

Maternal and Infant Health



Promotor(a) de Salud Resource



Maternal and Infant Health

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For additional materials on the implementation and management of *Promotor(a) de Salud* programs or for information on MHP Salud and its program models, please contact us!

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Introduction: Improving Health Outcomes of Babies and their Mothers

Pregnancy is an excellent opportunity for *Promotores(as)* to work with community members on a variety of health issues. Concerns for the health of children and expectant mothers allows us to offer information, support and referrals to medical and other services that will provide the needs of growing families.

Guiding expectant mothers, especially those that are first time mothers, can help to reduce medical and emotional complications and increase healthy outcomes for mother and child. As *Promotores(as)*, we are aware that there are challenges experienced by some of our community members. These challenges can be due to issues of employment, living conditions, legal status and environment. Any of these stress factors can affect healthy outcomes. But, while pregnancy and birth are impacted by factors outside of medical issues, in this manual we will focus on:

- Practical advice for a healthy pregnancy
- Changes during pregnancy
- Prenatal clinical visits
- Preparing a healthy home for the newborn
- Birth and delivery
- Postpartum challenges and the importance of medical follow-up, including family planning
- Newborn and well-baby health check-ups

As part of our preparation for working with the community, it will be useful to have resources to assist with issues prior to pregnancy, during pregnancy and after the baby is born.

The following resources offer national contact information for each of the services. Many of us will find that there are state or local offices for health and community resources we might offer. Take time to prepare your local list before your outreach and support begins. You will then have current information on resources and services and the requirements for accessing them before you meet with mothers.

Resources Across the Continuum

The national United Way offers a service that provides local and national resources, in multiple languages. Anyone in the U.S. can dial 211 and be connected to assistance.

Listed below are agencies that offer resources, referrals and support. The services are divided into the pregnancy stages when services might be needed. All of the phone numbers can be called toll-free. Agencies with websites or phone numbers for Spanish-speakers are also listed.

Prior to Pregnancy

<p>Planned Parenthood 800-230-7526 (Press 2 for Spanish)</p>	<p>Family planning and sexual health services.</p> <ul style="list-style-type: none"> • Website in English: www.plannedparenthood.org • Website in Spanish: www.plannedparenthood.org/esp
<p>Prenatal Services 800-311-2229 - English 866-783-2645 - Spanish</p>	<ul style="list-style-type: none"> • General information and referrals to local services.
<p>Federally-Qualified Community Health Centers</p>	<ul style="list-style-type: none"> • Provides primary and preventive care, no insurance needed. Contact information to find a local center: http://findahealthcenter.hrsa.gov/
<p>Domestic Violence/ Intimate Violence (National Hotline) 800-799-7233 800-787-3224 (TTY) (Deaf-Blind /Hard of Hearing)</p>	<ul style="list-style-type: none"> • Offers confidential assistance, local shelter access and resources: www.thehotline.org/help/

During Pregnancy

<p>Federally-Qualified Community Health Centers</p>	<ul style="list-style-type: none"> • Provides primary and preventive care, no insurance needed. Contact information to find a local center: http://findahealthcenter.hrsa.gov/
<p>Medicaid 877-267-2323 866-226-1819 (TTY)</p>	<ul style="list-style-type: none"> • This program provides medical coverage to individuals who meet lower income eligibility requirements. Care might cover children, pregnant women, and non-citizens with medical emergencies. This support varies state to state. Eligibility is generally based on income and varies with the specific population. • General information: www.medicaid.gov/medicaid-chip-program-information/by-population/pregnant-women/pregnant-women.html • State specific information: https://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html
<p>Women, Infants, and Children (WIC)</p>	<ul style="list-style-type: none"> • Supplemental foods, health care referrals, and nutrition education for mothers, infants and children up to age five. • General information: www.fns.usda.gov/wic/women-infants-and-children-wic • State specific information: www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

<p>Car seats Dial: 2-1-1</p>	<ul style="list-style-type: none"> Information on receiving free or reduced cost car seats. Free car seats may be available through Medicaid and other health and auto insurance companies.
<p>Cribs 888- 721-2742</p>	<ul style="list-style-type: none"> Safe sleep information and to find a local chapter: www.cribsforkids.org
<p>Breast Pumps</p>	<ul style="list-style-type: none"> Any woman with health insurance can receive breast pumps and assistance through the Affordable Care Act. State specific information: www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies General information: www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic
<p>Domestic Violence/ Intimate Violence (National Hotline) 800-799-7233 800-787-3224 (TTY) (Deaf, Deaf-Blind /Hard of Hearing)</p>	<ul style="list-style-type: none"> Offers confidential assistance, local shelter access and resources: www.thehotline.org/help/
<p>Grief Counseling 800-221-7437</p>	<ul style="list-style-type: none"> First Candle Counselors are available 24/7: www.firstcandle.org/ (For Spanish: click on the flag of Spain in the right hand corner for translation) Additional Resources: babylosscomfort.com/grief-resources/
<p>Children with Birth Defects</p>	<p>Resources and information about birth defects:</p> <ul style="list-style-type: none"> Website in English: www.americanpregnancy.org/birth-defects/ Website in Spanish: www.americanpregnancy.org/es/birth-defects/
<p>National Down Syndrome Society 800-221-4602 Monday-Friday 9-5 (Translation available in 150 languages)</p>	<ul style="list-style-type: none"> National Down Syndrome Society (in Spanish): www.ndss.org www.ndss.org/Resources/NDSS-en-Espanol/
<p>National Autism Association 877-622-2884</p>	<p>National Autism Association: www.nationalautismassociation.org/</p>

United Cerebral Palsy 800-872-5827	www.ucp.org/
March of Dimes 888-663-4637	<ul style="list-style-type: none"> • March of Dimes offers educational and family support aiming to improve maternal and child health, such as premature birth, through various programs and activities: http://www.marchofdimes.org/index.aspx • NICU family support program: http://www.marchofdimes.org/mission/march-of-dimes-services-in-the-nicu.aspx
Text4baby Send a message to this number: 511411 and for English type Baby and type for Spanish BEBE	<ul style="list-style-type: none"> • Keep up with appointments, monitor baby's development and receive health and safety tips. • Download the "Text4baby" App on the Apple Store or Google Play

After Pregnancy (postpartum)

Federally -ualified Community Health Centers	<ul style="list-style-type: none"> • Provides primary and preventive care, no insurance needed. Contact information to find a local center: http://findahealthcenter.hrsa.gov/
Childhood Health Insurance 877-543-7669	<ul style="list-style-type: none"> • Connect to children's health coverage in your state: http://insurekidsnow.gov/
Women, Infants, and Children (WIC)	<ul style="list-style-type: none"> • Supplemental foods, health care referrals, and nutrition education for mothers, infants and children up to age five. • General information: www.fns.usda.gov/wic/women-infants-and-children-wic • State specific information: www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
Healthy Start 800-504-7081	<ul style="list-style-type: none"> • Focuses on getting women into prenatal care as early in the pregnancy as possible. • Link to local services, provides preventative health services and ensures families have access to health care. • http://www.nationalhealthystart.org/healthy_start_initiative/project_directory
Social Security 800-772-1213 Press 6 for Spanish 800-325-0778 TTY (7 a.m. and 7 p.m. Monday- Friday)	<ul style="list-style-type: none"> • To learn about benefits and eligibility: www.ssa.gov/

Birth Certificates	<ul style="list-style-type: none"> • Contact your health department's Office of Vital Statistics: http://www.cdc.gov/nchs/w2w.htm
Domestic Violence/ Intimate Violence (National Hotline) 800-799-7233 800-787-3224 (TTY) (Deaf-Blind /Hard of Hearing)	<ul style="list-style-type: none"> • Offers confidential assistance, local shelter access and resources: www.thehotline.org/help/
Breastfeeding Support 877-452-5324 (877-4 LA LECHE)	<ul style="list-style-type: none"> • La Leche League International provides information, resources, support and counseling on breastfeeding. • Website in English: www.llusa.org/locator/ • Website in Spanish: www.llli.org/langespanol.html • Locate state agencies: www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies • Breastfeeding Support and WIC: www.fns.usda.gov/wic/breastfeeding-promotion-and-support-wic
Mommy & Baby Groups	<ul style="list-style-type: none"> • Provides parents with information about child's development, advice and support groups. • Website in English: www.babycenter.com/ • Website in Spanish: www.espanol.babycenter.com/ • Check with local library programs for additional information.
Grief Counseling 800-221-7437	<ul style="list-style-type: none"> • First Candle Counselors are available 24/7 • www.firstcandle.org/ (For Spanish: click on the Spain flag in the right hand corner for translation) • Additional Resources: babylosscomfort.com/grief-resources/
Children with Special Needs	<ul style="list-style-type: none"> • Check in your area for local Children's Medical Service programming • The federal government oversees this site with multiple listing and resources: http://www.mchb.hrsa.gov/programs/specialneeds/helpfulwebsites.html

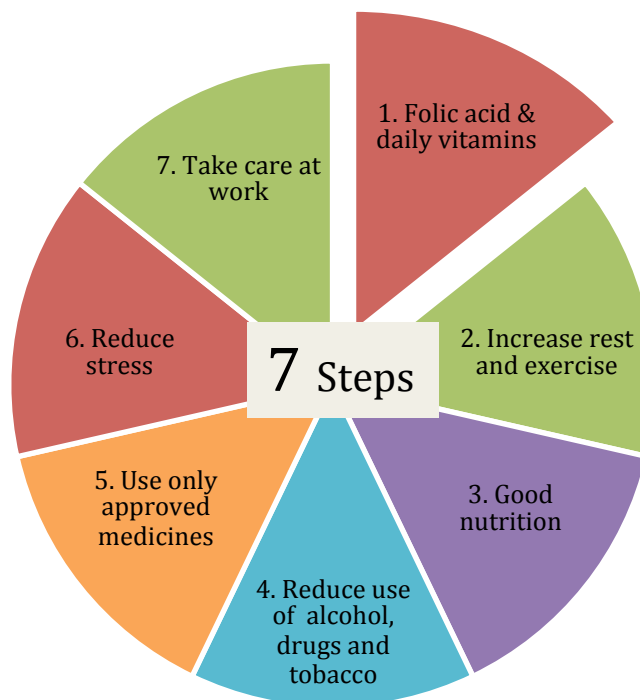


Chapter 1 - Healthy Choices For Healthy Babies

Healthy babies and healthy pregnancies are directly linked to the expectant mother caring for herself. During her pregnancy she may need some advice from us on having a healthy pregnancy and where to receive care. Guidance and education from a *Promotor(a)* should help the expectant mother to enjoy her pregnancy experience and to feel prepared.

There are seven steps that have a direct impact on the health of the baby and the mother. These steps are divided into healthy actions to take and recommendations of how to reduce exposure to dangerous products that can negatively affect the baby.

Seven Steps for a Healthy Pregnancy



1-Folic acid and daily vitamins

Because it is difficult for most women to eat enough nutritious foods daily, the prenatal medical team will prescribe prenatal vitamins. Prenatal vitamins contain many very necessary vitamins and minerals. It is important for a pregnant woman to take her vitamins every day! Even though not all birth defects are preventable, we do know that minerals and vitamins can make a positive impact on the health of both baby and mother.

An important ingredient in the prenatal vitamin is folic acid, a vitamin that has been proven to prevent one birth defect called spina bifida. Spina bifida is a defect of the spinal cord and brain.

Some women may say that they have difficulty taking their prenatal vitamins. A few ways to deal with potential stomach upset or difficulty swallowing the large vitamins include taking

the vitamin at night before going to bed or with a regular meal. Or, simply take half a vitamin in the morning and half in the evening. Prenatal vitamins can also be crushed and added to a food such as applesauce, salsa, or tea for easier swallowing.

Women can begin taking prenatal vitamins before pregnancy and throughout her reproductive years.

Remember, without following a very specific diet, it is difficult for any woman to get all the vitamins and minerals both she and the baby need during pregnancy! And, vitamins don't have any calories and they don't make women gain weight, so there are limited reasons to not take them.

2-Exercise and rest

An expectant mother needs to balance exercise with rest during the pregnancy. A woman who doesn't exercise tends to have more difficulty at delivery than women who keep a consistent routine. Regular exercise, daily walks, jogging or dancing are great ways to work out for your body and heart. An exercise class or gym work is also fine, as long as the mother doesn't go beyond her doctor's recommendations. Unless the provider restricts exercise, an expectant mother should get moving!

An important balance to exercise is rest. Most women experience a greater need for sleep during pregnancy, especially in her first three and final months. Planning activities and asking for assistance from others to assure that the expectant mother has time for sleep are beneficial recommendations. A brief nap after returning from work is an additional way in which a woman can get extra rest. Lying down for 15 minutes with the legs elevated can serve as an excellent rest option.

3-Good nutrition

Good nutrition is important to reduce the risk of complications during pregnancy and for the baby's development. Pregnant women need about 300 more calories every day than before they were pregnant. These calories should be healthy calories full of vitamins and minerals. Eating foods that provide calories but do not have vitamins and minerals will cause a woman to gain weight, but will do nothing to keep her healthy or to help her baby grow. Encourage women to avoid "junk food" (soda, sweet breads, cake, chips, candy and most fast food).

There is a link between poor nutrition and health problems for the mother such as anemia (low iron in the blood) or pre-eclampsia (high blood pressure). A healthy diet also means that the mother will have more energy, resist illness or infections and recover more quickly after birth. Foods that are raw or unpasteurized, such as cheeses, should be avoided as these can carry food-borne illnesses (called Listeria) that can be life-threatening to an unborn baby.

