



Anticipations

The Perinatal Education Program (PEP) Newsletter



No. 5 • 9 Months

It Won't Be Long Now...

Your final month of pregnancy has arrived. Soon your baby will have his or her own birthday! Very few babies are born on their due dates.



Remember, your due date is just an estimated "arrival time" based on your last menstrual cycle. While only one in 25 babies arrive on their due dates, two out of three arrive within ten days before or after.

We at The Family Place at Evangelical hope you have enjoyed reading the information provided in our newsletter *Anticipations*. If you have any additional questions or concerns, please do not hesitate to give us a call at the number listed below.

We'll look forward to seeing you and your little one in The Family Place soon!

Questions or concerns, call or write:
The Family Place at Evangelical Community
Hospital at One Hospital Drive, Lewisburg PA 17837
(570) 522-2610

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Nutrition: Don't Forget Your Vitamins!



In the last newsletter, we explained why you need iron, folic acid and water. This newsletter will explain a few more nutrients needed during pregnancy and what foods to eat to obtain them.

Protein

Protein is needed for the baby's proper growth and brain development. Foods containing protein include eggs, meat, dairy products, peanut butter, and beans.

Calcium

Calcium is needed for the baby's teeth and bone development. Foods containing calcium include dairy products, vegetables (like collard greens, broccoli and kale), salmon, and sardines. If your doctor prescribes a calcium supplement, take it with orange juice to help the calcium absorb.

Vitamin C

Vitamin C helps prevent disease. It helps you and the baby produce collagen. Collagen is a protein that gives structure to bones, cartilage, muscles and blood vessels. Foods rich in Vitamin C include citrus fruits and juices, melon, strawberries, tomatoes, green peppers, and cabbage.

Vitamin A

Vitamin A aids in the proper development of your baby's skin and internal organs (lungs, liver, intestines, etc.). Foods containing Vitamin A include fortified milk, organ meats like liver, and dark green, deep yellow or orange vegetables.

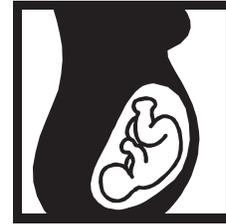
Sodium

Sodium maintains a proper fluid balance in your body and the baby. Too much can make you retain water and cause swelling and possibly increased blood pressure. Avoid salty foods like potato chips, lunch meats, pickles, and olives.

Sugar

You do not need any sugar. Avoid sweets. Eat nutritious foods rather than sugary desserts.

Growth & Development:



*“ My
Growing
Baby”*

36 - 37 Weeks

The baby is getting plumper. Its skin is less wrinkled as the amount of fat under the skin increases. The downy-type, lanugo hair is disappearing. The baby's nails have grown to the tips of the fingers and toes. It has a firm grasp and looks towards light. An infant born at this time has a good chance of surviving but may require some special care, especially if it is smaller than it should be at this time.

38 - 40 Weeks

The baby is now considered full-term. Boys are usually longer and weigh slightly more than girls. The skin is pink and has a smooth polished look. The only lanugo hair left is on the upper arms and shoulders. The hair on the head is coarse and about one inch long. This may vary from baby to baby. Vernix caseosa is present with heavier deposits remaining increases and folds of the skin. The chest is still a little smaller than the head. The breast tissue protrudes in both sexes.

Common Discomforts

Varicose Veins

Varicose veins often occur for the first time during pregnancy. They develop from back pressure in the veins and from pregnancy hormones. The veins stretch and swell. They become larger, blue, and lumpy. The veins of the legs and/or the vulva (the area outside and around the vagina) are affected. They can ache or cause a lot of pressure. To ease the discomfort or to help prevent varicose veins, there are a few things you can do:

- Avoid sitting or standing for long periods of time
- Don't cross your legs
- Avoid constrictive clothing like elastic top knee highs or stockings and garters
- Elevate your legs a few times every day
- Wear support hose
- Avoid excessive weight gain
- Wear a firm peri-pad for pressure from vulva varicosities

Swelling (Edema)

Slight swelling of the feet, ankles and legs can be normal during pregnancy. It is caused by pregnancy hormones that cause you to retain fluid and by gravity pulling that fluid downward. The swelling usually isn't present in the morning but increases throughout the day to evening. Here are a few things you can do:

- Elevate your legs whenever possible
- Exercise regularly
- Wear support hose
- Avoid stockings, knee highs, socks or garters with tight bands

It is very important that you notify your physician if the swelling becomes worse, goes into your face and hands, or if there is any more than a slight amount in your feet, ankles and legs. If this occurs, it could be a sign of a more serious complication. (See the article on Toxemia in this newsletter.)

