

Maternity
care



A healthy pregnancy **Guidebook**

Congratulations!

You're having a baby, and getting ready for a whole new you. You're probably feeling a lot of things: nervous, excited, maybe queasy. It's all normal. This is a time of change for you.

As you prepare for your new baby, you'll have questions — even more if you're becoming a first-time mom. What's happening to your body? How will your baby grow? What will labor and birth be like?

In this guide, we'll try to answer most of your questions. Of course, we can't hit them all. That's why we encourage you to work closely

with your healthcare providers. If you don't understand something or have a question, they can explain it. Your Moda Health coach will also be ready to give you guidance and support.

The coming months will be busy. Make sure to take time for yourself. We hope you enjoy this special chapter in your life!

What's *inside*

Chapter 1	First trimester	3
Chapter 2	Common tests during pregnancy	7
Chapter 3	Nutrition and exercise	10
Chapter 4	Precautions during pregnancy	15
Chapter 5	Second trimester	18
Chapter 6	Third trimester	19
Chapter 7	Preparing for your baby's arrival	23
Chapter 8	Just for partners	28
Chapter 9	Labor and delivery	30

First trimester

Pregnancy is generally divided into three stages, or trimesters. Your body will go through different changes during each trimester as your baby develops and grows. Be good to yourself during this time. Listen to your body and respond to its changing needs. This is the key to a more enjoyable pregnancy – you deserve it and your baby deserves it.

The first 12 weeks of pregnancy are called the first trimester. During this time, your body will undergo significant hormonal and physical changes as your baby begins to develop. It's very important to take care of yourself during this time so that your baby gets the best possible start.

Your baby

All of your baby's major organs and systems are formed during the first trimester, but they will not reach maturity until later in your pregnancy. Fingers and toes develop soft nails and the mouth has 20 buds that will become baby teeth. At about 10 to 12 weeks, you will be able to hear your baby's heartbeat for the first time. By the end of the first trimester, your baby will weigh a little more than an ounce and measure about 2.5 inches in length.

Your body

The first three months of pregnancy are a time of adjustment. Your body changes quickly, and hormone levels can cause emotional changes as well. Be sure to rest and take good care of yourself during this time.

The following physical changes are normal during the first trimester:

Nausea and vomiting. Stomach upset is a normal response to the changes your body goes through during pregnancy. This symptom usually passes after about 12 to 16 weeks.

Here are some suggestions for decreasing nausea and vomiting:

- Eat six small meals a day instead of three large ones to help keep your blood sugar levels normal. Low blood sugar can cause nausea.
- Keep snacks on hand at all times.
- Wear motion-sickness bands around your wrists. These work on the principle of acupressure and can be worn anytime.
- Eat crackers during the night or early morning to help with nighttime and early morning nausea. Keep a stash of crackers at your bedside.

Fatigue. It's important to get plenty of rest during pregnancy. After all, your body is working hard to grow a baby. Get plenty of rest every day. Feel free to take naps if you need to.

Frequent urination. Hormonal changes, fluid retention and the baby pressing on your bladder can cause an increased need to urinate.

- Don't stop drinking water in order to urinate less. Getting plenty of water during pregnancy is critical.
- Don't put off urinating when you have to go. Frequent urination is a normal part of pregnancy.

Breast changes. During pregnancy, your breasts will become tender and larger. In addition, your nipples and areolae might darken. These changes show that your body is getting ready to produce milk for your baby. A good supportive bra can help with discomfort.

Dizzy spells. During the first trimester, some women experience dizziness or fainting as their circulation changes to accommodate a growing baby. These symptoms generally go away by the second half of pregnancy.

- Drink plenty of fluids.
- Don't stand up too quickly after you've been sitting or lying down.
- Be sure to get plenty of rest.
- Be sure to eat a balanced diet, including plenty of vegetables and healthy protein. Some dizziness can be related to low blood sugar or a lack of certain nutrients.
- Let your provider know if you experience excessive dizziness.

Headaches. Headaches are common during the first few months of pregnancy as your body adjusts to the changes in your circulatory system. The frequency of these headaches will usually lessen during the second half of pregnancy. Be sure to let your provider know if your headaches are sensitive to light or if they cause nausea, vomiting or fever.

Initial visit

Your first office visit during pregnancy may take longer than your other visits. Your provider will want to go over your entire medical history, give you a complete physical examination, and order some initial lab work to help understand how healthy you are and how best to support you and your baby.

This lab work may include the following:

- Complete blood count
- Urinalysis/urine culture
- Syphilis test
- Rubella screen
- Blood type, Rh factor and antibody screen
- Pap test
- Cervical and vaginal cultures
- Hepatitis B screening
- HIV test

During your first visit, your provider will calculate your due date based on your last menstrual period.

Due date example

First day of last period	Oct. 5
Minus three months	July 5
Plus one week	July 12

As soon as you think you are pregnant, let your healthcare provider know. You will want to take special care of yourself and your growing baby from the start. If you have special circumstances, like single motherhood, or if you are considering adoption alternatives, talk about these issues at your initial appointment. Your healthcare provider may be able to help with suggestions and references.



Important phone numbers

Keep phone numbers for your care providers and other important contacts in a handy location so that you and your family members can easily find them.

My maternity care provider

Name:

Phone number:

After-hours number:

My baby's care provider

Name:

Phone number:

After-hours number:

Hospital:

Labor and Delivery number:

Lactation department number:

My Moda Health insurance

Policy number:

Maternity Care coach:

Phone number:

Email:

Other important numbers

Follow-up visits

The closer you get to your due date, the more frequently your care provider will want to see you. Through your sixth month, appointments will be scheduled every four weeks. You'll visit your care provider every two weeks during your seventh and eighth months, and every week during the last month.

These visits will be shorter than your initial visit. Depending on your situation and your provider's approach, your provider may keep track of the following at each visit to make sure you and your baby are staying healthy:

Mother

- Weight
- Blood pressure
- Sugar and protein levels in your urine
- Measurement of uterine growth
- Special blood tests depending on your health history
- Blood counts and antibody screen (late in pregnancy)
- Group B strep cultures (late in pregnancy)

Baby

- Fetal heart tones
- Fetal activity
- Size and growth of baby
- Location or position of baby
- Ultrasound
- Amniotic fluid check (if your provider thinks it is necessary)

Common tests during pregnancy

Most care providers who deliver babies at hospitals will want to conduct a number of tests throughout your pregnancy to monitor your health and the health of your baby.

Screening tests provide the opportunity to identify potential problems. Even if your results are abnormal, the risk of birth defects is still quite low.

Diagnostic tests look more closely at potential problems to determine if they are in fact abnormalities. Some of these tests carry additional risks and should not be routine for all pregnant women.

Monitoring tests help track the well-being of your unborn baby.

For more information on screening, diagnostic and monitoring tests, please see the tables that follow. It is important that you understand these tests. Ask your care provider if you have any questions or would like more information.

Diagnostic tests	
Amniocentesis	Using a thin needle inserted into the uterus, a small amount of amniotic fluid that surrounds the baby is withdrawn. Testing this fluid can help confirm whether your baby has certain genetic defects, such as Down syndrome. Only a small amount of fluid is withdrawn during this test, and your body will rapidly replace it. The risk of a miscarriage is 0.5 percent.
Chorionic villus sampling (CVS)	A sample of tissue from the placenta is removed for chromosome testing. This procedure can be done between nine and 11 weeks. This test can be done earlier than amniocentesis and the risk of miscarriage is 1 percent.
Fetal maturity test	If you have the potential to deliver a premature baby, this test may be performed after 35 weeks. Amniotic fluid is tested to determine infant lung maturity. Infants with immature lungs at delivery often suffer from a condition called respiratory distress syndrome.

