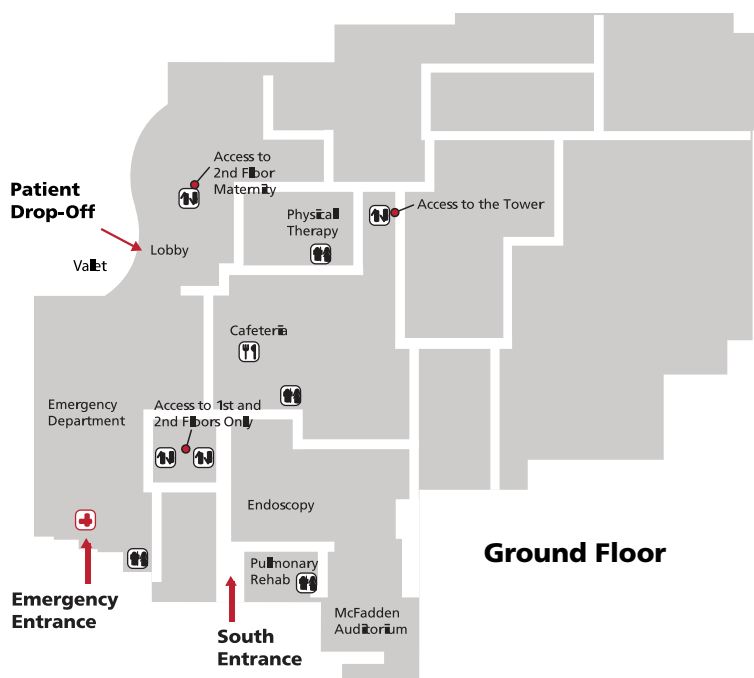
- **Monday-Friday:** 8 a.m.-6 p.m.
- **Saturday:** 10 a.m.-2 p.m.

Chaplain services:

512-324-1480

Helpful hints:

- Breastfeeding support available on-site seven days per week.
- Obstetrical Check-In is on the second floor of the West Tower. If you park in the garage at the South Entrance, you will enter the hospital on the ground floor, walk past the cafeteria to the West Lobby and need to take the West Elevator to the second floor (follow signage to Labor and Delivery),
- Access to the West Tower may be unavailable if arriving after 8 p.m. Please enter the hospital through the Emergency Department.



About Ascension Seton Medical Center Austin

- State of Texas Maternal Level of Care Designation - Level IV
- State of Texas NICU Level of Care Designation - Level III
- Texas Ten Step Certified
- Magnet Certified
- On-Site Maternal Fetal Medicine Resources

Ascension Seton Hays



Driving directions

From Austin

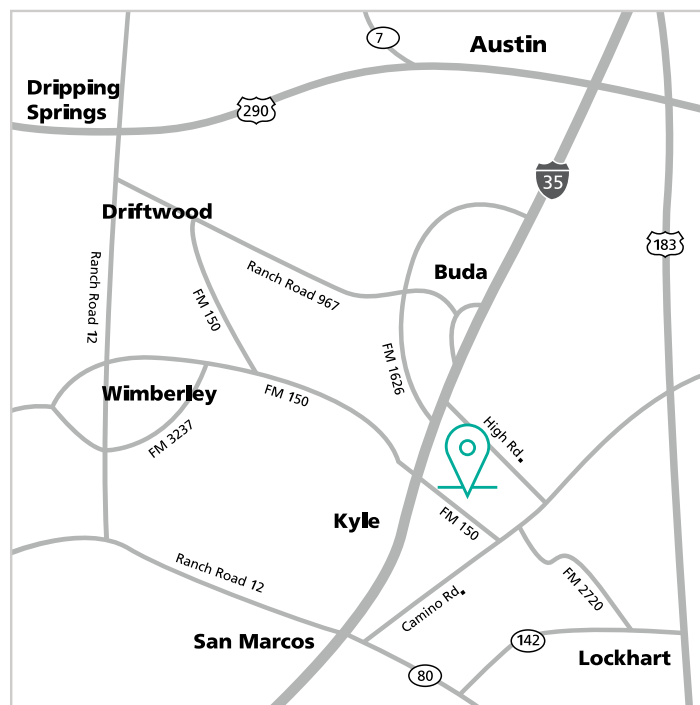
- Take IH-35 South toward San Marcos
- Take Exit 215 toward FM 1626
- Turn left on FM 1626
- As you pass under IH-35, FM 1626 becomes Kyle Parkway
- Turn left onto Seton Parkway

From San Marcos

- Take IH-35 North toward Austin
- Take Exit 215 toward FM 1626
- Turn right onto Kyle Parkway, then turn left
- Turn right onto Seton Parkway

Parking

Patients and guests may park anywhere in the visitor parking lot.



