

Your guide to birth at Mount Sinai West (MSW)



Welcome

Welcome to your comprehensive hospital guide for expectant parents giving birth with Oula at Mount Sinai West (MSW). This resource addresses everything you need to know before, during, and after your birth experience. From essential paperwork and hospital logistics to Oula's collaborative care model integrating both midwives and OBGYNs, this guide aims to answer your most common questions and help you feel prepared for your upcoming birth. Our care team is committed to providing personalized support throughout your entire experience.

Before birth	2-3
• Preparation & paperwork • Emergency contact & communication • What to bring & logistics • Understanding your care team	

During birth	4-11
• Getting to the hospital • Triage & admission process • Labor support & options • Emergency & cesarean care	

After birth	12-15
• Newborn care & procedures • Hospital stay & recovery • Feeding & lactation support • Ongoing care & transition home	

A Look At Mount Sinai West	16
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Before birth

The weeks leading up to your birth involve important preparation and logistics planning. This section covers the essential paperwork you'll need, how to reach the Oula team in case of urgent concerns, what to pack for your hospital stay, and an explanation of Oula's collaborative care model between midwives and OBGYNs that ensures you receive comprehensive support throughout your pregnancy journey.

Is there paperwork I should bring to the hospital?

Around 38 weeks, our front desk associate will give you a printed copy of your medical records and the pre-registration paperwork for the hospital. Fill this out ahead of time to make things easier when you arrive. No worries if you don't get around to it — you'll be given a new copy when you arrive at the hospital.

Can I tour the hospital in advance?

Yes! Mount Sinai West offers limited tours to patients. You can learn more and [sign up here](#).

Of note, Labor & Delivery tours at Mount Sinai West are led by non-clinical staff who are unable to answer medically oriented or clinical questions. Please send us a note in the portal after your tour if you have any clinical questions or check in with our care team at your next visit!

How can I reach Oula in case of something urgent?

For anything urgent related to your pregnancy or labor, please call your home clinic, we are available for you 24/7 =

- **Oula Brooklyn:** (718) 400-8339
- **Oula Downtown:** (646) 889-2211
- **Oula Upper West:** (646) 349-3220

If you call when the clinic is open, follow the prompts to indicate that you are a current Oula patient and that you have an urgent clinical concern. This will connect you directly to a member of our team who will either respond to your concerns or escalate your message directly to our on-call provider.

If you call after business hours, follow the prompts to indicate you need to speak to a clinician. You'll reach our answering service, who will take a message and send it immediately to our on-call provider.

In either case, the on-call provider will call you back ASAP to discuss your questions!

Before birth

What should I bring to the hospital?

The question of what to bring to the hospital can be daunting. Read [our blog post](#) for everything you need to know!

What is the role of the Oula OBGYN during my outpatient care vs. hospital stay?

Our care model puts you at the center, with an integrated team that's built around what you need at each stage of pregnancy. Most of your prenatal visits will be led by our midwives, with ongoing support from a designated OBGYN on your clinic's care team. Our OBGYNs monitor every pregnancy behind-the-scenes and partner closely with our midwives throughout your care. You'll meet with an OBGYN if you have a chronic condition, develop a medical concern during pregnancy, or are planning a TOLAC or Cesarean birth. And because pregnancy is personal, you're always welcome to see an OBGYN more often—just let anyone on your care team know, and we'll make it happen.

On Labor & Delivery, you will be cared for 24/7 by an Oula Midwife and an Oula OBGYN in collaboration with you and your birth partner(s).

If you have a cesarean birth, your Oula OBGYN will perform the surgery and visit you daily in the hospital to support your recovery. They'll also guide you through discharge, ensuring you leave with the education, resources, and confidence you need for postpartum. After you're home, Oula will continue to care for you every step of the way—with a wound check at 2 weeks, weekly virtual access to our Newborn Feeding Support group, and your routine 6-week postpartum visit.

If you have a planned c-section, our Oula OBGYN team will be present for your birth as well as our midwifery team, when available. You will have the opportunity to meet with your Oula OB ahead of the delivery to ensure all your questions are answered. Oula will provide all medical care at MSW, including postpartum support, discharge planning and care.

During birth

When labor begins, knowing exactly where to go and what to expect can significantly reduce stress. This section provides practical information about when to call us in labor, transportation to Mount Sinai West, parking options, hospital entry procedures, and what happens during triage. You'll also find important details about Oula's role during different birth scenarios, including emergencies and cesarean deliveries, plus information about hospital policies regarding movement during labor, pain management options, and visitor guidelines.