Shortness of Breath

Later in pregnancy, many women experience shortness of breath. This is caused by the baby and uterus rising up in the abdomen and putting pressure on the diaphragm and other muscles in the lower chest. These muscles are used in breathing. It may help if you sleep with a few pillows to elevate your head and chest. As the baby begins to drop into the pelvis in the final weeks, you'll notice the shortness of breath improving.

Insomnia

Insomnia often occurs later in pregnancy. It is often difficult getting into a comfortable position. Once you are comfortable, it is time again to go to the bathroom or the baby wakens and starts moving about. Try a warm relaxing bath before bedtime. Lay on your side in bed with a pillow under your abdomen for support, another between your legs, and possibly one behind your back to lean back on. Remember to practice your relaxation exercises.

Backache

Hormones of pregnancy cause your ligaments to soften and stretch. Your posture changes and the weight of the baby causes strain on your lower back. All these combined lead to backache. What helps?

- Use good posture
- Bend at the knees and keep your back straight when picking things up
- When cleaning, try to kneel rather than bend (e.g., when cleaning the tub)
- Sit if possible (e.g., when ironing)
- Wear low-heeled shoes
- Sleep on a firm mattress, lying on your side with knees bent and upper leg supported on a pillow
- Do pelvic tilt exercises

Anesthesiologists

An anesthesiologist is always on call at Evangelical Community Hospital. An anesthesiologist is a doctor who provides general anesthesia for surgery. The anesthesiologist can also administer epidural anesthesia for pain relief during labor, and administers spinal anesthesia for a cesarean section so the patient can stay awake for the surgery.

*For an Evangelical Community
Hospital Medical Staff
Directory call (570) 522-2885.*

Your Prenatal Visit

When you are about one month away from your due date, you should call the hospital at 522-2612 to schedule a prenatal visit. The visit lasts about one hour and can be scheduled any day, Monday through Friday. Some evening hours are available. During the visit, a medical history and assessment are done. This avoids having to do this when you are admitted in labor, at a time when you may be quite uncomfortable and not feel like answering many questions. Various forms will be given to you so that you can fill them out ahead of time instead of after delivery when you want to spend time with your baby. During the visit, you'll also see a video and take a tour of the labor and delivery area, birthing rooms, nursery, and post-partum patient rooms. We strongly encourage you to come for this visit. It will allow you more time to relax during your hospital stay and spend time concentrating on your new baby.

Preeclampsia (Toxemia): Symptoms & Treatment

✕ Preeclampsia is a serious complication that usually occurs later in pregnancy. Signs of this illness include a rise in blood pressure, sudden weight gain (more than two pounds in a week), swelling (edema) of the face, hands, legs and feet, and protein in the urine. Other signs that may occur include headaches, blurred vision, seeing spots in your vision, dizziness, severe stomach pain, nausea and vomiting. Your doctor will check your blood pressure and urine at each visit. If any problems are found, early treatment can be started. If you develop any of the symptoms listed above, call your doctor right away. Do not wait until your next office appointment to tell the doctor. The cause of preeclampsia is not clear but with early diagnosis, the condition can usually be well controlled. If preeclampsia goes untreated, it can progress to a very serious condition called eclampsia. Eclampsia is dangerous and life-threatening for both mother and baby. It can cause seizures, coma, and stroke. Eclampsia is very rare but if you do have symptoms notify your physician immediately.

✕ When your blood pressure is elevated during pregnancy, the blood flow is decreased through the placenta. Therefore, the baby doesn't receive the necessary oxygen

and nutrition as when your blood pressure is normal. Often the baby doesn't grow and gain weight as well as it should. If your blood pressure is elevated, your doctor will probably order ultrasounds to be done periodically to see how well the baby is growing. Depending on the severity of your condition, your doctor may suggest bedrest, lying on your side. He may also prescribe medication to lower your blood pressure and ask you to avoid salty foods. If your condition is not well-controlled with these measures at home, you may need to be hospitalized. Intravenous medication (magnesium sulfate) is rarely needed to prevent seizures.