Screening tests	
Urine screening	Urine is checked for bacteria, protein and sugar. Bacteria and protein can signal a urinary tract infection. Sugar may be a sign of diabetes.
Pap test	Cells collected from your cervix during a pelvic exam are checked for infection, cancer or conditions that could lead to cancer.
Rubella immunity	This blood test shows if you are immune to rubella, or German measles. If you get rubella during pregnancy, your baby could have birth defects. Most women are immune if they received the rubella vaccine in childhood.
Hemoglobin screening for anemia	This blood test shows whether you have enough red blood cells. A low hemoglobin level suggests iron deficiency anemia.
Hepatitis B screening	This blood test checks to see if you are a hepatitis B carrier. This virus affects the liver, and if you have it, you can pass it on to your baby.
Rh factor	This test shows whether your blood contains Rh factor. The Rh factor is a type of protein on the surface of red blood cells. If your blood does not contain Rh factor, you may require injections to keep your body from breaking down your baby's blood cells.
Maternal serum testing	This test is also called the "triple screen" or "quad screen." It measures certain substances in your blood that can indicate an increased risk for genetic defects, such as Down syndrome. Most babies are healthy, even when their mother's test result is abnormal. In some cases, the healthcare provider may order an amniocentesis to confirm this.
Alpha-fetoprotein test (AFP)	This optional blood test is done between 16 and 18 weeks to detect neural tube defects. Neural tube defects are abnormalities in the baby's spinal cord and brain. The two most common neural tube defects are anencephaly and spina bifida.
Glucose screening	This test screens for gestational diabetes and is usually done between 24 and 26 weeks.
Group B strep (GBS) screening	This test looks for streptococcal bacteria in the vaginal area. Women can have this bacteria even if they do not feel sick. Babies can get GBS from their mothers during delivery. The bacteria can harm a baby's blood, lungs, brain or spinal cord. This test is generally done between 35 and 37 weeks. To prevent GBS infection in your baby, you can be treated with antibiotics during labor.
Ultrasound	This test uses sound waves to show a picture of your baby. Your provider uses it to determine your baby's sex, to detect abnormalities and to confirm your due date. This test also shows whether you are carrying more than one baby and can be used late in pregnancy to confirm the baby's position.
Nuchal translucency screening	This test is performed during an ultrasound and measures the fluid underneath the skin fold at the back of your baby's neck. A blood sample from you also may be drawn to analyze the chemicals and proteins found in your blood. The combination of these two tests helps identify pregnancies with a high risk of Down syndrome and other chromosome abnormalities.

Monitoring tests

Fetal movement test (kick count)	Between 16 and 20 weeks, you will begin to feel the first flutter of your baby's movements – this is known as "quickening." Fetal activity generally follows a sleep-wake pattern that lasts from 20 minutes to two hours. Let your doctor know if you notice that your baby's activity has diminished from his or her previous pattern of movement. During the last weeks of pregnancy, movements may slow down or become more difficult to track because your baby will have less room to move around. The general rule is – no less than four movements in one hour during a wake cycle.
Nonstress test (NST)	An external fetal monitor evaluates fetal heart rate patterns, especially during fetal movements. A test that identifies increases in fetal heart rate with fetal movement is considered "reactive" and is a reassurance of your baby's well-being.
Contraction stress test (CST)	This test allows your provider to evaluate how your baby's heart rate responds to contractions. Contractions are induced either with a drug called Pitocin, given through an IV, or by nipple stimulation. How well your baby handles the stress created by the contractions will show whether his or her blood and oxygen supply is strong.



Nutrition and exercise

Eating healthy foods during pregnancy is critical for producing a strong, healthy baby, but also for maintaining your own health and preparing for the big job you have ahead of yourself: childbirth. It's important that your diet is made up of healthy, nutritious foods – not sweets and junk food. Try to choose whole foods as much as possible, rather than packaged and processed foods. Avoid foods that are high in fat and sugar.

How much should I eat?

According to the U.S. Food and Drug Administration (FDA), pregnant women need to eat about 300 extra calories per day to maintain a healthy pregnancy. Do not eat more than your daily caloric need.

The table below shows the recommended daily amounts of each food group for the average pregnant woman. You may need more or less than the average. Talk to your doctor about the appropriate weight gain for your pregnancy.

Food group	1 ST trimester	2 ND & 3 RD trimester	What counts as 1 cup or 1 ounce?	Notes
Fruits	2 cups	2 cups	1 cup fresh or frozen fruit or juice ½ cup dried fruit	Eat a variety of fruits.
Vegetables	2½ cups	3 cups	1 cup raw or cooked vegetables or juice 2 cups raw, leafy vegetables	Eat more dark green and orange vegetables.
Grains	6 ounces	8 ounces	1 slice bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice or cereal	Choose whole grains as often as possible.
Proteins	5½ ounces	6½ ounces	1 ounce lean meat, poultry or fish ¼ cup cooked dry beans ½ ounce nuts 1 egg 1 tablespoon peanut butter	Eat lots of cooked dry beans. Always choose low-fat or lean meats and poultry.
Dairy	3 cups	3 cups	1 cup milk 8 ounces yogurt 1½ ounces cheese 2 ounces processed cheese	Choose low-fat or fat-free milk, yogurt or cheese.

Nutrition breakdown

A well-balanced diet for pregnancy includes carbohydrates, proteins, fats, vitamins and minerals and folic acid. Each of these plays a vital role in keeping you healthy during pregnancy.

Carbohydrates are the main source of energy. It is recommended that carbohydrates make up half of your caloric intake when you are pregnant. You can obtain these nutrients from grains, cereals, starchy vegetables and milk. Starchy vegetables, such as potatoes and corn, provide a source of fiber. Fiber is also found in fruit and whole grains.

Proteins help with the development of your baby. Nutrients from proteins maintain muscles and help fight disease. Proteins come mainly from meat, fish, poultry, nuts, beans and dairy products.

Vitamins and minerals are critical for a healthy pregnancy. You need more iron, folic acid, calcium and phosphorus during this time than you normally do. These and other nutrients help produce more blood and build your baby's bones. Generally you can obtain these nutrients through a healthy, whole foods diet, but your care provider may prescribe a prenatal vitamin supplement to ensure that you get all the nutrients you need.

Folic acid is necessary for the healthy growth of your baby. An insufficient amount of folic acid could lead to certain birth defects. It's recommended that women take folic acid before they become pregnant because it is especially needed during the first few weeks of pregnancy. Folic acid can be found in dark leafy vegetables, such as spinach and kale, and in oranges. Some enriched breads and cereals are also good sources. You may need to take a supplement to ensure you get enough folic acid during pregnancy.

Fats function as an energy reserve for your body. Some fats are more healthful than others. Avocados, olive oil, fish and nuts all contain good fats. Saturated fats are less healthy and can contribute to heart disease, excess weight gain and other health problems. These fats are found in meat and whole milk products. Limit your intake of saturated fats by choosing lean meats and low-fat dairy products and by reading the nutrition labels. Most of your fat intake should come from fish, nuts and vegetable oils.

Tune in to your body

As your body changes, pay attention to what it needs. Watch for new reactions to the kinds or amounts of food you are eating. Sometimes your favorite foods will no longer appeal to you. Some foods will give you an upset stomach, and you will crave others like never before. Many of your instincts will be accurate, but try to use good judgment and make healthy choices – even when what you crave is a second dessert!

Here are a few tips for helping you create a diet plan that will support you and your baby during pregnancy:

- In early pregnancy, gradually increase the amount of food you eat so that you gain weight at a reasonable rate. Too much weight gain too quickly can cause problems during pregnancy.
- As your baby grows, you may find it more comfortable to eat five or six small meals each day rather than three large ones.
- In addition to eating well, make sure to drink about six to eight glasses of water each day. Don't let yourself become overly thirsty. Milk and juice are also good for you during pregnancy.
- The FDA recommends that pregnant women and women who may become pregnant not drink alcohol. Any amount of alcohol during pregnancy could cause problems for your baby.
- Avoid fish that is high in mercury, including swordfish, mackerel, shark and snapper.
- Avoid solid fats, including butter, margarine, shortening and lard, as well as foods that contain these.
- Check packaged food labels to limit your intake of saturated fats, trans fats and sodium.
- Choose foods and beverages that are low in added sugars.

Do I have to give up coffee?

