

THE LAST EIGHT WEEKS OF PREGNANCY

Particularly if this is your first baby, you and your partner will probably have many Questions about what is going to take place. This sheet has been prepared to give you Both an idea of what to do and what to expect. For instance, it is a good idea to pack an overnight bag about a month in advance. Babies often arrive as much as two weeks Earlie (or late) than their approximate due date. Include: Nightgowns, bathrobe, slippers, toiletries, maternity bras. The hospital will supply all of your baby's needs until you are ready to take him/her home.

LIGHTENING/SHOW

During pregnancy, the uterus rises gradually out of the pelvis into the abdomen. By week 34 or 36, it will be right up under your ribs. After that it starts to descend and your baby's head drops into the pelvis. You'll most likely know when this has happened because breathing will seem easier....an increase of pressure in the pelvic area may cause more frequent urination. One of the signs that labor has started in the passage of a small amount of mucus, tinged with blood from the vagina.

FALSE LABOR

The painless, irregular contractions you have been having until now may at times become painful during the last eight weeks of pregnancy. Unless they are regular, closer together and more intense, don't be fooled. They are not the real thing. To relieve the pain, try changing your position. Walk about if you have been resting, sit or lie down if you have been on your feet. With the false labor that wakes you out of a sleep, you'll be able to doze OFF AGAIN (REAL LABOR WILL KEEP YOU AWAKE). A show of blood also means the labor is real. In all cases, consult your physician if you have any doubts about your pain.

RUPTURE OF THE MEMBRANES

A Slow trickle or a gush of water from the vagina indicates the rupture of the membranous bag which contains the baby and the fluid surrounding him/her. This may take place during the first hours of labor, or not until the very end. Dry labors, which do deserve their bad name simply mean that the membranes ruptured before labor has begun and labor will be shorter. As you approach term, pressure of the baby's head on the bladder may cause an uncontrolled gush of urine. Your doctor can make a simple test with chemically treated paper to identify whether fluid is urine or water.

LABOR PAINS

In the beginning, cramps like labor pains are far apart and shortening. You will feel them first in the small of the back; then in the front. Your doctor will tell you when to call either if the membranes rupture or when the contraction becomes regular. By keeping a record of the length and intensity of the pains you will be able to report accurately when they are ten to fifteen minutes apart. The three stages of labor are as follows:

1. Latent phase-In the first stage, each contraction presses the cervix from within, through pressure by the baby and fluid...With the first baby, it takes about 10-½ hours for the cervix to open to the maximum of four inches an hour.
2. Active phase-When the cervix is fully dilated, the contractions of the uterus drive the through the lower canal. Bearing down, efforts play a part during this stage. Babies are expelled after 1-½ hours.
3. Deceleration Phase-Delivery of the afterbirth (placenta) takes no longer than 15 minutes after the baby is born. It is very painless.

HOSPITAL/DELIVERY

There you will undress and put on short cotton gown. Your temperature, pulse, Respiration and Weight will be recorded. Blood and urine samples will be wanted. Your history may be taken. Either your doctor or the resident on duty will examine you. A delivery room is simply a small version of an operating room complete with instrument table, anesthesia machine, masked and gowned personnel. The delivery table is like an operating table with special holders to hold the legs apart. You will be taken there as soon as your cervix is fully dilated. From here on with each labor pain, the baby begins to be born. Because vaginal tears are almost certain to occur, before the baby's head emerges the doctor will probably (not necessarily) Make a simple cut in the area between the vagina and anus. This is called an episiotomy. The incision made under anesthesia is easier to repair than a jagged tear and the vaginal tissues are less likely to become overstretched.

With gentle guidance by the doctor the delivery of your baby is soon completed. After the baby receives proper attention and is handed to the nurse the doctor will repair any incision her or she has made, using absorbable sutures that will not have to be removed. With expulsion of the afterbirth, you've come to the end of your long, long await.