Drinking plenty of fluids, especially water, is recommended to help prevent dehydration and constipation. A pregnant woman should drink about three quarts of water every day. Drinks with caffeine (coffee, soda, black tea) should be avoided because caffeine makes the body lose water, urinate more frequently and dehydrate you. When you drink plenty of water, it will help to prevent bladder infections, constipation, headaches, and early contractions.

A mother's poor nutrition can affect the baby in many ways including preterm birth (affecting heart and lungs), low birth weight (affecting immune system and learning), mental retardation

or learning disabilities. It is especially important for the mother to get the correct amounts of calcium, folic acid and iron.

<p>Calcium prevents mother’s weakening of the bones and builds those of the baby. Good sources of calcium include dairy products, dark green vegetables (spinach, kale and broccoli), dried beans and almonds.</p>	<p>Iron is needed to make red blood cells to transport oxygen throughout the body’s tissues and organs. Iron keeps women strong and prevents excessive bleeding at birth. Good sources of iron include red meat, eggs, tofu, dried beans and fruits and iron fortified cereals.</p>	<p>Folate (Folic Acid) decreases the risk of brain and spinal cord defects. As explained above, the provider can prescribe the recommended amount. Good sources of folate are beans, lentils, and spinach.</p>
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4-Reduce use of alcohol, drugs and tobacco

Making healthy changes is important during pregnancy to prevent miscarriages, birth defects and other effects on the baby’s development. Expectant mothers need to be encouraged to be honest with their providers if the use: tobacco, alcohol, street drugs and even caffeine (sodas and coffee). The medical team can help mothers to reduce their usage of these products and to take healthy steps for the baby and the mother. So clearly, for those who drink, smoke, use recreational drugs or even consume addictive caffeine, it’s time to make a change.

Alcohol, tobacco and recreational drugs should be avoided as these are easily passed along to the baby and are responsible for the most common causes of mental and physical birth defects, premature birth, behavior and learning difficulties and addiction.

Caffeine products such as coffee, teas, colas and other soft drinks should be limited, as high caffeine consumption has also been linked to an increased risk of miscarriage.

5- Use only approved medicines

Taking care of the mother’s health is as important as ever during pregnancy. Controlling pre-existing health conditions by following a recommended diet, exercise and medications will make for an easier pregnancy and birth. Encourage the on-going care with the prenatal health care provider and routine appointments with the primary health care provider. Expectant mothers should be reminded to share their chronic illness information with the prenatal providers.

Additionally, expectant mothers should speak with their prenatal provider before taking any over the counter medicines or use any traditional remedies. Just because a medication is purchased without a prescription does not mean that it can’t negatively affect the baby. A medical professional should approve even common medicines for allergies, indigestion, headaches and stress. Home remedies, or the use of teas or herbs, should be discussed with the doctor as well to be sure that there are no negative side effects. Women should know that many times there are better and healthier alternative treatments for common health problems.

6-Reduce stress

Everyday stress is a part of life and most of us have learned how to manage it. For some women, pregnancy can be a physically or emotionally stressful time. Many issues such as

hormonal changes that can affect the woman's moods, concerns about body changes or problems with family can be hard to handle. And, unfortunately, anxiety and stress can be passed on to the unborn baby. High levels of stress in pregnancy can cause childhood problems for the baby after birth, such as trouble paying attention or being afraid. Expectant mothers can benefit from knowing this so that they can immediately seek stress reduction suggestions or help from a professional.

Recommendations for reducing stress are very similar to those used for stress management: get fresh air, exercise (take a walk), eat healthy foods and speak to a friend or professional. Try and figure out the cause of the stress and see if there are ways to reduce the tension. We need to remember that emotional health affects the whole body, especially during pregnancy. And how the mother feels, affects her baby.

7-Taking care at work

No matter what the expectant mother's employment might be, exposure to chemicals, carrying heavy loads, constant standing and exposure to overly hot or cold environments can all affect both the health of the mother and baby. It is important that exposure to these toxins be reduced if a woman is interested in becoming pregnant or as soon as pregnancy is determined.

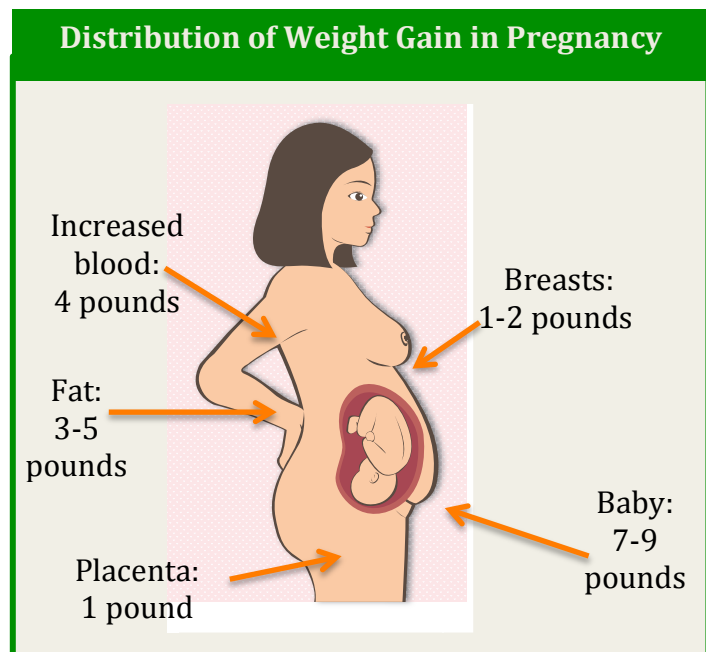
Chemicals used for cleaning or painting, or even pesticides and fertilizers, have been linked to some negative birth outcomes such as birth defects. For example, exposure to pesticides can cause a miscarriage or stillbirth. When a pregnant woman is exposed, her baby may also be exposed. Pregnant women need to take extra care to not be exposed to pesticides.

Understanding Weight Gain During Pregnancy

A baby in the womb depends entirely on the mother for nutrition. When a woman is pregnant, she really is eating for two. But that doesn't mean she needs to eat twice as much food as before! She needs to make good nutrition choices for herself and her growing baby.

How Much Weight Should a Pregnant Woman Gain?

There is no fixed amount of weight that a woman should gain during pregnancy. Working with the prenatal care team, the expectant mother's weight will be monitored at each appointment.



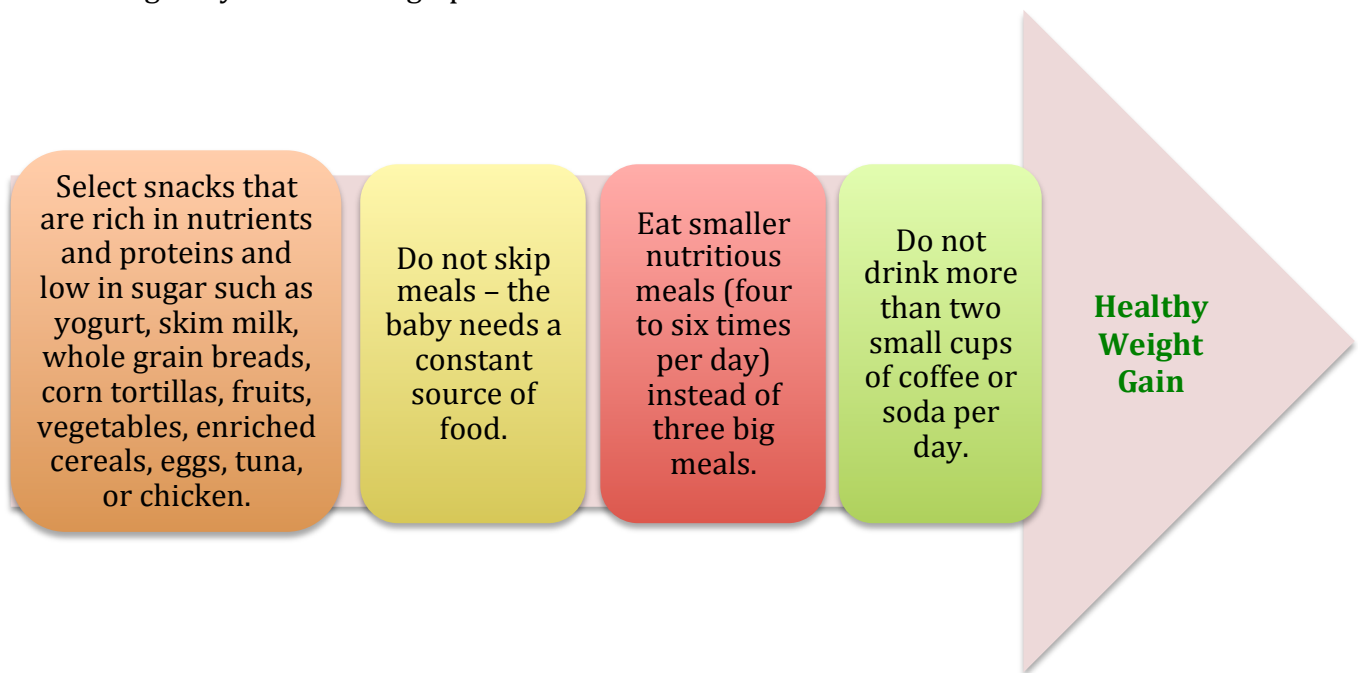
General guidelines for weight gain are as follows:

Women eating a healthy, nutritious diet	25- 35 pounds
Women who are underweight before pregnancy	28 - 40 pounds
Women who are going to have twins	35- 45 pounds
Women who are overweight before they get pregnant	15- 25 pounds

Pregnant women should gain weight gradually throughout the pregnancy. A recommend rate is about three pounds per month. However, most women will tell you that the weight gain in pregnancy happens unevenly. In some months they may gain 10 pounds and in other months only two to three pounds.

Tips for Healthy Weight Gain

Expectant mothers need to remember that eating for two is about making healthy food choices and not eating two times her regular amount of food. Some women will complain that they cannot eat all the extra food they think that they need because they just are not that hungry. Expectant women might try the following tips:



The expectant mother who learns about the value of good nutrition and the dangers to avoid will feel more positive about her pregnancy and more hopeful of her child's future. Actions focused on improving exercise and emotional support will be important in supporting these goals. Reducing exposure with dangerous substances, chemicals and heavy labor complement the health recommendations during pregnancy.

Do's and Don'ts During Pregnancy

Do	Don't
Wash your hands frequently. This will reduce your risk of illnesses.	Don't change or clean cat feces. This will reduce the risk for toxoplasmosis, an infection harmful to the baby.
Get a flu shot. This will reduce the chance of the mother having the flu during pregnancy.	Don't take very hot baths. This can be harmful to the baby and lowers the mom's blood pressure.
Always wear a seat belt. Place the lap portion below the belly and the top portion above the belly.	Don't use scented feminine hygiene products (sanitary napkins, bubble baths). They may cause a vaginal irritation or a urinary tract infection.
Pay attention to dental cleaning and get dental attention at the sign of pain or tooth discomfort.	Don't douche. This will reduce the risk of infection or irritation.

Adapted from Do's and Don'ts/ www.womenshealth.gov



Chapter 2 - Changes During Pregnancy

As we support women throughout their pregnancy, it will be helpful to understand a little bit about what happens to the body during this exciting time. An expectant mother's body experiences many changes, and not all are limited to what is seen as her belly grows. Learning the basic anatomy of the body throughout the pregnancy will help to better understand and communicate some of the symptoms of pregnancy, why they occur and how to manage those changes.

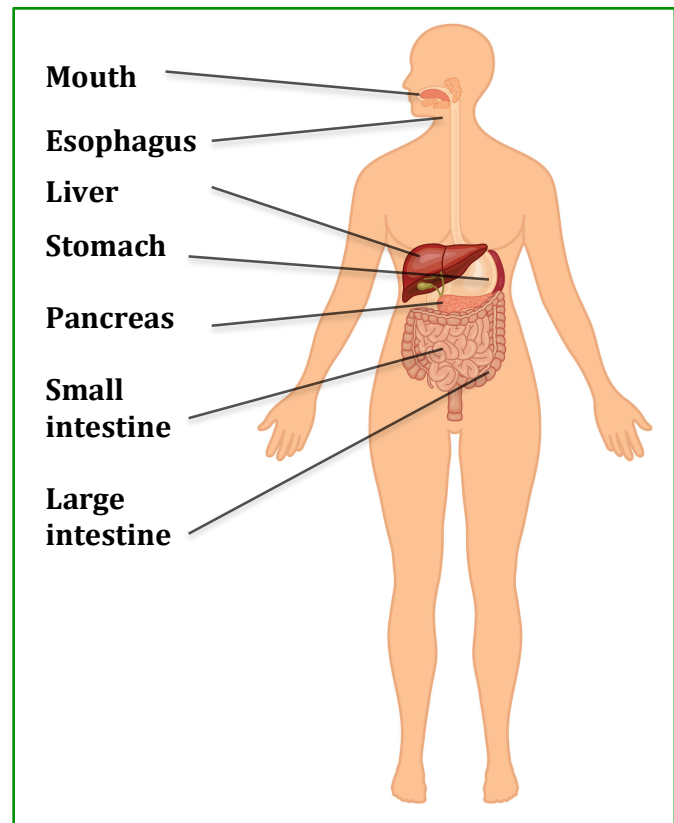
Female Anatomy and Pregnancy

Anatomy is basically understanding how the body functions. The body is made up of different systems. Each system is made up of several body parts and organs that are connected together to accomplish a certain task. What follows is a description of each of the different body "systems." The image to the right shows the location of the different parts and systems.

