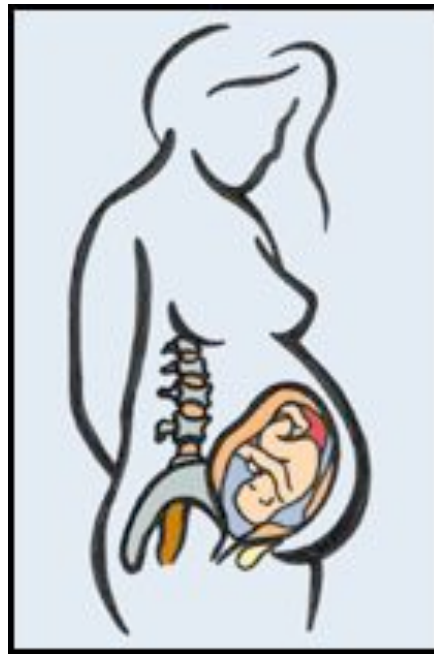


The Third Trimester of Pregnancy

Weeks 28 through 40



You are Almost There!

It might be hard to believe, but you are in your final trimester of pregnancy! This means that in a few short months you will be holding your new baby in your arms.

Compiled using information from the following sources:

americanpregnancy.org

Healthy Pregnancy Magazine

Katherine Abelson, CNM

How will I know if i'm in Labor? by Jamie E. Bolane

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Fetal Development: Third Trimester

Weeks 27 thru 32 - Gestational Age (Fetal Age - Weeks 25 thru 30):

The fetus really fills out over these next few weeks, storing fat on the body, reaching about 15-17 inches long and weighing about 4-4 ½ lbs by the 32nd week. The lungs are not fully mature yet, but some rhythmic breathing movements are occurring. The bones are fully developed but are still soft and pliable. The fetus is storing its own calcium, iron and phosphorus. The eyelids open after being closed since the end of the first trimester.

Weeks 33 thru 36 - Gestational Age (Fetal Age - Weeks 31 thru 34):

This is about the time that the fetus will descend into the head down position preparing for birth. The fetus is beginning to gain weight more rapidly. The lanugo hair will disappear from the skin, and it is becoming less red and wrinkled. The fetus is now 16-19 inches and weighs anywhere from 5 ¾ lbs to 6 ¾ lbs.

Weeks 37 thru 40 - Gestational Age (Fetal Age - Weeks 35 thru 38):

At 38 weeks the fetus is considered full term and will be ready to make its appearance at any time. Mom may notice a decline in fetal movement as the fetus is now filling the uterus with little room to move. The fingernails have grown long and will need to be cut soon after birth. Small breast buds are present on both sexes. The mother is supplying the fetus with antibodies that will help protect against disease. All organs are developed, with the lungs maturing all the way until the day of delivery. The fetus is about 19 - 21 inches in length and weighs anywhere from 6 ¾ lbs to 10 lbs.

THIRD TRIMESTER TESTS	
GROUP B STREP TEST 35-37 WEEKS IN PREGNANCY	<p>While maternal and infant infections during birth and the postpartum period are rare, they can be very serious. Group B (beta-hemolytic) Streptococcus (GBS) is a bacteria that has been identified as being one of the main causes of these rare infections. This organism is normally present in the vagina or rectum in about one of every three women. In non-pregnant women, GBS rarely causes any problems. During pregnancy and birth, however, the bacteria can possibly cause an infection in the mother's uterus or in the baby. Out of 100 women who have the bacteria, less than 1% of the infants will actually get an infection from it.</p> <p>In some medical practices, a test for GBS is done at 35-37 weeks. This involves swabbing the area around the opening of the vagina and the rectum to screen for the presence of the bacteria. If detected, the mother will be offered antibiotics while in labor.</p> <p>The effectiveness of the GBS test is dependent upon both the performance of the test and on the processing at the lab. One study found that it was about 70% sensitive (positive test, bacteria present) and 90% specific (negative test, no bacteria present). However, this means that about 30% of women who have the bacteria will test negative.</p> <p>There are two schools of thought about the best way to prevent GBS infections. One is to use this screening test and treat mothers who are positive in labor. Other practices do not include this test at all and treat mothers who have certain risk-factors for the disease such as preterm labor, ruptured waterbag over 18 hours, fever over 100.4 or a history of previous infant born with GBS infection.</p> <p>Both methods of screening and treatment have been recognized as being effective by the Centers for Disease Control and Prevention.</p>
THIRD TRIMESTER HEMOGLOBIN & HEMATOCRIT H&H 28-32 WEEKS	<p>As described in the section on the CBC, these tests check for anemia in the last part of the pregnancy. Some practices do a regular CBC blood draw, while others may use a finger stick hemoglobin test.</p> <p>It is normal for pregnant women to have a drop in their H&H around 28 weeks in their pregnancies. If the H&H have dropped lower than expected, iron supplementation and possibly more tests before and at the time of labor will be suggested.</p>

Group B Strep Infection: GBS

GBS is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacteria is normally found in the vagina and/or lower intestine of 15% to 40% of all healthy, adult women.

Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe and therefore healthcare providers include testing as a routine part of prenatal care.

If you test positive for GBS this simply means that you are a carrier. Not every baby who is born to a mother who tests positive for GBS will become ill. Approximately one of every 100 to 200 babies whose mothers carry GBS will develop signs and symptoms of GBS disease. For women who are group B strep carriers, antibiotics before labor starts are not a good way to get rid of group B strep bacteria. Since they naturally live in the gastrointestinal tract (guts), the bacteria can come back after antibiotics. A woman may test positive at certain times and not at others. That's why it's important for all pregnant women to be tested for group B strep between 35 to 37 weeks of every pregnancy.

If you are GBS positive, you will be given intravenous antibiotics during labor and delivery to prevent your baby from becoming ill. Taking antibiotics greatly decreases the chances of your baby becoming ill.



Kick Counts

Most mothers-to-be eagerly await that first reassuring flutter, just to know their baby is growing and developing. You will gradually learn your baby's sleeping and waking cycles, when he or she is most active, and what seems to trigger activity. Being attentive to your baby's movements will help you notice any significant changes. Setting aside time every day when you know your baby is active to count kicks, swishes, rolls, and jabs may help identify potential problems. Though strongly recommended for high-risk pregnancies, counting fetal movements beginning at 28 weeks may be beneficial for all pregnancies.

Making the most of these precious moments - Generally, moms find their babies are most active after eating a meal or something sweet, drinking something very cold, or after physical activity. You may also find your baby to be more active between 9 pm and 1 am, as your blood sugar level is declining. Taking time to do your "kick counts" will encourage you to rest and bond with your baby. Start by finding a comfortable position during a time when your baby is usually most active. Some moms prefer sitting with a good backrest with their arms holding their belly. Other moms prefer lying on their left side, which they find most comfortable and most effective for monitoring their baby. Lying on your left side also allows for the best circulation, which could lead to a more active baby.

Counting your baby's movements - There are numerous ways to count your baby's movements and numerous opinions on how many movements you are looking for within a certain amount of time. The American College of Obstetricians and Gynecologists (ACOG) recommends that you time how long it takes you to feel 10 kicks, flutters, swishes or rolls. Ideally, you want to feel at least 10 movements within 2 hours. Most likely you'll feel 10 movements in much less time. You might want to start a notebook of your own. In a notebook, record the time you feel the first movement, place a check mark for each movement you feel until you reach 10, then record the time of the 10th movement. This will help you observe patterns and discover how long it normally takes for your baby to move 10 times. Keep in mind that you are looking for significant deviations from the pattern. It can become easy to expect an exact amount of time every time you do your kick counts; however, there can be a wide range of time differences. So remember to look for significant deviations from the pattern over the course of a few days.

When should I call my health provider?

- If you have followed the above recommendations and have not felt 10 kicks by the end of the second hour, wait a few hours and try again. If after trying a second time, you do not feel 10 movements within 2 hours you should contact your health care provider.
- If you notice a significant deviation from the pattern over the course of 3-4 days.

How to Encourage a Fetus to Rotate into the Optimal Position During Late Pregnancy

The 'occiput anterior' position is ideal for birth - it means that the baby is lined up so as to fit through your pelvis as easily as possible. The baby is head down, facing your back, with his back on one side of the front of your tummy.

The 'occiput posterior' (OP) position is not so good. This means the baby is still head down, but facing your tummy. Mothers of babies in the 'posterior' position are more likely to have long and painful labors as the baby usually has to turn all the way round to facing the back in order to be born.

- Maternal Postures and Exercises – If a woman (1st pregnancy) regularly uses upright and forward leaning postures, particularly during the last 6 weeks of her pregnancy (the last 2-3 weeks for woman who had her 1st baby), her baby is given an excellent chance of positioning itself into the OA position. This is because when the pelvis tilts forwards, it allows more space for the broad diameter of the fetal head to enter the pelvic brim. Most of these postures, especially those that are forward leaning, are positions where a woman's knees are lower than her hips. Many postures can be incorporated into the woman's daily life for instance, TV watching can be accomplished by sitting on dining room chair or kneeling on the floor, leaning over a bean bag or a couple of floor cushions. Another way is to sit in the sofa (armchair but to make sure a firm cushion is placed under the woman's bottom and lower back so that she is sitting more upright. When resting or sleeping the woman should make sure she is lying on her side with pillows behind her back and her top leg resting forwards so that the knee touches the mattress (the safety position). This ensures that her abdomen is forwards, creating a 'hammock' for her baby. An extra cushion may be needed between the woman's thighs.