WHEN SHOULD I CALL IN LABOR?

Understanding Contractions

Why am I experiencing contractions before labor starts?

The uterus is the largest muscle in the body at full term pregnancy and can become irritable with all the changes happening. You may experience Braxton Hicks contractions (practice contractions) during your third trimester. An increase in these contractions at full term is common and doesn't necessarily mean labor is starting.

How can I tell if my contractions are real labor or just practice?

If you're more than 37 weeks, try the "labor test":

- If you've been active: Get home, rest, and drink about a liter of water
- If you're in bed: Get up, walk around, and hydrate

If the contractions quiet down and go away, your body is likely just practicing and labor isn't imminent. If contractions continue after resting and hydrating, labor may be starting.

What if I'm experiencing contractions before 37 weeks?

Please call our care team right away if you experience these symptoms before 37 weeks.

What should I do during early labor?

Early labor (especially for first-time parents) is often characterized by irregular contractions and is typically the longest phase. Have a list of activities ready to distract yourself:

- **Quiet activities:** Take a bath, get a massage, do a puzzle, watch TV
- **Active options:** Bake cookies, take a walk, have a living room dance party

Make sure to stay hydrated and eat small, frequent meals throughout.

During birth

WHEN TO CALL US

When should I call about contractions if this is my first baby?

Call us when your contractions follow the **7-1-1 rule**:

- **7 minutes apart** (from the start of one contraction to the start of the next)
- **1 minute in duration**
- **1 hour** of this regular pattern
- Contractions feel **moderate to strong** in intensity

This indicates you're moving toward active labor. We'll talk with you over the phone to make a plan about labor support, transportation, and when to head to the hospital.

When should I call if this isn't my first baby?

Call us as soon as you have an indication that labor is beginning, or after 3 strong, regular contractions. This gives us time to help you arrange childcare if needed and plan next steps.

What if I think my water broke?

Call us right away. We want to know:

- **What time** it happened
- **Color** of the fluid (should be clear; let us know if it's brown, green, or blood-tinged)
- **Amount** of fluid (put on a pad to monitor)

We'll also review your GBS (Group B Strep) status from your 36-week test and discuss safety concerns. If you're unsure whether it's your water breaking or something else, just call us to check in.

WARNING SIGNS

When is vaginal bleeding normal, and when should I be concerned?

Normal bleeding ("bloody show"): Mucousy, blood-tinged secretions when you wipe. This happens as small blood vessels in your cervix break down during cervical effacement and early dilation.

Call us immediately if you have:

- Heavy bleeding like a period flow
- Bright red bleeding that soaks into a pad

This could indicate a placenta issue and needs immediate evaluation. When in doubt, always call us.

During birth

How do I know if my baby is moving enough?

You are the expert in your baby's movements at this stage. Most babies have about 3 active periods per day, usually after you eat or when you lie down at night. While there's less room to move as they grow, you should still feel the same overall number of movements.

What should I do if I think my baby isn't moving as much as usual?

Try fetal kick counting:

1. Drink something cold or eat something sweet
2. Wiggle your belly
3. Lie on your left side with your hands on your belly in a quiet space
4. Count movements: You should feel **5 movements in 1 hour** OR **10 movements in 2 hours**

If your baby isn't moving as expected or you're unsure, **call us right away** so we can check in with you in person.

When should I call about headaches or vision changes?

Call us if you have:

- A headache that won't go away with usual remedies (Tylenol, hydration, changing activity or lighting)
- Visual changes like flashing lights or spotting in your vision

These could indicate high blood pressure. **Call immediately** if these symptoms come with heartburn or chest pain.

During birth

How should I get to the hospital?

Most people opt for a car service or taxi to get to MSW hospital, especially if they're in labor. If you have access to a car, your partner can drive you, but they'll need to drop you off at the main entrance and then park in a nearby parking lot. For scheduled procedures like labor induction or a planned cesarean, you can choose whatever feels most comfortable—drive, taxi, or even public transportation.

It's a good idea to call our care team ahead of time, so we can help you plan your transportation. If you wait and feel rushed, remember calling 911 requires the dispatcher to send you to the hospital nearest to your home and Oula is not able to medically participate in your care unless you arrive at MSW.

