Southwest
CONTEMPORARY WOMEN'S CARE

Prenatal Education Curriculum

33-36 Weeks

Your Baby

33 Weeks
Your baby is approximately 17.2 inches long and 4.2 pounds. That's about the size of a lunch box or a pineapple. Your baby is adding fat layers, hardening bones, and strengthening their immune system.

35 Weeks
Your baby is approximately 18.2 inches long and 5.3 pounds. That's about the size of a George Foreman Grill or a honeydew melon. Your baby's kidneys and liver are in working order.

How do you plan to feed your newborn?

There are numerous options to provide nutrition to your little one. You can breast feed, pump breast milk into a bottle, formula feed, or any combination of the above. There are many benefits to breast milk. However, breast feeding is not for everyone, and you or your baby's anatomy may not make it feasible to breast feed successfully. Remember**, the most important thing is that your child is fed – regardless of where the nutrition came from**.

If you are very committed to breastfeeding and are having any issues, we can refer you to a lactation specialist that can help you further. We can also refer you to a lactation specialist before you deliver for a consultation as well!

BREAKING NEWS!

Did you know that most insurances will cover 100% of the cost of a breast pump!! Make sure to call your insurance to ask about this benefit. Sometimes they require a prescription from your provider to order your pump which we will happily provide. Don't miss out on this opportunity!

Increasing Your Breastmilk Supply

During the first few days and weeks, frequent stimulation of the breasts by breastfeeding or by using a breast pump is essential to establish a good breastmilk supply. If you find your milk supply is low try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours
- Discontinue the use of a pacifier
- Try to get in "one more feeding" before you go to sleep, even if you have to wake the baby
- Offer both breasts at each feeding
- Empty your breasts well by massaging while the baby is feeding

Use a breast pump

- Use a hospital grade breast pump with a double kit
- Pump after feedings or between feedings
- Apply warmth to your breasts and massage before beginning to pump
- Try "power pumping". Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and so on, for an hour

Mother care

- Reduce stress and activity. Let others help you!
- Increase fluid intake
- Eat nutritious meals
- Continue to take prenatal vitamins
- Back rubs stimulate nerves that serve the breasts (central part of the spine)
- Increase skin-to-skin holding time with your baby. Relax together!
- Read, meditate, and empty your mind of tasks that need to be done

Avoid these things that reduce supply

- Smoking
- Birth control pills and injections
- Decongestants and antihistamines
- Severe weight loss diets
- Excessive amount of mints, parsley, or sage

Postpartum Contraception

Now for a very important topic – postpartum contraception! Why is postpartum contraception so important? Reliable contraception helps to prevent a "short interval pregnancy" – i.e. a pregnancy that occurs in less than 18 months from the last delivery.

Multiple studies have shown that pregnancy intervals less than 18 months and especially intervals less than 6 months have increased risk of low birth weight, preterm birth, need for a blood transfusion at delivery, miscarriage, stillbirth, and rupture of the uterus during a trial of labor after c-section.

Using breastfeeding as contraception is not a reliable method and can only be used for the first 6 months of the baby's life and only if you experience no menstrual period while lactating and you breastfeed **every 4-5 hours without fail.**

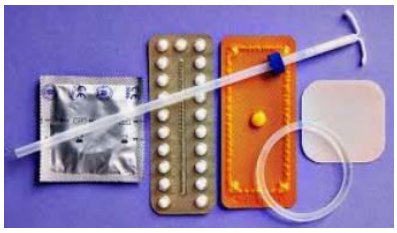
Will contraception mess with my milk supply?

Multiple studies have shown that IUDs, Nexplanon, Depo-Provera injection, and progesterone only pills have little to no impact on breast milk production. Combined estrogen progesterone birth control pills may decrease milk supply.

Will contraception make it hard to get pregnant again?

The majority of these methods will have immediate return of fertility upon discontinuing. The major exception is Depo-Provera shot, which can take several months for fertility to return, and obviously sterilization. Occasionally some women may notice that their period does not return immediately after discontinuing their IUD, Nexplanon, or birth control pill, and it may take a few months to return to fertility. If this occurs, talk to your provider and they can place you on a short course of progesterone to help start your period back up again.

So, what are your options?