- Swimming – Swimming is a great exercise for pregnant women and is most beneficial when practiced with the abdomen forward.
- Yoga – Pregnancy yoga classes are highly recommended to help tone and stretch a woman's body in preparation for birth. Deep squatting exercises are best avoided. In addition, learning to use 'the breath' while practicing yoga postures is beneficial for when labor begins.
- Alternative Medicine – Acupuncture, acupressure and homeopathics can be used in conjunction with the woman adopting upright and forward leaning postures.

Positions women should avoid nearing full term pregnancy

- Relaxing in semi-reclining positions - If a woman sits with her knees higher than the hips, which happen when she slouches back in a sofa or armchair to rest, the angle of her pelvic brim to her spine is reduced. If the woman regularly uses these reclining postures during the crucial period when her baby is deciding to enter the pelvic brim ready for labor, it is almost inevitable that, if it is able to enter the pelvis at all, it will do so in the posterior part of the pelvis and consequently present as an OP.
- Long trips in cars with bucket type seats - It has the same effect on a woman's pelvis as modern furniture does
- Sitting with legs crossed - This further reduces the amount of space in the anterior part of the pelvis.
- Squatting - As an exercise, deep squatting is not advisable in late pregnant unless the woman's baby has 'engaged' in the pelvis in the OA position. An OP positioned baby can 'engage' before it has had chance to rotate to OA. Deep squatting can encourage this. Once the head is in the pelvis, rotation is a lot more difficult. In the last six weeks of pregnancy a woman can do modified squats safely, using a stool (approx. 25cm high) with a cushion on it. The stool should be placed against a wall so that the woman does lean forward but rather keeps her spine vertical, supported along its length by the wall. The knees should be spread comfortably wide apart following the angle of her feet.



Premature Labor

Pregnancy is normally a time of happiness and anticipation, but it can also be a time of unknowns. Many women have concerns about what is happening with their baby. Is everything okay? Some women wonder about going into labor early. Premature labor

occurs in about 11% of all pregnancies. However, knowing the symptoms and avoiding particular risk factors can lower a woman's chance of premature labor.

It may be possible to prevent a premature birth by knowing the warning signs and calling your healthcare provider if you suspect you are having premature labor. Warning signs and symptoms of premature labor include:

- A contraction every 10 minutes, or more frequently within one hour (five or more uterine contractions in an hour)
- Watery fluid leaking from your vagina (this could indicate that your bag of water is broken)
- Menstrual like cramps felt in the lower abdomen that may come and go or be constant
- Low dull backache felt below the waistline that may come and go or be constant
- Pelvic pressure that feels like your baby is pushing down
- Abdominal cramps that may occur with or without diarrhea
- Increase or change in vaginal discharge

What does a contraction feel like? As the muscles of your uterus contract, you will feel your abdomen harden. As the contraction goes away, your uterus becomes soft. Throughout pregnancy, the layers of your uterus will tighten irregularly which are usually not painful. These are known as Braxton-Hicks contractions and are usually irregular and do not open the cervix. If these contractions become regular or more frequent (one every 10-12 minutes for at least an hour) they may be premature labor contractions, which can cause the cervix to open. It is important to contact your healthcare provider immediately.

What should I do if I think I am experiencing premature labor? If you suspect you are having signs and symptoms of premature labor call your healthcare provider immediately. This can be a scary time for you but there are some ways you can help to prevent premature labor by becoming aware of the symptoms and following these directions:

- Empty your bladder
- Lie down tilted towards your side; this may slow down or stop signs and symptoms
- Avoid lying flat on your back. This may cause the contractions to increase
- Drink several glasses of water because dehydration can cause contractions
- Monitor contractions for one hour by counting the minutes that elapse from the beginning of one contraction to the beginning of the next.



Labor & Birth Terms to Know

APGAR: A measurement of the newborn's response to birth and life outside the womb. The ratings, APGAR, are based on Appearance (color), Pulse (heartbeat), Grimace (reflex), Activity (muscle tone), and Respiration (breathing). The scores, which are taken at 1 & 5 minutes following birth, range from 10 to 1, with 10 being the highest and 1 being the lowest.

Breech Presentation: Where the fetus is positioned head up to be born buttocks first or with one or both feet first.

Colostrum: This is a thin white fluid discharged from the breasts at the beginning of milk production, and usually noticeable during the last couple weeks of pregnancy.

Crowned: When the baby's head has passed through the birth canal and the top or "crown" stays visible at the vaginal opening.

Dilation: The extent at which the cervix has opened in preparation for childbirth. It is measured in centimeters, with full dilation being 10 centimeters.

