

PLAN YOUR CHILD BIRTH

At the time of delivery, there are different options for terminating the pregnancy. Knowing the advantages of the alternatives is the best option so that, together with your doctor, you can decide based on information, and what is the most recommended in your situation.

PRENATAL PLANNING

Before you deliver your baby, you should prepare for the birth and plan how you want it to happen. There are two main types of birth: vaginal birth and cesarean birth. It is important to talk to your doctor about your birth plan so that it can be followed when the baby is born.

VAGINAL DELIVERY

Vaginal delivery is when the baby comes out through the vagina. This type of delivery is spontaneous and will allow you to recover more quickly, allowing you to return to your daily activities. The delivery is accompanied by monitoring of your baby, and you can make decisions regarding medications and anesthesia administered. A episiotomy (surgical incision in the perineum) may be required.

OTHER VAGINAL DELIVERY MODALITIES:



Natural Childbirth: is to have a less invasive birth, with less intervention of medicines and to give birth in the most natural way possible with the least intervention of medical personnel.



Assisted Vaginal Delivery: It is an alternative that allows shortening the duration of vaginal delivery. In this delivery, forceps or vacuum extraction is used. It is chosen when there are doubts about the baby's heart rate pattern, when the mother is very fatigued from a prolonged vaginal delivery or when there is a health condition that limits the ability to push.



Water birth: This delivery is performed in a sterilized bathtub, during which the baby is also monitored. This type of delivery has been associated with greater muscle relaxation, which decreases the need for anesthesia at the time of delivery.



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Leboyer Delivery: This type of delivery, also known as non-violent delivery, is characterized by skin-to-skin contact between mother and baby, and in waiting for the umbilical cord to be cut. Skin-to-skin contact: In this type of delivery, the baby is placed in the mother's womb, which helps it maintain the temperature its body needs. It also promotes the formation of the bond between baby and mother.



Vertical or Squatting Labor: This birth is performed under the same conditions as natural childbirth but changes the mother's position: she gives birth squatting, standing, or sitting. This makes it a fast and comfortable birth for mothers, thanks to gravity. Epidurals are usually not used.

CESAREAN DELIVERY

Sometimes labor must be induced, even though vaginal labor is already in progress. Cesarean section is an abdominal surgery performed to remove the baby when vaginal delivery poses a risk to the mother or when it is not possible to deliver the baby that way. The most frequent causes for which this surgery is performed are alterations in the fetal presentation at

the end of pregnancy (the baby is not in cephalic or head position), those cases where the baby's weight is greater than 9.25 pounds, placenta previa, multiple pregnancies or if the mother had two or more previous cesarean sections.



GENERAL RECOMMENDATIONS AFTER CESAREAN SECTION

- The pain and abdominal distention (swelling) are greater than in vaginal delivery, so in the first hours after cesarean section, calmness, light and progressive feeding, and rest are required.
- From the second day on, the discomfort is less, and a more regular activity can be resumed. However, during the first month, care must be taken not to do intense exercise and excessive efforts, such as lifting weights.
- Seven to ten days after delivery, you should visit your doctor to check the evolution and remove the stitches if the doctor deems it necessary.
- When the baby is two months old, consult with your doctor to determine if you can start an exercise routine to regain the tone of your abdominal muscles.

AFTER DELIVERY, TAKE THE TIME TO TAKE CARE OF YOURSELF, GET TO KNOW YOUR BABY, ADAPT TO THE CHANGES AND REST.