Ascension Seton Hays

6001 Kyle Pkwy • Kyle, TX 78640

Important numbers

Patient representative:

512-504-5051

Site registration:

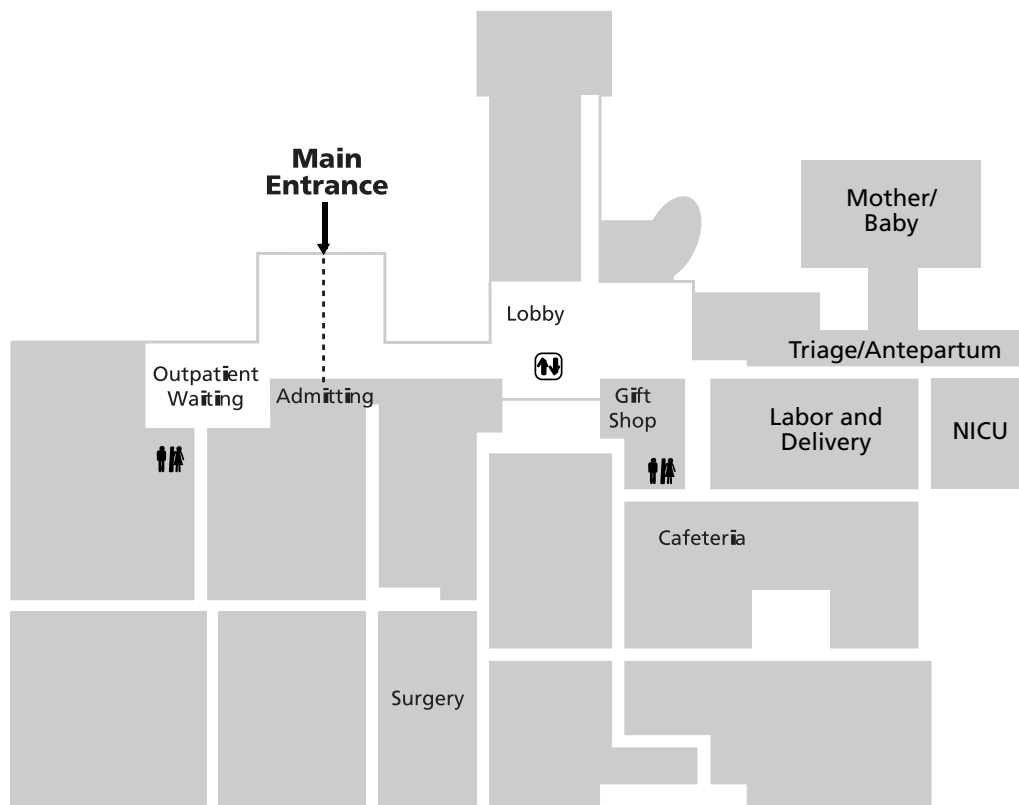
512-504-5000, ext. 45021. Select option #1, then once more option #1

Guest services:

The cafeteria is located on the ground floor of the hospital.

Chaplain services:

512-504-5130



Ascension Seton Williamson



Driving directions

The hospital is located about 2 miles east of IH-35 and approximately 3 miles west of Toll Road 130, at the intersection of University Blvd. (FM 1431) and A.W. Grimes Blvd. (FM 1460).

From IH-35

- Take Exit 256, University Blvd. (FM 1431)
- Drive east on University Blvd. to A.W. Grimes (FM 1460)