Effacement: This refers to the thinning of the cervix in preparation for birth, and is expressed in percentages. You'll be 100% effaced when you begin pushing.

Engaged: The baby's presenting part (usually the head) has settled into the pelvic cavity, which usually happens during the last month of pregnancy.

Fontanelle: Soft spots between the unfused sections of the baby's skull. These allow the baby's head to compress slightly during passage through the birth canal.

Meconium: Greenish substance that builds up in the bowels of a growing fetus and is normally discharged shortly after birth.

Perineum: The muscle and tissue between the vagina and the rectum.

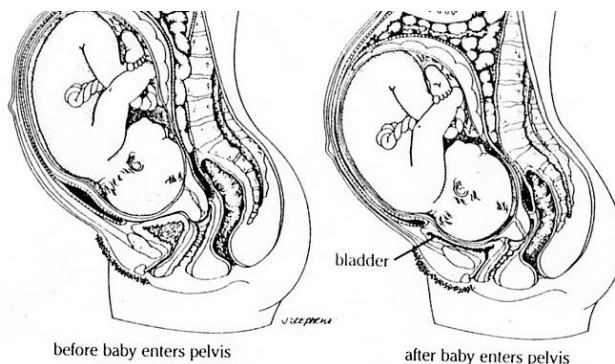
Posterior: The baby is in a face-up position during delivery. Normal presentation is anterior which is face down.

Timing Contractions: Contractions are measured from the beginning of one until the beginning of the next.

Lightening

If you are about to give birth for the first time, your baby may move into your pelvis about two weeks before labor begins. This setting into the pelvis is called lightening. If this is not your first birth, your baby will probably wait until you are in labor to move into your pelvis.

This change in your baby's position takes some pressure off your lungs, giving you more room to breathe. If heartburn has been a problem, you will probably get some relief now, since there will also be less pressure on your stomach. However, notice what happens to your bladder in the illustration. Your uterus rests right on top of your bladder, and the additional pressure of your baby's head makes you feel as if you need to urinate even more frequently than you did before.



Mucus Plug: Bloody Show

Throughout pregnancy a mucus plug blocks the opening to the cervix to prevent bacteria from entering. Before labor, this mucus plug is expelled so that the cervix can open to allow the baby to pass through to prepare for delivery.

How soon after my mucus plug passes will labor begin? Passing a mucus plug is a sign that your cervix is dilating and your body is starting to prepare for birth. Labor could be hours, days, or even weeks away as the cervix gradually opens over time.

What does a mucus plug look like? A mucus plug may be clear, slightly pink or blood tinged in color. It may be stringy mucus or sticky discharge. Some women may not even notice the loss of their mucus plug because there is already so much vaginal discharge during pregnancy.

Sudden Burst of Energy

Some women find that they have a sudden burst of energy about 24 to 48 hours before labor begins. After all the weeks of feeling tired, you may find that you want to rearrange your house or office and clean everything in sight. If you find yourself doing this, don't give in to the impulse. This is time to be good to yourself and conserve your energy for labor.

PAIN DURING CHILDBIRTH

How painful is giving birth?

You've probably heard a lot of stories about giving birth. The experience is very different for each woman. The amount of pain is different for everyone. The kind and amount of pain you have changes throughout your labor. The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medications: knowledge about what to expect, belief in yourself, and emotional support and coaching during your labor.

Why is labor painful?

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

How can I tell before labor starts what is right for me?

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

- How strong is my desire to give birth without using pain medicines?

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

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

COPING WITH PAIN IN LABOR

What can I do before labor?

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

What can I do during early labor?

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

What can I do during active labor? Find your rhythm.

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

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

What can my birth coach do during labor?

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

What can my health care provider do during labor?

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

False Labor

As your estimated time of delivery approaches you may notice that "Braxton Hicks" contractions become more frequent and intense. Contractions seem to follow a continuum from Braxton Hicks to real labor. It is very common for women to think that they are experiencing the real thing only to go to the hospital or call their midwife and be told it was a false alarm or "False Labor." You may be asking yourself, "What is false labor?" "How will I know if I am experiencing false labor?" The following information will be a guide for you as the time draws closer:

- Contractions are irregular and unpredictable (for example, in intervals of ten minutes, then six minutes, two minutes, eight minutes, etc.)
- No progression is seen over time
- Contractions are felt as a generalized abdominal tightening
- Change in activity or position causes contractions to slow down or stop
- There is usually no bloody show
- Membranes will not rupture
- In true labor the pain tends to begin high in your abdomen, radiating throughout your entire abdomen and lower back, or visa versa. In false labor the contractions are often concentrated in the lower abdomen and groin.

PERINEAL MASSAGE IN PREGNANCY

What is My "Perineum"?

