

# **PERINATAL (MATERNITY) CARE**

**NANAIMO REGIONAL GENERAL HOSPITAL (NRGH)**

**Giving Birth to Your Baby at NRGH:  
Pre-admission Information for Parents**



**Nanaimo Regional General Hospital**  
1200 Dufferin Crescent, Nanaimo, B.C.  
**250-755-7691**  
**Perinatal Unit: local 52021**

# PERINATAL (MATERNITY) CARE NANAIMO REGIONAL GENERAL HOSPITAL

The Perinatal Team at Nanaimo Regional General Hospital is pleased that you have chosen to have your baby with us. This booklet contains information to help you learn about the Hospital and Public Health Unit.

## Vancouver Island Health Authority Philosophy of Care Family Centered Maternity and Newborn Care

**VISION:** Supporting families through their birth experience.

**GOAL:** Optimal health of mothers, babies and families.

### **WE BELIEVE:**

- ◆ Childbirth is a normal healthy life event.
- ◆ You define your unique family.
- ◆ Mothers, babies and families should be together to nurture bonding and infant feeding.
- ◆ Our relationship with you is based on mutual trust and respect.
- ◆ In providing care that responds to your needs, beliefs and values.
- ◆ Our care is based on research and evidence.
- ◆ In evaluating the care we provide.

### **Protecting your confidentiality**

Under the *Freedom of Information and Protection of Privacy Act*, the hospital staff must protect your privacy while you are in hospital. It is the responsibility of your support person to keep your family and friends updated.

### **Teaching hospital**

Nanaimo Regional General Hospital is a teaching and learning hospital. You may be asked to have student nurses, doctors and/or midwives involved in your care at some time during your stay.

## GETTING READY

### **Baby's Best Chance**

This resource is full of helpful and current information about Pregnancy, labour and birth, and postpartum care for you and baby. This can be found by entering the address: <http://www.bestchance.gov.bc.ca/> into the Internet. If you do not have access to the Internet, please phone the Public Health Unit and ask if they have a paper copy available.

### **Prenatal Classes**

Prenatal Classes are currently not offered through Island Health. There are private pay options available in the community.

## PRE-ADMISSION INFORMATION

It is helpful if you pre-register at the hospital a minimum of 4 weeks prior to your due date. Please come to the admitting department at the hospital to fill out pre-admission forms. Many physician and midwives also have this available in their office for you to complete there as well. Admitting is on the main floor to the right of the main entrance. Admitting is open from 7:00 am until 4:00 pm.

### **Birth Plans**

A birth plan is your plan of how you would like your birth experience to happen. If you have created one, please share it with your caregiver and bring it with you to the hospital. It is our desire to support your birth plan. Remember also, that birth can be unpredictable, and birth plans should be flexible to ensure a safe birth experience for both you and your baby

### **Car seat safety and installation**

Information is available through BCAA Traffic Safety Foundation and ICBC. If you wish to make an appointment, please call 877-247-5551.

***It is important that you put your car seat together correctly and make sure it fits in your car before you bring it to the hospital.***

It is your responsibility to find out if your car seat is the right size for your baby and if it meets current provincial and national safety standards. Hospital nurses are not trained in car seat assembly and are not certified to do formal car seat checks.

For more information, go to [www.ChildSeatInfo.ca](http://www.ChildSeatInfo.ca) or [www.icbc.com/road\\_safety/carseat.asp](http://www.icbc.com/road_safety/carseat.asp)

## WHAT TO BRING

### For Mom

- Care Card/Extended Health information
- Pillow
- Outfit for going home
- Housecoat & slippers/flip-flops
- Nursing support bra
- Personal grooming items
  - Toothbrush/toothpaste
  - Shampoo/Conditioner
- Refillable water bottle, lip balm, music, cell phone and charger

### For Baby

- Sleepers
- Outfit for going home (Sleeper, sweater, hat, booties)
- Receiving blanket for going home
- Extra blanket for cool weather
- Approved car seat (do not bring to room until after delivery).

### Miscellaneous

- Favorite fluids/snacks for yourself & your support person
- Photography equipment
- Support person's clothing (including pyjamas) and personal grooming items

### What to leave at home:

- Valuables (jewelry), large amounts of cash.
- Scented cosmetics or other scented products.