New evidence suggests that coffee in moderation – no more than two cups daily – is fine during pregnancy. Pay attention to how it makes you feel. If you feel jittery or dehydrated, drink less.

Why are my feet so puffy?

Puffy feet are very common and normal during pregnancy. This is not from drinking too much water or eating too much salt. Puffy feet are caused by an increase in your body's blood and fluids. The extra fluid is needed to soften the body as the baby grows, and prepare the pelvic joints for the birth of the baby. Sodium (salt) is healthy in moderation and is needed to regulate your body's fluids. Slight swelling in your feet, ankles, hands and face are expected; however, a sudden increase in swelling in your hands or face could be a sign of preeclampsia. It is important to contact your healthcare provider about any sudden swelling.

Exercise during pregnancy

It's important to get plenty of exercise while you are pregnant, just like before. If you were an active person before pregnancy, it's likely that you will want to stay active during pregnancy. As your body changes, however, you may no longer be able to do the same kinds of activities you are used to doing. Take your time and listen to your body to understand your new limits – and don't push yourself beyond them.

These activities are great during pregnancy:

- Walking
- Prenatal yoga
- Prenatal fitness classes
- Prenatal water aerobics

Exercise during pregnancy will increase your energy and can help prevent some of the typical discomforts that come with pregnancy, such as hemorrhoids, constipation and leg cramps. Staying physically fit during pregnancy also can help prepare you for the hard work of labor and delivery.

If you have questions about exercise, talk to your healthcare provider. Work together to develop an exercise program that works for you. Here are some tips for exercising safely and effectively during pregnancy:

- Try to be physically active for 30 minutes at a time most days of the week.
- About 60 minutes of physical activity per day is necessary to slow or reduce weight gain. Talk to your care provider to make sure you aren't overdoing it.
- Always include a warm-up and cool-down period when you exercise.
- Drink plenty of fluids before and after your workout.
- Avoid exercise that may be too strenuous. As long as you can talk comfortably while exercising, it's probably not too strenuous.
- Avoid bouncy, jerky or high-impact exercise.
- Stop exercising if you feel faint or overly tired.
- Stop exercising if you feel pain.

If you experience any of the following symptoms while you are exercising, stop immediately and call your doctor:

- **Vaginal bleeding**
- **Headache**
- **Dizziness or faintness**
- **Calf pain or swelling**
- **Difficulty walking**
- **Chest pain**
- **Uneven or rapid heartbeat**
- **Increased shortness of breath**
- **Uterine contractions that continue after rest**

You may need to limit exercise if you have continued vaginal bleeding, risk factors for pre-term labor or medical conditions such as heart or lung disease.



In addition to the activities mentioned on the previous page, these exercises are particularly good for you during pregnancy:

Kegel exercises. These exercises involve contracting and relaxing the muscles in the pelvic floor, which strengthens the area and prepares you for childbirth. To find this area of your body, contract your muscles as if you were stopping the flow of urine. Notice how the entire pelvic floor flexes when you do this? Try tensing these muscles and then slowly releasing them. Do this exercise three times a day for five rounds of tense and release. Work up to 20 or 30 rounds three times a day.

Butterfly stretch. Sit on the floor with your back against a wall and bring the soles of your feet together. Let your knees fall open to the ground. If your knees are more than a few inches off the ground, put pillows underneath them for support. Allow your thighs and knees to relax into the pillows. This stretch increases flexibility in your inner thighs and lower back and improves circulation. Hold this position for as long as you are comfortable and try to do it several times each day.

Abdominal strengtheners. Lay on your back with your feet flat on the floor and knees bent. Lift one knee up to your chest and straighten the leg, then bend it again and return your foot to the floor. Do the same thing with the other leg. Repeat this movement 10 times a day. During your second and third trimesters, you'll need to modify this by placing a pillow under one hip so that your back is not flat on the floor.

How much weight should I gain?

Your care provider is likely to weigh you at every appointment. Here are some general guidelines for how much weight you can expect to gain during pregnancy:

- If you were average weight before pregnancy, an average weight gain during pregnancy is 25 – 35 pounds. This amount of additional weight is needed to nurture you and your growing baby.
- If you were underweight before pregnancy, you may gain 28 – 40 pounds.
- Women carrying twins can gain as much as 45 pounds.
- If you were overweight before pregnancy, you should try to limit your weight gain to 15 – 25 pounds.
- Fifteen pounds should be the minimum weight gain for any pregnant woman.

If you are extremely hungry and start to gain weight rapidly, talk to your provider or Moda Health Maternity Care coach to learn about healthy foods that are lower in calories. You can eat larger portions of many foods without gaining extra weight.

Remember: You'll lose most of the weight when the baby is born or during the weeks following birth.

Sources of weight gain during pregnancy

Uterus	2 lbs
Blood volume	4 lbs
Breasts	2 lbs
Body fluid other than blood	4 lbs
Maternal stores (fat, protein, nutrients)	7 lbs
Fetus	6-8 lbs
Placenta and membranes	1 ½ lbs
Amniotic fluid	2 lbs

Note: These are average weights.

Precautions during pregnancy

To maintain optimum health for yourself and your developing baby, it's important to understand the risks of certain substances and activities during pregnancy.

Alcohol and drugs

Alcohol and drugs have been linked to miscarriage and birth defects, such as fetal alcohol syndrome, mental disability and low birthweight. Although these dangers are real, the risk drops as soon as you stop using drugs and alcohol – even if you are already pregnant. Talk to your care provider and health coach for advice on how to avoid alcohol and drugs.

You can contact Moda Health Behavioral Health to find a provider at 800-799-9391.

There is no safe amount – smoking, drinking and drug use harms developing babies.

Smoking

Smoking increases the risk of miscarriage and low birthweight. Low-birthweight babies have more health problems than average-birthweight babies. Infants and children who live with smokers have an increased risk for sudden infant death syndrome (SIDS), asthma-related lung infections and learning disabilities. Many women have a decreased desire to smoke during pregnancy. We want to help you achieve your goal of a healthy pregnancy and baby. Talk to your provider and health coach about how to quit smoking.

Ready to quit?

The National Tobacco Quitline is a free, telephone-based assistance program that helps callers quit tobacco. It offers free information and confidential, evidence-based cessation counseling. Get help now by calling **1-800-QUIT-NOW (1-800-784-8669)**. Talk with your health coach about resources available to help you quit smoking, including other benefits that might be available to you.

Domestic violence

The risk of being a victim of abuse and violence increases if you are pregnant. Domestic violence occurs when one family member uses physical, sexual, mental or verbal abuse to gain control over another family member. Violence in families can occur regardless of economic status, race or educational level. It is important to get help if this is happening to you.

Anonymous and confidential help 24/7 – if you feel you are in any kind of danger, please call the National Domestic Violence Hotline at **800-799-SAFE (7233)**. TTY users, please dial **800-787-3224**.

Other things to avoid

- Hot tubs and saunas
- Radiation, including X-rays – dental X-rays should also be postponed until after pregnancy, unless it is urgent. Tell your dental care provider that you are pregnant before receiving X-rays.
- Poison or toxic fumes, including insecticides
- Wet paint in poor ventilation
- Over-the-counter medications, unless suggested by your care provider
- Cat feces – parasites in cat feces can cause a harmful illness called toxoplasmosis. Wear gloves and wash your hands if you change the litter box or while working in the garden.

Symptoms to watch out for

During pregnancy your body will change in a number of ways that may seem alarming. These changes will differ from woman to woman, but most are a normal part of pregnancy. Sometimes complications do arise that require special attention, and most of these complications have specific warning signs.

Significant changes in your blood pressure, urine analysis, weight, fetal heartbeat and uterine growth could signal a problem. Your provider will check these vital signs during each office visit, but certain changes may only be noticed by you.

