Pregnancy: Preparing for Childbirth

This packet contains a series of handouts that provide additional information about topics covered during prenatal visits.

Table of Contents

Third Trimester of Pregnancy
Education Classes
Kick Counts
Recognizing Preterm Labor
Choosing a Health Care Provider for Your Baby
Pediatrician Referrals
Group B Strep in Pregnancy
Birth Control Methods

Labor, Pain, and Your Preferences
Pain During Childbirth
Doulas
Epidural Anesthesia
Birth Plan Preference List

Labor and Birth
Am I in Labor
When Does the Bag of Waters Break
Labor and Birth Procedures/Interventions/Complications
Cesarean Sections

Breastfeeding
Bringing Your Baby to Breast
What to Expect in the Early Days of Breastfeeding

Postpartum
As We Begin Our Lives Together
Motherhood: The Early Days
Depression During Pregnancy and Postpartum
Circumcision
Infant Car Seats

Hospital Information
Family Birthing Center - Presbyterian Hospital
Family Birthing Center - Lovelace Women's Hospital

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Education Classes

Congratulations on your pregnancy! Thank you for choosing Women's Specialists of New Mexico. Our goal is to provide the highest quality healthcare and education during your pregnancy by offering a variety of programs and services. All classes are held in the Women's Resource Center (5th floor) near our 201 Cedar office.

Prepared Childbirth Classes: These classes cover the process of labor, vaginal and cesarean delivery, medical interventions, pain medication options, comfort and breathing techniques, the special role of your support person/team, and postpartum info about mom, baby and family. It is best to complete this class at least three to four weeks before your due date. The class includes a tour of Presbyterian Hospital's Labor and Delivery floor (triage and birthing suites), the Postpartum floor, and the nursery. Cost: $70 per couple

You can choose from the following classes:

- 4 week classes offered consecutive weeknights on Mondays, Tuesdays, or Wednesdays from 7-9pm
- 1 day class offered Saturdays 9am-3pm
- If you are unable to attend either of these two times/dates, call to see if there are any private sessions available.

Childbirth Refresher Classes: Have you been there, and done that? Refresher classes are offered to those families that have been through childbirth before and just need one or two classes to "refresh" them. Classes are one-on-one. Cost: $70 per couple

Breastfeeding Class: This class teaches you the breastfeeding basics. You will learn the nutritional, physical, and emotional benefits to mom, baby, and family. The class also covers how to return to work while continuing to breastfeed successfully. Class information will also address pumping and bottle feeding and how to combine bottle and breastfeeding. Support people are welcome to attend. This two hour class is held once a month on a Saturday. Cost: $20 per couple

Maternity Tours:

Presbyterian Hospital: Take a tour of the Labor and Delivery floor (triage and birthing suites), the Postpartum floor, and the nursery. Tours are offered every Saturday at 10:30 am. You *do not* need to call to schedule a tour. Meet at the Main Information Desk at the front entrance to the hospital. Cost: Free

Lovelace Women's Hospital: Tour Labor and Delivery and the new Family Birthing Center. Tours are held the last Saturday of the month from 9am-10am. Please call 843-6168 ext. 3024 to reserve a space, tour size is limited. Meet in the Main Lobby. Cost: Free

Registration

Class size is limited; we encourage you to register at least 12 to 14 weeks before your due date. Class schedule information can be requested from any of our receptionists and can also be found on our website, www.wsnm.org (look under "You and Your Health" and then the "Motherhood" tab). To register for a class or seek additional information about our classes call our office: 843-6168 (extension 3024) to speak with our Childbirth Education Coordinator, Kathleen Briley. You can also e-mail your requests or questions to: KBriley@wsnm.org

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Kick Counts: Your Baby's Activity Record
A guide to counting your baby's movements

What is Fetal Movement Counting?

Healthy babies are usually active. Unborn babies sleep for short periods of time (sometimes up to 2 hours at a time) but most of the time they will kick, roll, twist and turn. Counting your baby's movements is a way to tell how your baby is doing. A healthy baby usually moves at least 8-10 times in 2 hours (or about 4-5 times per hour).

Doctors and midwives usually recommend that you begin keeping track of movements around the 7th month of pregnancy (about 28 weeks). As you get to know your baby's movement pattern, you will be able to report any changes to your care provider. In the last 3 months of your pregnancy you should be able to feel the baby kicking and moving every day. Any day you feel your baby is not moving as much as usual you should count your baby's movements (kick counts). Remember, as your baby gets bigger at the end of your pregnancy, there is less space for your baby to move, so movements may feel different. Even though the movements may feel smaller, you should still feel your baby move at least 4-5 times in one hour at least once a day.

How do I Count My Baby's Movements?

1) Choose a time of day that your baby is usually active. (It may be best to count after a meal.)
2) Get in a comfortable position. You can lie down or sit in a chair with your feet up.
3) Write down the date and time that you begin counting your baby's movements.
4) Continue counting until your baby has moved 10 times. Count any movements including kicks, rolls, swishes, or flutters.
5) After your baby has moved 10 times, write down the time on your chart.
6) If you can't feel your baby move, try to wake the baby by drinking a glass of juice or walking around for few minutes. Then start counting again.

What Should I do if My Baby Doesn't Move?

If after doing kick counts, your baby has not moved 8-10 times in 2 hours, call your doctor or midwife right away.

Example

On Sunday, October 14th, you begin counting your baby's movements at 7:05 PM. By 7:40 PM, you have felt your baby kick or move 10 times. You would fill in your chart this way:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date	**10/14**						
Start Time	**7:05**						
Stop Time	**7:40**						
Minutes to reach 10	**35**						

My Baby's Movement Chart

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date							
Start Time							
Stop Time							
Minutes to reach 10							

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date							
Start Time							
Stop Time							
Minutes to reach 10							

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date							
Start Time							
Stop Time							
Minutes to reach 10							

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date							
Start Time							
Stop Time							
Minutes to reach 10							

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Day & Date							
Start Time							
Stop Time							
Minutes to reach 10							

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Recognizing Preterm Labor

A term pregnancy takes about 40 weeks to complete. Babies born before 37 weeks may have problems breathing, eating, and keeping warm. Premature labor occurs between the 20th and 37th week of pregnancy. It is a condition where uterine contractions, or tightening of the womb, cause the cervix (the mouth of the womb) to open earlier than normal. This early cervical dilation can result in premature birth.

Certain factors may increase a woman's chances of having premature labor, such as carrying twins. However, the specific cause or causes of premature labor are not known. Sometimes a woman may have premature labor for no apparent reason.

It may be possible to prevent a premature birth by knowing the warning signs of premature labor and by seeking care early if these signs occur.

Warning signs and symptoms for premature labor include:

- Uterine contractions that happen four to six (or more) times in an hour
- Menstrual-like cramps felt in the lower abdomen that may come and go or be constant
- Low dull backache felt below the waistline that may come and go or be constant
- Pelvic pressure that feels like your baby is pushing down. This pressure comes and goes.
- Abdominal cramping with or without diarrhea
- Increase or change in vaginal discharge such as change into a mucousy, watery, or bloody discharge

Uterine Contractions

It is normal to have some uterine contractions throughout the day. They often occur when you change positions, such as from sitting to lying down. It is *not* normal to have frequent uterine contractions, such as four to six (or more) in one hour, because frequent uterine contractions may cause your cervix to begin to open.

Since the onset of premature labor is very subtle and often hard to recognize, it is important to know how to feel your abdomen for uterine contractions. You can feel for contractions in this way:

- While lying down, place your fingertips on the top of your uterus
- A contraction is a periodic tightening or hardening of your uterus. If your uterus is contracting, you will actually feel your abdomen get tight or hard, and then feel it relax or soften when the contraction is over.
- Premature contractions may or may not be painful.

What To Do

If you think you are having uterine contractions or any other signs and symptoms of premature labor:

1. Lie down tilted towards your side. Place a pillow at your back for support.
   - Sometimes lying down for an hour may slow down or stop your symptoms.
   - Do not lie flat on your back because lying flat may cause the contractions to occur more often.
   - Do not turn completely on your side because then you may not be able to feel the contractions.
2. Hydrate yourself by drinking several large glasses of water. Sometimes being dehydrated can cause contractions.
3. Sometimes a warm bath can relax your muscles and help stop or slow down contractions.
4. Check for contractions for one hour.
   - To tell how often contractions are occurring, count the number of minutes from the beginning of one contraction to the beginning of the next.
5. Call the nurses triage line or answering service at 843-6168 *if* you experience any of the following:
   - You have four to six or more uterine contractions in one hour
   - You have any of the other signs and symptoms for one hour
   - You have any spotting of blood or leaking of fluid from your vagina

Choosing a Health Care Provider for your Baby

Why should I choose a health care provider for my baby now?

Getting ready for a new baby can be a lot of work. You have to prepare, and there is a lot to remember. Choosing a provider for your baby is one of the things you should do now before the baby comes. This will give you some time to pick someone who is right for you and the baby. After the baby is born, you will probably be very busy. Your baby can stay healthier if you already have a provider to call.

Won't my doctor or midwife take care of my baby too?

Some mothers think that their midwife or OB/GYN doctor will take care of their baby too. This is not true. Your baby will need a pediatrician, family practice doctor, pediatric/family nurse practitioner, or PA (Physician's assistant). All of these providers take care of new babies.

How do I choose a health care provider for my baby?

We have provided a list of providers in this packet; there may be others not listed. Your friends or family may also have recommendations for providers they like. Call the provider's office and ask for the provider's policies for new babies. They may send information in the mail or tell you over the phone. Some providers will meet with new parents. Decide for yourself if the provider is a good partner to have for your baby's health.

Ask these questions to help you decide which provider is right for you and your baby:

- Do you accept my insurance?
- Are you taking new patients?
- What are your office hours?
- What is your education and experience?
- Will you take care of my baby in the hospital or do you use a hospital doctor?
- How early do I have to call to schedule a check-up?
- If my baby is sick, how soon can I get an appointment?
- How do I get health care for my baby after office hours?
- What are your opinions about:
  - Breastfeeding?
  - Circumcision?
  - Nutrition?
  - Immunizations (baby's shots)?
  - Parenting?
  - Day Care?

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Pediatrician Referral

PMG-Rio Bravo
-Manny Archuleta, MD
-Rhonda Chavez, MD
-Edward Lamon, MD
-Robin Napoleon, MD
3436 Isleta SW
Albuquerque, NM 87105
(505) 462-7777

PMG-Northside
-Nancy Croker, MD
-Monique Garcia, MD
-Karen Kennicott, MD
-Jane Kim-Hoffman, MD
-Alice Luna, MD
-Maria Tapia-Sauerman, MD
-Mariska Wensink, MD
5901 Harper NE
Albuquerque, NM 87110
(505) 823-8282

PMG-West Mesa
-James Bruce, MD
-Sylvia Crago, MD
-Pauline Inigo, MD
-Greg Jochems, MD
-Eric Keller, MD
-Kevin Maben, MD
-Karen Walsh, MD
-Linda Zipp, MD
-Paulette Herman, CNP
4100 High Resort Blvd.
Rio Rancho, NM 87124
(505) 462-8855

PMG-San Mateo
-Jacqueline Gladwell, MD
-Thomas Rothfield, MD
-Debra Szymanski, DO
401 San Mateo SE
Albuquerque, NM 87108
(505) 462-7333

BeBe Care Inc.
-Bebe Liang-Po Han, MD
3100 Monte Vista Blvd. NE
Albuquerque, NM 87106
(505) 266-3835

Edgewood Pediatric Clinic
-Mary H. Ma, MD
#2 Eunice Building B
P.O. Box 1320
Edgewood, NM 87015
(505) 281-4620

Shelly Boyle, PAC
Luis F. DeLaTorre, MD
Christopher Roveto, MD
4201 Montgomery Blvd. NE
Albuquerque, NM 87106
(505) 247-1471

Reginald O Lord, MD
101 Hospital Loop #211
Albuquerque, NM 87109
(505) 888-1678

SWMA-Northside
-Marianne R Freedman, MD
-Wendy Fronterhouse, MD
-Sharon Garnand, MD
-Lynn A Longfield, MD
-Casandra Millea, MD
-Michelle Olmsted, MD
-Valerie Young, MD
6100 Pan American Fwy. NE
Suite 100
Albuquerque, NM 87109
(505) 823-1010