### The following items are provided for you during your hospital stay

3 meals daily (approximately 7:30am, 12:30pm, and 5:30pm), fluids, sanitary napkins, mesh panties, diapers and wipes, and Q-tips for umbilical cord care.

Infant gowns and receiving blankets are available for use during your stay. *Please leave these items on the unit when you go home, as they are hospital property.*

## AT THE HOSPITAL

### Admission to the Hospital

When you think you are in labour, or if you water breaks, please call the Perinatal Unit at 755-7691, local 52021, before you leave home, to let the nurses know when you will be arriving. This allows staff to prepare for your admission.

When you get to the hospital, go directly to the Perinatal (maternity) Unit.

Once you arrive you will be examined/assessed to see how your labour is progressing. If you are still in very early labour you may be encouraged to continue to labour for a while at home. We suggest that you do not call friends and family until you have been seen by the physician and/or nurse.

### Admission to the Perinatal Outpatient Clinic

If you are coming to the hospital for a booked appointment (e.g. Non-stress test or precesarean section appointment) please come directly to the Perinatal Unit. Please arrive on the Perinatal Unit 10 minutes prior to your appointment time to register.

## **Patient & Visitor Parking**

The hospital has four pay-parking lots. Parking ticket dispensers in each parking lot take loonies or credit cards. Change machines are available at the main, emergency, and rehabilitation entrances. **(Please see attached information sheet for parking rates.)**

## **Accommodations**

All rooms on the maternity floor are private. Labour, birth and post-partum care are all carried out within your private room. Your room has a sleep area for your support person, a private bathroom (including tub/shower), small refrigerator, television, telephone, and a small stereo system including CD player. Please be aware there are additional charges for television and telephone hook-ups which are installed daily between 2:00pm and 5:00pm. While cell phones are allowed, please ask your family and friends to be respectful of your need for privacy, rest and uninterrupted focus during your stay. You may want to consider turning your phone off entirely or, at minimum, use the vibrate mode and tell your friends and family that you will contact them when able.

**Your room will look something like this:**



## **YOUR BIRTH**

### **Support Persons**

We encourage and welcome support persons, as chosen by you, to participate in providing your labour and birth support. We encourage people who are not in a direct support role to wait at home and visit after the baby is born. Visitors who are not in the room for delivery are asked to wait in the lounge area and not the hallway. This is for everyone's safety as well as to preserve the confidentiality of all patients.

At times, individuals who come to support you in labour may become faint due to lack of rest, food and water and/or when observing procedures. *If your support person/people are prone to fainting please let nursing staff know ahead of time.* Signs of fainting

include lightheadedness, ringing in the ears, sweating, feeling hot or nauseous. Some things to help prevent fainting are eating at regular intervals, drinking water frequently, sitting down if feeling unwell. Do not watch procedures that might promote fainting.

### **Siblings**

If you choose to have your baby's brother/sister at the birth, there **MUST** be an adult present who is responsible for each sibling (**NOT** your main support person).

### **Comfort Measures**

Feel free to tell us how we can best support you through your labour experience and/or ask us for ideas about how best to cope with the discomfort of labour. We are able to offer suggestions around positioning, movement, breathing, use of warm/cold water, medications, etc. We have a birthing ball in each room. Pillows are limited, and you may wish to bring your own extra pillows from home.

### **Water birth**

Labouring in the tub/shower during the first stage of labour is welcomed and encouraged at NRGH for all eligible patients. We will continue to assess you and your baby while you are in the tub, including continuous monitoring of the fetal heart rate if needed.

The NRGH maternity unit currently does not have the capacity to provide water birth as an option for delivery. NRGH tubs are not accessible from multiple sides and are not of an appropriate depth to ensure our ability to deliver your infant completely submerged. Also, the limited floor space and non-flexible tub sides inhibit the safe transfer to a birthing bed if emergency circumstances arise. In addition, the bathrooms at NRGH do not have suction or oxygen outlets, which may be needed at delivery.

### **Photos/videos**

Photos/videos may be taken at any time, though keep in mind that it is more important for the support person to be focused on the mother through the birth experience, and not the camera.

If you wish to include caregivers in photos/videos, please get their permission first. The nurses and doctors kindly ask that you do not publicly distribute or publish photos of staff, for example on Facebook. We also encourage you to discuss with visitors your wishes for photo distribution, as sometimes well-meaning visitors publish photos to social media without the parents' permission.