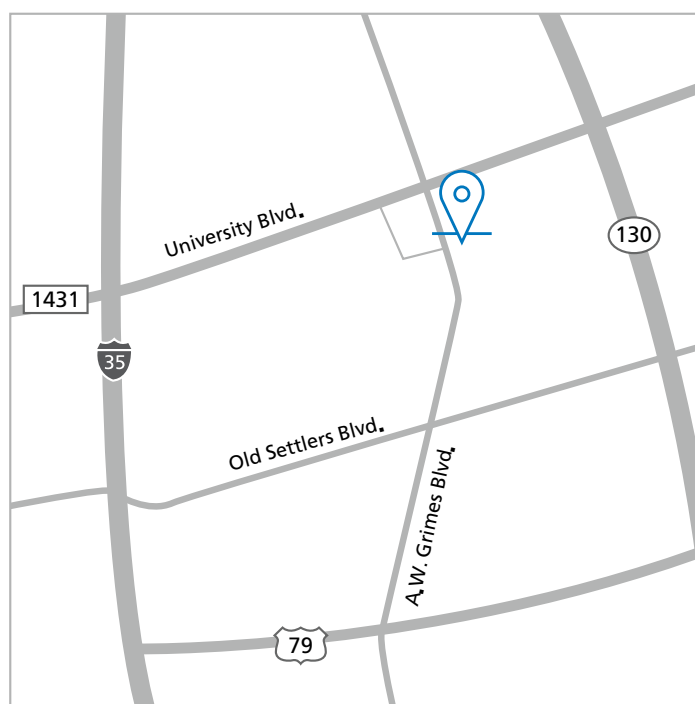
From Toll Road 130

- Take Exit for Chandler Rd./University Blvd. (FM 1431)
- Drive west on University Blvd. to A.W. Grimes (FM 1460)
- The hospital is on the left side of the intersection

Parking

Visitor parking is located in front of the Main Entrance to the hospital, facing A.W. Grimes (FM 1460).

Wheelchair assistance is available at your request.



Ascension Seton Williamson

201 Seton Parkway • Round Rock, TX 78665

Important numbers

Day surgery department:

512-324-4290, Monday-Friday,
5:30 a.m.-5 p.m.

Patient representative:

512-324-4082

Site registration:

512-324-4262

Case management:

512-324-4064

Registration and pre-admission testing:

From the Seton Medical Center Williamson Main Entrance, the information desk is directly in front of you. If you need assistance, someone will be there to direct you. Otherwise, go directly to the registration desk, just around the corner to your left.

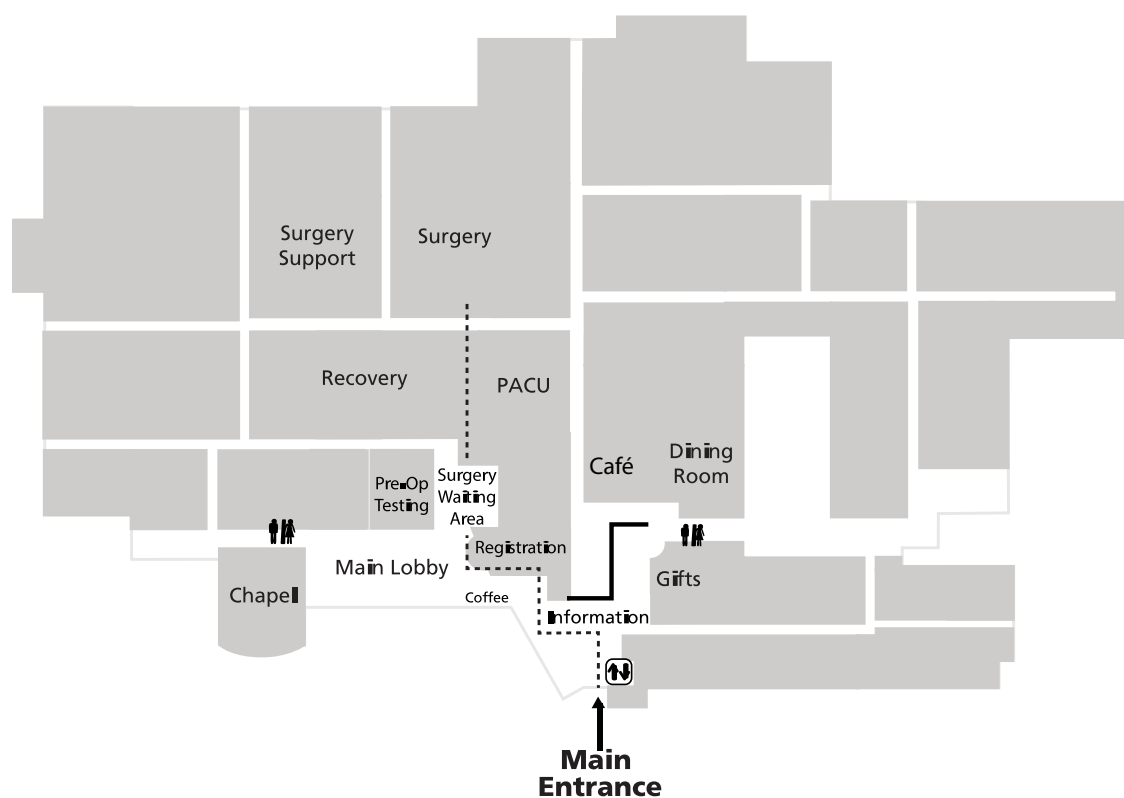
All patients undergoing general anesthesia are seen 3-7 days prior to surgery for pre-admission testing. For pre-admission testing appointments or for questions prior to day of surgical procedure:
512-324-4280.