4420 Irving Blvd. NW
Albuquerque, NM 87114
(505) 823-1010

Albuquerque Pediatric Associate Ltd.
-Kathleen D'arriago, MD
-Frederick Grambort, MD
-Hareendra Kulasinghe, MD
-Loretta McNamara, MD
-John Mosman, MD
8308 Constitution Pl. NE
Albuquerque, NM 87110
(505) 293-1333

Jurgen Upplegger, MD PC
-Carolyn Thomas, MD
-Jurgen Upplegger, MD
4233 Montgomery Blvd. NE
Suite 140
Albuquerque, NM 87109
(505) 883-9570

First Choice Community Healthcare
-Delfino Candelaria, MD
-William Joseph Dean, MD
-Lynn Dozeman, MD
-Catherine Fresquez, MD
-Elizabeth Hawkes, MD
-Mona Shah, MD
-Felipe Zanghellini, MD
120 South Ninth St
Belen, NM 87002-3102
(505) 861-1013

1231 Candelaria Road, NW
Albuquerque, NM 87107-2767
(505) 345-3244

1259 Highway 314
Los Lunas, NM 87031
(505) 856-4618

1316 Broadway SE
Albuquerque, NM 87102
(505) 768-5450

2001 Centro Familiar Blvd. SW
Albuquerque, NM 87105
(505) 873-7400

6900 Gonzales Road, SW
Albuquerque, NM 87121-2401
(505) 831-2534

7704-A 2nd Street
Albuquerque, NM 87107-6708
(505) 890-1458

Joel S Saland, MD
8012 Constitution Pl. NE
Albuquerque, NM 87110
(505) 296-5514

Dr. Parveen's Pediatric Care, PC
-Nuzhath Parveen-Jawadj
101 Hospital Loop NE
Suite 110
Albuquerque, NM 87109
(505) 855-6006

Pediatric Health Services
-Marisa Flores, MD
-Vanita Sood, MD
-Judy Liesveld, CNP
-Carolyn Montoya, PNP
-Fran Smith, PNP
-Weston Sumner, DO
10110 Spain Rd. NE
Albuquerque, NM 87111
(505) 294-5065

Pediatric Associates PA
-Jacqueline Gladwell, MD
-Melissa Mason, MD
-Irene J Moody, MD
-Gretchen E Seelinger, MD
-Anita Waterford, DO
3410 Indian School Rd. NE
Albuquerque, NM 87106
(505) 265-7817

ABQ Health Partners Pediatrics
-Pamela Chapman (Statler), MD
-Carla Bloedel-Clark, MD
-Alyssa Gonzales, PAC
-John M Good, MD
-Kristina M Gutierrez Barela, MD
-Pawitta Kasemsap, MD
-Bonnie B Kaslo (Clark), PAC
-Rem Lawrence-Hylton, MD
-Michael E Lentz, PA
-Alice Marosi, MD
-Robert G Martz, MD
-Stephanie M Nevarez, MD
-Joseph M Ramirez, MD
-Leslie Ward, MD
-Gina Waymire, MD
5150 Journal Center Blvd.
Albuquerque, NM 87109
(505) 262-3219

1721 Rio Rancho NW
Rio Rancho, NM 87144
(505) 727-3500

29229 Coors Blvd NW
Albuquerque, Nm 87120
(505) 839-2300

5400 Gibson Blvd SE
Albuquerque, NM 87108
(505) 262-7594

10511 Golf Course Road NW
Suite 103
Albuquerque, NM 87114
(505) 232-1100

Philip Leonardelli, MD
1704 Southern Blvd. SE
Rio Rancho, NM 87124
994-3256

After Hours Pediatrics PC
-David P Allison, MD
-Cecilia Concepcion, MD
-Elizabeth Cook, NP
-Deborah Cox, MD
-Guy D Crocetti, MD
-Juan-Gabriel Gonzales, MD
-William B Hawk, MD
-Peggy M Hoemeke, MD
-Lisa Ann Jimenez, MD
-Shawn Klocek, PAC
-Alwyn A. Koil, MD
-Vanessa Neves, MD
-Jerinda Schell, PAC
-Yolandra Toya, MD
9210 Golf Course
Albuquerque, NM 87114
(505) 899-3933

9201 Montgomery Blvd NE
Suite 201
Albuquerque, NM 87111
(505) 298-2505

UNM Pediatrics
2211 Lomas Blvd. NE
Albuquerque, NM 87106
(505) 272-5551

Carrie Tingley Hospital
1127 University Blvd. NE
Albuquerque, NM 87102
(505) 272-5200

Pediatrix Medical Group of NM PC
-Odell Wilson, MD
1100 Central Ave. SE
Albuquerque, NM 87106
(505) 841-1090

4701 Montgomery Blvd. NE
Albuquerque, NM 87109
(505) 841-1090

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Group B Strep in Pregnancy: Frequently Asked Questions

1. What is Group B Strep (GBS)?
GBS is one of many common bacteria that live in the human body without causing harm in healthy people. GBS is a normal bacteria of the intestines and can be found in the rectum and/or vagina in about 2 of every 10 pregnant women near the time of birth. GBS is NOT a sexually transmitted disease, and it does not cause discharge, itching, or other symptoms.

2. How Does GBS Cause Infection?
At the time of birth, as babies pass through the vaginal canal, they are exposed to the GBS bacteria if it is present in the vagina, and this can cause them to get pneumonia or a blood infection. Full-term babies who are born to mothers who carry GBS in the vagina at the time of birth have a 1 in 200 chance of getting sick from GBS during the first few days after being born. Occasionally, moms can get a postpartum infection in the uterus also.

3. How Do You Know if You Have GBS?
Three to five weeks before your due date, during a regular prenatal visit, your provider will collect a sample by touching the outer part of your vagina and just inside the anus with a sterile Q-tip. If GBS grows in the culture that is sent to the lab from that Q-tip sample, your clinician will make a note in your chart and you should be notified so you can share this information when you go into labor.

4. How Can Infection from GBS Be Prevented?
If your GBS culture is positive within 5 weeks before you give birth, your provider will recommend that you receive antibiotics during labor. GBS is very sensitive to antibiotics and is easily removed from the vagina. A few intravenous doses given up to 4 hours before birth almost always prevents your baby from picking up the bacteria during the birth. It is important to remember that GBS is typically not harmful to you or your baby before you are in labor. Your provider will review with you the appropriate timing of when to come to Labor and Delivery to ensure that you have enough time to receive antibiotics.

5. Why Do You Have to Wait for Labor to Take the Antibiotics?
Although GBS is easy to remove from the vagina, it is not easy to remove from the intestine where it lives normally. Although GBS is not dangerous to you or your baby before birth, if you take antibiotics before you are in labor, GBS will return to the vagina from the intestine, as soon as you stop taking the medication. Therefore, it is best to take antibiotics during labor when it can best help you and your baby. The one exception is that, occasionally, GBS can cause a urinary tract infection during pregnancy. If you get a urinary tract infection, it should be treated at the time it is diagnosed, and then you should receive antibiotics again when you are in labor.

6. How Will We Know if Your Baby Is Infected?
Babies who get sick from infection with GBS almost always do so in the first 24 hours after birth. Symptoms include difficult breathing (including grunting or having poor color), problems maintaining temperature (too cold or too hot), or extreme sleepiness that interferes with nursing. If you do not get at least one to two doses of antibiotics during labor, most pediatricians recommend that your baby stay in the hospital at least 48 hours for observation.

7. What Is the Treatment for a Baby with GBS Infection?
If the infection is caught early and your baby is full-term, most babies will completely recover with intravenous antibiotic treatment. Of the babies who get sick, about one in six can have serious complications. Some very seriously ill babies will die. In the large majority of cases if you carry GBS in the vagina at the time of birth and if you are given intravenous antibiotics in labor, the risk of your baby getting sick is 1 in 4,000.

8. What If You Are Allergic to Penicillin?
Penicillin or a penicillin-type medication is the antibiotic recommended for preventing GBS infection. Women who carry GBS at the time of birth and who are allergic to penicillin can receive different antibiotics during labor. Be sure to tell your clinician if you are allergic to penicillin and what symptoms you had when you got that allergic reaction. If your penicillin allergy is mild, you will be offered one type of antibiotic, and if it is severe, you will be offered a different one.

Resources
Centers for Disease Control: www.cdc.gov/groupbstrep/

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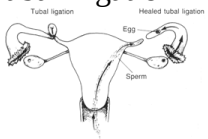
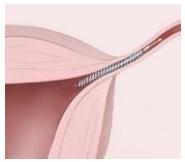
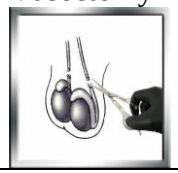
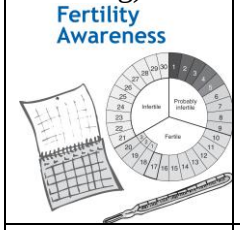
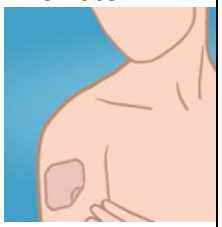
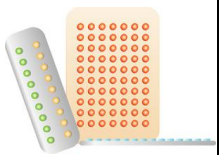
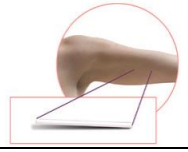
Birth Control Methods

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
		Typical Use	Perfect Use				
Permanent Methods	Tubal Ligation 	5 in 1000	5 in 1000	Surgically blocks passage of ovum	Permanent	Post surgical discomfort, nonreversible	Minor surgical and anesthesia risks
	Essure 	1 in 1000	1 in 1000	Surgically blocks passage of ovum; done in the office; confirmation of complete blockage of tubes is done	Permanent, in-office procedure	Post surgical discomfort (although usually less than a tubal ligation), nonreversible	Minor surgical risks
	Vasectomy 	1-2 in 1000	1 in 1000	Surgically blocks passage of sperm; done in the office	Permanent, in-office procedure	Post surgical discomfort, nonreversible	Minor surgical risks

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Non-hormonal Methods	Copper T IUD / "Paragard" 	8 in 1000	6 in 1000	Inhibits sperm activity, kills sperm. Inserted into uterus by provider, lasts up to 10 years.	No hormonal side effects, long term, easy to use, rapid return to fertility after removal, very confidential	Initial cost, provider must insert and remove	Occasional cramping, heavier periods
	Condoms 	150 in 1000 (male condom) 210 in 1000 (female condom)	20 in 1000 (male condom) 50 in 1000 (female condom)	Prevents sperm from entering the uterus. Placed on penis or in vagina at time of expected intercourse, a new one must be used every time	Inexpensive, no need for prescription, prevents transmission of sexually transmitted infections (STIs)	Requires partner cooperation, can break, may interrupt spontaneity	Rare latex allergy with male condom
	Diaphragm with Spermicidal Gel 	160 in 1000	60 in 1000	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 6-8 hours before sex); provider must initially fit	Few side effects, no hormones	Must learn proper insertion technique, may interrupt spontaneity	Rare bladder infection; NOTE: new diaphragms are made of non-latex material
	Cervical Cap with Spermicidal Gel (FemCap) 	320 in 1000 (women who have given birth) 160 in 1000 (women who have not given birth)	260 in 1000 (women who have given birth) 90 in 1000 (women who have not given birth)	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 6-8 hours before sex)	Few side effects, no hormones	Must learn proper insertion technique, may interrupt spontaneity	Cervical irritation

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Non-hormonal Methods	Birth Control Sponge "Today Sponge" 	320 in 1000 (women who have given birth) 160 in 1000 (women who have not given birth)	200 in 1000 (women who have given birth) 90 in 1000 (women who have not given birth)	Prevents and inhibits sperm from entering the uterus. Placed into vagina before expected intercourse (can be placed up to 24 hours before sex). Must use a new sponge every time.	No prescription needed, no hormones, few side effects	Must learn proper insertion technique, may interrupt spontaneity	May cause vaginal irritation
	Spermicide (alone) – foams, gels, creams 	290 in 1000	180 in 1000	Blocks the cervix so sperm cannot reach the egg, keeps sperm from moving so it cannot join the egg. Placed into the vagina about 10-60 minutes before sex, must be placed each time.	No prescription needed, no hormones, few side effects	Messy	May cause vaginal irritation
	Fertility Awareness Method (Natural Family Planning) 	250 in 1000	20 in 1000	Uses events of menstrual cycle and fertility signs to predict periods of fertility	Inexpensive, no hormones, helps a woman learn about her body	Requires careful daily attention to fertility signs and calendar, dependent on regular menses, hard to use when breast feeding	None
	Withdrawal	270 in 1000	40 in 1000	Greatly reduces amount of sperm released into vagina as penis is removed from vagina *before* ejaculation of semen	Inexpensive, can be used at the last minute	Requires partner cooperation	May decrease sexual satisfaction

