

PinnacleHealth  
Harrisburg Hospital  
Maternity Information  
and Resources





# Table of Contents

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## Your Hospital Stay

Directions and Map. . . . .	2
Prenatal Checklist . . . . .	3
Umbilical Cord Blood Banking. . . . .	4
What to Bring . . . . .	4-5
When to Call Your Physician/ Midwife. . . . .	5
Signs of Labor. . . . .	5
Coming to Labor and Delivery. . . . .	6
Parking . . . . .	6
Visitation Policy for Labor and Delivery. . . . .	6

## Medical Procedures

IV . . . . .	7
Electronic Fetal Monitor . . . . .	7
Pitocin or "Pit" . . . . .	7
Episiotomy . . . . .	7
Vacuum Extractor . . . . .	7
Forceps . . . . .	7
Pain Management . . . . .	8
Medication Options . . . . .	8-9

Medication-free Pain Management . . . . .	9
Cesarean Delivery . . . . .	9
Vaginal Birth After Cesarean . . . . .	9
Your Birth Plan . . . . .	10
My Birth Plan . . . . .	11
Care for You and Your Baby Following Birth. . . . .	12
Newborn Care in Labor and Delivery. . . . .	12
Newborn Care on the Postpartum Unit . . . . .	12-13
Visiting Hours on Postpartum . . . . .	14
Length of Stay. . . . .	14
Your Baby's Stay . . . . .	14
Infant Treatments and Screenings . . . . .	14-16
Neonatal Intensive Care Unit . . . . .	16
<b>Your Going Home Guide</b>	
Discharge Plans. . . . .	17
All the Help You Need . . . . .	18-20

# Your Hospital Stay

*PinnacleHealth Harrisburg Campus*

Labor and Delivery is located on the 8th floor of Harrisburg Hospital.

If you are not in labor and do not need assistance and arrive at the hospital between 5 a.m. and 8 p.m., park in the patient/physician garage. Enter the hospital through the lobby, proceed through the main hallway. Take the north elevators (at the end of the hall near the Emergency Department) to Labor and Delivery on the 8th floor. Please press the button on the call box outside the doors and a nurse will let you in the unit.

If you are in labor and need assistance or arrive at the hospital between 8 p.m. and 5 a.m., your labor partner may temporarily park at the Emergency Department drop-off. He or she may escort you to the Labor and Delivery suite on the 8th floor and then re-park in the patient/physician garage, which is accessible from Front Street.

If you need assistance at any time, please come to the Emergency Department.



## Prenatal Checklist

- Check with your insurance company to find out what costs will and will not be covered.
- Mail your pre-admission forms to the hospital as soon as possible, but no later than your 6th month of pregnancy.
- Please notify Patient Access at (717) 782-5734 if there are any changes in your name, address, phone number or insurance information as soon as possible.
- Register for a childbirth class. PinnacleHealth offers 6 different types of childbirth classes at a variety of times and locations, in addition to classes on the care of your baby and new family.
- Choose a pediatrician or family practice physician to care for your baby. Make sure he/she accepts your insurance and practices at PinnacleHealth.
- Decide if you want your baby boy circumcised, and check with your insurance company to find out if the procedure is covered.
- Consider if you and your partner would like to have a doula to provide labor support.
- Pack your labor and postpartum suitcases prior to labor. The section “What to Bring” contains items to make your stay more comfortable.
- Bring all insurance cards with you to the hospital.
- You will need the following information for the baby’s Social Security Number:
  - Social Security Number of mother and father of the baby.
  - Date and place of birth for both mother and father.
  - A completed paternity acknowledgement if the mother and father of the baby are not married. Papers will be given to you at the hospital.
  - Fill out the birth certificate information and return it to your nurse or unit secretary before you leave the hospital.
- Get a car seat that is new or less than 6 years old and have it installed in your car before coming to the hospital (call 1-866-SEAT-CHECK or log onto [www.seatcheck.org](http://www.seatcheck.org) to find a car seat technician in your area). If you have a used car seat, make sure it has never been in an accident.

## Umbilical Cord Blood Banking

The decision to bank cord blood cells with a private company is a personal choice. This is a discussion you should have with your healthcare provider during pregnancy. PinnacleHealth does not have a business or financial relationship with any cord blood bank. Select a cord blood bank and make all the necessary arrangements prior to admission to Labor and Delivery. The company will send a blood collection kit with materials and instructions to you. Please bring the kit provided to you when you are admitted to Labor and Delivery. Inform your nurse on admission of your desire for cord blood banking and provide her with the collection kit. Your nurse will obtain the required samples. Your family is then responsible to package everything and arrange for pick up from the cord blood bank you have chosen. All this information is in the instruction packet sent from the company.

