

# WELCOME BABY

Fair Haven Community Health Center's  
Guide to Pregnancy



# Fair Haven Community Health Care Prenatal Group Care Education Book

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Prepared by the Midwifery Group  
Using resources from ACOG, ACNM, CDC, March of Dimes, and American Pregnancy  
Association

## **Contact Fair Haven Community Health Care**

Prenatal Line (8:30am–5pm): (203) 752-5133  
After Hours: (203) 777-7411 (ask for on-call midwife)

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# FIRST TRIMESTER

WHEN I FOUND OUT I WAS PREGNANT...

Blank green area for notes.

HOPES & DREAMS

Five horizontal lines for notes.

QUESTIONS

Four horizontal lines for notes.

PREGNANCY SYMPTOMS

Eight horizontal lines for notes.

FIRST ULTRASOUND

One horizontal line for notes.

# Session 1: Welcome & Prenatal Basics

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Welcome to your pregnancy journey with Fair Haven Community Health Care Midwifery

## Contacting Your Midwife

- **During office hours** (8:30am–5pm): Call the Prenatal Phone Number (203) 752-5133
- **After hours:** Call the main FHCHC number (203)777-7411.
  - The answering service will take your name and number.
  - The on-call midwife will call you back within 20 minutes.
  - If you do not receive a call back, please call again.

\*Always call before going to the hospital so we can advise you and prepare for your arrival.

## Warning Signs – When to Call the Midwife

Always call if you are unsure. Warning signs vary by trimester:

Trimester	Warning Signs – Call Immediately
First (0–13 weeks)	<ul style="list-style-type: none"><li>-Heavy vaginal bleeding or passing clots</li><li>-Severe abdominal pain</li><li>-Fever or chills</li><li>-Persistent vomiting and unable to keep fluids down</li></ul>
Second (14–27 weeks)	<ul style="list-style-type: none"><li>-Vaginal bleeding or fluid leakage</li><li>-Strong abdominal pain or cramping</li><li>-Decreased baby movement after 20 weeks</li><li>-Signs of infection (fever, painful urination)</li></ul>
Third (28–40+ weeks)	<ul style="list-style-type: none"><li>-Regular strong contractions before 37weeks (preterm labor)</li><li>-Decreased or absent fetal movements</li><li>-Severe headache, vision changes</li><li>-Vaginal bleeding or gush of fluid</li><li>-Severe abdominal pain</li></ul>

## Consent in Prenatal Care

Consent means that you understand and agree to the care and tests provided during pregnancy. Your midwife will always explain what a test or procedure involves, why it is recommended, and any risks or alternatives. You have the right to:

- Ask questions until you feel comfortable.
- Say yes or no to any test or procedure.
- Change your mind at any time.

Examples: Before an ultrasound, blood test, or vaginal exam, your midwife will ask for your consent.

## What to Expect at a Prenatal Visit

Prenatal visits are your regular check-ups during pregnancy. At each visit, you can expect some or all of the following:

- Review of your health, questions, and concerns.
- Blood pressure check.
- Weight check.
- Listening to the baby's heartbeat (after 12 weeks).
- Measuring your belly (after 20 weeks).
- Urine tests (as needed).
- Blood work or ultrasound (at certain visits).

You will also have time to talk about nutrition, emotional health, and preparation for birth. Bring your questions—no concern is too small!

## Prenatal Testing & Timeline

Testing helps monitor your health and your baby's growth. Some tests are routine, while others are optional.

Trimester	Routine Tests	Optional/Additional Tests
First Trimester (0–13 weeks)	<ul style="list-style-type: none"><li>- Blood type &amp; Rh</li><li>- CBC (blood count)</li><li>- HIV, syphilis, hepatitis tests</li><li>- Urine culture</li><li>- Dating ultrasound</li></ul>	<ul style="list-style-type: none"><li>- Genetic carrier screening</li><li>- Cell-free DNA (from 10 weeks)</li><li>- Nuchal translucency ultrasound</li></ul>
Second Trimester (14–27 weeks)	<ul style="list-style-type: none"><li>- Anatomy ultrasound (18–22 weeks)</li><li>- Gestational diabetes screening (24–28 weeks)</li><li>- CBC repeat</li><li>- Blood pressure checks</li></ul>	<ul style="list-style-type: none"><li>- Amniocentesis if indicated</li><li>- Additional ultrasounds if high risk</li></ul>
Third Trimester (28–40+ weeks)	<ul style="list-style-type: none"><li>- Group B Strep swab (35–37 weeks)</li><li>- CBC repeat if needed</li><li>- Blood pressure</li><li>- Growth scans if indicated</li></ul>	<ul style="list-style-type: none"><li>- Non-stress tests if high risk</li></ul>

## Managing Nausea and Vomiting

Nausea and vomiting are very common in pregnancy, especially in the first trimester. Most women feel better by 14–16 weeks, though some may have symptoms longer.

### Self-Care Tips

- Eat small meals every 2–3 hours instead of large meals.
- Keep crackers or dry cereal by your bed; eat a little before getting up.
- Avoid strong smells (perfume, cigarette smoke, spicy or fried foods).
- Try cold foods (smoothies, yogurt, sandwiches) instead of hot meals.
- Sip fluids throughout the day: water, ginger tea, clear broth.
- Rest and reduce stress when possible.
- Take prenatal vitamins at night or with food; ask about switching to one with more vitamin B6 if needed.

### Natural Remedies

- Ginger: tea, ginger ale made with real ginger, ginger candies, ginger snaps.
- Vitamin B6 (pyridoxine): often recommended in low doses by providers.
- Acupressure wristbands (like sea-bands) may help some people.

### Medications (Talk with Your Provider)

If nausea or vomiting prevents you from eating, drinking, or functioning, safe medications may be prescribed:

- Vitamin B6 + doxylamine (Unisom)
- Prescription anti-nausea medications (if needed)

### When to Call Your Provider

- Unable to keep any food or fluids down for 24 hours
- Signs of dehydration (dark urine, dizziness, extreme fatigue)
- Losing weight instead of gaining
- Vomiting blood or very severe, persistent vomiting

These may be signs of hyperemesis gravidarum, a more serious condition needing medical care.

These are normal changes, but there are safe ways to feel better.

<b>Discomfort</b>	<b>Tips for Relief</b>
Fatigue	Nap when you can; light exercise; iron-rich foods; ask about iron supplements.
Dizziness	Change positions slowly; drink plenty of water; eat regular meals.
Constipation	Fiber-rich foods; hydration; daily walking; stool softeners if needed.
Round Ligament Pain	Gentle stretches; warm compress; maternity support belt.
Back Pain	Prenatal yoga; maternity support belt, warm compress, or shower, body pillow while sleeping.
Swelling (hands/feet)	Elevate feet; compression socks; avoid standing too long.
Heartburn	Eat small meals; avoid acidic and spicy food, avoid lying down right after eating; elevate head of bed.
Leg Cramps	Stretch calves; stay hydrated; magnesium-rich foods.

## **What to Avoid in Pregnancy**

### **Foods & Drinks**

- Raw or undercooked meat, fish, or eggs
- Unpasteurized milk, cheeses, or juices
- Fish high in mercury (shark, swordfish, king mackerel, tilefish)
- Deli meats or hot dogs unless reheated until steaming
- Alcohol
- Too much caffeine (limit to about 200 mg/day, ~1 cup of coffee)

### **Medications & Substances**

- Ibuprofen (Motrin, Advil, Excedrin), naproxen (Aleve), most prescription acne medications (Accutane, retinoids)
- Herbal supplements not approved by your provider
- Tobacco, vaping, marijuana, and recreational drugs

### **Environmental Hazards**

- Cat litter (risk of toxoplasmosis)
- Hot tubs, saunas, and overheating
- Strong chemicals, pesticides, paint fumes

## Travel in Pregnancy

Travel can be safe in pregnancy with some precautions.

Best time to travel: Before 35-36 weeks

### Safe Travel Tips

- Wear your seatbelt low across your hips, below your belly.
- Get up and walk every 1-2 hours on long trips.
- Wear Compression socks
- Drink plenty of water.
- Bring snacks and medications you may need.

Avoid travel if you have complications (high blood pressure, preterm labor risk, bleeding, placenta previa). Always check with your midwife.

### Fetal Development by Week

Your baby grows quickly each week. Sizes are compared to fruits and vegetables to help you visualize.

Week of Pregnancy	Baby's Size	Notes
8 weeks	Raspberry	Heart is beating; arms and legs are forming.
12 weeks	Lime	All major organs formed; baby can move.
16 weeks	Avocado	Baby can make facial expressions.
20 weeks	Banana	You may feel movement ('quickening'). Anatomy scan done.
24 weeks	Ear of corn	Baby's lungs developing; responds to sounds.
28 weeks	Eggplant	Baby opens eyes; begins storing fat.
32 weeks	Squash	Baby practices breathing movements.
36 weeks	Papaya	Baby gaining weight; getting ready for birth.
40 weeks	Pumpkin	Full term! Ready to be born.



