



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

▶ TODAY'S APPOINTMENT

Today your practitioner will:

- Check your blood pressure and weight.
- Possibly do a pelvic exam.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.
- Check your baby's position.
- Discuss labor signs and when to go to the hospital.
- Discuss birth control options after delivery.

▶ NEXT APPOINTMENT

Date: _____ Time: _____

Day: _____

Practitioner: _____

Notes: _____

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

▶ Your baby: at 36 weeks



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During the final month of development, your baby will probably weigh between 4½ and 7 pounds and measure about 18 inches long. At birth, your baby may weigh between 6 to 9 pounds and measure 19 to 21 inches in length. Your baby's skin is pink and smooth because "baby fat" has filled in the wrinkles. At this point, your baby's fingers have complete fingernails. The *lanugo*, a soft, fine, downy hair, is gone, except for some on the back and shoulders. *Vernix caseosa*, a white creamy substance that protects the skin from long exposure to

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amniotic fluid, is disappearing, except for what remains in the skin folds. The bones of the head are firm but flexible enough to pass through the birth canal without damage. The lungs are often fully developed during this final month.

▶ Your next prenatal appointment and tests



NEXT PRENATAL APPOINTMENT

Your next visit is scheduled to take place at about 38 weeks.

At that time, your practitioner will:

- Review the signs and symptoms of labor.
- Review when to come to the hospital.
- Check your baby's growth.
- Check your Kick Count Card.

An internal pelvic exam may also be performed to:

- Check your cervix for effacement (thinning) and dilation (opening).
- Check the pelvic station (how far down the baby's head or buttocks are in the pelvis).

▶ What should you expect during labor and birth?

Your baby could be born anytime between 37 and 42 weeks. If possible, it's best to stay pregnant for at least 39 weeks so your baby has time to fully develop. With the birth of your baby so near, you may begin to feel a variety of emotions, including excitement, happiness, anxiety, and fear. All of these feelings are normal. You may wonder, "How do I know if I'm in labor?" or "What will having a baby be like?"

You can't know beforehand exactly what the birth of your baby will be like because every birth is different. However, knowing what to expect and how to prepare should make it easier for you.

LABOR IS DIFFERENT FOR EVERY WOMAN

It's not possible to know when your labor will start, how long it will last, or how easy or hard it will be. You probably imagine how you would like it to be. It might be helpful to write down what will be important to you during your childbirth experience. A birth plan is one way to communicate your preferences for childbirth with the labor and delivery staff. (Ask your provider if he or she can give you a copy of a birth plan.) Discuss your preferences with your practitioner, who will advise you about any health considerations, possible complications, or hospital policies that may affect your experience. A birth plan can also help you think about other options if your labor doesn't go as you had imagined. While childbirth classes may teach you what you might expect and ways to cope with labor and birth, no one can predict exactly how long your labor will last. Be flexible in your expectations and you will more likely feel positive about your baby's birth.

For more information about labor and delivery, turn to page 4.

▶ PARTNER'S CORNER

LABOR AND DELIVERY

As labor approaches, you may feel a variety of emotions, ranging from excitement to anxiety, and everything in between. Remember: You're not alone; most expectant partners experience conflicting emotions. Perhaps you're concerned about your ability to support your partner during labor and delivery, or maybe you're afraid that you'll simply "fall apart" when you see her in pain and she needs you the most.

There are 2 major things that you can do to decrease this anxiety:

- 1. Know what to expect.** Much of the fear and anxiety may disappear if you know what to expect during labor and delivery. You can help your partner by:
 - Taking her safely to the hospital.
 - Helping her get comfortable in her hospital room.
 - Breathing with her through contractions.
 - Staying calm and helping her focus.
 - Timing her contractions.
 - Encouraging her and giving her positive feedback.

- Offering comfort with music, a massage, a cool cloth for her face, ice chips, water or juice, or a shower or bath.

- 2. Trust yourself.** Most labor support people rise to the occasion. For example, in a study of more than 200 expectant fathers, not a single one "fell apart" during his partner's labor.

Trust yourself to respond to her needs in a natural way. Listen to her and watch for her nonverbal cues, and respond accordingly.

