

# Dar a Luz

## BIRTH & HEALTH CENTER



## Birthing Your Baby

A Dar a Luz resource for pregnant parents

*Please bring this resource to each visit.*

IMPORTANT NUMBERS

**Midwife on-call 24/7**  
**505.944.5488**

Backup number if you are  
unable to reach a midwife  
on-call after 15 minute wait  
**505.273.5584**

Birthcenter main line  
**505.924.BABY (2229)**

CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



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# DAR A LUZ CARE

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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



This section will educate you about:

- What care is like with Dar a Luz
- How to reach the midwives on-call
- Best practices for when to use what phone number
- A brief explainer on the online client information portal
- What your rights are as a client

Welcome! Pregnancy care is very important to us. It is also important for you and your families. This section is a guide to help orient you with Dar a Luz, with information and answers to questions you may have.

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## Welcome to Dar a Luz Birth & Health Center

# WELCOME TO DAR A LUZ BIRTH & HEALTH CENTER

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We are so pleased that you have chosen to receive your prenatal and birthing care from us! We are Albuquerque's first freestanding birthing center, and New Mexico's first licensed and nationally-accredited birth center staffed with certified nurse-midwives (CNMs).

Over the next few months, whether you are just beginning your pregnancy or whether you are transferring your care to us with only a few weeks to go, this educational binder will be an important resource for you and those supporting you. This book is designed to supplement your prenatal, postpartum, and newborn visits, as well as add to other resources that you are using. We encourage you to read every section of this book and keep a list of questions. **Please bring this binder and your questions to every visit.**

At Dar a Luz, we believe that pregnancy and birth are normal life events. Most pregnant people will have very normal and comfortable pregnancies with few issues, if any. Some will have slight deviations from normal but will still be able to receive our care. There will also be some who will develop risk(s) in their pregnancy that will require them to transfer their care to a hospital-based practice. One of the purposes of this educational binder is to help you understand what is normal, what isn't normal, and when to be in contact with Dar a Luz about any of it. If there is something going on in your pregnancy that is not addressed, please don't hesitate to call us. Our relationship is a partnership -- we will work together to facilitate the healthiest possible outcome for you and your baby. Our commitment to our clients and families is that all will be treated with dignity, respect, compassion, and empathy.

Congratulations on your pregnancy, and thank you for sharing it with Dar a Luz!

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## OUR PRACTICE

Dar a Luz is a group practice. Our midwives all share a combination of clinical, on-call, and administrative duties. With a larger practice, we encourage you to **see as many of the midwives as you can** during your prenatal care, but you may opt to see only certain midwives, too. Our goal is to meet everyone in the practice, but it is up to you to schedule with each of the midwives during the prenatal period, if that is important to you.

As a group practice, we rotate on-call responsibilities. Midwives rotate every 12-24 hours on call. To maintain a safe and healthy birth center practice, please understand you may not choose who your labor midwife is going to be, even if she is on second-call.

We pride ourselves on being a diverse group of individuals with different backgrounds and lifestyles -- this makes us a stronger practice. We ask you to be as open and accepting of all the different personalities in our practice as we are of you, our clients. If you prefer, you don't need to see every midwife in your clinic visits, but you may not ask to not have a particular midwife at your birth. We are a solution-focused practice, and we want to support you! If you feel that you absolutely cannot have a certain midwife at your birth, then you will need to transfer your care. If you feel you have been mistreated, please contact me, immediately.

In a small practice like ours, things can change quickly and we appreciate our clients being open and fluid to changes right along with us. We adjust our schedule based on medical needs, which can change during your pregnancy or newborn care. If there is another family in need of time sensitive care, we will do what we need to get them the care they need. And we will do the same for YOUR family! This means we may need to move your appointment from time to time because your need isn't as high as another of our clients at that particular time. We try to minimize the effect it will have on your schedule, and never want to cause an inconvenience.

Lastly, we work hard to make sure we are always available for you when you need to reach us; we appreciate you making sure you are available when we need to contact you.

If you see that you have missed a call from (505) 924-2229, please check your message and respond quickly.

Please know that every single staff member at Dar a Luz cares about every parent, every baby and every family that comes through our doors and chooses us to care for them. If something doesn't feel right, we want to know. We always strive to do better and to be better. We value integrity, decency and respect and believe everyone deserves that not just in their health care but in their life.

Respectfully,



Abigail Lanin Eaves, CNM  
Executive Director  
Certified Nurse-Midwife

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## ABOUT DAR A LUZ BIRTH & HEALTH CENTER

“Dar a luz” is a South American phrase literally translates to “to come into light” or “to bring to light;” it figuratively translates as “to give birth.”

The birth center is not a new concept. There are over 400 birth centers in the United States and many more opening every year. The first birth center in Albuquerque was the Southwest Maternity Center, where over 1,000 babies were born between the late 1970s and mid-1980s. However, today Dar a Luz is the only freestanding nurse-midwife operated birthing center in Albuquerque.

Abigail Lanin Eaves, CNM, a graduate of the nurse-midwifery program at UNM, learned of birth centers in her first semester of graduate school in 2000. She was immediately impressed with the birth center concept and was committed to opening one in Albuquerque, where she was born and raised. Albuquerque has been a very supportive environment for home birth for many years, and Abigail felt that a birthing center was the perfect intermediate environment between the home and the hospital. Midwifery is also no stranger to Albuquerque – more than half of the babies born here in Bernalillo County are born into the hands of midwives! So, it seemed natural to have a birthing center staffed with midwives.

Full Circle Midwifery Birth & Health Center (FCM) was founded in April 2007 by Abigail and Alisa Henning, both certified-nurse midwives (CNM). FCM was incorporated in the State of New Mexico on August 9, 2007 as a domestic nonprofit corporation. We applied for our tax-exempt status in December 2007, and were granted our 501(c)(3) in March 2008.

After many more years of development, strategic planning, fundraising and touring many buildings, we found this wonderful property in the North Valley that we now call home. We had numerous volunteers who helped with painting, cleaning, planting, watering, landscaping and putting together furniture to get ready for our opening day: March 24, 2011. Abigail Lanin Eaves, CNM and Melanie Yanke, CNM (now retired from Dar a Luz) were the only midwives to serve our families for the first two years. They worked tirelessly to build the foundation for what Dar a Luz is today. FCM was renamed in early-March 2011 to Dar a Luz Birth & Health Center.

Dar a Luz Birth & Health Center is a member of the American Association of Birth Centers, and has been continually accredited by the Commission for Accreditation of Birth Centers since August of 2011. Meeting the standards of accreditation indicates to clients, states, health and liability insurance agencies, consulting providers, and hospitals that a birth center has met a high standard of evidence-based and widely recognized benchmarks for prenatal care, neonatal care, business operations, and safety. Continuing accreditation demonstrates that best practices are being met and maintained by a birth center.

Dar a Luz became the first freestanding birth center to be licensed by the New Mexico Department of Health on January 20, 2017. We all worked very hard for over six years to get the law passed to require licensure for birth centers in the state, and then we helped to write the regulations for freestanding birth centers in NM. This is an important milestone for our state, and for birth centers to increase access to family centered care!

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## BIRTH CENTER STAFF

See the Dar a Luz website for current bios and pictures of all our staff.

### What is a Certified Nurse Midwife (CNM)?

CNMs are registered nurses who have earned a master's or doctoral degree consisting of at least two years of training in midwifery. We provide prenatal, birth, postpartum, and breastfeeding care; we also care for newborns for the first 28 days of life. In New Mexico, CNMs are licensed to practice independently and can prescribe medications. "Midwife" means "with women," and this is what midwives are known for: being there throughout pregnancy and birth. If there are problems, we work closely with consultant doctors. CNMs can also provide care for your annual pelvic health and contraceptive needs, including birth control, pap smears, and some primary care issues. We do not manage chronic diseases or prescribe medical marijuana cards.

### Registered Nurse (RN) Birth Assistants & Lactation Consultants

A Registered Nurse has two to four years of college education, and is trained to give individualized care and education to patients in many areas. Our nurses are experienced in labor, birth, postpartum, and newborn care. We also have IBCLC lactation consultants on staff who are available to help with breastfeeding and newborn feeding issues.

At the birth center, the registered nurse assists with many duties, including lab draws, lactation consultations, quality assurance checks, statistics reporting, support groups, and childbirth education classes. They will also be called in to assist the midwife when the baby is born, and will take care of the family until they go home.

### Administrative Staff and Educators

Dar a Luz has an amazing group of support staff to help you navigate this time, as well as highly-qualified Educators to guide your learning. Everyone on staff is dedicated to helping you achieve your goals for your pregnancy, labor, birth, and postpartum period.

### Students

Dar a Luz supports promotion of midwifery by offering high school students an internship during their senior year to learn about birth center care. We precept nursing and midwifery students for their clinical rotation in women's health care. Some pre-med students or resident doctors may have a clinical rotation at the center to get exposure to our unique model of care. During pregnancy, you may be asked if a student can be part of your care. This is a great way to get extra attention while helping educate students. If you do not want students to attend to you, please let the staff know.

### Consultants

The midwives at Dar a Luz consult and collaborate with many other providers throughout the Albuquerque area and surrounding communities. We primarily collaborate with family practice physicians at University of New Mexico. We do have colleagues for consultation at Presbyterian and Lovelace if needed. We also collaborate with perinatologists, specialty physicians, chiropractors, mental health providers, acupuncturists, and physical and occupational therapists. We will help guide our clients to the best providers for complementary therapies as well as additional medical care outside of our scope of practice. None of our consultants are on staff and do not care for our clients at the center.

## Dr. Larry Leeman, Lead Physician Consultant

Dr. Leeman received his degree from University of California, San Francisco in 1988 and completed residency training in Family Medicine at UNM. He practiced rural Family Medicine at the Zuni/Ramah Indian Health Service Hospital for six years. He subsequently earned a fellowship in Obstetrics. He is board certified in Family and Addiction Medicine. He directs the Family Medicine Maternal and Child Health service and fellowship and co-medical director of the UNM Hospital Mother-Baby Unit. Dr. Leeman practices family medicine with a special interest in the care of pregnant women and newborns. He is Medical Director of the Milagro Program that provides prenatal care and maternity care services to women with substance abuse problems. Dr. Leeman is a Professor in the Departments of Family & Community Medicine, and Obstetrics and Gynecology. He is currently the Medical Editor for the nationwide Advanced Life Support in Obstetrics (ALSO) program. Current areas of research include rural maternity care, perinatal opioid use disorder, neonatal opioid withdrawal syndrome, and the use of psychedelic assisted therapies for trauma and addiction. He is the site PI for three NIH grants involving opioid use disorder in pregnancy and neonatal effects.

## Community Collaboration

Dar a Luz also works with Dr. Leeman's colleagues at UNMH. We also have warm relationships with all CNM/MD collaborative practices in the city, as well as all local hospitals.



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## A NOTE ABOUT DIVERSITY & INCLUSIVENESS

Specifically in terms of how people identify, many of our pregnant clients are cis-gendered people who identify as mothers in heterosexual relationships with the baby's father... and this is not the case for all of our clients. Our clientele is diverse and includes those for whom the traditional concepts of women's healthcare do not apply. The English language is slow to catch up to the complexities within each human's experience. For simplicity, in addition to "mother," when addressing a group our staff often uses the term "pregnant people," the pronouns they/them, the title "parent," and the word "partner" to include diverse situations.

### Some of our clients' situations may include the reality that:

- It is vitally important to many of the families who choose Dar a Luz that partners/co-parents feel supported, advocated for, and included as equals in their babies' births.
- Not all birthing parents have a partner, either by choice or by circumstance, and that any emphasis on partners can feel painful and alienating in a group situation.
- One or more of the parents identify with different pronouns than they were assigned at birth. This includes she/her/hers, he/him/his, and they/them/theirs and more; some parents object to binary gender identity assigned at birth for their babies as well. Some of our clients also don't identify as mothers or fathers, and prefer another identifier, such as "parent."
- Some of us identify strongly with the word "mother" and the concept of women's health and hold the female identity as sacred. Female humanity as a concept has been hard-won; shifting language can be hard for those who still feel disenfranchised, and we recognize this, too.
- Some of our clients' relationships involve parents who aren't romantic partners, or partners who aren't parents, parents of the same gender, non-binary parents, transgender parents, and more.
- Regardless of reproductive anatomy, people need both accurate and inclusive language regarding their biology. We are committed to using your pronouns and parent identifiers.
- We have a community that includes varied socioeconomics, faiths, skin colors, cultures, ethnicities, belief systems, sexualities, genders, pronouns, jobs, relationship statuses, mental health diagnoses, past histories, current situations, health statuses, abilities, and so much more.
- Attempting to use fully inclusive language in classes, groups, and written words can make the language awkward and slow, and that it is nearly impossible to do it perfectly– but it's worth working toward. Our staff is dedicated to doing our best to help everyone feel included!

### Dar a Luz Embraces & Welcomes Diversity

We are dedicated to always improving and to working with each client. We ask that you inform us if yours is a diverse situation and what your language is around that situation, including:

- Letting us know about your unique situation(s) and how that affects your choices and care.
- Letting us know your pronoun(s) and parental identifier(s) if you choose to, and these will be highlighted in your chart.
- Letting us know what would help you feel more included and comfortable.
- Give us grace as we work toward using more inclusive language and finding solutions to these language issues. We welcome suggestions and love to be educated!
- Gently remind us if we mess up or forget – it is often easier to do well with individuals than groups. We have a very busy practice, and we care about each of you and your preferences.

When you reach out to anyone at Dar a Luz in this manner, you can expect respect and inquisitiveness about your preferences. By holding each other gently, and kindly teaching each other about how we prefer to be treated and addressed, we can find solutions to any challenges together.



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# REQUIREMENTS FOR CONTINUATION OF PREGNANCY CARE

## Classes (detailed descriptions available in Pregnancy - Childbirth Education)

Education is a key part of the comprehensive care given at the birth center to prepare families for a natural birth in a birth center setting. The following classes are required to birth here at Dar a Luz.

All first-time parents must take:

- Childbirth Series
- Breastfeeding
- Newborn
- Car Seat

**All families** who have not taken the **Interventions & Hospital Transfers class** are required to take the class to prepare them for the possibility of a transfer to the hospital.

All parents who **have had a baby before**, but **have not had a baby at the birth center** are required to take the **Condensed Childbirth class**, and are strongly encouraged to take all of the other classes.

## Labs & Ultrasounds

**All clients will be tested for certain routine prenatal labs**, including routine prenatal labs and/or testing for gestational diabetes and group B strep (GBS).

**All clients will be required to get at least one ultrasound** to determine the location of the placenta and to rule out any major issues that would require additional care after birth.

## Safety Rules

Although this feels like a home and has gated gardens, we ask that each family be responsible for supervision of their children at all times in the center, around the pond and in the gardens. If you bring your children to the birth center during labor, we ask that you have one adult (other than the parents) to watch your children and ensure their safety.

## Birth Center Services

- Nurse-midwifery and nursing services are available at all times. A CNM carries a mobile phone to assure that a nurse-midwife is available 24 hours a day, 7 days a week, including all holidays. Nurses must also be available by phone for the CNM to contact them when needed.
- Obstetrical and gynecological consultation is available if the client chooses, or in the event of obstetrical or medical complications requiring hospitalization or physician involvement in care.
- Breastfeeding resources and assistance are available at all times through the nurse-midwives, registered nurses or IBCLC lactation consultants. We typically offer a weekly breastfeeding support group at the center.
- Referral to outside services, such as diagnostic ultrasound or radiology services, family or individual counseling services, WIC, Medicaid and specialist physician services shall be made as appropriate.

# CONTACT INFORMATION

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## Clinic Hours

9am - 5pm -- Monday through Thursday

9am - 1pm -- Friday (Urgent appointments ONLY)

Appointments scheduled as needed on weekends and after hours.

We are always open for birth.

## Main Phone -- 505.924.2229

Staffed during clinic hours. You may call or text. Please do not text medical questions.

- Ext. 0 – Receptionist for scheduling, non-clinical questions
- Ext. 5 - Nurse line for non-urgent medical questions and labs
- Ext 7 – Billing

## On-Call Number -- 505.944.5488

Staffed 24/7 by a midwife - see next section for **"On-Call Etiquette"**

- Fax -- (505) 554-3673 (HIPAA Compliant)

## Online

Find us on Facebook (Dar a Luz Birth & Health Center), Instagram.

## Client Grievances

All complaints about any aspect of Dar a Luz Birth & Health Center services should be brought to the Executive Director, **Abigail Lanin Eaves, 505-924-2229 ext. 2.**

She will personally respond within five business days.

IMPORTANT NUMBERS

**Midwife on-call 24/7**  
**505.944.5488**

Backup number if you are  
unable to reach a midwife  
on-call after 15 minute wait  
**505.273.5584**

Birthcenter main line  
**505.924.BABY (2229)**

# CALL PHONE ETIQUETTE

(505) 944-5488

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## There are always two midwives on call

The **First-call midwife** is dedicated to answering the call phone and attends labors and births in that time period. This 12-24 hour shift rotates throughout our midwives, with some midwives taking first-call more or less often depending on their roles in the practice. The first-call midwife does not remain at the birth center for the whole 24 hours, but instead receives forwarded calls to her cell phone. We will need at least 30 minutes to meet you at the birth center.

The **Second/backup-call midwife** is usually covering other time-sensitive clinical duties not related to labor, but will attend labor/birth if there is more than one client in labor, or if the first-call midwife needs assistance.

## Urgent Medical Needs

If you are unsure if your question is urgent, please look in this book for guidance, especially the pages on:

- Premature labor warning signs
- Early pregnancy warning signs
- Late pregnancy warning signs

**Call the midwife 24/7 on-call number (505) 944-5488.** If a midwife does not pick up, please always leave a message and it will be returned within 15 minutes. Use the backup number **(505) 273-5584** only if you haven't received a call back within 15 minutes.

For non-urgent/non-labor calls, we request that you are particularly mindful of calling between the hours of 9pm-7am. We ask that non-urgent questions that can be answered by support staff wait until clinic hours when an RN can attend to your needs. If it is after hours, a weekend, or holiday, and you feel your question cannot wait, that can be an appropriate use of the call phone.

## Non-Urgent Medical Needs

**Please refer to this book before calling our staff. We have worked long and hard to include necessary, evidence based information and guidance for you.**

If you cannot find an answer or need clarification, call the office at **(505) 924-2229 (ext. 5)** to speak to a nurse. She will triage your call, and ask specific questions so we can better care for you. If the nurse cannot answer your question, she will talk to the midwife in clinic. Calls will be returned in 24/48 hours.

## Etiquette - who should I call?

We are available to our clients 24/7/365 because we understand that having access to a provider increases trust and gives people a sense of peace around varying aspects of this journey. It is also very important that our clients understand the demands of being on call for 24 hours at a time and the sheer volume of calls that we can receive while also managing calls from other clients, providers, supporting labor/birth, all the while juggling our own personal lives/families/schedules. **We strive to protect the time and energy of our midwife that is on first-call.** It is important that our clients understand that having well-rested midwives is better for the entirety of the practice.

Approximately 200 people have access to the on-call midwife at any given time.

We appreciate you using it conscientiously. **BOLD** terms below are located in this book. Please review them prior to calling!

### Examples of reasons to call (These lists are not comprehensive):

#### ON-CALL MIDWIFE

- Review **PRETERM and/or LABOR WARNING SIGNS**, call if you think you are in labor
- You think your water might have broken or you're leaking fluid and don't think it's discharge or urine
- You have vaginal bleeding like a period (bright red blood more than a panty liner can contain)
- You've fallen and hit your belly
- You think you might be having a miscarriage
- You're having a mental health crisis
- You were in a car accident (even a mild fender bender)
- You have a headache that is not going away, and you've tried solutions offered in **COMMON COMPLAINTS DURING PREGNANCY** including rest, 1000 mg Tylenol, and hydration
- You're having unusual-to-you vision changes such as seeing flashes of light, double vision, or blurry vision that has come on suddenly
- You feel extremely dehydrated because you've had excessive vomiting and/or diarrhea
- You're having heart palpitations (heart beating really fast or prominently in your chest without increased activity)
- You fainted or are feeling very faint or dizzy
- After you have followed the **FETAL KICK COUNTS** protocol in this book, and you're worried your baby has NOT moved at least 10 times in 2 hours.
- You are so concerned that you're considering going into an Urgent Care or Emergency Room

#### NURSE LINE

- To ask about lab results (remember our policy is to call you with concerning labs only, unless specifically requested)
- You lost your mucus plug
- You're worried that baby has not been moving regularly and have reviewed in the **FETAL KICK COUNTS** section of this book.
- You're concerned about baby's umbilical cord after reviewing **NEWBORN BEHAVIOR AND CARE** section.
- You have nasal congestion and have tried the suggestions in **COMMON COMPLAINTS DURING PREGNANCY** section.
- Review **VITAMINS AND SUPPLEMENTS** to learn which vitamins you can take, and call the nurse with any questions.
- If you think you have a yeast infection, review **VAGINAL DISCHARGE** section and then call the nurse if first level treatments are not providing relief.
- You have a question that you need an answer by tomorrow, not immediately.

IMPORTANT NUMBERS

Midwife on-call 24/7  
505.944.5488

Nurse line  
505.924.2229 ext. 5  
Monday – Thursday 9am–4pm  
Friday 9am–11:30am

# CLIENT HEALTH INFORMATION PORTAL

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Dar a Luz Birth & Health Center is pleased to offer you access to your Client Portal. The Client Portal allows you to view your health records including lab results, educational materials, request corrections and appointments, send messages to the birth center staff and complete medical history forms online.

For urgent questions regarding your information, or if you have any problems logging into the portal, **please text or call our receptionist during business hours directly at (505) 924-2229, ext. 0.**

We appreciate you accessing the portal because it is the most secure way for you to view and receive your protected health information.

## How do I log in to the Client Portal?

Please find your username and temporary password in the information sheet provided to you by email after you booked your first appointment with us. We recommend you change your password to keep your information secure.



In your favorite web browser, visit us at the web address [www.daraluzbirthcenter.phiportal.com](http://www.daraluzbirthcenter.phiportal.com) or go to [www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org) and search for "Patient Portal" and navigate from there.


USER NAME\_\_\_\_\_

PASSWORD\_\_\_\_\_

## How do I change my Client Portal account password or information?

If you are unable to locate or remember your current password, **you will need to call our receptionist at 505-924-2229 ext. 0** and they can reset your password for you.

To change your password:

- Sign in using the credentials from your welcome email.
- Click next to your account name
- Within User Settings, **User Settings**  correct any information on the left and click the Update Profile button. To change your password, type your current password on the right, then create and confirm your new password. Click the **Change Password** button to apply the new password to your account. Please keep a record of this password. If it is ever lost, our office will need to reset the password.

## Using the Client Portal

**Accessibility Note:** To increase or decrease the size of the text on the Patient Portal, scroll to the bottom of any page and click "Increase text."

**Navigation Tips:** Most of the Client Portal's features can be navigated within the top navigation bar, including Help. You have four core options in Client Portal (Summary, Messages, Client and Help).

The screenshot shows the Dar a Luz Birth & Health Center Client Portal. At the top right, the center's name and phone number (505-924-2229) are displayed. Below this is a navigation bar with icons for Summary, Messages, Test Patient, and Help. To the right of these icons are links for User Settings and Log Out. Below the navigation bar is a horizontal menu with links for Forms (with a red notification badge), Patient Details, Health Records, Appointments, Shared Files, Educational Resources, Access Log, and Health Record Corrections. The main content area is titled "Online Forms" and includes a instruction: "Please click on the form name to view or change a form if applicable." Below this is a table with three columns: Form Name, Created, and Last Submitted. The table contains one row with the form name "08. Annual", a creation date of "11/09/2022", and a last submitted date of "11/09/2022".

Form Name	Created	Last Submitted
08. Annual	11/09/2022	11/09/2022

**Summary:** Each time you log in to the Client Portal, you may wish to view recent updates to your account. The Summary button in the navigation bar will display your recent messages and upcoming appointments for all clients to which your account has access. Shows your unread messages and upcoming appointments

**Messages:** The Messages button displays all messages on your account. Whenever a new Message is available, this button will display a notification badge.

**Note:** this is not for any time sensitive communications. These messages are within our EMR system. We only receive these messages when we are logged into this system. Messages should be general updates or information only.

**ATTENTION:** Do not send emergency messages through the portal!  
Messages sent through the portal are not checked by staff when they are no on duty.

**YOUR NAME:** additional patient-specific features, such as forms, demographics and health records are available.

**Forms:** Here you will find consents, medical and demographic information forms we require to provide your well-informed care. Please complete them in a timely manner and ask your midwife at your next appointment if you have any questions.

**Details/Records/Appointments/Files/Resources:** as you have more appointments with us, more information will be provided. If you see a discrepancy in your records, please inform your midwife at your next appointment.

**Health Records Corrections:** this tool is not available. Please discuss this with your midwife at your next appointment.

**Help:** The help section includes the FAQs on how to use the different functions.

# CLIENT RIGHTS

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Dar a Luz Birth & Health Center has adopted “The Rights of Childbearing Women” published by Childbirth Connection (2006). Following this list of rights ensures that all childbearing women and birthing people have access to information and care that is based on the best scientific evidence now available, and that they understand and have opportunities to exercise their right to make health care decisions.

1. Every woman has the right to health care before, during and after pregnancy and childbirth.
2. Every woman and infant has the right to **receive care that is consistent with current scientific evidence** about benefits and risks.\* Practices that have been found to be safe and beneficial should be used when indicated. Harmful, ineffective or unnecessary practices should be avoided. Unproven interventions should be used only in the context of research to evaluate their effects.
3. Every woman has the right to **choose a midwife or a physician** as her maternity care provider. Both caregivers skilled in normal childbearing and caregivers skilled in complications are needed to ensure quality care for all.
4. Every woman has the right to **choose her birth setting from the full range of safe options** available in her community, on the basis of complete, objective information about benefits, risks and costs of these options.\*
5. Every woman has the right to receive all or most of her maternity care from a single care-giver or a small group of caregivers with whom she can establish a relationship. Every woman has the right to **leave her maternity caregiver and select another** if she becomes dissatisfied with her care.\* (Only the second sentence is a legal right.)
6. Every woman has the right to **information about the professional identity and qualifications** of those involved with her care, and to know when those involved are trainees.\*
7. Every woman has the right to **communicate with caregivers and receive all care in privacy**, which may involve excluding nonessential personnel. She also has the right to have all personal information treated according to standards of confidentiality.\*
8. Every woman has the right to **receive maternity care that identifies and addresses social and behavioral factors** that affect her health and that of her baby.\*\* She should receive information to help her take the best care of herself and her baby and have access to social services and behavioral change programs that could contribute to their health.
9. Every woman has the right to **full and clear information about benefits, risks and costs of the procedures, drugs, tests and treatments** offered to her, and of all other reasonable options, including no intervention.\* She should receive this information about all interventions that are likely to be offered during labor and birth well before the onset of labor.
10. Every woman has the right to **accept or refuse procedures, drugs, tests and treatments**, and to have her choices honored. She has the right to change her mind.\* (Please note that this established legal right has been challenged in a number of recent cases.)

11. Every woman has the right to **be informed if her caregivers wish to enroll her or her infant in a research study**. She should receive full information about all known and possible benefits and risks of participation; and she has the right to decide whether to participate, free from coercion and without negative consequences.\*

12. Every woman has the right to **unrestricted access to all available records** about her pregnancy, labor, birth, postpartum course and infant; to obtain a full copy of these records; and to receive help in understanding them, if necessary.\*

13. Every woman has the right to **receive maternity care that is appropriate to her cultural and religious background**, and to receive information in a language in which she can communicate.\*

14. Every woman has the right to **have family members and friends of her choice present** during all aspects of her maternity care.\*\*

15. Every woman has the right to **receive continuous social, emotional and physical support** during labor and birth from a caregiver who has been trained in labor support.\*\*

16. Every woman has the right to **receive full advance information about risks and benefits** of all reasonably available methods for relieving pain during labor and birth, including methods that do not require the use of drugs. She has the right to choose which methods will be used and to change her mind at any time.\*

17. Every woman has the right to **freedom of movement during labor**, unencumbered by tubes, wires or other apparatus. She also has the right to give birth in the position of her choice.\*

18. Every woman has the right to **virtually uninterrupted contact with her newborn** from the moment of birth, as long as she and her baby are healthy and do not need care that requires separation.\*\*

19. Every woman has the right to **receive complete information about the benefits of breastfeeding** well in advance of labor, to refuse supplemental bottles and other actions that interfere with breastfeeding, and to have access to skilled lactation support for as long as she chooses to breastfeed.\*\*

20. Every woman has the right to **decide collaboratively with caregivers** when she and her baby will leave the birth site for home, based on their conditions and circumstances.\*\*

\* At this time in the United States, childbearing women are legally entitled to these rights.

\* \* The legal system would probably uphold these rights.

© 1999, 2006 Childbirth Connection

Source: <https://www.nationalpartnership.org/childbirthconnection>

*We are the ONLY species of mammal that doubts our ability to give birth.  
Think about that.  
~Ina May Gaskin*



## Notice of Privacy Practices -- Last updated 2024

Your information. Your rights. Your choices. Our responsibilities. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

This section explains your rights and some of our responsibilities when it comes to your health information.

#### Receive a copy of this privacy notice

- This serves as your paper copy of this notice.

#### Receive an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone, mobile phone, email) or to send mail to a different address.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per calendar year for free.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- We never sell your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Uses and Disclosures

We typically use or share your health information in the following ways.

- To treat you
- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.

To bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

## Research

We can use or share your information for health research after you have signed a consent.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

## Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
- To work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of this Notice: April 15, 2017

## Insurance Coverage Complaints

You can file a complaint about your insurance company if you don't agree with the way they are handling your claims. The New Mexico Office of the Superintendent of Insurance (OSI) has a Managed Health Care department that processes all complaints involving HMO and PPO plans licensed to conduct business within New Mexico. OSI may be reached at (855) 427-5674.

## Client Responsibilities

Dar a Luz Birth & Health Center sees our relationship with our clients as a partnership. We are committed to working together to facilitate the healthiest possible outcome for you and your baby.

We also expect that you actively participate in your care and assume the following responsibilities. You:

- are expected to provide complete and accurate information, including your full name, address, home and/or cell phone number, date of birth, Social Security number, insurance carrier and employer, when it is required.
- are expected to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health.
- are expected to provide complete and accurate information about your health insurance coverage.
- are expected to keep your financial commitment which includes paying your bills in a timely manner.
- are expected to ask questions when you do not understand information or instructions. If you believe you can't follow through with your treatment plan, you are responsible for telling your midwife. You are responsible for outcomes if you do not follow the care, treatment and services plan.
- are responsible for any valuables that you bring to the birth center.
- are responsible for supervision of your children at all times while at the birth center.
- are expected to treat the property of the birth center with respect as if it were your own home.
- are expected to treat all staff, other clients, and visitors with courtesy and respect.
- are required to abide by all birth center rules and safety regulations.
- are expected be mindful of noise levels, privacy and number of visitors and the nonsmoking policy on the premises.
- have the responsibility to keep appointments. If you cannot keep your appointment, please call the birth center at least 24 hours prior to your scheduled appointment if possible. If you are going to be late, please notify the office. If you more than 10 minutes late, your appointment will be rescheduled.

Birth is not only about  
making babies. Birth is about  
making mothers... Strong,  
competent, capable mothers  
who trust themselves and  
know their inner strength.

Barbara Katz Rothman

PICTUREQUOTES . com

## Advance Directive for Health Care

An **Advance Directive for Health Care (ADHC)** is a way to tell other people what medical care you would want, if you were not able to speak for yourself. It's hard to imagine these things when we are well – the idea of not being able to wake up or being very sick are not easy things to talk about. But the best way to make sure that your wishes are followed is to create your ADHC – the sooner the better.

You can find forms online for New Mexico Advance Directives, or seek legal advice. It can help to first talk to your family, friends, and health care providers about the following questions. Use your answers to complete your ADHC:

- Is it important for me to make my own choices?
- Is it OK for someone else to make choices for me if I am very sick, unable to talk and/or wake up?
- Is there medical treatment I would like to have to keep me alive?
- Is there medical treatment I would NOT like to have to keep me alive?
- What are my beliefs about death and dying?
- What medical care would I want if I were never able to wake up or not ever going to get better?

You must sign and date the form. You are not required to have your document witnessed or notarized, but it may help to do this in case your advance directive is ever challenged. You can change it at any time.

Give a copy to someone you trust or bring it to your next Dar a Luz appointment.

### Durable Power of Attorney

A Durable Power of Attorney for health care decisions is a document that gives a person of your choosing the authority to make the choices listed in your Advance Directive for Health Care (above) if you are unable to make them yourself.

You can find forms online for Durable Power of Attorney, or seek legal advice.

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If you have a question or concern that is not emergent, please read this section prior to calling our nurses or midwives.

We have tried hard to answer your most common questions!

Refer to **On-Call Etiquette** for who and when to call.



# PREGNANCY

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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



This section will educate you about:

- Pregnancy Warning Signs
- Perinatal Mood and Anxiety Disorders
- Common complaints during pregnancy
- Medication use during pregnancy
- Herbs during Pregnancy
- Routine Screenings
- Complimentary Therapies and Activities

Congratulations! Pregnancy is a time of many changes – physical, emotional, psychological, logistical, familial - and for many - spiritual. You are growing your little one and growing your mother/parent self in the process. This section is meant to be a starting place, a guide, with information and answers to questions you may have.

There is no way we can cover it all, but here are a few examples of things that may come up during pregnancy...

YOU MAY HAVE	WE RECOMMEND	CALL IF...
<b>SWELLING in feet, ankles, and hands.</b> Your blood volume increases by 1 liter during pregnancy and that extra volume can collect in your hands and feet. Because of this, your shoes or rings may not fit – these changes are temporary.	<ul style="list-style-type: none"> <li>• Drinking at least 2-3 liters of water or non-caffeinated liquid per day. Restricting fluid intake will likely make the swelling worse!</li> <li>• Adding electrolytes (cucumber slices with a pinch of salt or electrolyte powder) to at least one of your glasses of water per day.</li> <li>• Epsom salt baths or salt tank floats.</li> </ul>	<ul style="list-style-type: none"> <li>• You have a severe headache that is not resolved with 1000 mg of Tylenol OR sudden vision changes (seeing double, flashes of light) OR severe upper right or central abdominal pain.</li> </ul> <p>These are concerning signs for high blood pressure; swelling is not.</p>
<b>FREQUENT NAUSEA</b> in the first trimester. This may be accompanied by vomiting 1-2 times per day.	<ul style="list-style-type: none"> <li>• Small frequent meals throughout the day – try not to let your stomach become empty.</li> <li>• Peppermint tea. Ginger - tea, ale, chews, or tablets.</li> <li>• Vitamin B-6 25 mg, 3 times per day.</li> </ul>	<ul style="list-style-type: none"> <li>• You have not been able to keep fluids down for 24 hours. OR You feel severely dehydrated.</li> </ul>
<b>MILD CRAMPING</b> in your uterus with or without vaginal spotting (red or pink discharge that a panty liner can contain) after sex.	<ul style="list-style-type: none"> <li>• Nothing! The cramping should resolve within a few hours.</li> <li>• If you are uncomfortable, try hydrating well and taking a warm bath.</li> </ul>	<ul style="list-style-type: none"> <li>• If the bleeding is more than a panty liner can contain OR If the cramping becomes more intense over time rather than less.</li> </ul>



# PREGNANCY WARNING SIGNS

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## Early warning signs



Call the birth center at (505) 924-2229 Monday thru Thursday from 9am to 5pm and Friday 9am to 12pm to speak to a nurse, or call the midwife on call at (505) 944-5488 for any of these warning signs.

**Abdominal Pain:** Call if you have any stomach or back pain that is getting worse or will not go away with rest or Tylenol®. Call the midwife if you have cramping every 10-15 minutes and are less than 34 weeks. This could be a sign of preterm labor.

**Back Aches:** Call if you have back pain with fever over 101° F, this could be a kidney infection.

**Bleeding from the Vagina:** Call if you have bleeding like a period with or without cramping.

**Feeling Short of Breath:** Call if you hear yourself **wheeze**, feel like you cannot breathe, or are **coughing up blood**.

**Diarrhea:** Diarrhea may be caused by a virus or food poisoning. Call if you have **bleeding** from your rectum, severe cramping or **more than six (6) watery stools in 24 hours**.

**Dizziness and Fatigue:** Call the midwife if you faint or are dizzy for more than twenty-four hours.

**Headaches:** If your headache does not go away with rest and 1000 mg of Tylenol®, if it is the worst headache you have ever had, or if you are **seeing spots or having blurred vision**, call the midwife immediately.

**Leg Cramping:** Call if you are experiencing lasting cramps, redness, hot spots or pain in just one or both legs.

**Chills and Fever:** If you think you have a fever, take your temperature with a digital thermometer. Call for a fever over **101°F**.

**Edema or Swelling:** If you get SUDDEN swelling in your feet and legs, hands and/or face, call the midwife.

**Painful Urination:** If you have painful urination, increased number of urinations from normal, feeling like you can't empty your bladder or blood in your urine, call. If you have any of these symptoms with a fever >101° F, call the midwife immediately.

**Abnormal Vaginal Discharge:** If you have an increase in discharge associated with a foul odor, different color or discomfort or itching, call. If you feel fluid leaking from your vagina and you know it is not urine and it continues to leak or run down your leg, you could be leaking amniotic fluid from around the baby- call the midwife immediately.

**Vomiting that won't stop:** Call if you cannot keep food or liquid down, have blood in the vomit, or cannot stop vomiting for 24 hours.

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## PREMATURE LABOR WARNING SIGNS

**REGULAR** belly tightening or contractions, with or without pain

**MORE THAN 5** contractions in 1 hour

**LOW CRAMPING** cramping like you may have during your period

**BELLY CRAMPING**, with or without diarrhea

**LOW, DULL** back pain that is constant or may come and go



**PRESSURE** in your bottom or feeling that the baby is pressing down

**MORE DISCHARGE** from your vagina or bleeding from your vagina

Just not feeling right

**If you have any of these warning signs:**

- Empty your bladder. Drink 3 to 5 glasses of water.
- Lie down on your left side for 1 hour.
- If your symptoms do not change, call the midwife on call 944-5488.

IMPORTANT NUMBERS

**Midwife on-call 24/7**  
**505.944.5488**

Backup number if you are  
unable to reach a midwife  
on-call after 15 minute wait  
**505.273.5584**

Birthcenter main line  
**505.924.BABY (2229)**

# STAGES OF PREGNANCY

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## First Trimester (weeks 1-12)

During the first trimester your body goes through many changes. These changes start in the first few weeks of pregnancy. Changes in your hormones affect almost every part of your body. Everyone feels different in pregnancy, and each pregnancy is different. You may have some of these common changes:

- Extreme tiredness
- Tender breasts
- Nausea and vomiting (morning sickness) or heartburn
- Cravings or dislikes for certain foods
- Mood swings
- Constipation (trouble having bowel movements)
- Urinary frequency
- Headache
- Weight gain or loss

## Second Trimester (weeks 13-27)

You will begin to feel better during this time. You will have more energy and the nausea should go away. As your baby grows, your body will begin to look like you are pregnant. You will feel your baby move when you are around 20 weeks.

These are some of the common changes that you may have:

- Body aches in your back, abdomen, groin or legs
- Stretch marks on your abdomen, breasts or thighs
- A change of color on your skin that forms a line down from your belly button (linea nigra)
- Patches of darker skin on your face
- Numb and tingling hands (carpal tunnel syndrome)
- Itching on the abdomen, hands and feet (edema)
- Swelling of the ankles and hands
- Darkening of the skin around your nipples (the areola)

## Third Trimester (weeks 28-42)

Your baby is growing and gaining weight fast. This is an exciting time when you are preparing for the birth of your baby. You may go to childbirth classes and have a baby shower, think about breastfeeding, and start counting fetal movements. Your due date is based on 40 weeks since your last menstrual period and full term is between 38 to 42 weeks. It is common for labor to begin 2 weeks before or 2 weeks after your due date. You may be offered an induction (start) of labor between 41 and 42 weeks if you do not go into labor on your own. You may notice some of these new body changes:

- Feeling short of breath
- Going to the bathroom more often
- Hemorrhoids
- Heartburn
- Backache
- Swelling of the ankles and hands
- Trouble sleeping
- Feeling more tired
- Braxton-Hicks contractions (tightening of your uterus)
- More pelvic pressure
- Starting to leaking colostrum (first milk) from your breasts



**First Trimester**

(month 1-3 or weeks 1-12)



**Second Trimester**

(month 4-6 or weeks 13-27)



**Third Trimester**

(month 7-9 or weeks 28-42)

# FETAL GROWTH: CONCEPTION TO BIRTH

Fetal growth happens so fast! View pictures at <https://www.webmd.com/baby/ss/cm/slideshow-fetal-development>

## FIRST TRIMESTER

Conception – about 2 weeks after last menstrual period (LMP)

- Sperm fertilizes egg and cells grow quickly
- Embryo moves to the uterus and attaches to uterine wall



At 4 weeks after LMP

- Home pregnancy test is positive usually within 1 day of a missed period
- Brain and spinal cord forming, heart and blood vessels begin to form
- Arm and leg buds appear



At 8 weeks

- All major body organs are developing and the heart beats
- Arms and legs grow longer
- Nearly 1 inch long (about the size of a grape)



At 12 weeks

- You can hear the heartbeat at the clinic
- Nose and lips forming
- Kidneys are forming
- Eyes and eyelids are forming
- Length is 3 inches
- Weighs almost 1 ounce

## SECOND TRIMESTER



At 16 weeks

- Muscle and bones forming
- Fingers and toes have fingerprints
- Starts moving hands, legs and head
- Length is 4-5 inches
- Weighs 3 ounces



At 20 weeks

- Most women/birthing people can feel movement
- Many get an ultrasound at this time to assess normal anatomy and growth
- Body is completely formed, may be able to see genitalia
- May suck thumb, yawn, stretch, make faces
- Length is 6 inches
- Weighs 9 ounces



At 24 weeks

- Has sleep and awake times
- Responds to sounds by moving, may have hiccups
- Hair begins to grow on head
- Lungs are formed
- Length is 12 inches
- Weighs 1 ½ pound

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# FETAL GROWTH: CONCEPTION TO BIRTH

Fetal growth happens so fast! View pictures at <https://www.webmd.com/baby/ss/cm/slideshow-fetal-development>

## THIRD TRIMESTER



### At 28 weeks

- Changes position often
- Feel very active fetal movement
- Length is 13-14 inches
- Weighs 2 ½ pounds



### At 32 weeks

- Strong kicks and movements
- Eyes open and close
- Begins breathing movements with lungs
- Starts storing fat, iron and calcium
- Gaining weight quickly
- Length is 15-17 inches
- Weighs 4 to 4 ½ pounds



### At 36 weeks

- Feel smaller movements (less kicks and more stretches and rolls)
- Head is usually down in pelvis by now
- Brain is maturing
- Lungs are almost mature
- Length is 16 to 19 inches
- Weighs 5 to 6 ½ pounds



### At 37-42 weeks

- Baby is "term" and commonly born during this time
- Length is 19 to 21 inches
- Weighs 6 to 9 pounds

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## EMOTIONAL ADJUSTMENTS

During pregnancy, you may have extreme reactions and mood swings. Your emotional reactions and views of the world may change. Be aware that you may feel extremely sensitive. You may look inward more and at the same time want to share your experience with others.

Fears are common in pregnancy, and you might feel vulnerable. Fears of death for yourself and your baby surface. Your body might seem out of your control and is changing rapidly, which can be frightening. This makes some people feel dependent on others.

During pregnancy, you might be searching for new support and direction in imagining your new role, and the life changes before you. Although everyone has unique emotions, there are some feelings that are common to most people.

**The first three months tend to be a period of adjustment.** Common reactions include:

- Feeling excited, hopeful, grateful, and nervous about the pregnancy.
- Being upset or ambivalent about being pregnant. Some have feelings of disappointment, rejection, anxiety, depression and unhappiness. This is normal for this period of pregnancy.
- Focus on yourself as you deal with any previous negative experiences with pregnancy, the effects of pregnancy on your life and career, stress over financial and housing concerns, anxiety over your ability to be a parent and acceptance of pregnancy by your partner.
- You might feel overjoyed especially if you have had a hard time becoming pregnant. You may not believe it is actually true and look for every little sign that you are pregnant. This is particularly true if you have had a previous miscarriage.
- Weight may become a focus. Some are concerned about weight loss if nausea has been a problem. Others see gaining weight as being something they can control and nutrition becomes very important. Less commonly, some may have a difficult time coping with pregnancy and may limit their diet to prevent “showing” or letting their family know that they are pregnant.

**The third through sixth months tend to be a period of radiant health** when you feel generally good and have few discomforts of pregnancy. This is also a time of inward reflection and has its own challenges which include:

- Reliving and evaluating all aspects of your own relationship with your one or both your parents. This may bring up conflict and guilt, or make your relationship even better. You may feel like you need to prove yourself as a parent. At the same time, you may feel a need to be cared for and demand attention and love. It's important to check in with yourself and communicate with those you trust to help process these emotions.
- When you feel the baby move, this verifies without a question that you are responsible for another being inside of you. This triggers a certain amount of grief related to letting go of former relationships, attachments and aspects of your former role before becoming pregnant.
- Your focus shifts more toward the baby. You may find yourself wanting to share your experiences with other pregnant people. You tend to have more dreams and concerns for the baby's well-being.

**The last three months tend to be a period of watchful waiting.** Your attention will be mostly on the baby and preparing for the arrival. Going to classes, having a baby shower, choosing names and preparing the room are some of the activities during this time. This period has its own share of fears and uncertainty including:

- Feeling very protective of the baby, avoiding crowds or anyone perceived as being dangerous.
- Fears for your own life and the baby's life. Fears of an abnormal baby.
- Anticipating the loss of attention after birth.
- Fears of labor and birth (pain, loss of control, the unknown); vivid dreams reflect these fears.
- Some depression, increased dependency from loved ones, and introversion are common.

# COMMON COMPLAINTS

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## Abdominal Pain

Common causes of abdominal pain are muscles that get stretched as your uterus and baby grow. You may be told you are having round ligament pain. This happens as the uterus grows and pulls on the ligament (band of connective tissue) that is attached to the uterus. These changes cause discomfort or pain usually in the lower abdominal area but are not harmful for you or your baby.

Some ideas for relief:

- Do exercises to strengthen your stomach muscles.
- Use a pregnancy belt or cradle to support the baby (ask for a prescription)
- Warm bath, warm compresses, heating pad on low setting to abdomen.
- Take regular strength Tylenol® (acetaminophen).
- Turn to your side to sit up when getting out of bed. Avoid twisting or sitting straight up.
- Call the midwife if you have any stomach or back pain that is getting worse or will not go away with rest or Tylenol. Call the midwife if you have cramping every 10-15 minutes and are less than 37 weeks. This could be a sign of preterm labor.

## Allergies

Before taking any medications try these ways to reduce your symptoms:

- Limit your exposure to known allergy triggers
- Try saline nasal sprays to ease the symptoms
- Try a neti pot with saline to clear nasal secretions
- Exercise can reduce nasal inflammation
- Adhesive nasal strips can help keep nasal passages open
- Sleep with your head elevated 30-45 degrees to improve breathing
- Consider using a humidifier, especially at night

If you still need medications, these medications may be used in pregnancy:

- Chlor-Trimeton® (chlorpheniramine) 4 mg every 4 to 6 hours as needed
- Benadryl® (diphenhydramine) as directed
- Zyrtec Allergy® (cetirizine) 5-10 mg daily. Max 10mg/24 hours
- Claritin® (loratadine) 10 mg once a day
- For moderate to severe symptoms your midwife can prescribe a corticosteroid like Flonase®, Rhinocort®, or Nasonex®

## Back and Pelvic Pain

More than 50% of women and pregnant people have back and/or pelvic pain in pregnancy and it usually gets worse in the third trimester. Here are some initial approaches to reduce your pain during pregnancy:

- Good posture and exercise may decrease back and pelvic pain.
- Rest, sitting with your feet up, warm or cold packs on your back may provide some relief.
- You may take regular or extra strength Tylenol® (acetaminophen).
- Do not stand still for long periods of time.
- Wear flat shoes for comfort, not high heels.
- Do not lift things heavier than 30 pounds. Always lift correctly using your legs.
- Try pregnancy yoga, massage or chiropractic care.
- Heating pad to back on low setting.
- Some find pregnancy belts helpful. Ask for a prescription.
- Call the midwife if you have back pain with fever over 101° F; this could be a kidney infection



We have included a helpful handout from Method Physical Therapy for some additional exercises you can incorporate into your exercise routine on the following page.

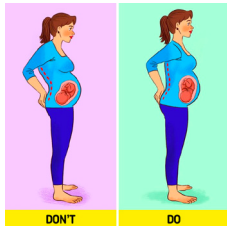


### Back Pain During Pregnancy

As your body prepares for delivery, your joints start to shift and separate. The muscles in your low back and hips can become shorter and less able to stabilize you while moving. Often times, the nerve that runs through your pelvis and down your leg (Sciatic Nerve) can get compressed by these shortened muscles. It is very important to stay as active as possible during your pregnancy to keep your core and hip muscles strong.



### Exercises to Help With Low Back Pain During Pregnancy



#### Neutral Spine

- Work on achieving a “neutral spine” as long as possible through out your pregnancy:
- Stand up straight
- Pull your shoulder blades down and back
- Retract your chin by gently pulling your nose between your ears
- Aim your feet forward and try to decrease how much they turn out to the side



#### Piriformis stretch

- Sit on a chair and cross one ankle over the opposite knee
- Gently push the knee down towards the ground until you feel a nice stretch in your hip
- Hold for 30 seconds, 3 times a day



#### Squats to strengthen hips

- Hold onto a stable surface or aim your bottom towards a chair
- Aim your hips back as you bend your knees (like you are trying to sit into a chair)
- Feel symmetrical through both legs
- Hold at the bottom and push back up to a standing position
- Perform 1 set 10, 3 times a day



#### Clamshells to strengthen your gluteal muscles

- Lay on your side, if comfortable
- Bend both knees
- Gently engage your core
- Keeping feet together, lift one knee towards the ceiling, without rolling your hips backwards
- Perform 1 set of 10, hold for 10 seconds, 3x a day



#### Cat Cow for spinal mobility

- Go onto hands and knees, and slowly push your shoulder blades apart rolling your spine towards the ceiling.
- Then squeeze shoulder blades together and pull spine downwards
- Perform 1 set of 10, do not forget to take deep breaths

## Bleeding from the Vagina

During pregnancy the cervix has an increased blood supply and blood vessels can break easily. Some experience small amounts of bleeding (spotting) during pregnancy after vaginal exams or sexual intercourse, which is normal. Other causes could be due to a vaginal infection or bleeding associated with the placenta.

## Shortness of Breath

Common causes of feeling short of breath include less space for the lungs as the baby grows bigger, weight gain, stress and sometimes anemia (low iron in your blood). Hormone changes while pregnant normally encourage you to breathe deeper and faster because you are breathing for you and your baby.

- For relief, put your arms over your head, sit or stand up straight and take slow, deep breaths.
- While you sleep, place pillows under your head to make it easier to breathe.
- If you have asthma or other breathing problems, please tell your midwife.
- Do not smoke.

*Sickness is felt, but health not at all.*  
~ Traditional Proverb

Call midwife on-call at  
505.944.5488  
if you

- have bright red bleeding heavier than spotting, with or without cramping
- hear wheezing, feel like you cannot breathe, or are coughing up blood

## Carpal Tunnel Syndrome/Numbness of the Hands

Some experience numbness in the hands during pregnancy. This is caused by swelling in the joints that puts pressure on the nerves in the wrist resulting in numbness. The numbness will go away after your pregnancy. Elevating the hands at night may be helpful. Think about how you're using your hands and how you're sleeping.

- Some find some relief by wearing a wrist splint.
- Ask your midwife about a prescription for a splint.
- Also consider massage, chiropractic care, or acupuncture.

## Colds and Cold Symptoms

Most people experience 2-3 colds in the winter and spring season, and during pregnancy the symptoms are often more severe due to the weakened immune state in pregnancy. Colds are caused by viruses; thus cold formulas only treat the symptoms and do not cure a cold.

Consider these things to reduce your risk of getting sick and to help when you do get sick

- Eat a healthy diet
- Get enough sleep (7-8 hours nightly)
- Drink 10 glasses (8 oz) of water per day (2-3 liters or 80 ounces)
- Exercise regularly
- Reduce stress
- Wash your hands often
- Avoid close contact with sick family or friends

If you have been sick for more than 2 weeks, call the office for an appointment to see the midwife.