✕ If your condition worsens and your blood pressure continues to increase, early delivery of the baby may be necessary. If your blood pressure becomes too high, other health problems could occur, for example, stroke or kidney damage. The baby's blood and oxygen supply could be too low as well.



"It's Time"

How Do You Know?

KNOW THE SIGNS...

Signs of labor often begin unnoticed. They may continue to progress to strong rhythmic contractions leading to delivery or they may begin to fade and stop just when you were sure you were in labor. Signs of labor can come in any order and may be different with each labor.

Labor is the rhythmic contracting of the uterus that causes the cervix to thin and dilate, allowing delivery of the baby, placenta, and membranes.

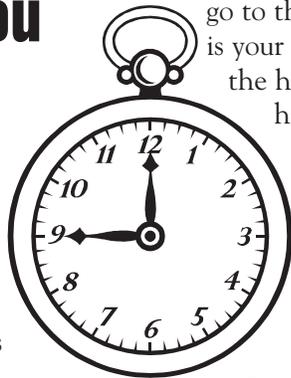
The following are some common early signs of labor:

▶ **Bloody Show** - You'll notice a blood-tinged plug of mucus. It plugs the cervix. As the cervix begins to thin and open, it is expelled. This can occur, however, several weeks before labor actually begins. You may continue with a slight amount of pinkish discharge while in labor.

▶ **Contractions** - Contractions usually begin mild and irregular in frequency. They become more regular, longer and stronger. Often the first contractions begin as backache.

▶ **Rupture of Membranes** - The bag of waters around the baby may break before labor begins or anytime during labor. It may begin with a small leak of fluid or a large gush.

▶ **Flu-like Symptoms** - These symptoms may include diarrhea, mild cramps and/or nausea. Many times they precede labor and may continue throughout labor.



WHEN SHOULD YOU GO TO THE HOSPITAL?

It may be difficult to know when to go to the hospital, especially if this is your first child. You should go to the hospital immediately if you have any bright red bleeding or when your water breaks, even if you aren't having any contractions. If your bleeding is heavy or continuous, lay down and call your doctor immediately.

Generally, if you are having your first baby, you'll want to be at the hospital by the time your contractions are occurring regularly every five minutes. If you've had a baby before, you should be at the hospital when your contractions are occurring regularly every 10 minutes. If you've had a cesarean section for a previous delivery, are having twins or triplets, experienced a short labor and delivery with a previous pregnancy, or if you have a high-risk condition, report to the hospital as soon as possible after labor begins. Remember to keep in mind the weather conditions and the distance you have to travel to the hospital.

TIMING CONTRACTIONS

There are two components for timing contractions. Use a watch with a second hand to time your contractions.

1. Frequency is how far apart your contractions are occurring. Time them from the beginning of one contraction to the beginning of the next one.
2. Duration is how long each contraction lasts. Time your contractions from the moment it starts until it is finished.

True Labor

- Contractions become closer together.
- Contractions become stronger in intensity.
- Contractions become progressively longer in duration (up to 60 seconds).
- Contractions become regular.
- Walking may make contractions stronger.
- Contractions are uncomfortable and usually start in the back and radiate to the abdomen.
- Changing position or activity does not stop the contractions.
- Presence of "bloody show" - a slight blood-tinged discharge.
- Leakage of fluid.

False Labor

- Contractions may or may not become closer together.
- Contractions do not become continually stronger.
- Contractions are usually short in duration (15-45 seconds).
- Irregular contractions.
- Walking does not make contractions stronger and may cause them to stop.
- Contractions may or may not be uncomfortable and are located in the abdomen.
- Changing position or activity may cause the contractions to stop.
- Usually there is no blood-tinged "show" and no leakage of fluid.

