Learner Objectives

Upon completion of this session, participants will be able to:

• Develop strategies for overcoming barriers to accessing early and regular prenatal care.
• Identify benefits of early prenatal care.
• Describe prenatal tests and their purpose.
• Describe serious pregnancy complications.
• Identify signs and symptoms of preterm labor
• Describe postpartum physical and emotional changes
PRENATAL CARE

Prenatal Care Begins Before Pregnancy

• FAMILY PLANNING EDUCATION
  – Every office visit is an opportunity to prevent an unintended pregnancy.
  – discuss abstinence and STD prevention
  – HPV vaccination
  – provide reliable contraception
Barriers to Prenatal Care

- Fear of tests and examinations
- Dislike constant check ups
- Belief that prenatal care is unnecessary
- Long office visit wait times
- Lack of understanding of importance of PNC
- Transportation
- Substance Abuse
- In a drug treatment center
- Incarceration of the baby’s father

Barriers to Prenatal Care

- Victim of spouse or partner abuse
- Victim of child abuse
- Fear of being reported as victim of abuse
- Lack of child care
- Lack of insurance
- Work/School conflict with appointment times
- Language barrier
- Fear of deportation
How can facilitators help participants overcome barriers to care?

- Become familiar with local low cost prenatal care services.
- Identify clinics or hospital programs that provide culturally appropriate care.
- Provide list of resources available to participants.

Prenatal Visits
The Importance of Prenatal Visits

- Prenatal visits allow your doctor to closely watch your health and your baby's progress. During these visits, you will be examined and the growth of the baby will be checked.
- Screen for depression and refer if appropriate
- WIC form
- review importance of regular prenatal visits and encourage questions
- provide a means to communicate in between visits
- So what do we DO at the visits if we aren’t going to always do an ultrasound?
- We screen for medical complications
- Throughout your pregnancy you will see your doctor on a regular basis.

Testing

- **Blood tests.** Blood samples are checked for anemia, human chorionic gonadotropin (hCG) and certain infections. Your blood type and Rh factor also are noted.
- **Urine tests.** A urine sample is checked to look for sugar, protein, and bacteria, which can signal diabetes or a bladder or kidney problem.
- **Pap test or cervical culture.** The cells from the cervix collected during a pelvic exam may be checked for signs of infection, cancer, or conditions that could lead to cancer.
- **Glucose screening test.** The sugar level in the woman's blood is measured to test for gestational diabetes.
- **Group B streptococcus (GBS) testing.** The cells from the woman's vagina and rectum are tested for the presence of GBS, which can be passed to the baby during delivery and cause infection.
- **Human immunodeficiency virus (HIV) test.** A blood sample is checked for HIV antibodies.
Screenings Done During Pregnancy

- **Trisomy 21**: (Down Syndrome) extra chromosome #21. Mental retardation, and other abnormalities such as heart defects
- **Trisomy 18**: most fetuses with T-18 are lost through miscarriage or demise. Babies born with T-18 have mental retardation and physical problems. Most do not survive past one year.
- **Trisomy 13**: Most are lost through miscarriage. Mental retardation and severe birth defects
- **NTD (Neural Tube Defect)** The neural tube extends from the top of the head to the end of the spine. This develops into the brain and spinal cord. The NT is completely formed by 5 weeks.

Additional Screenings

- **Spina Bifida** (NTD) opening in the spine. Causes paralysis of the legs, loss of bowel and bladder
- **Anencephaly** (NTD) occurs when most of the brain does not develop. Causes death of the fetus or newborn.
- **Abdominal Wall defects** are problems involving the baby’s abdomen and intestines. Intestines and other organs are formed outside the body. Surgery after birth in most cases can correct the defect
- **Smith-Lemi-Opitz syndrome** (SLOS) This is a very rare birth defect. Babies can not make cholesterol normally. babies are mentally retarded and may have many physical defects.
- **Screen positive for SLOS** also indicates increased chance for congenital abnormalities and Fetal Death.
Ultrasound/Fetal Monitoring