Digestive System

These body parts work together for the digestion of food. Organs included are:

- **Mouth:** Where food enters, beginning the digestion process.
- **Esophagus:** It's role is to carry what you eat and drink from your throat to the stomach.
- **Liver:** This organ cleans blood (of chemicals and other harmful material) before passing it to the rest of the body.
- **Gallbladder:** It is located right below the liver and helps store bile (digestive liquid) that is secreted from the liver. (Not included in graphic.)
- **Pancreas:** Helps with the digestion of food and secretes hormones like insulin into the bloodstream to control blood sugar levels.
- **Stomach:** This is where the digestion of food begins.
- **Small intestines:** Here, food is further digested and absorbed into the blood to distribute energy throughout the body.
- **Large intestines & rectum:** This is where undigested food is eliminated from the body.



Urinary Tract System

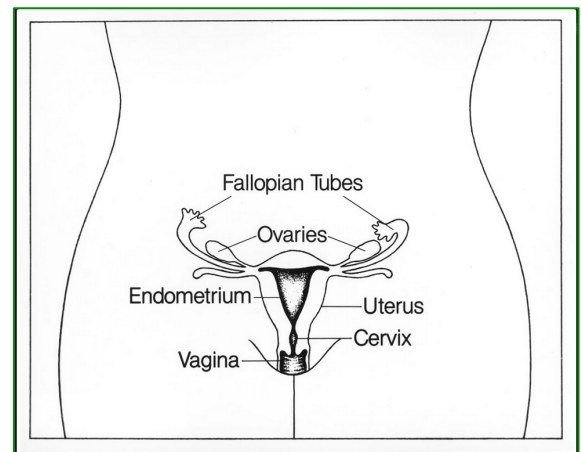
This role of this body system is to make and eliminate urine from the body.

- **Kidneys:** Where blood is filtered and urine is made.
- **Ureters:** These are small tubes connecting the kidneys and bladder as they carry urine.
- **Bladder:** Urine is stored here before it's eliminated from the body.
- **Urethra:** This small tube carries urine from the bladder out of the body. The small opening is located just above the vagina.

Female Reproductive System

These body parts work together to allow women to become pregnant and create a baby.

- **Eggs:** Females are born with a lifetime supply of eggs in their ovaries. Factors such as poor nutrition, environmental exposures and infections can damage the eggs. (Not shown)
- **Ovaries:** This is where a woman's eggs are stored and mature. Females have two ovaries, one on the right and one on the left of her lower abdomen.
- **Fallopian tubes:** When an egg is "mature," it is released from the ovary and travels through the fallopian tube. The fallopian tubes connect the ovaries to the uterus (the womb).
- **Uterus/Womb:** This is the egg's destination. If the egg is not fertilized, the egg passes out of the uterus during menstruation (monthly bleeding). A fertilized egg, having been united with a man's sperm, attaches to the wall of the womb and grows into a baby. The womb can grow up to 10 times its original size, from the size of a small pear to the size of a very large watermelon!
- **Cervix:** This is the opening between the womb and the vagina (birth canal). It is a thick, strong muscle and is shaped like a donut with a small opening in the center. At the beginning of pregnancy, the opening is about the size of a pencil eraser. During labor it stretches. The process of the cervix expanding to prepare for the baby to pass through is called dilation.
- **Vagina (Birth canal):** This is the small muscular tunnel that leads out of the woman's body. During intercourse, the penis enters the vagina. The baby moves through the vagina right before birth.
- **Perineum:** This is the thin muscle between the vaginal opening and the rectum. During birth this area will stretch. (Not shown)
- **Labia:** These are the outer folds of skin that are visible on the outside of a woman's body. The labia serve as a protective layer over the vagina. (Not shown)
- **Placenta:** The placenta is the sac that the baby lives in within the uterus (womb). It is full of nutrients and padding to keep the baby safe during pregnancy. (Not shown)



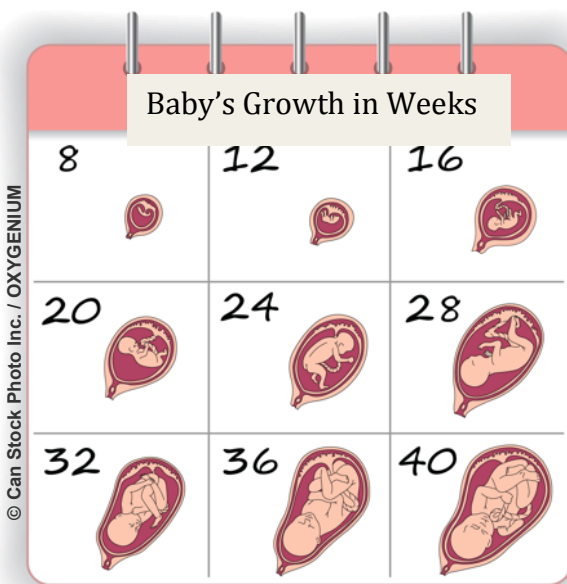
Fetal Growth and Development

Development of a Baby

As a *Promotor(a)*, it is helpful for us to share with pregnant women the baby's stages of growth in the womb as well as the changes that their own body will experience. A pregnancy lasts about 40 weeks and is divided into trimesters. Knowing how the baby is growing helps women understand why the recommendations for good prenatal care are so important.

When a man and woman have sexual relations and pregnancy occurs, the baby starts developing immediately after a sperm fertilizes an egg. This happens before a woman misses her period and even before she suspects or knows that she is pregnant. This is important to know because from this point forward, everything that goes into the woman's body affects the developing baby. Alcohol, tobacco, drugs, chemicals and pesticides can make a harmful and lasting impact. If a woman isn't getting the right vitamins and minerals in her diet, neither is her baby.

Pre-pregnancy education is a key part of having healthy babies. While birth defects can occur anytime during pregnancy, there are many birth defects that can be prevented before pregnancy. Understanding fetal development helps us to better understand the need for education about birth defects before and throughout the pregnancy.



Did you know?

- A developing baby is called an embryo from the day a woman becomes pregnant through her first eight weeks of pregnancy. In this period of time:
 - the heart and lungs begin to form
 - by day 25 the heart starts to beat
 - the neural tube, which later becomes the brain and spine, begins to grow
 - the arms, legs, fingers, and toes are formed
 - the baby even has eyelids!
 - by the end of the second month, its form now looks like a real baby. It is about one inch long and weighs less than one ounce.
- After eight weeks, and until the baby is born, it is called a fetus. The following occurs:
 - at about 11 weeks of pregnancy, the baby's heartbeat can be heard with a special stethoscope
 - the fingers have fingernails, and the toes have toenails
- By the end of the third month:
 - the fetus is about 2 1/2 inches long and weighs a little over 1 ounce.

All of this is happening when most women are just having their first prenatal visit.

What To Expect During Pregnancy

A pregnant woman's body is going through intense changes during pregnancy and continues for several months after birth. Some changes are welcome; others are unexpected and some just are uncomfortable. What follows is a listing of common changes to appearance, how a woman feels emotionally and physical changes affecting her body. Each change that is listed also includes recommendations to help a pregnant woman feel more comfortable.

Changes in Appearance

Breasts

Changes in breast size and sensitivity can occur early on and during pregnancy. The skin surrounding the nipples (areolas) can darken and enlarge. Breasts can feel tender and sensitive and may leak a milky fluid (colostrum).

Recommendations:

- Reduction of salt can help reduce the feeling of fullness.
- Placing breast pads or tissues inside of a pregnant woman's bra can help to contain any fluid leakage.

Skin

Changes to an expectant mother's skin can include pimples, stretch marks, increased dry skin and darkening of the skin. Acne can worsen as hormones causes skin to secrete more oil. Pigment changes appear as patches of darkened skin on the face due to an increase in melanin (the pigment that gives skin its color). Stretch marks are lines that form as the skin tissue stretches along the abdomen, breasts, backside or thighs and they tend to itch. Stretch marks typically shrink and become less noticeable after giving birth.

Recommendations:

- Keeping your face and hands clean with water and mild soap can help to reduce acne.
- Drinking water throughout the day helps to keep the body hydrated.
- Moisturizing lotions help relieve the itchiness of dry skin.
- The expectant mother should not use medicated creams without the approval of a doctor since the medications are passed on to the developing baby!

For serious concerns about changes to the skin, speak with the doctor.

Hair

The estrogen hormone increases during pregnancy, resulting in a thicker and healthier looking head of hair. However, some women notice an increase of hair on other parts of the body such as her upper lip, stomach, back and nipples. After her baby's birth, this hormone level reduces and women might see clumps of hair falling out after a shower or brushing. Though a surprising sight, these are normal occurrences. Hair texture and growth returns to normal within six months after giving birth.

Recommendations:

- Remember to speak with the doctor before using any medications to help manage unwanted hair growth.

Emotional Changes During Pregnancy

Feelings and Emotions

A woman experiences many emotions during pregnancy. She may feel happy, anxious, sad, intolerant or just emotional. Even with the joy she may feel, doubt and stress can affect a woman's well-being. If she is unsure of the pregnancy, some feelings can be even more intense. Although a woman experiences hormonal changes during pregnancy, some emotions may be from other unresolved issues. It is helpful to manage all of these feelings by sharing them with people who will listen without judging. Often as *Promotor(as)*, we can play that role. It is important to assist women with this emotional process.

Recommendations:

- Eat healthy
- Sleep well whenever possible (naps can help)
- Take time for herself or time for prayer/reflection
- Talk with her partner regarding her feelings
- Accept the help of others willing to care for her, her children or even housework
- Seek advice from women who have had children.

If her emotional feelings are not hormonal, she should seek professional counseling from a doctor, clergy person or someone that she trusts.

Partner Safety

Unfortunately, domestic violence is not an issue that is erased with pregnancy. In fact, violence can increase during pregnancy. We know that 1 in 4 women experience violence from their partner during their lifetime. This violence can be triggered by many reasons including the stress of a change in the family. It is important to understand that violence may be physical, sexual, verbal or consist of different forms of control. No one deserves to be the victim of violence!

As *Promotores(as)*, we need to be aware of the signs of fear, stress or worry with women that we serve. Helping them to seek assistance is important for the mother, the unborn baby and the rest of the family. For pregnant women who have experienced violence or express feelings of fear with their partner, linkage to assistance should be made immediately if the woman wants help.

Recommendations:

- Domestic violence services
- Victim's Advocate programs
- Law enforcement
- Creating and learning about a Safety Plan

Remember, as a *Promotor(a)* it is very important to be prepared to provide support, information and resources to someone who has been a victim of domestic violence. Having all of this information at hand to refer individuals to domestic violence shelters, services and support is critical and will help to ensure the safety of the victim.

Sleep

Expectant mothers may begin to notice that they may feel tired during the first three months of pregnancy. They may feel more run down and less alert. Tiredness results because the body is working harder to make more blood and the heart is pumping faster. For some women, changes in

sleep patterns can happen later in pregnancy. As the fetus grows, it puts pressure on the organs that surrounds the placenta, creating sleeping problems.

Recommendation:

- Find a good, comfortable sleeping position from early on in the pregnancy. Usually this means lying on one side with the knees bent and a pillow placed between them.
- Avoid drinking fluids or eating a full meal before going to bed.

Memory and Attention

Many women notice that they have less concentration and memory during pregnancy and into motherhood. Studies have looked to see if this is the result of hormones, sleep deprivation or hormonal changes that affect emotions and mild depression. The experience of motherhood, whether new or not, increases women's concerns and excitement. And these may be the clearest reasons for changes in the way she feels.

Recommendations:

- Rest is essential during pregnancy, in recovery from childbirth and in the early years of parenting. Getting rest will improve memory and attention.
- Choose a good diet, full of healthy foods.
- Seek support from partner, family, friends, clergy, etc.
- Any indication of depression, sadness or neglect requires immediate professional assistance.

Physical Changes During Pregnancy

Need to Urinate More Frequently

Women's kidneys are working harder to produce more urine as part of its process of filtering the increased volume of blood. Expectant mothers may need to go the bathroom more frequently during the day and throughout the night as well.

Recommendation:

- Frequently drink liquids daily throughout the pregnancy. At night, it might be useful to drink more in the early evening hours and stop liquid intake an hour before bed to reduce frequent waking to urinate.

Shortness of Breath

Changes in hormones increase one's breathing, especially early in pregnancy. This feels like shortness of breath. Later in pregnancy, as the uterus takes up more space, there is more pressure against the diaphragm (the muscle below the lungs), making it harder to take deep breaths.

Recommendations:

- Stand or sit up straight to help to open the lungs.
- Lifting the hands above the head can offer short-term relief.
- At night, it is recommended to sleep propped up against pillows to put less pressure on the lungs.

Morning Sickness

Nausea, vomiting or just having low energy is common for women throughout their pregnancy. For most, these are usually early signs of pregnancy and are more common for the first three months. These feelings are the result of an increase in hormones. During this time, some women

become more sensitive to certain odors or flavors, which can cause a gag reflex. However, every woman has different experiences.

Recommendations:

- Eat small portions of food throughout the day, or try eating dry crackers to help reduce the feelings of nausea.
- Avoid fatty and heavily spiced foods, odors or flavors that provoke nausea.
- Get fresh air to move away from difficult smells.

If the morning sickness becomes too incapacitating and you are constantly losing fluids, talk with your doctor.

Hot and Cold Flashes

Throughout pregnancy, there is an increase in the women's heart rate and hormones, which can cause her to experience rapid changes in her body temperature and make her sweat more. These are normal changes in pregnancy. It is important to stay cool and hydrated, but especially when it is hot outside.

Recommendations:

- Drink plenty of fluids, especially water, and avoid sugary and caffeinated drinks.

Oral Health

Many pregnant women don't understand the effects of poor dental hygiene on their pregnancy. Cavities and the build-up of bacteria can threaten the health of the baby and even cause pre-term birth, pre-eclampsia or low birth weight. Bleeding gums are common during pregnancy. It is also important to keep up with oral hygiene because of the complications of infections. Dental care is safe during pregnancy.