Once you have a cold, try these practices to help your symptoms

- Gargle with warm salt water for a sore throat (1 tsp salt per 8 oz water)
- Avoid dairy because it may thicken mucous secretions
- Saline nasal drops for loosening nasal mucus
- Try rinsing nasal passages with a neti pot
- Sleep with head of the bed elevated
- Using hot and cold packs to alleviate sinus pain
- Breathing warm, humid air to help loosen congestion/use a facial steamer or hot shower
- Try using nasal strips to open the nasal passages
- Chicken soup helps relieve inflammation and soothe congestion
- Adding honey or lemon to a warm cup of tea to help relieve a sore throat

There are multi-symptom formulas or you may choose to treat just the symptoms you are experiencing. These over-the-counter medicines are probably safe in pregnancy especially after the first trimester. Please read the labels and take as directed.

### Cough

- Robitussin Cough Relief®, Vicks DayQuil Cough,® and Delsym® all contain dextromethorphan, which is a cough suppressant that helps you cough less.
- Mucinex® and Robitussin DM® contain guaifenesin, which is an expectorant that thins the mucous in your chest so you can cough it up easier.
- Cough drops
- Cool mist humidifier

### Stuffy nose and sinus pressure

- Sudafed® contains pseudoephedrine and phenylephrine, which are decongestants that reduce nasal congestion and sinus pressure. Do not take if you have high blood pressure.

### Sneezing, runny nose and watery eyes

- Triaminic Allergy®, Benadryl®, and NyQuil® all contain an antihistamine (chlorpheniramine, diphenhydramine, or doxylamine) that helps dry watery eyes and runny nose. They cause drowsiness and should be taken at bedtime. They work best in first couple days of symptoms.

### Sore throat

- Tylenol®(acetaminophen) can be taken to reduce pain.
- Antihistamines can help dry up postnasal drip (see above).
- Benzocaine and menthol containing lozenges and sprays can numb and soothe the throat. Chloraseptic® Spray, Cepacol®
- Cough drops keep the saliva flowing which may reduce throat irritation.

## Constipation

Bowel changes including constipation and diarrhea are common in pregnancy and are most likely due to changes in dietary habits, exercise routines, and pregnancy hormones.

- For relief of constipation, eat high fiber foods (fiber cereal, prunes, fresh fruits, vegetables, whole grains).
- Drink at least 10 glasses (8 oz) of water per day. (2-3 liters or 80 ounces)
- Take a 30-minute walk every day. Exercise and movement help your bowels move better.
- Take a fiber supplement such as Metamucil®, Fiber Con®, or Citrucel.® If those don't work, consider a laxative, Dulcolax®.
- You can use an over-the-counter stool softener like Colace® (docusate sodium) or glycerin suppositories.
- Probiotics can improve your intestinal flora and may decrease constipation
- Magnesium oxide 400-800 mg daily, causes looser stools.
- Milk of Magnesia (magnesium hydroxide) 400 mg/5 ml. May take 30-60 ml at bedtime. Occasional use only recommended if other methods are not helpful.

**Call if you have:**

- **bleeding from your rectum**
- **severe cramping or more than six stools in 24 hours**

## Cravings

It's common to notice changes in your food preferences during pregnancy. It is common to have cravings for different foods throughout your pregnancy and for foods you usually like to be unappetizing. Try to limit cravings for sweets or foods that are less healthy and instead choose protein. As you eat more protein (meat, nuts, dairy, tofu, beans, eggs) your body will begin to crave protein rather than sweets. Pregnant people need 70 grams of protein per day.

Some have cravings for things like clay, dirt, ice, laundry starch, or paper. This is called pica. Sometimes this can be a family or cultural practice. It can happen anytime during pregnancy and small amounts are usually not harmful. Cravings for larger amounts can be a sign of anemia or malnutrition. It could become a problem if the clay, dirt or paint has lead in it. Let your midwife know about any unusual cravings you are having.

## Diarrhea

Bowel changes including constipation and diarrhea are common in pregnancy and are most likely due to changes in dietary habits, exercise routines, and pregnancy hormones. Diarrhea may also occur after eating food contaminated by bacteria or from a virus.

### For stomach virus or food poisoning

The stomach flu, or gastroenteritis, can be caused by a number of different viruses that attack your gastrointestinal system. You are contagious even before symptoms begin at one to three days after exposure and up to 2 weeks after symptoms resolve. Symptoms include diarrhea, nausea and vomiting, fever, headache, and sore muscles. If you know the stomach flu is going around, additional methods of prevention include: Use the dishwasher instead of hand-washing dishes when possible:

- Use soap and water instead of hand sanitizer
- Keep a sick family member isolated and use a different bathroom
- Wipe off shopping cart handles
- Clean countertops and surfaces with a bleach-based solution, and wash clothes with a bleach-based detergent until all members in the household recover

The stomach flu has to run its course, and can't be cured by medications but these are some things that can help:

- Let your stomach rest at least 24 hours and don't eat anything until nausea and diarrhea stop.
- When nausea lessens, try taking small sips of clear fluids (broth, water or electrolyte replacement) at regular intervals or chewing ice chips

When nausea and diarrhea resolve, start the **BRAT** diet for the next 24 hours and:

- Avoid caffeinated drinks like coffee, strong black tea, and chocolate
- General foods to avoid are dairy, fibrous foods, and anything fatty or spicy
- Acupressure pressure point P-6 may decrease nausea
- Take Tylenol for aches and fever
- For persistent diarrhea, try Imodium® only after the first trimester of pregnancy

**Bananas:** Bananas are easy to digest and can replace the potassium you lose from vomiting and diarrhea

**Rice:** White rice is easy on the stomach and provides energy from carbs. Save brown rice for when you don't have the stomach flu - its high fiber is likely to cause further stomach upset.

**Applesauce:** Applesauce can provide an energy boost due to the carbs and sugars, and also contains pectin, which can help with diarrhea.

**Toast:** White bread is easy to digest, so this is your time to enjoy it. Whole wheat bread is difficult on the upset digestive system because of its high fiber content, so return to this once you have recovered from the stomach flu.

## Dizziness and Fatigue

You'll probably feel tired in the beginning of pregnancy. This is caused by changes in hormones that make you feel sleepy. Coping with the changes of pregnancy can be stressful. When you feel dizzy it may be a sign that you are not drinking or eating enough. You also have blood pressure changes when changing positions that sometimes cause dizziness or "head rushes."

- For relief, take naps, eat foods rich in iron and protein (see nutrition section for ideas.)
- Drink 10 glasses (8 oz) of water per day (2-3 liters or 80 ounces).
- Change positions slowly. When dizzy, move slowly and lie on your left side.
- Avoid getting too hot.

Call if you  
are dizzy for  
more than  
24 hours or  
faint

## Dreams

Vivid dreams are common during pregnancy. This may be due to hormonal changes, more sleep thus more time to dream, and possibly remembering more dreams because of being awakened during the night by the baby moving or going to the bathroom. Dreams may be more intense, detailed, or in color. They can come any time before, during, or after pregnancy.

Dreams and nightmares don't need to be taken literally. They are most likely a representation of fears and anxieties about childbirth, parenthood, and the baby. Some things to remember are:

- Dreams are normal.
- Share your dreams with someone you trust to help you explore meanings.
- Exploring meanings of dreams may help you identify areas that could benefit from attention.

*Think of stretch marks as pregnancy service stripes.*  
~ Joyce Armor

## Flu/Influenza

Changes in the immune system, heart, and lungs during pregnancy make some people more prone to severe illness from flu, including illness requiring hospitalization. Flu may also be harmful to the baby, especially during the early months of fetal development. Getting the flu vaccine is the best protection against the flu for the pregnant parent and baby. Even though the vaccine does not cover every possible strain of the flu that you may encounter, it will reduce your risk by half. (See “Seasonal Flu Consent Info” for more information on the flu vaccine.)

### Flu symptoms include:

- Fever, chills
- Fatigue, body aches
- Cough, sore throat
- Runny or stuffy nose
- Headache
- Some may have vomiting and diarrhea

Think you have  
the flu?

**DO NOT COME TO  
THE OFFICE.**  
Call our nurses  
at 505-924-2229  
ext. 5

### Early treatment is important during pregnancy:

- Take Tylenol® to control your fever
- Prescription antiviral drugs make your symptoms milder and work best when started within 48 hours after symptoms start.

### If you are experiencing severe symptoms, seek emergency medical care. These include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the abdomen or chest
- Persistent dizziness, confusion or inability to arouse
- Seizures
- Not urinating
- Severe muscle pain
- Severe weakness and unsteadiness
- Fever or cough that improve but then return or worsen
- High fever ( $>101^{\circ}$  F) not responding to Tylenol®
- Decreased or no movement of your baby

### A common cause of heartburn is pressure from the fetus on the stomach, which causes food and stomach acids to come back up.

- For relief, eat 5-6 small meals per day, instead of big meals.
- Sit up for 45 minutes after eating or take a short walk.
- Do not go to sleep for 1-2 hours after eating.
- Try Papaya enzymes.
- Apple cider vinegar in water may help.
- You can take Tums® (calcium carbonate), Maalox® or Mylanta® (aluminum with magnesium hydroxide), Riopan® (magaldrate), Pepcid AC® (famotidine), Tagamet® (cimetidine) or Gas-X (simethicone).
- Avoid greasy or spicy foods, carbonated beverages, and caffeine.
- Use 2 or more pillows to prop up your head when you sleep.
- DO NOT TAKE Alka Seltzer® or baking soda for indigestion or heartburn.
- If over the counter remedies do not work, talk to the midwife. Prescription strength medications may help.

### There are everyday things you can do to protect yourself like:

- Cover coughs
- Wash hands often
- Avoid people who are sick
- Breastfeed - this helps protect infants
- Consider wearing a mask

# Headaches/Migraines

Hormone changes, tense shoulder and neck muscles, stress, vision changes requiring new glasses, sinus congestion, or not eating and drinking enough may cause headaches.

- For relief, lay down in a dark quiet room with a warm or cold pack on your head.
- A neck or shoulder massage might help.
- Avoid stress, caffeine, alcohol, secondhand smoke, and smoking.
- Take regular or extra strength Tylenol® (acetaminophen) as directed up to 4 grams in 24 hours.
- You may take Advil® (ibuprofen) 400-600 mg every 6-8 hours but only in the first 20 weeks of pregnancy.
- Daily headache/migraine prevention:
  - Get 7-8 hours of rest per night.
  - Eat small meals every 2-3 hours.
  - Drink at least 10 glasses (8 oz) of water per day (2-3 liters or 80 ounces).
  - Take a walk in the fresh air.

## Medicated Headache Care

### DAILY MAINTENCE

If you are experiencing more than a few headaches a month, consider using the following supplements on a daily basis:

- 300 mg Magnesium Oxide, two times/day. Magnesium helps relax your neurological system and prevent recurrent headaches.
- 200 mg Riboflavin (B2), two times/day

\*Magnesium may upset your stomach and bowels, if causing GI upset or diarrhea decrease the dose of magnesium as needed.

### Migranes

If you have had migraines through your life prior to pregnancy and are continuing to experience them in pregnancy you may consider this well-researched regimen of supplements that helps to reduce the frequency of migraines. Every day take:

- 5,000 IUI Vitamin D every day
- 400 mg B2
- 500 mg Magnesium Oxide
- 300 mg CoQ10
- 1 probiotic

\*This regimen may take 6-12 weeks in order to feel the effects.

\*\*It is recommended you continue after pregnancy as well to help treat migraines.

### ABORTIVE APPRAOCH

To use during a headache, if you have a migraine or headache that needs immediate treatment try these four medications at the same time (can take up to four times per day):

- 900 mg Magnesium Oxide
- 25-50 mg Benadryl (diphenhydramine)
- 650-1000 mg Tylenol
- 30-60 mg Sudafed

\*Benadryl may cause drowsiness. Be sure you are at home and not operating a vehicle while using Benadryl.

Headache not go away with fluids, rest, and medications?

Is it the worst headache you have ever had and/or are you seeing spots or having blurred vision?

Call the on-call midwife immediately at 505-944-5488.



## Hemorrhoids

Hemorrhoids are swollen veins in your rectal area. Sometimes they bleed when you have a bowel movement. Common causes are pregnancy hormones, lack of exercise, sitting/standing for long periods of time, constipation, and pressure from the growing uterus; some people are just more likely to get them.

- For relief, eat foods with lots of fiber. Avoid constipation.
- Drink 10 glasses (8 oz) of water per day (2-3 liters or 80 ounces).
- Take warm baths or use cold packs on affected areas.
- Try not to sit for a long time. Rest with hips and legs elevated.
- Try Tucks® (witch hazel), Anusol® suppositories or Preparation H® cream to help with pain and itching.
- If you do not get any relief, talk to the midwife. Prescription strength medications may help.

## Leg Cramps

- Leg cramps may be caused by a fluid or calcium imbalance in the legs. The pressure of the baby's weight on the pelvic blood vessels and nerves can make your legs cramp. The cramps are more common at night.
- Avoid standing still for long periods of time. If you must stand for your job, wear support hose and shift your weight from heel to toe.
- If you get a leg cramp, do calf stretches by straightening your leg and pulling your toes towards your head to stretch the muscle and put heat on the cramped area.
- Exercise every day. Walking and swimming are good options.
- Eat foods rich in calcium and magnesium, such as milk, dark green vegetables, and whole grain cereals, corn, nuts (almonds, cashews, brazil), and brown rice.
- Drink 10 glasses (8 oz) of water per day (2-3 liters or 80 ounces).
- You may take Tylenol® (acetaminophen).
- We may encourage you to take a calcium/magnesium supplement if the cramping persists.

Call our nurses at  
505-924-2229  
ext. 5  
if you are  
experiencing  
swelling, redness,  
hot spots, or pain  
in one or both  
legs.

*I enjoy convalescence. It is the part that makes the illness worthwhile.*

*~ George Bernard Shaw*



## Nausea and Vomiting

It's very common to have nausea in the first 3 months of pregnancy. Often, this stops by 12 to 14 weeks of pregnancy. Some experience nausea on and off throughout their pregnancy. The hormones of pregnancy, low blood sugar, slower moving food, and changing emotions can all cause nausea.

- Try eating small meals every two hours during the day. You may try a snack during the night. Eating dry crackers or toast before you get out of bed in the morning may help too.
- Avoid drinking fluids while you are eating. Try eating cold foods instead of hot.
- Avoid foods with strong odors. Eating high protein, low fat, and low spice foods may also help. Have others cook for you during this time.
- You may drink peppermint or ginger tea. Try eating candied ginger, ginger snaps, Ginger Ale.
- Avoid vitamins and iron supplements until you feel better, but keep taking folic acid (try at night after food).
- Avoid all alcohol, caffeine and cigarettes.
- Wrist acupressure bands may help.
- Rinse your mouth after vomiting to stop the acid from damaging your teeth. Mix 1 teaspoon of baking soda in 8 ounces of water, rinse your mouth and spit. Wait 30 minutes and brush your teeth.

### For relief

- You can take Ginger 500 mg two times a day or 250 mg four times a day. Take for at least 3 days to get the most benefit.
- Take Vitamin B-6 (pyridoxine) 25 mg, three times a day.
- If it doesn't get better: Take UNISOM® (doxylamine) 12.5 mg (1/2 tablet) with Vitamin B-6 (pyridoxine) 25mg, three times per day. Buy UNISOM® Tablets NOT Capsules.
- Dramamine® (dimenhydrinate) 1-2 tabs every 4-6 hours. Maximum 8 tabs daily.
- Benadryl® (diphenhydramine) 25-50mg every 4-6 hours. Maximum 12 tabs daily.
- Emetrol liquid® (dextrose/fructose/phosphoric acid): 15-30mL every 15 minutes up to 1 hour. Max 5 doses.
- Zofran® (ondanestron) is a prescription drug that may help. Call the midwife for this.

*Humor may be hazardous to your illness.*

*~ Ellie Katz*

Call the midwife  
if you cannot:

- keep food or liquid down
- have blood in vomit
- or cannot stop vomiting for 24 hours

Prescription strength  
meds may help.

## Nose Bleeds

This happens more often while pregnant. It is due to an increased amount of blood in your whole body and hormone changes. If this happens, put direct and firm pressure below the bridge or bone of the nose for a few minutes until the bleeding stops.

## Skin Changes/Rashes

Some people, especially those with darker skin and hair colors, notice an irregular brownish discoloration on their forehead, nose, cheeks or neck (cholasma) during pregnancy. You may get a darker stripe from the belly button to the pubic area (linea nigra). This is normal and due to the increased hormones of pregnancy. It will go away within a year after having the baby.

Stretch marks are common but it is not understood what causes them. Most likely they are a family trait but weight gain does not affect them. There is nothing that can prevent them. They may develop on the breast, belly or buttocks. Sometimes they can itch. They are reddish at first and fade to a silvery white in the first year after pregnancy. You can try Vitamin E, cocoa butter or Bio Oil® to help soothe them.

Dry skin, itching and rashes may be due to various factors including, dry weather, sensitive skin, allergic reactions, insect bites, infections, etc.

Consider these steps first:

- Avoid any known allergens.
- Consider if you have made a change in any personal hygiene or laundry products recently.
- Use a good lubricating lotion like Lubriderm® or Eucerin®.
- Calamine® lotion can help relieve itching.
- Aveeno® oatmeal bath (or use 2 cups dry colloidal oatmeal [or blend it into a powder] in bath).
- Try diphenhydramine (Benadryl® cream), which is an antihistamine that reduces the immune response.
- Try hydrocortisone 1% cream to help decrease hives and swelling.
- Try an antifungal cream such as Lotrimin® (containing clotrimazole) to see if it is a fungus or yeast infection.
- If the symptoms continue after trying these things, call the office for an appointment.

## Sleep Disorders/Insomnia

Poor sleep patterns are common in pregnancy and postpartum. (See “**Complementary Therapies & Activities: Sleep**” for more info.) If you are consistently getting less than 7 hours of sleep a night, you may benefit from better sleep hygiene and some sleep aids. Try these safe remedies:

- Warm bath
- Warm milk before bed
- Chamomile tea or linden tea
- Unisom® (doxylamine), use as directed on package
- Benadryl® (diphenhydramine), use as directed on package
- Tylenol PM® (diphenhydramine and acetaminophen), use as directed on package
- If your sleep does not improve, talk to your midwife about further evaluation and other treatments.

## Swelling of Hands, Legs, and Feet

Swelling may be caused by pressure from the baby, hormones of pregnancy, or standing for long periods.

- For relief, drink more fluids. Eat more protein. Avoid eating lots of salty foods.
- Do not wear clothes that are tight at the waist or have a tight band around the legs. Use support hose (ask for a prescription).
- Avoid standing still, sitting with your legs down or crossed for long periods. Rest with your feet up. Lie on your side. Get exercise as often as possible.
- If you get SUDDEN swelling in your feet and legs, hands and/or face, or you wake up and are more swollen in the morning than you were the night before, call the midwife.

## Urinary Tract Infection (UTI)

A bladder or urinary tract infection can cause you to go to the bathroom more often and can make it sting when you do.

- To help prevent infection, wipe from front to back when you go to the bathroom.
- Urinate after sex every time to clear out bacteria that may have been pushed into the urinary tract.
- It may not be comfortable to pee, but drinking lots of water and fully emptying your bladder more often can help clear out bacteria to allow inflammation to lessen and the tissues to heal. Diluted urine stings less, too.
- Avoid caffeine and sweet foods.
- You may drink UNSWEETENED cranberry juice or grapefruit juice or take a cranberry supplement twice a day to raise the acidity in your bladder and fight off bacteria.
- Call the midwife immediately, especially if you have painful urination, increased number of urinations, feel like you can't empty your bladder, have back pain, or have blood in your urine.
- If you have any of these symptoms with a fever > 101° F, call the midwife immediately.

## Urination: Increased

You need to urinate more often due to pressure that the baby puts on your bladder. A bladder infection (or UTI) can also cause you to go to the bathroom more often.

- For relief, drink more water during the day, less at night.
- Avoid caffeine and sweet foods.
- If you have painful urination, increased number of urinations from normal, feel like you can't empty your bladder, have back pain, or have blood in your urine, call the midwife.
- If you have any of these symptoms with a fever >101° F, call the midwife immediately.

## Uterine Tightening

Uterine tightening or "Braxton-Hicks contractions" are common during pregnancy and begin in the first few months but are often not strong enough to be felt until the middle or later part of pregnancy. Many first-time pregnant people do not feel them at all. They are caused by the stretching of the uterine muscles as the baby grows inside. This tightening is sporadic and often painless, but they can last a few minutes and you may notice a tightening of the abdomen. They become more frequent, stronger, and more regular as you get close to your due date. They are more common in the evenings or after working all day. Sometimes they are mistaken for labor contractions. It is common to feel Braxton Hicks earlier and more frequently in a pregnancy that is not your first.

## Vaginal Discharge

An increase in milky white vaginal discharge (leukorrhea) while pregnant is normal and is caused by an increase in hormones. Vaginal discharge normally increases later in pregnancy. You might notice clumps of discharge near your due date, which can be part of the mucous plug.

- If you have an itchy, thick, white and clumpy discharge, this could be a yeast infection. You can schedule an appointment with the midwife for evaluation OR try Monistat 7 or Gyne-Lotrimin 7 vaginal cream to see if your symptoms are relieved. 7-day treatments are recommended in pregnancy; 1 and 3-day treatments are not.
- If you have an increase in discharge associated with a foul odor, different color, discomfort or itching, it may be a bacterial vaginal infection. Call the front desk to schedule an appointment with the midwife for evaluation.
- If you feel fluid leaking from your vagina and you suspect it is not urine, and it continues to leak or run down your leg, you could be leaking amniotic fluid from around the baby and you need to call the midwife as soon as you can, so we can test the fluid.

## Vomiting (see Nausea and Vomiting above)

# MEDICATION USE

The following medications are generally considered safe in pregnancy and breastfeeding. This is not an exhaustive list and if you have questions about a particular medication, please consult a Midwife. Please see **Common Complaints During Pregnancy** section for recommendations for a specific condition.

CONDITION	MEDICATION
Allergies	<ul style="list-style-type: none"> <li>• Chlorpheniramine – Chlor-Trimeton, Triaminic</li> <li>• Cetirizine – Zyrtec</li> <li>• Diphenhydramine – Benadryl</li> <li>• Fexofenadine – Allegra</li> <li>• Fluticasone – Flonase</li> <li>• Loratadine – Alavert, Claritin, Tavist ND, Triaminic Allerchews</li> <li>• Pseudoephedrine and phenylephrine – Sudafed</li> </ul>
Cold/Cough	<ul style="list-style-type: none"> <li>• Dextromethorphan (suppresses cough) – Benylin, Delsym, Scot-Tussin DM</li> <li>• Guaifenesin (thins mucous) – Hytuss, Mucinex, Robitussin</li> <li>• Guaifenesin + dextromethorphan – Benylin Expectorant, Robitussin DM</li> <li>• Tylenol Cold and Flu</li> </ul>
Constipation	<ul style="list-style-type: none"> <li>• Fiber supplements – Benefiber, Citrucel, Fiberall/Fibercon, Metamucil</li> <li>• Stool softeners – Colace, Dulcolax, Senekot</li> <li>• Milk of Magnesia</li> </ul>
Diarrhea (for more than 24 hrs)	<ul style="list-style-type: none"> <li>• Bismuth subsalicylate – Kaopectate</li> <li>• Loperamide – Imodium (after first trimester only)</li> </ul>
Gas	<ul style="list-style-type: none"> <li>• Simethicone – Gas-X, Maalox Anti-Gas, Mylanta Gas, Mylicon</li> </ul>
Headache/ Pain/Fever	<ul style="list-style-type: none"> <li>• Acetaminophen – Tylenol (regular or extra strength)</li> <li>• Ibuprofen – Advil, up to 20 wks of pregnancy</li> <li>• See Common Complaints Headache/Migraines section for more headache-specific medications.</li> </ul>
Heartburn/Indigestion	<ul style="list-style-type: none"> <li>• Acid neutralizers – Tums, Gaviscon, Maalox, Mylanta, Rolaids</li> <li>• Histamine-blockers – Pepcid, Prilosec, Tagamet, Zantac</li> </ul>
Hemorrhoids	Preparation H, Anusol, Tucks
Insomnia	<ul style="list-style-type: none"> <li>• Diphenhydramine – Benadryl, Nytol, Sominex, Unisom SleepGels</li> <li>• Doxylamine succinate – Unisom Nighttime Sleep-Aid</li> <li>• Melatonin</li> <li>• All of these are considered safe for intermittent use</li> </ul>
Nausea/Vomiting	<ul style="list-style-type: none"> <li>• Antihistamines – Benadryl, Bonnine, Dramamine, Sleep-eze, Unisom</li> <li>• Emetrol (if not diabetic)</li> <li>• Ginger – beverages, tablets, candies, chews, tea</li> <li>• Vitamin B6</li> </ul>
Rashes	<ul style="list-style-type: none"> <li>• Benadryl cream</li> <li>• Caladryl lotion or cream</li> <li>• Hydrocortisone cream or ointment</li> <li>• Oatmeal bath – Aveeno</li> </ul>
SoreThroat	<ul style="list-style-type: none"> <li>• Menthol or benzocaine throat lozenges/sprays – Cepacol, Cepastat, Chloraseptic Spray, Halls, Ricola, Sucrets,</li> </ul>



**DO NOT TAKE** Aspirin or Aleve® (naproxen) while you are pregnant unless specifically directed by your midwife

**Do not take Advil® or Motrin® (ibuprofen) after 20 weeks.**

# HERBS

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Although herbs are natural, not all herbs are safe in pregnancy. Unlike prescription drugs, natural herbs do not go through the same scrutiny and evaluation process by the FDA, so the quality and strength of an herbal preparation can vary between two batches of the same product and between products from different manufacturers. Consumers have little way of knowing if a product will do what the label claims or how safe the product may be. Reliable information about the product may be hard to find, which makes researching these products' effectiveness more challenging. There is also little funding for studying herbs, so evidence is sparse, both for both risks and benefits.



**Caution:** Some medicines and herbs can be dangerous during pregnancy, especially in the first three months when the organs are forming. Always talk to the midwife about any herbs you are taking. If the herb is not on the list below, it may be unsafe in pregnancy. Store medicines and herbs away from children.

## Herbs That May be Used in Pregnancy

The following herbs have been rated Likely Safe or Possibly Safe for use during pregnancy:

- Red Raspberry Leaf: Rich in iron, this herb helps tone the uterus, increase milk production, decrease nausea, and ease labor pain. Some say it can reduce complications and the use of interventions during birth. It is seen in pregnancy teas and is most commonly recommended for use after the first trimester.
- Peppermint Leaf: Helpful in relieving nausea/morning sickness and flatulence
- Ginger root: Helps relieve nausea and vomiting
- Oats & Oat Straw; Rich in calcium and magnesium; helps relieve anxiety, restlessness and irritated skin
- Elderberry: used for immune support and can be used in lozenges, tincture, glycerites or tea

For more on alternative medicines/herbs: [americanpregnancy.org/pregnancyhealth/naturalherbsvitamins.html](http://americanpregnancy.org/pregnancyhealth/naturalherbsvitamins.html)

## Essential Oils in Pregnancy, Labor, and Breastfeeding

Essential oils are concentrated oil extracts of herbs. There is limited research available on the safety or potential harmful effects of essential oils and likely depend on the type, quantity taken, and the method of administration. Swallowing or otherwise ingesting essential oils is not recommended. Applying diluted essential oils to your skin in small amounts is at your own discretion. In our birth rooms, we do not allow essential oils in the tub or in a diffuser. Please note that diffused essential oil fragrances could be irritating to your newborn's virgin lungs. We recommend having your baby pick up your body scent for bonding; other scents may be confusing.

# NUTRITION AND HEALTHY LIFESTYLES

We realize that discussing weight during pregnancy can be a difficult conversation for everyone, but we feel it is an important one. We truly care about all the clients who come to us for prenatal care and want to give you the tools to be as healthy as you can during your pregnancy and afterwards. Many clients are self-conscious about their weight and may have struggled with weight throughout their lives.

Studies show that weight gain within the Institute of Medicine (IOM) recommended ranges is associated with the best outcomes for both you and your baby. Weight gains outside these ranges are associated with twice as many poor pregnancy outcomes. Weight gain below the IOM ranges is associated with pre-term birth and low birth weight babies. Gains above the IOM ranges increase the risk of complications in pregnancy including a large baby (weighing over 9 pounds), gestational diabetes, high blood pressure, more back and pelvic pain, labor and birth difficulties, cesarean sections, problems breastfeeding, and postpartum weight retention, which increases your chances of being obese in life. Some of these complications can risk you out of birth center care.

Obesity is a growing epidemic in the US. Studies show that 35.7% of women are obese before pregnancy and these women have 2-5 times higher rates of stillbirth and significantly higher rates of gestational diabetes, high blood pressure, and blood clots in the veins. Obesity affects many systems of the body including estrogen production in fat cells, changes in folate and glucose metabolism, immune dysfunction, and cardiovascular strain. These factors create problems in pregnancy including placental failure with normal blood pressure, sudden onset high blood pressure, genetic disease, and anomalies (heart defects, infections, umbilical cord accidents). It is recommended that obese clients have more frequent ultrasound surveillance to monitor fetal growth and placental function. We recommend following the IOM guidelines for weight gain in obesity for the best outcomes.

Although weight gain in pregnancy is an important tool to assess the baby's growth, we are also interested in helping clients and families make healthy life-style choices during their pregnancy that will become lasting changes.

## Weight Gain Guide

POUNDS	WHERE DO THEY GO?
6.5 - 8.5lbs	Baby
2 - 3lbs	Placenta
2 - 5lbs	Uterus
2 - 3lbs	Breast tissue
2 - 3lbs	Amniotic fluid
4lbs	Blood
5 - 9lbs	Fat stores needed for birth & breastfeeding



## POUNDS

## WHERE DO THEY GO?

BMI <18.5 Underweight (28-40 lbs. = 12.5-18 kg)

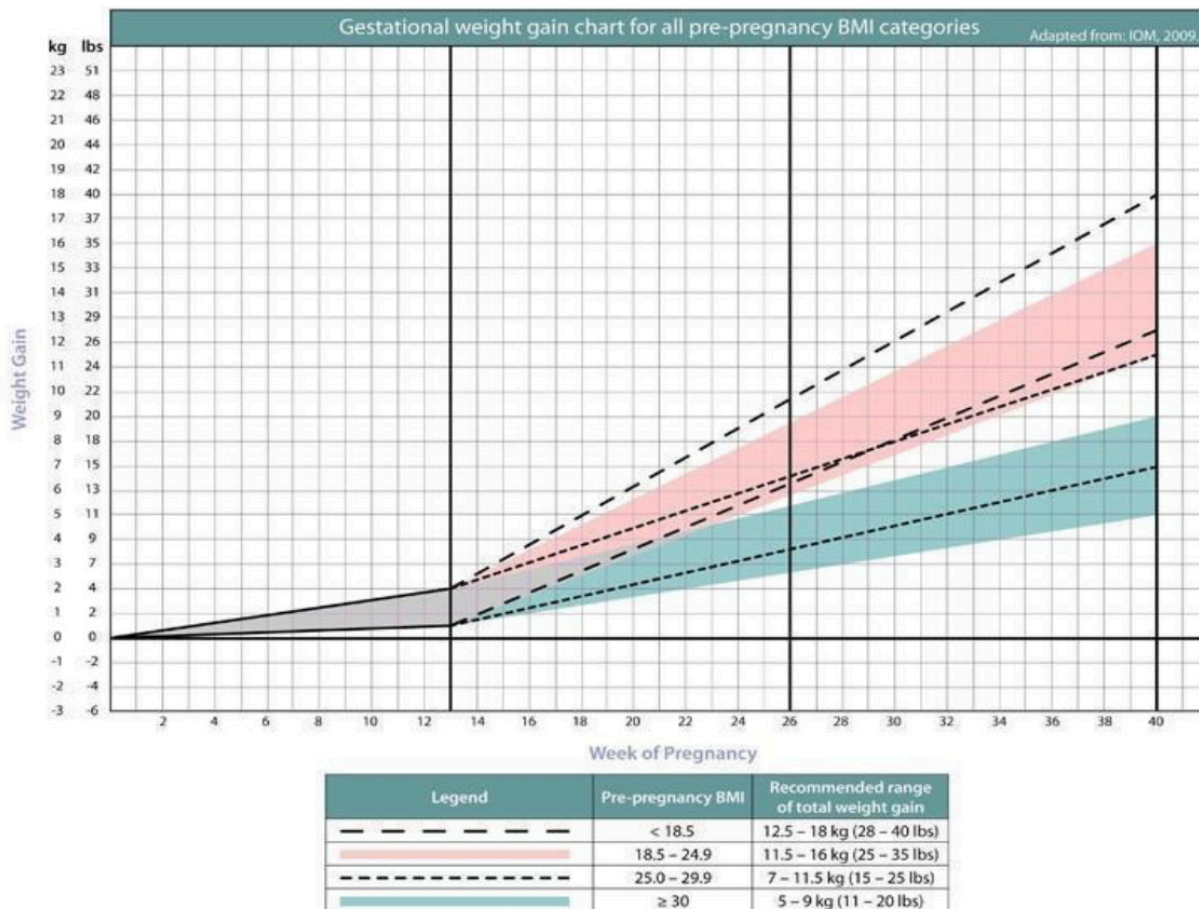
BMI 18.5-24.9 Normal weight (25-35 lbs. = 11.5-16 kg)

BMI 25-29.9 Overweight (15-25 lbs. = 7-11.5 kg)

BMI ≥ 30 Obese (11-20 lbs. = 5-9 kg)

For a normal weight, you should gain about 2 to 4 pounds during the first three months and 1 pound a week for the rest of your pregnancy. Not everyone will gain weight in the same pattern, so focus on trends rather than specific numbers.

## Weight Gain Graph



- Use the top graph in the chart above to find your pre-pregnant weight and height to determine your IOM recommended weight gain during pregnancy.
- Then use the bottom graph to mark the upper and lower range of your IOM weight gain on the 40-week line.
- Draw a line from those ranges to zero and this will give you a guideline to stay within during your pregnancy.
- You can then chart your weight gain for your weeks of pregnancy and track your progress. If you find yourself consistently above or below the recommended range, bring in a 1-week diet recall (see the section “1-Week Diet Recall” for a handy chart). Your midwife can go over this with you or refer you to a nutritionist for further counseling.

Recent events have increased the number of people experiencing food insecurity and limited access to healthy, fresh foods. In 2019, New Mexico was rated as the least healthy state with 17.9% of households unable to provide adequate food for one or more of household members due to a lack of resources. The New Mexico Women Infants and Children (WIC) program provides free healthy foods, ideas for healthy eating and maintaining good health habits, support for nursing families, and connects families with other community services. Locations for local WIC offices are listed in the back of this book. You can find more information at <https://www.nmwic.org>.

The Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), provides financial assistance to eligible New Mexicans with low income and limited resources to purchase food. SNAP benefits are simple to use with qualifying food at participating grocery stores and farmers' markets.

[www.hsd.state.nm.us/LookingForAssistance/Supplemental\\_Nutrition\\_Assistance\\_Program\\_SNAP\\_.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Supplemental_Nutrition_Assistance_Program_SNAP_.aspx)

## Healthy Lifestyle Tips

- **Eat High-Quality Food:** High-quality does not have to be high-priced.
- Replace processed foods (prepared or highly refined) with fresh foods cooked at home.
- Buy organic as much as possible to decrease the amount of harmful chemicals that you eat.
- Join your local CSA (community supported agriculture) to get fresh locally grown produce delivered to your home each week. Search the web for Skarsgard Farms, Sol Harvest Farm & other local CSAs in Albuquerque.
- Grow your own food or shop the grower's markets during the growing season. There are markets in downtown Albuquerque, Uptown area, Nob Hill, Los Ranchos, and Corrales. You can find more information about locations, dates and times on the web at [www.farmersmarketsnm.org](http://www.farmersmarketsnm.org)
- Consider freezing or canning foods that are in season when they are low priced to use the rest of the year.
- **Make Smart Food Choices:** Follow a diet of fresh veggies and fruits, whole grains and lean proteins.
- Eat whole grains and breads and limit processed, refined "white" foods.
- Skinless white meat, wild caught fish and lean red meats are better than high fat meats
- It is better to bake, grill, steam or broil foods than to fry them.
- Vegetable based sauces like marinara are better than cream sauces.
- Fruit is better than juice – whole fruit has more fiber and less sugar and is absorbed slower.
- Choose foods that are low in calories with high water and fiber content so you are getting fewer calories and eating more food.
- Limit sweets to occasional treats, not every day. Try making your own deserts and decrease the sugar by ¼ to ½ in most recipes.
- **Control Your Portion Size:** Most people don't know how much food is in a portion.
- Most restaurant meals are far bigger than a normal portion size. Try splitting a meal when you eat out or only eat half and save the rest for lunch tomorrow. A portion of meat is about the size of the palm of your hand. (See "The Food Group Chart" for more examples.)
- Eat slowly and only until you are satisfied and not until you are stuffed.
- Limit sauces and dressings to 2 tablespoons just to add flavor.
- **Listen to Your Body:** Unconscious eating is a common pitfall. Do you eat when you aren't hungry?



### Do you eat when you are stressed, sad or angry?

- Ask yourself, “Am I really hungry?” Try drinking some water and this may satisfy you.
- Keep a food journal to get an accurate picture of what you are actually eating. You may be surprised. You will find a 3-day diet recall form at the back of the binder. You can always fill this out and bring it to one of your visits and we will look over it with you.
- Don’t eat on the go. Sit at a table.
- Take your time, taste your food, and savor it.
- Chew your food thoroughly as this helps with digestion.
- **Eat Consistently Throughout the Day:** Eating at least 5 small meals a day on a regular schedule will keep you satisfied and encourage an increase in your metabolism. Here’s when to eat:
  - **Breakfast** within 1 hour of waking up
  - **Snack** 2 to 3 hours after breakfast
  - **Lunch** 2 to 3 hours after snack
  - **Snack** 2 to 3 hours after lunch
  - **Dinner** finished at least 3 hours before bed
  - **Snack** – some may need a snack before bedtime or during the night

**Calories:** You really are not eating for two, especially in early pregnancy. You only need about 300 calories more per day than a normal 2000-calorie diet beginning in the 4th month of pregnancy. Eating 5-6 small meals a day is better than 2-3 large ones. Do not diet or eat less than 1,200 calories a day or your body will reset its metabolism into starvation mode.

**Protein:** During pregnancy and lactation, you should get 65-70 grams of protein a day. Good sources of protein include lean meats, fish, beans, eggs, grains, and dairy products. One ounce of meat contains about 7 grams of protein. Be sure to include meats that are good sources of iron and DHA in your diet. Good sources of protein for a plant-based diet incorporate a variety of foods: tempeh, soybeans, seitan, lentils, all kinds of beans, tofu, peas and lesser amounts in vegetables, seeds and nuts.

**Fiber:** As a general rule whether you are pregnant or not, you need between 20-35 grams of fiber each day. Eating fiber in pregnancy helps prevent constipation. Foods highest in fiber are fruits, vegetables and whole grains.

**Whole Foods:** A diet rich in a variety of organic fresh vegetables and fruits, whole grains, dairy products and eggs, grass-fed beef, free-range chicken, wild-caught fish and 2-3 liters (80 ounces) of water per day is the most nutrient rich diet during pregnancy. Plant-based diets also provide adequate nutrition but require more mindful diet planning by eating a wide variety of colorful foods. Your body is able to absorb the vitamins and minerals from foods better than any supplements or vitamins. However, many of us do not always eat a balanced diet of high-quality foods and benefit from some supplementation. All vitamins and supplements are not the same. (See “Healthy Lifestyle Tips” for more info.)

## Food Level Guidelines

Use these food levels to help you evaluate your diet. Level 1 has the lowest fat and carbs; Level 5 has the most. You may use these levels to try new foods, or substitute a lower fat and carb food for something you are craving. When you cook from scratch and use high quality foods, some of the foods listed can be healthier than their level. Let the midwives know if you need help with planning a healthy diet. **Symbols after each food represent: + Carbs, \* Fats, # Proteins**

Level 1 (Lowest fat and carbs)	Level 2	Level 3
Apples with skin +	Apples, skinless +	A-1 Steak Sauce +
Artichokes + #	Bananas +	Angel food cake +
Arugula +	Blueberries +	Applesauce +
Avocados *	Bread, whole grain +	Bagels +
Beans + * #	Cantaloupe +	Beef, eye of round * #
Beets +	Cheese, nonfat #	Beef, London * #
Bok Choy +	Chicken, skinless white meat #	Beef, top round * #
Boysenberries +	Coffee, black or	Canola oil *
Bran +	cappuccino-nonfat milk + #	Cheese, low-fat * #
Broccoli + #	Corn +	Chicken, dark meat * #
Brussels sprouts +	Cottage cheese, low-fat * #	Chicken sandwich, broiled + * #
Cabbage +	Cream cheese, nonfat #	Chicken taco, baked + * #
Carrots +	Duck, free-range * #	Clams #
Cauliflower + #	Granola or energy bar +	Coffee, cappuccino w/whole milk + * #
Celery +	Eggplant +	Crab #
Cereal, whole grain + * #	Fish, farmed #	Cream cheese, low-fat * #
Chard + #	Grapes +	Eggs, whole * #
Cherries +	Hummus + * #	French fries, baked +
Citrus fruits +	Juice, fresh squeezed, w/pulp, no sugar +	Fruit, dried +
Collard greens + #	Kiwifruit +	Graham crackers +
Cottage cheese, nonfat #	Mangoes +	Granola + *
Cucumbers +	Meal replacement bar + * #	Honey +
Egg whites #	Melon, honeydew +	Jam or marmalade +
Fish, cold water (salmon, mackerel, sardines) * #	Milk, 1% + * #	Jerky, turkey #
Fish freshwater * #	Nuts, raw + * #	Juice from concentrate +
Flaxseed *	Ostrich * #	Ketchup +
Garlic, fresh +	Pancakes, buckwheat + #	Lamb, lean * #
Granola, raw, no sugar + * #	Papayas +	Lettuce, iceberg +
Kale + #	Peaches +	Lobster #
Lettuce, romaine, green or red leaf +	Pineapple +	Mayonnaise *
Milk, nonfat + #	Plums +	Milk, 2% + * #
Milk, soy + * #	Raisins +	Muesli + *
Muesli, raw, no sugar + * #	Ricotta cheese, nonfat #	Oatmeal, flavored +
Mushrooms +	Soy nuts + * #	Oysters #
Mustard +	Soy sauce +	Pancakes +
Nectarines +	Squid #	Pasta, plain +
Oatmeal + * #	String beans + #	Peanut butter, raw * #
Olive oil *	Sunflower seeds + * #	Popcorn, plain +
Olives *	Tortillas, whole wheat + * #	Pork tenderloin * #
Onions +	Turkey breast #	Potatoes, baked or boiled +
Pears, with skin +	Vegetable juice + #	Pretzels +
Peas + #	Veggie Burger + * #	Refried beans, low-fat + * #
Peppers +	Venison, free-range * #	Rice cakes +
Plantains +	Watermelon +	Rice, white +
Prunes +	Yogurt, no sugar + * #	Sauerkraut +
Radishes +	Zucchini +	Soup, canned broth + *
Raspberries +		Steak, lean * #
Refried beans, nonfat + #		Sweet-and-sour sauce + *
Rice, brown +		Wine, red +
Salsa, natural, no sugar +		Yogurt, frozen, nonfat + #
Spinach + #		
Squash + #		
Strawberries +		
Sweet potatoes +		
Tea, green or black		
Tofu + #		
Tomato sauce, no sugar +		
Tomatoes +		
Vinegar		
Water		
Yams +		
Yogurt, nonfat, no sugar + #		

## Level 4

Animal crackers +  
 Beef, filet mignon \* #  
 Beef, lean ground \* #  
 Beef, sirloin \* #  
 Beef stroganoff \* #  
 Beer +  
 Bread, refined flour +  
 Buffalo \* #  
 Butter \*  
 Caesar salad, w/chicken + \* #  
 Canadian bacon \* #  
 Cheese (including bleu  
 and goat) \*  
 Chili + \* #  
 Chinese food + \* #  
 Chips, low-fat, baked +  
 Coconut \*  
 Coffee, iced mocha latte w/  
 nonfat milk + #  
 Coffee, latte w/whole milk + \* #  
 Coffee cake + \*  
 Crackers +  
 Grilled cheese sandwich + \*  
 Ham \* #  
 Hot dogs, turkey \* #  
 Ice cream, sugar-free or fat-free +  
 Jell-O +  
 Juice, sweetened +  
 Lamb chops \* #  
 Lasagna, w/meat \* #  
 Macaroni and cheese + \*  
 Margarine \*  
 Meat loaf \* #  
 Mexican food + \* #  
 Milk, whole + \* #  
 Muffins + \*  
 Nuts, salted or roasted \*  
 Peanut butter, no raw + \*  
 Pepper, stuffed \*  
 Pizza, meatless or  
 Hawaiian style + \* #  
 Popcorn, w/salt & butter + \*  
 Pork chop \* #  
 Potato salad or macaroni  
 salad + \*  
 Pudding, w/ low fat milk + \*  
 Reuben sandwich \* #  
 Sherbet +  
 Shrimp #  
 Sloppy Joe, lean beef/turkey \* #  
 Soft drinks, diet  
 Soup, canned creamy + \*  
 Spaghetti w/ meatballs + \* #  
 Sub sandwich + \* #  
 Taco salad w/ chicken + \* #  
 Tortilla, refined flour or corn + \*  
 Tuna or chicken salad \* #  
 Vegetable oil \*  
 Wine, white +  
 Yogurt, frozen + \* #

## Level 5 (Highest fat and Carbs)

Alcohol, hard liquor  
 Bacon \* #  
 Baked beans + \* #  
 Beef, ground, regular \* #  
 Beef taco, fried \* #  
 Breakfast sandwich, fast food \* #  
 Cakes +  
 Candy +  
 Cereal, sugared +  
 Chicken a la King \* #  
 Chicken, buffalo wings or  
 nuggets \* #  
 Chicken or fish sandwich fried \* #  
 Chips, potato or corn + \*  
 Chocolate + \*  
 Coffee, mocha, macchiato, iced  
 blended, frappe,  
 caramel vanilla, etc. + \*  
 Cookies +\*  
 Cream cheese \*  
 Creamed veggies + \*  
 Creamer, nondairy \*  
 Doughnuts + \*  
 French fries + \*  
 Gravy \*  
 Hamburger, fast food \* #  
 Hot dogs \* #  
 Ice cream + \*  
 Jerky, beef, pork, venison #  
 Juice, sugar added +  
 Lobster in cream sauce \* #  
 Nachos + \*  
 Onion rings + \*  
 Pastries + \*  
 Pies + \*  
 Potato skins, fried + \*  
 Pot pie \* #  
 Refried beans, w/lard + \*  
 Salad dressing, creamy \*  
 Sausage \* #  
 Soft drinks, sugared +  
 Tater tots + \*

## Food Group Chart

This shows the average amounts of food you need to eat every day to meet your needs.

FOOD GROUPS	GUIDANCE	REMEMBER TO
Meat, Eggs, Beans & Nuts	6 ½ oz. daily	<ul style="list-style-type: none"> <li>• Choose low-fat or lean meats and poultry.</li> <li>• Choose fish high in DHA two times per week to help baby's brain develop (salmon, trout, anchovies, herring, sardines, canned mackerel)</li> <li>• 1 oz. of lean meat poultry or fish = 7 grams, 1 oz = 1 egg, ¼ c. cooked dry beans, ½ oz. nuts, or 1 tbsp. peanut butter</li> </ul>
Milk	3 cups daily	<ul style="list-style-type: none"> <li>• Choose low-fat or fat-free milk and reduced fat or frozen yogurt instead of cheese or ice cream.</li> <li>• 1 cup=8 oz. milk or yogurt, 1 ½ oz. cheese, or 2 oz. processed cheese</li> </ul>
Vegetables	3 cups daily	<ul style="list-style-type: none"> <li>• Eat dark green and orange vegetables.</li> <li>• 1 cup= 1 c. raw or cooked vegetables, or 2 c. raw leafy vegetables</li> </ul>
Fruits	2 cups daily	<ul style="list-style-type: none"> <li>• Eat a variety of fresh fruit, limit juice to 4 oz. daily.</li> <li>• 1 cup=1 c. fruit or ¼ c. dried fruit</li> </ul>
Grains	8 oz. daily	<ul style="list-style-type: none"> <li>• Eat whole grains instead of white bread and rice.</li> <li>• 1 oz.= 1 slice bread, or 1 small tortilla</li> <li>• ½ c. cooked pasta or rice</li> <li>• ½ c. unsweetened cereal</li> </ul>
Oils	Limited	<ul style="list-style-type: none"> <li>• Limit fried foods.</li> <li>• Choose monounsaturated fats.</li> <li>• Bake, boil or grill instead.</li> <li>• Use limited amounts of olive oil or vegetable oil instead of lard, butter &amp; shortening.</li> </ul>
Beverages	10 glasses (80oz or 2-3L) of water daily	<ul style="list-style-type: none"> <li>• Limit Kool-Aid®, sodas and sweet drinks to less than 8 oz. per week.</li> <li>• Avoid Gatorade®, PowerAde®, energy drinks and alcohol.</li> <li>• Limit coffee to 1-2 cups per day or switch to decaf &amp; add milk.</li> <li>• Drink caffeine-free teas.</li> </ul>

# 1-Week Diet Recall

This is a tool for you to use to evaluate your diet. If you need help, bring it to your prenatal visit. Be honest with yourself and include all foods and drinks and portion size.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
BREAKFAST							
SNACK							
LUNCH							
SNACK							
DINNER							
SNACK							
REFLECTIONS							

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# VITAMINS AND SUPPLEMENTS

There is a huge difference between synthetic supplements (the vitamin and mineral pills that you buy at most stores) and whole food supplements (real nutrition that your body can actually use - genuine replacement parts - which comes from nature).

## Two Basic Types of Nutritional Supplements

### There are two basic types of nutritional supplements

**Synthetic Supplements:** The most common type of nutritional supplements is man-made synthetic, isolated components of the vitamin complex that are combined in prescribed amounts to give you the prenatal vitamin, Vitamin C, D, calcium, etc. These supplements often use insoluble and therefore non-absorbable forms of vitamins and minerals that are poorly utilized by the body. You might see some improvement with these supplements initially but over time, your body will be depleted of all the other parts of the vitamin that are normally found in food sources and you may begin to notice health problems. Research now suggests that single vitamins, taken out of the food complex, may not be as effective in promoting health as eating the whole food.

**Whole Food Supplements:** Whole food supplements are derived mainly from recognizable food sources. They contain all the food nutrients plus synergistic cofactors, phytochemicals, enzymes, vitamins, minerals, trace minerals to provide you with the strongest, natural, and most well-balanced supplement. These supplements contain all the things your body needs to absorb and utilize the nutrients. Whole food supplements may also contain some nutrients from animal tissues which only come from safe, USDA tested and approved sources. If you compare the label of ingredients on man made vitamins to whole food supplements, you will notice that the amounts on the whole food supplements are smaller but they are of much higher quality and potency resulting in better absorption.

### Useful vitamins in pregnancy

**Folic Acid, Vitamin B12:** Folic acid is essential for healthy growth of the spinal cord and helps prevent neural tube defects. Your body uses folate to produce red blood cells. You need at least 400 to 800 mcg daily. Good food sources of folic acid are found in whole grains, seeds, beans and leafy greens. Vitamin B12 promotes proper red blood cell formation and healthy neurological function and DNA synthesis. You need 2.6-2.8 mcg daily. It is mostly found in animal sources, fortified foods and some nutritional yeast. Plants do not contain Vitamin B12. If you are eating a plant-based diet or have a MTHFR mutation, you are at higher risk of deficiency and supplementation is recommended. Clients with untreated B12 deficiencies cannot use nitrous oxide in labor.

**Calcium, Magnesium:** Calcium is essential for bone formation. You need between 1000-1300 mg of calcium per day. Good sources for calcium include dairy products, dark leafy greens, fortified cereals, soymilk or juices, and beans. Magnesium is essential for protein synthesis, muscle and nerve function, blood glucose control, and blood pressure regulation. You need 350 mg daily and good sources include green leafy vegetables, legumes, nuts, seeds, and whole grains.

**Vitamin D:** Vitamin D promotes calcium absorption, affects cell growth, immune function and reduces inflammation. Maternal vitamin D deficiency in early pregnancy has been associated with elevated risk of gestational diabetes mellitus. Other associations with maternal vitamin D deficiency include increased risk of pre-eclampsia, preterm birth, low birth weight and cesarean section. Obesity is associated with Vitamin D deficiency because Vitamin D is taken up by fat cells and is not available for use in the body.

