

**Connecticut Childbirth & Women's Center**

94 Locust Avenue

Danbury, CT 06810

Phone: (203) 748-6000/ Fax (203) 748-6771

**What To Bring To The Birth List!**

**Mommy Stuff**

- 2-3 Hip/Thigh Length T-Shirts/Gowns
- 1 Nursing Bra
- 1 After Delivery T-Shirt or Gown
- Slippers/Treaded Socks
- Going Home Outfit (sweats/loose cloths)
- Favorite Pillow
- Massage Oil/Lotion

**Partner Things**

- Swim outfit
- Change of clothes
- Sweatshirt/pants
- Shorts
- Extra socks

**Baby Things (These are *Musts*)**

- T-shirt (0-3 months size)
- Going home outfit
- Booties
- Hat
- Blanket
- Extra covering if cold weather
- Car Seat (and know how to use it!!!)

**Other Kids/Support People**

- Games/Videos/Music
- Snacks
- Pillow/Blankets

**To Have At Home**

- Thermometer
- Large Sanitary Pads
- Diapers
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Miscellaneous**

- Camera/video
- Music
- Cell phone
- Phone call list
- Food/Drinks/Snacks
- Bathroom items

*We do have sufficient pillows, blankets, towels, diapers, sanitary pads, etc. for your comfort.*

**Connecticut Childbirth & Women's Center  
Women's Health Associates/Midwifery Office  
94 Locust Avenue  
Danbury, CT 06810**

To: All obstetrical patients

Re: Billing for Private Cord Blood Collection, Metabolic and Cystic Fibrosis  
Screening

Dear Patient:

We are happy to provide cord blood collection services for our patients desiring private cord blood collection for their newborn at the time of birth for either hospital or birth center deliveries. Our fee for collecting and processing your baby's cord blood is \$250.00. It is payable prior to the birth of your child and is not reimbursed by insurance.

Metabolic and Cystic Fibrosis screening; collected at the time of the home visit (if you birth in the center) is \$125.00. It is not included in your global fee for prenatal/birth care and we do not submit either of these fees to your insurance for reimbursement. The fee is payable prior to the birth of your child.

If you have any questions regarding either of these fees; please contact the midwifery office.

Sincerely,

Cathy Parisi, CNM  
Director

## **Birth Certificate and Social Security Number For Your Baby**

### **Birth Certificate**

1. While you are at the Birth Center you will fill in a CT State questionnaire that is identical to one that a CT hospital would give you. It requires information about the baby's parents; where they were born, occupation, etc.
2. Your Birth Certificate worksheet is then processed by staff at the front desk and delivery information entered to the State of CT secure internet site. This happens within 1-2 days of your child being born. There will be a delay if you leave any areas of your worksheet blank such as a parent's occupation or your baby's name (sometimes takes a while to pick the "right" one!). Generally at the one week visit the "parent form" is printed for you to review, make certain the information is correct, and to sign off on.
3. Within 2-3 weeks the State of CT will complete processing the information we have sent them and they, in turn, will send the "official" Birth Certificate to the Danbury Town Hall and delivery information to the Social Security Department requesting a Social Security number.
4. Typically, the Birth Certificate is ready about 2 weeks after the birth of your child. Birth Certificates are NOT automatically sent to you by the State of CT. Your baby's Birth Certificate can be picked up at ANY Town Clerk Office in the State of CT. When you go to the Town Hall you will need to bring your valid photo ID (passport or driver's license) along with a second form of identification and \$20 cash or check per copy requested. You will be asked to fill out a short request form and will be given a Certified Birth Certificate to take.
5. You should call the Danbury Town Clerk's office prior to going for the Birth Certificate to be sure it is there. Phone: 203-797-4531. Address: 155 Deer Hill Avenue, Danbury, CT 06810.
6. If you are unmarried and want to legally claim who the father of the baby is you will need to fill in a "Proof of Paternity" paper. This document is a legal record of parentage and must be notarized. The Birth Certificate may not be sent in until the paternity papers are filled in and notarized. We will provide you with this form and can arrange to have it notarized here in the office. Do NOT sign it until you are in front of the notary and please have two forms of identification available at the time of notarizing.

### **Social Security Card/Number**

1. While still at the center you will fill in a short form requesting a Social Security Card and number for your child.
2. The Social Security Card and number are mailed directly to your home, you do not need to go anywhere to pick it up.