Recommendations:

- Brushing and flossing three times a day is recommended.
- Seek dental care as necessary for any cavities, infections or bleeding gums.
- Infections or rotting teeth must be attended to immediately and antibiotics prescribed must be taken as recommended.

Leg and Feet Cramps

Leg and feet cramps are common in pregnancy. They generally happen at night and can wake a pregnant woman from a sound sleep! Leg cramps are not dangerous – just very painful. They are caused by a lack of calcium and/or a mineral imbalance or a lack of hydration (liquids in the body). The ingredients in most sodas can cause a mineral imbalance because they have too much phosphorous and sodium.

Recommendations:

- Stay hydrated by drinking plenty of water throughout the day.
- Gentle stretches at night and in the early morning helps to relieve leg cramps.
- Make sure to put the feet up a couple of times a day, even for just 10 minutes.
- Walking daily will also help to relieve cramps and other discomforts.

Backaches

Almost all pregnant women experience back pain at some point. The extra weight of the baby, softer muscles and tissues pulling on the back and physical work all contribute to backaches.

Recommendations:

- Find a good sleeping position from early in the pregnancy. Usually, this means lying on the side with the knees bent and if possible, place a pillow between the knees. This improves circulation and relieves discomfort from the legs and pressure on the back.

Constipation

Constipation can occur during pregnancy as the hormones cause the digestive system to slow down. This is because a pregnant woman's body requires much more water. A pregnant woman **should not use medications to treat constipation unless a doctor suggests them.**

Recommendations:

- Drink plenty of water
- Have a diet with high fiber foods (fruit, vegetables and grains)
- Don't eat foods that can increase the risk of constipation—for some it is dairy or red meat, for others it might be chocolate.
- Keep a list of foods eaten and see if there is a pattern of them causing constipation.

Hemorrhoids

Hemorrhoids are blood vessels in and around the rectum that become soft and swollen. They can bleed easily – especially if a pregnant woman becomes constipated. The bright blood of a bleeding hemorrhoid can look very scary in the water of a toilet but is rarely anything to cause concern. Hemorrhoids can also burn, itch, or hurt.

Recommendations:

- Sit with the feet up to get the fluids moving and to reduce swelling.
- Drink lots and lots of water – at least eight full glasses a day.
- Eat smaller, more frequent meals and avoid spicy foods, greasy foods, and coffee.
- Gauze pads soaked with witch hazel can relieve itching and burning.

Swelling of the Feet and Legs

Hormones may cause pregnant women to retain water and may slow down their blood flow. Gravity pulls the water to the feet and legs. Swelling in the feet and legs doesn't happen to all women, but when it does happen it usually occurs in the last three months of pregnancy. It is also more likely to happen in the afternoon or when it is hot.

Recommendations:

- Stay hydrated by drinking water throughout the day.
- Walking daily will also help to improve circulation and relieve swelling.
- Make sure to put the feet up a couple of times a day, even for just 10 minutes.
- If there is excessive swelling in the mornings, the doctor should be contacted immediately.

It is NOT NORMAL to have swelling in the hands and face or to have swelling when a pregnant woman wakes up in the morning. This may be a sign of a serious complication.

Heartburn

Heartburn happens when some of the fluid in the stomach gets pushed up into the esophagus (the body part that looks like a tube and connects the throat to the stomach). In pregnancy, this

happens when hormones cause the digestive system to slow down or when the baby pushes up on the stomach. The stomach may feel “squashed.”

Recommendations:

- Eating small, frequent meals throughout the day can help.
- Drinking *manzanilla* (chamomile), peppermint, cinnamon, or ginger tea may also be helpful.

Unusual Eating Habits

Food cravings are also common in pregnancy. They are not usually anything to worry about unless a woman is eating a lot of junk food rather than nutritious foods. But, some women will desire or eat unusual, non-food items during pregnancy; this may be due to a lack of vitamins or minerals. Some examples include: dirt, clay, starch, charcoal, baking soda and coffee grounds. This practice is called pica. Pica can cause harm to a pregnant woman and/or her baby. Pica habits also replace foods the mother should be eating that are more nutritious. Eating non-foods can cause intestinal problems for the woman, constipation and reduce the absorption of nutrients important to the mother and baby.

Recommendations:

- A pregnant woman who is considering, or already eating non-foods, should speak to their provider immediately. Often, the provider can help the woman to find a vitamin supplement that will reduce her desire for non-foods.

Danger Signs During Pregnancy

Many discomforts of pregnancy are normal and common. However, there are some signs that might indicate that something is wrong or dangerous for the health of the mother, the baby, or both. These danger signs can be the result of pregnancy complications. The following symptoms require immediate contact with a provider or hospital:

Danger Signs	Potential Result
Bleeding from the vagina	Miscarriage or other complications
Any fluid coming from the vagina or a dramatic increase in vaginal discharge	Preterm labor
Sudden increase in ramping, pelvic pressure or abdominal cramps prior to due date	Preterm labor
A severe headache, especially if the vision is blurry	Pre-eclampsia might be developing
Persistent vomiting	Dehydration, which can cause preterm labor
Pain when urinating	Urinary tract (bladder) infections can cause preterm labor

Fever	Infection, which can cause preterm labor
Severe, sudden swelling of the hands, face and feet along with high blood pressure	Pre-eclampsia might be developing

Medical Conditions that are Dangerous in Pregnancy

Ectopic (Tubal) Pregnancy

Normally, the fertilized egg would travel to the uterus to develop. However, the ectopic pregnancy most likely occurs when the fertilized egg begins to develop in the fallopian tube. At first, the tube grows as the baby grows, but it cannot continue to grow and stretch like the uterus can. Before the third month of pregnancy, the tube will break and bleed. A woman will experience severe pain and bleeding. The baby cannot survive a tubal pregnancy and it puts the mother's life in danger.

If the mother is receiving prenatal care, an ectopic pregnancy might be detected by an ultrasound. An operation is then scheduled to remove the baby from the fallopian tube before it bursts.

Tubal pregnancies are becoming a more frequent problem than they have been in the past. Sexually transmitted diseases can cause scar tissue to form in the fallopian tube, which causes the pathway in the fallopian tube to be narrower, making it more difficult for the embryo to pass through to the uterus. If the embryo cannot find its way to the uterus, it will attach and grow in the fallopian tube.

Placenta Previa

The pregnancy is usually normal, but the baby and the placenta grow too close to the opening of the womb, by the cervix. Sometimes, the placenta will grow over and cover the cervix. When the cervix starts to open in late pregnancy, it will tear the placenta and cause bleeding. This is very dangerous for both a pregnant woman and her baby.

Placenta previa can be detected early in pregnancy by an ultrasound, if the mother is receiving prenatal care. Doctors and midwives will watch the growth of the placenta very carefully. If it does not grow in the upper part of the uterus and away from the cervix during the pregnancy, a Cesarean birth will be planned.

Placental Abruption

If the expectant mother begins bleeding and experiences constant pain in the last few months of pregnancy, it might mean that the placenta has pulled away from the wall of the uterus. Sometimes, if the blood remains inside the uterus, the woman will have very serious pain. This problem is very dangerous for both a pregnant woman and her baby. There is no way to prevent placental abruption or know about placental abruption before it happens. If placental abruption is diagnosed, a Cesarean birth is usually done immediately.

Preterm Labor

When contractions happen before 37 weeks of pregnancy, it is considered preterm labor. There are many reasons that this can happen. Some reasons are known and are preventable or treatable. Preterm labor can be brought on by dehydration, illness, and infections. Sometimes contractions will start before 37 weeks for unknown reasons.

Preterm labor is most dangerous for the baby. In the last few weeks of pregnancy, a baby will gain weight and the lungs will completely develop. When a baby is born before 37 weeks, the lungs are not completely developed and a baby has breathing problems. Sometimes those breathing problems will last throughout childhood!

There are many successful treatments for preterm labor that can be provided by a doctor, nurse or midwife. Some treatments may be done at home, such as complete bed rest. Other treatments may require hospitalization.

Pre-eclampsia

Pre-eclampsia is also called toxemia or pregnancy-induced hypertension. This serious condition causes very high blood pressure. No one knows what causes pre-eclampsia. It occurs most often in first-time mothers.

There are three signs that indicate pre-eclampsia,

- Sudden weight gain and swelling of the hands and feet
- High blood pressure
- Protein in the urine

All of these symptoms are monitored in prenatal visits. A woman will be monitored very closely if she has signs of pre-eclampsia, and treatment can be provided by a clinic or hospital depending on how serious the disease is. If a woman does not receive prenatal care and develops pre-eclampsia, the disease can cause permanent, serious damage to a woman's body, including her nervous system and kidneys.

Eclampsia

This is a series of complications that can result from high blood pressure of the mother during pregnancy. It is most common if it occurs in the last weeks of pregnancy. Untreated pre-eclampsia can become eclampsia. Eclampsia can happen very suddenly and cause seizures and coma and even death. Women who have symptoms of pre-eclampsia will be monitored very closely during labor and birth to prevent eclampsia from occurring.

Gestational Diabetes

Gestational diabetes is just like regular diabetes, but it develops when a woman is pregnant and goes away after her baby is born. Like regular diabetes, the woman's body does not make enough insulin to take care of her blood sugar. Gestational diabetes is not usually dangerous for the mother or the baby if it is treated and controlled. The first sign of gestational diabetes is detected at prenatal visits when sugar is found in the urine. Other signs might include unusual thirst and frequent urination.

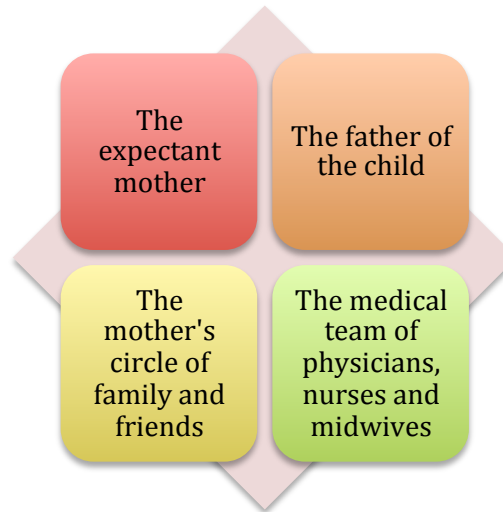
The doctor or midwife will explain treatment to the mother. It may also be recommended that the woman meet with a dietician.



Chapter 3 – Prenatal Clinical Visits

The medical care that pregnant women receive throughout their pregnancy is called prenatal care. The sooner the expectant mother receives prenatal care, the more likely she is to have a safer, healthier pregnancy and birth. Therefore, it is recommended that prenatal care begins as soon as a woman learns that she is pregnant.

Good prenatal care is the responsibility of many different people:



Medical professionals may provide their prenatal services at a clinic, doctor's office, health department or hospital. Their services for pregnant women include physical exams, blood tests, ultrasounds and information/education/resources. This chapter will help us to understand those services more clearly.

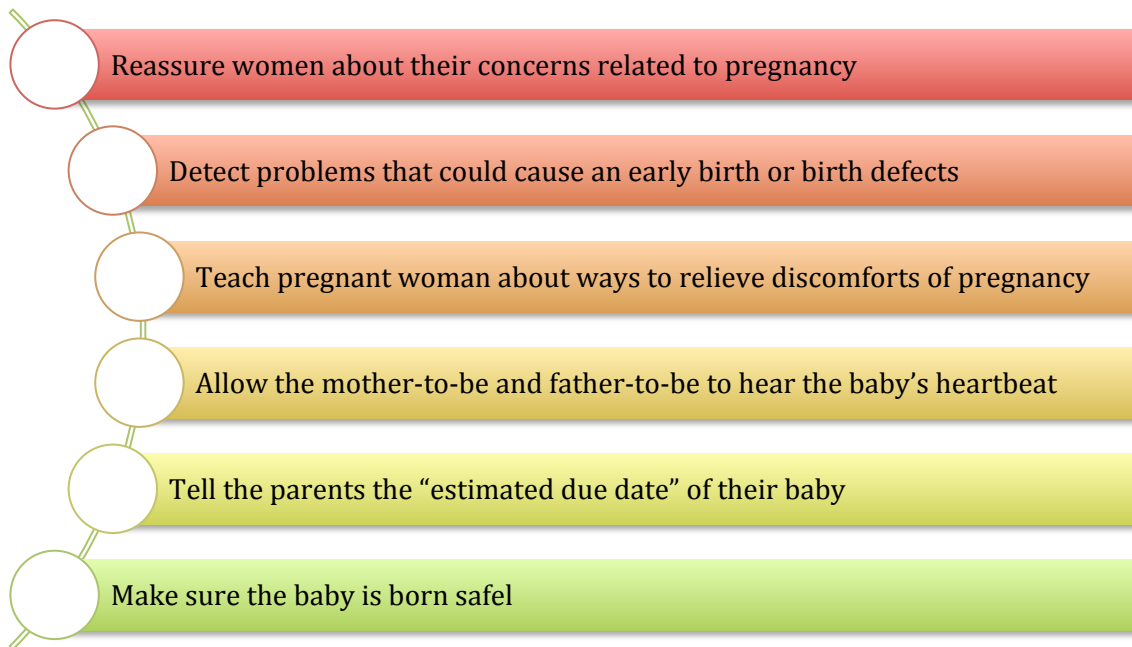
When Should Prenatal Care With a Doctor or Midwife Begin?

A woman should begin prenatal care at a clinic as soon as she learns that she is pregnant. When a woman thinks she is pregnant, usually after she misses a menstrual period, she should have a pregnancy test.

Pregnancy tests are provided at clinics, doctor's offices and health departments. There are also pregnancy tests that a woman can buy and perform at home. However, even if a woman takes a pregnancy test at home, the medical facility will still require that a pregnancy test be given at the medical visit to confirm the results.

