



Women's Center

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL





# Welcome to the *Women's Center*



We are looking forward to providing you and your baby with exceptional care during your labor, delivery and postpartum experience. This packet contains important information to make your stay here as pleasant as possible. While you are in the hospital, please feel comfortable asking the nursing staff and providers any questions you might have about caring for yourself and your new baby.

[gwhospital.com/maternity](http://gwhospital.com/maternity)

# Before Your Baby Arrives

There is a lot to prepare for when you are expecting a baby. While you are getting ready to welcome the newest member of your family, remember some important things you need to consider before your baby's birth:

## Infant Car Seat Safety

The District of Columbia requires all newborns to be secured in an approved infant car seat when traveling home by vehicle. District residents who need a car seat may purchase one for a small fee (availability is not guaranteed). You should have car seat installation checked before your baby is due. Help is available for car seat fitting – call the SAFE KIDS Coalition's seat fitting hotline at:

District of Columbia	202-476-3618
Montgomery County	240-777-2222
Prince George's County	301-583-1964
Prince William County	703-792-6800
Fairfax County	703-280-0559

## Pediatrician

We recommend that you choose and meet with a pediatrician or family physician before your delivery. You may ask your obstetrician or midwife for a recommendation or call **888-884-2327**. If your pediatrician or family physician is not on staff at GW Hospital, a staff pediatrician will see your infant while you are in the hospital.

## Cord Blood

Parents who wish to have their baby's cord blood collected must bring kits with them. Check with your physician to see if there will be a cost to collect the sample.

## Preadmission

We recommend that you preregister six to eight weeks before your due date. You may register by phone at **202-715-5679** or online at [gwhospital.com/maternity](http://gwhospital.com/maternity), then select "online registration."

GW Hospital | Department  
900 23rd Street, NW | Washington, DC 20037



# General Information

## Parking

Parking is available for a fee in the GW University Science and Engineering Hall garage (the entrance is on H Street, NW near the corner of 22nd Street, between 22nd and 23rd). It is open 24 hours a day, seven days a week. **Parking validation is not available.**

For current parking garage fees, visit [gwhospital.com](http://gwhospital.com)

## Valet Parking

Valet parking is available from 7 a.m. – 7 p.m., Monday – Friday. The valet service is located near the front entrance of the hospital at 900 23rd Street, NW. The cost is a flat rate of \$25 per day. Vehicles left in valet after 7 p.m. will be released by the security supervisor located on the first level of the hospital.



**1. George Washington University Hospital**  
900 23<sup>rd</sup> Street, NW  
Washington, DC 20037  
202-715-4000

### GW University Parking Fees:

*Fees are subject to change*

**For current parking garage fees, visit [gwhospital.com](http://gwhospital.com)**

1st hour (or fraction thereof).....	\$10
2nd hour (or fraction thereof) .....	\$16
Daily Maximum.....	\$23
Weekend Daily Maximum .....	\$12
Evening (enter after 5 p.m. until midnight) .....	\$11
Overnight (midnight until 2 a.m.) .....	\$10

Rates include 18 percent D.C. parking tax. Rates begin again at 6 a.m. daily. Street parking is limited and metered.



## Hospital Access

The main entrance is located at 900 23rd Street, NW and is open from 5:30 a.m. to 10 p.m., Monday through Friday, and from 6:30 a.m. to 8 p.m. Saturday and Sunday. After hours, please use the Emergency Department entrance located to the right of the main entrance. Everyone entering the hospital must present a photo ID to the security guard to gain entrance. The Women's Center is a secure area. To ensure the safety of our babies, we require that all guests sign in and out at the front desk. Please remind your visitors to bring a photo ID, or they will not be able to enter the hospital.

## Admission to Have Your Baby

When you arrive at the hospital, please show your photo ID at the main desk or the emergency desk, depending on the time (see Hospital Access, above). You can then go directly to the concierge desk of Labor and Delivery on the third floor. If you are having an emergency, go to the emergency entrance for a wheelchair and then to the concierge desk of Labor and Delivery, where you will complete the remaining admission forms.

The Women's Center is a locked area. To ensure safety of our babies, we require that all guests sign in and out at the main desk of labor and delivery located on the 3rd floor. Your partner will be asked to sign in and out every time he or she leaves the floor.