Your perineum is the area between your vaginal opening and your rectum. This area stretches a lot during childbirth and sometimes it tears. You may need stitches after your baby is born if you have a tear.

I'm Concerned About Perineal Tears—How Often Do They Occur?

40 to 85 of all women who give birth vaginally will tear. About two thirds of these women will need stitches.

Can I Do Anything Before The Birth To Help Me Avoid a Tear?

Reducing tearing has been the subject of many research studies. Several studies have found that perineal massage during the last weeks of pregnancy can reduce tearing at birth. This massage—using two fingers to stretch perineal tissues - is performed by you, in your home, once or twice daily, for the last 4 to 6 weeks of pregnancy.

Does Perineal Massage in Pregnancy Help All Women?

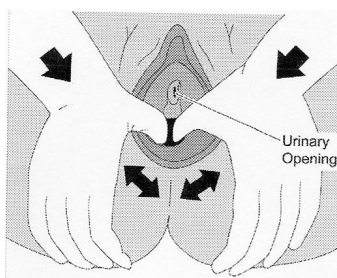
Massage seems to work better for some women than others. Women having their first baby, women 30 years or older, and women who have had episiotomies before have fewer tears and less severe tears when perineal massage is done during the last weeks of pregnancy.

Can My Partner Help?

Yes! Many women find that it is easier to have their partners do this massage.

Are There Any Risks to Perineal Massage During Pregnancy?

Not that we know of. It is free. It doesn't hurt. It is easy to do. And most women don't mind doing it. However, you should check with your health care provider before beginning perineal massage.



INSTRUCTIONS FOR PERINEAL MASSAGE DURING PREGNANCY

Here are some reasons you may want to use perineal massage during pregnancy:

- Some health care providers believe that perineal massage will increase the "stretchiness" of this area. This means you may have a smaller chance of tearing.
- While you massage, you can practice relaxing the muscles in your perineum. This can help you prepare for the stretching, burning feeling you may have when your baby's head is born. Relaxing this area during birth can help prevent tearing.

If you wish to use perineal massage, begin 6 weeks before your due date and follow these suggestions:

- Wash your hands well, and keep your fingernails short. Relax in a private place with your knees bent. Some women like to lean on pillows for back support.
- Lubricate your thumbs and the perineal tissues. Use a lubricant such as vitamin E oil or almond oil, or any vegetable oil used for cooking—like olive oil. You may also try a water-soluble jelly, such as K-Y jelly, or your body's natural vaginal lubricant. Do not use baby oil, mineral oil, or petroleum jelly.
- Place your thumbs about 1 to 1.5 inches inside your vagina. Press down (toward the anus) and to the sides until you feel a slight burning, stretching sensation.
- Hold that position for 1 or 2 minutes.
- With your thumbs, slowly massage the lower half of the vagina using a "U" shaped movement. Concentrate on relaxing your muscles. This is a good time to practice slow, deep breathing techniques.
- Massage your perineal area slowly for 10 minutes each day. After 1 to 2 weeks, you should notice more stretchiness and less burning in your perineum.

Partners: If your partner is doing the perineal massage, follow the same basic instructions, above. However, your partner should use his or her index fingers to do the massage (instead of thumbs). The same side-to-side, U-shaped, downward pressure method should be used. Good communication is important—be sure to tell your partner if you have too much pain or burning!

Stages of Childbirth: Stage I

Going through the birth of your child is a wonderful and unique experience. No two deliveries are alike and there is no way to tell how your delivery is going to be. What we can tell you is the stages you will go through during this process and what you can generally expect. Childbirth can be broken into three stages: *First stage*: Begins from the onset of true labor and lasts until the cervix is completely dilated to 10 cm; *Second stage*: Continues after the cervix is dilated to 10 cm until the delivery of your baby; *Third stage*: Delivery of your placenta.

First Stage of labor is the longest and is broken down into three phases:

- **Early labor phase:** Starts from the onset of labor until the cervix is dilated to 3 cm.
- **Active labor phase:** Continues until the cervix is dilated to 7 cm.
- **Transition phase:** Continues until the cervix is fully dilated to 10 cm.

Each phase is full of different emotions and physical challenges. It is one big adventure you are about to take and we would like to give you a guide for it.

Early Labor Phase:

What to do: During this phase you should just *relax*. It is not necessary for you to rush to the hospital. It might be nicer for you to spend this time at home, in familiar territory. If it is during the *day* you should do daily simple routines around the house. Keep yourself occupied but still conserve some of your energy. Drink plenty of water and eat small snacks. Keep track of the time of your contractions. If it is during the *night* it is a good idea to try and get some sleep. If you can't fall asleep, do things that will distract you like cleaning out your closet, packing your bag, or making sack lunches for the next day.