We know that pregnancy is a special time when medical support is critical. Our job is to help pregnant women understand the importance of prenatal care and assist with the difficulties that might prevent them from going to a clinic, such as transportation, cost, translation, or fear.

The Benefits of Prenatal Care



Throughout the prenatal visits, there will be tests and procedures that are done to help your doctor, nurse or midwife discover, correct or prevent problems such as low iron, diabetes and potential infections. Additional tests will focus on the development of the baby.

Prenatal Appointments

Visits to a clinic for prenatal care are very important for a woman to stay healthy and informed during her pregnancy. The visits can offer the expectant mother answers to her questions and detect problems early in her pregnancy. A woman should take responsibility to schedule the appointments and maintain regular communication with the clinic staff. The following charts shows medical staff that pregnant women will interact with. It also explains their responsibilities.

Doctor (Obstetrician/Gynecologist)	•These are doctors with specialized training in women's health and birth and delivery.
Nurse Midwife/ Nurse Practitioner	•These are nurses with advanced studies. Both the Nurse Practitioner and Midwife can oversee prenatal and postpartum health care.
Nurses	•Nurses assist with mother and baby care and some lab testing.
Ultrasound Technician	•These technicians are experts in ultrasound. They pass their report on to doctors.
Lab Technician	•These skilled technicians are experts in carrying out special screening and tests. They pass that information on to doctors for analysis.

Prenatal Care Visits and Tests

Most of us refer to the length of a normal pregnancy as nine months. But doctors, nurses, and midwives will measure the pregnancy by weeks not in months. A normal pregnancy, as calculated by a medical professional, lasts from 37 to 42 weeks.

Regular prenatal care visits are made according to the following schedule:

- Once a month for the first 28 weeks.
- Once every two weeks from week 28 to 36.
- Once a week from week 36 until the baby is born.

Women who have medical problems or are carrying more than one baby may have more frequent visits.

The First Prenatal Visit

Typically, the first prenatal visit in early pregnancy is with a nurse. At this time a nurse will take a medical history. All of these questions help medical professionals learn more about the pregnant woman's health, her family history and alert them to any possible problems. The nurse will also take your weight, height, blood pressure and also do some blood and urine tests.

At the first visit with the doctor or midwife, a complete physical exam is done. This exam includes listening to the heart and lungs of the mother and a pap test to check for problems with a woman's cervix. It is important to prepare the woman to understand that for her visits she will be asked to take off her clothes and change into a robe in most cases. If she is uncomfortable for any reason, she should feel open to sharing this with her doctor or midwife. She will have her breasts and vagina examined as part of her care. This is an opportunity for testing for yeast infections or sexually transmitted infections. However, these exams are not done at each visit!

Regular Prenatal Visits

At each regular prenatal visit, several routine measurements and tests are done. These measurements and tests are performed to help identify any possible problems. Here is a brief description of the different examinations and tests that are done at prenatal visits:

Weight: The pregnant woman is weighed to see if she is gaining the healthy amount of weight. Too little weight gain is not healthy for the pregnant woman or the baby and may mean that neither is getting enough nutrition. Too much weight gain may mean that the mother is eating too many calories or that there is a medical problem.

Urine test: This test is done at each visit to check for sugar and protein. If sugar or protein is found in the urine, it may mean the pregnant woman is developing diabetes or other problems. If there is concern, additional tests are given.

Blood pressure check: Blood pressure is taken to see if there are indications of high blood pressure. Some pregnant women develop high blood pressure during pregnancy. This can be very dangerous for the mother and the baby.

Hand and foot check: The provider will look at a woman's hands and feet for signs of swelling. Some swelling is normal during pregnancy. But, if a pregnant woman experiences a lot of

swelling, it can mean that there is a problem with her blood pressure or that there is a different and potentially serious complication developing.

Measuring the abdomen: A doctor or midwife will measure the size of the pregnant woman’s abdomen to determine if the baby is developing as expected. The measurement helps to determine the baby’s size and the stage of the pregnancy. For example, if the abdomen measures 24 centimeters, a woman should be about 24 weeks pregnant. If the abdomen measures smaller than expected, it may mean the baby is not growing. If the abdomen measures larger than expected, it may indicate other important information, such as if there are twins, if there is a health irregularity, etc.

Listening to the baby’s heartbeat: Checking the baby’s heartbeat and counting how fast the heart is beating is another important way of monitoring the baby’s health. It also allows a provider to detect if there are early heart problems or other possible concerns.

Testing

What follows is a list of common tests that might be recommended for an expectant mother. The objective of the testing is to determine early on any potential health problems that might interfere with a healthy birth and to see if the baby is experiencing any dangerous symptoms or if there are signs of birth defects.

The time within the pregnancy that the testing is performed is listed, the goal of the test and a brief description of how the test is done. You will note that several of the tests screen for different types of birth defects. **The expectant mother will work with the doctor to select which, if any, of the tests are appropriate for her care. The pregnant woman always has the right to refuse any test.**

Common Prenatal Tests

Test	What It Is	How It Is Done
Urine Test	A urine sample can identify such health problems as a urinary tract infection, diabetes or preeclampsia. Performed: At every appointment	The mother will urinate into a sterile plastic cup. A testing strip is then dipped in the urine. If there is a color change on the test strip, it might be an indication of a medical concern. The urine can also be looked at under a microscope.

Test	What It Is	How It Is Done
<p>Ultrasound Exam</p>	<p>This exam is a visual way to see the baby's organs and body systems, confirm the anticipated date of birth and to check for proper growth of the baby. It might be used to identify the sex of your baby.</p> <p>An ultrasound exam can be performed at any point during the pregnancy. Ultrasound exams are not routine.</p> <p>Performed: 18 and 20 weeks</p>	<p>Ultrasound uses sound waves to create a "picture" of your baby on a monitor. With a standard ultrasound, a gel is spread on your abdomen. A special tool is moved over your abdomen, which allows your doctor and you to view the baby on a monitor.</p>
<p>Chorionic Villus (CVS)</p>	<p>A test done to diagnose certain birth defects. Can also be used for paternity testing.</p> <p>Performed: 10 to 13 weeks</p>	<p>A needle removes a small sample of cells from the placenta to be tested.</p>
<p>First Trimester Screen</p>	<p>A screening test done to detect higher risk of birth defects and other problems such as heart defects, multiple births, etc.</p> <p>Performed: 11 to 14 weeks</p>	<p>This test involves both a blood test and an ultrasound exam.</p>
<p>Amniocentesis</p>	<p>Test that can diagnose certain birth defects such as Down syndrome, cystic fibrosis and spina bifida.</p> <p>Performed: 14 to 20 weeks</p>	<p>A thin needle is inserted into the belly to draw out a small amount of amniotic fluid and cells from the sac surrounding the fetus. The sample is sent to a lab for testing.</p>
<p>Maternal Serum Screen (Triple Test, Triple Screen or AFP)</p>	<p>A screening test done at to detect higher risk certain birth defects.</p> <p>Performed: 15 to 20 weeks</p>	<p>Blood is drawn to measure the levels of certain substances in the mother's blood.</p>

Test	What It Is	How It Is Done
Glucose Screening & Glucose Tolerance Test	<p>This test is used to identify if the mother is experiencing gestational diabetes. This is a type of diabetes that lasts only during pregnancy, but must be controlled for the health of baby and mother.</p> <p>Performed: 26 to 28 weeks</p>	<p>For the screening, the mother drinks a special sugary drink from the doctor. A blood sample is taken one hour later to look for high blood sugar levels. If necessary, a Tolerance Test requires no eating or drinking for 14 hours. Then, blood is taken once every three hours.</p>
Group B Streptococcus Infection	<p>This test is done at to look for bacteria that can cause pneumonia or serious infections in the newborn.</p> <p>Performed: 36 to 37 weeks</p>	<p>A swab is used to take cells from the mother's vagina and rectum to be tested.</p>
Biophysical Profile (BPP)	<p>Test to monitor the overall health of the baby and to help decide if the baby should be delivered early.</p> <p>Performed: Third trimester</p>	<p>BPP involves an ultrasound exam along with a nonstress test. The BPP looks at the baby's breathing, movement, muscle tone, heart rate, and the amount of amniotic fluid.</p>
Nonstress Test (NST)	<p>It can show signs of fetal distress, such as your baby not getting enough oxygen.</p> <p>Performed: Third trimester</p>	<p>A band is placed around the mother's belly to measure the baby's heart rate in response to its own movements.</p>

This listing was adopted from womenshealth.gov



Chapter 4 - Preparing for Baby

Preparing for the birth of a baby is an exciting time. Encouraging families to plan ahead and prioritize their needs is an excellent way to help them to focus on the excitement and not the common stressors related to the baby's arrival.

Concerns about medical expenses, loss of income from work and the cost of diapers can make some expectant mothers lose focus on her baby's arrival. However, with recommendations and referrals, *Promotores(as)* can help to diminish some of the worry about being prepared for the child's birth. Focusing on creating a clean and safe home for this baby is much more important than worrying about purchasing excessive quantities of clothing or non-essential supplies.

Preparing the House for Baby's Arrival

Sanitize Baby's Area	Make Safety Precautions	Care Plan for Other Children	Meal Preparation	Purchase Most Needed Items
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It is suggested that prior to the baby's birth, as it is essential to a newborn's health, that families spend time sanitizing baby clothes, sheets, and bottles and cleaning the area where the mother and baby will spend their first weeks. If there are pets in the home, removing the pet hair, cleaning their toys, litter boxes and sleeping beds also reduces the exposure of germs, bugs and dirt. These early preparations will help new parents to focus on attending to their newborn and less on initiating these tasks when the baby comes home.

Parents should be sure that their baby's crib or cradle is free of any hanging cords from curtains or other items that could entangle a baby. Placing the crib far from electrical outlets or covering outlets is another safety measure to take before bringing baby home. Moving small appliances away from the baby's area is also recommended.

Planning on who will stay with the other children in the family when the mother goes to the hospital is also best organized in advance. Begin early, by approaching a neighbor or relative who is close by to help out. This will allow the early signs of labor to be handled much easier. Additionally, visiting family should be kept to a minimum and only those that can help the mother should plan to stay. And those coming to help might plan to come a bit earlier than the due date and keeping an open departure date, especially for first-born babies. This can relieve some stress and allow the mother to focus on her delivery.

If possible, it never hurts to have several meals prepared in advance of a baby's birth or have some essential food items already on hand. The mother's energy in those early weeks after the birth should be focused on her recovery and on the transition of family life with the newest addition. There should be minimal distractions.

What Baby Will Need

It is helpful to encourage expectant families to prioritize the items most needed for the baby's first months. As babies are growing quickly in their first year, hand-me-downs, clothes purchased from consignment shops or other reasonably priced stores will allow the family to dress their baby well without excessive cost. Items recommended for newborn are in the list of needs below.

A little bit about diapers...

Newborn babies use 10-12 diapers a day. This can cost about \$100 a month. Six-month-old babies use approximately 10 diapers a day at a cost of \$120 per month. We can encourage parents to buy the largest quantity size possible to save money. Remember, expensive diapers are not necessarily better quality than cheaper diapers!

Safety Precautions for Newborns and Infants

When preparing for the newborn, it is recommended that we review the following six safety precautions with families. These are easy reminders that convey suggestions that will reduce the risk of harm such as suffocation, falls and electrocution of babies in the home.

- Newborn babies should sleep on their back, on hard mattresses, to reduce the risk of SIDS (Sudden Infant Death Syndrome).
- Heavy blankets, quilts and crib bumpers are not recommended for newborns because they can cause infant suffocation.
- Never leave a baby alone when changing him/her, especially if left on an elevated surface.
- Never leave a baby unattended when being bathed.
- Place cribs/cradles and changing tables away from window cords, electrical outlets, cords or appliances to prevent the baby from becoming entangled, suffocated or electrocuted.
- Keep heavy and breakable objects away from baby's reach.

List of Needs

- ❑ Crib or cradle & fitted sheets
- ❑ Car seat
- ❑ Diapers and wipes
- ❑ 5 shirts
- ❑ 5 pants, shorts or leggings
- ❑ 5 one-piece outfits (long or short-sleeved depending on the season)
- ❑ 3 pajamas
- ❑ 3 to 4 swaddling blankets
- ❑ 1 to 2 sweaters or jackets depending on season
- ❑ 2 baby hats

The Advantages of Breastfeeding

How a new mother chooses to feed her baby is a matter of personal choice. There are only a few instances in which formula is recommended as the best option for a baby, and it is only suggested in serious situations. However, it is important to understand that breastfeeding, in many ways, is better than bottle-feeding. Some of the benefits are listed in the chart below:

By breastfeeding, a mother gives her baby:

1

More nutritious food. Breast milk is a perfect food made especially for babies. Breast milk has all the nutrients the baby needs and it is easier for the baby to digest.

2

Better dental health. Mother's milk makes for stronger and healthier teeth and jaw. Breastfeeding is also linked to less dental formation problems.

3

Protection from some illnesses and allergies. Breast milk has antibodies that protect the baby. Breastfed babies have fewer allergies too. The breastfed baby will not suffer from diarrhea as often as babies given formula.

Breastfeeding is beneficial to the mother as well. Just as with her child, bonding is strengthened during the intimacy of feeding. The sucking helps the mother's uterus return to its pre-pregnancy size. During feeding, some of the mother's hormones are released which helps her to feel less stressed. Some studies show that breastfeeding lowers the risk of postpartum depression, and mothers are less likely to suffer from ovarian and breast cancers as well as heart disease and hypertension.

Additional benefits include the ease of feeding, with fresh, clean milk that doesn't require preparation. And, breast milk is cost saving.