CAMERAS AND VIDEOTAPE EQUIPMENT IN THE DELIVERY ROOM

Check with the hospital where you'll be giving birth to learn about the policies on cameras and video equipment in the delivery room. If you bring a camera and/or video recorder into the delivery room, we suggest that you use a camera that is designed for use in low to no light. For safety reasons, we don't allow outside light sources or tripods in the delivery room. Video equipment can't be plugged into hospital outlets so please bring batteries.

Your role is to support your partner during labor and delivery. If videotaping is important to you, consider asking a friend or family member to do this so that you're free to assist your partner.

▶ Staying healthy during pregnancy and beyond

YOUR CHANGING BODY

The bones in your pelvis are separating slightly to make room for your baby's head to pass through during birth. Pregnancy hormones soften and stretch the pelvic ligaments, increasing the movement of the pelvic joints. This might cause your back to be hyper-extended. An exaggerated curve in your lower back can cause the "pregnancy waddle" that many women seem to have during late pregnancy. It can also cause pain in your hip joints, back, and the front of your pelvis. To relieve these discomforts, try:

- A heating pad.
- Resting on your side or in a semi-sitting position, propped up with pillows.
- Spending time each day seated on a yoga (exercise) ball to help minimize tension in the pelvic area.
- Acetaminophen (such as Tylenol).

You might find relief from using a pelvic support device or maternity girdle. If you're having severe pain, talk to your practitioner.

▶ Smoking and pregnancy

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- Women who smoke are more likely to have problems in pregnancy and childbirth.
- They tend to have premature and smaller (underdeveloped) babies who have problems after birth and throughout life.
- Smoking during pregnancy can cause your baby to be born underweight, which puts your baby at greater risk of serious illness, chronic lifelong disabilities, and even death.
- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your practitioner or visit your local Health Education Center for help with quitting smoking or staying quit. Some facilities offer smoking cessation programs specifically for pregnant women.

If you smoke,
try to stop now.

When you call
your practitioner



PLEASE BE READY TO PROVIDE:

- Your name.
- Your Kaiser Permanente health or medical record number.
- Your practitioner's name.
- Your due date.

CALL NOW IF YOU HAVE:

- Any vaginal bleeding or blood clots (clumps of blood).
- Abdominal or pelvic pain, other than mild cramping.
- Pain or fever with vomiting more than 2 to 3 times a day or that lasts more than an hour.
- Fever (temperature of 100.4° or greater).
- Pain with urination.



► Preparing older children

Siblings may not be as eager as you are to welcome a new baby into the home. Many children have difficulty sharing your affection and attention. This sibling rivalry (a collection of negative feelings and behaviors that older children sometimes show toward a new baby) is very common. You can help by including your child or children in preparing for and helping with the new baby. Making your other children feel that they are a part of the excitement and not excluded from the daily routine can ease the adjustment.

Before the baby comes, let the older child:

- Feel the baby kick inside.
- Help mom pack her suitcase for the hospital.
- Help make birth announcements by drawing pictures.
- Help select the baby's name.
- Help pick out the baby's homecoming outfit.

When the new baby arrives, the child can:

- Help with the tasks needed to bring the baby home.
- Help fold or bring diapers.
- Help hold, dress, and burp the baby (with supervision).
- Push a stroller (with supervision).
- Smile, talk, and sing when the baby is fussy. You can point out to your older child when the baby is responding.
- Give a gift to the baby or share a few toys that the older child chooses (and are appropriate for an infant).

You and your partner can:

- Plan to spend special time alone with your older child every day.
- Use appropriate terms and labels when showing your child the different parts and functions of your baby's body.
- Use touch words like "gently" or "softly," and avoid using "don't touch" as much as possible.
- Teach and praise independent behaviors, encouraging the child to become more capable and independent now that the baby is here.
- Allow your child to talk about their negative feelings, and avoid scolding or shaming the child. The big brother or sister may at times feel jealous, lonely, angry, or sad, and these feelings are as normal as feeling loving, joyful, and generous towards the new baby.
- Give a realistic baby doll to a younger child, which they can pretend to feed, diaper, and play with. Younger children enjoy feeling involved with their realistic "baby doll."

Regressive behavior (such as a toilet-trained child wetting his or her pants) is common at this time, so you'll want to be particularly sensitive to an older child's adjustment to having a new brother or sister. As difficult as it might be, try to be patient, loving, and supportive. Your older child will realize that he or she can enjoy the baby as part of the family. Remember to praise positive behaviors and give lots of love and hugs.