Guest services:

The café is located on the first floor to the right of the information desk, around the corner from the gift shop.

Chaplain services:

512-324-4167



Ascension Seton Northwest Hospital



Driving directions

From Mopac

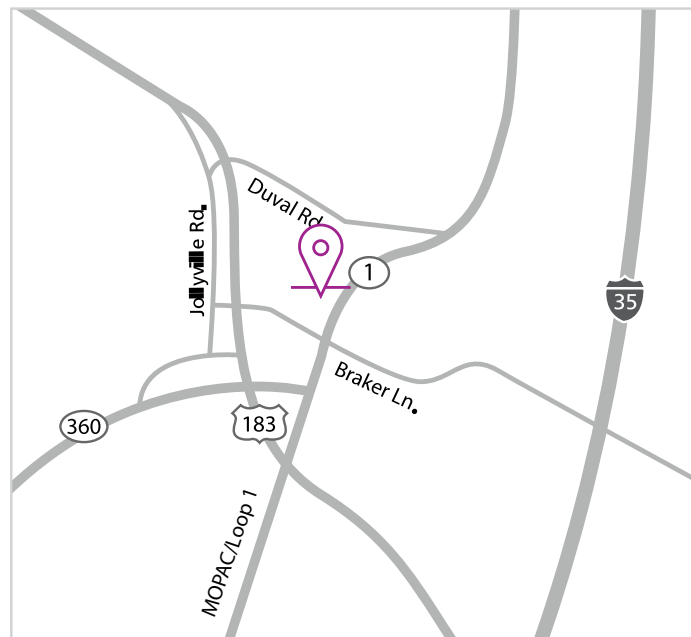
- Take Mopac/Loop 1 to Hwy 183 exit
- Exit onto Hwy 183 going north
- Exit Braker Lane and go through light at Braker Lane
- Turn right into parking lot of the hospital

From IH-35

- Take Exit 240 to US-183 N toward Research Blvd
- Take exit toward Braker Lane/Balcones Woods Drive
- Merge onto Research Blvd
- Turn right into the parking lot of the hospital

Parking

Patient/Visitor Parking is located on the northeast side of the hospital in front of the Main Entrance. There are several reserved spots for maternity patients.