If you experience any of the following symptoms, call your provider immediately:

- Bleeding from the nipples, rectum or bladder
- Coughing up blood
- Vaginal bleeding, no matter how slight (unless it's a small amount after a pelvic exam)
- Swelling of the hands or face
- Dimness or blurred vision
- Severe or continuous headaches
- Abdominal pains that do not go away with heat and rest or a bowel movement
- Chills or fever above 100 degrees
- Persistent vomiting
- Painful or burning urination
- Decrease in fetal movement
- Sudden or slow discharge of fluid from the vagina



Instructions

Here's an easy way to keep track of important medical information. Cut out this chart and make a few copies, so you'll have extras for all your provider visits.

My maternity care provider

Name:

Phone number:

After-hours number:

Hospital

Labor and Delivery number:

Lactation department number:

Symptoms that I need to report to my healthcare provider (include date and time of symptom):

High-risk conditions

When a medical condition or pregnancy-related complication threatens your or your baby's well-being, your pregnancy is considered high risk. Sometimes complications arise unexpectedly during pregnancy and require close monitoring. More frequent office visits or referral to a high-risk specialist may be required. You may need special tests for determining the best time to deliver your baby. Total bed rest or other special treatment plans may be necessary.

The following conditions indicate a high-risk pregnancy:

- Some viral illnesses, including herpes, hepatitis B, AIDS, German measles (rubella), cytomegalovirus and chicken pox
- Bleeding late in pregnancy
- Post-date pregnancy
- Breech or other abnormal presentation
- Nicotine, alcohol or other substance abuse
- Incompetent cervix
- Age 40 or older; age 15 or younger
- History of miscarriages, still births or previous neurologically impaired infants
- Rh disease
- Multiple pregnancy (twins, triplets, etc.)
- Diabetes
- Heart disease
- High blood pressure
- Pre-term labor

Second trimester

Weeks 13 – 27 are considered the second trimester of pregnancy. You are likely to be more accustomed to the changes in your body and will become more aware of the baby growing inside of you. It is still important that you maintain healthy habits to support yourself during the middle of your pregnancy.

Your baby

Your baby grows rapidly during this time. He or she can move, kick and swallow. Toward the end of this trimester, your baby will become even more active, rolling from side to side and doing somersaults. The umbilical cord continues to grow during this time, passing nutrients from you to your baby, but it also can pass along hazards such as nicotine, alcohol and other drugs, so be mindful of what you consume. By the end of the sixth month, your baby is between 11 and 14 inches long and weighs between a half-pound and a pound.

Your body

You are likely to have an increased appetite during the second trimester. Morning sickness usually goes away during this time, and you may begin to feel more energetic. Your belly will swell, and you will feel your baby move for the first time.

Skin changes. The skin on your belly will begin to stretch and may itch. Eat well and drink plenty of fluids to help maintain healthy skin. Moisturizers such as cocoa butter, almond oil and rich lotions can help alleviate itching. Stretch marks are difficult to prevent, but healthy, supple skin will help lessen the effects.

You may notice a dark line down the middle of your abdomen. This is called the linea nigra and will fade after the baby is born. Your nipples and the area around them (areola) may become darker as well – this is nature’s way of helping your baby find your nipples more easily when it’s time to breastfeed.

Back pain. Many pregnant women experience back pain during the second trimester as their bellies get larger and put more strain on the back. Here are some tips to alleviate back pain:

- Get plenty of regular exercise.
- Wear low-heeled, comfortable shoes.
- Avoid standing for long periods of time.
- Use warm and cold packs to comfort the area.
- Wear a pregnancy sling or girdle.
- Rest in a hands and knees position several times per day.

Ligament pain. As your baby grows and your body changes, you may notice some new discomforts. One common discomfort, called “round ligament pain,” can cause your side or groin to be uncomfortable. This pain may occur when you move suddenly. To avoid round ligament pain, try moving more slowly to allow your ligaments to stretch gradually.

Get lots of rest

Rest is essential. Do not let yourself get worn out during work or play. Get eight to 10 hours of sleep every night, and do not feel guilty about taking naps.

Toward the end of your pregnancy, you may feel more tired and want to rest more often. Do it! If you are working, try to take extra breaks to stretch or rest.

Third trimester

Weeks 28 – 40 are known as the third trimester. During the last months of your pregnancy, you're likely to be busy preparing for your baby's arrival. You may have projects you want to complete before the birth, a nursery you want to set up, and childbirth classes you want to take. Do not let this busy time keep you from taking care of yourself. You still need to eat well, exercise most days and get even more rest to prepare for labor and birth.

Your baby

At the beginning of the third trimester, your baby can open and close his eyes and suck his thumb. She will kick and stretch, and you may notice the shape of an elbow or heel against your belly. At this point, your baby can see and hear. Between 37 and 40 weeks, your baby is getting ready to be born; these final weeks are very important to your baby's lung development, weight gain and suck reflex. At the end of the ninth month, your baby weighs approximately six to nine pounds and is 19 to 21 inches long.

Your body

During the third trimester, you may notice your abdomen tensing a little bit. These contractions are called "Braxton Hicks," and they may or may not be uncomfortable. These are a normal part of the last trimester and will help prepare your uterus for labor.

During the last few weeks of pregnancy, your cervix may start to open (dilate) and get thinner (efface) in preparation for birth. A little bit of colostrum (your first milk) may leak from your breasts as they prepare to make milk for your baby. New stretch marks may appear on your belly and breasts as you and your baby grow larger.

During the final weeks of your pregnancy, you may feel more tired and uncomfortable because of the baby's size and weight. Be sure to rest often. Your body is preparing for childbirth and will need all the energy stores you can give it.

Here are some common changes and discomforts you may experience during the third trimester:

Back pain. As the weight of your baby increases, your lower back is under more strain, which can lead to pain. Here are some ideas for helping relieve this discomfort:

- Pay attention to your posture and exercise.
- Do pelvic rocking – on hands and knees.
- Use warm or cold packs for comfort.
- Take warm (not hot) baths.
- Avoid standing for long periods of time.
- Get a massage.
- Get plenty of rest.
- Use pillows between your knees and under your belly while lying on your side.

Heartburn. As your baby grows and takes up more space in your abdomen, you are more likely to experience heartburn. Here are some tips for avoiding or alleviating this discomfort:

- Do not lie down for at least one hour after eating.
- Raise your head with extra pillows while in bed.
- Eat several small meals each day instead of three large ones.
- Try over-the-counter medications such as Maalox or Tums – but be sure to check with your care provider first to make sure these are appropriate for you.

Swelling. Toward the end of pregnancy, your growing uterus puts pressure on the veins in your pelvis – especially the vena cava, which is a large vein on the right side of the body that carries blood from your lower limbs back to the heart. This pressure, combined with your excess fluid retention, can cause your feet and ankles to swell, especially at the end of the day.

Here are some tips for alleviating this swelling:

- Lie down with your feet propped up higher than your heart.
- Avoid wearing tight socks and shoes.

If the swelling lasts more than 24 hours at a time or if you notice sudden swelling in your face and hands, call your care provider immediately.

Shortness of breath. As your baby gets bigger and takes up most of the space in your abdomen, you may find it difficult to breathe. After 37 weeks, your baby will drop down into your pelvis, giving your diaphragm and lungs the space they need again. With the baby's head lower and possibly resting on your bladder, however, you may find you need to urinate more often.

Constipation. During the third trimester, your growing uterus puts pressure on your rectum, which can make it difficult for the bowels to move. Here are some ideas for relieving this issue:

- Drink water and other non-caffeinated fluids – at least six to eight glasses per day.
- Get plenty of exercise.
- Increase natural stool softeners, including fruits and vegetables, whole grains and bran.
- You may need to add medication, including Metamucil, milk of magnesia or Colace.

Talk to your care provider if the constipation does not improve.

Can I have sex while I'm pregnant?

Intimacy can be very important during pregnancy as a couple prepares to welcome a new family member. Sex during pregnancy is safe as long as:

- You want to have sex
- It doesn't cause you pain or discomfort
- You have no vaginal bleeding
- Your bag of water has not broken
- You are not at risk for premature labor

If you have any questions or concerns about sex during pregnancy, talk to your healthcare provider.