► Feeding your baby

BREASTFEEDING

Breastfeeding is best for you and your baby. Because of the many advantages of breastfeeding, Kaiser Permanente recommends exclusively nursing your baby (which means giving him or her only breast milk) for the first 6 months of life. The longer a mom breastfeeds her baby, the greater the benefits for both mom and baby. Breast milk is your baby's best source of nourishment and is the only food your baby needs during this important time. Breast milk is easiest for your baby to digest and provides antibodies that protect your baby from infection. It's also less expensive than buying formula and requires no special preparation. Mothers who breastfeed have been shown to regain the figure they had before pregnancy more quickly than those who formula-feed. Nursing also increases skin-to-skin contact, which helps establish a unique bond and helps your baby feel secure.

Breastfeeding works on a supply-and-demand basis: the more your baby nurses, the more milk you will produce. You may hear different messages about how to breastfeed your baby, but remember there is no right or wrong way. Your breast milk provides the nutrients your baby needs, and he or she will let you know how much and how often to breastfeed. You don't need a special diet other than a well-balanced one while you're nursing, and you can drink coffee and soda in moderation. Your body will produce good quality milk even if your diet is less than perfect. It may take some time for your body to get into a rhythm, so be patient and persistent. Breastfeeding is a learned skill. It takes practice!

There are 3 essential ingredients for success with breastfeeding:

- 1. Knowledge.** Learn as much as you can about breastfeeding techniques, how the breast produces milk, and possible problems you might encounter. There are many books (see *Healthy Beginnings*, Issue 2) and classes offered on the subject, so don't delay.
- 2. Support.** Although breastfeeding is "natural," it's not as easy for some women as it might seem. Support and encouragement from your partner, friends, family members, pediatrician, or lactation consultant are critical. Encourage your partner and significant support people to learn about breastfeeding so they can support you in your decision to breastfeed. Be sure to involve your partner in other aspects of infant care, such as bathing, rocking, walking, burping, changing diapers, and playing. You want to ensure that your partner does not feel excluded from infant care.
- 3. Determination.** Nursing in public, handling your breasts, dealing with leakage, and using a breast pump are all issues for which you need to prepare yourself. Getting off to a good start in the hospital can help you prepare for successful breastfeeding and stay focused on your breastfeeding goal. The following can help you with a good start shortly after the birth of your baby:
 - Breastfeed your baby during the first hour after birth, if possible.
 - Hold your baby skin-to-skin as much as possible.
 - Try to only breastfeed (no bottles) in the hospital and during the first 4 weeks while your baby gets used to breastfeeding.

After breastfeeding is well established (at least 4 weeks), it is okay to combine breast and bottle feeding (breast milk given in a bottle). Learning how to use a breast pump and how to safely store your breast milk allows you to provide the best nutrition for your baby even when you're away. With determination and preparation, many women are able to continue breastfeeding even while working full time. After 6 months, you may slowly start to introduce solid foods, but we still recommend that you continue to breastfeed your baby until the baby is at least a year old and for as long after that as both you and your baby want.

Classes that teach mothers how to breastfeed successfully are offered at most facilities. Contact your local Health Education department for information on classes and other breastfeeding resources.

(continues on page 7)



► “Am I in labor?”

Your labor has probably started if you feel contractions regularly every 10 to 15 minutes, especially if they don’t go away with a change of activity. The following can help you know whether or not your labor has started or is near.

CONTRACTIONS

A contraction is a tightening of the uterine muscle that becomes frequent or regular as labor begins. It might feel like cramping or pressure in the uterus.

How to count contractions

- Place your hands on your uterus and feel for a tightening and then a relaxing (softening) of your uterus. Contractions should last between 20 to 60 seconds in early labor.
- The tightening sensation should be felt over the entire uterus. Sometimes it is felt in the back.
- Time contractions from the start of one contraction (or tightening) to the start of the next contraction (see the chart below). You’re having a contraction if your uterus stays tight for 30 seconds or more and then repeats. It’s normal for most women to have Braxton Hicks contractions (formerly called false labor contractions) throughout pregnancy. Braxton Hicks contractions don’t usually come in a

rhythmic pattern and don’t continue more than an hour. They often disappear if you change activity, and they usually are not painful. If you have a contraction every 15 minutes or more often, you may be in labor.