What to expect:

- Duration will last about 8-12 hours
- Your cervix will efface and dilate to 3 cm
- Contractions will last about 30-45 seconds, giving you 5-30 minutes of rest in between contractions
- Contractions are typically mild, somewhat irregular, but progressively stronger and closer together
- Contractions may feel like aching in your lower back, menstrual cramps, and pressure or tightening in the pelvis area
- Your water may break; also known as amniotic sac rupture (this can happen any time within the first stage)

When monitoring contractions observe the following:

- Growing more intense
- Lasting longer
- Following a regular pattern
- Becoming closer together

When your water breaks (amniotic sac ruptures) note the following:

- Color of fluid
- Time rupture occurred
- Odor of fluid

Tips for the support person:

- Practice timing contractions
- Offer comfort, reassurance, and support
- Be a calming influence
- Suggest activities that will distract her

Keep up your own strength, you will need it!

If you cannot be with her during this early phase, simply do these things on the phone. Don't feel bad if you are not there. If the contractions are fairly far apart then you have plenty of time to get there.

Active Labor Phase:

What to do:

It is about time for you to head to the hospital. Your contractions will be stronger, longer and closer together. It is very important that you have all the support you can get. Now is also a good time for you to start your breathing techniques and try some relaxation exercises for you to use in between contractions. You should switch positions often during this time. You may want to try walking or taking a nice bath. Continue to drink water. Remember to urinate periodically.

What to expect:

- Duration will last about 3-5 hours
- Your cervix will dilate from 4cm to 7cm
- Contractions during this phase will last about 45-60 seconds with 3-5 minutes rest in between
- Contractions will feel stronger and longer

Tips for the support person:

- Give your undivided attention
- Offer verbal reassurance and encouragement

- Massage her abdomen and lower back
- Keep track of contractions
- Go through the breathing techniques with her
- Help make her comfortable (prop pillows, get her water, apply touch)
- Remind her to change positions frequently (take her for a walk or offer her a bath)
- Continue with distractions (music, reading a book, playing a simple card game)

Don't feel bad if she is not responding to you

Transition Phase:

What to do:

During this phase you will rely heavily on your support person. This is the hardest phase to go through but you are almost to the end. Think "one contraction at a time." This may be hard to do if the contractions are running together, but just think about how far you have come. When you feel an urge to push, wait until you are instructed to. Forget that this is the hardest phase and remember that it is the shortest.

What to expect:

- Duration will last about 30 min-2 hrs
- Your cervix will dilate from 8cm to 10cm
- Contractions during this phase will last about 60-90 seconds with a 30 second-2 minute rest in between
- Contractions are long, strong, intense, and may overlap
- This is the hardest phase but thankfully the shortest
- You may experience hot flashes, chills, nausea, vomiting, or gas

Tips for the support person:

- Offer lots of encouragement and praise
- Cut out the small talk
- Continue breathing with her
- Help guide her through her contractions with encouragement
- Encourage her to relax in between contractions

Don't feel hurt if she seems to have really strong anger toward you, it's just a phase she is going through!

Stages of Childbirth: Stage II

The second stage of childbirth is pushing and delivery of your baby. Up until this point your body has been doing all the work for you. Now that your cervix has fully dilated to 10 cm it is time for your help. Time to PUSH!

Pushing and what to expect:

- The entire process of the second stage lasts anywhere from 20 minutes to 2 hours
- Contractions will last about 45-90 seconds with a 3-5 minute rest in between
- You will have a strong natural urge to push
- You will feel strong pressure at your rectum
- Most likely you will have a slight bowel or urination accident but don't be embarrassed
- Your baby's head will eventually crown (become visible)
- You will feel a burning, stinging sensation during crowning

Pushing and what to do:

- Get into a pushing position (one that uses gravity to your advantage)
- Push when you feel the urge, unless told otherwise
- Relax your pelvic floor and anal area (Kegel exercises can help)
- Rest between contractions so you can regain your strength
- Use all your energy to push
- Do not feel discouraged if your baby's head poked out and then goes back in (this process can take two steps forward and then one step back)

Tips for the support person:

- Help her to be relaxed and comfortable
- Encourage, encourage, encourage
- Be her guide through her contractions
- Affirm what a great job she has done and is doing

What your baby is doing:

While you are in labor your baby is taking steps to enter this world.

1. Your baby's head will turn to one side and the chin will automatically rest on the chest so the back of the head can lead the way.
2. Once you are fully dilated, your baby's head leads the way and the head and torso begin to turn to face your back as they enter your vagina.
3. Next your baby's head will begin to emerge or "crown" through the vaginal opening.
4. Once your baby's head is out, the head and shoulders again turn to face your side. This position allows your baby to easily slip out.