## What to Bring

Whether you pack your bags weeks before your due date or right before you leave for Harrisburg Hospital, it is easy to forget important items. We encourage you to bring anything that will make you feel comfortable during your stay. However, we don't recommend bringing valuable items. We suggest packing separate labor and postpartum bags for your convenience. Bring only your labor bag into Labor and Delivery. After you are transferred to postpartum, your support person can bring your postpartum bag and car seat to the unit.

### *Here are a few items to keep in mind when packing your bags:*

- Camera and/or hand-held video camera
- Heavy socks or slippers
- Bed pillows
- Snacks for labor partner (coffee shop and cafeteria are available with limited day and evening hours)
- Bottle of bubbly cider to toast the new baby
- Robe or nightgowns and underwear (keep in mind these may become permanently stained)
- Hard candy or sour lollipops – sugarless will keep you from getting thirsty
- Tennis ball in sock
- Lip balm
- Talcum powder
- iPod and favorite music
- Shower cap
- Toiletries: mouthwash, shampoo, toothbrush, toothpaste, lotion, soap, deodorant, hair brush, make-up, hair dryer, curling iron, along with any other beauty and hygiene items you use regularly
- Small amount of change

- Going-home outfit for mom – loose, baggy clothes will feel most comfortable and a nursing bra, if you are breastfeeding
- Going-home outfit for baby – stretchy suit, T-shirt, booties/socks, hat, 3 to 4 receiving blankets, warm blanket in cold weather, and/or outfit for baby's first photo taken at the hospital. Snow suits, sweaters, blanket sleepers and buntings are not safe to use with car seats.
- Infant car seat (PA law states babies cannot ride in a car without a federally approved car seat) – have your car seat installed before coming to the hospital in the back seat of the car (center position is safest) facing backwards. You may call the State Police or Safe Kids at (717) 531-SAFE to schedule an appointment for car seat installation on Tuesdays or Thursdays.
- Leave your suitcase and car seat in your car until after you have given birth and are moved to the maternity floor. Take only what you need for labor and delivery. Your partner can bring your car seat and suitcase to the room once you are transferred to the Maternity Unit.

### **When to Call Your Physician/Midwife**

- If you are a first time mother – when contractions are 5 minutes apart, last longer than a minute and have been this way for at least 1 hour.
- If you've already delivered a baby – when your contractions are 7 minutes apart and have been that way for 1 hour.
- Your membranes (bag of waters) rupture – note the color.
- You have bright red bleeding.
- Your baby is moving less than normal.
- You have sharp, steady abdominal pain that does not come and go.
- You have fever, chills, backache and/or burning when you empty your bladder.
- You have nausea and vomiting lasting more than 24 hours.
- You have a headache or blurred vision.

### **Signs of Labor**

- Contractions (labor pains) may feel like cramping or back discomfort with a tightening of the abdomen.
- You may feel contractions in the abdomen, lower back or both.
- The pain from the contractions will come and go.
- Ruptured membranes is a loss of fluid from the vagina as a gush or slow leak – note the color of fluid and the time rupture of membranes.
- If you are already having contractions, walking and talking may be difficult when they become stronger.
- You may have spotting in early labor if you have had a vaginal exam.
- Bleeding like a period is not normal and you should notify your physician or midwife immediately.

## **Coming to Labor and Delivery**

When your contractions are 5 minutes apart, call your physician or midwife. Your partner(s) is welcome to stay with you the entire time. When you arrive, the nurse will ask about your health history and when your labor started. The baby's heart rate and contractions will be monitored. Your blood pressure, temperature and pulse will be checked, and a pelvic exam will be done to determine cervical dilation. You will have a chance to discuss your pain management preferences and ask questions during this time.

Women having a cesarean section will receive a call the night before with a time and instructions to come into Labor and Delivery.

Women having scheduled inductions may receive a call that their induction may need to be delayed due to an increase census in the department.

## **Patient Parking**

Park in the Patient/Physician Garage, off of Front Street or Second Street. The main support person with the white bracelet can get in and out of the parking garage without charge.

## **Visitor Parking**

Park in the Brady Garage off of Mary Street.

## **Visitation Policy for Labor and Delivery**

### ***Antepartum Assessment Center:***

- Each patient in the Assessment Center is allowed 1 family/visitor/support person with her.
- The family/visitor/support person is responsible for keeping the people in the waiting room informed of the patient's condition.

### ***Labor/Delivery/Recovery Rooms (LDRs):***

- Each patient in an LDR is allowed 3 family/visitor/support persons at a time. Any family/visitors/support persons beyond 3 will be directed to the waiting room and given the phone number for the patient's room.