- Survey ultrasound done between 18-20 weeks.
- Purpose is to look at the baby’s anatomy and screen for any defects, confirm normal growth, normal amniotic fluid, and normal placenta location.
- IF THE BABY WILL COOPERATE, YOU CAN FIND OUT THE GENDER.
- Kick count—A record of how often you feel your baby move. A healthy baby tends to move the same amount each day. (10 movements in 2 hours).
- Electronic fetal monitoring—These tests, including the nonstress test and the contraction stress test, help your doctor detect signs of problems the fetus may be having late in pregnancy.
Nutrition- Pregnancy is not a license to EAT

• Eat right: Pregnancy caloric requirements are 200-400 more per day! (or 2200 cal)
• not eating for two!
• Weight gain between 25-35 lbs depending on starting BMI. (Morbid Obesity-11-15 lbs)
• Calcium 1200 mg per day
• Iron 30-60 mg per day
• Folate 0.4 mg per day
• Eat 3 meals and 3 snacks
• Stay Hydrated - Drink about 64-80 ounces of fluid each day-milk, soups, caffeine-free, non alcoholic drinks

Nutrition During Pregnancy

• Eat a variety of healthy foods: fruits, vegetables, whole grains, calcium rich foods, lean meats

• An average woman needs about 2,000 calories a day.

• When you are pregnant, you need about 300 calories more each day to stay healthy and help the fetus grow.

• Drink extra fluids, especially water 10 – 8oz glasses of water per day.
What Foods to Avoid

- **Raw Meat**: contaminated with coliform bacteria, toxoplasmosis, and salmonella.
- **Deli Meat**: contaminated with listeria, which can cause miscarriage. Listeria has the ability to cross the placenta and may infect the baby leading to infection or blood poisoning, which may be life-threatening. Always reheat deli meat.
- **Fish with Mercury**: Mercury consumed during pregnancy has been linked to developmental delays and brain damage. A sample of these types of fish include: shark, swordfish, king mackerel, and tilefish. Canned, chunk light tuna generally has a lower amount of mercury than other tuna, but still should only be eaten in moderation.
- **Smoked Seafood**: Avoid fish from contaminated lakes and rivers. These fish include: bluefish, striped bass, salmon, pike, trout, and walleye.

What Foods to Avoid (cont.)

- **Raw Shellfish**: The majority of seafood-borne illness is caused by undercooked shellfish, which include oysters, clams, and mussels. Cooking helps prevent some types of infection, but it does not prevent the algae-related infections that are associated with red tides.
- **Raw Eggs**: Raw eggs or any foods that contain raw eggs should be avoided because of the potential exposure to salmonella.
- **Soft Cheeses**: Imported soft cheeses may contain bacteria called Listeria. You would need to avoid soft cheeses such as: Brie, Camembert, Roquefort, Feta, Gorgonzola, and Mexican style cheeses that include queso blanco and queso fresco, unless they clearly state that they are made from pasteurized milk. All soft non-imported cheeses made with pasteurized milk are safe to eat.
- **Unpasteurized Milk**: Unpasteurized milk may contain bacteria called listeria.
- **Pate**: Refrigerated pate or meat spreads should be avoided because they may contain the bacteria listeria. Canned pate, or shelf-safe meat spreads can be eaten.
- **Unwashed Vegetables**: Yes, vegetables are safe to eat, so you still need to eat them. However, it is essential to make sure they are washed to avoid potential exposure to toxoplasmosis may contaminate the soil where the vegetables were grown.
Physical Activity

- Benefits: feel better, less constipation, less fluid retention, better labors.
- 30 minutes per day on most days of the week recommended. This can be accomplished by a brisk walk for 15 minutes after lunch and 15 minutes after dinner.
- Avoid getting overheated.
- Limit outdoor exercise in hot weather.
- Avoid exercise that makes you very tired, or with a high risk of falling or abdominal trauma.
- Drink lots of water.
- Wear good support shoes and bra.