# Second Trimester

How am I feeling in 2<sup>nd</sup> Trimester:

## Quickening/First Movement

Date: \_\_\_\_\_  
Thoughts & Comments \_\_\_\_\_

## Favorite Meals

Breakfast : \_\_\_\_\_ Dinner : \_\_\_\_\_  
Lunch : \_\_\_\_\_ Snack: \_\_\_\_\_

## Cravings

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## Aversions

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## Self-Care & Goals

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## SECOND ULTRASOUND

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# Session 2: Nutrition, Exercise & Self-Care, and Medications

## Nutrition in Pregnancy

Eating well helps your baby grow and keeps you healthy.

### Weight Gain Guidelines

BMI Before Pregnancy	Recommended Weight Gain
Underweight (BMI <18.5)	28-40 lbs
Normal weight (BMI 18.5-24.9)	25-35 lbs
Overweight (BMI 25-29.9)	15-25 lbs
Obese (BMI ≥30)	11-20 lbs

### Food Safety Guide

Avoid	Why	Safe Alternative
Raw fish, sushi, undercooked meat	Risk of bacteria/parasites	Well-cooked fish and meats
Unpasteurized dairy/cheese	Listeria risk	Pasteurized dairy products
Cold Deli meats	Listeria risk	Heat until steaming
Raw eggs (homemade mayo, dressings)	Salmonella risk	Use pasteurized or cooked eggs
Fish high in mercury (shark, swordfish, king mackerel)	Mercury affects baby's development	Low-mercury fish: salmon, cod, tilapia

### Iron & Anemia in Pregnancy

Iron helps your blood carry oxygen to you and your baby. During pregnancy, your body needs more iron. If you don't get enough you may develop anemia (low iron), which can cause fatigue, cold intolerance, headaches, and restless leg sensation at night.

- Foods with heme absorb most easily and will bring up your iron level quickest
- Cook with a cast iron pan to increase iron in your food, especially more acidic food like tomatoes or food with high vitamin C like citrus fruits.
- If you are prescribed iron supplements, do not take the iron with foods that contain high amounts of Calcium, because calcium prevents absorption of iron.

Iron Source	Examples	Absorption Tips
Heme (animal)	Beef, chicken, turkey, fish	Eat with vitamin C foods like oranges or peppers
Non-Heme (plant)	Beans, lentils, leafy greens, fortified cereals	Add lemon juice; avoid tea/coffee with meals

## Sample Iron-Rich Recipes

### Black Bean & Collard Green Stew

- - Heat 1 tbsp olive oil in a pot; sauté 1 onion and 2 garlic cloves until soft.
- - Add 2 cups cooked black beans, 2 cups chopped collard greens, and 2 cups broth.
- - Season with cumin, salt, and pepper.
- - Simmer for 25 minutes until greens are tender.
- - Serve hot over brown rice.

### Lentil Soup with Sweet Potato and Spinach

- - In a large pot, sauté 1 diced onion, 1 carrot, and 2 garlic cloves.
- - Add 1 cup lentils, 1 diced sweet potato, and 6 cups broth.
- - Stir in 1 tsp turmeric, salt, and pepper.
- - Simmer 30 minutes until lentils are tender.
- - Add 1 cup spinach at the end and cook for 2 more minutes.

### Beef Tacos with Salsa & Oranges

- - Brown 1 lb ground beef in a skillet with taco seasoning.
- - Warm corn tortillas on a pan or griddle.
- - Fill tortillas with beef, lettuce, tomato, and salsa.
- - Serve with fresh orange slices for vitamin C to boost iron absorption.

### Plantain & Egg Scramble

- - Peel and slice 2 ripe plantains; sauté lightly in oil until golden.
- - Whisk and scramble 2 eggs with sliced bell peppers.
- - Mix with plantains and serve warm with avocado.

### Chickpea Salad with Lemon Dressing

- - Rinse and drain 2 cups chickpeas.
- - Chop 1 cucumber and 2 tomatoes; add to chickpeas.
- - Whisk olive oil with lemon juice, salt, and pepper for dressing.
- - Pour dressing over salad and toss well.- Top with parsley; chill before serving.

## Magnesium in Pregnancy

Magnesium is important for nerve and muscle function. It helps your baby's bones and teeth develop. If you are low in magnesium, you may get more leg cramps or headaches.

Category	Foods (Good Sources of Magnesium)
<b>Vegetables &amp; Greens</b>	Spinach, Swiss chard, Kale, Collard greens
<b>Nuts &amp; Seeds</b>	Almonds, Cashews, Peanuts, Pumpkin seeds, Sunflower seeds
<b>Whole Grains &amp; Legumes</b>	Brown rice, Quinoa, Oats, Black beans, Chickpeas, Lentils
<b>Fruit</b>	Bananas, Avocados, Figs, Dried apricots
<b>Other Sources</b>	Dark chocolate (70%+), Low-fat yogurt, Fortified cereals

## Calcium and Vitamin D in Pregnancy

When you are pregnant, you need more Calcium and Vitamin D because they are building blocks for bones and teeth.

- You need 1,200 mg of Calcium per day in pregnancy or **3-4 servings** of dairy a day.
- 1 serving of dairy is 1 oz of hard cheese, 1 cup of milk or yogurt.
  - Your skin makes vitamin D when exposed to sun. Get 30 minutes of sun daily.
  - Pair calcium-rich foods with **vitamin D** (sunlight, fortified foods) to improve absorption. Spread calcium intake throughout the day for best absorption.

Category	Foods (Good Sources of Calcium)	Notes
<b>Dairy</b>	Milk, Yogurt, Cheese (cheddar, mozzarella, ricotta)	Best absorbed; choose low-fat options if preferred
<b>Fortified Alternatives</b>	Fortified plant-based milks (soy, almond, oat), Fortified orange juice	Check labels for calcium content
<b>Leafy Greens</b>	Kale, Collard greens, Bok choy, Turnip greens	Spinach contains calcium but less absorbable
<b>Beans &amp; Legumes</b>	White beans, Black beans, Chickpeas, Lentils	Also provide protein and fiber
<b>Nuts &amp; Seeds</b>	Almonds, Chia seeds, Sesame seeds (tahini)	Good snacks or toppings
<b>Fish (with bones)</b>	Canned salmon, Sardines	Bones are soft and edible, high in calcium
<b>Other</b>	Tofu (calcium-set), Fortified cereals	Check packaging for calcium content

## Medications & Remedies Safe in Pregnancy

Below is a list of common pregnancy discomforts with safe treatment options. Always check with your provider first.

Symptom / Condition	Safe Medications	Non-Medication Remedies
Heartburn / Acid Reflux	Tums, Maalox, Mylanta	Small meals, avoid lying flat after meals, elevate head of bed
Constipation	Colace (docusate), Metamucil	Fiber-rich diet, hydration, daily walking
Hemorrhoids	Preparation H, witch hazel pads	Sitz baths, avoid straining, high fiber
Diarrhea	Imodium (rare, only with provider OK)	Hydration, clear fluids
Gas Pain	Simethicone (Gas-X, Mylicon)	Avoid carbonated drinks, smaller meals
Headache/Pain	Acetaminophen (Tylenol)	Rest, hydration, cold compress
Seasonal Allergies	Loratadine (Claritin), Cetirizine (Zyrtec), Diphenhydramine (Benadryl)	Saline spray, humidifier
Nasal Congestion / Cold	Guaifenesin, Dextromethorphan (Robitussin DM), saline spray	Warm fluids, honey tea, humidifier
Sore Throat	Chloraseptic spray, lozenges	Warm salt-water gargle, honey in tea
Sleep Difficulty	Diphenhydramine (Benadryl), Unisom (doxylamine)	Relaxation, side sleeping with pillows
Acne	Topical benzoyl peroxide, azelaic acid	Gentle cleansing, fragrance-free moisturizer
Yeast Infection	Clotrimazole, miconazole cream or suppositories	Cotton underwear, avoid scented soaps

## Medications to Avoid (Unless Prescribed)

- Ibuprofen (Advil, Motrin), Naproxen (Aleve)
- Aspirin (except low-dose if prescribed)
- Retinoids (Accutane, tretinoin creams)
- Certain antibiotics – ask your provider
- Herbal remedies not cleared by your midwife

## Low-Dose Aspirin in Pregnancy

Low-dose aspirin (81 mg, also called 'baby aspirin') may be prescribed during pregnancy to help prevent preeclampsia, a condition with high blood pressure, and other complications.

- When to start: Usually between 12–16 weeks of pregnancy.
- Always take only as recommended by your midwife or doctor.

## Key Takeaways

- Use medications only when needed and approved by your provider.
- Try lifestyle or home remedies first when possible.
- Avoid multi-symptom cold/flu medications unless approved.
- Continue prenatal vitamins throughout pregnancy and breastfeeding.

## Exercise in Pregnancy

Staying active supports your health and eases discomfort.

### Guidelines

- Aim for 150 minutes per week of moderate activity (walking, swimming, prenatal yoga, or other cardio activity).
- Avoid overheating or lying flat for long in the 2nd/3rd trimester.
- Stop if you feel dizzy, faint, or have bleeding or pain.