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Combined-Hormonal Methods	Combined Birth Control Pill 	80 in 1000	1-3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Take one pill every day by mouth. Must get new packet of pills each month.	Decreased risk of ovarian cancer, uterine cancer, osteoporosis, benign breast masses, and acne. Regular cycles, less cramping, improved PMS, protects against PID	Needs to be taken daily, reduces breast milk supply	Nausea, headaches, breast tenderness initially, irregular spotting, mood changes, decreased libido
	The Patch 	Unknown	3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Apply to skin – a new patch is applied every week.	Similar to birth control pills; more constant level of hormones, possibly less nausea than pills	Must replace patch on schedule, reduces breast milk supply, decreased effectiveness if weight over 198lbs, not covered by Medicaid/Salud	Same as combined birth control pills; skin irritation
	Vaginal Ring (NuvaRing) 	Unknown	3 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Insert ring into vagina. A new ring is inserted every month.	Similar to birth control pill; once-a-month application, more constant level of hormones, possibly less nausea	Must replace ring on schedule, reduces breast milk supply, not covered by Medicaid/Salud	Same as combined birth control pills; possible increase in vaginal infection/secretions or irritation

	Method	Failures per Year *		How it Works/ How to Use	Advantages	Disadvantages	Most common side effects
Progesterone Only Methods	Levonorgestrel IUD / "Mirena" 	1 in 1000	1 in 1000	Thickens cervical mucous, inhibits sperm. Inserted into uterus by provider, lasts up to 5 years.	Extremely effective, decreases cramping, decreases menstrual bleeding, can continue to breastfeed while using	Initial cost, provider must insert and remove	Irregular to scant menses
	Progestin Injection / "Depo-Provera" / The Shot 	30 in 1000	3 in 1000	Disrupts ovulation, thickens cervical mucous, thins uterine lining. Injected every 3 months by provider office	Easy to use, very confidential, decreases blood loss	Regular office visit for injection, may need 12-18 months for return of fertility, cannot be removed after injection	Irregular to no menses; risk of weight gain due to increased appetite, mood changes
	Progestin Pill / "Mini-Pill" 	50-80 in 1000	3-5 in 1000	Thickens cervical mucous, thins uterine lining. Take one pill every day by mouth. Must get new packet of pills each month.	Can continue to breastfeed while using, appropriate for some women who cannot take combined pill	Must take at same time every day to be effective	Irregular to no menses
	Birth Control Implant / "Implanon" 	Less than 1 in 1000	Less than 1 in 1000	Prevents ovaries from releasing eggs, thickens cervical mucous, thins uterine lining. Inserted just under the skin on the inner side of your upper arm, can be left into place up to 3 years	Extremely effective, can continue to breastfeed while using, decreases menstrual bleeding	Initial cost, provider must insert and remove	Irregular to scant menses

Resources

- ***Contraceptive Technology***: Summary table of contraceptive efficacy: http://www.contraceptivetechnology.org/table.html
- ***Planned Parenthood My Method***: https://www.plannedparenthood.org/all-access/my-method-26542.htm?source=enews_jul09_ppaf

  Picking a birth control method that fits your life is the key. Only you can decide what is best for you. But sometimes figuring out which method to use can be a bit overwhelming. My Method is here to help you think about your options. After you answer the questions, My Method will suggest the birth control methods that may be right for you. You will also be able to get more information about each method, including how to get it.
- ***Planned Parenthood*** birth control options: http://www.plannedparenthood.org/health-topics/birth-control-4211.htm
- ***American Congress of Obstetricians and Gynecologists (ACOG)*** birth control information: http://www.acog.org/publications/patient_education/ab020.cfm
- ***Miss Mint****:* Miss Mint reminds you to take your birth control pill at the same time every day by sending you a text message with a reminder. This is a free service. http://missmint.com/

- **Permanent Sterilization information:**
  Tubal Ligation/Vasectomy: http://www.acog.org/publications/patient_education/bp052.cfm
  http://www.acog.org/publications/patient_education/bp011.cfm
  Essure: http://www.essure.com/
- **Combined hormonal methods information:**
  Pills: http://www.plannedparenthood.org/health-topics/birth-control/birth-control-pill-4228.htm
  Patch: http://www.orthoevra.com/index.html
  Vaginal Ring: http://www.nuvaring.com/Consumer/index.asp
- **Non-hormonal Methods information:**
  Paragard IUD: http://www.paragard.com/hcp/about-paragard/patient-faqs
  Condoms: http://www.plannedparenthood.org/health-topics/birth-control/condom-10187.htm
  Diaphragm: http://www.plannedparenthood.org/health-topics/birth-control/diaphragm-4244.htm
  FemCap: http://www.femcap.co
  Sponge: http://www.todaysponge.com/
  Spermicide: http://www.plannedparenthood.org/health-topics/birth-control/spermicide-4225.htm
  Natural Family Planning: http://www.irh.org/?q=overview_fam
  http://www.cyclebeads.com/http://www.plannedparenthood.org/health-topics/birth-control/withdrawal-pull-out-method-4218.htm

- **Progesterone Only Methods Information:**
  Mirena IUD: http://www.mirena-us.com/
  Depo Shot: http://www.depoprovera.com/
  Minipill: http://www.mayoclinic.com/health/minipill/MY00991
  http://www.ortho-mcneilpharmaceutical.com/ortho-mcneilpharmaceutical/womenshealth/orthomicronor.html
  Implanon Implant: http://www.implanon-usa.com/Consumer/index.asp?C=36274402688176157407

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Pain During Childbirth

How Painful Is Giving Birth?
You've probably heard a lot of stories about giving birth. The experience is very different for each woman. The amount of pain is different for everyone. The kind and amount of pain you have changes throughout your labor.

Why Is Labor Painful?
During labor, your uterus pushes the baby down and stretches your cervix (the opening of your uterus). Each time the uterus muscles flex, you may feel pain like a strong cramp. As your cervix and vagina stretch and open, you may feel a stretching, burning pain. Most contractions last 30 to 60 seconds, and you will be able to rest in between.

Is There Medicine I Can Take for Pain if I Need It?
There are many types of pain relief available in a hospital. The most common pain medications are narcotics and epidural anesthesia.

What Are the Pros and Cons of Narcotics?
Pros:

- They give fast pain relief (you will usually feel a decrease in pain within 2 to 10 minutes).
- Most can be given directly into your bloodstream through an IV.
- They may help you relax and be more comfortable.
- They don't usually slow your labor.

Cons:

- Narcotics do not last long (usually between 20 and 90 minutes).
- They may cause nausea.
- They may cause you to feel really "out of it" or sleepy.
- If narcotics are given within an hour of the birth, they may make the baby sleepy and make it harder for him or her to breathe right after birth or start breastfeeding; otherwise, the medicine is metabolized quickly in your and your baby's body and does not seem to have any harmful effects.
- Narcotics don't take away all of the pain or make your body numb. They mostly make each contraction less painful.

What Is an Epidural?
An epidural numbs your body from the waist down, including your entire uterus. It involves putting a needle and then a small flexible tube into a space near the spine in your lower back. The pain medication flows through the tube and you lose feeling in your abdomen and legs. The medication will not make you or your baby feel sleepy or "out of it." However, you will not be able to walk or get up to go to the bathroom. You may have a harder time pushing your baby out, because you won't be able to feel the contractions (see our handout "Epidural Analgesia" for more information).

How Can I Tell Before Labor Starts What Is Right for Me?
If you plan to give birth in a hospital, you can choose to use pain medicines. First, learn all you can about how much help and what possible problems can occur if you use the pain medicines that are offered where you are going to have your baby. Then ask yourself the questions listed here. The answers will help you decide on the best way for you to keep yourself comfortable during your labor.

1) How strong is my desire to give birth without using pain medicines?
2) Will I be happier with my birth after it is over if I go through labor without using medicine or will I be happier afterward if I use pain medicines?
3) If my labor is normal and I am in more pain than I expected, do I want my helpers to talk me through it or do I want them to offer me pain medicine?

Remember that nobody knows ahead of time how painful or difficult your labor will be. Knowing your desires is the best place to start. Then when you are in labor, you need to be flexible and trust your support persons and caregivers to help you make decisions that are right for your experience. The following are some tips for coping with pain in labor:

I Would Like Help With the Pain, But I Don't Want to Use Medicine. What Can I Do?

This handout gives lots of tips for coping with the pain of labor. The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medications: knowledge about what to expect, belief in yourself, and emotional support and coaching during your labor.

COPING WITH PAIN IN LABOR WITHOUT THE USE OF MEDICATION

What Can I Do Before Labor?

- Stay active all during your pregnancy. You will have more strength to get through labor.
- Take childbirth classes. The more you know, the less you fear. Fear makes pain hurt more.
- Arrange for a birth coach or doula. Having a person whose only job is to support you will help you cope during labor and feel more satisfied with the experience.

What Can I Do During Early Labor?

- In early labor go for a walk or dance. The more you move, the less you hurt!
- Drink lots of fluids so you don't get dehydrated and eat lightly if you are hungry.
- Take a warm shower or bath.

What Can I Do During Active Labor?

Find your rhythm! All women who cope well during labor go back and forth between resting in between the contractions and making movements that help cope with pain during the contraction. Each person has their own rhythm that works. You may

- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!

What Can My Birth Partner Do During Labor?

- Help you find your rhythm and then help you during each part.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back.
- Talk you through each contraction, supporting your movements and your noises.
- Cheer you on!

What Can My Health Care Provider Do During Labor?

- Answer your questions.
- Check your progress and give you direction.
- Assure you that things are going normally.
- Provide pain medication if needed.

For More Information

Childbirth.org: Articles on pain and pain relief methods
http://www.childbirth.org/articles/labor/painrelief.html

Childbirth Connection:

- Labor Support: http://www.childbirthconnection.org/article.asp?ClickedLink=257&ck=10178&area=27
- Labor Pain: http://www.childbirthconnection.org/article.asp?ClickedLink=262&ck=10191&area=27

March of Dimes:

- Non-drug options: http://www.marchofdimes.com/pnhec/240_12931.asp
- Coping with Labor Pain: http://www.marchofdimes.com/pnhec/240_12936.asp

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Doulas

What is a doula?
The word "doula" comes from the ancient Greek meaning "a woman who serves" and is now used to refer to a trained and experienced professional who provides continuous physical, emotional, and informational support to the mother before, during, and just after birth.

What does a doula do?
During labor, a doula provides:

- Emotional support
- Massage, help with relaxation, breathing techniques and other non-medical pain relief measures
- Positioning suggestions to increase comfort and help labor progress
- Support to the birth partner so that he/she can love and give encouragement to the laboring woman
- Help with the first breastfeeding experience
- Assistance with communication with your childbirth team

What are the benefits of doula support in labor?
Numerous clinical studies have found that a doula's presence at birth:

- Tends to result in shorter labors with fewer complications
- Reduces negative feelings about one's childbirth experience
- Reduces the need for pitocin (a labor-inducing drug), forceps or vacuum extraction
- Reduces the requests for pain medication and epidurals, as well as the incidence of cesareans

Research shows parents who receive support can:

- Feel more secure and cared for
- Are more successful in adapting to new family dynamics
- Have greater success with breastfeeding
- Have greater self-confidence
- Have less postpartum depression

Studies have shown that babies born with the help of doulas tend to have shorter hospital stays with fewer admissions to special care nurseries, breastfeed more easily, and have more affectionate mothers in the postpartum period.

Will a doula make my partner feel unnecessary?
No! A doula is supportive to both the mother and her partner, and plays a crucial role in helping a partner become involved in the birth to the extent he/she feels comfortable.

