

a break. Take a deep breath and count to 10 or call a friend for support. Never hold or pick up your baby when you feel angry, and 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 death.

Be sure that everyone who cares for your child knows not to shake a baby. If you think your baby has been shaken, seek 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 Department of Health's "Growing Up Healthy" Hotline 1-800-522-5006 (toll-free).

Take part in parenting classes or talk with your doctor about parenting issues. Or, read *Welcome to Parenthood: A Family Guide* www.health.ny.gov/publications/2940.pdf

To report child abuse or maltreatment in New York State, call the New York State Child Abuse and Maltreatment Reporting Center at 1-800-342-3720.

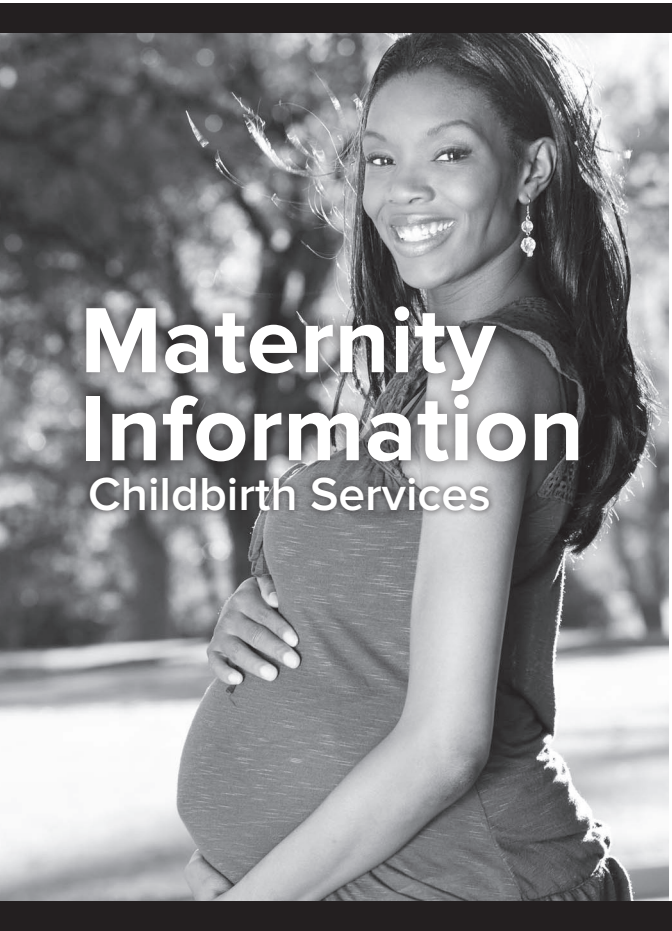
For more information about breastfeeding your baby, go to www.health.ny.gov/community/pregnancy/breastfeeding/

For more information about Shaken Baby Syndrome, read *Never, Ever Shake a Baby* publication www.health.ny.gov/publications/3192.pdf.

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: www.cpsc.gov/cpsclist.aspx or call 800-638-2722 (TTY 301-595-7054).



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Maternity
Information
Childbirth Services

www.carthagehospital.com



If you would like to schedule a tour of our Maternity Unit, give us a call at 315-493-1000, ext. 5547. Alternatively, you can schedule an appointment by contacting us today. Scan to learn more.



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

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 C-section, the C-section rate will be 20%. If external fetal monitoring is used in 50 out of 100 births, or one-half of all births, the rate will be 50%.

This information, alone, doesn't tell you that one hospital is better than another for you. 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 licensed midwife's practice. However, the information can be used when discussing your wishes with your doctor or licensed 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 licensed midwife. Information about things you can do to have a healthy baby is available at: www.health.ny.gov/community/adults/women/

Rates of Selected
Procedures in Childbirth

<u>391</u> total births at	
<u>Carthage Area Hospital</u> during <u>2024</u>	
23	% of births were C-sections
15	% of births were Primary C-sections
8	% of births were Repeat C-sections
0.5	% of Women with a Previous C-section who had a Vaginal Birth
5.8	% of births were Deliveries by Licensed Midwives
99	% of births involved External Fetal Monitoring
3.3	% of births involved Internal Fetal Monitoring
0	% of births involved Low-Forceps Delivery
0	% of births involved Mid-Forceps Delivery
0	% of births were Breech Births Delivered Vaginally
76.9	% of births involved Analgesia
0	% of Vaginal Births included General Anesthesia
0.2	% of Vaginal Births included Spinal Anesthesia
43.4	% of Vaginal Births included Epidural Anesthesia during labor or delivery
0	% of Vaginal Births included Paracervical Anesthesia
0.7	% C-Sections included General Anesthesia
17.1	% of C-sections included Spinal Anesthesia
6.1	% of C-sections included Epidural Anesthesia
34.5	% of births involved Induction of Labor
30.6	% of births involved Augmentation of Labor
4.8	% of Vaginal Births included Episiotomy
85.1	% of Infants Fed Any Breast Milk
77.7	% of Infants Fed Exclusively Breast Milk
14.9	% of infants Fed Any Breast Milk who were Supplemented with Formula

