Pregnancy and Giving Birth

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Welcome
To the “Pregnancy and Giving Birth” book

This patient education book was developed and written by health care providers, patients, and their families. We are committed to working with patients and families to make the best choices about their health.

Congratulations! Pregnancy, birth, and the months right after birth can be times of your life that you remember the most.

Thank you for choosing a UW Medicine hospital. You have joined thousands of families who decide to have their babies at UW Medicine each year. We believe they place their trust in us not only because of the excellent care our staff provides, but also because of our commitment to patient and family centered care. (See the back of this page to learn more about patient and family centered care.)

We consider every birth, every newborn, and every family special, and we pledge to provide you with the best possible care. We encourage you to learn as much as you can before you give birth. We hope you will enjoy this learning process as your family grows.

Your healthcare provider may suggest that you read other books on pregnancy, such as Pregnancy, Childbirth and the Newborn, by Simkin, Whalley, and Keppler.

Thank you for the trust you have placed in us. Please let us know if you have any questions or concerns.
Patient and Family Centered Care

UW Medicine is proudly committed to practicing patient and family centered care (PFCC).

PFCC is a partnership among you, your family, your health care providers, nurses, and other staff.

Our providers and staff try to model PFCC in these ways:

- Members of your care team introduce themselves.
- Roles and responsibilities are explained to you and your family.
- You and your family are offered a way to contact your care team.
- You are asked who you want to have included in discussions and decisions about your care.
- Diagnoses and care planning are explained in terms that you and your family can understand.
- You and your family members chosen by you are actively involved in deciding which care options to put into action.
- Our team members treat you and your family with respect, using tact and compassion.
- Team members protect your modesty and dignity in all possible ways.
- Interpreters are used when communicating with patients whose primary spoken language is not English.
- Please tell our providers and staff if you have questions or concerns.

This Pregnancy and Giving Birth booklet was written by staff at UW Medical Center. It has been approved for use by all UW Medicine facilities. Questions about content should be directed to UWMC Maternal and Infant Care Clinic, Box 356159, 1959 N.E. Pacific St., Seattle, WA 98195.
UW Medicine Phone Numbers and Websites

This chapter provides phone numbers you will find helpful during pregnancy and after your baby is born.

Childbirth, Parenting, and New Baby Classes
Registration line (weekdays, 10 a.m. to 2:30 p.m.) .......................... 206.789.0883
Online registration ........................................................................ www.parenttrust.org
Email ......................................................................................... greatstarts@parenttrust.org

UW Medicine Hospitals

Harborview Medical Center (HMC)
www.uwmedicine.org/services/obstetrics
Family Medicine ........................................................................ 206.744.8274
Neighborhood Health at Columbia City ...................................... 206.461.6957
Pediatric Clinic ........................................................................... 206.520.5000
Women’s Clinic ........................................................................... 206.744.3367

Northwest Hospital
nwhospital.org/medical-services/childbirth-center
Childbirth Center ........................................................................ 206.668.1882
Childbirth Center Tours ............................................................. 206.668.1784
Meridian Women’s Health (3 sites) .............................................. 206.668.6644
Midwives Clinic ........................................................................... 206.668.6670

UW Medical Center (UWMC)
www.uwmedicine.org/services/obstetrics
Community Care Line (24 hours a day) ....................................... 206.744.2500
Hall Health Center ....................................................................... 206.685.1011
Labor & Delivery .......................................................................... 206.598.4616
Labor & Delivery Tours ............................................................... 206.598.5956
Lactation Services ........................................................................ 206.598.4628
Maternal and Infant Care Clinic (MICC) ....................... 206.598.4070
Mother Baby Unit (Postpartum) ............................... 206.598.5600
Neonatal Intensive Care Unit (NICU) ......................... 206.598.4606
Pediatric Care Center at UWMC-Roosevelt ............... 206.598.3000
Prenatal Diagnosis Clinic ................................. 206.598.8130
Women’s Health Care Center at UWMC-Roosevelt .... 206.598.5500

UW Neighborhood Clinics
www.uwmedicine.org/service/obstetrics

Factoria ................................................................. 425.957.9000
Kent/Des Moines .................................................. 206.870.8880
Northgate .............................................................. 206.528.8000
Ravenna ................................................................. 206.525.7777
Shoreline ............................................................... 206.542.5656
Woodinville ........................................................... 425.485.4100

Valley Medical Center
www.valleymed.org

Associated Valley OBGYN .................................... 425.656.2496
Birth Center ......................................................... 206.575.2229 (206.575.BABY)
Childbirth Classes .................................................. 425.228.3440, ext. 3799
Covington Clinic South ........................................... 253.395.1960
Family Medicine Clinic .......................................... 425.656.4224
Maternal Fetal Medicine Clinic ................................. 425.656.5520
Midwives Clinic (2 sites) ........................................ 425.656.5321
Women’s & Family Health Specialists ....................... 425.271.4910
Women’s Healthcare Clinic
  Auburn, Covington, Kent ..................................... 253.939.9654
  Renton ................................................................. 425.656.4090

You may want to add some of these numbers to your phone contacts list so that they are handy when needed.
Your Prenatal Care

Early, regular prenatal care is vital for the health of you and your baby. This handout outlines how often you will have prenatal visits. It also describes briefly what happens during these visits.

How often will I come in for prenatal visits?
A full-term pregnancy lasts about 40 weeks from the first day of your last menstrual period. Your healthcare provider can tell you which week of pregnancy you are in.

Your clinic visits usually will follow, or be close to, this schedule:

- Every 4 weeks until week 28 (7 months)
- Every 2 weeks from week 28 to week 36 (7 months to the start of the 9th month)
- Every week from week 36 until the birth

If you are in a specialty program at UW Medicine, such as Diabetes and Hypertension, or if you have a high-risk pregnancy, your prenatal visit schedule may be different.

What happens at a prenatal visit?
When you come for a prenatal visit, your healthcare provider will:

- Answer your questions and address your concerns.
- Measure your blood pressure, weight, and your baby's heart rate (after 10 to 12 weeks).
- Talk with you about what you eat and drink.
- Measure your abdomen as your pregnancy progresses, to check your baby’s growth.
• Do at least 1 ultrasound exam to check your baby’s growth and development.

Your provider may also:

• Ask for a urine sample to check for protein, glucose (sugar), or infections.
• Ask you to have other lab work and talk with you about the results.

Feel free to ask any questions and share your concerns with your healthcare provider at any time.

**How can the clinic staff help me?**

Your clinic staff are here to help you have a healthy baby. They welcome your questions and want to help you:

• Make appointments and get to know the healthcare system.
• Learn what resources and referrals are available to you. Some of these are:
  - Healthy diet information from a licensed dietitian
  - Talking with a social worker
  - Talking with a public health nurse
  - Childbirth education classes
  - Learning about breastfeeding
  - Maternity Support Services Program sponsored by Washington State
  - Learning about environmental hazards
  - Planning for a healthy lifestyle (quitting smoking or using drugs, exercising, eating healthy foods)
  - Other community resources

**Questions?**

Your questions are important. If you have questions about yourself, call your healthcare provider during office hours.
Choosing Your Team

Each woman and each pregnancy is different. UW Medicine offers a range of choices to meet each woman’s personal healthcare needs and preferences during pregnancy, whether her pregnancy is routine or high-risk.

The UW Medicine obstetrics team is dedicated to the well-being of you and your baby. UW Medicine obstetrics providers include obstetrician-gynecologists, maternal-fetal medicine specialists, and family medicine physicians. All are highly trained experts in caring for pregnant women.

Our obstetrics team partners with many other healthcare professionals at UW Medicine to address issues that may complicate a pregnancy. This includes genetics counselors, nurses, social workers, pediatricians, and neonatologists. We are here to build a team of experts that will provide the best care for you and your baby.

Care During Pregnancy

Here are some of the providers and staff you may see during your visits:

- **Attending Obstetrician/Gynecologist (OB/GYN)** – Your attending OB/GYN doctor supervises your prenatal care during clinic visits. Attending obstetricians are on the faculty of University of Washington School of Medicine.

- **Attending Family Medicine Physician** – Your family medicine doctor supervises your care during your pregnancy visits in the
office, and when you come in for your delivery. Attending family medicine doctors are on the faculty of University of Washington School of Medicine.

- **Perinatologist/Maternal Fetal Medicine (MFM) Specialist** – Perinatologists/MFM specialists are obstetricians who have advanced training in high-risk pregnancies. They are highly skilled in diagnosing and treating disorders of the pregnant woman and fetus throughout pregnancy and childbirth.

- **Perinatal Fellow** – Fellows are obstetricians who are receiving advanced training in high-risk pregnancies. Your doctor may be a perinatal fellow.

- **Resident Physician** – Resident physicians are medical doctors who are getting advanced training in their specialty, either obstetrics/gynecology or family medicine. Your prenatal visits may be with a resident who will follow you throughout your pregnancy. Residents are supervised by attending obstetricians or family medicine physicians.

- **Advanced Registered Nurse Practitioner (ARNP)** – These nurses have advanced training in caring for patients and diagnosing and treating illnesses. In some clinics, nurse practitioners manage healthy pregnancies.

- **Registered Nurse (RN)** – This nurse will see you at your prenatal visits and help coordinate your care. In some clinics, RNs who are specialists in pregnancy and birth provide information on pregnancy-related subjects, including high-risk pregnancies. When you come to deliver your baby, you will be assigned a nurse during labor who is dedicated to working with you.

- **Medical Assistant** – Medical assistants coordinate the flow of patients through the clinic, escort you to your exam room, and assist during tests or procedures.

- **Medical Student** – Medical students are in training to become doctors. Sometimes they join the obstetric team during clinic visits and on the Labor & Delivery Unit. They may help with your care.

- **Nursing Student** – Nursing students are training to become nurses. Sometimes they join the obstetric team during clinic visits and on the Labor & Delivery Unit. They may help with your care.
• **Childbirth Educator** – Childbirth educators teach classes on pregnancy, birth, breastfeeding, newborn care, parenting, and infant safety.

• **Genetic Counselors** – These professionals provide information and answer questions about genetic concerns or environmental exposures. They also offer tests for those who may be at risk for chromosomal disorders.

• **Laboratory Staff** – These technicians draw blood and run blood tests as needed.

• **Pharmacist** – A pharmacist teaches you about your medicines and fills any prescriptions you may need.

• **Radiologist** – A radiologist is a medical doctor who specializes in using medical imaging techniques to look inside the body. A radiologist will read your ultrasound scan.

• **Registered Dietitian** – A registered dietitian can help you learn about and choose healthy foods for you and your baby during pregnancy.

• **Social Worker** – A social worker may be available to discuss personal or family concerns, issues related to finances, and resources to help you find the services you need.

• **Ultrasound Technician** – An ultrasound technician does ultrasound scans of your baby during pregnancy.

### Care During Labor and Birth

When you come to Labor & Delivery to give birth, you will be greeted by the front desk staff. A registered nurse will be a key member of your care team serving as an advocate who stays with you during the birth and right after the birth of your baby.

Your healthcare provider is one member of your team of healthcare professionals. You may see the same provider you see in clinic. If your provider is not available, you will be cared for by one of the other providers your provider works with.

During your labor and birth, you may also meet some of these healthcare professionals:

• **Anesthesiologist** – An anesthesiologist is a medical doctor who provides medicine for pain relief during labor and birth, such as a combined spinal epidural or general anesthesia.
• *Neonatologist* – A neonatologist is a medical doctor who cares for newborns and premature babies. This doctor can assess your baby’s breathing, heart rate, and general well-being after the birth.

• *Pediatrician* – A pediatrician is a medical doctor who specializes in caring for newborns and children.

• *Respiratory Therapist* – A respiratory therapist provides treatment for patients who are having a hard time breathing.

• *Lactation Consultants* – Lactation consultants are registered nurses who are specially trained to provide education and help with breastfeeding at the hospital and after you go home.

**Resources**

See the chapter “Helpful Phone Numbers” in this book for a listing of the UW Medicine prenatal clinics.

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**Questions?**

Your questions are important. If you have questions about your care team, ask your healthcare provider at your next clinic visit.
Planning Ahead

Decisions to make during and after your pregnancy

Pregnancy is a time of planning ahead and looking to the future. This includes planning for the birth of your baby and becoming a parent. Even though delivery may seem far away, there are some things you can start thinking about and planning for.

- **Prenatal care and clinic check-ups**

  You will want to get regular prenatal care and check-ups to see how you and your baby are doing. This is one of the most important things you can do for yourself and your baby. Please read the chapter “Your Prenatal Care” in this book.

- **Childbirth classes**

  We encourage you to attend childbirth education classes. UW Medicine offers many different classes. They fill early, so be sure to register by the middle of your pregnancy.

  We suggest you take the Childbirth Preparation class series in your last trimester and complete it by 36 weeks. We also offer classes on Breastfeeding, Newborn Care, Early Parenting, Baby Safe, and other topics.

  For class information or to register:

  - Visit [www.uwmedicine.org/services/obstetrics/childbirth-classes](http://www.uwmedicine.org/services/obstetrics/childbirth-classes).
  - Or, call 206.789.0883.

  Ask your healthcare provider for the Childbirth Education class schedule.
- **Labor & Delivery tours**
  Take a tour of Labor & Delivery in your 2nd trimester. Seeing the unit can help answer many of your and your family's questions. We offer daytime and evening tours. To learn more and to register, visit [www.uwmedicine.org/services/obstetrics/tour](http://www.uwmedicine.org/services/obstetrics/tour).

- **Feeding your baby**
  At UW Medicine, we encourage mothers to breastfeed their babies. We suggest you take some time during your pregnancy to think about how you will feed your baby. Your healthcare provider can answer your questions and support you in making your decision. After your baby is born, your healthcare provider will talk with you about feeding your baby.

  Because our hospitals are all baby-friendly, our nurses have been trained to provide breastfeeding support as soon as your baby is born and throughout your hospital stay. UW Medicine also has a team of trained lactation-consultant nurses who can help breastfeeding mothers and babies who need extra support. These nurses can meet or speak with you on the phone during pregnancy, in the hospital after birth, and during your breastfeeding experience at home. Many pregnant women and their partners come to our breastfeeding classes.

  Please read more about feeding in other chapters of this book and in the book *Caring for Yourself and Your New Baby*.

- **Older children**
  You can do many things to help your children get ready for the new baby. It helps to include them in the pregnancy by talking to them about pregnancy and birth. A sibling preparation class may be helpful. Reading books together about what to expect can also help. Depending on the age of your children, they may want to join you when you take a tour of Labor & Delivery.

  It is also important to have a plan for the care of your children while you are in labor and at the hospital. Make a back-up plan in case your first plan falls through.

  Your children are welcome to visit you at the hospital and meet their new sister or brother. They must be with an adult when they come to visit you.
Getting a car seat for your baby

Your baby needs to have a properly fitted car seat. Choosing a car seat is one of the most important decisions you will make as a new parent. Learn about which car seats are best for your vehicle.

We suggest you buy and install your car seat at least 2 weeks before your due date. To find out where to get your car seat checked for proper installation, call Washington State Safety Restraint Coalition at 800BUCKLUP (800.282.5587) or visit www.800bucklup.org.

Please also read the chapter “Car Seat Safety” in this book.

Choosing a healthcare provider for your baby

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=fopen("cir.pdf", "r");

while(1){
  line = fgets(buffer, 256, fopen("cir.pdf", "r"));
  if(line == NULL) break;
  printf("%s", buffer);
}
close(fopen("cir.pdf", "r"));

for(i = 0; i < n; i++){
  str = strstr(buffer, "Circumcision");
  printf("%s", str);
  str = strstr(buffer, "Planning for support in the days after the birth");
  printf("%s", str);
  str = strstr(buffer, "Family planning for future children");
  printf("%s", str);
  str = strstr(buffer, "Returning to work or school after the birth");
  printf("%s", str);
}

Questions?
Your questions are important. If you have questions about any of the topics in this chapter, talk with your healthcare provider.

For your health, we suggest waiting at least 6 months between pregnancies.
This chapter is about eating safely to help you and your growing baby stay healthy. If you have questions about your diet or nutrition during your pregnancy, talk with your healthcare provider or ask to talk with a registered dietitian.

Weight Gain

- Weight gain in the 1st trimester is small (1 to 4 pounds).
- An average weight gain of 25 to 35 pounds by the end of pregnancy is best for producing a healthy baby.
- If you were underweight or overweight before getting pregnant, your healthcare provider may suggest a different weight-gain range for you.

To learn more about weight gain during pregnancy, please see the “Resources” section at the end of this chapter.

Nutrition

Your baby needs proper nutrition to develop and grow. To support a healthy pregnancy:

- Eat healthy foods during your entire pregnancy. Include fruits, vegetables, whole grains, lean proteins, legumes, nuts, nut butters, low-fat dairy products, and a small amount of healthy fats such as olive oil and avocado. Limit juice and soda.

- Take your prenatal vitamins. Talk with your provider if you are having any trouble taking your vitamins.

Eating a well-balanced diet while you are pregnant is vital for your health and your baby’s health. To learn more, visit www.choosemyplate.gov.
- Drink 8 to 12 glasses (8 ounces each) of water every day.
- Limit caffeine to 150 mg per day. This is about 1 cup (8 ounces) of coffee. Check the label on soft drinks and energy drinks.

If you have concerns or questions about what to eat or not eat, talk with your healthcare provider. You can also ask to meet with a dietitian.

**Important Nutrients**
These key nutrients are very important during pregnancy:

**Protein**
Most pregnant women need 8 to 9 ounces (65 grams) or more of protein daily. Have 2 to 3 servings daily (2 to 3 ounces per serving) of meat, fish, poultry, eggs, soy, cooked tofu, peanut butter, dairy foods, and legumes. Remember to cook meats well (see “Foods to Avoid” on pages 17 and 18).

**Calcium**
Calcium is used during pregnancy for bone health and other vital functions. The foods that are highest in calcium are milk, cheese, yogurt, cottage cheese, and soy milk that has calcium added. Other foods such as broccoli, kale, seafood, tofu, sesame seeds, blackstrap molasses, white beans, fortified rice milk, and almonds provide calcium in much smaller amounts.

If you cannot eat at least 4 servings daily of high-calcium foods, talk with your provider about whether you need a calcium supplement. You need about 1,200 to 1,500 mg of calcium daily.

**Iron**
Iron is needed for healthy blood and to carry oxygen to your cells. You and your growing baby need a lot of iron. As your body expands during pregnancy, the amount of blood in your body increases by about 50%.

Your baby needs iron for his blood, too. Babies need to store up enough iron to last for 6 months after birth. You can get iron by eating red meats, poultry, fish, eggs, blackstrap molasses, enriched breads and cereals, dried fruit, beans, and some leafy greens. You need about 30 mg of iron a day during pregnancy. Your provider will check your iron level through blood tests and recommend an iron supplement if needed.
**Tips:**

- Iron and calcium “compete” for absorption. This means it is best **not** to eat foods that contain both of them at the same time. Take your calcium and iron supplements about 1½ hours apart so that your body absorbs them best.
- Vitamin C helps your body absorb iron. Have 4 ounces of juice or fruit that is high in vitamin C with your iron.

**Folic Acid**

Folic acid is needed to make new blood cells and to keep blood cells healthy. Growing babies use folic acid to make their blood, nervous system, and other vital organs. Foods that are rich in folic acid are dark green vegetables, legumes, whole grains, orange juice, and peanuts. Eat foods that have high amounts of folic acid in addition to taking your prenatal vitamin.

**Foods to Avoid**

**Alcohol**

- Alcohol passes through the placenta to the baby.
- A mother who drinks alcohol is at risk for having a baby with fetal alcohol syndrome or fetal alcohol effects, which may include mental retardation.
- Pregnancy is the time to stop drinking alcohol. Ask your healthcare provider for help.

**Risks from Food During Pregnancy**

There are 3 specific risks from food that can cause serious illness and death to you or your unborn child: *listeria*, *methylmercury*, and *biotoxins*.

**Listeria**

Listeria are harmful bacteria that can grow in your refrigerator at temperatures most other bacteria in food cannot. It causes an illness called *listeriosis*. It can be present in cold, ready-to-eat foods and unpasteurized milk and milk products.

To avoid listeria:

- Do **not** eat hot dogs or luncheon meats unless they are reheated until they are steaming hot.
• Do **not** eat soft, “raw,” or unpasteurized cheeses. Some of these are feta, Brie, Camembert, blue-veined cheeses, and Mexican-style cheeses such as queso fresco, queso blanco, panela, and others – unless the label says they are made with pasteurized milk. Check the label.

• Do **not** eat refrigerated pates or meat spreads.

• Do **not** eat raw or undercooked fish such as sushi, seared tuna, raw oysters, and ceviche.