A LOOK AT YOUR NEWBORN BABY

Few babies are "born beautiful" as parents are usually shocked to discover. Their appearance can best be described as "beat up!" Eyelids are swollen, the face is puffy with blotches, scaliness, rash or mottled effect on the eyelids, forehead and back of the neck. Blisters on the nose or forehead are plugged oil and sweat glands which will open without help. Dark-skinned babies may have areas on the back of a deep-bluish color, caused by extra pigment. Being squeezed during birth often gives the skull a very off shape. Red spots in the eyes indicate tiny broken blood vessels. The genitals of both boys and girls may seem swollen. Hands and feet may be reddish-purple in color, enormous in size and show hundreds of wrinkles and some of the toenails may not be visible.

But all these newborn effects are perfectly normal and temporary. They will clear up completely and your baby will suddenly look like a magazine cover!

IS BREAST FEEDING FOR YOU?

With today's more natural life styles, more and more mother are breast feeding. Those who have done it successfully will tell you there is nothing more rewarding. They will insist it is worth any trouble and try to convince you that you should breast feed, too. And perhaps you should, but before you make that decision, here's something you should know.

Breast milk or bottle milk isn't import. Your baby will thrive on either one. Consult your physician as to which source is best for you. What is most import to your baby's wellbeing is having a relaxed, happy mother...one who is capable of giving your baby the love and attention it deserves? Since your choice of feeding method can affect your time frame of mind, in fact your entire life, for many months, it is important and very personal decision.

So, forget whatever your mother or friends are telling you to do. Read the material blow. Let your partner read it. Discuss it with your obstetrician. Then ask yourself: which one-breast or bottle-will be better suit your personality? Which one will better meet the needs of your partner and family? Which one will better fit your lifestyle? Remember: You'll be doing what's best for your baby only if you do what's best for you.

WHATS GOOD ABOUT BREAST FEEDING?

- Breast milk will be easier for your new baby to digest. No curds will be left in his/her stomach to cause indigestion, or lead to sour-smelling spit-up.
- Except in a few instances, breast milk is always clean and safe. Your baby can't catch an intestinal infection from it, nor be allergic to it.
- It is thought that your breast-fed baby may be better protected against colds, allergies, diarrhea and various infections. That is because your antibodies (the substances in your body that make you immune or resistant to certain diseases) are passed on to baby through your milk.
- Breast feeding stimulates the muscles of the uterus, and helps it return more speedily to normal size and position.
- With breast milk, there's no measuring, sterilizing, or refrigeration to worry about. And since you don't have to buy formula or equipment, it also saves some money.

WHAT ELSE IS THERE TO KNOW ABOUT BREAST FEEDING

- Don't worry about your figure. The production of milk does not require you to be any fatter than normal. Your breast will resume their usual size when you've finished nursing.
- How long to nurse? In some primitive societies, children are given the breast well into their third or fourth year of life. Most American women will nurse from 3-7 months (when baby starts cutting teeth). But even one month is considered worthwhile.
- You may have heard the breast feeding can keep you from menstruating, and therefore provides a means of contraception. This is true to some degree. But it is by no means to be depended on. Consult your doctor about a modern, dependable method of contraception.
- If you nurse, you will need to eat about 1,000 calories a day more than usual for producing milk. Your doctor will tell you if you have any special nutritional needs.
- Breast feeding may cause you some physical discomfort. Sometimes (but by no means always) breasts become painfully swollen with more milk than your baby can use. You'll have to pump some of it out by hand. Often, too, a baby's eager sucking can result in cracked or sore nipples. However, you can usually remedy or prevent this by good hygiene, ointment and by feeding in different positions so that your baby is compressing a different part of the nipple each time. If you plan to nurse, it is often helpful to toughen the nipple area during your pregnancy by toweling the area vigorously after bathing.

CAN ANYBODY BREAST FEED?

Unless you have some illness that does not permit breast feeding (active tuberculosis), you can almost certainly breast feed successfully if you really want to. You need not fear not knowing how to do it. Nursery nurses in the hospital are expert at teaching and they will help you every step of the way. Ask your Physician as to the best technique for you. Remember, too, that breast size has nothing to do with how much milk you can produce. Large breasts are large simply because they have more fat tissue. But it is glandular tissue, not fat tissue that produces the milk supply. And since it is the baby's sucking that actually stimulates milk production, the more vigorously your baby sucks and the bigger the appetite, the more milk you will have to give.

