The Gift of Motherhood

Your personal journey through prepared childbirth
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by

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This book is dedicated to expectant mothers, fathers, partners and to all who support them.
Introduction

The birth of your baby is one of the most exciting events in your life and a moment that you will cherish and remember always. You will relate your birth experience with friends, family and even your child as he or she begins their family.

Your journey will be filled with excitement, joy and an element of fear of the unknown. The purpose of this book is to help you understand the process of labor and to answer questions you may have about your upcoming birth. The more knowledge you have of the process of birth, the more likely you will approach your personal journey with confidence and a positive perspective.

You may be getting your main support from a partner, spouse, friend, sibling, parent, or other equally important person. The terms “partner” and “support person” are used in this book to include all important relationships. Not every family will include a father. A father figure may include the father of the baby or someone other than the father. The information in this publication applies to all important individuals in your child’s life.

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PLEASE NOTE: For the purpose of clear and concise writing, the term “he” will be used to reference the baby.
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Choosing Care for Yourself and Your Baby

It is important to choose the facility where you will have your baby and to select a healthcare provider for your baby while you are pregnant.

Choosing a Hospital or Birthing Center

Early in your pregnancy is the time that you need to consider where you are going to give birth to your baby. It is important to communicate effectively with your physician or healthcare provider on the management of your labor and birth. Understanding your hospital’s or birthing center’s policies is especially important if you have a particular birth plan in mind. Ask yourself and your healthcare provider what choices will provide you a birth experience with the best possible outcome.

Hospital Setting

Most hospitals have set days and times for tours. Hospitals have developed tours to provide information to mothers-to-be and their partners who are shopping hospitals or to educate expectant mothers and their families about hospital services.

Things to consider when choosing a hospital:

- Does the facility offer birthing rooms to all mothers?
- Are there LDR’s (labor, delivery, recovery rooms) or LDRP’s (labor, delivery, recovery and postpartum rooms)?
- What is the hospital’s policy on rooming-in?
- Why would my baby have to go to the nursery?
- How many people are allowed in the room at the time of birth?
- What are the visiting hours?
- Are siblings allowed in at any time or are there age restrictions on sibling visitation?
- Are there breastfeeding educators or lactation consultants on staff?
- What, if any, security does the facility have in taking special care of your newborn?
- If a cesarean birth is necessary, where will it be performed?
- Will my support person be allowed in the surgical room if I need a cesarean?

The hospital or birthing center you choose will largely depend on your insurance carrier, healthcare provider and the privileges provided. You will also want to understand the hospital’s or birthing center’s policies.

Make sure you take a tour of the facility where you plan to have your baby. Most hospitals have set days and times for tours.
Birthing Center

Birthing centers have become very popular among women because it gives them more control over their birth experience. These centers encourage natural childbirth. It is the philosophy of the centers that childbirth is a natural process not meant to be a technical or medical procedure. They are usually run by a nurse-midwife who has been certified and may or may not have a physician overseeing the facility. Just as in choosing a hospital, there are many things that you must also consider in choosing a birthing center.

Questions you need to ask your birthing center:
• Does the center screen patients, only allowing low-risk births?
• Do they have backup arrangements with a hospital in case of emergencies the facility cannot handle?
• If there is a problem with your baby, can the birthing center staff handle problems or will your baby be transferred to another facility?
• How long do I stay after I give birth?
• Does my insurance cover the cost of a birthing center?

Remember, it is important that you feel your relationship with your medical professional is built on trust and confidence. It is equally important that your medical professional convey warmth and a caring attitude toward you and the questions you need answered.

Selecting a Healthcare Provider for Your Baby

One thing you must think about before your admission to the hospital is who will take care of your baby after his birth. Start looking around as early in your pregnancy as possible. Your decision may largely depend on your insurance carrier. Talk to your friends and ask who they use for their children and if they are happy with their chosen healthcare provider. A lot of pediatricians and family care physicians will set appointments with you so that you can interview them. Last, but not least, choose a healthcare provider for your newborn that is located close to you. You do not want to be in the car with a sick infant for an hour!

When interviewing a healthcare provider, ask about the following issues:
• The cost of a well-baby visit and if it is covered by your insurance.
• Office hours – are there weekend and evening hours?
• Do they have call hours in the mornings to talk to moms who have questions?
• Is there a sick room set up for children who are not feeling well?
• Will the staff and physician support you on your decision to breastfeed?

Also investigate:
• How does the office run?
• How does the staff treat you?
• Does the healthcare provider’s personality match yours?
• Does the office run in an organized manner?
• Is the office clean?
Thinking Ahead to Childbirth

What a great journey you are about to embark on, but it helps to know where you’re going and how you are going to get there.

Your pregnancy, along with this incredibly eventful chapter of your life, will be full of joy and perhaps some worries. Thinking ahead and addressing the important emotional, physical and practical concerns is important for every new mother-to-be and her partner.

Making healthy decisions during your pregnancy not only for yourself, but also for your growing baby, are essential. Making good choices in nutrition, keeping yourself fit and strong as well as keeping your appointments with your healthcare provider are all necessary for a happy, healthy pregnancy.

Having a Healthy Pregnancy

Watch Your Diet

During your second and third trimesters of pregnancy, you need a few extra calories a day to stay healthy and help your baby grow. One extra snack a day will fill the need. For example, have an apple with some peanut butter or a pear with a small piece of cheese as an afternoon snack.

Healthy eating plays a very important role in a healthy pregnancy. You need to eat foods from a variety of sources to make sure you get all the vitamins, minerals and nutrients you and your developing baby need. Eating well will help you feel better, give you more energy and help you gain a healthy amount of weight. It will also contribute to your baby’s healthy growth and development.

You should aim for 3 meals a day with healthy snacks in between. Visit www.ChooseMyPlate.gov to see how many servings of each food group you need each day.

This book will help to build your knowledge in the areas of healthy pregnancy, birth, breastfeeding and adjustment to parenting. It will help you gain the confidence you need to make the best decisions for you and your baby. Contact your healthcare provider for further information.
Snacks to grab on the go!

- Pre-washed vegetables (like baby carrots, cauliflower and broccoli)
- Small raisin boxes
- Low-fat cottage cheese
- Low-fat yogurt
- Mixed vegetable juice or fruit juice
- Trail mix (raisins, dried fruit, nuts and seeds)
- Low-fat cheese
- Do not forget to drink plenty of water

Grains are Important
Include grain products as part of your daily diet. Foods such as bread, rice and pasta are considered grains. Try to choose “whole grain” products that are lower in fat, sugar and salt.

Milk and Milk Alternatives for Strong Bones
Drink skim, 1% or 2% milk every day and go for low-fat varieties of yogurt and cheese. Milk and milk alternatives are important for your growing baby because they will give you the high quality protein, calcium and vitamin D you need, but with less fat and calories. Drink fortified soy beverages, if you do not drink milk.

Meat and Meat Alternatives
Eating meat and alternatives each day will also help you and your baby stay healthy. Choose lean meats and meat alternatives such as dried peas, beans, tofu and lentils that are made with little or no added fat or salt. Fish is also important and should be eaten each week.

Supplements
Take a multivitamin every day and make sure it has 0.4 mg of folic acid and 16 to 20 mg of iron. Folic acid is a B vitamin that may protect your baby from birth defects of the spine and brain, also known as neural tube defects. When taking supplements, more is not better. Women who can get pregnant (whether planning to or not) need just 0.4 mg of folic acid daily, and they can get this amount from vitamins and fortified foods. Foods rich in folate are eggs, lentils, spinach, asparagus and oranges, as well as foods fortified with folic acid (such as white flour, bread, or enriched pasta). A healthcare provider can help you find the multivitamin that is right for you.

Foods to Avoid During Pregnancy
During pregnancy, both you and your baby are at an increased risk of foodborne illnesses, such as listeriosis (an infection usually caused by eating food contaminated with bacteria).

To reduce your risk you should avoid:
- Raw fish and raw shellfish (such as containing raw fish and oysters), smoked fish.
- Undercooked meat, poultry, hot dogs, deli meat.
- Raw or lightly cooked eggs and foods containing them.
- Unpasteurized milk, milk products and juices (apple cider).
- Unpasteurized and pasteurized soft cheeses (feta, Brie, Camembert and blue-veined cheeses).
- Refrigerated patés and meat spreads.
- Raw sprouts (alfalfa sprouts).

The FDA and EPA recommend that pregnant women avoid fish with high mercury content such as shark, tilefish, mackerel and swordfish.

Emotional Health
Pregnancy is a time of enormous change. The hormonal changes within your body during pregnancy can trigger different emotions. Emotional changes such as joy, excitement or even fear and panic are all common during pregnancy.

Emotional changes during and after pregnancy are easier to manage when you take care of yourself by doing the following:
- Get enough sleep and eat well-balanced meals.
- Exercise and attend programs before and after the birth of your baby.
- Talk to friends and family for support.
- Discuss any symptoms or concerns with your healthcare provider.
Oral Health
Maintain good oral health during pregnancy and continue to attend regular dental check-ups during pregnancy. Remember to tell your dentist that you are pregnant. Brush your teeth twice daily for 2 minutes and do not forget to floss.

Physical Activity and Pregnancy
Being active is beneficial for both you and for your baby’s future health. Few women have activity restrictions during pregnancy, but check with your healthcare provider before starting any exercise program.

Here are some of the many benefits to staying active:
• Improved energy level.
• Improved endurance to better cope with labor and birth.
• Easier recovery after birth and returning to pre-pregnancy weight.
• Better cardiovascular health for mom-to-be.
• Better circulation and less swelling.
• Improved muscle tone.

Smoking and Pregnancy
Second-hand smoke contains the same 4,000 chemicals and carcinogens as a smoker would inhale. More than 40 of the chemicals are known to cause cancer.

Second-hand smoke can have the following negative effects:
• Decreased oxygen going to your baby.
• Increased risk of miscarriage.
• Complications during birth.
• Increased incidences of chest and ear infections as well as asthma in babies.
• Low birth weight.

Alcohol and Pregnancy
There is no safe amount or time to drink alcohol during pregnancy. Avoid all alcoholic drinks such as beer, wine, champagne, liquors, cocktails, and coolers. This is a great time to try out new recipes for non-alcoholic drinks or mocktails (these are drinks that contain no alcohol). Drinking alcohol during pregnancy puts your baby at many risks including brain damage and birth defects, also known as Fetal Alcohol Spectrum Disorder.

Test Your Knowledge
There are many things that women and men can do before, during and after pregnancy to be as healthy as possible. Being smoke-free, finding ways to be active and taking a multivitamin with folic acid every day are examples of ways you can have the healthiest pregnancy possible.

Contact your healthcare provider to discuss ways you can reduce your exposure to second-hand smoke.

Take the quiz on the next page to see how much you already know about a healthy pregnancy!
Healthy Pregnancy Quiz

1. **Prenatal Nutrition**
   Which foods should I avoid during pregnancy?
   a.) Raw fish and raw shellfish, such as tuna, sushi and oysters
   b.) Unpasteurized milk products and juices
   c.) Raw sprouts, such as alfalfa sprouts
   d.) All of the above

2. **Folic Acid**
   All pregnant women should take a daily prenatal vitamin containing 0.4 mg of folic acid.
   In fact, most prenatal vitamins contain up to 1 mg of folic acid.
   1. True
   2. False

3. **Alcohol and Pregnancy**
   How many alcoholic drinks are safe during pregnancy?
   a.) One per day
   b.) One per week
   c.) One per month
   d.) None

4. **Physical Activity and Pregnancy**
   What is a benefit of keeping active during pregnancy?
   a.) Improved energy level
   b.) Improved endurance to better cope with labor and delivery
   c.) Easier recovery after birth and quicker return to pre-pregnancy weight
   d.) Better cardiovascular health for mom-to-be
   e.) All of the above

5. **Smoking and Pregnancy**
   Inhaling second-hand smoke is just as harmful to your growing baby as smoking a cigarette.
   1. True
   2. False

6. **Oral Health**
   What can you do to maintain good oral health during pregnancy?
   a.) Continue to receive regular dental check-ups during pregnancy
   b.) Brush twice daily for 2 minutes and floss daily
   c.) Eat healthy foods
   d.) All of the above

7. **Emotional Health**
   Emotional changes during and after pregnancy are easier to manage when you take care of yourself by:
   a.) Getting enough sleep and eating well-balanced meals
   b.) Exercising and attending programs before and after the birth of your baby
   c.) Talking to friends and family for support
   d.) Discussing any symptoms or concerns with your healthcare provider
   e.) All of the above

See answers on page 20.
Making Decisions About Your Care

The Importance of Childbirth Education

You may have many questions and concerns as you get closer to your due date. Through childbirth education and your Circle of Care (see page 12), you will become more knowledgeable about the options available to you. It is important to ask questions about what is happening during pregnancy and birth. When you ask questions and get the answers you need, you can make the best decisions for you and your baby.

You and Your Partner

Learning as much as you can about pregnancy and childbirth is a great way to get prepared for the big day! Knowing what to expect during labor and learning ways to cope with pain can help lessen fears and tension. Studies show that labors are often easier and shorter when women use a variety of ways to relax during childbirth. Having a good understanding about pregnancy, labor and birth will help you feel more confident. You may find it helpful to have a guide, such as the “Brain Tool,” shown below, to use when you meet your healthcare provider.

You and your partner will learn:

- Pregnancy and labor are normal and healthy occurrences.
- To trust the process and not fight the contractions.
- Options available in managing labor and pain.
- To ask questions openly of the instructor and of other class members.
- The importance of the partner in supporting the laboring woman.

The “BRAIN” acronym is a simple way to remember to ask about the benefits and risks of certain procedures, as well as learn if you have other choices and time to think about your options. The acronym will also remind you to pay attention to your intuition, or “gut” feeling, about what is being suggested to you. In fact, you may find this a lifetime tool to help with decision making.

<table>
<thead>
<tr>
<th>Informed Consent Questions for Labor and Birth</th>
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</thead>
<tbody>
<tr>
<td>What is the procedure?</td>
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<tr>
<td>Why is it suggested?</td>
</tr>
<tr>
<td>What are my other options?</td>
</tr>
<tr>
<td>How could this affect my labor, my baby, and me?</td>
</tr>
<tr>
<td>Do we have time to think it over?</td>
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<tr>
<td>What would happen if we do nothing?</td>
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<tr>
<td>Is this an emergency?</td>
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The support you receive from your circle of care is very important to the overall childbirth experience.

**Circle of Care**

Now that you are pregnant, prenatal care and keeping yourself healthy by eating well and making good choices are important. Emotional, spiritual and physical support provided by your circle is vital to you and your overall health and mental well-being during your pregnancy. The person you choose for your support and care should always take the time to listen to you, welcome your questions and encourage you to have the safe and healthy pregnancy and experience you desire.

Educational support from your childbirth educator or lactation consultant can relieve anxiety by helping you and your partner understand the process of labor and birth as well as to ensure the best possible start for you and your baby. Remember, **knowledge is power!**

**What is a Midwife?**

A midwife is a healthcare professional that provides compassionate, one-on-one attention and support during prenatal care, attends your labor, assists in the birth of your baby and provides postpartum care. Midwives become a collaborative partner with their patients, and understand that the woman is the central decision maker in matters regarding her birth experience and her child.

Midwives are qualified healthcare providers who go through comprehensive training for certification. The practice and credentials related to midwifery differ throughout the United States.

**There are different types of midwives:**

- **Certified Nurse-Midwife (CNM)** – an individual trained and licensed in both nursing and midwifery. Nurse-midwives possess at least a masters or doctorate degree from an accredited institution of higher education and are certified by the American College of Nurse Midwives.

- **Certified Professional Midwife (CPM)** – an individual trained in midwifery who meets practice standards of the North American Registry of Midwives.

- **Direct-Entry Midwife (DEM)** – an independent individual trained in midwifery through a variety of sources that can include: self-study, apprenticeship, a midwifery school or a college program.

- **Certified Midwife (CM)** – an individual trained and certified in midwifery. Certified midwives possess at least a bachelors degree from an accredited institution of higher education and are certified by the American College of Nurse Midwives.

- **Lay Midwife** – an individual who is not certified or licensed as a midwife but has been trained informally through self-study or apprenticeship.

**What is a Doula?**

A doula is a trained and experienced professional who provides continuous physical, emotional and informational support to the mother before, during and just after birth. There are also doulas who provide emotional and practical support during the postpartum period.

Studies have shown that when doulas attend birth, labors are shorter with fewer complications, babies are healthier and they breastfeed more easily. Evidence also shows that a postpartum doula can help with the transition that comes with a new baby. She can ease fears and help to promote balance for the entire family.
Role of the Labor Support Person

A value cannot be placed on the support person you choose to have with you during your labor and birth. So, it makes sense to choose your support person carefully. For many women, this will be their partner or husband, for others it might include a family member or friend. Whoever you pick should be aware that they are there to provide support and help, not just be a spectator or visit with other family members, while you are in labor.

*Your support person should help you with:*

- **Emotional support** – Keeping you informed as to how you are progressing.

- **Reassurance** – Telling you how they will support you and how much you mean to them.

- **Techniques taught in a class or online program** – Willingness to breathe with you and helping you stay relaxed between contractions.

- **Timing of contractions** – Telling you how close together the contractions are and how long they may last.

- **Pressure points and massage** – Guiding you with touch and massage to enable you to relax.

- **Understanding comfort measures** – Positioning pillows all around you which will help with your ability to relax. Reminding you to change position frequently, moisten your lips, and empty your bladder often.

- **Assessment of your relaxation needs** – Suggesting new measures of relaxation or breathing techniques if you are having difficulty.

- **Crowd control** – Making sure to get a handle on how many people you desire to be in the room.

- **Updating family and friends** – Providing information to your loved ones in the waiting room about your progress.

Note to labor support person:
Keep your strength up. Pack some snacks and food for yourself.
Communication

It is so important for you and your partner to open the lines of communication and share your feelings now, before your baby is born. There may be issues that both you and your support person are concerned about and many fears that you may be keeping from one another.

**Your partner may have some of the following fears and concerns:**
- Will she get through labor safely?
- Do I have what it takes to be a good father?
- How can I be a good support person when I am afraid to see her in labor and in pain?
- How am I going to react when our baby is born? Will I pass out or be sick?
- Am I making enough money to support another family member?
- Is she going to have time for me once our baby is born?

**You may have some of the following fears and concerns:**
- Will our baby be healthy?
- Am I going to be able to tolerate labor?
- I am afraid of needles and having pain.
- Will I be a good mother?
- Will my partner still find me attractive after I deliver our baby?
- Am I going to love this child when I see him for the first time?

These are all valid concerns and fears that you may both have and you should not talk about them. If you talk with one another about these issues, you will wonder why it took you so long to discuss them in the first place.

You may find comfort in discussing your worries and concerns openly. It will also allow you to speak more freely and openly with one another once your baby is born. Your baby will change your lives completely. It is not a terrible change, but a beautiful one. Working on your communication skills now will help to keep the experience ahead of you a positive one and will continue through once your baby is born. You may find that working together on making your communication skills better will bring you closer than ever before.
Relaxation

Your body has the amazing power to decrease the pain of labor by releasing “morphine-like” chemicals called endorphins. Tension blocks the release of endorphins and can create more pain sensations. Your ability to relax when you are in labor allows your body to release these pain-reducing chemicals.

Our natural response to fear is to tense our muscles. Muscle tension creates more pain. The more pain we feel the more tense we become. This reactive cycle continues unless the cycle is broken through.

Relaxation is the key and the most valuable tool in breaking the FEAR → TENSION → PAIN cycle. There are many ways to practice with your partner. What we do know is that the more you practice together as a team, the better you will work together in labor as a team. Your childbirth instructor will explain techniques that will help you learn how to relax and prepare you for labor. Relaxation skills are foundational; you must build on your techniques and your skills from week to week and practice at home with your labor partner.

You can break the Fear-Tension-Pain cycle by having:

- A knowledge of the process of labor.
- A positive attitude.
- An understanding of the importance of relaxation.

Fear of the unknown sets up a negative reactive pattern.

- The birth experience can be like a puzzle; fragmented pieces which leave you unsure how they fit together!

Education and knowledge of the birth process will set up a positive responsive pattern and a positive experience.

- Changing your perception.
- Making the picture clear.
- Allowing you to have a positive experience.
Basic Relaxation Body Awareness
How does your body handle stress? In what area of your body do you carry tension? It is important to become aware of your body by systematically reviewing and practicing with your partner basic relaxation techniques. Knowing the difference between tension and relaxation will help you develop a better sense of awareness that is important as you prepare for your journey through labor.

Progressive Relaxation
After learning body awareness, progressive relaxation helps you to understand the feeling of tension. Your labor partner will cue you to tense and relax muscle groups from head to toe. As you tense a certain muscle group, be conscious of the feeling of tension. Try to keep the rest of your body relaxed. Relax the muscle group that is tense and notice the difference.

Touch Relaxation
A great tool in developing your relaxation skills and working as a team with your labor partner is through touch relaxation. Your partner will tell you a muscle group to tense. When you feel his touch, relax that area. If practiced faithfully together, this will be a non-verbal cue, through your labor partner’s touch, to relax an area of your body that your partner feels is tense.

You may find a better way of developing your skills for relaxation that you and your partner have perfected through working together. That is great! The most important factor is working as a team.

Write down how you practice these techniques:

Basic Relaxation _________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Progressive Relaxation __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Touch Relaxation ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Note to labor partner:
Learn her “hot spots” or areas that she has difficulty relaxing and focus on them, especially when she is in labor.
The Pain of Labor

When it comes to the pain of labor, not everyone will experience or feel the same thing. Everyone has different pain tolerances and reacts differently to stress and pain. Some women will have a very easy labor and tell you that labor was a breeze. Others will tell you that it was very difficult. One thing that is known is that expecting or being fearful of the discomfort of labor will affect your response to labor and how well you cope. It is important to keep this experience as positive as possible. Most people associate pain with someone who is hurt, making pain appear to be a negative experience. You can overcome the pain experience by focusing on the outcome of your labor – your baby.

Becoming knowledgeable about the birth process will help you understand the cause of labor pain. Your past experiences will impact your perception of pain. Learn about the tools necessary to cope with the pain of labor so that you can focus on the positive. These tools and knowledge of the birth process give you the power to be in control of your labor.

Where Does the Pain Come From?

Pain is a very personal as well as a subjective experience. As with any other life situation, we learn about pain and our reaction to it from those around us and from our own individual experiences. Regardless of your tolerance for pain, you can learn constructive ways of coping. Your first step is to understand the causes of the pain you will experience in labor. This allows your body to work with your labor and not fight against it.

Factors that contribute to what you feel and experience in labor:

- The thinning out and dilation of the cervix.
- The pressure of the baby’s head as he moves down the birth canal.
- Lactic acid build-up as the uterus contracts.
- The contracting uterus putting pressure on the bladder, rectum, fallopian tubes, ovaries and ligaments.
- Size and position of baby.
- Stretching of the vagina and perineum.
- Personal beliefs and cultural conditioning in response to pain.

The pain of labor is definable. It comes with the contraction and then goes away. You can control this physical pain with the tools learned in prepared childbirth class or with medication. Your choice of how to manage the pain of labor is best made when you are in labor. It is very important that you understand your options and remain flexible about choices for managing your pain during labor. Developing a plan or set of expectations for your labor will help you to be prepared and feel in control. However, no one can tell you how your labor is going to progress. By expecting the unexpected, you can be more flexible about the options you choose to use during your labor.

There is no right way or wrong way to have a baby. You are not in competition with your sister or the friend down the street. Do not set yourself up for failure just because your labor did not go like you thought or because you chose to take medication when it was not planned. You need to feel good about the choices you make for yourself when you are in labor. Do not let anyone tell you differently!
Breathing Techniques

Having a plan and using a particular technique are the most important features of prepared childbirth, not one particular person's program or method. Try not to use any techniques until it is absolutely necessary for you to take your mind off your discomfort. Beginning any of these helpful tools too soon will only exhaust and fatigue you. There is no magic to these techniques. They help take your mind off your discomfort and allow you to focus on something else. Our brains are amazing. Think about the last time you were in the car and your partner was listening to a baseball game. A grand slam was hit, and you began talking to him about baby furniture. He was so engrossed in the game that he did not “hear” what you said. He knows that you spoke, but his mind was on the game. Our brains will only perceive what we are concentrating on; everything else is a distraction. So, with the techniques of relaxation and breathing, you can consciously choose to make yourself think about them, instead of the discomfort of your contractions.