## Self-Care in Pregnancy

- Drink 8–10 glasses of water daily.
- Rest as needed; naps are okay.
- Dental health: brush, floss, visit dentist (tell them you are pregnant).
- Vaccines: Flu, Tdap, COVID vaccine are safe and recommended.

## Stretches to help with back pain in pregnancy

These stretches can help relieve back pain, improve flexibility, and support comfort during pregnancy. Always move slowly, breathe deeply, and stop if you feel pain or dizziness. Hold stretches gently—never bounce.

### Knee to Chest



Lie on your back with toes pointed up. Slowly bend your right knee and pull your leg towards your chest. Wrap your arms around your thigh, knee, or shin. Hold for 20 seconds, then slowly extend back to start. Repeat three times each leg.

### Lying Knee Twist



Lie on your back with legs extended. Bend the right knee and cross it over the left side of your body. Hold for 20 seconds, feeling a gentle stretch in the back and buttocks. Tighten your core and return to center. Repeat three times each side.

## Piriformis Seated Stretch



Sit with a straight back. Cross your left leg over your right leg, foot next to thigh, right leg tucked in. Place right arm on your leg and slowly stretch. Keep back straight and chest lifted. Hold 20 seconds, switch sides. Repeat 3 times.

## Child's Pose



On hands and knees, knees slightly wider than hips. Toes together, push hips backward. Extend arms forward and rest forehead down. Hold for 20 seconds, repeat 3 times. Modified: arms by your sides if you have shoulder pain.

## Pigeon Pose



From kneeling, bring left knee forward, right leg extended back. Keep left shin angled slightly. Use towel under hip if needed. Hands on floor, lift chest, square hips. Hold 20 seconds, switch sides.

## Downward Facing Dog



From hands and knees, tuck toes and lift hips up. Start with knees bent, back long, tailbone toward ceiling. Slowly straighten legs one at a time, pressing heels toward ground. Stay for 5 breaths.

## Cat-Cow Pose



Start on all fours: Place your hands directly under your shoulders and knees under your hips.

**Cow Pose:** Inhale as you drop your belly gently toward the floor, lift your head and tailbone upward, and open your chest.

**Cat Pose:** Exhale as you round your back toward the ceiling, tuck your chin toward your chest, and gently draw your belly button in.

Move back and forth between Cat and Cow with your breath, holding each for 5–10 seconds.

# MY WELLBEING

## WHAT BRINGS ME JOY

Large green rectangular area for writing about what brings joy.

## RELATIONSHIP REFLECTIONS

Four horizontal lines for writing relationship reflections.

## MY SUPPORT

Two horizontal lines for writing about support.

## STRESSORS

Large green rectangular area with eight horizontal lines for listing stressors.

## STRENGTHS

Large green rectangular area with eight horizontal lines for listing strengths.

# PARENTING

WHAT KIND OF PARENT DO I WANT TO BE

Blank green box for writing answers to the question above.

FAMILY TRADITIONS (TO CONTINUE & TO BEGIN)

Four horizontal lines for writing family traditions.

HOPES FOR MY BABY AND FAMILY

Two horizontal lines for writing hopes for the baby and family.

I WANT TO TEACH MY BABY

Eight horizontal lines for listing things to teach the baby.

BABY NAMES

Eight horizontal lines for listing baby names.

# Session 3: Emotional Health, Relationships & Parenting Preparation

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## Emotional Health in Pregnancy

Pregnancy brings many emotions. It is normal to feel excited, nervous, or overwhelmed. Taking care of your mental health is as important as your physical health.

## Common Feelings During Pregnancy

- Mood swings due to hormone changes
- Anxiety about birth or parenting
- Excitement about meeting your baby
- Feeling tired or irritable
- Occasional sadness or worry

## Tips for Emotional Wellness

- Talk openly about your feelings with a trusted person
- Practice relaxation: deep breathing, stretching, meditation
- Stay active: exercise improves mood
- Get enough rest and naps when you need them
- Eat balanced meals to keep your energy steady
- Reach out for help if sadness or worry lasts more than 2 weeks

## Quick Exercise: 3-Minute Breathing Space

This can help reduce stress in just a few minutes.

Sit comfortably. Relax your shoulders and face.

**Minute 1:** Notice your thoughts and feelings without judgment.

**Minute 2:** Focus on your breath. Take slow breaths in and out. Follow breath, in through your nose, out through your mouth. Feel your breath giving oxygen to your whole body and to your baby.

**Minute 3:** Expand your awareness to your whole body and body sensations.

## Healthy Relationships

Pregnancy is a time to strengthen communication and support. Healthy relationships make parenting easier and safer.

### Healthy vs. Unhealthy Behaviors

Healthy Relationship Behaviors	Unhealthy Relationship Behaviors
Respect for opinions and choices	Controlling what you do or who you see
Listening and supporting	Yelling, name calling, or insults
Sharing decisions	Making threats or scaring you
Feeling safe and valued	Physical harm or forced intimacy

If you ever feel unsafe, reach out for help. You are not alone, and support is available.

### Resources

- National Domestic Violence Hotline: 1-800-799-7233
- Umbrella Center for Domestic Violence (New Haven, CT): 203-789-8104, 203-736-9944
- Dial 211 in Connecticut for resources and child abuse prevention support

## Sex in Pregnancy

For most healthy pregnancies, sex is safe throughout. Your interest may change with energy levels and comfort.

### Comfort Tips

- Use positions that are comfortable: side-lying, woman on top, spooning.
- Expect mild cramping after orgasm (normal if it goes away quickly).
- Use pillows for belly or back support.

### When to Avoid Sex

- Placenta previa (placenta covering cervix) or low lying placenta
- Risk of preterm labor or ruptured membranes
- Unexplained vaginal bleeding
- Always follow your midwife's advice if you are told to avoid sex.

## Parenting Preparation

Becoming a parent is a big change. Reflecting on your own childhood can help you decide how you want to raise your baby.

### Questions to Consider

- What did you like about how you were raised?
- What would you like to do differently?
- How do you want to comfort your baby when he or she cries?
- What values are most important to your family?
- How do you want to discipline your child when he or she is older?

### Parenting Without Violence

- You cannot spoil a baby. Babies often need to be held to feel secure.
- Babies and children learn best with love, patience, and guidance.
- Never shake a baby. Shaken Baby Syndrome can cause brain injury or death.

### Colic

A period of excessive crying in infants, typically between 2 and 5 months of age. They are not mad at you, but often are going through a normal phase.

Remember the '**PURPLE** Crying' period:

- **Peak** of crying (around 2 months)
- **Unexpected**
- **Resists** soothing
- **Pain-like** face
- **Long-lasting**
- **Evening** (crying more in afternoon/evening)

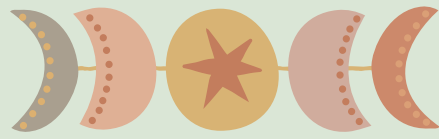
**The most important thing to know is that soothing doesn't always work.**

That said, here are some things you can try:

- Check your baby's basic needs. (Tired? Hungry? Do they need a diaper change?)
- Hold your baby with [skin-to-skin contact](#).
- Go for a walk.
- Sing to them.
- Give your baby a warm bath

**But you should call your pediatrician if your baby shows any of these symptoms:**

- [Fever](#) of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher.
- Cries more when you move, touch or hold them.
- [Vomiting](#).
- Refuses to eat or drink for more than eight hours.
- Areas of swelling.
- Looks or acts differently in any way.
- Poor weight gain.Changes in their poop.



# Dream Journal

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# Session 4: Preparing for Birth

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## What is Labor?

Labor is the process by which your body prepares for and gives birth to your baby. It involves powerful contractions of the uterus, changes in the cervix, and a series of coordinated steps that help bring your baby into the world.

## The Physiology of Labor

Labor starts when your body releases hormones like oxytocin and prostaglandins that trigger uterine contractions. These contractions help the cervix (the lower part of your uterus) to thin (efface) and open (dilate) while moving your baby downward through the pelvis.

Key physical changes include:

- Cervical effacement – thinning and softening of the cervix.
- Cervical dilation – opening from 0 to 10 centimeters.
- Uterine contractions – rhythmic tightening and relaxing of the uterus.
- Descent of the baby – baby moves down through the birth canal.
- Rupture of membranes – water breaking' as the amniotic sac releases fluid.

## The Stages of Labor

### Stage 1: Early and Active Labor

This stage is when the cervix effaces and dilates from 0 to 10 cm.

#### Early Labor (0–6 cm):

- Contractions are mild to moderate, lasting 30–45 seconds, every 5–20 minutes.
- You may feel excitement, back pain, and mild cramps.
- Rest, hydrate, eat light foods, and stay relaxed at home.

#### Active Labor (6–10 cm):

- Contractions become stronger and closer together (2–5 minutes apart).
- Increased pressure or urge to push.
- Practice focused breathing, use positions, or comfort measures.
- Usually time to go to the hospital or birth center.

### Stage 2: Pushing and Birth

This stage begins when the cervix is fully dilated (10 cm) and ends with the birth of your baby.

