



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

► TODAY’S APPOINTMENT

Today your practitioner will:

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

► NEXT APPOINTMENT

Date:Time:

Day:

Practitioner:

Notes:

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

► Your baby: at 38 weeks



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Your baby’s appearance is more “baby-like” now. The skin is pink and smooth because “baby fat” has filled in the wrinkles. The *lanugo*, a soft, fine downy hair, is gone, except for some on the back and shoulders of darker-skinned babies. *Vernix caseosa*, a white creamy substance that protects the skin from long exposure to amniotic fluid, is disappearing, except for what remains in the skin folds. The bones in the head are firm but flexible enough to pass through the birth canal without damage. The lungs usually mature during these final 2 weeks. At birth, your baby will weigh about 6 to 9 pounds and measure 19 to 21 inches long.

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He or she will be able to grasp, get startled, sneeze, cough, suck, and blink. Your newborn will be able to smell, taste, hear, and feel your touch on its skin. He or she will be able to clearly see an object at about 8 inches away. When you’re breastfeeding, the distance from your face to your baby’s face is about 8 to 10 inches, so it’s a perfect time to make eye contact and gently stimulate the baby’s other senses through stroking, talking, and singing.

► Your next prenatal appointment and tests

PELVIC EXAMS IN LATE PREGNANCY

Near the end of your pregnancy, your practitioner may perform a pelvic exam as part of your prenatal visit. The purpose of this exam is to check your cervix and the position of the baby. Your cervix will begin to thin out (efface) and open (dilate) by the time you go into labor. For some women, these changes begin as early as 3 weeks before the due date.

You may notice cramping in your uterus after your pelvic exam. This cramping should disappear, but if it leads to true labor contractions, you’ll need to call Labor and Delivery (or your Member Service Center) for an evaluation.

Many women notice an increase in vaginal mucous discharge during the ninth month, especially after sex or a pelvic exam. You might have a lot of mucous come out all at once, or a smaller amount little by little. Sometimes there might be some spots of blood mixed with the mucous or a pink stain on the toilet paper when you wipe. This is normal. Heavy bleeding (like a menstrual period) isn’t normal and should be reported to your practitioner right away.

► “What should I expect during labor?”

WHEN WILL MY BABY “DROP”?

If this is your first pregnancy, the baby’s presenting part (usually the head) will drop down into the pelvis. This often happens 7 to 10 days before birth, but sometimes not until labor begins. If you’ve had other children, this “lightening” may not occur until labor begins.

HOW DO I KNOW IF MY BAG OF WATERS HAS BROKEN?

Your membranes (bag of waters) can break suddenly as a gush of fluid, or it may slowly leak fluid over a period of time from your vagina. If you think that your bag of waters has broken, you may take a shower but don’t take a bath, douche, or have sexual intercourse. Call Labor and Delivery (or your Member Service Center). If the nurse thinks that your bag of waters has broken, you’ll be asked to come in for an examination, even if you don’t have any contractions.

WHEN SHOULD I GO TO THE HOSPITAL?

If any of the following occurs, call your practitioner. (After office hours, call Labor and Delivery or your Member Service Center.)

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►PARTNER’S CORNER

PARENTHOOD: A NEW BEGINNING FOR EVERYONE

Bringing a new baby into your home can be a joyous and exciting time, but it can also cause a temporary disruption in the family routine. As you get ready for the birth of your baby, you can also prepare your family members for their changing roles and responsibilities. After the birth, you and your partner need to make decisions about sharing responsibility for baby care and housework. Your baby will demand a great deal of attention in the first weeks after birth, and it may be difficult to focus on your own needs. The more you participate, the sooner your partner will recover, and the sooner you’ll see a balance return to your family. Try to keep the lines of communication open as you share the joy and work of new parenting. These suggestions will help you nurture the baby, the new mother, and your relationships.

“BABY” THE BABY

Physical contact helps you connect with your baby and encourages growth and development.

- Spend time holding, caressing, talking, or singing to your baby.
- If your baby is fussy, try walking around with the baby in a front pack.
- Rock your baby while you’re relaxing at night.
- Change and bring your baby to your partner for nighttime feedings for the first 1 to 2 weeks, and take turns afterwards.
- Enjoy bath time as playtime.

