Patient's Information and Informed Consent

Delivery plan

Dear Mrs,

you have decided to give birth to your baby in this hospital and we believe you have some expectations about how the delivery process will proceed. To avoid any possible misunderstanding in advance, please read this document to become familiar with the usual process of delivery in this hospital. When meeting your attending physician/obstetrician you may discuss any details of the process so that your ideas may be in harmony with our standard procedures.

In this hospital labor/delivery is managed since 34th week of pregnancy. Should you be admitted earlier, and the labor action (preterm labor) will begin, we will transfer you to a medical institution specially equipped for the care of low birth weight newborns. This is in the interest of your baby brought to this world prematurely, so that the baby will be born in a medical facility providing immediate intensive care. There are two of such facilities in Bratislava: the University Hospital at Antolská, and the University Hospital at Kramáre.

The expected term of delivery determined by the last menstrual period you gave us (corrected, in case of irregular menstrual cycle, by ultrasound at 11- 13 weeks of pregnancy) is a reference term, and the delivery of a full-term newborn baby may begin any time between 37 and 42 weeks of gestational age.

In case that the regular labor actions begin, or when your water breaks, you will have to appear to the out-patient office to be admitted to the hospital. A certified midwife/nurse will prepare the necessary documentation, and the doctor on duty will make the preliminary vaginal examination to assess the cervical condition. Then the nurse will take you to the delivery room to make cardiotocography (computerized fetal heart rate interpretation or uterine contractions record).

On evaluating the records, the physician/obstetrician will determine the next procedure. If the records show no signs of any threat to the baby, the normal labor is expected to proceed naturally and spontaneously.

With your consent you will get YAL, a laxative, by which the intestine will be evacuated without any further dietary or regime measures. Your stool could infect the vulva/external genital organs, and even the baby.

For the delivery to progress, uterine contractions must be sufficiently intense. On average, the length of effacement/thinning out and dilation of cervix takes up to 12 hours after the onset of regular and sufficiently strong uterine contractions.

The labor progress is evaluated by vaginal examination made by the physician/obstetrician, taking into account cervical dilation and descent of the head or breech into the pelvis. Should the cervical dilation remain unchanged after three hours, the labor progress fails, and intravenous infusion containing Oxytocin, the hormone assisting uterine contractions also during spontaneous labor, will be administered. A vaginal examination may be conducted also by a midwife authorized by the physician, upon your consent, of course.

Labor pains accompanying the delivery may be suppressed by medication which is ordinarily used as a pain and/or cramp killer. There is still another method of pain relief, known as epidural analgesia. This method is used in prolonged labor and cervical dilation of at least 3 cm (for more details see "Epidural Analgesia during Labor").

During the first stage of delivery, fetal heartbeats are monitored. In case of any irregularity, continuous monitoring of fetal heart rate and uterine contractions is necessary. Only in this manner, hypoxemia (insufficient oxygen supply) can be discovered early.

If amniotic fluid discharge takes place without uterine contractions, there will be a twelve hour waiting time for spontaneous contractions. If contractions fail to occur within 12 hours, Oxytocin must be administered to stimulate the labor progress and to prevent the baby's infection.

Various situations may arise during which labor will have to be induced. Most commonly this is so in cases of post-term pregnancy (on the completion of 41 weeks or pathological pregnancy, when, in the interests of the baby's health, induction must begin). The method will be determined by the physician/obstetrician according to cervical situation. Prostaglandine pill may be applied in the fornix of vagina, or in the cervix. Prostaglandine is used to prepare the uterine muscles for regular contractions and also to affect the cervix readiness for labor in

spontaneous uterine contractions. Another effective method is amniotomy - artificial rupture of the membrane. Where, after discharge of amniotic fluid, regular uterine contractions fail to occur, infusion of Oxytocin is administered (as mentioned above).

The first labor stage is the longest, lasting 9 -12 hours, during which you do not need to lie down in bed; moving around the room or the corridor, sitting on the fitness ball or taking shower are recommended. (You may move around also while infusion is being administered.) During labor, meal taking is reduced for any unexpected surgery intervention to end the labor process, (in the total anesthesia), however, it is extremely important to take liquids continuously during the whole labor progress. You may drink tea with little sugar or mineral water.