When you arrive in Labor and Delivery you will be assessed in our triage area based on your acuity. Like in any emergency room, we need to take care of the sickest or more active laboring patients first. You will receive a quick

assessment by an experienced labor and delivery nurse and based on the findings will be seen in order of urgency. Only five support people, including partner and doula are allowed in Labor and Delivery.

## Visiting Policy

All visitors must be free from infections such as colds, sore throats and other infections. In addition, visitors must have not been recently exposed to infectious diseases such as chicken pox. Your guests should go to the third floor Women's Center concierge desk for admission to the unit.

Please note, children are not permitted to spend the night in postpartum. The neonatal intensive care unit (NICU) is open to visitors 24/7.

Guests may visit from 6 a.m. - 10 p.m. In order to promote a restful and healing environment where you can bond with your baby, as well as for the safety of newborns at the Women's Center, please limit visitors.

Please remind visitors to bring a photo ID or they will not be able to enter the hospital.

## Your Hospital Stay

All of our labor and postpartum rooms are private. Most rooms have sleeping accommodations for one family member or significant other to stay overnight.

## Smoking Policy

The George Washington University Hospital is a smoke-free environment. Smoking is prohibited throughout the hospital and on hospital grounds. Patients are not permitted to leave the maternity unit to smoke.

## Rooming In

The Women's Center focuses on family-centered care with 24-hour rooming in with your newborn. We do have a Respite Nursery available 24/7 if you need some rest time.

## Skin to Skin

We encourage skin-to-skin contact with your baby as soon as possible after birth. Your baby is placed unclothed onto your chest against your skin, under a blanket or your clothing. Skin-to-skin contact stabilizes your baby's temperature, vital signs and blood sugar levels, and causes your uterus to contract and decreases bleeding. It also comforts your baby, decreases crying and promotes feelings of closeness and protectiveness. In addition, it stimulates milk production, providing an opportunity to get breastfeeding off to a good start.

## Security

Your newborn's security is our top priority. All infants receive two identification bands at the time of delivery that are placed on their wrist and ankle. You and a designated support person will wear matching bands. You will need to wear these bands until you and your baby are discharged. Each infant also has a "safe place" security band applied in Labor and Delivery that will set off an alarm if the infant is taken out of our locked area.

## Birth Certificate

The District of Columbia Bureau of Vital Records requires the hospital to file a birth certificate. We will give you a birth certificate worksheet when you are admitted to the postpartum unit for you to complete and give to your nurse. To obtain a Social Security number for your baby, please check the appropriate box on the worksheet. It takes six to eight weeks. We will provide instructions on how to purchase the official birth certificate. Please complete this as soon as possible after your baby's birth.

## Going Home

The usual hospital stay is two days for a vaginal birth and three days for cesarean birth. We will clear you to leave the hospital once your providers have written discharge orders for you and your baby. Your nurses will review discharge information and care plans with you before you go home.

**We strive to discharge patients by 11 a.m.** We will escort you and your baby to the hospital lobby in a wheelchair and provide a cart for your belongings. An installed infant car seat is required by law if you are traveling home by car. Parents must put the baby into the car.

## General Hospital Information

[gwhospital.com](http://gwhospital.com)

## Important Phone Numbers:

Admitting Department  
202-715-4051

Birth Registrar  
202-715-4363

Hospital Operator  
202-715-4000



# What Should I Bring To The GW Women's Center?



## During Labor

### For Mom:

- Massage tools
- Music playing device
- Camera or video recorder and fresh batteries. You may use the video recorder before and after the birth. Only still pictures are allowed during the birth.
- A list of telephone numbers to announce the birth
- Warm socks and slippers
- Pillows – Your own pillows for extra comfort (we recommend brightly colored cases)
- Hand fan
- Lip balm
- Focal point, such as a favorite picture.

### For Birth Partner:

- Snacks and drinks such as granola bars, crackers, bottled water or juice boxes. Food should be nonperishable.