Ascension Seton Northwest Hospital

11113 Research Blvd • Austin, TX 78759

Important numbers

Patient advocate:
512-324-4082

Site registration:
512-324-6000

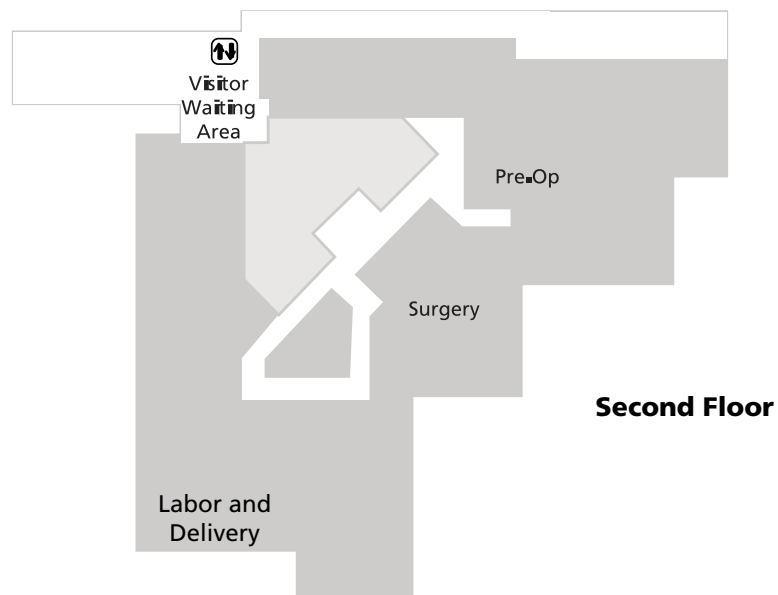
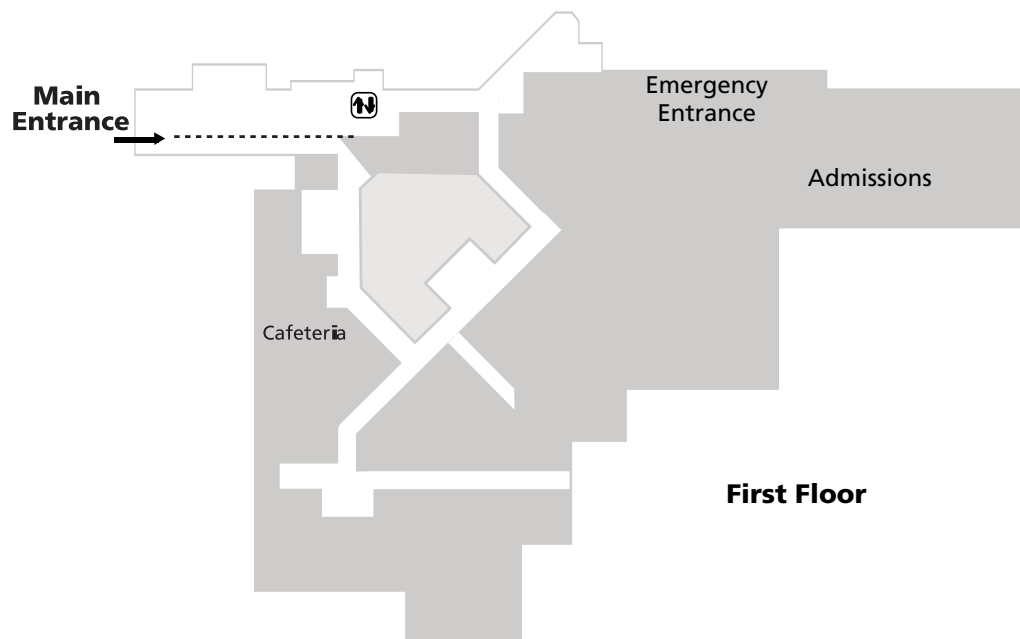
Maternity services:
512-324-6027

Guest services:

The cafeteria is located on the first floor of the hospital. The gift shop is located on the first floor in the Health Plaza. The Coffee Corner is located on the first floor by the main entrance.

Chaplain services:

512-324-6480



Ascension Providence Waco



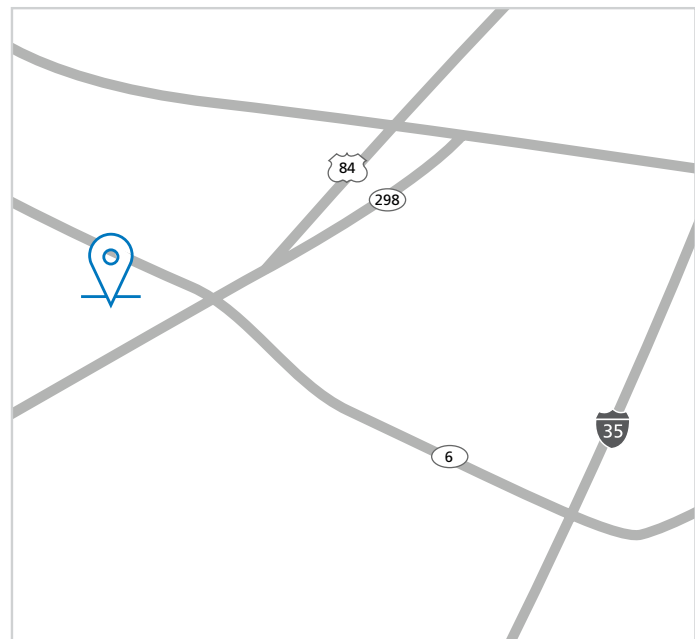
Driving directions

From IH-35

- Take the exit for Hwy 6 and head west
- Pass Hwy 84
- Ascension Providence will be on your left

Parking

Upon arrival, you may park in Visitor Parking and enter through our Women and Newborns entrance, located immediately to the left of the Main Entrance.



Ascension Providence

6901 Medical Parkway • Waco Texas 76712

About Ascension Providence Waco

- State of Texas Maternal Level of Care Designation - Level II
- State of Texas NICU Level of Care Designation - Level II
- Nuances of services - CNM
- Texas Ten Step Certified
- Specialty services: Inpatient and Outpatient Lactation support, pump rentals, scale rentals, Inpatient and Outpatient Therapy Services

Important numbers

Women and newborns center:

254-751-4580

Registration:

254-751-4110

Patient experience coordinator:

254-751-4000, ext. 4839

Case management:

254-751-4000, ext. 4730

Chaplain services:

254-751-4000, ext. 4166

Registration:

Please preregister for your OB procedure at healthcare.ascension.org/Locations/Texas/TXWAC/Waco-Ascension-Providence/Pre-Registration

If you need to register for an inpatient or outpatient procedure in person at Ascension Providence please call 254-751-4110 or report to the Admitting Desk located in the main lobby of Ascension Providence Hospital.