When the labor progresses, we wait until cervical dilation of 10 cm is complete. Then the uterine edges join the vaginal walls to form a birth canal, and the birth routes are ready for the delivery of the baby - the second stage. Mother will help the baby come to this world by intense pressing similar to pressure applied in case of a hard stool. The more intense pressing, the faster the baby passes through the birth canal and the faster the baby is born.

Our adjustable birth beds offer enough comfort during delivery, providing for minimum tiredness.

Episiotomy or perineotomy, a surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labor, feared by the majority of women, is used not to accelerate delivery but to prevent hypoxemia of the baby, extensive lacerations, and post-labor pelvic relaxation of the endopelvic fascia. It is not performed arbitrarily but only to avoid fetal hypoxemia by breech presentation, in forceps or vacuum extraction delivery, or large rupture of the perineum. Deliveries without any injuries are exceptional. Before suture of episiotomy or lacerations of the birth canal or vulva, your anesthesiologist will apply a further dose of anesthetics in the epidural catheter. If it is ineffective, anesthetics may be administered locally in the region that is being treated. Even petty surgical interventions are painful after the anesthetics subside. The experience shows that you may feel pain for about two or three days after delivery, mainly when sitting. The pain will then gradually fade away. In case of unbearable pain, please, ask the nurse for a pill or injection.

During the second stage some women are unable to use sufficient pressure. Or similarly, if the baby's life is at risk due to insufficient oxygen supply, it will be necessary to start induction promptly, and the obstetrician, acting in the interests of the baby's health and life, may decide to intervene with forceps or vacuum extractor. In both cases the obstetrician will manage such interventions, and these devices are safe both for you and your baby.

After the delivery, and upon ligation and cutting the cord (a father wishing to cut the cord, should inform us in advance), we will place the newborn, provided that the baby's conditions of health are good, right on the mother's abdomen. Then the neonatal nurse will treat the baby, and the neonatologist will proceed with the first medical examination. After weighing, the baby will be brought to you for the first breast feeding.

Should anything happen during the labor process that may threaten your or your child's health or life, we will be ready to intervene by cesarean section. However, this method is used only as a last resort, in exceptional cases, and not as a method to ease the delivery. (For details see the information and informed consent with cesarean section)

Unless the labor begins by the completion of 41 weeks of pregnancy, we are obliged to provide greater care to you and to your not yet born baby. Therefore, such expectant mother is admitted to our hospital for monitoring of the baby's heart rate and possible uterine contractions (cardiotocography) that may help us discover a possible hypoxemia, oxygen insufficiency. Another important method of the conditions of the baby is ultrasound examination of the size and placement of the baby in the uterus, the amount of amniotic fluid and Doppler velocimetry of umbilical artery.

Readiness of your labor routes and uterus depends on cervical conditions: cervical position, dilation, softness, and effacement (thinning and ripening). Also important is information concerning the position of the baby, identification of its presenting part, how far the baby’s head or bottom has descended into the pelvis.

This information is only possible through vaginal examination. It is significant because only at a particular stage of cervix and labor routes maturity, the uterine contractions and the delivery may be incited successfully.

Endeavoring to prevent any possible complication, we always try to end the labor process without any damage caused to the baby by "over-mature" placenta resulting from degenerative changes during the aging process that may result in reduced supply of nutrients and oxygen for the baby.

Also in such cases, every effort will be taken for your baby to be born in a natural manner, that is, through normal labor processes.

Quite naturally, special situations may arise, which will require special approach in the delivery management. These occur quite rarely and therefore it is not necessary to include them into this document. You will be informed of any modifications in your delivery, when such situation actually occurs.

In an effort to comply with the wishes of those expectant mothers with individualized birth/delivery plan, our obstetricians are ready to discuss all the details and to agree on the procedures right and proper for both sides.

We are ready to answer any of your questions, believing that we may help you to have a very positive and fulfilling birth experience.

I require the services for the delivery and my stay in your hospital.

I will pay the fee for the delivery and hospitalization services of EUR 1400 (or EUR 1700 in case of a contracted gynecologist attending) four weeks in advance of the due term.

You may pay at the reception in cash, by a credit or debit card or by bank transfer to account No. SK6511000000002626116418, BIC TATRSKBX - Tatrabankausing your personal/birth number as a variable code, and your name to be given in the space for the notes.