### **Incidentals**

1. If you need your baby's Birth Certificate or Social Security Card more quickly than outlined above, you may call the State of CT at 860-509-7700 to see if they can be expedited.
2. If you have any other questions regarding the certificate or card please feel free to speak with staff at the front desk in the midwifery office.

## Overview of Pulse Oximetry Newborn Screening – For Parents

### What is pulse oximetry newborn screening?

Pulse oximetry newborn screening (also called “pulse ox”) is a test that measures how much oxygen a baby has in his/her blood. Pulse oximetry is used as part of newborn screening to determine how healthy a baby’s heart & lungs are. Babies who have low oxygen levels (meaning there is not much oxygen in the baby’s blood) may have **critical congenital heart disease** (also called CCHD).

*It is important for parents to know that pulse oximetry newborn screening cannot identify every child with CCHD.* Most babies who pass the pulse oximetry screen will not have CCHD. However, it is important for parents to know the signs of CCHD (including a blue color to the skin/fingernails/lips, fast breathing & poor feeding or poor weight gain). If you notice any of these signs in your baby, please contact your baby’s doctor.

### What is critical congenital heart disease (CCHD)?

Critical congenital heart disease (also called CCHD) occurs when a baby’s heart does not develop correctly. There are seven different heart defects that can be identified with pulse oximetry newborn screening. A baby with one of these heart defects usually has a low amount of oxygen in his/her blood. All of these heart defects require some type of treatment (often involving surgery) soon after birth. If a baby has CCHD & does not receive treatment shortly after birth, the baby has a higher chance of other problems, including death.

### Why is pulse oximetry used to screen for CCHD?

Pulse oximetry is used to screen for CCHD because it is a fast, simple, accurate test that can be done shortly after a baby is born. Without pulse ox newborn screening, some babies with CCHD might leave the hospital/midwifery without being identified. Every baby receives a complete examination from a doctor before he/she leaves the hospital. However, some babies with CCHD are “missed” because the baby may not have the symptoms of CCHD (such as an abnormal heart rate or an extra sound in the baby’s heartbeat called a **murmur**) that can be detected during an exam.

### How is pulse oximetry newborn screening done?

In Indiana, pulse oximetry newborn screening is done after a baby is at least 24 hours (or 1 day) old. The pulse ox screen is done by placing a probe (a small device with a red light that measures a person’s oxygen level) on the baby’s right hand & one of the baby’s feet.

Pulse oximetry newborn screening only takes a few minutes to perform. During his/her pulse ox screen, your baby should be warm & quiet. If a baby is crying, fussing, moving, or cold, the pulse ox screen may take longer. You can help your baby’s doctor/nurse/midwife by keeping your baby warm & quiet during the pulse ox test.

### Does the pulse oximetry screen hurt my baby?

No. Pulse oximetry is fast & easy to perform and does not hurt your baby.

### How will I find out the results of my baby’s pulse oximetry newborn screen?

Your baby’s doctor or nurse should tell you the results of your baby’s pulse oximetry newborn screen.

### My baby did not pass his/her pulse oximetry screen. What does this mean?

Your baby’s pulse oximetry newborn screen showed that the level of oxygen in your baby’s blood was low or that there was a difference of more than 3 percent between the pulse ox results in your baby’s right hand & foot. *It is important for parents to know that there are several reasons why a baby can have low oxygen levels or a difference of more than 3 percent between his/her pulse ox results.* Some babies have respiratory (breathing) issues or infections.

Your baby’s doctor will perform a thorough physical examination to figure out why your baby did not pass his/her pulse ox newborn screen. Your baby may also receive an **echocardiogram** (an ultrasound of the heart) to look for CCHD.

### Where can I get more information about pulse oximetry newborn screening?

- ISDH Newborn Screening Program – [www.nbs.in.gov](http://www.nbs.in.gov)
- Children’s National Medical Center - <http://www.childrensnational.org/PulseOx/FAQ.aspx>



# Vitamin K for Newborns

## What is vitamin K?

Vitamin K is used by your body to help blood clot and stop bleeding. We get a small amount of vitamin K from the food we eat. Most vitamin K we use is made by good bacteria that live in our intestines (gut). Without enough vitamin K, cuts can bleed for a long time and small injuries can cause big bruises. If there is a serious problem, bleeding can happen in other parts of the body like the brain or intestines.