### ***Postpartum Maternity Unit***

- Visitors are welcome to visit from noon until 8 p.m.
- Special visiting time for grandparents only from 10 a.m. - 12 noon.
- All visitors should enter Maternity on the 9th floor through the secured access north entrance. This can be accessed by utilizing the visitor elevators in the north elevator lobby. There is no public access from the main entrance elevators to the 9th floor.
- One support person (father of the baby or another adult) is allowed to remain after visiting hours and may also stay overnight.

Children under the age of 12 are not permitted to visit unless they are the patient's own children.

# Medical Procedures

There are a variety of medical procedures that may be ordered during your labor. Because we never know in advance exactly what procedures may be needed, it is helpful to discuss with your physician or midwife their thoughts about the need for these common procedures.

## IV

An IV is inserted in the hand or arm to provide fluids and medication during labor. A pump is often used to control the exact amount given.

## Electronic Fetal Monitor (EFM)

The External EFM is attached to the mother's abdomen. One part of the monitor tracks the fetal heart rate and the other tells when the mother is having a contraction. This information is transmitted through wires to the main part of the monitor and printed on a graph. The Internal EFM is sometimes used instead of External EFM. The bag of water must be broken and the monitoring device inserted through the vagina to the uterus. There is a fetal scalp monitor, which attaches to the baby to monitor his/her heart rate. A separate catheter can monitor the strength of the mother's contractions.

## Pitocin or "Pit"

Pitocin is the synthetic form of the hormone oxytocin, which causes the contractions of labor. It is administered through an IV line. It is used to induce (or start) labor, to augment (strengthen) labor or given after delivery to keep the uterus firm.

## Episiotomy

The physician or midwife may make an incision in the perineum between the vagina and the rectum at the time of birth to enlarge the vaginal opening. The episiotomy will be repaired with stitches after the baby and placenta are delivered.

## Vacuum Extractor

A small suction cup can be placed on the baby's head during the pushing stage. The physician applies pressure during the contraction to bring the head down for delivery.

## Forceps

A metal "spoon-like" instrument can be applied on either side of the baby's head by the physician, which can then be positioned and brought down for delivery.

## Pain Management

PinnacleHealth uses a pain scale (see picture below) to measure your pain levels. Pain relief is available to you during labor, including both medication and medication-free comfort techniques.



Some women prefer using pain medications, while others prefer natural childbirth (without using drugs). Be aware that pain medications are not usually given until labor has progressed to a certain point. Discuss your options with your healthcare provider and labor partner before your labor begins to find out what pain relief may be best for you.

### *Advantages of pain medications:*

- Provides significant pain relief
- Allows you to rest or sleep late in labor
- Promotes muscular relaxation
- Pitocin can be given to strengthen contractions without increasing your discomfort

### *Advantages of natural childbirth:*

- Allows you to move and position freely
- Decreases use of other medical procedures which may be used with pain medications
- Provides sense of personal accomplishment
- Enhances early breastfeeding with the delivery of a more alert baby

## Medication Options

### *Pain Medication*

Medicine can be given through an IV once you are in active labor and your cervix is progressively dilating. Giving the medication too early may cause contractions to slow down and affect the progress of your labor. Many women find that a dose of medication such as Stadol, can provide just enough relief to “take the edge off” the contractions and give them a rest period.

### *Epidural Anesthesia*

An epidural will provide numbing from your waist down so the contractions will not feel as painful, although you may still feel some pelvic pressure. This type of anesthesia, given only by a doctor called an anesthesiologist, is administered by inserting a catheter into the epidural space in your spinal column. Again, your labor must be progressing to receive this type of pain relief.

Once you've received an epidural, you must stay in bed. If you have an epidural for labor and are unable to deliver vaginally, the epidural can be used as anesthesia for your cesarean section.

## **Medication-free Pain Management**

There are many comfort measures you can use to relieve pain throughout your labor. Your labor support partner and/or a doula can be very effective in helping to keep you focused and in control, despite the pain of the contractions.

*Here are some techniques which are especially helpful in easing the discomforts of labor:*

- Relaxation and breathing
- Supportive labor partner
- Walking
- Shower or jacuzzi
- Rocking chair
- Massage
- Counter pressure
- Soothing music
- Position changes
- Birth ball
- Aromatherapy (candles are not allowed in the hospital)

## **Cesarean Delivery**

A cesarean section is a surgical delivery of the baby through the abdominal wall and uterus. It occurs in approximately 1 in 4 deliveries and is done by an obstetrician in the Labor and Delivery suite. One labor partner will usually be able to stay with you during the surgery. Cesareans are usually done with spinal anesthesia while the mother is awake. In some cases (usually emergencies), general anesthesia may be used, and the mother will not be awake.