Maternal Influence- Emotional Stress

- When mom experiences emotion:
  - Hormones and chemicals are released into mom’s bloodstream.
  - Many pass through the placenta into the baby.
- Timing and duration
  - Severe and prolonged stress during the embryonic period can lead to disabilities
  - Examples are cleft palate and hare lip
  - During later pregnancy (5 mos. +), the change may be behavioral.
    - For short periods—increased movement.
    - For long periods, a general increase in activity and low birth weight.
    - Effects continue after birth.
  - Severe stress to the uterus anytime can cause miscarriage.
Physical Changes During Pregnancy

• Skin
  - Pregnancy hormones often cause some changes on your skin such as:
    - **Chloasma**: brownish, uneven marks around their eyes and over the nose and cheeks.
    - **Linea nigra**: a line running from the top to the bottom of the abdomen becomes dark.
    - **Stretch marks**: may appear on the abdomen and breasts as they grow.

• Breasts
  - Early in pregnancy, your breasts begin to grow and change to prepare for breastfeeding your baby.
  - Feel firm and tender.
  - Wear a bra that fits well and provides support.
  - Nipples may stick out more and get darker.
BREAST CHANGES

NAUSEA & VOMITING
(MORNING SICKNESS)

• Caused by hormonal changes. Usually resolves by second trimester.

WHAT CAN HELP?
• Eat small meals
• Don’t lie down after meals
• Eat saltines or toast first thing in the morning
• Eat bland foods- BRAT diet
• Sip on ice chips, water and clear soft drinks ie: ginger ale, 7up.
FREQUENT URINATION

• Kidneys work harder to flush waste products out of your body.
• Uterus growth puts pressure on the bladder.
• The weight of your uterus on your bladder may even cause you to leak a little urine when you sneeze or cough.

WHAT CAN HELP?

• Take frequent bathroom breaks
• Drink plenty of fluids
• Kegel exercises

DENTAL CHANGES

• Pregnancy hormones can make your gums swell and bleed.
• A dental checkup early in pregnancy will help ensure that your mouth stays healthy.
• Pregnant women are at an increased risk for cavities and gum disease.
• When you go to the dentist, be sure to let him or her know that you are pregnant. **NO X-RAYS.**

WHAT CAN HELP?

• Switching to a softer toothbrush may help lessen irritation.
• Floss and brush teeth twice a day.
LOWEY-ABDOMINAL PAIN.

- As the uterus grows, the muscles that support it are pulled and stretched.
- Stretching felt as either a dull ache or a sharp pain on one side of your belly.
- The pains are most common between 18 and 24 weeks of pregnancy.

WHAT CAN HELP?
- Resting or changing your position may help relieve the pain.

NUMBNESS AND TINGLING

- Uterus growth can press on some of the nerves connecting your legs to your spinal cord. This may cause chronic pain in the hip or thigh (sciatica).

- Nerves also can get pressed if your legs swell during pregnancy causing legs or toes to tingle or feel numb.

- Your arms or hands also may tingle as a result of tissue swelling (carpal tunnel syndrome)

WHAT CAN HELP?
- Take frequent breaks to rest.
SHORTNESS OF BREATH

• Later in pregnancy your uterus takes up more room in your abdomen.
• By about 31–34 weeks of pregnancy, the uterus is so large that it presses the stomach and the diaphragm (a flat, strong muscle that aids in breathing) up toward the lungs.

WHAT CAN HELP?

• Slowing down and sitting or standing up straight can help you breathe easier.
CONSTIPATION

• High levels of hormones due to pregnancy slow down digestion and relax muscles in the bowels causing constipation.

WHAT CAN HELP?