### **Informed Decisions**

It is important to us that you are a part of all decisions made about the care you receive. We encourage you to ask your caregivers if you do not understand what is happening at any time. You should be aware of the reason, risks, benefits and alternatives of any medical procedure being offered to you. (See 'Simple Steps for a Safe Hospital Stay')

## **Epidurals During Labour and Birth**

Please read the attached handout - 'Epidurals During Labour and Birth'.

## **Cesarean Section**

Women who have a cesarean birth, whether planned or not, may have 1 (or 2, by special arrangement with the Anaesthetist), support person(s) present in the Operating and Recovery room with them. A cesarean birth & recovery usually takes 3-4 hours. All other support persons are asked to leave the perinatal unit for this time. They will be able to visit you as much as you desire once the Recovery period is completed (approximately 1-2 hours after returning to your room from the OR).

If your baby is healthy, he/she will stay with you throughout your Recovery. If your baby needs to be admitted to the Neonatal Intensive Care Unit (NICU), a support person is welcome to stay with your baby in the NICU.

## **AFTER YOUR BABY IS BORN**

### **Infant Security**

Please read 'Helping to Protect Your Baby'.

### **Caring for your baby**

If you and your baby are both well, your baby will be at your bedside 24 hours a day. This close contact will support bonding, help you to establish breastfeeding, and help you to gain confidence caring for your new baby. Both you and your baby will have the same nurse.

### **Feeding your baby**

Breastfeeding is the best way to give babies the nutrients they need for healthy growth and development. Most mothers can breastfeed if they have up to date information and the support of their family and caregivers. Breastfeeding should be started within the first hour after birth, when babies are most alert. Breast milk is all that the baby needs for 6 months. Our staff receives extensive ongoing education to help you have a successful start to your breastfeeding experience.



If you choose to bottle feed your baby, we will provide formula and teaching about bottle-feeding while you are here.

### **Breast Pumps**

If you need to pump your breast milk while in hospital, a new breast pump kit will be issued to you to use with one of our hospital-grade breast pumps. You will be responsible for cleaning the kit after each use (instructions are included). Take the kit

with you when you go home, so you can continue pumping at home if needed.

### **Hospital Stay**

The average stay on the Perinatal Unit ranges between 1 – 4 days, depending on your birth experience.

### **Visitors**

See 'Visiting Hours - Perinatal Unit and Neonatal ICU at NRGH at the back of this handout.

It is important that you and your family have time to be together, and that you have time to rest and recover from your birth experience. We request that only healthy sibling(s) of the newborn visit. Hand washing is necessary before any visitors handle the newborn. Hand sanitizers are located outside each room for your visitors' use.

### **Neonatal Intensive Care Unit (NICU)**

The NICU at Nanaimo Regional General Hospital is for babies who require specialized monitoring, observation and/or nursing care. Moms and dads may visit anytime except during staff shift report which occurs 7:00-8:00 AM and 7:00-8:00 PM. Depending on the baby's condition, the baby's siblings and other adult visitors may visit when accompanied by mom or dad. If the nursery is very busy, visitors may be restricted in number or in length of visit at the discretion of the physician and charge nurse.

## **AMENITIES**

There are vending machines (cold drinks & snacks) in the alcove across from the NICU entrance. There is also a microwave in the Perinatal Lounge and a toaster & kettle at each of the nutrition centers.

### **Coffee Shop**

"Code Brew" is available for specialty coffee and snacks in the main entrance of the hospital and is cash only (ATM located across from shop). It is open from 6:30am - 8:00pm. Proceeds are donated to the Nanaimo and District Hospital Foundation.

### **Cafeteria**

The hospital cafeteria is located on the ground floor and is open 7 days a week from 8:00am - 6:15pm, with hot meals served from 10:45 am – 1:15 pm (lunch) and from 4:00 pm to 6:15 pm (dinner). The cafeteria accepts cash and debit. Vending machines at the cafeteria entrance are available for snacks and beverages 24 hrs/day.

### **Gift Shop**

A gift shop is located in the main lobby and is open daily.



## **DISCHARGE FROM THE HOSPITAL**

Before you go home with your baby from the hospital, your Doctor or Midwife will see you, provide you with follow-up instructions and any needed prescriptions and answer any questions.