Birth Control Pills

These come in two varieties – progesterone only and combined estrogen and progesterone pills (the classic type).

Combined Estrogen and Progesterone Pills

This variety can decrease breast milk production and cannot be started until 6 weeks postpartum due to the increased risk for blood clots if started immediately postpartum. There is a much larger grace period if you miss a pill but it is most effective if taken at the same time every day. It does have the benefit of regulating your period. If taken in a continuous fashion without the placebo week, you can avoid a period all together.

Progesterone Only Pills

This variety is compatible with breastfeeding and can be started immediately postpartum. This pill must be taken at the same time every day (+/- 30min window) or effectiveness drops significantly. There is a new type of progesterone only pill called "Slynd" that has a 24hr missed pill window, but it can be quite expensive and not often covered by insurance.

Nexplanon Implant

This progesterone only rod is the most effective form of contraception on the market (even more so than sterilization). Placement involves a simple in-office procedure where the arm is numbed and the rod is introduced with a needle. It is very well tolerated by the body and good for 3 years of contraception. It is difficult to predict how this method will affect your period. 1/3 of women have no period, 1/3 have lighter but regular periods, 1/3 have irregular spotting throughout the month.

Intrauterine Devices (IUDs)

IUDs are highly effective and reversible. They can be placed during your postpartum period. There are progesterone IUDs and copper IUDs. IUDs do not affect breast milk production.

Progesterone IUDs – Mirena, Skyla, Kyleena, & Liletta
These have the hormone progesterone in them and the additional benefit of making your period lighter and reduces cramping. Once placed Mirena & Litetta are good for 5-8 years, Kyleena is good for 5 years, and Skyla is good for 3 years.

Copper IUD – Paragard
This is the only form of long-acting reversible contraception that **does not contain hormones**. Paragard may make your period heavier and increase cramping. This IUD is good for 10 years once placed.

Depo Provera (DMPA) Shot

This method involves a shot containing a progesterone hormone that is administered every 3 months. Usually this requires a nurse visit every 3 months to administer. Typically, depo will lighten menstrual periods and potentially stop them altogether with prolonged use. It is only used for 2-5 years due to reversible bone loss observed with prolonged use. This is the only method that can potentially cause weight gain. This method has one of the longest return to fertility wait times of all the contraceptive options.

Barrier Methods

This includes male and female condoms, cervical caps, and diaphragms. In order for this method to be reliable, it must be used correctly every single time you have intercourse. Some of the major benefits include ease of use, prevention of STDs, and hormone-free contraception.

Natural Family Planning

This is a tricky method that requires patients to track their menstrual cycles, cervical mucus consistency, and body temperature to track down when a female is most fertile and thus when intercourse should be avoided. Often this requires taking a course to learn how to effectively use this method.

Female Sterilization (Tubal Ligation or Salpingectomy)

This method is **permanent.** Make sure that you want no more children in the future before pursuing this method! You may have heard that some infertility doctors can perform a procedure that reverses this procedure, but efficacy of this surgery is questionable and may not be possible depending on how your sterilization was performed. The only reliable way to become pregnant after a female sterilization is through IVF pregnancy, which can be quite costly and is often not covered by insurance. It is highly effective at preventing pregnancy, but if a pregnancy does occur, there is a high risk of "ectopic pregnancy" – a pregnancy that occurs outside the uterus and is not compatible with life. These can rupture causing severe bleeding that can be fatal and necessitate an emergency surgery. That being said, ectopic pregnancy after sterilization is still a very rare event.

Male Sterilization (Vasectomy)

This is a safer and "easier" procedure than female sterilization. However, you must use a backup method for 3 months after the procedure and have a semen analysis afterwards to confirm success of procedure before relying on this method.