• Drink 10 glasses of water daily
• No caffeine
• Eat fiber rich foods
• Exercise

DIZZINESS

• The growth of more blood vessels and pressure of uterus on blood vessels

WHAT CAN HELP?

• Stand up slowly
• Don’t skip meals
• Lie on left side
• Avoid standing too long
FATIGUE, & SLEEP PROBLEMS

• Very normal during pregnancy

WHAT CAN HELP?

• Lie on left side
• Use pillows for support behind back, under knees and under tummy
• Get plenty of rest
• Take naps

HEARTBURN & INDIGESTION

• Hormones and pressure of growing uterus cause indigestion and heartburn

WHAT CAN HELP?

• Eat small meals instead of large meals
• Drink fluids between meals
• Don’t eat fried or greasy foods.
• Avoid spicy foods
• Don’t eat before bed.
HEMORRHOIDS

- Swollen and buldging veins in the rectum
- Cause itching, pain, and bleeding in the rectum

WHAT CAN HELP?

- Drink lots of fluids
- Eat high fiber foods
- Prevent constipation

ITCHING

- Pregnancy hormones and stretching skin usually cause the itching

WHAT CAN HELP?

- Use gentle soaps and moisturizing creams
- Avoid hot showers and baths
- Avoid itchy fabrics
- Call MD if symptoms do not improve after one week
LEG CRAMPS

- Sudden muscle spasms in legs and feet are common
- Due to change body metabolizes calcium

WHAT CAN HELP?

- Gently stretch muscles.
- Flex foot forward
- Eat calcium rich foods

SWELLING

- Development of mild swelling in the face, hands or ankles is common during pregnancy.
- Usually more common in the third trimester.

WHAT CAN HELP?

- Drink 10 glasses of water daily
- Don’t drink caffeine or salty foods
- Rest and elevate feet
- MD can order support hose if needed.
VARICOSE VEINS

- Increase in blood volume causes veins to enlarge
- Pressure on the large veins behind the uterus causes the blood to slow in its return to the heart.

WHAT CAN HELP?

- Avoid tight knee highs
- Sit with your legs and feet raised.

PREGNANCY DON’TS
MEDICATIONS DURING PREGNANCY

• Do not stop taking a medication prescribed for you. Ask your doctor about it first. Some medications could cause birth defects or other problems in the baby. Others may be safe to take during pregnancy. Certain diseases are more harmful to a fetus than the drugs used to treat them.

• Also check with your doctor before taking any supplements or other over-the-counter drugs. This includes pain relievers, laxatives, cold or allergy remedies, and skin treatments. Your doctor can give you advice about medicines that are safe for pregnant women.

CAFFEINE

• Avoid caffeine during the first trimester to reduce the likelihood of a miscarriage.

• As a general rule, caffeine should be limited to fewer than 300 mg per day during pregnancy.

• Caffeine is a diuretic, which means it helps eliminate fluids from the body. This can result in water and calcium loss.

• It is important that you are drinking plenty of water, juice, and milk rather than caffeinated beverages.

• The safest thing is to refrain from consuming caffeine.
ALCOHOL USE

• There is NO amount of alcohol that is known to be safe during pregnancy.
• Alcohol should be avoided during pregnancy.
• Prenatal exposure to alcohol can interfere with the healthy development of the baby. Depending on the amount, timing, and pattern of use, alcohol consumption during pregnancy can lead to Fetal Alcohol Syndrome or other developmental disorders.
• If you consumed alcohol before you knew you were pregnant, stop drinking now.
• Avoid alcohol during breastfeeding. Exposure of alcohol to an infant poses harmful risks, and alcohol does reach the baby during breastfeeding.