**We ask that you plan to have a ride to take you and your baby home by 11:00 am on the day you are discharged from the hospital.**

Once you are discharged, hospital staff is not permitted to give out any advice over the telephone. The *BC Nurse Line* is available 24 hours a day for questions or concerns if help is needed. You can also call the *VIHA Infant Feeding and New Parent Support Line* at 1-855-339-6825

### **Follow up appointment with Public Health**

A Public Health Nurse may visit you in the hospital to go over your birth experience and your history. The Public Health Nurse will contact you for follow-up care by phone (or an alternate method as needed) within 24-48 hours from the time you are discharged.

Public health offers prenatal and postpartum care, breastfeeding support, immunizations, and growth and development screening.

**Nanaimo Health Unit – 1665 Grant Avenue  
Princess Royal Centre – 260 Irwin Street  
Ladysmith Community Health Center 1111-4th Avenue**

## **OTHER HELPFUL CONTACTS**

**BC Nurse Line: 811**

**PUBLIC HEALTH NANAIMO/LADYSMITH: 250-755-3388**

**Doula Services Association (Labour Support): 1-604-515-5588**

**Aboriginal Doula Initiative: 1-877-283-2012**

**La Leche League (Breastfeeding Support): 250-754-5853**

**Tillicum Lelum Native Friendship: 250-753-6578**

**Haven House: 250-756-2452**

**Mother Risk (Information about medication safety during pregnancy):  
1-416-813-8760**

**We look forward to caring for you, your family, and your new baby as we join with you in the celebration of a new life.**

# Regional Parking Services Central/North Island

## Office Hours

Monday to Friday (except statutory holidays)

7:45 AM – 3:30 PM

*with scheduled daily closures at*

9:00 – 9:30 AM; 11:45 AM – 12:15 PM & 2:15 PM – 2:30 PM

The office is located in NRGH Room 011A (near Rehab Services)

Phone: 250-740-2681

Fax: 250-740-2682

Email [CIParking@viha.ca](mailto:CIParking@viha.ca)

Visa, Mastercard and Interac are accepted.

## Violations

Please contact Robbins Parking Services Ltd. at 250-753-6789

## Public Parking Rates

*effective April 11, 2013*

### Weekly Permits \$26.75

- Valid in public parking lots
- **Not** valid at individually metered stalls unless displayed in conjunction with a valid provincially issued Disability Parking Permit.

### Hourly Parking

- Available 24 hours/7days per week at parking machines located in public lots

**First 2 hours \$2.25**

**Each additional hour \$1.25**

**Short term and Street meters**

**Each 15 minutes \$ 0.25**

- Parking meters accept quarters, \$1 and 2\$ coins, and credit cards.

# Epidurals During Labor and Birth

Pain is a normal part of labour. There are many ways to help soothe your pain, including caring coaching, breathing techniques, and using the bath or shower. If your labour pain becomes too intense, you may need help from pain medications. These medications can be given in a number of ways, such as inhaling a special gas (Entonox®) or having medication injected into a muscle or vein (IV). You may be offered an epidural if these methods do not help your pain or you choose not to use them. Epidurals DO NOT make you more likely to have a Cesarean delivery.

## How do epidurals help with labor pain?

Epidurals have been shown to be a safe and useful way for women to manage their pain during labour and delivery. When you have an epidural, pain medication is put through a long, thin tube (called a catheter) into a small space between the bones in your back. The medication numbs the nerves coming from your uterus and birth canal. Pain relief begins in 5-10 minutes and is complete by 20 minutes.

Not all epidurals work perfectly. About 10% leave areas of the belly “unfrozen”, and some only numb half of the body. About 3-5% need to be replaced at some point in labour.

## What are the possible side effects of the epidural for you and your baby?

An epidural during labor is usually safe and has few side effects or risks. Side effects may include:

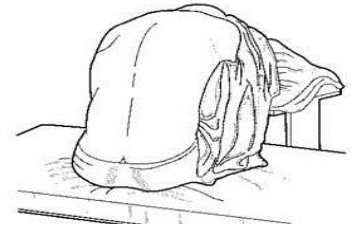
- Shivering when the epidural starts to work.
- Numbness of your groin and “belly button” and a warm, tingly and heavy feeling in your legs.
- Drop in your blood pressure. Your nurse will check your blood pressure often.
- Drop in your baby’s heart rate in the first 30 minutes after the epidural medication is given. This is often because your blood pressure has gone down. When your blood pressure goes up, the baby’s heart rate returns to normal. Your nurse will check your baby’s heart rate closely in the first 30 minutes after the start of your epidural.
- Labor slows down, especially if it is your first baby and the epidural is given very early labour. Your doctor or midwife may need to give you Oxytocin®, a drug to increase contractions.
- Difficulty in pushing your baby out, especially if it’s your first baby. You may need a vacuum or forceps to help deliver your baby.
- Unable to pee on your own. If this happens the nurse will put a small tube into your bladder to empty it.
- Very rarely there is an excessive spread of local anesthetic. You will be observed for signs and symptoms so you are safely cared for.
- Very rarely (less than 1 in 10,000), a nerve may be damaged. It usually recovers, but there have been a few cases of permanent nerve damage (1 in 85,000).
- Very, very, rarely (less than 1 in 200, 000), an infection may develop in your back

or there may be bleeding into the epidural space.

- Rarely (less than 1 in 100) the epidural needle goes in too far and enters the spinal canal. If this happens, you may get a headache a day or two after. Contact your doctor or midwife if you have headaches after going home that do not go away.
- Discomfort and tenderness in the back after the epidural is removed. This is due to bruising around the area and soon goes away.
- About 50% of women will have generalized low back pain after delivery. The epidural does not cause this.

### **How is an epidural placed?**

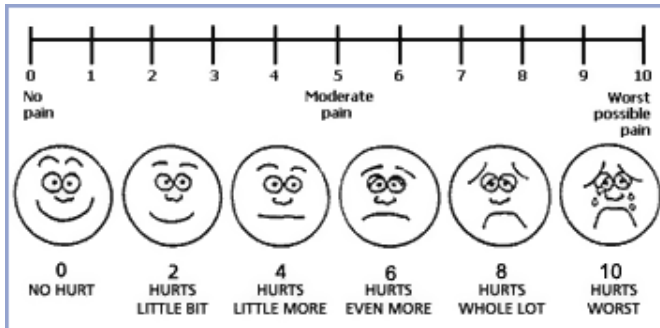
- You will have a small plastic tube (intravenous or IV) placed in your arm before the epidural catheter is placed.
- A specialist doctor called an (anaesthesiologist) will place the epidural catheter in your back while you are in a sitting position with the lower part of your back curved towards the doctor.
- Your nurse will help you get into the correct position. You will be asked to stay still.
- The anesthesiologist will numb your skin with freezing. This may feel like a bee sting that goes away quickly. The anesthesiologist will insert a needle between the bones in your back into the epidural space. You may feel an ache or pressure as this is done, but it does not usually hurt.
- Once the needle is in the epidural space, he/she will pass a tiny tube (catheter) through the hollow needle into the epidural space. The needle is then removed. Sometimes you may feel a brief tingling sensation down one leg as the epidural catheter passes by a nerve.
- The epidural catheter is taped securely to your back and will not be taken out until after your baby is born. Once the epidural is in place, you will not feel it. It is okay to move around in bed and lay on your back.
- Numbing medication and/or pain medication will be injected into the tubing. After the first injection, the epidural catheter will be attached to an epidural pump which will continuously deliver pain relief medication at a steady rate. You may also be given a Patient Controlled Epidural Pump (PCEA)\*. This pump allows you to give yourself extra medication when you feel you need it by pushing a button.
- Your pump will alarm (beep) when the medication bag is low or if the pump needs to be checked.



### **What special care do I need with an epidural?**

- The Anaesthesiologist asks that you DO NOT EAT while you have an epidural. You may drink CLEAR FLUIDS ONLY.
- A nurse will be with you most or all of the time. They will regularly check:

- your baby's heart rate.
- your breathing, blood pressure, temperature and if you are able to pee.
- the location of your "numbness" by touching you with ice to see if you are able to feel the cold sensation.
- your ability to move your legs.
- if you are having pain and where. Your nurse may ask you to rate your pain from 0 - 10. Zero means no pain and 10 means the worst pain you can imagine.



### What does it feel like when the epidural is working?

- The area between your groin and "belly button" becomes numb.
- The amount of pain you are experiencing will decrease and may even go away completely.
- Your legs may feel warm, tingly and sometimes a bit heavy.
- You may experience some itchiness.

### How does patient controlled epidural analgesia work (PCEA)?

A PCEA pump is set to deliver a small amount of pain medication through the epidural catheter when you press a button. The amount and frequency of the medication you receive when you press the button is set by your Anaesthesiologist. The pump will beep each time you press the button.