Where can we park near the hospital?

There are two NYC parking lots open 24/7 adjacent to the hospital. One is on the north side of 58th Street between 10th and 9th Avenues (in the physical building of the hospital structure) and the other is on the north side of 59th Street between 10th and 11th Avenues. Both are clearly marked with well lit signs. There is a valet parking service available at Mount Sinai West from 9am-6pm Monday through Friday. There is a valet kiosk at the main entrance driveway circle – if there is a staff person there you can inquire for details, no staff member? Best to park your car at one of the nearby parking lots. If you are having an emergency or birth is imminent - you can leave your car in the parking loop but **you must alert the front desk security person on your way inside the hospital** to ensure you are not towed.

Where do I go once I'm at the hospital?

The entrance for all patients 24/7 is 1000 10th Ave (between 58th and 59th Streets). Once you enter the building, you'll go past the security desk to the double elevators and take an elevator on either side up to the 12th Floor. When you exit on the 12th floor follow the signs that say Labor & Delivery Triage.

I want to keep my placenta after the birth. What do I need to know?

If you plan to keep your placenta, just let your nurse and your Oula provider know when you're admitted to the hospital. You'll be asked to sign a consent form, and the hospital will provide a plastic bin for you to take it home. If you can, bring a small cooler with you and the hospital will provide ice for you for the transportation home. If you don't want to keep your placenta, the hospital will handle the safe disposal for you.

During birth

What is Oula's role if I need an emergency c-section or other emergency care from a physician? Will I be cared for by one of the OBs from Oula?

Yes! Effective April 1st 2024, Oula OBs will provide 24/7 coverage on L&D at MSW throughout the duration of your stay. You will be introduced to your Oula OB upon admission to the hospital. If an emergency or urgent obstetrical need arises during your labor or birth, your Oula OB will be on hand to provide direct patient care in collaboration with you, your birth partner(s) and your Oula Midwife.

In the event of a cesarean birth during labor, the Oula OBGYN will provide the expert surgical care needed and they will round on you daily after your surgery to provide any medical support needed during your hospital stay. Your Oula provider will also be involved in your care daily and seamlessly support your discharge, including providing education, support and resources postpartum. Oula will provide all postpartum care and support after discharge from the hospital, including a wound check visit at 2 weeks postpartum, weekly virtual office hours, as well as your routine 6 week postpartum visit.

What is Oula's role if I have a planned c-section? Will it be performed by an Oula OB?

If you have a planned c-section, our Oula OB team will be present for your birth as well as our midwifery team, when available. You will have the opportunity to meet with an Oula OB ahead of the delivery to ensure all your questions are answered. Oula will provide all medical care at MSW, including postpartum support and discharge planning and care.

What happens if there is more than one Oula patient in labor at once?

Our team is fully trained to safely support multiple patients in labor, when needed. Your care and support remain our priority. In the rare instance that your primary provider needs to step away for an extended period, we have a strong backup system in place.

If additional support is needed, another Oula midwife or our OBGYN Attending will step in—and we'll make sure you're introduced to them so you feel comfortable and know exactly who is part of your care team. At the hospital, we work together seamlessly to keep every patient safe, informed, and fully supported throughout their birth experience.

During birth

What happens/what is Oula's role in triage?

Triage is where we assess three crucial components of safe labor: your wellbeing (vital signs, pain management, emotional state), your baby's health (through ultrasound and heart monitoring), and your labor progress (contraction patterns and cervical exam). This information helps your medical team understand which phase of labor you're in and how to best support what comes next.

At Mount Sinai West, triage is located on the 12th Floor, to the right of the L&D Unit. Upon arrival, you'll check in at the desk where you'll be greeted by the MSW triage team, including an Attending OB, Physician Assistant, and Resident OB. You'll be assigned a nurse while your Oula provider is notified about your arrival.

Once your assessment is complete, your Oula provider will meet with you to discuss next steps – typically admission to the hospital, a walking period of 1-2 hours before clinical reassessment, or discharge home. If admitted, you and your birth partner(s) will move to your private L&D room with your Oula provider.

Before arriving at triage, you'll speak with your Oula care team member by phone to create an arrival plan. We understand this transition can cause anxiety, but the MSW triage unit is staffed 24/7 by supportive clinicians who will communicate directly with your Oula team. Your Oula provider remains available by phone at any time throughout the process with questions or concerns.