The partner's presence and loving support in birth is comforting and reassuring. The love he/she shares with the mother and their child and his/her need to nurture and protect their family are priceless gifts that only the partner can provide. With her partner and a doula at birth, a mother can have the best of both worlds - her partner's loving care and attention and the doula's expertise and guidance in birth.

How do I find a Doula?

- If you are giving birth at Presbyterian Hospital, you have the opportunity to use the **Presbyterian Doula Service**. Fees for doula services are adjusted for income in order to make doula services available to all.
  - For more information, please call: 505-563-6501, Mon-Fri 8:30-5:00pm
  - Each month the doulas at Presbyterian hold a free "doula chat" to provide you with the opportunity to meet the doulas and ask questions about their service. Please call for information.
- There are many **private doulas** located in the Albuquerque area. It is best to call a few different doulas to interview and ask questions about pricing. Private doulas can provide early labor support in the home, labor support at the hospital, and postpartum support. The advantage of using a private doula is that you generally work with the same doula throughout your entire labor and birth, but the disadvantage is that it may be more expensive than the hospital-based doula services. Use the resources below to find private doulas in New Mexico or ask your provider for recommendations.

Resources

DONA International (formerly Doulas of North America)
http://www.dona.org/

Albuquerque Birth Network – provides list of private doulas and other resources
http://www.albuquerquebirthnetwork.org/ 505-463-1694

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Epidural Analgesia

There are many options for managing pain during labor. You might decide before you begin labor that you want pain medication, or you may not want any medications. This handout discusses epidural analgesia.

What is Epidural Analgesia?

Epidural analgesia is a local anesthetic placed in a part of your back where it numbs the nerves that go from your pelvis and legs to your brain. The anesthetic is like the kind you get when you go to the dentist. With an epidural, you get an injection into the space around the nerves in your spine that makes your body numb below the site of the injection.

How Does an Epidural Work?

All of the nerves of the body send their messages to the brain through the spine. Anesthetics are medicines that block the messages from traveling up the nerves of your back to the brain. When the pain messages are blocked before getting to your brain, you do not "feel" the pain.

How is an Epidural Done?

You will have to sit on the side of the bed or curl up on your side on the bed for the procedure. At Presbyterian Hospital all of the members of your labor support team (including your partner) will need to leave the room; at Women's hospital, one person may remain in the room with you. The nurse anesthetist or anesthesia doctor will give you a shot of Novocain in your back to numb the area. Then he/she will put a long needle through that numbed area into the epidural space (a very small space around the nerves of your spine). When he or she has found the space, a thin tube ("catheter") will be threaded through the needle, and the needle is removed. A pump is then set up to deliver the anesthesia through the tube into the epidural space during your labor. You will keep getting the medication throughout your labor - an epidural does not "run out". After birth, the tube will be taken out. The numbness will begin to go away. You will be able to move your legs and walk in an hour or so.

How Well Does an Epidural Work?

For some women, an epidural works very well. Within 15 to 20 minutes of starting the anesthesia, they lose feeling below the waist. Many women are so comfortable they can talk, watch television, or even sleep. Occasionally, the epidural does not work as well, and you may continue to feel pain or pressure even though your legs are numb. There is no way to guess who will get a "pain free" epidural and who will have an epidural that does not work completely. Most women can still feel the pressure of the baby's head with an epidural.

What Are the Benefits of an Epidural?

- If the epidural works well, you will not feel the intense pain of labor.
- Sometimes—especially with a first baby—early labor may be long. An epidural can give you a chance to rest so that you can gather your strength for active labor and birth.
- If you are very anxious, an epidural may help you relax. In some women it appears that the epidural may actually make your labor go more quickly.
- If you need a cesarean section, your epidural can be used to make you numb for the surgery.

- Women with twins or women who are having a TOLAC (Trial of Labor after Cesarean) may use an epidural so they are prepared for a cesarean section if their baby (or babies) has problems during labor or birth.

Are There Risks Associated With Having an Epidural During Labor?

Your labor progress depends on lots of things: the size of your pelvis, the size of your baby, the position of your baby, and the strength of your contractions. Most of these factors are out of your control. Sometimes an epidural can help and sometimes it makes labor longer and more complicated. The following information will help you balance the risks and benefits of using an epidural:

Risks of Insertion and Placement of Anesthesia in the Epidural Space

- The epidural is inserted sterilely, but there is a small chance of infection at the site where the needle is inserted. A serious infection could cause paralysis or, very rarely, death.
- The needle could hit a nerve and cause nerve damage or paralysis. In most people, the spinal cord is above the area where the needle is placed, which is why this problem is rare.
- If the epidural is incorrectly placed too high in your back or into spinal fluid, you may lose the sensation of your breathing – the anesthesiologist is always close by immediately after the procedure to ensure that this does not cause a continual problem.

Risks During Labor

- If your bladder is full, you will not be able to feel the sensation to urinate, so you will need a catheter to drain the urine after the epidural is placed.
- Women who have an epidural have a higher chance of getting a fever during labor, and then the baby may need additional blood work and observation to rule out infection.
- Women who have an epidural placed early in their labor are more likely to need medication to make contractions stronger.
- Your legs will be numb. Once you have an epidural you cannot get out of bed at all until the epidural medicine is turned off. If your baby gets stuck in a "crooked" position, you will not be able to move around to "jiggle" the baby into a good position. This may increase your chance of needing a cesarean section.
- It may be hard to feel your contractions when you need to push. Pushing takes longer.
- Women who have an epidural have a higher chance of needing a vacuum or forceps to help give birth.

Risks Afterward

- The most common risk of an epidural after the baby is born is a "spinal headache." This only happens one or two times for every 100 epidurals that are used. This is a terrible headache that comes 1 to 2 days after the epidural is removed. If you get a spinal headache, you will need to return to the hospital to have a special procedure called a "blood patch." The patch usually helps right away.
- Your baby may have a harder time getting started breastfeeding.
- Many women report ongoing back pain after an epidural, but we do not know if this is because of the epidural or because of other things that may have happened during their labor.
- There is a very, very small risk of permanent paralysis—loss of the ability to move your legs.

For More Information

Childbirth Connection: Labor Pain → Options: Labor Pain → Epidural & Spinal
http://www.childbirthconnection.org/article.asp?ck=10190&ClickedLink=264&area=27

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Birth Plan Preference List

Date:

Name:

Reviewed with:

The following issues are often of concern to expectant families. Please begin to think about these issues, fill out this form, and bring it back to the office to review with your care provider.

1) All babies are monitored externally on admission to Labor and Delivery for 20-30 minutes. If this monitoring period does not indicate any problems, you may choose to be monitored intermittently, unless continuous monitoring becomes medically necessary.
   Comments:

2) Intravenous fluids may be necessary because of dehydration from vomiting, a long labor, to administer medication, or for emergency purposes with a postpartum hemorrhage. We recommend laboring with an IV, which may be disconnected from the IV fluid.
   Comments:

3) Pain medication / anesthesia is available if you desire. Please read the "Pain During Childbirth" and "Epidural Anesthesia" handouts. Let us know your choice.
   Comments:

4) What kind of labor support and comfort measures do you prefer?
   Comments:

5) We urge you to consider breastfeeding your baby and to attend the Infant Feeding Class. If you prefer to bottle feed, we support your preference.
   □ Breastfeed □ Bottlefeed □ Both

   Comments:

6) Please read the handout “Circumcision”. Circumcision is usually done the morning before leaving the hospital.
   Preference: □ Yes □ No

7) Now is the time to think about options for family planning. Please read the “Birth Control Methods” handout. If you are considering a tubal ligation (permanent birth control) and you have Medicaid/Salud insurance, your consent form must be signed 30 days before your due date.
   Comments:

8) Who will provide the following kinds of support:

   Ride to the hospital:

   Support during labor:

   Ride home from the hospital:

   Care of other children (if applicable):

9) Do you have religious, cultural, or spiritual needs that we should know about?
   Comments:

10) Do you have any other requests?
    Requests:

Our intentions are to honor your requests. In some situations, the health of you or your baby may necessitate changes in your birth plan.

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Am I in Labor?

What is labor?
Labor is the work that your body does to birth your baby. Your uterus (the womb) contracts. Your cervix (the mouth of the uterus) opens. When your cervix opens to 10cm, you will push your baby out into the world.

What do contractions (labor pains) feel like?
When they first start, contractions usually feel like cramps during your period. Sometimes you feel pain in your back. Most often, contractions feel like muscles pulling painfully in your lower belly. At first, the contractions will probably be 15 to 20 minutes apart. They will not feel too painful. As labor goes on, the contractions get stronger, closer together, and more painful.

How do I time the contractions?
Time your contractions by counting the number of minutes from the start of one contraction to the start of the next contraction.

What should I do when the contractions start?
If it is night and you can sleep, sleep. If it happens during the day, here are some things you can do to take care of yourself at home:

- Walk. If the pains you are having are real labor, walking will make the contractions come faster and harder. If the contractions are not going to continue and be real labor, walking will make the contractions slow down. Some women like to walk at the mall or a place where they can be distracted from the discomfort.
- Take a shower or bath. This will help you relax.
- Eat. Labor is a big event. It takes a lot of energy.
- Drink water. Not drinking enough water can cause false labor (contractions that hurt but do not open your cervix). If this is true labor, drinking water will help you have strength to get through your labor.
- Take a nap. Get all the rest you can.
- Get a massage. If your labor is in your back, a strong massage on your lower back may feel very good. Getting a foot massage is always good.
- Don't panic. You can do this. Your body was made for this. You are strong!

When should I call my health care provider?

- Your contractions have been 4-5 minutes apart or less for at least 1 hour.
- If several contractions are so painful you cannot walk or talk during one.
- Your bag of waters breaks. (You may have a big gush of water or just water that runs down your legs when you walk.)

Are there other reasons to call my health care provider?
Yes, you should call your health care provider or go to the hospital if you start to bleed like you are having a period—blood that soaks your underwear or runs down your legs, if you have sudden severe pain, if your baby has not moved for several hours, or if you are leaking green fluid. The rule is as follows: If you are very concerned about something, call.

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When Does the Bag of Waters Break?

What Is My Bag of Waters?

The bag of waters—or amniotic sac—is the bag filled with fluid that your baby lives in inside of your uterus during pregnancy. The bag of waters is very important to your baby's health. The bag itself protects your baby from infections that may get into your vagina, and the fluid gives your baby room to move around.

When Does the Bag of Waters Usually Break?

Usually the bag of waters breaks just before you go into labor or during the early part of labor. It happens often when you are in bed sleeping. You may wake up and think you have wet the bed. Sometimes women feel or even hear a small "pop" when the bag breaks. Sometimes there is a gush of fluid from the vagina that makes your underwear wet; or maybe just a trickle that makes you feel damp. Sometimes the bag does not break until the baby is being born. In about 1 in every 10 women, the bag of waters breaks several hours before labor starts. Although rare, the bag of waters can break days before labor starts.

Is It a Problem if the Bag Breaks and the Labor Does Not Start Right Away?

Labor contractions can start any time from right away to many hours or a few days after your water breaks. If you think your bag of waters has broken, call your health care provider. Your provider will recommend either waiting to let your labor start on its own or inducing your labor right away. You can discuss the pros and cons of each of these options with your health care provider. If you have a bacteria, such as Group B Strep in your vagina, your health care provider may want to give you antibiotics or get your labor started (induction). The longer the bag of waters is broken before birth, the more chance there is that infection will get to the baby.

What Should I Do if My Bag Does Break?

If you think your bag of waters has broken, your health care provider might check in your vagina with a sterile speculum to find out for sure. Except for that one examination, it is very important that nothing is put in your vagina (no intercourse). Every time you have a vaginal examination after the bag of waters is broken, your risk of getting an infection gets higher. You can help protect yourself and your baby by asking your care providers to only do vaginal examinations when absolutely necessary.

What Should I Do if I Feel "Wet" but I'm Not Sure the Bag of Waters Has Broken?

- Put a small pad on to see if the pad collects more fluid. If you walk around for about an hour, you should continue to leak and feel wet. Usually, you continue to leak fluid until your baby is born.
- Your health care provider can do a simple test using a sterile speculum to see inside your vagina. A sample of the fluid in the vagina will be collected and placed on special paper that turns very dark blue if it touches amniotic fluid. Amniotic fluid also looks a certain way when examined under the microscope.

When Should I Call My Health Care Provider?