Stress and tension can automatically cause us to take big, deep breaths. After a sigh we feel more relaxed. This is why cleansing breaths are taught before and after a contraction. A cleansing breath is a big “sigh” – in through your nose and out through your mouth. At the beginning of a contraction, the “sigh” reminds you to start off relaxed. When the contraction is over, the deep breath will help you to get rid of any lingering tension that might have occurred during the contraction.

Staying Attuned to Your Body

One of the biggest fears pregnant women have is dealing with the pain associated with labor. The use of rhythmic breathing techniques, as explained on the following page, is just one of the many tools used by women to manage the pain of labor. You may wish to use breathing patterns along with other comfort measures such as imagery, touch and massage, position changes and music.

Please know that there are a variety of different breathing techniques that you may be taught. It depends on the method of prepared childbirth you choose to use and the instructor teaching your class. Instead of patterned, rhythmic breathing, you may be taught that becoming more attuned to your body and its response to the contractions and their discomfort will work better for you and your partner. Remember, be flexible when you are in labor and use the strategies that work best for you.

You need to feel good about the choices you make when you are in labor. Use what helps you to better move and position your body in such a way that will be more beneficial to you, your baby and the natural labor process.
Rhythmical Breathing Patterns

During labor, use the breathing pattern that works best and feels most comfortable for you. The “right” way to breathe is whatever feels appropriate for you at that time in your labor. There are no special rules related to how many breaths per minute, whether to breathe through the mouth or nose, or whether to make sounds. The key here is that the breathing is conscious. This controlled breathing is easy to learn.

*Here are 3 different types of breathing techniques that you can practice:*

- Slow breathing.
- Light, quick breathing.
- Pant-pant blow breathing.

**Slow Breathing**

This is a relaxed and comfortable breathing pattern. Some women find that slow breathing works really well in early labor. Breathe in slowly and deeply. With each slow breath out, relax your shoulders, hands, face and all the way down to your toes. Keeping your body as relaxed as possible is important because it is a basic way to help relieve pain and stress.

**Light, Quick Breathing**

Some women find that light quick breathing works well when contractions become stronger and last longer. At the beginning of the contraction, take a deep cleansing breath. Continue with slow breathing in and out. As the contraction becomes more intense, use shallow, rhythmical breaths in and out. As each contraction eases, end with another deep cleansing breath.

**Pant-Pant Blow Breathing**

Pant-pant blow can be helpful if you have the urge to push but your cervix is not fully dilated. Take a deep breath in. Breathe out with short pants and then a longer breath, pant-pant blow. Repeat until the contraction eases and end with the deep cleansing breath.

Practice these breathing techniques along with other relaxation techniques so that you will be comfortable using them when you are in labor.

**Notes on Breathing Techniques:**

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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Your support person can help you combine your breathing and relaxation with comfort measures.
What to Pack

___ Bed pillows, at least 2
___ Music that is soothing to you
___ Food for support person
___ Cards, books, videos and any other items to help pass the time
___ Pair of socks
___ Focal point
___ Hand-held massager
___ Digital camera
___ Toiletries for mom and support person
___ Slippers and bathrobe
___ Change of clothes for support person
___ Going-home clothes for mom and baby
___ Reading and writing material
___ Change for vending machines
___ Watch or clock with second hand
___ Hand fan
___ Lip balm
___ Bra and panties

Other Items to Pack:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Answers to Healthy Pregnancy Quiz (Page 10)

1. d.) All of the above
2. True
3. d.) None
4. e.) All of the above
5. True
6. d.) All of the above
7. e.) All of the above
Questions You May Have:

1. _______________________________________________________________________________________________
2. _______________________________________________________________________________________________
3. _______________________________________________________________________________________________
4. _______________________________________________________________________________________________
5. _______________________________________________________________________________________________
6. _______________________________________________________________________________________________

Important Phone Numbers to Remember:

NAME ________________________________________________ PHONE _________________________________
NAME ________________________________________________ PHONE _________________________________
NAME ________________________________________________ PHONE _________________________________
NAME ________________________________________________ PHONE _________________________________

Notes:
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Discomforts of Pregnancy

There are many changes and discomforts that occur throughout your pregnancy.

Although every woman and her pregnancy are different, there are some similarities in the aches and pains that you may encounter. Many of these changes are due to hormones – both physically and emotionally! You will find signs of preterm labor along with the other warning signs on page 28 which will need immediate medical attention.

The illustration below shows the physical changes that will occur in your body during pregnancy.
Nausea and Vomiting

It is very common for women to have nausea and vomiting during pregnancy. This is also known as “morning sickness” but can happen at any time of the day. Talk to your healthcare provider if you have these symptoms. Nausea and vomiting are due to the increased production of pregnancy hormones. It usually ends by 16 weeks, but some women continue to have it throughout their pregnancy.

Things that may help with nausea and vomiting:

- Eat small, frequent meals.
- Drink small amounts frequently during the day and not at meal times.
- Eat crackers or dry toast.
- Get out of bed slowly.
- Do not lie down right after eating.
- Get rest when you need it.

Shortness of Breath

The uterus, as large as it is, puts a lot of pressure on the internal organs and the diaphragm. The lungs do not have as much room to expand as they did before pregnancy. You will breathe easier once the baby descends into the pelvis.

If shortness of breath is a problem for you:

- Avoid sleeping flat on your back. Lying on your side at night is usually more comfortable.
- Use pillows all around you — between your legs and behind your back.
- Prop yourself up at night instead of lying flat.
- Sleep in a recliner with pillows surrounding you.
- Slow down when climbing stairs.

Swelling

You may experience swelling of the feet and legs toward the end of the pregnancy. With the added weight of the pregnancy, your circulation is slower at returning the fluid to the heart, especially from way down at your feet. If you ever have excessive swelling of your legs, it is important for you to let your healthcare provider know. If you have swelling in your hands and face, contact your healthcare provider, as this may be something more serious, such as high blood pressure.

Try the following to relieve swelling:

- Elevate your legs whenever possible.
- Place pillows between your legs when lying down.
- Try not to cross your legs when sitting.
- Lie on your side when sleeping or resting.
- Drink plenty of fluids and follow guidelines for a healthy pregnancy.
- Daily physical activities such as swimming and walking.

Excessive swelling could be a sign of preeclampsia of pregnancy. It is a condition only related to pregnancy and needs medical attention.

Preeclampsia

Preeclampsia is a disorder that occurs only during pregnancy, typically after 20 weeks gestation but can also appear up to 6 weeks postpartum. This condition can affect both the mother and baby. Proper prenatal care is essential to diagnose and manage preeclampsia. At least 5 to 8% of all pregnancies are involved in this rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine.

Please know that it is possible for a woman to have preeclampsia and not have any symptoms. That is why it is so important not to miss your prenatal and postpartum appointments.

The Preeclampsia Foundation Mission Statement.

Its purpose is to reduce maternal and infant illness and death due to preeclampsia, HELLP syndrome, and other hypertensive disorders of pregnancy by providing patient support and education, raising public awareness, promoting research and improving healthcare practices.

For more information visit - http://www.preeclampsia.org/health-information/about-preeclampsia
Nasal Congestion

Nasal congestion is a very common problem for many women. Your nose may feel stuffy and you may experience nosebleeds during pregnancy. Your blood volume increases by nearly 45%, which is an amazing increase. This increase affects the membranes inside your nose, causing them to swell. Sometimes they may even feel very dry and raw, which causes the bleeding.

Some tips to reduce nasal congestion:
• Try increasing your fluids.
• Talk to your healthcare provider about what you can use to ease your nasal dryness.
• A cold mist humidifier may help increase the moisture in your home.

Heartburn

Your stomach is also affected by the growing uterus and does not have the capacity to hold as much food as your pre-pregnant state. Acid from your stomach rises up into the esophagus and causes a burning sensation. For some women, it may be very uncomfortable when trying to rest or sleep, due to this acid reflux.

The following suggestions may help with your discomfort:
• Eat small, frequent meals.
• Drink fluids between meals instead of during meals.
• Wear loose clothing.
• Sit up after eating.
• Avoid spicy and fatty foods.
• Avoid coffee, carbonated drinks and chocolate.
• Eat slowly and chew your food well.
• Use pillows to prop yourself up at night if acid reflux is a problem.

Backache

Probably one of the most common problems in pregnancy, and the one that worsens as the pregnancy progresses, is backache. Your pregnancy affects your posture and how you walk, especially at the end of the day when you are tired. The “pregnancy waddle” is caused by compensating for the extra weight you are carrying out front by arching and curving your back inward.

Helpful suggestions for back discomfort:
• Remind yourself to walk with your back straight and avoid the “waddle.”
• Take breaks throughout the day and rest your back.
• Wear low, rubber-soled shoes.
• Place a small pillow or rolled towel in the lower part of your back when sitting down or driving your car.
• Practice appropriate back exercises according to the guidelines of your healthcare provider.
• Avoid lifting anything heavy. Always bend at the knees, keeping your back straight. Never bend at the waist to lift.
• When getting out of bed in the morning, roll on your side first and push yourself up to a sitting position. Never sit straight up from a back-lying position.
Sciatica
Some women will experience this discomfort off and on during pregnancy. It is characterized by tingling, numbness and pain affecting the buttocks, hips and thighs. The sciatic nerve branches from the lower back, down the buttocks and legs. The enlarging uterus and growing baby put pressure on these nerves. Sometimes a simple change in position of the baby may help to alleviate the discomforts of sciatica. If you are troubled by this unpleasant discomfort, talk to your healthcare provider.

Round Ligament Pain
There are ligaments that hold the uterus in place, one that runs on each side of the abdomen and one across the pelvic floor. As the uterus grows, these fibrous ligaments stretch like a rubber band and any sudden movement or position can cause them to spasm. At times, the discomfort known as round ligament pain can be very painful. You may be out for a walk and all of a sudden you feel a sharp pain on one or both sides of your abdomen or groin. As quickly as this discomfort comes, is how fast it usually will go away. Some women will notice similar spasms in the vagina and/or rectum as well.

Loose and Aching Joints
You may feel as if your joints are loose, pop or just feel achy. Hormones released toward the end of your pregnancy soften the cartilage joining the pubic bone in front of the pelvis. It allows the pelvis to expand 1 to 1½ centimeters enlarging the bony opening for the baby to pass through. This is not the only place that cartilage is found. It is up your back, between your spine, in your ankles and toes. Some women may even have a sense of achiness throughout their bodies.

Hemorrhoids and Constipation
If hemorrhoids and constipation are a problem for you, try these tips to provide relief:
• Eat a high-fiber diet (fruit, whole-grain cereal and raw vegetables).
• Drink plenty of fluids throughout the day.
• Get regular exercise.
• Do not give yourself an enema or take over-the-counter laxatives or suppositories.
  Always talk to your healthcare provider if you are having a problem.
Frequent Urination
What was a problem in the beginning of your pregnancy now comes back full force in the last trimester. As the uterus grows it places a lot of pressure on the bladder, even more when the baby descends into the pelvis. You may notice that every time you cough, sneeze or laugh too hard, you may pass a small amount of urine. It may help to use Kegel exercises.

Kegel Exercises
Kegel exercises help you learn how to relax the PC or the pubococcygeal muscle. In fact, it is a very beneficial exercise that is easy to do. The Kegel can also help in controlling urine leakage by strengthening some of the muscles that control the flow.

If you do not know how to relax this muscle, it will be hard for you to push effectively. The exercise involves contracting the muscles around the vagina (as though stopping the flow of urine midstream) by squeezing the muscles tightly for a few seconds and then relaxing them. The squeezing and relaxing is repeated 10 times at least 5 times daily. You can also do this exercise by slowly tightening the muscles as if going up an elevator, first floor through the fifth floor. Then, slowly allow the muscles to relax by coming down the elevator. Learn about the different levels of tension and relaxation. An awareness of this exercise will help you to be more effective during the second stage of labor. This exercise is also beneficial postpartum in regaining the loss of muscle tone around the vagina and urethra.

Breast Changes
During pregnancy, most women will notice their breasts enlarge and are sometimes tender. The nipple and the area around the nipple, known as the areola, enlarge and become darker in color. As they prepare for milk production, you may notice that the blood vessels of the breasts can be seen at the skin surface. They may tingle with temperature change or touch. Some women will notice colostrum leaking from their breasts during pregnancy. Do not be concerned if your breasts do not leak. It does not mean that you will be unable to produce milk. Some women have breasts that leak and some do not.

Guidelines for breast care:
- Wear a bra that provides firm support.
- Buy a bra that fits without pressing, binding or rubbing. You may need to buy a larger bra about the third or fourth month of pregnancy.
- You may be more comfortable wearing a bra at night if your breasts are large.
- Your nipples may leak a small amount of clear or yellowish fluid called colostrum. This is a sign that your body is preparing for breastfeeding.
- Clean colostrum from your breasts using warm water.
- If colostrum leakage is a problem, wear an absorbent breast pad in your bra and replace it when wet to avoid irritation or infection.
Skin Changes
You may notice that you have a dark line running up and down your abdomen. This is called linea nigra and is due to hormone changes that affect the skin's pigmentation. Some women will notice darkness around their nose or face. This is known as chloasma. Both of these will fade postpartum as the hormone levels get back to normal. Although this may be worrisome to you, they are not harmful and will cause no permanent scarring or damage to your skin. Stretch marks can be found not only on the abdomen but also on the breasts, thighs and upper arms.

Fatigue and Insomnia
Fatigue and insomnia are common in the last trimester and frustrate many women. Rest as much as you can, because fatigue and exhaustion are your worst enemies when you are in labor. **LISTEN TO YOUR BODY.** When it tells you that you are tired – REST. Insomnia is a very common problem for some women. The reasons are numerous. First of all, you cannot get comfortable in bed. You may position yourself on one side that took you 10 minutes to arrange, and then your hip falls asleep – that tingly pins and needles sensation. So, you turn over on your other side, rearranging the pillows again, and then your arm falls asleep! It feels like a never-ending battle at times. Another reason is that you may have so much on your mind about the baby, birth, pain of labor and being a mom that your mind never stops. Anxiety can play a big role in insomnia.

**Here are some things that may help with insomnia:**
- Do not take any over-the-counter medications without talking to your healthcare provider first! Whatever you take goes to the baby as well.
- Take a warm shower before bedtime – this may help to relax you.
- Read a good book before bed.
- Remove yourself from the bedroom where you are having difficulty sleeping. Sometimes a change of rooms will help.
- Make yourself as comfortable as possible with pillows.
- Avoid caffeinated beverages.
- Avoid exercise immediately before bedtime.

Leg Cramps
There is nothing worse than leg cramps or “charlie horses” that may wake you in the middle of the night. If you experience a leg cramp, try straightening your leg and pointing your toes toward your head. You should see immediate relief of the discomfort. This works better than rubbing your leg or jumping out of bed and trying to walk it out. Sometimes you will lose the ability to stand on the leg that is cramping. Practice stretching exercises 2 to 3 times each day, especially before bedtime. This will help prevent leg cramps.
Warning Signs Which Need Immediate Attention

Preterm Labor (3 or more weeks before your due date)
- Contractions – more than 4 occurring in an hour.
- Menstrual-like cramps – may come and go or be constant.
- Abdominal cramps – may occur with or without diarrhea.
- Low backache – comes and goes or is constant.
- Pelvic pressure – feels like the baby is pushing down.
- Change in vaginal discharge – a sudden increase in the amount or may become more mucus-like, watery or slightly blood-tinged.
- Water breaks before 37 weeks.
  - Note how much fluid – small leak or big gush?
  - What color is the fluid?
  - If you are not sure if it is your water that has broken or if you passed urine, call your healthcare provider and get it checked right away.

Vaginal Bleeding (bright red vaginal bleeding is not normal) Note the following:
- Amount of bleeding.
- Presence of clots.

Abdominal Pain
- Needs immediate medical attention.

Decreased Fetal Movement
- You may choose to use a fetal activity chart the last few weeks of pregnancy to track movement. See “Tracking Your Baby’s Movement” on the next page.
- Absence of movement or significant lessening of movement may be of concern; notify your healthcare provider immediately.

Fever
- Notify your healthcare provider if you have a fever.

Headache
- Unusually severe.
- Seeing spots or flashing lights.
- Other neurological symptoms – numbness, loss of vision, weakness, loss of balance, or speech difficulty.

Urinary Discomfort
- Frequency with small amounts.
- Painful urination. Blood-tinged urine.
- Pus in urine.

If you experience any of the warning signs listed here or have other symptoms that you feel are not normal, get medical attention immediately.
Tracking Your Baby’s Movement

If you are concerned about your baby’s movement try the following:

• Choose a time of day when your baby tends to be active.
• Sit quietly or lie on your side and try not to be distracted.
• Time how long it takes to feel 10 distinct movements – kicks, punches, swooshes and body movements.
• According to ACOG (American Congress of Obstetricians and Gynecologists), generally 10 movements in 2 hours is considered reassuring. If you feel less than this, you should contact your healthcare provider. Remember, your baby’s activity level will vary throughout the day, but you should feel your baby’s movements throughout the day, every day.

Record the times you feel your baby moves:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
4. __________________________________________________________________________
5. __________________________________________________________________________
6. __________________________________________________________________________
7. __________________________________________________________________________
8. __________________________________________________________________________
9. __________________________________________________________________________
10. __________________________________________________________________________

Notes:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Every woman’s experience is unique and individual to her.

One woman may find her pregnancy and labor to be easier than what she had expected. Another woman may have had more discomfort during pregnancy and may have experienced a very long and difficult labor. Despite modern technology, it is impossible to predict how your labor and birth will progress. What we do know is that preparing you for childbirth will help you find a sense of inner strength regardless of whether the labor is short or long; easy or difficult. Every mother is rewarded with a sense of great accomplishment and a deeper sense of joy.

The start of labor occurs when the contractions create changes to the cervix. It is possible for some women to have many episodes of contractions prior to the onset of “real labor.” The average woman’s first labor is about 12 to 16 hours. Every woman’s experience is different. Your labor could be as short as 4 hours or as long as 24 hours or more. Remember, it is important to be flexible.
Anatomy and Physiology

No one really knows or understands why, when or how labor begins. What healthcare providers do know is that there are chemicals produced by the body known as prostaglandins, which toward the end of the third trimester cause softening and ripening of the cervix. When the body is ready to give birth to the baby, large quantities of prostaglandins are released. An increase in the sensitivity of oxytocin receptors in the uterus stimulate contractions once the labor is established.

Uterine muscle cells react just as other muscle cells do in our bodies resulting in hardening or tightening of the affected muscle. During labor, uterine muscles contract starting at the top of the uterus, known as the fundus. This causes tightening and pressure, which moves from the top of the uterus to the bottom in a wave-like fashion. These contractions force the baby to move downward through your pelvis and out of the cervical opening into the vagina or birth canal. Your body will manage your labor through a well-coordinated process. Your contractions will repeat in shorter intervals and increase in intensity until your baby is born.

Labor Signs

Braxton Hicks Contractions

Throughout most of your pregnancy, the uterine muscles commonly contract from time to time. These contractions are often painless, irregular in frequency and mild in intensity. Many women describe them as a “bumping up” sensation. These contractions are the way your uterine muscles stay in shape and practice for the upcoming labor. Some women find it difficult to tell the difference between true labor and Braxton Hicks contractions.

Lightening

Earlier in your pregnancy, your fundus was positioned high in your abdomen, just underneath your breasts. As your baby’s birth nears and he grows, the fundus will drop 2 to 3 inches away from your ribs. This process is called lightening. It can occur weeks before the onset of labor or anytime right up to when labor begins. Many women describe it as increased pressure in the pelvic area. This pressure results from the baby’s head settling into the bony pelvis. It is now easier to breathe, but you may feel more pressure on your bladder and you may be making more trips to the bathroom.
Effacement
After prostaglandins soften and ripen your cervix, they further prepare for birth by effacing your cervix or thinning it out. The cervix is normally 1½ to 2 inches long and will become paper thin as it stretches and pulls over the baby’s head. Your nurse or your healthcare provider are able to tell you if there are any changes to your cervix by doing a pelvic exam. The terms that they will use to describe the changes in the cervix are the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>Effacement of Cervix</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes to cervix</td>
<td>0% effaced</td>
</tr>
<tr>
<td>Cervix is half of the normal thickness</td>
<td>50% effaced</td>
</tr>
<tr>
<td>Cervix is completely thinned out</td>
<td>100% effaced</td>
</tr>
</tbody>
</table>

Dilation
Both effacement and dilation are estimated upon vaginal exam and are subjective measurements. One way to help you visualize these changes is for you to think about a long neck bottle. If you hold it upside down, you can think of it as your cervix. It has a very long, thick neck. Compare this image to a mayonnaise jar held upside down. The neck of the mayonnaise jar is thinned out and its opening measures about 10 centimeters. This is a strange analogy but a great way for you to visualize exactly how the process of labor changes the cervix.

Mucous Plug
You may remember the hormonal changes that made you moody or teary at the beginning of your pregnancy. One of the benefits of those early hormone surges was to develop what is known as the mucous plug. As the cervix ripens and softens, the plug may be dislodged. It is a very thick, stringy piece of mucus that is not always noticed by women. It could be moments or days until labor begins and is one of the signs of pre-labor. The plug blocks the long cervix and helps to prevent bacteria from getting into the uterus. The cervix has a rich blood supply, and as the mucus passes through the cervix it may appear blood-tinged. This is called bloody show.
Dilation Chart
Station

The relationship of the top of the baby’s head or presenting part to the spines of your pelvic bones is known as station. Upon vaginal exam, your healthcare provider can feel 2 bony prominences through your vaginal wall. These are known as the ischial spines. If the baby’s head is above the ischial spines, it is a negative number (−). Below the spines it is a positive number (+) as is shown in the diagram. For example, +2 station means the head is 2 centimeters below the spines.

Bag of Waters or Amniotic Sac

You never know where you are going to be or when your labor will begin. It may start with contractions or your water breaking. The medical term for your water breaking is “ruptured membranes.” This is when the sac that contains the amniotic fluid around your baby leaks or breaks open completely.

If you think your water has broken, your healthcare provider may want to know the time your water broke, what color it is, the odor and the amount. Most healthcare providers recommend that you have your baby within 24 hours from the time of your water breaking because of the possibility of infection.

The amniotic fluid and sac serve these purposes:

• Acts as a cushion for the baby.
• Keeps the environment and temperature stable for the growing fetus.
• Keeps bacteria from entering where the fetus is growing and developing.

Am I Really in Labor?

This is one of the biggest concerns on most women’s minds when they are pregnant. As you get closer to your due date, it is important for you to understand the difference between true labor and false labor contractions. To decide if your contractions are true or false labor, record the time between the start of one contraction and the start of the next. Do this for several contractions in a row. Many women gain relief from the discomfort of false labor by walking or changing positions.
Timing Contractions

To time contractions, 2 specific characteristics of the contraction are recorded – frequency and duration.

**Frequency** – Time from the start of 1 contraction to the beginning of another.

**Duration** – Time from the start of 1 contraction to the end of the same contraction.

<table>
<thead>
<tr>
<th>True Labor vs. False Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>True labor contractions</strong></td>
</tr>
<tr>
<td>• Contractions occur at regular intervals.</td>
</tr>
<tr>
<td>• Intensity of contractions increases.</td>
</tr>
<tr>
<td>• Intervals between contractions shorten.</td>
</tr>
<tr>
<td>• Discomfort in back and/or lower abdomen.</td>
</tr>
<tr>
<td>• Discomfort does not stop with walking.</td>
</tr>
<tr>
<td>• Cervix dilates.</td>
</tr>
<tr>
<td><strong>False labor contractions</strong></td>
</tr>
<tr>
<td>• Contractions occur at irregular intervals.</td>
</tr>
<tr>
<td>• Intensity relatively unchanged.</td>
</tr>
<tr>
<td>• Intervals between contractions do not get shorter.</td>
</tr>
<tr>
<td>• Discomfort primarily in lower abdomen.</td>
</tr>
<tr>
<td>• Discomfort frequently relieved with walking.</td>
</tr>
<tr>
<td>• Cervix does not dilate.</td>
</tr>
</tbody>
</table>

Log your contractions on the chart below. You may want to make copies. Use a watch with a second hand to capture the exact time.
When Should I Go to the Hospital?
It is important to ask your healthcare provider this question, because the answer may vary depending on your personal circumstances. The most important thing is to listen to your inner voice and go when you feel you need to go.