### When do I press the PCEA button?

Your nurse will encourage you to press the button if she notices that your level of "numbness" is dropping, sometimes even before you feel pain. If you feel pain, press the button early. Do not wait until your pain level becomes intolerable before you press the button

### How much will I be able to move if I have an epidural during labour/birth?

In consultation with your doctor or midwife and dependent on your condition and your request, your Anaesthesiologist can adjust the medications and pump settings used in order to increase the likelihood of you being able to move well (mobilizing epidural), use the bathroom and perhaps walk.

If mobility is important to you, you may need to accept the presence of some discomfort or sensations of pressure as less drug concentration is used to allow you to mobilize.

It is important to note that there are some reasons why you may choose, or be advised, to stay in bed:

- You have too much pain and need more medication than is given for a “mobilizing epidural”.
- Your doctor or midwife advises against being out of bed because of safety concerns for you or your baby.
- You do not meet the safety checks that are required before you can mobilize out of bed.

If you have an epidural where you need to remain in bed, it is still important to change your position every 30-60 minutes.

### **What special care do I need if I have a mobilizing epidural?**

If you have a “mobilizing epidural”, you need to remain in bed for the first 30 minutes after the epidural is started. Your nurse will do several safety checks including measuring your blood pressure, leg strength, and testing the feeling in your feet to make sure it is safe for you to get out of bed. She will repeat these assessments regularly to ensure your continued safety while you are up out of bed.

**If you do walk, there must be someone at your side at all times.**

Your “mobilizing epidural” may allow you to:

1. Move about in bed and use the commode at the bedside OR
2. Get out of bed and walk with assistance, use the bathroom or a chair in the room.

Both options will allow you to labour in many positions.

When will my Epidural be stopped and the catheter removed from my back?

An epidural for labour and birth is usually stopped at the time of birth or shortly after. The epidural catheter is usually removed from your back sometime within the first couple of hours after birth.

Where can I get more information?

Please feel free to ask questions of your care providers at any time!

**The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or directions given to you by your doctor.**

# HELPING TO PROTECT YOUR BABY

## WHAT IS YOUR HOSPITAL DOING?

The staff of this hospital is committed to the safety and well being of you and your newborn infant. Please take a few minutes to read this. It explains the security procedures that are in place to keep you and your baby safe.

At birth, your nurse attaches an ID band to your baby your baby's identifiers on it. Once the baby's birth is registered, an additional 2 name bands are computer generated. One will be given to you and a second band will be attached to your baby. It is very important that YOU review the information on the bands with your nurse to confirm that they match. Do not remove these bands until you are home from the hospital.

Your baby is to remain with you in your room at all times (unless he/she is in the Neonatal Intensive care unit).

In addition:

- **NEVER LEAVE YOUR BABY UNATTENDED.**
- **Know who your nurse is on each shift.**
- **Everyone working with your baby MUST be wearing an official Vancouver Island Health Authority (VIHA) name badge.**
- **You are free to question any staff member who is not wearing a VIHA name badge or to check his/her identity with a staff member you are familiar with.**
- **Restrict visits to trusted family and friends.**
- **Only give information about you and your baby to people who you know well and trust.**
- **NEVER ALLOW ANYONE TO TAKE YOUR BABY OUT OF THE SIGHT OF YOU OR YOUR TRUSTED FAMILY MEMBER/SUPPORT PERSON. Always accompany your baby to any test/procedures, etc. that need to be done outside your room. If you cannot accompany your baby, have a trusted family member or friend do so.**
- **Babies are NOT to be carried in hallways. Please use the baby's bassinette for moving your baby. This will ensure your baby's safety but also, it aids in ensuring your baby's security. Anyone seen carrying a baby in the hallway will be questioned for security purposes.**

### Prevent Infections

Wash your hands often. Make sure that visitors and care providers wash their hands before touching your baby. Restrict visitors to healthy family and friends.

### Newborn Safe Sleep

The safest place for babies to sleep is on their back in their own crib. For more information, read *Every Sleep Counts* (BC Ministry of Health).

### Caring for a Crying Baby

Your nurse is available to help you safely care for your crying baby. Your nurse will give you a DVD called, *The Period of Purple Crying*, which will help you to understand why your baby cries and will give you tips on how to soothe your baby.