Call your health care provider right away if:

- Your due date is more than 3 weeks away from today
- The water is green, or yellow, or brown, or has a bad smell
- You do not feel your baby move afterwards
- You have a history of genital herpes, whether or not you have any herpes sores right now

- You are “Group B Strep (GBS) positive” or have a history of having a baby infected with GBS
- You don’t know if you have GBS or not
- Your baby is not in the head-down position, or you’ve been told it is very high in your pelvis
- You have had a very quick labor in the past, or feel rectal pressure now
- You are worried or discouraged

Call your health care provider within a few hours if:

- Your due date is within the next 3 weeks and
- You are not in labor and
- The fluid is clear, pink, or has white flecks in it and
- Your baby is moving and
- Your baby is in the head-down position

What Do I Do Until Labor Starts?

Most women will go into labor within 48 hours. If you are waiting for labor to start and your bag of waters has broken, call your health care provider to check-in first and let him/her know your water has broken. Then:

- Put on a clean pad
- Do not put anything in your vagina
- Drink plenty of liquids—a cup of water or juice each hour you are awake
- Get some rest
- Take a shower or bath
- If there is any change in your baby’s movements, call your health care provider right away
- Check your temperature with a thermometer every 4 hours—call right away if your temperature goes above 99.6

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Labor and Birth Procedures/Interventions/Complications

When you arrive on Labor and Delivery, these are a few things that you may encounter either as part of routine care or as an intervention if problems arise.

Vaginal or Pelvic Exam(s)

- When you arrive at the hospital, your health care provider will most likely do a vaginal exam to find the cervix and determine the progression of labor (by determining how dilated/thin/soft your cervix is). Vaginal exams may be done at various times throughout your labor. Vaginal exams can be uncomfortable, especially if you are in early labor and your cervix is hard to reach. Try to breath through these exams as much as possible.
- If you are leaking fluid, a sterile speculum may be placed in your vagina to determine if your bag of waters has broken. Most providers try to avoid doing vaginal exams with their fingers on women whose bag of waters has broken, because the more vaginal exams that are done, the greater the risk of infection to you and your baby.

IV (Intravenous Access)

- It is recommended that you have an IV placed in your arm during labor. It is useful to have an IV so that fluid or medication may be given to you while you are on L&D. IV fluids/medications may be used for induction, pain relief, dehydration, infection, or hemorrhage.
- If you don't need any fluid or medication, you can request a "saline lock" (i.e., "heparin lock"). A saline lock is a little catheter that remains in the vein but does not require IV fluid to be running. It gives you more flexibility in your arm and allows for more movement, while still keeping the vein open in case you need fluids or medication. If you have a saline lock and are not receiving IV fluids, then it is very important for you to drink throughout your labor to stay well-hydrated.
- The IV is usually left in place several hours after the birth in case an emergency arises.

Oxygen

- Sometimes extra oxygen is needed for mom or baby.
- It is administered through a mask hooked up to a tank on the wall.
- It does not help the pain or have any side effects, but it may help you relax.

Artificial Rupture of Membranes (AROM)

- Your health care provider may use a small hook, like a darning hook, to break the bag of waters.
- You and your baby do not feel pain when this happens. Usually, you feel a warm gush of liquid.
- AROM may be recommended to help with labor progress.
- AROM may not be recommended if your baby's head is too high in your pelvis, your cervix is not dilated/open enough, you have too much amniotic fluid, or your provider is concerned about the risk of infection for you and baby.
- The longer your bag of waters is broken, the greater the risk of an infection for you and/or your baby.
- Not everyone needs an AROM - many women's bag of waters break on their own. Babies can also be born in the bag of waters.

Fetal Monitoring

There are two types of fetal monitoring, external monitoring and internal monitoring.

- External monitoring is the most common form of monitoring both your baby's heartbeat and your contractions. It is an ultrasound device that is strapped to your belly during labor.
- Monitoring may be done continuously – for example if pain medication is being used, if you are having an induction, or if your provider is concerned about your baby's well being – or it may be done intermittently. The hospital also has a portable monitoring system so that you can wear wireless monitors and walk around during labor or take a bath/shower.

- Internal monitoring is almost exclusively used in high-risk situations or when more accurate types of monitoring may prevent other unnecessary interventions. One type of internal monitoring is a fetal scalp electrode (FSE). A FSE is a small probe that is inserted into the scalp of the baby's head. Your bag of the waters needs to be broken and you must be dilated enough to use this monitor. An FSE may be used if your provider is concerned about your baby's heartbeat and/or is having trouble finding your baby's heartbeat with external monitors. Of all babies monitored with an internal fetal monitor, 4 to 5% will suffer from scalp abscesses, lacerations, hematomas and hemorrhages.
- Another type of internal monitoring is an intrauterine pressure catheter (IUPC). This device is inserted into the uterus and lies against your baby. Because external monitors do not show how strong your contractions are (only how frequent they are and how long they last), an IUPC can be used if your labor is very slow to see if the contractions are strong enough to dilate your cervix. Your bag of the waters needs to be broken and you must be dilated enough to use this monitor.

Episiotomy and Vaginal/Perineal Tears

- An episiotomy is an incision made in the perineum (the tissue between the vaginal opening and anus) during childbirth.
- Researchers say there's no need for a routine episiotomy, but the procedure is still warranted in some cases. Your health care provider may recommend an episiotomy if: extensive vaginal tearing appears likely, your baby is in an abnormal position, or your baby needs to be delivered quickly.
- If you need an episiotomy, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or if your epidural is no longer numbing the area. You're not likely to feel your health care provider making the incision or repairing it after delivery.
- The providers at Women's Specialists of New Mexico have a ***very low*** rate of cutting an episiotomy.
- If you have an episiotomy or if you have a natural tear from the birth of the baby, you may need stitches to repair the tear. Again, you'll receive an injection of a local anesthetic to numb the tissue if you do not have an epidural or your epidural is no longer numbing the area. The stitches will dissolve on their own a few weeks after the birth.

Forceps and Vacuum Extractors

- There are two main reasons why a birth might need to be assisted by means of vacuum extraction or forceps. The first, and most urgent, of these reasons is "fetal distress." Fetal distress is when changes in the baby's heart alert the provider that the baby needs to be delivered promptly. If these heart rate changes occur and your cervix is already completely dilated and the baby's head is very low in the birth canal, your provider may recommend using forceps or a vacuum to help your baby to be born. The second reason is "maternal exhaustion." Sometimes women with a very long pushing phase of labor will become so fatigued that assistance delivering the baby may be needed.
- The vacuum extractor has a soft cup which is attached to the baby's scalp by suction. Babies born with the assistance of the vacuum extractor will usually have an area of swelling caused by trapped fluid inside the tissue of the scalp where the cup was applied. This swelling goes away quickly and is usually completely resolved within 24 hours. Occasionally there may be lacerations or abrasions of the baby's scalp because of the vacuum and friction. Other possible negative consequences of vacuum extractors are cephalohematomas (collections of blood under the scalp), and bleeding in the brain (which is very rare). If a vacuum is used in the birth process, there is a greater chance of tearing the perineal tissue of mom's body than during a vaginal birth without a vacuum.
- Forceps are steel instruments that resemble a pair of large bent spoons that lock together at the handles. Each blade (the official name for the "spoon" portion, although they are not sharp) is slid into the vagina, one at a time. These blades are positioned around the sides of the baby's head and then the handles are placed together and locked into place. With the baby's head cupped between the blades, the doctor pulls as the mother pushes. Forceps carry the risk of bruising or lacerating the baby's head or face, or more serious damage to the baby (which is very rare). Forceps may also cause lacerations or other injuries to the tissues of the mother's vagina, pelvic organs, or perineum.
- The advantages of these two procedures are the potential avoidance of a C-section. Recovery from a vacuum or forceps delivery is often quicker and less painful than recovery from a C-section operation. In certain situations, delivery of your baby can be achieved more rapidly with vacuum or forceps than with C-section, which is a benefit to both you and your baby.

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Cesarean Sections

What Is a Cesarean Section?

A cesarean section, or C-section, is major surgery that is done to deliver a baby through the abdomen. A doctor makes a 6- to 7-inch-long cut through the skin and separates the muscles of the abdomen. Then the doctor makes a 5- to 6-inch cut in the uterus. The doctor puts his or her hand into the uterus through the cut and pulls the baby out. Most often a relatively small horizontal incision (i.e., "bikini cut") is made both on the skin (just above the pubic hair) and on the uterus itself (low transverse incision). This is a preferable cut for both comfort and recovery. If a woman has had only one low transverse C-section, she can opt to try a vaginal birth in the future. Occasionally an "up and down"/vertical incision is made on the skin and/or uterus. This type of incision may be used in an emergency because this type of cut gets the baby out faster. The size and position of the baby may also determine the need for this kind of incision. If the vertical incision is made on the uterus, a future vaginal birth is not recommended. This is called a classical C-section.

Why Are C-sections Done?

Most women do not need a C-section. Most of the time, C-sections are done when labor is not proceeding normally. Sometimes it appears that the baby is not fitting through the pelvis, the baby's head is in a difficult position to be born vaginally, the baby is not tolerating labor well, or a woman develops an infection during labor which makes a C-section more likely. If you or your baby has severe trouble during labor, your health care provider will talk with you and your support team about the possibility of a C-section. Then, together, you will decide on the best plan. Sometimes, problems develop so quickly that a C-section needs to be done as an emergency operation. In that case, there will not be time to allow labor to continue, and a C-section will be done immediately. Occasionally, a C-section is planned ahead and done before you go into labor.

Will I Need a C-section?

If you have had a C-section before, you should talk with your health care provider during your pregnancy about the safest way to give birth this time. Your health care provider may offer you the choice of a C-section or a trial of labor after cesarean (TOLAC) to achieve a vaginal birth after cesarean (VBAC). Other reasons for planning a C-section before labor starts are shown on the chart on the flip side of this sheet.

Can I Choose to Have a C-section?

Unless you have one of the problems listed on the flip side of this page, vaginal birth is safer than a C-section for both you and your baby.

What are the risks of a C-section?

C-sections are often considered a "safe surgery" because women having babies are usually healthy and able to recover easily. However, any surgery has some risk. Women who have C-sections have a higher risk of damage to their organs (such as the bladder or bowel) during the operation as well as heavy bleeding and infection after the birth of the baby. There is also some added risk from having anesthesia. The major risk to you from having a C-section occurs the next time you are pregnant. In the next pregnancy, there is a higher chance of placenta previa (a placenta that partly or completely covers the cervix, which is the mouth of the uterus) or placenta accreta (a placenta that grows into the wall of the uterus). Either of these placenta problems can cause severe bleeding that is very dangerous for you and your baby. New studies also show a higher chance of stillbirth in women who are pregnant again after having a C-section. If you need a C-section, your health care provider will talk to you about the risks in more detail.

What anesthesia is used for a C-section birth?