Sensible sun exposure (exposure of arms and legs for 5-30 minutes between 10 am and 3 pm twice a week) is often adequate depending on the season, latitude and skin pigmentation. There are few foods that contain naturally occurring Vitamin D including wild-caught salmon, mackerel, herring and cod liver oil. It is fortified in some foods including milk, some juice products, some breads, yogurts and cheeses. For several years, we screened all pregnant clients in our practice for Vitamin D deficiency and found that over 90% of clients are deficient, therefore, we recommend supplementation with 5000 IU daily during pregnancy for all clients. Supplements come in liquid or pill form.

Maternal vitamin D levels affect the newborn levels. Human milk typically contains about 25 IU or less of vitamin D per liter, but lactating clients who are taking 4000 IU daily are able to transfer enough vitamin D into their milk to satisfy their newborn's requirements of 400 IU daily. Clients who are deficient will not provide enough vitamin D for their baby's needs. We recommend supplementing the mother/birthing parent rather than giving the baby a multivitamin or vitamin D. If an infant is weaned to vitamin-D fortified infant formula (consuming at least 1000 mL per day) or a child one year of age or older is weaned to vitamin-D fortified milk, then further supplementation is not necessary.

**DHA:** DHA is an omega-3 fatty acid, which helps support the development and function of the brain and eyes. You need at least 200 mg of DHA daily. This can be found in certain fish, eggs, grass-fed beef.

**Prenatal Vitamins:** Take prenatal vitamins daily as part of a healthy well-balanced diet while you are pregnant and breastfeeding. We recommend the Standard Process whole food supplements available online at Amazon including Cyrofood, Folic Acid/B12, Tuna Omega 3 Oil, and Immuplex for a complete prenatal program.

If you are taking the synthetic vitamins, be sure to check the nutrients listed in the vitamins. All prenatal vitamins are not the same and some require you to take up to 6 vitamins per day to get the recommended dosages.

**Choose synthetic vitamins that contain at least:**

- 400 mcg folic acid
- 400 IU Vitamin D
- 200-300 mg calcium
- 70 mg Vitamin C
- 3 mg thiamine
- 2 mg riboflavin
- 20 mg niacin
- 6 mcg Vitamin B12
- 10 mg Vitamin E
- 15 mg Zinc
- 17 mg Zinc
- 150 mcg iodine

Synthetic prenatal vitamins may make your nausea worse in the first few months. Try to take them after you eat or at bedtime. You may try gel vitamins, chewable or a different brand to see if your symptoms are better. If you continue to have problems, talk to your midwife about other choices.

**Iron Recommendations:** Clients need 30 mg of iron daily while pregnant and 60-120 mg every other day if anemic. Your blood will be checked for anemia (low iron count) at least twice while you are pregnant. Clients with anemia will need to eat iron-rich foods and may need to take an iron supplement. There are several synthetic iron supplements (ferrous sulfate) and several whole food supplements. Floradix and Megafood Blood Builder are vegetarian formulas. You can purchase Megafood Blood Builder at Dar A Luz.

**For mild anemia:**

- Take ferrous sulfate 1 tablet (325 mg) by mouth every other day (total of 1 tablet = 60 mg).
- FerroFood 3 capsules in the morning and 3 capsules in the evening every other day (total of 6 capsules = 60 mg).
- Floradix 30 ml in the morning and 30 ml in the evening every other day (total of 60 ml = 60 mg).
- MegaFood Blood Builder take 1 tablet in the morning and 1 in the evening (total of 2 tablets=52 mg) every other day.

When taking iron, take it with water or juice and at a different time than your prenatal vitamins. Do not eat or drink dairy products for at least 1 hour before or after you take iron because dairy inhibits iron absorption. Your stool (poop) may be black or green and synthetic iron pills may make constipation worse. You may want to take Colace stool softener if constipation is a problem.

**Iron rich foods:** Below are some good sources of iron in foods and you are encouraged to eat some of these throughout pregnancy. Cooking in iron skillet increases the amount of iron in your foods.

<div> HIGH </div> <div>(3-5mg/serving size)</div>	<div> MODERATE </div> <div>(2+mg/serving size)</div>	<div> LOW </div> <div>(1+mg/serving size)</div>
<div> Beef or chicken liver Clams, shrimp Cooked oysters, mussels Heart, kidneys Goose, pheasant, deer, elk Dried seaweed Tofu, soybeans </div>	<div> Beef or lamb Dried beans, lentils Dried dates, apricots, figs Dark meat chicken or turkey Fortified cereals Blackstrap molasses Seeds – sesame, pumpkin </div>	<div> Spinach, dark leafy greens Peas, green beans, broccoli Sweet potato, potato Pumpkin Rice, whole grains Egg yolks Nuts – cashew, pine </div>



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# FOOD SAFETY GUIDELINES

While pregnant, it is important to follow this guide about food safety to help make sure you and your baby stay safe.

## Preparation

- Clean your hands and the area where you prepare food.
- Separate all raw meats and eggs from ready-to-eat foods.
- Wash fruits and vegetables, even if they will be peeled.
- Eat organic when possible to reduce pesticide ingestion.
- Don't wash meat and poultry.
- Defrost and marinate foods in the refrigerator, not on the counter.
- Don't open bulging cans. Boil home canned foods for 20 minutes.
- Cook to the proper temperature. It is best to use a food thermometer for meats because color is not always a good guide.
- Eggs should be cooked to firm.
- Reheat soups, sauces, and gravy to boiling.
- Reheat meats to steaming.
- Chill foods quickly.
- Leftovers should be refrigerated within 2 hours (within 1 hour if the day is hotter than 90°F).

## Food Selection

- Follow the local advisories about fish from lakes and rivers.
- Avoid fish and shellfish that are raw or not cooked (oysters, clams). This includes sushi and sashimi. Cooked and vegetable versions are fine.
- Avoid ceviche.
- Avoid all raw meats and poultry.
- Avoid raw eggs and food made from raw eggs.
- Avoid juices that are not pasteurized.
- All milk and milk products (goat milk included) must be pasteurized.
- Avoid raw sprouts (alfalfa, radish, etc.). Cooked sprouts are less of a problem.
- Boil water taken from lakes and rivers when you camp or hike.
- Follow food recalls
- Contact your midwife if you have questions.

*By far the most common craving for pregnant women is not to be pregnant.*

*~ Phyllis Diller*

## Food Safety During Pregnancy

HEALTH RISK	WHERE	HOW TO PREVENT ILLNESS
<b>Listeria</b> <ul style="list-style-type: none"> <li>This is a bacterium found in some refrigerated ready-to-eat foods that can cause serious problems like miscarriage, preterm delivery and stillbirth.</li> </ul>	<ul style="list-style-type: none"> <li>Deli meats and salads, hot dogs, smoked seafood, pate and meat spreads.</li> <li>Milk or cheese products that are not pasteurized (Mexican-style, Queso fresco, blue or gorgonzola).</li> </ul>	<ul style="list-style-type: none"> <li>Throw away food that has gone past its "use-by" or date it expires.</li> <li>Reheat hot dogs, luncheon meats, and smoked seafood until steaming hot.</li> <li>Make sure the label says, "Made with pasteurized milk."</li> </ul>
<b>Toxoplasma</b> <ul style="list-style-type: none"> <li>This is a parasite that may cause an infection that can be passed to an unborn baby that affects brain and eye development.</li> <li>It is found in garden soil and raw meat. Cats get toxoplasmosis by killing and eating infected prey.</li> </ul>	<ul style="list-style-type: none"> <li>Undercooked meat</li> <li>Unwashed fruits and vegetables</li> <li>Infected cat feces</li> </ul>	<ul style="list-style-type: none"> <li>Wash your hands after you touch soil, sand, raw meat, or unwashed vegetables.</li> <li>Wash and peel all fruits and vegetables before eating.</li> <li>Freeze all wild meats a few days before you cook them.</li> <li>Don't eat raw meats.</li> <li>Don't adopt a sick kitten while pregnant. Have your cat tested. Have someone else clean the litter box daily.</li> </ul>
<b>Mercury</b> <ul style="list-style-type: none"> <li>This metal can harm the developing nervous system in an unborn child or young baby.</li> </ul>	<ul style="list-style-type: none"> <li>Do not eat shark, swordfish, king mackerel and tilefish, which have high levels of mercury.</li> <li>Some fresh water fish may also have high levels. Follow local advisories.</li> </ul>	<ul style="list-style-type: none"> <li>Avoid only high mercury fish.</li> <li>Shrimp, canned light tuna, pollock, catfish and tilapia do not contain too much mercury. You can eat up to 12 oz per week instead of other meats.</li> <li>There are some fish (salmon, trout, anchovies, sardines, herring and canned mackerel) that are low in mercury and high in DHA. These are excellent choices to include in your diet to help your baby's brain growth.</li> </ul>

# ROUTINE SCREENINGS

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**URINE SAMPLE:** You will need to give a urine sample at your first visit. If you are having symptoms of burning with urination, please leave a sample. Be sure to drink fluids before you come in. This test shows if you drink enough water, have a urine or bladder infection, or have other problems while pregnant.

**WEIGHT:** You will weigh yourself at each visit and let your midwife know your weight to see if you are gaining within the recommended amount. If you gain or lose too much, you may be referred to a nutritionist. (See “Weight Gain Guide and Graph” for more info.)

**BLOOD PRESSURE (B/P):** You will have your blood pressure checked at each visit. This tells us if you are at risk for high blood pressure while you are pregnant.

**FUNDAL HEIGHT:** The midwife will measure the height of your growing uterus. This tells us that the baby is growing adequately. Normal range is 2 centimeters, plus or minus how many weeks of pregnancy you are.

**FETAL HEART RATE** Before 10-12 weeks, it can be very difficult to hear a heartbeat but after that, we will listen at every visit.



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# TESTS DURING PREGNANCY

## First Visit Tests

**BLOOD TEST:** This test is usually done at your first visit and checks your blood type in case you need to be given blood. If you have a negative blood type, you will be offered Rhogam® or Rhophylac® [Rho (D) Immune Globulin], a shot to prevent problems while you are pregnant and in your next pregnancy.

**CBC OR BLOOD COUNT:** This test is done at your first visit and tells us if you have anemia. If you are anemic, you will get information on diet and supplements to help to raise your iron levels.

**GONORRHEA, CHLAMUDIA AND SYPHILIS:** You will be checked for infections that you can get from another person during sex. Many people do not have any signs of these infections. These infections can cause serious problems for you, your partner and your baby. If you have an infection, you and your partner need treatment.

**HEPATITIS B & C:** A blood test is done to check for this viral infection that affects your liver. You can get it through sexual contact or when exposed to infected blood or body fluids. It is more common than HIV/AIDS and can be as deadly. There is a vaccine for Hepatitis B but not for Hepatitis C.

**HgbA1c:** The hemoglobin A1c blood test will be done at your first visit to determine your average glucose levels for the past 3 months. A random glucose will also be drawn at the first visit.

**HIV TESTING:** This blood test is routinely done unless you refuse it. The test tells whether you have HIV, the virus that causes AIDS. If you test positive while pregnant, you can be given medicine to reduce the risk of your baby getting HIV.

**PAP TEST OR SMEAR:** This test checks for changes in the cells of the cervix (the opening of your uterus). If your pap is abnormal, you may need another test called a colposcopy. This test looks at the cells to see if they could turn into cancer. This test is routinely done every 3-5 years depending on your age and medical history.

**RUBELLA:** This is a blood test to check if you are immune to rubella (German measles). If your antibody levels are low, we will inform you about the risks and offer the MMR vaccine after you deliver your baby. Please talk to your midwife if you have had contact with anyone who is sick with rubella.

**VARICELLA:** This is a blood test to check if you are immune to varicella (chicken pox). If your antibody levels are low, we will inform you about the risks and recommend that you contact your primary care provider to receive the varicella vaccine after you deliver your baby. Please talk to your midwife if you have had contact with anyone who is sick with chicken pox.

**VITAMIN B12 / FOLATE:** This is a blood test to check if you have a deficiency of vitamin B12 or folic acid which can cause anemia. Those who follow a vegan/vegetarian diet or have a MTHFR mutation are most at risk. Those who have a B12 deficiency that does not respond to treatment are not eligible to use Nitrous Oxide in labor.

**GENETIC PRENATAL AND CARRIER SCREENING:** These tests are optional and some can be done anytime in pregnancy. There are blood and ultrasound screening test you can choose that detect some but not all genetic defects. These tests are not done at Dar A Luz. We will give you a referral if you would like to have them done.

## 26-28 Weeks Tests

**CBC WITH FERRITIN:** This blood test is done around 24 to 28 weeks to check for anemia (low iron). If you are anemic, you will get information on diet and supplements to help to raise your iron levels.

**SYPHILIS:** As of January 2020, the state of New Mexico requires that all clients be screened for syphilis a second time, at 26-28 weeks of pregnancy. (See "Syphilis" below for more information.)

**BLOOD TYPE:** This test is repeated if you are Rh negative. We strongly recommend Rhogam®, a shot to prevent formation of antibodies against other blood types while you are pregnant and in your next pregnancy.

**GLUCOSE TEST** All birth center clients must be screened for gestational diabetes between 26-28 weeks of pregnancy. Uncontrolled gestational diabetes can cause serious problems for both you and your baby. If your test is abnormal, you will be referred to a perinatologist for diabetic diet counseling and to monitor fetal growth. You may continue your care at the birth center as long as you can control the diabetes with diet and exercise and do not need medications. Testing can be done several ways:

- Non-fasting 1-hour glucose tolerance blood test (GTT) and if abnormal ( $\geq 130$ ), followed by a fasting 3-hour GTT
- Fasting 2-hour GTT
- Monitoring of blood glucose 4 times daily with diet recall for 1-2 weeks and if abnormal, followed by a fasting 3-hour GTT or referral to diet counseling.

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# INSTRUCTIONS FOR GLUCOSE TESTING

## Instructions For 1-Hour GTT

- Eat your normal diet, ideally with adequate protein. Avoid sugars and carbohydrate-heavy meals prior to testing as these can skew results. Keep hydrated.
- Bring a protein snack to eat after your test is done.
- When you arrive for your appointment, you will be given a 50-gram glucose drink. You have a choice of a fruit flavored glucola (contains food coloring and preservatives) OR you may purchase the 50-gram glucose powder Fresh Test (without food coloring or preservatives) at the Dar A Luz front desk OR you may obtain the 50-gram glucose powder (without food coloring or preservatives) via prescription at Arnett Local Pharmacy & Compounding. Bring the glucose powder to your visit so that it can be mixed with water. Drink it quickly (within 5 minutes).
- Tell the nurse what time you finished drinking the glucola so we can draw your blood an hour later.

## Instructions For 2-Hour GTT

- You will need to fast for 10 hours prior to your appointment. You can have water to drink during this time, but nothing else. Bring a protein snack to eat after your test is done.
- When you arrive for your appointment, we will draw a fasting blood glucose level and then you will be given a 75-gram glucose drink. You have a choice of a fruit flavored glucola (contains food coloring and preservatives) OR you may purchase the 75-gram glucose powder Fresh Test (without food coloring or preservatives) at the Dar A Luz front desk OR you may obtain a 75-gram glucose powder (without food coloring or preservatives) via prescription at Arnett Local Pharmacy & Compounding. Bring the bottle of glucose powder to your visit so that it can be mixed with water. Drink it quickly (within 5 minutes).
- Tell the nurse what time you finished drinking the glucola so we can draw your blood at 1 and 2 hours later.

## Instructions For 3-Hour GTT

- You will need to fast for 10 hours prior to your appointment. You can have water to drink during this time, but nothing else. Bring a protein snack to eat after your test is done.
- When you arrive for your appointment, we will draw a fasting blood glucose level and then you will be given a 100-gram glucose drink. You have a choice of a fruit flavored glucola (contains food coloring and preservatives) OR you may purchase 2 50-gram glucose powder Fresh Tests (without food coloring or preservatives) at the Dar A Luz front desk OR you may obtain a 100-gram glucose powder (without food coloring or preservatives) via prescription at Arnett Local Pharmacy & Compounding. Bring the glucose powder to your visit so that it can be diluted with water. Drink it quickly (within 5 minutes).
- Tell the nurse what time you finished the glucola so we can draw your blood 1 and 2 hours later.

# ULTRASOUNDS

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Fetal ultrasound or sonogram is an imaging technique that uses high-frequency sound waves to produce images of a baby in the uterus. These images help your midwife evaluate your baby's growth and development. Ultrasounds done in early pregnancy at 6-8 weeks can determine the viability of the fetus. Those done around 10-13 weeks are best to help with dating the pregnancy, confirming the number of fetuses, and screening for genetic anomalies. Ultrasounds around 18-22 weeks verify normal anatomic and placental development. Later ultrasounds are most valuable for following the growth of the baby, determining the placental location and amniotic fluid levels, as well as checking the baby's position before birth.

## Risks of Ultrasound

Routine fetal ultrasounds are considered safe for both mother and baby. Researchers haven't noted any adverse effects of fetal ultrasounds in children followed for several years after birth. Still, caution remains important. The use of fetal ultrasound solely to create keepsakes isn't recommended. Fetal ultrasound also has limitations, so it cannot rule out all birth defects — or might incorrectly suggest a birth defect is present when it's not leading to unnecessary interventions.

## Ultrasounds as a Dar a Luz Client

At Dar a Luz, we believe birth is a normal, natural life event for our low-risk population. We use ultrasound prudently and believe this is marrying the best of both worlds – birth center care for low risk, healthy women and pregnant people, with select imaging to confirm a healthy pregnancy safe for out of hospital birth. Receiving many ultrasounds is well within your right and in line with the way pregnancy is portrayed in our culture at large. However, we invite you to consider that this choice may be somewhat discordant to birth center care. Some may reasonably ask why a normal, healthy, low risk pregnancy warrants frequent imaging. In most cases, it doesn't.

After you receive an ultrasound, most ultrasound providers will recommend additional appointments and schedule you back for a follow up ultrasound. They may use language that suggests the ultrasound is not optional. We recommend waiting to discuss with one of the Dar a Luz midwives at your next visit or calling the nurse line at (505) 924-2229 before scheduling additional ultrasounds.

The midwives will ALWAYS let you know if we have a medical concern about your pregnancy requiring additional ultrasounds. In the absence of this concern, any additional ultrasounds are elective, and any findings must be dealt with seriously. Please talk to your midwife if you have any questions. We support you in making informed decisions that feel right for YOU and your family.

Regardless of if the ultrasound is medically necessary or optional, the ultrasound providers will charge you/your insurance for every ultrasound received. The cost of ultrasounds is up to the provider and your insurance benefits, and Dar a Luz has no control over those costs. Please inform yourself about your benefits and the costs of ultrasounds when you receive care.

In our care, some ultrasounds are routinely required, required based on abnormal findings, strongly recommended based on certain findings or health history, and optional based on certain findings or health history.

## REQUIRED Routine Ultrasound:

- **Anatomy Scan:** Dar A Luz requires clients to receive ONE ultrasound at 20-22 weeks. In this ultrasound (also known as the anatomy scan), we are looking for two things:
  - The location of your placenta - we need to confirm that it is not over or too close to your cervix.
  - The major structures (brain, heart, spine) of your baby are forming normally.

That's it! This is all the information Dar A Luz needs from an ultrasound for the entire pregnancy unless clinically indicated. Below are the most common reasons we might want you to get another ultrasound in select cases (this list is not exhaustive).

## REQUIRED Clinically Indicated Ultrasounds:

- **Post-Dates Screening:** At 41 weeks of pregnancy, we need to screen for fetal well-being and a healthy, normally functioning placenta to remain a candidate for birth center birth.
- **Suspected Breech or Indeterminant Fetal Presentation:** You are close to giving birth and we think your baby might be breech or transverse.
- **Abnormal Fundal Height:** Your uterus is measuring significantly bigger or smaller than what we would expect for where you're at in pregnancy.
- **Follow Up After Abnormal Anatomy Scan:** There is a health concern with one of the major structures of baby's anatomy that we are following.

Any additional ultrasounds are usually OPTIONAL unless a midwife tells you that she has a medical concern requiring an ultrasound.

## STRONGLY RECOMMENDED Ultrasounds in Select Cases:

- **Early Pregnancy Dating Ultrasound:** If you don't know when your last period was or you have irregular cycles, we need to date the pregnancy to have an accurate due date.
- **Viability Ultrasound:** If you have vaginal bleeding and we are concerned about the viability of the pregnancy, this type of ultrasound can provide helpful information.

## Ultrasounds that are OPTIONAL BASED ON YOUR DECISION MAKING:

- **Advanced Maternal Age:** If you are 35 years or older, in the course of your prenatal care we will review risks vs. benefits of ultrasounds as a form of "fetal surveillance" in your pregnancy and support you in your decision making. You can read more about this in the "Birth Your Baby" binder (see "Advanced Maternal Age Consent Info").
- **Other medical conditions and health history:** marginal cord insertion, hypothyroidism, obesity, gestational diabetes, history of previous pregnancy complications, family history, etc. (this list is NOT exhaustive).



## For ultrasounds that are NOT required, what should I consider in deciding about having another ultrasound?

**INCREASED ULTRASOUNDS RESULT IN INCREASED INCIDENCE OF ABNORMAL FINDINGS AND MEDICAL INTERVENTIONS.** The “checking just in case” ultrasounds sometimes result in a finding (such as baby measuring below the 10th percentile for weight) that risks a client out of Dar a Luz care. Once Dar a Luz midwives receive a report with any finding that risks a client out of care, we cannot ignore it. In the above example, even if your family tends to be small people and you don’t feel worried about your baby measuring small, and even though weight obtained via ultrasound is an ESTIMATE and can vary significantly from actual fetal weight at birth, below the 10th percentile at term requires a hospital birth. This is one of many such examples.

**ACCURACY OF ULTRASOUNDS:** As with any technology, ultrasound is not perfect. Sometimes ultrasound finds a serious health concern requiring transfer for mom and baby to receive care in hospital that is appropriate for their health condition. This is ultrasound working at its finest. Other times, ultrasound finds a “maybe” concern that requires hospital birth and all is fine after birth. Some clients struggle with accepting that in hindsight, they could have birthed at Dar a Luz had this “maybe” concern not been found.

**WHAT ARE THE RISKS OF ULTRASOUND?** According to the American College of Obstetricians and Gynecologists (ACOG), “Ultrasonography is safe for the fetus when used appropriately and should be used when medical information about a pregnancy is needed; however, ultrasound energy delivered to the fetus cannot be assumed to be completely innocuous, and the possibility exists that such biological effects may be identified in the future. Thus, ultrasonography should be performed only when there is a valid medical indication and, in all cases, the lowest possible ultrasound exposure settings that obtain adequate image quality and gain the necessary diagnostic information should be used” (2024).

## For Your Reference: Types of Ultrasounds

**DATING ULTRASOUND (1ST TRIMESTER)** – This scan dates the pregnancy if the last menstrual period is unknown or in the case of irregular menstrual cycles. It is most accurate if done before 12 weeks of pregnancy. The earliest it is possible to “see” your baby on ultrasound is 6-7 weeks of pregnancy. An ultrasound earlier than 6 weeks will not show a fetal heartbeat or a fetus, though the ultrasonographer will evaluate for other signs of pregnancy expected at this early stage.

**EARLY ANATOMY (11-13 WEEKS) AND NUCHAL TRANSLUCENCY ULTRASOUND** – For those who have opted into genetic testing, nuchal translucency (the amount of fluid behind the fetus’s neck) and fetal anatomy are assessed as one way of evaluating risk for chromosomal and genetic abnormalities.

**ANATOMY SCAN (20-22 WEEKS)** – Fetal anatomy, placental location, cord insertion, and amniotic fluid are assessed. This is the ONE scan we require all Dar a Luz clients to have.

**DETAILED ANATOMIC SURVEY WITH FETAL ECHOCARDIOGRAM** – This ultrasound does everything the anatomy scan does but in more detailed form. It includes a fetal echocardiogram to look at heart function in detail, often because of a specific concern in the pregnancy or genetic history.

**BIOMETRY OR GROWTH SCAN (2ND AND 3RD TRIMESTERS)** – In addition to assessing placenta, cord, and amniotic fluid, this scan assesses and measures baby’s anatomy to determine an estimated fetal weight and a percentile of where that weight falls given gestational age. Often recommended for advanced maternal age, maternal obesity, maternal hypothyroid, or in the setting of gestational diabetes. Remember, fetal weight obtained via ultrasound is an ESTIMATE and can vary significantly from actual fetal weight.

**BIOPHYSICAL PROFILE** - This ultrasound evaluates four components: fetal movement, fetal tone, fetal breathing, and amniotic fluid volume. Each component receives a score of 2 or 0 based on specific criteria. A total score of 8 “is a strong indicator that fetal oxygen levels and acid-base status are normal and the fetal brain is well perfused and oxygenated” (Manning, 2023). If clients are still pregnant at 41 weeks, we require a biophysical profile to birth at Dar a Luz (see Post-Dates consent form for more information).

**LIMITED** – “A limited ultrasound exam is done to answer a specific question” such as fetal position or placental position (ACOG, 2024).

### References

American College of Obstetricians and Gynecologists [ACOG]. (2024). Ultrasound exams. <https://www.acog.org/womens-health/faqs/ultrasound-exams>

Manning, F. (2023, May 8). Biophysical profile test for antepartum fetal assessment. UpToDate. Retrieved November 4, 2024, from [https://www.uptodate.com/contents/biophysical-profile-test-for-antepartum-fetal-assessment?search=biophysical%20profile%20in%20fetal%20assessment&source=search\\_result&selectedTitle=1%7E150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/biophysical-profile-test-for-antepartum-fetal-assessment?search=biophysical%20profile%20in%20fetal%20assessment&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)

# CHILDBIRTH EDUCATION

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## Childbirth Classes – Register online

We have developed a unique offering of classes that draw from many types of childbirth philosophies. You can read about all the classes and sign up for them on our website under “Classes and Support Groups”.

We require attendance to our classes in order to birth at our birth center. We see these classes as an extension of your prenatal care, and they are not optional. It should be your priority to sign up and attend these classes during your pregnancy here. All required classes are included in your facility fee when you labor/birth here at Dar a Luz. Not completing your required classes could result in transfer from the birth center. Discuss directly with your midwife if you need assistance finding a class that works for your schedule.

These classes are a key part of the comprehensive care given at the birth center to prepare families for a natural birth in a birth center setting. Late transfers (32+ weeks) who have taken classes elsewhere are still expected to take any classes still available, including the Condensed class or part of a series.

## What is Required

We recommend starting classes around 28 weeks. They should be completed by 36 weeks of pregnancy. Partners are strongly encouraged to attend all classes.

YOU?	REQUIRED	STRONGLY RECOMMENDED
<b>This is my first baby</b>	<ul style="list-style-type: none"><li>• Dar a Luz Birth Class series</li><li>• Breastfeeding/Feeding Your Newborn</li><li>• Newborns Head to Toe</li><li>• Carseat Clinic</li><li>• Interventions &amp; Hospital Transfers</li></ul>	<ul style="list-style-type: none"><li>• Pumping Basics</li><li>• Newborns Beyond the Basics I &amp; II</li></ul>
<b>This is NOT my first baby</b>	<ul style="list-style-type: none"><li>• Condensed Class</li><li>• Interventions &amp; Hospital Transfers</li></ul>	<ul style="list-style-type: none"><li>• Dar a Luz series</li><li>• Breastfeeding/Feeding Your Newborn</li><li>• Pumping Basics</li><li>• Newborns Head to Toe</li><li>• Newborns Beyond the Basics I &amp; II</li><li>• Carseat Clinic</li></ul>
<b>I HAVE ALREADY birthed at Dar a Luz</b>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Condensed Class or series</li><li>• Interventions &amp; Hospital Transfers</li><li>• Any of the above classes you'd like</li></ul>

First time parents are required to attend one (1) of the following:

### INSPIRED AND INTENTIONAL BIRTH (6 class series)

Meets six Sunday afternoons, for 2.5 hours each time. Amity teaches a fun and interesting class that not only covers the basics, but brings together movement, activities, birth art, videos, discussions, a birth blessing, use of a rebozo (a Mexican shawl to help with comfort and movement), belly dancing, and a special class all about the postpartum season!

- Week 1 - Introduction to Labor and Birth, including feelings about birth, anatomy, stages of labor, and the role of relaxation in birth.
- Week 2 - Early labor, including signs of labor, when to come to the birth center and what to bring, comfort measures and positions.
- Week 3 - Active labor, including movement in labor, making noise, massage, and breathing techniques.
- Week 4 - Pushing and delivery, pain medication options, interventions in labor, embracing the unexpected, and fear.
- Week 5-Welcoming the newborn, postpartum healing, adjusting to life with a newborn
- Week 6-Potluck, guest speakers, class review, birth blessing

### YOUR BIRTH ILLUMINATED (6 class series)

Your Birth Illuminated (YBI) is taught by Jaelan Mincey with New Life Birth Services. Combining evidence-based information with interactive group and couple exercises, YBI empowers participants to make choices that fit their unique needs and circumstances. Through thoughtful discussions and practical tools, parents will gain a deep understanding of physiological birth and strategies for navigating the unexpected. Emphasis is given to building confidence in facing the physical and emotional challenges of birth and early parenthood with resilience. Partners are encouraged to attend every class, fostering a supportive environment and building confidence together.

- Week 1: Understanding the pregnant body and common discomforts, building a robust support team, and preparing physically, mentally, and emotionally.
- Week 2: Anatomy and physiology, focusing on the baby's journey through the pelvis and optimal positioning.
- Week 3: Stages of labor through active labor, including comfort measures and movements.
- Week 4: Medication options, labor transition, pushing, and delivery.
- Week 5: Making informed choices, understanding common interventions, and creating personalized birth preferences.
- Week 6: The Golden Hour and Fourth Trimester, with a focus on bonding, and postpartum adjustments.

By the end of Your Birth Illuminated, parents will feel prepared, informed, and empowered to embrace the birth journey with confidence.

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### For parents who already have had a baby -- Condensed Childbirth Class (4 hours)

This class is a refresher class for parents who have already had a baby, or is an acceptable alternative for late transfer clients who do not have time to take a 6-week series. It covers the ins and outs of having your baby at the birth center. We discuss the differences between hospital births and birth center births, while incorporating some fun things like birth visualization. The class covers the basics of labor and birth and reviews pain coping techniques. Required for anyone who has not birthed at Dar a Luz.

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## RECOMMENDED CLASSES

### Additional fee when you register -

#### Pumping Basics

This class is an in-depth look at how to get milk OUT of the breasts, IN to the baby and manage the scheduling of being separated from your little one. We review preferred bottles, pumping and hand expression, growth spurts, increasing milk production. You will also learn milk storage guidelines, coping strategies for busy pumping parents, and ways to ease your baby, your family and yourself into the periods of increased separation that going back to work or school might bring. This class is packed with information and you should have some basic understanding of how breastfeeding works on its own before taking this class. We recommend taking this class after "Breastfeeding and Feeding Your Newborn". We recommend coming in before your baby is born, if possible! Bring your pump if you already have one, or we have demo pumps to work with too.

#### Baby Massage

Join Amity to learn about infant massage! She is certified through the International Institute of Infant Massage, and has taught at Dar a Luz, hospitals, Inspired Birth & Families, and daycare centers. We recommend your bring your baby after 6 weeks of age, and toddlers are also welcome! Anyone who cares for your baby is welcome to attend this sweet and connecting class. Amity recommends bringing any oil your use on your baby, including organic cold-pressed oils such as olive, coconut, almond, grapeseed, or apricot kernel.

#### Some benefits of massage for baby

- Relief from colic, congestion, gas and stress
- Bonding with caregiver
- Increases oxygen and respiration
- May help baby sleep longer
- Enhances Neurological development
- Increases threshold of touch
- Helps avoid overstimulation
- Improves sensory awareness

#### Benefits for caregiver

- Feel more confident and competent
- Eases stress and encourages relaxation
- Increased bonding with child
- Improved mood



## Newborns Head to Toe

Compared to other mammals, our newborns are born immature and fragile. The first 3 months after birth are often called the “fourth trimester” as newborns unfold, wake up and start developing into the unique individuals they will be. In this class learn what makes newborns “tick,” how to figure out what your baby needs and understand their communication cues. We cover all the basic care like burping, diapering, and bathing. We also go over less fun (but really important) subjects like reducing SIDS, and required shaken baby training. Learn about normal newborn behavior and appearances and what to do if something doesn’t seem right. Work on your swaddling skills (bring your own blanket if you can). Most of all, learn how exciting and wonderful your new little family member will be and how to fully enjoy these early days. Required for first time parents, recommended for all.

## Breastfeeding/Feeding Your Newborn

Come learn the evidence-based strategies that activate your instincts in breastfeeding and find out how amazing your newborn will be! In this class we will focus on the early weeks of breastfeeding and what you can do now to prepare. Find out how to prevent difficulties like sore nipples and low milk supply and what to do if they arise. Partners are welcomed and encouraged to come! The #1 predictor of successful breastfeeding is partner support for the breastfeeding mother. Required for first time parents, recommended for all.

## Carseat Clinic Class

Parents wrestling with a carseat for the first time will love this informative and reassuring class with hands-on help installing the carseat. Changing carseats for a bigger child? Have questions about installing your carseat in another vehicle? Come and get your questions answered by a certified child passenger safety technician and instructor. You will be glad you came, and your child(ren) will be safer because of it. Required for first time parents, strongly recommended for all.

## Interventions & Hospital Transfers Class

We require everyone to take this class once and it is offered monthly. This class is always online. You may take it anytime in your pregnancy but it may be most helpful in the third trimester.

We at Dar a Luz strongly believe in the normalcy of birth and amazing abilities of our bodies to know how to navigate the complexities of pregnancy and labor and birth. That being said, there are many unforeseen circumstances that can arise during an individual’s pregnancy and birth journey. The one thing that we know is true for every single person is that BIRTH IS UNPREDICTABLE!

A frequent response we hear from clients regarding transfers is “That isn’t going to happen to me”. Not acknowledging the possibility of an unexpected transfer to a hospital or discussing what you would like to do in that scenario can cause fear and misunderstanding during the process should it arise. Our stance about safety and transfer is a very proactive vs. reactive approach to managing care. The more people are made aware of these transfer situations, the more they can maintain their autonomy and ability to make educated decisions about their care and the individual circumstances of their unique birth.

In this comprehensive class, you will have an opportunity to hear the experience of a family who has transferred to the hospital. Then a midwife will present our transfer statistics and discuss interventions at the birth center and hospital. This class will help you prepare for the unexpected to help ensure safety, labor progress, pain relief and more.

No matter your background knowledge coming into the class you are sure to walk away new information that will help prepare you for a safe and healthy birth.



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## ADDITIONAL LEARNING RESOURCES

### This book!

This book is chock full of up to date resources and evidence based recommendations for you to read and review throughout your pregnancy and the newborn time. We receive many questions and have done our best to include all of the common questions in this text. Please consider reading through this book prior to calling our nurses or midwife call number for any situations that you think could commonly affect pregnancies for our first level recommendations.

### Lending Library

Come, relax in the comfy chairs and enjoy the mountain views in our lending library. We are continually expanding our library and offer a wide variety of books on pregnancy, health, partners and families. The books can be checked out for up to 4 weeks and we ask that you help us take good care of the books and return them so that others may enjoy them too. There is a \$50 fee for each book that is not returned.



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## DOULA CARE

A birth doula is a supportive companion who is professionally trained to provide labor support and help you have a safe and satisfying childbirth experience -- however you may define that. They do not perform any clinical tasks. A doula provides physical, emotional and information support to clients and their partners during labor and birth. They give suggestions on comfort measures such as breathing, relaxation, massage and positioning. They may assist you in gathering information on the course of your labor and your options. Doulas give continuous emotional reassurance and comfort in addition to assisting partners to play an active support role.

Doulas can provide constant physical and emotional support at home, in the birth center or at the hospital. Your midwife will be with you as much as possible while still attending to their clinical duties and responsibilities for you and your baby. If you are a first-time parent or feel you need more support, we encourage you to consider hiring a doula. Doulas also provide postpartum support and placenta encapsulation services. There are many doula options to choose from. The New Life Birth Services also has a monthly doula tea at the birth center for you to meet them and hear about their private hire services. They have various services to choose from including prenatal, labor and postpartum support and placenta encapsulation. Dar a Luz does not share any of the cost of these private hire services.





# NEW LIFE BIRTH SERVICES

*Evidence for Doula Support*



## WHY HIRE A DOULA?

Doulas provide emotional support, physical support, and informational support in pregnancy, birth, and postpartum.

In 26 trials that included over 15,000 people, Bohren et al. published a Cochrane Review which showed what many have known for centuries: continuous labor support improves outcomes for mothers and babies.

**31%**

DECREASE

in risk of being dissatisfied with  
the birth experience

**39%**

DECREASE

in the risk of cesarean

**10%**

DECREASE

in the use of medications for  
pain relief

*Please join us for a  
Doula Tea*

NEWLIFEBIRTHSERVICES.ORG

Some define doulas as a form of pain relief themselves. In fact, an Iranian study found that mothers who received doula support had less anxiety and lower average pain scores during labor (Ravangard et al. 2017).

Bohren, M.A., Hofmeyr, G., Sakala, C., et al. (2007). "Continuous support for women during childbirth." Cochrane Database of Systematic Reviews 2007, Issue 2. Art. ID: CD003766. Ravangard, R., Bostiri, A., Sajjadnia, Z., et al. (2017). Comparison of the Effects of Using Physiological Methods and Accompanying a Doula in Deliveries on Nulliparous Study in Iran. The Health Care Manager. Vol. 00, No. 0, pp. 1-8.



## NEW LIFE BIRTH SERVICES

### DOULA CARE BREAKDOWN

#### BIRTH DOULA CARE

Choose your price based on experience level: Intern or Pro.

Includes 2 prenatal visits in client's home, birth doula services, and 1 postpartum visit with a birth doula.

#### POSTPARTUM DOULA CARE

Choose your price based on experience level: Intern or Pro.

Available in 10-20 hour packages with a dedicated postpartum doula.

Overnight Packages available.

#### AND MORE!

We provide many other services to support our community when it matters the most, including In-Home Lactation Services, Placenta Encapsulation, DIY Belly Binding Course, Childbirth Education, etc.



# NEW LIFE BIRTH SERVICES

## TESTIMONIALS

### "YOU HAD THE RITZ!"

EMILY H.

"All of you beautiful women surrounded us with love and support. I loved the variety of ways I was served - prenatal massage, rebozo, basic labor info, labor positions, a book for my husband to borrow, showing us the doula bag, placenta encapsulation, belly binding, sitz bath....I mean, look at that list!! I'm sure I'm forgetting something too. This doesn't even include how our birth doula served and loved us during labor. She went to get us lunch on top of everything else she was doing. She took precious photos. She cried joyful tears with me when I was finally holding my baby. She supported and encouraged my husband. She trusted me. She was my cheerleader and now she is a dear friend. She sat with me while I took a sitz bath and after-glowed about the birth. She prayed for me. When I tell people about New Life they say, "you had the Ritz!" I have to say, it did feel like royal treatment and I am so grateful."

### "MORE THAN AN EXTRA SET OF HANDS"

LESLIE H

"As a new parent, I knew I was in for a steep learning curve. But I could not fully appreciate just how steep until it was the middle of the night, and I was trying to interpret my newborn's cues. Fortunately, I had great support to help me learn the language of my infant son. My postpartum doula was more than a service provider; she was a partner in learning the newborn ropes. Smart parents will recognize that postpartum doula support is more than an extra set of hands; it's knowledge and experience that can make a lasting difference in your own parenting journey."

### "MY PARTNER COULD SEE THE DIFFERENCE"

SUSAN H.

"Our doula was a life saver. She was in constant contact throughout the end of my pregnancy, during labor and during recovery. My husband says he could see the difference in my contractions once she arrived. He felt my contractions were more manageable and I was able to get more rest between them with her help. She had lots of pain management ideas for us from changing positions to warming pads to squeezing my hips. When labor didn't go as planned our doula went with us to the hospital and stayed with me until I was settled into my recovery room."

[newlifebirthservices.org](http://newlifebirthservices.org)  
(505) 375 - 4433

# COMPLEMENTARY THERAPIES AND ACTIVITIES

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## Acupuncture

Acupuncture is a traditional Chinese medicine therapy that involves the placement of extremely fine needles into specific points throughout the body. The treatment facilitates the body's natural flow of energy to improve functioning and promote healing. When properly performed by a licensed and experienced practitioner, acupuncture is a safe treatment option during pregnancy. Some of the benefits include:

- Relief of morning sickness, fatigue, migraines.
- Reduces stress, heartburn and improves balance.
- Reduces back and joint pain.
- Helps the mother prepare for delivery.
- Traditional Chinese medicine (moxibustion) can be used to turn a breech baby by burning a moxa (mugwort) stick near a certain point on the small toe of the foot. This increases the baby's activity.
- Increases energy, reduces depression and fatigue, and relieves pain after birth.
- Helps treat hemorrhoids and lactation problems.
- May be used to help stimulate labor for a full-term pregnancy.

## Chiropractic Care

Chiropractic is a natural approach to life and health. Pre-existing but unnoticed imbalances in your spine may become stressed during pregnancy. This can lead to back discomfort or pain, uneven tension on the ligaments of the uterus, and can affect the baby's position in the uterus. Chiropractic care throughout pregnancy will restore balance to your pelvis to help your body function better, decrease pain and increase your chances of a more natural and comfortable birth. The Webster maneuver can be useful in helping turn a breech baby. Chiropractic adjustments can be helpful after birth to realign the spine. Your baby may also benefit from early adjustments after birth. Some signs to look for are difficulty for your baby to easily turn the head from side to side.

## Massage

When considering massage, look for a therapist that is certified in pregnancy massage so that the therapist is trained to handle the special needs of pregnancy. Some of the benefits include:

- Tranquil relaxation and reduced stress.
- Relief from muscle cramps, spasms, and pain in the lower back, neck, hips and legs.
- Increased blood and lymph circulation and possibly reduced swelling.
- Reduced stress on weight-bearing joints.
- Improves outcome of labor and eases labor pain.

## Perineal Massage

We often get questions about avoiding tearing during the birthing stage of labor and Perineal Massage. We believe the body is innately made to stretch and move for your baby, but if you're interested in doing this technique, it's not harmful.

## Dental Care

Taking good care of your teeth and gums during pregnancy is very important for a healthy pregnancy. About 25-75% of pregnant clients are affected by gingivitis. Gingivitis (inflammation of the gums) is caused by bacteria and plaque build-up on teeth and gums. Depressed immune response and pregnancy hormones can allow a more harmful type of bacteria to be present and change how the body responds to bacterial plaque. You may notice the symptoms around 8 weeks of pregnancy and it may be the worst around 36 weeks.

### Symptoms of gingivitis

- Mild gum swelling
- Tenderness
- Redness
- Bleeding gums when brushing

### Preventive measures

- Brush your teeth with soft toothbrush for 2 minutes twice a day using a fluoridated toothpaste.
- Floss your teeth daily. A water pic may be helpful.
- If you have morning sickness, rinse your mouth after vomiting to stop the acid from damaging your teeth. Mix 1 teaspoon of baking soda in 8 ounces of water, rinse your mouth and spit, then wait 30 minutes and brush your teeth. Ask your dentist about applying calcium-coating products daily if chronic vomiting is an issue.
- Most city tap water has added fluoride that may help prevent cavities but bottled water does not.
- Avoid sugary snacks (fruit, cookies, crackers, chips, etc) and drinks (juice, soda & diet soda, sports drinks) between meals. Choose protein rich snacks like cheese instead.
- Chew xylitol gum 4-5 x/day after meals to decrease harmful bacteria and plaque and protect your teeth.
- Use a fluoride containing mouth wash immediately before bedtime to help remineralize teeth.
- Avoid alcohol and tobacco use.
- Schedule a dental cleaning visit in pregnancy prior to 24 weeks if you have not had one in the past 6 months.
- Schedule routine dental visits every 6 months

If you have pain in your teeth or gums, you should see a dentist soon because dental infections and chronic systemic inflammation can lead to uterine infection, preterm labor, poor placenta function and growth restriction of the fetus. It is safe to get routine dental treatment anytime in pregnancy including x-rays, local anesthetics, nitrous oxide and pregnancy safe antibiotics and pain medications. Tell your dentist you are pregnant. Be sure the dentist places a lead apron over your belly if you need X-rays. Ask your midwife for a letter to give to your dentist that describes safe treatments and medicine while pregnant.

Dental health after your baby is born is important too! Those who have poor dental health will pass the cavity causing bacteria to their baby thru their saliva sharing behaviors including tasting or pre-chewing food for their baby, sharing spoons, cups or straws, cleaning a dropped pacifier by placing in their mouth or wiping a baby's mouth with a saliva moistened cloth. Parents with poor diets that are high in sugar and those who have poor dental hygiene will likely pass these habits on to their children which increases the child's risk for cavities. Cavities in children are five times more common than asthma and cause pain, facial tissue infections, nutritional and growth changes.

Breastfed babies are less likely to develop cavities than bottle fed babies. If bottles are used, avoid putting the baby to bed with a bottle or sippy cup of milk or juice (water is OK). Teeth are at highest risk overnight when saliva levels are low. The American Academy of Pediatrics recommends that parents gently wipe the baby's gums and teeth with a soft cloth after breastfeeding. When teeth appear, start brushing them with a soft toothbrush and a smear of toothpaste before bedtime. Children should see a dentist at 12 months of age.

## Exercise

Regular daily exercise has long-term benefits for your health and your growing baby. If you are healthy, moderate cardiovascular exercise for 30 minutes a day is a safe way to exercise while pregnant. This includes brisk walking, stationary cycling, low-impact aerobics, stair climbing and swimming. You should avoid exhaustion, scuba diving, high altitude activities and activities with risk of fall or abdominal trauma.

- Helps maintain a healthy weight while pregnant
- Will help you feel better and give you more energy
- Helps relieve stress and depression
- Can help prevent constipation. Improves circulation
- May make your labor easier. May decrease your recovery time.

If you do not exercise regularly, start with low impact, moderately hard exercise at least 3 times a week for 30 minutes. If you already exercise on a regular basis, moderately hard to hard low impact or safe activities for 30-60 minutes 3-5 times a week is recommended. If you are an athlete, 4-6 times a week at 70-80% of maximum heart rate for 60-90 minutes of competitive activities as tolerated in pregnancy is recommended.

## Yoga

Yoga can be very beneficial for pregnant clients — it helps you breathe and relax, which in turn can help you adjust to the physical demands of pregnancy, labor, birth, and motherhood. It calms both mind and body, providing the physical and emotional stress relief your body needs throughout the experience of pregnancy. There are certain poses that you should avoid during pregnancy. Let your instructor know that you are pregnant if you are not taking a class designed for pregnant clients. Prenatal, hatha and restorative yoga are the best choices for pregnant clients. Hot yoga is not recommended in pregnancy due to possible harmful effects of hyperthermia for mother and baby. Taking a prenatal yoga class is also a great way to meet other moms-to-be and parents, and embark on this journey together.

## Dance

Dancing is a fantastic and fun exercise during pregnancy! Not only do you get the thrill of moving your body to music you love, it will also keep you flexible while toning your muscles. You can get an aerobic workout from any fast-paced dance or stretch and maintain muscle tone when you hold positions in ballet. For maximum benefit, dance for at least 20 minutes three times a week, whether it's in your living room or in class.

Dance as you normally would but keep a few precautions in mind. Remember to warm up beforehand to prepare your joints and muscles for exercise, which also builds up your heart rate slowly. Adjust the intensity of your dancing according to how you feel. A good rule of thumb: slow down if you can't comfortably carry on a conversation. Keep your workout low-impact by keeping one foot on the floor at all times, substituting marching or stepping side to side for jumps. Your center of gravity shifts as your belly gets bigger, so pay extra attention to your balance.



## Sleep

Adequate sleep is important throughout our lives but especially during pregnancy. Healthy sleep is defined as falling asleep within 5-10 minutes of going to bed, sleeping 7-8 hours and feeling well resting on arising with good energy to perform the daily activities all day long. The benefits of getting at least 7 hours sleep at night include tissue growth and repair, restored energy and important hormones are released for your body to function properly.

At least a third of adults get less than 7 hours of sleep a night. Good sleep at night is the highest prior to pregnancy and continually decreases through pregnancy and postpartum. About 40% of pregnant women and 55% of postpartum clients do not get a good night's sleep. Some lifestyle consequences of poor sleep are higher stress, less time with family and friends, too tired for sex, unsafe driving and more negative moods. Insomnia is defined as at least a month of chronic sleep loss that causes problems at work, at home or in important relationships.

Sleep deprivation affects your body too. The brain has decreased cognitive function resulting in poor memory and ability to think. The thymus gland supports healthy immune function and sleep deprivation increases the inflammatory response, which directly affects the heart and leads to build up of plaque in our arteries causing heart disease and increased blood pressure. Those people with poor sleep often have more rheumatoid arthritis and decreased muscle mass. People who sleep poorly release fewer appetite controlling hormones making them very hungry and they eat more which leads to increased fat deposits. Metabolism is altered with poor sleep, which leads to inflammation in the pancreas and insulin resistance and diabetes. Current studies show that sleep problems can lead to depression.

Many things can affect sleep in pregnancy such as frequent urination, pain or contractions, heartburn, dreams or nightmares, nasal congestion and leg cramps. Sleep disorders in pregnancy include short sleep duration, poor sleep quality, insomnia, snoring, obstructive sleep apnea, restless leg syndrome and excessive daytime sleepiness. These disorders can increase your risks for preterm birth, gestational diabetes, pre-eclampsia, increased length of labor and greater chance of having a cesarean section and depression.

### Good sleep hygiene in pregnancy includes:

- Get regular exercise but do not exercise within 3-4 hours prior to sleep
- Follow recommended weight gain guidelines for pregnancy to decrease excessive weight gain
- Eat a diet with at least 60 grams of protein for adequate production of serotonin and melatonin
- Increase iron-rich and folate-rich foods to decrease restless leg syndrome
- Limit fluid intake in the evening and dim light when up to bathroom at night
- Go to sleep and get up at the same time every day of the week
- Limit bedroom activities to sex and sleep
- Keep bedroom slightly cool
- In the hour prior to sleep, avoid stimulating activity (TV, computer, email)
- Turn off cell phones including text tones if not necessary for work
- Darken room including glow from computer screen

### Suggestions to maximize sleep during the postpartum period:

- Take afternoon naps versus morning naps while baby is sleeping to get more deep sleep
- Keep mom-baby interactions to a minimum at night
- Keep lights dimmed or off for nighttime baby interactions
- Review relaxation methods before going to bed
- Get at least 15 minutes exposure to midday sun to reset your circadian rhythms
- Report any concerns for postpartum depression
- See **"Common Complaints During Pregnancy"** for over-the-counter sleep remedies that may be helpful for insomnia.

## Sex/Relationships

It is safe to have sex during pregnancy unless you have been told not to for medical reasons. It will not hurt the baby even though some couples may be worried about this. Pregnancy can be an emotional time for you and your partner. Letting your partner know how you feel will help your relationship stay healthy during your pregnancy.

In the beginning of pregnancy, you might have a decreased desire for sex, partly due to physical changes. You may feel a need for more love and loving without sex. During the second trimester, you may feel more erotic and experience an increased libido and sexual satisfaction. You might feel better physically, more relaxed, and might seek more attention from your partner. During the last part of pregnancy, sexual desires can decrease; you might report feeling big, awkward, and uncomfortable. You might need frequent reassurance from your partner and honest sharing of feelings between you, to feel supported and loved. Explore alternative methods for intimacy which can be useful after pregnancy too.

## Stress

Even though pregnancy can be a very exciting time for you and your family, it can also be very stressful. There are many physical and emotional changes. Stress can change the way you feel about your pregnancy and can affect your health. Daily physical exercise, relaxing activities and a healthy diet can help you reduce stress. If you are having trouble dealing with stress, please let your midwife know.

## Work

Whether you sit or stand a lot during your workday, you need to change your position often. Walking is fine. You may work through your whole pregnancy when you are healthy. If you have questions about work activities such as lifting heavy objects or working with chemicals, or need a letter for your employer, ask your midwife. Also, you may want to consider abdominal binders and/or compression hose for better support during pregnancy. The midwives can write prescriptions for these too.