Note: Birthing Rooms ☐ (are are not) available in this facility.

Note: 24-hour Rooming-In ☐ (is is not) available at this facility.

Definitions

Analgesia – Medication is used to decrease the sensation of pain.

Anesthesia – A medication or other agent is used to cause a loss of feeling.

General Anesthesia – A gas or intravenous medication is used to make the mother unconscious during delivery.

Spinal Anesthesia – A drug is injected into the lower spinal area to numb the vaginal region.

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.

Paracervical Anesthesia – A drug is injected into the cervix (opening of the womb) to relieve the pain of labor.

Augmentation of Labor – A drug is used to help labor contractions continue or become stronger.

Birthing 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.

C-section – A surgical operation in which the baby is delivered through incisions (cuts) made in the mother’s abdomen and uterus.

Primary C-section – The mother’s first, even if she has given birth vaginally before.

Repeat C-section – When the mother has had one or more C-sections previously.

Episiotomy – An incision (cut) sometimes 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.

Low-Forceps Delivery – Instruments are not used until the baby’s head has moved through the pelvis.

Mid-Forceps Delivery – Instruments are used before the baby’s head has moved through the pelvis.

Infant Feeding from Birth to Hospital Discharge (excluding infants admitted to the Neonatal Intensive Care Unit or transferred to or from another hospital)

Fed Any Breast Milk – Infants who were fed only breast milk (by any method – from the breast, bottle, cup or feeding tube) and infants who were given both breast milk and formula.

Fed Exclusively Breast Milk – Infants who have been fed only breast milk (i.e., no formula or water) since birth.

Supplemented with Formula – Breast-fed infants, who were also given formula.

Licensed Midwife – A health care provider with special training to care for women during pregnancy, childbirth, and following the birth of a child.

Medical Induction of Labor – A medication is used to start labor contractions.

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 C-section (VBAC) – The mother has had a C-section previously, but delivers this baby vaginally.



After Delivery... In-Patient Hospital Coverage

Each health care 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 C-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.

Breastfeeding... A Healthy Start for Mothers and Babies

Breastfeeding is one of the best things that you can do for your baby. It is an important health choice for you and your baby. More than 85% of all new mothers in New York choose to breastfeed their babies.

Breast milk has nutrients that are easy to digest and antibodies that protect infants from illness. Breast milk provides many advantages throughout a child’s life such as reduced risk of Sudden Infant Death Syndrome (SIDS), ear infections, diabetes, obesity and certain childhood cancers.

The American Academy of Pediatrics recommends only breastfeeding for the first six months of your baby’s life. The longer a mother breastfeeds, the greater the health benefits to her infant. Breastfed babies are not sick as often which can lower medical bills.

Mothers who breastfeed recover more quickly from childbirth, return more rapidly to pre-pregnancy weight and are less likely to develop certain breast and ovarian cancers. New York supports breastfeeding mothers with laws that protect their right to breastfeed in the hospital, child day care facilities, public places and at work. For more information see www.breastfeedingpartners.org

When You Go Home... Maternal 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 maternal depression. The symptoms of maternal depression are severe. They can include feelings of hopelessness, high anxiety, eating problems, feeling “out of control,” and thoughts of harming yourself or the baby. Maternal depression 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 licensed midwife if you think you have maternal depression. If you feel like you might hurt yourself or your baby, call your doctor immediately.

Shaken Baby Syndrome... Never Shake Your Baby

A baby who will not stop crying can be upsetting, but becoming angry will not help you or your baby. A baby may cry because he or she is hungry, lonely, has gas or is sick. You can attempt to calm your baby by offering your breast or a bottle, changing your baby’s diaper, or checking to see if your baby is too hot or too cold. You may also try slowly rocking your baby, playing soft music, or singing or humming to your baby.

If you cannot calm your baby, place your baby in a safe place, such as a crib or playpen, and take