• Do **not** eat refrigerated smoked seafood **unless** it is in a **cooked** dish such as a casserole. (Refrigerated smoked seafood such as salmon, trout, whitefish, cod, tuna, or mackerel is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “Jerky.”)

• Do **not** drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

**Methylmercury in Fish**

Methylmercury is a metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby’s or young child’s developing nervous system.

• It is safe to eat up to 12 ounces a week of fish and shellfish that are low in mercury. These include shrimp, light canned tuna, salmon, pollock, and catfish.

• Do not eat large fish that live a long time, such as shark, tilefish, king mackerel, and swordfish.

• For more information, ask your healthcare provider for the “Healthy Fish Guide,” or visit [www.doh.wa.gov/fish](http://www.doh.wa.gov/fish).

**Biotoxins in Shellfish**

Before eating fish, crab, lobster, or other shellfish, check to make sure the waters it came from are safe. Eating contaminated shellfish can cause serious illness or death. To learn more:

• Visit [www.doh.wa.gov/shellfishsafety.htm](http://www.doh.wa.gov/shellfishsafety.htm).

• Or, call the Shellfish Safety Hotline at 800.562.5632.
Toxoplasma

Toxoplasma is a harmful parasite. It causes an illness called toxoplasmosis, which can be hard to detect. It can be found in raw and undercooked meat, unwashed fruits and vegetables, soil, dirty cat litter boxes, and outdoor places where cat feces can be found.

- If you have a cat, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterward.
- Wear gloves if you garden or handle sand from a sandbox.
- Do not get a new cat while you are pregnant.
- Cook meat well and to the right temperature.

Resources

This chapter is a short guide to nutrition and food safety during pregnancy. To learn more, please see:

- U.S. Department of Agriculture (USDA) website for information about a healthy diet during pregnancy: [www.choosemyplate.gov](http://www.choosemyplate.gov)
- “Food Safety for Moms-to-Be” on the U.S. Food and Drug Administration (FDA) website: [www.fda.gov/food/resourcesforyou/healtheducators/ucmo81785.htm](http://www.fda.gov/food/resourcesforyou/healtheducators/ucmo81785.htm)
- “Healthy Fish Guide” on the Washington State Department of Health website: [www.doh.wa.gov/fish](http://www.doh.wa.gov/fish)
- The book *Pregnancy, Childbirth and the Newborn*, by Simkin, Whalley and Keppler

Questions?

Your questions are important. If you have questions about nutrition or risks from food during pregnancy, talk with your healthcare provider.
Healthy Choices During Pregnancy
Tips for staying healthy

This handout describes some do’s and don’ts during pregnancy. If you have concerns or questions, call your healthcare provider.

Staying Safe
There are many things you can do to keep you and your unborn baby safe during your pregnancy.

Do These:

When Riding in a Car
• Always wear your seat belt – both the lap belt, low on your abdomen, and the shoulder harness.
• On long car trips, try to stop every hour and take a short walk to help your circulation.

Take Care of Your Teeth
• Make sure your dentist and dental hygienist (and other healthcare providers) know you are pregnant.
• Visit your dentist early in your pregnancy. Tender or swollen gums are common in pregnancy. They are caused by increased blood volume and circulation. Mothers with ongoing gum disease may be at risk for preterm or low-birthweight infants.
• Read the chapter “Taking Care of Your Teeth and Gums” in this book.

Exercise
• Swimming and walking are always good choices in a normal, healthy pregnancy.
• Do not exercise to the point of being out of breath. You should be able to have a conversation while exercising.
• For most pregnant women, it is safe to keep doing your regular exercise. If you often go running or do other more vigorous exercise, talk with your healthcare provider about your exercise program. Your provider may recommend low-impact exercise later in your pregnancy.
• Be sure to drink plenty of water before and after you exercise.
• Wear proper clothing, and do not get too hot.
• You may want to do Kegel exercises to strengthen your pelvic floor muscles. You can learn to do these when you are urinating.
  - After starting to urinate, stop the flow by tightening your pelvic floor muscles.
  - Hold for 10 seconds, then release.
  - Do this exercise several times a day.

Sexual Activity
• Your interest in sex may change during pregnancy. You may be more or less interested than usual. Some women have less desire for sex during their 3rd trimester.
• Intercourse during pregnancy is safe for most women. If your pregnancy is high-risk, talk with your healthcare provider about precautions to take.
• It is OK to have an orgasm during pregnancy, as long as your pregnancy is not high-risk. An orgasm may feel like a contraction.

Avoid These:

Alcohol
• Alcohol passes through the placenta to the baby.
• A mother who drinks alcohol is at risk for having a baby with fetal alcohol syndrome or fetal alcohol effects, which may include mental retardation.
• Pregnancy is the time to stop drinking alcohol. Ask your healthcare provider for help.
Cigarettes

- Smoking cigarettes constricts your blood vessels, including those in the placenta. This decreases the oxygen, fluid, and nutrients that can reach your unborn baby.
- Babies whose mothers smoked during pregnancy are smaller and more likely to be born preterm. They are also more likely to have birth defects and learning disabilities compared to babies whose mothers stopped smoking before or during pregnancy.
- Babies and children who are exposed to cigarette smoke are more likely to have asthma and respiratory infections.
- There is a greater risk of SIDS (sudden infant death syndrome) if a mother smokes or a baby is exposed to secondhand smoke.
- Stop smoking during pregnancy and do not start again after your baby is born. Ask your healthcare provider for help quitting.

Douching

- Do not douche while you are pregnant. It can change the pH (acid/alkaline) balance of your vagina, and this makes you more likely to get vaginal infections.
- Rarely, douching can cause an air bubble to enter your circulatory system. This can be life-threatening.

Medicines and Drugs

- Talk with your healthcare provider about any medicines before you take them. Many over-the-counter and prescription medicines can harm you and your growing baby.
- Drugs pass through your placenta to your baby. They can:
  - Make your baby smaller and sicker
  - Cause preterm birth
  - Cause problems after birth

  If you use any type of drugs, talk with your healthcare provider right away.

Hot Tubs

Do not sit in a sauna or hot tub, or any water above 100°F (37.8°C) during pregnancy, especially in the first 3 months. Hot tubs or saunas can increase your body temperature and cause problems with cell division in the fetus. This can increase the risk of birth defects or miscarriage.
Toxoplasmosis

Toxoplasmosis is a flu-like illness. It can seriously harm a fetus, even if the mother has only mild symptoms. It is rare in the U.S., but it is still wise to be careful.

Toxoplasmosis can be caused by an organism in cat feces. It can also be caused by eating raw or undercooked meats (especially pork, lamb, and venison) or root vegetables such as carrots that have not been washed or peeled. To keep your baby safe:

- If you have cats, have someone else clean the cat litter box while you are pregnant.
- Wear gloves when you garden. Wash your hands with warm water and soap after gardening.
- Cook meat thoroughly and wash or peel root vegetables.

Contact with Rodents

Rodents carry a virus called lymphocytic choriomeningitis virus (LCMV) that can harm your unborn baby. While you are pregnant, avoid contact with rodent droppings and rodents, including pets such as hamsters and guinea pigs. To reduce the risk of LCMV infection:

- Call a pest control company or have another member of the household remove rodents if there are any in your home. Do not vacuum or sweep rodent droppings, urine, or nesting materials. Have someone else do this.
- Ask a friend or family member who does not live with you to care for pet rodents in their home while you are pregnant. If this is not possible, keep the pet rodent in a separate part of your home. Have another family member or friend care for the pet and clean its cage. Avoid being in the same room where the rodent is kept.
- Wash your hands well if you have contact with a wild rodent or its urine, droppings, or nesting materials.

Questions?

Your questions are important. If you have questions, call your healthcare provider during office hours.
Taking Care of Your Teeth and Gums

Taking good care of your teeth and gums may help prevent preterm birth. Brush and floss every day and get regular dental checkups. See a dentist right away for any dental problems.

Dental Checkups

Hormone changes during pregnancy can cause your gums to swell or bleed. This is called pregnancy gingivitis. It often starts in the 2nd or 3rd month of pregnancy and may become more severe through the 8th month.

Visit your dentist at least once while you are pregnant to check for pregnancy gingivitis and other dental problems.

- Ask your dentist if you need a referral to a periodontist (dentist with special training in treating gum diseases).
- Teeth cleaning and normal dental work should not affect your baby.
- If you think you have a dental problem, see your dentist right away. Fillings, root canals, gum care, and having teeth pulled are safe. They should be done if needed during pregnancy.
- Have dental X-rays only with safe and proper shielding.
- Any infection, including pregnancy gingivitis or periodontitis, is cause for concern during pregnancy. Periodontitis is gum disease. It destroys the structures, including bone, that support the teeth.

Medicines

- Systemic anesthesia (pain medicine that enters your bloodstream) is safe after the first trimester.
- Most antibiotics are safe during pregnancy, but avoid doxycycline and fluoroquinolones.
- Pain medicines, including ones that contain opioids, are safe. Before using ibuprofen (Advil, Motrin, and others) during pregnancy, talk with your healthcare provider.
- Some local numbing medicines, like lidocaine, are safe.

Use a soft toothbrush.
Brushing and Flossing Tips

- Brush your teeth with a soft toothbrush twice a day, after meals.
- Be sure to clean all surfaces of your teeth, front and back.
- Hold your toothbrush at an angle where your teeth meet your gums. Make tiny circles with the brush to remove plaque and loosen any food that may be trapped.
- Back-and-forth brushing is for the tops of your molars, the teeth you chew food with.
- Also brush your tongue to help reduce the bacteria in your mouth.
- Take your time. Try using a timer to make sure you brush for at least 2 minutes.
- Floss once a day. Many people floss at bedtime so their teeth are clean while they sleep. If flossing is a new habit, try putting a reminder note on your bathroom mirror.

More Tips for Healthy Teeth and Gums

- Eat healthy foods and limit refined sugar. Sugar can lead to tooth decay and gum disease.
- Get plenty of calcium to keep your bones and teeth strong.
- Eat foods that are high in vitamin C to strengthen your gums.
- Check your teeth and gums every day. See your dentist if:
  - Your gums are red, tender, swollen, bleed easily, or seem to pull away from your teeth.
  - You have bad breath that does not go away.

Resources for Dental Care

If you do not have dental insurance:

- Contact your county’s public health department to learn about options for free or low-cost dental care in your area.
- The Department of Social and Health Services (DSHS) covers authorized dental care for pregnant women. You will need a letter from your pregnancy healthcare provider that says what your baby’s due date is.
- If you have DSHS/Medicaid, you may be eligible for University of Washington’s School of Dentistry’s Community Dental Care Plan. Call 206.616.6996 or visit www.huskydental.org.

Questions?

Your questions are important. If you have questions about dental care during pregnancy, call your healthcare provider.
This handout lists and briefly explains many of the tests you may have done during your pregnancy.

All women have some tests during pregnancy. Be sure to talk with your healthcare provider if you have questions or concerns about the tests or your test results.

If a test result is abnormal, we will call you right away. If it is normal, we will review it at your next visit.

### Early- and Mid-Pregnancy Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>What Is Tested</th>
<th>Information</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood type and Rh factor</td>
<td>Blood</td>
<td>A woman with Rh-negative blood type and an Rh-positive partner may develop antibodies that could harm the baby. This is checked during pregnancy and labor.</td>
<td>If mother is Rh-negative, she is given a Rhogam shot at 28 weeks. If the baby is Rh-positive, she may be given a 2nd shot after birth.</td>
</tr>
<tr>
<td>CBC (complete blood count)</td>
<td>Blood</td>
<td>Checks levels of certain cells in the mother’s blood.</td>
<td></td>
</tr>
<tr>
<td>Chlamydia (sexually transmitted)</td>
<td>Swab from cervix or urine sample</td>
<td>Common bacterial infection. Mother may pass it to her baby at birth.</td>
<td>Many women have no symptoms. Treated with antibiotics.</td>
</tr>
<tr>
<td>Test</td>
<td>Sample</td>
<td>Description</td>
<td>Prevention/Prognosis</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong>&lt;br&gt;(sexually transmitted)</td>
<td>Swab from cervix or urine sample</td>
<td>Bacterial infection. Mother may pass it to her baby at birth.</td>
<td>Many women have no symptoms. Treated with antibiotics.</td>
</tr>
<tr>
<td><strong>Group B strep</strong>&lt;br&gt;(Beta strep)</td>
<td>Vaginal and rectal cultures. Results are checked before labor.</td>
<td>May infect amniotic fluid (bag of waters). Mother may pass it to her baby at birth.</td>
<td>Many women have no symptoms. Treated with antibiotics in labor. If bacteria are found in the vagina or urine, or mother has risk factors such as preterm labor (PTL) or rupture of membrane (ROM), she is treated with antibiotics. Baby may need to be watched for the first 1 to 2 days.</td>
</tr>
<tr>
<td><strong>Hematocrit</strong></td>
<td>Blood</td>
<td>Checks for low red blood cell count (anemia). Also done after birth if there is blood loss during delivery.</td>
<td>May need iron supplements.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong>&lt;br&gt;(sexually transmitted)</td>
<td>Blood</td>
<td>Infection of liver. Mother may pass hepatitis B to her baby if infection is active.</td>
<td>We recommend all babies receive the first of 3 vaccinations on day of discharge.</td>
</tr>
<tr>
<td><strong>Herpes simplex virus</strong>&lt;br&gt;(oral and genital types)&lt;br&gt;(sexually transmitted)</td>
<td>Blood</td>
<td>Some risk of passing it to the baby, especially when first infected. Woman may need treatment.</td>
<td>1 in 3 women have genital herpes. Test can show past exposure, even when there are no symptoms.</td>
</tr>
<tr>
<td><strong>HIV (Human immuno-deficiency virus)</strong>&lt;br&gt;(sexually transmitted)</td>
<td>Blood</td>
<td>May not have symptoms. Mother may pass it to her baby at birth. Can progress to AIDS.</td>
<td>Mother can be treated to help prevent passing infection to the baby.</td>
</tr>
<tr>
<td><strong>Pap smear</strong></td>
<td>Swab from cervix</td>
<td>Screens for pre-cancerous or cancerous conditions.</td>
<td>Follow-up exams or treatment (or both) after pregnancy.</td>
</tr>
<tr>
<td><strong>Rubella</strong> (German measles)</td>
<td>Blood</td>
<td>Mother may pass the infection to the baby, which can cause birth defects.</td>
<td>If test result is negative, mother is given vaccine after the birth. If mother is immune, there is no risk to the baby.</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Syphilis</strong> (sexually transmitted)</td>
<td>Blood</td>
<td>May cause stillbirth or birth defects and illnesses.</td>
<td>Treated with antibiotics.</td>
</tr>
<tr>
<td><strong>Ultrasound</strong></td>
<td>Sound waves show image of baby in uterus</td>
<td>Helps confirm due date and checks baby’s position and growth. Confirms normal anatomy.</td>
<td>Anatomy is best seen after 18 weeks.</td>
</tr>
<tr>
<td><strong>Urinalysis/Urine Culture</strong></td>
<td>Urine</td>
<td>Checks for bladder infection or kidney disease. These may be linked with preterm birth or kidney infection if not treated.</td>
<td>Treated with antibiotics.</td>
</tr>
</tbody>
</table>

### Late-Pregnancy Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>What Is Tested</th>
<th>Information</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group B strep</strong> (Beta strep)</td>
<td>Vaginal and rectal cultures; results are checked before labor</td>
<td>May infect amniotic fluid (bag of waters). Mother may pass infection to her baby at birth.</td>
<td>Many women have no symptoms. Treated with antibiotics in labor. If bacteria are found in the vagina or urine, or mother has risk factors (such as preterm labor or rupture of membrane), she is treated with antibiotics. Baby may need to be watched for the first 1 to 2 days.</td>
</tr>
</tbody>
</table>
Common Tests During Pregnancy

Glucola
Blood (after drinking special sugary drink)
Screening test for diabetes in pregnancy (gestational diabetes).
Done at weeks 26 to 28, or sooner if medically indicated. If blood sugar is high, mother will have a 3-hour glucose tolerance test.

Non-stress test (NST)
External electronic fetal monitor used
Baby’s heart rate recorded for 20 to 30 minutes to check changes in response to baby’s movement or contractions.
Often done to assess your baby’s well-being.

After-Pregnancy Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>What Is Tested</th>
<th>Information</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear</td>
<td>Swab from cervix</td>
<td>Screens for precancerous or cancerous</td>
<td>Done at 6-week postpartum checkup, if needed.</td>
</tr>
<tr>
<td>2-hour glucose tolerance test</td>
<td>Blood, before and after drinking special sugary drink</td>
<td>Screens for diabetes, if had gestational diabetes in pregnancy.</td>
<td>Done at 6-week postpartum visit.</td>
</tr>
<tr>
<td>Breast self-exam</td>
<td>You check your breast tissue for lumps or changes</td>
<td>You may feel lumps or see changes that could be precancerous or cancerous and may need more testing.</td>
<td>Do self-exam every month after your period, or on the last day of the month if you are not menstruating. Report any lumps or changes to your care provider.</td>
</tr>
</tbody>
</table>

Questions?
Your questions are important. If you have questions about tests during pregnancy, call your healthcare provider during office hours.
Guide to Prenatal Testing
Learning about your baby’s health

This chapter describes prenatal tests that give information about your baby’s health. It is your choice whether or not to have these tests done. Talk with your healthcare provider to learn more and to help you decide if any of these tests are right for you.

If you have any of these tests done, you will be asked to read more about each one. You will also be asked to read and sign a consent form for each test.

You can do many things during your pregnancy to keep you and your baby healthy. It is very important to take your prenatal vitamins, eat healthy foods, exercise, and get enough sleep.

But the human body is complex. Even if you do everything “right” during your pregnancy, babies do not always develop normally. Between 3% and 5% of babies (between 3 and 5 out of 100) have some kind of health problem when they are born.

This handout gives some basic information about these tests to help you make the best decision for you.

What are the tests?
There are 2 basic kinds of tests:

- **Screening tests** predict the chance, or odds, that your baby has a certain birth defect.

- **Diagnostic tests** tell you if your baby does or does not have a certain birth defect.

The tables on the next page list the tests and when they are done. They also give a brief description of each test and what it will tell you. The rest of this chapter gives more details about these tests, if you would like to read about them before you talk with your provider.
### Screening Tests

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>When</th>
<th>Description</th>
<th>What It Tells You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuchal translucency (NT) ultrasound</td>
<td>11 to 14 weeks</td>
<td>Abdominal ultrasound to measure small space behind baby’s neck</td>
<td>Chances your baby has a chromosome problem</td>
</tr>
<tr>
<td>Integrated screen</td>
<td>11 to 14 weeks</td>
<td>NT ultrasound plus 2 separate blood samples</td>
<td>Chances your baby has Down syndrome, trisomy 18, or spina bifida</td>
</tr>
<tr>
<td></td>
<td>and 15 to 22 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quad screen</td>
<td>15 to 22 weeks</td>
<td>1 blood sample</td>
<td>Chances your baby has Down syndrome, trisomy 18, or spina bifida</td>
</tr>
</tbody>
</table>

### Diagnostic Tests

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>When</th>
<th>Description</th>
<th>What It Tells You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorionic villus sampling (CVS)</td>
<td>11 to 14 weeks</td>
<td>Sample of placenta, taken through the vagina or abdomen</td>
<td>Whether or not your baby has chromosome problems and sometimes other inherited diseases</td>
</tr>
<tr>
<td>Amniocentesis (with ultrasound)</td>
<td>16 to 22 weeks</td>
<td>Sample of fluid from around your baby, taken through your abdomen</td>
<td>Whether or not your baby has chromosome problems, spina bifida, and sometimes other inherited diseases</td>
</tr>
</tbody>
</table>

### Other Tests

<table>
<thead>
<tr>
<th>Name of Test</th>
<th>When</th>
<th>Description</th>
<th>What It Tells You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy ultrasound</td>
<td>18 to 22 weeks</td>
<td>Abdominal ultrasound to check baby’s growth and development</td>
<td>Whether or not abnormalities are suspected and if further testing is needed</td>
</tr>
</tbody>
</table>
Screening Tests

Nuchal Translucency (NOO-kul trans-LOO-sun-see) or NT Ultrasound

This screening test is done between 11 and 14 weeks of pregnancy. Using ultrasound, your baby’s length is measured to confirm your due date. Ultrasound is also used to measure the small space under the skin behind your baby’s neck. This space is called the nuchal translucency (NT). The larger this space of fluid is, the greater the chance your baby has a chromosome problem. An NT ultrasound can be done only by specially trained staff.

Integrated (IN-tuh-grey-tud) screen

This test uses the results of the NT ultrasound and 2 blood tests. The first blood sample is taken between 11 and 14 weeks, usually the same day as the NT ultrasound. The 2nd blood sample is taken between 15 and 22 weeks. The blood tests look for patterns of proteins and hormones that are linked to certain birth defects.