Sometimes a cesarean section is planned during the pregnancy and scheduled in advance. Other times, it may occur as a result of conditions that happen during labor. Some common reasons for cesarean sections include: fetal stress, extended length of labor, unusual position of the baby or maternal conditions.

A neonatologist/neonatal nurse practitioner and obstetrical nurse will be available to care for the baby at delivery. After the delivery, the mother and baby will be transferred to the obstetric recovery room for about 1 to 2 hours and will then be admitted together to the Postpartum Unit on the 9th floor. The hospital stay after a cesarean is 3 to 4 days.

## **Vaginal Birth After Cesarean (VBAC)**

If you had a cesarean section with a previous delivery, you may be able to deliver vaginally with this pregnancy. This should be discussed early in pregnancy to be sure your physician is supportive. You will need to sign a consent form if you plan to attempt a VBAC.

# Your Birth Plan

Are you in the early weeks of your pregnancy, thinking about baby names, or nearing the homestretch of your pregnancy, getting your nursery ready? Now is the time to be thinking about your birth preferences.

## What is a Birth Plan?

The term birth plan can actually be misleading. It's less an exact plan than a list of your preferences concerning your labor, birth and hospital stay. A birth plan isn't a binding agreement, but rather a guideline of your wishes for your healthcare providers.

## Why have a Birth Plan?

A birth plan isn't a must, and it is fine if you don't want to write one. Many couples don't bother with a birth plan because they are comfortable trusting their healthcare providers to help them make appropriate choices as the need arises. Other couples have strong opinions and expectations they want to share with their caregivers.

## Where to Start?

Spend some time together thinking about and prioritizing what you want. Consider the options available to you that may be discussed in your childbirth class or hospital tour. While forming a birth plan, you will also obtain more knowledge regarding the labor and birth process.

## *What questions does a birth plan answer?*

1. What are your preferences during a normal labor and delivery?
2. What are your wishes for your baby's care in the first few days after birth?
3. What would you like to happen in case of unexpected events?

Be flexible and keep an open mind. Remember, a birth plan isn't a guarantee that your birth will go just as you planned it. By educating yourselves in advance, you will be less fearful and more empowered to make the best choices for you and your baby.

You may choose to use the guide on the next page for your birth plan.



# My Birth Plan

Date: \_\_\_\_\_

I, \_\_\_\_\_, am creating this birth plan prior to my labor to make my wishes clear to my doctor/midwife and the nurses at the hospital. These are the items I feel are important in the birth of my unborn baby and would like them to be followed as closely as possible, whenever possible. I understand a circumstance might come up where either I may change my mind, or my doctor/midwife suggests that it is my best interest to change my birth plan. I will be flexible. However, I request to be kept informed of every aspect of my labor.

My name: \_\_\_\_\_ My due date: \_\_\_\_\_

My provider's name: \_\_\_\_\_

My birth partners' names: \_\_\_\_\_

(Check all that are your requests)

## Environment:

- I want to control the temperature, lighting and sounds/music in my labor room
- Please allow all visitors to come and go as they please (up to 3 at a time)
- I only want visitors during the early stages of labor
- I want no visitors except for my birth partner(s)
- Do not allow these people: \_\_\_\_\_
- I want my doula/childbirth educator to be present

## Comfort Measures:

- Ice chips/clear liquids by mouth
- Shower/jet tub to relieve pain
- Position changes/walking for comfort
- Massage/breathing techniques

## Pain Management:

- No medication at all – I want a drug-free birth
- An epidural when in active labor
- Shots through the IV of medications such as Stadol
- Paracervical block (only used by some midwives)

## Delivery:

- I want to use the birthing position of my choice
- I want to use coached/directed pushing techniques
- I want to use self-directed pushing
- Please perform an episiotomy only if necessary

## Immediately After Delivery:

- Delay cord clamping until pulsation stops
- Allow visitors to see us in Labor and Delivery
- Allow my partner to cut the umbilical cord
- Allow just the new family in Labor and Delivery
- Bank the cord blood

## Postpartum Care:

\_\_\_\_\_ will be staying overnight in my room (1 only)

## Newborn Care:

- Breastfeeding only
- Circumcise my newborn son
- Formula feeding only
- No circumcision
- No pacifiers or artificial nipples given to my breastfed baby
- Other: \_\_\_\_\_

Thank you for taking the time to read my birth plan, which I have shared with my healthcare provider.

Sign \_\_\_\_\_ Date \_\_\_\_\_

## Care for You and Your Baby Following Birth

After months of waiting, your baby is finally here and eager to adjust in his new world. Our doctors and nurses will do everything possible to make sure your baby's adjustment to life after birth is a smooth and healthy one.

