Baby Love Birth Center

@Cape Women's Care

3046 Del Prado Blvd S. #2E Cape Coral Fl 33904

(239) 540-9010 phone (239) 549-229 fax

Newborn Procedures

If your baby were born in the hospital, there are several procedures that would be routinely performed on your baby. The Birth Center does not perform some of them, and others you have the option to decline.

Newborn Examination

Babies born at the birth center are given a thorough physical exam by the Midwife before discharge. Any unusual findings will be discussed with your choice of pediatrician. This examination is not meant to replace evaluation by a pediatrician. You must contact your pediatrician and schedule an examination within 72 hours of the baby's birth.

Home Visit and Newborn Screening

All birth center clients will receive a home visit by a midwife, nurse, or trained home visitor. This visit will take place on the 2nd, 3rd, or 4th day postpartum. In some circumstances, i.e. you live outside our geographical limits, you will be asked to return to the office for this visit. Both mom and baby will be examined at this visit, and the Newborn Screening (a.k.a. PKU test) will be performed if you like. You also have the option of having the screening done by your pediatrician, or you may opt against the test altogether.

Newborn screening consists of collecting blood from the baby's heel. This blood is sent by the home visit nurse to a laboratory for analysis. The test screens for relatively common diseases that your baby could be born with (in-born errors of metabolism). All the disorders tested for are treatable and could result in lasting harm if not caught early. Major diseases tested for include: PKU (Phenylketonuria), CAH (Congenital adrenal hyperplasia), Congenital hypothyroidism, Galactosemia, Beta-thalassemia, Hemoglobin S/C disease, Sickle cell anemia, Maple syrup urine disease, and Cystic Fibrosis.

You have two choices for the NB screening:

- **Step One Screening at home visit**. We strongly recommend that you choose this option. Step One is a private company which specializes in newborn screening. The Step One screen tests for the same core disorders and also tests for more than 50 additional diseases. The price of Step One screening is $89 and includes express mailing. We have never had to repeat a Step One screen for any reason, which is why we recommend it, despite the cost to you. The test is painful for the baby and we would very much like to avoid having to repeat the test. You will need a check or money order for $89 to include with the test when the nurse performs it.
- **Screening done in your Pediatrician's Office**. They will use the state screening form, which we no longer offer, due to the number of rejections of specimens, requiring repeat testing.

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Hepatitis B Vaccine

It is now standard to give hospitalized newborns their first (in a series of 3) injection of the Hepatitis B Vaccine. The Birth Center does not administer this vaccine. We suggest you discuss this and all other vaccines with your pediatrician.

Hearing Testing

All babies born in-hospital have their hearing tested before discharge. The Birth Center does not perform this test. Hearing screening is important because your baby could have subtle hearing loss that, if undetected, could result in permanent language impairment. You will be given the names of several audiologists with whom you can make an appointment to have your baby's hearing tested. Hearing testing is a 30 minute, painless procedure.

Eye Prophylaxis

It is standard to give babies an eye treatment with an antibiotic shortly after birth to prevent infection with Gonorrhea, Chlamydia, or Syphilis. The antibiotic is in a Vaseline-like gel and is administered within an hour of birth. The Birth Center, in accordance with state law, will administer this treatment unless you decide against it and sign a refusal waiver. Testing of the mother for these sexually transmitted diseases is standard at the birth center during pregnancy. We suggest you research the issue and consult your pediatrician for advice if you think you might decide against the treatment.

Vitamin K Injection

It is standard to give babies an injection of Vitamin K shortly after birth to prevent problems with blood clotting. The Birth Center, in accordance with state law, will administer this treatment unless you decide against it and sign a refusal waiver. We suggest you research the issue and consult your pediatrician for advice if you think you might decide against the treatment.

Vitamin K is one of a complex set of substances that are needed for proper blood clotting. All babies are born with a relative deficiency of Vitamin K (compared to children and adults). Vitamin K levels in healthy babies normalize by one week of life. Vitamin K supplementation has been shown to reduce the risk of the baby developing Hemorrhagic Disease of the Newborn (HDN). The worst consequence of HDN is bleeding into the brain, which can cause lasting brain damage.

HDN is relatively rare – somewhere around 2 babies per 100,000, possibly as frequent as 10 per 100,000 (1:10,000). Most serious cases of HDN are caused by liver disease in the newborn, and the risk to a full-term baby born without trauma is thought to be low. However, because HDN is largely (but not entirely) preventable with Vitamin K, and because breast-milk contains lower levels of Vitamin K than cow's-milk based formulas, routine Vitamin K injection has become standard.

The form of Vitamin K we administer is a synthetic form of the vitamin. Although the safety of Vitamin K injection has been questioned, no serious consequences have been demonstrated. The dose given to the baby represents up to 10,000 times the "normal" level in an infant. Possible risks include irritation or infection at the injection site, but most babies tolerate the injection with little to no distress. If you decide to opt against the Vitamin K injection for your baby, please be aware that HDN can strike up to six months after birth. Warning signs include spontaneous bruising, bleeding from the nose, or black bowel movements (not to be confused with normal newborn meconium, passed in the first few days).