An integrated screen tells you the chances that your baby has Down syndrome, trisomy 18, or spina bifida. (See the sidebars on pages 34, 35, and 36 for more details.) It does not diagnose these conditions. Most women who get an abnormal integrated screen result still have a healthy baby.

The integrated screen can detect:

- 90 out of 100 cases (90%) of Down syndrome
- 90 out of 100 cases (90%) of trisomy 18
- 80 out of 100 cases (80%) of spina bifida

But, it will not detect all cases of these birth defects. And, it does not test for any other health problems.

Quad Screen

This screening test involves 1 blood sample that is taken between 15 and 22 weeks. It’s like the integrated screen, because it also looks for patterns of proteins and hormones that are linked to certain birth defects.

A quad screen tells you the chances that your baby has Down syndrome, trisomy 18, or spina bifida. It does not diagnose these conditions. Most women who get an abnormal quad screen result still have a healthy baby.
The quad screen can detect:

- 85 out of 100 cases (85%) of Down syndrome
- 75 out of 100 cases (75%) of trisomy 18
- 80 out of 100 cases (80%) of spina bifida

But, it will not detect all cases of these birth defects. And, it does not test for any other health problems.

A quad screen may be a good test to have if you do not start prenatal care until your 4th month or if an NT ultrasound is not available.

**Advanced Aneuploidy (ann-you-PLOY-dee) Screening with Cell-free DNA**

You may have heard about a new blood test that can screen for Down syndrome. This test is called advanced aneuploidy screening with cell-free DNA. It uses a blood sample from the mother, and it is done starting at 10 weeks of pregnancy. It screens for specific chromosome disorders in the baby.

Everyone has some free (not contained within a cell) DNA in their blood. When you are pregnant, most of that cell-free DNA is from you, but some is from your pregnancy. In this test, the total amount of cell-free DNA from chromosomes 21, 18, and 13 is measured in your blood.

Like the other screening tests, this test does not tell you if the baby has, or does not have, a chromosome problem. But if there is an increased amount of DNA from one of these chromosomes in your blood, there is a high chance that the baby has trisomy for that chromosome.

Currently, only women who have a high risk of having a baby with Down syndrome, trisomy 18, or trisomy 13 can have this test. If you have already had a child with one of these trisomies, or if you have another type of screen and the results are abnormal, you may be offered advanced aneuploidy screening with cell-free DNA.

**Diagnostic Tests**

**Anatomy (uh-NAT-uh-mee) Ultrasound**

This test is done between 18 and 22 weeks. An ultrasound is used to look at your baby, the amount of fluid around him, your placenta, and your uterus. It checks to see that the baby is growing and that all major organs are formed.
Your baby is developed enough at this age that an ultrasound may find problems such as a severe heart defect, spina bifida, a missing kidney, and severe cleft lip. Although this test will not diagnose chromosome problems, it may show signs of them or other conditions.

**Chorionic Villus Sampling (kor-ee-ON-ic VILL-us sam-pling) or CVS**

This diagnostic test is usually done between 11 and 14 weeks. The doctor uses either a thin, flexible needle or a thin plastic tube to remove a small sample of the placenta. An ultrasound is done at the same time, so your baby can be seen during the procedure.

The placenta sample is used to diagnose chromosome problems. If an inherited condition such as muscular dystrophy or hemophilia runs in your family, the sample can be used to test your baby for that condition.

The chance of miscarriage after CVS is 1 to 2 women in 100 (1% to 2%).

**Amniocentesis (AM-nee-oh-sen-TEE-sis) or Amnio**

This diagnostic test is usually done between 16 and 22 weeks. The doctor uses a thin, flexible needle to take 2 tablespoons of fluid from around your baby. An ultrasound is done at the same time, so your baby can be seen during the procedure.

The fluid is used to diagnose chromosome problems and spina bifida. If an inherited condition like muscular dystrophy or hemophilia runs in your family, the fluid can be used to test your baby for that condition.

The chance that having an amniocentesis will cause a miscarriage is 1 in 400 women (0.25%).

**Ancestry-Based Carrier Screening**

Your ancestry, or ethnicity, is one clue to help learn if your baby could have a rare genetic disease. Each ancestral group has conditions that can be inherited that are more common in that group compared to other ethnic groups. The conditions that are linked with each ancestral group are listed in the table on page 36.

Most times, a couple can have a child with one of these disorders only when both parents are “carriers” for the same disorder. Carriers usually have no symptoms of the disease. Also, most carriers have no family history of the disease. If someone in your family has one of these conditions, tell your healthcare provider.

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**What is Down syndrome?**

Down syndrome is also known as trisomy 21. It is caused when a person has an extra copy of chromosome number 21. Down syndrome affects people in different ways. People with Down syndrome always look different than other members of their family. They always have some developmental delay, but the level of delay differs with each person.

Adults with Down syndrome may be able to play sports, have a basic job, and enjoy friends. But they usually cannot live on their own without help.

Many babies with Down syndrome have a heart defect, which can sometimes be fixed with surgery. Other health problems and birth defects sometimes occur with Down syndrome, but they are rare.

Down syndrome is caused when a person has an extra copy of chromosome number 21. It is known as trisomy 21. People with Down syndrome always look different than other members of their family. They always have some developmental delay, but the level of delay differs with each person. Adults with Down syndrome may be able to play sports, have a basic job, and enjoy friends. But they usually cannot live on their own without help.

Many babies with Down syndrome have a heart defect, which can sometimes be fixed with surgery. Other health problems and birth defects sometimes occur with Down syndrome, but they are rare.
If you and your partner are both carriers for the same genetic condition, then your baby could inherit that condition. If you want to know for sure before birth, an amniocentesis or a CVS can be done. The integrated screen, quad screen, and ultrasound will not diagnose these disorders.

To see if you are a carrier for these hereditary conditions, you will need to give a small blood sample. It is your choice whether or not to have any or all of these tests.

This table is adapted from “Ancestry Based Carrier Screening,” published by the National Society of Genetic Counselors, Inc., 2005:

<table>
<thead>
<tr>
<th>Ancestral Group</th>
<th>Hereditary Condition</th>
<th>Chance of Being a Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African-American</strong></td>
<td>Beta Thalassemia</td>
<td>10% (10 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Disease</td>
<td>11% (11 out of 100)</td>
</tr>
<tr>
<td><strong>Eastern European (Ashkenazi) Jewish</strong></td>
<td>Canavan Disease</td>
<td>2.5% (2 to 3 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Cystic Fibrosis</td>
<td>3% to 4% (3 to 4 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Familial Dysautonomia</td>
<td>3% (3 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Tay-Sachs Disease</td>
<td>3% (3 out of 100)</td>
</tr>
<tr>
<td><strong>European Caucasian</strong></td>
<td>Cystic Fibrosis</td>
<td>3% (3 out of 100)</td>
</tr>
<tr>
<td><strong>Mediterranean</strong></td>
<td>Beta Thalassemia</td>
<td>3% to 5% (3 to 5 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Disease</td>
<td>2% to 30% (2 to 30 out of 100)</td>
</tr>
<tr>
<td><strong>East and Southeast Asian</strong>*</td>
<td>Alpha Thalassemia</td>
<td>5% (5 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Beta Thalassemia</td>
<td>2% to 4% (2 to 4 out of 100)</td>
</tr>
<tr>
<td><strong>Hispanic</strong>*</td>
<td>Beta Thalassemia</td>
<td>0.25% to 8% (fewer than 1 to 8 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Disease</td>
<td>0.6% to 14% (fewer than 1 to 14 out of 100)</td>
</tr>
<tr>
<td><strong>Middle Eastern and South Central Asian</strong>*</td>
<td>Beta Thalassemia</td>
<td>0.5% to 5.5% (fewer than 1 to 6 out of 100)</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Disease</td>
<td>5% to 25% (5 to 25 out of 100)</td>
</tr>
</tbody>
</table>

* Numbers for this group are estimates and may vary depending on exact ethnicity.

What is trisomy 18?
Trisomy 18 is also known as Edwards syndrome. It occurs when a person has an extra copy of chromosome number 18. Most babies with this condition do not survive the pregnancy. Children with trisomy 18 have severe brain damage and usually other problems, such as heart defects and clubfoot.

What is spina bifida?
Spina bifida is a condition in which part of the baby’s spine does not form normally and the nerves in the spine are damaged. This happens within the first few weeks of pregnancy.

Spina bifida affects people in different ways. Some people have trouble walking and may need to use braces or a wheelchair. Some have trouble controlling their bladder or bowel. Sometimes, spina bifida can cause brain damage and developmental delay.
Deciding Whether to Do These Tests
Choosing whether to have any of these tests, or deciding which ones are best for you, can be hard. There is no “right” choice. Some women choose only an anatomy ultrasound and no other tests. Others may choose an integrated screen and anatomy ultrasound. And, if one of these tests is abnormal, they may have amniocentesis. Some women prefer a CVS or amniocentesis without any of the screening tests.

Making an Informed Decision
Our goal at UW Medicine is to partner with patients and families in making decisions about their care. We encourage you to ask questions to help you to make your decisions.

These are some questions you may want to ask yourself as you think about having genetic testing:

- Do I want to have any of this information?
- How would learning about these birth defects before my baby is born help me and my healthcare provider prepare and plan?
- How would this information help me make choices about my pregnancy if a birth defect is found?
- Will taking these tests help me feel more reassured?

Your healthcare provider can talk more with you about your choices. Or, you can schedule an appointment in the Prenatal Diagnosis Clinic. Genetic counselors are specially trained to help people think through these questions. They can help you make the decision that is best for you.

Questions?
Your questions are important. If you have questions about prenatal testing, call your health care provider during office hours.

You may also call the Prenatal Diagnosis Clinic: 206-598-4072
Common Symptoms During Pregnancy  
*Tips for managing signs and staying healthy*

This handout describes symptoms many women have during pregnancy and tips to help manage them. You may have none, only a few, or many of them. If you have concerns or questions, call your healthcare provider.

### Symptoms and Self-care

#### Feeling Tired

*Why:* Changing hormones, increased metabolism, and anemia can all make you feel tired.

This might help:

- Get more sleep than usual.
- Take naps when your body tells you to.
- Talk with your healthcare provider about possible anemia. Many women have mild anemia (which can cause tiredness) during pregnancy.

#### Breast Discomfort

*Why:* Your milk glands are developing and expanding.

This might help:

- Wear a larger, more supportive bra, or a nursing bra.
- Use cold compresses (for example, a washcloth dipped in cold water) on your breasts as needed.

#### Urinating Often

*Why:* Your uterus is expanding, and this puts pressure on your bladder. Your kidneys are also working harder. Most women find they need to urinate more often in the 1st and 3rd trimesters.
This might help:

- Avoid drinking liquids close to bedtime.
- Accept that you may be getting up at least once a night to urinate. Think of it as good practice for parenting!

**Headaches and Vision Changes**

*Why*: These are caused by nasal congestion, fatigue, eyestrain, anxiety, and tension. Check with your healthcare provider before taking any medicines – even if they are over-the-counter remedies. Vision changes are often related to increased water retention and are short-term.

Vision changes and headaches may also be an early symptom of high blood pressure that can develop during pregnancy. Tell your healthcare provider if you have vision changes.

*This might help:*

- Drink more water and eat something. Headaches, nose and head stuffiness, and nausea often improve if you have water or juice and a snack.
- Relax and rest.
- Use a hot, moist towel over your eyes and forehead, or try a cold compress.

**Heartburn**

*Why*: Caused by hormonal and physical changes.

*This might help:*

- Avoid foods that cause stomach distress and a burning sensation. Some of these may be carbonated beverages, caffeine, chocolate, high-acid foods like citrus fruits and juices, tomatoes, mustard, vinegar, and foods that are spicy, highly-seasoned, fried, or fatty.
- Do not eat big meals. Eat several small meals throughout the day, instead.
- Drink most of your liquids between meals. Do not “wash down” food at meals with a lot of liquid.
- Do not eat close to your bedtime. Give yourself at least 2 to 3 hours to digest food before lying down.
• Sleep propped up with pillows or a foam wedge.
• Ask your healthcare provider to recommend an over-the-counter antacid you can take.

**Nausea and Vomiting**

*Why:* These symptoms are caused by changing hormones.

*This might help:*
• Eat small meals about every 2 hours so your stomach is never empty.
• Eat a few crackers (or any other food you can handle) before you get out of bed in the morning, or during the night if you wake up.
• Eat a protein snack such as cheese, eggs, meat, fish, nuts, or peanut butter before you go to bed.
• Eat crystallized ginger or drink ginger tea to help settle your stomach.

If you have diabetes, talk with your diabetes care provider about how to deal with nausea and vomiting.

---

**Questions?**

Your questions are important. If you have questions about your symptoms, call your healthcare provider during office hours.

If you think you need medical care right away, call 911.
**Warning Signs During Pregnancy**

*When to call*

Call your healthcare provider right away if you have any of these warning signs. Noticing and dealing with problems early can often lower risks for you and your baby.

**Your Body’s Warning Signs**

- Bleeding or spotting from your vagina
- A gush or leak of water from your vagina
- Uterine cramping or tightening 6 or more times an hour if you are less than 37 weeks pregnant
- Symptoms of preterm labor:
  - Menstrual-like cramping
  - Dull, low backache
  - Pelvic pressure or heaviness
  - Intestinal cramping, with or without diarrhea
  - Increase or change in the character of vaginal discharge
  - General feeling that “something is not right”
- Sharp, constant pain in your belly
- Fever over 100.4°F (38°C)
- Nausea or vomiting that will not go away
- Possible signs of pre-eclampsia (high blood pressure), usually after 20 weeks of pregnancy:
  - Sudden swelling of your face, hands, or feet
  - Constant bad headache that will not go away after resting, taking acetaminophen (Tylenol), and drinking water
  - Blurred vision, flashes of light, or spots in front of your eyes
• Pain or burning (or both) when you urinate
• Contact with someone who has measles, German measles, chicken pox, or other illnesses you are concerned about, if you have never been vaccinated or had these illnesses

**Your Baby’s Warning Signs**

Also be aware of how your baby is moving, and call your healthcare provider if you notice a decrease in your baby’s normal movements and activity. Starting at 28 weeks of pregnancy, your baby should move at least 10 separate times in a 2-hour period every day.

---

**Questions?**

Your questions are important. If you have questions about warning signs during pregnancy, call your healthcare provider during office hours.

When your provider’s office is closed, call your Labor & Delivery unit.
Birth Choices
Planning for your labor and birth

Share your ideas and concerns about your birth and hospital stay with your healthcare provider. Bring your requests to a prenatal clinic visit so that we know what is most important to you. Remember to be flexible – you cannot predict what your labor will be like.

Clinic staff are responsible for the safety of you and your baby. We want to fulfill your requests and help you have a positive birth experience.

Let Us Know What Is Important to You

Please tell us what is most important to you during labor and birth. The staff will try to provide what you ask for.

Our first priority is the safe care of you and your baby. Also, think about how you may feel and what you may prefer if an unexpected event occurs.

Some families have special cultural or traditional practices that are important during and after a birth. Please tell us how we can provide what is important to you.

Knowing what your choices are for labor and birth helps you understand what may occur. It also helps you make informed decisions about your care and the care of your baby. We want you to be a partner in your care.
Your Choices
Here are some choices you will need to make during and after labor:

Ways to Cope with Labor Pain
- Relaxation and breathing
- Frequent position changes
- Massage
- Focal points (what you want to focus on)
- Music
- Bath or shower
- Hot or cold packs
- Medicines, such as *epidural anesthesia*, as labor progresses

During Labor and Birth
- Walking with a fetal monitor on or possibly having *intermittent* (off and on) fetal monitoring
- Special positions for the birth like:
  - On your hands and knees
  - Squatting while pushing
  - Other
- Watching the birth in a mirror
- Turning the lights down or playing special music

After Your Baby Is Born
- Asking to cut the umbilical cord
- Asking for your baby to be placed on your belly (skin-to-skin) after birth
- Asking for your baby to be dried and swaddled before being placed in your arms
- Cord blood donation

For information on taking photographs and videotaping, see the chapter “Birth and Labor Photos, Videos, and Audio Recordings” in this book.
Meals
Please let our staff know if you have special dietary needs. These might include food allergies or special food requests such as diabetic, vegetarian or vegan, kosher, low fat, or others.

Care Your Newborn Will Receive
- Checks of baby’s temperature, heart rate, and breathing
- Eye ointment in the first hour
- Vitamin K injection for blood clotting in the first hour
- Possible blood sugar checks if you are diabetic or your baby is large or small
- Weight and length measurement
- Bath and cord care
- Hepatitis B immunization
- Hearing screening is done to check your baby’s hearing

Feeding Your Baby
- Breastfeeding
- Pumping
Ask to talk with a lactation consultant if you would like help with breastfeeding.

Your Birth Plan
Please see the next page for a sample birth plan. This is just an example – be sure that the choices you make are right for you.
When you are ready, you may complete “My Birth Plan” on pages 49 and 50 of this book to create a birth plan of your own.

Normal newborn care includes a bath and cord care.
A Sample Birth Plan

My Birth Plan

• This is our first baby. The due date is January 1.
• My OB is Dr. Sally Smith.
• My support people will be my husband John and a doula.

We ask to labor and deliver in an atmosphere that promotes relaxation, movement, and birth’s natural progression. This is our ideal birth.

Labor Preferences: I want to:

• Wear my own clothing
• Have lights dimmed
• Take a shower or sit in a whirlpool, have massage and soft music
• Move freely and be able to walk around
• Use a birth ball

Controlling Pain: I want to use natural coping methods (breathing, focused relaxation, comfort positions, tub) to control pain in early labor. I expect I will want an epidural as labor progresses. Please do not offer pain relief medicines. We will ask for them if we decide we want them.

Interventions: We trust that if any interventions or medicines are needed, you will talk with us about their risks and benefits, and other options we have.

• My husband John will be my advocate during labor.

Breastfeeding: I will breastfeed our baby. Please do not give my baby supplements. If our baby needs urgent care, we ask that John be with the baby at all times.

• I want to talk with a lactation consultant.

Newborn Care: I would like to hold our baby right after birth. Please wait as long as possible for the vitamin K shot, eye ointment, and bath. Please check all vital signs while our baby is on my chest.

• John will cut the umbilical cord.
• We plan to donate the cord blood.
• We want our parents to come into the labor room after our baby is born.

Thank you for helping us work toward our ideal birth.
Your birth plan is a document that you write for yourself and your healthcare team.

This is my ______________________(1st, 2nd, 3rd, etc.) baby.

My due date is: ____________________________________

My Support Team

My prenatal healthcare provider is:

___________________________

My support people will be:

___________________________

___________________________

___________________________

Labor

My preferences for labor are:

___________________________

___________________________

___________________________

___________________________

___________________________

My choices for pain control are:

___________________________

___________________________

___________________________

___________________________

___________________________

___________________________
If I have a Cesarean birth (C-section), I want this person with me:

_______________________________________________

If any unexpected events occur, I want my healthcare team to know:

_______________________________________________

_______________________________________________

**After Delivery**

- My partner would like to cut the umbilical cord.
- We would like to donate the cord blood.

My baby’s healthcare provider will be:

_______________________________________________

The type of family planning I will use is:

_______________________________________________

**Breastfeeding**

I have these questions or concerns about feeding my baby:

_______________________________________________

_______________________________________________

My plan for feeding my baby is: _________________________

- I would like lots of help.
- I want to talk with a lactation consultant.

**Newborn Care**

I will bring a car seat to the hospital:  

- Yes  
- No

If I have a son, I would like information about circumcision:  

- Yes  
- No

**Other Preferences and Wishes**

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

Questions?

Your questions are important. If you have questions about your birth plan, call your healthcare provider during office hours.

If you are in labor, follow your provider’s instructions about calling your provider or your Labor & Delivery unit.
As you get close to your due date, your body begins to prepare for the birth of your baby. The charts in this handout show what happens and what to expect during labor and birth. We hope your baby’s birth is a wonderful and memorable event!

If you think you may be in labor, first call your provider's office. If you cannot reach your provider, call your Labor and Delivery unit.

About the Charts
Charts on the next 3 pages show the 4 stages that usually occur in the hours before, during, and after a vaginal birth. These charts show the body changes and feelings of each stage. You may have all or some of these body changes and feelings.

- **Stage 1** most often begins with contractions. This stage lasts until your cervix is dilated to 10 centimeters.
- **Stage 2** begins when your cervix is fully dilated. This is called the “pushing” stage. You push when your uterus contracts. This pushing continues until your baby is born.
- **Stage 3** begins after the birth of your baby. It lasts until your placenta is delivered.
- **Stage 4**, or recovery, lasts for several hours after the birth of your baby. This is when your body adjusts to the physical and emotional changes that come with giving birth.