*When you change the way you view birth, the way you birth will change. ~Marie Mongan*



# WHAT TO AVOID

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- Drugs including cannabis, CBD oils, alcohol, smoking and second-hand smoke, e-cigarette vapors
- Limit caffeine-containing drinks to 2 or less per day
- X-rays of abdomen; shield abdomen if they are needed
- Chemicals that kill bugs and plants
- Harsh cleaning products, wear gloves and open windows to clean
- Cat litter from a cat infected with Toxoplasmosis. Get your cat tested and/or have someone else clean the litter daily
- Activities or sports that could cause you to fall or hit your abdomen
- Biking and hiking above 10,000 feet altitude due to limited oxygen supply
- Limit time in saunas and hot tubs to 10 minutes or less
- Eating undercooked meats and fish (See "Nutrition and Healthy Lifestyles: Food Safety Guidelines" for more info.)

## Alcohol, Drugs, and Smoking

**Alcohol:** We don't know what amount of alcohol consumption can harm the baby or if there is a safe amount. Binge drinking is worse than an occasional drink in early pregnancy. It is best not to drink at all. If you drink, your baby may have Fetal Alcohol Syndrome or Fetal Alcohol Effect. These babies may be born with physical and mental problems. Let your midwife know if you or a family member is concerned about your alcohol consumption.

**Opioid Drugs:** During pregnancy, those who use opioid drugs like heroin, opioids, methamphetamines (meth) or cocaine are at risk for having babies with physical and mental problems or drug dependence. During pregnancy, those using opiate drugs such as heroin, Percocet® (oxycodone), Lortab® or Vicodin® (hydrocodone) or others on a frequent or daily basis, may find their babies need to stay in the hospital longer to be watched for drug withdrawal. This may also be true of those who are using other medically prescribed medicines as treatment for dependency such as methadone or Subutex® (buprenorphine). Tell your midwife if you are taking drugs. Clients with current and continuing drug use are not eligible for birth center care, but you can be referred to special programs that can help you.

**Cannabis/THC/CBD:** Although cannabis (AKA marijuana) is legal in New Mexico, the FDA strongly advises against the use of cannabidiol (CBD), tetrahydrocannabinol (THC), and cannabis in any form during pregnancy or while breastfeeding. There are no comprehensive research studies on the effects of cannabis, THC, or CBD products on the developing fetus, pregnant parent, or breastfed baby. However, the data we do have suggests that cannabis may affect fetal brain development and increase the risk of premature birth, low birth weight, and stillbirth. THC has been found in breastmilk up to 6 days after use and may affect newborn brain development resulting in hyperactivity, poor cognitive function, and other long-term effects. Cannabis smoke contains some of the same harmful components as tobacco smoke and should absolutely not be used around a baby or children. CBD products may also be contaminated with THC or other contaminants like pesticides, heavy metals, bacteria and fungus which may pose a health risk.

Babies whose mothers used cannabis during pregnancy were 82% more likely to have low birth weight, 79% more likely to be preterm and 43% more likely to go to the neonatal intensive care unit, compared with those without prenatal cannabis exposure, researchers reported at the Society for Maternal-Fetal Medicine's annual meeting in 2019. Another study presented at the same meeting showed significantly increased odds of cannabis use among pregnant women in Colorado after cannabis legalization, as well as increased prevalence of fetal growth restriction and spontaneous premature birth.



**Smoking:** Smoking while pregnant raises the risk of spontaneous abortion, placenta problems, premature rupture of membranes, low birth-weight babies, stillbirth and newborn death. Those who smoke while pregnant also have a greater risk of ectopic (tubal) pregnancy. According to a study in 2017, sixteen percent of pregnant women enrolled in the Text4baby and Quit4baby (free mobile phone app) programs quit smoking after three months. Try these apps to get texts about how to have a healthy pregnancy.

**Secondhand smoke:** This is also harmful for you and the baby. Babies who are around people who smoke cigarettes, e-cigarettes or cannabis are more likely to have ear infections, asthma and permanent lung damage. They are hospitalized more often for pneumonia and bronchitis. Infants are at higher risk for SIDS (Sudden Infant Death Syndrome). Support is available to help you and family members stop smoking. If you are interested, let your midwife know or call 1 800-QUIT NOW.

**Vaping/E-Cigarettes:** People may feel safer using e-cigarettes, but research has not proven them to be safe for users or those around them.

The aerosol (not water vapor) contains nicotine and chemicals that can cause cancer, birth defects or other problems. The e-liquids come in fruit and candy flavors that appeal to children. They are poisonous if swallowed and should be kept out of reach of children. E-cigarettes are just as addictive as regular cigarettes and do not help people quit smoking. Those who are pregnant and breastfeeding, as well as children and teens, should never use e-cigarettes or be exposed to the aerosol due to the harm nicotine and other chemicals in them may cause to brain development.

## Abuse During Pregnancy

There are many forms of abuse, including physical, financial, verbal, emotional, and sexual abuse; any may start or become worse while you are pregnant. Physical abuse can lead to miscarriage. Pregnant clients who are abused have an increased risk of preterm labor and birth and low birth weight babies. The midwives and other staff members are a safe and confidential place for you to come to. If you are being abused, tell your midwife or call the services listed below for help.

- S.A.F.E. House (505) 247-4219 or (800) 773-3645; [www.safehousenm.org](http://www.safehousenm.org)
- ENLACE Comunitario (505) 246-8972; [www.enlacenm.org](http://www.enlacenm.org)
- Albuquerque Family Advocacy Center (505) 243-2333; [www.cabq.gov/albuquerque-family-advocacy-center/main](http://www.cabq.gov/albuquerque-family-advocacy-center/main)
- Domestic Violence Resource Center (505) 843-9123; [www.dvrcnm.org](http://www.dvrcnm.org)
- Albuquerque SANE (Sexual Assault Nurse Examiner) Collaborative (505) 884-7263; [www.abqsane.org](http://www.abqsane.org)
- National Domestic Violence Hotline (800) 799-SAFE (7233)

*Childbirth is an experience in a woman's life that holds the power to transform her forever. Passing through these powerful gates - in her own way - remembering all the generations of women who walk with her... She is never alone.*

*~Susanne Arms*

## Motor Vehicle Safety

A car crash is one of the biggest dangers facing your unborn baby. Car crashes kill and injure more unborn babies than babies in their first year of life. These are things you can do to keep you both safe:

- Call the midwife if you are in any kind of accident. Get checked at a hospital emergency room even if you feel fine. We recommend a minimum of 4 hours observation of you and your baby for possible complications.
- Wear a lap-shoulder seatbelt at all times for your safety. Wear it correctly (see below).
- Drive less often, if you can. Try carpooling. Plan your errands to make fewer trips. Shop online. Have people come visit you and fly for longer trips.
- Avoid crash risks by avoiding driving or riding in risky conditions. Avoid driving at night and in bad weather or when you are sleepy or using a cell phone. Don't ride with someone who is sleepy or using alcohol or drugs. Use a safe car. Keep your car in good condition by doing safety checks before driving. Choose a car with good safety ratings.

### How to Wear Your Seat Belt

- Place the lap belt low, under the belly and over your hips.
- Do not use after-market adapters.
- Move seat back as far as possible.
- Place the shoulder harness over your shoulder and across the center of your chest, NEVER under your arm.

## Travel Advice

For most healthy clients, traveling during pregnancy is safe up to 36 weeks pregnant. The best time to travel is between 14-28 weeks. At this time, you will have more energy, morning sickness is usually gone, and it is still easy to get around. Traveling is not recommended if you have certain complications in pregnancy including preeclampsia, pre-labor rupture of membranes or preterm labor. Before you travel, schedule a checkup with the midwife, have access to your medical records, bring your medications with you, be up-to-date on your vaccines, and make your travel plans easy to change.

Anytime you consider traveling during pregnancy, remember that your immunity is lower and you are at increased risk of getting sick. We recommend you research the current risks for diseases in the areas you plan to travel (i.e., measles, chickenpox, seasonal flu, Zika Virus, COVID-19, etc.). Many of these can have serious risks for you and your baby. If you must travel, frequent handwashing or hand sanitizer use and avoiding large crowds can help reduce your risks.

Later in pregnancy, extra body weight makes it hard for blood to flow through your body and may make you swell more and increase your risk for blood clots to form in the legs. This is true especially when you sit for long periods of time. Always remember that whether you are in a car, a train, an airplane or just sitting for a long time, you should get up to walk for 15 minutes at least every 2 hours, drink lots of fluids and wear loose-fitting clothes to increase your blood circulation.

When you travel, you might not use the bathroom as often as you should. This can put you at risk for a urinary or bladder infection. When you get up to walk, include a bathroom and water break to help prevent infections.

Taking a cruise increases your risk of norovirus infection which causes nausea, vomiting and diarrhea for 1-2 days and is easily spread by eating food, drinking liquids, or touching surfaces that are contaminated with the virus. Be sure there is a doctor or nurse on the ship and seek medical care if you experience these symptoms.

Some airlines may restrict travel after 36 weeks or require a note from your midwife near the end of your pregnancy saying that it is safe for you to fly. You need to check with the airline before you travel to find out what rules they may have. Book an aisle seat so you can get up to stretch your legs every 2 hours. After 36 weeks of pregnancy, it is usually recommended that travel is limited to no more than 1-2 hours from your home. Check with your midwife before you travel for long distances.

If you must travel late in pregnancy, know where to get medical care along the way and at your destination. Seek emergency medical care for any of the warning signs that are listed in this book and be prepared to have your baby where you are traveling. You can ask for a copy of your prenatal records to take with you or if you need medical care while traveling you can call the office or the midwife on call and we can fax your records to you or your healthcare provider.

*Birth is as safe as life gets*  
~Harriette Hartigan



# PERINATAL MOOD AND ANXIETY DISORDERS (PMADs)

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The term Perinatal Mood and Anxiety Disorders covers many mental health conditions within the timeframe of conception through the first year of birth. The perinatal period takes into account fluctuations in hormones during pregnancy, post-birth, the onset of lactation, and can include weaning and the re-emergence of menstruation.

Mood and anxiety disorders can affect anyone at any time in their life. In this context, mood disorders include depression, bipolar and psychosis. Anxiety includes general anxiety disorder (GAD), panic, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). If you already have a PMAD before your pregnancy, there is a significant risk of worsening, especially without treatment. In addition, pregnant people have an increased risk of developing any these mental health conditions, and symptoms can present in a very unique way. Dar a Luz midwives can help you with early detection, some medication management, and referrals and recommendations for therapists who specialize in these specific disorders.

Every year, more than 400,000 infants are born to mothers who are depressed (>10% of births in the US); this makes perinatal depression the most under-diagnosed obstetric complication in America. As many as 1 in 7 mothers/pregnant people will be affected by perinatal depression and 1 in 10 fathers/partners. That is, perinatal depression can affect both parents, not just the birthing parent.

There are some risk factors that are well known for increasing the risk of developing a PMAD but these risk factors are not universal. Some risk factors may include and are not limited to endocrine dysfunction, mood reactions to hormonal changes, lack of sleep, family or personal psychiatric history, history of abuse in any form, inadequate social support, intimate partner violence, financial stressors, recent loss, barriers to adequate care, racism, sexism, LGBTQIA+, pregnancy loss, complications in pregnancy, birth, postpartum or newborn, feeding issues, temperament of baby, returning to work, and unresolved grief/loss. This list is designed to give you an idea of many issues that people are dealing with in life and now potentially in pregnancy. This list is not exhaustive. The goal is that you are aware that there are many risk factors for PMADs and almost everyone can attest they have at least one of those risk factors listed above.

Risks of untreated PMADs can include: relationship problems, poor adherence to medical care/advice, exacerbation of medical conditions, intimate partner violence/separation/divorce, loss of interpersonal and financial resources, disability/unemployment, child neglect and abuse, developmental delays/behavioral problems, tobacco/alcohol/drug use, and in extreme cases infanticide, homicide and suicide. In fact, the risk of not treating a significant and/or worsening PMAD with medication and/or therapy can often be worse for your mental health, your pregnancy outcomes and your growing baby.

Postpartum is an especially sensitive time for many people, particularly as their sleep cycles have often been greatly interrupted. Most newborns are awake during the night hours for several weeks after they are born. It takes most babies several weeks to move towards more night sleeping; even then, they still require several feedings and other care during the night. It is of utmost importance during your pregnancy to consider how you might deal with this sleep interruption//deprivation. Good support from your partner and family members during the first few weeks after birth cannot be stressed enough—having help during the night so that you can get a solid stretch of sleep is so important as well as day sleeping when you can. Cumulative lack of sleep can exacerbate or initiate a PMAD and can develop into a serious mental health condition quickly.

After birth, the baby blues are quite common and most new mothers (and partners too!) can experience them. The baby blues is not a disorder and is due to the hormonal fluctuations and acute sleep loss immediately following birth and for up to 2 weeks after birth. Symptoms usually peak 3-5 days after delivery and often include tearfulness, lability, reactivity, and exhaustion. However, most new mothers predominantly feel happy and their self-esteem is unchanged. “The unique parts of your personality should be intact.”

Worsening symptoms or those that persist for more than two weeks need to be reported to a midwife immediately. For the most common mood and anxiety disorders, symptoms may include (but not limited to):

### Depression

- Depressed mood most of the day, nearly everyday
- Loss of interest, joy or pleasure
- Significant changes in eating habits or weight gain/loss
- Sleep disturbances
- Loss of energy
- Poor concentration or focus
- Feelings of worthlessness, hopelessness
- Lack of connection to the baby
- Isolation, social withdrawal
- Agitation, irritation
- Excessive and inappropriate guilt
- Increase in somatic symptoms such as headache, abdominal/GI upset, back pain
- Thoughts of death or suicide

### Anxiety

- Excessive worry, often about your or your baby's health
- Ruminating, persistent thoughts
- Agitation and/or irritability that can escalate to shame
- Restlessness, inability to sit still or feeling on edge
- Sleep disturbances (can be falling asleep or staying asleep)
- Increase in somatic symptoms such as muscle tension, palpitations, racing heartbeat, shortness of breath, GI upset
- Often has an identifiable trigger that causes the thought spiral

### Panic Disorder

- Episodes of intense fear and discomfort reaching a peak within minutes
- Shortness of breath, chest pain, sensations of choking or smothering
- Hot or cold flashes, trembling, rapid heart rate, numbness or tingling sensations
- Restlessness, agitation or irritability
- Excessive worry or fear
- Persistent fear of “going crazy”, losing control, or dying
- Often has NO identifiable trigger that causes the thought spiral



## Obsessive-Compulsive Disorder

- Obsessions: recurrent and persistent thoughts, urges, or impulses that are intrusive and unwanted and causes marked anxiety and distress. These intrusive thoughts are often of harm coming to themselves or the baby.
- Caught in a spiral of “what-if” thinking: “what if I drop her?”, “what if I fall when I am carrying him?”
- Tremendous guilt and shame and feel horrified about having these thoughts
  - The individual attempts to ignore or suppress thoughts, urges or images or tries to neutralize them. These thoughts often induce a great deal of shame and fear—and these are very concerning thoughts and why our midwives need to hear from you. Remember, a thought is not an action and our goal is to prevent that action.
- Compulsions: Repetitive behaviors that the individual feels driven to perform in response to the obsession (behaviors like repetitive hand washing, checking to see if the stove is turned off, making sure the doors are locked... over and over)
  - These repetitive behaviors are aimed at reducing the anxiety or stress.

Remember, our midwives, nurses and support staff are here to support you through all of the stages of your pregnancy and postpartum, even the really hard ones. There is no shame if you develop or have a worsening PMAD and we are here to get you the care you need. Mental health disorders are not your fault and you cannot “will” them away. Treatment for PMADs is like treatment for all sorts of medical issues and designed to help you function better for yourself and your family. With that, we understand that there is a great deal of stigma attached for mental health issues but please don’t let that get in the way of calling for help when you know something is wrong. Do it for you, your family and your baby. Again, the risk to you, the outcome of your pregnancy and your baby is often worse when mental health issues are left under- or untreated.

If you don’t call our midwives for some reason, and it is not an emergency or you are not in crisis, please call someone. There is help through Postpartum Support International (PSI). They have specialists available who can help you. They are not available 24/7 but will get back to you within 24 hours. Again, in an emergency or crisis, **DO NOT call PSI—please call the midwives on call at 505-944-5488 or call 911.**

For 24/7/365 support (NOT crisis or emergency support), you can also call the National Maternal Mental Health Hotline through Health Resources and Services Administration. These calls are free and confidential and they are staffed with licensed mental health clinicians, certified peer specialists and childbirth professionals.

Lastly, support groups are widely known to be a helpful way for people to deal with all sorts of difficulties in life. The main purpose is to know that you are not alone. PSI has virtual support groups for those who are coping with a mental health disorder as well as partners, parenting, loss and grief, and BIPOC groups. These groups are free and usually take place once a week.

## Get Help

Call the PSI HelpLine:  
**1-800-944-4773**

#1 En Español or #2 English

Text "Help" to 800-944-4773 (EN)  
Text en Español: 971-203-7773

GET HELP

Download "Connect by PSI" in your app store.

988 Suicide & Crisis Lifeline

National Maternal Mental Health Hotline (US only) - 60 Languages

\*The PSI HelpLine does not handle emergencies.  
HelpLine hours are 8am-11pm EST  
Services are in English and Spanish  
People in crisis should call their local emergency number or the  
Suicide & Crisis Lifeline at 988.

IMPORTANT NUMBERS

**Midwife on-call 24/7**  
**505.944.5488**

Backup number if you are  
unable to reach a midwife  
on-call after 15 minute wait  
**505.273.5584**

Birthcenter main line  
**505.924.BABY (2229)**



Postpartum Support International

*Feeling overwhelmed or unsure of where to turn for support?  
Want to talk to other parents who can relate to your experience?*



## Join a Free Online Support Group

PSI understands everyone faces different challenges. Our free online support groups are confidential and judgment-free, and led by trained volunteer facilitators who get it.

### We offer numerous groups on a wide variety of topics, including:

- Perinatal (Pregnancy & Postpartum) Mental Health
- Loss and Grief
- Post-Abortion
- Termination for Medical Reasons

### Many groups are tailored to serve specific communities, including:

- Moms and Birthing People
- Asian, South Asian, Pacific Islander, or Asian Americans
- Black, Indigenous, People of Color
- Dads
- Deaf Parents
- Military Moms
- Queer and Trans Parents

### What to expect:

Our sessions are 90 minutes long. The first half-hour provides information and education and establishes group guidelines. Group members spend the next hour sharing and talking with each other. As you share this journey, you'll discover understanding, support, and a wonderful sense of community.

### What to do:

Select a group that interests you. It's a great way to learn about helpful tools and resources while connecting with other parents facing similar challenges.

Explore our  
expanding list of  
free support groups:



Spanish-language  
support groups  
Encuentros de apoyo:



Postpartum Support International  
Postpartum.net

Download **Connect by PSI** in your app store,  
available in English and Spanish.

6-2025





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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



# LABOR & BIRTH

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This section will guide you through preparing for your labor and birth, as well as preparing you for some of the choices you'll make right after the baby is born.



# PRETERM LABOR WARNING SIGNS

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Premature or preterm birth is birth before 37 weeks of pregnancy. Labors that start before 34-35 weeks will need hospital care to try to stop labor or to take care of the baby if labor is unavoidable. Premature babies may have a hard time breathing and/or eating and will need the support offered in a hospital. These babies may have a greater risk for health problems for the first 2 years of life. Labors that start in the 36th week of pregnancy will need to deliver in the hospital, but these babies tend to be at less risk for health problems than babies born earlier.

About half of the preterm births happen in clients with no risk factors. Preterm labor can happen to anyone and especially if you suspect your water has broken. Prompt discovery of preterm labor symptoms improves the chances to possibly stop the labor before an early delivery.

## Preterm Labor Warning Signs (any time before 37 weeks)

### Preterm Labor Warning Signs (any time before 37 weeks)

- More than 5 contractions in 1 hour
- Cramping like you may have during your period
- Belly cramping, with or without diarrhea
- Low, dull back pain that is constant or may come and go
- Pressure in your bottom or feeling that the baby is pressing down
- More discharge from your vagina or leaking of watery fluid
- Bleeding from your vagina
- Just not feeling right
- **Regular belly tightening or contractions, with or without pain** (If your belly is tightening without pain and you have recently had intercourse, **this is likely not a sign of preterm labor** but a normal response to the stimulation of intercourse.)

### If you have any of these warning signs:



- Empty your bladder.
- Drink 3 to 5 glasses of juice or water.
- Lie down on your left side for 1 hour.
- If your symptoms do not change, **call the midwife on call at 944-5488.**

## Late Pregnancy Warning Signs

### Call the birth center (924-2229) or the midwife on call (944-5488) immediately if you have:



- Heavy bright red bleeding (more than a panty liner can contain) from the vagina with or without pain
- Leaking of water from vagina (clear is normal, green or brown may mean meconium is present)
- Pain or burning when urinating
- Fever more than 101°F
- Severe headache even after taking 1000 mg of Tylenol
- Blurred vision or other visual changes that are unusual for you
- Severe abdominal pain or heartburn
- Sudden swelling of the hands or face
- Severe vomiting
- Pain in lower leg or lots of swelling in one leg
- Baby moves less than 10 times in 2 hours if you are at least 28 weeks

# FETAL KICK COUNTS

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Pregnant clients feel about 75% of all their baby's movements. This movement can be reassuring. Fetal movement may be felt as flips, rollovers, stretches, jabs, kicks or startles (hiccups should not be counted). Your baby has their own pattern of movements. If your baby is facing your spine, you may not feel the little kicks as much as you might if they are facing your belly.

You are encouraged to start counting your baby's movements twice a day beginning at 28 weeks of pregnancy. Please choose two times during the day when your baby is usually active to do the counts. Get in a comfortable position without distraction, place your hands on your abdomen, and count your baby's movements.

Babies should move at least 10 times in a 2-hour period and this may take 2 minutes or 2 hours. Write down the time you start counting and the time you finish counting 10 movements. Use the "Fetal Kick Counting Chart" on the next page if you like.



If your baby has not moved 4 times in the first hour, eat and drink ice water or cold juice to wake the baby up. Babies usually move more after you eat and at night.

If you feel less than 10 movements in 2 hours **call the birth center (505) 924-2229 or the midwife on call (505) 944-5488.**

## Fetal kick counting chart

Use this chart to record your baby's fetal kick counts.

[illegible]

# BIRTH PREFERENCES

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Here at Dar a Luz, you'll probably find that most of the choices you might include on a typical Birth Preferences document are already standard practice. Your time and effort now will pay off in labor and birth, as you make informed decisions and advocate effectively for your family's wishes. Personalize these preference documents to use when talking to your provider, doula or family.

## Dar a Luz Birth Preferences

Your care at Dar a Luz Birth & Health Center usually includes the following:

### During labor

- Individual care by a midwife during labor and birth
- Minimal use of interventions
- Intermittent monitoring of baby's heart rate
- Midwives obtaining permission to conduct vaginal exams when deemed necessary
- Eating and drinking are encouraged
- Pain relief options: sterile water papules, movement, water immersion, hypnosis, Nitrous Oxide, IV pain medication.
- Freedom of movement, choices of upright positioning during pushing
- Up to 3 support people of your choice (partner, family, doula, friend) in addition to Dar A Luz staff.
  - We ask that any support people be in the birthing room with you during labor and birth. We do not have a waiting room and request family not wait elsewhere in the building. Any children under 12 need their own designated adult to support them – this cannot be the same person you are counting on to support you in labor.

### After birth

- Delayed umbilical cord clamping
- Rapid initiation of breastfeeding, breastfeeding support, baby-friendly practices. We won't use pacifiers or formula, and we won't routinely suction your baby's airway.
- Skin-to-skin contact, protected bonding time, usually at least 2 hours only with parent(s) of new baby.
- No baths for baby.
- No hats or baby warmers for baby.
- Doing the baby's routine examinations on or near you
- True Informed Consent/Informed Decline regarding the use of eye ointment and Vitamin K shots. We do not offer Hepatitis B vaccination.
- Choices regarding the placenta, including disposal, you taking it home, or doulas picking it up.
- No circumcision – we do not perform this procedure.
- Newborn metabolic and critical congenital heart screening tests are done at the 24–36-hour visit.

Once you understand what to expect at Dar a Luz (see above), we would also like to know your other preferences. **Please share your preferences with us** at one of your visits regarding the following:

- Who will (or won't) attend the birth, including names of the partner, family, and friends
- The use of a doula
- Your cultural/religious background and wishes
- Dietary needs
- Use of photography and video
- Cord blood banking
- Anything else that seems relevant to you!

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## BIRTH PREFERENCES AT THE HOSPITAL (IF TRANSFERRED)

**We also encourage you to create a Birth Preferences Document specific to a hospital transfer, and another one in case of cesarean birth.**

We hope your birth experience happens entirely at Dar a Luz. It is sometimes necessary for some of our clients and babies to transfer their care to a hospital setting before, during, or after labor and birth. Dar a Luz statistical averages of all clients continuing care for 2018: Birthed at DAL: 70%. During pregnancy transfers: 25%. Prior to labor transfers: 4.7%. During labor transfers: 7%. Postpartum transfers: 3%. Newborn transfers: 3%. Total vaginal birth rate between DAL and hospital is 93%. Cesarean section rate is 7%. No maternal or fetal deaths. All of these rates are consistent with national research studies.

We have also created a template to help you craft a Birth Preferences Document for this different set of circumstances. Creating this document will be a valuable tool to remind you about your priorities when circumstances change. And making it short and clear will provide a good way to communicate your most important preferences to your care providers, including doulas, nurses, and doctors. Consider taking a tour of the hospital to get familiar with how to get there, and where to go once you're there.

The good news is that you have more options for your labor and birth today than ever before. In writing your preferences, the signed document you create clearly lays out your wishes and lets your care providers know how you define a successful birth outcome. We encourage you to frame this important document as a set of preferences, which implies an understanding that every birth is different and that situations change. Know that as a patient, you can never be forced or coerced into a procedure with which you don't agree, and you also have a right to request a patient advocate if you feel that you need one or express your grievances to a supervisor.

### Some guidelines

- Keep it to one page or less if possible or it won't be a useful document – things are busy at the hospital!
- You may want to print several copies on colored paper, or laminate them (easier to find).
- It's a good idea to separate it into "Labor and birth" and "After the birth" sections and organize it chronologically.
- Include language such as "As long as all is well with myself and my and baby..." and "We appreciate your help." Please and thank you set a cooperative tone, and that's a good thing.

You might also include language about understanding that your preferences may not all be possible now that you've entered the next level of care. At this point, we've found that how you are treated, listened to, and informed are more important than specifics about particular interventions.

Talk to your healthcare provider to find out what's possible and likely in your birth environment. Work on your Birth Preferences with your partner so you are both on the same page. Educate yourselves as you go. Make informed decisions about your plans for your baby as well by doing your research now. Some procedures are standard, but not required. Find out if they're right for you and your baby. If you want non-standard care for your baby, be sure to include it in your Birth Preferences. You can use the lists of choices below to start your research.

## Choices during labor and birth

### Who will (or won't) attend the birth?

- Include names of the partner, family, and friends you want to be with you in the room.
- Doula
- Ask about limiting the people in the room to only the necessary providers (no students, residents, etc.).
- Requesting privacy, doors closed. Limiting side conversations. Control of lighting and temperature.

### Any special needs?

- Include any physical and/or emotional conditions
- The family's cultural and religious background and wishes
- Access to food and drink and any special dietary needs
- Use of photography and video
- General wishes about interventions, drugs, tests and treatments and preferences regarding lowest levels of intervention possible during labor. Appropriate use of interventions is a part of a successful plan.

### True informed consent!

- Obtaining your consent regarding any and all procedures, tests and drugs for each choice. This should include a discussion about risks, benefits, and alternatives.
- Intermittent or continuous electronic fetal monitoring, external vs. internal, wireless monitoring while moving around, waterproof wireless monitoring for the tub.
- Options of different medications and procedures to induce and augment labor and when to use them (cook catheter/mechanical dilatation, artificial rupture of membranes, misoprostol, Pitocin). Providers obtaining permission to conduct vaginal exams and receiving minimal vaginal exams.
- Understanding that you always have the right to get a second opinion before making decisions about any procedure, including cesarean surgery.

### Pain Management

- Showering and bathing during labor depending on your choices for pain management and your ability to move.
- The use of hypnosis (includes dim lights, soft music, quiet, playing an audio track, refraining from speaking to you during contractions).
- Options to use alternative pain-management strategies (hypnosis, relaxation, massage, changing positions, warm water, etc.).
- Requesting providers not promoting analgesic or anesthetic drugs unless you ask.
- Options for stronger pain management and therapeutic rest when desired (IV narcotics and epidurals).
- Freedom of movement during labor and choices for pushing positions. May be limited by pain management choices.
- Use of warm compress or cloth on perineum during pushing and crowning for comfort, and/or counter-pressure to help with pushing.
- Options for using episiotomy, vacuum or forceps to assist with vaginal birth.

## Choices after the birth

### Immediately after birth

- Placing the baby on your chest or stomach immediately after birth for skin-to-skin contact for the first hour or longer to promote initiation of breastfeeding (within 30 minutes of birth) if the baby is healthy.
- Use of suction catheter instead of a bulb syringe (which can cause nasal swelling and oral aversion) to clear baby's airway if needed.
- Leaving the umbilical cord intact until it stops pulsing (at least 3-5 minutes) unless cord blood harvesting is desired. Milking the cord if the cord needs to be cut quickly because the baby needs immediate attention.



## Before you leave the hospital

- Options to take the placenta home.
- Uninterrupted contact with the baby from the moment of birth including rooming-in and cosleeping with the baby.
- Partner accompanying the baby if the baby must leave the room (including evaluation or admission to the NICU), providing skin-to-skin contact.
- Delaying bathing and other non-essential procedures for at least an hour to bond with the baby. Waiting a day or so to bathe the baby or no bath at all.
- Delaying or avoiding procedures such as Vitamin K injection, eye ointment application or Hepatitis B vaccination -- and doing them well after the initial bonding period.
- Leaving the penis intact vs. circumcision (or insisting on staying with the baby during the procedure if circumcision is elected).
- Ask about Metabolic (PKU), hearing and critical congenital heart screening (CCHD) tests that are mandated by the state and are typically done before discharge.
- Doing baby's routine examinations in your presence, or in other parent's presence if necessary.
- Breastfeeding exclusively (avoiding formula, sugar water, pacifiers). Access to lactation consultations as needed, education on hand expression of milk and providing a pump to express colostrum and breastmilk for baby if you and your baby have to be separated.
- Options to use donor breastmilk if supplementation is needed. Informal milk sharing can be used for healthy babies but pasteurized milk is required for babies in the NICU (Dar a Luz has both types of milk). Options for using Supplemental Nursing System (SNS), finger feed, syringe, spoon, cup, etc. instead of artificial nipples when supplementing.
- How soon after the birth you would prefer to leave the hospital, if early discharge is available (in some circumstances, early discharge from UNMH might be available if you and baby are doing well. This would have to be coordinated between UNMH and Dar a Luz staff, and rarely happens).
- Your plan for newborn follow-up care – Dar a Luz for the first month beginning at day 2-3 of life or pediatrician.

## Choices in case of cesarean birth

Many of the same choices above, plus:

- Partner present at all times
- Partner to cut the cord
- Delayed cord clamping for healthy newborns
- When circumstances allow (non-emergent), ask about “gentle cesarean birth,” designed to promote breastfeeding, family bonding, and to enhance the experience as a more natural de-medicalized birth that would more closely approximate vaginal birth. Components include:
  - Ambience changes (dim lighting, music)
  - Another adult family member or doula present at the birth
  - Limited non-essential staff present in the room
  - Option to watch the baby being born from the abdomen through a clear drape
  - Option to see the baby immediately after birth by dropping the drape
  - Skin-to-skin care for newborns
- Other choices can include:
  - Mirror to view the birth
  - Placing the baby on your chest immediately after birth for skin-to-skin contact
  - Free one hand to touch the baby
  - No separation of parent(s) and baby
  - Breastfeeding in the recovery room
  - Doula present at all times

*Motherhood is no much more than the day your baby is born.  
Your birth experience does not define you: giving birth is not the  
endgame.*

*~Ashlee Gadd*

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## WHAT TO EXPECT IF YOU TRANSFER TO A HOSPITAL

Keep in mind that there is a difference between planning for a natural birth in a hospital and transferring to the hospital due to complications after attempting a natural birth at the birth center or transferring to the hospital for an induction of labor due to complications in pregnancy. Some of the choices above may not be applicable in transfer situations.

**We require everyone to go to the Interventions and Hospital Transfers class** for a detailed presentation about transfers, and to hear from a family who has been transferred to the hospital.

At the center we provide the most supportive environment for you to have a natural vaginal birth. This includes a familiar place, continuous labor support by someone you know, space to move around in labor, tubs for labor and birth, privacy and relaxing spaces with sounds of nature, and a garden.

If problems arise, we will discuss your options with you. If we all agree that you need to transfer to the hospital, we encourage you to embrace the next level of care and all the technology that is offered at the hospital. We want you to still achieve the number one goal of a healthy mom/birthing parent and baby; the next goal is that you are able to achieve a vaginal birth. It may take up to 30 minutes or so to arrange the transfer and get records completed. For non-emergent transfers, you would follow your midwife in your personal car to the hospital. She would go with you to help answer questions and make the transfer as smooth as possible, and would stay a short time (usually 1-2 hours) until you are settled in. If there was an emergency, you would be transferred by ambulance to the UNM Hospital and the midwife would go with you. Your midwife can usually come visit in the hospital after the birth. The hearing and newborn metabolic screen done on your baby before leaving the hospital.

We usually transfer to UNM for care by Dr. Larry Leeman and the Family Medicine Team, but we do work with all of the area hospitals and we will go to the hospital of your choice. We have relationships with Presbyterian Medical Group, Women's Specialists of New Mexico and Lovelace Medical Group midwives. In case of transfer, you would have the option to hire the doulas at a reduced rate to continue your labor support at the hospital (you do not have to decide about that option before labor begins).

We are happy to continue care for you and your baby! Your Dar a Luz visit after the birth occurs about 24-48 hours after discharge, and is at the birth center. Please call us to schedule your appointments.

### What Does Care Look Like at UNMH?

Almost all of our transfers go to UNMH under the care of Dr. Leeman and the Family Medicine Team. UNMH is a "Baby Friendly" hospital so their policies are designed to support breastfeeding and bonding.

Dr. Leeman's team have worked with Dar a Luz since we opened, and they are supportive of clients and their desire to be informed and have the least intervention possible for a healthy mom/birthing parent and baby.

## Care at UNMH usually includes the following:

### During labor and birth

- Compassionate, respectful care from the Family Medicine Team with informed consent
- All rooms are private in labor and postpartum with room for family
- Use of lowest levels of intervention possible for labor progress and a healthy baby (may include misoprostol, Pitocin and epidural).
- Monitoring of baby's heart rate may be continuous or intermittent (on and off) and may include internal uterine pressure monitors or fetal scalp electrodes to monitor baby's heart rate. Options for wireless and waterproof monitoring may be available when moving around.
- Providers obtaining permission to conduct vaginal exams.
- Freedom of movement depending on your choices for pain management.
- Eating may be limited but drinking fluids is usually encouraged. All clients have IV access but the tubing may be disconnected, so you can move around better.
- Pain relief options: movement, water immersion in labor, nitrous oxide, hypnosis, narcotics, epidural.
- Choices of upright positioning during pushing depending on your choices for pain management.

### After vaginal birth:

- Delayed umbilical cord clamping in most cases or milking of the cord if it needs to be cut quickly.
- Rapid initiation of breastfeeding, breastfeeding support, baby-friendly practices for newborns.
- Skin-to-skin contact, protected bonding time (usually at least 1 hour before transfer to postpartum unit) for healthy newborns. Then rooming in with parents is routine.
- All routine newborn exams and tests are done in the parent's room, and babies are not bathed.
- True Informed Consent/Informed Decline regarding the use of eye ointment, Vitamin K shots and Hepatitis B vaccination.
- Choices regarding your placenta, including disposal of placenta or taking it home.
- If desired, circumcision surgery would be performed on your son prior to discharge.
- Baby metabolic, hearing and critical congenital heart screening tests are done before discharge.
- Routine discharge is around 24 hours, or up to 3 days if you have a cesarean section or longer with complications.

### After cesarean birth:

- Most cesarean births are done with spinal anesthesia so the client can be awake during the birth.
- When circumstances allow (non-emergent), UNM does "gentle cesarean births" designed to promote breastfeeding and parent bonding and to enhance the experience of the client who desires a more natural birth, one that would more closely approximate that of vaginal birth.
- Gentle Cesarean components include:
  - Ambience changes (dim lighting, music)
  - Partner and another adult family member or doula may be present at the birth
  - Limited non-essential staff present in the room
  - Option to watch the baby being born from the abdomen through a clear drape
  - Option to see the baby immediately after birth but dropping the drape
  - Delayed cord clamping for healthy newborns
  - Skin-to-skin care for newborns

*Just as a woman's heart know how to pump, her lungs to fill with ari,  
and her hand to pull back from fire, so her body knows how to birth.*

*~Virginia Di Orio*

## NICU care:

- Other parent can go to the NICU with the baby. Seeing baby immediately when stable and ready for transfer to postpartum (may be a couple of hours). There are limited visiting hours.
- Sick babies often do not have the energy or are not stable enough to breastfeed right away. Lactation support is available and you should be given a pump to express colostrum and breastmilk. Ask about SNS or syringe feedings if baby cannot breastfeed. Supplementation may be required. Dar a Luz has pasteurized donor milk for purchase.
- Ask about the risks benefits and alternatives for procedures. Common procedures include blood cultures and spinal taps to rule out infection.
- Babies usually have IV fluids and may be using oxygen nasal cannulas. Heart and respiratory monitors are on making a tangle of wires and tubing connected to your baby.
- Babies are under a warmer when not skin-to-skin with parents.
- There is limited privacy in wards of 4-6 beds.
- The minimum stay for babies is about 48 hours and can be up to 10 days for full term babies being treated for infection. Preterm babies are there much longer.

## Hospital transfer checklist

- Hospital bag
- Labor support supplies and snacks
- Clothes and personal toiletries for you and partner (shampoo, large pads, ibuprofen) for 2-4 days
- Clothes, blankets, diapers for baby for 2-4 days
- Breastfeeding supplies (pump, storage bags, bottles, sterilizing bag)
- Anything else that you think you will need
- Informed Consent cards
- Birth preferences document
- Bring this "Birthing Your Baby" binder or copy these pertinent sections of the binder:
- Newborn hearing, metabolic and critical congenital heart screening
- Explanation of jaundice and bilirubin tests
- Hepatitis B vaccine, vitamin K and eye ointment
- Circumcision if you still haven't made your decision

## Remember:

- Call the midwife on call (505) 944-5488 if you have questions or concerns.
- A midwife will come to see you at the hospital around 24 hours after your birth.
- You will likely be in the hospital between 24-72 after birth.
- You can ask the nurse for a door sign when you do not want to be disturbed or need more privacy.
- Call the midwife on call when you are discharged (505) 944-5488.

## Follow-up care:

- You are **still part of the Dar a Luz family** and you can usually continue your care with us!
- You will receive a gift bag from Dar a Luz at your next visit, including a Dar a Luz onesie.
- You can put your baby's name and birth date up on the sign when you come back for a visit.

## Additional notes

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## SAMPLE: Birth Preferences for the Hospital

Create your own list of preferences reflecting your hopes and values

Birth Preferences of \_\_\_\_\_

- The partner/other parent, \_\_\_\_\_, is authorized to speak, act, and make decisions on my and my baby's behalf, and to go with the baby wherever they are taken.
- In addition to the baby's parents/guardians, we would like the following guests to be present during labor and birth: \_\_\_\_\_

General philosophy - We are aware that our situation may require interventions. Although our circumstances have changed, as long as our baby and I are doing well, we request the following:

- We are still hoping for as natural an experience as possible.
- We would like to be informed of our risks benefits and alternatives when any tests or procedures are being recommended. We want to have choices in our care and be included in making decisions.
- Please help us feel respected by introducing yourselves, honoring our privacy, waiting until contractions are over before talking to me, asking permission before any examinations or touching, and including us in any discussions going on in the room.

### Labor and birth

- Please don't administer any medications or procedures without our express consent.
- Fetal monitoring: we prefer external and intermittent to allow movement, if possible.
- During pushing, allow mother-directed (physiologic) pushing as long as it's effective.
- Please postpone cutting the cord for at least 3-5 minutes (and as long as possible).
- Use the suction catheter instead of a bulb syringe if required, to avoid nasal swelling that could interfere with breastfeeding.
- Please postpone cleaning and weighing the baby and administering eye ointment and injections for at least an hour to allow bonding and the start of breastfeeding.
- In case of cesarean surgery, please allow the other parent/guardian in the operating room. They will stay with the baby. Please allow the baby and me to bond as much as possible. Please reunite the us as soon as possible after the surgery, preferably immediately.

### After the birth

- We intend to room-in and keep the baby with one of us at all times.
- Please do not give the baby any formula or artificial nipples – we want to nurse when the baby is hungry or have the option to give our baby donor breastmilk if supplementation is needed.
- Please apply NO vaccinations, medications, tests or procedures without our express consent.
- We are returning to Dar a Luz Birth & Health Center for postnatal and newborn care at 2-3 days after birth. **Call the midwife on call at (505) 944-5488 for follow-up plans.**

Mother's signature \_\_\_\_\_ Mother's name \_\_\_\_\_

Partner's signature \_\_\_\_\_ Partner's name \_\_\_\_\_

Date signed \_\_\_\_\_

# CERVICAL RIPENING AND/OR INDUCTION OF LABOR TECHNIQUES

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It is not well understood what actually starts labor. However, the cervix has to be soft (ripe) and contractions have to be regular and strong enough to open (dilate) the cervix for labor to start and progress to the birth of the baby. The hormone prostaglandin can help soften the cervix and prepare it for labor contractions. They are naturally produced by women/birthing people and found in semen. There are also synthetic forms of prostaglandins such as misoprostol. The hormone oxytocin causes uterine contractions that help soften and thin out the cervix in early labor. When contractions are stronger during active labor, oxytocin also causes the cervix to dilate. One synthetic form of oxytocin is called Pitocin.

Over time, there have been many methods that have been used to try to stimulate prostaglandin and oxytocin production in clients. There is little high-quality research to determine when and how to use these methods, their effectiveness, or safety. Practice experience shows that these methods are likely safe and may be helpful in cervical ripening or induction of labor. The best results are achieved by starting with a ripe cervix and on clients who have previously had a baby, which is why these methods are offered between 39 and 42 weeks of pregnancy unless medically indicated earlier. Please discuss your individual situation with your midwife to see if any of these options could be helpful for you. **Your midwife will guide you in their use – please do not attempt them on your own.**

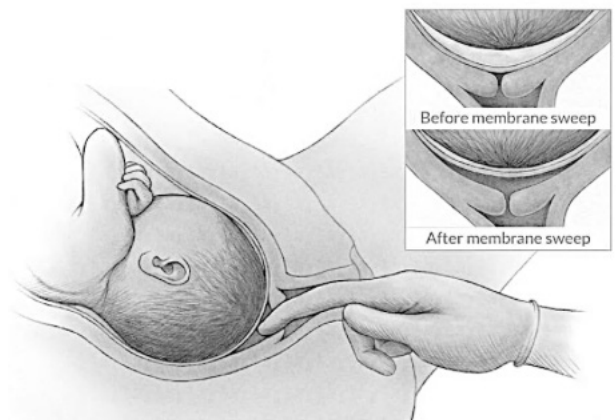
Below is a list of some common methods of getting labor going and helping labor progress:

**SWEEPING THE MEMBRANES** is done between 39-42 weeks of pregnancy during a vaginal exam. The examiner's finger is inserted into the slightly open cervix and is used to separate the lower uterine segment from the amniotic membranes. This stimulates release of maternal prostaglandins causing uterine cramping. The 2020 Cochrane review showed that membrane sweeping reduced the rate of medical induction and increased the rate of spontaneous labor by 8%. There was no evidence of increased risk for maternal or fetal infection or c-section. A membrane sweep can be done more than once.

The following are normal side effects from having a membrane sweep:

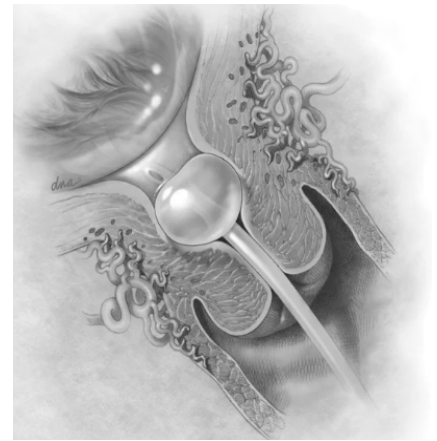
- Spotting or bleeding less than 1 pad/hour
- Increased discharge that is clear, white, yellow, red or brown
- Irregular or regular cramping

**NIPPLE STIMULATION** can be done either manually or with a breast pump. It is used to increase maternal release of oxytocin and cause uterine contractions. The 2010 Cochrane review shows that it is beneficial in increasing the number of women in labor by 72 hours and reducing postpartum hemorrhage. It should only be used on low-risk clients and is more effective with a favorable cervix. There was no increased risk of c-section or meconium-stained fluid. There were no instances of uterine hyperstimulation.





**PLACEMENT OF A CATHETER** requires a vaginal/cervical exam with fingers or a speculum and a cervix open to at least 1 cm. Once the catheter is placed between the baby's head and the cervix, the midwife will inflate the balloon putting pressure on the cervix to soften and open further. This causes cramping and potential release of prostaglandins and oxytocin. The balloon can stay inside the cervix for 12 hours, at which point it will either fall out (usually causing dilation to 3-4 cm) or can be easily drained and removed by the client. The 2023 Cochrane review found it to be good for cervical ripening and caused less hyperstimulation of the uterus than synthetic prostaglandins. There was no increase in cesarean section rates. There is insufficient evidence to evaluate the effectiveness of the likelihood of vaginal delivery in 24 hours.



**AMNIOTOMY OR BREAKING THE BAG OF WATERS** may be an option to help start labor in clients who have had a baby before and whose cervix is ready for labor. If the midwife recommends this and you consent, this procedure will take place once you are admitted to Dar a Luz in labor. The midwife will offer a vaginal/cervical exam and will use a plastic hook to open the bag of water, which is not painful to the parent or baby. Amniotomy is frequently used to help labor get more regular but is poorly researched as a method of induction of labor on its own. Two systematic reviews of literature and meta-analyses concluded that amniotomy may decrease labor time without significantly increasing risk of cesarean birth (Kim et al., 2019; De Vivo et al., 2020). Once the membranes are ruptured, the risk of infection increases. Transfer to hospital will be necessary if active labor is not established within 18-24 hours.



**ACUPUNCTURE** can be used to stimulate certain points to help stimulate labor. The 2017 Cochrane review reported limited evidence but it appears to be safe and may be effective in helping ripen the cervix. Women who received acupuncture had fewer methods of induction of labor than women with standard care.

**SEX** has long been suggested as a way to ripen the cervix or induce labor. The role of sex in starting labor is uncertain but high levels of prostaglandins in semen, oxytocin release with orgasm and nipple stimulation may all play a role. The 2008 Cochrane review concluded that there is not enough research to determine effectiveness.

**HOMEOPATHY** is the use of diluted substances and herbs to stimulate the body to react in a certain way. The May 2010 Cochrane review found no evidence to show the effectiveness of homeopathy.

**CASTER OIL** is usually taken orally at a specific dose. This is thought to increase prostaglandin and oxytocin release by causing frequent bowel movements, cramping, and uterine contractions. The 2010 Cochrane review found insufficient research to evaluate its effectiveness. One study found no increase in cesarean section rate, meconium-stained fluid, or low Apgars compared to other methods.

**DO NOT TAKE CASTOR OIL ON YOUR OWN WITHOUT THE MIDWIFE MONITORING YOU AND THE BABY.**

The midwives will require you to do a fetal non-stress test (20-40 minutes on the electronic monitor at the birth center) to determine if it is safe to use castor oil.

# SIGNS OF LABOR & WHEN TO CALL THE MIDWIFE

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Knowing when to call the midwife and when you are in labor can be challenging. Please refer to the guidance below when determining if you are in active labor and/or if it is time to call the midwife. Midwives are available to you 24/7 to address your questions and concerns. We do appreciate your consideration in not calling us in the middle of the night for non-urgent concerns so that we can be rested to attend your labor. We are happy to address non-urgent concerns during the day.



## WHEN TO CALL THE MIDWIFE (505) 944-5488

### All clients:

- Call ANYTIME you are significantly concerned.
- Call ANYTIME your water breaks or you think you might be leaking amniotic fluid. Your midwife will make a plan with you.
- Call ANYTIME you have decreased fetal movement that does not respond to eating/drinking and counting the movements.
- Call ANYTIME with heavy bleeding (bright red bleeding that is enough to soak a regular pad in about an hour).
- You may call ANYTIME if you think you are in labor; however, at night, we request that you call closer to when you are ready to come in. Your midwife will make a plan with you on when to come to the center.
- Also see the section “Tips on Early and Active Labor, and When to Come to Dar a Luz.”

### For first time mothers/birthing parents:

- If you are **GBS negative**, call when contractions are about **2-3 minutes apart**, strong, you are unable to walk/talk/do anything else during contractions, they **last about a minute**, and have been this way for **at least an hour**. This could be after many hours of early labor. Your doula can be a great resource during this time. Listen to your body.
- If you are **GBS positive** and your **water has not broken**, call when the contractions are about every 3-5 minutes for about an hour and getting stronger.

### For subsequent pregnancies

- When you notice a change in the character of the contractions that feel like labor, even if they are more than 5 minutes apart and not lasting a minute.
- If things change suddenly, labor feels intense or a couple contractions feel very strong, or if water breaks and you’ve been contracting then call the midwife, because often subsequent labors can move quickly once active labor is reached. Listen to your body.
- If you are **GBS POSITIVE**, and your water has not broken, call when you start contracting **REGULARLY**.



# TIPS ON EARLY AND ACTIVE LABOR

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How will I know when I'm in labor? How do I manage early labor at home? How long do I stay home? Will I be able to figure this out if I've never done it before? I've only been induced before, so will I know I'm in labor?

These are a handful of the most common questions asked at the birth center about how to know where you're at in labor and how to time coming to Dar a Luz. While there isn't one straightforward answer for each client, we trust that this beautiful and transcendent time in your pregnancy will unfold exactly as it should. Knowing the basics of how your body will work with you to bring your baby into your arms will help you enjoy the process, rather than be fearful of it. Also remember: bodies don't comply with a manual, and each labor is very different. It's possible that your labor might not exactly match this description. You are in tune and intuitive, so listen to the signs your unique body gives you. If this is not your first baby, read this section and also pay close attention to the section called **"This is not my first baby"** for more information. A doula can be a critical resource in this process, helping you cope at home in early labor and helping you decide when to come to Dar A Luz.

## What is early labor?

The beginnings of birth have arrived, and the day you will meet your baby is here (or close to it). Early labor is when your body begins having contractions that open the cervix, which is the mouth of the uterus, and what your baby's head is resting against. This opening of the cervix from 0 to 6 centimeters is considered the "early stage" of labor.

**Some distinguishing ways early labor is different from warmup contractions:**

**WARMUP CONTRACTIONS**, otherwise known as Braxton-Hicks contractions, occur throughout the third trimester as your body prepares for birth. These often feel like abdominal tightening or mild period cramping and are irregular, in no particular pattern, and don't increase in intensity.

**EARLY LABOR CONTRACTIONS** often begin with contractions that come in irregular time intervals, are mild, and continue (typically for several hours), getting more intense and closer together as time passes. They don't stop or go away. Think of your labor over time climbing rungs of an intensity ladder. The more time passes, the more the intensity increases.

**A TIP TO HELP DISTINGUISH EARLY LABOR FROM WARMUP CONTRACTIONS:** if you're not sure, keep waiting -- it will feel different over time when it's really labor.

**Signs of early labor in your body:**

- Increased vaginal discharge; menstrual-feeling cramps low in the belly; back pain or cramping; vaginal, pelvic, or mild rectal pressure; and/or diarrhea.
- Irregular, mild contractions that then begin to come more regularly in a pattern you can time.
- In the early labor phase, you can usually talk or walk through your contractions, and you may still be able to smile, laugh and chat. You can likely still pay attention to the outside world, text messages, and phone calls; and maybe you're even still working or getting things ready around the house.
- Your belly may become tight or hard with contractions, increasing as time goes on.
- You may feel contractions beginning to wrap up and around the belly as time increases.