Effectiveness of Birth Control Methods*

Most effective

Less than 1 pregnancy per 100 women in a year

Implant	IUD	Sterilization
0.05 percent	0.2 to 0.8 percent	0.15 to 0.5 percent
Approved for up to 3 years of use	Hormonal approved for up to 3 to 7 years of use; copper approved for up to 10 years of use	Available for women and men

6 to 12 pregnancies per 100 women in a year

Injection	Pill	Patch	Vaginal Ring	Diaphragm
6 percent	9 percent	9 percent	9 percent	12 percent
Get a shot on time every 3 months	Take a pill on time each day	Change patch every week	Change ring every month	Use each time you have sex; must be refitted after childbirth

18 or more pregnancies per 100 women in a year

Male Condom	Female Condom	Cervical Cap	Sponge
18 percent	21 percent	17 to 23 percent	12 to 24 percent
Use each time you have sex; protects against HIV and other STIs	Use each time you have sex; protects against HIV and other STIs	Use each time you have sex	Use each time you have sex

Fertility Awareness-Based Methods	Spermicide
24 percent	28 percent
Requires training; use a barrier method or abstain from sex periodically	Use each time you have sex

Least effective

Abbreviations: HIV, human immunodeficiency virus; IUD, intrauterine device; STIs, sexually transmitted infections.

Other methods of birth control

Lactational amenorrhea method: This is a temporary method of birth control that can be used for the first 6 months after giving birth by women who are exclusively breastfeeding.
Emergency contraception: Emergency contraceptive pills taken or a copper IUD inserted within 5 days of unprotected sex can reduce the risk of pregnancy.
Withdrawal: The man withdraws his penis from the vagina before ejaculating. 22 out of 100 women using this method will become pregnant in the first year.

*Percentage of women who will become pregnant within the first year of typical use of the method

ACOG
The American College of Obstetricians and Gynecologists

Adapted from the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention; World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397–404.

Postpartum Mood Disorders

Having a baby can be an emotional roller-coaster with the sleepless nights and the ever-changing hormones. This can lead to a variety of mood disturbances that range from mild (post-partum blues) to severe (post-partum depression, psychosis, OCD, anxiety).

Postpartum blues (aka "baby blues") are extremely common, occurring in 75-80% of new moms. Typically, the postpartum blues begins 2-3 days postpartum and only last a few days. They are mainly due to rapid hormone shifts.

When the blues don't let up or are more severe and begin impacting your ability to function in daily life or cause suicidal ideation, they become postpartum depression. Postpartum depression occurs in 15% of women and can have a huge negative impact on your ability to bond with your newborn, so much so that having a mother with untreated postpartum depression is considered an "adverse childhood event," which can have a lasting impact on your child's mental and physical well-being. The good news is that postpartum depression is treatable, and there are so many resources out there to help you. Talk to your provider right away if you feel like you may be experiencing postpartum depression or if you worry that you might be prone to it after delivery.

A thankfully rare but very dangerous postpartum mood disorder is postpartum psychosis which occurs in 1-2 of 1,000 births. Postpartum psychosis is characterized by hallucinations and delusions that can sometimes result in harm to the mother or infant. This is a psychiatric emergency and if you have any concern for postpartum psychosis, please contact our office immediately or call 911 if there is an immediate threat to you or the baby.

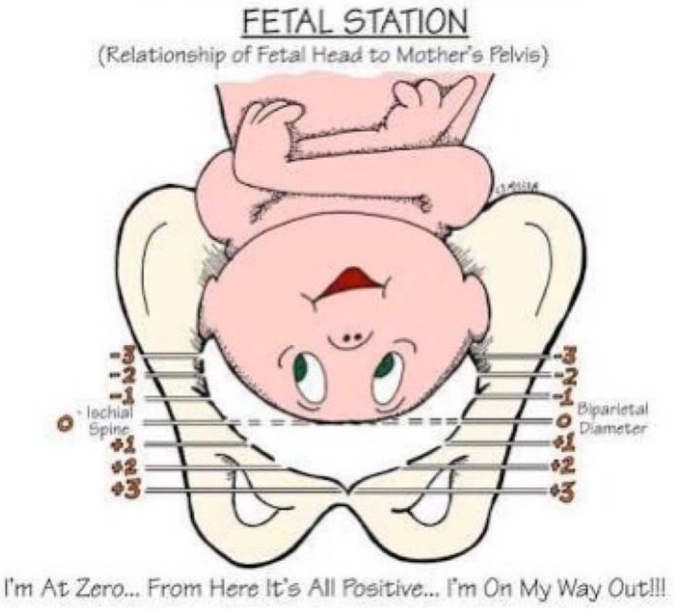
What are you checking during a vaginal exam?