## During the Postpartum Period

### For Mom:

- Two-piece pajamas or a front-opening nightgown for breastfeeding
- Toiletries
- Hair dryer (the hospital does not have hair dryers)
- Loose-fitting clothes to wear home

### For Birth Partner:

- Change of clothes and pajamas
- Toiletries

### For your baby:

- Car seat (this is required in order to be discharged by car or other vehicle. There is no need to bring the base.)
- Two outfits, each including a T-shirt and sleeper
- Two or three receiving blankets
- Two sweaters and/or a bunting suit and hat (for cold weather)





## Capture Those First Precious Moments

The George Washington University Hospital is pleased to partner with Gaga Baby Photos to provide professional, high-quality portrait photography of newborns at the GW Hospital Women's Center. Gaga Baby Photos will offer portrait sessions at no charge to families in their hospital room.

You are not obligated to have photos taken. If you decide you would like to, Gaga Baby Photos will perform this service with utmost sensitivity to your family's comfort. Families can purchase photos in the hospital or online. Gaga Baby's experienced team guarantees exceptional photographs and ensures seamless, respectful and personalized customer service.

Find out more at [www.gagababyphotos.com](http://www.gagababyphotos.com) or call **877-806-GAGA (4242)**.

# Natural Childbirth

## Is Natural Childbirth the Best Choice for Me?

We want you to have the birth experience of your choice whether you choose an un-medicated birth or an epidural. All of our nurses are specially trained to support you through a natural childbirth.

At GW Hospital, physicians and midwives, both of whom support unmedicated natural childbirth, work collaboratively with the goal of providing the best possible care to women and their babies. With the benefits and expertise of an academic medical center and a Level III Neonatal Intensive Care Unit (ICU), expectant mothers and newborns have access to a range of obstetrical and neonatal services.

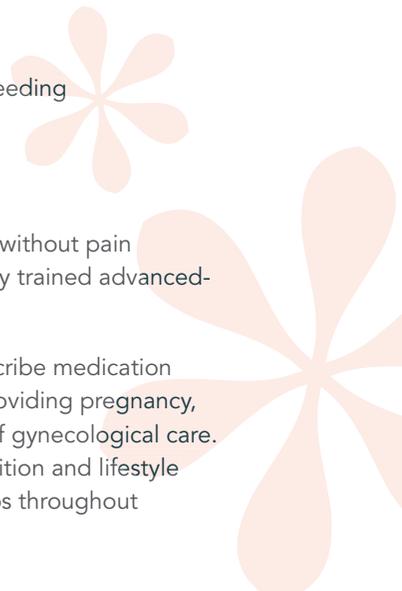
## Pearls for a Natural Childbirth

- Keep women nourished and hydrated
- No routine IV fluids (use saline locks)
- Intermittently monitor the fetal heart rate
- Keep women and/or labor support person upright, mobile
- Encourage doulas
- Do not routinely rupture the membranes
- No rigid timelines (women get the time they need)
- Wait for involuntary pushing (labor done with epidurals)
- No routine episiotomy or aggressive vaginal stretching
- Delay cord clamping
- Encourage immediate skin-to-skin contact and breastfeeding
- Listen to the evidence and listen to women

## What Certified Nurse Midwives Offer

Midwives assist women in having a natural, vaginal birth without pain medication. A certified nurse midwife (CNM) is a specially trained advanced-practice nurse who holds a master's degree.

CNMs are qualified to diagnose and treat illnesses, prescribe medication and manage patient care. Each midwife specializes in providing pregnancy, labor, delivery and postpartum care, as well as a range of gynecological care. The comprehensive services women receive include nutrition and lifestyle counseling, blood work, sonograms and regular checkups throughout pregnancy.



# Family-Centered Maternity Care

At the George Washington University Hospital, our goal is to provide Family-Centered Maternity Care (FCMC). FCMC combines pregnancy, childbirth, postpartum and infant care in the continuum of the family life cycle as a normal, healthy event. This care is tailored for each woman and her family, and recognizes the importance of family support, participation and choice. FCMC is based on five principles:

1. Childbirth is a wellness, not an illness. Care focuses on labor, birth, postpartum and newborn care as a normal life event that involves dynamic emotional, social and physical changes.
2. The hospital team assists the family in making informed choices for care during pregnancy, labor, birth, postpartum and newborn care.
3. The support person(s) of the mother's choice is actively involved in the educational process, labor, birth, postpartum and newborn care.
4. Mothers, not nurses, are the preferred care providers for their infants. When mothers are caring for their babies, the nurses' roles change from direct patient care to facilitating the care given to the mother or family.
5. When mother-baby care occurs, the same nurse cares for the mother and baby together, as a single-family unit.