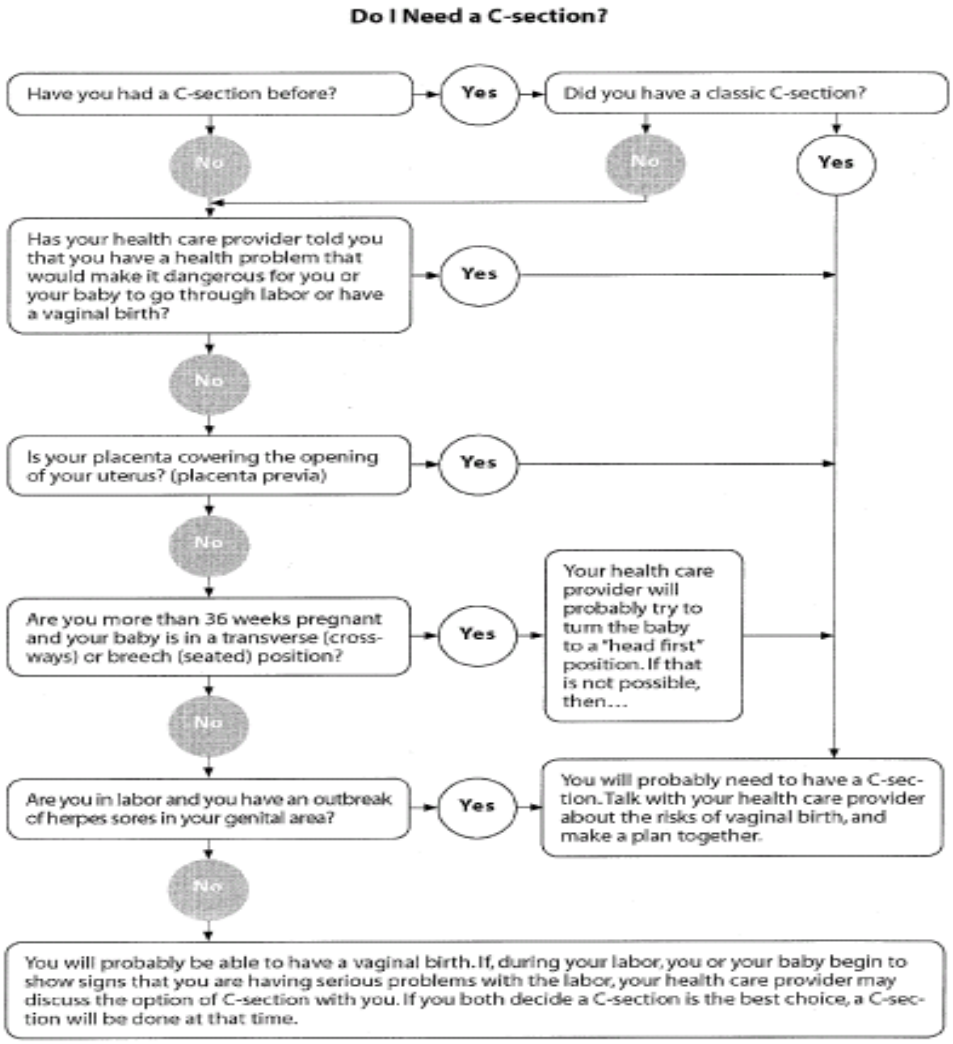
For a planned or non-emergency C-section an epidural or spinal anesthesia is the anesthesia of choice. The woman would be awake and be able to see her baby as soon as it is born. In an emergency situation, where a woman does not already have an epidural, the woman would be put to sleep using general anesthesia because this is the fastest anesthesia to administer.

Can my partner/support person be with me during the C-section?

If the woman is awake, a support person can be with her for the birth. If general anesthesia is used and the woman is asleep, support people need to wait in the labor recovery room or waiting room until the surgery is complete.

What about the recovery after a C-section?

Recovery from surgery takes longer than recovery from a vaginal birth. Usually it requires an extra night or two in the hospital (a total of 3-4 nights) and more help at home in the first few weeks.



For More Information

- ***Childbirth.org***: frequently asked questions about cesarean sections
  http://www.childbirth.org/section/CSFAQ.html
- ***Childbirth Connection***: VBAC or Repeat C-Section
  http://www.childbirthconnection.org/article.asp?ClickedLink=293&ck=10212&area=27
- ***A Woman's Guide to VBAC: Navigating the NIH Consensus Recommendations***
  http://givingbirthwithconfidence.org/birth/a-womans-guide-to-vbac/

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Bringing Your Baby to Breast: Positioning and Latch

Getting Started: Self-attached Breastfeeding

New babies have a stepping-crawling reflex that can help them seek out the breast. Give your new baby many chances to self-attach in the first few days. Right after birth is a good time to start. Keep your baby on your chest skin-to-skin. Babies often nurse about 10 to 12 (or more) times in 24 hours when they are using the self-attached way to latch.

Choose A Time When Your Baby Is Ready To Feed. Watch For These Signs of Readiness:

- Rooting (turning the head with searching movements of the mouth)
- Increased alertness (especially rapid eye movement, the wiggling of the eyes under closed eyelids)
- Bringing a hand toward the mouth, sticking out tongue
- Sucking on a fist or finger
- Mouthing motions of the lips and tongue
- Crying is a late feeding cue. If the baby is crying, calm the baby and attempt to feed

Sit in a Position Where You Feel Comfortable, Securely But Gently Holding the Baby

- Cross cradle (your baby is held in front of you, one hand is on the base of the baby's neck and the body is supported with that same arm)
- Football/clutch hold (the baby is held next to you with your hand on the base of the neck, baby's legs toward your back)
- Cradle/Madonna hold (baby is rested on your forearm, not in the crook of your arm, your forearm is brought closer to bring the baby to breast)
- Side lying (you are lying on your side, the baby is in front of you on his/her side, the arm that is higher is the one that helps bring the baby to breast).

Getting A Good Latch

- Loosen your baby's blanket so your baby can move his/her arms. Breastfeeding will work better for both of you if your baby's arms are free to move and touch your breast.
- Start with your baby's nose opposite your nipple.
- Be patient and wait until your baby opens his/her mouth very wide.
- Move your baby to your breast, don't move your breast to your baby. Your baby's chin should reach your breast first.
- The nose and chin should be close to the breast but not pushed into the breast. More of the top of the areola will be showing and less of the bottom.
- The baby's lips should make a seal around the breast and his/her mouth will look a little bit like a fish with the lips rolled outward and visible. You can help adjust your baby's lips by pulling gently on the skin by his/her nose and chin in order to help the lips make a seal.

What if it Hurts?

Continued pain is a sign that you need help. You may feel an initial discomfort with the latch, especially as your nipples get use to breastfeeding, but if the pain continues throughout the feeding your latch may be incorrect. Break the seal by inserting a finger into the corner of the baby's mouth. You will feel the release of the suction and *then* move the baby back away from the nipple. Get the baby back into position and try latching again.

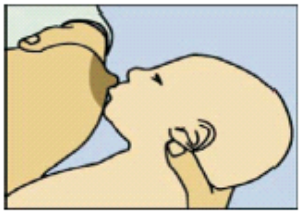

Figure 1. Tickle baby's lips to encourage him to open wide.

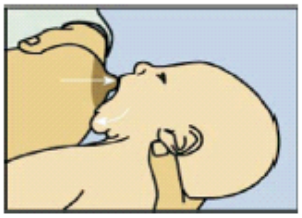

Figure 2. Point nipple to roof of baby's mouth and when open wide, pull him onto the breast, chin and lower jaw first.

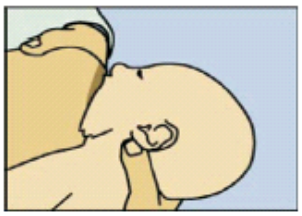

Figure 3. Watch the lower lip and aim it as far from base of nipple as possible, so the baby's tongue draws lots of breast into the mouth.

For More Information

Presbyterian Breastfeeding Support Services: 505-841-1773
Certified Lactation Consultants and Lactation Specialists will be happy to help you. Help is available by phone or by a scheduled appointment. Clinic services are free of charge to any Presbyterian patients, there is, however, a charge for any supplies needed.

Women's Hospital Lactation Support Services: 505-727-6797 (Mon-Fri 8a-5p, occasional weekends)

La Leche League: www.lalecheleague.org/
The La Leche League web site has lactation support information in several languages, connections for local La Leche groups and information on breastfeeding and the law
Local Albuquerque Chapter: 505-821-2511 Assistencia en espanol: Cindy 505-507-5264, 9am-7pm

WomensHealth.gov: www.4woman.gov/topics.cfm
This web site from the US Dept of Health and Human Resources has several pages of resources for breastfeeding. The breastfeeding guide is available in Spanish and English

Got Mom: http://www.gotmom.org/
Created by the American College of Nurse-Midwives to provide breastfeeding information and resources for mothers and families

United States Breastfeeding Committee: http://usbreastfeeding.org/
Links to many reliable breastfeeding resources

Our Bodies, Ourselves Health Resource Center:
http://www.ourbodiesourselves.org/book/links.asp?id=21&topicID=8
Links to many reliable breastfeeding resources

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What to Expect in the Early Days of Breastfeeding

Is it Important to Breastfeed My Baby?

Breastfeeding is a wonderful way to care for your baby. Breast milk is perfect food for babies. It has all of the right nutrients in just the right amounts. The World Health Organization (WHO) says that feeding your baby only breast milk for the first 6 months of life is the best way to keep your baby healthy. WHO also suggests continuing breastfeeding along with other foods for the second 6 months.

How Can I Tell if I'm Making Enough Milk?

Right after your baby's birth, you will have a special type of breast milk called "colostrum" which is full of nutrients for your baby. Colostrum is all the food your new baby needs. If you are breastfeeding your baby often during the first 2 days, then usually about 3 to 5 days after your baby's birth your regular breast milk will "come in." Your breasts will feel fuller at this time.

One of the best ways to tell that you have enough milk is how often your baby has wet diapers. After your milk comes in, your baby should have more than 4 (and often 6-10) wet diapers every day.

Weight gain is another good way to tell that your baby is getting enough milk. It is normal for babies to lose weight in the first few days after birth. But your baby should gain weight after your milk comes in.

My Milk Looks Thin and Watery—Almost Blue. Is That Normal?

Yes. Human breast milk is not like cow's milk. Your breast milk has a better mix of fat and proteins, which is perfect for human babies!

Is There Anything I Can Do to Make Lots of Milk?

The more you breastfeed, the more milk you will have. At first, you will probably need to breastfeed your baby 10 to 12 times every 24 hours. This will give your body the message to make lots of milk.

How Will I Know if My Baby is Hungry?

Watch your baby to learn the signals that say, "Feed me." When you see your baby do these things, offer your baby your breast:

- Moving his/her hands near his/her mouth
- Clenching his/her fists
- Making sucking motions with his/her mouth
- Rooting (turning his/her head and mouth toward something that strokes his/her face)

Do not wait until the baby cries to start a feeding. A great time to offer your baby the breast is just as the baby is waking up.

What if Breastfeeding is Uncomfortable?

If you are having pain or any other problems with breastfeeding, get help right away. Some sources of help include:

- Your health care provider or the baby's health care provider
- A lactation specialist. Many hospitals have these special care providers on staff.
- Your local chapter of La Leche League. These groups of women help each other with breastfeeding.

What to Expect

Right After Birth

- Holding your baby skin-to-skin is the best way to start breastfeeding. Skin-to-skin contact helps smooth out the baby's heartbeat and breathing rate. Your baby should be wearing nothing but a hat and a diaper.
- Many babies will begin to look for the breast within the first hour after birth. Move your baby close to the breast to help him or her latch on.
- Breastfeeding should not be painful. If the first feeding causes pain, ask for help.
- Just after birth, it is very common for babies and mothers to be wide awake for a few hours, and then to have a long, restful sleep. This sleep helps you and the baby to recover.

The First Few Days

- Many babies are very sleepy in the first few days. You may need to wake your baby to feed. Your baby should be awakened to breastfeed if he sleeps more than 4 hours.
- Your milk will probably "come in" about 3 to 4 days after your baby's birth. Your breasts will fill with milk, and you may even leak milk through your clothes. You may also feel a bit weepy at this time: these are normal changes after birth!

The First 4 to 6 Weeks

- After your milk comes in, your baby will probably want to feed 10 to 12 times in 24 hours.
- Every baby is different. Some babies may need to feed more often. Others may be able to go longer between feedings.
- Lots of women feel like all they do in the first few weeks is breastfeed. It takes a while for moms and babies to get nursing down. However, if feedings take a long time, seek help.
- Try to make your life a bit easier during this time. Carrying your baby in a sling or pouch, and keeping the baby's bed near your own will allow you to move around and sleep more easily. Ask family and friends to help with food and house chores. Get help so you can focus on your baby and not worry about anything else.
- By 6 to 8 weeks, you will find that you and your baby have gotten into a rhythm. Your baby will usually be able to go longer between feedings. You will begin to get more sleep. And your baby will begin to smile!