TOBACCO USE

• Women who smoke during pregnancy are more likely to have certain problems, such as vaginal bleeding, stillbirth, and small babies.
• Less oxygen and nutrients may reach the fetus. Babies born to women who smoke have an increased risk of asthma and sudden infant death syndrome (SIDS).
• If you smoke, now is a good time to quit. It is a good idea for other family members to quit, too.
• Secondhand smoke also is bad for the baby
ILLEGAL DRUG USE

- Illegal drugs—such as crack or cocaine, heroin, PCP; methamphetamines and marijuana; and tranquilizers—also can harm the fetus.
- Use of these drugs can cause problems with the placenta, preterm birth, and birth defects.
- The baby can have learning problems and be addicted to drugs.

PETS

- Avoid changing cat’s litter – toxoplasmosis

- Avoid contact with rodents: urine, droppings or nesting material – toxoplasmosis
FEMININE HYGIENE

• No Douching
• Avoid scented feminine hygiene products such as:
  
  scented sprays
  bubble bath
  sanitary napkins (pads)

• May irritate the vaginal area and increase risk for UTI or yeast infection.

ABUSE

• Many women are victims of physical, sexual, or emotional abuse.
• Abuse often begins or increases during pregnancy, putting both the woman and the fetus at risk.
• During pregnancy, the abuser is more likely to aim blows at the woman's breasts and abdomen.
• Dangers to the fetus include miscarriage, low birth weight, and direct injury from the blows.
• If you are being abused, tell your doctor.

• ADV - Call 1-800-339-SAFE
COMMON COMPLICATIONS DURING PREGNANCY

Warning Signs and Problems During Pregnancy

- Severe headaches and blurred vision
- Persisting Vomiting
- Painful urination
- Severe upper back pain and fever, malaise
- Fever
- Vaginal Bleeding
- Sudden swelling of hands and feet
- Decreased baby movements after 26 weeks
- Dull backache
- Pelvic pressure
- Cramping
- Leaking fluid
- More than five contractions in one hour.
**RH NEGATIVE DISEASE**

- Rh Factor - is determined by the presence of a protein surrounding red blood cells. Without the protein, a woman is considered Rh negative.
- The mother is Rh negative, and her child is born Rh positive, and she starts to build antibodies up against the next Rh positive baby.
- During the beginning of the pregnancy, the mother is tested to see if she has been sensitized. (Meaning the baby's red blood cells have been affected my the mother's developed antibodies).
- RhoGAM is a medication given around 28 weeks to prevent the build-up of these antibodies.
- RhoGAM is given again at birth, only if the baby is Rh positive.

---

**GROUP B STREP**

- Group B Strep is the leading cause of infections in newborns.
- Not group A strep (strep throat).
- Doctors find Group B Strep through cultures during pregnancy.
- Can be treated during or after pregnancy with antibiotics.
PRETERM LABOR

• When the mother's body is trying to deliver the baby before she has reached full-term (37 weeks).
• There is a risk of delivering the baby too early when the contractions are closer, stronger, and longer.
• Can feel like menstrual cramping or a subtle backache.
• In serious situations, bed rest and medications (brethine) are necessary to help the pregnancy go full-term.

Who is at Risk of Preterm Labor

• Women younger than 17 and older than 35.
• Previous preterm delivery, twins, uterine abn.
• Late prenatal care
• Smoking, alcohol and use of illegal drugs
• Having high levels of stress
• Domestic violence
• Working long hours with long periods of standing
Conditions that Increase the Risks of Preterm Labor

- Premature Rupture of Membranes
- Urinary Track Infections (UTI)
- High Blood Pressure
- Diabetes
- Being underweight
- Obesity
- Short time between pregnancies
- Bleeding

How to Reduce the Risk of PTL

- Get early and regular prenatal care
- Become aware of the signs and symptoms
- Learn steps for easing PTL symptoms
- Understand which activities might contribute to PTL
- Alert health care provider as soon as possible
GESTATIONAL DIABETES

- **Gestational Diabetes**: develops during pregnancy, when a woman’s body is not making enough insulin.
- Develops usually in second trimester.
- Cannot be treated by pills, most treatment is through diet or insulin