WHY SHOULD YOU CONSIDER BOTTLE FEEDING?

The one thing that can cause you to fail at nursing is a negative emotional attitude. That's because worry, tension, upset, or conflicting feelings about the act of nursing can decrease your flow of milk. If you feel any of these reasons could cause difficulty in breast feeding your baby, then consider the many advantages of bottle formula.

- Breast feeding can be very tiring, an additional drain following delivery and the hospital. With bottle, partner or helper can help feed the baby, allowing you to rest.
- Nursing can also be inconvenient, confining you to a continuous 3-4 hour feeding schedule. With bottle feeding, you will be freer to attend to normal demands of your partner, older children, and household...free to return to work sooner...free to go out socially...even free to be away from home for days at a time.
- Bottle feeding avoids sore or cracked nipples and the messiness of leakage as well.
- Bottle feeding doesn't require extra nutrition for you.

- Bottle feeding leaves no doubt about the amount of milk the baby gets with each feeding.
- With bottle feeding, your emotional ups and downs will have no effect on the continuity or quantity of baby's food.

SO NOW DECIDE

Ask yourself what you truly wish. Then trust your feelings. If breast feeding seems right for you, try it, both you and your baby stand to gain much. But if you have any reservations whatsoever, forget it. You'll be a splendid mother without it. You'll spare yourself anxiety and frustration. As for your baby, remember millions of strong, health American babies are raised on formula every year!

POST-PARTIUM SUGGESTIONS

Your body underwent changes for nine months to prepare for the birth of your child. Over the next several weeks, changes will be occurring to return your body to its non-pregnant state. Common sense should be your guide in caring for yourself and your baby. In addition, we would like to offer some general guidelines.

ACTIVITY: There are no major restrictions on your usual activities. The new baby will make demands on your time and energy, and reduce your hours of sleep. Visit by friends and relatives may also be tiring. Consequently, we recommend that you do not exert yourself to the point of needless fatigue. The first weeks are best spent having pleasurable interaction with your baby. Don't be concerned if the house cleaning and cooking are not up to your usual standards. If you have discomfort on stairs, take them more slowly or less often. Driving may be resumed when you can sit comfortably. You may return to outside employment, exercising, shopping, and so on when you feel like it. Recommended exercises include sit-ups, (partial at first) and leg raises to help firm up tummy muscles. Kegal exercises are recommended to restore tone to vaginal muscles. (These are done by precisely starting and then stopping the stream of urine several times each time you void; then later by contracting those same muscles several times during the day).

DIET: The same diet that was recommended during your pregnancy is still a good one. Minimizing sugars, fats, and junk food will help in weight control. Breast feeding mothers should have three to four servings of protein each day (meat, milk, fish, cheese, eggs, and soy proteins) and much liquid, especially milk and water. Breast feeding mothers should be aware that some babies may have a problem with foods that the mother eats. For example, gas forming food, like beans and cabbage may give the baby gas: chocolate can cause constipation; highly seasoned foods, caffeine or diet sodas can cause irritability.

If you need to lose weight, we recommend Weight Watchers or Diet Workshop-both are listed online.

VITAMINS: Use the remainder of your prenatal vitamins. When they are gone, if you are still breast feeding, you may get a non-prescription multi-vitamin at any drug store or grocery store.

The blood count obtained after delivery will serve as guide for your need of iron. A good iron preparation, Vitron C, is available without a prescription.

BATHING: You may shower or wash your hair at any time. Tub baths should be restricted until bleeding stops.

BOWELMOVEMENTS: To re-establish regular bowel movements, we recommend a bowl of bran cereal daily. Also, salads, fruits and juices, and at least three eight-ounce glasses of water a day will help. If you need

additional help, stool softeners such as Metamucil, Colace, Dialose and stimulates such as milk of magnesia, MiraLAX are available without prescription. Simulants may enter breast milk and give the baby diarrhea. You should try to have a bowel movement every two to three days.