RUPTURE OF MEMBRANES (BAG OF WATERS BREAKS)

For 15 percent of women, there is a rupture of membranes (the bag of waters breaks) before labor begins. When this occurs, it’s usually close to the due date and means labor will start within a day. However, it can happen much earlier. Rupturing of the membranes is usually felt as a gush of fluid from the vagina, or a steady trickle of fluid if the bag only has a leak. Usually the fluid is clear with a pink or straw-colored tinge. If your bag of waters breaks or if you think you might be leaking fluid, call and report the time and color of the fluid to Labor and Delivery or the Member Service Center.

BLOODY SHOW (LOSS OF MUCOUS PLUG)

If you have pink or bloody vaginal discharge or blood-tinged mucous, you might be starting labor. However, the “bloody show” can occur 2 to 3 weeks before you actually go into labor. Tell your practitioner at your next visit if you think you’ve lost your mucous plug.

LIGHTENING (BABY “DROPS”)

If this is your first delivery, the baby might begin to settle into your pelvis up to 3 weeks before you go into labor. This is called “lightening.” If you’ve had a baby before, you might not experience lightening until you go into labor.

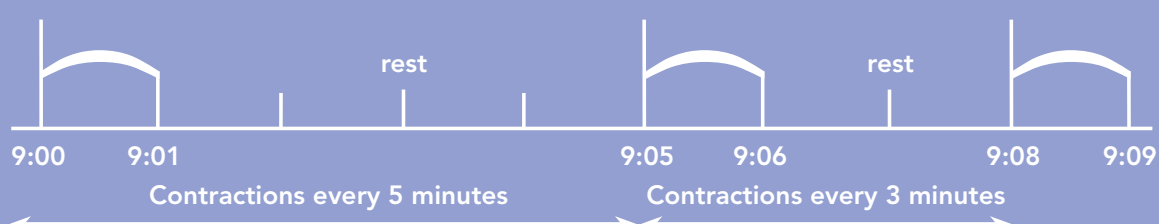
BABY’S MOVEMENTS CHANGE

At the end of your pregnancy, the baby becomes more crowded and the type of movement might change. However, the baby should still be rolling, kicking, or squirming throughout the day and night. If your baby moves less than usual, it may be a sign of a problem. (See “Fetal movement” and “Your ‘Kick Count Card’” in *Healthy Beginnings*, Issue 5).

Call Labor and Delivery (or the Member Service Center) immediately if you have bleeding similar to a menstrual period, or if your baby has not moved 10 times in 2 hours or has slowed down for 24 hours. It may be a sign that something is wrong.

How to time contractions

COUNT FROM THE START OF 1 CONTRACTION TO THE START OF THE NEXT



► When to go to the hospital

Call Labor and Delivery (or the Member Service Center) or follow the advice of your practitioner when any one of the following events occurs:

- Your membranes rupture (your bag of waters breaks). If your membranes rupture, be prepared to give the following information: time of rupture, color of fluid, and amount (gush or trickle). Use a sanitary pad or a towel (not a tampon) to absorb fluid. Don't take a bath, douche, or have sexual intercourse.
- You have vaginal bleeding that is bright red or heavy (like a menstrual period).
- Contractions become regular and/or stronger.

Recommendations vary, depending on:

- How far away from the hospital you live.
- Whether or not this is your first child.
- How long your previous labors have been.
- Whether or not your practitioner anticipates any problems.

Ask your practitioner when you should notify Labor and Delivery (or the Member Service Center) and go to the hospital. In general, mothers are instructed to come in when they're in active labor.

The following are some general guidelines about when to call. If you're a first-time mother, call when:

- You can no longer walk or talk through contractions.
- Contractions are regular, usually every 3 to 5 minutes over an hour-long period. (Count from the start of a contraction to the beginning of the next.)
- Contractions last at least 45 to 60 seconds. Contractions that last 30 seconds are probably very early labor or Braxton Hicks contractions (false labor).
- Contractions become much stronger when you're walking.

If you're not a first-time mother, call when:

- Contractions are every 5 to 7 minutes.
- Contractions last at least 45 to 60 seconds.
- Contractions become stronger when walking.