Guest services:

An Information Desk is located just inside of the Main Entrance to assist with any directions or questions.

MEDICAL PLAZA FIRST FLOOR

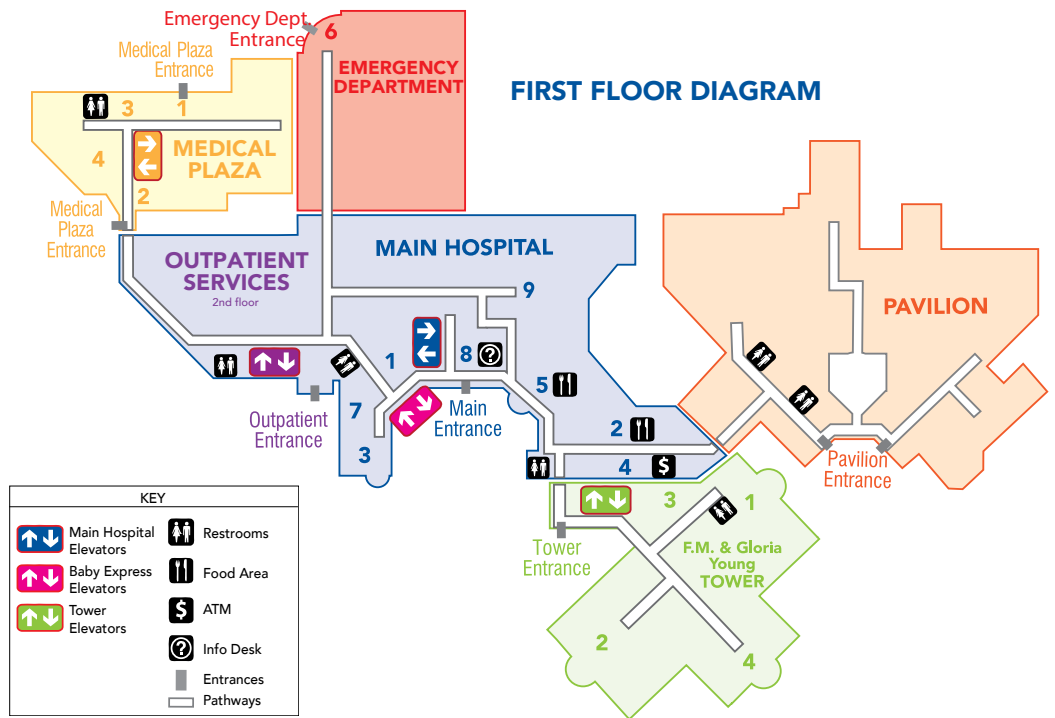
1. Centering Pregnancy
2. Foundation
3. Medical Plaza Suites
100 - 106
4. MRI Center

MAIN HOSPITAL FIRST FLOOR

1. Admitting
2. Cafeteria (InProv Café)
3. Chapel & Chaplain Services
4. Classrooms 1 - 4
5. Coffee & Specialty Shop (ToGo's)
6. **Emergency Department**
7. Gift Shop
8. Information Desk
9. Purchasing

TOWER FIRST FLOOR

1. Cardio-Pulmonary Rehab Center
2. Cardiology
Congestive Heart Failure (CHF) Clinic
EKG
Lipid Clinic
Nuclear Cardiology
Pacemaker Clinic
Protime Clinic
3. Classrooms 5 - 7
4. Research Department



SECOND-FIFTH FLOOR ELEVATOR REFERENCE GUIDE

**MAIN HOSPITAL
SECOND FLOOR**
Surgery/Waiting Room

THIRD FLOOR
Patient Rooms
301 - 330 (3 South)
331 - 360 (3 North)

FOURTH FLOOR
Patient Rooms
401 - 430 (4 South)
431 - 460 (4 North)

**TOWER
SECOND FLOOR**
Intensive Care/Stepdown Unit

THIRD FLOOR
Patient Rooms
361 - 390 (3 East)

FOURTH FLOOR
Patient Rooms
461 - 490 (4 East)

**BABY EXPRESS
FIFTH FLOOR**
Women and Newborns Center
Postpartum/GYN (5 South)
Patient Rooms 501 - 518
Labor & Delivery (5 North)
Patient Rooms 531 - 539