## What is active labor?

The active phase is when contractions are regular and strong and open the cervix from 6-10 centimeters. You might be considered active sooner or later than this – it's really about intensity, frequency, and the rate at which your cervix dilates. Active labor is when the cervix is changing the fastest and why you often hear of someone who went from 7 cm to having a baby in just an hour or two. Especially with first babies, it may take many hours of strong contractions for your cervix to dilate (open) and efface (soften and thin). Cervixes must soften and thin before they can dilate – this is usually the work of early labor.

### Signs of active labor in your body:

- Contractions have moved from being mild or moderate to being strong and regular, and they wrap around your belly each time.
- During contractions, you will likely be pausing, breathing, and making noise.
- During contractions, you will likely no longer be able to walk, participate in conversation, laugh or text; you'll be working hard, tending to turn inward and focus.
- No matter what you do or don't do, the contractions still come.

## When do I call the midwife in labor?

This is always situation-dependent, but here are the basics:

- If you've hired a doula, they will help you determine this. Having their advice and presence in real time during labor can be invaluable.
- If it's **your first baby**, you are usually in active labor when your contractions are **2-3 minutes apart** (the time from the beginning of one contraction to the beginning of the next), **lasting one entire minute for at least one hour**. Usually this is after many hours of early labor, but not always.
- If it's **your second+ baby**, you are usually in active labor when contractions are **5 minutes apart** (the time from the beginning of one contraction to the beginning of the next), **lasting one entire minute for at least one hour**. Also see the section called "This Is Not My First Baby" below.
- Call the midwife at any point if your **bag of water breaks** or you think you might be leaking fluid (note the time it started and the color).
- Call and let us know **right when labor begins** if you are **group beta strep (GBS) positive** and are planning antibiotic treatment.

## When do I come to Dar a Luz?

Our hope is that you manage well with early labor at home, and that you come to the birth center for admission **as you're reaching the "active" phase of labor**. Before coming to Dar a Luz, you will be past the "early phase" of labor (where it tends to feel more manageable) and will probably have been in an active labor pattern for a few hours or so – sometimes less, especially if it's not your first baby.

### Why must I wait until active labor to come to Dar a Luz?

Labor can be very primal, as your animal brain takes over and your instincts and reflexes guide you. It's a pivotal life opportunity to let go, get out of your brain, and follow your body. Your primal brain needs to feel safe and comfortable for the processes of labor to work best. As you might have guessed, this happens most naturally at home, where your body can relax into its amazing work. Staying home through early labor helps labor progress more quickly and effectively, no matter what your birth setting will be. The data also show that staying out of birth facilities -- even birth centers -- until active labor means fewer interventions and lower cesarean section rates. We want the best outcome for you, and we pay close attention to evidence when it comes to admitting you to the birth center. This works well for the majority of our clients, but admission is considered on a case-by-case basis; it's not all about the numbers, and if you really need us, we are here for you!

## What can I do at home to help support and cope with early labor?

Laboring at home in the early phase of labor can look however you'd like. Some people rest in one position on their bed and try to doze between contractions. Others must be standing, or have to sit on a birth ball, or have no choice but to move from one place to the next to cope with the growing intensity of labor. The important thing is that you listen to your body and follow its cues – there is probably a reason your body is telling you to do what you're doing. Having a good understanding of common positions and tips that help in early labor will give you more options to cope. You will learn more in your birth classes, see the **"Labor Coping Methods"** section (including interventions), and see below for suggestions:

**FIRST AND FOREMOST** -- consider hiring a doula! There's excellent data that show that doulas help with faster and less complicated births, feeling more supported in labor, and lower rates of cesarean section. As you will be laboring at home for a good portion of your birth, hiring a doula to come to your home in early labor to help and support you there great idea. It's also a lot less pressure on your partner in terms of knowing exactly what to do for you and when to do it. Doulas do not take the place of partners – they help partners be more involved if this is what you desire. Increased partner involvement with a doula present is well supported by research. We love and welcome any doula in our center.

**STAY NOURISHED AND HYDRATED.** Often, the last thing you want to do in really active labor is eat food... but it's critical your body has calories and energy to support all the hard work you're doing. Eating a good meal and regular snacks in early labor and continuously sipping on water and electrolyte drinks will ensure your body is nutritionally balanced before you run the (hypothetical) marathon of labor.

**CHANGE POSITIONS.** Movement in early labor can be extremely helpful to cope with regular contractions and pain, and may help your baby move into a better position. Whenever a position is no longer working for you, move! See the section **"Positions for Labor and Birth"** for ideas of different positions that may help.

**WATER IS YOUR FRIEND!** Standing in the shower, sitting, or hanging out on hands and knees in the tub at home are excellent tools for decreasing the intensity of labor and assisting with pain control. Consider buying a shower head that detaches. Holding a steady stream of warm water over your belly or lower back can feel soothing.

**TRY A HEATING PAD** on your lower belly or back. This time-tested trick is an excellent option in labor.

**CONSIDER HIRING AN ACUPUNCTURIST** to perform at-home treatments while in labor. Your acupuncturist might perform house calls once you get to know them if they have the training and specialize in women's health and birth. Acupressure can be helpful too. Studies show that acupuncture and acupressure may help with reducing pain, increasing satisfaction with pain management and reducing use of medicine in birth. Do some research and consider practicing prior to birth.

**AROMATHERAPY:** essential oils can be mixed with a carrier oil such as grape seed, sweet almond or sesame oil, and may be massaged into the skin, used in a bath, or diffused into the air using a diffuser. Please note: the above methods can be used at home. At the birth center, essential oils cannot be used in the bed, the bath or a diffuser, due to babies' and other clients sensitivities.

**PRACTICE BREATHWORK** as a tool to relax and decrease anxiety now. Do this now, so by the time you are in labor, breathing mindfully is something you're comfortable with and used to, and your brain and body respond accordingly.

## What happens if I get sent home from Dar a Luz in early labor?

While coming to the birth center for evaluation on the early side is not uncommon, admitting you in early labor is! Giving you the best care usually includes not admitting you too early, so we don't hesitate to send you back home to labor if your cervical evaluation is between roughly 1-4 centimeters. Things usually look very different when you come back, which is usually in a matter of hours. Riding in the car in labor can be difficult, so we want to help talk you through the timing of things as carefully as possible to avoid trips back and forth. Your midwife is skilled at knowing what active labor sounds like, so she may ask to hear a few contractions on the phone. We will also time your contractions while we're speaking with you and consider things such as how long you've been in labor, if this is your first baby or not, your group beta strep status, and how far away you live from Dar a Luz. Remember, never head to the birth center or anticipate coming in without speaking to a midwife first. We don't live at the birth center and need time to meet you there. You can rely on our expertise!

## This is not my first baby

If your upcoming birth is for your second or third baby, or more, you probably have a good idea of what labor looks and feels like. We advise you to trust your gut. Sometimes things can go quickly for someone who has birthed vaginally before, so you're really watching for regular painful contractions for about an hour. **Here are a few key points to remember:**

**SOMETIMES STRONG REGULAR CONTRACTIONS ONLY NEED TO BE EVERY 8-10 MINUTES APART TO MAKE CHANGE.** The important thing is to pay attention to the intensity and how labor is ramping up. If it's moving quickly, be in touch with us, trust yourself, and find your way to Dar a Luz more quickly.

**IF YOU'VE HAD A FAST BIRTH BEFORE,** the likelihood of this birth also being fast is higher. Your second labor may be roughly about half the length of your first birth – but there are no guarantees!

**IF YOUR WATER BREAKS, CALL THE MIDWIFE ASAP.** In some instances, after your bag of waters opens, things can go pretty fast.

**MAKE A PLAN FOR CHILDCARE WELL IN ADVANCE,** day or night, so you're not scrambling to bring something together while in labor. Have a Plan B and Plan C lined up as well... also consider pets and your house needs, and what you might do if you need to stay longer at the birth center, or if you need to transfer to the hospital.

**IF YOUR LABOR IS PROGRESSING QUICKLY,** it's a good idea to have your childcare meet you at Dar a Luz for a kiddo hand off in the parking lot.

## Closing thoughts on knowing what you need to know

Things can change quickly in labor, and each body is unique. Luckily, you don't have to hold all the knowledge about everything that is going on – your midwife and your team will help you figure it out – but having a good idea of the big picture and what is required of you in terms of communication and timing will help give you the confidence and understanding you need for your birth center birth. If you have any outstanding questions about when to come to Dar a Luz in labor, bring them to us during your weekly visits, which will start happening after about 36 weeks. These final appointments are a perfect time to solidify plans and ask questions about birth.

# LABOR COPING METHODS

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Clients have different levels of pain during childbirth. There are many ways to cope with it. Talk to your midwife about the benefit and risk of each one.

## Natural methods

The birth center is specially designed to give you the most support in using natural methods of coping. Our staff is experienced in many natural options. The following things can lower your pain. They can help you relax and make it easier for the baby to move into the right position for birth. These may make your labor easier and possibly shorter.

- Walk and move during labor.
- Make noise if it feels good.
- Use birthing balls.
- Change positions often. Sit, squat, lie down or stand.
- Take a warm bath or shower.
- Get a back massage.
- Take deep breaths and relax.
- Use hypnosis, meditation, and visualization.
- Listen to music.
- Have a person you trust with you all the time.
- Hire a doula.

## Sterile water papules

This technique is very effective in relieving back pain. Four small injections of sterile water are given just under the surface of the skin over your lower back while you are having a contraction. The sterile water stings when injected and works by interrupting the pain sensations in the brain. It lasts about 1-2 hours and can be repeated as many times as you find helpful.

## Hydrotherapy and waterbirth

Hydrotherapy is the use of water for pain reduction. You can take a bath or shower to receive the benefits of relaxation and decreased pain. Hydrotherapy may slow your labor if you are not in active labor (>4-5 cm dilated, usually) but can also speed up your labor because of the relaxation effects. The therapeutic properties of hydrotherapy have been known for centuries. Baths, showers and whirlpools have been used for comfort during labor for many years. Over the past two decades the use of warm water immersion for the birth of the baby has aroused interest in many countries and an increase in the number of clients requesting this option for both hospital and community centered births is occurring. Hydrotherapy can also decrease blood pressure, conserve energy, reduce the need for pain medications and/or other interventions, reduce perineal tearing and cesarean section, and is rated very highly for clients, while being a gentler way for a baby to be born. About 60-80% of clients at Dar a Luz use the water in labor or birth. The midwives at the birth center are trained in water birth and can talk to you more about this option.

## Epidural Block (available only in hospital)

If you need more pain relief or rest and desire an epidural, you have the option to transfer to the hospital of your choice. This is continuous medicine that is given through a small plastic tube placed in your back. A provider who has special training in anesthesia will do this. It can be used in labor and for cesarean sections.

### Benefits of the epidural block:

**EPIDURALS CAN BE SAFELY ADMINISTERED** by an anesthesiologist under close supervision in a hospital. This takes away most or all of the pain by numbing your body from the waist down. This gives better pain relief than other medicines.

**EPIDURALS CAN SOMETIMES HELP YOUR LABOR PROGRESS** when you become tired and tense from the pain and cannot relax. These are called therapeutic epidurals.

### Risks of the epidural block

**YOUR BLOOD PRESSURE MAY DROP SUDDENLY**, and you may feel nauseated or light headed for a few minutes. It can be treated quickly by turning you on your side and giving you IV fluids and IV medications. Drops in blood pressure can cause decreased fetal heart rates.

**AN EPIDURAL MAY NOT WORK AT FIRST** and it may need to be adjusted or inserted again. The pain relief may not be equal on both sides of the body.

**IF THE EPIDURAL NEEDLE GOES TOO FAR**, it will make a hole in the spinal sac and you may develop a headache the next day. Some of these headaches will need further treatment.

**NERVE PROBLEMS IN THE LEGS AFTER CHILDBIRTH** are just as common in those who do not have epidurals as those who do. These nerve problems are almost always caused by the baby's head pushing on nerves along the birth canal and are very rarely due to epidurals. Major problems such as nerve damage, paralysis or infection are very rare (less than 1/20,000).

### Effects of the epidural block on labor care

- Clients who have numb or weak legs **must stay in bed**.
- A monitor is placed around your abdomen to **continuously monitor** the baby's heart rate and your labor contractions.
- A **catheter** is placed in the bladder to drain the urine during labor.
- You may be able to drink clear liquids, but you probably **will not have anything to eat** after an epidural is placed.
- Clients are **more likely to need Pitocin®** (oxytocin) to make their labor contractions stronger.
- Clients are **more likely to push longer** (1-2 hours longer) to get their baby out.
- Clients are **more likely to need a vacuum extractor** put on their baby's head to help pull the baby out. If this fails, you will likely need a cesarean section.
- Clients who use epidurals do not appear to be more likely to need a cesarean section or develop long-term back pain.
- Using an epidural doesn't increase infection in mothers/birthing parents or babies, but **might raise your body temperature**. Sometimes your baby might have to stay in the hospital longer due to this fever.

*People are giving birth underwater now.*

*They say it's less traumatic for the baby because it's in water.*

*But certainly, more traumatic for the other people in the pool.*

*~ Elayne Boosler*

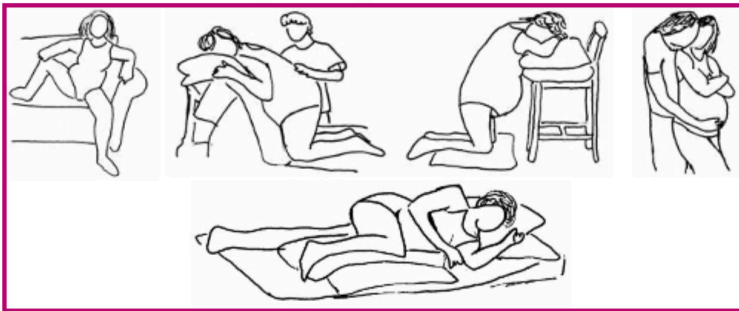


# POSITIONS FOR LABOR AND BIRTH

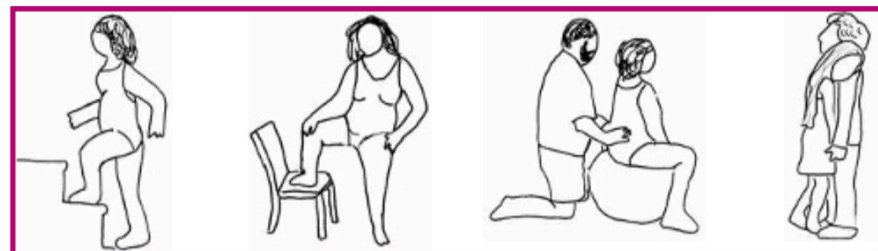
Exercises: Tailor sit, tailor press, and pelvic tilts



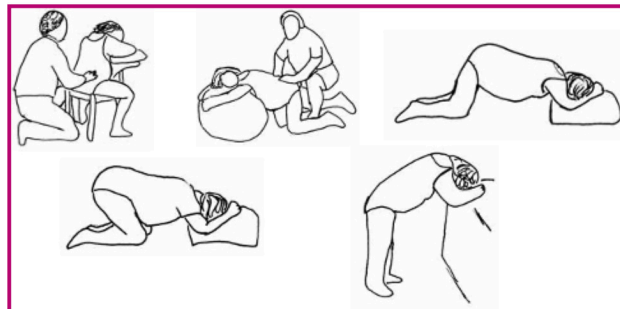
Positions for resting during labor



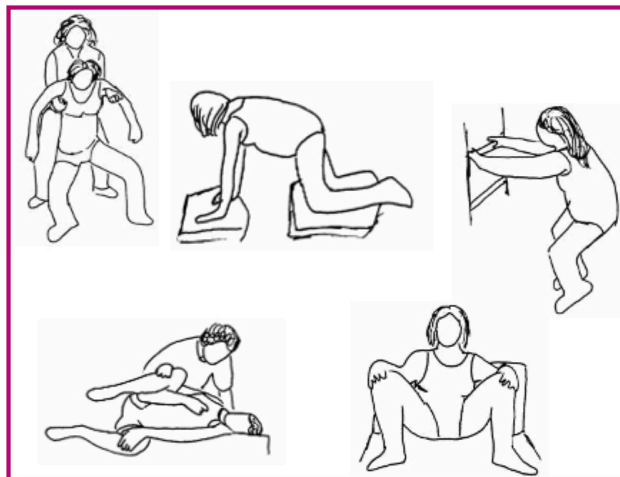
Positions for being active during labor



Positions for back labor



Positions for birth





# PACKING LIST: WHAT TO BRING TO THE BIRTH CENTER

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\_\_\_\_\_ Your favorite protein and high calorie snacks and drinks for labor (fruit, juices, soft drinks, jello, power bars, honey, milk shakes, etc.) No low-calorie drinks – you need energy for labor!

\_\_\_\_\_ Food for support people

\_\_\_\_\_ Clothes for labor and wearing home. Partners: bring swimwear if you want to be in tub or shower.

\_\_\_\_\_ Shoes to walk around in the gardens (flip-flops are not good in the mulch)

\_\_\_\_\_ We provide mesh panties, peri-bottle (to dilute urine stream with warm water if there are any tears or stitches) and pads while you are at the center. You'll need large pads at home.

\_\_\_\_\_ Music on phone, camera, video recorder

\_\_\_\_\_ No candles please (we have flameless candles to help set the mood)

\_\_\_\_\_ Essential oils should be limited to small amounts on your skin, no diffusers please.

\_\_\_\_\_ Personal toiletries (we have shampoo, conditioner and body wash if you forget)

\_\_\_\_\_ Car seat installed in car

\_\_\_\_\_ Clothes, blankets, diapers for baby

\_\_\_\_\_ The birth center provides a postpartum gift bag, baby onesie

\_\_\_\_\_ Cooler for taking the placenta home if you so desire

\_\_\_\_\_ WHAT ELSE?

# LABOR AND BIRTH

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Most of us only get to experience labor and birth a few times in our lives. We know that you are aware of how special birth is and have chosen the birth center for a more natural birth. We have created a space that supports you in having a peaceful birth with little intervention, and the birth center staff is here to guard this sacred space for birth and bonding with your baby.

Imagine the world that your baby has been living in for the past nine months - one that is warm, dark, muffled noises, no smells and weightless in water. Think about ways to keep your baby's birth and transition to life calm from the baby's perspective (low lights, waterbirth if possible, no strong smells from candles or scents, calming music, voices of the most familiar people). We like to think of the first hour of life as the "Golden Hour" which is a time for your baby to transition into the world and for you to bond with your baby. This is a time to be present with your baby to observe every detail about him/her. Parents, midwives and nurses share the responsibility for observing this transition period and parents should voice any concerns they may have. Limit distractions from visitors and restrict the use of cell phones so that you can witness this miracle of life. We encourage you to cherish this precious "Golden Hour" and spend your time at the birth center to focus on bonding, breastfeeding, and rest.

You can have up to three (non-staff) support people present during labor and birth; we encourage you to invite only the people that you feel will be most helpful to you during this very intimate and inward focused time. Be sure that you have one adult (other than your partner) per child to supervise each child at the birth center. This allows your partner to be supportive of you and fully experience the birth. We encourage you to invite your visitors to come see you when you get home as we do not have a waiting room.

When you arrive in labor, you will be given a choice of the available birthing suites for your birth. We ask that you keep your personal belongings in your suite and keep the public areas (bathroom, kitchen, education space, gardens) neat and clean for all other clients who share those spaces. Your support people are expected to sleep in your suite, and we cannot provide sleeping space for other family members or friends in other areas of the birth center.

## Oral hydration and nutrition

We encourage you to eat and drink as much as you feel like during labor. Please bring your own special foods and we will have chocolate milk, juice, popsicles, and light snacks available. If you are unable to eat or drink during labor, we can start an IV to keep you hydrated.

## Fetal monitoring

During labor, your midwife will monitor your baby's heartbeat by listening with a hand-held doppler at regular intervals. You are encouraged to be up and moving around, in the tub, or outside when the weather is nice. Electronic fetal monitors are not used during labor at the birth center. There are rare situations when the baby's heart rate slows and requires the next level of care at the hospital. If this occurs, you will be involved in the discussion and decision-making process.

## Induction and augmentation (starting or making contractions stronger)

Only non-medical methods of induction like mechanical dilatation of the cervix with a foley balloon, castor oil, and nipple stimulation are used at the birth center. These methods can be very effective when used appropriately and are discussed in the Cervical Ripening and/or Induction of Labor Techniques section of this text. Your midwife will tell you if any of these methods are appropriate for you, and she will guide you in their implementation. Please do not attempt them on your own! If these techniques are unsuccessful, you may need the next level of care at the hospital where they can place a prostaglandin medication in your vagina (Misoprostol) or give Pitocin® (oxytocin) through your IV to start or make your contractions stronger.

## AROM (Artificial Rupture of Membranes)

Sometimes the midwife may recommend breaking the bag of water around the baby. This is done with a small plastic hook during the pelvic exam. This may make your contractions stronger and speed up your labor and will let us know what color the fluid is around the baby.

## Birth of your baby

The majority of all babies are born vaginally, and traditionally that rate is about 90% in birth centers. We encourage you to birth your baby where you feel comfortable, whether that is in the water, bed, or somewhere in the room. Clients and their partners may choose to help catch the baby too. A midwife and a registered nurse will be with you at your birth.



## Active management of the third stage of labor (postpartum hemorrhage prevention)

One of the serious possible complications of childbirth involves the amount of bleeding that happens after baby is born but before the placenta is delivered – this period is known as the third stage of labor. A postpartum hemorrhage is blood loss greater than normal after birth, and a severe postpartum hemorrhage is the fourth leading cause of maternal death in childbirth. Many international professional organizations committed to improving maternal health outcomes worldwide (including, but not limited to, the World Health Organization, the International Federation of Obstetricians and Gynecologists, the International Confederation of Midwives, the American College of Obstetricians and Gynecologists, the Royal College of Obstetricians and Gynecologists) universally recommend Active Management of the Third Stage of Labor (AMTSL) as first line measures to implement at all births to reduce the incidence of postpartum hemorrhage world-wide. **AMTSL starts with giving the birthing mother/person a dose of Pitocin (an injection in the thigh or an infusion through an IV) right after birthing the baby.** The most recent research shows that giving Pitocin immediately after the birth of the baby decreases severe postpartum hemorrhage, particularly in those with identified risks for hemorrhage.

However, some of the recent research (Clebak et al., 2021; Erickson et al., 2018) indicates AMTSL may not be as helpful for healthy, low-risk individuals with normal physiologic birth. The American College of Nurse-Midwives supports “expectant management” (no Pitocin/AMTSL) of the third stage for pregnant individuals who have **no risks of postpartum hemorrhage** identified prenatally as long as Pitocin is immediately available for an unexpected hemorrhage; this is because even low-risk births can still have postpartum hemorrhage. People without risks of postpartum hemorrhage include those with a straightforward, normal prenatal course, no induction or augmentation of labor, and a normal length of labor (fast labors and long labors are risk factors for postpartum hemorrhage).

At Dar a Luz, the midwives embrace that the professional Hallmarks of Midwifery include providing evidence-based care, advocating for non-intervention in normal processes when there are not complications present, shared decision-making, individualized care, and judicious use of technology. Yet, postpartum hemorrhage is a serious complication that can be minimized by use of prophylactic Pitocin administration immediately after birth. We tend to be a little more assertive about recommending and providing the intervention of AMTSL, based on international recommendations, to prevent one of the most serious complications in childbirth.

We consider 2 options for AMTSL and we will discuss this with you prior to labor so that we know what you prefer.

- **Option 1: Preemptive** Pitocin administration, where there is a plan for us to give an injection of Pitocin to the birthing woman/person immediately after the baby is born, while waiting for the placenta to pass. This is the international recommendation for all birthing people based on current research with acknowledgement that more research is needed.
- **Option 2: Risk-based** Pitocin administration, meaning that we will only give Pitocin if you have an identified risk for postpartum hemorrhage, including risks either noted prenatally or during labor. If there are no risks and no increased bleeding, the normal physiologic processes during the placenta passage stage are supported. We will have Pitocin readily available in the event of an unexpected postpartum hemorrhage.

In the event a client feels the need to decline AMTSL, specifically meaning a client refuses the use of Pitocin to prevent or manage postpartum hemorrhage, we will need to have a discussion about whether an out-of-hospital birth is a safe choice. We do not recommend declining the possible use of Pitocin for AMTSL in that it limits our ability to provide the best currently recommended and fastest care for postpartum hemorrhage. This increases the likelihood of emergency postpartum transfer by ambulance to a hospital for postpartum hemorrhage care.

When a postpartum hemorrhage occurs, there are other management measures and medications we have at the birth center that might follow the use of Pitocin. But AMTSL is usually the first step. We use it wisely to prevent or manage postpartum hemorrhage and consider it a very important first line intervention when needed.

## **Repair of tears or episiotomy**

Most clients have minor or no separations of the tissues in the vaginal area when the baby passes through. Some tears may need to be repaired and this is done by the midwife. In rare cases when the tear includes the rectal area, a doctor needs to do the repair at the hospital. In 1-3% of births a small cut (episiotomy) is made in the vaginal opening to help the baby come out quicker due to fetal heart rate concerns or maternal exhaustion. The use of episiotomy is rare at the birth center but when needed, your midwife will use a local anesthetic and stitches to close the tear or cut.



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# NEWBORN RESUSCITATION

All of the Dar a Luz midwives and nurses are trained in neonatal resuscitation (NRP) and practice monthly drills to maintain our skills. Babies are placed skin-to-skin on mother's chest immediately after birth and the first steps of resuscitation are given to all newborns. These include assessing for heart rate, breathing, crying, muscle tone and color as the baby changes its circulation of the blood through the heart and lungs and starts to breathe air for the first time. Those first 4 to 5 breaths are needed to clear the fluid out of the lungs and inflate the air sacs so the blood can be oxygenated. The baby is still getting oxygen from the mother as long as the cord and placenta are attached. At the same time, the airway will be cleared by wiping and suctioning the mouth (we do not use a bulb syringe because it can irritate the nose) or by placing the head lower than the body. We also dry and cover babies with warm blankets or a blue pad if they are in the water to keep them warm. This drying or rubbing can help stimulate the baby to breathe and cry. All of this usually takes about a minute or less. This is all that most babies need to transition to life outside of the womb.

A few babies will need more help to clear the fluid out of their lungs if they are not breathing and crying well. We give the baby about 5 big, slow breaths of room air with the bag and mask device to help inflate the lungs. Although this can seem scary, it does not hurt the baby and most babies respond to this with regular breathing and crying and increased heart rate.

Some babies will need more breaths with the bag and mask until they can breathe on their own. At this time the cord is usually milked to give the baby as much blood as possible and then cut. The baby is taken to the resuscitation area in the birth room where you can still hear and see your baby. The midwife and nurse will tell you what is going on. Most babies respond to the additional breaths quickly with breathing, crying, increased heart rate and muscle tone including movement of the arms and legs. We will watch the baby closely for any other signs of respiratory distress including grunting, nasal flaring, blue color or poor feeding. We would also use the pulse oximeter (pictured below) to check the level of oxygen in the blood which tells us more about how well the baby is breathing. We can give specific concentrations of supplemental oxygen by mask if needed. It is rare that a baby needs more help transitioning than this; however, if the baby is stable but continues to have signs of respiratory difficulty, we will talk to you about transferring the baby to the hospital for further evaluation and support beyond what we can provide at the birth center.

Very few babies need a full resuscitation. If the baby's heart rate drops below 60 despite a full minute of effective breathing with the bag and mask, we start chest compressions and call 911. Babies usually respond to these measures before the EMS arrives, but these babies need special post-resuscitation care. These babies will be transferred to the hospital for observation. Usually, the partner or a staff member can ride in the ambulance. The mother/birthing person will be discharged early once she is stable to join baby at the hospital. We realize this is scary and are including this information to help you be better prepared.

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## UNEXPECTED HOME OR CAR BIRTH

Labor can be shorter than you expect. This happens more frequently for clients who have had a baby before but can be true for first time clients too. Those who have birthed before may find contractions get stronger very quickly. Labors that result in an unexpected birth may only be 1-2 hours from the beginning of contractions until the baby is born. The midwives take this into consideration when making a plan with you about when to call. It is safer for you to come in a little earlier to be sure that you make it to the birth center than to birth unexpectedly at home or in the car. **Remember that when an unexpected birth happens, it is usually fast, the baby cries right away, and everyone is fine!**

The midwives will cover what to do in this situation during the Interventions & Hospital Transfers Class and during your prenatal visit if you have a history of fast births. There are a few general tips to follow if you think you may not have enough time to make it to the birth center.

- Put together an emergency birth pack ahead of time.
  - Several large towels to absorb the amniotic fluid and blood
  - A couple of large plastic bags to cover the seat and floor
  - A blanket to warm you
  - Several blankets to dry and warm the baby
  - A bowl for the placenta
- Call 911 if the baby is coming at home so you have help.
- Call the midwife on call at 944-5488.
- The midwife will assess your situation, make a plan with you, and stay on the phone with you.
- Keep calm. Your body knows what to do!
- Partners need to make the phone calls and be present for the birth.
- Once the baby is born, place the baby skin-to-skin on mother's/birthing parent's chest.
- Dry the baby's face and body then rub the back and feet if the baby is not crying.
- Cover the baby with a dry blanket.
- Cover mom with a blanket.
- Do not pull on the cord. Do not cut it.
- Watch for gushes of vaginal bleeding and let the EMTs or midwife know about it.
- Don't worry about the placenta. It usually takes 5-10 (but can be up to 30) minutes to come out.
- Usually by this point, the EMTs are there or you are at the birth center.

If you have called 911, the EMTs will evaluate the client and baby and will request to transport you to the nearest hospital. Please call the midwife too so we know what is going on and can help coordinate your care. If the client is bleeding or baby is not breathing normally, we advise you to go to the hospital. Request to go to UNM and the midwife will meet you in Labor & Delivery for evaluation. If the baby is crying and pink and you are not bleeding, you may decline to go to the hospital, but you would need to feel comfortable driving yourselves to the birth center within 15-20 minutes.

If you go to the hospital, there will be an evaluation of client and repair of any lacerations. If the baby is doing well, then client and baby are discharged to the birth center for postpartum and newborn recovery for about 2-3 hours and then sent home. To date, no client or baby has been admitted to the hospital after an unexpected home birth. If you are on your way to the birth center when the baby is born, let the midwife know and then honk your horn when you arrive so we can meet you at the car. Client and baby will usually stay for the normal postpartum and newborn recovery, depending on the situation.



# FEEDING YOUR BABY

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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



For babies less than 2 weeks old – see **POSTPARTUM**

Feeding your baby – what an awesome task! This section is meant to help guide you and give you tips and tricks to try at home. Of course, your postpartum and newborn visits are also a great place to discuss breastfeeding questions with your midwife. If you or the midwife feel like you need more help, or maybe you just want some reassurance, you can schedule a lactation visit with one of our IBCLC's (International Board Certified Lactation Consultants). Please use this section as a starting place. See **ON Call Etiquette** for truly urgent concerns.

There is no way we can cover it all, but here are a few examples of things that may come up with breastfeeding...

YOU MAY HAVE	WE RECOMMEND	CALL IF...
Some initial nipple soreness the first few days after birth.	<ul style="list-style-type: none"> <li>Ensuring baby has a good, deep latch and trying different positions (cradle, cross-cradle, football hold, side-lying).</li> </ul>	<ul style="list-style-type: none"> <li>Pain persists or worsens, you have difficulty getting a comfortable latch, or if you have any nipple damage (blisters, cracks, bleeding).</li> </ul>
Full, hard, tender breasts (aka engorgement) when the milk comes in – usually day 3 or 4.	<ul style="list-style-type: none"> <li>Feeding your baby on demand and NOT doing any extra pumping.</li> <li>Hand expressing a little or using a passive collection device such as the haakaa. This can provide some relief and enable baby to latch more easily.</li> <li>Taking anti-inflammatory medications such as Advil to reduce swelling, as well as applying ice packs to your breasts after feeding.</li> <li>Following the BAIT protocol (see below)</li> </ul>	<ul style="list-style-type: none"> <li>Engorgement lasts more than 48 hours.</li> <li>Your breasts do not feel softer after feeds.</li> <li>You have worsening pain, redness, or develop a fever.</li> </ul>
Baby wants to feed constantly in the first few days or weeks of life. This is known as "cluster feeding."	<ul style="list-style-type: none"> <li>Allow your baby to feed as much as they want with a good, deep latch and lips appropriately flanged. The more your baby feeds, the sooner your milk will come in. After the milk comes in, cluster feeding is usually a sign of a growth spurt and is temporary.</li> </ul>	<ul style="list-style-type: none"> <li>If, DURING the first week of life, baby is not having at least 1 pee per 24 hours old AND at least 1-2 stools per day. If AFTER the first week of life baby is not having at least 8 pees and multiple stools every 24 hours.</li> </ul>

# BREASTFEEDING

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Breastfeeding is normal and the best way to feed your baby. Breast milk is the perfect food for your baby. It contains all the nutrients your baby needs for healthy growth and development during the first six months of life and beyond. It has disease-fighting cells that can protect your baby from many illnesses. Formula cannot match the exact makeup of human milk. Breastfeeding also provides many other health benefits.

## Planning for Breastfeeding

The American Academy of Pediatrics (AAP) recommends breastfeeding for the first twelve months or longer. The World Health Organization (WHO) advises you to breastfeed for two years. While breastfeeding for a short length of time provides benefits, the longer you breastfeed the more benefits you and your baby receive. Our staff strongly supports breastfeeding and will assist you with any concerns you may have.

## Breastfeeding laws protect your right to breastfeed.

Federal and New Mexico state laws protect the right to breastfeed a child in any public or private location where she is otherwise authorized to be. Employers are required to provide a clean, private place (not a bathroom) for employees who are breastfeeding to pump. The employer is required to give the employee breaks to express milk but is not required to pay for this time.

## Advantages of breastfeeding

### FOR BABY

- Helps brain develop -- your child may be smarter
- Fewer ear, lung, and stomach infections
- Less constipation and diarrhea
- Fewer problems with allergies, asthma and eczema
- Helps your baby's jaw, teeth and palate form correctly
- Lowers your baby's risk of obesity, diabetes, and leukemia
- Lowers your baby's risk of Sudden Infant Death Syndrome (SIDS)

### FOR BREASTFEEDING PARENT

- Less risk of heavy bleeding after birth
- The uterus goes back to its normal size faster
- May help with weight loss
- Helps you and your baby to bond
- Lowers your risk of diabetes, breast and ovarian cancer, heart disease, and high blood pressure
- You can pump & store breast milk for later use
- Saves time: no bottles to wash or formulas to mix
- You are able to rest while you feed your baby
- May help you feel calmer and have less risk of postpartum depression

### FOR FAMILY AND SOCIETY

- Breast milk saves at least \$1500 per year on formula
- Saves on health care costs because your baby is sick less often
- Better for the environment due to less trash compared to formula

## Breastfeeding after birth

**SKIN TO SKIN CARE:** The baby is placed skin to skin on your chest immediately after birth. Then a blanket will be placed over both of you. This helps you get to know your baby. Breastfeeding is easier and your baby stays warmer next to you. Your baby feels more secure when they are skin to skin (partners can do this too). Repeated skin to skin contact helps your baby develop and increases your milk supply.

**COLOSTRUM:** Colostrum is the first milk your breasts produce and it is very high in protein. This is the perfect milk for your baby. It contains antibodies to help your baby fight infections. It is made in small amounts just right for your newborn baby's stomach. It coats your baby's stomach and helps it to mature. It also protects it from certain bacteria. Babies need this first milk to be healthy.

**HAND EXPRESSION:** Regular hand expression of colostrum from birth until the time that milk comes in has been shown to increase your overall milk supply. Stanford Medicine has some great video resources on breastfeeding and hand expression. We recommend all clients watch these videos before giving birth. [med.stanford.edu/newborns/professional-education/breastfeeding.html](https://med.stanford.edu/newborns/professional-education/breastfeeding.html)

**BREASTMILK:** At about 72 hours after birth, you will produce more mature milk. It is normal for your breasts to feel very full or heavy (called engorgement) for a short time. Continue breastfeeding every 1-3 hours or at least 8-12 times a day to relieve the fullness. Engorgement lasts 24-72 hours and decreases when your body produces just the right amount of milk for your baby. The more you breastfeed or pump, the more milk your body will make. Your body will adjust the amount of milk it needs for your infant the entire time you breastfeed.

**SIZE OF BABY'S STOMACH:** On the first day of life, your newborn's stomach is the size of a marble and holds about a teaspoon (5 cc) of colostrum. By day three, your baby's stomach stretches more and holds less than one ounce (30 cc) per feeding. By day 10, your baby's stomach has stretched to the size of a ping-pong ball. It holds about two to four ounces per feeding.

**CLUSTER FEEDING:** Cluster feeding or feeding frenzy is when your baby eats often and/or for long lengths of time. This makes your breasts produce more milk. While this may be a bit tiring for you, it only lasts two to three days. Then your baby will return to a normal eating pattern. Your baby normally has a feeding frenzy on the second and third day of life. It happens again when your baby is having growth spurts around three weeks, six weeks, three months and six months of life. Remember, feeding frenzy means that your baby is normal and knows what to do to help you make more milk.

**BREASTFEEDING SUPPORT:** It takes a little time and practice for you and your baby to learn how to breastfeed. The nurse and midwife at your birth will help you with breastfeeding and we will send you home after your baby has nursed several times. A midwife will see you within 24-36 hours after your birth to assist you with breastfeeding. If you are having problems breastfeeding after you go home or feel like you do not have enough milk, get help right away. We have lactation experts on staff to evaluate and assist with lactation problems. Call the birth center (505) 924-2229 for an appointment.

You may have some soreness in your nipples for a few days, but this should not last long. If you have bleeding or sore nipples and they are not getting better, this is a sign that the baby is not latching on to your breast correctly. Call for help.

You may feel like you do not have enough milk at first. Your breasts do not start making lots of milk from the start. Breast milk production works on supply and demand which means when your baby sucks and empties the milk, your breasts make more milk. Breastfeeding more often makes more milk.

Frequent use of formula and artificial nipples may have a negative effect on breastfeeding. Your baby sucks differently on the breast compared to a bottle nipple. Your baby may be fussy and confused when you offer both. When you give formula, your baby will not be stimulating your breasts to make more milk. This may affect your milk supply. Your baby will be full of formula and may not be interested in breastfeeding. In addition, when formula is substituted for breast milk, babies often have more stomach upset, diarrhea, gas and restlessness.

## Breastfeeding Supplies

- A double electric or hand breast pump is nice to have if you are planning on going back to work or would like to store some milk so that you can be away from your baby for short periods.
- Some clients prefer using a Haakaa silicone suction pump to collect milk from the opposite breast while they are breastfeeding.
- Disposable or cloth breast pads are helpful if you leak milk. Be sure to change them often.
- BPA-free plastic or glass bottles or milk storage bags (not regular freezer bags) to store milk.
- “Quick Clean micro-steam bags” are helpful to sterilize pump parts in the microwave.
- Organic nipple balm (Motherlove or Earthmama) is helpful in the first few weeks to apply after feedings.
- Hydrogel pads (Lansinoh Soothies) or silver nursing cups (Silverettes) can help protect and heal your nipples if you experience any nipple breakdown.
- A breastfeeding pillow may be helpful early on for positioning your baby well (Boppy, BreastFriend, Fridamom).

# POTENTIAL BREASTFEEDING ISSUES

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Sometimes, breastfeeding can be more of a struggle than was expected. Issues with breastfeeding can cause physical and emotional pain, worry, and sadness, and may even lead to giving up on part or all of the experience. We want you to hear this: we support you in FEEDING YOUR BABY, however you feed your baby. If breastfeeding is your goal, with sound guidance and appropriate medical support, most families can overcome these obstacles and continue breastfeeding for longer periods.

We encourage you to reach out if it's hard! First, plan on coming to our **Feeding Support Group** ([see website for details](#))!

Sometimes normalization, support, and advice from other breastfeeding families is just what is needed.

You can also talk to your midwife at a scheduled visit. **Read on to learn more about any of these issues.** And definitely make sure you call us for a **lactation visit** with an International Board Certified Lactation Consultant® (IBCLC) on staff if you're **worried about any of the following**:

- You think your baby may not be gaining weight or getting enough milk (we can measure this).
- You think you might be making too much milk (oversupply), along with plugged ducts.
- You have serious nipple pain and/or cracked, bleeding nipples.
- You think you might have mastitis (inflammation of the breast that is often associated with fever, muscle and breast pain, and redness). Also see the section "**Mastitis**" below.
- You suspect a lip and/or tongue tie. Also see the section "**Tongue Tie (Ankyloglossia)/Lip Tie/Frenotomy Consent Info**" for more information.
- You are dealing with any level of postpartum depression. Also see the sections "**Postpartum Warning Signs**" and "**Depression and Anxiety During and After Pregnancy**" for more info.

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## FEEDING PROBLEMS: WATCH FOR THESE AND CALL US IF YOU NEED US!

**INADEQUATE MILK INTAKE** – This is one of the most common worries in new breastfeeding relationships.

Although it's not always the case, if this is happening, there are two possible causes. One might be **not enough milk production**, and the other might be your **baby not extracting enough milk**. There can be medical reasons for both, but sometimes it can be caused by the way feeding is happening. Reach out -- let us reassure you, help figure out if it's happening, and if so, help you find solutions. Be sure to let us know **how often and amount of time feeding is happening**, if you're pumping, and **how much your baby is peeing and pooping**.

**PAIN IN THE NIPPLE AND/OR BREAST** – Common causes of nipple and breast pain include: **NIPPLE INJURY** -- usually caused by your baby's sucking pattern or a breast pump (see #1 below). Recommendations for at-home treatment of nipple injury:

- Make sure baby is properly positioned on the breast; change baby's nursing position to change the pressure points on the nipple.
- Be sure to break the suction before removing the baby from the breast, so baby isn't popping off
- Evaluate baby for possible oral anatomy causes (lip/tongue ties, high palate, recessed chin).
- After each nursing and/or pumping session, rinse nipples with water or express a drop of breastmilk and rub into the nipple, allow to air dry completely to form a protective seal, then apply a nipple balm for healing (oil based creams such as "Motherlove" work well). Note: nipple balms containing lanolin, petroleum, or coconut oil may be allergenic to some. If using disposable breast pads, be sure to change them frequently.
- A "moist healing environment" is best for nipple wounds. Use of nipple balm along with hydrogel pads (Lansinoh Soothers or Medela Tender Care Hydrogel) or Silverette cups can help speed healing: After feeding and nipple care, apply nipple balm and hydrogel pad directly to and keep in contact with the nipple anytime you are not feeding or pumping. Use for 2-3 days and discard. Repeat as necessary.
- Consider use of a nipple shield and/or pumping for 1-2 days to allow nipples time to heal.
- If nipple damage persists or worsens, call the office for a lactation visit for evaluation.

**ENGORGEMENT** -- Engorgement is when breasts are very full of milk. This could be caused by **plugged milk ducts** which are a hard tender lump that doesn't empty with feedings.

**Recommendations for at-home treatment of engorgement and plugs/swelling:**

To help with latching, try this reverse pressure softening technique. Use your fingers to push the milk/swelling back into the breast around the areola/nipple, until it softens enough for your baby to latch onto effectively.

Try using a silicone breast pump aka "Haakaa" on the opposite breast while the baby feeds, to help remove some milk without having to stimulate breasts more with the electric pump. Hand expressing some milk to soften the breasts may also be helpful.

If you experience recurrent plugs, try a Sunflower Lecithin supplement, which decreases the viscosity (stickiness) of breastmilk, therefore decreasing the risk of plugs. Try these capsules: "Legendary Milk Sunflower Lecithin"; or this powder: "Micronutrients Organic Sunflower Lecithin." Both are on Amazon.) Recommended dosage is: One 1200mg capsule 4 times per day for treatment, then one 1200mg capsule 1 to 2 times per day for prevention.



If breasts are still painfully hard and full despite regular feedings, or you suspect a plug (a hard tender lump that doesn't seem to be emptying with feedings) you can try the following at home to help aid milk removal to decrease swelling.

**BAIT PROTOCOL** Engorgement symptoms usually resolve within 24-48hrs after initiating the BAIT protocol, if symptoms persist or worsen call for lactation follow up!

**Breast Rest:** No massage; No overfeeding or overpumping; Downregulate supply if needed

**Advil:** (Ibuprofen) 800mg every 8hrs

**Ice:** After feedings or 10min every 30min as able

**Tylenol:** (Acetaminophen) 1000mg every 8hrs

Call us if engorgement or plugged duct persists for more than 48 hours, despite good breast emptying and comfort measures, *or if a fever or symptoms of mastitis develop* (see below).

---

# INFECTIONS OF THE NIPPLE OR BREAST

## Caused by Mastitis

Mastitis is an inflammation of breast tissue that can lead to an infection of the breast. It can happen at any time, but it is most common in the first six weeks postpartum. If you do have an infection, your health care provider will probably put you on antibiotics. Risk factors include damaged nipples, unrelieved engorgement or clogged ducts, a poor latch, oversupply, illness (mom or baby), infrequent or missed feedings, rapid weaning, and maternal stress or fatigue. Lactational mastitis can cause you to feel run down, making it difficult to care for their baby and sometimes lead to weaning the baby before they intend to. Continuing to breastfeed, even while taking an antibiotic to treat mastitis, is safe for mom and baby, and encouraged until the infection clears.

**Call (505) 924-2229 during business hours, or call the on-call midwife after hours at (505) 944-5488 to set up an appointment if you have any of the following symptoms:**

- A firm, red, and tender area of the breast that is warm to the touch
- Pain or burning sensation that is during breastfeeding and/or continuous
- A fever higher than 101°F or 38.5°C (be aware, fever can be masked by pain medications)
- Muscle aches, chills, malaise, or flu-like symptoms

**To help manage mastitis at home after being seen, you can:**

- Take all of your antibiotics as prescribed and on time (if they are prescribed).
- If you don't start to feel better within a couple of days of starting antibiotics, call us to see if you need a different antibiotic or have a different issue.
- Continue breastfeeding and/or pumping on your baby's schedule – this is important for both your baby and you! Breastfeed even while you are being treated, and get help with your feeding techniques. Try to make sure your breasts are emptied well with each feeding.
- Take a pain reliever: acetaminophen (Tylenol) 1000mg every 6 hours, or ibuprofen (Advil or Motrin) 800 mg every 8 hours for discomfort.
- Apply cold compresses or ice packs after feedings.
- Try green cabbage leaves between feeding for relief. Wash well, and refrigerate or freeze. Crush one so it forms to your breast better, and hold it in place with your bra. Do not let the cabbage leaf cover your nipple. Leave it on for 20-30 minutes (until it wilts). Use up to 3 times per day.

## Caused by bacteria or candida

Nipple infections and some subacute breast infections can be difficult to discern and we recommend calling for advice and an appointment if you have continued or worsening nipple and/or breast despite good latching and feeding. Symptoms may include:

- Having breast/nipple pain that is out of proportion to an apparent cause. When severe, it is sometimes described as a "stabbing ice pick" sensation.
- Burning nipple pain that persists during feeding and persists after feeding.
- Having a personal history of vaginal yeast infections; having recently been on antibiotics
- Having discolored, shiny or flaky skin on the nipple.
- Having an infant who is showing signs of thrush (white spots not caused by milk residue that don't wipe off, on the tongue, cheek, roof of the mouth, lips, or gums) or a rash in their diaper area. Pro tip: If it's showing up on both ends of your baby, there's a good chance it's all through their gut, too. They might also seem uncomfortable during feeding.

## Caused by tongue/lip tie

Tongue/Lip Tie is when the baby's tongue or lip(s) cannot move as freely as they should, making it harder for the baby to suck. See the section "Tongue Tie (Ankyloglossia)/ Lip Tie/Frenotomy" for more information, and call us if you need an assessment.

### Less common causes of nipple and breast pain include:

- Skin disorders (such as dermatitis or psoriasis) affecting the nipple
- Nipple vasoconstriction blood vessels in the nipple tighten and don't let enough blood through
- Torticollis is when the baby's neck is set in a way that makes it hard for them to nurse comfortably on both sides.
- An uncoordinated sucking pattern.



# PUMPING

---

It is normal to have questions about pumping and storing breast milk and we encourage you to attend a Pumping class to learn how to use your pump. Most insurance companies cover breast pumps, but you need to research which pump is covered and where to get it. Let the midwife know what you want and where to get it and we can write a pump prescription for you. Bring it with you to the class. We also keep a few breastfeeding supplies at the center for purchase and have some pumps to loan to our clients. The Women Infants and Children (WIC) offices may have pumps to loan or free pumps if you are in their breastfeeding program.

## Why would I want to pump?

- We may recommend nipple stimulation with a pump to stimulate labor.
- You may want to pump to stimulate milk production and increase milk supply.
- To collect milk to feed to a premature baby who may have difficulty latching.
- To relieve discomfort during engorgement and allow baby to latch easier.
- To give sore nipples time to heal.
- To express milk for someone else to be able to feed your baby.
- Keep milk supply up while separated from baby or unable to nurse.

## What kind of pump should I choose?

A hand pump is sufficient for occasional supplementation, but a double electric pump may be better for more frequent use. When choosing a pump, consider whether it is a trusted brand name, suitable for your pumping needs, closed or open milk system, hospital or consumer grade, covered by your insurance plan, and if you want to use one complete system (pump, bags, bottles, nipples) or several that meet your needs. Our IBCLCs usually recommend the **Spectra pump** as a great pump to meet most pumping people's needs.

## When should I start pumping?

Normally your baby will be the best source to build your milk supply and remove milk from your breasts. After breastfeeding is well established (usually around 2-3 weeks after birth) you may want to consider starting to pump. In certain situations, it is advisable to pump sooner. If you are unable to nurse your baby, your baby is not latching well or not nursing enough, you may want to pump to build your milk supply and to feed your baby expressed milk. Also, if you experience engorgement, you can pump a small amount of milk to relieve discomfort and to help the baby latch by softening the breast.

## How do I increase my milk supply with a pump?

Double pumping raises the hormone prolactin and may increase milk supply and lessen the time spent pumping. Some experts recommend trying the 'third breast' technique (pump the breast after baby nurses) or pump in between feedings. Empty the breast completely during pumping. Empty breasts make milk. Try pumping 5-10 minutes past the last drop of milk.

## What is “hands on” pumping?

Studies have shown that using your hands to massage, compress, and express milk while pumping can increase the amount of milk expressed by 48%, contained twice as much fat as using the pump alone and increased overall supply. See the “Maximizing Milk Production” video on the Stanford Medicine website: <https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>

## Where can I get help with pumping?

Where can I get help with pumping? If it is a problem with your unit, refer to your user manual or customer service. For other questions or concerns ask your midwife, nurse, lactation consultant, or breastfeeding peer counselor. Consider attending the pumping class or breastfeeding support groups.

- Dar a Luz Birth and Health Center (505) 924-2229
- National Breastfeeding Helpline (800) 994-9662
- Hotline for medications with breastfeeding (806) 352-2519
- NM Breastfeeding Task Force (505) 933-9163
- WIC (505) 841-4173
- La Leche League Helpline (505) 821-2511

## Baby feeding chart

The charts below offer some general guidelines for how much breastmilk your baby will take.

Normal feeding volumes of expressed breastmilk			How much breastmilk can fit in your baby's stomach?		
Baby's age	Per feed	Per 24 hours	Day 1	5 to 7 milliliters	Size of a cherry
0 to 24 hours	2 to 10 milliliters	Varies	Day 2	22 to 27 milliliters	Size of a walnut
24 to 48 hours	5 to 15 milliliters	Varies	Day 7	45 to 60 milliliters	Size of an apricot
72 hours	1 ounce	Varies	1 month	80 to 150 milliliters	Size of an egg
Day 7	1 to 2 ounces	10 to 20 ounces	Source: <a href="https://my.clevelandclinic.org/health/articles/9693-feeding-your-baby-the-first-year">https://my.clevelandclinic.org/health/articles/9693-feeding-your-baby-the-first-year</a>		
Week 2 and 3	2 to 3 ounces	15 to 25 ounces			
1 to 6 months	3 to 4 ounces	24 to 30 ounces			
6 months+	3 to 4 ounces	Varies (18 ounces+)			

## Breastmilk calculator:

[www.momjunction.com/breast-milk-calculator/#gref](http://www.momjunction.com/breast-milk-calculator/#gref)

*Intimacy is not purely physical,  
It's the act of connecting with someone so deeply,  
you feel like you can see into their soul.  
~ Unknown*

# MILK STORAGE GUIDELINES

## Storage of human milk for term infants



# STORAGE AND PREPARATION OF BREAST MILK

### BEFORE EXPRESSING/PUMPING MILK

**Wash** your hands well with soap and water.



**Inspect** the pump kit and tubing to make sure it is clean.  
Replace moldy tubing immediately.



**Clean** pump dials, power switch, and countertops with a disinfectant wipe



### STORING EXPRESSED MILK



**Store** in breast milk storage bags or clean, food-grade containers. Make sure the containers are made of glass or plastic and have tight fitting lids.