“MOTHER” THE MOTHER

Although the new mother is expected to fall into her role naturally, most women need some time to get used to the new experience of being a mother. Your partner will need your support, encouragement, and love to ease her adjustment to her new role.

- Offer to take care of your baby for a little while so she can go out by herself or with friends.
- If possible, go with her to bring your baby to the doctor for checkup visits.
- Make dinner or bring home food.
- When you get home from work, offer to take care of your baby for a little while so she can have some time to relax.
- Make special dates to go out together or share a meal.
- Schedule some time to be alone with each other.

- Bring her flowers.
- Tell her often that you love her.
- Give her a massage.
- Go for a walk together.
- Go out on a date and talk about things other than the baby.
- Read to her.
- Give her support when you’re with friends and relatives.
- Tell her what a wonderful mother she is.

HOME VISITORS

During the first 2 weeks at home, limit your visitors and the time they stay. People who have colds or other infections shouldn’t visit, and smoking should never be allowed. You need to be firm about this rule. Be realistic about entertaining too. You may need to post your visiting hours or leave them pre-recorded on your answering machine. Your partner should rest and relax in a nightgown or robe for the first few days at home. This reminds her and visitors that she is still recovering from childbirth. Remember to make her comfort a priority.

►Safer sex for you and your partner

- **Remember to continue to practice safer sex to prevent the spread of HIV (the virus that causes AIDS) and other sexually transmitted diseases (STDs).**
- **You can have an STD even if you don’t have symptoms, but if you have symptoms they may include: sores, bumps, or blisters near your penis, vagina, rectum, or mouth; burning or pain when you urinate; and itching or swelling around your genitals.**
- **If you have any of these symptoms, avoid having sex until you see a practitioner and get tested.**
- **You can get tested for HIV and other STDs even without symptoms. Talk to your practitioner about getting tested.**
- **You can protect yourself and your partner by using condoms and oral dams (latex squares used for oral-vaginal and oral-anal sex).**



►Staying healthy during pregnancy and beyond

MAKE SURE YOU GET ENOUGH REST

During the first couple of weeks at home, limit your visitors and the time they stay. People who have colds or other infections shouldn’t visit, and smoking should never be allowed. Pace yourself and try to nap when the baby naps. During this time, try to be more relaxed about housework and other “to do” items. Focus instead on the baby’s and your needs. Before the birth, arrange childcare for older siblings, and make sure that there is another adult in your home for a minimum of 2 to 3 days to help out after the birth of your baby.

ATTEND YOUR POSTPARTUM APPOINTMENT

You’ll be scheduled for a follow-up appointment with your practitioner within 6 weeks of delivering your baby. It’s important to go to this appointment (even if you’re feeling fine) so that your practitioner can check that you’re healing properly.

POSTPARTUM DEPRESSION

You may feel depressed for the first 1 to 2 weeks after the birth of your baby. There may be times when you cry and feel sad, anxious, or irritable for no reason. These “baby blues” are very common and often disappear on their own. But sometimes these feelings may last longer and can be more intense. These could be symptoms of postpartum depression. If your symptoms are severe or go on for more than a few weeks, seek help through a support group or visit with a Kaiser Permanente mental health counselor or your practitioner. Having someone listen to your concerns will often help relieve the depression. Your local Health Education Center has pamphlets, videos, and other resources about postpartum depression and the challenges of new parenting. Symptoms of postpartum depression are treatable with self-help, support, or professional guidance.

If you’re having any thoughts of hurting yourself or your baby, you should contact your provider immediately. If you have any of these thoughts that you feel you may act upon, call 911 right away.

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► More about breastfeeding

Kaiser Permanente recommends that you feed your baby only breast milk for the first 6 months of life. Breastfeeding is the natural way to provide all the nutrition your baby needs. It works on a supply-and-demand basis: the more your baby nurses, the more milk you will produce. Most nursing mothers can produce enough milk for their babies to thrive! You may hear different messages about how to breastfeed your baby, but remember there is no right or wrong way. It may take some time for your body to get into a rhythm, so be patient and persistent. Breastfeeding is a learned skill. It takes practice!

HOW OFTEN WILL MY BABY NEED TO EAT?

