

## Maternity Information Law

New 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 births 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%. If external fetal monitoring is used in 50 out of 100 births, or one-half of all births, the rate will be 50%.

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 licensed midwife's practice. However, the information can be used 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. Ask questions and discuss your wishes with your doctor or 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 or download pdf at [www.health.ny.gov/publications/2935.pdf](http://www.health.ny.gov/publications/2935.pdf)

## When You Go Home ... Maternal Depression

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 maternal depression. The symptoms of maternal depression are severe. They can include feelings of hopelessness, high anxiety, eating problems, feeling "out of control," and thoughts of harming yourself or the baby. Maternal depression 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 maternal depression. If you feel like you might hurt yourself or your baby, call your doctor immediately.

## 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)**

**Childhood immunization schedule and more resources can be found at:** [sphp.com/MaternityResources](http://sphp.com/MaternityResources)



ST PETER'S HEALTH  
PARTNERS

Maternity Care

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# Maternity Information



ST PETER'S HEALTH  
PARTNERS

Maternity Care

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## Mission Statement

We, St. Peter's Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities.

### OUR CORE VALUES:

**Reverence** - We honor the sacredness and dignity of every person.

**Commitment to the poor** - We stand with and serve those who are poor, especially those most vulnerable.

**Justice** - We foster right relationships to promote the common good, including sustainability of Earth.

**Stewardship** - We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

**Integrity** - We are faithful to who we say we are.

**Safety** - We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

*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 cesarean 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.*

## Shaken Baby Syndrome ... Never Shake Your Baby

A baby who will not stop crying can be upsetting, but becoming angry will not help you or your baby. A baby may cry because he or she is hungry, lonely, has gas or is sick. You can attempt to calm your baby by offering your breast or a bottle, changing your baby's diaper, or checking to see if your baby is too hot or too cold. You may also try slowly rocking your baby, playing soft music, or singing or humming to your baby.

If you cannot calm your baby, place your baby in a safe place, such as a crib or playpen, and take a break. Take a deep breath and count to 10 or call a friend for support. Never hold or pick up your baby when you feel angry, and 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.

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

## Rates of Selected Procedures in Childbirth

2917 total births in 2020  
at St. Peter's Hospital

Intervention*	Number	%
Internal FM	41	1.4%
External FM	2792	97.9%
Induction	806	27.6%
Augmentation of Labor	642	22.0%
Vaginal Births		
Total Vaginal Births*	1873	64.2%
Midwife Deliveries	483	25.8%
Low/outlet forceps	4	0.21%
Mid forceps	1	0.05%
Vacuum	47	2.5%
TOLAC/VBAC**	114/76	75.0%
Breech % of Total Births	6	0.3%
Episiotomy*	65	3.5%

Analgesia/Anesthesia used for Vaginal Birth		
Nitrous total = 0 (Covid-19 Restrictions)		
Spinal Anesthesia	6	0.32%
Epidural	1198	63.9%
Local/Other	270	14.4%
Paracervical	0	0.0%
Pudendal	0	0.0%
None	485	25.9%

Cesarean Births		
Total Cesareans*	1044	35.8%
Primary*	638	21.9%
Repeat *	406	13.9%

Anesthesia used for Cesarean Birth		
General Anesthesia (IV & Inhaled)		
	35	3.4%
Spinal Anesthesia	719	68.9%
Epidural	299	28.6%

Any Breastfeeding	2499	85.7%
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953 total births in 2020  
at Samaritan Hospital

Intervention*	Number	%
Internal FM	3	.3%
External FM	925	97.4%
Induction	225	23.7%
Augmentation of Labor	64	6.7%
Vaginal Births		
Total Vaginal Births*	726	76.2%
Midwife Deliveries	418	43.9%
Low/outlet forceps	0	0%
Mid forceps	0	0%
Vacuum	14	1.93%
TOLAC/VBAC**	28/14	50.0%
Breech % of Total Births	2	0.2%
Episiotomy*	1	0.1%

Analgesia/Anesthesia used for Vaginal Birth		
Nitrous total = 0 (Covid-19 Restrictions)		
Spinal Anesthesia	17	2.3%
Epidural	372	51.2%
Local/Other	20	2.8%
Paracervical	0	0.0%
Pudendal	0	0.0%
None	328	45.2%

Cesarean Births		
Total Cesareans*	227	23.8%
Primary*	112	11.8%
Repeat *	115	12.1%

Anesthesia used for Cesarean Birth		
General Anesthesia (IV & Inhaled)		
	7	3.1%
Spinal Anesthesia	170	74.9%
Epidural	57	25.1%

Any Breastfeeding	695	73.3%
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\*Percentage is % of total births

\*\* % successful =  $\frac{\# \text{ of successful VBAC}}{\# \text{ attempted}}$

## Definitions

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

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

**Birth Room** – An in-hospital arrangement in which labor, birth and immediate recovery after birth all occur in the same room.

**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 (FM)** – Electronic recording of contractions and the baby's heartbeat. **External FM** involves the use of small instruments held in place on the mother's abdomen by belts. **Internal FM** 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 alongside the baby's head to measure contractions.

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

**Licensed Midwife** – A health care provider who may care for the health needs of pre-adolescent, adolescent, and adult women throughout the ir life span. Licensed midwives provide primary well woman health care including: gynecologic care, and care during pregnancy and childbirth as well as care of the newborn following birth.

**Nitrous Oxide** – A medical drug approach to pain management during labor. It's a mixture of nitrous oxide and oxygen. Its sometimes called laughing gas, and its used commonly in dental procedures around the world.

**Rooming-In** – An arrangement in which the mother and infant are cared for in the same room.

**Skin-to-skin** – Skin to skin contact between mother and infant immediately after birth and during the post-partum period have many benefits for mom and baby.

**Trial of Labor after a Cesarean (TOLAC)** – A planned or attempted vaginal birth after a Cesarean.

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