Hemorrhoids. As your baby gets larger, it can sometimes block the circulation to the rectal area, which can lead to hemorrhoids. More often, however, hemorrhoids develop because you are straining when constipated. Preventing constipation prevents hemorrhoids. It's important to take the above measures to avoid constipation. Eat lots of fruit and raw vegetables, and drink plenty of water every day.

If you do develop hemorrhoids, here are some tips to alleviate the discomfort:

- Lie on your side with your hips elevated on a pillow.
- Soak in a warm bath.
- Try over-the-counter ointments, but be sure to check with your care provider first. Some medication in ointments can absorb into your skin and affect your baby's system.

If you suspect your hemorrhoids are bleeding, contact your care provider immediately.



Sleep disturbances. Many women experience changes in their sleep patterns during pregnancy. The size of your baby can make it difficult to find a comfortable position for sleeping. Frequent bathroom trips also can interrupt sleep as can stress and worry. Here are some tips for helping you sleep better:

- Take a warm bath before bed.
- Have someone give you a massage or foot rub before bed.
- Do not exercise right before bedtime.
- Avoid caffeine in the later part of the day – and possibly altogether if you still have trouble sleeping.
- Rest during the day to avoid getting overtired.

Premature labor. For a variety of reasons, women can sometimes go into labor early. If you have any of the following symptoms and your baby is not due for three weeks or more, you may be having premature labor:

- Menstrual-like cramping or contractions that are stronger than Braxton Hicks
- Pressure in your pelvis
- Backache that won't go away
- Pressure or pinching in your abdomen
- Watery or bloody discharge from your vagina

Tell your provider about your symptoms. He or she may instruct you to do the following:

- Lie down on your side.
- Drink at least two glasses of water or juice.
- If you haven't eaten in two hours, eat something.
- Count contractions from the start of one to the start of the next one for one hour.

If you have more than five contractions in one hour or have any of the above signs, call your care provider or the Labor and Delivery unit right away.

Stress and your emotions during pregnancy

Pregnancy can be an emotional time. Your body is changing rapidly, your relationship may be changing, and your responsibilities are about to increase dramatically. It's a lot to think about. Even though you are excited for the arrival of your new baby, you also may have fears and confusion. You may feel worried about your baby's progress or stressed about all the preparations you need to make.

These thoughts and feelings are a normal part of pregnancy. Here are some ways to take care of yourself during this emotional time:

- Get plenty of rest.
- Eat a balanced diet.
- Drink plenty of water.
- Get regular exercise.
- Do not smoke or drink alcohol.
- Relax by reading, listening to music or writing in a journal.
- Keep all of your prenatal appointments. These visits can reassure you that your baby is doing fine. Knowing that you are doing the best for your baby can help lower your stress level.
- Plan activities that you love to do.
- Spend time with family and friends.
- Talk to someone you trust about your feelings.

Sometimes, the hormonal and chemical changes in your body also can contribute to a change in your emotional health during pregnancy. You've probably heard of post-partum depression, right? Some women also can develop depression during pregnancy. Because many of the symptoms of depression are also symptoms of normal pregnancy – fatigue, trouble sleeping, weight gain and emotional changes – many women do not realize they are depressed.

Talk to your care provider if you have trouble coping with negative emotions. Depression can have a negative impact on your pregnancy and your overall health. Counseling or other treatment can help improve your outlook and your health. If you took an antidepressant before you were pregnant, do not stop taking it. To get a referral for a mental health provider call 800-799-9391.

Preparing for your baby's arrival

As your pregnancy progresses, you will naturally begin to prepare for your baby's arrival. Plan ahead by reading, talking with experienced parents, and taking classes on infant needs, breastfeeding and parenting.

Choose a name

Many parents find the task of choosing a name for their new baby difficult. Give yourself plenty of time to think about it and talk it over. Here are some tips if you are having trouble:

- Think of names of people who you have loved or admired.
- Do a little family research – a great-great-aunt may have had the perfect name!
- Buy or borrow a baby name book.
- Search for a name on the Social Security website. Go to ssa.gov/OACT/babynames. Here you can browse the most popular baby names by year.

Sign up for class

Giving birth is likely to be one of the most memorable experiences of your life. Knowing what to expect as you and your baby go through this process can help alleviate your fears and confusion, allowing you to move through each stage more confidently.

Parenting is a challenging job, no matter how you look at it. Your child will need you for food, shelter, warmth and love. Your child's health and well-being will depend on the care you provide before and after birth.

Prepare for the arrival of your new baby by taking childbirth education and parenting classes:

- Learn how prenatal food choices, exercise and quality healthcare can help you have a healthier, more comfortable pregnancy.
- Meet other expectant parents and share feelings of excitement and anxiety.
- Learn about the labor and delivery process, as well as relaxation, breathing and coaching techniques.
- Discover insights into parenting.
- Prepare for successful breastfeeding.
- Learn infant CPR in case of an emergency.

Choose your child's healthcare provider

It's important to find a provider for your child who you trust and who shares your views on healthcare. Developing a relationship with a provider will ensure that your child receives consistent care and that you and your child feel comfortable when visiting the office.

It's a good idea to select your child's care provider at least six weeks before your baby is due. That way, you won't have to worry about it at the last minute while you are preparing for labor and delivery. Also, if for any reason your baby arrives early, you will be ready.

Step one. Narrow down your options by asking questions about each care provider's office policies:

- Is the care provider covered by your insurance?
- Where is the office located?
- What are the office hours?
- How does the office handle billing and insurance claims? Is emergency coverage available 24/7?
- Does the practice have an after-hours answering service?
- Is the practice linked to a children's hospital?
- Where are patients referred after hours?
- What hospital does the doctor prefer to use?
- Is payment due at the time of each visit?

Step two. Interview each potential provider to make sure you choose the best one for you and your child. Here are some questions to ask during the interview:

- What is the provider's philosophy on alternative treatment and on medicating children?
- How long has the provider been practicing?
- Is the provider available by phone or email? If so, when?

During the interview, ask yourself these questions:

- How does the office staff greet you?
- Does the office have a comfortable feeling?
- Is the office kid-friendly?
- Do you agree with the office policies?
- Do you agree with the doctor's philosophy?
- Is this someone you could trust?
- Is this someone your child will feel comfortable with?

Depending on your needs, you may choose from a few different types of care providers:

Pediatricians. These doctors have special training in providing general medical care to babies and children under the age of 18.

Family practice physicians. These doctors provide general medical care to family members of all ages, from infants to adults. Some also provide obstetrical care, covering all stages of pregnancy, labor and delivery.

Nurse practitioners. These registered nurses have advanced training and work under the direction of doctors. They provide health assessments and coordinate general medical care.

Your baby's needs

Here's a checklist of practical items that you may want to purchase before your baby arrives:

- Crib
- Portable crib
- Baby recliner/carrier
- Blankets
- Breast pump
- Bottles
- Bottle warmer
- Changing table
- Gentle cleaning soaps for sensitive skin
- Cotton swabs for cleaning ears and nose
- Diaper bucket and bag
- A supply of cloth or disposable diapers
- Wearable front carrier
- Infant car seat
- Oil, lotion or Vaseline
- Baby towels and wash cloths
- Outer clothing
- Baby thermometer
- Stroller

Breastfeeding basics

The benefits of breastfeeding are considerable. Human milk is the perfect food for all newborns. Breastfeeding creates a strong bond between mother and child, and it lowers the mother's risk for breast and ovarian cancer.

Breastfeeding supports your baby's development in a number of ways. Human milk has a mix of nutrients and antibodies that help babies thrive. There are many important benefits to breastfeeding:

- Provides your baby with immune system-boosting antibodies – this comes from early breast milk (colostrum)
- Can protect baby from developing allergies
- Lowers your baby's risk of SIDS (sudden infant death syndrome)
- Offers relaxation for baby and many mothers – the hormone oxytocin is released while breastfeeding, which produces a calming effect
- Breastfeeding saves money – more than \$2,500 per year compared with the cost of buying formula

Support for breastfeeding

While you may agree with the importance of breastfeeding, you still might feel overwhelmed by the idea of actually doing it. Learning as much as you can before you give birth will help you feel more comfortable and know what to expect.