- You'll feel an urge to push during contractions.
- The baby moves through the birth canal and the head crowns.
- Delivery of your baby follows soon after.

### Stage 3: Delivery of the Placenta |

After your baby is born, mild contractions continue until the placenta is delivered (usually within 5–30 minutes). You may feel some pressure or cramping as the placenta separates and passes out.

### Stage 4: Recovery Period

The first few hours after birth are important for recovery. Your uterus continues to contract to prevent bleeding, and your care team monitors you closely. Skin-to-skin contact with your baby and breastfeeding help strengthen bonding and hormone balance.

### Helping Labor Progress Naturally

- Stay upright and mobile – gravity helps your baby move down.
- Change positions often – try walking, rocking, or using a birthing ball.
- Relax your shoulders and breathe deeply through contractions.
- Use massage, warm compresses, or baths for comfort.
- Stay hydrated and go to the bathroom often.
- Have continuous emotional support from your partner or midwife.

### Signs of Early Labor

- Contractions become regular, stronger, and closer together
- Back pain or cramping
- Loss of the mucus plug (thick discharge, sometimes with blood – called 'bloody show')
- Water breaking (rupture of membranes) – can be a gush or a slow leak of fluid

You do not need to call in early labor. However, call your midwife when contractions are strong, regular, and close together, or if your water breaks.

### How to Count Contractions

Tracking contractions helps you and your care team know when labor is progressing. Follow the steps below to record their timing and frequency.

- Start timing when you feel the tightening begin. Note the start time.
- Time how long the contraction lasts. Count until the uterus softens and the contraction ends.
- Track the break between contractions: record the time from the start of one contraction to the start of the next.
- You can also use contraction timing App for this.

### Example of Contraction Timing

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	Start time	End Time	Duration	Frequency
1	2:00 pm	2:01 pm	45 sec	—
2	2:06 pm	2:07 pm	55 sec	6 min
3	2:11 pm	2:12 pm	1 min	5 min

## General Guide

- Early labor: 10–20 minutes apart, lasting 30–45 sec
- Active labor: 3–5 minutes apart, lasting 45–60 sec
- Transition: 2–3 minutes apart, lasting 60–90 sec

## When to Call Your Midwife

- Strong Contractions every 3–5 minutes, lasting 1 minute, for 1–2 hours
- Your water breaks
- Vaginal Bleeding. After 37 weeks, when labor starts you may have a small amount of bleeding, but if you experience any heavy bleeding like a period you should call right away.
- decreased fetal movement
- severe pain

## Rupture of Membranes (Water Breaking)

The amniotic sac holds fluid around your baby. When it breaks:

- You may feel a large gush or a steady trickle of clear to pink fluid.
- Note the time, color, and smell of the fluid.
- Call your midwife right away, even if you are not having contractions.
- Use a pad (not a tampon) and keep track of how much fluid you lose.

## What is a Vaginal Exam?

A vaginal exam helps the midwife check your cervix and baby's position during labor. This is not always necessary and will only be done with your consent.

A vaginal exam can provide information about:

- Cervical dilation (how open the cervix is)
- Effacement (how thin the cervix is)
- Baby's position in the pelvis
- Station (how far baby has descended)

## Summary of Stages of Labor

Labor happens in stages. Knowing what to expect can help you feel more prepared.

Stage	What Happens	Tips
<b>Early Labor</b>	Contractions mild, 5–20 min apart; cervix slowly opens to <b>3–4 cm</b>	Rest, eat light foods, walk, relax, use comfort measures
<b>Active Labor</b>	Contractions stronger, 2–5 min apart; cervix opens <b>4–7 cm</b>	Focus on breathing, change positions, use support from partner or doula
<b>Transition</b>	Most intense contractions, 1–2 min apart; cervix <b>8–10 cm</b>	Stay focused, try breathing and relaxation, remember this is the shortest stage
<b>Pushing &amp; Birth</b>	Cervix fully dilated; you push baby out May take 2 or more hours with your first baby	Use positions that feel best; follow your body and midwife's guidance
<b>Delivery of Placenta</b>	Placenta is delivered within 30 minutes after baby	Skin-to-skin with baby, breastfeeding can help the placenta come out

## Fetal Kick Counts

Starting around 28 weeks, keep track of your baby's movements. This helps monitor your baby's health. If your baby is very active, you might not need to do this. But if you notice a change, do a kick count.

How to do a kick count:

- Choose a time when your baby is usually active (often after meals).
- Lie on your side or sit comfortably.
- Place your hands on your belly
- Count each movement (kick, roll, jab, flutter).
- You should feel at least 5 movements within 1 hour.
- You can stop counting if you feel 10 in less than 1 hour
- If you only feel 2-4 keep counting another hour. Call if you have less than 10 in 2 hours
- Call right away if you have no movement in 1 hour.

# Session 5: More on Labor – Comfort, Birth Plan, and Packing

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## What to Do at Home

Most people spend early labor safely and comfortably at home. Try to:

- Rest between contractions and save your energy.
- Eat and drink light, easy-to-digest foods (soups, smoothies, fruit).
- Take slow walks or gentle stretches.
- Relax in a warm shower or bath.
- Listen to calming music, breathe slowly, and focus on staying relaxed.
- Use the bathroom frequently to keep your bladder empty.
- Alternate activity and rest – change positions every 20–30 minutes.
- Time contractions occasionally, but don't fixate on the clock. Focus on comfort.

## Comfort Measures for Early and Active Labor

Different comfort measures can make contractions more manageable and help labor progress. Try the ones that feel right for you.

Technique	How It Helps
Breathing	Slow, deep breathing keeps oxygen flowing and reduces tension.
Massage	Light touch or firm counter-pressure on the lower back can ease discomfort.
Warmth or Cold	A warm bath or heating pad relaxes muscles; cool cloths relieve hot flashes.
Movement	Walking, swaying, or rocking can help your baby descend and reduce pain.
Hydration	Drinking water or clear fluids keeps your muscles working efficiently.
Visualization	Imagining your cervix opening and baby moving down can reduce anxiety.
Support Person	Continuous reassurance from your partner or doula lowers stress hormones.

## Labor Positions That Help

Changing positions during labor can help relieve pain and encourage your baby to move down.

### Upright Positions

- Walking or standing: Uses gravity to help your baby descend and contractions strengthen naturally.
- Sitting on a birth ball: Gently rocking helps relieve back pain and open the pelvis.
- Supported squat: Opens the pelvis widely; use your partner or the bed for balance.
- Hands and knees (all fours): Relieves back pressure and helps baby rotate into position.
- Lunging or side lunge: Creates more space in the pelvis for the baby to move down.

### Resting Positions

- Side-lying: Helps rest while keeping good blood flow to your baby.
- Semi-reclined: Supported with pillows; allows rest between contractions while staying upright.



## Birth Plan

A birth plan helps you share your wishes with your care team. Plans may change, but writing your preferences is helpful.

- Who do you want present during labor and birth?
- Do you want a doula?
- What comfort measures would you like to try?
- Do you want continuous fetal monitoring or intermittent checks (if safe)?
- Do you prefer IV fluids or oral fluids during labor?
- Positions you want to try for labor and pushing
- Views on pain relief options (natural, IV meds, epidural, nitrous oxide)
- Preferences if a cesarean becomes necessary (skin-to-skin in the OR, partner present)
- Plans for immediate baby care (delayed cord clamping, skin-to-skin, breastfeeding)

# Birth Plan

NAME: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

BABY'S  
NAME: \_\_\_\_\_

PARTNERS/SUPPORT:

● \_\_\_\_\_  
● \_\_\_\_\_  
● \_\_\_\_\_

## Labor Preferences

MOVE AROUND IN LABOR:  YES  NO    POSITIONS: \_\_\_\_\_

COMFORT METHODS:  BREATHING  WALKING  SHOWER/BATH  MASSAGE  BIRTH BALL

IV FLUIDS:  YES  NO

## Pain Relief

PREFER NATURAL FIRST:  YES  NO

IF NEEDED:  EPIDURAL  IV MEDS  NITROUS  OTHER

## Visitors & Environment

I PREFER THE ROOM TO BE:  QUIET  WITH MUSIC  DIM LIGHTS

VISITORS ALLOWED:  YES  NO     ONLY SPECIFIC PEOPLE:

## Delivery

I WOULD LIKE A MIRROR TO SEE THE BIRTH:  YES  NO

PREFERRED POSITIONS: \_\_\_\_\_

IF C-SECTION:  PARTNER PRESENT  SKIN-TO-SKIN  CLEAR DRAPE

## Baby Care

SKIN-TO-SKIN:  YES  NO    FEEDING:  BREAST  FORMULA  BOTH

VITAMIN K:  YES  NO    EYE OINTMENT:  YES  NO    HEP B VACCINE:  YES  NO

## What to Pack in Your Bag

For You	For Baby
<ul style="list-style-type: none"> <li><input type="checkbox"/> Things to help you relax:</li> <li><input type="checkbox"/> favorite pillow or blanket</li> <li><input type="checkbox"/> Music or Playlist</li> <li><input type="checkbox"/> Family pictures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Receiving blankets, swaddles, hat</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Comfortable clothes: Slippers, socks nightgown/robe(optional), the hospital will provide them too</li> <li><input type="checkbox"/> Change of clothes for you to go home</li> <li><input type="checkbox"/> Bras: Nursing bra or camisole if you are breastfeeding Tight sports bra if you are not breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Going-home outfit (newborn size)</li> <li><input type="checkbox"/> Cold weather gear for the baby</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Toiletries: toothbrush, toothpaste, hairbrush, lip balm</li> <li><input type="checkbox"/> Glasses/contacts and lens solution</li> <li><input type="checkbox"/> Breast pump (you can get one at hospital paid by your insurance, if not before)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diapers and wipes (hospital provides some)</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's License/Other ID</li> <li><input type="checkbox"/> Insurance card</li> <li><input type="checkbox"/> Money for parking or snacks</li> <li><input type="checkbox"/> Camera or Phone for photos and charger</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Infant car seat (installed in car)</li> </ul>
Essentials for Baby	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Infant or Convertible Car Seat</li> <li><input type="checkbox"/> Crib or bassinet with sheets</li> <li><input type="checkbox"/> Disposable diapers (size 1) or cloth diapers and covers</li> <li><input type="checkbox"/> Wipes</li> <li><input type="checkbox"/> Diaper pail or small trash can</li> <li><input type="checkbox"/> Infant carrier and/or stroller</li> <li><input type="checkbox"/> Infant washcloths</li> <li><input type="checkbox"/> Diaper changing pad or table</li> <li><input type="checkbox"/> Baby swing or bouncy seat (optional)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2 sleep outfits/sleep sacks for baby</li> <li><input type="checkbox"/> 7-10 outfits for the baby: Pre-wash several of them before your baby is born</li> <li><input type="checkbox"/> Warm weather outfit and hats</li> <li><input type="checkbox"/> 3-5 Receiving blankets</li> <li><input type="checkbox"/> Baby bathtub</li> <li><input type="checkbox"/> Mild baby wash</li> <li><input type="checkbox"/> Fingernail kit</li> <li><input type="checkbox"/> Baby Thermometer</li> </ul>

# THIRD TRIMESTER

## HOW I'M FEELING IN 3<sup>RD</sup> TRIMESTER

## MY BIRTH STORY, WHEN I WAS BORN....

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## MY EXCITEMENT OR FEARS ABOUT LABOR & BIRTH

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## MY STRENGTHS

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## MUSIC PLAYLIST

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# Session 6: Pain Medications, Labor Complications & Cesarean Birth

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## Pain Medications in Labor

Pain relief during labor is a personal choice. Some people use natural methods, while others use medications. Talk with your midwife about what feels right for you.

Option	How It Works	Pros & Cons
IV Medications	Given through a vein, helps take the edge off pain.	<b>Pros:</b> Quick relief. <b>Cons:</b> May cause drowsiness, can affect baby's breathing if close to birth.
Nitrous Oxide (Laughing Gas)	Inhaled through a mask during contractions.	<b>Pros:</b> Fast-acting, you control when to use. <b>Cons:</b> May cause dizziness and nausea, doesn't remove pain completely.
Epidural	Medication placed near spinal nerves; numbs pain from waist down.	<b>Pros:</b> Strongest pain relief. <b>Cons:</b> Requires IV and monitoring, may lower blood pressure, can slow pushing.
Local Anesthesia	Numbing shot for small area, often used for stitches.	<b>Pros:</b> Works quickly, minimal effect on baby. <b>Cons:</b> Only for specific area, not full labor pain relief.

## Epidural Anesthesia for Labor and Childbirth

### What is an Epidural?

An epidural is a type of pain relief used during labor and childbirth. It works by delivering medicine through a small tube (catheter) placed in your lower back, near the nerves that carry pain signals. The medicine numbs the pain from contractions and childbirth while you remain awake and alert.

### How is it Done?

1. You sit or lie curled on your side.
2. The anesthesiologist cleans your lower back and numbs the skin.
3. A small needle is used to place a tiny tube (catheter) into the epidural space in your spine.
4. Medicine flows through the tube, giving continuous pain relief.
5. The needle is removed; only the tube stays taped in place until after delivery.

### Benefits of an Epidural

- Strong pain relief for most people.
- Allows you to rest or sleep during long labors.
- You stay awake and able to participate in your baby's birth.
- Can be adjusted for more or less numbness.
- Helpful if a C-section becomes necessary (stronger medicine can be given through the same tube).

### Possible Side Effects

- Temporary drop in blood pressure (monitored closely).
- Shivering, itching, or nausea.
- Trouble urinating (may need a catheter).
- Numbness or weakness in the legs while the epidural is in place.
- Sometimes one side may feel more numb than the other.
- Very rare: severe headache, infection, or nerve injury.

### Will I Still Be Able to Push?

Most people can still push effectively. You may not feel the contractions as strongly, but your nurse and midwife will guide you.

### When Can I Get an Epidural?

Usually once you are in active labor (having regular contractions and some cervical dilation). Placement depends on your health, your baby's status, and the availability of an anesthesiologist.

### Who Should NOT Have an Epidural?

You may not be able to have an epidural if you have:

- A bleeding disorder or are on blood-thinning medication.

- A skin infection on your lower back.
- Severe problems with low blood pressure.

### Frequently Asked Questions

Q: Will the epidural hurt my baby?

A: The medicine mostly stays near your spinal nerves. Very little reaches your baby. Epidurals are considered safe for both mother and baby.

Q: Will I feel completely numb?

A: Most people feel pressure or tightening but not sharp pain.

Q: Can I still move?

A: You may have limited movement. You won't be able to walk once the epidural is in place.

### Key Takeaways

- Epidural is the most common and effective pain relief method in labor.
- It does not slow labor for most people, though pushing may sometimes take longer.
- Risks are small but important to know.
- Talk with your midwife during pregnancy about whether an epidural may be right for you.

### What is Labor Induction?

Labor induction means using medical or mechanical methods to start labor when it hasn't started on its own. It's done when it's safer for the mother or baby to deliver sooner. Induction is typically recommended after 39 weeks unless there is a medical need earlier.

### Why Might Induction Be Recommended?

Reason	Explanation
<b>Pregnancy past 41–42 weeks</b>	To reduce the risk of complications from post-term pregnancy.
<b>Water breaks but no contractions</b>	Helps reduce infection risk and start active labor.
<b>High blood pressure or preeclampsia</b>	Protects the mother and baby.
<b>Gestational diabetes</b>	Reduces risk of complications for the baby.
<b>Fetal growth concerns</b>	Ensures baby is delivered safely if growth is restricted.
<b>Low amniotic fluid</b>	Helps prevent cord compression or distress.
<b>Other maternal conditions</b>	Such as heart disease or kidney disease.

## How is Labor Induced?

The method used depends on your health and how ready your cervix is. Common methods include:

- Membrane sweep – Vaginal exam and separating the amniotic sac from the uterus.  
Can be done in the office and promote natural labor.
- Cervical ripening medications (pills or gels) that soften and thin the cervix.
- Balloon catheter (a small balloon inserted into the cervix to help it open).
- Artificial rupture of membranes (AROM or 'breaking the water').
- Pitocin (IV oxytocin) – a hormone given by IV to start contractions.

## What to Expect During an Induction

- Continuous monitoring of baby's heart rate and contractions.
- Labor may take many hours or several days.
- Contractions may be stronger or closer together than in natural labor.
- You may need IV fluids or medications.
- If labor doesn't progress, a cesarean birth may be recommended.

## Possible Risks

- Increased risk of cesarean birth.
- Stronger or more painful contractions.
- Uterine hyperstimulation (too frequent contractions).
- Fetal distress (changes in baby's heart rate).
- Infection, especially if membranes are ruptured for a long time.

## Questions to Ask Your Provider

- Why is induction recommended for me?
- What method(s) will you use and why?
- How long might the process take?
- What are the risks and benefits for me and my baby?
- What if the induction doesn't work?
- What pain relief options are available?

## Preparing for Induction

- Rest well the night before your induction.
- Eat a light meal before going to the hospital (unless told otherwise).
- Bring comfort items and entertainment — inductions can take time.
- Review your birth plan with your midwife or provider.
- Pack your hospital bag with essentials.

## Possible Labor Complications

Complication	What It Means
Prolonged Labor	Labor lasts longer than usual; may recommend medications, position changes or breaking bag of water.
Fetal Distress	Baby's heart rate shows signs of stress; may need closer monitoring or urgent delivery.
Umbilical Cord Problems	Cord may slip down or press on baby; requires quick action, but is very rare.
Shoulder Dystocia	Baby's shoulder gets stuck; providers use maneuvers to help.
Excessive Bleeding	Can happen during or after birth; treated with medications and staff support.

## Cesarean Birth (C-Section)

A cesarean section is surgery to deliver your baby through an incision in the abdomen and uterus. Sometimes it is planned; other times it becomes necessary during labor.