What happens/what is Oula's role if I have to go to the hospital for an emergency evaluation before I am in labor?

Emergencies during pregnancy, and before labor begins, while rare, may occur. In this event you will be in touch with your Oula provider by phone. We will counsel you on where and when to seek medical care. If you are seen at MSW with a non-labor emergency, the MSW Triage Team and Attending OBGYN will be responsible for your medical care. Oula will follow up with you closely after your medical plan is created to personalize next steps and make sure you have all the resources and support you need.

Are masks required at MSW?

As of April 2023, Mount Sinai West has modified their COVID restrictions and mask requirements in their hospital and outpatient environments. Masks are no longer required to be worn by staff, providers, patients, or visitors, and COVID screenings at the facility entrance have been discontinued. Should you opt to wear a mask during your time on site at Mount Sinai West, surgical masks will be provided at the hospital entrance and in patient care areas. If you prefer for the staff members who interact with you to wear a mask, please feel free to make this request known and the staff and providers will happily comply. If you have any cold symptoms (sore throat, cough, runny nose, etc.) it is a good idea for you to wear a mask to protect the people around you from transmission. If you test positive for COVID during your hospital admission, you will be expected to stay masked during your stay, and everyone who enters your room will wear masks and other personal protective equipment.

During birth

Can you eat and drink at MSW?

The official hospital policy around eating and drinking at MSW is for clear fluids only once you are admitted in labor. That includes coconut water, tea, broth (such as bone or miso), juice, ice chips, jello or popsicles. We will encourage you to eat more substantial food in early labor before arriving at the hospital. It's important to keep in mind that there may be some exceptions to this policy and some times where it is important to follow. We will work with you to ensure you have all the essential nourishment you need for the work of labor, including planning your celebratory postpartum meal!

Will I be able to move around in labor at MSW?

Yes. Movement is an essential part of our care model for a few reasons. It helps release tension in your body, which can lessen the sensation of pain—no matter what pain-management approach you choose. Movement also supports normal physiologic labor by encouraging effective contractions and helping your pelvis open for birth. As part of our [Optimizing Fetal Positioning Program](#), Oula providers are trained to suggest different movements and positions for both labor and pushing, and we welcome any positions you'd like to try as well. You're also welcome to bring a birth ball with you to use during labor.

What are the pain methods available to me at MSW?

We provide non-judgmental care in choosing unmedicated labor, nitrous oxide and epidurals for pain management in labor at MSW. Hydrotherapy may be available to you as a tool via our private ensuite showers if medically appropriate. Please note there are no birthing tubs at MSW. Check our patient portal for additional resources!

Does the hospital provide birth balls?

Traditional round birth balls are a welcome labor support tool for movement in labor. At this time, MSW does not provide birth balls to all laboring patients, though there are a few available on L&D if you do not have yours with you and request one. If you plan to use a birth ball in labor, please bring your own (along with a small pump) with you. Peanut balls are provided by the hospital for all patients should you prefer to use one.

Are doulas welcome at MSW?

Yes, definitely! We love doulas and are committed to ensuring that all of our patients at Oula who would like to work with a doula are able to, regardless of ability to pay. Please find our doula referral resource in the portal or reach out to our care team with questions about doulas at any time in your pregnancy care. There is a two-person support / visitation policy at MSW so just keep that in mind that your doula does count as one of your visitors as you begin envisioning your care team for your labor and birth experience. Effective January 2025, your doula is welcome to support you in triage when you arrive at the hospital as well as in the operating room, in the event that a cesarean birth is necessary.

During birth

What happens if my labor slows down?

Once a patient is in the active phase of labor, defined by regular strong contractions and a cervical exam of 6 centimeters, we expect the cervix to continue dilating until you are ready to push your baby out. If the cervix stops dilating, we typically will recommend augmentation to help labor to continue to move forward as we promote physiologic labor. This could look like an enema, position changes, nipple stimulation, artificial rupture of membranes, or pitocin, a medication administered through an IV. Your provider will share the options with you and you will make a decision together based on your personal preferences and what is medically necessary at that time.

How long can I push for? Is there pressure to make progress?