**Do not** store breast milk in disposable bottle liners or plastic bags that are not intended for storing breast milk.

### HUMAN MILK STORAGE GUIDELINES\*

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

\*Recommended storage times are important to follow for best quality.

Information is adapted from the Academy of Breastfeeding Medicine's (ABM) Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, Revised 2017.



## STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing, leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

## THAW

**Always thaw the oldest milk first.**

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator (*from the time it is completely thawed, not from the time when you took it out of the freezer*).

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

**Never refreeze thawed milk.**



## FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

**Do not heat** milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

## CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

**For extra germ removal, sanitize feeding items daily using one of these methods:**

- clean in the dishwasher using hot water and heated drying cycle (*or sanitize setting*).
- boil in water for 5 minutes (*after cleaning*).
- steam in a microwave or plug-in steam system according to the manufacturer's directions (*after cleaning*).



October 2024



**FOR MORE INFORMATION, VISIT:**  
<https://www.cdc.gov/breastfeeding/site.html>

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# SUPPLEMENTAL FORMULA FEEDING

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It is normal to have questions about pumping and storing breast milk and we encourage you to attend a Pumping class to learn how to use your pump. Most insurance companies cover breast pumps, but you need to research which pump is covered and where to get it. Let the midwife know what you want and where to get it and we can write a pump prescription for you. Bring it with you to the class. We also keep a few breastfeeding supplies at the center for purchase and have some pumps to loan to our clients. The Women Infants and Children (WIC) offices may have pumps to loan or free pumps if you are in their breastfeeding program.

## Supplies

- You will need about 10 bottles (safe plastics or glass) that hold 4 to 8-ounces if you plan to bottle feed only
- You will need to choose a nipple – there are slow flow and regular nipples in many different shapes.
- Some clients choose to use a supplemental nursing system (SNS) to feed their baby. Milk flows from a bottle through a small plastic tube that is taped to the nipple while baby feeds at the breast. You can also use the SNS to do finger feeding.
- For short term supplementing, babies can be fed by syringe or spoon to avoid artificial nipples.
- Pick up a bottle/nipple brush to clean the bottles. Putting nipples in the microwave damages them.
- It is not necessary to sterilize the bottles unless you have a premature baby.

## Formula calculator:

[www.enfamil.ca/feeding-my-baby/tools/formula-calculator](http://www.enfamil.ca/feeding-my-baby/tools/formula-calculator)

## Guidelines

- Sanitize bottles and nipples prior to first use.
- Do not microwave formula! Hot spots are dangerous.
- Use formula within 2 hours of mixing (or store in fridge for up to 24 hours). Do not save remaining formula for next feeding -- throw away any unused formula from the bottle within 1 hour after starting to feed your baby.
- Opened powder formula is only good for one month after opening.
- Check expiration dates and keep up with recalls.
- Some babies will drink more from a bottle because of a faster-flowing nipple. Pace feeding so not to overfeed baby or have them swallow too much air. Make sure they're getting burped well, too.
- Know that dark smelly poop is normal for formula fed babies.
- Consider premixed liquid for newborns.

## Some Good Formula Choices

**Holle Stage 1 Organic Bio Infant Milk Formula** is Amity's best recommendation! This made -in- Germany formula follows strict European guidelines. It is known for holistic, sustainable production from cows raised on biodynamic Demeter farms). No starch, gluten, soy or corn syrup.

**HiPP Stage 1 Organic (Bio) Combiotic Infant Milk Formula** is a hypoallergenic made -in- Germany formula that follows strict European guidelines. Non-GMO, with no added sugars, wheat, gluten, or peanuts.

**Similac Pro-Sensitive Infant Formula** is a well-known, trusted brand with an exclusive blend of nutrients specific for brain and eye development. Comes as a large size powder version or a premade liquid formula.

**Target Up&Up Infant Non-GMO Formula with Iron Powder** is a great buy, and is a milk-based formula with DHA, an omega-3 fatty acid, plus vitamins and minerals for brain, growth, and immunity.

**Bobbie Organic Infant Formula** is first organic baby formula to receive FDA approval, and is a mom-created formula with no fillers.

**Happy Baby Organic Infant Formula Milk Based Powder with Iron Stage 1** is made with organic lactose and provides key vitamins and minerals that are found naturally in breast milk, as well as prebiotics. Stage 1 is designed for the first year, and Stage 2 is for older babies.

**Earth's Best Organic Dairy Infant Formula**, is an organic, all lactose milk-based powder formula that contains Omega 3 DHA and Omega 6 ARA fatty acids, as well as iron, lutein and prebiotics. It's Kosher, too, and non-GMO.

**Enfamil Nutramigen Hypoallergenic Colic Baby Formula, Lactose Free Milk Powder** is a hypoallergenic go-to for gas, constipation, and sensitivities. Has DHA and ARA for brain and eye development.

**Similac Pro-Total Comfort Infant Formula, Easy-to-Digest in Ready to Feed Servings** is an easy to find solution for gas and fussiness, in ready-to-feed bottles.

**Earth's Best Organic Low Lactose Sensitivity Infant Formula**, is organic and low-lactose to help with gas and crying. Includes Omega-3 DHA, Omega-6 ARA, iron, lutein and those prebiotics.

**Else Plant-Based Complete Nutrition Formula for Toddlers** is great for picky eaters or those with allergies that restrict certain foods from their diet. It's plant-based and cruelty-free, and contains no hormones, GMOs, or antibiotics, dairy, soy, gluten, or corn syrup.

These recommendations include ideas from [scarymommy.com](https://scarymommy.com)

## Best Bottle Choices

### Best Bottles (especially for breastfed babies)

**Evenflo Balance+:** Developed with Pediatric Feeding Specialists, the Evenflo Feeding Balance + Standard Bottle is designed to support healthy bottle feeding without interfering with your feeding journey. The unique sloped nipple promotes a healthy latch and has an integrated vent system.

**Dr. Brown's Natural Flow Original Newborn Bottle:** A unique venting system eliminates air bubbles during feeding, reducing the likelihood of gas, spit-up and colic. Some lactation consultants recommend starting with a premie nipple to help transition to a bottle.

**Lansinoh Mamma Breastmilk Feeding Bottle:** Over 50 years of research went into this bottle, with its ergonomically-designed nipple which mimics a breast, and a venting system to reduce air intake.

**Pigeon Peristaltic Nipples** were developed through collaborative research with pediatricians and support natural sucking by following the three key factors of babies' sucking: attachment, peristaltic tongue movement and swallowing. All Pigeon Nipples come with the Air Ventilation System (AVS™), which adjusts the air pressure inside the bottle and to control the milk flow. The SS (Super Slow) nipple was created to help maintain the appropriate flow of milk for breastfed babies - it takes on average 12 minutes to drink 2oz without pacing the feed. \*\*These nipples fit on most wide neck bottles including Spectra bottles.

**Momi Bottles:** Soft silicone nipples that do not collapse, allows baby to regulate/pace the feed. Recommended for babies with difficulty taking other nipples. Note: these bottles are more expensive and can be tedious to clean the unique nipple.

These recommendations include ideas from [mamanatural.com](http://mamanatural.com) and [babylist.com](http://babylist.com)

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# POSTPARTUM

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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



# POSTPARTUM

The postpartum period is a process of adjusting to the “new normal” in your family by engaging in physical healing, gentle learning, and deep bonding. Feel free to review this section prior to giving birth so that you know what’s here and will be able to find the information you need quickly after baby is born. Please review **CALL PHONE ETIQUETTE** prior to calling for additional information.

There is no way we can cover it all, but here are a few examples of things that may come up in the postpartum period...

YOU MAY HAVE	WE RECOMMEND	CALL IF...
Increase in bleeding after being more active than usual.	<ul style="list-style-type: none"> <li>• Rest, nutrition, and hydration. Re-evaluate your bleeding after taking these steps.</li> </ul>	<ul style="list-style-type: none"> <li>• You have bleeding that soaks one normal pad (not a panty liner) in one hour and this has been happening for 2 hours.</li> <li>• Or you have bleeding with increased uterine pain or tenderness, fever, or passage of a large blood clot the size of your fist or greater.</li> </ul>
Up and down emotions that at times can feel conflicting (gratitude, love, exhaustion, overwhelm, sadness, loss) even when everything is “going well.” These emotions are known as “the baby blues” and are most common in the first 1-2 weeks postpartum.	<ul style="list-style-type: none"> <li>• Being gentle with yourself, talking with your loved ones, rest, giving yourself good nutrition and hydration, taking a sitz bath, and letting yourself express your emotions as needed. Know that 90% of birthing people experience these emotions – and these emotions do not mean you are doing anything wrong!</li> </ul>	<ul style="list-style-type: none"> <li>• The up and down emotions are feeling extreme or difficult to handle or lasting longer than 2 weeks.</li> <li>• Or your emotions are not up and down but only down or you are not feeling much emotion at all (i.e. you feel numb).</li> <li>• Or you have any thoughts of harming yourself or your baby.</li> </ul>
Uterine cramping, especially when baby breastfeeds. These cramps are usually strongest the first few days postpartum and usually more noticeable with each successive baby you have.	<ul style="list-style-type: none"> <li>• A heating pad and/or 800 mg ibuprofen every 8 hrs as needed.</li> <li>• If this does not provide adequate support, move to ibuprofen 600 mg every 6 hrs alternating with Tylenol 1000 mg every 6 hrs. Do not take more than 4000 mg of Tylenol in 24 hrs.</li> </ul>	<ul style="list-style-type: none"> <li>• Cramping is getting worse over time rather than better.</li> <li>• Or cramping is very intense and feels like you are in labor again.</li> </ul>

# POSTPARTUM PLAN

A postpartum plan can help you organize your thoughts and prepare for life with your new baby. The goal is to reduce stress and ease transition into parenthood. Our hope is that this worksheet helps you identify resources before your baby's arrival and before you need them. We invite you to consider the ideas on this document in conversation with your partner or support people and reach out with any questions or concerns. We invite you to focus on the resources you do have and be gentle with yourself in the areas that are harder for you to fill out or brainstorm about. It's rare that a family can fill out all of these boxes – some areas are going to be more resourced than others and that is normal.

This document is adapted from Postpartum Support Virginia.

## Rest in the early days...

During the first few weeks following the birth of a baby, new parents need extra help to help meet individual sleep needs. Support during the night, naps during the day, and tag-team parenting can all be effective tools for meeting important sleep needs. Schedule this type of support for several weeks; identify several names for each time period. Potential sources of help are family members, friends, doulas, and members of religious and/or community groups. Now is the time to strategize on how to fill gaps.

People available to help during the day:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People available to help during the evening hours – especially important if you have older siblings:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People available to “move in” to provide extra support if desired:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People available to help (even by phone) during the night:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Strategies to help get sufficient sleep:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Additional notes:



## Nutritious meals and adequate hydration

Achieving even the most basic needs – eating and drinking healthfully – can be challenging when caring for a newborn. Holding, feeding, burping, rocking, changing, and swaddling leave little time to cook. Plan for meals for the immediate postpartum period BEFORE baby arrives. Prepare meals in advance by “double batching” when cooking in the weeks before baby arrives. Identify grocery stores that deliver as well as take-out options. Ask friends, family members, neighbors, co-workers, and acquaintances to prepare and deliver meals after baby arrives. Let people know what type of meals are needed. This will ensure enjoyable meals (and avoid having 15 lasagnas in 3 weeks). Think about how soon after baby arrives you’d like meal deliveries to begin.

Nutritious meals to prepare and freeze before baby arrives:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Grocery stores that offer online shopping, tools, pre-shopping, and/or delivery:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Nutritious and affordable take-out or delivery options:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People who can prepare and deliver nutritious meals after baby arrives or organize a meal train of friends/family to bring us meals:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Support in feeding baby

Dar A Luz is here to support you in feeding your baby however you determine is best for you and your family. Our board certified lactation consultants and midwives will meet with you as much as you need for your feeding plan to be working for you and your baby. It also helps to have a supportive community around you.

The following friends or relatives will support and encourage infant feeding choices:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Local breastfeeding resources which will provide both emotional support and quality breastfeeding support information:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

The following people are supportive, informed and up-to-date about infant feeding choices, can answer questions, and will make helpful recommendations:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Additional notes:

## Support for older siblings

Older children will experience a time of transition following the birth of a baby. Welcoming the baby with love and maintaining a loving, nurturing relationship with older children is the goal of all parents. Planning ahead to ensure that older children have time to welcome their new sibling but still have special time with their parents is an important step in ensuring a smooth transition. (The same holds true for fur babies!)

People who can care for older children during labor:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People who will be able to spend quality time with older children, as well as drive them to school, daycare, and activities:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Specific strategies to lovingly blend this new baby with the existing family:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Needs of older children:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Times of day, rituals, or special activities to share with older children:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Additional notes:

## Renewing and recharging... maintaining a sense of "self" and "us"

While the time spent together as a family is priceless, parents also need time to continue their own interests, as well as nurture their relationship as a couple. With a new baby, these things often need intentionality to achieve. Many parents find that occasional time for "me" and "us" helps them to be more loving and bonded with their baby, and as a family unit as a whole.

Caring, responsible friends and family who will provide occasional childcare:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Activities and "breathers" for mom's/birthing person's rest, renewal, and re-energizing:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Activities and "breathers" for connecting as a couple:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Caring, responsible professional childcare providers:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Activities and "breathers" for partner's rest, renewal, and re-energizing:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Additional notes:

## (Finding) Friends who also parent young babies

Having someone who can empathize with experiences normalizes challenges and transitions and makes them more bearable. Research confirms this concept. We invite you to identify peers with young babies and strategize on where to find these friends if you don't have them already - most of us don't! Dar A Luz childbirth classes are a great place to start. You might also consider prenatal/postnatal fitness classes, breastfeeding support groups, common friends, on-line discussion groups, or religious- or activity-based groups.

.....  
The following friends, neighbors, and coworkers have young babies:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

.....  
Strategies for building a support network of friends who also have babies includes:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Community groups/activities where I might meet parents with babies:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

.....  
Additional notes:

## Mental health support

The midwives will be checking in with you about your mental/emotional health at every postpartum visit. That said, a little planning and preparation can go a long way so that in the moments things are difficult you have resources to turn to.

.....  
People who will provide a comforting voice or shoulder to cry on:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

.....  
Local support groups:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

People to call late at night:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

.....  
Knowledgeable, professional mental health providers:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Returning to “normal” and back to work

If normal exists at all, it is relative and ever shifting. That said, returning to familiar routines among all that is new with a baby can be both comforting and challenging. Returning to work is one such routine. We invite you to consider the following...Who is returning to work and when? What will that transition look like? How does each family member feel about this plan? Are there areas that will need extra attention during this transition?

What are childcare, babysitter, and daycare options?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What are mom's or the birthing person's hopes for this transition?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What are mom's or the birthing person's concerns about this transition?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What is the plan for housekeeping and chores?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What are the partner's greatest hopes for this transition?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

What are the partner's greatest concerns about this transition?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_



## Postpartum follow-up at Dar a Luz

This will guide you through the postpartum journey with Dar a Luz.

Birth date \_\_\_\_\_

### One day visit \_\_\_\_\_

Postpartum visits take place at the birth center. This first visit occurs 24-36 hours after you give birth. We will check in on how you're feeling physically and emotionally, your bleeding, breastfeeding, bonding, and address any questions you have. At every visit we will take your blood pressure and check that your uterus is shrinking back down to size as expected. Please see the Newborn section for newborn assessments done at each visit.

### Three day visit \_\_\_\_\_

This is a follow-up visit between 60-78 hours to see how you are doing. Your recovery and breastfeeding will be assessed as well as how the family is adjusting.

### Two week visit \_\_\_\_\_

The two-week visit occurs between 10 to 14 days of age. Breastfeeding and emotional adjustments will be assessed for you and support given as needed.

### Four week visit \_\_\_\_\_

The four-week visit is usually just for baby, but if you are having concerns about your physical or emotional health and feel you should be assessed as well, please call ahead and we can schedule you for a visit in addition to your baby. The midwife may also recommend this follow up at the two-week visit.

### Six to eight week visit \_\_\_\_\_

This is your last postpartum visit focused on assessing breastfeeding, emotional adjustment, and physical recovery. Pap smears are done if indicated and we will discuss your plans for birth control as well as return to intercourse and exercise. We also offer a pelvic exam at this visit to assess tissue healing and pelvic floor strength.

### Annual exam \_\_\_\_\_

We recommend that you return annually for a well woman/person healthcare visit. Preventative health including diet, exercise, breast exam, pap smear, birth control, and a general health examination are done at this time. The midwives at Dar a Luz can provide your preventative care as well as problem visits and other gynecological concerns. We offer all forms of birth control including prescriptions, IUDs, Nexplanon, and referrals for sterilization. We make referrals for ultrasounds and mammograms.

# DISHCHARGE INSTRUCTIONS:

## BIRTH TO 2 WEEKS

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Congratulations! Whether you birthed at the center or hospital, we are so proud of you. We have included the full discharge instructions here so that you can be better prepared for the first 2 weeks after birth. If you have any questions at all, you can call the office at (505) 924-2229 for questions that need answers within a few hours or call the midwife on call at (505) 944-5488 for urgent questions that need an answer immediately. Feel free to call us for anything.

### Postpartum warning signs

**You need to call the midwives IMMEDIATELY if you have any of the following symptoms:**



- Fever over 101°F and/or chills and body aches
- Foul smelling vaginal discharge
- Pus or throbbing pain from stitches
- Throbbing pain near vaginal opening
- Strong uterine cramping or pain not relieved by pain medications
- Painful and/or red lump or red streak in one or both breasts with fever 101°F or greater, aches and/or chills
- Bleeding through a regular size pad in an hour or less
- Continuous clots from vagina
- Severe leg pain, red spot in calf or thigh, swelling, numbness or tingling in one foot or leg
- Feelings of hopelessness, helplessness or wanting to hurt you, your baby or your other children

### Postpartum Changes: What to expect over the next few days

You'll feel very sore. It is normal to feel achy and sore in places that you never knew you would. You have used every muscle in your body during labor and birth, so this is the time to honor your body and rest. **No matter how well you feel when you get home, these first few days at home are for rest and recuperation.** It is very easy to overdo your activity in the first couple of weeks after birth. You should:

- Sleep during the day with your baby (they tend to be more alert and feed better at night).
- Eat nutritious foods – the better food you eat, the better you feel and the heartier milk you make.
- Drink plenty of water – you need a lot of water for a good milk supply.
- Have people bring you nutritious meals that you can freeze.
- Have other friends and family help with chores – limit your activity to taking a shower for the first 3-4 days.
- Limit your activities to caring for yourself and your baby.
- Not lift anything heavier than your baby.
- Let others clean, cook, and supervise household needs (including older siblings).

You may be surprised by how much rest it takes to fully recover from birth and how little extra time there is for tasks other than eating, sleeping, and caring for your newborn. Clients who do too much in the first couple of weeks after birth have more exhaustion, more baby blues, and more stress. No matter if this is your first or fourth baby, you need time to recover. You owe this to your body.

## Physical changes

**BLEEDING:** The uterus bleeds from the vessels where the placenta was attached, and it takes several weeks for those vessels to close completely. Most clients bleed like a heavy period for 1-2 days after birth. You might bleed more when you get up to use the restroom or when you are showering. After a couple of days, the bleeding is more like a moderate period and then decreases to a light period and then to a dark brown or yellowish discharge. Your bleeding may last for 4-6 weeks total and that is normal. Passing a clot or two up to the size of a golf ball is normal if you haven't been up for a while. Clots are usually old blood and have been sitting in the vagina for a while and have been exposed to oxygen. Change your pad every time you use the restroom.

**NOT NORMAL: Bleeding more than one regular pad an hour, many golf-ball-sized clots, or foul-smelling blood/discharge (like something rotting).**

**CRAMPING:** Cramping is the work your uterus does to get back down to its normal size. It is mostly in response to breastfeeding and the surge of oxytocin released every time your baby nurses. Cramping, especially while nursing, is normal. Cramping usually worsens with subsequent babies as the uterus has to work a little harder to get back down to its normal size. A heating pad may help but Ibuprofen works best and is safe for breastfeeding. You may take 800 mg (4 regular tablets) every 8 hours for as long as you need it. If ibuprofen alone is not giving you relief from cramping, you may take Ibuprofen 600 mg every 6 hours and alternate that with Tylenol 1000 mg every 6 hours. Do not take more than 4000 mg of Tylenol in 24 hours.

**NOT NORMAL: Pain in your uterus that is more than menstrual cramping – the pain should not feel like you are in labor again.**

**SWELLING:** Legs and feet often swell after birth. This usually returns to normal within a few days after the birth.

**NOT NORMAL: Swelling, tingling, or numbness in one foot or leg or a painful red spot in one of your legs.**

**BREASTS:** Breast milk comes in within 2-3 days after birth for most moms. When breast milk comes in, it is not unusual to get a low-grade fever (<100.4 F). Always wash your hands or use hand sanitizer before you nurse your baby to decrease the risk of mastitis (an infection in the milk ducts). See below for more information on feeding, engorgement, and sore nipples.

**NOT NORMAL: A firm, tender, red spot on one or both of your breasts along with a fever of >100.4 F and body aches.**

**NIPPLES:** Nipple tenderness is a normal part of breastfeeding in the first few days, but it shouldn't hurt so bad that you want to crawl the walls. It is normal to feel some tenderness when the baby first latches and up to about a minute after. Do not pull your baby off when they are done nursing – instead, slip a finger in the corner of the baby's mouth and break the suction. Use lanolin or any nipple cream that is safe for the baby to help heal any injuries.

**NOT NORMAL: hickies on or around the nipple, bleeding, or terrible pain**

**BOWELS:** Many clients are scared of having a bowel movement after birth. We invite you to relax – our bodies are very good at regulating these things, and most clients find their first bowel movement is nothing more than normal and soft. The worst thing you can do is get constipated. Drink plenty of fluids, eat fresh fruit and vegetables, and take in plenty of fiber. All of these things will help prevent you from becoming constipated.

**PERINEUM/SUTURES (STITCHES):** The soreness in your bottom will be the worst in the first week. Use frozen witch hazel pads for the first 24-48 hours, then switch to warm sitz baths with Epsom salts and herbs. If your vagina or perineum was repaired after your birth, the sutures that were used are a synthetic material that usually dissolves in 2-3 weeks. The suture may look white and will dissolve faster and with less discomfort if you take a warm bath at least once a day every day. You can pre-make some Witch Hazel pads, too! See the recipe below.

### Witch hazel pads/padsicles/peri-pops

Use this recipe to make your own frozen postpartum pads that will be very comforting:

- Witch hazel (preferably alcohol-free)
- Aloe vera gel
- Lavender essential oil (optional)
- Small bottle or bowl for mixing ingredients
- About 24 pads should be enough
  - Can be cloth or disposable menstrual pads, cloth or disposable newborn diapers, or folded washcloths.
  - These pads are for pain relief and may not hold all bleeding discharge.
  - Place them inside your postpartum pad or Depends briefs.

#### Directions:

- Mix half witch hazel and half aloe vera gel in a bowl or bottle.
- Add 4-5 drops of lavender essential oil.
- Spray or spread onto pads
- Layer pads with aluminum foil to keep them from sticking together
- Put in a shallow bowl with the right curve to fit your bottom and then freeze
- Put in a freezer bag after they are frozen
- Let them thaw a few minutes before applying to your bottom.

## Newborn Feeding

For additional information after 2 weeks of age - see **FEEDING YOUR BABY**

If you are breastfeeding, you should attempt to feed every two hours around the clock until your milk comes in, not to exceed three hours. Measure the time from the beginning of one feed to the beginning of the next feed. This time period is what we mean when we say feed every two hours. Studies show that babies who nurse this often have less weight loss and less jaundice, a condition caused by too much bilirubin (explained in more detail below). In addition, babies who nurse more often have better temperature regulation and tend to be more satisfied. In the first 48-72 hours, your body is making its first milk called colostrum, which is made up of calorie-rich protein and antibodies to boost your baby's immune system. There is very little fat or carbohydrate in colostrum, but it is exactly what babies need. You will notice that there is not a lot of colostrum and many clients feel as though their baby is not getting enough. Most babies get exactly what they need in the first few days before your milk comes in – their stomach is the size of a marble and the perfect size to fit 1-2 teaspoons of colostrum from each breast. The more you feed your baby, the more colostrum your baby is taking in, and the more satisfied your baby will be until your milk arrives.

If you are formula feeding, feed your baby 1-2 ounces for the first few feedings and then increase as the baby can take in more formula. Most babies should only take in 3-4 ounces per feeding in the first month. Newborns should only be fed pre-mixed liquid formula because it is sterile. They are not to have powdered formula until 1 month of age because their intestines are not colonized with bacteria and powdered formula is not sterile.

## Engorgement

Breastmilk works on a system of supply and demand. Therefore, engorgement is the over-supply of milk that your baby has been demanding for the past 3 days. Engorgement will usually only last for 1-2 days; it takes your body between 24-48 hours to adjust to your baby's feeding. So, when your baby slows down, your milk slows down in a day or two. When your baby has a growth spurt, it takes your milk a day or two to catch up. The best thing to do for engorgement is to nurse as usual to release the pressure. If your baby is having a difficult time latching, express some of the milk from your breast either with your hand or a breast pump. You only need to express a little in order to soften up the areola around the nipple. Most babies have a difficult time latching with engorgement only because they are not used to the way the breast feels once the breasts have become engorged. Though you may at times feel frustrated or stressed, try to release these feelings and be gentle with yourself. Your baby will pick up on frustration and stress and may become upset while nursing. Always get into a comfortable position, prop your arms and baby with pillows and a Boppy, and relax. Take your shirt off and let your baby get skin-to-skin with you to smell you and feel you. This will help you and your baby as you work together through the first couple weeks of breastfeeding.

You may stand in the shower to release some of the milk when you are engorged. Sometimes, just holding a warm washcloth against your breast will help release some milk. Cold green cabbage leaves may help as well – there is an enzyme in cabbage leaves that helps reduce the soreness of engorged breasts and sore nipples. See the section “**Potential Breastfeeding Issues**” for more information, including the **BAIT** protocol for breast inflammation.

## Sore nipples

The two most important things to avoid nipple pain and injury are 1) position and 2) latch. Your baby should be facing your body as though you were dancing. You don't want your baby to have to turn their head to get to your breast – it will cause them to pull inadvertently, which can cause nipple injury. Also, make sure your baby's head is at the height of your breast. You always want to make sure that you bring the baby to you, not you to your baby. This is where propping the baby with pillows is very helpful.

Your baby's mouth should open like a fish, or like they are taking a bite of an apple – in other words WIDE! Their lips are pursed out and they should take in all of the nipple and as much of the areola into their mouth that can fit. Latch is of utmost importance. If your baby is only on the end of the nipple, then it can easily be injured by vigorous sucking. It is not uncommon to have some tenderness with the latch for the first few days, but after about 30-60 seconds it should mostly ease off. If you have severe pain immediately with the baby latching on, then something is not right. Insert your finger into the baby's mouth to break the suction, reposition and re-latch the baby. See the section “**Potential Breastfeeding Issues**” for more information.

## Nutrition

- Drink at least eight glasses of water each day, especially if you are breastfeeding.
- If breastfeeding, you should eat basically what you were in pregnancy as you burn up to 500 calories a day
- If not breastfeeding, you may resume your pre-pregnancy diet.
- Continue taking in good calcium – at least four servings of calcium-fortified foods per day.
- Eat a wide variety of fruits, vegetables, lean meats, and whole grains. Your diet during breastfeeding is just as important as it was during pregnancy. Most babies don't have issues with what their mothers eat, but it is just trial and error.

## Medications

- If you were given a prescription, follow the directions on the bottle.
- Continue your prenatal vitamins and any other supplements you have been taking unless instructed otherwise.
- If you were taking an iron supplement during pregnancy including Blood Builder, FerroFood, or Floradix, continue at the dose you were taking until directed to change or stop.
- You may take: Ibuprofen 800 mg every 8 hours.
- If ibuprofen alone is not giving you relief from cramping, you may take Ibuprofen 600 mg every 6 hours and alternate that with Tylenol 1000 mg every 6 hours. Do not take more than 4000 mg of Tylenol in 24 hours.
- You may take: Colace (generic name is docusate sodium) 100 mg twice a day. This is a stool softener and can be bought over-the-counter at CVS or Walgreens.

## Emotional changes

There is a wide range of emotions you may experience once you go home. You may feel so elated that you think you can't sleep. You may feel anxious. You may even feel a little sad as you realize the person who was inside of you for so long is no longer there – even though s/he is on the outside now, it is normal to miss the kicking and moving around. You may also cry for no reason and just feel emotional. This is all normal for the first couple of weeks. Your hormones are changing drastically and rapidly, and your family has just increased by one! So, be gentle with yourself if you aren't feeling how you thought you might in a couple of days. It is normal to:

- Have feelings of anxiety about caring for your new baby and family.
- Have ups and downs.
- Have difficulties coping with some things that didn't use to bother you (usually because of sleep deprivation).
- Have feelings of being overwhelmed, exhausted, and out of your element. Be patient with yourself, this is a normal process of adjustment and you will get it with time.

**NOT NORMAL: Feelings of depression and utter sadness, hopelessness and helplessness you don't want to get out of bed in the morning; you don't want to take care of yourself, your baby or your other children; you don't want to eat anything or take part in normal daily activities; you want to hurt yourself, the baby or others.**

# WEEKS 2 TO 8 (AND BEYOND)

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This section reviews the postpartum changes you can expect during the first 8 weeks. Please refer to the “**DISCHARGE INSTRUCTIONS: BIRTH TO 2 WEEKS**” section for information on the first week after birth. You can also refer to your postpartum discharge summary handout given after the birth. Your body goes through many changes to return to a non-pregnant state. You and your family will be adjusting to a new family member. Your postpartum appointments are just as important as your prenatal visits. If you are having problems, questions, or concerns, call the nurse line (505-924-2229) for questions that can wait a few hours for an answer or call the midwife on call (505-944-5488) for urgent concerns that cannot wait.

## Physical changes

**YOU WILL HAVE VAGINAL BLEEDING** like a period for 1 to 2 weeks after your baby is born. The bleeding decreases over the next 3 to 4 weeks but can last up to 6 weeks. The vaginal discharge changes from red to brownish. Do not use tampons, douches, or have sex until the bleeding stops.

**If you soak a regular-sized pad (not a panty liner) in one hour, have extremely painful cramping, continuous golf-ball sized blood clots, or foul-smelling blood, call the midwife on call (505-944-5488) immediately.**

**YOU WILL HAVE SORENESS IN YOUR VAGINAL AREA** for a week or more especially if you had stitches. The stitches should dissolve and usually do not have to be taken out. Taking a warm bath 2-3 times a day helps your stitches to heal faster and decreases the soreness. Once in a while the stitches do not completely dissolve and your midwife will need to remove parts of them.

**FOR PROBLEMS WITH HEMORRHOIDS OR CONSTIPATION**, you can use the same relief measures listed in the pregnancy discomforts section of this booklet.

**YOUR UTERUS WILL DECREASE IN SIZE.** After birth, your uterus is about the size of a volleyball and can be felt at the level of your belly button. It should feel firm, and we recommend you give it a massage every couple of hours for the first couple of days. It is normal for you to feel cramping while breastfeeding; you can take ibuprofen 800 mg every 8 hours as needed. Your uterus returns to a normal size in about 6 weeks. Breastfeeding will make this happen faster.

## Breastfeeding

- We strongly recommend and encourage breastfeeding for all infants; evidence shows it is the best nutrition for human babies.
- The American Academy of Pediatrics recommends exclusive breastfeeding through six months of age and breastfeeding for the first year of life.
- Breast milk is the perfect food for your baby. It has the perfect amount of protein, fat, and water. It changes to meet the demands of your baby's growth.
- Babies' brains grow more quickly than any other part of their body and breast milk is designed to facilitate that growth.
- Breast milk is made up of foremilk, which is full of carbohydrates, and hindmilk, which is rich in protein and fat, the most important nutrients for growth and development.
- It is very important to breastfeed your baby every 2-3 hours around the clock. Babies may nurse on only one side but usually need to nurse at least 15-20 minutes to get the hindmilk.
- Breastfed babies cannot be overfed. They are less likely to be obese than formula fed babies.
- Breast milk works on a supply and demand system; the more the baby nurses, the more milk you make.
- Healthy nutrition and hydration are essential for good milk supply.



## Nutrition

- Most clients lose about 12-17 pounds in the first week after the baby is born.
- Everyone loses some weight after birth. Breastfeeding may help you lose more weight than formula feeding.
- We recommend taking your prenatal vitamins as long as you are breastfeeding. Taking a vitamin daily can help you get all the nutrients you need, and prenatal vitamins are fine to take when you are no longer pregnant.
- Drink 8-10 glasses of water daily, especially if you are breastfeeding. Milk supply is dependent on good nutrition and hydration.
- Eat high fiber foods like whole grains, fresh fruit, and vegetables to prevent constipation.
- Breastfeeding may burn up to 500 calories/day, so it's important for you to continue healthy nutrition.

## Exercise and Activities

- Try to rest or nap when your baby sleeps.
- Have family or friends help you at home so you can rest. For the first 1-2 weeks you should not be cleaning house, cooking long meals, doing lots of laundry, shopping, or having lots of company.
- Walking is good exercise for the first 6 weeks and then you can return to your normal exercises. You can start walking about a week after birth. If your bleeding increases, wait a few days and try again.
- If vaginal bleeding increases with any activity or exercise, decrease your exercise and activities.
- Kegel exercises help tighten the muscles of the birth canal. Strong muscles stop you from urinating when you cough or sneeze. Practice these up to 100 times a day by squeezing the muscles you would use to try to stop your urine flow.

## Mother/birthing parent in relation to others

- Be sure to ask family and friends for help with the baby when you're tired or feel stressed.
- We recommend spending time alone with your partner weekly. This is the perfect time for both of you to share your needs and fears.
- It is common for older siblings to become jealous and act younger than their age when you bring your new baby home. It can help to involve the siblings in the care of your baby. As logistics allow, try to spend special time with them only, even if this is just for a few minutes each day.
- Most clients' bodies are physically healed in four to six weeks after birth, but you may not have a period. Remember that you can get pregnant again even before you have a normal period.
- You and your partner will navigate when you want to resume sex, and we recommend waiting 6 weeks for the uterus to heal. Some people will feel ready to resume intercourse at this 6-week mark and others will not. Whatever feels right to you is what's right for you. You may want to explore other ways to feel close to yourself and your partner during this time. It is common to have decreased sexual desires due to hormonal changes, fatigue, and lack of privacy. You may have discomfort during sex due to dryness. Lubricants may help. And remember, if you do not desire another pregnancy right away, use your birth control method of choice even if you have not yet had a period. We recommend pregnancies be spaced by at least 6 months with risks decreasing to the subsequent pregnancy if spaced by at least 18 months.

## Emotions

Many clients have the "baby blues" during the first 2 weeks after having a baby. This usually goes away within a few days or a week. You may experience some of the following:

- Mood swings
- Feeling sad, anxious, or overwhelmed
- Crying spells
- Little to no appetite
- Trouble sleeping

## Depression and anxiety during and after pregnancy

Depression and anxiety are more than just feeling anxious, blue, or down in the dumps for a few days. Each is a serious illness that involves changes in the brain chemistry and structure.

**ANXIETY** feels terrible and includes a fear for the future. We all experience anxiety from time to time, but when it happens often, it can become a habit of both thoughts and physiological reactions. You might worry about the world around you, someone you love, or yourself. Anxiety can take on many forms, including social anxiety, panic, fear of crowded or enclosed spaces, fear/phobia of something specific, or general anxiety. Restlessness, fatigue, concentration issues, muscle tension, irritability, and sleep disturbance are all symptoms. Panic takes anxiety to a whole different level. It can present as an abrupt surge of intense fear, sometimes seemingly out of nowhere. Panic is a true fight-flight-freeze reaction and can be terrifying. Symptoms include a pounding heart, sweating, shaking, shortness of breath, chest pain, nausea, feeling dizzy or lightheaded, feeling chilled or overheated, having numbness or tingling fingers or toes, a sense of loss of reality (derealization) or a sense of loss of self (depersonalization), or fearing going crazy or even dying. All of this is a normal reaction to something that you perceive to be life-threatening; what falls into this category doesn't always make rational sense. We share this information to normalize something that a number of our clients sometimes experience, and to let you know that **if you're experiencing anxiety and/or panic, you're not alone, and there is help available**. Reach out to a midwife or a mental health professional if you're experiencing new or worsened anxiety and/or panic which disturbs your work or social life. Therapy alone is often helpful, and sometimes medication is needed to regulate your emotional state to a more bearable level. It can happen at any time, but anxiety can be triggered by pregnancy and birth, or your feelings about these life events. See the section on "Depression/Anxiety Warning Signs" for ideas of what to look out for.

**DEPRESSION.** Persistent sad feelings can be mild to severe and interfere with your day-to-day life and routines. About 13% of pregnant clients and new mothers/birthing parents have depression; sometimes dads and other parents are affected too. Depression is usually the result of a combination of factors. Stressful life events can trigger depression, and hormonal factors unique to women and those giving birth may also contribute. Females are at greater risk during puberty, pregnancy, postpartum, and menopause. Depression after childbirth is called **postpartum depression** and can begin anytime within the first year after childbirth. The quick changes of hormones after birth and decreasing levels of thyroid hormones can cause symptoms of depression. Lack of sleep, feeling overwhelmed with a new baby, and doubting your ability to be a good parent can also play a role. The stress from changes in work and home routines and grief over the loss of who you were before having a baby can be overwhelming.

**Some are more at risk for depression and anxiety during and after pregnancy. These risk factors include:**

- A personal or family history of depression, anxiety, or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Problems with a previous pregnancy or birth
- Marriage or money problems
- Stressful life events – death of a loved one, caring for a family member, abuse, poverty
- Young age
- Substance abuse – alcohol, tobacco, drugs

Most depression gets better with counseling, and some people also need medication. If you prefer to do self-paced therapy, you may benefit from *The Pregnancy and Postpartum Anxiety Workbook* by Wiegartz, Gyoerkoe, and Miller. This book can be purchased online via a google search.

There are a few things you can do to reduce your risks for depression. Here are some helpful tips:

- Rest as much as you can. Sleep when the baby is sleeping.
- Be gentle with yourself. Let go of doing too much or trying to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feeling with your partner, family, and friends.
- Talk with other parents so you can learn from their experiences.
- Join a support group.
- Don't make any major life changes during pregnancy or right after giving birth that will cause more stress.

Untreated depression can hurt you and your baby. Some clients may eat poorly and not gain enough weight during pregnancy. Others may have problems sleeping. Untreated depression may increase the risk of problems during pregnancy or birth. Rates of preterm birth and low birth weight babies are higher in those with depression. Untreated postpartum depression and anxiety can affect your ability to parent. You may lack energy, have trouble focusing, and be unable to meet your child's needs. Depression can cause delays in language development, problems with mother-child bonding, behavioral problems, and increased crying. If you are feeling depressed, please tell a loved one and ask for help caring for the baby.

At your postpartum visits we will check-in on how you're feeling emotionally. At your 6-8 week visit (sooner if the midwife feels it's indicated) we will give you a questionnaire called the Edinburgh Postpartum Depression Scale. Your score lets us know if more support around your mental health is needed; the score does not diagnose depression or anxiety. We have included this questionnaire below so that you can assess yourself if so desired.

## Support groups for mothers, parents, partners, and families

At Dar a Luz, we care about every family and constantly strive to find ways to offer support! Most groups are FREE and open to the community. For all group descriptions and current schedules, visit our website and click on the link for Classes & Support Groups.



# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often      Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

- |   |   |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me   |
| <input type="checkbox"/> As much as I always could            | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now                | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual    |
| <input type="checkbox"/> Definitely not so much now           | <input type="checkbox"/> No, most of the time I have coped quite well             |
| <input type="checkbox"/> Not at all                           | <input type="checkbox"/> No, I have been coping as well as ever                   |
| 2. I have looked forward with enjoyment to things             | *7. I have been so unhappy that I have had difficulty sleeping                    |
| <input type="checkbox"/> As much as I ever did                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Rather less than I used to           | <input type="checkbox"/> Yes, sometimes   |
| <input type="checkbox"/> Definitely less than I used to       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> Hardly at all                        | <input type="checkbox"/> No, not at all   |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable  |
| <input type="checkbox"/> Yes, most of the time                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Yes, some of the time                | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Not very often                       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> No, never                            | <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason          | *9. I have been so unhappy that I have been crying                                |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Hardly ever                          | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Only occasionally  |
| <input type="checkbox"/> Yes, very often                      | <input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason     | *10. The thought of harming myself has occurred to me                             |
| <input type="checkbox"/> Yes, quite a lot                     | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Sometimes  |
| <input type="checkbox"/> No, not much                         | <input type="checkbox"/> Hardly ever  |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Never  |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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# WARNING SIGNS

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## Depression and anxiety

You or a family member needs to **call the nurse line (505-924-2229) or the midwife on call (505-944-5488)** if you have the following symptoms that last more than 2 weeks:

- Feeling restless or moody
- Feeling sad, hopeless, and overwhelmed
- Excessive worry about the baby or your ability to parent/mother
- Intrusive, anxious thoughts about worst-case scenarios
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Thoughts of harming yourself or your baby



## Postpartum warning signs

You need to **call the nurse line (505-924-2229) or the midwife on call (505-944-5488)** if you have any of the following symptoms:

- Fever over 101°F or chills and body aches
- Bad smelling vaginal discharge
- Strong abdominal or vaginal pain not helped by ibuprofen or Tylenol
- Surgery incision that is open or has pus
- Severely painful, red, or lumpy breasts lasting more than 24 hours
- Bleeding through a regular size pad (not a panty liner) every hour
- Severe leg pain that is worse when you stand or walk
- Painful red spot or streak in one or both breasts, fever 101°F or greater, chills or body aches





# RECOVERY

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## Postpartum exercises

Pregnancy is a significant strain, both physically and emotionally, on a new parent. During this early recovery period, you may lack abdominal tone and your body image may shift. To allow for your baby's growth during pregnancy your skin and stomach muscles have stretched and weakened. Your joints have loosened to facilitate passage of the baby's head through the pelvis. Your abdominal skin may have been opened to allow for passage of the baby via cesarean birth. What an amazing thing your body has just done! It may take some time for your body to return to a state that is more recognizable to you. We advise patience and embracing where you are in your recovery. You may start these re-toning exercises about one week after birth or when you feel ready. It is essential to use good body mechanics in your everyday activities to protect your joints and ligaments until your muscles regain their strength. Many new moms/parents find that walking after 2 weeks postpartum is a great way to start exercising and helps them get outdoors with their baby. At your last postpartum visit, the midwife will evaluate your diastasis and pelvic floor muscles. If these have not returned to normal, we will refer you to physical therapy for evaluation and treatment. We endorse pelvic floor physical therapy for everyone!

## Pelvic floor exercises – kegels

Pregnancy, childbirth, surgery, aging, excessive straining from constipation or chronic coughing, and being overweight may weaken the pelvic floor muscles. Kegel exercises strengthen these muscles, which support the uterus, bladder, small intestine, and rectum and can help prevent urine from leaking while sneezing, laughing, or coughing. This leaking urine is known as stress incontinence. Kegel exercises can be done anytime during pregnancy or after childbirth.

To identify your pelvic floor muscles, stop peeing midstream without engaging your abdominal muscles. If you succeed, you've got the right muscles. Think of tightening and pulling inward, not bearing down. Be careful not to flex the muscles in your abdomen, thighs, or buttocks. Avoid holding your breath. Instead, breathe freely during the exercises. When beginning to strengthen the pelvic floor, we recommend performing two different types of Kegel exercises:

- **Prolonged hold** - squeeze pelvic floor and hold for 10 seconds followed by a 20 second rest. This rest break is equally as important as the contraction. Perform 10 repetitions and do this 3 times a day.
- **Quick hold** – squeeze the pelvic floor, hold the contraction for 5 seconds, and then relax for 5 seconds. Start with 3 sets of 10 working up to 10 sets as you get stronger.



Please note: pelvic floor physical therapists recommend evaluation before starting Kegel exercises, as you may actually benefit from relaxation exercises instead, depending on the issue(s) you're facing.

## Post pregnancy abdominal routine – The Sahrman Technique

Abdominal exercises designed by the physical therapist Shirley Sahrman target the lower abdominals without putting too much stress on the post pregnancy abdomen and back that traditional sit-ups do. This sequence of exercises eliminates stress on the lower back and the diastasis recti – a thinning and widening of the connective tissue between the recti muscles that occurs during pregnancy. The series of exercises gradually get harder and harder allowing your abdominals to strengthen and tone progressively. Try not to move through the exercises too quickly as you risk recruiting other muscle groups to aid in the movement and possibly cause injury.

### Sahrman Abdominal Rehabilitation Exercises

Before you can start Step One you need to master the basic breath. This will teach you how to isolate and control your abdominal muscles as you move your legs through a series of exercises.

1. Lie on your back with your arms at your side, knees bent, and feet resting on the floor. Inhale and exhale a few times.
2. Don't flatten your back or tilt your pelvis, just let the natural curve in your back remain. Breathe in slowly and deeply.
3. Now breathe out and tighten your abdominal muscles, pulling your navel towards your spine. Remember to concentrate on contracting the muscles below your belly button, and don't flatten your back.
4. When you are able to contract and relax your abdominal muscles without moving your back, you have learned to properly isolate the correct muscles. You can then try the next step.

### STEP ONE

- Lie on the floor with knees bent, feet resting on floor, and arms at your side (see Figure 1).
- Hold your abs in by doing your basic breath contraction. Keep breathing as you hold the muscles in, and keeping one leg bent, slowly slide the other leg out until it is straight with the floor. Then slide back up to bent knee position (see Figure 2). Relax your abdomen.
- Repeat the process for the other leg. Remember, don't flatten your back and keep the curve relaxed.
- When your abdominal muscles contract, this helps stabilize your pelvis while your legs and lower ab muscles work. This prevents strain in your back muscles, and it trains your abdominal muscles to protect and support your spine. When you can comfortably do 20 legs slides on each side, you can move to the next step.



Figure 1



Figure 2



## STEP TWO

- Lie on the floor with knees bent, feet resting flat on the floor, and arms at your side.
- Pull in on your tummy and hold, then raise one knee towards your chest (see Figure 3) and slowly straighten it out parallel to the floor about two to three inches above the floor but not touching the floor (see Figure 4).
- Return extended leg to starting position, knees bent, feet resting on floor, and relax your tummy. Repeat on opposite side, keeping one knee always bent as you extend the other leg. Work up to five repetitions on each side without stopping, building to 20 repetitions or more on each side.
- Once you can do 20 reps on each leg you can move onto Step 3.



Figure 3



Figure 4

## STEP THREE

- Lie on the floor with your knees bent and your arms at your side (see Figure 5).
- Use your basic breathing as you bring your legs up one at a time toward your body with knees bent at a 90-degree angle.
- Keep one leg bent as you slowly lower the other leg down to the floor and back up (see Figure 6).
- Repeat on the opposite side, working up to 20 times each leg.
- If you can comfortably do 20 repetitions on each leg of Step 3, you are ready to move on to Step 4.



Figure 5



Figure 6

## STEP FOUR

- Do your basic breathing as you bring both legs up and bend knees to 90 degrees (see Figure 7).
- Slowly extend one leg out parallel with the floor but not touching it (see Figure 8).
- Bring the leg back and repeat with opposite leg. Work up to 10 repetitions each leg.
- With each repetition, remember to keep breathing. Contract your abdomen as you move your leg, and don't let your back pop up. If the arch in your back keeps popping up during the exercise, it means you're not strong enough to progress to this level and need to go back to the previous exercise until you build greater strength.
- You may try this exercise when you can do Step 4 twenty times each leg while maintaining your abdominal contraction without your back arching.



Figure 7



Figure 8

## STEP FIVE

- Using your basic breathing, bring both legs to your chest one at a time.
- Straighten both legs up at a 90-degree angle from your hip (see Figure 9).
- Slowly lower your legs down together toward the floor (see Figure 10). Go only as far as it feels comfortable, and if you feel your back beginning to arch, bring your legs back up and lower them again only to the point where you notice your back arching. Work up to 20 repetitions.
- If you notice back pain with this exercise, discontinue doing it, and maintain at Step 4.
- Step 5 may not be appropriate for clients who have low back pain.



Figure 9

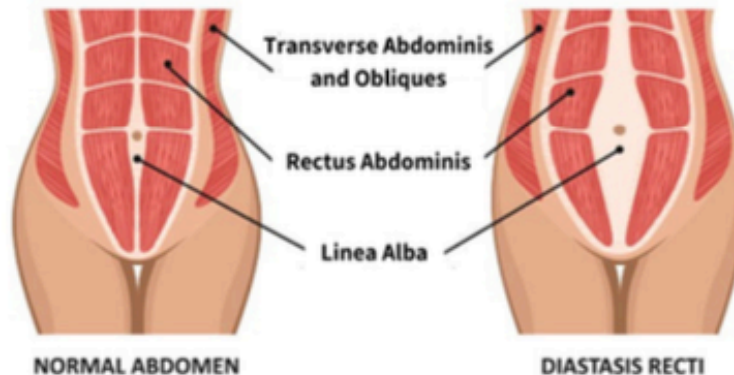


Figure 10

With each exercise, remember to keep breathing, contract your abdominals as you move your leg, and don't let your back pop up. If the arch in your back keeps popping up during the exercise, it means you're not strong enough to progress to this level, and you need to go back to the previous exercise until you build greater strength.



## DIASTASIS RECTI



These abdominal muscles separate for every pregnant woman by week 35 of pregnancy. 50% of women will still have a separation at 6 months postpartum. It is important to start teaching these muscles to come back towards midline in the first 8 weeks postpartum. Below are some exercises you can start to perform to expedite your recovery.



### Tummy Hugs

- Take a towel and wrap it around your abdomen
- Gently lift your head off of the ground to get a light contraction of your tummy muscles
- Pull opposite sides of the towels away from one another
- 3 x 10 a day



### Transversus Abdominis

- Gently pull in your belly button, and feel a muscle gently synch your waist
- Your back should not crunch down towards the ground
- Hold for 10 seconds, 10 times



### Diaphragmatic Breathing

- Lay on the floor and place your hands on the sides of your ribs
- Inhale through your nose, feeling your rib cage expand into your hands
- Minimize your belly or neck from moving
- Now exhale fully through your mouth
- Perform 3 x 5

Method Physical Therapy

[methodptnm.com](http://methodptnm.com)

505-615-9381

# BIRTH CONTROL





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There are many forms of birth control available. Please refer to the pages below for information on birth control options. If you are breastfeeding every 2-3 hours around the clock, you may not have a period for 3-6 months or you may not have a period as long as you are breastfeeding. Even though you do not have a period, you can still get pregnant as you ovulate before you bleed. If you are formula feeding, you may have a period within a month after the baby is born. If you do not use birth control and are in contact with sperm, you can get pregnant. Talk to your midwife to decide which method is best for you.

