

THE LAST EIGHT WEEKS OF PREGNANCY

Congratulations! You are in the home stretch, and soon will be meeting and bringing home your new baby! This packet has been prepared to give you an idea of what to expect in these last few weeks, and hopefully help answer any remaining questions you may have. If you have not yet, it is a good idea to pack an overnight bag in case the baby decides to make an early appearance. Consider including pajamas, a robe, a pillow, slippers, toiletries, and nursing bras. Also, remember a cell phone charger (you will want your phone fully charged to take lots of pictures!). The hospital will supply all your baby's needs including diapers, pacifiers, and formula, until you are ready to take him/her home, but you can bring clothes if you want (especially for photos!).

***For the most up to date policies on labor and delivery, including visitor restrictions, number of allowed visitors, and COVID testing, please refer to GBMC labor and delivery website:
www.gbmc.org/labor-and-delivery*

When to call your doctor or go into Labor and Delivery (L&D)

- If you have **bleeding** heavier than spotting
 - If you have a small amount of spotting or dark brown/old blood this can be normal especially after your cervix is checked for dilation or after intercourse
- If you are **more than 36 weeks** and this is your first baby: call or go to L&D **contractions** lasting approximately **1 minute** that are **3-5 minutes apart for 1-2 hours** and are so **painful** you must stop what you are doing to breathe through them.
 - If this is not your first baby: go to L&D when your contractions are **5 minutes apart for 1-2 hours** and painful
- If you are **36 weeks or less** and having **6 or more contractions/cramping in 1 hour**, try drinking 3-4 glasses of water and rest on your left side. You can also try taking a warm bath or walking. If the contractions continue or increase in number per hour, call the on-call doctor or go to labor and delivery for further evaluation.
- If you have a **large gush or continuous trickle of fluid** from your bag of water breaking, and you are sure it is not urine, go into L&D. If you are not sure if your bag of water broke, try wearing a maxi-pad and walk for about an hour. If the pad is completely soaked, this may mean that your bag of water did break, and you should go to labor and delivery for evaluation.
- If you have **decreased fetal movement** and are at least 28 weeks, try drinking 3-4 large glasses of water and a large sugary drink, or you can eat something sugary. Lay on your left side and rest and try to focus on all of the baby's movements. If you cannot count **10 movements in 1 hour**, go to labor and delivery for further evaluation.

If you have any questions, please call the office at [410-938-8960](tel:410-938-8960) during business hours. For emergencies, there is an on-call doctor available 24 hours a day, 7 days a week.

The “Mucus Plug” & Bloody Show

Throughout pregnancy you will notice changes in your cervical mucus/vaginal discharge. It can be thick or watery at times. This is normal. Later in pregnancy, or after an exam or intercourse, you may also note some spotting. This is all normal. Later in pregnancy, this spotting may indicate early cervical dilation. It should stop in 1-2 days. If you notice a large “gush” of fluid, especially if it continues over the next hour, and/or if it is accompanied by contractions, this could mean that your bag of water has broken, and you are in early labor. Please call the on-call doctor or go to labor and delivery to see if you are in labor.

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If you notice bleeding heavier than spotting i.e., period-like bleeding, or if it is associated with cramping/contractions, please call the on-call doctor, or go to labor and delivery for further evaluation.

Latent vs Active Labor

Irregular, painless, or slightly painful contractions you may have been experiencing, can become increasingly more painful during the last few weeks of pregnancy. To decrease the pain try changing your position, taking a warm bath, or taking a walk.

Call your doctor or go into labor and delivery if your contractions are so painful that you cannot sleep, or must breathe through them, if they are regular – occurring every 5 minutes for 1-2 hours, and/or if you believe your bag of water has broken (see above), as this could indicate that you are in active labor.

In all cases, talk to your doctor if you have any doubts or questions about your pain.