Fill in the phone numbers below so that you know where to call when you suspect labor has started:

NOTE YOUR PRACTITIONER'S
PHONE NUMBERS HERE

During office hours:

()

After office hours:

()

► What to bring to the hospital

The following is a checklist of items that should be included in your hospital suitcase.

LABOR KIT

- Hair clip or rubber band
- Lip balm (like Chapstick)
- Lotion (odorless, for massage)
- Cotton socks
- Tennis balls or other massage device for back massage
- Hand fan
- Spray mist bottle
- Toothbrush, toothpaste, mouthwash
- I-Pod or mp3 player or CDs with a portable, battery-operated player for relaxing music
- Camera (check battery)
- Food for the partner (avoid foods with strong odors)
- Extra juice for the mother

FOR MOTHER

- Kaiser Permanente ID card
- Nightgown/robe (front opening if you're breastfeeding) or loose or stretchy scoop necked T-shirt or camisole to tuck your baby in for skin-to-skin contact after delivery.
- Slippers
- Nursing bra without underwires (for breastfeeding mothers); well-fitting bra (for bottle-feeding mothers)
- Personal articles (comb, brush, toothbrush, and toothpaste)
- Loose-fitting clothes to wear home. Don't expect to fit into your pre-pregnancy size. Bring clothes that fit during your sixth month of pregnancy.
- Toiletries
- Address book with phone numbers

FOR PARTNER

- Telephone calling card or change (Cell phone use may not be allowed in the hospital. Ask the staff if cell phones are allowed.)
- Toothbrush
- Bathing suit (in case your partner needs support in the shower)

FOR BABY

- A name for your baby (for the birth certificate)
- Clothing for going home (undershirt, outer garments)
- 1 or 2 blankets (depending on the weather)
- Hat or hooded garment
- Infant car seat (required by law to be in the car when you leave the hospital)

DO NOT BRING

- Electrical appliances (curling iron, hair dryer)
- Valuable jewelry or money





► Your labor and delivery

Just as there is a predictable series of changes that your body and your baby experience during pregnancy, there is a series of events that you can expect to happen during your labor. Understanding these events can help you and your partner adapt to your unique experience. Labor is a series of 4 progressive stages:

- **FIRST STAGE (3 PHASES):** early, active, and transition.
- **SECOND STAGE:** pushing and delivery of the baby.
- **THIRD STAGE:** delivery of the placenta.
- **FOURTH STAGE:** recovery (lasts 6 to 8 weeks after delivery).

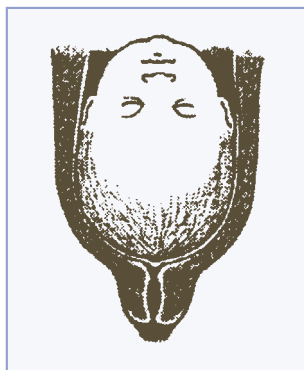
FIRST STAGE OF LABOR

During the first stage of labor, contractions help your cervix efface (thin) and dilate (widen) to about 10 centimeters. The average length of the first stage is 12 to 13 hours for a first baby and 7 to 8 hours for a second child. The first stage of labor has 3 parts:

1. Early labor

(cervix dilates to 3 to 4 centimeters)

You will probably spend most, if not all, of early labor at home. Try to maintain moderate activity. Relax, rest, drink clear fluids, eat light meals (if your practitioner advises you to), and observe your contractions. Contractions may subside if you change activity. Over time, they'll get stronger. You may feel excited and nervous. Slow, easy breathing is usually helpful at this time, as is focusing on positive, relaxing images or music. You're probably moving into active labor when you notice a clear change in the frequency, intensity, and length of your contractions, and when you can no longer talk during a contraction.

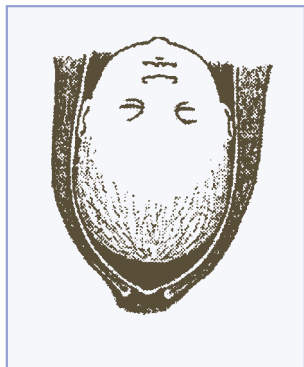


2. Active labor

(cervix dilates 4 to 7 centimeters)

When contractions occur every 3 to 4 minutes and last about 60 seconds, the cervix is dilating more rapidly (about 1 centimeter per hour). Most women find the contractions increasingly consuming and challenging as active labor begins. However, knowing that you are progressing more quickly can be encouraging. As the contractions become more and more demanding, you may talk less, only using short, concise communication. Your focus may become internal, on the intense sensations you're experiencing.