- Get advice from someone who has enjoyed breastfeeding.
- Take a breastfeeding class before you give birth.
- Involve your partner or support person in your decision to breastfeed.
- Find a care provider who supports breastfeeding.
- Be sure to let the nurses in the hospital know that you plan to breastfeed.
- Talk with a lactation nurse while you are in the hospital.
- Find a breastfeeding support group in your area.

Successful breastfeeding begins at birth. Your baby will be born awake and ready to learn to suck in the first hour after birth. Many babies naturally gravitate toward the breast and begin to suck on their own.

However, pain medication given during labor can interfere with this process. If your baby is too sleepy, he or she may need more time. **Be patient.**

Plan ahead to breastfeed

- Before you go on maternity leave, ask your employer if there is a lactation policy or benefit.
- Consider buying or renting a breast pump. This will allow you to provide breast milk for your baby, even when you cannot be there in person to nurse.
- Ask your employer if you will have a private place and time to express milk. You will probably need to pump two or three times in an eight-hour workday, for about 10 to 15 minutes each time.
- Choose a childcare provider who is comfortable feeding your child expressed milk, or who will welcome you if you can come to nurse your baby during the workday.

Becoming a family

When you have a baby, your family dynamic will change, whether it is your first baby or you have other children, whether you have a partner or you will be a single parent. Everyone will need time to adjust to the new family member in one way or another – even your family pets.

Siblings

If this is not your first child, give your other children advance notice that they will soon be a big sister or brother. Depending on the age of the children, you may want to tell them some basic facts about how the baby was created.

Most children will welcome the new sibling and will want to be involved in the care. Here are some ideas for helping your other children adjust:

- Talk about what new babies are like.
- Let your children know how much you like having an older child too.
- Give each child his or her own special ways to help with the baby.
- Spend time with each child before and after the baby arrives.
- Let your child know it is okay to have lots of feelings about the new baby.

Partners

Pregnancy is an exciting time for you and your partner, but it also can put strain on a relationship as your body changes and you both consider your upcoming responsibilities.

Here are some ideas for maintaining a connection during pregnancy:

- Make time for one another – take a break from planning for your baby and do something special just for the two of you.
- Talk about your feelings.
- Work together to prepare the nursery.
- Share healthy meals with your partner and exercise together.
- Take a prenatal class together.

Single parenting

If you're a single mom-to-be, you may feel overwhelmed by your new role. All new moms, single or not, feel a little uneasy from time to time – it's perfectly normal.

Reach out to friends and family for support with day-to-day tasks during pregnancy. Ask someone special, such as a friend or your mother, to attend prenatal care visits, take childbirth education classes, or support and coach you through the birth.

Don't try to do it all. You might also need someone to help you during your first week or two at home with the new baby. Accept help when it is offered.

Help at home

When you arrive home after having your baby, you will have many physical and emotional adjustments to make. You'll have a new family member to care for 24/7 and your sleep patterns will be interrupted significantly. Your hormones will be shifting again, which may cause some physical and emotional discomfort. It's also quite normal to feel overwhelmed.

It's a good idea to plan ahead for this time and organize some people to help at home after your baby is born. Here are some ideas:

- Drop off pre-made meals for your freezer.
- Provide babysitting for siblings.
- Help with house cleaning or errands.

Your priority as a new parent is to focus on the care and feeding of your new baby. Remember to get as much rest as possible so that you can enjoy yourself during this precious time.





Just for *partners*

Congratulations! You're going to be a parent! During your partner's pregnancy, it's likely that you will have lots of questions and concerns about your baby's development and your upcoming responsibilities. Take an active role by learning as much as you can and supporting your partner through this exciting time.

During pregnancy

Here are some ideas for how you can get involved before your baby is born:

- Go with your partner to her prenatal visits. Get to know her care provider and ask questions.
- Be patient with your partner's mood swings and fatigue, which are a normal part of pregnancy.
- Help your partner eat a healthy, balanced diet so that she can gain the recommended amount of weight. Try eating the same foods she is eating or cooking special, healthy meals for her.
- Remind your partner to take her prenatal vitamins if her care provider has recommended them.
- Encourage her to exercise. Take walks with her or join her in her exercise routine. However, always check with her healthcare provider before beginning a new type of exercise.
- Help your partner rest and lower her stress. Help around the house or make meals so she can rest. Take naps together.
- Reassure your partner that she is still attractive and desirable. Giving your partner positive reassurance and compliments are helpful in maintaining intimacy and fostering a healthy relationship. Help your partner quit smoking. If you or your partner need help quitting, talk to your healthcare provider.
- Encourage your partner to be open and talk about her feelings.
- Help your partner stay away from alcohol. If you or your partner need help to stop drinking, talk to your healthcare provider.
- Help your partner avoid street drugs. If you or your partner need help to overcome drug abuse, talk to your healthcare provider.
- Encourage your partner to talk to her provider about any prescription drugs she is taking. Certain medications may not be safe for the baby.
- Help your partner stay away from dangerous household products, including strong cleaners, paint, paint thinner and insect and weed killers.
- If you have a cat, clean the litter box to help your partner reduce the risk of toxoplasmosis.

Planning ahead

Getting ready for a new baby in the house takes a lot of planning. Here are a few ideas for what to take care of before the new family member arrives:

- Get your home ready. Help decorate the nursery and shop for baby items.
- Figure out your budget. Borrow larger items such as a crib, changing table or clothes if your budget is tight.
- Learn about pregnancy, childbirth and parenting. Watch videos, do research online, read books, or talk to friends or family members.
- Go to childbirth education classes with your partner. Meet other couples and learn how you can help your partner during labor and delivery.
- Support your partner's choice to breastfeed. Breastfeeding offers numerous benefits to babies.

Delivery day

Before you know it, nine months will be over. Here are a few tips for the big day:

- Plan ahead. A few weeks before your baby's due date, have a bag ready for the hospital and put the infant car seat in your car.
- Give your partner your undivided attention during labor. Be understanding — labor is hard work.
- If you have a doula to help support your partner, get some rest during early labor in preparation for the delivery. A doula is a person trained in supporting parents through labor and delivery.
- Enjoy the wonderful moment when your baby comes into the world!

Bringing baby home

The time after your baby is born will be a time of adjustment for everyone in the family. Your partner will be exhausted, and you both will be overwhelmed with the feeding and care of your little one. Here are some tips for getting through this time:

- Be patient with your baby and your partner. Some new babies cry a lot. They are adjusting to the world just as you and your partner are adjusting to caring for them.
- Help feed your baby. If mom is breastfeeding, bring the baby to her and help them get comfortable.
- Take care of your baby. Change diapers, give baths, rock and cuddle.
- Ask friends and family to help with cleaning, grocery shopping and cooking. This is not the time to be shy about asking for help. Everyone needs help when they have a new baby.
- Talk about your baby, parenting, family, stress and any other feelings you may have. Recognize that bringing baby home will change the dynamic of your family and may cause a variety of emotions. Remember that this is completely normal.

What to take to the hospital

During the last weeks of your pregnancy, pack a bag to take with you to the hospital. You won't want to run around looking for things once you are in labor. Here are some ideas for what to bring:

- Your favorite bed pillows
- Massage lotion
- Your favorite music
- Hand fan
- Lip balm
- Food for your support person
- Cards, books, videos and other time-passers
- Socks
- Tennis balls in a sock to help alleviate back pain
- Camera and video recorder
- Toiletries for mom and support person
- Slippers and bathrobe
- Change of clothes for support person
- Going-home clothes for mom and baby
- Reading and writing material
- Phone numbers of close friends and family
- Change for vending machines
- Watch or clock with a second hand

Labor and delivery

Having a baby may be something you've looked forward to for years, or it may have been unplanned. Giving birth is one of the most fundamental human experiences, and for many women, the transition into motherhood is a rite of passage.