See next pages for **Birth Control Choices**

*Birth is about much more than the wriggling of a tiny body out of a larger one. When we birth, we don't just birth babies.  
We birth ourselves, we birth our families, and we reshape our lives.  
~ Sarah Wickham*

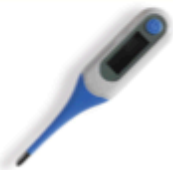



# Your Birth Control Choices

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
<b>External Condom</b> 	<ul style="list-style-type: none"> <li>• Use a new condom each time you have sex</li> <li>• Use a polyurethane condom if allergic to latex</li> </ul>	None	<ul style="list-style-type: none"> <li>• Can buy at many stores</li> <li>• Can put on as part of sex play/foreplay</li> <li>• Can help prevent early ejaculation</li> <li>• Can be used for oral, vaginal, and anal sex</li> <li>• Protects against HIV and other STIs</li> <li>• Can decrease penile sensation</li> <li>• Can cause loss of erection</li> <li>• Can break or slip off</li> <li>• Does not need a prescription</li> </ul>	87%
<b>Internal Condom</b> 	<ul style="list-style-type: none"> <li>• Use a new condom each time you have sex</li> <li>• Use extra lubrication as needed</li> </ul>	None	<ul style="list-style-type: none"> <li>• Can put in as part of sex play/foreplay</li> <li>• Can be used for anal and vaginal sex</li> <li>• May increase vaginal/anal pleasure</li> <li>• Good for people with latex allergy</li> <li>• Protects against HIV and other STIs</li> <li>• Can decrease penile sensation</li> <li>• May be noisy</li> <li>• May be hard to insert</li> <li>• May slip out of place during sex</li> <li>• May require a prescription from your health care provider</li> </ul>	79%
<b>Diaphragm</b> Caya® and Miletex® 	<ul style="list-style-type: none"> <li>• Put in vagina each time you have sex</li> <li>• Use with spermicide every time</li> </ul>	None	<ul style="list-style-type: none"> <li>• Can last several years</li> <li>• Costs very little to use</li> <li>• May protect against some infections, but not HIV</li> <li>• Using spermicide may raise the risk of getting HIV</li> <li>• Should not be used with vaginal bleeding or infection</li> <li>• Raises risk of bladder infection</li> </ul>	83%
<b>Emergency Contraception Pills</b> Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	<ul style="list-style-type: none"> <li>• Works best the sooner you take it after unprotected sex</li> <li>• You can take EC up to 5 days after unprotected sex</li> <li>• If pack contains 2 pills, take both at once</li> </ul>	<ul style="list-style-type: none"> <li>• Your next monthly bleeding may come early or late</li> <li>• May cause spotting</li> </ul>	<ul style="list-style-type: none"> <li>• Available at pharmacies, health centers, or health care providers: call ahead to see if they have it</li> <li>• People of any age can get progestin EC without a prescription</li> <li>• May cause stomach upset or nausea</li> <li>• Progestin EC does not interact with testosterone, but we don't know whether Ulipristal acetate EC does or not</li> <li>• Ulipristal acetate EC requires a prescription</li> <li>• May cost a lot</li> <li>• Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26.</li> <li>• Ulipristal acetate EC works better than progestin EC 3-5 days after sex</li> </ul>	58 - 94%

\*Typical Use


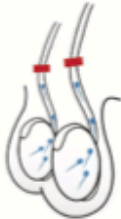


Reproductive Health Access Project / October 2022

[www.reproductiveaccess.org](http://www.reproductiveaccess.org)

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
<b>Fertility Awareness</b> Natural Family Planning 	<ul style="list-style-type: none"> <li>Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your monthly bleeding</li> <li>It works best if you use more than one of these methods</li> <li>Avoid sex or use condoms/spermicide on fertile days</li> </ul>	<ul style="list-style-type: none"> <li>Does not work well if your monthly bleeding is irregular</li> </ul>	<ul style="list-style-type: none"> <li>Costs little</li> <li>Can help with avoiding or trying to become pregnant</li> <li>Use a different method on fertile days</li> <li>This method requires a lot of effort</li> <li>Does not require a prescription</li> </ul>	85%
<b>The Implant</b> Nexplanon® 	<ul style="list-style-type: none"> <li>A clinician places it under the skin of the upper arm</li> <li>It must be removed by a clinician</li> </ul>	<ul style="list-style-type: none"> <li>Can cause irregular bleeding and spotting</li> <li>After 1 year, you may have no monthly bleeding at all</li> <li>Cramps often improve</li> </ul>	<ul style="list-style-type: none"> <li>Long lasting (up to 5 years)</li> <li>You can become pregnant right after it is removed</li> <li>It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>May cause mood changes</li> </ul>	> 99%
<b>IUD: Copper</b> ParaGard® 	<ul style="list-style-type: none"> <li>Must be placed in uterus by a clinician</li> <li>Usually removed by a clinician</li> </ul>	<ul style="list-style-type: none"> <li>May cause cramps and heavy monthly bleeding</li> <li>May cause spotting between monthly bleeding (if you take testosterone, this may not be an issue)</li> </ul>	<ul style="list-style-type: none"> <li>May be left in place for up to 12 years</li> <li>You can become pregnant right after removal</li> <li>It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>Rarely, uterus is injured during placement</li> </ul>	> 99%
<b>IUD: Hormonal</b> Liletta®, Mirena®, Skyla® and others 	<ul style="list-style-type: none"> <li>Must be placed in uterus by a clinician</li> <li>Usually removed by a clinician</li> </ul>	<ul style="list-style-type: none"> <li>May improve cramps</li> <li>May cause lighter monthly bleeding, spotting, or no monthly bleeding at all</li> </ul>	<ul style="list-style-type: none"> <li>Uses levonorgestrel, a progestin</li> <li>May be left in place 3 to 8 years, depending on which IUD you choose</li> <li>You can become pregnant right after removal</li> <li>It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>Rarely, uterus is injured during placement</li> </ul>	> 99%






\*Typical Use



Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
<b>Sterilization: Tubal Methods</b> 	<ul style="list-style-type: none"> <li>• These methods block or cut the Fallopian tubes</li> <li>• A clinician reaches the tubes through your belly</li> </ul>	None	<ul style="list-style-type: none"> <li>• These methods are permanent and highly effective</li> <li>• Reversal is difficult</li> <li>• The risks include infection, bleeding, pain, and reactions to anesthesia</li> </ul>	> 98%
<b>Sterilization: Vasectomy</b> 	<ul style="list-style-type: none"> <li>• A clinician blocks or cuts the tubes that carry sperm from your testicles</li> </ul>	None	<ul style="list-style-type: none"> <li>• This method is permanent and highly effective</li> <li>• It is more effective, safer, and cheaper than tubal procedures</li> <li>• Can be done in the clinician's office</li> <li>• No general anesthesia needed</li> <li>• Reversal is difficult</li> <li>• Risks include infection, pain, and bleeding</li> <li>• It takes up to 3 months to work</li> </ul>	> 99%
<b>Vaginal Acidifying Gel</b> Phexxi® 	<ul style="list-style-type: none"> <li>• Insert gel each time you have sex</li> </ul>	None	<ul style="list-style-type: none"> <li>• Can be put in as part of sex play/foreplay</li> <li>• Does not have any hormones</li> <li>• Requires a prescription</li> <li>• May irritate vagina, penis</li> <li>• Should not be used with urinary tract infection</li> </ul>	86%
<b>Vaginal Spermicide</b> Cream, gel, sponge, foam, inserts, film 	<ul style="list-style-type: none"> <li>• Insert spermicide each time you have sex.</li> </ul>	None	<ul style="list-style-type: none"> <li>• Can buy at many stores</li> <li>• Can be put in as part of sex play/foreplay</li> <li>• Comes in many forms: cream, gel, sponge, foam, inserts, film</li> <li>• May raise the risk of getting HIV</li> <li>• May irritate vagina, penis</li> <li>• Cream, gel, and foam can be messy</li> <li>• Does not require a prescription</li> </ul>	79%
<b>Withdrawal</b> Pull-out	<ul style="list-style-type: none"> <li>• Pull penis out of vagina before ejaculations (that is, before coming)</li> </ul>	None	<ul style="list-style-type: none"> <li>• Costs nothing</li> <li>• Less pleasure for some</li> <li>• Does not work if penis is not pulled out in time</li> <li>• Must interrupt sex</li> </ul>	80%

\*Typical Use



Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?*
<b>The Patch</b> Ortho Evra® 	<ul style="list-style-type: none"> <li>• Apply a new patch once a week for three weeks</li> <li>• No patch in week 4</li> </ul>	<ul style="list-style-type: none"> <li>• Can make monthly bleeding more regular and less painful</li> <li>• May cause spotting the first few months</li> </ul>	<ul style="list-style-type: none"> <li>• You can become pregnant right after stopping patch</li> <li>• Can irritate skin under the patch</li> <li>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> </ul>	93%
<b>The Pill</b> 	<ul style="list-style-type: none"> <li>• Take the pill daily</li> </ul>	<ul style="list-style-type: none"> <li>• Often causes spotting, which may last for many months</li> </ul>	<ul style="list-style-type: none"> <li>• Can improve PMS symptoms</li> <li>• Can improve acne</li> <li>• Helps prevent cancer of the ovaries</li> <li>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> <li>• You can become pregnant right after stopping the pills</li> <li>• May cause nausea, weight gain, headaches, change in sex drive - some of these can be relieved by changing to a new brand</li> </ul>	93%
<b>Progestin-Only Pills</b> 	<ul style="list-style-type: none"> <li>• Take the pill daily</li> </ul>	<ul style="list-style-type: none"> <li>• Can make monthly bleeding more regular and less painful</li> <li>• May cause spotting the first few months</li> </ul>	<ul style="list-style-type: none"> <li>• You can become pregnant right after stopping the pills</li> <li>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>• May cause depression, hair or skin changes, change in sex drive</li> </ul>	93%
<b>The Ring</b> ANNOVERA® Nuvaring® 	<ul style="list-style-type: none"> <li>• Insert a small ring into the vagina</li> <li>• Monthly Ring: Change ring each month</li> <li>• Yearly Ring: Change ring each year</li> </ul>	<ul style="list-style-type: none"> <li>• Can make monthly bleeding more regular and less painful</li> <li>• May cause spotting the first few months</li> <li>• Can increase vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>• There are two types: a monthly ring and a yearly ring.</li> <li>• One size fits all</li> <li>• Private</li> <li>• You can become pregnant right after stopping the ring</li> <li>• This method contains estrogen - it is unclear if estrogen interacts with testosterone</li> </ul>	93%
<b>The Shot</b> Depo-Provera® 	<ul style="list-style-type: none"> <li>• Get a shot every 3 months (13 weeks)</li> <li>• Give yourself the shot or get it in a medical office</li> </ul>	<ul style="list-style-type: none"> <li>• Often decreases monthly bleeding</li> <li>• May cause spotting or no monthly bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• Each shot works for up to 15 weeks</li> <li>• Private for user</li> <li>• Helps prevent cancer of the uterus</li> <li>• May cause weight gain, depression, hair or skin changes, change in sex drive</li> <li>• It may lower the risk of uterine lining cancer, ovarian cancer, and polycystic ovary syndrome (PCOS)</li> <li>• Side effects may last up to 6 months after you stop the shots</li> </ul>	96%

\*Typical Use

# NEWBORN

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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



Caring for a newborn can be a joyous, challenging, exhausting, and rewarding time. It is usually filled with new learning curves and gentle lulls. We understand that you may have many questions about caring for your newborn. We require all first-time parents to take the Newborn class for this reason, and we strongly encourage everyone to take the Newborn Beyond the Basics class. Even still, you are going to have questions and concerns! This section is meant to be a starting place, a guide, with information and answers to those questions. Please call the nurse line – (505) 924-2229 – for questions that need an answer within a few hours, and call the on-call midwife – (505) 944-5488 – for truly urgent concerns that need an immediate response.

There is no way we can cover it all, but here are a few examples of things that may come up in the newborn period...

YOU MAY NOTICE YOUR BABY	WE RECOMMEND	CALL IF...
Spits up! "Happy spitters" mean spitting up doesn't seem to bother the baby or cause crying. But even spitting up with crying can be a variation of normal.	<ul style="list-style-type: none"> <li>• Burping</li> <li>• The 5 S's for calming a baby <a href="https://www.happiestbaby.com/blogs/baby/the-5-s-s-for-soothing-babies">https://www.happiestbaby.com/blogs/baby/the-5-s-s-for-soothing-babies</a></li> <li>• See "The 5 S's for Soothing Your Baby"</li> </ul>	<ul style="list-style-type: none"> <li>• Baby is lethargic or sleeping persistently at a time your baby is normally awake (i.e. diaper changes)</li> </ul>
Yellow in the whites of the eyes from day 2 through the 2nd or 3rd week of life	<ul style="list-style-type: none"> <li>• Nothing! It's a normal sign of non-concerning jaundice.</li> </ul>	<ul style="list-style-type: none"> <li>• You see yellow in the whites of the eyes in the first day of life.</li> <li>• Or your baby's skin looks noticeably yellow/orange from head to toe.</li> </ul>
Umbilical cord stump oozes red or yellow or starts to fall off and isn't fully healed.	<ul style="list-style-type: none"> <li>• Keeping the area dry and leaving it alone. No need to wash unless there is stool on it. Think of it like a scab that needs to heal – it will heal if left to its own devices. (See "Newborn Behavior and Care" for pictures of normal healing cords.)</li> </ul>	<ul style="list-style-type: none"> <li>• The skin around the umbilical stump is red, hot, or swollen. There is a noticeably foul odor or infection-green looking discharge. (See "Newborn Behavior and Care" for pictures of infected cords.)</li> </ul>
Baby has a rash...could be anywhere on their body.	<ul style="list-style-type: none"> <li>• Remember, newborn skin shows everything, and usually it's a variation of normal!</li> <li>• Review the photos on the Stanford website for pictures of newborn skin rashes and conditions – <a href="http://med.stanford.edu">med.stanford.edu</a> – at this website search "newborn photo gallery skin", click on first link, and then click on "skin".</li> </ul>	<ul style="list-style-type: none"> <li>• If, after reading about your baby's skin condition on the Stanford website, you feel concerned.</li> <li>• Or if baby seems very uncomfortable if the skin is touched at the site of the rash.</li> </ul>

# PREPARING FOR BABY

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*By the time you reach 37 weeks, you will want to have things ready at home for your baby's arrival. We strongly recommend attending our Beyond the Basics Newborn class – you will be glad you did!*

## You will probably need the following:

**BASSINETS, CO-SLEEPERS, CRADLES:** In the beginning, you may want to have your baby close to you especially at night. There are several options to explore including bassinets and cradles can be in your room. Co-sleepers can be attached to your bed or placed in your bed.

**BED:** When your baby can sit up and is mobile you may want to get a crib that meets Consumer Product Safety standards. For more information search “cpsc crib safety” online to find the United States Consumer Product Safety Commission’s recommendations. Be sure the bars are no more than 2 3/8 inches apart so that your baby cannot slide through or get stuck. Do not use cribs with drop sides. You will need sheets and waterproof pads.

**BATHS:** There are many options for bathing your baby including taking a bath with you or buying various small plastic tubs and seats to put in the tub. You can also put a sponge lining in a large plastic dishpan or the kitchen sink when you bathe your baby. Protect your baby from hard edges and hot water that can cause burns. You will need baby shampoo or soap and 2 to 3 soft bath towels. Do sponge baths only until baby’s umbilical cord falls off and the belly button is fully healed. The cord only needs to be cleaned if it gets stool on it; clean by using a soft cloth and warm water. **Do not use alcohol.**

**KEEPING BABY WARM:** In colder weather (under 70°F), your baby will need several layers to keep warm. Start with a onesie and diaper, covered by a sleeper and then wrap them in a blanket. In hot weather (over 80°F), you can reduce the clothing to a single layer. The rule of thumb for dressing a newborn is to put them in the same amount of clothing you are comfortable in plus one layer, usually a blanket.

**THERMOMETERS:** You will need a thermometer to take your baby’s temperature when he/she is sick. **Digital thermometers are the most accurate.** Temperatures can vary widely with the temporal or ear scanners. Taking it under the arm is best. Do not take a rectal temperature. Do not use a glass thermometer that has mercury in it.

**DISPOSABLE DIAPERS:** You will change your baby’s diaper about 10 to 12 times a day at first and you can expect to use about 5,600 diapers over the next 2½ years that your child is in diapers. Disposable diapers over this time period can cost \$1500 – \$3000. It is estimated that it takes about 500 years for a single disposable diaper to decompose. There are other eco-friendly disposable alternatives including chlorine-free, flushable, compostable, plastic-free and managed wood pulp fillers. Many of these options are available online or at some area stores.

**CLOTH DIAPERS:** It is estimated that you can save up to \$2350 by choosing cloth diapers. There are many cute and easy options available in cloth diapers at local stores and online. There are even patterns for you to make your own. Some of the advantages to use cloth include:

- Easy to use and adorable
- Work better than disposables – less blowouts
- Are not filled with toxic cancer-causing chemicals that are harmful for your baby
- You can sell them or donate to someone when you're through using them
- Cloth makes toilet training easier by allowing the toddler to feel when they are wet
- Disposables use 2 times more water and 20 times more raw materials to make than cloth

**There are many options in cloth diapers. They include:**

- Pre-folded cotton used with covers which are the most economical (about \$400 can set you up)
- Snappi – Pinless closure system used with pre-fold diapers
- All-in-ones – include cover, insert and closure system all made into one diaper, very easy
- Pocket or sleeve diapers – similar to the all-in-one but has a removable absorbent liner
- All-in-twos or hybrids – similar to pocket diapers but the insert is laid in the cover, not a pocket
- Soakers and inserts are an absorbent layer used with pocket or hybrid diapers.
- Fitted are like all-in-ones but you have to use a cover with them
- PUL covers and wool covers are used with pre-folded and fitted diapers as a moisture barrier.
- Cloth wipes are used to clean your baby

#### **Cloth diapering resources**

- Cloth Diapering Mamas of Albuquerque Facebook Group
- Fluff University [www.fluffloveuniversity.com](http://www.fluffloveuniversity.com)
- Rio Grande Diaper Service (505) 877-6311

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# CONNECTING WITH YOUR BABY

## Simple Tools® for Mothers

by Karen Strange – reproduced with permission

Please use these tools to help you understand a new way of being in connection with your baby during the perinatal period. The baby shall be referred to as she in this text.

We are the story of what has happened to us up until now, from conception through birth and to the present. The story is laid down emotionally, psychologically and physically, in our connective tissue, in the fluids of our body and in our bones. The story of what happened to us wants to get told to someone who is listening. Hearing the story and acknowledging what happened with empathy is the repair and where healing occurs. How your baby moves and acts is actually her way of telling you her story, which is her history. The question to ask is, "What is the story here?" Your baby is always showing you her story or history. Can you slow down and be present to hear what your baby is saying?

**You are the regulator/architect of your baby's brain** and nervous system and the baby forms according to whatever you are feeling/experiencing. For example: If your baby is crying for what seems to be no reason, notice how that makes you feel inside and notice that you may be upset. Then calm/settle/ground yourself. Take a breath. Your baby may be responding to or regulating herself off of your nervous system. How are you feeling in that moment? **Your baby responds to what is happening in your nervous system.** In telling the story and naming what is happening or happened, you are helping the baby integrate the story (experience) of what is going on. The more you pause in storytelling, especially when you feel your own emotions rise, the better for you and your baby.

Periodically throughout the day (especially after a heightened emotional state), **take an "Oxytocin Moment."** Oxytocin is released when you do anything pleasurable. This is especially important during gestation as the release of Oxytocin helps baby's brain become wired with a calm temperament and the capacity to self-regulate emotional states. This is the capacity to return to a calm and focused state after being excited (upset, angry, hurt). **Oxytocin is what heals the body** and helps prevent complications in the mother. Do this prenatally to establish a common, well-worn "mental groove" so that you will have the capacity to return to it after the birth. It is a great habit to get into for your health and to be in tune with your baby.

After birth, your baby may not know she is out, that she made it. Adults understand that there is an inside and an outside, but she may not know this. She may be stunned by what has just happened. **Birth is a big experience for both mother and baby.** Something you could say, slowly, to your baby is: "You are out now, you made it, you can take a breath now." You can do this anytime something intense happens, (possibly during an interruption in the birth sequence). Once it is over, you could say, "You made it, it is over, and you are safe now. Yes, that was a lot, and it is over". This allows the nervous system to come down from emergency mode. After birth, you could say to the baby, "I am so happy you are here, I love you." Feel your feet; it is good if you, the mother, take a breath here too. **Take a moment to look around. Acknowledge to yourself as well that you made it, it is over and you are safe!**

The most important place to start is by slowing down. Slowing down is achieved by the practice of grounding. This is so important to “know/feel” in your body. As you begin to understand the baby’s experience and perception of birth and of being in our world, you will understand the importance of slowing down through grounding and pacing. This allows the baby to stay current with what is going on in her environment.

**GROUNDING:** Feel your feet on the floor or the weight of your body on the floor or chair, the place where your body has the most contact with the floor or chair. This is a place to which you can bring your attention. Take a moment and feel this place. Doing this slows your internal rhythm or pace and helps you to become more present. Every time you take a breath you down-regulate (or slow down) your autonomic (automatic) nervous system, meaning you move away from an activated, fast-moving internal rhythm to a slower, more-balanced state of being. This enables you to establish a better connection with your baby.

**PACING:** Follow your baby’s cues or body language; they mean something. Notice - is she fussy, is she looking at you or looking away, is she squirming or settled quietly and just watching you? If she is on the active side, it means you need to slow your pace with frequent pauses to ground yourself (grounding is a way to slow the pace: as you feel the weight of your body making contact with the seat or floor, this process takes time to remember to do, but it will begin to help slow things down). Pauses are part of nature and definitely part of your baby’s rhythm. Your baby’s brain waves are 6-10 times slower than yours. The baby needs you to slow down so the baby does not get overwhelmed.

Pacing and grounding help you be more present and are the MOST important parts of being in tune (or attuned) with your baby! The baby responds and reacts to your inner emotional state, so becoming more aware of your energetic presence, slowing down, and grounding can help you becoming more in tune (attuned) with your baby. In utero, your baby is conscious, aware, super-sensitive, intelligent, building neural connections, and laying down memory. She is very much experiencing whatever you are experiencing, only more so, more sensitive and more aware of her environment. Once she is born, she does not have the muscle control you have and she does not have the capacity to speak language with the words you use. But she DOES understand the intent of what you are saying. She is always communicating with you, telling you her story. Once you understand this big piece, the rest is simple. There are no secrets you can keep from your baby, so talk to your baby, and more importantly listen to what your baby is showing you and telling you. Acknowledge that she is telling you something important. Then remember to tell her what is going on.

**DIFFERENTIATION:** It is important to differentiate your experience from your baby’s (whether the baby is inside or the baby is outside). Your baby feels everything you feel; she is synchronized with you, her mother. If you are upset, tell her what you are feeling and that it is your experience. It is not about her, though you know she can feel it. To your baby, the whole entire world is you, her mother. Differentiation helps create healthy boundaries. In the same way that children of divorce think they caused the divorce because the world revolves around them, your baby needs to be told that she did not cause what is bothering you. It did not happen because of her. During the first few weeks after the birth, the mother and infant are still in many ways undifferentiated, like still being in utero or inside the mother’s womb, one and the same. You and your baby have been together as one from the beginning. It takes time (usually years) to complete the separation that begins at birth. Babies are undifferentiated physically, emotionally and psychologically from their mothers until birth. At birth they become physically separate (differentiated) and yet are still undifferentiated emotionally and psychologically. The mother may not be aware of the extent of this connection because the baby is now outside of her body, but the baby will not know she is separate from her mother for many months. The mother and the baby are deeply linked emotionally and delicately tuned into each other.



Remember, in utero, your baby is conscious, aware, super-sensitive, intelligent, building neural connections, and laying down memory. This continues once the baby is outside of her mother.

*Talk to your baby! More importantly, listen to your baby! She is communicating with you. Then the question is, what is she communicating to you? Acknowledge that you hear her, that you see her, and that what she is expressing matters to you. This is what each of us (baby, child, teen, adult, everyone) is looking for (and needs) when communicating with each other.*  
-Karen Strange

## 4 Ways to Communicate with Your Baby

**1. TELL YOUR BABY WHAT YOU ARE GOING TO DO BEFORE YOU DO IT** – Examples: Before changing her diapers, before putting on a new shirt, before picking her up, say, “I’m getting ready to do this.” Then again right before you do it say, “Here comes the new diaper (or shirt or whatever).” Babies process slower and need time to take in what you say. It is good to take a pause after telling them what you are going to do. With the slower pacing and pausing, the baby learns that she can trust you.

**2. TELL YOUR BABY WHAT IS GOING ON** – Examples: that you are transferring to the hospital, that you are worried about a bill, that you are going to a big meeting, that you just had a fight with your partner and you are upset, whatever it is about. You can reassure her and tell her that she is not the reason you’re upset, but it’s important to acknowledge that she feels your strong emotions. Even if you do not completely acknowledge the strong feelings inside you, your baby feels what is going on inside of you although she does not know the cause unless you tell her. Then, take a breath so that you can slow down (down-regulate) and become the place of safety for the baby. The baby feels this. This helps wire the baby’s brain for self-regulation (the baby will eventually be able to regulate (come out) of their own emotional states because they learned this ability through mirroring and experiencing their environment (which is their mother).

**3. TELL THE BABY WHAT YOU WANT THEM TO DO** – Example: in labor, ask the baby to turn a certain way so she will come out more easily. If the baby needs resuscitation, tell her “I need you to take a big breath and come into your body...That’s it! Now you can take another breath, and another one...” You can say this even if the care providers are working on the baby.

**4. TELL THE STORY OF WHAT HAPPENED** - Telling the story acknowledges what happened. Naming how you feel, again, encourages differentiation. Naming helps the nervous system to feel heard. When the baby feels heard, the nervous system settles. Naming is a basic tool for mindfulness of what you are experiencing in the moment. It is an acknowledgement of what is. The story must be told slowly (pacing) with pauses, eye contact and grounding. Then, reflect back what you see from the baby (following the baby’s cues). Examples of what to say to your baby: I am sorry (empathy) for what may have happened, I know you felt that, it was not your fault and you did nothing wrong. I know that was a lot! You are safe now, here let me help you feel safe... Then, you, the mother, should take a breath, feel yourself on the floor, be present. And remember to tell your baby “I love you!”

## A word on rupture and repair...

Attachment Parenting (AP) is not a new concept but is a description of a way of parenting. Parents who raise their children without violence help them to become adults with a highly developed capacity for empathy and connection. AP is about **forming and nurturing strong connections between parents and their children**. No matter what our childhood story may be, AP challenges us to treat our children with kindness, respect and dignity, and to model in our interactions with them the way we'd like them to interact with others.

In the last sixty years, the behaviors of attachment have been studied extensively by psychology and child development researchers, and more recently, by researchers studying the brain. This body of knowledge offers strong support for areas that are key to the optimal development of children.

The Attachment Parenting International website summarizes these findings into eight principles:

1. Prepare for pregnancy, birth and parenting
2. Feed with love and respect
3. Respond with sensitivity
4. Use nurturing touch
5. Ensure safe sleep, physically and emotionally
6. Provide consistent loving care
7. Practice positive discipline
8. Strive for balance in your personal and family life

### Additional resources

Attachment Parenting International [www.attachmentparenting.org/](http://www.attachmentparenting.org/)  
Albuquerque Attachment Mamas Facebook Group  
Dr. Sears [www.askdrsears.com](http://www.askdrsears.com)

## Babywearing

Babywearing is seen in many traditional cultures and it is the practice of keeping your baby or toddler close and connected to you as you engage in daily activities. There are a variety of carriers from the traditional papoose boards of Native Americans to the modern wraps, slings, and carriers. Babywearing benefits parents, family, other caregivers and the baby by promoting bonding, supporting breastfeeding, helping combat postpartum depression, making caregiving easier, and can be a lifesaver for parents of high-needs children. Carried babies tend to sleep better, feed more frequently, grow faster and cry less.

Most modern carriers are in these groups: Wraps, Ring Slings, Pouch Slings, Meh Dais, or Buckle/Soft Structured Carriers. Deciding which carrier to use depends upon the age and size of the baby, who is going to wear it, ease of use, cost and personal preference. Ask other parents about their experiences. YouTube has lots of how-to videos.

### Additional resources

- Babywearing NM Facebook Group [www.facebook.com/babywearingNM/](http://www.facebook.com/babywearingNM/)
- Baby Wearing International Facebook Group [www.facebook.com/babywearinginternational/](http://www.facebook.com/babywearinginternational/)

## Bed sharing with your baby

Deciding where your baby will sleep is a personal family decision. Current American Academy of Pediatrics (AAP) guidelines on infant sleep recommend placing your baby to sleep on their back in a crib in the parent's room. Sharing the adult bed is not recommended. The AAP's advice against bed sharing, however, has been challenged in the literature by a number of scholars in pediatrics, psychology, and anthropology as being incompatible with cultural preferences, exclusive breastfeeding practices, and infant sensory–neural development. The risk of sudden infant death syndrome (SIDS) is reduced by 50% when an infant is placed on their back to sleep and by sleeping in the same room as the parents (co-sleeping) but not in the same bed.

Bed sharing infants have been noted to breastfeed twice as often as solitary sleeping infants. This is helpful in increasing the milk supply, protecting against SIDS, and serving as an opportunity to meet the sensory demands of the infant. Because the AAP recommends breastfeeding exclusively for the first 6 months and continued breastfeeding for 1 year or more, it appears that safe bed sharing practices have the potential to facilitate successful breastfeeding during the critical first year of life. Sharing a bed with your baby can help you feel closer to your infant, tend to their needs more quickly and allow you to get more rest. Because there is a risk for SIDS, asphyxiation, or entrapment of your baby when in your bed, it is important to follow some simple safety guidelines.

### Practices for Safe Bed Sharing

- Breastfeed your infant exclusively for 6 months
- Place your baby to sleep next to the mother and not between parents.
- Place your baby on their back when sleeping.
- Never leave your baby alone while asleep in an adult bed.
- Remove heavy blankets and pillows from the bed. Use a light blanket and adjust the room temperature for comfort.
- Make sure that there are no spaces between the mattress and the wall or headboard.
- Use the largest adult bed you can afford and take precautions to prevent your baby from falling out.
- Do not place the baby's bed/crib near a heater and turn off any electric blankets when your baby is in bed.
- Do not overdress your baby. Overheating is associated with an increased risk of SIDS.
- Do not bed share if overly tired or sleep deprived.
- Check bed and remove other hidden dangers such as small toys, plastic bags, ribbons, or string.
- Tie back loose, long hair to prevent accidental suffocation.
- Do not bed share with your child if you are under the influence of drugs or alcohol, or sleep aids such as Ambien, or narcotics such as Fentanyl, Oxycodone or Percocet.
- It is not safe to sleep with your infant on a couch, armchair, recliner, beanbag, or waterbed.

Sources: UNICEF UK Baby Friendly Initiative, Academy of Breastfeeding Medicine Protocol Committee and The University of Notre Dame Mother-Baby Behavioral Sleep Laboratory.

ACNM Position Statement: "Safe Infant Sleep Practices," 2022

For more information on how to safely bed share: [www.cosleeping.nd.edu/safe-co-sleeping-guidelines/](http://www.cosleeping.nd.edu/safe-co-sleeping-guidelines/)

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# BABY SLEEP

All parents want their babies to sleep well and some even seem to make a competition out of whose baby sleeps the longest at the earliest age. Each baby is unique and different strategies work for different babies at different ages. Parents are different too and some strategies will work better for you than others. It helps to understand what normal sleep patterns are so that we can set realistic expectations and choose strategies that may be effective.

## Birth - 2 months

- Total sleep of 14-18 hours scattered throughout the day and night
- The day starts around 7 am
- Naps up to 8 hours a day. You may want to wake babies if naps are over 2 hours in the second month of life because your baby will be hungrier at night and wake up more often.
- Nighttime sleep starts about 10 pm and wakes frequently to feed. The longest stretches are about 3-5 hours.

## 2 - 4 months

- Total sleep of 13-14 hours
- The day starts around 6 am
- Naps 2-3 times a day for a total of 4-8 hours.
- Nighttime sleep starts around 9 pm and wakes to feed 1-2 times through the night. The longest stretches are about 5-6 hours. Make sure the baby is full when they go to bed so they will sleep longer.

## 4 - 8 months

- Total sleep of 12-14 hours with more defined nap and nighttime sleep
- The day starts around 6-8 am
- Naps 2-3 times a day for a total of 3-5 hours.
- Nighttime sleep starts around 9 pm and may be "sleeping through the night" with a long stretch of 6-8 hours

## 8 - 12 months

- Total sleep of 12-14 hours
- The day starts around 6-7 am
- Naps 2-3 times a day decreasing to 2 naps by 12 months totaling 2-4 hours
- Nighttime sleep starts around 7-9 pm with the longest stretch of 7-9 hours

Some of the strategies that are helpful to calm your baby and to get the best sleep for you and your baby are:

- See “The 5 S’s for Soothing Your Baby” from Happiest Baby on the Block. (Swaddle, Side or Stomach Position, Shush, Swing/Sway, Suck)
- Use safe sleep practices – bed sharing, crib in your room or sleeping in a separate room
- Learn the cues of when your baby is tired. Put your baby to bed early.
- Keep your baby in sleep mode at night by limiting stimulation
- Establish a bedtime routine at an early age - consistent time, bath, dental care, stories, songs, feeding, bed
- Manage how long your baby naps and don’t miss naps – be consistent
- Know your baby’s temperament and find a strategy that works with it
- Use noise to even out the sounds – white noise, music, TV, fans
- Use motion to calm baby – babywearing, swings, walking, stroller and car rides
- Be prepared for setbacks – Just when you think you have it mastered, it changes!
- Take care of your self – ask for help even if you are not sure you need it
- Additional Local Resources: Tekla Johnson [www.teklajohnson.com/](http://www.teklajohnson.com/) (Private consults, classes)

## Sudden infant death syndrome (SIDS)

The cause of SIDS is unknown. It has been linked to babies lying on their stomachs, overheated babies and mothers who smoke while pregnant. There have been cases where adults have laid on their babies. Some babies have been trapped in their beds or smothered by soft bedding. These are some ways to reduce the risk of SIDS:

- Use cribs that meet Consumer Product Safety standards.
- Always place your baby on their back to sleep for every sleep time.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize occurrence of positional flat heads (plagiocephaly).
- Always use a firm sleep surface. Do not put your baby to sleep on waterbeds or soft surfaces.
- Car seats and other sitting devices are not recommended for routine sleep.
- Do not use home monitors or other devices marketed to reduce the risk of SIDS.
- Put the baby’s crib in your room but do not share your bed for the safest sleeping environment.
- Avoid sharing your bed with other kids when your baby is in the bed and remain awake.
- Keep your baby lightly clothed during sleep. Avoid covering baby’s head or overheating.
- Use sleep clothing such as “sleep sacks” instead of loose sheets or blankets during sleep.
- Keep soft objects or loose bedding out of the crib including toys, pillows, blankets, wedges and positioners.
- Bumper pads should not be used in cribs. There is no evidence that they prevent injuries and there is a potential risk of suffocation, strangulation or entrapment.
- Do not smoke, drink alcohol or use drugs during pregnancy or after birth.
- Breastfeeding is recommended and associated with reduced risk for SIDS.
- Pacifiers have been shown to decrease the risk for SIDS. Introduce after breastfeeding is well-established and offer at nap time and bedtime.
- Evidence suggests that immunization reduces the risk of SIDS by 50%.

## Crying baby...what do I do?

The unfortunate truth is that babies cry. Some babies cry a lot. Parents are biologically attuned to respond to their baby’s cry. In other words, your baby’s cries are meant to make you feel something so that you attend to your baby’s needs. That said, sometimes you have attended to all the needs – your baby is fed, burped, dry, warm, safe, loved, not in pain, and still crying. It is OK if your baby cries in these circumstances. Sometimes babies need to express themselves and this is the only way that fits the moment. Your baby may be experiencing a period of Purple Crying. This is especially likely from 2 weeks to 2 months of age. Purple crying is normal and doesn’t mean anything is wrong.

We have found great success with the 5 S’s – Swaddle, Side/Stomach Position, Shush, Swing/Sway, Suck. We recommend you try this anytime your baby is crying and you know their other needs are met.

## WHAT IS THE *PERIOD OF PURPLE CRYING*?

The Period of *PURPLE* Crying is an evidence-based program describing a normal period of crying in the first few weeks and months of life that ALL babies go through. The *Period of PURPLE Crying* begins at about 2 weeks of age, peaks in the second month, and becomes less in the third to fifth month. There are other common characteristics of this period, which are better described by the acronym *PURPLE*.

### The Letters in **PURPLE** Stand for

<b>P</b>	<b>U</b>	<b>R</b>	<b>P</b>	<b>L</b>	<b>E</b>
<b>PEAK OF CRYING</b>	<b>UNEXPECTED</b>	<b>RESISTS SOOTHING</b>	<b>PAIN-LIKE FACE</b>	<b>LONG LASTING</b>	<b>EVENING</b>
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

## The 5 S's for soothing your baby

Just like you, infants experience different emotions and physical sensations, both good and bad. There are a lot of reasons a baby may be fussy. It may be caused by the discomfort of a stomachache, needing sleep, or hunger. And because they cannot speak, their only way of communicating their needs to us is through crying. This can cause caregivers to feel overwhelmed. Below are 5 tips that may help you to soothe a fussy baby.



### Swaddling

Wrap your baby like a mini burrito with their arms snug and straight at their sides (hips loose)

**1. SWADDLING** -- Swaddling provides warmth and security – the same way your baby felt in the womb. For instructions on how to do it properly, go to: <https://www.safesleepacademy.org/swaddling-safe-sleep/>



### Side/Stomach Position

Hold your baby positioned on the side or stomach—or even over your shoulder

**2. SIDE POSITION** -- Hold your baby on the left side to help with digestion. This also stimulates a womb-like sensation for the baby. If your baby is fussy, this will help calm them. Once asleep, place your baby on the back in their crib. The back is the only safe position for sleeping, but it can be the worst position for calming fussiness.



### Shushing

Make a "shhh" sound or play white noise to mimic the sound of blood flow in the womb

**3. SHUSHING** -- This imitates the noise in the womb, making your baby feel calm and safe. It works best when done loudly. Babies do not need total silence to sleep. Silence can make the baby fussier, because it is not what they are used to in the womb. The sound of shushing imitates the sound of blood rushing through the placenta and uterus. White noise and shushing are powerful triggers for calming your baby.



### Swinging

Swing—or jiggle—in fast, tiny movements while supporting your baby's head/neck

**4. SWINGING / SWAYING** -- You can rock your baby in your arms or use an infant swing. Babies like to be rocked because this also gives them the comfort they felt in the womb. When rocking the infant, sway back and forth, in a slow and steady motion. Remember to support the head, neck, and body of the infant while swinging them. An infant swing may also be used to help soothe an infant; however, if your infant falls asleep in the swing, they need to be relocated into their crib and placed flat on their back.



### Sucking

Sucking on a pacifier, thumb, or breast helps soothe your baby

**1. SUCKING** -- It is natural, and babies enjoy sucking even when they are not hungry.

A baby cannot cry and suck at the same time! Feeding an infant that may be fussy and/or offering a pacifier after breastfeeding is well established can help to soothe them. If the infant does not take the pacifier when offered, do not force them to take it.

For more information, please visit <https://www.happiestbaby.com/blogs/baby/the-5-s-s-for-soothing-babies>



# UNDERSTANDING SHAKEN BABY SYNDROME

Shaken baby syndrome (SBS) is a form of child abuse. It is NEVER okay to shake a young child. You can badly hurt or even kill your child. You can learn ways to cope with a crying baby. You can also share what you've learned with everyone who cares for the baby. Knowing the danger and sharing ways to cope can prevent SBS.

**EVERY YEAR 1,200 TO 1,400 BABIES IN THE US ARE HURT BY SHAKING.**

**1 out of 4**  
victims of SBS DIE



The rest may have life long brain injury, including

- |                          |                              |
|--------------------------|------------------------------|
| ■ Permanent brain damage | ■ Cerebral palsy             |
| ■ Paralysis              | ■ Blindness                  |
| ■ Deafness               | ■ Seizures/Epilepsy          |
| ■ Learning disabilities  | ■ Behavioral disorders       |
| ■ Developmental delays   | ■ Permanent vegetative state |



**A PERSON USUALLY SHAKES A BABY BECAUSE THEY GET STRESSED OR FRUSTRATED WHEN THE BABY IS CRYING AND WON'T CALM DOWN.**

# WHAT TO DO WITH A CRYING BABY

## 20 Tips From the National Center on Shaken Baby Syndrome

**Remember, nothing works all the time. And that's OK. There are many other things you can try. Crying does NOT mean there's anything wrong, with you or your baby!**

**It's normal to sometimes feel frustrated. If you get frustrated, it's okay to put your baby down in a safe place, like their crib. You can walk away for a few minutes, take some deep breaths to calm yourself down or call a friend if you need to. It's OK. Your baby is safe in the crib. Be sure to check on your baby every 5-10 minutes.**

Try something simple:

1. Feed your baby. Hunger is often the main reason babies cry.
2. Burp your baby. Gas can be very painful.
3. Check your baby's diaper. Does it need changing?
4. Give your baby something to suck on, like your finger. (Once in a while, you can give your baby a binky.)
5. Look your baby in the eye and smile.
6. Kiss your baby.
7. Lightly kiss the bottom of your baby's feet.

Comfort your baby:

8. Wrap your baby snugly in a light blanket. (This is called swaddling.)
9. Give your baby a lukewarm bath. Stay with your baby the whole time.
10. Massage your baby gently on the back, arms, or legs.
11. Sing softly. People all over the world sing lullabies to crying babies.
12. Calm your baby with soft words like "it's OK." (This can help comfort both you and your baby.)
13. Hum in a low tone against your baby's head.

Distract your baby:

14. Run a vacuum cleaner or dishwasher to make "white noise." This may take your baby's mind off crying.
15. Take your baby for a ride in the car. (Make sure baby is in a rear-facing car seat in the back seat.)
16. Rock with your baby in a rocking chair. This may relax you both.
17. Push your baby in a stroller.
18. Put your baby in a baby swing for a slow, rocking motion.
19. Place your baby underneath a lighted mobile.
20. Dance slowly while holding your baby... and relax!

## Circumcision vs. natural male anatomy

So here you are, at a crossroads, facing a possible dilemma as the birth of your son approaches. People are asking what you are going to name him? What's the theme of his room? Are you going to breastfeed? Co-sleep? But does anyone ask you if you are planning to circumcise? Maybe it comes up at your baby shower, or when you are talking to your sister or your best friend about whether they circumcised their son. But are we really thinking about this? Or are we just passing over this issue?

Here at Dar a Luz, we don't believe in just passing over this issue. So, we ask you to ask yourself: why did I choose Dar a Luz? What's important about my birth? How do I believe my baby should come into this world? Many of you have many of the same answers to these questions: I don't want medication; I want compassion; I want to know who's there; I am meant to birth my baby without intervention; I want a natural birth. You get the point. So now, you are faced with circumcision... and many parents don't think about it much more than yes or no based on a gut feeling. We invite you to take a closer look before making an irreversible decision.

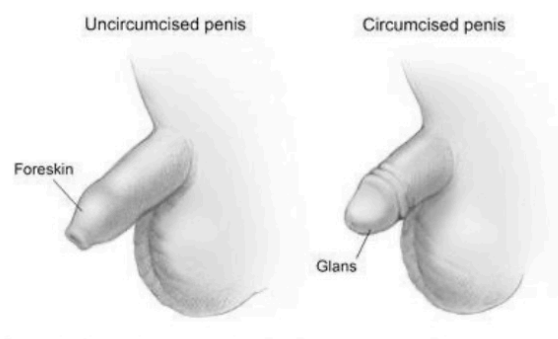
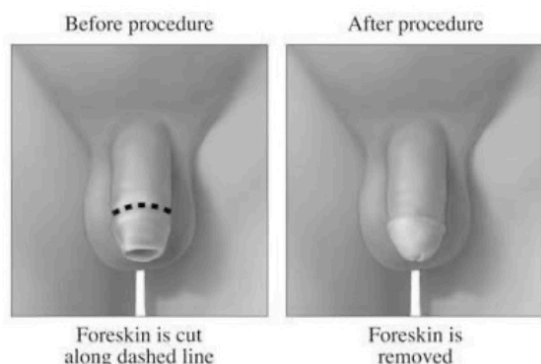
In 1999, the American Association of Pediatrics (AAP) was neutral on circumcision but in 2012 they changed their position to say the benefits of circumcision outweigh the risks and issued this position statement, which remains their most recent position statement to date (2023):

"Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy's 1999 recommendations in this area. Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The American College of Obstetricians and Gynecologists has endorsed this statement."

The current position statement has met with much criticism from European doctors and the scientific community. They responded in a scientific journal article, saying that "only one of the arguments put forward by the American Academy of Pediatrics has some theoretical relevance" and that the other claimed health benefits "are questionable, weak, and likely to have little public health relevance in a Western context, and they do not represent compelling reasons for surgery before boys are old enough to decide for themselves."

## What is male circumcision?

Male circumcision is the separation and removal of the foreskin from the glans of the penis. The foreskin is a richly innervated structure that protects the glans and plays an important role in the mechanical function of the penis during sexual acts. Recent studies suggest that circumcision desensitizes the penis and may lead to sexual problems in circumcised men and their partners.





## How is male circumcision surgery done?

There are three devices that are used to circumcise a penis: the Gomco clamp, the Mogen clamp and the Plastibell device. All of these follow the same procedure (Evidenced Based Birth, 2023):

- Estimate the amount of external skin to be removed;
- Dilate [force open] the preputial orifice so the glans can be visualized;
- Bluntly tear the adhesion of the inner preputial epithelium from the glans;
- Place the device on the glans;
- Leave it in place long enough for hemostasis (blood clotting);
- Amputate and remove the foreskin.

The base of the glans then forms a scab and attaches to the newly cut skin on the baby's penis as it heals.

If circumcision surgery is chosen, the AAP absolutely supports and encourages all providers who perform circumcisions to use appropriate analgesia (pain relief), such as a lidocaine block. Without the use of analgesia, babies have been shown to experience increased pain and physiologic stress including increased heart rate, blood pressure and cortisol (stress hormones) and decreased oxygen saturation.

## Natural male anatomy vs. circumcision: weighing the risks

**"After an extensive review of the literature, we have concluded there is no compelling evidence to justify routine male infant circumcision on medical grounds."**

Dekker, R. (2019, July 19). Evidence and ethics on: Circumcision. Evidenced Based Birth. <https://evidencebasedbirth.com/evidence-and-ethics-on-circumcision/>

## The risks of circumcision

In the United States, the number of newborn males that are circumcised is thought to be between 50-60%. That number has declined over the last 20 years, when nearly 90% of infant males were circumcised. Circumcision is one of the most common surgeries in the country and the most common for all newborns; in fact, the US is the only country in the world that circumcises the majority of its males for non-religious reasons. While it is done very often, like all surgeries it has risks.

**The risks include but are not limited to:**

- Bleeding, usually controlled with pressure and bandages; sometimes requiring sutures; sometimes requiring blood transfusion (rare)
- Infection requiring local or systemic antibiotics
- Wound separation
- Urinary retention
- Damage to adjacent tissues and organs
- Decreased sexual pleasure and potential sexual problems for them and their partners

**Short-term effects after circumcision:**

- Discomfort in diapers (urine stings)
- Altered sleep patterns and activity levels
- Altered mother-infant interaction
- Increased irritability
- Disruptions in feeding and bonding

**Some recent small studies suggest that circumcision impacts sexual pleasure:**

- Removing the foreskin decreases the sensitivity to light touch
- Erection can be painful for young men due to stretching skin over the penis
- Circumcised men may need more friction to reach orgasm than men with an intact foreskin

## The risks of uncircumcised males

**URINARY TRACT INFECTION (UTI):** The majority of UTIs happen in the first year of life and though uncircumcised boys are more likely to have a UTI than are circumcised boys, the overall risk is low. Out of 100 uncircumcised boys, less than 1 will have a UTI and this is often caused by anomalies of the urinary tract. Breastfeeding has been shown to have a threefold decrease in UTIs in general. No studies have ever been done comparing UTIs in breastfed vs. formula fed infants.

**PENILE CANCER:** The US has one of the lowest rates of penile cancer in the world: about 1 in 100,000 men. Low quality evidence suggests circumcision may provide some protection against this cancer (Dekker, 2019). Other risk factors that increase the risk of penile cancers include a previous genital condition, genital warts, >30 sexual partners, and smoking. It appears that good hygiene, as seen in the US, is preventative.

**HIV:** “Of the studies published to date, none have found a link between circumcisions performed on infants or circumcisions performed in North America and lower risk of heterosexually transmitted HIV” (Dekker, 2019). Evidence does show that “for adult men living in Sub-Saharan Africa,” circumcision decreases this population’s risk of HIV (Dekker, 2019). The U.S. and Canada have much lower rates of HIV than Sub-Saharan Africa and the primary ways people contract HIV in the U.S. are not the same as in Sub-Saharan Africa; in the U.S HIV is transmitted most often via men who have sex with men or IV drug use. In Sub-Saharan Africa HIV is most often contracted via heterosexual sex.

**SEXUALLY TRANSMITTED INFECTIONS:** Evidence shows a modest decrease in Human Papilloma Virus (HPV) infection in men who are circumcised, though it is likely HPV vaccines and safe sex are the cause of this decrease (Dekker, 2019). The evidence examining circumcision’s effect on a person’s risk of contracting Herpes Simplex Virus (HSV) is contradictory and not high-quality; some studies have found a low level of protection with circumcision (Dekker, 2019).

Parents and care providers each have an ethical duty to the child to attempt to secure the child’s best interest and well-being. Dar a Luz supports each individual’s right to choose what is done to their body in this regard – and this includes the infants who will grow up after having been in our care. We do not perform circumcision.

Parents who choose this route need to arrange this to be done by a pediatric provider who still performs this surgery. If you do choose this route, do your research, and talk to your physician about what to expect.

## Caring for an Intact Penis

A penis that remains as it was when your baby was born (in other words, it has NOT had circumcision surgery done to it) is called an intact penis. For information about how to care for your child’s intact penis, please see below.



### Question: What is circumcision?

**Answer:** Male circumcision is the surgical removal of the foreskin (also called *prepuce*), which is specialized tissue that covers the head (or *glans*) of the penis.

### Question: How common is circumcision?

**Answer:** About 30–33% of the world's males 15 years or older are circumcised. Of these circumcised males, about 69% are Muslim, 1% are Jewish, and 30% are circumcised for non-religious reasons.<sup>1</sup> The U.S., where 71% of men are circumcised, is unusual in its preference for non-religious circumcision. However, the rate of newborn circumcision is going down. When last reported in 2010, 58% of male newborns were circumcised before hospital discharge, and 42% were not.<sup>2</sup> The Western states have the lowest rate of circumcision, with a low of 31% in 2003.

### Question: How does the penis develop?

**Answer:** Newborn males are normally born with their prepuce fused to their glans by a membrane, making it so that the prepuce cannot be *retracted*, or pulled back from the glans. Babies who are left intact (uncircumcised) should never have their prepuce retracted or pulled back toward their abdomen by force (e.g., during a bath or medical check-up). Forced retraction can cause pain, tearing and bleeding. In normal penis development, the prepuce usually becomes less attached and more retractable over childhood and adolescence.

### Question: Is circumcision cleaner?

**Answer:** Both circumcised and intact males can maintain genital hygiene with regular washing. With an intact penis, there is no need to wash beneath the prepuce until it is easily retractable. The white substance called *smegma* that builds up in folds of genital tissue is normal for males and females (where it can build up between the labia and around the female prepuce, i.e. hood of the clitoris) and can be wiped away with washing. Once males discover (on their own) that the prepuce can be pulled back, they can be taught to clean the glans with water as part of a regular bathing or showering routine.

### Question: What is the evidence on circumcision?

**Answer:** The research on newborn circumcision is extremely limited. Any research involving routine newborn

circumcision comes from observational studies, not from randomized, controlled trials. Also, much of the research on circumcision comes from studies on males who were circumcised as adults, sometimes in Sub-Saharan African locations where there is a higher risk for certain infections.

There are serious concerns about how relevant this research is to newborns in other countries. Most of the evidence on newborn circumcision is highly disputed and any recommendations for practice are mostly weak.

Circumcised newborns may experience fewer urinary tract infections (UTIs). A review found that under 1 year of age, 1.38% of intact males had a UTI versus 0.14% of circumcised males.<sup>3</sup> About 111 circumcisions would be needed to prevent a single (treatable) UTI in infancy. Overall, UTIs occur more often in females. About 8% of girls and 2% of intact boys have had a UTI before age 7.

The rate of early complications after newborn circumcision is around 2%.<sup>4</sup> The most common complications are bleeding, swelling, and cosmetic concerns following the procedure that may lead to reoperation. Circumcision is also a very painful procedure that requires pain treatment.

### Question: What is the ethical debate around routine male infant circumcision?

**Answer:** The debate centers on whether the practice respects or violates the principle of *autonomy*, or bodily integrity, of the male infant. For more info on the ethical debate, see page 2 of this handout.

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“There is no compelling evidence to justify routine male infant circumcision on medical grounds.”

1. WHO and Joint UN Programme on HIV/AIDS (2007). Male circumcision: global trends and determinants of prevalence, safety and acceptability.
2. Owings, M., Uddin, S. and Williams, S. (2013). Trends in circumcision for male newborns in U.S. hospitals: 1979–2010.
3. Singh-Grewal, D., Macdessi, J. and Craig, J. (2005). Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. *Arch Dis Child*, 90(8), 853–858.
4. Weiss, H.A., Larke, N., Halperin, D., et al. (2010). Complications of circumcision in male neonates, infants and children: a systematic review. *BMC Urol*, 10, 2.