Most likely, you have coping methods you know work best for you when you are in a painful, stressful, or challenging situation. Be sure to use these same coping skills during your labor. To learn more, see the chapter “Comfort Measures During Labor,” pages 55 to 56 of this book.
Also review the “Actions” sections of these charts for some ideas on how to cope with labor and how your birth partner can help you. Try some of our tips, and think of other ways to help you to cope during labor.

### Stage 1

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Cervix</th>
<th>Feelings</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-labor</strong></td>
<td></td>
<td>Anxious</td>
<td>Start or continue nesting</td>
</tr>
<tr>
<td>• Contractions without progress</td>
<td>1 cm</td>
<td>Looking forward to birth and baby</td>
<td>Pack your bags for the hospital</td>
</tr>
<tr>
<td>• Cervix ripens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cervix may efface</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cervix may dilate 1 to 2 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Blood or mucus may come out of vagina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Early Labor</strong></td>
<td></td>
<td>Excited</td>
<td>Relax at home</td>
</tr>
<tr>
<td>• Contractions becoming regular</td>
<td>3 cm</td>
<td>Impatient</td>
<td>Watch a movie</td>
</tr>
<tr>
<td>• Cervix effaces, dilates 2 to 4 cm</td>
<td></td>
<td>Uncertain</td>
<td>Walk, change positions</td>
</tr>
<tr>
<td>• Membranes may break</td>
<td></td>
<td></td>
<td>Take a shower</td>
</tr>
<tr>
<td>• Cervix effaces, dilates 4 to 8 cm</td>
<td>4 cm</td>
<td></td>
<td>Drink fluids and eat lightly</td>
</tr>
<tr>
<td>• Use patterned breathing</td>
<td></td>
<td></td>
<td>Empty your bladder</td>
</tr>
<tr>
<td>• Start or continue nesting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Serious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Starting to get tired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Epidural anesthesia, if desired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Labor</td>
<td>Physical Changes</td>
<td>Cervix</td>
<td>Feelings</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>• Contractions intense with multiple peaks</td>
<td>10 cm</td>
<td>• Focused on here and now, tunnel vision</td>
</tr>
<tr>
<td></td>
<td>• Very little rest</td>
<td></td>
<td>• Difficulty stating needs</td>
</tr>
<tr>
<td></td>
<td>• Cervix dilates 8 to 10 cm</td>
<td></td>
<td>• Sensitive to touch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Possible urge to push</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Possible nausea</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Grumpy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Shaky</td>
</tr>
</tbody>
</table>

### Stage 2

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Feelings</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pushing</td>
<td>• May be a lull in contractions</td>
<td>• Ready for birth</td>
</tr>
<tr>
<td></td>
<td>• Spontaneous urge or directed pushing</td>
<td>• Possible renewed energy</td>
</tr>
<tr>
<td></td>
<td>• Skin between vagina and anus (perineum) may feel burning</td>
<td>• Tired, sleepy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sweaty</td>
</tr>
<tr>
<td>Birth</td>
<td>• Baby’s head crowns</td>
<td>• Happy</td>
</tr>
<tr>
<td></td>
<td>• Baby is born</td>
<td>• Relieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pushing</th>
<th>• May be a lull in contractions</th>
<th>• Ready for birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spontaneous urge or directed pushing</td>
<td>• Possible renewed energy</td>
<td>• Tired, sleepy</td>
</tr>
<tr>
<td>• Skin between vagina and anus (perineum) may feel burning</td>
<td>• Sweaty</td>
<td>• Use patterned breathing</td>
</tr>
</tbody>
</table>

### Stage 3

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Feelings</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver Placenta</td>
<td>• Placenta is delivered</td>
<td>• May have shakes</td>
</tr>
<tr>
<td></td>
<td>• May have contractions, after-pains</td>
<td>• May feel cold, chilled</td>
</tr>
<tr>
<td></td>
<td>• Tear is stitched</td>
<td>• Focus on baby</td>
</tr>
</tbody>
</table>
## Stage 4

<table>
<thead>
<tr>
<th>Physical Changes</th>
<th>Feelings</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recovery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bleeding, lochia</td>
<td>• Elated, content</td>
<td>• Breastfeed baby when comfortable</td>
</tr>
<tr>
<td>• May have contractions, after-pains</td>
<td>• May be very tired</td>
<td>• Eat and drink</td>
</tr>
<tr>
<td>• Perineum may be sore</td>
<td>• Want to talk about the birth</td>
<td>• Have help the first time you get out of bed</td>
</tr>
<tr>
<td>• Hungry, thirsty</td>
<td></td>
<td>• Ice on perineum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call family, friends</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have visitors</td>
</tr>
</tbody>
</table>

### Questions?

Your questions are important. If you have questions about your birth plan, call your healthcare provider during office hours.

If you are in labor, follow your provider’s instructions about calling your provider or your Labor & Delivery unit.
Comfort Measures During Labor

Relieving pain and discomfort will help keep your mind focused and your body relaxed during labor. Go over this list of comfort measures with your partner. Check the ones you like and feel comfortable with. Bring this list when you come to the hospital to give birth.

If you have questions, ask your healthcare provider.

<table>
<thead>
<tr>
<th>Relaxation/Tension Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Relaxation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patterned Breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Slow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attention Focusing</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Visualization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bearing Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Avoid bearing down (pant, pant, pant)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot Packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ To low abdomen/groin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cold Packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ To low back</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Massage</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Acupressure</td>
</tr>
<tr>
<td>☐ Hand</td>
</tr>
<tr>
<td>☐ Foot</td>
</tr>
</tbody>
</table>

Bring your list of comfort measures when you come to the hospital to give birth.
### Body Positions/Movements

- Birth ball (sitting, leaning)
- Walking
- The lunge
- Kneeling, leaning forward
- Beanbag cushion
- Kneeling on 1 knee
- Sitting up
- Standing, leaning, slow dancing
- Lying down
- Side lying
- Reclining partway
- Lying on your back, tilted slightly to your side
- Squatting

### Mental Activity

- Count off 10-second blocks of time during contractions
- Count breaths
- Use guided imagery
- Use chanting, a mantra, song, counting, or prayer
- Other: ___________________

### Help from Birth Partner

- Feedback/reminders
- Encouraging and reassuring
- Patience/confidence in you
- Responding right away to contractions
- Eye contact
- Attention focused only on you
- Take-charge routine
- Expressing love for you
- Hugging or kissing you
- Compliments

### For Backache Pain

- Counter pressure
- Double hip squeeze
- Hands and knees with or without birth ball
- Knee-chest position
- Knee press
- Pelvic rocking
- The lunge
- Walking
- Slow dancing
- Abdominal lifting
- Cold pack
- Hot pack
- Rolling pressure
- Shower to back
- Bathtub

### Other

- Hydrotherapy: Bath or whirlpool

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**Questions?**

Your questions are important. If you have questions about comfort measures during labor, talk with your healthcare provider, your childbirth educator, or your Labor & Delivery nurse.

Tips in this handout are adapted from a booklet that comes with the video “Comfort Measures for Childbirth,” by Penny Simkin (1995).
This chapter explains common pain relief options used during labor and delivery, when and how they are used, and what the risks are. Please talk with your healthcare provider if you have any questions.

What to Expect

Labor is a series of progressive, rhythmic contractions of the uterus. These contractions help the cervix open and become thinner, and this allows the baby to travel through the birth canal.

The process of labor and birth is hard work, and it involves discomfort. The level of this discomfort varies for each woman and for each pregnancy.

Each woman chooses her own way to go through labor. Some prefer not to have any medicine to relieve pain, and others choose to use pain medicine. Many decide to "see how it goes" and make choices as their labor progresses.

At UW Medicine, 75% to 80% (75 to 80 out of 100) of women who deliver their babies choose to have an epidural. See “Medical Pain Relief Used During Labor” on page 58.

The anesthesiologist (doctor trained to provide pain relief) will meet with you after you are admitted to the Labor & Delivery Unit to become familiar with your medical and obstetric history. This ensures that if you need anesthesia (the absence of all sensations and muscle strength) or choose analgesia (absence of pain) for any reason, we will be prepared to provide the best possible care for you. The anesthesiologist can also answer any questions you may have about the pros and cons of using medicine to ease pain during labor.

We want to give you the most complete information so you can make an informed decision for you and your baby. Here are the pain relief options that are used most often:
Non-Medical Pain Relief
Many non-medical techniques can help ease discomfort in labor:
- Relaxation and breathing techniques.
- Having family and friends with you.
- Other comfort measures you have learned from classes, books, or videos. Some of these resources are available through our childbirth education programs.

Please see the chapters “Planning Ahead” and “Comfort Measures During Labor” in this book for more information.

Features in Your Suite
Your Labor & Delivery has many features to help with your comfort during labor. These may include:
- Whirlpool tub for soaking (at some locations)
- Birth ball
- Rocking chair
- Bed that converts into different positions

Your nurse will help you stay as comfortable as possible by helping you use these features during your labor.

Medical Pain Relief Used During Labor
An epidural is a way of delivering pain medicine into a space in the lower part of your back. The medicine goes in through a catheter (flexible tube). It is used to reduce or take away pain during labor and delivery. The anesthesiologist will put your epidural in place.

The epidurals we suggest most often are combined spinal-epidurals (CSEs). A CSE provides faster and better pain relief with lower doses of medicine than an epidural alone.

In a CSE, the first dose of pain medicine is injected directly into the cerebral spinal fluid. Then the epidural catheter is placed. The anesthesiologist will decide whether to give you an epidural or a CSE.

With an epidural or CSE in place, you should not feel pain. You will still feel pressure and tightening in your belly from your contractions, and you will have the urge to push.
How do I manage my pain relief?
You will manage your pain relief and control the amount of pain medicine you receive by pressing a button that is connected to a patient-controlled epidural analgesia (PCEA). The PCEA delivers a constant small amount of pain medicine. Pressing the button delivers more medicine when you feel you need it. This allows you to control the amount of pain medicine you are receiving throughout your labor and delivery.

When can the epidural be placed?
An epidural can be placed early in the course of active labor. There is no need or advantage in waiting for your cervix to be dilated. You can ask for an epidural at any point in active labor, whenever you choose to have pain relief. Your nurse will confirm that you are in active labor.

How is the epidural placed?
Your anesthesiologist will explain all the steps and will talk with you throughout the entire procedure so you know what to expect.

- **Positioning:** First, we will help you get into a comfortable position. The preferred positions are sitting with your back slouched or lying on your side.

- **Cleaning and numbing your back:** We will clean the lower part of your back with a special antiseptic solution, and cover it with a large clear drape. Then, the area where the epidural will be placed will be numbed with a small injection of local anesthetic.

- **Epidural placement:** Between your contractions, your anesthesiologist will inject pain medicine into your epidural space. Then the epidural catheter will be placed. This catheter will be taped onto your back so that it will stay in place when you move around. The catheter will be connected to the PCEA.

Your nurse will remove your epidural catheter after your baby is born.

Common Questions about Epidurals

Will an epidural affect the course of my labor and delivery?
No. The epidurals and CSEs used today are very low-dose. They do not affect how your labor and delivery progress, even if they are placed very early in labor.
Will an epidural affect my baby?
No. The very small amount of medicine you receive through your epidural does not go to your baby and will not affect your baby’s health. But, if your blood pressure drops after the epidural is placed, your baby’s heart rate may slow down.

We will check your blood pressure often. If needed, we can give you medicine to raise it. Raising your blood pressure will also raise your baby’s heart rate.

Will I be able to breastfeed my baby?
Yes. Your epidural will not affect lactation (milk production) or your ability to breastfeed.

Will I be able to walk during my epidural?
Yes. Because the dose of medicine you receive with your epidural is low, you should be able to walk with your nurse’s help. You should also be able to sit in a chair, if you like. But, we do not encourage walking during labor, since we now know it does not help labor.

Are epidurals painful?
Most women say the pain from placing the epidural is much less than the pain of having the intravenous (IV) line placed, and much less than the pain of their contractions. The numbing medicine (local anesthesia) you will receive before the epidural is placed will reduce the pain you might feel.

How long does the effect of an epidural last?
Pain relief from the epidural will last as long as you use the PCEA. Once you stop using the PCEA, the effect of the medicine will wear off in 2 to 3 hours. It should be gone completely in 4 hours.

What are some reasons for NOT having an epidural?
Most women have no problems with an epidural. But, you should not have an epidural if you have a severe infection or a blood-clotting disorder.

Will I need to see the anesthesiologist before my epidural?
Yes. When you arrive at the hospital in labor, you will see the anesthesiologist. You will be able to ask questions, and the anesthesiologist will ask you some questions, too.
What type of pain medicine is used for a Cesarean birth?

Most Cesarean births are done using a spinal (a single dose of medicine placed into the spinal fluid), a CSE, or the epidural that you may have received for pain relief during labor. Rarely, a mother’s or baby’s medical condition may make general anesthesia necessary. This means you will be asleep during your Cesarean birth.

Are there other options for pain relief if an epidural cannot be placed?

If you cannot have an epidural because of an infection or blood-clotting disorder, the anesthesiologist will suggest these options:

- **Nitrous oxide (Entonox).** You will breathe through a mask that delivers 50% nitrous oxide and 50% oxygen. This provides some pain relief to half of the women who have tried it. Common side effects with nitrous oxide are nausea and vomiting. Nitrous oxide should not be given for longer than 2 hours.

- **Intravenous remifentanil with patient-controlled analgesia (PCA).** Remifentanil is a short-acting opioid medicine that provides some pain relief to most women. Remifentanil crosses the placenta, so your baby may receive some of the drug. The pediatricians will be told that you received remifentanil so your baby can be monitored if needed after birth. If you choose this option, you will give yourself remifentanil by pressing a button that is connected to the PCA. This lets you manage your pain relief and control how much of the drug you receive.

Epidurals are very safe and more effective than other options pain relief options. We do not recommend nitrous oxide or IV PCA remifentanil, unless you cannot have an epidural.

What are the risks of having an epidural, CSE, or spinal?

More Common Risks

- Your blood pressure may drop slightly. We will monitor your blood pressure regularly. If needed, we can give you medicine that will raise it.

- You might feel some itching, mostly in the upper part of your body, caused by the pain medicine. This is not an allergy. Many women have itching from the medicine in the epidural. It is harmless and easy to treat if it bothers you.
• Not all epidurals work perfectly every time. Sometimes we decide to replace the epidural catheter if an area remains “patchy” with insufficient or incomplete pain relief.

• Sometimes women have trouble passing urine after they have had an epidural. If this happens, urine can be drained through a catheter (flexible tube). The catheter can be placed when needed, and can be left in place until it is no longer needed.

**Rare Risks**
These occur less than 1% of the time (1 time out of 100):

• Rarely, women get a headache. This headache usually starts 12 to 24 hours after the epidural. This headache is harmless and can be easily treated if is severe.

• Very rarely, the pain medicine may go too high in your body (above the level of your breasts). We will monitor the effects of your epidural and adjust the dose of the pain medicine, if needed.

• It is even more rare for epidurals to cause infections or any neurological (nervous system) problems.

**Your Birth Plan**
When you write down your birth plan, be sure to include the pain relief options you would like to use during labor. A birth plan tells your healthcare providers what you want and helps them meet your individual needs. See the chapters “Birth Choices” and “My Birth Plan” in this book for more information.
Preparing for Cesarean Birth

Not all babies are born vaginally. Sometimes they are born by a surgery called a “Cesarean section.” You may also hear it called Cesarean birth, C-section, or just Cesarean. During the surgery, your doctor will make incisions in your abdomen and uterus, and then remove your baby from your uterus.

Some Cesarean births are scheduled in advance. Others take place after labor has begun, or when there is an urgent situation before labor starts.

Your prenatal healthcare provider may advise you to have a Cesarean birth if:

- You have had a Cesarean birth before.
- Your baby’s bottom, feet, or hands are closest to your cervix.
- You have certain medical or obstetric conditions.
- Your baby shows signs of stress during labor.
- Your baby is too big to pass through your birth canal.
- Labor is not progressing in a way that ensures a vaginal delivery.

Having a Cesarean Birth

Cesarean births usually take place in an operating room (OR) on the Labor & Delivery Unit. Your partner may sit close by you during the surgery and birth of your baby, as long as you are awake.

The Labor & Delivery Unit specializes in caring for women and their babies during pregnancy and childbirth. Obstetricians, nurses, anesthesiologists, and other staff are on hand 24 hours a day.

Pediatricians and other providers will also be at your birth to make sure your baby has a safe transition.

After a Cesarean birth, most mothers and babies stay in the Labor & Delivery Unit for 1 to 2 hours.
See the chapter “Your Healthcare Team” in this book to learn more about what each provider on your healthcare team does.

**A Planned Cesarean Birth**

If you are having a planned Cesarean birth, you will be scheduled for a clinic visit before surgery. At this visit:

- We will talk about how to prepare for the birth.
- You will have a physical exam and lab tests.
- You will be able to talk with an anesthesiologist.
- Your healthcare provider will let you know the date and estimated time of your surgery. Your provider will also tell you when to arrive and where to go on the morning of your birth.
- Do not eat or drink anything for at least 8 hours before your scheduled surgery.
- Please call Labor & Delivery by 5 a.m. the day of the birth to confirm your arrival time.

Sometimes an *amniocentesis* or an *ultrasound* may also be scheduled for the same day as your clinic visit before surgery. Your healthcare provider will talk with you about this.

**Getting Ready for Surgery**

Preparing you for surgery may take place either in your room or in the operating room.

When we prepare you for surgery, we will:

- Start an *intravenous* (IV) line in your arm to give you fluids and medicines
- Draw blood for tests your provider requests
- Insert a tube (*catheter*) into your bladder to drain your urine
- Clean your skin and clip hair from the area where your incision will be

**Anesthesia**

*Anesthetics* are medicines that reduce or prevent pain. Your anesthesia provider will talk with you about what to expect during your surgery. Most Cesarean births are done using a *spinal* (a single dose of pain medicine placed into the spinal fluid).
Rarely, a mother’s or baby’s medical condition may mean general anesthesia is needed. If this occurs:
- You will be asleep during your Cesarean birth.
- Your support person will be asked to return to the waiting area.

Please see the chapter “Pain Relief During Labor” in this book for more information about anesthesia.

**How long does the surgery take?**
The entire procedure, from beginning the anesthesia to closing the incision, takes about 1 to 1½ hours.

**After Your Baby Is Born**
After your baby is born and the cord is cut, she will be handed to the pediatrician and moved to the baby warmer, just steps away from you. In the minutes after birth, the pediatrician will check your baby. Then your baby will be swaddled in a warm blanket and hat.

If your baby is healthy and stable, she will be brought to you and your partner. When possible, your nurse will help with skin-to-skin contact between you and your baby, and will help you begin breastfeeding.

Sometimes, babies will go to a Special Care Nursery, or to the Neonatal Intensive Care Unit (NICU) at UW Medical Center or Valley Medical Center for care and observation. Your partner may stay with you or go with your baby. Babies do not usually need to stay there very long.

Most times, you and your baby will return to your room after surgery. If you did not already start breastfeeding in the operating room, your nurse will help you get started as soon as you are ready. Your nurse will help place your baby to your breast and help you find a comfortable position for feeding. Your nurse will also pay close attention to your physical needs as you begin to recover from the surgery.

Depending on the UW Medicine hospital you choose, you, your partner, and your new baby may:
- Stay in your Labor & Delivery room until you are ready to go home
- Move to a different room 1 to 2 hours after a Cesarean birth to finish your recovery
Going Home

- Most women who have a **planned Cesarean birth** go home in the late afternoon or early evening 2 days after the day of surgery. For example, if your birth is on a Monday, you may go home on a Wednesday afternoon or evening.

- If you have an **emergency Cesarean birth**, your hospital stay may be longer.

Questions?
Your questions are important.
If you have questions about Cesarean birth, please ask your healthcare provider or your nurse.
Getting Ready to Give Birth

Helpful information

Our goal is to surround you and your family in a nurturing and safe environment for the birth of your baby. We look forward to providing the most sensitive and highest level of care during your stay for labor, birth, and early postpartum period. Our team is eager to help you welcome your new baby.

We encourage you to have family members with you during your prenatal visits, your birth, and while you are in the medical center.

Labor & Delivery Tours

For many families, it is helpful to see where you will give birth before you go into labor. Be sure to take a tour of Labor & Delivery with your partner and family during your 2nd trimester. Both daytime and evening tours are offered. To learn more and to register, visit www.uwmedicine.org/services/obstetrics/tour.

When to Come to the Hospital

Call your healthcare provider or Labor & Delivery before you come to the hospital. Most times, we will ask you to come to the hospital when:

- Contractions are:
  - 5 minutes apart for 1 hour if this is your first baby
  - 7 to 10 minutes apart if you have had a baby before

- Your water breaks — even if you are not having contractions. When your water breaks, you may feel wet, you may feel a “trickle” of water, or you may feel a gush of fluid.
Plan Ahead

Plan ahead for how you will get yourself to the hospital when the time comes:

- Know how you will get to the hospital and who will take you.
- Know who will be with you at home in early labor.
- If you cannot get a ride to the hospital and you have a medical coupon:
  - A transportation broker, such as Hopelink or Paratransit, can help get you a ride to the hospital.
  - Call Labor & Delivery, and they will call the broker for you.