The Doctor Visits

During your last month of pregnancy, you will be seeing your doctor every week. Your weight, blood pressure, urine, baby's heart rate, and your tummy will continue to be checked. You will also begin to have vaginal exams. These exams will help determine your baby's position and how far dilated and effaced the cervix is. Effacement is the gradual softening and thinning of the cervix. Dilation is the gradual opening of the cervix, measured in centimeters. The exam can be a little uncomfortable but it is the only way to determine how close you are to delivery. After the exam, you may experience some brown spotting. This is normal. However, if you notice bright red bleeding, please notify your doctor.



SIZE OF THE BABY BEFORE BIRTH

36 Weeks:

16-19 inches long
5lbs., 12 oz. - 6lbs., 11.5 oz.

38 Weeks:

19-21 inches long
6 lbs., 10 oz. - 7lbs., 15 oz.

Induction of Labor

Induction of labor means starting labor artificially. Induction should be done only when medically necessary. Such situations include:

- the baby isn't growing properly
- ruptured membranes for several hours without contractions
- overdue (42 or more weeks)
- potential distress to the baby if not delivered
- pre-eclampsia
- problems with the pregnancy

Ask your doctor if you do not completely understand why your labor is being induced. Also ask him how he plans to start your labor. There are several methods for inducing labor.

1. One method is to administer a medicine known as prostaglandin gel. The gel is applied onto the cervix causing it to soften and preparing it for labor. Prostaglandin allows the cervix to become more ready for labor and dilatation (opening). It may actually start the labor process.

Prostaglandin is usually given to the patient during an outpatient visit. The procedure takes about two hours. The patient is asked to lie down for 30 minutes after insertion. Her blood pressure and pulse rate are checked frequently and a fetal monitor is applied for the duration of the visit. The gel may be inserted several times on the same day or over a period of several days. Once the cervix is softened and if the patient has not gone into labor, one

of the following methods of induction will be used.

2. Labor may be induced by an artificial means of rupturing the membranes during a vaginal exam. Labor often begins within a few hours.

3. Intravenous (IV) Oxytocin (Pitocin) may be used. As with the first method, a fetal monitor will be applied for the duration of induction to make sure the baby is tolerating the contractions. The patient is permitted to be out of bed, walking and moving about while the monitor is in place. The rate that the medication is given is increased slowly every 30 minutes. This helps ease labor on and helps to gradually increase the intensity of the contractions. Labor will not begin immediately.

If labor starts on its own, but slows down or is ineffective, IV pitocin may be given to strengthen labor and the contractions making it more effective.



The Stages of Labor

Labor is divided into three stages. The length of labor varies for each patient. Labor is usually shorter for a second or more pregnancy than with the first. On the average, labor lasts 12-14 hours for the first baby, but may be much longer or shorter.

STAGE I

Stage I is divided into three phases - early, active and transitional phases. This is the longest stage. During each contraction, the muscular wall of the uterus tightens and presses down on the baby helping it descend down the birth canal. At the same time, contractions pull on the cervix so that it widens (opens) to allow the baby's head to pass through.

A. Early Phase - (or Latent Phase)

The cervix dilates to 3-4 centimeters over a period of up to 24 hours. Contractions are regular but initially not close together. They may last 60 seconds or less. Most women spend the early part of the first stage of labor at home. Call your doctor so that he can tell you when he wants you to go to the hospital. Once labor begins, don't eat much. It's best to just have some juice, broth or Jello. (Remember if you are in premature labor, have intense, constant pain, bright red bleeding, or leak or gush of fluid, call your doctor immediately.) Walking or playing cards are some good ideas for distracting you from your contractions.

B. Active Phase

During this phase, the cervix dilates from 4-8 centimeters and continues to thin. Contractions will become more intense. They'll come about every three minutes lasting about 60

seconds. Continue using your relaxation and breathing techniques. You may want to request something for pain relief. Change your position about every 30 minutes. You may find relief in the shower or tub. Medication is also available. An epidural block can be given during this phase to take away the pain. If you choose to have an epidural block, you will only feel pressure. Labor should be well established before an epidural or pain medication is given so that labor is not slowed down.