Even so, the process of labor and birth is surrounded by mystery in our modern culture. We hear stories of pain and fear, and movies often depict childbirth as either traumatic or comedic. Understanding the real process of labor and birth will help you know what to expect and feel more confident.

Is this really labor?

As your due date approaches, your body will continue to shift and change. The Braxton Hicks contractions you've been experiencing may increase, and you may begin to feel new pains and discomforts that lead you to believe you are in labor. However, until you experience certain tell-tale signs of real labor, you'll be having what is often called "false labor" or "prelabor."

Here's how to distinguish between false labor and real labor:

Prelabor

- You have no bloody show ("bloody show" is the passing of blood or blood-tinged mucous through the vagina).
- Contractions are irregular and not progressively closer together.
- Walking or changing your activity or position may relieve or stop the contractions.
- The cervix hasn't changed.

Comfort measures:

- Drink plenty of fluids.
- Rest on your side.
- Take a warm shower.
- Go for a walk.
- Have someone rub your back or feet.

Real labor

- You will have bloody show – this may be the first sign.
- You may have cramp-like pains.
- Contractions get stronger, occur more frequently and last longer.
- Resting or lying down doesn't slow the contractions, and walking usually makes them stronger.
- Your water may break or you might leak fluid.
- Your cervix will dilate – sometimes this process begins prior to the start of labor, but not the other way around.

When to check in

Once you are certain you are in actual labor, work with your support person to keep track of your contractions. Time your contractions from the beginning of one contraction to the beginning of the next.

Your contractions should be regular, strong and increasing in frequency. A contraction is considered strong if you can't walk or talk through it. Once they are five minutes apart for one to two hours, call your midwife or doctor. He or she will ask you several questions and let you know if it's time to go to the hospital. Here are some other reasons to go to the hospital or check in with your care provider:

- Your provider asks you to come in.
- Your baby is moving less than usual.
- You have vaginal bleeding.
- Your instinct tells you that you need to be checked.

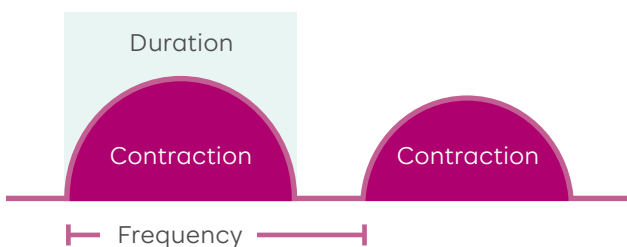
If you are planning a home delivery

- Call your midwife when you are having regular contractions.
- Call your doula when you are needing support.
- Your midwife will instruct you throughout your labor.

How to time your contractions

To track the frequency, time them from the beginning of one contraction to the beginning of another. This time frame is how far apart they are.

To track the duration, time from the start of one contraction to the end of the same contraction.



This time frame is how long they are.

Stages of labor

While every labor is unique, most follow a typical pattern that has three stages:

- **Stage 1** is early, active and transitional labor.
- **Stage 2** is pushing and the birth of your baby.
- **Stage 3** is the delivery of the placenta.

How long labor lasts can vary greatly. Some labors can be just a couple of hours, while others can last more than 24 hours. Both scenarios are within the range of normal.

The following table shows the average length of each stage of labor. Remember this is just a guideline.

Labor timeline	
Stage 1	
Early	7 - 12 hours
Active	4 - 5 hours
Transition	20 - 40 minutes
Stage 2	
Pushing	½ - 2 hours
Birth	A few minutes
Stage 3	
Placenta	10 - 40 minutes

Early labor

Early labor is the longest period in labor. It begins from the moment you start having actual contractions. As mentioned earlier, it can be difficult to determine exactly when you are in early labor. For some women, contractions start at approximately 15 to 20 minutes apart and last about 60 to 90 seconds.

During early labor, your cervix is slowly working to dilate up to 4 centimeters in diameter and your body is gearing up for active labor. Your bag of water may break during this time, but not necessarily. If it does, contact your care provider with the following information:

- The time your water broke
- How much fluid came out
- The color of the fluid, if any
- The odor of the fluid, if any

This information about the fluid around your baby may help your provider understand how your baby is doing.

Once labor begins, many women feel excitement and relief that the labor process has started. Some women feel nervous because they don't know what to expect. It's not unusual for a woman – or her partner – to assume things are ramping up quicker than they actually are. Going to the hospital too early – or simply disrupting the groove you are just starting to get into – can actually stall labor and lead to frustrations and possible medical interventions for getting it started again.

In early labor, it's a good idea to settle in and take time to get used to the contractions. Go for a walk, take a shower or a nap. Relaxation techniques can be helpful during this time as you learn to concentrate and ride the waves of each contraction.

Here's how your partner or support person can help in early labor:

- Massage your shoulders, temples, feet and hands.
- Remind you to relax.
- Breathe with you or remind you to breathe slowly and deeply.

Comfort measures for early labor

Environment	Create a comfortable space. Adjust the lighting and temperature. Use extra pillows and rearrange the furniture to allow for experimentation with different positions for laboring.
Emotional support	Have supportive people with you who can listen, provide encouragement and give you comfort.
Temperature	Use hot or cold packs to relieve aches.
Bath and shower	Use warm water to relax and relieve some of your labor pain.
Relaxation	Use relaxation techniques to reduce tension and learn to work with (or release into) your contractions – not against them.
Movement	Change your position often. Walk, dance, rock in a chair, lean on a tabletop, sit on a birth ball or rest against your partner. Get creative in finding what works best for you.
Touch	Have your partner give you a massage to help you relax.
Imagery	Use a mental visualization to help you relax.
Attention focus	Focus on a single thought, sound or image.
Music	Listen to your favorite, comforting music.
Breath	Change the pace or tempo of your breath and focus on it as a way to cope with pain.



Active labor

You will know you are in active labor when your contractions progress to about three to five minutes apart, lasting about one minute. During this time, your cervix will continue to thin and open from about four to eight centimeters. Most women will experience more vaginal bleeding, and some women will have back pain.

Many women become quiet and more serious during this time. Active labor requires their full attention. Even though they may not seem to be engaging with the people in the room, companionship and encouragement during this time is important.

Here's how your partner or support person can help during active labor:

- Provide ongoing emotional support and encouragement.
- Massage hands, feet and shoulders – although some women may not want to be touched during active labor.
- Apply pressure to your back during contractions – many women like very strong pressure, so this is a great job for your partner who might be stronger than a doula or other support person.
- Roll a tennis ball over your lower back.
- Keep you hydrated by providing water and ice chips.
- Place cool cloths on your forehead.

Pain relief

Some women find that pain medication gives them better control over their labor and delivery. Talk with your provider about the options, including the risks and benefits. **Don't be afraid to ask for pain relief if you need it.**

Comfort measures for active labor

Movement	<ul style="list-style-type: none"> ● Change positions. ● Walk around your room. ● Rock back and forth. ● Make circles with your hips.
Positions	<ul style="list-style-type: none"> ● Change positions frequently. ● Kneel on hands and knees to relieve back pain. ● Use a birth ball for support. ● Lean over the bed or against your partner.
Relax	<ul style="list-style-type: none"> ● Get into the shower. ● Soak in a Jacuzzi tub if it's available. This can also help to speed labor along. ● Try to release all of your muscles and rest completely between contractions.

Transition phase

Transition is generally the most difficult phase of labor and lasts about 20 to 40 minutes. During this time, your cervix continues to thin completely and dilates from eight to 10 centimeters. Your contractions should continue to be a couple of minutes apart and will last about a minute.

Back pain and pressure in your bottom are common because your baby's head is moving down into the birth canal. You may experience increased bleeding and nausea or vomiting. You also might feel very tired and out of energy. All of these symptoms are normal and indicate that you are very close to pushing your baby out.

Relaxation and breathing techniques may not be helpful during transition. Try to remember that this phase is the shortest, though, and that pushing will come as a great relief.

Here's how your partner or support person can help during transition:

- Continue to provide emotional support and encouragement.
- Remind you that you are getting very close to pushing your baby out.