How to Get to the Hospital

For maps and parking details for your hospital, please visit www.uwmedicine.org/services/obstetrics/labor-and-delivery. Scroll to the bottom of the page. Click on “Getting to the Hospital.”

Arriving at the Hospital

- When you arrive at Labor & Delivery, check in at the front desk. If you called ahead, our staff will be expecting you.
- We will help you get settled into one of our examination rooms. You will be in an exam room for about 1 hour. We will take your vital signs and confirm that you are in active labor.
- An external fetal monitor will be placed on your abdomen. A registered nurse will monitor you closely.
- You will also see a doctor who may not be your usual provider. This doctor will check your cervix.
- If labor has not actively started, we will either:
  - Send you home and tell you what to watch for, or
  - Send you out to walk around the hospital to help labor progress.
- If you are in active labor, you will be admitted to one of our birthing suites for the rest of your labor. At this point, you will meet your nurse. She will be your advocate during labor.
- Your nurse will talk with you about what to expect during your stay. Be sure to share your birth plan with your nurse. If
you have other legal documents related to your health, such as an advance directive or living will, be sure to bring them with you to the hospital.

- If you have not already called your healthcare provider, we will call them when you arrive in Labor & Delivery.
- We encourage your labor partner to stay with you throughout your hospital stay. We will provide a daybed and linens.

We want you to be actively involved in your care. Please ask questions if you do not understand what is going on. We are happy to answer your questions.

**Your Birthing Suite**

- All birthing suites in Labor & Delivery are private and have their own bathroom. Some baths have whirlpool tubs.
- There is a CD player in some of the rooms. Feel free to bring your music with you to relax during your labor. You may also bring your own portable music player if you want to use earphones.
- Some rooms have a small refrigerator, a TV, and a DVD player. A favorite movie might help pass the time during early labor.
- All rooms have wireless internet access. Bring your own laptop or other electronic device and power cord or charger.
- For your comfort, you may also want to bring personal items from home. These might include a pillow, blanket, robe, slippers, and photos.

**Your Recovery Time**

You will be able to spend some special time holding your baby after the birth (unless you or the baby needs special care). During this recovery time, your nurse will check you often.

If you are planning to breastfeed, we will help you get started right after birth. Babies are often awake and alert then. Your nurse can help you.

**Your Postpartum Stay**

Depending on the UW Medicine hospital you choose, you, your partner and your new baby may stay in your Labor & Delivery room until you are ready to go home, or you may move to a different room 1 to 2 hours after birth to finish your recovery.
Your baby will stay in your room with you while you are in the hospital. During your stay, your nurse will teach you how to care for and feed your baby.

Both you and your baby will see a healthcare provider to ensure that you both are well. A pediatrician or your family medicine doctor will check your baby before you leave the hospital. A different healthcare provider will check you before you leave.

UW Medicine is proud of our “baby friendly” hospitals. Our nurses are trained to help mothers start breastfeeding and offer support while you are getting started. If problems arise, one of our lactation consultants can meet with you and provide further help with breastfeeding. Your nurse can help you schedule an appointment with a lactation consultant in your room.

You will need lots of rest to heal and recover. Sleep when you can. Consider limiting phone calls and visitors. This will allow you to recover from giving birth and will give you more energy to take good care of yourself and your baby.

**Visitors**

- You may have visitors at any time.
- Your other children are welcome to visit you and the baby, unless they are ill. They must come with an adult.
- Your partner and a friend or family member are welcome to stay with you and your baby. Some hospitals may be able to provide a daybed for their comfort.

**How long will I be in the hospital?**

- **After a vaginal birth**, most mothers stay in the hospital for 1 day, if there are no problems. If your baby is born:
  - Late at night or in the early morning hours, you will not be sent home during the night or in the early morning
  - In the middle of the day, you may be ready to go home by the afternoon or evening of the next day
- **After a Cesarean birth**, most mothers stay in the hospital for 2 to 3 days.
Prescriptions
You may be given prescriptions for medicine to take at home. The UW Medicine pharmacy can fill your prescriptions if you stop by the outpatient pharmacy before you leave. Or, you may have them filled at your local pharmacy.

Remember to bring your health insurance card and your pharmacy or drug benefit card with you. If you have a medical coupon, be sure to bring it with you. If a co-pay is required, you can pay it with cash, check, VISA, or MasterCard.

Birth Certificate
You will receive a form to fill out that asks for your baby’s name and information about you and the father. This information will be used for the birth certificate.

Leaving the Hospital
Car Seat
Be sure to have a safe car seat before your birth. You will be responsible for placing your baby safely in the car seat for your ride home from the hospital.

Some UW Medicine hospitals have car seats with a doll placed in them. Look at these car seats to see how to place your baby safely.

Getting Home
Before coming to the hospital, please plan how you and your baby will get home when you leave the hospital. Let your nurse know if you need to arrange a ride through a transportation broker.

Early Days at Home
Please call your healthcare provider if you have any questions about yourself, breastfeeding or bottle feeding, or caring for your baby.

You may receive a phone call at home from one of our nurses to see how you and your baby are doing. The nurse can also answer any questions you may have.
Clinic Visits for You and Your Baby

If clinic visits are not already scheduled by the time you leave the hospital, you will need to schedule them for you and your baby. **These clinic visits are very important!**

- It is helpful to have chosen a provider for your baby prior to birth. We can help you find a provider that will meet your needs if you haven’t found one by the time of birth.
- Your baby needs to be checked by a healthcare provider 1 week or less after birth.
- If you do not have any health conditions that need special care, you will need to see your prenatal healthcare provider 6 weeks after you give birth.
- If you have any health conditions such as diabetes or high blood pressure, you will need to see your healthcare provider 2 weeks after you give birth.

Sexual Relations

It is best for your health **not** to have sex before your clinic visit. But if you do, you will need to use a reliable form of birth control. If you have questions, talk with your healthcare provider. See the chapter “Your Family Planning” in this book.

Questions?

Your questions are important. If you have questions about your birth plan, call your healthcare provider during office hours.

If you are in labor, follow your provider’s instructions about calling your provider or your Labor & Delivery unit.
It’s a good idea to have a bag packed and ready to go! It will help ease stress when it’s time to go to the hospital. It also gives you a chance to add to it as your labor approaches.

Here are a few suggestions on what to pack.

Women often ask what to bring for their hospital stay. Bring your personal items, as well as the things you want to have with you through labor and birth.

**Personal Items**

- Cell phone and charger or prepaid phone card for long-distance calls.
- Personal toiletry items for you and your partner (hair dryers are provided).
- Eyeglasses, contact lens items.
- List of your current medicines.
- Snacks for you and your partner (you can store cold snacks in the refrigerator in your room).
- Comfortable clothes for you and your partner (we provide a robe and hospital gowns).
- Books, magazine, DVDs, CDs, camera, batteries, etc. Docking station if desired (your room may have a CD player).
- Favorite pillow(s), blanket, or other comfort items (label them with your name).
- A copy of your birth plan. See the chapters “Birth Choices” and “My Birth Plan” in this book for more information.
- A focal point to hold your attention, such as a soothing picture or object.
- Laptop computer, tablet, power cord, cable, etc. UW Medicine has free WiFi.
- Lip balm, breath mints.
- Drug insurance card (to have prescriptions filled at UW Medicine pharmacies).

**Other Items for Your Hospital Stay After Birth**
- Nightgown, pajamas, robe, and slippers.
- Nursing bra, if you would like.
- Small amount of money for your partner or family to use at the gift shop, espresso stand, cafeteria, etc.
- Comfortable clothes to wear when you go home (you may still be in your maternity clothes).
- Sanitary pads (these are provided, but if you have a brand you prefer, bring your own).

**Items for Your Baby**
- Diaper and clothing for baby to wear home (be sure the baby clothing allows the car seat strap to be buckled between the baby’s legs). We will provide diapers and clothing for your baby while you are at the hospital.
- An infant car seat.

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**Questions?**
Your questions are important. If you have questions about what to bring to the hospital, call your healthcare provider during office hours.
Birth and Labor Photos, Videos, and Audio Recordings

Hospital guidelines

Do you plan to record your baby’s birth?
If you want to record your baby’s birth, here are a few things you need to know:

• Photos, videos, and audio recordings provide lasting memories of special family events.

• Our staff share your excitement as you prepare to welcome your baby. We support you recording your birth event, but with some limits.

Staff Privacy

• Our staff’s privacy is very important to us. Now that there are so many easy ways to share information online (such as YouTube, Facebook, and photo-sharing sites such as Flickr), you could easily compromise someone’s privacy without knowing it.

• Our staff work to protect your right to privacy. Please help protect ours.

Please ask each staff person for their permission before taking their photo, recording their voice, or including them in a video of your baby’s birth.
Photo and Recording Privacy Policy

You, your family, and other visitors may not photograph or audio or video record any hospital staff member without first getting their permission.

Recording staff without their permission is against our hospital policy.

All staff have the right to:

- Refuse to be photographed or recorded. They can set limits without explaining why.
- Ask you to destroy any photograph or recording made without their permission.

Please respect the privacy wishes of our staff.

The Safest Care for You and Your Baby

Providing you and your baby the safest possible care is our main goal. Sometimes, taking photos or recording during a birth or resuscitation may interfere with safe care. Staff members may ask you to stop recording at any time.

We are happy to be involved with your care, and we look forward to working with you. Thank you for sharing this special moment with us!

Questions?

Your questions are important. If you have questions about photographing or recording your baby’s birth, call your healthcare provider.

We are partners in your care. Help us protect each other’s privacy!
It’s Time!  
When your labor begins

Here are answers to many of your questions about when to call and come to the hospital.

*Read the chapters “Packing for the Hospital” and “Getting Ready to Give Birth” in this book for more about what to expect during your stay.*

Who to Call

- During clinic hours, call your healthcare provider.
- After hours and on weekends and holidays, call your healthcare provider first. If you cannot reach your provider, call the Labor & Delivery unit.

When to Call

Call your healthcare provider or Labor & Delivery when:

- You have contractions every 5 minutes for several hours, if it is your first baby (and you are full-term).
- Your water breaks.
- You have a fever.
- You are bleeding from your vagina.
- You do not feel your baby moving as much as usual.
- You are less than 37 weeks pregnant and think you may be having premature labor (cramping or feeling of tightening 6 or more times an hour). Please see the chapter “Warning Signs During Pregnancy” in this book.
- You have any other warning signs during pregnancy.
When to Come to the Hospital

Call Labor & Delivery before you come to the hospital. Most times, we will ask you to come to the hospital when:

- Your contractions are 5 minutes apart for 1 hour if this is your first baby, or when they are 7 to 10 minutes apart if you have had a baby before.

- Your water breaks — even if you are not having contractions. When your water breaks, you may feel wet, you may feel a “trickle” of water, or you may feel a gush of fluid.

Getting to the Hospital

Plan ahead for how you will get yourself to the hospital when the time comes. Also know who will be with you at home in early labor.

For maps and parking information for your hospital, please visit www.uwmedicine.org/services/obstetrics/labor-and-delivery. Scroll to the bottom of the page and click on “Getting to the Hospital.”

If you cannot get a ride and you have a medical coupon, a transportation broker, such as Hopelink or Paratransit, can help get you a ride to the hospital. Call Labor & Delivery, and they will call the broker for you.

Call 911 if:

- You must get to the hospital right away.

- You do not feel you can get there safely by car or taxi.

Questions?

Your questions are important. If you have questions about your birth plan, call your healthcare provider during office hours.

If you are in labor, follow your provider’s instructions about calling your provider or your Labor & Delivery unit.
Infant Safety in the Hospital

**Tips for ensuring your infant’s safety**

We want to make sure that your baby is safe while in our care. You are an important partner with us in this effort. The security measures, guidelines, and resources in this chapter can help keep your baby safe.

**Security Measures**

Your safety and your baby’s safety are top priorities. We want to make sure that all mothers and babies in our care are protected.

For this reason, UW Medicine has many security measures in place. Our units have state-of-the-art security to protect your baby:

- The doors to our units are always kept closed.
- After delivery, your nurse will put an identification band on your baby’s wrist. The band will have a unique hospital number and barcode on it. The mother’s first and last name will also be on the band.
- Your baby will also wear an ankle band that is programmed into the hospital security system. If your baby is brought near an exit, alarms will sound and all doors on both units will lock.

**Safety Guidelines in Your Hospital Room and Unit**

It is normal for new parents to be concerned about the safety of their baby. Be careful and watchful of your newborn at all times. Always keep your infant in sight, even when you go to the bathroom.

- Never leave your baby alone in your room.
- Let your nurse know if there is any personal situation we should know about that might place you or your baby at risk.
- Keep your baby’s crib between your bed and the window.
Babies are always transported in their bassinet in the hospital. Transporting your baby this way will help keep your baby from falling out of someone’s arms. No one in the hospital should carry your baby in their arms. This includes you and your family.

- Get to know the nurses and others who are caring for you and your infant. Take a good look at them.
- If someone asks to take your baby from your room, make sure you know why. Do not let your baby leave your room with anyone who is not wearing a photo ID badge.

**Falls**

Infants can and do fall. Most newborn falls occur when a baby is left alone on an unsafe surface or slips out of a parent’s arms when the parent falls asleep. To learn more, see the chapter “Keeping Your Baby Safe” in the book *Caring for Yourself and Your New Baby*. You will receive this book after your baby is born.

**General Hospital Safety**

- Ask questions. Question anyone who wants information about your baby, even if you know them. Question them even if they are in hospital clothes or seem to have a reason for being there. **Call the nurses’ station right away if you are concerned.** You can push the Nurse Call Button at your bedside or come out to the Nurses’ Desk (with your baby).
- If your baby needs tests or procedures, find out where your baby will be and how long your baby will be there. You can go with your baby to the test or procedure.

**Baby Safety Classes**

To learn more about keeping your infant safe, take a baby safety class that covers infant CPR and general safety. Visit these websites for more information:

- UW Medicine classes: [www.uwmedicine.org/services/obstetrics/childbirth-classes](http://www.uwmedicine.org/services/obstetrics/childbirth-classes)
Benefits of Breastfeeding
For baby and mother

At UW Medicine, we encourage mothers to breastfeed their infants.

Breast milk is the best food for babies.

- Breast milk has complete nutrition with just the right kinds and amounts of fat, sugar, and protein.
- Breast milk is easier to digest than formula. It helps babies grow just as they should.
- Breastfed babies do not gain weight they do not need. They are also less likely to be obese later in life.
- Some studies show that breastfed children have greater brain development than children who are not breastfed.

Breast milk helps protect babies from infection and disease.

- Antibodies and other substances in breast milk fight infection and boost the immune system. This helps prevent problems such as diarrhea, ear infections, allergies, and asthma.
- Breastfed babies get sick less often and are less likely to need care in the hospital when they are sick.
- Studies show breastfeeding protects against diabetes, pneumonia, meningitis, Crohn’s disease, colitis, sudden infant death syndrome (SIDS), and some childhood cancers.

Breastfeeding is good for mothers, too.

- Making milk uses calories and can help you lose the extra pounds gained during pregnancy. Breastfeeding mothers get back to their pre-pregnancy weight sooner than mothers who feed their babies formula.
Breastfeeding decreases early bleeding after the birth and helps your uterus return to its non-pregnant size.

Breastfeeding increases the space between pregnancies, which is healthier for both mothers and babies.

Breastfeeding may decrease the risk of hip fractures and osteoporosis after menopause.

Women who breastfeed have lower rates of breast and ovarian cancer.

When your baby is hungry, you can feed him right away.

Breastfeeding is free. There is no formula to buy and prepare and no bottles and nipples to wash.

You can feel assured that your breastfed baby is getting the warmth and physical contact that is so important for growth and development.

Many new mothers find that nursing allows them to take some quiet, relaxed time with their baby. And, the hormones that your body creates during breastfeeding help give you and your baby a feeling of calm and well-being.

**Breastfeeding has benefits for society.**

Medical costs are lower for fully breastfed babies than for babies who are never breastfed. Breastfed babies get sick less, and have fewer doctor visits and hospital stays.

Employed breastfeeding mothers miss less work because their children are sick less often.

Breastfeeding produces little or no trash or plastic waste.

To learn more about the benefits of breastfeeding, please visit: [www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important](http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important).

**A Special Note**

Although breast is best for most babies, breastfeeding is not recommended when some medical conditions are present. Please talk with your healthcare provider if you have any questions about breastfeeding for you and your baby.
Breastfeeding Support
Helping you and your baby get started

Breastfeeding is healthiest for mothers and babies, so we provide lots of help to make it as easy as possible for you.

We Want to Help You Succeed at Breastfeeding

To help you succeed at breastfeeding, we follow the “Ten Steps to Successful Breastfeeding.” This means that we:

• Have a written breastfeeding policy
• Have trained all healthcare staff in the skills they need to follow this policy
• Tell all pregnant women about the benefits of breastfeeding
• Help new mothers begin breastfeeding within 1 hour of giving birth
• Show mothers how to breastfeed and how to keep producing milk
• Give babies only breast milk unless they have a medical need
• Keep a mother and her baby together in the same room
• Encourage mothers to breastfeed “on cue”
• Do not give babies artificial nipples or pacifiers
• Refer mothers to breastfeeding support groups

All of our nurses will help you and your baby get started with breastfeeding. We also have lactation consultants who are registered nurses with extra years of study and training so they can help with complex or unusual breastfeeding concerns.

When Your Baby Is Born

All mothers and babies will have skin-to-skin time right after birth. A nurse will show you how to hold your baby and how to help your
baby latch on. The doctors and nurses will support you in feeding your baby according to your baby’s cues.

We will encourage you to breastfeed at least 8 to 12 times a day. At each feeding, let your baby feed at your breast for as long as your baby wants to feed. These frequent, unrestricted feedings are the key to making enough milk.

**Exclusive Breastfeeding**

You will be encouraged to *exclusively* breastfeed while you are in the hospital. Exclusive breastfeeding means your baby is receiving your breast milk and nothing else. Your baby will not be given formula or water, or a pacifier, unless it is needed for a medical reason.

Exclusive breastfeeding for the first 4 to 6 weeks is very important for getting your milk supply started. Breastfeeding during these early weeks “sets” your milk supply. When your baby sucks on your breasts, your body learns to make just the right amount of milk your baby needs to grow.

Using formula in the early weeks may set your milk supply lower than your baby needs. If you set your milk supply high in the first 6 weeks, you will find it easier to maintain your milk supply for the rest of your baby’s first year and beyond.

**Learning Your Baby’s Feeding Cues**

Your baby will stay with you in your hospital room. This helps you learn your baby’s early *feeding cues* so that you can feed her at the first signs of hunger.

Early feeding cues include:

- Bringing her hands to mouth
- “Rooting” – turning her head while opening her mouth wide, like she is searching for something to suck on
- Mouthing or sucking motions

If your baby has to be taken away for a procedure and uses a pacifier during that time, take the pacifier away as soon as your baby is with you again. Then, breastfeed to calm her.
Breastfeeding Support After You Go Home

The American Academy of Pediatrics (AAP) advises giving infants only breast milk for the first 6 months of life. The AAP also advises breastfeeding through the first year of life and beyond. The longer and more exclusively your baby breastfeeds, the greater the health benefits for both your baby and you. We are here to help you every step along the way.

If You Gave Birth at UW Medical Center

After going home, mothers who gave birth at UWMC can return to the Mother Baby Unit for an “early post-birth visit” with a lactation consultant. The consultant will weigh your baby, check for jaundice, make sure that breastfeeding is going well, and answer any questions you have about feeding your baby.

UWMC Lactation Services is available to you for the entire time that you and your baby are breastfeeding. If you would like help from a lactation consultant after the first few days, you can talk with one over the phone or meet with one at UWMC. Please call Lactation Services at 206.598.4628 to talk with or schedule an appointment with a lactation consultant.

If You Attend the UW or Work at the UW

If you are a mother attending the University of Washington (UW) or working at the UW, you will be glad to know about the many on-site lactation stations. While it may be hard to leave your baby to attend school or go to work, it should be easy to maintain your milk supply with the hospital-quality, electric double pumps available at many of the lactation stations you can use. Most women find it takes less than 15 minutes to express their milk.