Recommendations are that women exclusively breastfeed for the first 6 months and then introduce solid foods and continue breastfeeding for at least one year. However, women are often very busy with family and work, and because breastfeeding can also be a lot of work, some mothers may choose not to breastfeed or wean early. We want to support a mother to breastfeed for as long as possible because any breast milk is better than no breast milk. Research has shown that breastfed babies tend to be healthier than formula-fed babies.

Some Reminders about Breastfeeding

During pregnancy, expectant mothers may have questions about breastfeeding. Lactation specialists are available through the local WIC program and at most larger hospitals. The following tips will help guide new breastfeeding mothers:

1. For any new mother, even if she has breastfed before, it might take a while to get comfortable with the new baby's feeding style.
2. The first breast milk is called colostrum. This milk is thicker and a yellower milk that is full of vitamins and antibodies to help keep a baby and mother healthy. This is very good for mother and the baby!
3. Approximately 3-4 days after the baby's birth, the breasts will begin to produce milk, which is thinner and white.
4. A mother, who is eating well and drinking lots of liquids, will most likely make more milk than the baby demands. The amount of breast milk is affected by how much and for how long the baby sucks at the breast.
5. Newborns will usually breastfeed every two or three hours.

6. If a woman is breastfeeding and giving the baby formula, the baby will suck at the breasts less. This will cause the breasts to make less milk.
7. If the baby has six to eight wet diapers in a day, the baby is getting enough milk.

The Finances of Breastfeeding

Aside from the convenience of not needing to prepare bottles and travel with extra items such as bottles, formula and clean water, breastfeeding is less of a strain on finances for mothers who can breastfeed.

Babies consume approximately 15-30 ounces of milk per day in their first year. This amount varies through their growth cycle and changes as parents introduce foods later in the baby's first year. Formula costs about 20-30 cents per ounce. The average cost for formula is about \$1,200 to \$1,700 dollars a year and this does not include the costs of bottles, nipples and brushes. A 30-ounce can of formula can cost anywhere from \$10-\$30 dollars. This means that formula can cost as much as \$110-\$170 a month.

Women, Children and Infant (WIC) Support

For lower income families, WIC is a program that supports healthy children and mothers with financial support to purchase specific healthy foods or formula for non-breastfeeding babies. New mothers, as well as pregnant women and those postpartum, receive a food package that assures good nutrition to support their post birth recovery and milk production for breastfeeding. The package includes canned fish, whole grains, dairy products and more. The estimated value is \$75 per month. For those who qualify, WIC offers support for infants and children until 5 years of age.

WIC also offers nutritional advice through their nutritionists as well as breastfeeding advice. This is available on site and through the contact information each participant receives at their bi-monthly pick up appointments.



Chapter 5 - Labor and Birth

Pregnancy and birth do not follow the calendar and the clock. Women who were not born in the United States are often more aware of this and are much more patient. They know that a baby will come “when it is time.” This is a good way to think about the last weeks of a pregnancy.

A baby is ready to be born at around 40 weeks. A birth that takes place within the time span from three weeks before the due date to two weeks after is considered normal time span. But this time frame can seem very long for many pregnant women. Our support and encouragement for the mother before labor can be very helpful. Therefore, we may want to visit or call her more frequently in these last weeks.

Signs That Labor Is Near

Before labor actually starts, a pregnant woman may have certain signs that her body and the baby are getting ready for birth. These signs may happen hours, days, or even a couple of weeks before labor begins. Some women will experience several of these signs and others may have no signs at all. So, women should remember that each pregnancy is different.

The baby “drops” lower in the belly

A mother feels this when it happens and she can breathe more easily. She may also feel more pressure on her bladder and cervix and might urinate more often. Others notice that the baby is lying lower in the mother’s belly.

The “bloody show” appears

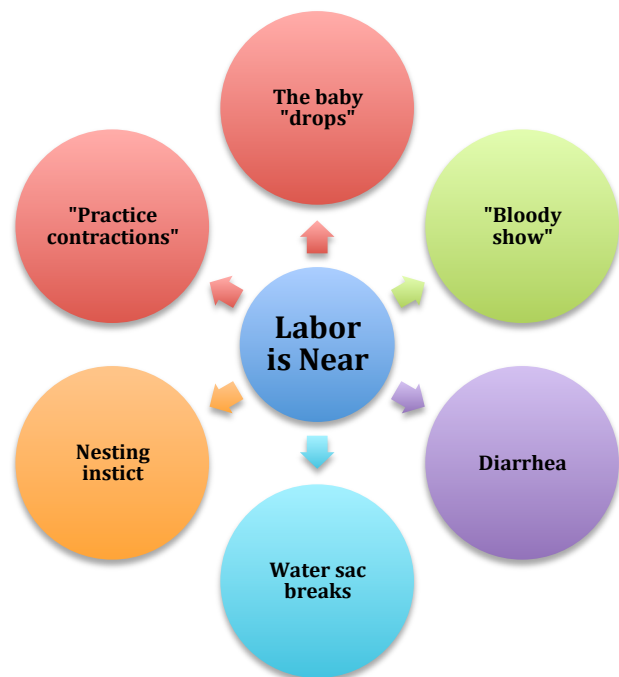
During pregnancy, the small hole in the center of the cervix fills with a mucus plug. Several days before labor starts, the cervix may open a little bit, and the plug, along with a tiny bit of blood and/or mucus, comes out. Sometimes the mother will notice an actual “plug” of mucus in her panties or in the toilet. Other times, the plug may leak out slowly so it won’t be noticeable.

Diarrhea

Many mothers will have diarrhea before they go into labor. This is a natural way in which the body cleans itself out so the mother is more comfortable during labor and the birthing process.

Water sac breaks

The baby is surrounded by a bag of water called the amniotic sac. This sac has the job of creating a safe cushion around the baby. If the water sac breaks, the protection around the baby is broken.



When the “water breaks,” it may happen as a slow trickle of water or as a sudden gush. If it happens as a sudden gush there will be no doubt about what just happened. It does not hurt; rather, it feels like a water balloon just popped and the water pours out of the vagina. If the amniotic sac breaks and it is a slow trickle of water, it can be difficult to know if the fluid is amniotic fluid from the bag of water, vaginal discharge or leakage from the bladder

When the water sac breaks, this is a sign that that labor is near. Sometimes the sac of water will break before the baby’s anticipated due date. In any case, contractions usually start within 24 hours. It is important to note that if the baby is not born soon after the water breaks, there are concerns that an infection can develop.

If contractions do not start within 24 hours and it is near the due date, the doctor or midwife may choose to induce labor to avoid the risk of an infection. If it is before 37 weeks of pregnancy, the doctor may choose to monitor the woman and baby very carefully and prevent the birth from happening too soon. Sometimes, the woman may have to go and stay at the hospital until she is 37 weeks pregnant and/or the baby is healthy enough to be born.

A final note about the sac of water: if the water sac breaks, the woman’s body will continue to make amniotic fluid until the baby is born. That can be a lot of water. A woman may need several bath towels to control the leakage of amniotic fluid!

Is it urine or amniotic fluid?

Generally, if the woman can contract her pelvic muscle and stop the fluid, it is probably leakage from the bladder. If a woman is not certain where the fluid is coming from, it is better to be safe and contact a doctor, nurse or midwife as soon as possible. A doctor, nurse or midwife can do a simple test in the clinic or hospital to determine if the fluid is amniotic fluid.

The nesting instinct

Some women will feel a burst of energy right before labor. This is commonly referred to as “nesting.” They want to clean the house and do hundreds of other things to get ready for the baby. This instinct may happen very close to labor, and mothers should be encouraged to save some of that energy for the birth.

Practice contractions

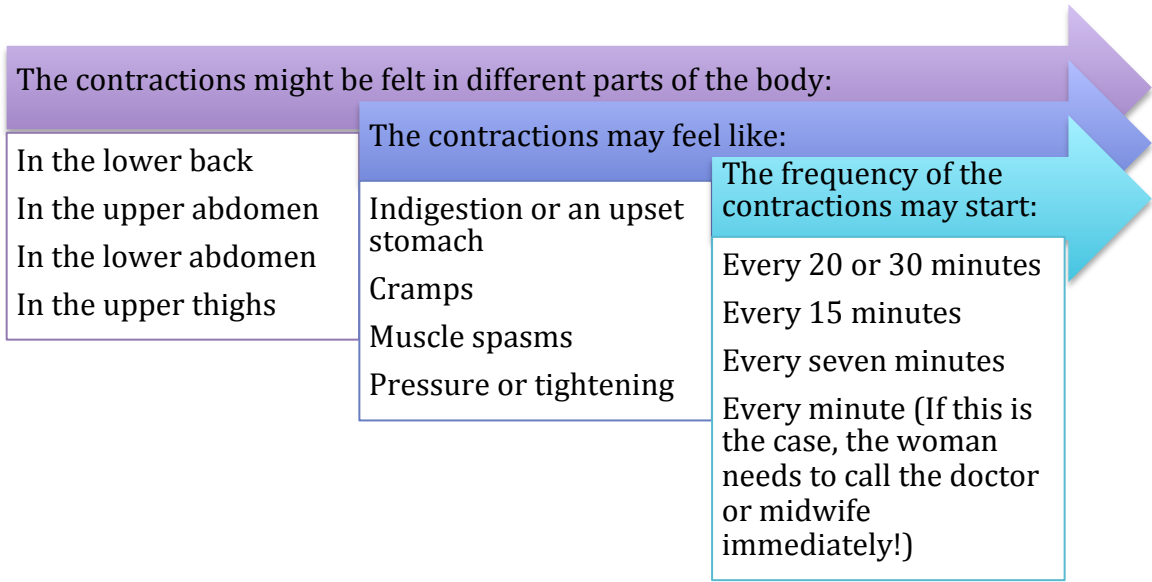
False labor, practice contractions, or Braxton-Hicks are all the same way of describing mild contractions that an expectant mother experiences as the body prepares for labor. These contractions mean the uterus is “practicing” for the work it will need to do later. These contractions do not begin to expand the uterus. They are usually very mild, occur at irregular times and will frequently go completely away if the mother changes what she is doing. For example, if the woman stops walking and rests, the false labor may stop. Or, if she is resting and starts doing housework, the contractions might end. Since Braxton-Hicks can also be from dehydration, encourage the mother to drink a glass of water when she feels them.

Signs that Labor Will Begin

While there are several signs indicating that labor will begin soon, the only one sign that labor is actually starting is when the labor contractions begin.

Labor is a series of regular, strong contractions that open the cervix and push the baby out. If you flex your upper arm muscle, you will notice how the muscle in your arm gets tight and hard. If you relax that same muscle, it will become more soft and relaxed. That is what happens in the uterus when contractions start. The one big difference between flexing your arm and labor contractions, is that a woman cannot control the start or stop of labor contractions!

When labor contractions start, they may begin as irregularly spaced, uncomfortable, and mildly painful. Then, they gradually become stronger and more regular. But remember all births are different, so with some women, the contractions may just start strong, painful and regularly spaced. Labor contractions will not feel the same for all women. And they can differ for the same woman from pregnancy to pregnancy.



Are the Labor Contractions Beginning?

To determine if labor contractions are starting, a woman should time the pain to see if there is a pattern or rhythm. She can time them by using an app or a website if she has access to the Internet. If not, she can time them with a watch. In real labor, the contractions will generally:



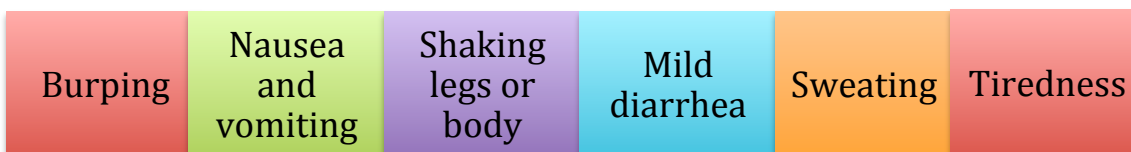
How to Time Contractions

Timing contractions begins at the start of a contraction and ends at the beginning of next contraction. The mother will need a clock with a second hand or a timer and pencil and paper. The easiest way to time contractions is to write down on paper the time each contraction starts and when it ends.

<u>Begins</u>	<u>Ends</u>	<u>Duration</u>
9:33 and 14 seconds	9:33 and 55 seconds	41 seconds

Normal Feelings During Labor

The expectant mother's body will be working hard by the time she enters active labor. Since labor can last from just a few hours to several days, it is understandable that the body goes through stress. That stress brings on some common discomforts:



The Three Stages of Labor and Birth

The stages of labor and birth are a way of measuring the progression of labor. Stage 1 includes Early Labor, Active Labor & Transition. Stage 2 is Pushing & Birth. The final stage, Stage 3, is the After Birth or Birthing the Placenta (birth sac and tissue which passes nutrition from the uterus to the baby).

Stage 1: Early Labor through Transition

The contractions of early labor begin to open (dilate) the cervix. This begins when the expectant mother has her first contraction until the cervix is completely open (dilated) and she can begin pushing for the birth of the baby.

The average time for Stage 1 is about 12 hours, though it can last up to one day or more. (First births are usually the longest, but not always.) In early labor, a woman may not really need much support. Contractions are mild, and too much attention might make her feel helpless, weak and dependent. During this stage, the labor contractions are regular, lasting 20 – 60 seconds. Their frequency ranges initially from 20 or 30 minutes and then down to every six minutes as she approaches transition.

Did you know?

During pregnancy, the opening of the cervix is the size of the end of a pencil. The opening is filled with a mucus plug. During Stage 1, the contractions stretch and pull the cervix open to a diameter of 10 centimeters (almost four inches). The cervix also becomes thinner and softer in Stage 1 so that the baby's head can pass through it more easily.

Stage 2: Pushing and Birth

The second stage of labor begins when the cervix is completely dilated to 10 centimeters and is thin and flat. Stage 2 is when the contractions work to push the baby out of the womb and through the birth canal! Stage 2 ends when the baby is born. This stage can be as short as a few minutes or as long as a few hours.