## Breastfeeding

All of our Mother Baby nurses are specially trained to assist you with breastfeeding.

Breastfeeding has been shown to have many benefits for both the infant and mother. Infants who are breastfed may have a lower risk of developing conditions such as obesity and diabetes. In addition, mothers who breastfeed may have a lower risk of breast and ovarian cancer, heart disease and type 2 diabetes.

If you or your baby has a medical condition, risk factors, or a complication, we have a lactation consultant on duty seven days a week. Your nurse will confer with your physician or midwife to determine if a consultation with one of these lactation specialists is appropriate for you and your baby. Some examples of indications with a lactation consultant are:

- History of lactation difficulty in prior pregnancy
- History of breast surgery
- Low birth weight baby
- Preterm delivery
- Hypoglycemia
- Twins

## Childbirth and Parenting Education and Resources



There are a variety of classes and resources available for expectant and new parents. For a list, please visit our website at [gwhospital.com/maternity](http://gwhospital.com/maternity)

## Frequently Asked Questions:

### **What is the best way to accomplish Family Centered Medical Care (FCMC)?**

The best way is through rooming in, which is when the baby stays in the room with the mother rather than in the hospital nursery. Mothers and infants are a unit and belong with one another. The mother's voice, smell and heartbeat are the only things the baby recognizes in the first few days of life. Having your baby close to you will help you both transition to this new phase of your lives. Rooming in will also assist you in learning your baby's feeding cues and patterns.

### **How does rooming in benefit me?**

- Better quality of sleep
- Increased confidence in handling and caring for your baby
- Ability to learn your baby's cues for when he or she is sleepy, stressed, in need of quiet time or hungry
- Early identification of early feeding cues such as rooting, opening his or her mouth, and sucking on his or her tongue, fingers or hands
- Improved breastfeeding success
- Less infant crying and distress (they need to be near you)
- Less "baby blues" and postpartum depression (you need to be near them)
- Parents are better-rested and more comfortable by the end of the first week home





### **How does this benefit my baby?**

- Better quality of sleep
- More content nature and less crying
- Breastfeed sooner, longer and more easily
- More stable body temperatures, breathing and blood sugar
- Lower levels of stress hormones

### **I will be exhausted after labor. Should I send my baby to the nursery so I can sleep?**

There is evidence to suggest that you are likely to get the same amount of rest rooming in. Research indicates that keeping the family unit together increases your ability to rest and establish a routine together. You will learn about your baby, learn his or her “cues” and meet his or her needs rapidly. Additionally, by rooming in, you will learn to care for your baby while our staff is close by to assist you and answer questions. It is our goal to provide you excellent medical care and prepare you to care for your new baby.

**There is a Respite “Rest/Well Baby” Nursery available 24/7 should you need it for short periods of time.**

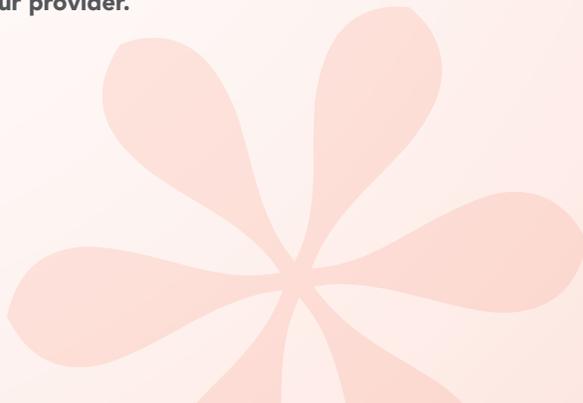
**If you have any specific questions regarding FCMC or rooming in, please contact your provider.**

## **Infant Safety**

**We are here to help you keep your baby safe at all times.**

### **Some guidelines:**

- If you or your significant other are feeling sleepy or tired, please place your baby in the bassinet.
- Do not sleep with your baby in the bed or chair.
- Do not walk in the hallways with your baby in your arms. Please push him or her in the bassinet.
- Do not sleep when performing skin-to-skin.
- If you are feeling unsteady on your feet, please ask the nurse to hand your baby to you.
- Never leave your baby alone on the bed or chair.
- Wear slip prevention footwear at all times, making sure you have a clear pathway so you do not fall with the baby.
- Do not leave your baby unattended.
- Do not allow anyone without a pink stripe on their badge (over the words: Women’s Services) to take your baby.