All lactation stations provide a private, secure, clean space for using the pump that is there, or for using your own pump. For more information about this service:

- Visit http://hr.uw.edu/worklife/parenting/lactation-stations
- Email womens@uw.edu
- Call 206.685.1090

If you have questions about going back to work or school at someplace other than UW, call our lactation consultants at 206.598.4628.
Caring for Yourself and Your New Baby Book

You will receive much more information after your baby is born. While you are in the hospital, we will give you our book, *Caring for Yourself and Your New Baby*. It has detailed information about:

- Position and latch for breastfeeding
- Common concerns about breastfeeding
- Comfort measures for sore nipples and engorgement
- How to express and store milk
- What is safe and not safe to take while breastfeeding

The book also has a checklist for you to use during your first week of breastfeeding to help you know what to expect. This checklist can help you decide if you want to call a lactation specialist for help in getting breastfeeding started.

If you want to read this book before your baby is born, all of the chapters are on the UW Medicine Lactation Services website: [www.uwmedicine.org/services/obstetrics/lactation-services](http://www.uwmedicine.org/services/obstetrics/lactation-services).

Questions?

Your questions are important.

If you have questions about breastfeeding, call Lactation Services at your hospital.
Breastfeeding Resources
Websites and phone numbers

This handout provides websites and phone numbers for organizations that can help you as you breastfeed your new baby.

Information and Organizations

Baby Friendly Hospital Initiative
www.babyfriendlyusa.org

World Health Organization – Breastfeeding
www.who.int/topics/breastfeeding/en

Centers for Disease Control and Prevention – Breastfeeding
www.cdc.gov/breastfeeding

Academy of Breastfeeding Medicine
www.bfmed.org, 800.990.4226

American Academy of Pediatrics – Breastfeeding and the Use of Human Milk
www.pediatrics.aappublications.org/content/129/3/e827

National Institute of Child Health and Human Development
www.nichd.nih.gov, 800.370.2943

Breastfeeding Online
Jack Newman, M.D.
www.breastfeedingonline.com/newman.shtml

Kelly Mom
www.kellymom.com

Getting Started with Breastfeeding
www.newborns.stanford.edu/Breastfeeding

La Leche League
www.llusa.org or www.lalecheleague.org
877.452.5324 (helpline), 800.525.3243, 206.522.1336 (Seattle)
U.S. Department of Health and Human Services Office on Women’s Health  
www.womenshealth.gov/breastfeeding

Public Health – Seattle & King County  
www.kingcounty.gov/healthservices/health/personal/breastfeeding.aspx, 206.296.4786

Within Reach and Breastfeeding Coalition of Washington State  
www.withinreachwa.org, 800.322.2588

Groups, Classes, and Support Services

La Leche League  
For Seattle groups, call 206.522.1336

Birth and Beyond  
Offering a wide range of breastfeeding and parenting support  
www.birthandbeyond.com  
206.324.4831

PEPS (Program for Early Parent Support)  
www.peps.org, 206.547.8570

NAPS (Northwest Association for Postpartum Support)  
Doula service  
www.napsdoulas.com, 206.956.1955

Medicines, Drugs, and Breastfeeding

Infant Risk Center  
www.infantriskcenter.com

LACTMED  

Breast Pumps and Supplies

Apria  
425.881.8500  
Breast pump rentals for mothers with Group Health or Aetna insurance.

Medela  
www.medela.us  
Medela’s website has a product finder that searches for rental stations in or near your zip code. The site also offers basic breastfeeding information.
**Nurturing Expressions**  
*www.nurturingexpressions.com*, 206.763.2733  
Nurturing Expressions delivers rental pumps to UW Medical Center. Their staff assists with 3rd-payer billing for many insurance plans and medical coupons.

**Village Maternity**  
*www.villagematernity.com*, 206.523.5167  
At University Village, 10 minutes north of UW Medical Center.

**WIC (Women, Infants and Children)**  
*www.doh.wa.gov/YouandYourFamily/WIC.aspx*, 800.322.2588  
Many WIC offices have breast pump loaner programs for their clients who are returning to work or school, or who have a medical need that requires pumping. Call your local WIC office directly for more information.

**Milk Banks**  
**Human Milk Banking Association of North America**  
*www.hmbana.org*

**Books**  

**Return to Work**  
**U.S. Department of Labor**  
*www.dol.gov/whd/regs/compliance/whdfs73.pdf*  
Break time for nursing mothers.

**Business Case for Breastfeeding**  
*www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding*
Preterm Infants

Websites

Vermont Oxford Network
www.vtoxford.org

Breastfeeding Your Premature Baby Using a Nipple Shield

Family Village
www.familyvillage.wisc.edu/lib_prem.htm

Parents of Premature Babies (Preemie-L)
www.preemie-l.org

UC San Diego Health System
www.health.ucsd.edu/women/child/newborn/nicu/spin/parents/Pages/default.aspx

Books

Also see the booklist at the Parents of Premature Babies (Preemie-L) website listed above.

Kangaroo Care: The best you can do to help your preterm infant, by Susan M. Ludington-Hoe (1993)

The Preemie Parents’ Companion: The essential guide to caring for your premature baby in the hospital, at home, and through the first years, by Susan L. Madden (2000)
Car Seat Safety

Checklist and safety tips

This handout gives basic tips to help you to install and use your car seat safely. Please carefully read your car seat instruction booklet.

Checklist

There are so many car seat types and models, how do you know which one is right for your infant? Some car seats are suited for preterm babies. The right car seat fits your baby and your car. Use your car seat correctly every time you travel.

Use this checklist to help you to decide whether your car seat is safe. All items must be true for your car seat to be safe:

- My car seat is the right size for my infant. (Check your car seat’s height and weight limits.)
- My car seat fits in my car. (Check your car manual for installation instructions.)
- My car seat has never been in an auto accident or crash.
- My car seat does not have any missing parts.
- My car seat does not have any cracks in the frame.
- My car seat is not more than 6 years old.
- My car seat has instructions (manual, booklet, or a sticker on the seat) or I know how to use the car seat.

How to Use Your Car Seat Safely

- The car seat should face the back of the car (“rear-facing”) until your baby is at least 2 years old, or until her weight and height are greater than the guidelines for the car seat (usually not reached until older than 2 years), whichever is later.

Install the car seat in the center of the back seat. Lock the handle on the car seat before starting the car.
• Place the car seat in the center of the back seat. This is the safest position.

• Never place the car seat in front of an air bag.

• Install the car seat at a 45° angle (see photo on page 91). Read the car seat manual for specific instructions.

• The handle should be down and locked when the car is moving.

• The car seat should move no more than 1 inch in either direction where the seatbelt holds it in place.

• Do not use products such as fleece inserts, headrests, attachable toys, and belt tighteners that were not installed by the car seat manufacturer. They are not safe.

**Placing Your Baby in the Car Seat Correctly**

- Retainer clip is at armpit level or “tickle zone.”

- Harness straps are locked and threaded correctly, not twisted.

- Harness straps are at or below your baby’s shoulders.

- The straps should fit snugly at the collarbone – only 1 finger should fit under the strap. If you can fit 2 of your fingers under the strap, it is too loose.
Place a rolled towel between the lower harness and crotch area to keep your baby from slipping, if needed.

Place rolled towels along the sides to support your baby’s head, if needed.

Only place a blanket over your baby after strapping him into the car seat. Do not wrap your baby in a blanket or bulky garment before strapping him into the seat. Never use extra padding behind or under your baby.
Resources

If your car seat is not safe to use, please ask your healthcare team for help finding resources in your area.

If you have questions about car seat safety:

- Call **800-BUCKLUP** (800.282.5587) or visit [www.800bucklup.org](http://www.800bucklup.org):
  - To get the most up-to-date information about car seats
  - To find out if your car seat has been recalled
  - To find the nearest place to have your car seat checked

- Take a baby safety class. UW Medicine offers “Babysafe.” To learn more, call 206.789.0883 or visit [www.uwmedicine.org/services/obstetrics/Pages/childbirth-classes.aspx](http://www.uwmedicine.org/services/obstetrics/Pages/childbirth-classes.aspx).


Questions?

Your questions are important. If you have questions about car seat safety, please see the “Resources” section on this page.
Many UW Medicine Clinics do circumcisions as an outpatient procedure. We respect a family’s choice about whether or not to have their newborn son circumcised.

Circumcision and Your Baby

Circumcision is a surgery that removes 25% to 50% of the foreskin of the penis. It is usually done in the first few weeks of a baby boy’s life.

A circumcision takes about 20 minutes. Healing takes 7 to 10 days. A baby must be healthy to be safely circumcised.

Studies show that circumcision has health benefits. In 2012, the American Academy of Pediatrics (AAP) stated that these health benefits outweigh the risks.

Parents choose what is best for their child. Some parents have their sons circumcised for religious, social, or cultural reasons. Others choose not to for similar reasons. See the benefits and risks of circumcision below and on the next page.

Benefits and Risks of Circumcision

Benefits

• A lower risk of urinary tract infections (UTIs).

• A lower risk of getting cancer of the penis. But, this type of cancer is very rare, whether or not a male is circumcised.

• A slightly lower risk of getting sexually transmitted infections (STIs) including HPV and HIV, the AIDS virus.

• Prevention of foreskin infections.
Questions?

Your questions are important. If you have questions about circumcision, call your healthcare provider during office hours.

UW Medicine Contact Center: 206.520.5000

- Prevention of phimosis, a condition in uncircumcised males that prevents foreskin retraction (pulling back).
- Easier to keep the genital area clean.

Risks

- As with any surgery, circumcision has some risks. Problems from circumcision are rare, and most times they are minor. They include bleeding, infection, cutting the foreskin too short or too long, and improper healing. Be sure to talk with your healthcare provider about possible problems.
- When the foreskin is removed, it may be easier for the tip of the penis to become irritated. This may cause the opening of the penis to become too small. Rarely, this can cause urination problems that may need to be corrected with surgery.
- Some people believe that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life. This has not been proven by any medical or psychological study.

Planning for Circumcision at UW Medicine

If you choose a circumcision, we will make sure that your baby is as comfortable and safe as possible. We give caring support and medicines to ease the discomfort of this procedure.

Even though this is a short procedure, plan to be at the clinic for at least 1½ to 2 hours to allow full care for your baby. We want to make sure your baby is fine before you leave.

Please make your appointment as soon as you can after you give birth. We prefer to see infants up to 3 weeks of age. Ask your insurance company if it covers circumcisions. Many insurance companies do not pay for them. If circumcision is not covered by your insurance plan, you must pay for it at the time of the procedure.

To Learn More

To learn more about circumcisions, visit these websites:

American Academy of Pediatrics ...........................................www.aap.org
American Academy of Family Physicians .........................www.aafp.org
Family Doctor.................................................................www.familydoctor.org
Healthy Children............................................................www.healthychildren.org
Some women have baby blues or more serious postpartum mood disorders. It helps to know about these issues in advance. This chapter gives ideas for things you can do to feel better, and for how partners, families, and friends can help. Many local resources are listed on pages 103 and 104.

For most women, a baby’s birth is unlike any other experience in life. Exhilaration, joy, anxiety, confusion, love, and fear are some of the emotions women and their partners feel after their baby is born.

If this is your first baby, your world will change as it never has before. Even if you have children, the birth of each new baby brings many emotions and adjustments for the family.

In the months before your baby is born, most of the focus is on you, your changing body, and your baby growing inside of you. You and your partner may spend hours planning for your labor and birth. You may notice new mothers and fathers with their babies and dream of being a parent yourself someday soon.

Knowing About This in Advance Can Help

But most women and their partners do not know that for some, the love and happy emotions may be overshadowed by feelings of despair such as sadness, fear, anxiety, and being overwhelmed.

Many providers do not say much about the signs and symptoms of postpartum adjustment problems. They do not scare the parents-to-be. But, 50% to 80% of new parents (50 to 80 out of 100) have baby blues, and 20% of new mothers (20 out of 100) have a more serious form of
**postpartum mood disorder.** Women who have had anxiety, depression, or other mood disorders in the past are at higher risk for having postpartum mood disorders.

The more you and your partner know about postpartum adjustment before you have your baby, the better you will be able to recognize when something doesn’t feel right.

The best thing you can do for yourself is to speak up and share your concerns with someone you trust and who can get you help. This may be your partner, a close friend, your healthcare provider, nurse, or social worker. Holding in scary or negative thoughts and feelings may lead to a more serious situation.

This chapter explains baby blues and other postpartum mood problems that may need attention. Your healthcare provider is the best person to listen to your symptoms, determine what condition you may have, and find the best way to treat it. **Most important, postpartum mood disorders can be treated.** With help, you will soon feel better.

**Baby Blues**

Baby blues can occur anytime from birth through the first 2 weeks after giving birth. Most symptoms are caused by the sudden change in the mother’s hormones. She may also feel overwhelmed about being a new parent of a baby who is fully dependent on her.

This is a common condition. It is not considered a postpartum adjustment disorder. Symptoms of baby blues may include:

- Mood swings
- Crying
- Trouble concentrating
- Difficulty sleeping
- Fatigue
- Not eating

Symptoms of baby blues may last a few hours or as long as 2 weeks. With good health care, strong emotional support, and knowing about this condition, symptoms usually go away on their own.

**If your symptoms continue or increase 2 weeks after your baby’s birth, something more serious may be going on. Call your healthcare provider if this happens for you.**
Postpartum Depression

Postpartum depression is a more serious postpartum condition with a group of symptoms. It can start anytime after delivery, but most often it occurs from 2 weeks up to 1 year after the baby’s birth. This and some of the other disorders can affect 20% of new parents (20 out of 100), including fathers and parents who have adopted a baby.

If you are worried that you or someone you know may have a postpartum mood disorder, call your healthcare provider or a mental health specialist.

The most common description by women with postpartum depression is “feeling overwhelmed.” Women with postpartum depression usually have many of the symptoms listed under baby blues. They may have low energy and depression symptoms, or they may be hyperactive and irritable. They may also say things like:

- I can’t stop feeling depressed, no matter what I do.
- I cry at least once a day and sometimes I can’t stop.
- I feel sad most or all of the time.
- I can’t concentrate.
- I don’t enjoy the things I used to enjoy.
- I have frightening thoughts about the baby or other family members.
- I can’t sleep, even when my baby sleeps.
- I feel like a failure all of the time.
- I have no energy. I feel tired all of the time.
- I have no appetite and no enjoyment of food.
- I am having sugar and carbohydrate cravings and compulsively eating all the time.
- I can’t remember the last time I laughed.
- Every little thing gets on my nerves lately. I am even furious with my baby. I am often angry with my partner.
- The future seems hopeless.
- It seems like I will feel this way forever.
- There are times when I feel I would be better off dead than to feel this way.
Postpartum Anxiety

Postpartum anxiety can occur at the same time as postpartum depression (usually 2 weeks to 1 year after the birth of your baby). These symptoms may occur along with symptoms of depression:

- Anxiety
- Unable to concentrate
- Afraid to go out
- Fear of being alone
- Feeling trapped
- Guilt
- Irritability
- Unable to sleep
- Constant fears for baby’s health
- Anger or rage
- Rapid heartbeat
- Dizziness
- Hyperventilating (breathing very fast, not able to stop)
- Tingling or numbness
- Nausea or vomiting
- Muscle tension
- Diarrhea

Scary or Intrusive Thoughts

A mother with a postpartum mood disorder may have scary thoughts. She may be flooded with thoughts about harm coming to her baby, such as, “What if I drop her out of the window” or “put her in the microwave.” “Maybe there is something seriously wrong with my baby.” “I am a terrible mother. My baby should have a different mother.”

Sometimes these thoughts are constant. They may go along with a ritual such as:

- Constantly checking and re-checking the baby
• Checking to make sure no knives are missing or getting rid of all the knives in the house
• Doing safety checks on the house and locks

These behaviors are often disruptive to how a family functions. Most women will realize these thoughts and behaviors are due to their situation, and are not real. But a small number of women may believe their thoughts, or believe that someone outside of herself is telling her to do things. If this happens, it is much more serious. Call your healthcare provider **right away** if this happens.

The most important thing to do is to share your thoughts and feelings with someone you trust, such as your partner, close friend, or healthcare provider, so they can get you the help you need. Call mental health services if you have any of these symptoms.

**Things You Can Do to Feel Better**

Below is a list of things you can do to lessen the baby blues or symptoms of depression and anxiety. You may not feel well enough to do many or any of these things. But, it may be a reminder that you do hold the power to get help and to help yourself.

• If possible, rest when your baby sleeps.
• Let your partner know how you are feeling.
• Make your needs a priority.
• Ask for help.
• Avoid strict or rigid schedules.
• Give yourself permission to have negative feelings.
• Screen phone calls. Don’t answer calls from people you don’t want to talk to.
• Do not expect too much from yourself right now.
• Avoid overdoing anything.
• Be careful about asking too many people for advice.
• Trust your instincts.
• Set limits with visitors.
• Avoid spending time with people who make you feel bad.
• Set boundaries with people you cannot avoid.
• Eat well.
Avoid caffeine and alcohol.
Take a walk.
Take a bath, once your healthcare provider says it’s OK.
Set small goals for yourself.
Stay on all medicines your healthcare provider has prescribed.
Get out of the house.
Decide what needs to be done and what can wait.
Try not to compare yourself to others.
Thank your partner for helping you.
Do not blame yourself.
Ask family members to do household tasks you usually do.
Do the best you can. Even if it doesn’t feel like enough, it’s enough for now.
Encourage your partner to seek support from friends and outside activities.
Confide in someone you trust.
Remind yourself that all adjustments take time.

Other things that may help include supportive counseling, medicine, or both. Talk with your healthcare provider, nurse, or social worker about these options.

**Helpful Tips for Partners, Families, and Friends**

Here are examples of helpful things to say to a mother who is struggling with a postpartum mood disorder. They can help her know you care and that you understand what she is going through. After the list of things to say is a list of things NOT to say.

**DO tell her:**
- You know she feels terrible.
- She will get better.
- She is doing all the right things to get better (such as counseling or medicines).
- She still can be a good mother and feel terrible.
- It’s OK to make mistakes. Things don’t need to be done perfectly.
• You know how hard she’s working at this right now.
• You will help with the baby and chores. Let her know she can ask for your help when she needs it.
• You know she’s doing the best she can.
• You love her.
• Her baby will be fine.

Do NOT tell her:
• She should get over this.
• You are tired of her feeling this way.
• This should be the happiest time of her life.
• You liked her better the way she was before.
• She’ll snap out of this.
• She would feel better if only: she were working or not working, got out of the house more or stayed home more, etc.
• She should lose weight, color her hair, buy new clothes, etc.
• All new mothers feel this way.
• This is just a phase.
• Since she wanted a baby, this is what she has to go through.
• You know she’s strong enough to get through this on her own and she doesn’t need help.

There Is a Lot of Help Out There
There are many helpful resources for women and their partners who are dealing with postpartum mood disorders.

• **Postpartum Mood Disorder Support** (Seattle)
  888.404.7763 (PPMD)
  [www.ppmdsupport.com](http://www.ppmdsupport.com)
  Support groups, newsletter, and phone support.

• **24-Hour Crisis Clinic**
  866.427.4747

• **Northwest Association for Postpartum Support (NAPS)**
  206.956.1955
  [www.napsdoulas.com](http://www.napsdoulas.com)
• **This Is Not What I Expected! Emotional Care for New Families Support Group**
  425.899.1000
  Evergreen Hospital, 12040 N.E. 128th, Kirkland, WA 98034
  Free postpartum mood disorder support group for mothers, partners, and their families. Infants welcome (mother’s choice). Call for time and date.

• **Understanding the Moods of Motherhood**
  206.551.4824
  801 Broadway #718, Seattle, WA 98101
  Free postpartum mood disorder support group for mothers. Call for time and date.

• **Beyond the Birth: What No One Ever Talks About**
  Book by Dawn Gruen, MSW, and Rex Gentry, MD. To order, call 206.283.9278 or visit www.ppmdsupport.com.

• **Family Services – “Beyond the Baby Blues”**
  425.453.7890, ext. 268
  www.family-services.org
  Provides clinical interventions for women and their families, including psychotherapy for individuals and couples, or ongoing psychotherapy groups.

• **Depression During and After Pregnancy: A Resource for Women, Their Families and Friends**
  Booklet by U.S. Department of Health and Human Services, Health Resources and Services Administration. To download and print the pdf, visit www.mchb.hrsa.gov/pregnancyandbeyond/depression. It is also available in Spanish.

• **Individual Counseling**
  Many patients who have mood disorders after giving birth find it helpful to talk with a counselor. Please contact your healthcare provider, nurse, or social worker for a referral.

Questions?
Your questions are important. If you have questions about postpartum mood disorders, talk with your healthcare provider.

The resources in this chapter may also be helpful.
Your Personal Safety
For you and your baby

Your personal safety is important for ensuring a healthy outcome for you and your baby. This chapter guides you through questions to consider about domestic violence. It also provides tips and resources to keep yourself safe.

Please Let Us Help You

Is your answer “yes” to any of these questions?