Newborns have very small stomachs and can only hold about 1-2 teaspoons of liquid. Since your breast milk is quickly digested, your baby will need to be fed often. We recommend that you feed your baby whenever he or she is hungry. This is called “feeding on demand” and ensures that your baby is getting enough to eat and that you are producing enough milk. You can expect that your baby will need to eat about every 1½ to 3 hours or at least 8 to 12 times in a 24-hour period. It is normal for your baby to lose weight during the first few days before regaining the original birth weight (usually by the second week after birth).

Feeding on demand works well when your baby is awake. But you may need to wake your baby if she or he is sleeping through feedings. To make enough milk, you need to feed your baby 8 to 12 times in a 24-hour period. If that doesn’t happen, make sure that you wake the baby up every 3 hours to eat. It’s okay to let the baby sleep one 4-hour stretch during a 24-hour period, but in order to be sure that you are making enough milk, try to feed more often. Ideally, your baby should nurse every 1 ½ – 3 hours. You can wake your baby up by unwrapping your baby’s blanket, rubbing your baby’s feet, or walking your fingers along baby’s spine.

TAKING MEDICATIONS WHILE BREASTFEEDING

Some medications are safe in moderation during breastfeeding and may be needed to relieve pain. Mothers who are taking the following medications may take them for moderate to severe pain:

- codeine
- hydrocodone (Vicodin and Norco)
- oxycodone (Percocet)
- ibuprofen (Motrin)
- acetaminophen (Tylenol)

Watch for signs that your baby might be getting too much of the medication through your breast milk. If you notice that your baby is sleeping longer than usual or having difficulty breastfeeding, call your baby’s doctor. If your baby is having trouble breathing, call 911 right away.

HOW CAN I KEEP MY NIPPLES FROM GETTING SORE?

Positioning the baby on the breast correctly is the best way to avoid soreness. Ask the nurses to help you with correct positioning before you go home. Although some women experience “latch-on” nipple soreness in the first few days, breastfeeding shouldn’t hurt during the feed or continue to hurt after the first week.

If you experience a pinching sensation when the baby latches on or pain at any time while the baby is feeding, check to make sure that:

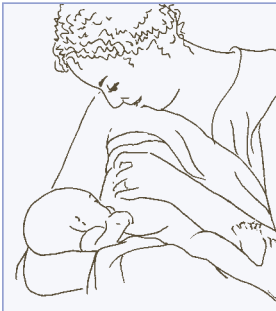
- Baby’s ears, shoulders, and hips are in line, pointing up to the ceiling.
- Baby’s head is directly facing your breast and that his or her nose is opposite your nipple.
- Baby’s shoulder is supported from behind with your hand opposite the breast where baby’s head is, pressing baby toward you with baby’s feet, bottom, and shoulders pulled in close. (Remember to let the head tilt back.)
- You support your breast by placing your thumb lightly above the areola (the dark area around the nipple) and place your fingers below and under the breast, shaping the breast like a sandwich so that it lines up with baby’s smile.
- Your hand, holding the breast, is well away from the areola.
- Baby’s lips are rolled out, mouth looking wide open, not narrow.
- More of the areola is seen above your baby’s upper lip than below.
- Baby’s chin touches your breast.
- You can hear swallowing, infrequent at first.

HOW CAN I TELL IF MY BABY IS GETTING ENOUGH TO EAT?

Newborns usually lose weight the first few days before regaining the original birth weight (usually by the 2nd week after birth). It’s important that you look for signs that your baby is getting enough food.

- Your baby should be nursing at least 8-12 times in each 24-hour period.
- Your baby should have 1 wet diaper a day until day 3 of life, then 3 or more wet diapers every 24 hours after that.
- Your baby should appear content after being fed and burped.
- Breastfed babies should have at least 3 to 4 loose, yellow stools every 24 hours after the stools have changed from dark green to yellow.
- Your baby’s cheeks should be round, not puckered, and you should hear swallowing sounds (not clicking) after every 2 to 3 sucking movements of the baby’s mouth.