As the labor progresses, the membranes rupture (if they haven't already) and there's usually a gush of fluid. When this happens, you can expect contractions to speed up. Moderately paced breathing (18 to 20 breaths per minute) will help you remain relaxed. Showering or bathing, changing positions, a massage, applying hot or cold compresses, concentrating on a focal point during contractions, listening to music, and using breathing techniques can also help relieve discomfort. Walking, sitting upright, or lying on your left side will help labor progress. Relaxing between contractions saves energy and helps the cervix open.

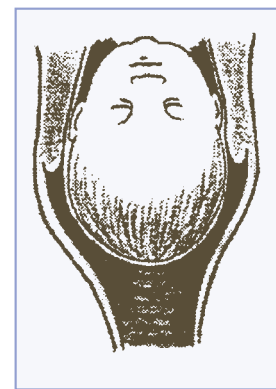


3. Transition to second stage

(cervix dilates 7 to 10 centimeters)

For many women, this is often the most uncomfortable and intense part of labor. During this phase, your cervix is opening to its fullest extent. Contractions last about 60 to 90 seconds and come every 2 to 3 minutes. There is very little time to rest and the intensity of the contractions may feel overwhelming. You might feel tired, frustrated, and disillusioned. You might be irritated easily and not want to be touched. It's common to perspire, feel nauseated, tremble, and alternately feel hot and cold. You might experience an urge to push. Remember that your practitioner will tell you when you're completely dilated and should push.

Don't push before this time. A variable breathing pattern that uses 3 short breaths and 1 long breath can be helpful during transition. Positive encouragement and companionship are also extremely important during this phase.



SECOND STAGE OF LABOR

Pushing and delivery of the baby

The second stage of labor begins when the cervix is completely dilated (open) and ends with the birth of your baby. During this stage, contractions push the baby down the birth canal and may cause intense pressure, like the urge to have a bowel movement.

Many women have a strong urge to push; others do not and need coaching to push at the right time. Your nurse and/or other medical practitioner will be with you continuously during pushing to help you to push with your contractions. If you have an epidural, you may be asked to let your body push the baby down on its own before you start pushing. This can take up to one hour or longer and is called "laboring down."

The intensity of feelings and sensations that you experience at the end of the first stage of labor continues in the pushing phase. Some women seem to get a "second wind" as they work with their contractions to push the baby out. It's not unusual for a woman to grunt or moan when the contractions reach their peak. This may surprise you at first, but it is normal.

The combination of contractions and your pushes will bring your baby through the birth canal until you start feeling pressure on your perineum (the tissue between the vagina and rectum). The top of the baby's head may be visible, and you may be able to see it in a mirror or reach around to touch it. With each push, the baby's head



(continues on page 7)

► Feeding your baby (continued from page 3)

FORMULA FEEDING

Parents choose formula feeding for a variety of reasons. You may even decide to breastfeed your baby while using an occasional formula bottle. Breastfed babies should not be given any formula in the first few weeks of life. Supplementing your baby with formula can affect your milk production. It's important to explore all of the issues related to how you'll feed your baby. Even if you choose not to breastfeed exclusively, you can still use bottle-feeding time to bond with your baby. Make this your special time to feel close to your baby by talking, singing, holding, and making eye contact.

Bottle-feeding safety

- It's not safe to prop bottles. Make sure that no one feeds your baby with the bottle propped. The bottle should always be held while the baby is drinking.
- Do not warm bottles in the microwave. Hot spots in the microwaved milk can burn your baby's mouth.

Choose from 3 types of formula:

- **Ready-to-feed:** This is the most convenient because it's already prepared for you. This is also the most expensive.

- **Liquid concentrate:** All you do is add water per directions.
- **Powdered:** This is the most economical, but also requires a little more preparation time.

Your baby's practitioner may recommend a specific brand of formula and tell you whether to sterilize or simply wash the bottles and nipples. Many women find that a dishwasher thoroughly cleans both if they are first scrubbed with a brush. Always check the expiration date and preparation instructions before you make your baby's formula. Follow the directions exactly.