Remember, there are no 2 labors exactly alike, so your healthcare provider might instruct you differently from other expecting mothers, because each woman's pregnancy may have unique issues. **Listen to your body.**

**Go to the hospital when:**
- Your water breaks with a gush, or continues to leak.
- Your contractions are regular and 5 minutes apart. This number may change if you are further than 30 minutes away from your hospital.
- Your healthcare provider recommends you to go.
- Or you feel you need to go.

**Contraction**s – **It is important for you to report the following about your contractions:**
- Growing more intense.
- Following a regular pattern.
- Lasting longer.
- Becoming closer together.

**Ruptured Membranes**
It is important for you to report the following if your water breaks:

**Think of the word C O A T:**
- **C**olor of fluid
- **O**dor of fluid
- **A**mount of fluid
- **T**ime rupture occurred
Pre-Labor

Pre-labor occurs during the days before your birth. You may experience the nesting instinct and feel like you have more energy. Remember that this is also a time to rest and save your energy for birth.

Mother’s feelings and reactions
- Combination of excitement and anxiety.
- Burst of energy or the nesting instinct.
- Wants to make contact with friends and family.

Physical changes in mother
- More episodes of Braxton Hicks contractions.
- Increased vaginal discharge.
- Possible loss of mucus plug.
- Increased pressure on pelvic floor.
- Some nausea and diarrhea.
- Premenstrual symptoms.

Comfort measures mother can use
- Continue with normal daily activities.
- Focus on taking more naps – REST!
- Practice relaxation and breathing techniques learned in previous chapter with support person.
- Practice working together as a team with your support person.
- Finish last-minute details and make necessary arrangements.
- Have your hospital bag packed and ready to go.

Role of support person
- Help with last-minute arrangements.
- Make sure she’s getting the proper rest needed.
- Share your feelings, fears and concerns with your laboring partner. If you talk about your fears, they may not be so scary.

Pre-labor is your body’s way of preparing for true labor.
There are 4 stages of labor. During each stage, many changes are occurring within your body.

Stages of Labor

The labor process is unique for every new mom. The information about the duration and frequency of contractions in each stage of labor is an average. It is more important that you LISTEN TO AND TRUST YOUR OWN BODY about how your labor is progressing.

First Stage of Labor
Within the first stage of labor there are 3 phases: Early, Active and Transition. The first stage occurs from the time true labor begins until the cervix is completely dilated and the baby can pass out of the uterus through the cervix.

Second Stage of Labor
The second stage of labor is from complete cervical dilation until the birth of your baby.

Third Stage of Labor
The third stage of labor is from the birth of the baby until the placenta detaches from the uterine wall and is expelled through the vagina.

Fourth Stage of Labor
The fourth stage of labor is the recovery time after the birth of your placenta. It can last from an hour to several hours.

Factors that Affect Labor
There are many factors that will determine how long your labor will be or how long it takes to go from one stage to the next.

The blending of the following factors can affect your progress in labor:

- Position of the baby’s head.
- Size of the baby.
- Presentation of the baby.
- Size and shape of the mother’s pelvis.
- Mother’s physical and emotional state.
- The effectiveness of the contractions in dilating the cervix.
- The birth partner and the support they provide.
- Medications or anesthesia administered.
Descent of the Baby Through the Birth Canal

1. Cervix thins out.
   Membranes bulging.
   Baby’s head faces mother’s side.

2. Cervix fully dilated.
   Baby begins rotating toward mother’s back.
   Baby’s chin tucked on his chest.

3. Rotation complete.
   Baby in occiput anterior position.

4. Baby’s head appears at vagina – called crowning.

5. Head is out and facing the floor.
   Extension of the baby’s head.

6. Head rotates to the side to align with shoulders – called restitution.
Comfort Measures in Labor

This section will help you to understand the different comfort measures that are useful in providing natural pain relief. They can be very effective during the different phases and stages of your labor and birth. Comfort measures can help you deal with the discomfort of labor and keep it at a level where you can manage without medication, if you choose. For these measures to be effective, be sure to practice them in class and at home with your labor partner.

Relaxation

Relaxation is an active, purposeful activity in which you consciously release tension. Relaxing your muscles helps to reduce physical tension and pain. It also provides a feeling of emotional well-being which reduces anxiety and in turn, reduces your sensitivity to pain. Review and practice the techniques on page 16.

Focus and Distraction – Focal Point

Focusing all your attention on one thing allows distracting thoughts and images to simply pass by. Any point of focus can work — a word or sound, a phrase, a photograph of an older child or a meaningful object. Meditation is also an effective way of shutting out other concerns. Bring an item to the hospital that you feel will help you to focus.

The technique of visualization, or using your imagination, does not work for everyone but could be of great assistance to you. Using visualization or guided imagery involves focusing on a mental image — a place in your mind that is special to you. It could be a garden filled with a multitude of flowers. Use your senses — smell the scents, see the colors and hear the birds. Share your special place with your labor support person, and they may be able to walk you through the technique.

Cleansing Breath

At the beginning and end of each contraction, take a deep, exaggerated breath in through your nose and out through your mouth. This deep breath will give both you and your baby an extra boost of oxygen and signal you to relax and focus. It will also serve as a cue to your partner that a contraction has begun. The cleansing breath serves as a release for you and a reminder to relax between contractions.

Rhythmical Breathing Techniques

Allow your body to relax as completely as possible and work with the contractions while using breathing and relaxation techniques. There is no right or wrong way to breathe. Your breathing style should be your own. The breath may be taken in and out of your nose or mouth, or in through your nose and out through your mouth. The key is to have your breathing feel natural, relaxed and even. It should be at a comfortable pace and not cause you to feel light-headed or short of breath. All breathing techniques should have 2 common components: a cleansing breath and a focal point. Review different patterns on page 19.

Effleurage

Effleurage is a type of massage using light pressure applied over a wide area of the body. Light effleurage promotes relaxation, alleviates pain and encourages sleep. Performed in a circular motion, with the hands relaxed, palms on the body, always keep the momentum on the upward stroke, easing the pressure on the return movement. Use a flat-hand stroke on the arms, legs and broad flat surface of the back.

Effleurage with only the fingertips gliding (rather than the whole hand) is called feathering. Some women enjoy using feathering over their abdomen during contractions. Effleurage can also be done with a cupped-hand on areas that are sensitive, such as the calf muscles.
Touch and Massage
Touch and massage have been proven to be very healing, and in labor, very beneficial in reducing pain sensations. Touch soothes the body through simple hand-holding and gentle stroking of the arms, legs or abdomen. In labor, your body naturally releases endorphins that are “morphine-like.” These pain relieving chemicals give a sense of well-being. With massage and touch, more endorphins can be released as long as you stay as relaxed as possible. Tension and stress tend to negate or cancel out the endorphins with hormones called catecholamines. They are released when you are under stress and cause the “fight or flight” response. These hormones make your heart beat faster, you breathe more rapidly and your muscles more tense. In labor, you want all the morphine-like chemicals you can get!

Gate Control Theory
Have you ever burned your finger? It hurts! Maybe you ran it under cold water and it made it feel so much better. When you took it away from the cold water, you felt the pain of the burn. This is a great analogy and a perfect way to think about how the gate control theory works, especially for a woman in labor. When there is a good sensation such as massage or touch, a cold washcloth or soothing sound, these sensations travel up the spine to the brain faster than does pain. Pain researchers believe there are “gates” in the spine that block or slow down the perception of pain when a good sensation is in play. That is why comfort measures during labor are so valuable.

Pressure
If you think about the last time you had a headache, you may have applied pressure to your temples with your fingertips. Maybe you moved them in a circular motion, and it actually made your head feel better. If you have a stressful day, you may rub your palms together. Somehow your body has an innate response to naturally deal with stress or pain.

Applying pressure to certain areas of the body has been proven to decrease stress, tension and pain sensation. A good example is with back labor. If you experience back labor, you will feel your contractions in the small of your back. If your labor support person applies counter-pressure in the lower back with a closed fist or heel of their hand, laboring mom will tell you exactly where to apply pressure and how hard to push! It helps tremendously in reducing the discomfort of back labor. Cold and heat can also be alternatives to pressure.

Changing Positions
Staying in one position can increase tension. Moving regularly can significantly reduce pain. Many women in labor have found it better to be upright or be up and walking around. The best choice when you are laboring, and with your healthcare provider’s approval, is to keep moving and change positions with intervals of rest.

These activities allow your body to take advantage of gravity and movement to encourage repositioning and downward movement of the baby.

• Walking
• Standing
• Rocking
• Swaying
• Dancing with partner

Warm Water
Warmth is extremely effective in reducing pain and creating relaxation. As long as your water has not broken, your healthcare provider may allow you to take a warm shower or bath. A hot water bottle, heating pad or compresses to your lower back can also be effective.

Being upright, changing positions and walking around will help your labor progress.
Back labor is characterized by a laboring mother feeling each contraction almost totally in her lower back.

**Back Labor**

Not every woman has back labor. The pain of back labor may be intense and interfere with the ability to relax. This situation is generally caused by the baby’s head facing upward, or occiput posterior, causing more pressure on the pelvis and tailbone. This is due to the hard part of the baby’s head being positioned on the bones. Frequent position changes can help to facilitate the rotation of the baby’s head. This allows the baby’s face to point toward the mother’s back (occiput anterior) which is more favorable for birth.

*Head is in anterior position (Occiput Anterior or OA)*

*Head is in posterior position (Occiput Posterior or OP)*

*Your partner can apply pressure to the small of your back during a contraction. This will help to decrease the discomfort of back labor.*

*Frequent position changes can help to facilitate the rotation of the baby’s head.*
Double Hip Squeeze

The double hip squeeze is a type of pressure applied to the hips that can relieve lower back pain. During labor, the pressure of the baby’s head stretches the pelvis. The hip squeeze pushes the pelvis back into a relaxed position which relieves the pressure of the stretch. Your partner, doula or other support person can gently place their hands on your hip bones to find the proper placement. Your partner will then slide their hands up your back while keeping them on the large hip bones. Keep one hand on each bone and thumbs pointed toward the spine forming a “W.” Push the hip bones “in and up” toward the body. You can be in a standing position or leaning over the bed. You can sway gently during the contraction as they squeeze. You can also lean over a birthing ball. The hip squeeze can be varied with counter pressure on the lower back.

Birthing Ball

Using a birthing ball can help you adopt different upright positions and help you to labor effectively. It may even shorten your labor by about an hour and help reduce the pain of contractions. Some midwives recommend a birthing ball to help cope at home in early labor. You may find you instinctively sway and rock in rhythm with your contractions. A birthing ball gives great support.

Ways to use your birthing ball during labor include:

- Sitting astride the ball and rocking your pelvis from side to side or back and forth.
- Leaning on your birthing ball from a kneeling position on the floor.
- Getting into a hands-and-knees position by hugging your ball and lifting your bottom up from a kneeling position. You can then rock your pelvis from side to side.
- Leaning over your ball from a standing position, with the ball on the bed or another surface.

Aromatherapy

Aromatherapy, which is an ancient art form, is the use of essential oils of plants and herbs. It is a safe, non-invasive, natural treatment for both the body and mind. Many birth professionals and midwives are now including aromatherapy into their practice as a gentle and effective way of helping relax the laboring woman, ease pain and calm anxiety. Even if you choose conventional methods of pain relief, it can be of value to calm your mind, fortify your mood, soothe pain and alleviate discomfort.

Benefits of aromatherapy during labor include:

- Certain oils help energize and strengthen, giving you the confidence to approach labor with a bit more calm.
- It can help speed up a labor that is progressing slowly.
- Can be used by your labor partner for massage and can help alleviate the pain of contractions, control nerves and ease anxiety.
- Can be used in a soothing bath.
- Some oils can be used to help enhance the action of the uterus and make contractions more effective.
- In transition, when it is common to feel tired and discouraged, essential oils can be used to lift mood and ease fatigue.

Talk to your healthcare provider, midwife or doula for recommendations on which essential oils are best to use during labor.

Music

Music helps to envelop you and aids in relaxation by drowning out any distractions taking place down the hall or outside your door. It helps to soothe your environment. Select music that is comforting to you. Whatever you choose to use during practice of your relaxation techniques, bring along with you to the hospital. You will find it to be more effective using music you enjoy.
First Stage of Labor

The first stage begins with the onset of true labor and ends when the cervix is completely dilated or 10 centimeters. The average duration for this stage for women having their first child (primipara) is 12 to 16 hours. For women having their second or third baby (multipara), this stage is around 6 to 7 hours. There are 3 phases within the first stage of labor: the early or latent phase, the active phase and transition.

Early Labor

Mother’s feelings and reactions:
- Excitement; eagerness to begin; anticipation of labor experience.
- Thoughts of fear and anxiety: There is no turning back! This is it. Do I remember everything I learned in class?
- Talkativeness; very social; wants conversation and interaction with partner.
- Fully aware of surroundings; interested in what is going on; eager to report symptoms.

Physical changes in mother:
- Contractions are typically mild and somewhat irregular, but progressively stronger and closer together.
- Eventually, your contractions will be every 5 minutes, lasting 40 to 60 seconds as you reach the end of early labor.
- Contractions may be experienced as an aching or low backache, menstrual-type cramps, pressure or tightening in the pubic area.
- The amniotic sac may rupture; also a pink mucous vaginal discharge could be evident, commonly known as “show.”

Comfort measures mother can use:
- It is important to balance rest and light activity at this stage. Light activity such as walking can help to progress your labor.
- Eat and drink fluids as desired.
- Use slow, relaxed breathing as long as you find it works for you. Begin comfort measures as your contractions become stronger.

Role of support person:
- It is important to give words of encouragement during labor.
- Help her to balance light activity and rest. Light activity will help her labor to progress.
- Time her contractions and write them down to report to the healthcare provider.
- Provide diversions such as music, playing cards or watching a good movie.
- Be aware as to how she is reacting to her contractions; check for relaxation and breathing.
- Listen actively; praise her efforts.
- Contact your healthcare provider and your birthing facility.
- Check the weather and have the car ready or taxi fare available.
FYI: New Guideline Recommends Allowing Women to Labor Longer to Help Avoid Cesarean

According to the American Congress of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), allowing most women with low-risk pregnancies to spend more time in the first stage of labor may avoid unnecessary cesareans. This new recommendation targets women with their first birth, preventing cesareans and decreasing the national cesarean rate.

In 2011, 1 in 3 women in the US gave birth by cesarean delivery, a 60% increase since 1996. Today, approximately 60% of all cesarean births are primary cesareans. Although cesarean birth can be life-saving for the baby and/or the mother, the rapid increase in cesarean birth rates raises concern that they are overused without clear evidence of improved maternal or newborn outcomes.

Safe Prevention of the Primary Cesarean Delivery discusses ways to decrease cesarean deliveries.

The new recommendations include:

• Allowing prolonged latent (early) phase labor.

• Considering the active phase of labor starting when the cervix is dilated to 6 cm instead of 4 cm.

• Allowing more time for labor to progress in the active phase.

• Allowing women to push for at least 2 hours if they have delivered before, 3 hours if it is their first delivery, and even longer in some situations, for example, with an epidural.

• Using techniques to assist with vaginal delivery, which is the preferred method when possible. This may include the use of forceps or vacuum extractor.

• Encouraging patients to avoid excessive weight gain during pregnancy.

For more information visit: http://www.acog.org/About_ACOG/News_Room/News_Releases/2014/Nations_Ob-Gyns_Take_Aim_at_Preventing_Cesareans
Role of support person:
- Give her all your attention. Breathe with her to keep her focused.
- Offer verbal support and encouragement.
- Offer her a cool, damp washcloth.
- Remind her to empty her bladder every hour.
- Keep her lips moist with water-soluble substance.
- Offer ice chips.
- Surround her with pillows to keep her comfortable and relaxed.
- Apply pressure to the lower back, if needed.
- Use touch, massage and relaxation techniques.
- Encourage her to change positions frequently.

Active Phase
Women are now extremely involved in the work of labor and occupied with their focus on the job at hand. They are no longer social! The contractions grow stronger and are progressively longer. The labor partner is also very involved in helping her to stay focused on techniques learned in class and providing comfort measures that will enable her to relax.

Mother’s feelings and reactions:
- No longer social; very much involved in the work of labor.
- More serious and less talkative; concentrates and focuses on techniques that work for her.
- Selectively attentive.
- Hard to understand conversation during contractions.
- Desires and needs companionship from support person.

Physical changes in mother:
- Contractions progressively stronger and closer together — 3 to 5 minutes apart and lasting 45 to 60 seconds in duration.
- Longer peaks in contractions and more uncomfortable as time moves on.
- Pressure or tightening in pubic area.
- May experience dry mouth and perspire.
- May become more focused; find it hard to rest and relax.
- May experience nausea and vomiting.
- May appear pale or flushed.

Comfort measures mother can use:
- Do not fight the contractions; allow them to do their job.
- Continue with breathing and relaxation techniques that work for you. Add abdominal massage with breathing techniques.
- Use focal point with contractions. This will help distract from the discomfort of labor.
- A shower or bath can be very comforting.
- Changing positions regularly will help the baby to move through the pelvis. Try to stay out of bed unless you need to rest or for an exam by your nurse or healthcare provider.
The cervix is thinned out and opening up. The baby’s head is facing mother’s side. In this position, the widest part of baby’s head is in the widest part of mother’s pelvis.
Transition

Support from your labor partner becomes even more important during transition. These contractions are very intense and they may almost seem as if they are one right after another. You may sense pressure on your perineum, or the space between your vagina and rectum, from the baby’s head as it descends further into your birth canal.

Mother’s feelings and reactions:
• May experience “the shakes.”
• May be hot or cold.
• Relies on partner for support.
• May express intense emotions.
• May feel out of control and cry.
• May need labor partner for breathing routine.
• May fall asleep between contractions.
• May be less aware of surroundings, and may experience amnesia during this difficult phase; focus is very inward.

Physical changes in mother:
• Long and strong contractions that peak very quickly or double peak and are intense.
• Contractions every 2 to 3 minutes, lasting 60 to 90 seconds.
• May experience rectal pressure or urge to bear down.
• Increased bloody show.
• Severe low backache.
• Nausea, vomiting, hiccuping, belching, and passing gas.

Comfort measures mother can use:
• Rest between contractions.
• Continue to use the comfort measures that have been working for you.
• This is the shortest but most intense stage and you will be ready to push soon.
• Rely on your support person as much as you need.

Role of support person:
• Remember and remind her that the birth is near.
• Realize that she may be more difficult to help during this phase.
• Remain with her constantly; reduce distractions (i.e. environmental or family).
• Maintain eye contact and use short, simple statements.
• Support her breathing.
• Work with her in a calm, organized manner.

Remember, this phase is not only difficult for the mother but for the support person as well.
The cervix completes the process of dilation. The baby begins to rotate toward the mother's backbone with the baby's chin tucked on his chest. This is the best position for birth because the head must align with the widest part of the mother's pelvic outlet.
Second Stage – Pushing and Birth

Up to this point you have been working with your contractions and coping with them the best you can. At times you may feel that you cannot go on. Then you feel the urge to push. It’s the light at the end of the tunnel. Even though you labored for some time, somehow you will find the inner strength and energy to push with your contractions and your baby will be born.

As you push, the baby descends as if in a well rehearsed pattern. The baby’s chin is on his chest as the top of the head, or the crown, presents itself. As the baby moves through your pelvis, the face will be toward your back. As the head appears on the perineum and stretches out the tissue at the vaginal opening, the baby is now considered to be crowning. As the head comes out, with the face looking downward, the head turns to the side and aligns with the shoulders. With the baby’s chest still in the vagina, there is a natural compression that occurs and squeezes out a lot of the amniotic fluid and mucus through his nose and mouth. One shoulder comes out, followed by the other, and the rest of the baby follows.

Pushing

The technique for pushing is a natural one. You will feel the natural urge to push as the baby’s head descends through the birth canal and pushes on the pelvic floor.

If you have practiced the Kegel exercise, it will be easy for you to consciously keep this area relaxed and allow the pelvic floor muscles to ‘open up.’ Letting go and allowing your body to work for you is the key.

Your support person might hear you grunting and groaning. This is a normal and natural response.
Mother's feelings and reactions:
- Finds strength and energy; “light at the end of the tunnel” feeling.
- Finds it difficult to push in the beginning; “on-the-job training” since there is no practicing.
- May find pushing as relief; distracts mother from discomfort of contraction.
- Occasionally, belching and passing gas.
- May continue with the shakes.
- Burning and stretching sensation as baby is moving down the birth canal.
- The hardest physical work you may ever do.

Physical changes in mother:
- Many have contractions less frequently; they may pace out to be every 2 to 5 minutes, lasting 45 to 90 seconds long.
- May have a natural urge to bear down with contractions.
- May see bulging of the perineum and rectum along with the bloody vaginal show.
- May fall asleep between contractions.
- May make noises or grunt between contractions due to the enormous amount of pressure felt.
- May have natural rest period before there is an urge to push. Take this time to rest and relax.
- If you do not feel a strong urge to push, changing positions, like squatting, can help.

Role of support person:
- Encourage her every step of the way.
- Support her in the position she chooses to push.
- Offer cool washcloth and ice chips.
- May need to pant/blow with her as the head crowns, if healthcare provider requests that she stop pushing.
- Have staff help you with “crowd control” if it becomes a problem; focus your attention on the birth of your baby.
Third Stage of Labor – Birth of the Placenta

This stage begins after the baby is born and ends with the birth of the placenta. The placenta is an amazing organ that has helped your baby grow and develop while you were pregnant. After the birth of your baby, the placenta will take from 10 to 30 minutes to separate from the wall of the uterus and be pushed out. The contractions will not be as strong but you may still need to use relaxation techniques. Focusing on your baby will help you through this stage. Your healthcare provider may ask you to give a couple of small pushes to help the placenta to come out.

After the birth, you may feel cold, shaky and sick to your stomach. Using a warm blanket with your baby skin-to-skin will help you feel better.

**Mother’s feelings and reactions:**
- May be screaming with delight or may be overwhelmed and want to sleep.
- Involved with how the baby is doing; asking questions about the baby’s well-being.

**Physical changes in mother:**
- Slowing of contractions after birth of the baby.
- Shrinking of uterus to grapefruit size found at the level of the umbilicus.

Fourth Stage of Labor – Recovery Care after Birth of Your Baby

During this period your blood pressure, heart rate and temperature will be monitored closely for the first hour. The top of your uterus, known as the fundus, is now found around your belly button and will be checked by your healthcare provider by using their hands to feel for the top of your uterus. It is important that the uterus remains firm. If not, there could be increased vaginal bleeding. Your nurse will massage your fundus frequently to keep it contracted. Sometimes more medication is given to keep the uterus firm. Breastfeeding and skin-to-skin contact with your baby also helps the uterus to contract and shrink to its pre-pregnancy size.

**Peri-care, or how to take care of your perineum or stitches if you had an episiotomy, will be reviewed with you by your nurse or healthcare provider. Ice may be applied to your bottom to help with discomfort and swelling.**
Medical Interventions

Medical interventions may cause unexpected side effects that may lead to further interventions.

Medical interventions include:
- Medication to induce labor.
- Medication for pain relief.
- Artificial rupture of membranes.
- Continuous electronic fetal heart rate monitoring in low risk women.

Medications Used for Pain Relief

It is important that you discuss your options for pain medication with your healthcare provider before your labor begins. Some medications given in labor may have an effect on breastfeeding. Share any concerns you may have about the effects on you and your baby. Keep an open mind and know your options ahead of time so that you can make an informed decision during your labor.

Narcotic Medications

Narcotic medications affect your whole body. They are given during early and active labor so there is time for the medication to wear off prior to birth.

This chapter deals with medical interventions that may be necessary during the birth of your baby and the possible need for a cesarean birth.