C. Transition Phase

This is the final phase of labor when your cervix goes from 8-10 centimeters. It is a difficult phase but fortunately usually is a shorter one. Contractions are strong, occurring every 2-3 minutes and lasting approximately one minute. You may become nauseated, tired, and sweaty. You may have an urge to push. Do not push until your nurse or doctor tells you to do so. If you push before the cervix is fully dilated, it may swell and prolong labor and delivery. Your coach will play a big role during this phase by helping you with your breathing and relaxation techniques.

STAGE II

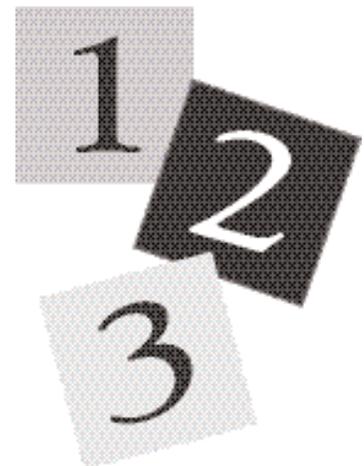
This stage is hard work. The cervix is completely open. You can now give in to the urge to push down. The contractions occur every 2-5 minutes and last 60-90 seconds. The contractions and your pushing will move the baby down the birth canal until it is born. As the birth canal stretches, you'll feel pain and pressure. You should push several times with each contraction. Breathe in, out, and in again. Hold your breath and push down steadily through your rectum. Hold this until the count of ten. Exhale and repeat until the contraction is

gone. You'll be able to relax between these contractions. The baby's head will slide upward between pushing. Once the baby's head no longer slides back, it will be delivered in the next push or two. Your doctor will ask you not to push while he makes sure the umbilical cord is not around the baby's neck. If the cord is present, he'll remove it before you push again. To deliver the shoulders, you will need to push gently. The rest of the baby's body will follow rather quickly.

The second stage may take from a few pushes to 2-3 hours. There are several positions that you can assume to push and deliver. Changing positions every 30 minutes is suggested. You can sit up or lie on your side. Pushing while squatting or on all fours are two other positions to use unless you have received epidural anesthesia. With an epidural, you will not have the ability to support your weight well enough to squat or be on all fours.

STAGE III

The placenta is delivered during this stage. It usually occurs 5-10 minutes after the baby's birth. You will have contractions to help push out the placenta but they will be milder than with the delivery of the baby. Your doctor will suture your episiotomy now if you have one. (See episiotomy article, pg. 7)



Pain Relief During Labor & Delivery

Childbirth classes will help you prepare for labor and delivery. They will teach you ways to breathe during the different stages of labor and teach you how to work with your contractions. There are several things to help you cope with the contractions including relaxation and breathing exercises, frequently changing your position and spending time in the shower or tub. If the pain is too great, you can receive medication to help lessen the pain. Some women feel as though they have failed if they need pain medication. However, this is not true. Discuss the different pain medications with your doctor and nurse.

- There are various types of pain medicine. Each of them controls pain differently and may be appropriate at different times during labor and delivery. An analgesia is often given. This type of medication helps ease the pain and helps you to relax. An analgesia does not block out all feeling. You may feel groggy and may doze between contractions when given an analgesic. This drug is given by injection.

- An epidural is given by an anesthesiologist. It is administered by needle into the lower back. A local anesthetic is injected into the space in the spinal column around the nerves that go to the abdomen and legs. A thin plastic tube is inserted and left in place so that additional medication may be given from time to time or continuously. The drug blocks most of the feeling from the waist down while the mother remains conscious. An epidural relieves the pain of contractions.

- With an epidural, you will feel rectal pressure as the time to push becomes closer. Epidurals also help relieve the pain experienced when the baby is born. However, epidural can make pushing the baby out more difficult and forceps have to be used more often. You will have an intravenous (IV) inserted before the epidural is given. This is done to prevent your blood pressure from dropping too low. This is the most frequent complication of an epidural block. Vital signs are taken frequently and the baby's heart

beat will be monitored constantly by fetal monitoring.

- A local anesthetic blocks pain in a small area. A local is given before an episiotomy. (See episiotomy article) The local blocks feeling at the opening of the birth canal so the incision and stitches can be made without pain.