Did you know?

When a woman is pushing her baby out of the birth canal, the top of the baby's head can be seen and will cause the perineum to bulge. (The perineum is the area between the vaginal opening and the rectum.) This bulging is called crowning. Once the head is born the rest of the baby usually follows very quickly.

Stage 3: After Birth or Birthing the Placenta

As soon as the baby is born, active pushing ends. The umbilical cord is still attached to the baby and the placenta. The doctor or midwife will clamp the cord and cut it. After a few minutes, contractions will start again for the birth of the placenta. These contractions can feel strong, just like active labor. There will be a gush of blood and then the birth of the placenta takes place. Stage 3 usually lasts just a few minutes.

Did you know?

There is not much that the woman needs to do in Stage 3. The focus on the baby is usually a wonderful distraction for the contractions that birth the placenta.

COMFORT MEASURES FOR LABOR AND BIRTH

There are several suggestions a *Promotor(a)* can offer to help a woman manage the discomforts of labor. While at the hospital or birth center, her professional team will guide the expectant mother to different suggestions; the following are ideas that we can share with woman as they experience the first part of labor at home.

Cold packs

Cold packs can be placed on the back. A cold pack can be a cold soda, a bag of frozen vegetables or an ice bag.

A warm shower

Taking a shower or sitting in a bath relieves pain and relaxes the woman in labor.

Soft stroking of the belly

Softly stroking or massaging a woman's belly, arms, legs, or wherever she indicates can relax and soothe the woman in labor.

Patterned breathing

Breathing slowly can help a woman to focus on something other than the contractions. Simply explain the idea of breathing in slowly to a count of three, and letting the breath out slowly to a count of three. This focused breathing assures that the woman doesn't hold her breath or breathes too fast which can cause dizziness or nausea.

Warm towels or packs on the lower abdomen

Warm packs can be warm towels, a hot water bottle, or a sock filled with rice and warmed in the microwave. When placed on the lower belly, this can help relieve some of the sharpness of the contractions.

Names of Medications or Interventions During Pregnancy

The following is a glossary of words that are important for the mother, and others who will accompany her during labor and delivery, to understand. Familiarity with these words and the actions associated with them will help the expectant mother to understand the uses of these medications or interventions. The mother always has the right request or decline procedures.

Pitocin	Pitocin, also called oxytocin, is hormone medication that can be given to a pregnant woman to advance her labor. It makes the contractions stronger and closer together than they are in normal labor. It is given through an IV so that the amount can be carefully controlled.
Amniotomy (breaking the water sac)	Another technique used by the provider to help a labor that is not advancing is to break the mother's bag of water (amniotic sac). This is called an amniotomy . The doctor or midwife uses an amni-hook (this looks like a crochet hook) to break the amniotic sac. Once the amniotic sac is broken, the risk of infection increases over time. It will be important for the birth of the baby to happen within 24 hours.
External Fetal Monitor	This is a monitor that is placed externally with belts on the laboring mother to monitor the frequency (how often) and the length of contractions and the baby's heartbeat. It is a required by hospitals and birthing clinics in the United States for the first 30 minutes when a woman arrives at the hospital, and then for 5-20 minutes every hour.
Internal Fetal Monitor	The internal fetal (baby) monitor is a way to monitor the heart of the baby during labor. It is connected to the baby's head. This is used when there is trouble finding the baby's heartbeat with the external monitor and if the baby is showing signs of distress and needs to be monitored more closely.

Intravenous Fluids (IVs)	<p>An IV is a method for getting fluid and medicine into a woman’s body when she is in labor. A needle is inserted into a vein in the arm and a tube connected to a bag of fluid or medication hanging from a pole or hook is attached. The fluid or medicine slowly drips into the vein. There are three main reasons why an IV might be used for a woman in labor: 1) to help increase her blood pressure if it has dropped, 2) to give Pitocin to start or strengthen labor and 3) to prevent or treat dehydration.</p>
Episiotomy	<p>An episiotomy is an incision (cut) made in the space between the vaginal opening and the rectum. This space is called the perineum. Though they should be used rarely, some doctors may think they are more necessary, especially in first time mothers. There are three other reasons why an episiotomy may be done:</p> <ul style="list-style-type: none"> • breech birth (the baby is coming out butt or feet first) • forceps need to be used • fetal distress (the baby is in trouble and needs to be born quickly) <p>An episiotomy may help the birth go quicker.</p>
Cesarean Childbirth	<p>Cesarean childbirth is when a baby is born through a procedure that creates a surgical opening in the woman’s abdomen and not through the birth canal. Common reasons for a Cesarean childbirth:</p> <ul style="list-style-type: none"> • the baby’s head is not able to fit through the mother’s pelvic bones. • labor does not progress. • breech birth – the baby’s butt or feet are facing down instead of the head. • fetal distress - can occur when the baby is not receiving enough oxygen.
Epidural	<p>This is a regional anesthesia. It can be injected during labor to relieve pain in a particular region of the body. Once injected, it leads to a decreased sensation in the lower half of the body. The woman will be asked to arch her back and remain still while lying on her left side or sitting up. A local anesthetic is injected first to numb the area surrounding the spinal cord in the lower back. A catheter (small tube) is passed through the needle and the needle is removed. The tube is then taped on the back and over the shoulder. It can stay in as long as you need the pain relief.</p>
Vaginal Exam	<p>This usually happens during the first prenatal visit. The exam begins with placement of a speculum (medical tool) into the vagina in order to view the cervix (the opening of the uterus). The cervix is examined for abnormalities and signs of infection. After, the cervix and uterus is examined by hand. The pelvis will also be assessed to decide the best way to deliver the baby.</p>



Chapter 6 – Mother and Newborn at Home

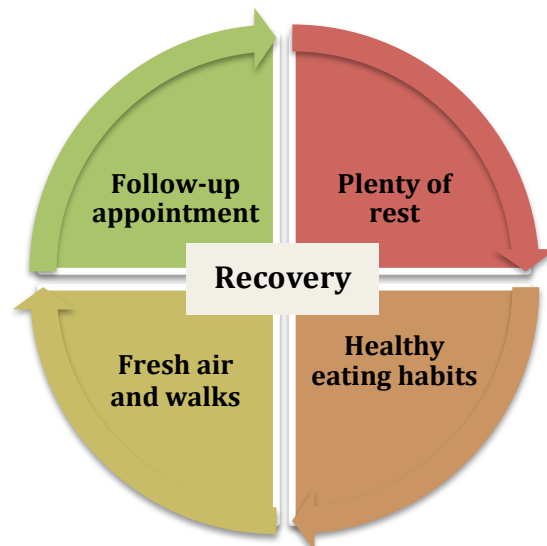
The first few weeks following a baby's birth are both exciting and exhausting. The new mother is experiencing physical and emotional recovery, the baby is getting used to its new surroundings and the family is adjusting to life with a newborn. The medical term for the mother's transition, which begins after the birth of the baby and lasts until the mother's follow-up medical appointment, is called the postpartum period.

Every new mother, or couple, will need to decide how to handle the first few weeks after their baby is born. Some will rely on friends or family to help the recovering mom or help care for the other children. Other families will not have that support or may prefer to handle their new situation alone. Should the new mother have others helping, she might want to reduce tensions by clearly voicing the specific assistance she prefers during this special time.

Too many visitors, too much noise or late hours can easily overwhelm the newborn baby and mother. Child birth, whether vaginal or by Cesarean, is physically and emotionally exhausting. There are physical, emotional and hormonal changes that require recovery time for the mother to regain her health and strength. No matter how the new mother or new parents choose to manage their first weeks at home with their child, they may want to keep in mind the key recommendations presented in this chapter. It is our responsibility to encourage all new mothers to speak with her providers if at any point she has concerns about her recovery or the health of her newborn.

The Mother's Recovery and Well-being

- 1. Rest:** This recommendation can be hard to accomplish as most newborns wake every two to three hours for food, diaper changing and attention. New mothers should be encouraged, when possible, to rest when her baby rests. Keeping the baby nearby mom's bed may help make nighttime feedings easier, especially for breastfeeding mothers. New mothers recover faster when they sleep 10 hours each day.
- 2. Nutrition:** Many moms are anxious to lose the extra weight gained during pregnancy. However, during postpartum, attention to good nutrition is necessary to help the body heal. A balanced diet rich in protein, water, fiber (fruits and vegetables) and little caffeine or sugars is an important step to recovery.



3. **Fresh air and exercise:** A new mother should get outside for at least a few minutes every day. Once home, with their provider's permission, she should also begin light exercise or walks. Both the fresh air and physical movement will help the mom feel emotionally and physically stronger.
4. **Medical follow-up:** New mothers need to understand that they have the right to contact their doctor during the postpartum period if at any time they are concerned about their recovery. At the postpartum appointment, the provider will check that the new mother's body is recovering and offer recommendations as necessary. This appointment offers the new mother the opportunity to discuss family planning desires and to work with her provider to identify the best birth control option.

Common Changes During the Postpartum Period

What follows are common changes the mother might experience after birth. This is divided into three sections: changes that affect mothers who had vaginal or Cesarean births, common concerns after vaginal births and common concerns after a Cesarean section. Included are suggestions of what a new mother can do to alleviate her discomforts.

Changes that Affect Mothers Who Had Vaginal or Cesarean Births

Emotions

After giving birth, it is normal to experience many different emotions. There are women who feel happy and joyful. Some women feel sad, worried or just irritable. Others might want to just sleep and have someone else help take care of their baby. On the other extreme, some mothers may not want to be separated from their child at all. All of these feelings are normal. But sometimes, some new mothers can suffer from serious behavioral changes or depression after birth. If a woman is not able to care for herself, her baby or her other children, this may be a sign of a serious problem.

What to do:

Help the mother to develop a community of support. For example, this community may include family, friends or church members. Encouraging her to speak with her partner may also help a new mother to reduce tensions.

However, if a mother is seriously depressed or there is concern about the way she is caring for the baby, she should be referred immediately to her physician for care.

Symptoms of depression include:

- Excessive crying
- Severe mood swings
- Difficulty bonding with the baby
- Withdrawing from family and friends
- Inability to sleep or sleeping too much
- Anxiety or panic attacks
- Feeling of worthlessness
- Thoughts of harming herself or the baby

Breast Engorgement

After birth, a woman's body releases hormones to produce breast milk. This will happen whether or not a woman chooses to breastfeed her baby. The milk comes into the breasts within three to four days after birth. Sometimes there can be a lot of milk and the breasts may become hard, warm to the touch and very large. This is called engorgement.

A painful, red area can mean a blocked milk duct. If it does not improve within two days or if a fever develops, a woman should call the clinic.

What to do:

A warm compress or water bottle on the breast can offer relief.

Breastfeeding mothers can get relief by putting baby to breast. The pain of engorgement can be relieved with ice packs following feeding. The mother should always speak with her provider before taking Tylenol or ibuprofen (Motrin or Advil). Most over-the-counter pain relief medications are safe for a breastfeeding mother.

A mother can release some of the pressure by expressing a small amount of the milk from the breasts by gently squeezing the breast with her hand. If the mother will not breastfeed her baby, she should not hand express very often. If she releases too much milk, her body will think it is feeding a baby and will continue to produce more.

Sexual Relations

Generally, it is medically recommended that a woman wait 4-6 weeks after the birth of her child to resume intercourse. Sex before that time can increase the risk of infections, bleeding and pregnancy.

Sometimes a new mother may have a hard time convincing her partner of these recommendations. In this case, a woman can request a written explanation or "prescription" to inform the partner of her medical condition and need for abstinence.

What to do:

New mothers should begin slowly with cuddling and other intimate activities with her partner. Once they resume intercourse, new mothers might want to use a vaginal lubricant for comfort and to reduce irritation or pain. (Hormonal changes can reduce natural lubrication.) New mothers should be encouraged to express their sexual concerns to their partners, especially if sex interferes with her recovery.

Hemorrhoids and Constipation

After childbirth, change in digestion, limited exercise or physical movement postpartum, can lead to hemorrhoids or constipation. Alternating warm “sitz” baths and cold packs can help with hemorrhoids. To relieve some of the pain, it may be helpful to sit on an inflatable donut cushion or soft pillow.

What to do:

Increasing the intake of fluids (especially water) and fiber-rich fruits and vegetables can help.

Once it is allowed, walking or other light exercises can also help with digestion. The mother should speak to her provider about a stool softener if problems continue. Laxatives, suppositories or enemas shouldn't be used without the doctor's approval.

“Sitz Baths”: Warm water or warm herbal water can be very soothing and help healing. A woman can simply sit in a tub of warm water. If she does not have a bathtub, she can fill a squirt bottle with warm water, or warm herbal water, and gently squirt the warm water across the outside of the perineum while sitting on a toilet. **Do NOT squirt the water into the vagina!**

Incontinence

During recovery, some women have a hard time controlling their urination. The muscles have been affected during birth. Urinary or fecal incontinence eases as the body returns to its normal pre-pregnancy state.

What to do:

The mother should be encouraged to do Kegel exercises. This exercise consists of the woman squeezing the muscles that are used to urinate for a few seconds, and then relaxing. This is a common recommendation for new mothers.

Using a sanitary pad for protection until the muscles are stronger can help to relieve embarrassment and discomfort.

Common Concerns After Vaginal Birth

Bleeding

Bleeding is normal for the first few days after birth, similar to a woman's period. Sometimes the bleeding will come as a gush and there may be some clots. This happens most frequently if a new mother has been lying down for a long period of time. Generally, it should take between four to six hours to fill a sanitary napkin (pad). Over a few days, the bleeding should diminish and change from bright red to a watery, pink discharge and then brown spotting. This change normally takes two to six weeks.

What kind of bleeding is abnormal?