Many women continue to feel discomfort even when pain medication is used. It is important to continue to use comfort measures to help with relaxation.
Systemic Medication Chart

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Analgesics-Narcotics Such as Demerol or Stadol  
• Usually given IV in the Active Phase of Labor | • Increases pain tolerance – takes the “edge off”  
• Increases ability to relax | • Causes sedation or drowsiness  
• Can increase or decrease the speed of labor  
• Can cause nausea or vomiting  
• If given too close to birth, can cause respiratory and neuro depression in newborn |
| Tranquilizers Such as Phenergan  
• Given in Early or Active Labor  
• Given IM or IV | • Decreases anxiety  
• Increases ability to relax  
• Alleviates nausea and vomiting caused by narcotic  
• Given in conjunction with a narcotic, can help to increase the effectiveness of the narcotic | Offers no pain relief if used alone |
| Sedatives Such as Ambien  
• Given in Early Labor  
• Given orally | • Allows laboring mother to rest  
• Helps to coordinate an ineffective latent phase of labor  
• Stops Braxton Hicks contractions or false labor | Drowsiness  
No pain relief |

Systemic medications affect your whole body as well as your baby’s.

Talk with your healthcare provider about medication options.

Questions and Notes:

______________________________________________________________________________
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Regional Anesthetic Chart

<table>
<thead>
<tr>
<th>Anesthetic</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Anesthetic</td>
<td>• Little known side effects to baby</td>
<td>• Only blocks pain in the skin area that is infiltrated</td>
</tr>
<tr>
<td></td>
<td>• Administration of “caine” drug is easy and effective</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Injected into the perineum when the head is crowning to numb area for the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>episiotomy and repair</td>
<td></td>
</tr>
<tr>
<td>Epidural</td>
<td>• Can be given in the active phase of labor</td>
<td>• Ineffective pain relief</td>
</tr>
<tr>
<td></td>
<td>• Provides pain relief with no sedation</td>
<td>• Further medical interventions may be needed</td>
</tr>
<tr>
<td></td>
<td>• Can increase or decrease length of labor</td>
<td>• May decrease mother’s blood pressure</td>
</tr>
<tr>
<td></td>
<td>• Increases the ability to relax</td>
<td>• Decreases ability to push</td>
</tr>
<tr>
<td>Spinal</td>
<td>• Complete pain relief from the nipple line down</td>
<td>• Headache and shivering</td>
</tr>
<tr>
<td></td>
<td>• Awake and alert for the birth of baby</td>
<td>• Confinement to bed</td>
</tr>
<tr>
<td></td>
<td>• Can decrease mother’s blood pressure</td>
<td>• Fetal distress</td>
</tr>
<tr>
<td></td>
<td>• Can experience spinal headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rare nerve damage</td>
<td></td>
</tr>
</tbody>
</table>

Local Anesthesia
Local anesthesia is effective for the repair of tears, lacerations or episiotomies after birth. It will affect only the skin area that is infiltrated. This anesthesia is often used after natural childbirth if stitches are needed.

Epidural Block
Epidural anesthesia is the most common form of regional anesthesia used during labor. The anesthetic is injected through a small, flexible catheter in the lower back that provides pain relief in the lower abdomen, legs and birth canal.

Sometimes the medication is administered as a single injection, but because the duration of labor is uncertain, it is most often administered through a catheter in the lower back. The catheter makes it possible to easily re-administer (or continually administer) anesthesia, if needed, without multiple needle insertions.

After the catheter is inserted, a small test dose is given. After 5 to 15 minutes of observation, the therapeutic dose is injected and relief follows shortly.
Some conditions may preclude the use of epidural or spinal anesthesia such as:

- Bleeding or coagulation problems.
- Infection near the site of puncture.
- Neurological disorders.
- Some types of previous lower back surgery.
- Blood pressure problems.

Possible Side Effects of Epidurals

- **Inadvertent spinal block** – If the membrane that confines the spinal fluid is punctured with the needle or catheter, a higher-than-optimum level of anesthetic may be absorbed. This can also result in a post-spinal headache after the birth.

- **Ineffective pain relief** – The extent of pain relief varies from total relief to no relief at all. Approximately 85% of women get total relief from blocks; others experience only partial relief. Some women have no relief at all.

- **Effect on labor** – Epidural anesthesia can slow labor, especially if it is given too soon. In addition, epidurals may hinder pushing efforts, making the birth of the baby’s head more difficult. At other times, it may allow labor to proceed more rapidly than usual.

- **Blood pressure** – A slight drop in blood pressure is probably one of the most common side effects of epidural blocks. Your blood pressure will be carefully monitored, and you will receive continuous administration of fluids through an IV to minimize this risk.

- **Central nervous system** – Light-headedness, ringing in the ears, speech and visual difficulty, numbing of the tongue and a loss of consciousness can follow the accidental injection of the agent into a vein. This toxic reaction is usually avoided with a small test dose and subsequent observation, which precedes the administration of the larger dose for pain relief.

- **Safety** – Epidural anesthesia is considered to be a safe option. It has become the anesthetic technique of choice in many centers for women who require considerable relief during labor and birth. However, there are other infrequent side effects that can occur with epidurals.

### Spinal Block

A spinal block is sometimes referred to as a “spinal.” It is injected directly into the spinal fluid to provide pain relief for as long as 2 hours. It provides relief in the lower abdomen, legs and birth canal. It may be the choice of anesthesia for a cesarean birth.

### General Anesthesia

This type of anesthesia is not administered to a patient who is laboring. It is a systemic anesthetic and affects the whole body. It has similar effects on the baby. General anesthesia is used for cesarean births in emergency situations where time is a factor. It is also used for mothers who need a cesarean but have some history of back problems and can’t receive an epidural or spinal for the procedure. An anesthesiologist administers the general anesthetic through the IV. You are unconscious and feel no pain after the medication is given. An endotracheal tube is placed down your windpipe and the anesthesiologist “breathes” for you during the procedure. Once the baby is delivered and the uterus and the abdomen are closed, the anesthesiologist reverses the effect of the medication and brings you out of the anesthesia. You will often be groggy for a short time after the procedure. You may also experience a sore throat due to the endotracheal tube for a day or 2 after surgery.
Fetal Monitoring

**External Fetal Monitor**
A routine assessment is obtained by 2 devices placed on your abdomen. One device gathers information about the fetal heart rate and the other records the frequency and duration of your uterine contractions.

During labor, your healthcare team will check your baby’s heart rate by using a doppler or electronic fetal monitor. The American Congress of Obstetricians and Gynecologists (ACOG) recommends that for healthy, low-risk women, the baby’s heart rate be monitored with a fetal monitor or doppler every 30 minutes in active labor and every 15 minutes during pushing. When risk factors are present, they will be evaluated more frequently or by using electronic fetal monitoring.

Some health conditions or medications used during labor will require continuous monitoring. You may need continuous monitoring if:
- Your labor is induced or augmented with Pitocin.
- You have an epidural.
- Your baby’s heart rate changes.
- You or your baby has a health problem.

**Internal Fetal Monitor**
When additional information is needed, a small wire is attached to the baby’s scalp. This wire records the fetal heart rate. This method is the most accurate way of obtaining this information. The bag of waters must be ruptured before the wire can be attached.

**Intravenous Fluids**
An intravenous or IV may or may not be part of your routine care where you plan to give birth. The need for IV fluids should be discussed with your healthcare provider before your labor begins.

Some women may need an IV for medical reasons. If you choose to have an epidural, then it is necessary for you to receive intravenous fluids. There are advantages and disadvantages to having an IV as described below.

**Advantages:**
- Keeps you hydrated.
- Required for epidural or other medical interventions.

**Disadvantages:**
- Discomfort at IV site.
- Risk of infection.
- Over hydration.
- You must be monitored.
- IV makes it difficult to move around freely to use comfort measures.
Induced Labor

Induction of labor is generally reserved for those pregnancies with special medical problems or other extraneous circumstances.

Medical reasons for inducing labor may include:

- High blood pressure
- Diabetes
- Rh disease
- Post-dated pregnancy
- Small-for-dates pregnancy
- Ruptured membranes

Ripening of the Cervix

Normally, prostaglandins will start the ripening process (shortening, softening and dilating the cervix) in a painless fashion in the last weeks of pregnancy. In some women, though, the cervix stays long and thick. If your healthcare provider feels that an induction is necessary and the cervix is not ripe, you may receive a suppository that is placed in the vagina. These suppositories contain prostaglandin and assist in the preparation of the cervix for induction. Another way your healthcare provider may ripen your cervix is by inserting a rubber tube with a balloon on the end into the cervix. The balloon is then filled with air or water.

Contractions

Oxytocin is a natural hormone produced by a woman’s body that causes the uterus to contract. Pitocin is a medication used to either start contractions or augment (speed up) labor. This medication is controlled by an intravenous pump and set to a proper amount that stimulates the uterus to contract. It is necessary to be connected to the fetal monitor if you are on pitocin.

Artificial Rupture of Membranes

As part of the induction of labor, your healthcare provider may artificially rupture your membranes to help labor start. This is done by inserting an instrument into the cervical canal to rupture the membranes or bag of waters. It is important to know that this is not recommended for labors which are progressing on their own or for labors which are very long.

This fluid is generally clear to straw-colored, but on occasion may contain meconium, a greenish-brown material which is the baby’s first stool. If the fluid is meconium-stained, special attention may be focused on your baby immediately following the birth to prevent lung problems that can result from the baby aspirating, or breathing in, the fluid.
Assisted Birth

**Episiotomy**
An episiotomy is only done if there is a medical need to assist the baby’s birth, such as by vacuum or forceps. A natural tear in the perineum heals better than an episiotomy.

Talk to your healthcare provider during your pregnancy about the procedure and any concerns that you may have.

**Forceps**
Forceps are not routinely used for birth. They are a hinged metal instrument or device that slides around your baby’s head inside the birth canal. Your healthcare provider may recommend this medical procedure if there is a need during pushing to help adjust the position of the baby’s head and to assist with your pushing efforts.

*Common reasons for use of forceps:*
- Maternal exhaustion.
- Inability to push because of epidural anesthesia.
- Persistent posterior position of the baby’s head.
- Fetal distress in which the head is low enough in the pelvis for the baby to be born quickly and safely rather than a cesarean birth.

**Vacuum Extractor**
The vacuum extractor is an instrument that is sometimes used instead of forceps. As with forceps, your healthcare provider will pull the baby down the birth canal as the uterus contracts. It may be used in place of forceps in some situations where assistance is required to help the baby through the birth canal.

Quite often a bruise is noticeable on the top of the baby’s head. The bruise will fade with time.

An episiotomy is a cut made in the perineum, which is located between the vagina and rectum.
Cesarean Births

In cesarean births, babies are born through a surgical incision in the mother’s abdominal wall. Cesarean births are performed only when a vaginal birth is not possible or when there is concern for the well-being of the mother and/or the baby.

**Common reasons for cesarean birth:**
- Failure to progress in labor
- Irregular fetal heart rate
- Positions of the baby (e.g. breech)
- Previous cesarean birth

**Other reasons for cesarean birth:**
- Placenta and cord problems
- Cephalopelvic disproportion

**Positions of the Baby**

**Face or Brow Presentation**
Positions of the baby’s head that are presenting differently can include a face or brow presentation where the actual face or forehead (rather than the back portion of the head) presents first. There are some women who can give birth to a baby in these positions because of their pelvic outlet size or shape, but for most, this situation presents a problem.

**Transverse Lie**
A horizontal position of the baby in the uterus is called a transverse lie. Almost all patients who present with a transverse lie must have a cesarean birth.

**Breech Presentation**
When the presenting part of the baby is not the head but the buttocks or feet, this is considered a breech presentation. The typical breech presentations are illustrated below. Today, most women who present with a breech presentation in labor or breech position with ruptured membranes have a cesarean birth because of the complications these positions could have on the baby.

**Types of Breech Presentations**

- Footling
- Complete
- Frank
Other Reasons for Cesarean Birth

Placenta Previa
The placenta usually is attached to the upper uterine wall away from the cervix. In a previa, the placenta is attached either too low on the uterine wall or completely covering the cervical opening. If dilation occurs, then the placenta is separated from the uterine wall, causing that area to bleed. Placenta previa usually presents itself as painless bleeding. With the use of sonography, this condition can be detected early. Some women will be placed on complete bed rest. The mother and baby are nursed along until the bleeding becomes uncontrollable or the baby becomes intolerant to the bleeding.

Abruptio Placentae
If the placenta detaches from the wall of the uterus prematurely and before the baby is born, it is called an abruption. This is a serious problem because the oxygen source to the baby can be compromised and the mother will be bleeding from the separated area. The mother usually experiences pain and discomfort in the uterus, which becomes quite rigid. An emergency cesarean is usually performed.

Prolapsed Cord
Another true emergency is the prolapsed cord. This is a serious problem and an emergency cesarean must be performed. The cord slides out of the cervix in front of the baby’s presenting part. When the uterus contracts and pushes the baby down, pressure on the umbilical cord can diminish the blood flow to the baby and may cause serious problems. This does not happen often. It is most likely to occur if it is a preterm birth, a breech presentation or if the baby’s head is not well-engaged into the pelvis when the membranes rupture.

Cephalopelvic Disproportion (CPD)
Cephalopelvic disproportion is when the baby’s head or body may be too large for the mother’s pelvis. It could also be that the mother’s pelvis is too small to accommodate a normal size baby. Either way, it could be harmful to the mother or the baby if a vaginal birth is attempted. True cases of CPD are rare.

Your healthcare provider will decide the safest route of birth for you and your baby.
Cord Compression
There are times when the cord can be wrapped around the baby’s neck, looped around the body or caught between the baby’s head and mother’s bony pelvis. With a contraction, the cord may be pinched and a decreased oxygen supply is delivered to the baby. This can be seen on the fetal monitoring device. This compression can sometimes be relieved with a simple change of position with the laboring mother. Oxygen is usually given to the mother as well as positioning her on her left side. Some patients are placed in the Trendelenberg position. In this position the head of the bed is dropped well below the foot of the bed. If the distress persists and is not relieved with any of the above techniques, then your healthcare provider will consider an assisted birth given the head is low enough in the pelvis. If it is not, then a cesarean will be performed.

Maternal Complications
Any serious medical conditions of the mother that complicates her health or jeopardizes the baby’s well-being by laboring are considered maternal complications. These complications may possibly require a cesarean birth.

Some of the reasons a cesarean would be performed for health risks:
- Very premature infant.
- Maternal heart condition.
- Poorly controlled diabetes.
- Preeclampsia or toxemia of pregnancy.
- High blood pressure.
- Active case of genital herpes.
- Multiple gestation (twins, triplets, etc).
- Prolonged rupture of membranes (ruptured longer than 24 hours).
- Ineffective contractions and/or progress of labor.
- Previous section with a classical or vertical incision into the uterus.

Vaginal Birth After Cesarean (VBAC)
In the past, most thought that once a woman had a cesarean birth, any future babies should be delivered by a repeat cesarean. Vaginal Birth After Cesarean (VBAC) has evolved as an option, obviously not for everyone, but can be accomplished in many instances. VBAC can be associated with a shorter hospital stay. It can allow for a speedier recovery and a return to normal activities. Cesarean births involve major surgery and some type of anesthesia. Infection, bleeding and wound complications occur more frequently with cesarean births.

The first factor that is considered in the option for VBAC, sometimes referred to as TOLAC or Trial of Labor After Cesarean birth, is the type of uterine incision that was used with your previous cesarean birth. The skin incision that you have on your abdomen is not necessarily in the same direction as your uterine or womb incision.

It is very important that your previous surgical records are used in evaluating this factor. Certain other factors may preclude an attempted VBAC such as a breech birth, above-average sized baby and the location of the placenta. Many women who have had a previous cesarean birth may attempt VBAC since the benefits often outweigh the risks. Special medical precautions will be taken to protect both you and your baby. You will definitely have an IV in your arm, and special monitoring will be performed on your baby to alert your healthcare provider of any signs of fetal distress.

VBAC may be an option for many women, but no labor and birth are risk-free. You should know the risks of VBAC and weigh these against the benefits before you decide. Many healthcare providers now offer TOLAC/VBAC as an option. If you are a candidate, it should be a decision that both you and your healthcare provider agree is a safe option. Consult with your healthcare provider about your individual circumstances.
Preparation for Cesarean

If a cesarean is necessary, your healthcare provider or the support staff will discuss the procedure. The indications will also be reviewed with you. Options for anesthesia will be assessed carefully.

The following procedures take place to prepare the mother:

- An antacid will be given to neutralize the acids in the stomach.
- A shave prep will be done around the incision area.
- A catheter will be inserted to keep the bladder empty during the surgery and will remain in place until the morning after the procedure.
- The mother is taken to the operating room and positioned on the table.
- Heart and blood pressure monitors are applied to the mother.
- The support person changes into surgical scrubs, washes his or her hands, and waits outside the suite while the mother is prepared for surgery.
- Anesthesia is administered.
- The skin is prepped with an antiseptic and draped to create a sterile field to prevent infection.
- The support person joins mother.
- The incision is made.

The actual birth of the baby takes from 2 minutes, in an emergency, to 10 minutes in a non-emergency situation. Delivery of the placenta and suturing of all layers of tissue takes approximately 45 to 60 minutes. The skin is usually closed with staples or occasionally stitches.

Post-Operative Recovery

Since a cesarean birth is major surgery, the recovery period will take longer than a vaginal birth. It may also take a little longer for you to get back into your normal routine than with a vaginal birth.

Some of the issues you may deal with after your cesarean birth:

Gas Pains
During surgery, the bowel is moved causing the movement of gas to slow down. Your post-op recovery will be more comfortable if you move about in your bed and even get up to walk.

Pain with Coughing and Deep Breathing
These are important post-op treatments. As with any abdominal surgery, it is uncomfortable to take a deep breath, and you tend to take shallow breaths. Take a pillow and place it over your incision. Put pressure on the pillow with your hands. Take a big breath in, blow it out, and then cough or clear your throat. This will help to expand the lungs and loosen mucus that may have developed and hopefully prevent any lung complications.
Incisional Pain
Take a pillow or folded towel and place it over your incision, and put pressure on the pillow or towel with your hand when you move. This will help you feel comfortable when moving around. Take pain medication as needed.

Pain with Moving
The sooner you get up and move around, the faster you will heal and the better you will feel. Your nurse will have you sitting up on the side of the bed, then out of bed in a chair, and before you know it, you will be strolling the hallway.

Foley Catheter
The urinary catheter, used to drain your bladder, will be removed once you are able to get out of bed and move around.

Vaginal Discharge
Expect to have a vaginal discharge after a cesarean birth. It will be bright red the first few days. It will then change to a brown and then to a somewhat yellow discharge. If you start to have any active or bright red bleeding, (more than a heavy period) passage of clots or foul smell, call your healthcare provider immediately.

IV Removal
The IV will be removed when you are drinking and urinating well.

Hospital Stay
The normal hospital stay for cesarean birth is 48 to 72 hours. Discharge instructions for going home will be reviewed with you by your nurse or healthcare provider. Once you get home from the hospital, do not hesitate to call your healthcare provider with any questions.
Do not be alarmed if the adjustment to parenting takes longer than you think. It is not only about recovering from your birth and figuring out how to take care of yourself, but also your new baby. There are things you need to adapt to that go well beyond that initial postpartum period.

Before you can feel like yourself again, your body needs to get back to normal, you need to regain a sense of control over your day-to-day routines and you need to understand that your lifestyle is now completely different than before your baby.

You will start to rebuild your activities in a way that feels good and works for you and your family. This usually does not happen until your baby is in a routine and you are getting sleep and feeling more rested.

Make your own care a top priority by:

- **Getting the rest and sleep you need, when you need it.** This means you need to accept help from family and friends. Allow others to take on some of the responsibilities associated with taking care of household chores. This is a good thing!

- **Getting a break when you need it.** Every mother needs regular down time. Having a “break” is essential for managing fatigue and is also essential for maintaining emotional health. Do not feel guilty for wanting or needing a break!

- **Getting adequate exercise and nutrition.** You must continue to eat and maintain a well-balanced diet. Less sugar and processed foods, more grains, fresh fruits and vegetables are a part of healthy eating. Also getting your body moving is very important for emotional and physical well-being. Walking is very effective in the early weeks.
Changes You Can Expect After Birth

The first 6 weeks following the birth of your baby is called the postpartum period. These weeks are important ones as your body returns to normal after labor and birth. At the same time, you are welcoming a new life into your world. Knowing what to expect and relying on the continued support of your healthcare team will help you relax through the postpartum experience with as much confidence and comfort as possible.

Normal Changes

In the 4 to 6 weeks following the birth of your baby, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. The amount of time required for this process varies, depending on the type of birth you had and other associated medical conditions. The first 6 weeks following the birth of your baby is called the postpartum period.

The Uterus

During pregnancy, the uterus increases approximately 11 times its non-pregnant weight, weighing more than 2 pounds immediately after birth and measuring the size of a grapefruit. It can be felt just below the belly button. In about 6 weeks the uterus will return to its normal weight, a mere 2 ounces.

Enlarged uterus after giving birth. Normal uterus size and position.

Communication and compassion are essential for a strong family relationship. Do not stop talking to your partner – that is how little things add up and turn into big things. No matter how tired or frustrated you are, it is important to keep your connection strong with your partner by keeping the lines of communication open.

Afterbirth Pains

As the uterus shrinks, the muscle fibers contract causing afterbirth pains. Afterbirth pains are more noticeable the first 3 to 4 days following birth, particularly for women who have had previous births. The contractions may be more noticeable during breastfeeding. However, they help shrink the uterus to its pre-pregnant state and reduce blood loss following birth.

Lochia (Vaginal Discharge)

The discharge from the birth canal following birth is called lochia. It is bright red and may contain a few small clots. In a few days the color will change to a darker color and the amount will decrease. It will gradually change to yellow or white in color and will finally stop between 4 to 5 weeks.

The odor of lochia is usually described as “fleshy, musty or earthy.” The odor should not be bad or offensive. You may experience occasional cramping, and with that, the passing of a clot and brief bleeding. This is normal; do not be alarmed. Lochia is often heavier when the mother gets out of bed. During rest, gravity lets the blood pool in the vagina. However, it is important to notify your healthcare provider if you experience heavy, profuse and persistent bleeding (more than 1 pad per hour or passing a clot greater than the size of a fifty-cent piece), or if there is a foul odor to the discharge. These may be signs of problems within the uterine cavity.
Birth Canal
The vagina, which has stretched to accommodate the birth of your baby, gradually returns to its previous condition by the end of the third week. If you had an episiotomy, it may take 4 or more weeks to heal. The supporting structures and muscles of the pelvic floor may not completely return to normal for 6 to 7 weeks.

Breastfeeding mothers are more likely to have vaginal dryness and some discomfort during intercourse for 4 to 6 months postpartum. This is caused by diminished estrogen production due to breastfeeding. It is important to resume Kegel exercises in the first few postpartum days. These pelvic floor exercises may help speed healing and help muscles return to normal.

Hormones
It may take a while for your hormones to get back to normal. Be patient, take care of yourself and talk to your healthcare provider if you have any questions about these changes.

Breast Changes
Your breastmilk will increase in volume. You may find your breasts feeling very full by day 3. Make sure you breastfeed your baby as often as he wants. Within a few days, your supply will balance to his needs.

Menstrual Cycle
The first menstrual period postpartum is usually delayed by breastfeeding. Most women will experience their first period within 7 to 9 weeks after the birth. Nursing mothers frequently resume menstrual periods by 12 weeks, but some do not until they have completed breastfeeding. Egg production may return before the first menstrual period, which may result in pregnancy.

Weight Loss
You probably will not return to your pre-pregnancy weight for some time, but you will lose a significant amount of weight immediately after the birth of the baby. More weight loss should occur during the postpartum period as your body’s fluid levels return to normal. If you need to lose more weight, talk with your healthcare provider about healthy exercises and nutritious eating programs.

Bowels
Hormones, medications, dehydration, perineal pain and decreased physical activity may make bowel function sluggish postpartum. The first bowel movement usually occurs within 2 to 3 days. Temporary constipation is not harmful; although it can cause a feeling of fullness and “gas.” If needed, a laxative or stool softener may provide relief from constipation and hemorrhoids that may develop during and after labor. If you are breastfeeding, consult your baby’s healthcare provider before taking any medication, including laxatives.

