

Maternity Information



Childbirth Services

— **NewYork-Presbyterian**
— **Weill Cornell Medical Center**

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 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 you 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.

Maternity Information

Data shown are for 2007

ALL BIRTHS

Intervention	This Facility		Statewide
	#	%	%
Total births	5,374	100.0%	n/a*
Low forceps delivery	10	0.2%	0.5%**
Outlet forceps delivery	1	0.0%	0.0%**
Mid forceps delivery	4	0.1%	0.0%
Internal fetal monitoring	645	12.0%	15.0%
External fetal monitoring	2,636	49.1%	85.0%
Induction	527	9.8%	14.9%**
Augmented labor	797	14.8%	24.2%
Analgesia	4	0.1%	11.5%
Attended by midwife	0	0.0%	8.0%

- * % based on totals excluding cases with missing information.
- * Data not currently available
- ** Average for New York City

VAGINAL BIRTHS

Intervention	This Facility		Statewide
	#	%	%
Vaginal births†	3,266	60.8%	64.0%
Vaginal birth after prior cesarean†	72	14.2%	7.1%
Breech births delivered vaginally‡	6	0.1%	0.4%
Episiotomy	898	27.5%	16.1%
General anesthesia	26	0.8%	0.5%
Spinal anesthesia	39	1.2%	3.3%
Epidural anesthesia	2,992	91.6%	52.5%
Local/other anesthesia	154	4.7%	13.3%
Paracervical anesthesia	0	0.0%	0.0%
Pudendal anesthesia	0	0.0%	0.1%

- * % based on total vaginal births excluding cases with missing information.
- † % is percentage of total births
- ‡ % is percentage of prior cesareans

CESAREAN BIRTHS

Intervention	This Facility		Statewide
	#	%	%
Cesarean births‡	2,108	39.2%	32.1%
Primary cesarean‡	1,674	31.1%	20.4%
Repeat cesarean‡	434	8.1%	14.6%
General anesthesia	39	1.9%	3.0%
Spinal anesthesia	905	42.9%	55.9%
Epidural/local anesthesia	1,157	54.9%	21.5%

- * % based on total cesarean births excluding cases with missing information.
- ‡ % is percentage of total births

Definitions:

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.

Birth 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 an/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 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.

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... In-Patient Hospital Coverage

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 a 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.

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

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

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.

Breastfeeding Mothers' Bill of Rights

Choosing the way you will feed your new baby is one of the important decisions you will make in preparing for your infant's arrival. Doctors agree that for most women breastfeeding is the safest and most healthy choice. It is your right to be informed about the benefits of breastfeeding and have your health care provider and maternal health care facility encourage and support breastfeeding. You have the right to make your own choice about breastfeeding. Whether you choose to breastfeed or not you have the following basic rights regardless of your race, creed, national origin, sexual orientation, gender identity or expression, or source of payment for your health care. Maternal health care facilities have a responsibility to ensure that you understand these rights. They must provide this information clearly for you and must provide an interpreter if necessary. These rights may only be limited in cases where your health or the health of your baby requires it. If any of the following things are not medically right for you or your baby, you should be fully informed of the facts and be consulted.



(1) Before You Deliver:

If you attend prenatal childbirth education classes provided by the maternal health care facility and all hospital clinics and diagnostic and treatment centers providing prenatal services in accordance with article 28 of the public health law you must receive the Breastfeeding Mothers' Bill of Rights. Each maternal health care facility shall provide the maternity information leaflet, including the Breastfeeding Mothers' Bill of Rights, in accordance with section twenty-eight hundred three-1 of this chapter to each patient or to the appointed personal representative at the time of prebooking or time of admission to a maternal health care facility. Each maternal health care provider shall give a copy of the Breastfeeding Mothers' Bill of Rights to each patient at or prior to the medically appropriate time.

You have the right to complete information about the benefits of breastfeeding for yourself and your baby. This will help you make an informed choice on how to feed your baby.

You have the right to receive information that is free of commercial interests and includes:

- How breastfeeding benefits you and your baby nutritionally, medically and emotionally;
- How to prepare yourself for breastfeeding;
- How to understand some of the problems you may face and how to solve them.

(2) In the Maternal Health Care Facility:

- You have the right to have your baby stay with you right after birth whether you deliver vaginally or by cesarean section. You have the right to begin breastfeeding within one hour after birth.
- You have the right to have someone trained to help you in breastfeeding give you information and help you when you need it.
- You have the right to have your baby not receive any bottle feeding or pacifiers.

- You have the right to know about and refuse any drugs that may dry up your milk.
- You have the right to have your baby in your room with you 24 hours a day.
- You have the right to breastfeed your baby at any time day or night.
- You have the right to know if your doctor or your baby's pediatrician is advising against breastfeeding before any feeding decisions are made.
- You have the right to have a sign on your baby's crib clearly stating that your baby is breastfeeding and that no bottle feeding of any type is to be offered.
- You have the right to receive full information about how you are doing with breastfeeding and get help on how to improve.
- You have the right to breastfeed your baby in the neonatal intensive care unit. If nursing is not possible, every attempt will be made to have your baby receive your pumped or expressed milk.
- If you, or your baby, are re-hospitalized in a maternal care facility after the initial delivery stay, the hospital will make every effort to continue to support breastfeeding, to provide hospital grade electric pumps and rooming in facilities.
- You have the right to have help from someone specially trained in breastfeeding support and expressing breast milk if your baby has special needs.
- You have the right to have a family member or friends receive breast feeding information from a staff member if you request it.

(3) When You Leave The Maternal Health Care Facility:

- You have the right to printed breastfeeding information free of commercial material.
- You have the right, unless specifically requested by you, and available at the facility, to be discharged from the facility without discharge packs containing infant formula, or formula coupons unless ordered by your baby's health care provider.

- You have the right to get information about breastfeeding resources in your community including information on availability of breastfeeding consultants, support groups and breast pumps.
- You have the right to have facility give you information to help choose a medical provider for your baby and understand the importance of a follow-up appointment.
- You have the right to receive information about safely collecting and storing your breast milk.
- You have the right to breastfeed your baby in any location, public or private, where you are otherwise authorized to be. Complaints can be directed to the New York State Division of Human Rights.

All the above are your rights. If the maternal health care facility does not honor these rights you can seek help by contacting the New York State Department of Health or by contacting the hospital complaint hotline at **1-800-804-5447** or via email at hospinfo@health.state.ny.us.



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.healthy.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.healthy.state.ny.us.

For more information go to:
www.hospitals.nyhealth.gov/maternity.php