In most cases, the pushing phase of labor begins when you are fully dilated, or 10 centimeters, and the head has descended into the pelvis. If you do not have an epidural, you may feel rectal pressure or an urge to push. We will be very present during this phase of labor, checking in with you, collaborating with you on positions for birth and monitoring your baby's heart rate closely. We would expect to see progress each hour of pushing. If after 2-3 hours there is no change in the position of the fetal head, we would discuss possible interventions including a possible cesarean section to encourage the baby's safe arrival.

When is a cesarean birth Recommended?

Cesarean birth is recommended when the benefits of labor or vaginal birth are no longer outweighed by the risks. We will center informed consent throughout this process and will make this decision with you. Your Oula OBGYN will be available to answer all of your questions. Some examples of situations where our clinical team may recommend a cesarean birth include being dilated for >6 hours without any change in the active phase of labor, a fetal heart rate that is non-reassuring, meaning the baby is experiencing stress, pushing in the second stage of labor without significant change after 2-3 hours, or any acute signs of maternal or fetal stress regardless of the phase of labor.

What is the visitor policy at MSW?

There are two visitors allowed with you at MSW during your triage stay as well as labor in your private birthing suite. When you move to postpartum, you are allowed 3 support people total and that can include your birth team or new visitors – for example, your birth doula could head to rest and a family member could replace them at that time. Your one primary birth partner will be provided a hospital band and can stay with you 24/7, all other visitors must follow standard visiting hours. There is no further swapping of support people allowed during your hospital stay due to COVID protocols. Children under 16 years old are not allowed on L&D but they are permitted to visit the Postpartum unit with an accompanying adult (other than the patient). Please note that doulas are not allowed in the operating room in the event of surgical birth, however they are welcome to rejoin you on the postpartum unit for support.

After birth

The postpartum period at the hospital is a time of recovery, bonding, and learning to care for your newborn. This section outlines standard and optional newborn procedures, explains your hospital stay duration based on delivery type, and details the lactation support available at MSW. You'll also find information about the discharge process, visitor policies on the postpartum floor, and ongoing support from your Oula care team during your hospital stay and transition home.

What are the standard newborn procedures at MSW that I should anticipate?

Newborn Care standards are set by NYS regulations and include CDC and AAP guidelines in the hospital system's recommendations. The following are the list of recommended preventative screening and treatment protocols that promote health in a newborn baby. If you have any questions or plan to decline any procedure through the process of informed refusal, please speak with your Oula provider at your next clinical visit for more information.

- ✓ **Vitamin K**
 - ✓ **Erythromycin**
 - ✓ **Weight**
 - ✓ **Apgar Test**
- ✓ **Hearing Test**
 - ✓ **PKU Test**
 - ✓ **Bilirubin Screening**
 - ✓ **Congenital Heart Disease Screening**

What are the optional newborn care procedures I should be aware of?

- ✓ **Skin-to-Skin**
 - ✓ **Delayed Cord Clamping**
 - ✓ **Cord Blood Collection**
- ✓ **First Bath**
 - ✓ **Circumcision**
 - ✓ **Hepatitis B Vaccine**

Skin-to-skin

This is a standard of care at Oula and MSW. Whenever possible, the baby will be placed directly on your chest after the birth to facilitate bonding, regulate newborn heart rate, blood sugar and temperature, and promote first “latch” if breastfeeding. In some rare cases, there is a medical need for the newborn to be evaluated by a pediatrician immediately after birth, in those cases, we will facilitate skin-to-skin bonding, as soon as is safe.

Delayed cord clamping

At birth, a significant portion of the baby's blood volume remains in the placenta and umbilical cord. Delayed cord clamping allows this blood to return to the newborn. The American College of Obstetricians and Gynecologists (ACOG) recommends delaying cord clamping for at least 30-60 seconds after birth. At Oula, we typically wait longer—until the cord stops pulsing naturally, which usually occurs around 1-2 minutes after birth. Only then do we clamp the cord and offer your birth partner the opportunity to cut it

After birth

Cord blood collection

Cord Blood Collection is not currently recommended to the general population by the American Academy of Pediatrics (AAP). Unless a medical provider or genetics counselor has recommended cord blood banking, this is entirely optional and is run by private companies with banking and storage fees. There is no cord blood donation program at MSW. If you opt in for cord blood banking, you will need to arrange the collection kit privately and present that to our Care Team when you are admitted to the hospital — we're happy to collect the blood for you after the birth.