LOW BIRTH WEIGHT

- Caused by poor nutrition, substance use (cigarettes, alcohol, drugs).
- Can be an effect of a STD, other contagious diseases, or no prenatal care.
- When a baby is born pre-maturely, it stays in the hospital for up to four months.
- Babies who are born at a low birth rate run the risk of respiratory infections, blindness, learning disabilities, cerebral palsy, and heart infections.
PREECLAMPSIA/PIH

Preeclampsia is a condition of high blood pressure during pregnancy. Your blood pressure goes up, you retain water, and protein is found in your urine. The exact cause of preeclampsia is unknown.

Who is at risk for preeclampsia?
• A first-time mom
• Women whose sisters and mothers had preeclampsia
• Women carrying multiple babies; teenage mothers; and women older than age 40
• Women who had high blood pressure or kidney disease prior to pregnancy

What are the symptoms of preeclampsia?
• Mild preeclampsia: high blood pressure, water retention, and protein in the urine.
• Severe preeclampsia: headaches, blurred vision, inability to tolerate bright light, fatigue, nausea/vomiting, urinating small amounts, pain in the upper right abdomen, shortness of breath, and tendency to bruise easily.

Contact your doctor immediately if you experience blurred vision, severe headaches, abdominal pain, and/or urinating very infrequently.

Key Messages

• Women should receive prenatal care as soon as possible.
• Pregnant women must become informed consumers and learn strategies to overcome barriers they may face in getting services.
• Pregnant women should call their health care providers right away if they think they are having preterm labor or any other problem.
FETAL GROWTH AND DEVELOPMENT

THE FIRST TRIMESTER:
0–13 WEEKS

• The placenta develops.
• The major organs and nervous system form.
• The heart starts beating.
• The lungs begin to develop.
• Bones appear.
• The head, face, eyes, ears, arms, fingers, legs, and toes form.
• Hair starts to grow.
• Buds for 20 temporary teeth develop.
THE SECOND TRIMESTER:  
14–28 WEEKS

- The organs develop further and begin to function.
- Eyebrows, eyelashes, and fingernails form.
- The skin is wrinkled and covered with a waxy coating (vernix).
- The genitals develop.
- Fine hair (lanugo) covers its body.
- The fetus moves, kicks, sleeps, and wakes.
- The fetus can swallow, hear, pass urine, and suck its thumb.

THE THIRD TRIMESTER:  
29–40 WEEKS

- The fetus kicks and stretches. (This activity may slow down as the fetus grows and space in the uterus decreases.)
- Lanugo disappears.
- With its major development finished, the fetus gains most of its weight—about half a pound each week until birth.
- Bones harden, but the skull remains soft and flexible for delivery.
LABOR AND DELIVERY

CHILDBIRTH CLASSES

- Childbirth education classes are a good way to learn what happens during labor and birth and how to prepare for it.

- They will inform you about the labor and delivery process and teach you how to help it go smoothly.
BIRTH PLAN

• Some childbirth education classes may help you draft a birth plan—a written outline of what you would like to happen during labor and delivery.

• This plan may include the setting you want to give birth in, the people you want to have with you, and the pain medications you want, if any (teaching clients to advocate for themselves).

Are you really in labor?

<table>
<thead>
<tr>
<th>HINT</th>
<th>FALSE LABOR</th>
<th>TRUE LABOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of contractions</td>
<td>Contraction often are irregular; they do not get closer together as time goes on.</td>
<td>Contraction come at regular intervals and get closer together. They last 30–90 seconds</td>
</tr>
<tr>
<td>Change with movement</td>
<td>Contraction may stop when you walk, rest, or change.</td>
<td>Contraction keep coming no matter what you do.</td>
</tr>
<tr>
<td>Strength of contractions</td>
<td>Contraction often are weak, and they tend to stay that way; or strong contractions are followed by weaker ones.</td>
<td>Contraction steadily get stronger.</td>
</tr>
<tr>
<td>Pain on contractions</td>
<td>Pain usually is felt only in the front.</td>
<td>Pain usually starts in the back and moves to the front.</td>
</tr>
</tbody>
</table>
ITS TIME TO GO TO THE HOSPITAL IF ......