If the bleeding has begun to subside and then becomes heavier or red again, this is not normal. Increased bleeding is the body warning the new mother that she is doing too much. In this case, the woman needs to reduce activity and rest!

What to do:

CALL THE CLINIC!

- If the bleeding does not slow down after 24 hours.
- If a sanitary pad is soaked in two hours or less.
- If there are severe cramps and clots after the initial two days postpartum.
- If there is a bad smell and a fever.

Rest can be difficult for new moms, especially those without support. As *Promotoras* we can help her to think of ways to reduce her activity until she is stronger.

Care of the Perineum

It is completely normal for the perineum (the area near the vagina, between the legs) to be sore after birth; just remember how much it had to stretch.

There will be additional pain as the body heals itself if there was tearing or an episiotomy. If the doctor repaired a tear, or an episiotomy, the stitches will dissolve in about two weeks.

What to do:

For the first couple of days, while in the hospital, ice packs or frozen pads can help reduce swelling and pain.

Some women choose to use "wet wipes" to reduce the discomfort when wiping.

"Sitz Baths": Warm water or warm herbal water can be very soothing and help healing. A woman can simply sit in a tub of warm water. If she does not have a bathtub, she can fill a squirt bottle with warm water, or warm herbal water, and gently squirt the warm water across the outside of the perineum while sitting on a toilet. **Do NOT squirt the water into the vagina!**

Afterpains

Afterpains are the pains women feel after childbirth as the uterus gets back into shape. Right after birth, these pains can be extremely strong and painful, just like contractions. Usually the nurses will massage the womb right after birth to help it contract.

The afterpains will start to feel more like menstrual cramps as time passes. These pains may continue for several days to a week and will be more noticeable when a woman nurses her baby. This does not often happen during first births.

What to do:

If the pains are especially uncomfortable, the mother should always speak with her provider before taking Tylenol or ibuprofen (Motrin or Advil) for pain.

A heating pad or hot water bottle placed across the abdomen can also help relieve the pain.

Pain in the Legs

Sometimes a blood clot can form deep in the blood vessels of a mother's leg. A blood clot can be very dangerous. If part of it bursts and travels to the lung or heart, it is then life threatening.

What to do:

Direct the woman to go to the hospital, where they can determine if it is a clot. If it is, they will give her medication to dissolve it.

What to look for: A painful, red area on the leg. Sometimes there is swelling or the area will feel hot.

Common Concerns After a Cesarean Section

All new mothers need to rest, eat nutritiously, begin doing simple exercises such as walking and increase the amount of clear fluids they drink. New mothers also need to check their C-section incision regularly for signs of infection. She should learn the following signs of infection:

The mother should contact the provider immediately if any of these signs of infection are present!

Pain increases around the incision

The incision is red, swollen or warm

There is a leaking discharge

The mother has a fever higher than 100.4 F (38 C)

Recommendations for Postpartum after a Cesarean Section

For a safe recovery, it is highly recommended that the new mother take care of both her physical and emotional health. For the first couple of weeks the mother should:

- avoid lifting anything heavier than her baby
- support the abdomen, especially when sneezing, coughing, laughing or making sudden movements
- use good posture when walking or standing
- manage pain by using a hot water bottle or a heating pad. If the pains are especially uncomfortable, the mother should always speak with her provider before taking Tylenol or ibuprofen (Motrin or Advil) for pain. *Most pain relief medications are safe for breastfeeding women*
- drink plenty of clear fluids

Postpartum checkup

It is important for a new mother to follow-up with a health care provider, typically 6 weeks after she has given birth. For a Cesarean birth (C-section), the visit is recommended 2 weeks after the surgery to ensure that the belly and uterus are healing properly.

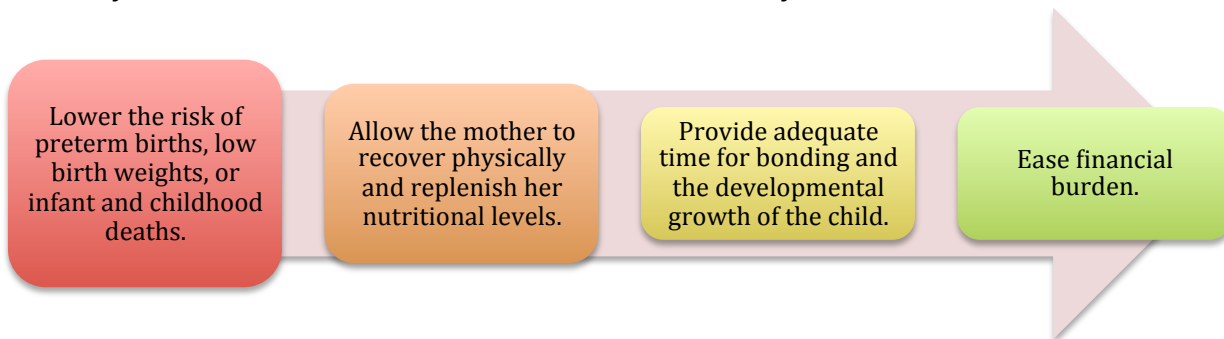
These checkups are critical for the new mom, so she should attend, even if she feels like she is doing well. The checkup consists of a pelvic exam to ensure that the body is healing and a discussion with the health care provider about the following topics:

- feelings about the overall delivery
- physical symptoms such as: aches, pains, uterine contractions, bleeding of any kind, breast pain, and pain going to the bathroom
- emotional and mental health
- breastfeeding
- birth control counseling
- pregnancy spacing
- vaccination needs

Encourage the new mom to write down any questions or concerns to ask the health care provider when she attends her appointment.

Pregnancy spacing

Pregnancy spacing is the length of time between giving birth to one baby and the birth of the next. Medically, it is recommended for women to wait 1 ½ to 3 years between births in order to:



The Newborn

As most newborns sleep a lot in their first weeks, there can be an expectation that the first week will be easy. However, feedings are time consuming and diaper changes are not regular. And when there is a baby with colic or feeding challenges, the first weeks can be demanding.

Feeding

Newborns have very small stomachs and need to eat every 2-4 hours, or 10-12 times in 24 hours. Initial feedings can be different if the baby was born by C-section or if there are general health issues. Growth spurts, which begin in the first few weeks, will also affect quantity and frequency of baby's feeding. Parents will learn the rhythm of feeding within the first two weeks of their child's birth.

Just because a baby cries does not mean that the mother is not making enough milk. Babies cry for a lot of reasons, but too often people mistakenly think it is because the mother is not making enough milk.

Breastfed babies

Breastfeeding is natural, but that doesn't always mean it is easy. The "latch" or baby's "grabbing onto the breast" is critical for baby's ease in feeding. Some mothers may have difficulty getting their baby to latch-on well. A good latch doesn't hurt. The baby should not latch onto the nipple, but rather, the baby's mouth should be around the areola (dark part around the nipple) of the breast. The baby should be held close into the mother's breast.

Mother's nipple and areola should be in the baby's mouth for a good latch. Mother can try to softly shape her breast like an oval. She then can stroke the baby's lips with the nipple. This stimulates the baby's reflexes for its mouth to open wide. The mother then quickly and gently guides her breast into the baby's mouth when it is wide open. This should help to make the "latch" successful.

Promotoras can confirm with the new mother that 1) she is not experiencing severe discomfort during latch on, 2) that the baby is feeding for at least 15 minutes at a time and 3) that the baby doesn't appear to be frustrated, crying or disinterested after feedings begin. These could be signs of problems with latch-on. With experienced advice, the mother can learn the techniques for the baby to successfully latch on and feed.

Mothers might express concern about the quality of her early milk. As we remember from Chapter 5, the first milk is called colostrum. The "true" milk does not come in for several days. This first milk is GOOD for a baby! It is full of vitamins and antibodies to help keep a baby healthy. Colostrum helps the "true" milk come in. Her milk supply will come in within the first week.

Producing sufficient breast milk

Many mothers worry they don't have enough milk, but the truth is, the majority of women can make more than enough milk to feed their babies. The amount of breast milk a woman makes is affected by how often and how long the baby sucks at the breast. While breastfeeding, a woman's breasts are never completely empty; there is always more milk. If a baby seems hungry or fussy

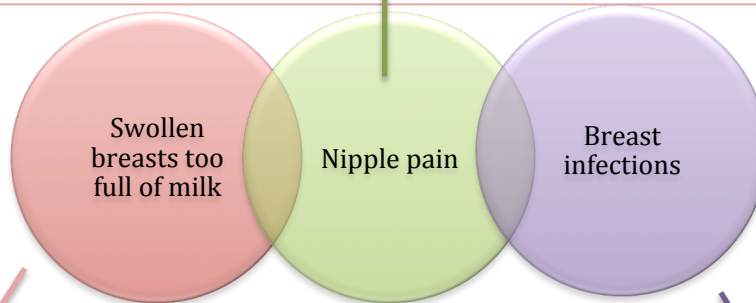
If a woman is breastfeeding and also giving the baby formula, the baby will suck less at the breasts less. This will cause the breasts to make less milk.

Just because a baby cries does not mean that the mother is not making enough milk. Babies cry for a lot of reasons, but too many people think it is because the mother is not making enough milk. If the baby has six to eight wet diapers in a day, the baby is getting enough milk. However, the new disposable diapers are so absorbent that it is sometimes difficult to see if there are enough wettings. If a mother is not sure, she should use cloth diapers for a few days.

Potential problems during breastfeeding

Different problems can occur when a woman is breastfeeding. Some of them are common, and some are more serious than others. It is best for a woman to talk about these problems with another woman who knows about breastfeeding, her provider or a lactation specialist. The following are common difficulties that can usually be reversed with simple techniques:

Nipple pain- To decrease mother's discomfort, the baby needs to open its mouth wide for a successful grasping of the areola and nipple. Holding the baby close to the breast can help. Call a lactation specialist (such as at WIC, or a breastfeeding peer counselor) for help if pain continues while breastfeeding.



Swollen breasts- To relieve discomfort, use warm compresses. Ice packs after breastfeeding helps to reduce swelling. The mother can also put her baby back to the breast to help drain some milk, or she can hand express or pump some milk for relief.

Breast infections- If a mother's breast is red, hard or warm, she should breastfeed frequently to drain the breast. Moist heat applied 15-20 minutes a day can help to relieve discomfort. *If she feels like she has the flu, she needs to contact her provider immediately. These may be signs of mastitis, a breast infection. Antibiotics prescribed by a provider might be necessary.*

Formula-fed newborns

Working with the new child's pediatrician or WIC, the best formula option for the newborn will be explored. *Promotoras* can guide the patience of new parents as they try different formulas to identify the one best tolerated by their child. Parents need to be empowered to contact their provider as necessary when there are concerns about their baby's feeding challenges and needs.

Babies who are bottle-fed need to be fed using a "paced feeding" method. When bottle feeding, babies should be sitting up with the bottle tipped back just enough to allow milk in the nipple so the baby can suck it out.

The parents of bottle-fed babies should pay special attention to good sanitizing of bottles and nipples and the use of clean water in the preparation of formula.

Colic

Colic is a name used when a baby cries for 3 hours or more a day, for 3 or more days, for 3 or more weeks. For those babies who experience colic, the problem usually peaks around 6 weeks and disappears after 3-4 months. The cause is unknown. Colic, while upsetting for everyone, does not have a long-term physical effects on the child.

There is no one type of treatment for colic. Sometimes doctors will check for acid reflux (Reflux is a problem of the body's coordination of food passing through the intestines. Most babies outgrow this by one year of age.) There may be a need to change the type of formula for bottle-fed babies to reduce digestion problems. Others might suggest a reduction of stimulation that might be upsetting the child: too much light, noise, visitors and interaction. Parents should explore different positions to hold the child, use of soft music or reduce light in the room as safe options to try and soothe the baby.

Babies that cry on and off, refuse feedings, have a fever or a change in stool should see a doctor immediately. These could be signs of ear infections, intestinal distress or other medical concerns.

Listening to a colicky baby can be stressful. Parents should know that putting their child in their crib or safe location to step away for a few moments is all right. The baby can feel the tension of a person's stress. Work with parents so that they know there is no reason to feel guilty or embarrassed by their frustration or their child's colic. Sometimes our discussions with them can help to alleviate the parent's stress.

Sleep Safety

To reduce the risk of suffocation, SIDS or injury of the baby, parents should be informed about simple steps for creating a safe environment for baby to sleep. Research supports these five critical suggestions:

1. Babies should be put to sleep on their backs.
2. Babies should sleep on a firm mattress. Parents should never place baby on top of a soft quilt/blanket, pillow or cushions.
3. Be sure the bed is away from all walls, or flush against the wall to avoid any spaces the baby could fall into.
4. If a baby is going to bed-share with parents, then it is safest if the baby is exclusively breastfed, or, at least breastfed at night.
5. Place baby's sleep location away from electrical outlets and electrical appliances.

Other Safety Reminders

As parents manage the long hours of a newborn and the many visits of friends and family members, parents should be reminded of three safety issues: burn prevention, respiratory health and physical safety.

Burn Prevention	Respiratory Health	Physical Safety
<p>To avoid the risk of burns, the baby should not be held in the arms of their caregiver while that person is drinking or handling hot liquids.</p>	<p>For lung development and to reduce the risk of asthma or allergies, baby should be kept away from smoke. Therefore, parents, caregivers and visitors should step outside to smoke.</p> <p>Remember that the smoke that is embedded in clothing of a smoker can also be harmful to the baby's lungs.</p> <p>Smokers should consider wearing a long-sleeved shirt or jacket over their clothes while smoking. This then needs to be removed before returning to the baby. And, hand washing is recommended!</p>	<p>To reduce the chance of electrical shock or other injuries, babies should not be held while their caregiver is using any electrical appliances or while cooking.</p>



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