Baby's first bath

This can be **done when you move to Postpartum** (about 2 hours after the birth) or you can ask to delay until the next day or decline altogether. Ask the nurse to teach you about how to give the baby a bath before you leave the hospital so you feel comfortable. There is emerging data around the concept of the microbiome - that there may be good bacteria on the newborn at the time of birth that will help to build the foundational immune system support. That data is still new, and there is no clinical recommendation from the American Academy of Pediatrics at this time regarding best practice so the decision can be based on personal preference.

Circumcision

Circumcision is available for all newborns born with a penis and requires parental written consent. When you are admitted to the hospital system to give birth, your nurse will ask you about your preference and plan for circumcision. If you opt in for care, the clinical team will provide informed consent on the risks, benefits and alternatives of the procedure as well as post-circumcision wound care for your newborn. The procedure is typically done on Day One of life (the day after giving birth) and before you are discharged home.

Hepatitis B Vaccine

Hepatitis B is a virus that's passed through blood and body fluids. There is a 3 shot vaccination series over several months that can protect your newborn from this virus. Per a NYS preventative health initiative, you will be given a handout about the vaccine by your nurse on postpartum at MSW. You can opt in and receive the 1st shot in the series that day for your newborn or you can decline and follow up with your own pediatrician outpatient.

Some patients prefer to wait and zoom out on the full year-long vaccination schedule before beginning shots, others prefer to get started since the full immunity will take several months. Whatever your preference, just let your nurse know your decision and feel free to include on your birth plan.

After birth

Postpartum stay at MSW

Insurance covers 48 hour stay (two nights) after a vaginal delivery or 3-4 nights after a Cesarean birth. Many patients prefer early discharge, after 24 hours, and this will be coordinated with Pediatrician approval. If you have any medical complications after your birth, your insurance will cover an extended stay, but this is rare and unlikely. MSW is committed to providing as many of our patients as possible with private rooms, but it is not guaranteed and is assigned first come first serve. There may also be a for-fee private room option available upon request. If you are assigned to a shared room, please know that your partner will be able to stay overnight and will be provided with a recliner for sleeping. Please speak with your MSW nurse or Oula provider after you give birth if you have any questions.

Postpartum visitor policy

When you move to postpartum, you are allowed 3 support people at a time and that can include your birth team or new visitors – for example, your birth doula could head to rest and a family member could replace them at that time. Your primary birth partner will be given a hospital band and can stay with you 24/7, all other visitors must follow standard visiting hours. Children (older siblings, cousins etc.) are permitted to visit the postpartum unit as long as they have a designated adult responsible for them, other than the birthing person.

What kind of lactation support is available at MSW?

After your birth, your clinical team will support your first latch and help facilitate the initiation of your feeding plan. While on postpartum, you are eligible for a visit with the MSW IBCLC, an advanced lactation consultant, which is usually prioritized on your day of discharge. If you need additional support while you're in the hospital, please just ask. And don't forget to join an upcoming virtual session of Oula's Newborn Feeding Group, hosted by a CLC and postpartum doula, a welcoming drop in space for parents regardless of chosen feeding method. You can sign up for the next session in your patient portal.

What time of day does discharge from the hospital happen?

When your Oula provider rounds on you in the morning, you will finalize your discharge plan. The hospital will discharge patients around 12pm noon each day. We typically do not discharge patients at night. We will be available to talk through all the education you'll need for the transition to home and provide you with a comprehensive postpartum booklet to take home with you.

After birth

What interaction/support can I expect from the Oula provider postpartum (vs. the MSW staff)?