Delivery and what to expect:

He/she has been through contractions, and your very narrow birth canal. The results of this journey include:

Cone-shaped head	Lanugo (fine downy hair that cover the shoulders, back, forehead, and temple that will shed by the end of the first week)
Vernix coating (cheesy substance that coats the fetus in the uterus)	Enlarged genitals
Puffy eyes	

Stages of Childbirth: Stage III

The third stage is the delivery of the placenta and is the shortest stage. The time it takes to deliver your placenta is anywhere from 5 to 30 minutes.

What to expect & what to do:

After the delivery of your baby, your healthcare provider will be waiting for small contractions to begin again. This is the signal that your placenta is separating from the uterine wall and ready to be delivered. You may experience some severe shaking and shivering after your placenta is delivered. This is common and nothing to be alarmed about.

You have now completed all the stages of childbirth and will be monitored for the next few hours to make sure that the uterus continues to contract and bleeding is not excessive.

Now you can relax and enjoy your little bundle of joy!

CONGRATULATIONS!!!!!!

What to do if the Baby Comes Before You Can Get to the Birth Center

To prepare for this unlikely event, it's good to have the following on hand:

A shower curtain liner and a clean sheet

- Disposable gloves
- Clean towels and receiving blankets to dry and wrap the newborn
- A plastic grocery bag (double) for the placenta when it delivers

If you are alone or if travel is unsafe (as in a blizzard) or if the birth is imminent, call Katherine or Yuliya. We can help talk you through it. Unlock your door so that midwife or EMS or family, friends or helpful neighbors can come in to assist.

Make mother comfortable, preferably on the bed which is covered with the above shower curtain liner and clean sheet (these can be placed on sofa, floor or car seat!). If possible, wash hands and wear disposable gloves. Encourage mother to push the head out gently in any position comfortable to her. It would be most helpful if she is able to squat on bed, but lying down is OK too. Encourage her to push gently and to rest between contractions. Understand that she will feel a lot of burning and may scream some as the head emerges. Place gentle pressure on top of baby's head so it doesn't just pop out and do a lot of damage to mom. When the head is born, ask her to stop pushing. Feel around the baby's neck to see if there is a loop of umbilical cord there. If so, grasp the cord and if it is loose enough, pull it over the baby's head. Do not yank or try to force it! If it's tight, hold baby's head close to the vagina and baby will somersault out (Tight cords are highly unlikely in this situation.) If no cord or if you've gotten cord out of the way, wait to see which way the baby's head turns. Then, place one hand below baby's head and one hand on top and, as mother is pushing, push baby's head gently to mother's rear until you see the top shoulder, then swing gently upward to deliver rear shoulder and "poof", baby is born. DO NOT PULL ON BABY'S NECK! HANDS OFF BABY'S NECK!

Next step? Getting baby warm! Towel dry the baby, discard the wet towel, place infant on mother's naked skin and cover both with 3-4 receiving blankets or the equivalent. (Towel drying the baby has the added advantage of stimulating the baby to breathe.)

About the cord.. .don't touch it. If the placenta delivers, place it in plastic grocery bags. Mother can put two sanitary pads on panties and you can pack the whole kit and caboodle off to the birth center if Midwife has not arrived at your house first! However, if there is a problem i.e. greenish or brownish water when mom's water breaks, or if mom starts bleeding a lot or if baby doesn't start to breathe; CALL 911! If baby doesn't breathe and you know how, start CPR

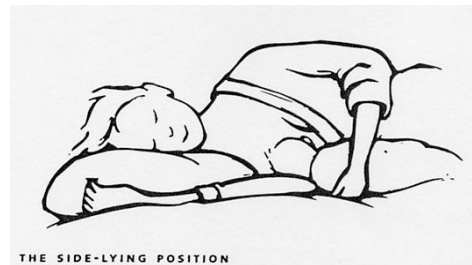
Know this.. .most of these "precipitous" births will be just fine.

Now, relax and enjoy your baby. Well done!

Breastfeeding 101

From the moment you become pregnant, you no doubt began to hear about the benefits of breastfeeding. And there's good reason for it: Breastmilk is the ideal food for your newborn. Nature provides the perfect combination of nutrients for growth and antibodies for protection against illness. As natural and ideal as it may be, breastfeeding can take time to master – for mother and baby. If this is your first time, keep in mind that your baby hasn't had any practice either. Establishing your breastfeeding partnership will take patients and practice. The more handholding you have, the better off you'll both be. Take a breastfeeding class before you deliver. Line up a friend or relative who has breastfed whom you can call when you get home, find out where to turn for information, and follow these guidelines – you and your baby will be glad you did.