### Reasons for a C-Section

- - Labor does not progress
- - Baby shows signs of distress
- - Placenta problems (placenta previa or abruption)
- - Baby is breech (coming bottom first) or in another unsafe position
- - Previous cesarean (depending on situation)

### What to Expect

- You receive anesthesia (spinal, epidural, and rarely general).
- A sterile drape will separate you from the doctors and your view of the surgery
- You may feel pressure but should not feel pain. Please tell the anesthesiologist if you do.  
*Anesthesiologists are there to help you not feel pain!*
- Your birth partner may be allowed in the room, in non-emergent cases.
- Baby is born within minutes, but surgery takes about 30–60 minutes.
- Your baby will be taken for evaluation to the warming crib next to you by the pediatric team. Your partner can trim the cord and take pictures.
- After birth, skin-to-skin and breastfeeding during the surgery may be possible if you and baby are stable.

### Recovery After C-Section

- Hospital stay is usually 2–4 days.
- Expect soreness around incision for 1–2 weeks. An abdominal binder can help to give your belly support.

- Avoid heavy lifting for several weeks.
- Walking helps healing and prevents blood clots in your veins.
- Call your midwife if you have fever, severe pain, redness, or discharge from incision.

### **VBAC – Vaginal Birth After Cesarean**

Some women can safely have a vaginal birth after a previous cesarean. This is called VBAC.

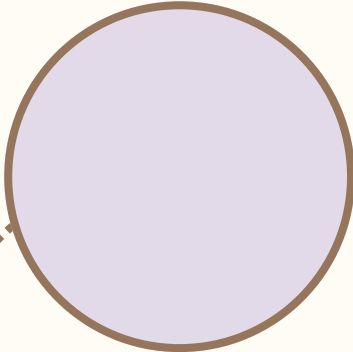
**Benefits:** Shorter recovery, lower risk of surgical complications, more immediate bonding with baby.

**Risks:** Small chance of uterine rupture (tear in the old scar). Your provider will discuss your options.

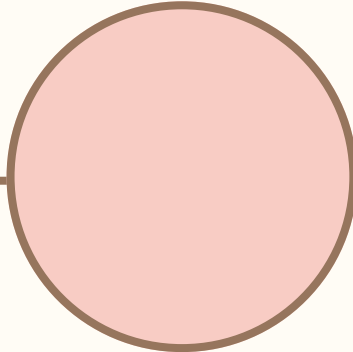
In your third trimester, we will have you meet with a doctor to discuss your options and help you decide what is best for you.

# BIRTH STORY

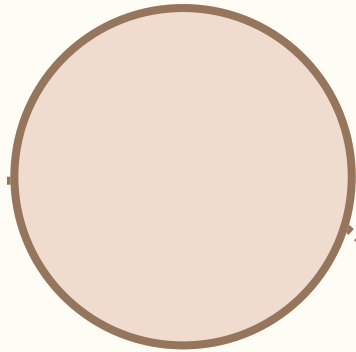
WHEN LABOR  
STARTED



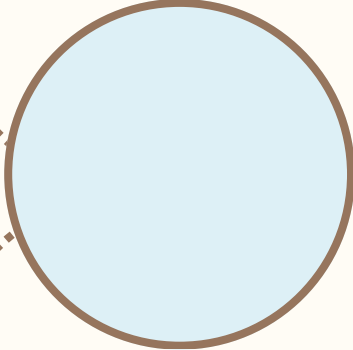
MY SUPPORT



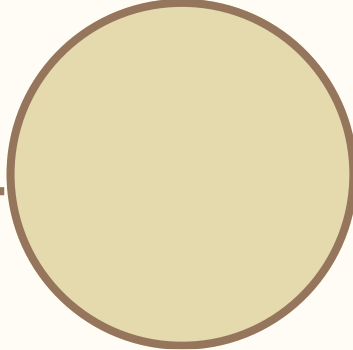
I WENT TO THE  
HOSPITAL



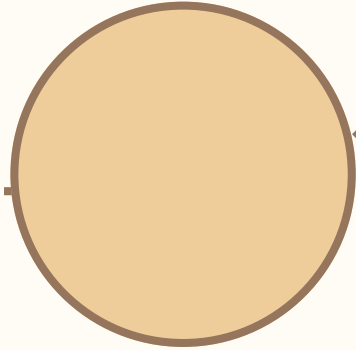
POSITIONS



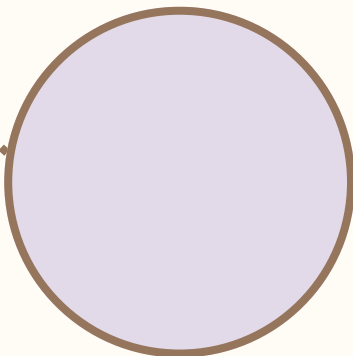
MANTRAS



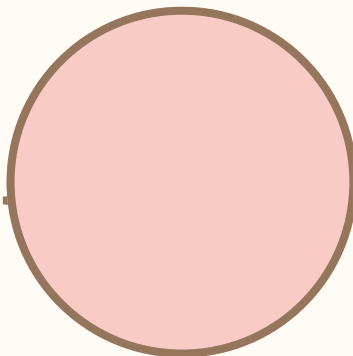
NURSES & MIDWIVES



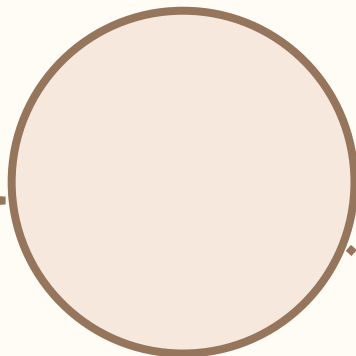
THOUGHTS & FEELINGS



CUT THE CORD



BIRTH TIME & WEATHER



YOUR STORY

A large light blue rounded rectangle with a brown border, containing five horizontal dashed lines for writing the overall birth story.



# Session 7: Breastfeeding

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## Benefits of Breastfeeding

Breastfeeding provides health benefits for both baby and mother.

For Baby	For Mother
Lower risk of asthma, obesity, and diabetes	Lower risk of breast, ovarian, and uterine cancer
Less risk of ear infections, diarrhea, severe respiratory illness, fewer sick days	Lower risk of type 2 diabetes and high blood pressure
Lower risk of SIDS (sudden infant death syndrome)	Helps with weight loss after birth
Nutritious, easy to digest, contains antibodies	Encourages bonding through skin-to-skin contact
	WIC provides extra food for breastfeeding mothers. Breastfeeding also saves money compared to formula.

## Getting Started with Breastfeeding

- Begin within the first hour after birth if possible
- Hold your baby skin-to-skin
- Feed on demand, usually 8–12 times per 24 hours
- Look for hunger cues: rooting, sucking on hands, fussiness

## Latch and Positions

A good latch prevents pain and helps your baby get enough milk.

Tips for latch:

- Baby's mouth covers more of the areola (dark part) below the nipple
- Baby's chin touches breast first, nose tipped back
- You hear swallowing, not clicking sounds
- Nursing should feel like tugging, not sharp pain. Reposition latch if you have sharp pain.

## Common Breastfeeding Positions

### Cradle Hold



- Sit upright in a comfortable chair with good back support.
- Hold your baby across your body with the baby's head resting in the crook of your arm on the same side as the breast you are feeding from.
- Your baby's tummy should face your tummy, with nose to nipple alignment.
- Use your opposite hand to support your breast if needed.

### Cross-Cradle Hold



- Sit comfortably and hold your baby across your body.
- Use the arm opposite the breast you're feeding from to support your baby's head and neck.
- Your hand should cradle the base of your baby's head, with your forearm supporting the baby's back.
- Your free hand can support your breast for easier latch.

## Football (Clutch) Hold



- Sit in a chair with good back support, using a pillow at your side for support.
- Position your baby under your arm on the same side as the breast you are feeding from, with the legs pointing toward your back.
- Support your baby's shoulders and head with your hand, keeping the baby's body tucked closely along your side.
- This position is especially useful after a C-section or for mothers with larger breasts.

## Side-Lying Hold



- Lie on your side with a pillow supporting your head and another between your knees for comfort.
- Place your baby on their side facing you, tummy to tummy.
- Use your lower arm to support your baby or place a small rolled towel behind your baby's back.
- Bring your baby to your breast, keeping their nose level with your nipple.

## Laid-Back (Reclining) Hold



- Lie back in a semi-reclined position with pillows supporting your back, shoulders, and neck.
- Place your baby tummy-down on your chest, allowing gravity to help keep your baby in place.
- Your baby can self-attach or you can guide them gently to your breast.
- This position promotes skin-to-skin contact and relaxation.

## Dangle Feeding



- Kneel on all fours over your baby, or lean over while your baby lies flat on their back.
- Allow your breast to hang down into your baby's mouth, letting gravity help with milk flow.
- This position may help clear blocked ducts. Position baby so her chin is closest to the blocked duct.
- It is usually used temporarily and not as a primary position.