Labor & Delivery

When you arrive, whether for a scheduled induction or cesarean section, or if you are in labor, you will be asked to register at the front desk. If you are not coming in for a scheduled cesarean section or induction, you will be first taken to a room in the triage area, where a nurse and a provider will evaluate you and determine if you are in labor. Your vital signs (blood pressure, pulse, temperature) will be taken, and you will be asked to put on monitors to measure your baby's heartbeat and your contractions. Blood and urine samples may be done, and an IV may be placed at this time as well.

If you are determined to be in **labor** – i.e., your bag of water was confirmed to be broken or if your cervix is dilating (especially if you are 4 cm or more), you will be taken to another room – the delivery room. This is a larger room with an area to evaluate and monitor your baby after your baby is born. The delivery room also has the “delivery table,” which your doctor will use when you are **fully dilated (10 cm)**.

At this time, if you are in pain, you may decide that you want an **epidural**. Let your nurse know when you are starting to consider it, as she/he will start to give you some IV fluids in preparation of the epidural. An anesthesia provider will then be notified and will place the epidural.

Sometimes after being admitted in labor, your contractions stop coming as frequently or become less painful. To restart the labor process, we may start a medication called **Pitocin**. Pitocin, which is also sometimes called **oxytocin**, is a hormone that your body makes when you are in labor to cause contractions. By giving you Pitocin through your IV, we are helping your body do what it would do otherwise in labor, just in a more controlled fashion. This is especially important if your bag of water breaks, but you are not contracting frequently or painfully, as the longer your bag of water is broken before your baby comes, there is an increasing risk of infection. For this reason, we will often recommend Pitocin to speed up the labor process.

Occasionally, to better monitor how strong your contractions are, we may also place a monitor inside the uterus called an **intrauterine pressure catheter**, or **IUPC**. This monitor is a small tube that just is placed in the uterus and lets us see how strong and how frequent your contractions are from the inside out.

Once you get to 10 cm dilated, it is time to start pushing! Unless you have had a baby before, you probably have never had to push before, so it is ok to be nervous, and it may take some time to figure out how to do it. Your nurse and doctor are there to help coach you through this process. It can take up to 4 hours of pushing for your baby to come out, it is a marathon not a sprint, so try not to get discouraged!

Once your baby is born, we will wait 60 seconds before cutting the umbilical cord, unless the pediatricians would like to see and evaluate your baby before those 60 seconds are up. During that time, your baby will be in your arms, and you will get to meet him/her for the first time. Your partner can decide if he/she wants to cut the

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umbilical cord (your doctor will help as well). Your baby will then be cleaned off and weighed (which is a great time to take pictures!), and then your baby will be brought back over to you.

After Delivery

After your baby is born, the **placenta** (sometimes called the “after birth”) is delivered – do not worry your doctor will do most of the work for this part (you can lay back and love on your new baby!). You will receive **Pitocin** through your IV to help the placenta come out and help decrease the risk of bleeding. If you had an epidural in labor, it should still be working so you should not feel much discomfort.

Some women will have a tear in the vagina that your doctor will repair with stitches. This is very common. These stitches will dissolve over the next 2-3 weeks. Your vagina may be swollen after delivery, ice packs and numbing spray can help with your pain. You will be given a peri-bottle to use when you go to the bathroom, which can help with burning you may feel with urination.

You will be monitored on labor and delivery for approximately **2 hours** to make sure your bleeding is ok after delivery. After this, you and your family will be taken to your postpartum room with your new baby!

Usually new moms and babies are discharged **2 days** after a vaginal delivery, but this may depend on if there are any medical concerns or complications.

Induction of Labor

An induction of labor is an elective procedure meant to stimulate contractions with medication or by other means. If you are not dilated very much (usually 1 cm or less), this process will likely start with a **foley balloon**. This is just a balloon that goes into the cervix and over time causes the cervix to dilate until the balloon falls out on its own. Additionally, to help the cervix dilate and stimulate contractions we may use the following medications:

- **Misoprostol:** a tiny pill that is placed inside the vagina and dissolves over a few hours. It causes the cervix to soften and dilate.
- **Pitocin:** this medication is the same as the hormone your body naturally makes when you are in labor (**oxytocin**). It is given through your IV to help start contractions and/or make them stronger. The dose of Pitocin is carefully increased until you are contracting regularly and strong enough that it causes your cervix to dilate.