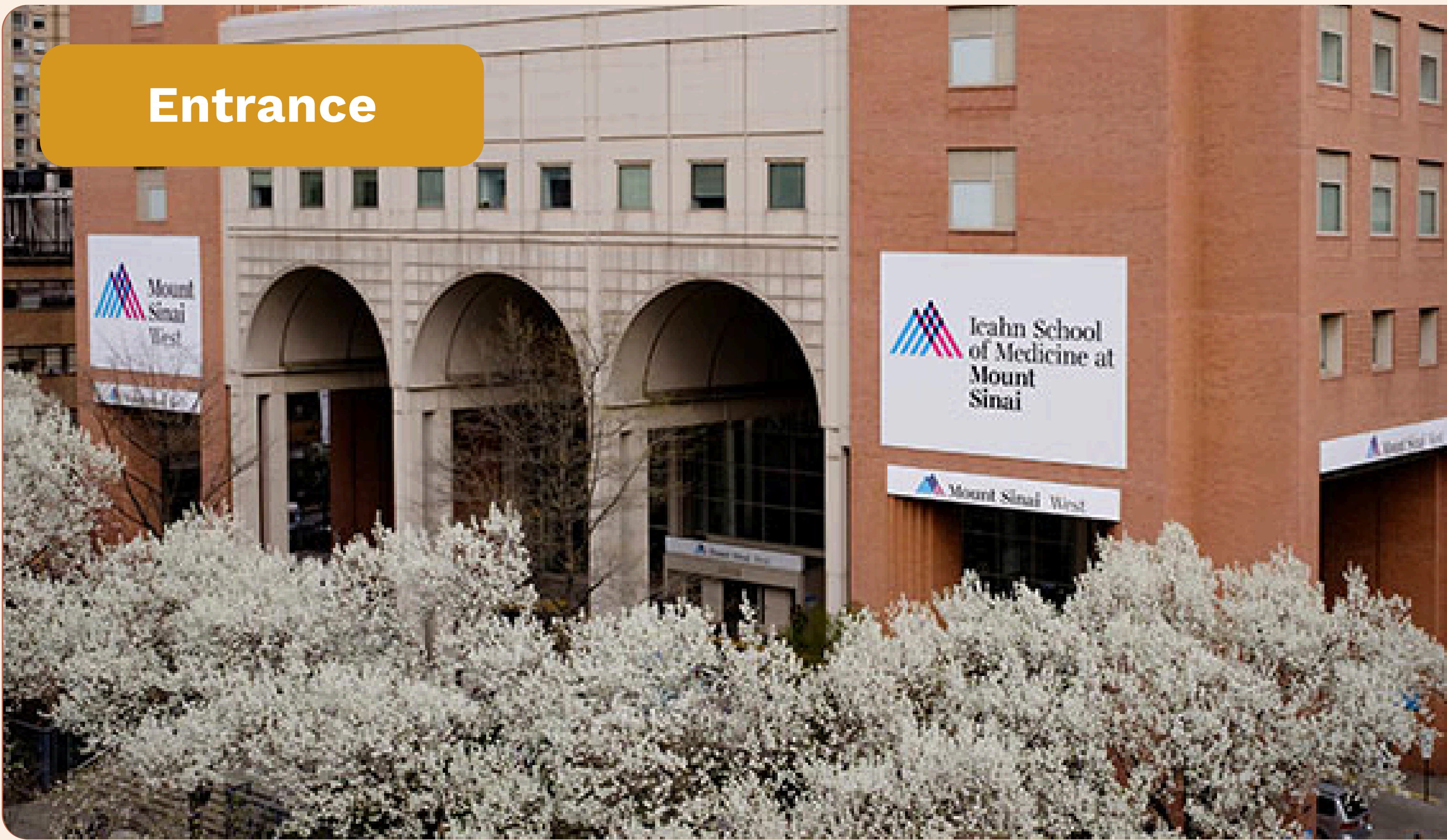
Oula providers will be present during the first few hours after your birth. Once you move to postpartum, you will be assigned a postpartum nurse from MSW to provide round-the-clock direct care, support and education. Your Oula provider will round on you every day during your hospital stay as will a MSW pediatrician to discuss your newborn's adjustment and discharge plan. Oula will help coordinate any aspects of your care that involve medical decision-making or concerns, regarding you and/or your baby.

What happens if my baby is admitted to the NICU (Neonatal Intensive Care Unit)?

Mount Sinai West has a Level 3 NICU staffed 24/7 by expert Neonatologists and critical care nurses. In the event that your newborn needs additional medical care after birth, Oula will facilitate the care coordination within this team on the Postpartum Unit. We will make sure you and your family have all the best medical services, comprehensive health resources and social and emotional support necessary to navigate this challenging time.

A look at Mount Sinai West Hospital

Entrance



Address:

1000 10th Ave (between 58th Street and 59th Street)
New York, NY 10019

Postpartum Room



Features:

- Private labor and birthing room
- Adjustable lighting
- En-suite private bathroom with shower for hydrotherapy
- Peanut ball provided, birth balls maybe be available for use but recommend bringing your own
- Outlets for keeping devices charged
- Adjustable beds to support labor in various positions, including a bed bar
- Pediatric warmer to support newborn transition, if needed
- Two seats for support team, one upright and one extendable for rest