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► Cesarean birth

Most expectant families do not think of surgery when they think about giving birth. However, sometimes a cesarean birth is necessary if it is the safest option for the mother and baby. Planned cesarean sections for non-medical reasons before 39 weeks are not recommended, as your baby’s lungs and other important organs may not be fully developed yet. Many times, cesarean births are not planned and the decision is made during labor. Here are some reasons a cesarean may be necessary:

- **Lack of progress or lack of cervical dilation:** Please remember that labor time varies greatly. If your cervix is not dilating and a problem does arise, a cesarean birth might become appropriate. It’s important for you to rest, exercise, and eat well during pregnancy so that you are prepared for the hard work of labor. These steps can sometimes reduce the likelihood of needing a cesarean birth that is due to a lack of progress.
- **Cephalopelvic disproportion:** The mother’s pelvis is too small or the baby’s head is too big to fit through the pelvis. This is determined if the baby is not descending into the pelvis during labor or is not moving downward while the mother is giving her best pushing effort.
- **Breech position:** The baby is not in a head-down position. A breech position is usually detected before labor begins.
- **Fetal distress (fetal intolerance of labor):** The baby is not getting enough oxygen through the umbilical cord. This is detected by assessing the baby’s heart rate along with the contraction pattern on the fetal monitor.
- **Placenta previa:** The placenta is partially or completely covering the cervix.
- **Genital herpes:** Active herpes lesions in the mother’s vagina could infect the baby if the baby is born vaginally. This infection is very serious in newborns. A cesarean birth can help prevent the baby’s exposure to the virus.

If your provider recommends having a cesarean section, you may want to ask the following:

- Why do I need to have a cesarean section?
- What are the risks compared to a vaginal delivery?
- Will I need to have a cesarean section with future pregnancies?

► “What should I expect during labor?”

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- **A decrease in baby’s movements:** If you notice the baby is unusually still, eat a meal or drink fruit juice, lie down on your left side, and concentrate on the baby. Call if you don’t count 10 movements in the next 2 hours.
- **Contractions:** If contractions grow progressively longer and stronger, time them from the start of a contraction to the beginning of the next. If this is your first delivery, contact the hospital when your contractions are 3 to 5 minutes apart over a 1-hour period, unless instructed otherwise. If you have previously had a baby, call when your contractions are 5 to 7 minutes apart over a 1-hour period.

Please be ready to answer the following questions when you call:

- What is your medical record number and due date?
- How many times have you been pregnant?
- How many babies have you had?
- How active is the fetus?
- When did the contractions begin?
- How often are the contractions coming? (Count from the start of a contraction to the beginning of the next.)
- Is there any discharge? If so, is it clear or bloody? Report any bleeding at once.
- Has your bag of waters broken (a flow or continuous drip of water-like fluid from the vagina)? When did it break? What color was it?
- Do you have any complications that make you a special prenatal patient or high-risk patient?

GETTING TO THE HOSPITAL

If you think that you’re in labor, call the Labor and Delivery Unit or your Member Service Center before you come to the hospital. Remember that the time to start for the hospital depends on how long it’ll take you to get there. Take a practice trip, taking into account the time of day and traffic. You must arrange your own transportation to the hospital. Do not call an ambulance unless it’s an emergency.

► More about breastfeeding

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WHAT ABOUT INTRODUCING A BOTTLE?

Getting food from a breast is very different from taking it from a bottle. In fact, different sets of facial muscles are used for each way of eating. After your baby is at least 4 weeks old and doing well with breastfeeding, it’s okay to introduce a bottle. Waiting at least 4 weeks before offering a bottle helps you build up your breast milk supply. It also gives your baby time to learn to breastfeed. If you plan to follow Kaiser Permanente’s recommendation of exclusively breastfeeding your baby for the first 6 months of life, it’s important to remember that any breastfeeding session that you skip will decrease your milk supply. If you’re not able to breastfeed your baby, express your milk and give it to your baby in a bottle. This will help keep your milk supply up, and prevent painful engorgement.



► Birth control after the baby

Now is a good time to decide what type of birth control you’ll use after the baby is born. When choosing a birth control method, it’s important to decide how long you want to wait before you want to become pregnant again (if you wish to do so), and whether or not you plan to breastfeed your baby.