## What is the vitamin K shot?

Babies are born with very small amounts of vitamin K in their bodies because vitamin K does not cross through the placenta from a mother to her baby. The bacteria that make vitamin K are not in your baby's intestines at birth, so your baby's body can't make vitamin K right away. Breast milk has very little vitamin K. Therefore, it is recommended that all newborn babies get a shot of vitamin K in their leg in the hours after birth. This shot gives your baby the vitamin K needed to help blood clot until your baby's body starts making vitamin K.

## Why do newborns need a vitamin K shot?

Newborns who do not receive the vitamin K shot can have extra bleeding that can be mild or severe. If babies do not get the vitamin K shot, 1 in every 59 to 250 babies will have bleeding problems for up to 6 months of age. The vitamin K shot greatly lowers the chance of bleeding in the first weeks after birth. Babies who receive the vitamin K shot have a 1 in 100,000 chance of having this type of bleeding.

## What are the warning signs of bleeding problems due to vitamin K deficiency?

In most cases when bleeding problems happen from not having enough vitamin K, there are no warning signs before serious bleeding starts. You should call your baby's health care provider or go to the emergency department if your baby has any of these problems:

- New bruises on the head, face, or any body part
- Yellow eyes after your baby is 3 weeks old
- Bleeding from the umbilical cord or nose
- Lots of vomiting, especially if it contains blood
- Blood in your baby's stool—this blood can be red, or the stools can be dark and tar-like
- Very pale skin or if your baby has dark skin, very pale gums
- Irritability or extreme sleepiness
- Seizures

## Are there any risks to the vitamin K shot?

The vitamin K shot has been given to newborn babies in the United States and Europe since the 1960s. Many large studies have been done to see if there are any problems from the shot. None of those studies has found any major problems from giving babies this shot at birth. The most common problem is a small amount of soreness where the shot was given.

## Can I eat more foods with vitamin K to help my baby get more through breastfeeding?

Vitamin K that you get from the food you eat is not easily passed through your breast milk. Increasing your intake of vitamin K does not increase the amount of vitamin K in your breast milk to the levels needed by your baby.

# WHEN TO CALL THE MIDWIFE WHEN YOU ARE IN LABOR OR YOUR WATER BREAKS

**So you have broken your water and/or you think you're in labor!!!! When should you call us?**

## **CALL IMMEDIATELY IF:**

- 1. YOU ARE POSITIVE FOR GROUP B (BETA) STREP EVEN IF YOU HAVEN'T STARTED CONTRACTING.**
- 2. YOU ARE NOT YET 37 WEEKS PREGNANT.**
- 3. YOUR WATER BREAKS AND THE FLUID IS NOT CLEAR (OR CLEAR WITH A PINK TINGE).....IF IT IS BROWN, GREEN OR YELLOW.**
- 4. YOU HAVE BLEEDING LIKE A MENSTRUAL FLOW.**
- 5. YOUR BABY IS NOT MOVING WELL. IF YOU'VE JUST WOKEN UP YOU MAY DRINK OR EAT SOMETHING AND LIE ON YOUR SIDE FOR A HOUR FIRST, IF THE BABY BECOMES ACTIVE THEN YOU DON'T NEED TO CALL.**
- 6. YOU HAVE PAIN THAT ISN'T RELATED TO CONTRACTIONS; EITHER A SEVERE HEADACHE, BACKACHE OR PAIN AT THE TOP OF YOUR BELLY; ESPECIALLY UNDER YOUR RIBS ON THE RIGHT OR IN THE CENTER.**

## **WHEN TO CALL FOR NORMAL LABOR:**

- 1. IF YOU ARE PRETTY CERTAIN YOU'VE STARTED LABOR AND IT IS BETWEEN 8AM AND 10PM. WE DO APPRECIATE A "HEADS UP" CALL. IT LETS US ARRANGE OUR DAY OR NIGHT WITH THE KNOWLEDGE THAT YOU ARE "OUT THERE". WE DO NOT NEED A "HEADS UP" CALL IN THE MIDDLE OF THE NIGHT UNLESS YOU HAVE A CONCERN.**
- 2. LABOR: IF THIS IS YOUR FIRST BABY YOU SHOULD EXPECT TO COME IN WHEN YOU HAVE HAD CONTRACTIONS EVERY 3 MINUTES FROM THE START OF ONE TO THE START OF THE NEXT, LASTING A MINUTE THAT HAVE BEEN HAPPENING FOR A COUPLE OF HOURS. IF THIS IS NOT YOUR FIRST BABY YOU SHOULD EXPECT TO**

CALL US WHEN YOU HAVE REGULAR, STRONG CONTRACTIONS EVERY 4-5 MINUTES THAT LAST A MINUTE.