Technique is everything when it comes to breastfeeding, finding a comfortable position is the first step. The basic options include cradling your baby in your arm, tucking him under one arm, and reclining on your side with baby lying next to you. When you are holding your baby, make sure you have something to lean on and some pillows or an armrest to support the side baby is nursing on. Once the baby is in place, the most important step occurs: latching on. First tickle his lips with your breast to stimulate the rooting reflex. He should then open his mouth wide. Quickly steer baby toward you using your arm or hand to bring him forward. Just make sure you are not leaning in toward him, or you'll end up with a backache. It may take several tries to get your baby on your breast right. When properly latched on, the baby takes into his mouth all or a large part of the areola – the dark area around the nipple – as well as the nipple itself. When he sucks, his gums squeeze the milk sinuses beneath the areola, and the milk comes out through multiple openings in the nipple. Sucking should be smooth and even, and you'll hear him swallowing. Signs that he's not on correctly: He's taken in only the tip of the nipple, his lips are curled inward, and he makes clicking noises. If your baby is improperly latched on, he won't get enough milk, you'll get painfully irritated nipples, and you'll both be frustrated.



During the first few days, your breasts will produce colostrum, a thick yellow substance that is a rich, nourishing forerunner of breastmilk. On about the third day, your milk will come in and appear thin and white. From then on, you'll experience a letdown reflex when your baby starts to suck – he may gasp or sputter as milk begins to shoot out. After a few weeks, your milk will let down whenever it gets close to feeding time, requiring the use of nursing pads. Some women barely notice letdown, while others feel a pins-and-needles sensation.

It is normal to leak – in fact, leaking is often a sign of a generous supply. It may occur at the sound of your baby's cry or any cue that reminds you of her, particularly when you're apart at your normal feeding times. Leaking tends to lessen with time as you and Baby get your supply and demand regulated.

How long a feeding lasts is best determined by your baby. A newborn may nurse 12 or more times a day for 15- to 45 minutes each session. Infants nurse most vigorously on the first breast, so start on the opposite site the next time. If your baby tends to fall asleep at the breast, try changing him halfway through the feeding.

You'll know your baby is getting enough to eat if your breasts feel softer after nursing and he wets 6 to 8 diapers and passes several seedy yellow stools a day.

When your milk first comes in, your breasts may be hard, swollen, and very tender to the touch. This is called engorgement. Latching onto a swollen breast can be difficult because the nipple tends to flatten out. Expressing a little breastmilk by hand or with a pump will soften the nipple. Then nurse, and nurse again at least every two hours. Frequent feedings will help make you more comfortable and will teach your breasts to begin regulating production. On the other hand, if you let the milk sit, it signals the breasts to slow down production, which will diminish your supply. Sore nipples have discouraged many a well-intentioned mom. Correct positioning is the best preventive. Applying pure lanolin and wearing plastic breast shells between feedings can provide some relief. Avoid using perfumed soaps or lotions, which may irritate nipples further. Alternating positions so that the pressure isn't always on the same spot, and starting nursing sessions with the less-tender breast, when Baby is likely to suck more vigorously, can also help.

The length of time that you choose to nurse is up to you and your baby. The American Academy of Pediatrics' recommendation that all infants be nursed for up to a year may not be possible for you. If work or other demands make it difficult, rest assured that even just a few months of breastfeeding will give your baby a good nutritional start.

Committee Opinion



Number 260, October 2001

Circumcision

ABSTRACT: The American College of Obstetricians and Gynecologists supports the current position of the American Academy of Pediatrics that finds the existing evidence insufficient to recommend routine neonatal circumcision. Given this circumstance, parents should be given accurate and impartial information to help them make an informed decision. There is ample evidence that newborns circumcised without analgesia experience pain and stress. If circumcision is performed, analgesia should be provided.

Some studies have shown potential medical benefits to newborn male circumcision; however, these benefits are modest. The exact incidence of complications after circumcision is not known, but data indicate that the rate is low, and the most common complications are local infection and bleeding. The current position of the American Academy of Pediatrics is that the existing evidence is insufficient to recommend routine neonatal circumcision. The American College of Obstetricians and Gynecologists Committee on Obstetric Practice supports this position. Given this circumstance, parents should be given accurate and impartial information to help them make an informed decision. It is reasonable for parents to take cultural, religious, and ethnic traditions, as well as medical factors, into consideration when making this decision. Circumcision of newborns should be performed only on healthy and stable infants.

There is ample evidence that newborns circumcised without analgesia experience pain and stress. Analgesia has been found to be safe and effective in reducing the pain associated with circumcision. Therefore, if circumcision is performed, analgesia should be provided. Swaddling, sucrose by mouth, and acetaminophen administration may reduce the stress response but are not sufficient for the operative pain and cannot be recommended as the sole method of analgesia. EMLA cream, dorsal penile nerve block, and subcutaneous ring block are all reasonable options, although the subcutaneous ring block may provide the most effective analgesia.