- Have you ever been shoved, slapped, punched, kicked, or hit?
- If the person who hurt you said, “I’ll never do it again,” have you believed it?
- Have you ever been called names and been put down until you felt worthless?
- Do you believe that you deserve to be beaten?
- Are you ashamed that you stay in an abusive relationship?
- Are you isolated or alone with children, with no one to call when you need help?
- Does someone’s threats of violence control your decisions and influence your behavior?
- Are you afraid you can’t make it on your own?

Have you ever had any of these thoughts?

“Why would anyone smart stay in a relationship with someone so cruel?”

There are many forms of domestic violence. It may be emotional, physical, or sexual abuse. An abuser uses power and maintains control over the victim in many harmful ways, and rarely uses only one form of abuse.

Many victims feel helpless to change. It is not a matter of being “smart” – but it is about taking care of yourself and your children.
“It could never happen to me.”
Domestic violence affects people of all races, cultures, religions, ages, sexual orientations, and economic classes. No group escapes from this crime.

“What if someone found out? How embarrassing!”
Most (95%, or 95 out of 100) of the survivors of violence are women. Most of their abusers are the men that they have had a relationship with, either now or in the past. Many women want to defend their partner and save face, but they always suffer when they do this.

“I must have deserved it. I had it coming to me.”
Domestic abuse is sometimes called a "hidden crime" because many times it is never reported. This is often because the victims feel they are to blame. In the U.S., about 2.5 million women are survivors of violence every year.

“It only happened once. He promised it wouldn't happen again.”
Once violence starts in a relationship, the abuse increases. It then occurs more often and with greater force.

There can be a pattern of abuse that includes a period of calm after a violent episode. This is followed by increasing anger and then more violence, followed by calm again. It rarely goes away.

Many women who are victims of domestic violence feel alone.

“As long as I keep this quiet, no one else will get hurt.”
Violence affects the whole family. More than 3 million children watch a parent be violent every year.

Children who see violence in their parents show emotional and behavior problems such as:
• Low self-esteem and blaming themselves for the violence
• Nightmares
• Angry actions toward friends, family, or property

Children get injured, too. Very often, they are also hurt by the abusive spouse or partner. And, children learn what they live. If they are abused in childhood, they are more likely to become abusers or be in abusive relationships as adults.
“What's the big deal? So he got a little angry. Doesn't everybody?”

This is serious. Being angry is NEVER an excuse for being abusive or violent.

Violence doesn't just hurt. It kills.

Every 3 weeks, a woman is killed by domestic violence. Six out of every 10 women who are murdered are killed by a spouse or someone they have been intimate with. Making an excuse for someone who becomes violent when they are angry can cost a life.

Women who are abused:

• Are more likely to need medical care
• Take more time off from their jobs
• Spend more time at home in bed
• Have more stress and depression

Many women respond to violence by:

• Having suicidal thoughts or trying to kill themselves
• Having feelings of low self-worth
• Abusing alcohol or drugs.

“How could I leave? There is nowhere to go. He'd come find me.”

Many women feel powerless. They do not know how to find a safe place to go, and they are afraid of what the abuser will do if they leave or try to leave.

It does not have to be this way. You did NOT cause the violence but you CAN put an end to it.

To find out more about being safe for you and your children, call:

National Domestic Violence Hotline:

800.799.SAFE (7233)

or

800.787.3224 (TTY)
Have a Personal Safety Plan if You Live with a Violent Partner

If you live with a person who is abusive or violent, here are some other ways to help keep you and your loved ones safe:

- Try to AVOID arguments in rooms that are small or where there are weapons (such as the kitchen). Avoid talking with your partner in rooms that do not have a way to get to an outside door.
- Be aware that if you drink alcohol or take other drugs, you will not be able to act quickly to protect yourself and your children.
- Know which doors, windows, or fire escapes you and your children would use if you have to escape quickly to safety.
- Know where you would go once you have left the house. If possible, practice taking this route.
- If you can, tell a friend or neighbor to call the police if they hear suspicious noises coming from your home.
- Arrange to use a code word with your children, neighbor, or friends so they know when they should call for help.
- Teach your children how to use call the police and fire department.
- Take a class in self-defense.
- Hide these items in a place where you can grab them quickly when you decide to leave:
  - Identification for yourself and your children. This might include a driver's license, passports, green cards, birth certificates, or social security cards.
  - Important documents you will need later. This might include school and health records, children's immunization records, welfare identification, insurance records, car titles, lease or rental agreement, mortgage papers, marriage license, and address book.
  - Copies of any protective orders, divorce or custody papers, or other court documents.
  - Money, checkbook, bankbook, and credit card, in your own name if possible.
- A small supply of any **prescription medicines** you take, or a list of the drugs and their doses.
- **Clothing, toys**, and other comfort items for yourself and your children. You may also think about items of special sentimental value and small objects you can sell.
- **Extra set of keys** for car, house, office, and safe deposit box.
- **Phone numbers and addresses** of family, friends, and community agencies.

**If You Leave – Staying Safe**

If you leave the abusive relationship, take these extra steps:

**On the Job and in Public**

- Is there someone at work you trust, who you can tell about the situation? A coworker? Supervisor? Employment assistance person?
- Can you use voice mail, a receptionist, or a coworker to help screen calls or visitors at work?
- Have a plan for arriving and leaving work and other public places safely. Vary the time you arrive and leave, and take different routes.

**At Home**

- Change the locks on the doors and windows as soon as possible.
- Be sure the doors are secure and made of steel or metal instead of wood.
- Install extra locks, window bars, outdoor lights that turn on when they sense movement, an electronic security system, and so on.
- Install smoke detectors, purchase fire extinguishers, and have rope ladders for upper floor windows.
- Contact the police and get a restraining order.
Who to Call for Help

Tear out this page and keep it with you, so that you have these phone numbers if and when you need them.

Washington State Domestic Violence Hotline
800.562.6025

Crisis Clinic Hotline
866.427.4747

New Beginnings – Shelter, Advocacy and Support
206.522.9472 (24-hour hotline)

DAWN – Domestic Abuse Women's Network: Shelter, Advocacy and Support
425.656.7867 or 877.465.7234 (24-hour hotline)

National Domestic Violence Hotline
800.799.SAFE (7233) or 800.787.3224 (TTY)

This nationwide toll-free hotline will provide immediate crisis intervention, counseling, and referrals to emergency shelters and services.

National Teen Dating Abuse Helpline
866.331.9474

Resources

National Resource Center on Domestic Violence
800.537.2238
Email: nrcdvTA@nrcdv.org

This organization provides information, resources, and policy development. It also helps communities develop ways to respond to and prevent domestic violence.

Family Violence Prevention Fund
800.595.4889
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133

Questions?

Your questions are important. If you have concerns about domestic violence, call your healthcare provider right away.

The hotlines and other resources on this page can also help.
Your Family Planning
Thinking about the future

Many new mothers (and fathers) tell us this is not the time to talk about family planning. Even so, your healthcare provider will still ask you about your plans for contraception (birth control) before you leave the hospital.

This chapter in your book is for when you are ready for sexual closeness again. Having a baby changes many things. Your new baby will affect your life and your plans for yourself and your family.

Think about what you want for yourself and your family. Find time to talk with your sexual partner or partners about the future. (For convenience, we will refer to one sexual partner in this chapter.)

As you read this chapter, think about:

- Your overall health
- Your age
- How often you have sex
- Your ideal family size
- Your partner’s ideal family size
- Protection against the spread of sexually transmitted infections

Birth Control Methods

You may hear about success rates for birth control methods – for example, “The condom prevents pregnancy 86% to 96% of the time.” This example tells us that condoms usually prevent pregnancies for 86 to 96 couples out of 100.

The lower number (86%) tells how successful 100 couples were the first year they used that method. The higher number (96%) is the expected success rates for 100 couples if they use the method perfectly.

This means that between 4 and 14 couples out of 100 will become pregnant if they use only condoms for birth control.
Using 2 birth control methods at a time increases your protection. If a couple combines 1 method that has a 95% pregnancy prevention rate per 100 couples with a 2nd method that has a prevention rate of 90% per 100 couples, their combined prevention rates is 99.5%. That’s only **5 pregnancies among 1,000 couples** who used both birth control methods for 1 year.

**Things to Think About**

Here are some questions to consider as you think about planning your family.

**Do you want to limit your family size or when your next child will be born?**

There are different birth control methods to think about, depending on what you want. Stopping the growth of your family is different than controlling when your children are born.

**Reversible Birth Control**

Most birth control methods are “reversible.” When you stop using them, you return to your natural chances of becoming pregnant. Some reversible birth control methods are:

- Natural family planning methods
- Male and female condoms
- Spermicidal jelly
- Diaphragms
- Cervical caps
- Intrauterine device (IUD)
- “Morning after pill”
- Depo-Provera
- Oral contraceptives (the Pill)
- Contraceptive vaginal ring (NuvaRing)
- Transdermal contraceptive patch (Ortho Evra)
- Implants (Implanon/Nexplanon)

**Permanent Birth Control**

Permanent methods require surgery:

- Women can get a **tubal ligation** or trans-cervical tubal occlusion (both of these prevent eggs from reaching the uterus).
- Men can get a **vasectomy**, which prevents sperm from being released during ejaculation.

These methods are very good at preventing pregnancy. Couples who choose permanent methods have decided they do not want any more children.
Can you handle the side effects of birth control? What if a certain type makes you sick?

“Birth control” includes many ways to prevent pregnancy. The choice is not between a method that makes you sick and no method at all. Your healthcare provider can help you find a safe method that works for you and does not cause you too much discomfort.

Some birth control methods may not be safe if you take other medicines, herbs, or use “street” (illegal) drugs. Or, you may have a medical condition that makes some methods risky for you.

Birth control methods that contain estrogen (pills, patch, and vaginal ring) may decrease your breast milk. Once breastfeeding is well established, most women do not have a decrease in breast milk from estrogen-containing birth control. But, it is always safe to use progestin-only pills (also call mini-pills) when you are breastfeeding.

If you smoke or have high blood pressure, migraines, or a history of blood clots, let your healthcare provider know. It may not be healthy for you to use birth control that contains estrogen.

How easy is it for you to use the method of birth control you choose?

What is easy to use for one woman might be too involved for another. Some women find it easy to remember to take a birth control pill every day at the same time, but some do not. Some women are comfortable touching their bodies and can feel when a diaphragm is placed right, but for some women using a diaphragm is uncomfortable.

If a method (such as a condom) requires you do something while in the middle of having sex, will you be able to stop and do it? Will you be worried that it will affect your or your partner’s mood too much? Will your partner understand or try to persuade you to “skip it this time”?

You need to remember to use some methods often. For example:

- The Pill must be taken every day.
- Male or female condoms and spermicides must be used every time you have sex.

Long-acting reversible contraception (LARC) needs less attention. Two types of LARC methods are:
• Intrauterine devices (IUDs), which work for 5 or 10 years, depending on which type you choose,
• Implants (Implanon/Nexplanon), which last for 3 years.

**Do you need to protect yourself from sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV)?**

When you are having sex, *continuous barrier methods* offer the best protection. These methods include the male and female condom. You may have better protection against STIs and HIV when these methods are used with some spermicides.

Whatever you choose as your preferred method of birth control, you will still have to use the male or female condom to protect yourself against STIs and HIV.

**Five Common Ways Birth Control “Fails”**

Half of the unplanned pregnancies in this country occur in women who are using birth control! Birth control must be used *the right way, every time.*

Here are the 5 main reasons birth control fails, and what you can do about them:

1. **Not following the instructions.**
   Carefully read the directions for your chosen birth control method and follow them, every time.
   • Take the Pill at the same time every day.
   • Make sure condoms have not expired and check to see that they are in good condition. After a man ejaculates, he should remove his penis from the vagina before it begins to shrink. Also, he should make sure he grips the condom against the base of his penis as he withdraws after sex so that the condom does not slip off.
   • Make sure diaphragms or cervical caps cover your cervix.

2. **Not being consistent.**
   Birth control must be used **every time** you have sex, unless you **want** to become pregnant.
   • If you forget to take even one birth control pill, your chance of becoming pregnant increases.
• You must use spermicide with condoms, cervical caps, and diaphragms (barrier methods) every time for them to prevent pregnancy.

It takes having unprotected sex only one time to become pregnant. If you have any doubts you or your partner can be consistent, think about longer-lasting methods.

3. Not keeping the condom intact during sex.

• Condoms hold up during sex 95% to 98% of the time (95 to 98 times out of 100). This means that they break 2% to 5% of the time (2 to 5 times out of 100).

• Most condoms are made of latex rubber, which becomes weaker when it touches oil. Use only water-based lubricants and spermicides with condoms.

• Always use vaginal spermicides with condoms to help lower the risk of pregnancy, in case the condom breaks during use.

• Make sure fingernails, jewelry, and other objects do not make any tears in a condom. Sperm can pass through even a tiny tear or hole.

• Do not use a condom if it is past the expiration date on the label. Latex rubber will crack and get brittle over time.

• If a condom breaks, or you cannot use one during sex for any reason, you can get emergency contraception at your pharmacy or from your healthcare provider. This type of contraception prevents pregnancy if you take it within 5 days of having unprotected sex.

4. Not knowing how the Pill interacts with other medicines or herbs.

• Tell your healthcare provider about other drugs or herbs you are taking. For example, some antibiotics can interfere with combination oral contraceptive pills.

• If you take antibiotics, check with your healthcare provider about when you should stop taking the Pill, when it is safe to start taking it again, or if you need to use a back-up method. Use another birth control method or do not have sex during the time you are not taking the Pill.
5. Not knowing the truth about how to prevent pregnancy

There are many ideas about how to prevent pregnancy. Some of them are not true.

These statements are true:

- Usually the time during your period is a safe time to have sexual intercourse, but some women can still get pregnant during this time.
- Urinating after sexual intercourse does not prevent pregnancy. It can help prevent urinary tract infections.
- Douching (rinsing your vagina), powders, deodorants and other feminine hygiene products do not prevent pregnancy, and they have no health benefit.
- Unprotected sex “just one time” can get you pregnant.
- You do not need to have an orgasm to become pregnant.
- You are not too old to get pregnant, unless you have gone through menopause (natural or surgical).
- You are not too young to get pregnant, unless you have not yet entered puberty. A girl can get pregnant before she starts menstruating.
- You can get pregnant while breastfeeding.

Choosing When to Have Children

When you make choices based on the facts, you increase your chances of having the number of children you want in your family when you want to have them. The bothers of using birth control the right way every time are small, compared to the decisions that follow an unwanted or unplanned pregnancy.

If you would like to read about the many methods of birth control, ask your healthcare provider for a brochure called “Birth Control – Choosing the Method That’s Right for You” by the State of Washington Department of Health. Or, call 800.525.0127 to ask for a copy.
Your Baby

The 8th week is the beginning of a very busy stage of development. From now on, your baby will be growing quickly. Body parts that formed in the first few weeks (such as the heart and brain) will become more complex and specialized.

- All major body organs and systems are formed, but they are not fully formed.

- Early stages of the placenta are visible and working. The placenta connects your baby to your uterus. Nutrients from your body pass through the placenta to your baby. Waste products from your baby pass through the placenta to your body and are excreted through your urine.

- Eyelids form and grow, but they are sealed shut. The ears, teeth, and palate are also forming.

- Ankles and wrists form. Fingers and toes develop.

- The fetus’ skin is paper-thin and the veins are easy to see.

Changes in You

You are in the middle of your 1st trimester. This is a time when many women complain of pregnancy aches and pains.

- You may feel sick to your stomach. This feeling may be worse in the morning.

- You may also need to urinate a lot more often than usual. This is because your growing uterus is pressing on your bladder.

- You may feel more tired than usual and need to rest more as your body adjusts to being pregnant.

- Your breasts may still be sore. They may grow large enough to need bigger bras with better support. The area around your nipples may darken.

By the end of the 2nd month, your baby is about 1 inch long and weighs less than 1/3 ounce.
• Your waistline may be expanding. Your regular clothes may feel tight.

**Things You Can Do**

• Begin prenatal care, and set up your visit schedule with your healthcare provider.

• Take your prenatal vitamins. Be sure they have at least 800 mcg (micrograms) of folic acid.

• Drink at least 6 to 8 glasses of water, juice, or milk every day.

• Share with your partner, or those close to you, your ideas and worries about being pregnant. Many parents-to-be are worried about being parents.

• Avoid alcohol and drugs, even over-the-counter medicines (medicines you can buy without a prescription) such as ibuprofen.

**Questions?**

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Growing Together
3 months (10 to 13 weeks)

Your Baby
This is the last month of your 1st trimester. A lot of growth is taking place every day. By the end of this month, all of your baby’s vital organs and nervous system will be fully formed and working. The main things that will happen in the next 6 months are that the organs will mature and grow larger and stronger.

Some of the highlights this month are:
- Fingers and toes are separated and have soft nails.
- Your baby is busy kicking and stretching, but it is still too early for you to feel it.
- His mouth has 20 buds that will become baby teeth.
- He is beginning to grow some peach-fuzzy hair on his body.
- His heart beats quickly, at about 120 to 160 beats per minute.

Changes in You
Your uterus is now the size of a grapefruit and there is a bump in the lower part of your belly. You will be rewarded at your healthcare provider visit with the thrill of hearing your baby’s heartbeat for the 1st time!

- By the 10th week, you may find yourself riding pregnancy’s emotional roller coaster. You might feel moody one day and joyful the next. This is partly due to hormone changes.
- You may find yourself choosing looser clothes to wear.
- You may have gained 2 to 4 pounds by now and are feeling more hungry.
- Constipation can be a problem for some.
Things You Can Do

- Ask about any changes in your body that concern you.
- Allow yourself and your partner time to adjust to the many feelings about this pregnancy.
- Take good care of yourself in both body and mind.

Questions?

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby

Your baby is moving around a lot. By now, she can grasp, squint, frown, and grimace. She also may be able to suck her thumb.

- Her eyebrows and eyelashes are forming, and little hairs sprout on the top of her head.
- You may start to notice “hiccups,” which are short, rhythmic movements.
- Her legs are starting to grow longer than her arms. All of her limbs and joints can move.

Changes in You

Most women start to feel much better during the 2nd trimester:

- For many, the side effects of earlier months – having to urinate often, feeling very tired and sick to your stomach – lessen or go away.
- You may feel a burst of energy. Do not be surprised if you are told you look radiant!
- Your breasts are larger and may be starting to make colostrum, even though birth is still months away. Colostrum is sometimes called “first milk.” Your breasts make it during pregnancy and for the 1st few days after you give birth.

Questions?

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby
You are almost halfway there!
Your baby is becoming more active, turning from side to side and sometimes head over heels. Finally, you may start to feel your baby move! At first it may be just a flutter, but it slowly gets stronger.

• If you have an ultrasound at this point, you might be able to tell your baby’s sex. You might also see your baby kick, flex, reach, roll, or even suck his thumb.

• His chest moves up and down like he is breathing – but he is taking amniotic fluid, not air.

• A protective substance called myelin slowly begins to form around the spinal cord.

• A thick, whitish substance called vernix begins to coat your baby’s skin. This is a natural moisturizer. It protects his skin while he is in a liquid environment.

• He is beginning to have regular sleep and wake periods.

• Sensory development is active at the 20th week. This means taste, smell, hearing, seeing, and touch are developing in special areas in the brain.

• If you are having a girl, the vagina, uterus, and Fallopian tubes are in place. She has about 6 million eggs in her ovaries.

• If you are having a boy, his genitals are fully formed and can be seen.
Changes in You

The top of your uterus now is near your belly button. You are likely starting to notice other women who are pregnant and little babies around you.

- Your baby’s kicking and movement may disturb your sleep. Your growing belly may make it hard for you to get comfortable.
- You may notice your heart is beating faster. This is because you have a lot more blood flowing in your system.
- Sign up for classes to prepare you for childbirth. Now is the time to register so you complete them by 36 weeks. See page 11 of this book for more information.
- Buy some maternity clothes – new or secondhand.

Questions?
Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby

Your baby’s growth is now focused on getting ready to live outside the womb. If your baby were to be born now, she would have a good chance of survival. About 85% (85 out of 100) of all babies born at 24 weeks survive when they receive proper care.

Even though your baby is growing, her body is still very lean and her skin is wrinkled and red. Her skin looks this way because she does not have much body fat yet and because her blood vessels are so close to the surface.

- The skin on her hands and feet has gotten thicker. There are ridges on her palms and soles that form fingerprints and footprints. She can curl her hands into little fists.
- She can hear well. She can make out your voice, even if she cannot understand the words. She can hear your heart beating and your stomach rumbling.
- Her lungs are developing to prepare for breathing. They are filled with amniotic fluid. Even though her chest muscles make breathing movements, she cannot draw air into her lungs. She still receives oxygen through the placenta.
- A fine downy hair, called lanugo, grows all over her body. Most of it will be gone by the time she reaches full term.
- Your baby’s skin is covered with a natural moisturizer called vernix. It looks and feels like cream cheese. Vernix protects her skin from the minerals in the amniotic fluid.
• Your baby swallows amniotic fluid, helping her prepare for sucking and using her digestive system.
• Her eyes are fairly well developed now, but they are still closed.
• Her eyebrows and fingernails are growing.
• She can cry now, but if she were born now, her cries would be weak and shallow.