### It Is Good To Ask

We encourage you and your family to ask questions of your health care providers to help you better understand the health and safety of your baby and yourself.

Keep asking questions until you completely understand.



### Discharge

Before leaving the hospital, your doctor, nurse or midwife will explain follow-up care at home.

Be sure to read the Island Health publication, *Your First Days at Home with Your New Baby*.

Care concerns are best addressed at the time and place they occur.

If your concerns remain unresolved please visit the Patient Care Quality Office Website at:

[www.viha.ca/patientcarequalityoffice](http://www.viha.ca/patientcarequalityoffice)

To reach the Patient Care

Quality office by phone, call:

1-877-977-5797 (toll-free)



[www.viha.ca](http://www.viha.ca)



island health

Simple Steps for a  
Safe Hospital Stay:

## Perinatal Services Maternity



Excellent care  
for everyone,  
everywhere,  
every time.



island health





## Help Us Help You

Our top priority is the care of you and your baby while in the hospital. You, your family and your friends play an important role.

When you and your family are more involved in your own care, and the care of your baby, you will both do better and stay safer.

This brochure provides simple advice that you can use to make your hospital stay a safe and positive experience.

### Coming to Hospital

Smoking is not allowed on any Island Health property. If you would like to quit smoking, please talk to your health care provider, or visit: [QuitNow.ca](http://QuitNow.ca)

#### Patient safety

Never leave your baby unattended.

Know who your nurse is on each shift.

You may question any staff member not wearing an official Island Health identification badge.

Share personal information only with those you trust.

#### Medication Safety

Bring a list of your medications and allergies with you to the hospital.

Know what medications you and your baby are being given in the hospital and what they are for.

Talk to your health care providers if you think you or your baby is receiving the wrong medication.

#### Anaesthetic safety

If you have an epidural for pain control during labour, you will be asked to have clear fluids only.

If there is the possibility your baby will be delivered by cesarean section birth, you will be asked not to eat or drink at all prior to the procedure.

### Sibling & Support Person(s) Safety

If you choose to have your baby's brothers and/or sisters at the birth, please ensure that there is an adult present (that is not your main support person) who is responsible for each child's wellbeing and who can take them home following the birth.

Support person(s) should eat regularly and avoid watching procedures that could induce fainting.

#### Prevent falls

Ensure you bring non-skid, comfortable footwear to prevent falls.

After the birth of your baby, you may feel weak the first few times you are out of bed. A nurse will assist you when you are up the first time, or until you feel steady.

Always use the bassinet if you wish to take your baby outside of your room.

#### Identification

Do not remove the hospital ID bracelet from your baby or yourself until after you leave the hospital.



## Visiting Hours – Perinatal Unit and Neonatal ICU at NRGH

PHASE OF CARE	<b>VISITING HOURS (GENERAL VISITING)</b> We welcome visitors and do not impose limited visiting hours.  In some situations, care staff may regulate the number of visitors and length of visits based on patient needs and/or unit requirements.	RESTRICTIONS/EXCEPTIONS
Woman in labour and immediate recovery after vaginal birth	No NON-designated support person(s)	Woman designated labour support person(s) may be present throughout labor, birth and recovery.
Cesarean Section and Post-Anesthetic Recovery period	No NON-designated support person(s)	<b>ONE</b> support person (partner or other) may be present through the Cesarean Section and 2 hr post operative recovery period.
2 hours after birth	Visiting hours are open, however, all to <u>be sensitive to a mother's need for rest and time to feed her infant frequently throughout the day.</u>  If a mother is sleeping, consider returning at a later time.	Primary support person(s) (partner or other) may stay/sleep on unit 24/7, using the facilities in the patient's room.  Children under 12 years of age must be accompanied by an adult. They may visit in the patient's room <u>with the door closed</u>
Pregnant patient; not in labour	Visiting hours open.	No overnight stay for support person.
Neonatal ICU (Nursery)	No general visiting	Parents/guardians have unlimited access to NICU <u>except</u> between 7:00 – 8:00 a.m. and 7:00 – 8:00 p.m. daily (closed for report) Parents/guardians may authorize other adults to visit between 11:00 a.m. and 7:00 p.m. daily (List kept on baby's chart.)
<p style="text-align: center;"><b>Please do not visit the Perinatal Unit or NICU if you are unwell.</b>                      Avoid using perfume, scented hairspray, cologne and other scented products when visiting.</p>		