## Breast Milk Storage Guidelines

Location	How Long	Tips
Room Temperature (up to 77°F)	Up to 4 hours	Keep covered and out of sunlight
Refrigerator (40°F)	Up to 4 days	Store in back of fridge, not door
Freezer (0°F)	6 months best, up to 12 months	Label with date, leave room for expansion
Thawed milk (from freezer)	Use within 24 hours in refrigerator	Do not refreeze

## Common Breastfeeding Problems & Solutions

Problem	What to Do
Pain or cracked nipples	Ensure good latch; use lanolin or expressed milk to soothe, Call midwife for prescription
Clogged ducts	Massage area, warm compress, frequent feeding, Dangle feeding with position of baby's chin in direction of clogged duct
Mastitis (breast infection)	Pain, redness, fever – call your midwife; keep breastfeeding, may need antibiotics
Low milk supply	Nurse often, drink fluids, try foods and supplements (like oatmeal, fenugreek)

## Breastfeeding Support Resources

- Fair Haven Community Health Care: call for lactation appointments (50 Grand Ave or 150 Sargent Dr.)
- WIC offices in New Haven: provide breastfeeding help and extra food for moms
- La Leche League: peer support groups for breastfeeding
- Yale New Haven Hospital lactation consultants

## Colostrum and Milk Supply

In the first few days after birth, your breasts make colostrum. Colostrum is a thick, yellowish milk that is rich in antibodies and nutrients. It is sometimes called 'liquid gold' because even small amounts are very good for your baby.

Your full milk supply usually comes in between 2–5 days after birth. The more often you breastfeed or express milk, the faster your supply will increase. Feeding on demand helps establish a strong milk supply.

## Avoiding Early Formula Use

Unless medically necessary, try not to introduce formula in the first two weeks after birth. This allows your milk supply to become established. Every feeding at the breast helps signal your body to make more milk.

The American Academy of Pediatrics recommends exclusive breastfeeding for about the first 6 months of life, with continued breastfeeding as new foods are added.

## Baby's Stool and When to Call

Breastfed babies usually have soft, yellow stools that may look like mustard and have little seed-like bits. This is normal.

Call your baby's doctor if:

- You see blood in your baby's stool
- Your baby's stool is green like spinach (may mean infection or feeding problem)
- Your baby has very hard or very watery stools for more than a day
- Always trust your instincts. If something seems unusual, call your pediatrician.

## Formula Feeding

Some families use formula by choice or necessity. Formula is safe and healthy when prepared correctly.

Tips:

- Wash hands before preparing bottles
- Use clean bottles and nipples
- Follow directions on formula container
- Do not add extra water or formula
- Discard leftover formula after a feed



# Fourth Trimester: Postpartum

How am I feeling:

## Questions

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## Support Team

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## Recovery Plan

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## Comforts

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## Birth Control Plan

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# Session 8:

## Postpartum Recovery & Birth Control

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### Postpartum Recovery

The postpartum period is the first year after giving birth. Your body, emotions, and daily life go through many changes. It is important to rest, recover, and seek support.

### Hospital Recovery

- Vaginal delivery: 1-2 day stay after you give birth
- C-Section: 2-4 day stay after you give birth
- Nurses are there to support you and will show you how to care for any stitches you may have and give you pain medication.
- First 1-2 days, you will be like a heavy period and taper off
- You will be very tired, and you need time to recover. Visiting hours are from 10am-8pm. You may want to limit visitors, especially on the first day, so you can rest.

### Common Physical Changes

- Vaginal bleeding (lochia) for 2–6 weeks
- Breast engorgement or leaking milk
- Perineal soreness (if vaginal birth) or incision soreness (if C-section)
- Afterpains (cramping as uterus shrinks back), especially while breastfeeding
- Fatigue and sleep changes
- Constipation or hemorrhoids
- Foot and ankle swelling that can last up to 2 weeks

### Coping with Common Physical Changes

- Vaginal bleeding: Use pads, not tampons.
- Breast engorgement: Apply warm compresses before feeding, cold compresses after; wear a supportive bra.
- Perineal soreness: Use ice packs, sitz baths, witch hazel pads.
- C-section incision: Keep clean and dry; wear loose clothing.
- Afterpains: Ibuprofen (if approved), heating pad, relaxation breathing.
- Fatigue: Nap when baby naps, ask for help with chores.
- Constipation: Drink water, eat fiber-rich foods, use stool softeners if recommended.
- Swollen Feet: Drink water, elevate feet, light activity to promote circulation

### **Warning Signs – Call Your Provider**

- Heavy bleeding (soaking a pad in less than an hour)
- Fever greater than 100.4F or chills
- Severe abdominal pain or redness at incision
- Foul-smelling discharge
- Signs of blood clot (pain, redness, swelling in leg)
- Severe headache or vision changes
- Lower leg swelling, with pain or redness, especially when only in one leg
- Chest pain or difficulty breathing

### **Emotional Health**

It is normal to feel emotional ups and downs, often called the 'baby blues.' These usually improve in 1-2 weeks.

Call your provider if:

- Sadness or anxiety lasts more than 2 weeks
- You have trouble bonding with your baby
- You feel hopeless, very anxious, or have thoughts of harming yourself or your baby

### **Postpartum Visits**

- Early postpartum visit: 1-2 weeks after birth
- Comprehensive postpartum exam: around 6 weeks
- Additional visits as needed for emotional or physical health concerns

## Federal and Connecticut Family & Medical Leave (FMLA)

- Provides up to 12 weeks of **unpaid, job-protected leave** per year for childbirth or family health needs.
- Connecticut FMLA allows up to **14 weeks** if you have pregnancy-related complications.
- Your job is protected if you are eligible and work for a covered employer.
- You may use vacation, sick, or personal leave while on FMLA to receive pay.
- FMLA and CT FMLA can run at the same time if you qualify for both.

## Connecticut Paid Leave (CTPL)

- Replaces part of your income while you are on approved family or medical leave.
- Provides up to **12 weeks** of paid benefits (plus 2 extra weeks if you have pregnancy complications).
- Funded through a small payroll deduction (0.5% of wages).
- You must apply for benefits directly through the CT Paid Leave Authority.

## How These Programs Work Together

You can receive **income from CT Paid Leave** while taking **job-protected time off** under FMLA or CT FMLA. This means you may be on unpaid FMLA leave (for job protection) but receive income replacement from CT Paid Leave at the same time.

- Federal FMLA: 12 weeks unpaid, job-protected leave.
- CT FMLA: 12–14 weeks unpaid, job-protected leave.
- CT Paid Leave: Up to 12 weeks of paid benefits (income replacement only).

## FMLA Checklist / CT Paid Leave

- Confirm your employer is covered by FMLA or CT FMLA.
- Confirm you have worked long enough to qualify (typically 12 months of employment).
- Talk to your HR department about how FMLA applies to you.
- Give your employer at least 30 days' notice before starting leave
- Ask if you can use paid time off while on unpaid leave.
- Gather required documentation (medical certification, proof of income, etc.).
- Visit [www.ctpaidleave.org](http://www.ctpaidleave.org) to apply for benefits.
- Confirm your benefit amount and payment schedule for CT Paid Leave.

## Helpful Resources

- CT Paid Leave Authority – Apply or learn more: <https://www.ctpaidleave.org>
- CT Department of Labor FMLA Information: <https://portal.ct.gov/dolui/fmla-faqs>
- CTLawHelp – Family Leave Rights: <https://ctlawhelp.org>
- The Midwifery Care Coordinator can assist with leave paperwork and planning.

## Birth Control Options

You can get pregnant again as soon as 3–4 weeks after giving birth, even if breastfeeding. Talk with your provider about birth control before resuming sexual activity.

### Contraception Methods

**\*Breastfeeding Safe**

Method & Efficacy	Duration	Pros	Cons
<b>*Nexplanon Implant</b> (arm) High (>99%)	Up to 3 years	Low maintenance long-lasting may lighten periods	May cause irregular bleeding
<b>*Hormonal IUD</b> or “T” High (>99%)	8 years	Low maintenance long-lasting may lighten periods	Irregular bleeding
<b>*Copper IUD</b> or “T” High (>99%)	Up to 10 years	Low maintenance Hormone-free long-lasting	May cause heavier and longer periods, spotting or cramps
<b>*Depo-Provera</b> Injection Moderate (95%)	Every 3 months	Private, no daily pill	Possible weight gain, bone density concerns, Need appointment for injection
<b>*Progestin-only Pill</b> /minipill Moderate (92%)	Take Daily	May lighten periods and decrease cramps	Must take at same time daily, irregular bleeding
<b>Combined Pill</b> Moderate (92%)	Take Daily	May lighten periods, decrease cramps, decrease acne	Decreases milk supply, cannot use with certain health conditions
<b>Patch</b> Moderate (92%)	Change Weekly	May lighten periods, decrease cramps	Decreases milk supply, cannot use with certain health conditions
<b>NuvaRing</b> Moderate (92%)	Change Monthly	May lighten periods, decrease cramps	Decreases milk supply, cannot use with certain health conditions
<b>*Condoms</b> Less (85%)	One-time use	Protects against STIs, easy access	Less effective if not used correctly
<b>*Withdrawal</b> Less (78%)	One-time use	Easy access No cost, no hormones	Takes control
<b>*No Birth Control</b> Ineffective (10-15%)		High chance of pregnancy	

## **Efficacy:**

- How many pregnancies does it prevent in 100 users.
- To calculate how many will get pregnant on this method take 100 and subtract efficacy.
  - For example, >99% effective means less than 1 in 100 users get pregnant every year of use.
  - While 10-15% means 85-90 in 100 users will get pregnant with every year of use.