If you don’t wish to become pregnant again for a while, a very effective method is recommended, such as an intrauterine contraceptive device (IUD), Depo-Provera (3-month injectable), Implanon (3-year contraceptive implant), or birth control pills. Condoms are also effective in preventing pregnancy when used correctly. They also provide protection against HIV and other STDs. If you do not wish to become pregnant again, permanent sterilization is available, and it is not reversible. The Health Education Center has pamphlets on these forms of birth control.

INTRAUTERINE CONTRACEPTION (IUD)

The IUD is a safe and effective option, especially if you do not want to become pregnant for at least 2 years. The IUD is as effective as or more effective than permanent sterilization and is a reversible method of birth control. The IUD is effective for up to 5 to 10 years depending on the type used and can be inserted at an office visit. The IUD can safely be used while breastfeeding.

DEPO-PROVERA

Depo-Provera is very safe and effective birth control and can be used while breastfeeding. Depo-Provera requires an injection once every 3 months. If you have had unprotected intercourse between delivery and the first injection, you must have a negative result on your pregnancy test before you can start Depo-Provera. Additional birth control methods should be used for 2 weeks after your injection. You need a prescription from your practitioner for Depo-Provera, so plan ahead. To safeguard your breast milk supply, it is best to wait until your 6 week postpartum appointment for your first Depo-Provera injection. Depo-Provera is not recommended for more than 3 years due to concern regarding bone loss when used for longer periods of time. There may be a delay in getting pregnant after you stop taking the shots.

IMPLANON

Implanon is a contraceptive implant that contains a progestin hormone. It’s a single rod about the size of a matchstick, which is implanted under the skin of the inner upper arm. It can stay in place for up to 3 years and can be removed with a small procedure by your practitioner. Implanon can safely be used while breastfeeding.

BIRTH CONTROL PILLS

Birth control pills are very safe and effective. If you’ll be breastfeeding, progestin-only birth control pills are less likely to cause a decrease in your milk supply than the combination estrogen-progestin pills. Because you can still get pregnant when you start taking your first pack of pills, be sure to use an additional method of birth control (such as condoms) for two weeks after starting your pills. The pill should be taken at the same time every day. If you miss a pill

or are late in taking the pill, take it as soon as you remember and use a backup method of birth control during the rest of that pack. Always discuss your plans or questions about the pill with your practitioner.

BARRIER METHODS

Barrier methods of birth control—such as diaphragms and condoms—require use at the time of intercourse and can be effective in preventing pregnancy if used correctly. Diaphragms need to be fitted after delivery during an office visit. If you were using a diaphragm before you became pregnant, you will need to be refitted after the birth. Giving birth may have changed the size of the diaphragm that you need. Barrier methods are safe to use when breastfeeding.

EMERGENCY CONTRACEPTIVE PILLS

It’s a good idea to have some emergency contraceptive pills (ECPs) at home in case unprotected sex occurs, such as when a birth control pill is missed; you’re late for a Depo-Provera injection; or the diaphragm, cervical cap, or condom has slipped out of place. If you take ECPs within 120 hours (5 days) after having unprotected sex, the risk of getting pregnant is reduced by 85 percent. The sooner you take ECPs after having had unprotected sex, the more effective they are in preventing pregnancy. You can buy them before you might need them at a Kaiser Permanente pharmacy or drugstore.

PERMANENT STERILIZATION

Tubal ligation, also called having your “tubes tied,” is a permanent form of birth control for women. You must sign consent forms before you can have this procedure. If you are scheduled for a cesarean section and wish to have tubal ligation, ask your practitioner if the procedure can be performed at the same time. Essure is a non-surgical permanent sterilization typically performed 6 to 8 weeks postpartum. It is often done as an office procedure with no incisions and no general anesthesia. To learn more about these procedures, contact your local Health Education Center or practitioner.

Vasectomy is also a permanent form of birth control and is available for men. Call the Urology Department or the Health Education Center for more information.

►Avoiding exhaustion

Following the birth of your baby, your emotions might range from joy to sadness to every feeling in between. This roller coaster of emotions could be due to hormonal shifts; fatigue from labor, birth, and the hospital stay; possible anxiety about becoming a mother; or a variety of other factors. Your life will be different than the way it was before you gave birth to your baby.