After the foley balloon falls out, the provider on labor and delivery will see how dilated you are. If you are more dilated, we may suggest that we break the bag of water, or “**artificial rupture of membranes (AROM)**.” This is the next step to get you closer to meeting your baby. It is not painful to either you or your baby.

Cesarean Section

Cesarean section, or “c-section,” is a surgery performed to deliver a baby. It may be scheduled for certain patients or maybe recommended for you by your OB while you are in labor. In either situation, you will be given antibiotics to decrease the risk of infection. The nurse may also use a small electric razor to remove hair near the planned incision site. In most circumstances, we will wait to clamp and cut the umbilical cord for 60 seconds (**delayed cord clamping**). A pediatric practitioner will be present in the OR and will then evaluate your baby to make sure he/she is transitioning well from being inside the womb. They will then bring your partner over to see him/her and take lots of pictures. Your partner may then be able to bring your baby over to you so you can meet him or her as well.

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After your baby is delivered, your OB will finish the surgery. The incision will be closed with sutures that will dissolve over the course of the next 2-4 weeks, and a bandage applied. This bandage will stay on for **7 days** after surgery, but you can shower with it on.

Usually new moms and babies will stay in the hospital for **2 to 4 days** after a cesarean section, depending on if there were any complications or medical concerns. You will be sent home with pain medication that is safe with breastfeeding.

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.” His or her eyelids may be swollen, his/her face may be 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 on their own. Darker skinned babies may have areas on the back of a deep-bluish color, caused by extra pigment.

Being squeezed during birth often gives a baby’s head a “cone-like” shape. Your baby’s head will become less cone-shaped on its own over the next few days. There is no need to “mold” the head to speed up this process.

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, wrinkly appearing, and some of the toe and/or fingernails may not be visible but will grow over the next few weeks.

If you have any questions or concerns about your baby, you can ask the pediatric practitioner in the hospital or talk to your pediatrician.

Circumcision

Circumcision is an elective procedure that is performed to remove the foreskin covering the glans (head) of the penis. If you decided that you would like your son to be circumcised, let your OB know. All babies have an initial evaluation by the pediatric practitioner shortly after birth, and if deemed appropriate, your son can then be scheduled for circumcision before you go home (when your baby is 1-2 days old).

Benefits of circumcision including decreased risk of urinary tract infections in the first year of life, and decreased risk of sexually transmitted infections (STIs) later. The American Academy of Pediatrics (AAP), states that the benefits of circumcision outweigh the risks of the procedure, however, these benefits are not so significant that it is universally recommended. Therefore, the decision to circumcise your son is a personal decision.

The procedure takes approximately **10 minutes**. You will be taught how to care for the penis after the procedure.

Breastfeeding

It is well known that breastfeeding is the best source of nutrition for MOST infants. In fact, it is recommended that infants exclusively breastfeed for at least the first 6 months and should continue up to 2 years as your baby starts to eat real food.

It is not only beneficial to your baby, but also is beneficial to mom as well. For some new moms, however, for a variety of reasons, it is not possible to breastfeed. Regardless of if you do or do not want to try to breastfeed your baby, talk to your OB and your pediatrician, we are here to support you in your decision.

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Benefits of Breastfeeding

These are some benefits of breastfeeding for your baby:

- Breast milk is easier for babies to digest than formula
- Breast milk has the exact amount of fat, sugar, water, protein, and minerals needed for your baby to grow. Also, as your baby grows, your breast milk changes to adapt to the baby's changing nutritional needs!
- Breast milk has antibodies that will protect your baby against certain illnesses such as ear infections, diarrhea, respiratory infections, and allergens.
- Breastfed infants have a decreased risk of:
 - Sudden infant death syndrome (SIDS)
 - Obesity
 - Asthma

These are some benefits of breastfeeding for moms:

- Breastfeeding can lower the risk of:
 - High blood pressure
 - Type 2 diabetes
 - Ovarian cancer
 - Breast cancer
- Breastfeeding causes your body to make oxytocin (yes, that same hormone that causes labor and contractions), which will cause your uterus to shrink back to its pre-pregnancy size. This will decrease the risk of bleeding after delivery
- Breastfeeding may make it easier to return to your pre-pregnancy weight. It is estimated that breastfeeding burns approximately 400-500 calories per day.