Changes in You
Now that you are in your 6th month, your weight will increase by about 1 pound a week. Each woman’s body is different, so you may gain more or less weight each week. Remember, your baby needs you to eat good, healthy foods to help her keep growing.
• You may see stretch marks on your belly. It is true that stretch marks never fully go away. But they will become less visible after your baby is born.
• Your body starts to produce a hormone called relaxin. This helps your pelvis joint relax and open up. It will help spread your hips to prepare for childbirth. After childbirth, your hips will go back to their normal size.
• You may feel the baby kicking strongly now. As she gets bigger, you will notice her movements more and more.
• Your back may hurt. To help with this, wear low-heeled shoes, flats, or good walking shoes. Avoid standing for long periods.
• Now is a good time to begin practicing relaxation. Try to make time for it every day. There is no better way to prepare for labor than to learn ways to help your body relax.
Growing Together
26 weeks

Your Baby

- He can now hear sounds like music and your voice through the uterine wall. You may notice that he moves if there is a loud or sharp noise.

- His eyes are fully developed. He can finally open and close them. If you place a flashlight on your belly, he may respond with a startle or turn his head either toward or away from the light.

- Your baby’s first bowel movement, called meconium, starts to fill the intestines.

- He has very little body fat, called subcutaneous fat (meaning fat under the skin). This means he still looks skinny, red, and wrinkled. Without fat, your baby will have a hard time controlling body temperature outside of the womb. That is why premature babies are kept in heated cribs and incubators. Right now, you are your baby’s incubator.

Changes in You

- Your uterus is expanding in your abdominal cavity as your baby and placenta grow and the amniotic fluid increases. The top of your uterus is close to your waist.

- You may have some back pain. Your center of gravity has shifted to the front. This pulls your uterus forward and strains the ligaments that support it. Many pregnant women start leaning backward, which can lead to a backache. Massage can help relax your muscles and relieve the strain on your back.
• Some women find relief by wearing a sling that supports the uterus. You can do “pelvic rocking,” an exercise to help ease back pain, while you are sitting, standing, or lying down.

• Another reason for your back discomfort may be from the hormone relaxin, which helps your hips spread to prepare for childbirth.

• You also may find that your fingers, wrists, and hands ache. This is because many tissues in your wrist are swollen, and this may cause numbness or burning pain. All of these things will slowly return to normal after your baby is born.

• This is the period of the greatest weight gain. Keep eating good meals and include healthy snacks. Remember to drink plenty of water.

• Your pregnancy is becoming more real for your family and friends. Other people can feel the baby move.

• Loved ones can help ease the strain on your back by standing behind you and placing their interlaced hands beneath your belly.
Your Baby

Your baby looks about the same (with a little more hair), but she is growing very fast and developing steadily. But, she is not mature enough to live outside of your womb without medical help.

She does not yet have enough fat under her skin to keep her warm, her defenses against infection are not developed, and she does not have enough moisture in her lungs to breathe deeply.

- Brain development is rapid now. The grooves on her brain’s surface start to appear, and more brain tissue develops.
- Her eyes open and close, she sleeps and wakes at regular intervals, and she may suck her finger or thumb.
- Senses and reflexes are more developed.
- Are you feeling regular rhythmic movements, different from kicks and wiggles? Those are the hiccups!

Changes in You

As your uterus expands up toward your rib cage, it takes up more space in your abdomen. This causes other organs to be pushed aside and can create some new discomforts:

- Feeling short of breath? This happens because your uterus is starting to press on your diaphragm. Try breathing more slowly.
- Indigestion is common. Your stomach and intestines are being compressed. And, the hormones of pregnancy may upset your
digestion. Avoid spicy foods. Instead of eating 3 large meals, try eating small meals more often. Your healthcare provider may suggest antacids or acid reducers.

- You may have to urinate often. This is common. It is caused by pressure on your bladder and because your bladder has less space and cannot get as full as usual.

- Many women have unusual dreams when they are pregnant. This is a normal reaction of your unconscious mind as it sorts out thoughts, fears, and worries. Talk with your healthcare provider if your dreams or thoughts worry you.

- You probably have been thinking a lot about giving birth and getting ready for life with a baby. Childbirth and parenting classes are a good way for you and your partner to prepare for this together. If you are thinking of attending classes and are not yet enrolled, this is the time to do it.

**Questions?**

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby

During the 3rd trimester, how much a baby grows depends on their heredity, sex, health, and nutrition. A 30-week baby could weigh as much as 1 to 1½ pounds more or less than another baby of the same age. Both are considered normal weights.

- Even though there is less room to move around, your baby can still move and flex his limbs. Soon, as he gets bigger, he will need to get into the “fetal position.”

- He may seem more active at some times of the day than others. Every day, pay attention to your baby’s movement. You should feel 10 movements in a 2-hour period. These movements may be kicks, squirms, pokes, or wiggles.

- His kidneys are working well now. They are producing about half a liter of urine (about 17 fluid ounces) a day. This urine passes into the amniotic fluid.

- Your baby’s body is growing more than his head. But inside his skull, his brain is forming rapidly. Parts of his brain are becoming more distinct, and each part has a different function. As time goes on, connections within his brain will become more complex.

- Your baby needs the most nutrients during the 3rd trimester. You will need plenty of protein, vitamin C, folic acid, iron, and calcium (about 200 mg of calcium goes into your baby’s skeleton.
every day). When you eat foods that are rich in these nutrients, you are helping your baby grow and be healthy.

Changes in You

- Many women begin to have contractions around now. These help the uterus “tone up” for labor. They are usually painless, and they come and go. Some contractions are normal. But if you have 6 or more in 1 hour, call your healthcare provider.

- You may be having some constipation, a hard time sleeping, hemorrhoids, leg cramps, varicose veins, or other discomforts. These are normal in pregnancy, but they can be irritating. Talk with your healthcare provider about them.

- You may notice some swelling in your feet, ankles, and hands by the end of the day. Rest with your feet up to help with this.

- You may want to take a tour of the Labor & Delivery unit where you will deliver to learn about what to expect in the hospital. Free tours are available at each of our UW Medicine hospitals. To choose a hospital and register for a tour, visit www.uwmedicine.org/services/obstetrics/tour.

Questions?

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby

Your baby looks more like a newborn now. Her arms, legs, and body are filling out. They are finally in proportion to the size of her head.

- She has enough body fat under her skin to make her skin look smooth and healthy.
- Small nipple buds appear on her chest.
- Nails have grown on the tips of her fingers.
- Her lungs are still not mature, but she has better control of breathing. She can also suck and swallow. Many babies spend a lot of time sucking their thumbs at this age!
- Your baby's vision is blurred right now, but she can sense light and dark. By the time she is full-term, she will be able to see shapes and bright colors.
- Your baby hears you and your working body. She can hear your stomach rumble and your heart beat. She also hears voices and sounds outside your body.
- She has lots of taste buds on her tongue. Many of these will disappear before birth. She can easily tell the difference between sweet and sour now.

Changes in You

- You may feel your attachment to your baby growing stronger every day.
• With her brain and hearing more developed, your baby can communicate with you. Others may be drawn to how she responds to you.

• Kicks are much stronger now and you may feel them under your ribcage. Sitting or lying in one position for very long may be uncomfortable.

• Other discomforts such as constipation, sweating, problems breathing, and increased need to urinate are all reminders your baby is growing.

• Heartburn is common. These symptoms often go away in the last couple of weeks of pregnancy, when the baby moves down into the birth position. In the meantime, try these tips to reduce heartburn:
  - Think about eating small meals more often, instead of 3 larger meals.
  - Avoid eating less than 2 hours before bedtime.
  - Prop up in bed instead of lying flat.
  - Try to avoid eating foods that give you a burning sensation.

Questions?

Your questions are important. If you have questions about your baby’s growth and your changing body, talk with your healthcare provider at your next clinic visit.
Your Baby

Your baby’s reflexes are now more advanced. Reflexes are “built-in” behaviors that help a baby adjust to life outside the womb. Some of these are the startle reflex, grasping reflex, rooting and sucking reflexes, and many others. Rooting and sucking help your baby eat.

- Until your baby is born, his “food” comes through the umbilical cord. Eating will be something new!
- Your baby is practicing sucking in the womb so he will be able to do it right after he is born. But he will have to learn how to put everything together – suck-swallow-breathe, suck-swallow-breathe – to become an expert feeder.
- If your baby is born prematurely (before full-term), his sucking and swallowing reflex may be weak.
- The bones on your baby’s head are soft and flexible to make it easier for him to fit through the birth canal. But the bones in the rest of his body are hardening.
- In boys, their testicles now descend from up near the kidneys through the groin on their way to the scrotum.
- In girls, the clitoris is easy to see because it is not yet covered by the small labia. That takes place in the last few weeks before birth.

Your baby now weighs about 4½ pounds and is about 18½ inches long from head to toe.
Changes in You

- You may feel more tired these days. Backache may be a problem. Much of this is caused by strain on the ligaments that hold up your uterus. There are exercises that will help relieve this. For some women, a back rub from a partner or friend can help a lot.

- If you are a first-time mom, your baby may start getting into the birth position this week. This means your baby’s head will move into your pelvis and start to press on your cervix. This can cause pressure and discomfort down low in your body. Women who have given birth before can expect this to happen just before labor.

- Your feet and ankles may swell a lot, especially in the afternoon and evening and in warm weather. It is important to drink lots of fluids.

- If your hands or face feel swollen and puffy all of a sudden, call your healthcare provider.

- Most couples are starting to think more about labor. This is a good time to talk about a birth plan. Make sure your provider knows your choices for labor and birth (see the “Birth Choices” and “My Birth Plan” chapters in this book).
Your Baby

Your baby now looks even more like a little person. The added weight makes her arms and legs look chubby. Her skin looks healthier and smoother because body fat has filled in the wrinkles.

- She still has vernix (coating on her skin) but the lanugo (fine body hair) is almost gone. She may still have some on her back and upper shoulders.
- Some babies have a head full of hair, while others have only a few wisps. Thick hair at birth does not always mean thick hair later on.
- You may notice your baby’s movements are slowing down. She has herself tucked in a position that helps her to fit, but there’s not much extra space to move around.
- Your partner and family can easily see your baby’s movements on the outside when she moves a leg or an elbow. Everyone likes to imagine and talk about what your baby looks like.

Changes in You

You may be uncomfortable at this point in your pregnancy:

- Most women find that walking any distance is hard. Pressure on your diaphragm can make it hard to breathe.
- Your lower pelvic area may feel heavy as your baby gains weight and begins settling down in your pelvis.

It is likely that your baby has gained almost 1 pound in the last 2 weeks. She now weighs about 5 to 7 pounds and is about 19½ inches long from head to toe.
• As the day goes on, your ankles may become swollen. Wear comfortable shoes that you can slip into without having to use your hands. Bending down to tie or buckle shoes can be hard with a baby in the way.

• “Practice” contractions are getting stronger. These are normal and will continue until your body goes into labor.

• This can be a very emotional time. You may be wondering: What will labor be like? Will I be a good parent? How will I know what to do? What will life with a baby be like?

• Take time with your partner to talk about your concerns. If this is your first baby, this is new for both of you.

• There is a lot of support available for you and your partner after your baby is born. Take some time now to think about who can help you and how they might be helpful to you. Writing it down before you give birth will make it easier for you to remember it later.
Your Baby

Your baby is maturing and growing! Soon he will be too big to grow inside of you.

Your baby’s head is now cradled in your pelvic cavity and is protected by your pelvic bones. This position gives him some much-needed space for his growing legs and buttocks.

- Are you wondering what color your baby’s eyes will be?
  - Most Caucasian babies are born with dark blue eyes. Their true color – brown, green, blue, grey, or hazel – may not show for weeks or months.
  - Most African and Asian babies have dark grey or brown eyes at birth. Their dark eyes become a true brown or black after the first 6 months or year.
  - Multiracial children may be born with dark blue, dark grey, or brown eyes. Their true eye color may not show for weeks or months.

- Your baby is getting ready to be born. Many hormones are being released by your baby, the placenta, and your body. You are almost ready for labor to begin.

Changes in You

Your uterus can stretch to 60 times its original size! Yours may not have stretched that much, but it has gotten much bigger.

The “average” baby now weighs about 7 to 7½ pounds and is about 20 inches long from head to toe.
After birth, your uterus will return to the size of a pear, which is how big it was before you became pregnant. It takes about 6 weeks for this to happen.

- You are ready to deliver your baby. Hormones are moving through your body. You may be having contractions on and off, sometimes regularly. You may notice that your vaginal secretions are increasing. This is normal.

- The restless nights and many trips to the bathroom will soon be over. Just think – soon you will be able to turn over in bed and sleep on your stomach!

- Your baby is almost here. Congratulations!
Common Terms of Pregnancy and Birth

During pregnancy and birth, you will hear many new words and expressions. These pages list some of the most common ones you may hear. For a full list of the different healthcare providers you may meet before and after you give birth, please see the chapter “Your Healthcare Team” in this book.

**Amniocentesis (amnio):** A test used to diagnose chromosome problems and spina bifida.

**Analgesia:** No pain, or pain relief.

**Anemia:** A condition in which the number of red blood cells is lower than normal, reducing the blood’s capacity to carry oxygen.

**Anesthesia:** Medicine that blocks pain, feeling, and movement.

**Antepartum (AP):** Before birth.

**Antibodies:** Proteins that protect your body from bacteria and toxins. During pregnancy and breastfeeding, your baby receives antibodies from you.

**Appropriate for gestational age (AGA):** Baby’s size is what is expected for how far along you are in your pregnancy.

**Artificial rupture of membranes (AROM):** Healthcare provider inserts a special hook through the cervix and makes a hole in the membranes to release amniotic fluid. Also called "breaking the bag of waters."

**Bag of waters:** Sac of fluid that surrounds the baby inside the uterus. Also called “amniotic sac.”

An ultrasound image of a baby in the womb (see page 145).
Your healthcare provider will help you figure out the estimated date of delivery (EDD) based on the date your last menstrual period started.

**Birth verification letter:** A temporary substitute for a birth certificate. It is valid up to 60 days after your baby’s birth date.

**Catheter:** A thin, long, flexible synthetic tube.

**Cervical exam:** In this exam the healthcare provider uses fingers to check the cervix for:

- Position of cervix (*posterior* means to the back; *anterior* means forward, to the mother's front)
- *Ripeness* (softness or firmness of the cervix)
- *Dilation* (how open the cervix is)
- *Effacement* (how thick or thin the cervix is, also called shortening or ripening of the cervix)
- *Station* (how low or high the baby is in the pelvis)

**Cervix:** Lowest part, or neck, of the uterus that ends in the top of the vagina (birth canal).

**Cesarean birth or section, or C-section (CS):** Surgery to deliver a baby through incisions in the abdomen and uterus.

**Child Protective Services (CPS):** A state agency that protects babies and children.

**Combined spinal/epidural (CSE):** A way to deliver pain medicine. CSE uses both an injection of pain medicine into the spinal fluid and an epidural.

**Date of birth (DOB):** The day a person is born. The DOB usually includes the month, day, and year.

**Doppler:** A handheld device placed on the mother’s abdomen that makes it possible to hear the fetal heartbeat.

**Electronic fetal monitoring, external fetal monitoring (EFM):** Two sensing devices are placed on the mother’s abdomen to monitor the fetus. One of these devices measures the baby's heart rate. The other picks up changes in uterine firmness (which shows contractions).

**Epidural:** An injection of pain medicine into the epidural space (the space between the layers of tissue that are around the spinal fluid).
Estimated date of confinement (EDC) or estimated date of delivery (EDD): The expected due date of the baby, counted as a 40-week period from the start of the mother’s last menstrual period.

Failure to progress (FTP), prolonged labor: Labor is not progressing because the cervix is not dilating or the baby is not descending (getting into position for birth).

Fetal heart rate (FHR): Baby’s heart rate measured while still in mother’s uterus.

Fetal heart tones: Baby’s heart rate sounds that can be heard with the Doppler or electronic fetal monitoring (EFM).

Forceps: A tool used during the pushing phase of labor, if needed. It is placed on the baby’s head to help bring the baby out of the vagina.

Fundus: The top of the uterus.

General anesthesia: Medicine that causes a total loss of feeling and consciousness.

Gestational diabetes or gestational diabetes mellitus (GDM): A type of diabetes, or high blood sugar, that sometimes develops during pregnancy.

Gestational hypertension: High blood pressure that develops during pregnancy.

Group beta streptococcus (GBS): A type of bacteria in the vagina, rectum, or urine that can be passed on to the baby during labor. GBS can make the newborn very sick. Mothers are tested for GBS in late pregnancy. If bacteria are present, the mother is given antibiotics during labor.

Head circumference: Measurement of the baby’s head.

IV, or intravenous, medicine: An injection of medicine into a vein, often through a catheter that goes into the vein.

Intrauterine device (IUD): Birth control device inserted into a woman’s uterus.

Lactation/lactating mother: Mother feeding her baby with milk from her breasts, either by nursing or pumping her breast milk.
Large for gestational age (LGA): Baby's size is larger than normal for how far along a woman is in her pregnancy.

Last menstrual period (LMP): The first day of mother's last menstrual period. This date is used to estimate the baby's due date.

Low transverse Cesarean section (LTCS): Incision for this type of Cesarean section birth goes across the lower section of mother's uterus, from 1 side of the belly to the other.

Lumbar epidural (LEP): Pain medicine used to decrease sensation (feeling) in the lumbar (lower back) area. LEP is used for labor pain (when desired) and for Cesarean births.

Meconium (MEC): Your baby’s first bowel movement. This can occur before or after birth.

Neonatal Intensive Care Unit (NICU): Special care nursery for babies who are premature (born before 37 weeks) or who need special care or monitoring.

Newborn: Baby in the 1st month of life.

Non-stress test (NST): External monitoring of fetal heart rate and uterine contractions. An NST assesses a baby’s well-being.

Normal spontaneous vaginal delivery (NSVD): A vaginal birth, without the use of forceps or vacuum.

Patient-controlled analgesia (PCA), patient-controlled epidural analgesia (PCEA): A method of pain relief that lets the patient press a button to control how much and when pain medicine is given.

Perinatal: The period of time from the 20th week of pregnancy to 1 month after birth.

Postpartum (PP): The period of time after the birth.

Pre-eclampsia: High blood pressure and protein in the urine. This can occur in the last half of pregnancy.

Pregnancy induced hypertension (PIH): High blood pressure related to the pregnancy.

Premature labor (PML): Contractions that cause changes in the cervix before 37 full weeks of pregnancy.
Premature rupture of membranes (PROM): The “bag of waters,” or amniotic sac, breaks before 37 completed weeks of pregnancy.

Prenatal: The time during pregnancy and before birth.

Preterm labor: Labor contractions that begin before the 37th week of pregnancy.

Preterm birth: A birth that occurs before the 37th week of pregnancy.

Small for gestational age (SGA): The baby is smaller than normal for its age.

Spinal: A method of pain relief that involves an injection of anesthetic into your spinal fluid. This pain medicine takes effect very quickly.

Spinal/epidural: See “Combined spinal/epidural (CSE).”

Stripping/sweeping membranes: During a cervical exam, the provider inserts a finger into the cervix to loosen the bag of waters from the uterine wall to help the mother's body release the hormones that start contractions.

Sudden infant death syndrome (SIDS): Unexpected death of an infant who seems healthy. It usually occurs while the baby is asleep or in bed. We do not fully understand the cause of SIDS. It most often occurs when a baby is between 1 month and 1 year of age.

Spontaneous rupture of membranes (SROM): The “bag of waters,” or amniotic sac, breaks on its own. This may feel like a big gush or a small trickle of fluid.

Tocometry (TOCO): External monitoring of contractions.

UltraCOM: Ultrasound Doppler test on the mother. It measures her cardiac output (size of arteries at the base of the neck and blood flow). This helps decide the best treatment for high blood pressure.

Ultrasound: A test that uses sound waves to take a picture inside the uterus. The ultrasound image shows the baby’s size, position, age, and overall health.
Vacuum extraction: A process that may be used during the pushing phase of labor, if needed. A plastic cap-like device is placed on the baby's head. A tube connects the cap to a vacuum pump that creates suction. During contractions, the provider gently pulls on a handle attached to the cap to help the baby come out of the vagina.

Vaginal exam: An exam to look at the inside and outside of the vagina. During the exam, the provider may use a gloved hand to gently check the cervix.