Muscles and Joints
In the first 1 to 2 days following the birth of your baby, you will feel muscle aches and fatigue, particularly in your shoulders, neck and arms. This is a result of the physical exertion during labor. Many women expect the abdominal wall muscles to return to pre-pregnancy condition immediately after birth but are discouraged to find their muscles weak, soft and flabby. The abdominal muscles may actually separate with a bulge between them. Ask your healthcare provider about an exercise program that can help and when you can start.
**Skin Changes**

Many skin changes that developed during pregnancy are caused by an increase of hormones. The blotchy appearance of the face and “dark line” of the lower abdomen disappear gradually over several months after childbirth.

**Hemorrhoids**

Hemorrhoids are best treated by cold compresses, topical ointments and pain medications if your healthcare provider has prescribed them. A stool softener or laxative may be beneficial at times. Severe pain from hemorrhoids may cause constipation. Be sure to talk with your healthcare provider if this is a concern for you.

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**Mother’s Warning Signs and Reportable Symptoms**

*If you experience any of the following, contact your healthcare provider right away:*

- Bleeding that soaks a pad every hour for 2 hours.
- Foul odor coming from your vagina.
- Fever 100.4°F or higher.
- Unrelieved incision or abdominal pain.
- Swelling, redness, discharge or bleeding from your cesarean incision or episiotomy site.
- Your incision begins to separate.
- Problems urinating including inability to urinate, burning while urinating or extremely dark urine.
- No bowel movement within 4 days of giving birth.
- Any type of visual disturbance.
- Severe headache.
- Excessive swelling of hands, feet or face.
- Flu-like symptoms.
- Pain or redness in one or both of your breasts.
- Pain, warmth, tenderness or swelling in your legs, especially the calf area.
- Frequent nausea and vomiting.
- Chest pain or problems breathing, call 911.
- Signs of depression or anxiety (see page 69).

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**The New Beginning**

All new parents need to get to know their baby and every baby is unique. You will figure out ways to care for your baby as you develop new routines. Do not be afraid to ask for or accept help. To find out about resources in your community, contact your healthcare provider for more information.

New parents are unprepared for the conflict between their need for sleep and the infant’s need for care and attention. It is normal to feel overwhelmed by the new changes in your home. Remember to enjoy this time with your baby by making eye contact, talking and singing, playing, and sharing lots of hugs and cuddles. Soon your baby will reward you with smiles and happy sounds.
Emotional Changes

No amount of study and practice can truly prepare you for parenthood. From the moment your first baby is born, your life changes forever.

The most significant change will be in your priorities and demands on your time. In the beginning, at least, your universe will center on your baby. It is normal to feel overwhelmed by the new schedules, house rules and disorder in your life. It takes 2 to 3 months to establish a routine with your newborn. Enjoy these early weeks as tired as you may be. The time flies by so quickly. Do not be afraid to ask for or accept help during the early postpartum period.

Baby Blues

The arrival of a baby is like no other experience in life. As a new mother you will feel joy, fear, confusion, exhaustion and love. The intensity of feelings after having a child cannot be compared to any other life experience. During the first few days after giving birth, you may experience “baby blues.” With this you may encounter impatience, irritability or crying. These feelings generally come and go quickly.

Perinatal Mood and Anxiety Disorders

According to Postpartum Support International, as many as 1 in 7 women may experience emotional symptoms known as perinatal mood and anxiety disorders. Symptoms can appear any time during pregnancy and the first 12 months after giving birth. It does not matter how old you are, how much money you make or what your race is or culture you come from; any woman can develop these disorders. Postpartum depression is the most well-known of these conditions. Many signs of the “blues” are present, but they are more severe or intense.

Although healthcare providers are not sure what causes such extreme reactions, most believe perinatal mood and anxiety disorders stem from the physical and emotional adjustments of pregnancy and birth. It is important to realize that these symptoms are not signs of weakness or inadequacy. At the onset of these changes, you need to contact your healthcare provider immediately. Treatment may include medication, counseling or a combination of both, and in some cases, hospitalization. With proper treatment, most women recover fully. Above all, remember perinatal mood and anxiety disorders are real conditions and help is available.

Please contact your healthcare provider immediately, if you think you have any of these signs or symptoms:

- Trouble sleeping or sleeping too much.
- Changes in appetite.
- Feeling irritable, angry or nervous.
- Low energy.
- Feeling exhausted.
- Feeling guilty or worthless.
- Feeling hopeless.
- Crying uncontrollably.
- Feelings of being a bad mother.
- Trouble concentrating.
- Not enjoying life as much as in the past.
- Lack of interest in the baby.
- Lack of interest in friends and family.
- Lack of interest in sex.
- Thoughts of harming the baby or yourself.

Postpartum Support International (PSI) Coordinators provide support, encouragement, and information about perinatal mood and anxiety disorders, including postpartum depression, the most common complication of childbirth. This organization can help you connect to your community or internet resources. Visit http://www.postpartum.net/Get-Help.aspx or call 1-800-944-4PPD (4773) for local help. In a crisis or emergency situation, call your healthcare provider or go to the nearest emergency room.

Did you know that some women develop symptoms of depression or anxiety during pregnancy? If you have any of these feelings, speak with your healthcare provider.
The New Father or Partner

Although the mother carries the baby for 9 months, the role of the father or father figure goes far beyond emotional and physical support during pregnancy and birth. Fathers have a big impact on the entire family. There are many ways for fathers to be involved with their new baby. This can include snuggling skin-to-skin, burping, changing diapers, bathing, playing, and taking the baby for a walk.

You may experience concern and worry about things in general and ask yourself:

- What about the family budget?
- Will I be a good dad?
- How will our sex life and intimacy change?
- Will my partner be okay during the birth?
- Will I still have free time?

These worries are normal. Communicating or talking with your partner about your thoughts and worries as well as staying rested and healthy will help with your adjustment to life with your new baby. You can help mom by changing the baby, bringing the baby to her, staying with her when she’s breastfeeding and reminding her that she is doing a great job.

You can also help by preparing or ordering food, cleaning the house and limiting the number of visitors. Remember to ask for help from family and friends. You should speak with your healthcare provider if you or mom continues to feel overwhelmed. Research shows that being involved with your child has a positive impact on the child’s overall health. An involved, responsible and dedicated dad is critical to the healthy development of his children. Children with involved fathers or partners are socially and emotionally more healthy. They also tend to do better in school. Staying involved in your baby’s daily care and activities can benefit both you and your baby! Being an involved father or partner has many health benefits to you as well such as lower stress levels and higher self-esteem.

Self-Care Hints

Getting Around on Your Own

It is best to get up and move around soon after your birth, but exactly when you start depends on the particular type of anesthesia that was used for your labor and birth. Moving around minimizes the risk of blood clots in veins of your pelvis and lower extremities. It also helps with better bladder and bowel function.

Hygiene

Change your sanitary pads frequently to absorb the discharge and avoid infection. The perineum should be rinsed and cleaned with lukewarm water 2 to 3 times daily and after urination and bowel movements. Use a hand-held shower, a squeeze bottle or sitz bath to cleanse the area.

The occasional use of antiseptic spray or antibiotic cream may provide relief. Use moist antiseptic towelettes or toilet paper in a patting motion to dry the perineum. Washing or wiping should occur from front to back to prevent contamination of the birth canal and avoid potential infection. The episiotomy or tear will heal quickly if kept clean and dry.

Mothers with a Cesarean Birth

Keep your incision clean and dry as instructed by your healthcare team. Please call if it becomes red, swollen, tender, warm to the touch, or if it is draining.
Bathing
Shower are usually fine as soon as you can walk postpartum. Sitz or tub baths are generally safe after the second day. They are soothing to many mothers who have a sore bottom, had an episiotomy or because of lochia. Vaginal douching is not recommended until after your postpartum check-up.

Rest and Sleep
There are several reasons for the extreme fatigue following the birth of a baby. Women do not sleep well late in pregnancy and are further exhausted by the physical work of labor. Excitement and many visitors further compound the problem. Hospital surroundings and routines along with physical discomforts can make it difficult to rest. When sleep is not possible, relaxation exercises may be helpful.

Suggestions to assist you at home:
• Simple meals and flexible meal times.
• A relaxed, flexible home routine.
• Help with shopping and cooking.
• Friends and family to care for other children.
• Postponement of other major household projects.
• Avoidance of products containing caffeine (coffee, tea, cola and chocolates).
• Ask for what you need!

Resuming Sex
You should discuss resuming sex with your partner so that there will be few frustrations and misunderstandings. You may not be as interested in having sex as you were before pregnancy because of fatigue and the time demand by the baby. You may also have concern about discomfort if you had a tear, episiotomy or cesarean incision.

You can expect vaginal dryness and diminished vaginal lubrication because of the hormones of pregnancy and/or breastfeeding. A water soluble cream or jelly can solve this problem. If you experience difficulty with sexual intercourse, always discuss it with your partner. Set aside time for each other a few times each week without the baby in order to become “reacquainted.” If the problem persists, then discuss it with your healthcare professional.

Bowel Elimination
Progressive exercise, dietary fiber and extra water and fluid can prevent constipation. Walking is perhaps the best exercise. Increase your distance as your strength and endurance improve. Drinking 6 to 8 glasses of water each day helps to maintain normal bowel function. Fiber acts as a natural laxative. Dietary fiber can be found in fruits and vegetables (especially unpeeled) and in whole-grain bread, cereal and pasta. If you are having a problem, talk to your healthcare professional.
Diet and Nutrition

According to the U.S. Food and Drug Administration (FDA), about 300 extra calories are needed daily to maintain a healthy pregnancy. When you are breastfeeding, you need a total of 500 extra calories each day to stay healthy and to produce nutritious breastmilk. Your diet should be balanced and contain the appropriate amount of calories and nutrients in order to fulfill these special needs. The MyPlate food program was developed by the U.S. Department of Agriculture to assist adults in choosing foods that provide the nutrients they require. You may lose up to 20 pounds fairly easy in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program. Choose MyPlate can serve as a guide to both balance and moderation.

- **Grains** – Make half your grains whole: Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day. 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta. Eat 6 oz. every day.
- **Vegetables** – Vary your veggies: Eat more dark-green veggies like broccoli, spinach and other dark leafy greens. Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans and lentils. Eat 2½ cups every day.
- **Fruits** – Focus on fruits: Eat a variety of fruit. Choose fresh, frozen, canned or dried fruit. Go easy on fruit juices. Eat 2 cups every day.
- **Dairy** – Get calcium-rich foods: Go low-fat or fat-free when you choose milk, yogurt and other milk products. If you do not or can not consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages. Get 3 cups every day; for kids aged 2 to 8, it is 2 cups a day.
- **Protein** – Go lean: Eat 5½ oz. every day. Choose low-fat or lean meats and poultry that can be baked, broiled or grilled. Vary your protein routine – choose more fish, beans, peas, nuts and seeds.

Be sure to include fish in your diet that is high in the very beneficial Omega-3 fatty acids. They are so healthy for you and your baby. You can safely consume 12 oz. of salmon, chunk light tuna, sardines, or anchovies each week without fear of getting too much mercury.

The FDA and EPA recommend that pregnant women avoid fish with high mercury content such as shark, tilefish, mackerel and swordfish.
The Importance of Including Omega-3 Fats in Your Diet

Many recent research studies have shown the benefits of including Omega-3 fats, most importantly DHA (Docosahexaenoic Acid), in your diet especially during pregnancy and breastfeeding.

**Benefits to your baby:**
- DHA is a major building block in eye and brain tissue and has been shown to help with brain and vision development.
- Increasing the amount of Omega-3 fats in the diet has been associated with a reduced risk of premature birth.

**Benefits to you:**
- Reduces risk of heart disease.
- Helps maintain a better mood during and after pregnancy.
- Helps lower the bad cholesterol and raise the good cholesterol.

Breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and non-essential medications while breastfeeding, as they can affect your baby.

**Find your balance between food and physical activity**
- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.

**Know the limits on fats, sugars, and salt (sodium)**
- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain them.
- Check the Nutrition Facts label to keep saturated fats, trans fats and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.
With your choice to breastfeed, you have joined the majority of women who understand the evidence that breastfeeding is the best and most ideal way of feeding your baby. Almost as important as a good nutritional start is the contribution that breastfeeding makes toward the baby’s emotional development. Breastfeeding will also promote wellness in your baby due to the presence of antibodies in breastmilk.

There is no doubt that breastmilk contains all the nutrients required and is perfectly matched for your baby’s needs for proper growth and development. Studies prove that breastmilk provides optimal health and benefits your baby for life.

Suggestions to support successful breastfeeding:

- Become well-informed about breastfeeding through information you obtain from a lactation consultant or your healthcare provider’s office, or take classes on breastfeeding from your healthcare provider’s office or hospital.
- Contact a local lactation consultant who can listen to you if you have any nursing questions or problems.
- Attend a breastfeeding support group meeting.
Anatomy of the Breast

The breasts are delicate organs made of glandular, connective and fatty tissue. The nipple contains tiny openings through which the milk can flow. These tiny openings are surrounded by muscular tissue that cause the nipple to stand erect when stimulated. Surrounding the nipple is an area of darker skin called the areola. This area will become darker and larger in size during pregnancy due to hormonal changes. The areola contains pimple-like structures near its border that are called Montgomery glands. These glands secrete a substance that helps to lubricate and cleanse the area.

Physiology of the Breast

Stimulation of the nipple by the baby’s suckling sends messages to the tiny pituitary gland in the brain. It in turn secretes a hormone known as prolactin. Prolactin stimulates the milk gland cells within the breast to begin producing milk.

The second hormone that is released is known as oxytocin. This hormone causes the cells around the milk glands to contract and squeezes the milk down the milk ducts and out of the nipples. This response is known as let-down or milk ejection reflex. Oxytocin also aids in your ability to relax.

Sensations you may or may not notice during let-down:

- Tingling sensation.
- Warm upper body sensation.
- Feeling your breasts become full.

It may take a minute to several minutes of sucking by the baby until the milk ejection reflex occurs. Some mothers only know that their milk has let-down by seeing milk in the baby’s mouth.

A list of things other than nursing that may cause the milk to let-down:

- Your baby crying.
- Thought of your baby.
- Smell of a baby or baby products.
- Seeing other babies.
- Massaging your breast gently before using a breast pump.

Exclusive Breastfeeding

UNICEF and the World Health Organization (WHO) recommend exclusive breastfeeding for the first 6 months of a baby’s life. This is based on scientific evidence that shows benefits for infant survival and proper growth and development. Breastmilk provides all the nutrients that a infant needs during the first 6 months. Exclusive breastfeeding may also reduce infant deaths caused by common childhood illnesses such as diarrhea and pneumonia and hastens recovery during illness.

The sensations commonly associated with let-down may not be felt until your milk volume increases.
To assure your success in breastfeeding, please understand that knowledge is power. Obtain facts and know the principles of breastfeeding.

Get the Facts – Benefits of Breastfeeding

It is very important for you to get all the facts about why breastfeeding is the best way to feed your baby. There are many benefits of breastfeeding, especially exclusive breastfeeding. For however long you choose to nurse, your baby’s immune system benefits greatly from breastmilk.

**The following are just a few benefits of breastfeeding for you and your baby:**

**For Baby:**
- Easily digested.
- Perfectly matched nutrition.
- May have protective effect against SIDS.
- Less gastrointestinal disturbances, ear and lower respiratory infections and allergies.
- Stimulates senses of taste and smell.
- Filled with antibodies that protect against infection.
- May reduce the risk of certain chronic diseases and infections.
- Baby receives skin-to-skin, eye and voice contact.

**For Mother:**
- Convenient and economical.
- Helps the uterus return to its normal size faster.
- Helpful with weight loss.
- Reduces the risk of osteoporosis.
- Less likely to develop breast, uterine, endometrial and ovarian cancer.
- May reduce the risk of heart disease.

**For Baby and Mother:**
- Contributes to a very special and loving relationship.
- A beautiful and intimate way for you to bond with your baby.
- Saves money.
- Healthy for the environment – no waste or packaging needed.
- Families can get on-the-move easily. Breastmilk is always available fresh when you are there!

In their most recent policy statement, “The American Academy of Pediatrics (AAP) reaffirms its recommendation of exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with the continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. (AAP, 2012).”
Skin-to-Skin Connection

Seeing your new baby for the first time is an experience you will never forget. All the months of preparing and dreaming have finally become real. At birth, your baby will be placed directly on your chest. While you are holding your baby skin-to-skin, a member of the healthcare team will dry your baby, check him over and cover you and your baby with a warm blanket. Now, the bonding can begin. The connection of your unwrapped baby lying directly on your skin is called skin-to-skin contact and can provide you and your baby time to get to know each other. This initial snuggling also has very important health benefits.

According to the American Academy of Pediatrics (AAP), the best start for breastfeeding is when a baby is kept skin-to-skin with his mother immediately after birth and until the first feeding has finished, or as long as the mother wishes.

The baby’s sense of smell allows him to find the breast to begin the initial latch-on. Research has shown that skin-to-skin babies breastfeed better and stay awake during the feeding. In addition, babies who experience skin-to-skin contact are more likely to exclusively breastfeed.

Your baby’s senses immediately react during this initial contact.

- He can hear and feel your heartbeat.
- He becomes familiar with the feel of your skin.
- He is much more alert.
- His temperature, blood sugar and heart rate are regulated.
- He cries less.

Now experts agree and understand how important it is for mother and her baby to be close to one another as early and for as long as possible in the first few weeks and months of life. There are many reasons why skin-to-skin contact is vital for a baby’s healthy growth and development. It may also allow you to feel more confident in caring for your new baby.

For the Premature Infant

Extended, upright skin-to-skin contact, also referred to as Kangaroo Care, can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin. It can help reduce their need for oxygen, and keep them more stable in other ways as well. Skin-to-skin contact is so beneficial and therapeutic for both you and your baby. You actually get to feel your baby breathe and sense his heartbeat right next to your own. Your baby also gets to know you and may hear your heartbeat as well, which is a very familiar sound to your newborn. The nice thing about Kangaroo Care is that the father or your partner can also hold the baby this way.

To Review

Skin-to-skin contact immediately after birth has these positive effects on a newborn:

- Stable and normal skin temperature.
- Stable and normal heart rate and blood pressure.
- Stable blood sugar.

In addition the baby will:

- Cry less.
- Latch on the breast better.
- Exclusively breastfeed longer.

Keep in mind, fathers and other family members can bond with the new baby through skin-to-skin contact. This contact can create special bonds with the entire family.
Colostrum

By 16 weeks of pregnancy, your breasts are fully capable of producing milk. Some women will notice drops of fluid on the nipple during these early months called colostrum. This is what the baby will receive until your higher volume milk is produced, which usually takes a few days after birth.

Facts about colostrum:
• Commonly called “Liquid Gold,” it can be yellow to clear in color.
• Very high in protein.
• Easily digested.
• Decreases the risk of low blood sugar.
• Provides protection against infection.
• Coats the stomach and intestines and protects against any invading organisms.

Mature Milk

Your milk will change and increase in quantity in approximately 48 to 72 hours. It may take longer depending on when breastfeeding was initiated and breastfeeding frequency. You will notice your breasts becoming fuller, firmer and heavier.

Preparation for Breastfeeding

There is very little that you need to do to prepare for breastfeeding. Your body has already done most of the necessary preparation. As mentioned on page 75, the Montgomery glands, situated all around the areola, secrete a substance that lubricates and helps to cleanse the area. Prepare yourself by becoming knowledgeable about your important role in nurturing your baby. Take classes and speak with a lactation consultant to get your questions answered.

Helpful suggestions for preparing to breastfeed:
• Education is the best preparation.
• If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a “mini-pad” inside your bra. They have a sticky area on them and it prevents air from being able to circulate and may cause nipple soreness.
• Have someone knowledgeable about nursing bras help you with the purchase of a bra that fits well.
• Be careful about under wire bras. The wires may place pressure on the ducts and cause a blockage of milk, if not properly fit.
• You may find that you will need to buy a bra that is 1 to 2 cup sizes larger toward the end of your pregnancy, although wearing a bra is not necessary.
Nipple Types
Assessment of your nipples is important. Occasionally a mother will exhibit an inverted nipple. Nipples may appear “flat” but will stand erect when stimulated. If you are concerned, talk with your healthcare provider or lactation consultant for advice. This should not discourage you from trying to nurse because a positive nursing experience is possible.

Supply and Demand
Milk production is regulated by supply and demand. The more milk your baby takes from your breast, the more milk your breasts will make. Breastfeeding your baby as soon as possible after birth and frequently thereafter, is the best way to ensure that your baby will have all the milk needed for proper growth and development.

Breastfeeding Relationship
A good breastfeeding relationship takes time. Although a lot of reactions and responses come naturally, breastfeeding is a learned experience. Give yourself and your baby some time to learn together.

Before you begin each feeding, review these 3 C’s:

**Calm**
Holding your baby skin-to-skin is very helpful to calm your baby in the early days after birth.

**Comfortable**
Sit in a comfortable chair with pillows for support and elevate your legs – either with a little stool or a stack of newspapers. This will take pressure off your bottom and help you feel more comfortable.

**Close**
Hold and position your baby close. Have enough pillows to bring the baby up to the level of your breast instead of leaning over. Skin-to-skin contact will help him stay warm and interested in breastfeeding. Proper positioning and latch-on are the keys to successful breastfeeding.

The more milk your baby removes, the more milk you make. The less milk that your baby removes, the less milk you make.
Becoming Acquainted with Your Baby

Years ago, babies would spend the majority of their hospital stay in the newborn nursery. Today, parents, as well as the healthcare team, know how important it is for babies to stay with their families as much as possible. Family centered maternity care is when the new mother and her partner keep the baby in the room with them at all times. One nurse cares for the mother and the baby together. You may hear this called rooming-in or rooming-together. Whatever your hospital calls it, you should not be expected to provide total care to your newborn in the hospital room. You have a nurse that helps and assists you with getting to know your baby, as well as teaching you how to care for him. Being able to ask questions of the healthcare team and having the availability of their skills, if needed, allows new parents to feel more secure about the prospect of going home.

Having the baby rooming with you allows you to become better acquainted and comfortable with him early on. You will learn to recognize your baby’s smell, noises, expressions and movements. You will also learn how to handle and comfort your newborn. With the baby in your room, it will be easier for you to recognize those early feeding cues. Your baby, on the other hand, learns you and your partner’s touch and how to feel safe in your arms. In addition, keeping mother and baby together is enormously beneficial for breastfeeding as it facilitates baby-led feedings.

It has been shown that a baby who stays in mom’s room is generally more content, cries less and seems to develop more regular sleep-wake cycles earlier. This is because you are recognizing your baby’s cues and sleep-wake cycles and feeding your baby frequently (at least 8 to 12 feedings within a 24 hour period). This is beneficial for early and plentiful milk production. Also, if your baby stays in your room, you actually tend to get more rest. Sleep when your baby sleeps.

Here are some safety tips for rooming together in the hospital:

- Call for help anytime.
- Remember to NEVER leave your baby unattended or alone for any reason.
- Pull the emergency cord or push the button if you feel a nurse is needed immediately.
- When you need to use the restroom or shower and you are alone, wheel the crib to the restroom door and keep it open so you will be able to see and hear your newborn.
- Keep the baby close to your hospital bed – the furthest point away from the doorway.
- Do not give your baby to anyone you do not know or who has not properly identified themselves.
Breastfeeding: When and How

If possible, it is best to initiate breastfeeding within the first hour after birth. Research has shown that for the first 2 hours following birth, a baby is in a state of quiet alertness. Putting the baby to the breast as soon as possible after birth allows for a great starting point on an amazing connection and bond between mother and baby.

Learn as much as you can from your lactation consultant or healthcare provider about breastfeeding. Ask questions!

**Tips for successful breastfeeding in the hospital:**
- Skin-to-skin.
- Start within 1 hour of birth.
- Try laid-back position or baby-led latch.
- Breastfeed frequently.
- Learn to recognize feeding signs.
- Keep your baby in the room with you.

**Feeding Cues**

Research has shown that, minutes after birth, babies begin to interact with their parents and give "cues" as to what they need and want. Learning the "cues" your baby gives is vital to his brain growth and development, as well as in helping new parents gain experience and feel comfortable in caring for and interacting with their new baby. In the early days, some babies are sleepy and do not often cry when they are hungry, so stay attentive to the cues.