If you plan to breastfeed, a lactation consultant, who is usually a nurse with specialized training in breastfeeding, will meet with you after delivery. She will assess how well your baby is "latching," and your milk production. She will be able to offer you tips and tricks to help you and baby be successful. Many new moms find breastfeeding to be very difficult and frustrating, but with persistence (and some help), it can be one of the most rewarding gifts you give to your new baby.

Breastfeeding and COVID-19

Current evidence indicates that babies cannot get COVID-19 from consuming breast milk from moms with COVID-19. If you choose to continue breastfeeding with COVID-19, wear a mask while breastfeeding and whenever you are within 6 feet of your baby until 10 days after you first started having symptoms or tested positive.

If you decide to pump with COVID-19, make sure you wash your hands and clean all breast pump parts. Consider having a healthy caregiver feed your infant. If you are feeding your baby, wear a mask and wash your hands before feeding until 10 days from the start of your symptoms or you first tested positive.

Why you may want to formula feed:

Breastfeeding is not easy, and for some new moms it is not in the best interest of the mom or the baby to breastfeed. Below are some reasons why you may choose to formula feed:

- Breastfeeding can be exhausting, emotionally and physically, and this added stress can impact your milk supply. Formula feeding permits more flexibility for your partner or others to help with feeds, allowing you to get rest.

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- Formula feeding avoids the pain many women feel with dry, cracked nipples, engorgement, and possible mastitis.
- For some babies, especially preterm or smaller newborns, the pediatrician may recommend a certain formula to ensure the baby gets the appropriate nutrients and right number of calories.

What to expect postpartum

Your body underwent lots of changes over the past nine months to carry and prepare for the birth of your new baby. It is not surprising then that it will take time for your body to return to a new “non-pregnant” state.

Regardless of if you had a c-section or vaginal delivery, most women experience certain common symptoms including, vaginal bleeding, cramping, pain in your back/neck, pain around your incision (c-section) or perineum (the area between vagina and anus), swollen breasts, leaking urine, hemorrhoids.

Cramping: After delivery, your uterus must go back to its pre-pregnancy size. This will occur over the course of about **6 weeks** and feels like menstrual cramping. Breastfeeding can cause this cramping to get worse because of oxytocin. Heating pads, Tylenol, and ibuprofen may help reduce these symptoms. If your pain does not improve, call your doctor.

Hemorrhoids: Hemorrhoids are swollen veins in and around the anus, and are common in, and after pregnancy. Symptoms you may have include pain with bowel movements, bright red blood with bowel movements, and itching around the anus. To alleviate these symptoms, you can try:

- Over the counter topical ointments and sprays (AnuSol, Preparation H, Tucks Pads)
- Sitz baths (soaking in warm water with or without Epsom salts)
- Cold Witch Hazel compresses
- Having soft, regular bowel movements by avoiding constipation

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 breastfeeding mothers, there may be no identifiable period for months.

- ***You should call your doctor if your bleeding is heavier than a period, soaking through a pad in 1 hour for 2 hours, has a strong, unpleasant odor, or if you have a temperature of more than 100.4 degrees.***

Activity: There are no major restrictions on your usual activities. You may increase your activity level as you tolerate it. A new baby will demand your time and energy and reduce your sleep. Try to rest when you can and ask for help if you need it!

If you had a vaginal delivery, you may return to moderate intensity exercise **6 weeks** after delivery if you feel ready. If you had a cesarean section, wait to start exercising again until cleared by your OB (usually in **6-8 weeks** after delivery).

You may notice that you leak urine, especially after coughing or sneezing, after delivery. Pelvic floor, or Kegel, exercises may help improve this. Talk to your doctor if you have any questions.