Tips to keep in mind for formula feeding:

- Always wash your hands before preparing formula.
- Throw away any unused ready-to-feed or prepared formula if it has been sitting out at room temperature for more than 2 hours.
- If your baby drinks from a bottle but doesn't finish all of the formula, throw the remaining formula away; do not offer the same bottle again for another feeding.
- Always keep extra formula in the home in case of a natural disaster or other emergency.

(continued from page 6)

will become gradually more and more visible, as the perineum and vaginal opening continue to stretch. The head is said to be "crowning" once the widest part of the head can be seen. This is an exciting moment since it is the first real view of your baby.

This second stage of labor ends with the full birth of the baby. It can take anywhere from 5 minutes to several hours. How long this stage takes will depend on:

- Whether you've had a vaginal birth before.
- The baby's position and size.
- The shape and size of your pelvis.
- How effectively you're able to push.

THIRD STAGE OF LABOR

Delivery of the placenta

After the birth of your baby, your uterus continues to contract to push out the placenta (afterbirth). In most cases, the afterbirth is delivered about 5 to 15 minutes after the baby.

FOURTH STAGE OF LABOR

Recovery

If all is well with both mom and baby, the new family will stay together to share those special first moments. You and your partner might feel relieved, ecstatic, and exhausted. Most babies and parents experience a period of alertness and curiosity after delivery. Take this time to look at, talk to, touch, and hold your newborn skin-to-skin.

Let the baby respond to your voice and touch, too. This will begin the gradual bonding that will take place between you, your partner, and your baby.

During the first hour, there are hormones circulating in your baby which make the baby alert and ready to feed and bond with you. You, the mother, have been the baby's only home, and having your baby skin-to-skin, next to your heart, is a wonderful way to welcome your baby, and help your baby transition to life outside the uterus. Babies who are held skin-to-skin the first hour stay warmer, cry less, and nurse sooner. Skin-to-skin means the baby's naked skin touches your naked skin, without clothing or blankets in between. If your baby is taken away for a check-up, he or she will be returned as soon as possible so you can continue to bond with your baby. We strongly encourage breastfeeding at this time. Many babies are eager to nurse within a short period after birth; others wait a little longer. Breastfeeding will cause your uterus to contract and help reduce the bleeding that happens after birth. If you choose to breastfeed at this time, ask your labor nurse to help you into a comfortable position and to make sure that the baby's "latch-on" is correct. If you plan to bottle feed, your baby will benefit from the stress reducing effects of skin-to-skin care as well. After the first hour or two of bonding, nursing, touching, and being amazed by your baby, mother and baby are usually ready to rest and sleep. Fathers, partners, and other birth companions often need quiet time to reflect on the experience as well.



► Hospital care

Your labor will be overseen by a team of practitioners that always includes an obstetrician and a specially trained Labor and Delivery nurse. Nurse midwives and obstetrics residents may also be on your care team. Each obstetrician and nurse midwife is scheduled on a rotating basis to care for women in the Labor and Delivery Unit. You might not know in advance who will deliver your baby, but a Labor and Delivery team will be ready when you are. Remember that your prenatal medical record is electronically available in the Labor and Delivery Unit of all Kaiser Permanente facilities so that the on-duty practitioners can evaluate your individual needs.

MONITORS

The Labor and Delivery staff usually use external monitors to evaluate contractions and the baby's heart rate during labor. These devices help assess how close your contractions are and can identify problems related to your baby's heart rate. Unless there's a concern, you may ask your nurse to remove the monitors for intervals of time so you can stretch, use the restroom, or take a walk. These movements during labor can help to speed up labor and increase your comfort.

INTRAVENOUS FLUIDS AND MEDICATIONS

Not all women need to have an intravenous (IV) line during labor. However, you may have an intravenous (IV) line placed and "saline-locked" so that it is ready if there's a need. If you experience nausea and vomiting during labor and cannot take fluids by mouth, an IV will be used to provide these fluids. In addition, an IV can be used to provide medication for conditions such as diabetes or high blood pressure, for an infection, to induce labor, and to manage labor pain.

PAIN RELIEF

Almost all laboring women will feel discomfort from the contractions of the uterus. Even though you may prefer to give birth without medication, you should be aware of the types of pain relief medicines that are available to you. The more you know about these options ahead of time, the easier the choice will be.