## **Return to Fertility**

Fertility can return quickly. Even if breastfeeding, ovulation may occur before your first period. Discuss birth control with your midwife early if you want to avoid pregnancy.

## **Continuing Vitamins After Birth**

- Continue taking your prenatal vitamins for at least 6 weeks after giving birth, and as long as you are breastfeeding.
- This helps your body recover and supports your baby's nutrition through breast milk.
- Ask your provider for refills, if needed.

# Session 9: Newborn Care

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## Immediate Care After Birth

- Skin-to-skin contact right after birth helps regulate baby's temperature, heart rate, and breathing.
- Vitamin K injection: prevents serious bleeding problems.
- Erythromycin eye ointment: prevents eye infection.
- First newborn exam and weight check are done soon after delivery.

## Feeding and Sleeping

Newborns eat every 2–3 hours (8–12 times per day). Whether breastfeeding or formula feeding, always feed on demand. Expect babies to lose some weight in the first days, then gain it back by 2 weeks.

Safe sleep guidelines:

- Always place baby on his or her back to sleep.
- Use a firm, flat sleep surface (crib, bassinet, or pack-and-play).
- No pillows, bumpers, blankets, or stuffed animals in the crib.
- Baby should sleep in a sleep sack or zip-up wearable blanket
- Share a room with your baby for at least 6 months, but not the same bed.

## Diapering

- Wet diapers increase daily as feeding is established, Expect 6–8 wet diapers after 5 days.
- Stools change from black meconium to dark green, then yellow (breastfed babies usually have loose, yellow, seedy stools).

## Bathing your Baby

Your baby's first bath is a special moment! Follow these steps to make it safe, calm, and comfortable for both of you.

- Wait until the umbilical cord stump has fallen off (usually 1–3 weeks).
- Until then, give sponge baths instead of full baths.
- Choose a warm, draft-free room and gather all supplies before you begin.

## What You'll Need

- Soft towel or baby hooded towel.
- Clean washcloth or sponge.
- Mild, fragrance-free baby soap and shampoo (optional).
- Clean clothes and diaper.
- Baby bathtub or small basin filled with warm water (98–100°F / 37–38°C).

## Safety Tips

- Never leave your baby alone in or near the bath – not even for a moment.
- Keep one hand on your baby at all times.
- Fill the tub with only 2–3 inches of water.
- Check water temperature with your wrist, elbow, or a bath thermometer.
- Avoid bubble baths or strong fragrances that can irritate your baby’s skin.
- Keep baths short (5–10 minutes).

## Sponge Bath (Before the Cord Falls Off)

1. Wash your hands and prepare all supplies.
2. Lay your baby on a safe, flat surface covered with a towel.
3. Keep your baby wrapped, uncovering one area at a time to stay warm.
4. Use a damp washcloth with warm water to gently clean the face and ears (no soap).
5. Wash arms, chest, legs, and back with mild soap if desired, then rinse with clean water.
6. Clean the diaper area last.
7. Gently pat dry and dress your baby in clean clothes.

## First Full Bath (After the Cord Falls Off)

1. Fill the baby tub with about 2–3 inches of warm water.
2. Gently place your baby in the tub, supporting the head and neck with one hand.
3. Wash in this order:
  - Face and eyes (no soap).
  - Hair and scalp with a small amount of shampoo (if needed).
  - Body with mild baby soap – rinse well.
4. Lift your baby out carefully, supporting the head and neck.
5. Wrap your baby in a towel immediately and pat dry.
6. Apply a small amount of lotion or baby oil if skin is dry.
7. Dress your baby warmly in a clean diaper and clothes.

## Baby Bathing Checklist

- Wash your hands before starting.
- Prepare all supplies in advance.
- Check the water temperature (warm, not hot).
- Keep one hand on your baby at all times.
- Wash face and head first, diaper area last.
- Dry all skin folds (neck, armpits, groin).
- Keep the bath short and warm.
- Moisturize and dress your baby right after.

## Extra Tips

- Newborns only need a bath 2–3 times per week.
- Too many baths can dry out your baby's skin.
- Talk or sing to your baby to keep them calm and comforted.
- Supervise siblings or helpers closely during bath time.

## Circumcision

Circumcision is the surgical removal of the foreskin from the penis. It is optional and based on family, cultural, or religious preference.

### Reasons families may choose circumcision:

- Cultural or religious tradition
- Belief in health benefits (slightly lower risk of urinary tract infection, penile cancer, or HIV transmission)

### Reasons families may decline:

- Considered unnecessary surgery
- Belief that risks outweigh benefits
- Preference for natural anatomy

### Care after circumcision:

- Keep the area clean and dry.
- Apply petroleum jelly on gauze to prevent sticking.
- Call provider if you see bleeding larger than a quarter, pus, or if baby does not urinate within 12 hours.

Right after birth, your baby will be offered important medications and a vaccine that help prevent serious illness. These are safe, recommended for all newborns, and protect your baby's health in the first days of life and beyond.

## Vitamin K Injection

- Vitamin K is a natural vitamin that helps the blood to clot normally. Newborn babies are born with very low levels of Vitamin K, which can put them at risk for serious bleeding inside the brain or body, known as Vitamin K Deficiency Bleeding (VKDB).
- The Vitamin K shot is given once, in your baby's thigh, shortly after birth. It provides protection for several months—until your baby can make enough Vitamin K naturally.
- Without Vitamin K, a baby could develop sudden bleeding that is hard to stop.
- The injection is very safe and strongly recommended by the CDC, AAP, and the American College of Nurse-Midwives (ACNM).

### **Benefits:**

- – Prevents dangerous internal bleeding.
- – Protects until the baby can make Vitamin K naturally.
- – Proven safe and effective for decades.

## Erythromycin Eye Ointment

- This antibiotic ointment is placed gently in your baby's eyes soon after birth. It helps prevent eye infections that can be passed from bacteria in the birth canal during delivery.
- Without this treatment, an infection could cause swelling, discharge, or even vision loss.
- The ointment may make your baby's vision slightly blurry for a few hours, but it does not cause pain or harm.

### **Benefits:**

- – Prevents serious eye infections caused by bacteria.
- – Simple, quick, and safe.
- – Required by law in most states for newborn protection.

## Hepatitis B Vaccine

- The Hepatitis B vaccine protects your baby from a virus that can cause serious liver infection and lifelong health problems.
- This is given within the first 24 hours after birth, and two more doses are given later (at 1–2 months and 6 months).
- Babies can get Hepatitis B from contact with infected blood or body fluids—sometimes even from a mother who doesn't know she has it.
- This vaccine helps the baby develop strong, long-lasting protection.

### **Benefits:**

- – Prevents serious liver disease and cancer caused by Hepatitis B.
- – Provides lifelong protection when all doses are completed.
- – Recommended by the CDC, AAP, and ACNM for every newborn.

## **Pediatric visits**

- Your baby will need a pediatrician or pediatric care provider.
  - Your baby will be evaluated by pediatricians at the hospital after they are born, usually on the day or day after they are born.
  - You will need to schedule a follow-up after they go home from the hospital, the pediatrician at the hospital will tell you when they want you to schedule it. It is usually within the first few days or week.
  - You need to choose a pediatric care provider, choose one that is close to your home because your baby will have many visits in the first year.
  - The pediatrician will make sure your baby is gaining weight and doing well.
  - Make sure to ask questions or talk about any concerns you might have.
  - It is important to go to all of your scheduled appointments, because your baby will receive vaccines to protect at many of those visits.
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- Fair Haven Community Health Care offers Pediatric Care at these locations:
    - 50 Grand Ave.
    - 374/B Grand Ave.
    - 150 Sargent Dr.
    - Shoreline Family Health

## **Car Seat Safety**

- Always use a rear-facing car seat in the back seat.
- Install according to manufacturer instructions.
- In Connecticut, infants must ride rear-facing until at least age 2 or until they exceed car seat height/weight limits.

## **Local Resources in New Haven**

- WIC: nutrition and breastfeeding support
- 211: connects families to childcare and parenting resources
- Healthy Start: Parenting resource offered at 50 Grand (ask for a referral)
- Nurturing Families: home visiting and parenting program  
<https://www.esdhd.org/nurturing-families/> (203) 481-4233 x 577

# Baby's Firsts

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Time \_\_\_\_\_

Weight \_\_\_\_\_

Length \_\_\_\_\_



## Milestones

First Bath

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First Smile

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First Laugh

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First Foods

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First Words

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Rolling over

\_\_\_\_\_

Sitting Up

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Crawling

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Walking

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## Favorite Toys/Books



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## People / Family

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## Memories

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## First Hollidays