**Signs your baby is ready to feed when he is:**
- Sucking on tongue or lips during sleep.
- Moving arms and hands toward mouth.
- Fussing or fidgeting while sleeping.
- Turning head from side to side.

**Correct Latch**

Getting the baby to latch correctly is one of the most important steps in successful breastfeeding. The baby must open his mouth wide enough to get a good amount of areolar tissue into his mouth. If the baby catches on to just the nipple, you will become sore and the baby will get less milk.

**Latch on** – The baby is positioned on the breast with all the nipple and a good amount of the areola in his mouth. The baby’s lips are flanged or turned out. It is the proper compression of the areolar tissue from the baby’s suck, and the baby’s tongue resting on top of the lower gum that allows him to draw the milk out through your nipple.
Guidelines for proper positioning and latch:

- Prepare yourself by washing your hands, getting comfortable and deciding on a feeding position.
- Align your baby’s chest to your tummy and align his nose with your nipple. You want him to extend his neck in order to have his jaw open wide.
- Hold and gently lift and support the breast. Make sure your fingers are well away from the areolar tissue.
- Run your nipple lightly above the baby’s upper lip. This will promote the rooting response.
- Be patient until the baby opens his mouth the widest. Let the baby take the lead.
- Baby’s head is slightly tilted back.
- Aim your nipple toward the roof of his mouth.
- Baby’s chin should approach the breast first.
- Lower lip should be positioned further from the nipple than the top lip. This is called an asymmetrical, or “off-centered” latch, as shown in the photo on the left.
- When the baby opens wide, quickly and gently pull him toward your breast.
- Good latch-on is a learned response. Be patient with yourself and your baby.

Removing Baby from Breast

To take your baby off the breast, slide your finger into the corner of the baby’s mouth and your breast to break the suction. Do not pull the baby off your breast. This will traumatize your nipples and lead them to become sore and cracked.

Burping

After a feeding, you might try to burp your baby. Not all babies will burp within the first few days after birth.

Usually the pressure on the baby’s belly is enough to bring up the air. Pat the baby’s back gently or stroke the back with an upward motion. Sometimes babies will not burp. If they did not get a lot of air in the stomach during the feeding, it is likely that they will not. After a few minutes, resume with the feeding.

Effective ways of burping:

- Over the shoulder.
- Lying belly down across your lap.
- Sitting in your lap and with his chin supported.
Breastfeeding Positions

There are many different ways to hold your baby while breastfeeding. You will find which position works best for you and your baby.

Laid-Back Position or Baby-Led Latch

This natural position is based on a semi-reclined position that is comfortable for both you and your baby. In this position, you are encouraging your own, as well as your baby’s natural instincts. With very few rules, this position allows your baby to get a better latch and helps to relax you as well. Use a bed or couch where you can comfortably recline with good support of your head, shoulders and arms.

• Allow your baby to snuggle into your chest. Gravity will allow him to stay close.
• The front of your baby’s body should be touching the front of your body.
• Let baby’s cheek rest close to your breast.
• Offer your baby help when needed.
• Relax and enjoy your new baby!

Cradle Position

This classic hold is a commonly used position that is often found to be comfortable for many mothers.

• Hold your baby in your lap. You can place him on top of a pillow for better support and comfort.
• His nose should line up with your nipple.
• Extend your forearm and hand down his back to support his neck, spine and buttocks. Support this arm with a pillow for your comfort, if you so desire.
• His body from his ear to his knees should be in alignment facing toward you. Tuck his lower arm under your arm.

Cross-Cradle Position

This hold differs from the cradle hold in that your arms switch roles. If you are feeding from the left breast, you will use your right arm to hold your baby.

• Hold your baby along the opposite arm from the breast you are planning to use.
• Turn this body so that his chest and tummy are directly facing you.
• Support the base of his neck loosely with your fingers. This allows the palm of your hand to support the baby’s shoulder blades and back.
• Place a pillow on your lap to help support the baby and get him to the level of your nipple.
**Clutch Hold**

In this position, you tuck the baby under your arm. Place a pillow behind your back and along the side you are going to be breastfeeding. This will help to support the baby and get his nose at the level of your nipple. Your forearm will support the baby’s upper back and your hand will hold his head.

- The baby’s body and feet are tucked underneath your arm on the same side the baby is breastfeeding, so that his legs dangle behind you.
- With this position, you can use the other hand to help better position the baby’s mouth on your breast. Pillows can be used to bring the baby to the right level.
- The baby’s body should be in a straight line with his head. Support the baby’s shoulders, neck and head with the palm of your hand.

**Side-Lying Position**

Lie on your side and place pillows all around you to make it comfortable. Place one behind your back, between your legs and underneath your head.

- Pull the baby close and facing you.
- Guide his mouth to your nipple.
- You can support his back with your forearm or place a rolled towel behind his back if needed. This position allows for the mother to rest while the baby is breastfeeding. It can also be beneficial in the early weeks if the mother has had a cesarean birth or an episiotomy.

**Making Sure Your Baby Receives the Feedings He Needs**

*Most babies need at least 8 to 12 feedings in a 24-hour period.*

- In the early, sleepy days, you may need to wake your baby in order for him to receive enough feedings.
- May cluster feed – your baby may want several feedings in a row. It is important to feed your baby when he requests or shows signs of hunger.

*In the early, sleepy days, your baby may not request feedings often enough. You may need to:*

- Watch for feeding cues.
- Put the baby skin-to-skin to encourage frequent breastfeeding.
- Keep him interested and awake during feedings.
- Massage and compress your breast during the feeding to increase milk flow to the baby. This will gently “remind” him to continue sucking.
Nurse until baby shows these signs of being full:

- Self-detaches.
- Sucking less vigorously.
- Becomes sleepy and relaxes body.
- Breast will feel less full.
- It is important to listen for nutritive sucking.
  - During the first 3 days it may be difficult to hear swallowing. If heard, it sounds like a soft “Ca-Ca” or a soft expiration.
  - After larger volume milk arrives, you will hear definite suck-to-swallow ratio changes.

Offer both breasts each feeding to help stimulate milk production:

- Keep baby interested and awake during feedings.
- Your baby may take rest periods after the first breast.
- If he chooses to take only one breast at a feeding, make sure you then begin with the other breast at the next feeding.
- Alternate the breast with which you begin each feeding. This will help with proper milk removal from the breasts. To help you remember this, use a safety pin on your bra strap of the side last nursed.

Following these steps will help to ensure proper milk removal completely and regularly, increase milk production, reduce breast engorgement and nipple tenderness and maximize infant weight gain. Your baby may have a sleepy week or 2 and you may be challenged to keep your baby interested in feeding. If he is very sleepy, try undressing him down to his diaper. The skin-to-skin contact may help keep him awake. You may need to rub the bottoms of his feet or back to keep him awake. You can also try to wrap him so he is not too cozy and warm, which tends to make him sleepy. Talk to your baby while you are nursing. This also may help a keep him interested in finishing the feeding. Make cues from your baby, he will let you know!

Growth Spurts

You may find that your baby will experience days when he wants to breastfeed more than usual “cluster feed”. Many new moms may worry that something is wrong, but know that this is a common experience with most breastfed babies. This need to breastfeed generally will last a day or so. Please know that your baby will return to a less frequent feeding pattern.

The common reason for your baby’s need to breastfeed more is “growth spurts” and is your baby’s way of increasing your milk supply so that he can grow.

Although these times may be more demanding for you, trust what your baby is telling you about his need to breastfeed more frequently and follow the baby’s feeding cues. As long as you do not hold back your baby’s need to breastfeed, your milk supply should be sufficient.
How Do I Know My Baby is Getting Enough to Eat?

A common concern that you will have is if your baby is getting enough to eat. There are many clues that indicate that everything is going well. For example, the number of feedings your baby has each day is important. Remember that his intake of breastmilk is usually reflected by his output of wet and dirty diapers.

**Be attentive to the following:**

* **Baby eating at least 8 to 12 times every 24 hours.**
  - Watch for feeding cues.

* **Baby wetting diapers.**
  - 1 diaper in the first 24 hours after birth.
  - 2 on the second day of life.
  - 3 on the third day of life.
  - 6 to 8 wet diapers of urine that are light yellow in color once milk is in greater supply.

* **Baby will be passing meconium for the first 1 to 2 days after birth.**
  - Meconium is the sticky, black substance that the baby passes from his bowels.

* **Stool changing to mustard color, runny and seedy in texture once the milk is in greater supply.**
  - 3 to 4 of these stools beginning by day 4 in the first month. May pass stool a little after each feeding as well.

* **Weight gain is an important clue to your baby’s healthcare provider that the baby is feeding properly.** Most offices will allow you to bring your baby in for a weight check. Sometimes, that is all you need to make you feel better! Expect initial weight loss of baby after birth and weight gain of 4 to 7 ounces per week once milk is in greater volume. The baby should be back to birth weight by day 10.

* **Other positive signs:**
  - Audible swallowing – actually hearing the milk being swallowed; more obvious when mother’s milk is in greater supply.
  - Breast feels less full after feeding.
  - Baby satisfied – falls away from the breast at the end of feeding.

* **Signs of being full:**
  - Falls asleep.
  - Relaxes the body.
  - Opens his fists.
  - Relaxes the forehead.
  - Lets go of the nipple.

If you have any concerns about how the baby is doing, call your baby’s healthcare provider or lactation consultant.
Breastfeeding – The First 72 Hours

The early days of breastfeeding will be a learning curve for both you and your baby. If the early days of nursing seem hard for you, remember that you are developing an important relationship. Establishing beneficial habits and initiating a schedule early on will assist in developing a successful nursing experience. Here are some things for you to remember about breastfeeding the first 3 days after birth.

First 24 Hours

- Many babies are sleepy in the first 24 hours after birth. Be attentive to feeding cues.
- Healthy term newborns are born with sufficient fluid stores; therefore, they do not need additional fluids unless there is a medical problem.
- Unwrap the baby and remove the hat and hand covers and place the baby skin-to-skin on your chest or next to your breast to help wake the baby.
- Once the baby is positioned, place a blanket over the baby to keep him warm while your body keeps the baby’s temperature stable.
- You may need to continue with some “gentle” stimulation to keep your baby nursing, such as stroking his legs, feet and back.
- Some babies will wake easily when you unwrap them or change their diaper.
- A newborn’s sleep cycle is about 45 minutes to an hour so try again then or anytime the baby shows feeding cues.
- Unrestricted feeding in the first 24 hours is important as the baby is learning how to breastfeed and is establishing your milk supply.

24 to 48 Hours of Age

- Babies during this period begin to be more awake and alert and breastfeed better.
- Offer the breast anytime the baby starts exhibiting feeding cues.
- Attempt to nurse your baby at least 8 times in 24 hours. Many babies will breastfeed 10 to 12 times in a 24 hour period.
- Allow baby to breastfeed as long as he desires.
- Allow your baby to release himself from the breast unless you become uncomfortable and need to change position.
- After long periods of sleep, some babies will go through a “marathon nursing phase” where they want to nurse “all the time” and cannot be put down. This is a good sign as the baby is able to stimulate the mother’s body to establish an adequate milk supply. It is NOT because you do not have enough milk.
- If your baby falls asleep during this frequent feeding phase, you can usually get a break from nursing if your baby is held or cuddled. If you put him down, he may soon awaken and want to nurse again just because he is hungry, but because this is comforting and as close to “home” as he can get.
- In time, he will adjust to his new environment, but right now, the most comforting place to your baby is at your breast.

See pages 94 to 95 for a Daily Record to keep track of your baby’s intake and output.
48 to 72 Hours of Age

- This is the time that your milk starts transitioning from colostrum to mature milk.
- The breast will become heavier and fuller over the next few days as the volume increases.
- Milk volume is related to frequency and duration of feeds as well as effectiveness of the baby at the breast.
- You should be hearing more swallows from the baby at this time.
- Charting your baby’s feedings, as well as wet and dirty diapers, will help you determine your baby is getting enough.
- Do all pacifying at the breast to meet your baby’s normal sucking needs. Continue to avoid artificial nipples such as pacifiers until your baby is nursing reliably and gaining weight.

Hand Expression of Colostrum or Breastmilk

Hand expression is a simple way to express colostrum or breastmilk without needing to buy special equipment. It is the removal of breastmilk from the breast by the mother herself. You may wish to ask for help with learning to do this or if you are unable to hand express on your own. Many mothers find it easier to express in the morning, when their breasts feel fullest, or after breastfeeding their baby.

Some tips to help with hand expression of breastmilk:

- If you choose to save your breastmilk, use a large, clean container with a wide opening to collect.
- Remove your bra and any tight clothing. Wash your hands well and choose a relaxing place and position.
- You can place a warm, wet towel on your breast and massage it gently to encourage milk to flow.
- Place your thumb and fingers on either side of your nipple at the outer edge of your areola.
- Press back towards your chest, compress your thumb and fingers together, then relax your hand. Repeat this process as needed.
- Move your thumb and fingers to different positions on the outer edge of your areola to help move milk from different parts of your breast.
- When milk flow slows, switch to the other breast and repeat.
- When first learning how to hand express, you may get only a few drops. With practice, hand expression will get easier.

Storing Breastmilk

The best way to feed your baby is at your breast. If you and your baby are unable to breastfeed for medical or other reasons, you may choose to hand express or pump your breastmilk to store and give to your baby. These guidelines help prevent waste and spoilage.

Collect equipment:

- Use glass bottles or Bisphenol A (BPA) free plastic containers with tight lids.
- Special breastmilk freezer bags can also be used.
- Do not use bottle liner bags. These are thinner plastic bags which can tear with freezing.
Storage guidelines:
• Store in 2 to 4 ounce portions to prevent wasting milk.
• Always cool freshly expressed milk before adding it to already cooled or frozen milk.
• Always add a smaller amount of cooled milk to frozen milk.
• Leave a 1-inch space at the top of the container when freezing.
• Do not refreeze breastmilk once it is thawed.
• Place containers at the back of the fridge or freezer where it is the coldest.
• Label the container with the date the breastmilk was expressed. After the storage time has passed, discard the milk.

These breastmilk storage guidelines apply to mothers who have a healthy, full-term baby and are storing their milk for home use. You may find that, depending on what study or resource book you read, these storage tips may vary. Please ask your lactation consultant or healthcare provider for the best storage guidelines and recommendations.

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temperature up to 77°F</td>
<td>6 to 8 hours</td>
<td>Cover container and keep as cool as possible.</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5 to 39°F</td>
<td>24 hours</td>
<td>Limit opening cooler bag and keep ice packs in contact with milk containers.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F</td>
<td>5 days</td>
<td>Store milk in the back of refrigerator.</td>
</tr>
</tbody>
</table>

Freezer compartment of refrigerator: 5°F, 2 weeks
Freezer compartment of refrigerator with separate doors: 0°F, 1 to 6 months
Chest or upright deep freezer: -4°F, 6 to 12 months

Be sure to throw out any remaining breastmilk that was left over or not used from a feeding after it was thawed and warmed.

Cleaning of Equipment
For healthy, full-term babies receiving breastmilk, wash containers in hot soapy water and rinse well with hot water. Let the containers air dry. It is unnecessary to sterilize items.

If your baby is premature (born too early) or is in the hospital, speak to a healthcare provider who has breastfeeding expertise about cleaning containers to store breastmilk.

Thawing Frozen Breastmilk
• Check the date on the stored breastmilk. Use the container with the earliest date.
• Thaw frozen breastmilk by leaving it in the fridge for 4 hours.
• Another option is to place container under cool, running water. Once it has begun to thaw, run warm water to finish thawing.
• Warm breastmilk by placing container in a bowl of very warm water.
• Never thaw at room temperature.
• DO NOT heat on stove or in microwave oven.
Remember, breastfeeding should not hurt. Do not let the problem get worse.

Time of Awareness

Caring for Your Nipples
You may experience temporary, mild nipple tenderness. Soreness lasting longer may be due to improper positioning and latch-on, that can be relatively easy to fix. If you have a problem, call your healthcare provider.

Sore Nipples
Soreness is usually due to improper positioning and latch-on. If you cannot identify the problem, call your lactation consultant or healthcare provider. Do not let the problem get worse.

Engorgement
Your breasts may become heavier and swollen 3 to 4 days postpartum. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue, and the accumulation of milk. The breasts will be swollen and uncomfortable for some women, and you may experience a throbbing sensation and discomfort with the milk ejection reflex, or let-down. Some women will feel only slightly full. As with labor, all women are different in their experiences. Breast swelling usually lessens within 24 to 48 hours.

Some effective treatment measures for engorgement:
- Breastfeed frequently.
- Breast massage has been shown to reduce engorgement.
- Apply cold compresses to the breasts. Use a frozen bag of peas or corn for 15 to 20 minutes. This triggers blood vessels to constrict and helps with swelling and draining and soothes any discomfort. Never apply an ice pack directly on the skin.
- Manually express or pump out milk to soften the areola and nipple. It is sometimes hard for the baby to latch-on if the breast is too hard.

Cracked Nipples
This problem is usually due to improper positioning and latch-on or traumatic removal from the breast. Excessively dry tissue is another reason for this problem. Treatments for cracked nipples are correcting the improper positioning and latch-on and proper breaking of suction before removing the baby from the breast. Clean the breast of your baby’s saliva and dab some expressed breastmilk into the area and allow it to air dry. You can also talk to your lactation consultant or healthcare provider, if you have concerns.
**Blocked Ducts**

These are felt as pea-size lumps under the skin and in the substance of the breast and are sore to the touch.

*Causes of blocked ducts:*
- Change in frequency of feedings or skipping feedings.
- Overabundant milk supply.
- A tight bra or underwire bra that puts too much pressure on a duct.
- Nursing the baby with poor positioning.
- Breast surgery.

*Treatment for blocked ducts:*
- Warm shower or compress to affected area.
- Frequent feedings.
- Hand express or gently pump after feedings.
- Massage the affected area toward nipple while nursing.
- Apply a cold compress if there is discomfort after feeding.
- Place your baby in a position where his chin is facing the blockage, allowing the suction to be maximized toward the area of blockage. (You may have to use some creative positioning to accomplish this, but when combined with the help of gravity, it is very effective.)

**Mastitis**

If the blocked duct persists and does not become relieved, it can become inflamed and a breast infection may be possible. It is not the breast milk that becomes infected, but the tissue surrounding the blockage. This needs immediate medical attention.

*Symptoms of mastitis:*
- Red, very sore, hard area.
- Red streaking from the affected area or breast tissue may look pink over a large area.
- Fever and chills.
- Flu-like symptoms.

*Treatment for mastitis:*
- Antibiotic therapy – finish the whole prescription – not just until you feel better.
- Nursing frequently.
- Applying warm compresses to the affected area.
- Massaging while nursing and pointing baby’s chin toward blockage; can gently pump after or between feedings to promote breast drainage.
- Apply cold compresses after feeding to aid in soothing the affected area.
- Getting plenty of rest.
- Drinking lots of fluids.

Make sure you contact your healthcare provider if you have any of these symptoms. Mastitis needs immediate medical attention.
Dietary Requirements for the Mother

Nutritional requirements are similar to those of pregnancy as far as keeping your diet well-balanced. Milk production is independent of what you eat the first 4 weeks because it derives the calories it needs for production from the fat accumulated from the pregnancy. A well-balanced, healthy diet is recommended.

Another important aspect of nursing is that you will find yourself very thirsty; the best advice is to drink to thirst. You must listen to what your body needs. The body takes water from your system to make breastmilk. Try to drink at least 6 to 8 glasses of fluid a day to prevent constipation. When you sit down to nurse, have water or juice so you get your daily requirements. No foods are universally restricted from your diet. Your baby will let you know! You can eat anything in moderation. Food affects your milk in 4 to 24 hours from the time it is eaten. Please note that the color of your breastmilk will vary with your diet. If you have any concerns or questions about your diet, call your lactation consultant or healthcare provider.

Going Back to Work and Continuing to Breastfeed

Employers in the past have recognized 6 weeks as a reasonable time to recover from the birth of your baby. On occasion, your healthcare professional may require that you stay home longer because of a special medical problem. Financial considerations may require that you return to work earlier. It is well-documented that the longer a woman can be with her baby and establish a good breastfeeding relationship with her child, the better she will maintain her milk supply with pumping while separated from the baby. This fact has motivated more and more new moms to work something out with their employers.

Hints for breastfeeding mothers who return to work:
- Discuss your needs with your employer.
- Organize your day to incorporate regular pumping sessions.
- Wear comfortable clothes with easy access for pumping.
- Find a place to store your breastmilk.
- Take healthy snacks and drink plenty of water.

There are great breast pumps on the market today that can help support your decision to continue to breastfeed. Check with your hospital or lactation center for breast pump rental and purchase prices. Your employer may be flexible and have several options for you. You should explore all the possibilities as soon as possible.

Supplemental Feedings for Your Baby

Most healthcare providers and lactation consultants will agree that until your milk is well-established and you have developed a good breastfeeding relationship, a supplemental feeding of water or formula is not necessary. The best choice of supplement is your own expressed breastmilk. There may be some extenuating circumstances where your pediatrician would prescribe a supplemental feeding other than breastmilk. All babies are different and have different needs. This does not mean you will not be successful at breastfeeding. There are alternate ways to supplement a baby that do not involve artificial nipples. Talk to your lactation consultant.
Breastfeeding Questions

Are my breasts too small?
Breast size has nothing to do with milk production. Do not let anyone tell you differently.

How can my partner find me the least bit attractive?
Sexuality and recapturing closeness as a couple takes time. You and your partner may feel overwhelmed. Some women are embarrassed about all the changes to their bodies and feel unattractive and distant toward their partner. Men, do not take this temporary diminished interest in you as a rejection. Talk to one another about sex; laugh with one another and make time for yourselves away from the baby. Sharing feelings about sexuality is the most effective way to get back together both physically and emotionally. Communication is the key!

Will my breasts leak all the time?
It will not be uncommon for you to be out in public and hear another baby cry, causing your milk to let-down. Applying gentle pressure to the nipple will usually stop the flow of milk. Disposable or washable breast pads are available to wear on the inside of your bra to protect your clothes from wet spots. Make sure to change them as needed so the dampness does not break down your nipple tissue. Leakage becomes less problematic as time goes on.

Can I breastfeed if I have had breast surgery?
Breast surgery, including augmentation as well as breast reduction with nipple relocation, can affect a woman’s milk production. Studies have shown that some women can still be successful with breastfeeding even though they have had these types of breast surgeries. A supplemental device can also be used to give a baby extra milk while at the breast. Discuss this with your lactation consultant. A baby’s weight should be carefully monitored to ensure proper weight gain.

Can I breastfeed if I am taking certain medications?
Many medications pass into the milk, although in very small amounts. Most do not pose a problem with breastfeeding. On occasion, a mom may need to pump and discard her milk while on a particular medication. Contact your healthcare professional or lactation consultant for the most updated information on a particular medication you are taking.

A Note to Dad or Partner

There is no doubt that the role of the dad or partner is extremely important and an essential part in a new mother’s success with breastfeeding. Studies have shown that emotional as well as everyday support increases the mother’s confidence and enables her to provide your baby with a healthy milk supply. There are ways that you can become an important part of the daily routines with your baby. Diapering, bathing, cuddling and singing are great ways of feeling involved. Your touch is very important to your baby and a way he can learn about you.

Your role as caregiver to your new baby is a big addition to your life. It will demand an enormous change in you and your partner’s lifestyle, yet it is the most rewarding time of your life. Even though the first few weeks are overwhelming, you will find a growing excitement and joy with your new little one. There is a lot of attention directed toward the mother and the baby at first. This attention, along with the extreme closeness of a nursing mother and baby, may contribute to feelings of isolation or jealousy in a new dad or partner. This is not abnormal for some, but be patient with yourself and your partner. Talk about your feelings. Communication with one another is so important in allaying fears and negative feelings and makes this time special.
# My Baby’s Daily Record

| Day 1 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W | Black tarry soiled diaper: S |
| Day 2 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W | Brown tarry soiled diaper: S S |
| Day 3 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W | Green soiled diaper: S S S |
| Day 4 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W | Yellow soiled diaper: S S S S |
| Day 5 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W | Yellow soiled diaper: S S S S |
| Day 6 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W W | Yellow soiled diaper: S S S S |
| Day 7 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W W W | Yellow soiled diaper: S S S S |
| Day 8 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W W W W | Yellow soiled diaper: S S S S |
| Day 9 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W W W W W | Yellow soiled diaper: S S S S |
| Day 10 | Goal: at least 8 to 12 nursings | 12 1 2 3 4 5 6 7 8 9 10 11 | Wet diaper: W W W W W W W W | Yellow soiled diaper: S S S S |

**Please be advised:** Some babies may have more wet or soiled diapers per day. If on a certain day your baby has less wet diapers and/or less dirty diapers than listed on your breastfeeding log, contact your baby’s healthcare provider or lactation consultant. This log is designed for use with a well, full-term newborn. Ask your baby’s healthcare provider what you need to know about breastfeeding your premature or special-needs newborn.
### My Baby’s Daily Record

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<thead>
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<th>Day</th>
<th>Goal: at least 8 to 12 nursings</th>
<th>1</th>
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Caring for Your Newborn

You are now the proud parents of a new baby.