- You'll get less sleep and eat at odd hours.
- You may be at home more than you used to be.
- You'll have less energy.
- You'll have much less time for yourself, your partner, friends, home, and hobbies.
- Most of your life will center around the baby. You'll primarily be concerned with how much your baby is sleeping and feeding, what message your baby is sending you with each cry, how many diapers you're changing every day, and how attached you've become in such a short time.

During these first few weeks you must simplify your life. You have 4 priorities:

- Love and care for your baby.
- Take care of yourself.
- Love your partner.
- Get to know your baby.

Things that you can do to make your first few weeks at home easier:

- Wear a bathrobe or other comfortable, loose-fitting clothes.
- Discourage visitors the first couple of days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Leave a message on your answering machine about the baby, turn off the ringer, and sleep!
- Cook and freeze meals ahead of time and have a stock of groceries on hand. Check out the restaurants in your neighborhood that offer take-out. Find out if there are any grocery delivery services in your area.
- Arrange for a friend or family member to help with housework, errands, etc. Let people know what you need. Take people up on their offers to help.
- Nap when your baby naps.
- Be patient with yourself, your family, and your new baby—you're all adjusting to a major change.
- Remember that the lack of sleep and exhaustion is only temporary. Eventually your baby will sleep through the night.
- Your baby will eventually grow more independent. For now, he or she needs you for everything.



►Staying healthy during pregnancy and beyond

(continued from page 2)

A HEALTHY LIFESTYLE

It's more important than ever to eat healthy. Continue to follow pregnancy nutrition guidelines. Get plenty of fruits, vegetables, lean protein and whole grains. Avoid fish with high mercury content if you are breastfeeding. Also continue to avoid alcohol and drugs, including prescription and over-the-counter drugs, unless they're ordered by your practitioner. If you or a family member has a problem with drugs or alcohol, call your practitioner. If you quit smoking while you were pregnant, congratulations! Since the children of smokers have more colds, ear infections, allergies, asthma, and adult lung cancer, you and other smokers in your household will want to stay tobacco-free. The Health Education Center has information and classes to help you quit smoking or stay quit.

GET YOUR PERTUSSIS VACCINATION

Whooping cough (also called pertussis) is a contagious disease that can spread easily from person to person through coughing. It's very serious for babies. You can protect your baby by getting a Tdap booster shot during pregnancy or after your baby is born. It's safe to get the vaccination while you're breastfeeding. Your partner and other family members should also get the vaccine as soon as possible.

GET YOUR FLU SHOT

Protect yourself and your baby from flu by getting an annual flu shot. Flu shots are usually given in the fall and winter months. Check with your facility to find out when they are available.

REGAINING YOUR FIGURE

You can shed unwanted pounds by eating well-balanced meals, avoiding foods high in fat and empty calories, and remaining active. Many women find it easier to lose their pregnancy weight once they have fully recovered from the delivery and can resume normal physical activity. Keep in mind that while you're breastfeeding, you'll need extra fluid, nutrition, and calories. Breastfeeding uses an estimated 500 calories/day. If you need additional help, the Nutrition Services Department and Health Education Center can assist you.

MOTHER/BABY GROUPS

Most community adult schools sponsor programs that you can attend with your new baby. This is a great way to meet other new mothers. The Health Education Center can help you locate programs in your community.



► Pain medication during labor and delivery

There are 2 main types of pain medications that are used in labor and delivery. They are known as “analgesics” and “anesthetics.” Analgesics are medications that reduce pain without total loss of feeling or use of the muscles. Analgesics can be given through a vein (in an IV) or by an injection directly into a muscle. Anesthetics block most pain. They also block most feeling and movement. Anesthetics can be administered as a local anesthetic (numbing a small area of the body), or as a regional anesthetic (numbing a large area of the body). Rarely is a general anesthetic used (the person is completely unconscious and pain-free). It may help you to examine the pros and cons of all options when making your decision about how to manage pain during labor and delivery. Remember that the decision to use pain medications during labor and delivery is a personal choice. If you prefer natural or unmedicated childbirth, we can support you in your decision.

ANALGESICS

Intravenous analgesics: These medications are narcotics that help reduce pain and increase relaxation.