### Newborn Care in Labor and Delivery

The first few hours of life are known as transition. After your baby is born, he will be placed skin-to-skin with you to help him during transition as he adjusts his breathing, heartbeat, blood sugar and body temperature after birth. You and your baby will snuggle and have the opportunity to breastfeed for the first time. You and your family can begin to bond to your baby and get to know him as you welcome him.

***While in Labor and Delivery, your nurse will continue to care for your baby including:***

- Assess baby's transition to life after delivery
- Weigh and measure baby
- Help with breastfeeding
- Test baby's blood sugar, if needed

### Newborn Care on the Postpartum Unit

You and your baby will be transferred to the Maternity Center on the 9th floor about 2 hours after birth to continue transition. Your nurse will care for both you and your baby. Your baby will complete his transition in your room and will remain with you until the time of discharge.

***There are many benefits of uninterrupted contact between baby and family:***

- Supports family-centered maternity care
- Nurtures baby's transition to life after delivery
- Supports skin-to-skin care
- Helps baby and mother learn to breastfeed successfully, recognize feeding cues, and feed baby as soon as he is hungry, especially at night
- Allows mother and father to get to know their baby, bond and develop their role as parents
- Increases your self-confidence in caring for your baby
- Provides quality time to learn how to care for yourself and your baby
- Prepares you to go home and continue your life as a family

After you and your baby are transferred to postpartum, your baby will have assessments, routine care supported by your nurse and his first bath in your room. Within 24 hours, your baby will have a physical exam done by your pediatrician. One benefit of your baby transitioning in your room is that your baby will remain skin-to-skin with you or your support person.

In addition to helping your baby regulate his breathing, heart rate, body temperature and blood sugar, a baby who is skin-to-skin often cries less and can breastfeed when he is ready to eat.

***Tips for family-centered care:***

- Until you can walk independently, it is helpful to have a support person with you
- It is important that you or your support person hold your baby skin-to-skin to maintain his body temperature
- You or the person holding your baby skin-to-skin will need to be awake
- Your visitors will be able to hold your baby once transition is complete

While you are in the hospital, your baby's care will be done in your room. This allows you to watch, participate and learn about his care without being separated from him. You can maintain skin-to-skin contact with your baby during rest, feeding, assessments and care as much as possible.

***Some care that we will provide in your room includes:***

- Newborn assessment
- Monitoring of vital signs and adaptation to life after delivery
- Promotion and support for breastfeeding
- Newborn bath when his temperature is stable, and he has had at least one successful breastfeeding
- Continued skin-to-skin after bath to keep him warm
- Blood sugar monitoring, if indicated
- Collection of newborn screen and other specimens
- Hepatitis B vaccine
- Promotion of parent-infant bonding

Sleep is important for both parents and baby. We encourage you to sleep when your baby is sleeping, both in the hospital and after you go home. The Safe Sleep Initiative recommends that your baby sleeps on his back in the bassinet or crib. Anyone who becomes drowsy while holding your baby should place him in the bassinet to prevent injury and keep your baby safe.

We encourage you to keep your baby with you throughout your hospital stay to help you to bond with your baby, know him, learn his routines and how to care for him. However, if either you or your baby has a problem at any time during your hospital stay, your baby may need to be cared for in the Newborn Nursery or in the Neonatal Intensive Care Unit (NICU). Your nurse will assist you so you can spend time with your baby in the NICU. Your baby will be brought to your room when the problem improves.

## **Visiting Hours on Postpartum**

Try to keep visitors to a minimum so that you and your partner can get some rest and get to know and care for your baby.

## **Length of Stay**

The average length of stay is 2 days for vaginal delivery or 3 to 4 days for cesarean. If you are interested in going home before 24 hours, discuss early discharge with your physician or midwife and pediatrician in advance. You would need to arrange for help at home. A home visit from a nurse can be arranged through the agency of your choice. Some insurance plans may cover this. Check with your insurance company.

## **Your Baby's Stay**

Now that your baby is born, your baby is depending on you to care for his/her every need. Not only is this a time to bond with your baby, but also a time to learn your baby's personality and to develop routines that work well for both of you.

Your support person, with the white ID band, may visit any time. Brothers and sisters of the baby and other visitors can come to see you and your baby between noon and 8 p.m. Grandparents can visit from 10 a.m. - 12 noon, so they can share some special time with you and your baby.

Visitors and family should use the elevators in the North Lobby of the hospital (near the Emergency Department) when they come to visit. Family or friends who are ill or have a cold should not visit. Remind your visitors to wash their hands before holding your baby. Children, other than brothers and sisters of the baby, who visit must be 12 years of age or older.