# Level III B Neonatal Intensive Care Unit

## Children's National Partnership

GW Hospital is pleased to partner with Children's National. As part of this ongoing collaboration, the Children's National neonatology team provides care at GW Hospital. The Children's National team consists of full-time, board-certified neonatologists, neonatal nurse practitioners, physician assistants and hospitalists who manage the care of patients in our Level III NICU. This program provides state-of-the-art care for sick newborns in the Washington, DC metropolitan area, while connecting this program to pediatric subspecialty services at Children's National.

This specialized emergency care is available 24/7, should your baby need it.

## Our Level III B NICU provides advanced services for infants, including:

- Whole baby cooling
- Administration of IV fluids
- Continuous cardiorespiratory monitoring
- Noninvasive nasal continuous positive airway pressure (CPAP)
- Mechanical ventilation, including high frequency oscillation
- Nitric oxide inhalation therapy
- Developmentally supportive environment, including a Quiet Policy
- Private breast-pumping room
- Parental visitation for family bonding\*

In times when a mother is unable to provide enough of her own milk, we can use pasteurized donor human milk. When used, the milk processing fee and shipping is billed to the hospital. Donor mothers undergo a detailed health screen and blood tests similar to the screening used at blood banks.

## First Hospital in D.C. to Offer NicView™!

At GW Hospital, we recognize that having a baby in the NICU may be a difficult and sometimes anxious time for you and your loved ones.

We're proud to be the first in D.C. to offer NicView™. NicView is a small camera system placed at designated bed spaces in the NICU. It allows parents, family and friends to view their infant in real-time, 24/7, through a secure online portal. NicView can help provide comfort and support as you bond with your baby, even when you cannot be in the NICU with them.

Family members can securely access NicView from anywhere there is an internet connection via a laptop, smartphone or tablet. The service is compatible with any internet capable device and most popular browsers. Families may decide to decline NicView service.

*\* If your baby is in the NICU, you may visit or call 24 hours a day. Staff will assist you with visiting your NICU baby. All visitors should wash their hands carefully before touching or holding your baby.*



# Epidural FAQ



## **What is an epidural?**

An epidural is a method of delivering pain medication through a thin plastic tube (catheter) threaded into the space surrounding the nerves in your back. The epidural helps relieve labor pain.

## **How will you place my epidural?**

We will ask you to sit up in the bed, legs over the side, in a “slouched” position. We will clean your back with a cold soap solution. Next, we will inject a small amount of numbing medicine into your back before we place the epidural. This may be the most uncomfortable part of the process, but it only takes a few seconds. We use a special needle to guide the catheter into the correct space. We will ask you not to move during the placement. Once we identify the correct space, we will remove the needle so that only the catheter is left in your back, which we will carefully secure with tape.

## **What kind of pain relief does an epidural provide?**

The medications we give you will block pain sensation. They may also cause numbness in your legs, which may make it difficult to move. You will continue to feel pressure during your contractions, but the sharp pain will be significantly less noticeable. Our goal is to make you comfortable during labor but allow you to feel enough pressure to push when the time comes.

## **Does the medication wear off?**

No, the medicine is continuously delivered through a pump attached to the epidural catheter. You will have a button to press to give yourself extra medication as needed. Pump limits prevent “overdosing.” However, your pain may increase as your labor progresses so we may adjust the rates or give you an extra dose of the medication.

## **When should I ask for an epidural?**

It is up to you based on your level of pain. There is no requirement that your cervix reach a certain dilation prior to epidural placement. Consider that it may take 45 minutes or longer from the time you ask for the epidural until it is in place and taking effect. We will work around and through your contractions, but keep in mind that you will need to sit very still while we are putting the epidural in.

## **When is it too late to get an epidural?**

If your labor has progressed to the stage where you are actively pushing, it may be too difficult to place the epidural. In addition, the pain relief may not take effect before your baby is born.