- A spinal is given similarly to an epidural but is only given to the patient who is having surgery. The medication is injected into the spinal fluid prior to cesarean delivery. The patient has no feeling from her upper abdomen to her toes, feeling only pressure during the procedure. She will remain awake and alert for the baby's birth. Some patients experience spinal headaches and/or a drop in blood pressure with this medication. Medication is given to relieve the surgical pain for 24 or more hours after surgery.

- General anesthesia also may be given to the patient who is having a cesarean section. This type of anesthesia makes you go to sleep. The patient who receives general anesthesia won't be awake for the baby's birth and may experience more pain after surgery than if given spinal anesthesia or an epidural.

- Not all women want or need pain relief in labor. This is up to you. There are certain times when you won't be able to receive it as well. Pain relief is not given in early labor as it may slow or stop labor. It is also not given when labor is progressing quickly when the cervix may already be 7-8 centimeters dilated. An analgesia given at this time may not have enough time to take effect before the baby is born and may cause the baby's breathing to be slowed. If an epidural would be given at this time, you would lose sensation at a time when you need it to help you push most effectively. You would also be denied any pain medication if the baby is under stress.

Episiotomy

An episiotomy is the surgical enlargement of the vaginal opening. In most cases, your doctor will allow the tissues surrounding the vagina to stretch as much as possible. An episiotomy will be avoided if he can determine that you can deliver without it and without tearing. These tissues may stretch more easily if you've had a previous delivery.

Forceps & Vacuum Extraction

Forceps or a vacuum extractor are not needed for most deliveries — actually for only about 10% of all vaginal deliveries. They are used to assist in the delivery of the baby's head and when there is a need to hasten the baby's birth due to a problem or distress that could harm the baby if delivery does not occur soon. They can also be used when the mother has been pushing for a long period of time and has become too exhausted to push effectively.

Forceps are long, curved metal instruments that are placed, one at a time, on each side of the baby's head. The doctor pulls carefully on the forceps while you are pushing, until the head is delivered. The forceps may leave marks on the baby's head or face but will disappear within a few days. The vacuum extractor is used for the same reasons. It is a plastic cup placed on the baby's head using suction. By gently pulling on the extractor, the doctor eases the baby's head out of the birth canal.

Cesarean Section

A cesarean section is a surgical procedure for delivering the baby. For this procedure, an incision is made through the abdomen, usually along the bikini line, just above the pubic bone. The incision continues into the uterus for delivery of the baby. This surgical procedure is only done when the baby cannot be delivered safely through the birth canal. The following are some of the reasons a cesarean section may be needed:

- 1) The baby is not in the right position for vaginal delivery, such as the frank breech (buttocks first) or footling breech (feet first) position or lying cross-ways in your abdomen (transverse).
- 2) The baby is too large to pass through the birth canal.
- 3) The cervix is not opening despite good labor, or if good labor cannot be achieved.
- 4) The baby becomes distressed before the cervix is fully dilated.
- 5) The placenta lies across the opening of the cervix (placenta previa).
- 6) Triplets or more babies are expected.
- 7) The mother's blood pressure is too high for induction of labor.
- 8) Previous cesarean delivery with vertical incision (incision goes up and down the uterus rather than across).
- 9) The umbilical cord comes in front of the baby's head.

10) The placenta separates from the uterine wall (placenta abruptio).

11) Active genital herpes is present.

The Surgery

In most cases, a cesarean is not done because of an emergency situation. In non-emergency cases, regional anesthesia can be given. The patient who receives this type of anesthesia remains awake for the birth of her child. The medication numbs the lower part of the abdomen to the feet. The father or partner can be present for the delivery. However, if an emergency cesarean section is needed, general anesthesia is given. The patient receives medication to make her quickly go to sleep for the surgery so the baby can be delivered in a hurry. In this situation, her partner cannot be present.

The operation takes about 45 to 60 minutes, although the baby is born within five to ten minutes after the surgery begins. The remainder of the time, the doctor is busy suturing the uterus and abdomen. The patient who is awake for the surgery will feel pressure and tugging but will not experience pain. She will be able to see her baby right away and will be given the opportunity to touch him as well. Breastfeeding may take place after mom returns to her room after the recovery phase. If general anesthesia is used, her partner will be asked to wait in her post partum room. The partner will be able to see the baby as soon as it arrives in the Nursery. After the initial baby care is given, the partner will be given the opportu-

nity to hold and rock the baby until the mother returns to her room. Usually an hour or slightly longer is spent in the recovery room after surgery and before returning to her room. The baby can be brought to the mother's room when she returns. If she is going to breastfeed, she will be able to nurse at this time.