Maternity Services Preregistration

Obstetrician or OB/GYN office: _____ Due Date: _____

Primary Care Physician: _____ Pediatrician Selected: _____

Hospital choice: _____ Onset of condition/Last Menstrual Period: _____

Patient Information (Mother to be)

Last Name _____ First _____ Middle Initial _____

Maiden Name _____ Date of Birth _____ Marital Status _____

SSN _____ Race _____ Ethnicity _____

US Citizen Y N While in the hospital, do you wish to be visited by clergy? Y N

Primary Language _____ Religion _____ Affiliation _____

Address _____

City _____ County _____ State _____ Zip Code _____

Ph (Home) _____ Ph (Work) _____ Ph (Cell) _____

Occupation _____ Email _____

Employer _____ Status: FT PT UN Self employed

Employer Address _____

City _____ County _____ State _____ Zip Code _____

Do you have a living will or Medical Power of Attorney? Y N Organ Donor Y N

Next of Kin/Emergency Contact (Other than your Spouse or Father of the Baby)

Last Name _____ First _____ Middle Initial _____

Address _____

City _____ County _____ State _____ Zip Code _____

Ph (Home) _____ Ph (Work) _____ Ph (Cell) _____

Relation to Patient _____

Spouse Information **Father of the baby if not married** (Please circle one)

Last Name _____ First _____ Middle Initial _____

Date of Birth _____ SSN _____ Race _____

Address _____

City _____ County _____ State _____ Zip Code _____

Ph (Home) _____ Ph (Work) _____ Ph (Cell) _____

Occupation _____ US Citizen Y N

Employer _____ Status: FT PT UN Self employed

Employer Address _____

City _____ County _____ State _____ Zip Code _____

Maternity Services Preregistration

Insurance Information

Coverage for newborns and newly adopted children begins at the date of birth. Many health plans only give you 30 days to add your newborn to your health plan. To ensure that you and your baby are covered while at Seton, we must ask for insurance information for you and your baby.

Primary (this is typically the Mother's coverage)

Primary Policy Holder Name _____

Insurance Company Name _____ Phone No. _____

Policy ID or Member ID _____ Group No. _____

Claims Address _____

City _____ State _____ Zip Code _____

Will the child be added to the same health insurance plan that the mother is enrolled in? Y N

If no, please complete the information below:

Child's Policy Holder Name _____

Insurance Company Name _____ Phone No. _____

Policy ID or Member ID _____ Group No. _____

Claims Address _____

City _____ State _____ Zip Code _____

Secondary (this is typically the father's coverage if the mother's is primary)

Primary Policy Holder Name _____

Insurance Company Name _____ Phone No. _____

Policy ID or Member ID _____ Group No. _____

Claims Address _____

City _____ State _____ Zip Code _____



Checklist for pregnancy

You can prepare for your hospital stay and the birth of your baby in many different ways. Using the following checklist may help you to feel more prepared.

During your third to fourth month of pregnancy

- Preregister for your delivery at the hospital.
- Register for childbirth and baby care classes.
- Register for a virtual tour of the hospital.
- If you plan to return to work or school, begin your search for childcare.
- Begin your search for a pediatrician or clinic for your baby.

During your fifth to sixth month of pregnancy

- Make a decision about circumcision if you are going to have a boy.
- Choose a car seat and learn how to use it safely.
- Learn about options for pain management in labor.
- Register for a breastfeeding class.
- Contact your insurance company to discuss options for a breast pump.
- Create a safe sleep space for your baby.
- Finalize your choice of your baby's doctor or clinic.

At least a month before your due date

- Pack a bag for mom.
- Pack a bag for baby.
- Safely secure the car seat into your car.
- Make sure your baby's doctor's office knows about your choice of doctor for your baby.

We take the time to understand your preferences. We can deliver the right care for you and your baby.