BLEEDING: The bleeding pattern varies tremendously from person to person. There may be spotting only, bleeding like a light period, or a bloody discharge. Small clots are not unusual. Color ranges from pink to brown to red. Pads are advisable rather than tampons. Bleeding may continue until the time of your first period. For bottle feeding mothers, a period will usually occur in four to eight weeks. For breast feeding mothers, there may be no identifiable period for months.

You should call the doctor if bleeding is heavier than a period, or has a strong, unpleasant odor, or if it is associated with a temperature of more than 100.4 degrees.

STITCHES: These will dissolve by themselves over the next two to three weeks. Take home the spray-on anesthetic that you have used in the hospital. Also, continue Sitz bath two to three times a day, if needed, for discomfort. The episiotomy may be washed with soap and water while bathing.

SEXUAL RELATIONS: We recommend that intercourse may not be resumed until your four week follow up visit at the office. However, if you desire to resume sexual activity sooner, you should wait a minimum of three weeks and until bleeding has stopped and stitches are not tender to the touch. Be sure to use a contraceptive such as condoms or vaginal foam.

You may find that the vagina tends to be dry during intercourse. This is temporary hormonal effect from the pregnancy which may last longer in breast feeding mothers. Don't be alarmed; the dryness will pass with time. In the meantime, keep a lubricant handy such as K-Y jelly. Also, it is helpful to experiment with positions to find the most comfortable one.

If you plan to use birth control pills and are not breast feeding, these can be started just after leaving the hospital. Please be prepared to discuss contraception on your first office visit. A diaphragm can be fitted at that time. An IUD can be inserted after delivery in non-breast-feeding mothers. For breast feeding mothers, an IUD can be inserted at post-partum but only if intercourse has been protected since delivery by foam or condoms on every occasion. (Unprotected intercourse could lead to an unsuspected pregnancy. Early pregnancy may be undetectable by either pregnancy test or examination and inserting an IUD could have harmful consequences for both mother and baby). Permanent sterilization can also be discussed at that visit.

HEMORRHOIDS: Hot soaks, witch hazel applied with cotton balls and keeping bowel movements soft are very helpful. Suppositories available at the drug store, may also give relief.

THE "BLUES": Some new mothers unexpectedly get depressed and weepy during the first week after delivery. Fatigue and the dramatic change in hormones that occurs as a consequence of delivery contribute to this. For longer periods of time, new mothers may feel anxious about caring for the baby, tired from much interrupted sleep, burdened by increased levels of responsibility, and concerned about their changing relationship with their partner. These strong feelings are emotionally daring and may cause guilt or ambivalence in the new mother. These feelings are common and normal. Usually, baby and mother get comfortable with each other within two months, and motherhood becomes a richly satisfying experience. If you feel that things are getting out of control, or you need reassurance, please call.

TRAVEL: We feel that you should avoid long trips (that is, being more than an hour from the hospital) for at least a month. The main reason for this is that occasionally there can be an unexpected sudden onset of heavy bleeding. No matter how carefully the doctor delivers and examines the placenta, a small piece may remain

attached to the inside of the uterus. Fortunately, this does not happen often; but when it does, it may require emergency D&C to remove the placenta fragment.

CARE OF BREAST:

1. If Breast Feeding-continue to apply a vitamin E oil lanolin- containing cream each day; gently wash the nipple before feeding with plain water (soap is drying), and dry the nipple after feeding. Wear a supportive bra. Massage firm areas towards the nipple when the baby feeds from the breast. Nurse from both breast at each feeding. Call immediately if an area of the breast feels hot, tender, or swollen.
2. If Bottle Feeding- wear a firm supportive bra, even while sleeping, until there is no leakage from the nipples. Apply ice packs to tender areas. Use Tylenol for pain. Do not allow stimulation of the breast- the force of the shower or sexual stimulation can cause milk to flow. Avoid squeezing the breast to see if milk is present this will make more milk appear. There is no medication currently available to dry up breast milk once it appears in the breast.

FOLLOW UP: Make an appointment, soon after leaving the hospital, for an office visit in six weeks. Call sooner if you have excessive pain, a temperature greater than 100.4 degrees, bleeding heavier than a period, painful urination, or other urgency distressing matters.

We are pleased to have participated in this important event. Congratulations on the birth of your child!