## **Infant Treatments and Screenings**

There are a number of treatments that are done in the first hours or days after birth for every baby.

### ***Eye Prophylaxis***

Medication is placed in the infant's eyes to prevent infection or blindness from gonorrhea and chlamydia infections.

### ***Foot Printing and Identification Bands***

This is done in the birth room or delivery room for the identification of the infant.

### ***Vitamin K***

An injection into the baby's thigh muscle is given to prevent internal bleeding.

### ***Hepatitis B Vaccination***

Many pediatricians recommend starting Hepatitis B vaccine in the hospital. This is a series of 3 injections to immunize the child against Hepatitis B. The other 2 injections will be given at the pediatric visit at 2 and 6 months.

### ***Newborn Metabolic Screening***

A small amount of blood is taken from the infant's heel and applied to a special card. It tests for these conditions: phenylketonuria (PKU), hypothyroidism, sickle cell, galactosemia and congenital adrenal hyperplasia, Maple Syrup Urine Disease and other genetic disorders. Many of these diseases can be treated before problems occur.

### ***Bilirubin Screening***

At 24 hours of age, your baby will be screened for newborn jaundice. In the first 2 to 5 days after birth, some babies may develop a yellow to orange color in their skin and whites of their eyes. This color is caused by bilirubin, the normal product of the breakdown of red blood cells, which is usually harmless. Babies have extra red blood cells before they are born to make sure they get enough oxygen. After they are born, they do not need the extra red blood cells. When their bodies break down the extra red blood cells, their livers may not be able to excrete the extra bilirubin that colors their skin (jaundice). Sometimes jaundice is also caused by a difference in blood types between mom and baby or by illness.

The physicians and nurses will watch for jaundice and will test your baby for his bilirubin level. They may use a light test on your baby's forehead and/or may prick your baby's heel for a blood test. If bilirubin builds up too high in the body, your baby will be treated with special blue lights (phototherapy) or a "bili-bed" and extra fluids to prevent damage to nerve cells in his brain. This treatment usually lasts a few days. If your baby needs light treatment, your physician and nurse will give you more information.

If your baby goes home with jaundice, he should be seen by a pediatrician within 1 to 2 days. Your physician will tell you what to watch for and when to call the office. You should always call your physician if your baby seems sick, more yellow, or seems too sleepy to wake for feedings every 2 to 4 hours.

### ***Hearing Screening***

Some babies are born with hearing problems. The only way to detect a problem is through screening. Your baby will be screened in the nursery before leaving the hospital. If your baby passes the hearing screening, you do not need to do any more testing at this time. A small number of babies who pass the screening at birth can lose their hearing before 1 year of age or older.

Some babies develop hearing loss later as a child. If you are concerned about your child's hearing, talk with your child's doctor. If your baby does not pass the hearing screening, you should get another screening. There may be several reasons why your baby does not pass the screening – he may have permanent or temporary hearing loss, he may be too active or awake during the screening, or the nursery may be too noisy to get good results. If you have any questions or concerns or need another screening for your baby, talk with your baby's doctor.

### ***Pulse Oximetry Screening***

Critical Congenital Heart Disease (CCHD) is a problem with the structure of the heart or the blood flow through the heart. CCHD is the most common birth defect. The cause is not known. Many babies with CCHD have no symptoms at birth, but may later develop problems.

Your baby will be screened for critical congenital heart disease. After your baby is 24 hours old, we will monitor your baby with a Pulse Oximetry test that measures the oxygen in the blood. A sticky band aide-like probe with a red light will be placed on your baby's right hand and a foot. This will only take a few minutes and will not hurt your baby.

If your baby passes the test, continue with your scheduled pediatric visits. If your baby does not pass the test, further tests may be ordered. Your baby's physician or nurse practitioner will talk with you about your baby's test results and any follow-up care needed.

### **NICU**

A Neonatal Intensive Care Unit (NICU) is available for premature and ill infants. Neonatologists, specially trained nurses and respiratory therapists care for babies in the NICU. The family is given individual attention from a caring staff in a friendly atmosphere. Parents are encouraged to spend time with their baby and mothers are encouraged to breastfeed. Breast pumps are available for nursing mothers. Skin-to-skin kangaroo care may be provided by parents, depending on the infant's condition. You will be given more information about the NICU if your baby needs to stay there for any length of time. For more information about the NICU, call the clinical nurse specialist at (717) 782-5282.



# Your Going Home Guide

## **Discharge Plans**

Discharge planning begins with the birth of your baby. Our healthcare team will work with you and your family to identify your needs to provide a smooth homecoming.