Diet: Breastfeeding mothers need to consume an additional **400 kilocalories** per day as compared to non-breastfeeding mothers. It is also very important to stay hydrated, drink at least 8-10 glasses of water per day. To ensure adequate amounts of essential vitamins and nutrients in your breast milk, continue taking your prenatal vitamin daily.

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The blood count obtained after delivery will serve as a guide for your need for iron. A good iron preparation, **Vitron-C**, is available without a prescription in your local pharmacy or on Amazon.

Bathing: You may shower or wash your hair at any time. Do not go swimming or take baths for at least **4 weeks after vaginal** delivery and **6 weeks after cesarean** delivery.

Stitches: These will dissolve 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.

Intercourse: We recommend that intercourse may not be resumed until your postpartum visit at the office, or at least **6 weeks** postpartum.

You may find that the vagina tends to be dry during intercourse. This is a temporary hormonal effect from the pregnancy which may last longer in breastfeeding mothers. You can use lubricants (such as Uber lube and K-Y jelly) or talk to your physician about using a short course of **vaginal estrogen cream** to help the vagina heal and aid in lubrication. It may also be helpful to experiment with positions to find the most comfortable one.

Postpartum Mood: Many women will have increased feelings of sadness and anxiety in the first week after the baby is born. This is very common and is due to hormonal changes and the new demands of motherhood (especially the decreased sleep). These feelings are often referred to as the “**postpartum blues**,” and should improve after about 1-2 weeks without treatment.

Postpartum depression is a condition of intense feelings of sadness, anxiety, and/or guilt that interferes with being about to perform your daily activities. It can occur up to 1 year after having a baby, but most commonly presents 1-3 weeks after delivery. It is also more common in mothers who may have a history of anxiety or depression prior to pregnancy.

If you, or your partner, is concerned about your mood, call your doctor as she/he can talk to you about possibly starting medication to help.

Breast engorgement: When your breast milk comes in, you may develop painful, tender, hard, full breasts. This may be associated with a low-grade fever and chills. If you are breastfeeding, feeding more frequently, or pumping in between feeds, may help decrease the pain. You can also use cold compresses, especially cold cabbage leaves. Massage firm areas towards the nipple when the baby feeds from the breast or when you pump.

If you are not breastfeeding, wear a snug-fitting bra, even while sleeping, until there is no leakage from your nipples. You can use cold compresses, including cabbage leaves for relief. You may also take Tylenol and ibuprofen as needed. 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: Unless instructed by your doctor to follow-up sooner, call the office to schedule your postpartum visit in **6 weeks**. If you had high blood pressures in pregnancy, labor, or postpartum, you may be asked to schedule a blood pressure check in **1 week**.

Call your doctor (410-938-8960) if you have excessive pain, concerned that your incision is infected, temperature greater than 100.4 degrees, bleeding heavier than a period. You should also call if your blood pressure is 140/90 or higher, or if you have a headache that does not go away with Tylenol and ibuprofen, severe pain under your right breast, or changes in your vision.

Resources:

- GBMC Labor and Delivery:
 - <https://www.gbmc.org/labor-and-delivery>
- ACOG Breastfeeding FAQ

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- <https://www.acog.org/womens-health/faqs/breastfeeding-your-baby>
- CDC Breastfeeding FAQ
 - <https://www.cdc.gov/breastfeeding/index.htm>
- GBMC Breastfeeding Warm Line: <https://www.gbmc.org/lactation-services>
 - Or call 443-849-3428 if you would like to speak to a lactation consultant about a specific concern
- International lactation consultant association:
 - www.ilca.org
 - Find a lactation consultant in your area
- ACOG circumcision FAQ
 - <https://www.acog.org/womens-health/faqs/newborn-male-circumcision>
- LactMed (NIH database used to look up safe medications while breastfeeding)
 - <https://www.ncbi.nlm.nih.gov/books/NBK501922>
- American Academy of Pediatrics (AAP)

We are pleased and honored to have participated in this important event for you and your family. Congratulations on the birth of your new baby!