During a vaginal exam we are feeling for your cervix. The cervix is the opening of your uterus that the baby will ultimately pass through.

Once you are getting close to delivery, we will offer to check your cervix to see if your cervix is beginning to show signs of moving towards delivery.

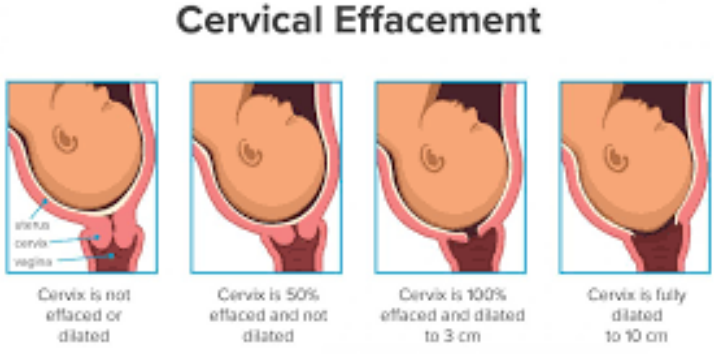
During a vaginal exam we are checking to see:

- **Position of your cervix**. Is it up front towards your belly or back towards your bottom.
- **How soft your cervix is**. Your cervix will go from the firm consistency of the tip of your nose to as soft as your lips.
- **"Station"**. How low the cervix is in the pelvis. Negative numbers meaning your cervix is still high in the pelvis and more positive numbers indicating your cervix and therefore baby's head is low.



- **"Dilation"**. How many centimeters open is your cervix from 0 cm (closed) to fully dilated at 10 cm.

- **"Effacement"**. A measurement of how thick your cervix is.



A cervix that is far from delivery is firm, posterior, 0% effaced, closed, and at -3 station.

A cervix with a baby that is seconds from being born is soft, anterior, 100% effaced, 10cm dilated, and +3 station.

What are the signs of labor? (aka when do I go to the hospital?)

Contractions

Sometimes it can be hard determining if the pains you are feeling are Braxton Hicks contractions (practice contractions), real labor, or just plain old uncomfortable sensations from being third trimester pregnant! Here's how to tell if it's the real deal…

Bleeding

If you notice bright red vaginal bleeding, please go to OB triage immediately. It could be a sign of your cervix opening up for labor or something more serious.

Water Breaking

A note on water breaking – it does not always break in the tidal wave fashion that Hollywood depicts in the movies. Sometimes it can be a small trickle or happen without you knowing. Just to complicate things more, many women experience some involuntary urine leakage at this stage in pregnancy, or you can have an increase in vaginal discharge that appears somewhat watery and makes it seem like your water broke. If you notice that your underwear seems wet, go to the bathroom, empty your bladder, and place a pad on. If the pad is wet within an hour go to OB triage to get evaluated.

When you arrive at OB triage, the nurses will do a speculum exam to see if amniotic fluid is leaking from your cervix. They additionally will collect some samples to test for amniotic fluid and look at it under the microscope. If these tests come back inconclusive, we may perform an ultrasound to see the fluid levels around baby.

If it is determined that your water has broken any time after 34 weeks, we will recommend that you be admitted and watched to see if you go into labor or have labor induced. This is because once your water has broken, there is a risk of your uterus becoming infected by bacteria from the outside environment. We typically like to see that you are moving towards delivery within 18-24 hours to help avoid infection.

Back Pain

Some women don't feel their contractions in the typical manner and can experience labor more so in their back. This especially can be true if your baby's face is pointing up. If you notice that your back is aching more than usual, attempt to sit or lay down and rest and see if this helps. If it doesn't, we would recommend going to OB triage at the hospital to be evaluated for labor.

Losing your mucus plug

The mucus plug is a glob of gelatinous material that fills the cervix to help prevent any bacteria from ascending up into the uterus.

Look for a large glob that can be clear, tan, brown, or sometimes blood tinged.

When your baby starts to move down into position for delivery, the pressure of his or her head can cause the cervix to begin to open up and soften, allowing for the mucus plug to be expelled. Thus if you notice that you pass your plug, it means that your body is beginning the process of getting ready for labor.

