



Katz Women's Hospital
Northwell Health®

**Maternity information
for childbirth services**
What you need to know





New York State's Maternity Information Law requires each hospital to provide the following information about its childbirth practices and procedures. This information will help you to better understand what to expect, learn more about your childbirth choices, and plan for your baby's birth.

Data shown are for 2014.

Most of the information is given in percentages of all deliveries occurring in the hospital during a given year. For example, if 20 births out of 100 are by cesarean section, the cesarean section 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. If a hospital has fewer than 200 births per 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 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 choices and wishes with your doctor or nurse-midwife. A free booklet, *Your Guide to a Healthy Birth*, is available from the State Department of Health. For a copy, write: Healthy Babies, New York State Department of Health, Box 2000, Albany, NY 12220.

All births			
Intervention	This facility		Statewide
	Total births	7,667	
Forceps delivery	34	0.4%	0.4%
Internal fetal monitoring	503	6.6%	6.3%
External fetal monitoring	7,623	99.4%	89.9%
Induction by artificial rupture of membranes	1,033	13.5%	11.5%
Induction by medicine	1,620	21.1%	17.2%
Augmented labor	2,116	27.6%	20.3%
Attended by midwife	9	0.1%	9.8%
% based on totals excluding cases with missing information			

Vaginal births			
Intervention	This facility		Statewide
	Vaginal births(1)	4,964	
Vaginal birth after prior cesarean(2)	167	12.5%	12.5%
Breech births delivered vaginally(1)	14	0.2%	0.2%
Episiotomy	1,021	20.6%	13.3%
General anesthesia	11	0.2%	0.3%
Spinal anesthesia	42	0.8%	6.8%
Epidural anesthesia	3,954	79.7%	59.6%
Local/other anesthesia	440	8.9%	11.2%
Paracervical anesthesia	0	0.0%	0.0%
Pudendal anesthesia	10	0.2%	0.1%
% based on total vaginal births excluding cases with missing information			
(1) % is percentage of total births			
(2) % is percentage of prior cesareans			

Cesarean births			
Intervention	This facility		Statewide
	Cesarean births(1)	2,703	
Primary cesarean(1)	1,537	20.0%	19.6%
Repeat cesarean(1)	1,166	15.2%	14.8%
General anesthesia	123	4.6%	4.2%
Spinal anesthesia	1,821	67.5%	69.8%
Epidural/local anesthesia	753	27.9%	25.2%
% based on total cesarean births excluding cases with missing information			
(1) % is based on percentage of total births			

Breastfeeding			
Infant feeding method(1)	This facility		Statewide
Fed any breast milk	5,820	89.1%	43.4%
Fed exclusively breast milk	2,253	34.5%	86.8%
Breastfed infants supplemented with formula(2)	3,567	61.3%	n/a
(1) based on live born infants, excluding infants who were admitted to the neonatal intensive care unit or transferred to or from another hospital			
(2) percentage is based only on infants who were fed any breast milk			

Definitions:

Analgesia: A medication used to decrease the sensation of pain.

Anesthesia: A medication or other agent 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. In a pudendal block, a drug is injected into the vaginal wall shortly before delivery to relieve pain between the vagina and anus in case of an episiotomy or tear during delivery.

Augmentation of labor: When 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 and/or feet enter the birth canal first.

Cesarean section: A surgical operation in which the baby is delivered through incisions (cuts) made in the mother's abdomen and uterus. A primary cesarean section is the mother's first, even if she has given birth vaginally before. A repeat cesarean section is when the mother has had one or more cesarean sections previously.

Episiotomy: An incision (cut) 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 alongside 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.

Induction of labor: Labor can be induced in several ways, including by medication or by artificially rupturing the membranes.

Infant feeding from birth to hospital discharge: This describes what the infant was fed between birth and discharge from the hospital (or day five of life for infants hospitalized more than five days). This is based on live born infants, excluding infants who were admitted to the neonatal intensive care unit (NICU) or transferred to or from another hospital.

- **Fed any breast milk:** Includes both infants who were fed only breast milk (by any method—breast, bottle, cup or feeding tube) and infants who were given both breast milk and formula, sugar water or other liquids.
- **Fed exclusively breast milk:** Infants who were fed only breast milk (i.e., no formula or water) since birth.
- **Breast-fed infants supplemented with formula:** Among infants fed any breast milk, the percentage who were also fed (supplemented with) formula.

Licensed midwife: A registered nurse who has had specialized midwifery training to care for women and babies during pregnancy, childbirth and after.

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 - Inpatient hospital coverage

Each healthcare insurer in New York State is required to provide inpatient hospital coverage for a mother and her newborn for at least 48 hours after childbirth for vaginal delivery and at least 96 hours after a cesarean section. In addition, each hospital must provide parent education, assistance and training in breast or bottle feeding, and any necessary maternal or newborn clinical assessments.

If you choose to leave the hospital earlier, your inpatient 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 or 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 even 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 breast-feed. 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 the baby. If you think your baby has been shaken, seek proper medical care immediately. Prompt medical attention can save your baby’s life.

For more information

For help in finding prenatal care services, call the **New York State Health Department's Growing Up Healthy Hotline** at **(800) 522-5006**.

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.

For more information about the infant feeding method statistics provided in this maternity information brochure, please send questions to **Promotebreastfeeding@health.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 **(800) 342-3720**.

For more information about Shaken Baby Syndrome, write Healthy Babies, New York State Department of Health, Box 2000, Albany, NY 12220.

For up-to-date product recall safety news on items relating to child products and toys, sign up to be placed on the **Consumer Product Safety Commission's** recall subscription list by calling **(800) 638-2722 (TTY 301-595-7054)**.

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