What to pack in your maternity bag

For you

General Items

- Photo ID
- Health insurance card
- Hair tie / headband
- Lip balm
- Glasses / contacts / cleaning solution
- Notepad / pen
- Video camera /memory card / charger
- "Who-to-call" list
- Nursing bra
- Comfortable outfit to wear home

Toiletries

- Toothbrush / toothpaste
- Shampoo / conditioner
- Hairbrush / comb
- Deodorant
- Face wash
- Lotion

Optional

- Birth plan (2 copies)
- Cord blood banking kit
- Pillows
- Music for labor room
- Hard candy
- Slippers
- Hair dryer
- Change for vending machine
- Personal breast pump if assistance is needed for use

Provided by hospital

- Medication, including for pain management
- Patient gowns
- Breast pump for use while in the hospital
- Non-skid socks
- Labor ball
- Water pitcher
- Mesh underwear

- Light snacks and juices

- Feminine pads
- Patient meals
- Nipple cream
- Towels

For your baby

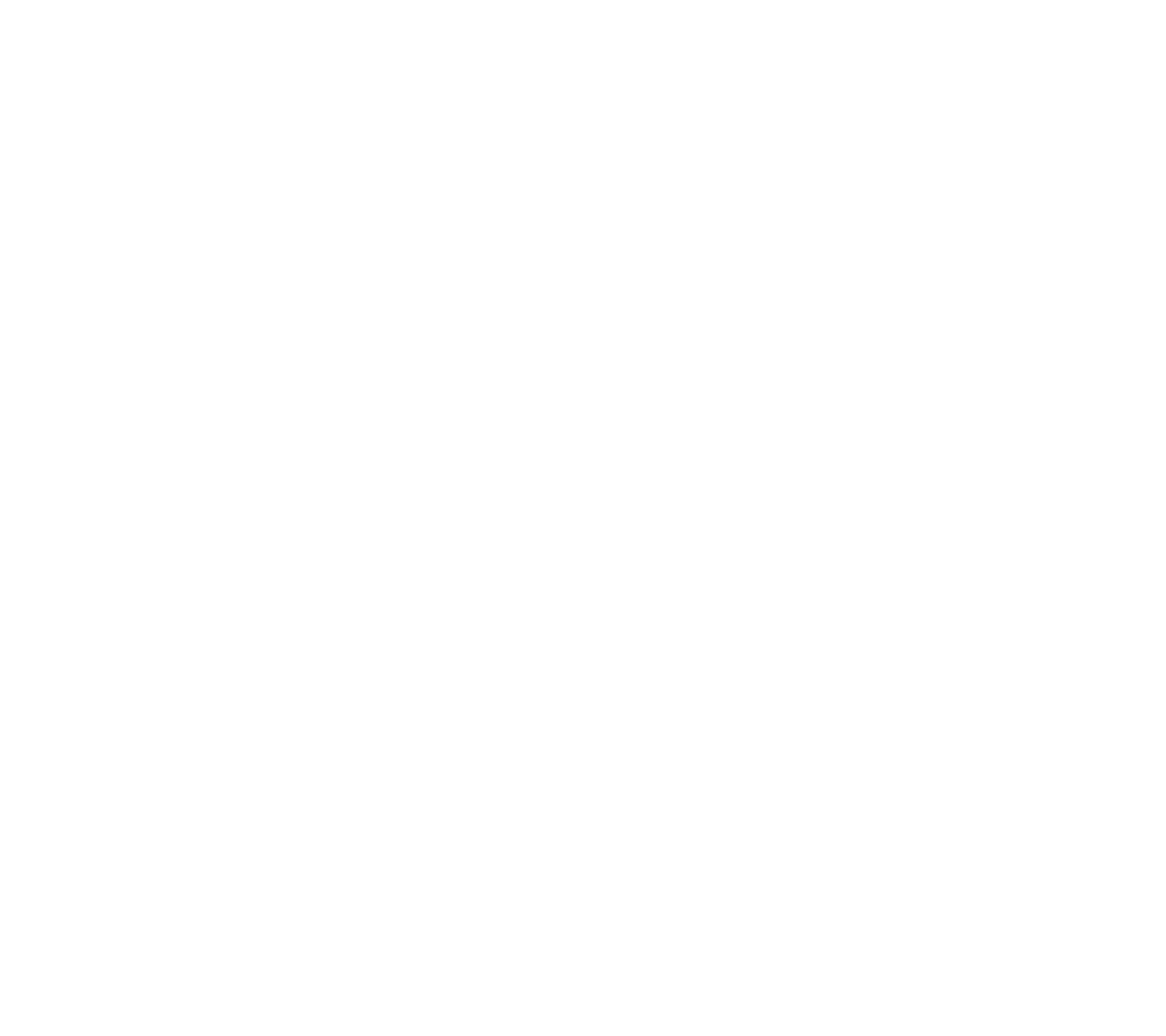
Baby items

- Receiving blanket
- Blanket during cold season
- Outfit for the trip home
- Car seat
- Baby book for footprints

Provided by hospital

- Medication
- Newborn hat
- Diapers/wipes
- T-shirts and blankets for use while in the hospital
- Crib/bassinet

Notes





Ascension