



Dr. Nicola Chappell
Dr. Nadine Lundgren
Dr. Susan Sutton
Dr. Krista van Essen
Dr. Makela Nkemdirim

Fetal Movement Count

- Counting baby's movement is a simple way for the mother to check the health of her baby. In general an active baby is a healthy baby.
- Tuning into your baby's movements daily is important. As long as baby is moving in its usual pattern, it is not necessary to count baby's movement exactly. However, if you feel that there has been a change or decrease in your baby's movements you should make sure to formally count your baby's movements. To do this have something to eat and drink then lay down on your side and count your baby's movements. You should be able to feel 6 movements in 2 hours, if after trying this you are unable to feel 6 movements in 2 hours, please proceed directly to the Women's Specialty Unit located on the 6th floor of the Rockyview hospital for an assessment.

What is a movement?

- It can be a kick, or a jab, or a stretch, or a balling up, or a roll over.
- If your baby is moving continuously, count as 1 movement until there is a distinct pause.
- DO NOT COUNT BABY HICCOUGHS AS MOVEMENTS!

6 Movements in 2 Hours

- **Do not ignore the lack of movement**
- **Do not ignore a dramatic change in baby's movements**
- **A decrease in movements does NOT occur before labour starts**
- **If decreased fetal movement, please proceed directly to Women's Specialty Unit at the Rockyview Hospital for fetal assessment (non stress test).**
- **If in doubt, please call Meadows Maternity Office 403-252-8851 (during business hours) or call Health Link at 811.**

Women's Specialty Unit & Labour and Delivery 6th Floor Rockyview Hospital, Unit 62

We also advise patients to go to the hospital when:

- If you are under 37 weeks and are experiencing 6 or more contractions per hour for more than 2 hours.
- If you are over 37 weeks and your contractions are 3-5 minutes apart, lasting 45-60 seconds getting stronger and if you're having to focus to get through them.
- Any suspicion of leakage of amniotic fluid
- Decreased fetal movement (Less than 6 movements in 2 hours)
- Severe abdominal pain or vaginal bleeding
- If you have been involved in a motor vehicle accident (MVA).

**** You DO NOT need to notify a physician before going to the hospital. Please go directly to Women's Specialty Unit where a nurse will assess you and then contact the physician on call.**

Information

Labour and Delivery

- *Episiotomy* – Physicians at Meadows Maternity and our call group always try to **avoid** performing an episiotomy to facilitate a delivery. Episiotomy is only used for specific indications where delivery should be safely expedited either for concerns with mother or baby.
- *Vacuum Assisted, Forceps Assisted or Caesarean Deliveries* – Our preferred method of delivery is a spontaneous vaginal delivery; however, this is not possible in every situation. Vacuum, forceps and caesarean deliveries are reserved for situations for which they are warranted (i.e. concerns for either mom or baby). During labour, we will discuss the need for these methods of delivery with you if they are required.
- *Medications for pain control (i.e. Narcotics, Entonox & Epidural)* – labour is unpredictable and the need for pain relief depends on many factors. Often, it is difficult to know what you will require for pain relief until you are actually experiencing contractions. If you decide that you need medication for pain during labour, your nurse and/ or physician will help you decide which option is most suitable.

Hospital Pre-registration

- Our office will automatically pre-register your delivery at the Rockyview Hospital at approximately 28 weeks pregnancy.

Labour Support Persons and “Doulas”

- The hospital guidelines only allow 2 labour support people. Occasionally, some people choose to have a “Doula” as one of their labour support people. A “Doula” refers to a supportive companion (other than a friend or loved one) who is trained to provide labour support. She is not medically trained and performs no clinical tasks.

Birth Plan

- We do not feel that it is necessary to have a formal, written birth plan. Birth plans can leave a woman and her partner feeling disappointed when things do not go “as planned”. It is our goal to help labour and delivery proceed naturally and to avoid any interventions unless needed. As long as there are no concerns about baby immediately after birth, we always try to put the newborn on the mother’s abdomen and let either mom/partner cut the umbilical cord. The lights are always dimmed and we encourage plenty of skin to skin contact between mom & baby after delivery.

Request for Hospital Private Rooms

- You are unable to request a private room **until** your baby is delivered. At that time, your request for a private room will be dependent on availability. Your husband or partner is able to stay overnight. They are not provided with a bed/cot, but are welcome to stay with you in the room for the duration of your stay.

Questions?

Please bring up questions and concerns during your routine prenatal visits. If however, a situation arises and you are not sure what to do (i.e. unsure when to go to the hospital, pain, bleeding etc) we **prefer** you call our office at **252-8851** (if it is during clinic hours), or Health Link at **811**. **You are not able to call the Women’s Specialty Unit Directly.**

Circumcision Decisions

- Circumcision is not considered medically necessary and therefore is not performed in the hospital and is not covered by any insurance plan. This procedure costs approximately \$175 and parents must make arrangements for it to be done before the baby is 4 weeks of age. Should you request it, our office can supply you with a list of physicians whom perform circumcisions.