3. IF YOUR WATER BREAKS, YOUR GROUP B IS NEGATIVE, THE FLUID IS CLEAR AND YOU ARE NOT ACTIVELY LABORING: CALL US ANYTIME BETWEEN 8AM AND 10PM TO INFORM US THAT YOU'VE BROKEN YOUR WATER. WE WILL WANT TO SCHEDULE A TIME FOR YOU TO BE SEEN. IF YOU BREAK YOUR WATER IN THE MIDDLE OF THE NIGHT AND AREN'T IN LABOR (OR JUST IN EARLY LABOR), YOU DO NOT NEED TO CALL US UNLESS YOU ARE CONCERNED ABOUT THE COLOR OF THE FLUID OR THE BABY'S MOVEMENTS. WE DO WANT YOU TO CALL US WHEN THE OFFICE OPENS AT 8:30AM AND WE WILL WANT YOU TO COME IN.
4. IF YOUR WATER BREAKS AND YOUR GROUP B IS POSITIVE, OR THE FLUID IS NOT CLEAR OR PINK TINGED (WHICH IS NORMAL), CALL IMMEDIATELY. WE WILL WANT TO SEE YOU; EVEN IF IT IS THE MIDDLE OF THE NIGHT.

**WE ALWAYS WANT YOU TO CALL US IF YOU HAVE A CONCERN, NO MATTER WHAT TIME OF THE DAY OR NIGHT IT IS. THE LIST ABOVE IS ONLY FOR GENERAL GUIDELINES. IF YOU FEEL A NEED TO CALL THEN PLEASE DO SO!!!! WE ARE HERE FOR YOU AND YOUR FAMILY 24/7!!!**

YOU MAY CALL OUR GENERAL OFFICE NUMBER:

203-748-6000

ANY TIME OF THE DAY OR NIGHT; AN ANSWERING SERVICE WILL TAKE A MESSAGE AND CONTACT THE ON CALL MIDWIFE FOR YOU

## POSTDATE TESTING/INDUCTIONS OF LABOR

Just like every other midwifery or obstetric practice in the country we will plan to perform testing on your baby if you make it all the way to your due date. The schedule of testing is below for normal, uncomplicated, low-risk women. If you have any additional risk factors including being age 40 or over at the time of your due date, having a BMI of greater than 30 when you got pregnant, diabetes, high blood pressure, twins, etc., then you will have more frequent, individualized testing schedules arranged:

**40 weeks gestation:** A Non-Stress test will be performed at the office. This test involves you being attached to a fetal monitor (belts around your belly), and recording your baby's heartbeat over the course of 20 to 45 minutes. We are looking for a very particular pattern that will assure us that your baby is still in a healthy environment.

**41 weeks gestation:** A Non-Stress test will be repeated and a very short ultrasound will be performed by the midwife to look at the pockets of fluid (Amniotic Fluid Index or AFI) around your baby.

**41 ½ weeks gestation:** A Biophysical Profile (BPP) with Non-Stress Test will be performed. The BPP is an ultrasound that looks at four different characteristics considered signs of health that your baby should be displaying.

**42 weeks gestation:** We do not allow deliveries at the center after 42 weeks of gestation as the risks of poor outcome outweigh the benefits of waiting for spontaneous labor. We will discuss and arrange an induction of labor for you at Danbury Hospital if you are still pregnant at 42 weeks.

### INDUCTION OF LABOR

The standard of care in the United States today is to schedule an induction of labor for low risk women at 41 weeks. There is a slightly increased risk of poor outcome (stillbirth, meconium fluid aspiration, intolerance of labor by the baby) between 41 and 42 weeks. You come to this practice to be given options for your care. These options include a discussion of risks and benefits for anything you may decide to choose. Many of you do not want to even consider an induction at the hospital at 41 weeks and that is fine. However to accommodate those patients that do not want to continue their pregnancy past the 41 week mark we routinely discuss and offer induction at 41 weeks with all of our patients.