Medications are available for pain relief. The nurses will frequently monitor vital signs, check the incision and dressing and assess uterine firmness. The mom is offered a liquid diet for the first day. The nursing staff will help the patient out of bed in approximately 8 - 12 hours after surgery. A catheter that collects the urine and the IV that was started before surgery are usually removed within 12 - 24 hours. The hospital stay is approximately three to four days after surgery.



Relaxation Exercises

Learning to relax at will is essential during labor. Various relaxation techniques can be learned by attending prepared childbirth classes. A few of these techniques will be explained in this newsletter as well. Practice these relaxation exercises often so you become comfortable with them and are able to control the relaxation of your muscles now and when you are in labor. You'll want to practice each exercise in various positions as you will be on your side, sitting, reclining, standing and walking in labor. It is a good idea to practice these exercises with your labor coach as well as by yourself, tuning into your own body.

1) As a first exercise, concentrate on each muscle group. Tense each set of muscles, one at a time starting with your forehead, then face, then jaw, etc., progressing downward. Tense the muscle group for a few seconds and then release it. When you release, allow the muscles to become floppy and heavy. Your partner should feel the muscles when tense and when relaxed so he can help identify which muscles are tense and help you to relax them.

2) Another similar exercise is the tensing of one muscle group while concentrating on relaxation of all your other muscle groups. This is good practice for labor when your uterus is contracting. The rest of your body should be relaxed. These exercises help you and your

partner to know how you feel tense versus relaxed. You'll learn how to consciously make your body relax when feeling tense.

3) Position yourself with pillows so that you are feeling very comfortable. Make arrangements to be free of any distractions during this time. Focus all your concentration on a relaxing image or sound. After awhile, you should begin to feel serene and physically calm. Also, instead of concentrating on an existing image or sound, you can close your eyes and concentrate on a very relaxing place, such as a beach, a special moment with your partner or another child, floating, etc. Do this until you feel very relaxed.

4) Having your partner press firmly on a tense area or gently massaging it can enhance relaxation of that area. His touch releases the tension with enough practice. This method is often very useful. However, at some points in labor you may not want to be touched. Communicate this to your partner. During practice, allow your partner to press on each side of your head near your ears. As he gradually eases the pressure, allow the tension to go away. He can continue down your body applying pressure, stroking, massaging and kneading each area. Concentrate on the relaxation of each area as your partner touches it.

5) Correct breathing correlates with relaxation. Prepared childbirth classes are valuable in teaching both of these skills. Your partner should know and understand them so that he can help you in labor as well as during practice. When you are practicing your initial breathing pattern, breathe in and out at an easy, natural rate. Sigh each time as you breathe out. Concentrate on relaxing all your muscles as you slowly exhale.

Your partner can check if your muscles are relaxed. When relaxed, your muscles should be limp and heavy.



Once you learn the relaxation exercises, you should be able to release your whole body quickly without first tensing each muscle group. Practice all of these exercises with your partner. You should practice as though you are in labor. Breathe and relax in waves of 30-60 seconds. Try a pain stimulus to simulate a contraction. You can put a clothes pin on your finger, hold ice, or press your knees and thighs together.

Be creative.

What Happens After the Delivery?

- Your partner/coach will remain with you for the delivery of the baby (the exception to this is if you are given general anesthesia for cesarean delivery). If you deliver vaginally in the birthing room, you will remain in that room for about two to three hours after the birth of your baby.
- As the baby is born, the doctor will suction his mouth and nose. This is done again once the baby is completely delivered. When the baby is first born its skin is wrinkled. It may be blue in color or red. It will be wet with flecks of blood, greasy, and white vernix may cover its skin. There may also be some flecks of the baby's first bowel movement on its skin. The baby is dried and placed on your abdomen. Oxygen may be given to the baby by a mask which is placed over his nose and mouth. The baby's father or your coach will be given the opportunity to cut the umbilical cord. A hat will be placed on the baby's head and a warm blanket placed over him. Your baby will be assessed frequently by the nurses to make sure his color, heart rate, temperature, and breathing are okay. If there is a problem, the baby may need to be placed in a warming bed in the birthing room. If there continues to be more serious complications, he will be taken to the Nursery. Most times, the baby will remain with you.
- The placenta is delivered about five minutes after the baby's birth. You'll need to push once or twice to deliver the placenta. You will be