Pros:

- The feeling of pain is lessened (not eliminated)
- You are conscious
- You may easily proceed to epidural anesthesia if pain relief from analgesia is not enough
- It can help with pain relief after childbirth

Cons:

- You may become drowsy or have difficulty concentrating
- You may have a reduced memory of labor and/or your baby’s birth
- You may have nausea or vomiting
- It may not provide enough pain relief
- It may slow the baby’s breathing if given close to delivery

REGIONAL ANESTHESIA

Epidural Block: An epidural injection may include an analgesic or an anesthetic type of medication. An epidural can also be used during the birth. The medication is injected through a very thin tube into the “epidural” space near the spinal cord. An epidural block takes away the most intense contractions, but women will still feel pressure.

Pros:

- You are mostly pain-free from the waist down
- The epidural block can be used for hours
- You are awake and alert

Cons:

- It requires preparation that takes time (15-30 minutes) before pain relief is felt
- You are not able to walk
- You need a catheter to remove urine from your bladder
- It will probably make the second stage of labor (from the time the cervix is completely dilated until the baby is delivered) take longer
- It may increase the need for instrument (forceps or vacuum) or cesarean delivery
- There is a small risk of headache that may require treatment
- It can cause a drop in blood pressure that may require treatment

Spinal Block: A spinal block is similar to an epidural injection. It is usually only given before a cesarean section. Like the epidural block, it is given as an injection through a thin tube in the lower back. It is injected directly into the area around the spinal cord and fluid.

Pros:

- It brings immediate pain relief from the waist down
- You are awake and alert

Cons:

- It can be used only once during labor
- It works for a limited period of time (1-2 hours)
- You are not able to feel or walk
- You need a catheter to remove urine from your bladder
- There is a small risk of headache that may require treatment
- It can cause a drop in blood pressure that may require treatment

► Other resources

KAISER PERMANENTE WEB SITE

Connect to our Web site at kp.org or kp.org/pregnancy.

► After delivery

IDENTIFICATION BANDS FOR MOTHER AND BABY

In the delivery room, your baby will have 2 identification bands: an ankle band and a wrist band. You will have an identification band with the same numbers as your baby’s band placed on your wrist. The baby’s father, your partner, or your labor coach can also have a matching band.

During the hospital stay and prior to discharge, the nurse will check the identification bands on the adults and baby for matching coded numbers before allowing the baby to be picked up from the nursery.

It’s important that you keep the bands in place. Tell your nurse immediately if an identification band comes off.

DISCHARGE FROM THE HOSPITAL

Because the hospital is not the most restful place to recover from birth or to get to know your new baby, you may be eager to go home. After you have your baby, your practitioner will talk with you about the length of your hospital stay, which will be based on what is needed for your recovery.

Before you’re discharged, your postpartum nurse will teach you how to take care of yourself and your newborn during your first few weeks at home. You’ll want to be confident about feeding your baby, and knowledgeable about all of the following: umbilical cord care, bathing and clothing your baby, infant elimination patterns, temperature regulation, infant behavior, safety, illness and emergencies, thermometer and bulb syringe use, and circumcision care. To be prepared ahead of time, we suggest that you visit your Health Education Center for videos, books, and pamphlets that will help you during your first few weeks at home.

VISITORS (A REMINDER)

A new mother and baby need a great deal of rest. For this reason, we suggest that you limit your hospital visitors to the immediate family only. Because good hand washing is very important to the health and well-being of both mother and baby, insist that all visitors wash their hands with warm, soapy water for at least 3 minutes before handling the baby.

► Concerns about blood transfusions

Very rarely, a woman can hemorrhage (bleed excessively) after delivery. In these emergencies, measures are quickly put in place to stop the bleeding and to make up for it by giving additional intravenous (IV) fluids. In a few cases, it’s necessary to administer blood products (transfusion) as a life-saving measure. If, for religious or other reasons, you refuse to accept blood products, you must let your practitioner know and sign the appropriate forms.

It’s not common for a pregnant woman to donate blood on her own behalf. This is because the number of pregnant patients requiring transfusion is very small (less than 1 percent), patients who do require blood often need many units, and donated blood cannot be stored longer than 5 weeks.

On the other hand, if you have a rare blood type and suitable donated blood is known to be difficult to find, special arrangements can be made for you to donate blood. This would have to be arranged with your practitioner and there may be an associated charge for blood storage.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.