Pushing and birth

Once your cervix is fully dilated to 10 centimeters, you can begin pushing. This phase of labor usually lasts between 30 minutes and two hours. Your contractions may slow down to two to five minutes apart but will continue to last for a minute or longer.

The quality of the contractions may change. They may feel more defined with regular rest periods between them. This gives you time to gather your energy for each push.

Many women feel more alert and in control. Pushing may actually feel good to some women, as pressure is releasing from your back and pelvic area and your efforts are now obviously more productive.

Here are some tips for making pushing more effective:

- Find a comfortable position – you are not required to lie flat in bed.
- Stay focused on the job of pushing your baby out.
- Use breathing techniques to increase your energy with every push.
- Ask your nurse to put a warm cloth next to the opening of the birth canal to help you focus. This also can help relax the area and reduce swelling.

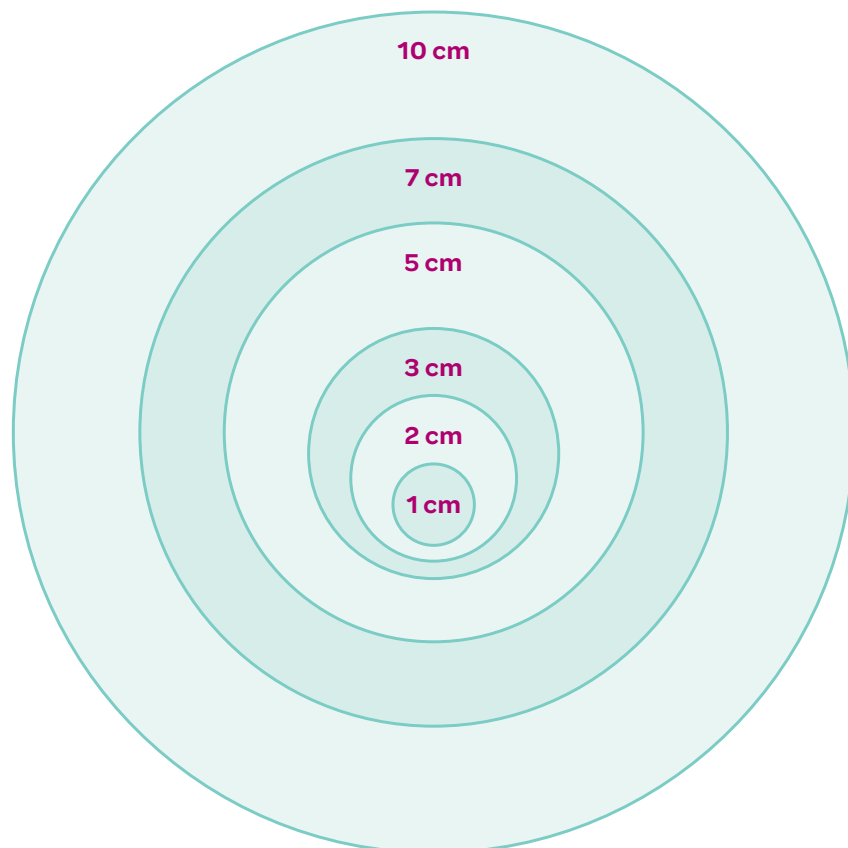
- Feel your baby's head when it begins to come out. Actually touching can be a great motivator.
- Use a mirror to see your baby's head.
- Release all of your muscles and rest completely between contractions.

Here's how your partner or support person can help you as you push:

- Continue to provide emotional support and encouragement.
- Help with positioning – some women use support people for leverage or something to push against with their feet.

When your baby is born, your care provider will place your baby on your belly. After a few minutes, when the umbilical cord stops pulsing, your partner or another family member can cut the cord. It's your time to snuggle and get to know your baby.

Placenta. The last part of your labor involves delivering the placenta. After the birth of your baby, you will continue to have milder contractions until the placenta is out. The placenta is much softer and much easier to deliver than your baby. You are likely to be so wrapped up in your new baby that this phase will pass almost unnoticed!



Early induction of labor

Early induction is the stimulation, or “jumpstart” of labor by use of medication before 39 weeks. This may be necessary for medical reasons. However, there are risks associated with delivering a baby before 39 weeks, such as underdeveloped lungs and difficulty breast or bottle feeding. In the final weeks of pregnancy, your baby is gaining weight, storing iron and moving down into your pelvis. Your body is passing antibodies that help your baby fight infections in the first days and weeks of life. The last days of your pregnancy are vitally important for both you and your baby.

Cesarean birth

Sometimes a Cesarean birth (C-section) is medically necessary. In most cases, your partner or support person can be with you in the operating room.

Here are some reasons why Cesareans occur:

Your baby is in distress — showing signs that he or she needs to be delivered right away.

- Your baby’s umbilical cord is in the wrong place.
- Your placenta is separating from your uterus — called “placental abruption.”
- Your baby’s head is too big to fit through the birth canal.
- You have multiple babies — twins, triplets, etc.
- Your baby is breech — the bottom or feet are in your pelvis instead of the head.
- Your birth canal is blocked by your placenta — called “placenta previa.”
- You have active genital herpes.
- Your labor doesn’t progress.

After surgery, you will be taken to a recovery room where you will be able to spend time with your baby and begin breastfeeding. You will rest in the recovery room for a couple of hours and then move to a regular room. With a Cesarean birth, the average hospital stay is about four days. It may take you up to six weeks to recover from the surgery.

If you have a Cesarean, it’s a good idea to get some extra help at home. You will not be able to get around as easily and will need all of your energy to care for your baby.

It may be possible to avoid a Cesarean birth. A vaginal birth carries less risk of complications for both you and your baby. Here are some steps for avoiding Cesarean birth:

- Find a healthcare provider and birth setting with low rates of intervention.
- Ask your health care provider about his or her philosophy on Cesareans and his or her Cesarean rate.
- Create a flexible birth plan and let your healthcare provider know how much you want to avoid a Cesarean birth.
- Become more educated about birth by taking childbirth classes, reading books, and asking lots of questions.
- Avoid induction of labor, if possible.
- Explore options for coping with pain.
- Avoid an epidural, if possible.
- Arrange for continuous labor support from a professional, like a doula.

Vaginal birth after Cesarean (VBAC)

VBAC can be possible and safe. Both mother and baby must be healthy. A previous vaginal delivery can also indicate a successful VBAC. Many providers will offer the option of a trial labor and delivery. This test monitors the baby while a small amount of Pitocin is administered to the mother to ensure that the baby will tolerate labor. Some care providers are more comfortable and experienced with VBAC than others. If you attempt a VBAC and are not successful, you will then undergo a Cesarean birth. Up to 70 percent of women who attempt a VBAC are successful. Talk to your midwife or doctor about your VBAC options.

Your bundle of joy has arrived. What's next?

Within the first hour after your baby is born, you can begin breastfeeding. A nurse will help you get started if you need it. Most babies are quiet and alert right after birth and have a strong instinct to suck.

It's a good idea to take advantage of this time immediately after birth to begin breastfeeding. Most babies will get pretty sleepy after a couple of hours and not be as interested in breastfeeding for the next 24 hours.

The first time your baby tries to breastfeed, he or she may simply nuzzle and lick. On the other hand, he or she may actually grasp your nipple and suck vigorously. Every baby is different and both of these scenarios are successful first feedings.

Enjoy the time you have in the hospital. Take advantage of all the support people you have at your disposal and ask as many questions as you can think of. Get as much rest as you can.

Soon you will be heading home with your new baby to begin the adventure of parenthood on your own!

Skin-to-skin contact

Welcome your baby immediately after the birth by snuggling close. Studies have shown that immediate skin-to-skin contact between mother and baby creates an important bond and helps the baby to stabilize more quickly. Your baby will recognize your smells and sounds and will feel comforted by your warmth.



Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Customer Service,
503-243-2987 or 800-342-0526
(TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call the applicable Customer Service department listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyon tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloanni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

Questions?

877-277-7281

modahealth.com



Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska.

3150 (08/24)