When you welcome a new baby into your life, it can be overwhelming. You will find that you have so many new decisions to make at every turn. Plus, this tiny being has changed your life completely from your familiar routines. Now, your baby’s health and safety are your biggest responsibility.

Give yourselves time and as the days move forward, you will find your confidence and strength increasing as you settle into routines with your new baby and your new schedule.
What You Can Expect Right After the Birth of Your Baby

Apgar Score

The Apgar test is a quick and simple test to evaluate your baby’s well-being at 1 minute and again at 5 minutes after birth. Your baby scores points in the 5 areas outlined in the chart. Most healthy babies average a score of 7 to 9.

<table>
<thead>
<tr>
<th>Five Areas Evaluated</th>
<th>Points Given for Apgar Score</th>
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<td></td>
<td>0</td>
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<tr>
<td>Heart Rate</td>
<td>Absent</td>
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<tr>
<td>Color</td>
<td>Blue to pale</td>
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<tr>
<td>Breathing</td>
<td>Absent</td>
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<tr>
<td>Muscle Tone</td>
<td>Absent/flaccid</td>
</tr>
<tr>
<td>Reflexes</td>
<td>No response to stimulation</td>
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</tbody>
</table>

Normal Newborn Appearance at Birth

As your baby emerges you may notice that he is wet, slippery and possibly be covered with a white, cream cheese-like substance known as vernix caseosa. This substance covers your baby’s skin, even if you do not see it when he is born. You may find some in the folds and creases, like the back of the baby’s neck or armpit. Vernix helps protect the baby’s skin from wrinkling and infection while in the amniotic fluid. Most of the vernix will disappear by the time of birth; however, the earlier your baby is born (such as premature or late-preterm birth), the more vernix you will see. Your healthcare provider will cut the cord or give that option to your support person. Your baby may be placed on your chest immediately to bond or handed off to the nurse so that he can be assessed and given oxygen if needed.

The first priority is the baby’s response to his birth and if he is breathing. The skin color may be bluish-gray. Until he takes his first breath, this color is normal. As he breathes on his own and oxygen starts to circulate throughout his system, you will notice the skin color, lips, mucous membranes and nail beds will become pinker and pinker with each breath your baby takes. Oxygen may be used to help the infant if he is slow to breathe on his own.
Molding
The plates of your baby’s skull bones are not fused together. They are designed to allow a baby’s head to move through the narrow birth canal. They also accommodate your baby’s rapidly growing brain during infancy. You may notice at birth, that your baby’s head looks out of shape. This is referred to as molding.

You will also notice 2 soft areas known as “soft spots” on your baby’s head. There is one at the top and one at the back where the skull bones have not yet grown together. These spots are called fontanelles.

Milia
Your baby’s nose may appear flattened with white, pimple-like bumps. These are called milia and are normal. They are clogged pores that will eventually go away. Do not pick or squeeze them. You will cause more harm than good.

Lanugo
Babies may have fine, soft hair all over their bodies. This is called lanugo, which helps in protecting the baby’s skin while developing inside your uterus. If you have a premature infant, he will be born with more lanugo than a full-term baby.

Eyes
All babies eyes tend to be bluish-gray in color, and you will not know the true color for up to 9 months. They can see up to 12 inches at birth but tend to keep their eyes closed, especially if it is very bright in the room. If you try shading their eyes with your hand, they tend to open.

Genitals
Baby boys usually have very swollen scrotums. This is due to the pressure that is placed on them as the baby maneuvers his way down the birth canal.

Little girls tend to have very swollen labia and a lot of mucous discharge. This is due to hormones that are passed to the baby girl from her mother. On the fifth day of life, baby girls may have a little blood-tinged mucus. They are having a little period! This is normal and again due to hormones from her mother.
Skin
The baby may have what are playfully called “stork bites.” These are usually found on the forehead, chin and the nape of the neck. These are not birthmarks and will fade with time. The baby’s hands and feet may remain bluish in color, sometimes up to 24 hours. This is normal and called acrocyanosis. All the oxygenated blood will rush to the heart, lungs, brain and all the other vital organs. The hands and feet are the furthest parts from the heart and can wait until the vital organs are nourished.

Umbilical Cord
After your baby is born, the umbilical cord is clamped and cut close to the body leaving an umbilical stump. The stump will dry up and fall off on its own in about 10 to 21 days. Your healthcare provider will review with you the care of the umbilical cord at the time of discharge, so you will know what to do once you get home.

Eye Prophylaxis
The United States requires that all newborns receive treatment to the eyes to protect them from the infection known as gonorrhea. The leading cause of blindness in newborns was due to gonorrhea and was a problem in the early part of the 20th century. To protect infants, it was found to be easier to treat all newborns prophylactically than to test every mother.

Today, an antibiotic ointment, such as erythromycin, is applied in the infant’s eyes immediately after birth. The baby’s eyes can become inflamed or swollen from the treatment but will clear in a day or so.

Vitamin K
Vitamin K helps with blood coagulation. Since the liver is sluggish at birth and the production of Vitamin K is low, an injection is given to the baby in the first hours of life. This will decrease the risk of your baby bleeding. You will usually see your nurse giving the injection in your baby’s thigh.

Questions About Baby’s Care After Birth:
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Identification of the Newborn

After the birth of your baby, he will be given 2 bracelets that have the same number on them. One is placed on his wrist and the other on his ankle. You are also identified to the baby with a bracelet bearing the same number. Some facilities have a 3 band system where the labor partner also receives a bracelet. Foot printing may be done on a sheet which bears your fingerprint as well as the numbers used on the bracelet. This way there can be no confusion identifying your baby to you.

Most facilities offer and most mothers choose to have the baby in their rooms the whole time they are in the hospital. Make sure you know and understand your facility’s security policies. Remember, do not give your baby to just anyone. Take responsibility in watching out for your newborn.

Your nurse will take all of the vital statistics such as weight, length and head circumference. Ask her to write all of these down for you so you can record the information in your baby book. Your baby’s healthcare provider will be notified and will come in to do the initial physical exam. Make sure to write down any questions you may have so that you do not forget to ask your healthcare provider before being discharged. Most healthcare providers will give you a discharge packet or booklet with their phone numbers and basic care instructions.

Rh Factor

Rh is the term for what makes blood “positive” or “negative.” When an Rh negative mother has an Rh positive baby, the baby may be born anemic or with a lower-than-normal level of red blood cells. All Rh negative mothers (unless the baby’s father is also Rh negative) receive an injection of RhoGam at 28 weeks of pregnancy because the baby’s blood type is unknown and assumed to be Rh positive. The injection will help to prevent anemia in the newborn. If the baby is positive, within 72 hours of the birth, the mother may receive another injection of RhoGam.

If your baby’s blood is Rh negative like yours, you have nothing to worry about. There is no danger of your baby being born anemic from this disorder, and you will not need another RhoGam injection after the birth.
Newborn Screenings

Newborn screening is designed to test infants shortly after birth for a list of conditions that are treatable, but not clinically evident in the newborn period.

Metabolic Screening

Metabolic screening is an essential preventive health measure. It tests for developmental, genetic and metabolic disorders in the newborn. Certain conditions may not be apparent immediately after birth. If identified early, many of these rare conditions can be treated before they cause serious health problems in your child. Each state requires screening, but the specific test performed may vary. Some disorders are more common in some states, making these screenings even more important.

How the test is performed:

The sample is usually taken on the day of discharge or no later than 48 to 72 hours after birth. A few drops of blood are taken from your baby’s heel. The sample is then sent to the lab for analysis.

Hearing Screening

Of every 1,000 babies born, it is estimated that 1 to 3 will have serious hearing loss. Hearing screening for newborns before they leave the hospital or maternity center is becoming a common practice. It is recommended that all newborns be screened for hearing. If hearing loss is not caught early on, then there will be a lack of stimulation of the brain’s hearing center. This can delay speech and other development in your newborn. Hearing loss is the most common congenital disorder in newborns. Talk with your healthcare provider and the facility where you are going to give birth about this important screening tool.

Pulse Oximetry Screening for Congenital Heart Disease

Pulse oximetry is a simple, non-invasive procedure used to measure how much oxygen is in your baby’s blood. It is used when your baby is over 24 hours old and before discharge. It has been found effective in screening for some congenital heart diseases in newborns. The device is placed on the baby’s hand and foot with a sticky strip and a small red light or probe. The probe is attached to a wire that connects to a special monitor that measures the baby’s blood oxygen level and pulse rate. The test takes a few minutes to perform while the baby is still, quiet and warm. The probe does not puncture the skin, and the measurement can usually be read in about 60 seconds. Federal health officials are recommending that all newborns undergo the screening and many hospitals have adapted the practice.
General Care

Routine Medical Visits
You will need to make appointments for regular, well-baby check-ups. These appointments will allow you to talk about routine care with your baby’s healthcare provider. It is also a good time for you to learn how to handle problems such as fever, vomiting, diarrhea, crying spells or feeding problems. These visits are most frequently scheduled with routine immunizations for many of the preventable childhood illnesses.

Visitors
Many well-meaning friends and neighbors will want to visit you and the baby once you are home from the hospital. If you are not up for it, these visits can be taxing. Do not feel obligated to entertain. After birth, you should be taking time to enjoy your newest addition and resting.

Keeping your baby away from people who you know have a contagious illness is always the best policy. Keep the touching of your baby to a minimum and ask people who are going to hold your baby to wash their hands first.

Weight Loss and Gain
The average newborn weighs approximately 7½ pounds at birth. Infants typically lose weight (5 to 8% of their birth weight) in the first few days of life before they start to gain. Most regain their birth weight by day 10, double it by the sixth month, and triple it by 1 year.

How to Use a Bulb Syringe
A bulb syringe is used to remove fluid from baby’s mouth or nose in case of spit-ups or runny noses. For the first few days of life, your baby may have excess mucus which may cause him to gag. To help him when he gags, turn him on his side and firmly pat his back as if to vigorously burp your baby. If he still gags, the bulb syringe may be needed.

• Always squeeze the bulb syringe before inserting it into your baby’s mouth or nose to create a vacuum.
• Gently suction the mucus out of the lower cheek area, back of the throat or from the nose.
• Slowly release the bulb to suction out mucus.
• Remove the syringe and squeeze the bulb forcefully to expel the mucus into a tissue.
• Wipe the syringe and repeat the process, if needed.
• Clean by squeezing and releasing in soapy warm water.
• Keep the bulb syringe near your baby’s bed.

Sleep Patterns
Sleep patterns of infants can cause concern to new parents who often end up tired and exhausted because of their lack of sleep. On occasion, a baby will sleep through the night before 6 to 8 weeks of age, but that is not common. Each baby tends to establish his own pattern of sleep. Some fall asleep after a feeding, while others take only brief, occasional naps. Babies generally know how much sleep they require and virtually nothing you do will change that pattern. You should plan your “rest periods” to match your baby’s.

Nighttime sleeping patterns may change at 4 to 8 weeks of age. Some babies may start sleeping through 1 or 2 nighttime feedings, allowing you 5 to 8 hours of uninterrupted sleep. Understand that the time that the baby chooses to sleep may not coincide with your nighttime sleeping pattern. It is considerably more difficult to change the baby’s sleeping pattern than it is to change your own. At about 5 to 6 months of age, some infants begin to wake at night. This may be relieved by the feeding of solid foods. Check with your baby’s healthcare provider before resorting to this technique. Be patient!
When to give a baby the first tub bath is a matter of some debate. It is still general practice to advise parents to sponge bathe the baby until the cord falls off and the circumcision heals. There are some healthcare providers that question the necessity of this advice, feeling that an immersion bath does not increase the risk of infection. Please check with the healthcare provider that is caring for your baby and follow the directions that are given to you on tub bathing.
Some steps to help you:

- Bathe your baby before a feeding. With all the jostling, your baby may spit up.
- Pick an area in the house where you will be comfortable bathing.
- Make sure all of the bath supplies are in reach. Make it a rule to never leave your baby unattended.
- Choose an area that is draft free.
- Lay the baby on a towel and undress. Cover up with a second blanket and only expose the area you are washing.
- Start with the eyes. With a clean corner of a washcloth, wash from the inner aspect of the eye to the outer aspect using warm water. Repeat with the other eye, this time using another corner of the washcloth.
- Wash your baby’s face with clean water. You may choose to use a washcloth or your hand.
- Wash around the nose and ears. Never insert a cotton swab up your baby’s nose or into his ear. You are only asking for problems if you attempt to do this. You can cause extensive damage, especially to the ear drum.
- Wash your baby’s body making sure you get into every fold and crevice.
- Check the umbilical cord for proper healing. Keep the stump clean and dry as it shrivels and eventually falls off. Use clean, warm water unless advised otherwise by your healthcare provider. Also, roll the diaper below the cord to keep urine from soaking the dried stump. You may see a few drops of blood on the diaper around the time the stump falls off; this is normal.
- Babies are born with fingernails that are tissue-paper thin, but these nails can be sharp and scratch his face. Right after birth, it may be difficult to tell where the nail ends and the skin starts when using baby clippers or scissors. You may want to start with an emery board at first and file the nails when he is sleeping. Plan to trim the nails about once a week.
- Use clean water on the genitals. Little girls will have a lot of discharge. Always wash from front to back so you will not introduce infection into the bladder. Little boys that are circumcised need the penis cleaned with clean, warm water until the area is healed. Your baby’s healthcare provider will give you instructions on the care of the circumcised penis before you are discharged. If your son was not circumcised, do not force the foreskin back to clean the penis. Warm water and soap is all that is necessary. Ask your baby’s healthcare provider about the care if you have questions.
- If your baby has soiled the diaper, take an unsoiled corner of the diaper and wipe away the excess stool. Using a washcloth, wash your baby’s bottom with warm water to cleanse thoroughly.
- To wash his hair, save a little container of clean water. Wrap your baby in a towel and place him in a ‘clutch’ hold. Pour some of the clean water over his scalp. Place a small amount of shampoo on the scalp and wash making sure you stimulate the entire scalp even over the soft spots. If you avoid the soft spots and do not stimulate the skin for proper circulation, cradle cap may occur. This is a scaly patch that can appear on your baby’s scalp. Your baby’s healthcare provider will advise you on the care of cradle cap.
- Your baby’s delicate skin may be very sensitive to certain lotions or products that are highly perfumed. There are plenty of gentle skincare products on the market. However, as with anything, if you are concerned about your baby’s skin you should consult your baby’s healthcare professional.
- Bath time is a wonderful time for baby to learn your touch. This is also a great time to assess your infant’s skin, rashes, healing of the umbilical area and overall general appearance of your baby.
- Dress your baby and swaddle him in a blanket to prevent him from becoming chilled.
**Umbilical Cord**

The umbilical cord will fall off by itself after 1 to 4 weeks. As it heals, it will have the appearance of a scab. Do not pick at it, cut or pull it off. You need to allow it to fall off on its own. Clean according to your healthcare provider’s instructions. Clear or slightly blood-tinged discharge can occur from the navel after the cord falls off. This should not be a concern to you. If the oozing persists more than a couple of days or is associated with a foul odor, redness in the surrounding skin, or fever, report it to your baby’s healthcare provider immediately.

**Circumcision**

Circumcision is the removal of foreskin that surrounds the head of the penis. It is encouraged that new parents discuss the benefits and risks of circumcision with their healthcare provider and make an informed decision about what is in the best interest of the child. If you choose not to have your son circumcised, check with your healthcare provider for a recommendation on care.

The choice for circumcision is a personal one. This decision is usually based on religious, cultural or traditional factors. Some other reasons may be health and hygiene issues, or if the father of the baby has been circumcised.

The procedure is usually performed on the day of discharge from the hospital. You will have to sign a consent form before the circumcision is done. Analgesia has been found to be safe and effective in pain relief associated with circumcision. For the next hour or 2, your baby will be closely observed by the nursing staff for bleeding. You should then check him frequently during diaper changes over the next several hours to detect any unusual bleeding or as directed by your nurse or healthcare provider.

There are different techniques used for circumcision. Your nurse will teach you about care of the circumcision at the time of discharge. Petroleum jelly, or whatever ointment your healthcare provider recommends, is usually applied to the tip of the penis with each diaper change for the first few days. The tip of the penis may appear red and have yellow crusts in spots. Do not try to wash off this yellow substance. It is part of the healing process. If there is any unusual swelling, oozing or bleeding, call your baby’s healthcare provider.

**Benefits of circumcision:**
- Easier hygiene.
- Decreased risk of urinary tract infections.
- Decreased risk of sexually transmitted infections.
- Prevention of problems with the penis, such as inflammation.
- Decreased risk of penile cancer.

**Risks of circumcision:**
- Bleeding and infection.
- Pain.
- Side effects from anesthesia.
- The foreskin might be cut too short or too long.
- The foreskin might fail to heal properly.
- The remaining foreskin might reattach to the end of the penis, requiring minor surgical repair.

Both the CDC and the American Academy of Pediatrics (AAP) agree that a circumcision has health benefits and healthcare providers should counsel parents on these benefits of the procedure.

If you choose not to have your son circumcised, check with your healthcare provider for a recommendation on care.
Jaundice

Jaundice, which simply means “yellow,” is common in newborn babies. It causes a yellow appearance of the baby’s skin and eyes and results from a normal body chemical called bilirubin.

Newborn babies have additional red blood cells reserved for the birth process. One of the breakdown products of red blood cells is bilirubin. The liver in the newborn is fully developed, but not 100% efficient. Therefore, extra bilirubin is transferred to the blood and stored in the skin until the liver breaks it down. This is called physiologic jaundice.

Physiologic jaundice is not harmful and will usually resolve without any medical treatment. This may last up to one week. There are other cases of jaundice that may call for specialized treatment.

Jaundice can become dangerous and cause permanent and inevitable brain damage if the level of bilirubin becomes too high. The baby’s healthcare provider will monitor your baby’s bilirubin and treat it as necessary. You may need to make extra visits to the healthcare provider’s office or the lab in order to be certain that the bilirubin level is correct.

The treatment of this disorder is varied depending on its underlying cause and severity of jaundice. Phototherapy, or the bililite, is used widely to treat many infants. Baby’s eyes are covered and his skin is exposed to special fluorescent lights that lower the bilirubin buildup. Exchange blood transfusions may be reserved for the more severe cases of jaundice.

Taking Your Baby’s Temperature

An essential item in the nursery is a baby thermometer. The baby’s temperature is one of the most important (and usually one of the first) questions your baby’s healthcare provider will ask you when you call about a problem. The baby’s temperature can be taken axillary (under the arm). Have your healthcare team show you how to take your baby’s temperature before going home from the hospital.

Another nifty gadget on the market is the ear thermometer, which gives you a reading in no time. Some of the units are not meant for newborns and your healthcare provider may want you to wait until the baby is older. Opinions will vary about the ear thermometer, so before going out and spending a lot of money, always follow the guidelines of your baby’s healthcare provider.

Learning to care for your new baby can be overwhelming. You may wonder how you will know if your baby is sick and when to call the baby’s healthcare provider. In time you will become confident observing your baby’s behavior and noticing changes that may mean illness. Be sure to plan regular well baby check-ups with your healthcare provider.
Infant Massage
A great time to give your baby a massage is right after his bath. Use safe, edible oils such as grape seed oil or olive oil when doing massage.

Babies may:
• Sleep better.
• Have fewer tummy upsets.
• Feel safe and secure.
• Have an increased bond with you.

Did you know that massage:
• Is a healthy touch activity between you and your baby?
• Promotes physical and emotional well-being?
• Is a daily routine in many parts of the world?
• Helps you to learn more about your baby and what he does and does not like?

Tummy Time
It is important to give your baby time on his tummy under your supervision while he is awake. Keep him on his tummy for as long as he is happy. Do this several times a day.

Infant Attachment
Attachment is a deep emotional bond between an infant and a caregiver, usually the mother and/or father. Healthy attachment develops over time. By meeting his needs and responding to him in a warm and sensitive way, your baby will feel safe, loved and respected.

Brain Development
Your baby’s brain develops the most during the first few years of life. Connections are made in the brain as your child looks at you, feels your touch and hears your voice. Research shows that reading, writing, singing, cuddling, talking and playing develops babies’ brains in ways that will help them with reading and learning in the future. This special time you spend with your baby right from birth will give him the skills needed to learn and be ready for school when the time comes. Share a book with your baby every day!
Comforting Your Baby

Most babies cry often. In fact most babies have crying spells that last from 20 to 60 minutes or longer at least once a day. This usually peaks at around 2 months and subsides by 3 to 4 months of age. Respond to your baby's cries. By responding to him you are letting your baby know that you are there for him, even if he does not stop crying.

All babies cry. Crying is one of the ways your baby tells you how he feels. He may cry because he is hungry, tired, in pain, sick, too hot or cold, needs a diaper change or just wants to be held close.

There are many ways to comfort a crying baby. If your baby is not hungry, does not need a diaper change or is not sick, you may find it helpful to rock him gently, snuggle him close, play soft music, go for a walk, give him a warm bath or take him for a car ride. Each baby has different needs. It will take time to get to know your baby.

Crying can be frustrating for you. It is normal to become frustrated. Allow yourself to have breaks when you feel this way. Put your baby in a safe place like a crib until you feel more relaxed and are able to comfort him. NEVER SHAKE YOUR BABY! See page 113 for more information.

Soothing/Calming a Fussy Baby

It is important to respond promptly to your baby's crying during the first few months. You will not spoil your baby by giving him attention. There are many ways to soothe or calm a crying baby. If your baby is warm, dry and fed he will usually be content. If he continues to cry, you can try rocking, swaying, singing, or talking. Some parents have also found it helpful to take a stroller or car ride or walk with the baby. You can also try swaddling.

The American Academy of Pediatrics (AAP) says that when done correctly, swaddling can be an effective technique to help calm infants and promote sleep. It is also important to know the risks of swaddling.

- It may decrease a baby's arousal so that it is harder for the baby to wake up. Decreased arousal in newborns can be a problem and may cause an increased risk for SIDS.
- The blanket could come unwrapped and cover your baby's face which could increase the risk of suffocation.
- It can increase the chance your baby will overheat.

In order to allow healthy hip development when your baby is swaddled, his legs should be able to bend up and out at the hips. He should not be wrapped so his legs are straight and unable to bend or move. When your baby's legs can move freely, the hip joints can develop naturally.

**How to Swaddle Correctly**

- To swaddle, spread the blanket out flat with 1 corner folded down.
- Lay your baby face-up on the blanket with his head above the folded corner.
- Straighten the left arm, wrap the left corner of the blanket over the body and tuck it between the right arm and the right side of the body.
- Tuck the right arm down and fold the right corner of the blanket over the body and under the left side.
- Fold or twist the bottom of the blanket loosely and tuck it under 1 side of the baby.
- Make sure his hips can move and that the blanket is not too tight. You should be able to get at least 2 or 3 fingers between the baby’s chest and the blanket.