Resources

La Leche League: www.lalecheleague.org
Great information and resources for starting and continuing breastfeeding. Call 505-821-2511 for information about breastfeeding and meetings. Assistencia en espanol: Cindy 505-507-5264, 9am-7pm

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Women's Hospital Lactation Support Services: 505-727-6797 (Mon-Fri 8a-5p, occasional weekends)

Albuquerque Birth Network: List of some breastfeeding support/lactation services:
http://www.albuquerquebirthnetwork.org/index.html

Breastfeeding Supplies

- Breastfeeding Resources: 505-293-5215 - Daily and monthly breast pump rental rates. No deposits required.
- Babies 'R' Us: 45 Hotel Circle: 505-292-9909
- Baby Furniture and Accessories: 6505 Menaul, NE: 505-881-8083
- Target: nipple shields, basic pumps
- The Herb Store: 107 Carlisle Blvd. SE : 505-255-8878
- La Montanita Food Co-op, Sunflower Market, Whole Foods: teas, tinctures

Mother's Feeding Diary

DATE/TIME OF FEEDING	FEEDINGS How long for breastfeeding/how much for bottle feeding	URINE	BOWEL MOVEMENT If baby has a dirty diaper	COMMENTS OR QUESTIONS

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As We Begin Our Lives Together…

Dear family:

1) Please take time to find out who I am - how I differ from you and how much I can bring to you.
2) Please feed me when I am hungry. I never knew hunger in your uterus – and clocks and time mean very little to me.
3) Please hold, cuddle, kiss, touch, stroke, and cling to me. I was always held closely in your uterus and was never alone before.
4) Please don't be disappointed when I am not the perfect baby you expected, or disappointed in yourselves that you're not the perfect parents.
5) Please do not expect too much from me as your newborn baby or too much from yourselves as parents. Give us both six weeks as a birthday present. Six weeks for me to grow, develop, mature, and become more stable and predictable. And six weeks for you to rest, relax, and allow your body to get back to normal.
6) Please forgive me if I cry a lot, bear with me and in a short time as I mature, I'll spend less and less time crying and more and more time socializing.
7) Please watch me carefully and you will begin to recognize those things which soothe, console, and please me. I do not mean to make your life hard, but the only way that I can tell you I am not happy is my cry.
8) Please remember I am resilient and can withstand many natural mistakes you make with me and as long as you make them with love, you cannot ruin me.
9) Please take care of yourself and eat a balanced diet, rest, and exercise so that when we are together, you have the health and strength to take care of me.
10) Please take care of your relationships with each other, for what good is family bonding if there is not a family to bond to? Although I may have turned your life upside down, please realize that things will be back to normal before long.

Thank you,
Your Loving Baby

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Motherhood: The Early Days

You prepare for the birth of your baby for many months during pregnancy, and then the first months at home after your baby is born can be a quiet, gentle time of getting to know this new person who has come to live in your home. But for most women it is not all quiet or sweet. And for some women it is a very hard time.

What Can I Expect in the First Few Months After the Baby Comes?

New mothers and their families face many challenges in the first few months:

- Your body and your hormones have to get back to normal.
- You and the baby will be learning to feed together.
- Babies only sleep a few hours at a time. The entire family will have a hard time getting enough sleep.
- You and your family need to learn how to parent this new family member.
- If you have a partner, you have to figure out how to stay together as a couple and when to resume a sexual relationship.
- You may have to figure out how to keep from getting pregnant again right away.
- You may need to return to work and find day care.

How Long Will it Take for My Body to Get Back to Normal?

Some changes will occur quickly. Others will not occur as quickly.

- Your uterus, cervix, and vagina will all shrink to their non-pregnant size in about 6-8 weeks. Your vagina may be tender and dry for a few months—especially if you are breastfeeding.
- If you had stitches or hemorrhoids, your ‘‘bottom’’ will be sore for 2 weeks or more.
- For some women who have problems urinating, it can take several months for you to be able to hold your urine when you cough or sneeze or suddenly pick up something heavy.
- Your breast milk will ‘‘come in’’ 3 to 5 days after the birth of your baby. It will take 6 to 8 weeks for you and the baby to get the hang of breastfeeding and find a pattern. During these first weeks, you can have engorged breasts at times and often leak milk.
- Your stomach and intestines all have to fall back into place. You may have a lot of gas for a few weeks. You may be constipated—especially if you are breastfeeding.
- Your stretched stomach muscles can recover in a few weeks, but for some women it takes longer—6 months or a year—to recover.
- If you had a cesarean delivery, you may have pain or numbness around the incision for 6 months or more.
- Losing the weight you gained during pregnancy will probably take 6 months to a year. Have patience! It took 40 weeks to get here. Give yourself 40 weeks to get back.

What Can I Expect When My Hormones Change?

About 75% of all women will get the ‘‘blues.’’ This can start as soon as 2 days after the birth of your baby, but usually occurs sometime in the first 2 weeks after the birth. You may cry easily, feel very tired, and feel sad for no specific reason. A few women become very depressed. If you had a cesarean delivery or your new baby was sick, you are at a higher risk for depression.

Call your health care provider right away if you cannot care for yourself or your baby, if you feel very nervous or worried, if you cannot stop crying, or if you are having thoughts of hurting yourself or your baby.

Taking Care of Yourself

While you are still pregnant:

- Talk with your partner and your family about the time ahead. Arrange for someone to help you during the first weeks at home if you can.
- Talk with your health care provider about birth control options and make a plan before the baby comes.
- If you are worried about how to parent a newborn, take parenting classes. You will learn a lot about how babies act and you will make some friends who are going through the same thing at the same time. Most communities have these classes.
- Arrange for someone to help with baby care if you can.

After the baby comes:

- Ask for help. Let other people do the cooking and cleaning and run the house. Focus on yourself and your baby. If people want to visit, have them bring food with them for you and your family.
- Sleep whenever you can. Try not to be tempted to ‘‘get some things done’’ when the baby sleeps. This is your time to sleep, too.
- Drink lots of water. You will need at least 6 big glasses of water every day to avoid constipation and make enough breast milk. Every time you sit down to breastfeed, have a big glass of water with you to drink while you are nursing.
- Eat lots of vegetables and fruit. You will need lots of vitamins and fiber to help your body get back to normal. This will also help you avoid constipation.
- Go outside and walk. Babies can go outside even if it is very cold. Fresh air and sunshine will do you both good.
- Take sitz baths. Put about 6 inches of warm water in your bathtub and sit in there for 15 minutes 2 to 3 times a day. This will help your ‘‘bottom’’ heal more quickly. It will also give you 15 minutes of private time!
- Talk to other mothers. Join a new parents group. Call La Leche League and go to their meetings if you are breastfeeding.

With your partner:

- Keep talking. Share the experience.
- Spend time alone. Even a 30-minute walk can be a date.
- Start a birth control method. You can get pregnant before you even have a period. It is very important to use birth control if you do not want to get pregnant again right away.
- When you have sex, use a lubricant. A lot of lubricant! Take it slow.

The first few months after a baby comes can be a lot like floating in a jar of honey—very sweet and golden, but very sticky, too. Take time to enjoy the good parts. Remind yourself that this time will pass. Bon voyage!

For More Information

For questions about depression during and after pregnancy:
www.womenshealth.gov/faq/depression-pregnancy.cfm
After birth: The first 6 weeks:
www.mymidwife.org/baby_first_six_week.cfm
Breastfeeding resources:
www.ourbodiesourselves.org/book/links.asp?id=21&topicID=8

WOMEN'S SPECIALISTS
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Depression During Pregnancy and Postpartum

Pregnancy and the postpartum period are times of great change – physically, hormonally, emotionally, and socially. While pregnancy and birth are joyful occasions, they are also times of increased stress, which puts women at higher risk for depression.

Depression affects 10-20% of all women in pregnancy and postpartum. It can begin before the baby is born or develop months after the baby arrives. Any woman can develop depression during pregnancy or postpartum.

The Blues – a normal part of adjusting to pregnancy and parenting

Having emotional ups and downs, and being overwhelmed and upset from time to time, is normal and common for most pregnant women and new mothers.

After delivery, a majority of women will develop postpartum blues within the first two days to two weeks. Many women find that talking to family and friends (including other new mothers), taking time to care for themselves, and getting more rest and help with childcare duties, will help them feel better.

Depression – more than just The Blues

Women who are depressed suffer from a variety of the following symptoms every day for two weeks or more:

- Feeling worthless or guilt
- Loss of appetite or overeating
- Anxiety or panic attacks
- Dislike or fear of touching the baby
- Feeling overwhelmed or unable to take care of your baby
- Trouble sleeping
- Low energy, difficulty getting out of bed
- Thoughts of death or suicide
- Loss of interest in previously enjoyable activities

Depression is bad for you and your baby's health

Besides being very difficult for women and their families, maternal depression can interfere with babies' intellectual and emotional development.

Depression is an illness that is treatable

Untreated depression can last for months or years, but there are many good treatment options available. Treatment can include individual therapy, group support and/or education, and medication. Many antidepressant medications can be taken during pregnancy and while you breastfeed.

If you feel you may be suffering from depression or if you just want to talk about what resources are available, call and make an appointment with your provider.

Resources

Presbyterian Behavioral Health Outpatient Therapy Program: (505)291-5300

March of Dimes: Depression During Pregnancy: http://www.marchofdimes.com/pnhec/188_15663.asp

Depression After Delivery: (800)944-4PPD
www.depressionafterdelivery.com

Postpartum Support International: (805)967-7636
www.postpartum.net

Parents Helping Parents Support Group
University of New Mexico – free for everyone
Group meets every other Tuesday from 6:00-7:30pm
Please contact Felicia Mancini at: (505)272-6387

Postpartum Education for Parents (PEP): (805)564-3888 (warm line)
http://www.sbpep.org/

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Circumcision

If you give birth to a boy, you will be asked if you'd like him circumcised. This is a matter to be considered carefully before the baby is born, while you have time to think about it and discuss it with your care provider and pediatrician.

What is circumcision?

At birth, boys have skin that covers the end of the penis, called foreskin. Circumcision is the surgical removal of this foreskin, exposing the tip of the penis, and is usually done in the first few days of life before the baby leaves the hospital. A baby must be healthy to be circumcised.

It Is Your Decision

The American Academy of Pediatrics says that you do not need to circumcise your baby for health reasons. They consider circumcision a choice for parents to make. Some parents choose circumcision for religious or cultural reasons. It is important to consider the pros and cons, how the surgery is performed, and the potential complications.

Not all insurance companies pay for the procedure. If you plan to circumcise your son, you should contact your insurance provider for information about coverage.

Medical Reasons Parents Might Choose Circumcision

Research suggests that there may be some medical benefits to circumcision, including:

- A *slightly* lower risk of urinary tract infection (UTI). A circumcised boy has about one in 1,000 chance of getting a UTI in the first year of life. A baby who is not circumcised has a one in 100 chance of getting a UTI in the first year of life.
- A *slightly* lower risk of getting sexually transmitted infections (STIs), including HIV (however, only abstinence or use of condoms can truly prevent STIs).
- A lower risk of cancer of the penis. However, this is *very rare* in both circumcised and uncircumcised men.
- Prevention of foreskin infections.
- Prevention of phimosis, a condition in which it is impossible to pull back the foreskin.

Medical Reasons Parents Might Choose Not to Circumcise

- Circumcision is surgery, and like all surgery it has risks. About 1 in 500 baby boys will have a problem with circumcision. Problems include:
    - Bleeding or infection in the penis
    - Infection spreading to other parts of the body
    - Narrowing of the opening of the penis, which can cause problems with urination
    - Partial amputation of the penis
    - Death of some of the other skin on the penis
    - Removal of too much foreskin, which can cause pain during sex later in life
    - Very rarely, death. This occurs in about 1 in 500,000 boys
- The foreskin has more nerve endings than the glans, or sensitive tip of the penis, and its removal decreases sensitivity to touch.

- We do not know much about pain in newborn babies. People used to think babies did not really feel pain. Now we know that they do. Many baby boys appear to feel a lot of pain during circumcision if anesthesia is not used.
- Almost all uncircumcised boys can be taught proper hygiene that can lower the chance of getting infections, cancer of the penis, and sexually transmitted diseases.

How is the operation done?

Circumcision is usually performed by the hospital pediatrician before your baby goes home from the hospital. Like all surgery, circumcision is painful. Before the procedure, some providers use an anesthetic cream to block pain and some inject a small amount of anesthesia at the base of the penis to block the pain. The penis and foreskin are cleaned. In the most common circumcision procedure, a clamp is attached to the penis and the foreskin is removed by scalpel. This operation takes up to fifteen minutes. You can be with your baby during the operation if you choose.

Care of the circumcised penis

A nurse or doctor will give you directions for caring for your baby after circumcision. Clean the penis as you would with any diaper change. Apply the provided ointment to the penis with each change so that the penis does not stick to the diaper. It takes about one week to 10 days for the penis to fully heal. Call your baby's doctor if you notice any signs of infection such as redness, swelling, or foul-smelling drainage.