### ***On the Day of Delivery***

- Bring your infant car seat to your hospital room following transfer to the Postpartum Maternity Unit.
- Make sure you are familiar with the operation and/or adjustment of your car seat before you come to the hospital.
- Be sure to have your car seat checked by a Certified Child Passenger Safety Technician before coming to the hospital, to insure it is installed correctly in your vehicle.
- Bring a baby outfit for your baby's pictures.

### ***Day Before Discharge***

- Take home as many belongings as possible (flowers and gifts, etc.).
- Turn in birth certificate and paternity papers, if applicable.
- Verify with your nurse that all baby's blood work and vaccinations have been done (NeoGen and PKU screening, Hepatitis B vaccine). Make sure your baby's hearing test is done.
- A photographer will stop by your room with information about baby pictures. Please have your baby dressed in the outfit you want for the picture.

### ***Day of Discharge***

- Your doctor will come to your room to discharge you. Your pediatrician will discharge your baby.
- Your nurse will review discharge instructions with you. You will need to sign the instruction sheet, and your baby's bracelet will be removed to keep with his hospital records.
- Your support person will take the last of your belongings to the car. Once you are discharged, your support person may bring the car around to the main entrance of the hospital and wait for the nurse to bring you and your baby down in a wheelchair.

### ***General Information***

- The average discharge time is between 10 a.m. and noon. Please ask your support person to be at the hospital by 9 a.m.
- Remember, FREE parking is only available for the support person wearing an ID bracelet. All other visitors must pay for parking upon leaving the parking garage.

# All the Help You Need

In this section we have listed resources and programs that may be useful during and after your pregnancy.

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## ***PinnacleHealth Resources***

Behavioral Health/PinnacleHealth Psychological Associates – (717) 231-8360

Counseling and support services are provided for individuals and families needing psychological or emotional support, especially with postpartum depression.

Childbirth Education and Parenting Programs/Hospital Tours – (717) 231-8900

A variety of classes including childbirth, breastfeeding, baby care, infant/child CPR, first aid and sibling preparation are available through our Parent/Child Education department.

Childhood Lead Poisoning Prevention Center – (717) 782-6442

Children under 6 years of age and pregnant women are screened for lead exposure.

Cribs for Kids – (717) 782-2326

PinnacleHealth is a “Cribs for Kid’s”® partner providing a program to educate parents, family members, child care providers, and health professionals about safe infant sleep. This is a preventive program that seeks to reduce infant mortality by educating families on SIDS (Sudden Infant Death Syndrome) and providing safe sleeping locations and positions for their infants. PinnacleHealth’s “Cribs for Kids”® will ensure infants have a safe place to sleep by providing eligible low income parents who have no other way to afford a crib with a free Graco “Pack ‘n Play” style crib.

Doula Services – (717) 231-8916

A doula is a specially trained labor companion who provides physical and emotional support for women and their partners during labor and birth. A list of certified doulas who attend births

at Harrisburg Hospital is available for interested families. Call for additional information if you are looking for a doula or are interested in becoming a certified doula.

Children’s and Teen Center – (717) 782-4650

Provides well and sick healthcare for children 0 to 21 years. Specialty clinics include lead exposure, neurology, asthma and pulmonology, family planning and neonatal follow-up.

Lactation Consultants – (717) 782-5372

Professional support, education and counseling for breastfeeding mothers are provided in the hospital by certified lactation consultants. One-on-one counseling and assistance is also available by appointment or by phone after discharge. A variety of breastfeeding aids, including rental of breast pumps are available.

New Mom Network – (717) 231-8900

An informal time of sharing for new mothers. This group is facilitated by an experienced nurse in maternal/child health, infant massage and lactation. Join other new moms and their infants, 0 to 9 months old and older babies age 10 to 16 months for discussion about the physical and emotional adjustments to motherhood. No older children, please.

Nurse-Family® Partnership – (717) 782-2335

PinnacleHealth’s Nurse-Family Partnership® Program provides help to vulnerable, at risk families in our community with Nurse Home Visitors that support, education and counsel on health, behavioral and self-sufficiency issues for first time, income eligible Moms and their babies. This free, voluntary program provides guidance to help ensure the health and well-being of both Mother and

baby with Nurse Home Visitors providing visits to these Moms early in pregnancy and continuing until the child is 2 years of age. To learn more about Nurse-Family Partnership please call (717) 782-2335.

**Nursing Mothers Counselors – (717) 231-8900**

A team of dedicated volunteers with breastfeeding experience are available to give support and answer questions/concerns about breastfeeding.

**Nutrition/Gestational Diabetes Education – (717) 221-6250**

A registered dietician is available to provide individualized nutrition education on healthy eating while pregnant or breastfeeding.