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Group B Streptococcus Disease (GBS)

The single most controversial issue in Midwifery and Obstetrics is prevention and treatment of newborn infection with Group B Strep (GBS). All clients are offered testing for this disease towards the end of pregnancy. We suggest you research the issue and consult your pediatrician for advice if you think you might decide against the testing. GBS is confusing and can be frightening. Please read through the following material and discuss the details with your midwife at your next visit.

What is GBS?

GBS bacteria are a normal part of the commonly found bacteria in the human body. Normally, the presence of GBS does not cause problems. 10-35% of all healthy, adult women are "colonized" with GBS.

Can I be tested?

All pregnant clients at the birth center are offered testing at about 36 weeks. The test is a simple Q-tip swab of the vagina and rectum. We have you collect the test yourself during a prenatal visit. If your test comes back "positive", you are said to be colonized with GBS.

Colonized? Do I have an infection?

No, GBS is a normal bacteria in the human body. If you are tested and are "positive" for GBS, it simply means that GBS has taken up residence in your body. This is called "colonization". It is also possible to have a bladder infection (urinary tract infection) with GBS. GBS UTIs in pregnancy require treatment because the normal bacteria have invaded the bladder and caused an infection.

Will it always be there? Can I get rid of it?

Yes and No. GBS colonization comes and goes, as the number of bacteria naturally rises and declines. Having been "positive" for GBS in one pregnancy does not necessarily mean you will be positive next pregnancy, and visa versa. An exception is a woman whose previous baby had actual GBS disease or a GBS UTI(discussed below).

Treatment with oral antibiotics during pregnancy will not prevent GBS disease in the newborn because GBS will rapidly re-grow once antibiotics are finished. The best treatment to prevent GBS disease in newborns is to treat their mothers with IV antibiotics during labor.

What does this mean for my baby?

If you are "positive" or colonized with GBS, your newborn will pick up the bacteria as he or she passed through your vagina. In the year 2001, there were about 1,700 babies in the U.S. less than one week old who got GBS disease. About half of the cases of GBS disease among newborns happen in the first week of life ("early-onset disease"). Sepsis (blood poisoning), pneumonia (infection in the lungs), and meningitis (infection of the fluid and lining around the brain) are the most common problems.

So, if I test positive for GBS, my baby will get sick?

It is unlikely that your newborn will contract GBS disease due to your colonization. Remember that GBS is a normal body bacteria. However, GBS disease is serious and sometimes fatal. Obviously, more vulnerable babies (such as preemies) are more at risk, but, GBS disease can affect healthy full-term babies. This is where the dilemma starts.

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If you test "positive" and don't get antibiotics during labor, the risk of your baby developing GBS disease is 1 in 200.

If you are "positive" and get antibiotics during labor, the risk of your baby developing GBS disease is 1 in 4000.

How do I prevent GBS disease in my baby?

We offer testing of all pregnant women at about 36 weeks for GBS colonization. This test is optional, but if you decide against testing, you must sign a refusal waiver. Women who are "positive" for GBS colonization or women who had a GBS UTI during pregnancy or women whose previous baby had GBS disease (not women who merely tested positive in the past) are recommended to receive antibiotics during labor at the birth center. The antibiotics (penicillin) are safe for the baby and are given through a butterfly IV needle to the mother every four hours during labor. Once four hours have elapsed since the first IV dose, your baby is as protected as possible from GBS disease, but doses are continued every four hours until birth. Alternative antibiotics are available for women proven allergic to penicillin.

Can you go over this again?

Sure.

- Natural Rate of GBS Colonization: 300 pregnant women out of 1000 (30%) will test "positive" for GBS at 36 weeks (or have a GBS UTI during pregnancy).
- Without Testing and Treatment: 5 out of 1000 (1:200) of their babies would get sick with GBS disease in the first week of life, without antibiotic treatment during labor.
- With Testing and Treatment: 0.25 out of 1000 (1:4000) of their babies would get sick with GBS disease in the first week of life if their mothers receive adequate antibiotic treatment during labor.
- Consequences of GBS: 40 out of 1000 (4%) babies who develop GBS disease will die. Babies who develop GBS disease can be treated with antibiotics, but the risk of disability and death are higher than with treatment during labor. 1,700 babies developed GBS disease in the last year for which statistics are available (2001).
- Treatment with Antibiotics: There is no way to clear the body of GBS. Antibiotic treatment during labor is the only proven strategy that reduces risk to the baby. Treatment of the baby after delivery is not as effective at preventing disability and death as treating the mother during labor.
- Testing for GBS colonization is offered to all pregnant women at the birth center. The test is a simple Q-tip swab of the vagina and rectum and is usually done at about 36 weeks.
- Declining the Test. If you decide not to test, you must sign a refusal waiver.
- If you are "positive" for GBS, please remind the midwife when you call in early labor (or if you think your water has broken). You may be asked to come to the birth center in early labor, so that antibiotics can be started. If the baby is born 4 or more hours after the first dose of antibiotics, the baby is considered fully covered from GBS infection.
- If you are "positive" for GBS and have a rapid birth and deliver before 4 hours have elapsed from the first dose of antibiotics, your pediatrician will be contacted by the midwife and the baby may be hospitalized for observation, testing and/or antibiotic therapy, at the discretion of your pediatrician.