Care of the uncircumcised penis

A nurse or doctor will give you directions for caring for an uncircumcised penis as part of routine baby care. Wash the outside of the penis with soap and water. Do not attempt to pull back the foreskin. By the time your son is about 3 or 4 years old, the foreskin will begin to pull back and your son can be taught to wash the head of the penis and inside the fold of the foreskin. Pull the foreskin back over the head of the penis after washing.

For More Information

The American Academy of Family Physicians has great information about circumcision:
www.familydoctor.org/042.xml

Medline plus has more detailed information about circumcision:
www.nlm.nih.gov/medlineplus/circumcision.html

The American Academy of Pediatrics policy statement on circumcision:
http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b103/3/686

Circumcision Information and Resource Page is an Internet resource that provide you with information about all aspects of the genital surgery known as circumcision: http://www.cirp.org/

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Infant Car Seats

The law says you must have an infant car seat, or safety seat, to bring your baby home from the hospital. You must use the seat any time you take your baby in the car.

Shopping Tips

- Buy a new infant car seat, if you can. You can choose an infant-only seat, which is always used rear-facing. All infant seats in the United States now have a maximum weight limit of 22 pounds (when your baby is heavier than 22lbs you must use a different type of seat). You can also choose a convertible seat. These start out rear-facing but can change to a front-facing seat when your baby gets bigger.
- Look for a model with a five-point harness (two shoulder straps, two leg straps, and one crotch strap).
- Try the seat in your car before you buy it. Not all car seats work in every car. Also, make sure the car seat does not move more than 1 inch in any direction once installed.
- If you want to take your baby out of the car in the seat or use the seat with a stroller, buy an infant seat that clicks into a separate base. You can leave the base in the car. If you use more than one car, you can buy a base for each car.
- Send in the registration card. That way, you will be told if the seat is recalled for safety problems.

If you get a used infant seat, make sure:

- It is not more than 6 years old. Look for a label on the seat that indicates the date it was made.
- It has never been in a crash. It's important to know the history of the seat.
- It has not been recalled. You can check at: ***http://www.recalls.gov/***
- It has labels explaining proper installation and the seat's weight and height limits.
- It has the instruction manual.

Safety Tips

Installing the car seat in the car

- Read the owner's booklets for both the seat and your car before you install the seat.
- Install the seat rear-facing for an infant.
- Check the strap adjustments for your baby's size.
- Get a free inspection to make sure the seat is installed right. For child safety seat fittings at no charge contact Safer New Mexico Now at 505-856-6143 to make an appointment. You can also go to ***http://www.nhtsa.gov/*** to find an inspection center near you.

Putting your baby in the car seat

- Place your baby in the seat and fasten the harness.
- Make sure the harness straps are straight and snug.
- For rear-facing seats, use the harness slot at, or just below, your baby's shoulder. The chest clip should be at the same level as the child's armpits.
- If your baby needs a blanket or thick coat, put it over or on her after she is strapped in.

More car safety tips

- Put loose items in the trunk, or strap them down with cargo anchors. Loose items can fly around in the car and hurt your baby if you have to stop suddenly or you are in a crash.
- Replace the car seat right away if it is in an accident.
- Never leave your baby alone in the car. A car can get very hot, even on a cloudy day.
- To help you remember that your baby is in the car, put a soft toy in the front seat. Or secure something you need, such as a purse or backpack, in the backseat near your baby as a reminder.

Looking Ahead

As your baby grows, you will need to change the car seat.

Younger than 1 year	Use a rear-facing car seat. Though most laws and written advice indicate a 1 year and 20 pound requirement, infant seats are now typically rated to 22 pounds or more, and many convertible seats have rear-facing limits as high as 35 pounds. It's best to leave children rear-facing as long as possible up to the weight and height limits for your seat.
From 1 year to 4 years or less than 40 pounds	This is the point when you can transition to a forward-facing seat, but it's best to keep kids rear-facing as long as the seat will allow (see above). With a forward-facing safety seat, use it with a five-point harness and attach the top tether strap. Check the weight and height limit for your seat.
Age 5 and 6 or under 60 pounds	Use a booster seat with the car's safety belt. There are some seats in this weight range that still allow you to use the five-point harness.
Age 7 to age 13	The child should ride in the back seat using a safety belt. Front-seat air bags can injure children.

Family Birthing Center at Presbyterian Hospital

Women's Specialists of New Mexico patients use the Presbyterian Hospital for Labor and Delivery services. Call your care provider when you think you are in labor. When you are instructed to go to the hospital, proceed to the main Presbyterian Medical Center located at Cedar and Central.

Address
1100 Central Ave SE
Albuquerque NM 87106

Entrance
Enter at the main hospital entrance or the main parking garage entrance. You will see the Welcome Center, where you can get information or directions. Look for the green elevators (Elevator A) near the Subway restaurant. Take the elevator to the 5th floor. There is a red telephone you can pick up to ask for the doors to open. Walk through the doors, turn left, and proceed to Labor and Delivery Triage for evaluation.

Pre-admission
Presbyterian recommends pre-registering before it is time to come in to labor and delivery to have your baby. The Labor and Delivery Admissions Department is located on the 5th floor of the hospital and is open from 7:00 am to midnight 7 days a week. Please bring a photo ID and insurance card. It is possible to pay the co-pay for delivery at this time (if there is a co-pay) if desired. We recommend that you go around 28 weeks of pregnancy to fill out the appropriate forms.

Parking
- Park in visitor lots in front of the hospital.
- At the entrance, drop off or pick up patients only. Please do not park there.
- Valet Parking is offered for visitors and patients in the front of the Main Hospital Lobby loop 8:00am until 5:00pm. The charge is $3.
- Handicapped parking is available in the parking garage.

Where can I get a wheelchair?
There are Staxi Self Service wheelchairs at the Welcome Center, which also checks out regular wheelchairs. Volunteer patient escorts are available Monday-Friday 9:30am - 2:30pm.

Public Transportation
Bus Route 66, Route 97, and Route 766 Rapid Ride Red Line come directly to Presbyterian Medical Center.
http://www.cabq.gov/transit/destinations/albuquerque-destinations

What are the visiting hours?
Please note that only ***four*** visitors are allowed in the labor and delivery room. ***Two*** visitors are allowed in the triage area. Other visitors may wait in the L&D lobby waiting room.
- Partners: 24 hours a day
- Siblings: 12pm - 2pm and 6pm -8 pm on the Postpartum Floor; during the flu season (usually Oct - May, please call for exact dates) children under 14 are not allowed anywhere in the hospital.

- Friends/relatives: 24 hours on Labor and Delivery; 8am to 9pm on the Postpartum Floor

Where can I get something to eat?

- The Food Court Cafeteria (located on Sub Level 2) is open 7 days a week. Monday through Friday breakfast is available from 6:30 am to 10:15 am, lunch from 11:00 am to 3:00 pm and dinner from 4:00 pm to 8:30pm. It is open late from 11pm to 2am. On weekends and holidays, the cafeteria is open from 6:30am to 10:15am and 11am to 7pm.
- Subway is available on the main level (Level 1) at Presbyterian Hospital. It is open 6:00 am to 8:00 pm Monday through Friday and 11:00 am to 8:00 pm Saturday and Sunday.
- Several restaurants are within walking distance of Presbyterian Hospital. Ask at the Welcome Center.

When to Call Your Care Provider

- If you think you are in labor, general instructions:
  1st baby: contractions every 4-5minutes for about 1-2 hours
  Any baby after the 1st baby: Talk to your provider about when to come to the hospital
- If you think your "bag of water" has broken
- If you have bleeding "like a period"
- If your baby is not moving as much as he/she normally does
- If you have questions/concerns

What to Bring to the Hospital

These are just some suggestions of what to bring to the hospital:

- Bathrobe/slippers/socks
- Shampoo/lotion/massage oil/chapstick/soap
- Your "own" special pillow and/or blanket
- Hair band or clip
- Contact lens case and glasses (if applicable)
- Snacks/drinks for your support person/people
- Music
- Books/magazines
- Clothes to wear home
- Outfit (with legs) for the baby to wear home
- Car seat
- Cell phone and charger
- Clothes/ personal items for support person(s)

Information about Cameras and Video Cameras

Taking photos and video taping is permitted only under certain conditions:

- The nursing staff and the attending provider must agree to use of a video camera and agree to be filmed.
- Cameras and video cameras can only be used during the labor and after the baby is handed to mother.
- You cannot photograph or film the actual birth, any procedures, or the care given to the baby while it is adjusting to its new environment.
- At any moment you may be asked to stop recording or taking photos until further notice.

Important Phone Numbers

Your care provider: 505-843-6168
Answering service: 505-857-3985
Main Presbyterian Medical Center: 505-841-1234

Family Birthing Center at Lovelace Women's Hospital

Women's Specialists of New Mexico patients use the Lovelace Women's Hospital for Labor and Delivery services. Call your care provider when you think you are in labor. When you are instructed to go to the hospital, proceed to the Women's Hospital located at Montgomery and Jefferson.

Address
4701 Montgomery Blvd. NE (at Jefferson)
Albuquerque, NM 87109

Entrance
Enter at the main hospital entrance and proceed to the 3rd floor. After 8pm, the main entrance is locked, so entry through the ER is necessary.

Pre-admission
Women's Hospital requires pre-admission. We ask that you go to the Family Birthing Center on the first floor to pre-register. The hours for registering are 7:30am to 4pm Monday through Friday. If you need to register before 7:30am or after 4:00pm you can go to the emergency department and the registration clerk can assist you. Please bring a photo ID and insurance card. It is possible to pay the co-pay for delivery at this time (if there is a co-pay) if desired. We recommend that you go around 28 weeks of pregnancy to fill out the appropriate forms.

Parking
- Park in visitor lots in front or to the side of the hospital.
- Handicapped parking is available in both parking lots.

Where can I get a wheelchair?
Wheelchairs are available at the main level information center and in the ER after hours.

Public Transportation
Bus Route 5, Route 140/141, and Route 157 come directly to Lovelace Women's Hospital.
http://www.cabq.gov/transit/destinations/albuquerque-destinations

What are the visiting hours?
There are no set visiting hours, but it is recommended that family and friends leave the hospital by 10pm on the postpartum floor. Partners are welcome to stay 24 hours. Children must be accompanied by an adult at all times, and have a designated adult responsible for their care if they are present in Labor and Delivery in case they need to leave the room or there is an emergency situation. During the Flu season (usually Oct - May, please call for exact dates) children under 18 are not allowed.

Where can I get something to eat?
The Food Court Cafeteria (located on the main level past the elevators) is open 7 days a week from 7am to 6:30pm. Hot breakfast is served Monday through Friday from 7:00am to10:00am, hot lunch from 11:00am to 1:30pm, and hot dinner from 5:00pm to 6:30pm. On Saturday and Sundays, hot breakfast is served from 7:00am

to 10:00am, and hot lunch is served from 11am to 2:30pm. There are vending machines available when the cafeteria is closed.

When to Call Your Care Provider

- If you think you are in labor, general instructions:
  1st baby: contractions every 4-5minutes for about 1-2 hours
  Any baby after the 1st baby: Talk to your provider about when to come to the hospital
- If you think your "bag of water" has broken
- If you have bleeding "like a period"
- If your baby is not moving as much as he/she normally does
- If you have questions/concerns

What to Bring to the Hospital

These are just some suggestions of what to bring to the hospital:

- Bathrobe/slippers/socks
- Shampoo/lotion/massage oil/chapstick/soap
- Your "own" special pillow and/or blanket
- Hair band or clip
- Contact lens case and glasses (if applicable)
- Snacks/drinks for your support person/people
- Music
- Books/magazines
- Clothes to wear home
- Outfit (with legs) for the baby to wear home
- Car seat
- Cell phone and charger
- The hospital does not supply pacifiers. If you need one for your infant, you will need to bring one from home.
- Clothes/ personal items for support person(s)

Information about Cameras and Video Cameras

Camera use is allowed on Labor and Delivery. Use of a video camera must be cleared beforehand with the provider; it might not be allowed during the birth of the baby.

Important Phone Numbers

Your care provider: 505-843-6168
Answering service: 505-857-3985
Lovelace Women's Hospital: 505-727-7800