

## For More Information

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

Take part in parenting classes or talk with your doctor about parenting issues. A free booklet, *Welcome to Parenthood: A Family Guide*, is available from the State Department of Health. For your copy, write: Healthy Babies, New York State Department of Health, Box 2000, Albany, NY 12220 or visit [www.health.state.ny.us](http://www.health.state.ny.us).

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

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



State of New York  
George E. Pataki, Governor

Department of Health  
Antonia C. Novello, M.D., M.P.H.,  
Dr. P.H., Commissioner

# Maternity Information

CHILD BIRTH SERVICES



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

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

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

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

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

You should play an active role in making your childbirth the kind of experience you want. To do so, you need information. Take part in childbirth preparation classes and read books about childbirth. Ask questions and discuss your wishes with your doctor or nurse-midwife. A free booklet, *Your Guide To A Healthy Birth*, is available from the State Department of Health. For your copy, write: Healthy Babies, New York State Department of Health, Box 2000, Albany, NY 12220.

## Rates of Selected Procedures in Childbirth

There were 3,794 total births at Crouse Hospital during 2004.

- 31.1%** of births were Cesarean Sections.
  - NA** of births were Primary Cesarean Sections.
  - NA** of births were Repeat Cesarean Sections.
  - NA** of Women with a Previous Cesarean Section who had a Vaginal Birth (Vaginal Birth after Cesarean Section VBAC).
- 3.6%** of births were Deliveries by Midwives.
- 98.4%** of births involved External Fetal Monitoring.
- 0.8%** of births involved Internal Fetal Monitoring.
- 0.4%** of births involved Low Forceps Delivery.
- 0.0%** of births involved Mid Forceps Delivery.
- 0.8%** of births were Breech Births Delivered Vaginally.
- 49.7%** of births involved Analgesia.
  - 0.1%** of Vaginal Births included General Anesthesia.
  - 1.0%** of Vaginal Births included Spinal Anesthesia.
  - 50.8%** of Vaginal Births included Epidural Anesthesia during labor or delivery.
  - 0.0%** of Vaginal Births included Paracervical Anesthesia.
  - 3.3%** of Cesarean Sections included General Anesthesia.
  - 82.7%** of Cesarean Sections included Spinal Anesthesia.
  - 13.9%** of Cesarean Sections included Epidural Anesthesia.
- 25.9%** of births involved Induction of Labor.
- 28.5%** of births involved Augmentation of Labor.
- 19.2%** of Vaginal Births included Episiotomy.

NOTES: • Birthing Rooms are available at Crouse Hospital.  
• 24-hour-a-day rooming-in is available at Crouse Hospital.  
• Daytime-only rooming-in is available at Crouse Hospital.

## Definitions

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**Analgesia** – Medication is used to decrease the sensation of pain.

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

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

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

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

**Cesarean Section** – A surgical operation in which the baby is delivered through incisions (cuts) made in the mother's abdomen and uterus. A **Primary Cesarean Section** is the mother's first, even if she has given birth vaginally before. A **Repeat Cesarean Section** is when the mother has had one or more cesarean sections previously.

**Episiotomy** – An incision (cut) sometimes made to enlarge the vaginal opening.

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

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

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

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

**Rooming-In** – An arrangement in which the mother and infant are cared for in the same room for all or a substantial part of the day.

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

## After Delivery... Inpatient Hospital Coverage

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

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

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

## When You Go Home... Postpartum Depression

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

midwife if you think you have PPD. If you feel like you might hurt yourself or your baby, call your doctor immediately.

## Shaken Baby Syndrome... Never Shake a Baby

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

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

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

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

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