Does it mean you are going into labor if you lose your mucus plug? Not necessarily. Some women can lose their plug weeks before the big day! It is a good sign that you are moving in the right direction.

What do you need to do if you lose your plug? Nothing really, just be happy that your body is moving closer to meeting your little one!

Happy "Late Preterm!"

Late preterm is the period of pregnancy between 34 weeks and 36 weeks and 6 days. Babies born during this period generally do very well! That being said, late preterm babies can have some feeding difficulties, low blood sugar, be sleepier than term infants, and have some respiratory difficulties, so keep them cooking a little bit longer!

Prenatal Education Classes

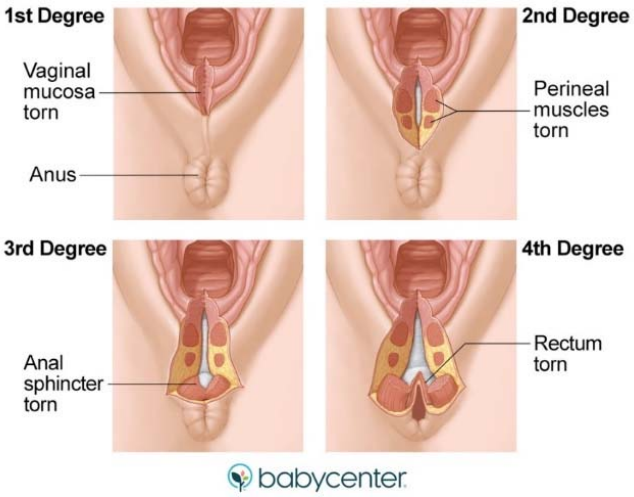
Banner Desert Medical Center offers a wide variety of classes to prepare families for the birth of a new baby and support after the baby is born. Registration for all classes can be made by calling 602-230-2273 or visiting the Banner website, www.bannerhealth.com/desertobclasses

Classes offered at Banner Desert:

- OB Childbirth Prep Class and Tour
- Baby Care Class
- OB Tours
- Breastfeeding Class
- Breastfeeding Support Group
- Just for Dads

Tearing During a Vaginal Delivery

The grand majority (53-79%) of women will sustain some type of tear/laceration at the time of vaginal delivery. We grade lacerations based off of how deep they are in the vagina. The most minor tears are first degree tears, where only the skin is injured. The most significant are fourth degree tears, where the tear extends from the vagina into the rectum/anus. Tears are classified as severe if they are third degree or higher. Thankfully, the majority of tears that occur during birth are first or second degree tears.



What happens if you tear?

Your doctor or midwife may recommend that they repair the tear with a suture that will dissolve on its own. If the tear is a first degree, you may not need any stitches if it is not bleeding. A 3rd or 4th degree tear must be repaired by a doctor and we may refer you to an Urogynecologist specialist after delivery to prevent any complications from the healing process

What does the repair feel like?

If you had an epidural, it will mainly feel like a tugging sensation that is somewhat uncomfortable but should not be painful. If you did not have an epidural during the delivery, we will numb the area with a small shot. This will burn when injected but will allow for the repair to be much more comfortable

What is it like healing from a tear?

Immediately after your delivery as your epidural or anesthetic wears off, your tear may throb or burn. Ice will help significantly with this discomfort, and your nurse will be quick to place an ice pack down there. If your tear is near where you pee, you might notice that it will burn when you urinate. Wiping after going to the bathroom will be quite uncomfortable so your nurse will provide you with a spray bottle to clean the area with water instead. If you needed stitches, you may notice that the stitches will itch as the tear begins to heal and even notice a discharge around the stiches or see a stitch or two pop out.

Who is more likely to tear?

First time moms are more prone to tearing than moms who have had a baby before. If you had an extensive tear with your first baby, then during your next delivery you may tear along the scar from the first tear. Additionally, exceptionally large babies or babies that deliver very fast are more likely to cause tearing on their way out.

What can I do to help prevent tearing?

Your partner or you can gently massage your vaginal opening by placing a small amount of lube or coconut oil on your finger and stretching the skin along the vaginal opening from left to right starting at 36-37 weeks.

The foundation of these educational materials has been created by Dr. Beienburg.