- **Unmedicated birth.** Whether to use pain medications during labor and delivery is a personal choice. If you prefer a natural or unmedicated childbirth, we can support you in your decision.
- **Analgesics.** Analgesics are pain medications, such as opioids or narcotics, which are given through an IV or by injection to lessen the pain of contractions. These medications are almost always used well before delivery because they can affect a newborn's breathing right after birth.
- **Anesthetics.** *Regional anesthetics*, either epidural or spinal, decrease sensations from the abdomen to the toes. Epidural or spinal anesthesia decreases or eliminates contraction pain. The medication is given through a small tube (a catheter) that is inserted into the lower back. If you require a cesarean section, a regional anesthetic will numb the abdomen but will allow you to remain awake during the birth. You will need to be well hydrated before the epidural is placed, so receiving fluid by IV is recommended ahead of time.

Local anesthetics may be used at the time of delivery to numb the vaginal area. *General anesthetics*, which puts people to sleep, are used only in rare cases.

If you request or require pain relief during labor and delivery, you will discuss with your practitioner which options are right for you. We will keep in mind your comfort and your baby's safety.

It is important to remember that even if you use pain medication, it is unlikely that you will be totally pain-free during your labor. However, there are many ways to manage what you feel during labor. Finding a labor support person and taking advantage of childbirth preparation classes can help you manage stress and create a supportive environment, so you can be more relaxed and ready for labor.

► Maternity hospital stay and follow-up visits

YOUR HOSPITAL STAY

After your baby is born, your practitioner will talk with you about your hospital stay. The length of your stay will be based on what is needed for your recovery.

YOUR BABY'S HOSPITAL STAY

After your baby's birth, your practitioner will also talk to you about your baby's hospital stay. The length of time that your baby stays in the hospital is based on what is needed to give your baby a healthy start. Unless your baby is ill, you'll be discharged together.

FOLLOW-UP VISITS ARE AVAILABLE

Follow-up visits may take place at the outpatient medical offices, the hospital, or in some cases, your home. Your practitioner will let you know where and when your follow-up visit will take place.

COPING STRATEGIES

Walking during labor is very helpful for many women. Most women prefer the freedom to walk and move around as long as there are no high-risk factors during labor that would require continuous monitoring of the baby.

Distractions during early labor, such as reading, playing cards, knitting, and watching TV can help take your mind off the pain of contractions. Playing music during labor can be very soothing.

Massage. Your labor coach or partner can massage your shoulders and lower back during contractions. This firm massage of the back muscles (counter-pressure) during contractions may help relieve the pain of back labor.

Imagery. You can use guided imagery to help decrease your pain. Use your imagination to visualize contractions as waves rolling over you. Think of a beautiful mountain meadow or beach to help with relaxation in between contractions. Our healthy pregnancy and successful childbirth podcasts can introduce you to this technique and may help you relax during labor.

Focused breathing. Breathing in different patterns to help with contraction pain can be very helpful. Many of these breathing techniques are taught in childbirth preparation classes.

Acupuncture and hypnosis are low-risk approaches to decreasing pain that may work for some women. You are welcome to arrange for these resources to be available during your labor and delivery.

Laboring in the shower during the early stages can help reduce pain and stress and can help you cope with a slow or difficult labor.

CHOOSING A BIRTH POSITION

Unless there's a medical reason for you to be in a particular position, you should be able to choose a variety of positions during labor and delivery. Changing positions may help increase your comfort and your ability to cope, and can also encourage labor to progress. Your labor nurses may suggest several positions. Choose the ones that are most comfortable for you. If you choose to remain in bed, the labor nurses will help you adjust the special labor bed and prop pillows for your comfort.

EPISIOTOMY

An episiotomy is an incision of the perineum (the area between the vagina and rectum) that is sometimes made to enlarge the vaginal opening. This can help "speed up" the delivery of a baby that is having difficulty or can provide more room for delivery if felt necessary. When needed, it is performed near the end of labor, when the baby's head is showing. Episiotomy is not done routinely. Most women, especially those who have already had a baby, deliver without an episiotomy. In this case, it is common for there to be small tears after delivery. Tears that need stitches are repaired under local anesthesia with a suture that dissolves by itself. It is difficult to determine before delivery whether you will need an episiotomy.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor. If you have questions or need more information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.