• Your amniotic sac ruptures (your "water breaks"), even if you are not having any contractions. Write down the time it happens.
• You are bleeding from the vagina, more than spotting.
• Regular contractions or uterine tightening; The contractions come 5 minutes apart or closer.
• You have constant, severe pain. Call your doctor right away.
• Change in type of discharge (watery, mucous, or bloody)
• Increase in amount of discharge
• Pelvic or lower abdominal pressure
• Low, dull backache
• Abdominal cramps, with or without diarrhea
• Headaches
• Spots before eyes

FIRST STAGE OF LABOR

• This stage is usually the longest. It begins when the cervix starts to open and ends when it is completely open (fully dilated). Blood-tinged mucus is passed from the vagina ("show"). Near the end of this stage, contractions become longer and stronger.
SECOND STAGE OF LABOR

- Once your cervix is fully dilated, the baby needs help to move down the vagina. You will be asked to push the baby out by bearing down during each contraction, until the baby is born.
- The second stage may last up to 3 hours or longer, especially during a first birth. It ends with the birth of the baby.

THIRD STAGE OF LABOR

- After the baby is born, the uterus will continue to contract and the placenta will be delivered. These contractions are closer together than the contractions that push out the baby. They usually cause less pain. This last stage may last from just a few minutes to 15–20 minutes.
COMMON DISCOMFORTS AFTER DELIVERY

LOCHIA

• Once your baby is born, your body sheds the blood and tissue that lined your uterus. This vaginal discharge is called lochia.

• For the first few days after delivery, lochia is heavy and bright red. It may have a few small clots. Use sanitary pads instead of tampons.

• As time goes on, the flow gets lighter in volume and color.

• A week or so after birth, lochia often is pink or brown.

• By 2 weeks postpartum, lochia often is light brown or yellow.

• CALL MD IF LOCHIA FLOW CONTINUES TO BE HEAVY.
AFTERBIRTH PAINS

• Uterus will shrink and tighten over the next 4 to 6 weeks
• May feel lower stomach or back pain

WHAT CAN HELP?

• Take prescribed pain medicine from MD
• Take warm showers or baths
• Warms packs to stomach or lower back
• Frequently empty bladder – avoid bladder pressure on uterus.

PERINEAL DISCOMFORT

• Perineum – area around vagina and rectum.
• Discomfort from stretching and swelling of muscles during delivery.
• Episiotomy or tear

WHAT CAN HELP?

• Take prescribed pain medicine
• Apply ice to area during first 24 hours of birth
• Use medicated sprays- witch hazel
• Sitz bath two to three times a day
• Use a soft cushion for sitting.
**ABDOMINAL PAIN**

- If you had c-section, very normal. Check incision for signs of infection: redness, swelling, yellow/green discharge from wound.
- Gas pain after c-section. Usually will resolve within 1 to 2 days.

**WHAT CAN HELP?**

- Take your prescribed pain medicine
- Walk at least three times a day and change positions frequently.
- Avoid carbonated drinks
- No lifting more than 5 pounds

---

**FATIGUE & FEELING TIRED**

- Hormonal changes, physical changes, emotional adjustments and lack of sleep are all causes.

**WHAT CAN HELP?**

- Get plenty of rest
- Accept offers of help
- Eat a well balanced diet
- Limit visitors if you need more rest
BABY BLUES

- Women have many different emotions after childbirth.
- Nearly 70–80% of new mothers get the baby blues.
- About 2–3 days after birth, you may begin to feel anxious, sad, and upset. For no clear reason, you may feel angry with the new baby. These feelings are scary, but they fade quickly.
- Tend to last from a few hours to a week or so and go away without treatment.