given medication to help your uterus to contract. This keeps you from bleeding too heavily. The medication is given by injection in your thigh unless you have an IV. Your blood pressure, pulse, respirations, bleeding, and firmness of your uterus are checked frequently by the nurses after delivery. Identification bracelets will be placed on the baby's wrist and ankle, your wrist, and your partner's wrist. The bands have matching numbers to match all of you together. Your name, the baby's sex, hospital room number, date and time of delivery, and the pediatrician's name are listed on the bracelet. No one other than you and your significant other/coach will be able to take the baby from the Nursery. You will be given the opportunity to hold the baby for awhile. At this time, the doctor will suture any tears or episiotomy if you have one. The baby can see best 12-18" away, so he'll see you while you cuddle him on your chest. Your partner may also hold the baby as well. When the doctor finishes suturing, an ice pack will be placed against the area to minimize the discomfort and swelling.

- When you are ready to take a break from snuggling with the baby, he will be weighed and his length, and head and chest circumference will be measured. Footprints are taken, including two sets for you to keep. Eye ointment is applied to prevent infection. An injection of Vitamin K is given in the baby's thigh to aid the baby's blood clotting system. After these things are done in the birthing room, you once again may hold the baby. Now is a good time to nurse the baby if you are planning to breast-feed. The baby is usually alert for about one to two hours after birth. The nurses will help you as much as you need.
- After the baby finishes nursing or whenever you are ready, you'll be

given a meal. The nurses will bathe the baby in the birthing room and instruct you on the baby bath, cord care, safety, diapering, and so on. You'll be given a lot of teaching throughout your hospital stay. After the baby's bath, you'll be taken to the bathroom to empty your bladder. The nurses will show you how you'll need to care for your episiotomy, tears, and perineum in general. A cleansing solution will be used after each urination and bowel movement. They'll show you how to prepare this and use it. If you still feel well and are not lightheaded after being up to the bathroom, you'll be allowed to take a quick shower. A nurse will stay near to make sure you get back to bed quickly if you begin to feel lightheaded.

- You are ready at this point to go to your post partum room. The baby may also go to the room with you. If you need to take a nap, you may request that the baby be taken to the Nursery. During the day or evening, your partner may also continue to stay with you and the baby in your room. Family and friends may visit and see the baby during visiting hours (see "Visiting Hours" on page 15). Try to rest as much as possible while you're in the hospital. Relax and enjoy your baby.



Bilateral Tubal Ligation

There are many “non-permanent” types of contraceptives available to you. They will be discussed with you before your discharge from the hospital. You’ll also receive written information to help you decide which method is right for you. If you desire permanent sterilization, you’ll need to think about this before you are admitted for the delivery of your baby.

A bilateral tubal ligation is a surgical procedure in which your fallopian tubes are cut or burned. The fallopian tubes carry the egg from your ovaries into your uterus. The surgery prevents the egg from reaching the lower tube and uterus. You should be absolutely sure that you do not want to become pregnant again if you are considering a bilateral tubal ligation. Although there has been some success (40-75%) at becoming pregnant after a surgical procedure to reconnect the tubes, it is meant to be permanent and should not be done as a temporary measure. The incision is only

about 1-inch long and made just below the navel. The surgery takes approximately 15-20 minutes. Following the surgery, the patient is observed for approximately 30 minutes in the Recovery Room. A band-aid size dressing is applied. You may shower the day after surgery. Pain medication is available for any discomfort from the surgery.

The tubal ligation can be done the day of delivery, the day after delivery, or six weeks or more after delivery. If you have a cesarean section, a tubal ligation can be done at the same time. If you are covered by Medical Assistance, the surgical consent must be signed at least six weeks before the surgery.

If you have any questions regarding a tubal ligation, please ask your doctor.