### **Can I eat or drink during my labor?**

It is important that women stay nourished and hydrated during labor. Eating and drinking to appetite is recommended, unless you are instructed otherwise or are at high risk for needing a cesarean (C-section) delivery. If a woman has an epidural in place, drinking clear fluids is usually permitted, but solid food is not allowed. Having an empty stomach is much safer in case an emergency C-section is needed.

### **Can I get out of bed after I get my epidural?**

No, your legs may be too numb for you to safely move around.

### **What if I need to use the restroom?**

After the epidural has taken effect, your nurse will place a tube called a foley catheter into your bladder to drain urine. The catheter will stay in place until it is time to push.

### **Can a family member or friend stay with me while I get my epidural?**

We ask all visitors to leave the room while we place the catheter. This usually takes 15 to 20 minutes.

### **When does the epidural get removed?**

Usually, your nurse will remove the epidural and catheter after your baby is born. Removal is not painful.

### **If I do not want an epidural, what other options do I have?**

Your OB providers can write an order for pain medicines that can be given through an IV or as a shot. Some women choose to use non medication pain relief methods such as special breathing techniques or massage. IV narcotic medication may be used during early labor. The anesthesiologists try to introduce themselves to every patient, even if the patient is not planning to have an epidural. We like to meet all patients in the rare case that an emergency should arise.

### **What if I need a C-section?**

If you already have an epidural catheter in place, we can dose it with a concentrated solution to give you enough anesthesia for the surgery. During a routine C-section, your partner or a family member can come in and sit with you. You may feel some stretching or pulling sensations during the procedure, but it should not be painful. It is not uncommon for patients to experience nausea or shivering during a C-section. Once born, the NICU team will examine your baby, which is routine for C-section deliveries. After this, you and your partner may hold your baby and take photos.

### **What if I do not have an epidural in and I need an emergency C-section?**

Your obstetrician will let us know of the urgency and we can place an epidural if we have time. Alternatively, we can place a spinal anesthetic, which is very similar to an epidural except that a catheter will not be left in place. If we do not have time to place an epidural or a spinal anesthetic, we will do general anesthesia so you are asleep for the procedure.

### **How is my pain managed after a C-section?**

Most patients receive either a dose of a long-lasting pain medicine through the epidural or spinal, or a solution of anesthesia by epidural pump for 15 to 18 hours.

### **What are the risks of epidurals?**

Some women experience soreness in the lower back, similar to the soreness in your arm after a flu shot. Blood pressure may decrease, leading to nausea. The epidural may stop working or only partially relieve pain; in these cases, the anesthesiologist will troubleshoot the problem and consider replacing the epidural. The most common serious problem is a one to three percent risk of developing a headache 24 to 48 hours following delivery. We have an effective way to treat this. Bleeding or infection at the epidural site and nerve injury are very serious but extremely rare complications.

### **Are the medications you give me safe for my baby?**

Some types of medications we use for epidural anesthesia will reach your baby. However, they have been shown to be safe and usually do not cause any problems for your baby.

### **For more information, visit the following websites:**

**American Congress of Obstetricians and Gynecologists**

[www.acog.org/resources\\_and\\_publications](http://www.acog.org/resources_and_publications)

**Good examples of anatomy and epidural placement:**

[www.epiduralwithoutguilt.com](http://www.epiduralwithoutguilt.com)



**If you have questions or concerns, please contact:**

**Christopher Jackson, MD**

Director, Obstetric Anesthesiology  
The George Washington University Hospital

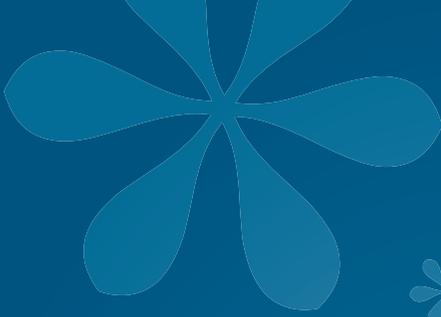
Phone: **202-715-4753**

**cdjackson@gmail.gwu.edu**









THE GEORGE WASHINGTON  
UNIVERSITY **HOSPITAL**

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Washington, DC 20037  
202-715-4000

**[gwhospital.com](http://gwhospital.com)**

*(Next to the Foggy Bottom Metro Station)*