WHAT CAN HELP?

- Talk to your partner or a good friend about how you feel.
- Ask your partner, friends, and family for help.
- Get out of the house each day, even if it is only for a short while.
- Join a new mothers' group and share your feelings with the women you meet there.

DIFFICULTY PASSING URINE

- Area around bladder swollen after delivery
- After 2 to 3 days, you may notice an increase of urine output due to body releasing excess fluid from pregnancy
- Look out for: Pain/burning during urination, passing urine in small amounts, chills, fever, pain is kidney area.

WHAT CAN HELP?

- Drink 10 glasses of water a day
- Relax when you urinate: deep breathing, run tap water, pour warm water over the perineum
CONSTIPATION

• It is normal not to have a bowel movement for the first 2 to 3 days after delivery.
• Notify you MD if you have not had a bowel movement with 7 days.

WHAT CAN HELP?

• Drink 10 glasses of water daily
• Use stool softeners prescribed by MD
• Eat a high fiber diet
• Walk around and move positions often

SORE BREASTS

• In 2-5 days after delivery, breast milk will come in causing swelling
• Breasts will feel full and tender.
• Look for signs of mastitis: red and hard areas in the breast. Notify MD may need antibiotics.

WHAT CAN HELP?

• Use warm compresses or warm showers to help milk let down.
• Pumping
• Breastfeeding- for assistance call: 1-888-451-2499
  24/7 Breastfeeding Helpline for Riverside County
HEMORRHOIDS

- Dilated veins in the rectum.
- Caused from pressure during pregnancy and pushing during delivery.
- Usually shrink within 6 weeks.

WHAT CAN HELP?

- Ice to affected area
- Medicated spray – witch hazel
- Warm sitz baths 2 to 3 times a day
- Sit on a soft cushion
- Stool softeners, high fiber diet to prevent constipation.

RETURN OF MENSTRAL PERIOD

- If you are not breastfeeding, your period may return about 6–8 weeks after giving birth. It could start even sooner.
- If you are breastfeeding, your periods may not start again for months. Some nursing mothers do not have a period until their babies are fully weaned.
SEX AFTER PREGNANCY

• Resume sex after 6-8 weeks postpartum.

• Very important to give body time to heal before resuming sex.

• Communication between couples is especially important during this time.

FERTILITY AFTER DELIVERY

• After birth, your ovaries may release an egg before you have your first period, even if you are breastfeeding.

• If you do not want another baby right way, start using birth control as soon as you resume having sex.

• Talk with your doctor about which method is best for you.
POSTPARTUM EMOTIONAL CHANGES

• Mood swings
• Depression
• Stress
• Loss of control
• Change in daily activities/routine

POSTPARTUM STRATEGIES

• Accept offers for help and support
• Don’t let anyone in the house without a casserole or dinner
• Rest-nap when the baby is napping
• Take pain medication if needed
• Never, ever, NEVER wake a sleeping baby at night! (unless the Pediatrician says so)
• When all else fails, lower your standards!
Postpartum 6 Week Check Up

- Physical exam
- Screen for depression
- Encourage breast feeding for at least a year.
- Prenatal vitamins and folic acid during entire childbearing years
- Provide/Discuss contraception
- PRECONCEPTUAL COUNSELLING
- Pregnancy spacing: wait a year
  - reduces risk of preterm delivery

Back to “Normal”

- Resume sexual activity
- Keep your relationship with your partner alive
- Resume exercise
- Healthy diet
- Return to work
- Stress reduction
- Ask for help when needed
- Join a new mom’s support group or play group
References

- Journal of Gynecology, Obstetrics, and Neornatal Nursing (JOGNN)-AWHONN
- Women’s Health (AWHONN)

THANK YOU

QUESTIONS?