**The Parent Review**

PinnacleHealth offers a free weekly email for expectant and new parents to help guide you through pregnancy, labor and birth, and the first year of your baby's life. Receive customized information, including tips, support, news, advice and resources. Register online at [www.pinnaclehealth.org](http://www.pinnaclehealth.org) and click on the icon.

**Perinatal Bereavement Services – (717) 231-8844**

Education and support services provided to those dealing with grief and loss related to pregnancy or childbirth. A support group meets monthly at Community Campus. Please call (717) 782-5906 or (717) 221-6268 for more information.

**PinnacleHealth Internet Site**

Providing health information on the internet at [www.pinnaclehealth.org](http://www.pinnaclehealth.org). Look for directions, physician finder, events calendar and specific information about hospital and outpatient services, and several e-newsletters on a variety of topics.

**Rainbows: Pregnancy After Loss – (717) 782-5906 or (717) 231-8916**

For those who have had pregnancy losses and are considering pregnancy, are currently pregnant or have recently given birth.

**REACCH – (717) 782-2363**

A comprehensive care program for HIV-positive mothers and their HIV-exposed infants and affected children.

**Social Services – (717) 782-5574**

Referrals for help with financial problems, those who need help with drug/alcohol or domestic violence, adoption questions, or other stressors.

**WomanCare Connection – (717) 231-8900**

Registered nurses are available on site and by telephone to answer questions and provide individual health consultations. Visit [www.pinnaclehealth.org/womancare](http://www.pinnaclehealth.org/womancare) for more information.

**Women's Outpatient Health Center – (717) 782-4700**

Hospital based gynecological, prenatal care and family planning are provided regardless of ability to pay.

***Community Resources***

**Contact Help Line – (717) 652-4400**

**Crisis Intervention**

Eastern Cumberland and Perry Counties – (717) 763-2222

Western Cumberland and Perry Counties – (717) 243-6005

Dauphin County – (717) 232-7511

York County – (717) 851-5320

**Dauphin County Social Services for Children and Youth – (717) 780-7200**

This department is responsible for protecting the health and safety of children and youth. Services range from in-home services including prevention, intake/assessment and counseling/intervention and placement services including foster family care, group home, adoption and residential placement. Referrals may be made by phone, in writing or in person. Emergency services are provided 24-hours a day, 7 days a week.

Dauphin County Department of  
Drugs and Alcohol Services –  
(717) 635-2254

This program implements alcohol and  
drug abuse prevention, intervention and  
treatment programs.

Dauphin County SAFE KIDS –  
(717) 531-SAFE  
Car seat installation information

Domestic Violence Services  
Provides shelter services, counseling,  
support groups, accompaniment services,  
legal services and preventative education  
program.

Domestic Violence Services of  
Cumberland and Perry Counties –  
1-800-852-2102

YWCA/Domestic Violence Services  
serving Dauphin County –  
1-800-654-1211

Domestic Violence Intervention of  
Lebanon County – 1-866-686-0451

ACCESS-York serving York County –  
1-800-262-8444 (24-hour hotline)

Domestic Violence Services of  
Lancaster County – 1-800-932-4632

La Leche League – 1-800-LaLeche;  
1-846-519-7730

After Hours Hotline – 1-877-452-5324  
This organization offers community  
support groups for breastfeeding mothers.  
[www.llli.org](http://www.llli.org)

PA Department of Health –  
1-877-PA-HEALTH

This state-run service provides programs  
for women, children and families for the  
prevention and suppression of disease  
and injury. Visit them on the web at  
[www.health.state.pa.us](http://www.health.state.pa.us).

PA Quitline (smoking cessation) –  
1-877-724-1090

Secret Safe Place for Newborns –  
1-866-921-7233

“A Secret Safe Place for Newborns”  
program is offered at the Harrisburg and  
Community General Osteopathic Hospital  
Emergency Departments. The mission of  
this service is to rescue newborn infants,  
who would otherwise be abandoned,  
from injury or death by providing  
confidential emergency care and shelter.  
Of special note is a promise by the  
Dauphin County District Attorney not to  
prosecute a mother as long as the baby is  
unharmd. A special toll-free number has  
been established to provide information.

South Central PA Highway Safety –  
(717) 766-1616  
Car seat installation information

WIC (Women, Infants and Children) –  
1-800-942-9467

Provides healthy foods at no cost,  
health nutrition information, health and  
immunization screenings, breastfeeding  
information and support, recipes,  
newsletters, educational materials, one-  
to-one nutrition counseling, and referrals  
to community services.





PinnacleHealth Harrisburg Hospital



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[pinnaclehealth.org](http://pinnaclehealth.org) | [facebook.com/MyLaborDay](https://facebook.com/MyLaborDay)