

Welcome to the Mother Baby Unit

What to expect

During your hospital stay, we will help you rest, recover and get to know your new baby. We will work as partners with you to provide your care. Our expert staff is here to help and support you.

Your Hospital Stay

Here are some things you can expect during your hospital stay after giving birth:

Getting Ready to Go Home

Read this workbook to help you get ready to go home. The chapters in the Table of Contents are listed in the order we suggest you read them. Please check off each chapter as you read it.

Teach-Back

Your nurse will use “teach-back” to confirm that you understand what you read. To do this, your nurse will ask you to tell us key points in your own words.

Teach-back tells us if we have done a good job of sharing information. Teach-back sessions are also a great time for you to ask your nurse any questions you have.



During your stay in the Mother Baby Unit, your nurse will talk with you about caring for yourself and your new baby.

Nursing Care

- To help you recover and to keep you comfortable and safe, your nurse will check your vital signs and other signs of healing.
- If you want to talk with your doctor, a lactation consultant, or a social worker, your nurse can help you reach them.

Bedside Shift Report

When nurses change shifts, the nurse who is going off duty will talk with the nurse who is starting a shift. This “hand-off” is done at your bedside. It is called a *bedside shift report*, or just *bedside report*.

During bedside report, both nurses will:

- Do safety checks such as checking your ID band and *intravenous* (IV) lines
- Review your medical chart on the computer
- Review your vital signs, lab results, teaching, planning for discharge, and any medicines or other treatments that you need
- Ask you if there is anything else you would like the next nurse to know

The nurses will talk about your health history and diagnosis during this bedside report. You may have one support person present. Please be sure that you are OK with this support person hearing all the details of your health condition.

Starting a New Shift

We want to hear about what is most important to you. Early in the shift, your new nurse will talk with you about:

- Your priorities
- The plan of care for the new shift
- Making a teaching plan
- “Clustering” care (tending to many aspects of your care at one time)
- Preparing for discharge

Your Visits with Healthcare Providers

- Your obstetrics (OB) doctor from the clinic may not see you during your stay in the hospital. Another doctor from their team will check on you every day, usually in the early morning.
- You might have an extra visit from the attending doctor, resident, and nurse. The time of that visit can vary.
- Most Family Medicine providers visit between 8:30 a.m. and 11 a.m.
- Try to write down your questions as you think of them. Have this list ready when you visit with your doctors. You may write your questions on the white board in your room.

- When they can, your nurses will be with you when your doctor visits.
- You may have 1 support person present during your visits with your doctors. Make sure that you are comfortable with that support person hearing your personal health information. At times, your care team may ask to speak with you privately.



Patient and Family
Centered Care

Patient and Family Centered Care

UW Medicine is proud of our commitment to practicing patient and family centered care (PFCC). PFCC is a partnership among you, your family, your healthcare providers, nurses, and other staff.

Our providers and staff practice PFCC in these ways:

- Members of your care team introduce themselves.
- We explain our roles and responsibilities to you and your family.
- We offer you and your family a way to contact your care team.
- We ask who you want to have included in talks and decisions about your care.
- We explain diagnoses and care planning in words that you and your family can understand.
- We actively involve you and the loved ones you choose in your care decisions.
- We treat you and your family with respect, using tact and compassion.
- We protect your modesty and dignity in all possible ways.
- We use interpreter services, a phone, or an iPad when talking with patients whose main spoken language is not English or who has a hearing disability.

Please tell our providers and staff if you have questions or concerns.

Now, please go back to page 1 of this workbook and check the box so your nurses will know you have read this chapter.

Questions?

Your questions are important. If you have questions about your stay on the Mother Baby Unit, please ask your nurse, or ask to speak with the charge nurse.