It is recommended that swaddling be stopped by approximately 2 months of age, before the baby is able to roll.
Keeping Your Baby Safe

The best way to relax and enjoy these early months with your baby is to anticipate any risks ahead of time and take certain precautions. Here is a reminder list of safety measures:

**Home Safety**
- Never leave an infant (even when sleeping) alone on a bed, table or surface where he could fall.
- Install gates at stairwells.
- Any small object can pose a threat to a baby – this includes edible items like nuts, carrots or candies, as well as buttons, beads or anything that could come loose and be swallowed.
- Plastic garbage and garment bags should be kept out of reach.
- Check the air flow and temperature of the baby’s room, particularly if it is heated.
- A baby’s sleeping area should be free of strings on sleepwear, bedding or pacifier.
- When your baby is ready for a high chair, be sure to select one with a sturdy base that cannot tip over.
- Anything sharp should be kept in child-proof containers, put out of reach or in some cases, removed from the home.
- Be sure all unused wall sockets are capped with safety plugs. Sockets are objects of great curiosity for a crawling baby.
- Safety locks should be installed on all doors to a pool area.
- Keep guns locked, unloaded and out of reach.
- • Always double check the temperature of the baby’s bath water to be sure it is not too hot; and, of course, never leave him alone at bath time.
- • Do not hold the baby while cooking. Hot food or liquid could splash on him or a hot pan could touch his skin. Always turn pot handles inward.
- • Anchor furniture to the wall or the floor to avoid tipping or falling on child.
- • Place TVs on sturdy, low bases to prevent injury.
- • Keep TV and/or cable cords out of reach of children.
- • Supervise children in rooms where any of these safety tips have not been followed.
- • Avoid significant, direct sun exposure during the first few months of life.
- • Space heaters, radiators, fireplaces and other appliances that produce heat should be off limits to babies and toddlers.
- • Do not allow smoking around your baby. Hot ashes from cigarettes can burn your baby’s skin, and smoke can be harmful to his lungs.
- • During the past 20 years, evidence about the dangers of shaking babies has mounted. \*NEVER SHAKE YOUR BABY!\*

**Car Safety**
- Never leave your baby or small child alone in your car. It is illegal in many states. On hot days, the temperature can rise fast on the inside of a car and your child could suffer heatstroke.
- A baby should have a safety car seat for the very first ride from the hospital. Although the tendency is to hold a new baby in your arms, this is not at all safe if there is an accident. An infant’s car restraint should have the words ‘dynamically or crash tested,’ and state that it complies with the Federal Vehicle Safety Standard 213. The car seat should be placed in the middle of the back seat.
- Always keep the car window closed and the door locked nearest the baby.
- **NEVER place a rear-facing seat in front of a passenger side airbag.**
- The American Academy of Pediatrics (AAP) recommends that children should ride in rear-facing child safety seats as long as possible. New research indicates toddlers are more than 5 times safer, according to the AAP, riding rear-facing in a convertible car safety seat until they reach the maximum height and weight recommendation for that particular model, or at least to the age of 2. (For more information, visit www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Recommendation-on-Car-Seats.aspx)
Immunizations

Immunizations, sometimes referred to as shots or vaccinations, are a way of protecting your child against a variety of diseases that can be prevented. These vaccinations can begin at birth. Your child will need several other vaccinations before he is 12 to 18 months old. They will continue at different times for the rest of his life. Follow your healthcare provider’s schedule for when your child’s immunizations are needed. You will be given a record of every shot your child receives. This record will prove to be important as he enters school, even college, so keep your records in a safe place.

**Immunizing your child will guard him from the following harmful diseases:**

- Hepatitis B (HepB)
- Diphtheria (DTaP)
- Tetanus or lockjaw (DTaP)
- Pertussis or whooping cough (DTaP)
- Hib (H. influenzae type b) disease (Hib)
- Polio (IPV)
- Influenza
- Measles (MMR)
- Mumps (MMR)
- Rotavirus (RV)
- Rubella or German measles (MMR)
- Varicella zoster or chickenpox
- Pneumococcal disease (PCV)

**Baby’s Warning Signs**

Even experienced parents may feel worried as they adjust to a new baby’s habits, needs and personality. It is important to remember that most of the common physical problems that occur during a given 24 hours with baby may be normal situations or problems with simple answers.

*If the following symptoms of illness occur, a call to your baby’s healthcare professional is in order:*

- Blue lip color is a 911 call!
- Blue or pale-colored skin.
- Yellow skin or eyes.
- Patches of white in the baby’s mouth.
- Eating poorly or refusing to eat.
- No stool for 48 hours and less than 6 wet diapers a day.
- Redness, drainage or foul odor from the umbilical cord.
- Does not urinate within 6 to 8 hours of circumcision.
- Fever of 100.4°F or more.
- Difficulty breathing.
- Repeated vomiting or several refused feedings in a row.
- Listlessness.
- Crying excessively with no known cause.
- An unusual or severe rash (other than prickly heat).
- Frequent or successive bowel movements with excess fluid, mucus or unusually foul odor.
Tdap Vaccination for Pregnant Moms

The Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommends all pregnant women receive a Tdap vaccine during the third trimester or late second trimester of pregnancy. Mothers are the primary source for infant transmission of pertussis. By getting vaccinated during pregnancy, antibodies are transferred to the newborn, likely affording protection against pertussis in the infant’s early life. DTaP or Tdap (depending on the family member’s age) is recommended for all family members and caregivers of the infant at least 2 weeks before coming into close contact with him. Women, including those who are breastfeeding, should receive a dose of Tdap in the immediate postpartum period if they have not previously been vaccinated or the status of the vaccination is unknown.

Birth to 6 Months Immunization Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunizations</th>
<th>Age Ranges</th>
<th>Date Given</th>
<th>Adverse Reactions</th>
</tr>
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<tbody>
<tr>
<td>Birth</td>
<td>HepB #1</td>
<td>Birth</td>
<td></td>
<td></td>
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<tr>
<td>2 Months</td>
<td>DTaP #1</td>
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<td>IPV #1</td>
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<td></td>
<td>HepB #2</td>
<td>1 to 2 months</td>
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<td>PCV #1</td>
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<tr>
<td></td>
<td>RV #1</td>
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<tr>
<td>4 Months</td>
<td>DTaP #2</td>
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<td>Hib #2</td>
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<td>RV #2</td>
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<tr>
<td>6 Months</td>
<td>DTaP #3</td>
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<td></td>
<td>Hib #3</td>
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<td></td>
<td>IPV #3</td>
<td>6 to 18 months</td>
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<td></td>
<td>Influenza</td>
<td>6 to 59 months and</td>
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<td>recommended yearly</td>
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<tr>
<td></td>
<td>HepB #3</td>
<td>6 to 18 months</td>
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<tr>
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<tr>
<td></td>
<td>RV #3</td>
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</tr>
</tbody>
</table>

- Infants who did not receive a birth dose should receive 3 doses of Hepatitis B (HepB) on a schedule of 0, 1 and 6 months.
- Your healthcare provider may use a vaccine that is a combination of some of the injectable vaccines.
- Hepatitis A (HepA) vaccine is recommended for children and adolescents in selected states and regions and for certain high risk groups. Consult your healthcare provider.
- This schedule is approved by: The Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip/index.html), American Academy of Pediatrics (www.aap.org) and American Academy of Family Physicians (www.aafp.org).
Sudden Unexpected Infant Death (SUID), Sudden Infant Death Syndrome (SIDS) and a Safe Sleeping Environment

Awareness is Key

The CDC estimates that nearly 4,000 infants die suddenly and unexpectedly each year in the United States. These deaths are called Sudden Unexpected Infant Deaths or SUIDs. About 50% of SUID deaths are due to Sudden Infant Death Syndrome or SIDS, which are unexplained sudden deaths after a thorough investigation. SIDS is the leading cause of SUID for infants aged 1 to 12 months.

One of the best ways to reduce the risk of SIDS is to place healthy infants on their backs when putting them down to sleep at nighttime or naptime. Since the American Academy of Pediatrics (AAP) recommended that all babies be placed on their backs to sleep in 1992, deaths from SIDS have declined dramatically.

Sleep-related deaths from other causes, however, including suffocation, entrapment and asphyxia, have increased. The AAP has provided recommendations for a safe sleeping environment. Parents and caregivers, follow these important steps to help protect your baby from SIDS and SUID:

Always keep the following points in mind for your infant:

- Always place your baby on his back for every sleep time - nighttime and naptime.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects or loose bedding out of the crib. This includes pillows and blankets. Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.
- Devices designed to maintain sleep position or to reduce the risk of rebreathing such as wedges and positioners are not recommended since many have not been tested sufficiently for safety.
- Pregnant women should receive regular prenatal care.
- Do not smoke during pregnancy or after birth and do not allow others to smoke around your infant.
- Avoid alcohol and illicit drugs during pregnancy and after birth.
- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Consider using a pacifier at naptime and bedtime. For breastfeeding infants, delay pacifier introduction until the baby is 1 month old to establish breastfeeding. For all babies, offer a pacifier when putting down to sleep. Do not force a baby to take a pacifier. If the pacifier falls out of the baby’s mouth, do not put it back into the mouth. Do not put any sweet solution on the pacifier. Pacifiers should be cleaned and checked often and replaced regularly.
- Keep your baby’s head and face uncovered during sleep. Use sleep clothing with no other covering over the baby.
- Do not let your baby become overheated during sleep. Keep the temperature so it feels comfortable for an adult. Dress your baby in as much or little clothing as you would wear.
- Schedule and go to all well-baby visits. Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50%.
- Supervised, awake tummy time is recommended daily to help with the baby’s head, shoulder and muscle development and minimize the occurrence of your baby’s head becoming flat.


Be sure to share these important recommendations with babysitters, grandparents and other caregivers.

It is also important for parents and all caregivers to take an infant CPR course.
Shaken Baby Syndrome or Abusive Head Trauma

If you are a parent of a new baby, there may be times when you will become frustrated and maybe even angry when your baby cries. You may have tried everything to comfort him, but nothing seems to help. Sleep is hard to come by and you may find yourself very frustrated.

Shaken Baby Syndrome (SBS) or Abusive Head Trauma (AHT) is when a baby is violently shaken. The movement of the baby’s head back and forth can cause bleeding and increased pressure on the brain. A baby’s neck muscles are not strong enough to tolerate this “whiplash” type motion, and the brain is too fragile to handle it. SBS is one of the leading forms of child abuse. Many babies die. Many others have irreversible brain damage. Those who survive may have visual disturbances or blindness, mental injury, paralysis, seizure disorders, learning and speech disabilities or neck and back damage.

If you are feeling as if you cannot deal with your baby’s crying and you have met the baby’s basic needs (clean diaper, fed, appropriate clothes, gently rocked, held, etc.) then stop, think and reach out for help if you need it. There may be times when nothing you do will stop the crying…this is normal. DO NOT SHAKE YOUR BABY. If you think your baby has been shaken, go to the emergency room.

Things to think about if you become frustrated:

• REMEMBER – NEVER THROW OR SHAKE YOUR BABY NO MATTER WHAT.
• Take a breath.
• Close your eyes and count to 10.
• Put the baby down in his crib and leave for a few minutes to gain composure.
• Ask a friend, neighbor or family member to take over for a while.
• Give yourself a “timeout.”
• Do not pick the baby up until you feel calm.
• If you feel he is ill, call your healthcare provider right away or take him to the hospital.

Signs and symptoms of Shaken Baby Syndrome include:

• Irregular, difficult or stopped breathing.
• Extreme irritability.
• Seizures or vomiting.
• Difficulty feeding.
• Difficulty staying awake.
• No smiling or vocalization.
• Inability of eyes to focus or track movement.

If you or a caregiver has violently shaken your baby because of frustration or anger, the most important step you can take is to seek medical attention IMMEDIATELY. Do not let fear, shame or embarrassment keep you from doing the right thing. Getting the necessary and proper treatment without delay may save your child’s life.

Helpful resources:

• Postpartum Support International (PSI)
  www.postpartum.net
  1-800-944-4PPD (toll free)
  (1-800-944-4773)
• The National Center on Shaken Baby Syndrome
  mail@dontshake.org
  www.dontshake.org
  1-888-273-0071 (toll free)
  1-801-447-9360
• The Shaken Baby Alliance
  info@shakenbaby.org
  www.shakenbaby.org
  1-877-6ENDSBS (toll free)
  (1-877-636-3727)
• National Institute of Child Health & Human Development
  NICHDClearinghouse@mail.nih.gov
  www.nichd.nih.gov
  1-800-370-2943 (toll free)
• The ARC
  info@thearc.org
  www.thearc.org
  1-301-565-3842
• Prevent Child Abuse America
  mailbox@preventchildabuse.org
  www.preventchildabuse.org
  1-312-663-3520
• Think First Foundation
  thinkfirst@thinkfirst.org
  www.thinkfirst.org
  1-800-THINK-56 (toll free)
  (1-800-844-6556)
• Childhelp
  Crisis counselors available 24/7
  www.childhelp.org
  1-800-4-A-CHILD (toll free)
  (1-800-422-4453)

Never shake your baby! Shaken Baby Syndrome is when a baby is shaken forcefully. This can cause brain damage or death.
Conclusion

Each baby is unique. A great deal of how you nurture and love your child comes naturally. Please know that parenting is a process that requires you to constantly learn. You will discover new skills and insights along the way that will allow you to learn what works best for you, your baby and your family. At the end of the day it comes down to love. Your love for this new precious life will guide you in making the right decisions.

Enjoy Your Journey!

Contact your healthcare provider for continued support throughout this journey.
Important Phone Numbers

BABY’S HEALTHCARE PROVIDER
Address ____________________________________________________________
Phone ____________________________________________________________

HEALTHCARE PROVIDER ____________________________________________
Address ____________________________________________________________
Phone ____________________________________________________________

EMERGENCY 911
POISON CONTROL 1-800-222-1222
FIRE DEPARTMENT
POLICE DEPARTMENT ________________________________________________

MOTHER
Address ____________________________________________________________
Home Phone _________________________________________ Cell Phone ____________________________
Work Phone __________________________________________ Alt. Phone _____________________________________

FATHER
Address ____________________________________________________________
Home Phone _________________________________________ Cell Phone ____________________________
Work Phone __________________________________________ Alt. Phone _____________________________________

GRANDMOTHER
Address ____________________________________________________________
Home Phone _________________________________________ Cell Phone ____________________________
Work Phone __________________________________________ Alt. Phone _____________________________________

GRANDFATHER
Address ____________________________________________________________
Home Phone _________________________________________ Cell Phone ____________________________
Work Phone __________________________________________ Alt. Phone _____________________________________

FRIEND
Address ____________________________________________________________
Home Phone _________________________________________ Cell Phone ____________________________
Work Phone __________________________________________ Alt. Phone _____________________________________
acrocyanosis: A bluish appearance of the hands and feet seen in the newborn for the first few hours after birth.

afterbirth pains: Pain from the uterus contracting after birth that feels like “mini” labor pains.

amniotomy: The artificial rupturing of the amniotic sac surrounding the baby.

amniotic fluid: Water-like fluid that surrounds the baby in the mother’s uterus.

amniotic sac (bag of waters): Thin membrane that encloses the developing fetus and contains the amniotic fluid. It prevents bacteria from reaching the baby. The bag tears when the “water breaks” and releases the amniotic fluid to the outside of the mother’s body through the vagina.

analgesia: Pain relieving medications.

anesthesia: General or localized pain relief.

apgar score: A rating or score given to newborns at 1 and 5 minutes of age. The score is based on 5 categories: color, cry, muscle tone, respiration and reflexes. There is a possible 0 to 2 points for each or a maximum total score of 10.

area: The dark area around the nipple.

back labor: A condition that normally occurs in approximately 25% of all labors. The position of the baby’s head is such that the back of the head is directed to the mother’s back or turned toward her sacrum. Extreme back discomfort can be felt by the laboring mother.

bearing down (pushing): Reflex effort by the mother that helps the uterine contractions move the baby down the birth canal just prior to birth.

bilirubin: A yellowish substance formed during the normal breakdown of old red blood cells in the body.

Braxton Hicks contractions: Intermittent uterine contractions with unpredictable frequency throughout pregnancy. These contractions are most often painless and occur more frequently as the pregnancy progresses.

breast engorgement: Filling of the breasts after giving birth with milk that causes both pain and swelling of the breasts.

cesarean birth: The method used to birth a baby through a surgical incision in the mother’s abdomen and uterus.

cervix: The neck-like lower part of the uterus that dilates and thins during labor to allow passage of the fetus.

chloasma: The patchy, darkening of the skin or the face due to hormonal changes during pregnancy.

circumcision: The removal of the foreskin of the penis.

coeagulation: Clotting of blood.

colostrum: It is the forerunner to breastmilk and may be yellow to almost colorless. It is present in the breasts during pregnancy and the initial fluid that baby will receive for approximately 3 days until breastmilk is established.

contractions: The rhythmic tightening and relaxation of the uterine muscles that cause changes to occur to cervix.

crowning: The appearance of the infant’s head at the vaginal opening.

diaphragm: The muscle that separates the chest cavity from the abdominal cavity.

dilation: The gradual opening of the mouth of the womb (cervix) to permit passage of the baby into the vagina. It is measured in centimeters from 0 to 10 cms.

effacement: The gradual thinning, shortening and drawing up of the cervix. This is measured in percentages from 0 to 100%.

electronic fetal monitoring: A machine that records baby’s heartbeat and mother’s uterine contractions. It is placed on a woman’s abdomen externally by 2 belts - one applied on the fundus to track contractions and the other placed on the abdomen to pick up the heart rate. It can be applied through the vagina to achieve more accurate readings. An electrode is attached to the baby’s scalp to monitor baby’s heart rate and a pressure catheter is inserted through the cervix into the uterus to measure strength of contractions.

enema: A tube is placed into the rectum and fluid is inserted to promote a bowel movement.

engagement: The entrance of the baby’s presenting part into the upper opening of the mother’s pelvic bone.

epidural anesthesia: Regional anesthesia administered through the patient’s back by a thin flexible tube placed in the epidural space, it numb the lower part of the body.

fallopian tubes: Tubes that extend from the uterus and open near the ovaries. They capture the eggs from the ovary.

fetus: The name given to the unborn baby as it is developing within the mother’s womb.

forceps: Instruments used while the mother is pushing to assist the baby under the pubic bone or through the lower part of the birth canal.

fundus: The upper, rounded portion of the uterus (womb).

gestation: The period of time a baby is carried in the uterus. It is usually described in weeks, and 40 weeks is full term.

genitalia: The total number of times a woman has been pregnant during her lifetime.

hemorrhoids: Dilated blood vessel inside the anus and beneath its thin lining (internal) or outside the anus and beneath the surface of the skin (external).

herpes: A virus that is characterized by small sores in clusters on the genitals. The infection is generally sexually transmitted and can affect the baby.

hormone: A chemical substance produced in the body that is carried through the blood stream and causes the function of another gland.

hyperventilation: The condition that results from rapid and deep breathing and is marked by dizziness, tingling and numbness of the lips and hands and muscular contractions of the hands.

induction: The use of medications or amniotomy (rupture of membranes) to stimulate labor contractions.

inertia: Sluggishness of uterine contractions during labor.

insomnia: The inability to sleep.

intrauterine: Inside the uterus.

involution: The process of the uterus returning to its normal size postpartum.

jaundice: A newborn condition caused by excess yellow bilirubin pigment. Treatment may be required but it is generally not necessary.

kegel exercises: An exercise contracting the pelvic floor muscles that improves pelvic floor muscle tone and helps prevent urinary incontinence.

lanugo: Fine hair that covers the baby’s body and is evident at birth.

late-preterm birth: Babies born between 34 and 37 weeks gestation.
let-down response (milk ejection reflex): The release of milk from the milk glands stimulated by the baby during nursing.

lightening: The sensation of the baby “dropping” as the baby descends into the pelvic cavity.

linea nigra: A line running from the navel to the pubic hair line that darkens during pregnancy caused by hormonal changes.

local anesthesia: The numbing of the perineum with anesthetic medication.

lochia: The discharge from the uterus during the 6 week period following birth (postpartum).

mastitis: Infection of the breast causing breast soreness, fever and flu-like symptoms.

milia: White spots on the baby’s nose and cheeks that disappear over time.

meconium: A greenish material that collects in the bowels of a developing baby that is normally expelled after birth. It can stain amniotic fluid if expelled before birth.

molding: The shaping of the fetal head during labor to adjust to the size and shape of the birth canal.

mucous plug: A thick mucous plug that develops in the cervix early in pregnancy due to hormone shifts. It protects the pregnant uterus from bacteria present in the vagina.

multigravida: A woman pregnant with her second or subsequent child.

multipara: A woman who has given birth to more than one child.

oxytocin: A hormone in a woman’s body that contributes to the start of labor and later stimulates the “let-down” response.

pH: Measures the alkalinity or acidity of a solution.

pelvis: The basin shaped ring of bones at the bottom of the body that connects the spinal column to the legs. It is composed of 2 hip bones (iliac) that join in the front (public bones) and back (sacrum).

perinatal mood and anxiety disorders: A condition that can occur in up to 10% of women who recently gave birth. It most likely results from changing physiology, particular hormones and other changes such as sleep image, lifestyle, stress and fatigue. It is a treatable condition.

perineum: The layers of muscles and tissues between the vagina and rectum.

peristalsis: The waves of contractions and relaxation of the intestinal muscles needed to move its contents.

phases of labor:
  - latent (early): 0 to 6 centimeters dilation.
  - active: 6 to 8 centimeters dilation.
  - transition: 8 to 10 centimeters dilation.

phototherapy: Treatment of jaundice in the newborn through light therapy.

pitocin: A synthetic oxytocin used to induce or enhance labor. Also given after delivery of the placenta to contract the uterus.

placenta: The circular flat organ in the pregnant uterus that serves as the exchange station for nutrients and oxygen. It is delivered after the baby and is often referred to as the “afterbirth.”

post-term pregnancy: A pregnancy more than 42 weeks gestation. (40 weeks is full term).

pregnancy induced hypertension (PIH): A condition known only to pregnancy marked by high blood pressure. It is commonly seen developing in the last trimester and most frequently in mothers having their first baby. It is also known as preeclampsia or toxemia.

premature birth: Babies born before 37 completed weeks of pregnancy.

presentation: Refers to the part of the baby that is lying closest to the cervix.
  - cephalic or head first: occurs in 95% of births
  - breech: occurs in 3.5% of births
  - transverse lie: occurs in 1.5% of births

premature infant (preterm): An infant born before 37 weeks gestation.

primigravida (primipara): A woman who is pregnant for the first time.

prophylaxis: A prevention of a condition.

prostaglandin: A chemical substance that causes uterine contractions.

restitution: The return of the rotated head of the baby to its natural alignment with the shoulders.

Rh factor: A marker found on the red blood cells. If you have the marker you are Rh-positive. If you are missing the marker you are Rh-negative. If you are negative and carry a positive baby, your body may develop antibodies against the baby’s blood, which could lead to a problem in the baby.

rhogam: An injection given to pregnant Rh-negative mothers at 28 weeks and sometimes after birth to minimize problems associated with Rh incompatibilities between mother and newborn.

rooting: The tendency of an infant to open his mouth and turn toward an object. It can be elicited by gently stroking his cheek or corner of his mouth.

round ligament pain: Pain in one or both groin regions from stretching or spasm of the round ligaments.

show: Pink or blood-stained mucous discharge from the vagina that can occur sometime before or during labor.

sonogram: The use of sound waves to produce a “picture” of the developing fetus inside the uterus.

stages of labor:
  - first: From onset of labor contractions to complete dilation and effacement of the cervix (10 cms).
  - second: From the complete dilation and effacement of the cervix to birth of the infant.
  - third: From the birth of the baby to the birth of the placenta.
  - fourth: Recovery time after the birth of your placenta.

station: Indicates the location of the baby’s head in the pelvis in relation to the bony ischial spines of the pelvis. It is measured in centimeters - how far the presenting part of the baby is above or below the spines. If above the spines, it is a negative number; if level with the spines, it is called “0” station; if below the spines it is a positive number.

trimester: A period of 3 months. One third of a full term pregnancy.

umbilical cord: Structure that contains blood vessels that connect the baby to the placenta. The cord contains one vein to transport nourishment to the baby and 2 arteries to remove wastes from baby.

umbilicus: Belly-button or navel.

urinary catheter: A flexible tube that is placed through the urethra into the bladder to drain it of retained urine.

uterus: The muscular organ that contains the products of conception - the baby, placenta, membranes, amniotic fluid and umbilical cord. It contracts during labor to move the baby through the birth canal. It is commonly referred to as the womb.

vacuum extractor: The use of a special instrument that is attached to the baby’s head to help guide it out of the birth canal.

vagina: The lower part of the birth canal that is normally 5 to 6 inches long.

VBAC: “Vaginal Birth After Cesarean”

vernix: A greasy, white material that coats the baby at birth.