For more information visit [EvidenceBasedBirth.com/circumcision](http://EvidenceBasedBirth.com/circumcision)



/evidencebasedbirth



@ebbirth

1



### Ethical Debate:

In addition to the medical evidence on circumcision, we also examined the research on 'Circumcision' and 'Ethics' published within the last 10 years.

We found 21 articles that discussed routine male infant circumcision, and we grouped them according to whether the author's viewpoint suggested they found the practice to be unethical or ethically justified. Of these, 13 papers portrayed routine male infant circumcision as unethical, 5 papers made the case that it is ethically justified, and 3 papers discussed both viewpoints.

We summarize the main points from these papers below to show their diverse views on circumcision and ethics:

View That Routine Male Infant Circumcision Is Not Ethical	View That Routine Male Infant Circumcision Is Ethical
<ul style="list-style-type: none"> <li>• It is irreversible surgery on healthy minors who cannot give consent</li> <li>• It causes pain and trauma during the surgery and suffering as the wound heals</li> <li>• There are both immediate post-surgical risks, as well as unknown risks beyond the immediate post-surgical period, which together may outweigh the benefits</li> <li>• It deprives the male of tissue that protects the glans and urinary opening</li> <li>• It reduces the sensitivity of the penis by removing sensitive tissue</li> <li>• There are less invasive and more effective preventions and treatments for many conditions it addresses (for example, condoms for HIV prevention and oral antibiotics to treat UTIs)</li> <li>• New proposals to remove tissue from healthy infants would never get approval</li> <li>• There is a <i>double standard</i> — a rule that is unfairly applied to one group but not another             <ul style="list-style-type: none"> <li>◦ Society would likely consider it unethical to remove healthy tissue from female infants' genitals even if there was evidence of health benefits</li> <li>◦ Every type of female genital cutting is recognized internationally as a violation, even when it does not remove any tissue (i.e. a ritual "prick")</li> <li>◦ We should "protect all non-consenting persons, regardless of sex or gender, from medically unnecessary genital cutting"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• This view argues that it leads to significant medical and public health benefits over a lifetime</li> <li>• Its (known) benefits outweigh its (known) harms</li> <li>• Injection of local anesthetic to the base of the penis is safe and effective at reducing pain</li> <li>• Autonomy is respected by allowing parents to decide in the best interests of their child</li> <li>• Parents should be allowed to decide in the best interests of their child</li> <li>• We live in a diverse society that must be tolerant of families who elect the procedure for cosmetic preference or family tradition/belonging</li> <li>• Delaying the option until the age of consent misses some of the benefits of circumcision in early life (e.g., reduction in UTIs) and results in a higher rate of complications than when done in infancy</li> <li>• The risk of immediate complications is low (about 2% for newborns in prospective studies and 2-4% for adult males in African RCTs)</li> </ul>



## Intact (Not Circumcised) Penis Care

Caring for a child's intact penis is far easier than you might have heard — there is no special cleaning involved.

### Basic Intact Penis Information

**To clean, wipe the outside of the penis from base to tip during diaper changes. That's it!**

- A child's foreskin is naturally fused to the glans (head of the penis) to protect his developing genitals. On average, the shared membrane between foreskin and glans fully separates around age 10, with a wide range of normal. For some healthy children, the process of foreskin-glans separation lasts through puberty.<sup>1,2,3</sup>
- **Never try to retract (pull back) a boy's foreskin** to clean under it. Retraction by a caregiver can be very painful and can cause bleeding, infection, scarring, and other complications.<sup>4</sup>
- The only person who should **ever** retract a child's foreskin is the child himself, and only if the fused membrane has dissolved naturally. Once a male's foreskin is fully retractable, he can simply pull it back in the shower or tub, rinse with water (no soap), and replace it to its forward position.
- Before any physical examination begins, it is **crucial** that you make sure your doctor knows not to retract your son's foreskin **for any reason — not even a little**.
- Many parents employ a **"look but don't touch"** policy for their children's genitals during checkups. You can simply say, "Please do not touch his penis. If you need to look at something in his diaper area, ask me and I will physically assist."

### Bathing

Just wash your whole baby in the bath. Again, do not attempt to clean under the foreskin. Be cautious with bubble baths, and don't use soap directly on the genitals, as this can cause irritation for both boys and girls. Gently rinsing with warm water is enough to keep the penis clean.<sup>5</sup>

**It's so easy! Simply remember: "When intact, do not retract. Only clean what is seen."**

<sup>1</sup> Thorvaldsen, M.A., & Meyhoff, H. (2005, April 25). Patologisk eller fysiologisk fimose? *Ugeskr Læger*, 167(17), 1858-62.

<sup>2</sup> Ishikawa, E., & Kawakita, M. (2004, May). Preputial development in Japanese boys. *Hinyokika Kiyo*, 50(5), 305-8.

<sup>3</sup> Kayaba, H., Tamura, H., Kitajima, S., Fujiwara, Y., Kato, T., & Kato, T. (1996, November). Analysis of shape and retractability of the prepuce in 603 Japanese boys. *Journal of Urology*, 156(5), 1813-5.

<sup>4</sup> Your Whole Baby. (2017). Avoiding retraction injuries: correct pediatric foreskin care. Retrieved from <http://www.yourwholebaby.org/forced-retraction>

<sup>5</sup> National Health Service. (2015, April 20). How to keep a penis clean. Retrieved from <http://www.nhs.uk/Livewell/penis-health/Pages/how-to-wash-a-penis.aspx>. *Because this article discusses the care of the adult penis as opposed to an infant's or child's penis, it references retracting the foreskin. However, the article's caution against using harsh soaps on the genitals is relevant for all ages.*



Your Whole Baby, 501(c)(3)

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## Special Considerations

### *Redness and/or Irritation*

The tip of the foreskin is highly vascularized, and it can appear flushed or darker in color than the rest of the penis skin. Typically, additional redness resulting from exposure to irritants (e.g. soap, rubbing against the diaper, etc.) will resolve on its own once the irritant is identified and removed. A barrier cream may help. Persistent irritation, swelling, or discharge from yeast (candida) overgrowth or bacterial infection can be treated easily with topical cream or oral medication, just as it would be in a female patient. Probiotics may help restore and maintain optimal microbial balance, which can be disrupted by yeast overgrowth or antibiotics. Please see [www.yourwholebaby.org/yeast](http://www.yourwholebaby.org/yeast) for more information on probiotic treatment.

### *Smegma/Smegma Pearls*

Smegma is a natural lubricant produced by all human genitals. In non-retractable males, small pearls of smegma occasionally may be present as visible lumps beneath the fused foreskin — this is normal, and they will resolve on their own. Once the foreskin is retractable, smegma pearls will no longer form, but the body will continue to produce smegma. This can easily be washed away from the glans (and the vulva in females) when the genitals are rinsed with warm water.

### *Ballooning*

As a boy's fused membrane begins to separate, urine can swirl around the head of the penis inside the foreskin before it exits, giving the foreskin a brief ballooned appearance during urination. Ballooning is normal, beneficial, and temporary.

### *Catheterization*

Unless a child is able to retract his own foreskin, catheterization can and should be done without retracting the foreskin.<sup>6</sup> Learn more at [yourwholebaby.org/catheters-urine-samples](http://yourwholebaby.org/catheters-urine-samples).

## A Few Functions of the Foreskin

- The foreskin keeps the glans healthy, clean, moist, and sensitive.<sup>7,8</sup>
- The sphincter-like tip of foreskin protects the urethra from contaminants.<sup>7</sup>
- The foreskin is densely populated with nerve endings that transmit fine-touch sensations.<sup>7</sup>
- The frenulum, which attaches the foreskin to the shaft (and is often partially or fully removed during circumcision), is a highly sensitive and pleasurable part of the adult male genitals.<sup>8</sup>

For more resources on intact penis care, including a printable brochure on forced retraction to share with your child's healthcare provider, visit [www.yourwholebaby.org/basic-intact-care](http://www.yourwholebaby.org/basic-intact-care).

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<sup>6</sup> Carmack, A., & Milos, M.F. (2017, March). Catheterization without foreskin retraction. *Canadian Family Physician*, 63(3), 218–20. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5349724/>

<sup>7</sup> Cold, C.J., & Taylor, J.R. (1999, January). The prepuce. *British Journal of Urology*, 83(Suppl 1), 34–44.

<sup>8</sup> Sorrells, M.L., Snyder, J.L., Reiss, M.D., Eden, C., Milos, M.F., Wilcox, N., & Van Howe, R.S. (2007, March 19). Fine-touch pressure thresholds in the adult penis. *British Journal of Urology International*, 99(4). DOI: 10.1111/j.1464-410X.2006.06685.x

# CARE WHILE AT THE BIRTH CENTER

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**DELAYED CORD CLAMPING:** Clamping the cord at 3-5 minutes after birth allows the baby to get most of the blood in the placenta. The benefits to the newborn are increased levels of iron, decreased risk of anemia, fewer transfusions and fewer incidences of intraventricular hemorrhage (bleeding in the brain). Other studies have found the impact of delayed clamping is particularly significant for infants who have low birth weights, are born to iron-deficient clients, are premature, or those who do not receive baby formula or iron-fortified milk. Given that Mother Nature provided breastmilk for babies and not formulas, you would think she also supplied that valuable source of iron for a reason too.

**CORD BLOOD BANKING:** Cord blood is the few ounces of your baby's blood remaining in the umbilical cord and placenta which has traditionally been discarded as medical waste following the birth of a child. Scientists and medical researchers discovered that cord blood contains stem cells and progenitor cells (similar to those in bone marrow) that have the ability to replicate or develop into additional cells which can be used to treat life-threatening diseases. Cord blood transplants have been used in the treatment of leukemia, lymphoma, sickle cell anemia and more than 70 other diseases. Research continues in many areas, and it is hopeful that cord blood will be successful in the treatment of new diseases in the future. However, the likelihood that a low-risk child would need its own stored cells is low, between 1 in 2,700 to 1 in 20,000 (Chao, 2023). "The American Academy of Pediatrics does not recommend that parents routinely store their infant's umbilical cord blood for future uses unless there is an immediate medically indicated use for a sibling" (Chao, 2023). Collecting cord blood within the first few minutes of life can interfere with the baby receiving all of the blood that is meant for them. Some of the reasons why people consider banking their baby's cord blood include:

- Cord blood is an exact match for the child.
- Cord blood has a 30% probability of being an exact match or very close match for each brother or sister.
- Provides the opportunity for a family to potentially benefit from cord blood's current and possible future uses.

**There are several options available for cord blood banking and they fall into two categories:**

- Private banking of your child's cord blood which is usually more expensive. (Close to \$2000 initially and then a yearly storage fee over \$175 per year.) You will need to sign up for this service with the cord blood bank and provide the kits to the midwives at birth for collection. You are responsible for shipping the blood.
- Donation to a public bank where the cord blood is available to anyone. This is free but must be arranged in advance with a participating facility. We will collect the blood at the birth but you are responsible for getting the kits and shipping the blood.

**RIGHT AFTER BIRTH:** We believe that you and your baby should be together unless there is a medical reason that requires us to separate you. We promote a gentler birth experience and only give stimulation to the baby when needed. We do not use a bulb syringe to suction a baby because there is evidence that this can actually damage the baby's throat and nose. If suctioning is needed, we use a very small plastic tube attached to suction equipment to remove any mucus that may be problematic. You will be encouraged to keep your baby skin-to-skin for the first 2 hours of life to help your baby stay warm. This is a better way to regulate the baby's temperature than putting on a hat. We can check the baby while he/she is on your chest in most cases. We encourage you to breastfeed soon after birth and will help you get breastfeeding started before you go home.

The first 2 hours are called the “Golden Hours” and we encourage you to spend this time breastfeeding and getting to know your new baby. We hope you will consider delaying family visits and time spent on social media and phones during this time. Your baby needs your full attention to bond, and we’ll be monitoring their transition after birth. Between 2-3 hours after birth, your midwife will do an initial newborn exam while your baby is beside you. Most families are ready to go home in 4 hours after birth. Some may need closer monitoring for up to 12 hours.

Chao, N.J. (2023). Collection and storage of umbilical cord blood foR hematopoietic cell transplantation. UpToDate. Retrieved December 15, 2023, from [https://www.uptodate.com/contents/collection-and-storage-of-umbilical-cord-blood-for-hematopoietic-cell-transplantation?search=cord%20blood%20banking%20counseling%20parents&sectionRank=1&usage\\_type=default&anchor=H24&source=machineLearning&selectedTitle=1~150&display\\_rank=1#H24](https://www.uptodate.com/contents/collection-and-storage-of-umbilical-cord-blood-for-hematopoietic-cell-transplantation?search=cord%20blood%20banking%20counseling%20parents&sectionRank=1&usage_type=default&anchor=H24&source=machineLearning&selectedTitle=1~150&display_rank=1#H24)





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## GOING HOME

**DISCHARGE FROM THE BIRTH CENTER:** You and your baby are able to go home when you are both stable. This means the baby is able to eat, maintain their temperature in a normal range, and breathing and heart rate are normal. For you, this means you are able to eat, have been able to urinate, your vital signs are normal, and your bleeding is a normal amount. The family is usually able to go home in about 4-5 hours, and we encourage you to go home in that time frame. If you are recovering at the center and another laboring client comes in, we may ask to move you to another room so that they may use the birth room after it is cleaned. If there is a medical condition that requires you to be monitored more than 12 hours, you may need transfer to a hospital. You will find detailed Postpartum Discharge Instructions in this section. The nurse will go over the Postpartum Discharge Instructions Summary handout with you before discharge. Please take time to read these.

It is a long-standing tradition at the birth center for partners to change the marquis to announce the birth of your baby. Please be ready to change the sign before you go home, otherwise there may not be time to do it later. You may ring the bell during daylight hours the day of the birth or on one of your visits.

**PLACENTA:** Traditional Chinese medicine has used placenta for centuries to treat a variety of ills including fatigue and insufficient lactation. Many of our clients are learning about the rich nutrients that the placenta provides to help balance your hormones, enhance your milk supply, and increase your energy. Your placenta is rich in progesterone (helps with depression) and iron (decreases anemia). Those who use their placenta report fewer emotional issues (postpartum depression), have more energy, and tend to enjoy a faster, more pleasant postpartum recovery. None of these reported health benefits have been confirmed by any research studies.

If you plan to consume your placenta, we recommend using only healthy placentas from a normal labor and following safe guidelines for preparation to reduce the risk of transfer of viral infections like Zika, HIV or hepatitis. Some clients prepare the placenta fresh and others prefer to encapsulate it. If you plan to encapsulate it, bring a cooler to store your placenta so that you can take it home or call your doula to come pick it up. It usually costs around \$300-375 to have someone to prepare it for you. Some families plant their placentas under a new tree in honor of their baby. If you do not want your placenta, do not throw it away in the trash. It must be disposed of properly as biohazardous waste and we can do this for you.

### Carseat safety

New Mexico state law requires that your baby be in an approved car seat. You will need to install a car seat in your car to take your baby home. Please read the product information sheet on the car seat for correct use and see the diagram below. It is the parents' responsibility to know how the car seat works and place it in the vehicle using a seat belt and/or latch system. The birth center offers a monthly car seat installation clinic given by Nancy Anthony, a Certified Child Passenger Safety Instructor, who can inspect your car seat to see if it is correctly installed. Birth center staff is not responsible for improper placement or restraint of car seats in a client's vehicle. You may contact Safer New Mexico Now for car seat fitting clinics at 1-800-231-6145. For more information on the New Mexico Car Seat Safety and Distribution Program, call (505) 332-7707 or e-mail [info@safernm.org](mailto:info@safernm.org).

# IF YOU'RE PREGNANT SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## I'M PREGNANT. SHOULD I WEAR A SEAT BELT?

**YES**—doctors recommend it. Buckling up through all stages of your pregnancy is the **single most effective** action you can take to protect yourself and your unborn child in a crash.

**NEVER**  
drive or ride in a car  
without **buckling up** first!

## WHAT'S THE RIGHT WAY TO WEAR MY SEAT BELT?



## SHOULD I ADJUST MY SEAT?



\* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

\*\* If you're a passenger, move your seat back as far as possible.

**IF YOU'RE  
PREGNANT** SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## WHAT IF MY CAR OR TRUCK HAS AIR BAGS?

**You still need to wear your seat belt properly.**

**Air bags are designed to work with seat belts, not replace them.**

Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.



## MY CAR HAS AN ON-OFF AIR BAG DISABLING SWITCH. SHOULD I TURN IT OFF?

**NO.** Doctors recommend that pregnant women wear seat belts and **leave air bags turned on.**

Seat belts and air bags work together to provide the **best protection for you and your unborn child.**

## WHAT SHOULD I DO IF I AM INVOLVED IN A CRASH?

**Seek immediate medical attention, even if you think you are not injured,** regardless of whether you were the driver or a passenger.



FOR MORE INFORMATION,  
**VISIT [SAFERCAR.GOV](http://SAFERCAR.GOV)**



U.S. Department of Transportation  
**National Highway Traffic Safety  
Administration**



11426-120915-v6





# Car Seat Safety for Infants and Toddlers



Presented by

**Nancy Anthony, CPST**

Dar a Luz Birth & Health Center



## Infant Carrier Car Seats

(can ONLY be used rear-facing)

## Convertible Car Seats

(convert from rear-facing to forward-facing)

### ALWAYS:

- **ALWAYS** Register your car seats to be notified of recalls.
- **ALWAYS** Check used car seats for recalls before using.
- **ALWAYS** Read and follow instructions in your car seat and vehicle owner's manuals.
- **ALWAYS** Adhere to the weight and height limits of your car seat.
- **ALWAYS** Use the correct belt path.
- **ALWAYS** Make sure your final installation passes the 1-INCH TIGHTNESS TEST. (Try to slide the seat side to side, and front to back, gripping the seat on both sides at the BELT PATH.)
- **ALWAYS** Install rear-facing car seats at a proper recline angle (follow indicators).
- **ALWAYS** Keep harness straps adjusted properly (at or below the shoulders for rear-facing), and snug enough that you can't pinch any slack.
- **ALWAYS** Keep the retainer clip level with the child's armpits.
- **ALWAYS** Keep child properly and snugly harnessed whenever they are in the car seat, even when outside the vehicle. Loose or unbuckled harnesses present safety risks.

### NEVER:

- **NEVER** Install rear-facing car seats in vehicle seating positions with front air bags.
- **NEVER** Swaddle or dress child in bulky clothing before harnessing in car seat.
- **NEVER** Leave child unattended in car seat for extended periods of time.
- **NEVER** Let child sleep in car seat overnight.
- **NEVER** Leave child in car seat on high surfaces like countertops.
- **NEVER** Leave child in car seat on soft surfaces like beds or couches.
- **NEVER** Use a car seat that is expired, has been in a crash, has a frayed or damaged harness, or is missing parts.
- **NEVER** Add extra padding, strap covers, blankets, pillows, or other "after market" items to your car seat. This includes anything under or around the child or the harness system.
- **NEVER** Lubricate the buckle.

### Installing with Seat Belt vs. LATCH

Use one method, not both (unless allowed by manufacturer). Both are equally safe when used correctly. Experiment with both, and use the one that gives you the tightest and easiest installation.

**LATCH:** Make sure the lower anchors you're using are for the seating position you've chosen. Not all seating positions in your vehicle are equipped with LATCH (check your vehicle owner's manual if not sure).

**SEAT BELT:** Remember to lock/switch the seat belt retractor (or use LOCK-OFFS if your car seat has them).

### Extended Rear-Facing

Rear-facing car seat use is associated with a significantly decreased risk of injury, especially injuries to the head, neck, and spinal cord.

NHTSA recommends keeping children rear-facing as long as possible, up to the top height or weight limit allowed by the particular seat. It's the best way to keep them safe. Once a child outgrows the rear-facing car seat, he or she is ready to travel in a forward-facing car seat with a harness and a tether.



# BEHAVIOR AND CARE

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You have been waiting for this bundle of joy for 9 months! Sometimes your little bundle of joy can turn into a bundle of frustration, sadness, or exhaustion. The transition with a new baby, whether your first or your fourth, almost always includes some difficulty. Remember, even though you have had your baby you can still call at any time or come in for an extra visit.

## Crying

Newborns cry for a handful of reasons: they are hungry, tired, hot, cold, wet, dirty, gassy, or lonely. Some babies cry and there may not be a reason. Maybe you have tried everything and your baby is still crying. Always try swaddling your baby tightly to mimic the womb. Babies have been in a very small space for a long time. Coming into a cold world is often very alarming for them and can cause them sensory overload and disorganization, meaning they can't reverse the overload once it has begun. Babies often like background noise because they were used to that in the womb as well. Babies like to be held – it is recommended to “wear” your baby or just hold your baby whenever you want. You cannot spoil a newborn; you can either meet their needs or not. If you get stressed and need a break, put your baby down for a few minutes and leave the room. NEVER SHAKE a baby. If you have tried everything and your baby is still crying, call the midwives and we will give suggestions.

## Feeding

Most newborns sleep about 22 hours a day and are only barely awake for feeding. Most newborns are more alert and feed better at night and sleep more during the day. It usually takes a couple of weeks for baby's sleep to adjust, but breastfeeding babies will nurse about every 2-3 hours all day and night so you may not see any longer sleep periods at night for a while. In the first three days after birth, you may need to stimulate and wake your baby up to feed. Babies are just as tired as you are – they worked hard to be born too. The best way to wake your baby and stimulate them is to undress your baby down to the diaper and place your baby skin to skin with you, either under your shirt or under blankets to keep the back warm. This allows you and your baby to feel one another, smell one another, and keeps your baby warm. This closeness releases oxytocin, the hormone of love and a precursor to prolactin, the hormone that regulates breast milk. In fact, in the first 72 hours after birth, breastfeeding experts and researchers suggest that you keep your baby skin to skin as much as possible to encourage constant breastfeeding, bonding, and an abundant milk supply. Skin to skin contact also regulates baby's heart rate and respirations, not just their body temperature.

Breastfed babies need to nurse every 2-3 hours (or on demand if they want to nurse more) around the clock until your milk comes in. You should not go longer than 3 hours between feedings. It is important that you nurse your baby at least 15-20 minutes per side. Sometimes babies have some mucous in their stomach from birth and are not as interested in feeding in the first 24 hours. They may even spit up or appear to be choking on it. If this happens, you should place the baby on their side or belly and pat their back. This may feel scary the first time it happens but is totally normal. Not all babies want to nurse on both sides once the milk comes in, but they should “finish” a breast before going to sleep or being switched to the other side. This is because the hind milk, the milk that has all the fat and calories that they need for growth and brain development, is the milk they have to work harder for – it is the milk that they get after the first few minutes of feeding. Once your baby has “emptied” your breast (breasts are never empty while breastfeeding – they are constantly making milk), you can switch to the other side if your baby is not satisfied. An “empty” breast feels soft again and the hard pockets (the milk ducts full with milk) have emptied their milk. It may not feel soft everywhere but it should be quite a bit softer than a full breast. Switching your baby too soon or letting the baby feed 5 minutes per side will cause the baby to want to nurse more often as this is more like having a snack and can cause colicky behavior. The fore milk (the milk they get at the beginning of a feeding) is mostly carbohydrates and gives the baby energy, but it also causes gas and is metabolized very quickly. Nursing a few minutes per side will ensure that you will be nursing every hour or so. Most clients would like a little bit of a break!

Formula-fed babies should eat every 3-4 hours in general. Formula takes longer to break down than breastmilk so these babies don’t always need to feed as often. But if your baby is showing signs of hunger (rooting, trying to suck on anything that gets near their mouth) then you should feed your baby.

Newborns and young babies should not be placed on a feeding schedule. Babies are growing rapidly and expending energy very rapidly. They use a great deal of energy just to stay warm as they adjust to extra-uterine life. If your baby is hungry, you should feed your baby.

## Burping

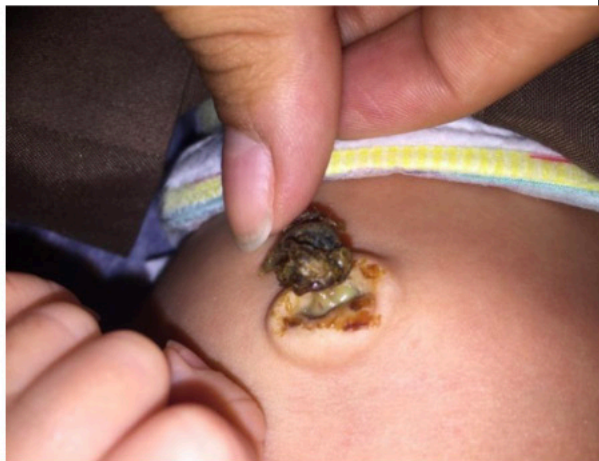
Burp your baby in between breasts during a feeding. In the first couple of days before your milk comes in, the baby may not burp if s/he isn’t taking in any air during the feeding. But once your milk arrives, you usually need to burp your baby once or twice per feeding. Formula fed babies should be burped once in the middle of the feeding and again at the end.

## Cord

The umbilical cord is cut at birth and the remaining stump usually falls off within 7-14 days after birth. Sometimes it falls off sooner, sometimes earlier. Studies no longer support the use of alcohol on the cord because it prolongs the detachment time. We recommend natural drying of the cord, meaning leave it alone. Do not submerge your baby’s abdomen in water until the belly button is completely healed. Sponge baths are OK. If stool gets on the healing belly button, gently clean with a soft cloth and warm water or a baby wipe. The cord normally has a light odor, small amount of bleeding/reddish oozing, and yellowish discharge just prior to falling off or immediately after. You may notice some brownish crusty discharge in the umbilicus for a few weeks after it falls off which is normal. Call your midwife if there is a quarter size area of redness of the skin around the cord, heavy bleeding at the site, or an excessive foul odor at the cord site. Also call if your baby is lethargic, feeding poorly, or has a fever which could be signs of infection.



Here is what a **NORMAL** healing cord looks like. You do **NOT** need to call if your baby's cord looks like this.



Here is what an **INFECTED** cord looks like. **PLEASE CALL** if your baby's cord looks like this.



## Nasal congestion

Most babies experience nasal stuffiness as they adjust to the outside environment. You will find a sample of saline drops in your discharge bag from the birth center. Apply a drop or two in one nostril at a time as this helps soften the secretions. Your baby will either sneeze them out or you can use a NoseFrida “Snot Sucker” to suck it out. Using a humidifier in the room may help some too.

We do not recommend using a bulb syringe to suck out the mucous because it is painful to your baby and can cause swelling of the nasal turbinates and make the problem worse. The bulb syringes can be a reservoir for bacteria, so if you decide to use one, be sure to clean it thoroughly and sterilize it or get a new one.

## Eye discharge

About 1 in 20 newborn babies will have a tear duct in one or both eyes that is not quite fully developed at birth. Within a few weeks to a few months of birth, the tear duct usually finishes developing and the problem goes away.

Sometimes after a sleep the affected eye looks sticky or crusty. You can wipe away the discharge with a moist cloth. You should massage the tear duct of your baby by using gentle pressure with your finger on the outside of your baby's nose and then stroke downwards towards the corner of the nose. This should be repeated ten times a day. This can help to clear pooled tears in the blocked duct. It may also help the tear duct to develop. Most babies will respond to this massaging and will not need any further treatment.

## Sleeping

Newborns sleep 20-22 hours a day the first few weeks after birth. Feed babies more in the evening to help them sleep longer at night. Usually by one month of age, babies start to sleep more at night. Make sure your baby is dressed warm enough at night if sleeping in a crib or a co-sleeper. Do not place blankets over your baby. You should get swaddling blankets or sleep-sacks as placing loose blankets can increase the risk of SIDS (Sudden Infant Death Syndrome). If you co-sleep, make sure there are no extra pillows or blankets in your bed. NEVER co-sleep with your baby if you have had any medication that makes you sleepy, alcohol, or illicit drugs. NEVER let anyone co-sleep with your baby under these circumstances as well.

## Clothing

The rule of thumb for dressing your baby is the same number of layers that you are in PLUS one layer. That is, if you are wearing a sweater and jeans, your baby needs the same plus a blanket. Babies can get cold stress very easily which causes them to use more energy and want to feed more often. You will both get more rest if your baby is warm enough, but not too warm. Heavy blankets or blankets made of synthetic material can cause a baby to overheat. If you are concerned, check your baby's temperature under the arm. It should be between 97.9-99.5 Fahrenheit. Always swaddle your baby in a crib and do not use loose blankets.

## Diapering

Change your baby's diaper when it is soiled or wet. Many disposable diapers claim to have "12-hour dryness protection" or some such slogan. However, this does not mean that you should leave your baby in a wet diaper for hours on end. Wipe your baby's skin with a wet wipe or just a soft wet cloth after each pee and poop. Urine can break down their skin just as much as poop can. It is a good habit to change your baby before or after every feeding. There are many disposable diapers that are more friendly for the environment. Some are biodegradable and some are flushable. We don't really know the effect of bleach on our baby's skin and genitals – most commercial diapers have been bleached. Choosing a diaper that is bleach-, plastic-, and chemical-free is best. There are many cloth diapers available and more and more parents are choosing this option. Rio Grande Diaper Service at (505) 877-6311 is a local diaper cleaning service. Parents in your birth class may have good ideas as well.

## Newborn stools and voids

The baby's first stool (meconium) is black and tarry and will transition over the first week to yellowish seedy stools. You will be given a chart when you are discharged from the birth center that will help you determine if your baby's pees and poops are a normal amount and color. Below is a color chart that can help too. Babies may have some red or orange spots in their pee before your milk comes in. This is not blood but concentrated urine and is normal. It will resolve after your baby starts feeding more as your milk comes in.





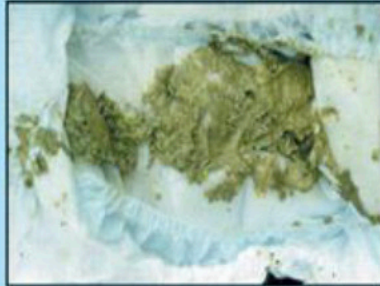
# Diapers of the Breastfed Baby

Looking at a baby's poop and pee can help you tell if your baby is getting enough to eat.

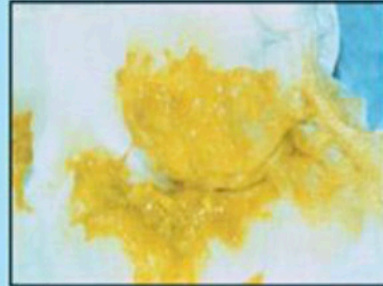
The baby's poop should change color from black to yellow during the first 5 days after birth.



The baby's first poop is black and sticky.



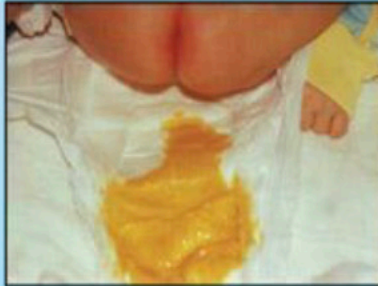
The poop turns green by Day 3 or 4.



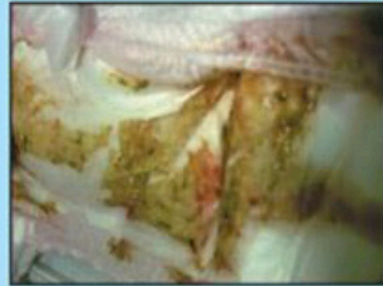
The poop should turn yellow by Day 4 or 5.



Poop can look seedy.



Poop can look watery.



Illness, injury, or allergies can cause blood in poop. Call Doctor.



Babies make some large and some small poops every day.

Only count poops larger than this. ➡

By Day 4, most breastfed babies make 3 or 4 poopy diapers every day.



➡ On Day 1 or 2 some babies have orange or red pee.

By Day 3 or 4, breastfed babies should make 3 or 4 wet diapers with pee that looks like clear water.

A wet diaper is as heavy ➡ as 3 tablespoons of water.





# FOLLOW-UP

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**INSURANCE/MEDICAID:** Your baby's care is not included with your care, regardless of whether it is provided by midwives or a pediatrician. Your baby is a new person, and their care is billed out separately. It is your responsibility to add your baby to your insurance or Medicaid. Most plans require that you add your baby within 30 days or claims will be denied. Be sure to ask for coverage from the time of birth. If you do not do this, you will be expected to pay the uncovered costs of care.

**BABY'S HEALTHCARE PROVIDER:** Midwives at the birth center can care for your normal newborn baby for the first 28 days but you will need to choose a provider to take care of your baby after that or in case of problems. We recommend starting to think about a provider for your baby between 28 – 36 weeks of pregnancy and let us know who that person is by 36 weeks. There is a list of area providers in the section "**Pediatric Provider List.**"

**APPLYING FOR A BIRTH CERTIFICATE:** Your midwife will fill out the vital records forms online to apply for the birth certificate at your birth. We encourage you to pick a name by your 3-day visit. The state requires us to submit the completed information by 10 days after the birth. If you do not know a name for your baby by then, we will assign a name of either "Baby Boy or Baby Girl" and you can change the name when you apply for a copy from the state. Any penalties assessed by the state for late filing (after 10 days) will be your responsibility.

If the parents are not married, the father's information may be included on the birth certificate but a letter of paternity has to be completed and notarized at the birth center and then sent to the state within 10 days of birth. If the paternity papers are not completed by the deadline, we are instructed by the state to turn in the paperwork without the father's name. To add the father's name, you will need to go to Santa Fe and pay a fee of approximately \$10-\$20.

The midwife selects the option to apply for a social security number when filling out the vital records form. The Social Security Administration will contact you to apply for a number. The Vital Records office should send you information within about 1-6 months so that you can get a copy of the birth certificate which costs \$10 per copy.

## Newborn metabolic screen

New Mexico requires that all newborns be screened for disorders recommended by the College of Medical Genetics and the March of Dimes. There are approximately 50 disorders this test screens for, and most of them are quite rare. For a complete list of conditions New Mexico tests for, please visit <https://www.nmhealth.org/publication/view/help/1034/>.

The purpose of the newborn screening is to identify infants at risk that require more definitive testing. Babies with these conditions appear normal at birth and may have no family history of the disorder. It is only with time that the conditions affect the baby's brain or physical development or causes other medical problems. By then, the damage may be permanent. Early diagnosis and treatment prevent serious health problems and most babies develop normally and lead healthy lives.

This is a two-part test collected from a small heel stick, where a few drops of blood are placed on a filter paper card and then mailed to a processing lab in Oregon. The first part is completed in the first 24-36 hours, and the second part must be done within 10-14 days of age. We strongly recommend doing this testing, but if anyone chooses to decline, a consent form must be signed and sent to the state. For more information on this test, please visit the following websites:

- <https://www.marchofdimes.org/find-support/topics/parenthood/newborn-screening-tests-your-baby>
- <https://www.nmhealth.org/about/phd/fhb/cms/nbgs/>

## Newborn one-day and three-day visits

These are follow-up visits, the first between 24-36 hours and the second between 60-78 hours, at the center to see how your baby is doing. Breastfeeding, jaundice, and infant weight gain will be assessed as well as how the family is adjusting. Birth certificates and paternity papers need to be completed at these visits also.

## Critical Congenital Heart Disease (CCHD) screen

Congenital heart defects are the most common group of birth defects. Newborn screening using pulse oximetry can identify some infants with critical congenital heart defects (CCHDs), which represent about 25% of all congenital heart defects. CCHDs are structural heart defects that are often associated with low blood oxygen levels among infants during the newborn period. CCHDs typically require some type of intervention – usually surgical – early in life. Without screening, some newborns with CCHDs might be missed because the signs of CCHD might not be evident before an infant is discharged from the birth center or hospital after birth. Infants with CCHDs are at risk for significant morbidity or mortality early in life because of closing of the ductus arteriosus or other physiologic changes. CCHD screening assesses 7 primary targets (hypoplastic left heart syndrome, pulmonary atresia with intact septum, tetralogy of Fallot, total anomalous pulmonary venous return, transposition of the great arteries, tricuspid atresia, and truncus arteriosus) and 5 secondary targets (coarctation of the aorta, double outlet right ventricle, Ebstein anomaly, interrupted aortic arch, and single ventricle). Pulse oximetry screening does not detect all CCHD, so it is possible for a baby with a negative screening result to still have CCHD or other congenital heart defects.

This is a state mandated screening that is done in the infant's first week of life and will be done at the 24–36 hour visit. A pulse oximeter is placed on the right hand and either foot; this measures the percentage of hemoglobin in the blood that is saturated with oxygen. False positives are less likely if the infant is alert and done when the infant is at least 24 hours old. Your baby will get a negative screen if the oxygen saturation levels are above 95% on both limbs; this means your baby is unlikely to have a CCHD. A positive screening result occurs when the baby's oxygen saturation levels are below 95% on both limbs. In this case, we recommend and help schedule an echocardiogram as soon as possible for your baby to evaluate the heart and the way the blood flows through it. This might require hospitalization depending on the severity of the defect.

## Newborn jaundice

Jaundice is caused by an increased level of bilirubin in the blood. The increased bilirubin causes the infant's skin and whites of the eyes to look yellow. Bilirubin is created in the body during the normal recycling of old red blood cells. The liver helps break down bilirubin so that it can be removed from the body in the stool. However, babies have immature livers and are not able to process bilirubin as effectively as adults. Frequent feedings (up to 12 times a day) encourage frequent bowel movements, which helps remove bilirubin.

Jaundice is present to some degree in most newborns and is called “physiological jaundice.” It usually appears between day 2 and 3, peaks between days 3 and 5, and clears by 2 weeks. Physiological jaundice usually causes no problems and does not need any treatment. Jaundice is more common in breastfed babies because they get colostrum in small amounts in the first few days before the milk comes in, and they few stools that can get rid of the bilirubin. This happens more when a newborn does not get a good start to breastfeeding or has an improper latch which interferes with breastfeeding. It often will resolve itself with increased feedings and help from a lactation consultant to make sure the baby is indeed taking in adequate amounts. Rarely does a breastfed baby need any other type of treatment besides these for physiologic jaundice.



***Sometimes, infants with significant jaundice have extreme tiredness and poor feeding. If your baby does not feed every 2-3 hours or you cannot keep your baby awake to feed well, call the birth center (924-2229) or the midwife on call (944-5488) immediately so we can assess the baby and draw blood if needed.***

Mildly elevated bilirubin can be treated at home by placing your baby (with only a diaper on) in a bassinet next to a window in indirect sunlight. If your baby’s bilirubin levels are elevated to a level that treatment is indicated, we can usually set up treatment at home with ultraviolet lights or blankets. Some may require hospitalization and treatment with ultraviolet lights, called phototherapy. These lights work by helping to break down bilirubin in the skin. Excessive jaundice can cause a very serious condition called kernicterus which is a form of brain damage.

## Two week visit

You will need to make an appointment for your baby to visit the birth center between 10 to 14 days of age to check your baby’s growth and do the second part of the newborn metabolic screen. It is normal for your baby to lose some weight after birth, and your baby normally regains this weight by two weeks of age. We will also do your baby’s hearing screen at this time (see “Newborn Hearing Screen” below). If we are unable to get an accurate read on the hearing screen, we will try again at the 4-week visit.

## Four week visit

This is baby’s last visit at the birth center to check growth, breastfeeding, and complete the hearing screen if it was not done previously. You will need to make an appointment at 2 months with your pediatric provider. You may sign a release of records at the center, and we will either send the baby’s records to the provider or email you a copy of the records depending on what you prefer.

## Newborn hearing screen

Universal hearing screening programs have been implemented across the United States because hearing loss is one of the most common congenital anomalies, occurring in approximately 2-4 infants per 1000. The cause of hearing loss for many babies is not known, and hearing loss can go unnoticed for years. Early identification allows families to make decisions about their child’s care that can affect speech, language, and social development.

### There are two kinds of screening tests:

- The Auditory brainstem response (ABR) test monitors brain wave activity in response to sound using electrodes that are placed on the baby's head and ears.
- An otoacoustic emissions (OAE) test uses a small, very sensitive microphone inserted into the ear canal to monitor the faint sounds produced by the outer hair cells in response to stimulation by a series of sounds at different frequencies. ABR and OAE testing are painless and can be used for newborn babies and infants as well as older children and adults.

All infants born at the birth center will be screened for hearing loss using the OAE test between 2-4 weeks. If your baby does not pass this hearing screening by the 4-week visit, you will be referred to a local auditory screening office where they will do further testing. Usually, babies pass the test, but they may recommend repeat screening in a year. All babies born in the hospital will be tested with the ABR test prior to discharge. Even if your baby has passed their hearing screen at the birth center or hospital, these tests may not pick up all hearing loss including very rare auditory neuropathies. If you think that your baby can't hear, bring this to the attention of your pediatric provider immediately.



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# HEALTH CARE FOR YOUR BABY THROUGH IMMUNIZATIONS

The midwives and staff at Dar a Luz so enjoy caring for your baby during the first month of life. After 28 days of age you need to have a pediatric provider, selected by 36 weeks of pregnancy, to care for your baby. Your baby should begin regular checkups starting at 2 months of age to make sure your little one is healthy, developing normally, and to start vaccinations if you are planning to do so.

## Immunizations

The birth center does not offer the Hepatitis B vaccine at this time; however, we are supportive of immunizations. We respect your right to choose whether to immunize your child and see our role as one of giving evidence-based information so that you can make an informed decision. You may choose to start their immunizations at their first visit with the pediatric provider. We agree with the information posted on the After Hours Pediatrics website listed below:

*"We believe that immunizations are the single most important medical intervention for children. They are as important in the United States as they are anywhere in the world. The modern program to immunize American children has done more to decrease illness and save lives than any other intervention in the last 50 years. Despite our success, though, only one illness (smallpox) has been eliminated through immunizations. Every other illness for which we immunize children remains a threat. These illnesses are held in check only because we continue to actively immunize our children.*

*We strongly believe that the claims of an association between immunizations and autism are completely false. Several mechanisms by which immunizations might cause autism have been proposed. In each instance, further investigation has shown the proposed theory of causation to be false. Furthermore, no study has shown that children who are immunized are more likely to develop autism than those who are not. Thoughtful scientists and pediatricians have difficulty understanding why someone would even suggest that immunizations cause autism. Why use a completely false premise to discourage people from accessing the most important preventive health benefit available to children?*

*As more and more parents choose not to immunize their children the risk to your child becomes even greater. Recent outbreaks in New Mexico of both measles and pertussis are reminders that the protective effect of 'herd immunity' is diminishing and the risk of serious preventable illness is increasing. As a result, it is even more important to immunize your child today than it would have been 15 years ago."*

The Children's Hospital of Philadelphia website gives reliable, well organized, and easy to read information on each vaccine, vaccine safety, and vaccine science: [www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html)

Below is the New Mexico Department of Health recommended immunization schedule and you can access more information at [www.immunizenm.org](http://www.immunizenm.org). A reputable source for research on causes of autism is <http://www.autismsciencefoundation.org/autismandvaccines.html>. Immunization hotline: (800) 232-4636.

Vaccines	Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.
Respiratory Syncytial Virus (RSV)	#1						
Hepatitis B	#1	#2			#3		
Rotavirus			#1	#2	#3		
Diphtheria/Tetanus/Pertussis (DTaP)			#1	#2	#3		#4
<i>Haemophilus influenzae</i> type b (Hib)			#1	#2	#3	#4	
Pneumococcal			#1	#2	#3	#4	
Polio			#1	#2	#3		
Influenza					1 time each year		
COVID-19					#1		
Measles/Mumps/Rubella (MMR)						#1	
Varicella (Chickenpox)						#1	
Hepatitis A						2 doses 6 month apart	

## How do you choose a pediatric provider?

Some families prefer to go to their family doctor or nurse practitioner. Others choose to go to pediatricians. Convenience of location and hours may be important to you. Your health insurance may dictate where you can go. You may ask around to find out what other parents think about their child's provider. Here are some questions you may want to ask when you interview potential healthcare providers.

- Call the office and ask about the provider's background and training.
- It is a group or individual practice?
- Ask about office hours (including nights or weekends) and making appointments for well and sick visits.
- Who handles emergency calls and where would your child be admitted to the hospital if needed?
- If you have routine questions, who handles those and when can you expect a return call?
- Do they perform circumcision if this is something you want for your child?
- What vaccinations do they recommend and are they supportive of alternative schedules?
- Are they supportive of breastfeeding? If so, what programs do they have to support breastfeeding?
- Do they give out formula samples and have formula advertising in the waiting room?
- What would they do if you were exclusively breastfeeding and your baby wasn't gaining enough weight?
- Do you feel like they are genuinely interested in your baby?
- Do they communicate clearly in terms you can understand?
- Do they listen to your concerns?
- Do you like them?

Please see the following section for local pediatric practices, and resources.



# RESOURCES

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## Pediatric provider list

Below is a list of practices providing pediatric care in the area. Contact a provider soon to find out if they are accepting new clients and can meet your needs.

### **After Hours Pediatrics - [www.after-hours-pediatrics.com](http://www.after-hours-pediatrics.com)**

9201 Montgomery Blvd NE

5904 Holly Ave

All Locations

1534 Unser Blvd SE

(505) 298-2505

9210 Golf Course Rd NW

### **Bebe Care, Dr Beggs - [www.bebecare.org](http://www.bebecare.org)**

4333 Pan American Fwy NE

(505) 266-3835

### **Duke City Pediatric Care**

11505 Montgomery Blvd NE

(505) 308-1586

### **Optum Pediatrics - [www.optum.com/new-mexico](http://www.optum.com/new-mexico)**

9101 Montgomery Blvd NE

(505) 275-4270

2929 Coors Blvd NW, Suite 200

(505) 839-2300

5150 Journal Center Blvd NE (3<sup>rd</sup> Floor)

(505) 262-3219

1721 Rio Rancho Blvd SE

(505) 896-8600

2901 Transport ST SE (2<sup>nd</sup> Floor)

(505) 262-7594

### **Face to Face Pediatrics (Holistic virtual and in-home care)**

Dionne Cozier Ross, MD [www.facetofacepediatrics.com](http://www.facetofacepediatrics.com)

(505) 938-9571

### **Family Practice Doctors giving high quality low volume care**

#### **Mark Unverzagt, MD**

925 Coal Ave SW

[www.medicinedowntown.com](http://www.medicinedowntown.com)

(505) 246-1670

#### **Jeff Miller, MD**

3900 Eubank Blvd NE, Suite 18

<https://jeffrey-d-miller-pc.business.site/>

(505) 292-1818



**Melissa Garcia, MD**

711 Encino Place NE Ste D

<http://rgfmm.com/>

(505) 224-7400

**Scott Brown, MD**

1817 Central Ave NW

(505) 265-2244

**Carmen Rodriguez, MD**

500 San Mateo Blvd NE Ste B

(505) 262-6500

**First Choice Community Healthcare locations - [www.fcch.com/care-services](http://www.fcch.com/care-services)**

**Alameda**

7704 – A 2<sup>nd</sup> ST NW

(505) 890-1458

**Alamosa**

6900 Gonzales Rd. SW

(505) 831-2534

**Belen**

120 S. 9<sup>th</sup> St., Belen

(505) 861-1013

**Edgewood**

8 Medical Ctr Rd, Edgewood

(505) 281-3406

**Los Lunas**

145 Don Pasqual NW

(505) 865-4618

**North Valley**

1231 Candelaria Rd NW

(505) 345-3244

**Rio Grande High School**

2300 Arenal Rd SW

(505) 873-0220  
ext. 50086

**South Broadway**

1401 William St SE.

(505) 768-5450

**South Valley**



2001 N. Centro Familiar SW

(505) 873-7400

**First Nations Community Healthsource**

5608 Zuni Rd SE

(505) 262-2481

**High Desert Pediatrics - [www.highdesertpediatrics.com](http://www.highdesertpediatrics.com)**

8650 Alameda Blvd NE, Suite 101E

(505) 255-1866

**Indian Health Service - [www.ihs.gov/albuquerque](http://www.ihs.gov/albuquerque)**

801 Vassar Dr. NE

(505) 248-7810

**Presbyterian Pediatrics**

**[www.phs.org/doctors-services/childrens-health/pediatrics](http://www.phs.org/doctors-services/childrens-health/pediatrics)**

**Belen**

609 S. Christopher Rd

(505) 864-5454

**Isleta**

3436 Isleta Blvd SW

(505) 462-7777

**Northside**

5901 Harper NE

(505) 823-8282

**Rio Rancho – High Resort**

4005 High Resort Blvd SE

(505) 462-6000

**Rio Rancho**

3777 NM Highway 528 NE

(505) 404-2590

**San Mateo**

401 San Mateo Blvd SE

(505) 462-7333

## **UNM Family Practice and Community Medicine**

### **Atrisco Heritage Center for Family and Community Health**

10800 Dennis Chavez SW (505) 272-6009

### **Eubank Clinic**

2130 Eubank Blvd NE (505) 925-2273

### **Family Health**

1209 University NE (505) 272-4400

### **Family Medicine Clinic**

2400 Tucker NE (505) 272-1734

### **Northeast Heights Family Health**

7801 Academy Blvd NE (505) 272-2700

### **North Valley Clinic**

3401 4th ST NW (505) 994-5300

### **Southeast Heights on Central**

8200 Central SE. (505) 272-5885

### **Southwest Mesa Center for Family and Community Health**

301 Unser Blvd NW (505) 925-4126

### **UNM Family Health – Westside Clinic**

4808 McMahon Blvd NW (505) 272-2900

### **Young Children's Health Center**

306-A San Pablo SE (505) 272-9242

### **Los Alamos Pediatricians**

Children's Clinic

3917 W Rd # 128 (505) 662-4234

### **Adoption Assistance Agency**

(505) 821-7779

<b>Agora (Suicide Support Helpline)</b>	(505) 277-3013
<b>AIDS Hotline (CDC Information line)</b>	(800) 232-4636
<b>Amistad Crisis Shelter (teen temporary crisis center)</b>	(505) 877-0371
<b>Baby Net (referrals for medical and support services)</b>	(800) 552-8195
<b>Barrett House</b> (meals, clothing for homeless women and children)	(505) 243-4887
<b>Birth Certificates (Vital Records)</b>	(866) 534-0051
<b>Evidence Based Birth website</b>	<a href="http://www.evidencebasedbirth.com">www.evidencebasedbirth.com</a>
<b>Head Start</b> (education and family support services)	(866) 763-6481
<b>Center for Reproductive Health</b> (family planning, pregnancy options)	(505) 925-4455
<b>Child Support Enforcement Division</b>	(800) 288-7207
<b>Trumbull Family Resource Center (Carseat Assistance)</b>	(505) 256-2005
<b>Domestic Violence Hotline/Shelter (S.A.F.E. House)</b>	(800) 773-3645
<b>ENLACE Comunitario</b> <b>(Domestic Violence/Sexual Assault survivor support)</b>	(505) 246-8972
<b>Joy Junction (family shelter)</b>	(505) 877-6967
<b>La Leche League (<a href="#">breast feeding support</a>)</b>	(505) 821-2511
<b>Low-income Home Energy Assistance Program (LIHEAP)</b>	(800) 283-4465
<b>Milagro Program</b> (substance abuse program for pregnant women)	(505) 463-8293
<b>New Day Youth &amp; Family Shelter (teen shelter)</b>	(505) 938-1060
<b>New Futures High School, 5400 Cutler Ave NE</b> (for pregnant and teen moms)	(505) 883-5680

<b>New Mexico Solutions Center</b>	(505) 268-0701
(Medicaid inquiries/verification)	
<b>New Mexico Poison Control Center</b>	(800) 222-1222
<b>Paternity Testing by Mobile Medical Associates</b>	(505) 323-7999
<b>Planned Parenthood</b> - <a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>	
Central	(505) 265-3722
Candelaria	(505) 294-1577
San Mateo (surgical center)	(505) 265-9511
Rio Rancho	(505) 899-7900
Santa Fe	(505) 982-3684
<b>Rape Crisis Center</b>	(505) 266-7711
<b>Roadrunner Food Bank</b>	(505) 247-2052
<b>Safer New Mexico Now (Car Seat Assistance)</b>	(505) 332-7707
<b>Saint Joseph Community Health</b>	(505) 924-8000
(Home visiting program for first time parents)	
<b>Salvation Army (Family Assistance Program)</b>	(505) 881-4292
<b>STD Clinic at Department of Health (DOH)</b>	(505) 841-4100
<b>Storehouse (Children's clothing &amp; food)</b>	(505) 842-6491
<b>Storehouse West (Children's clothing &amp; food)</b>	(505) 892-2077
<b>WIC Offices</b> - <a href="http://www.nmwic.org">www.nmwic.org</a>	
<b>Women's Housing Coalition (housing for single mothers)</b>	(505) 884-8856
<b>Youth Crisis Shelter (New Day)</b>	(505) 938-1060

# VISIT DIARY

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# CARE INFORMATION

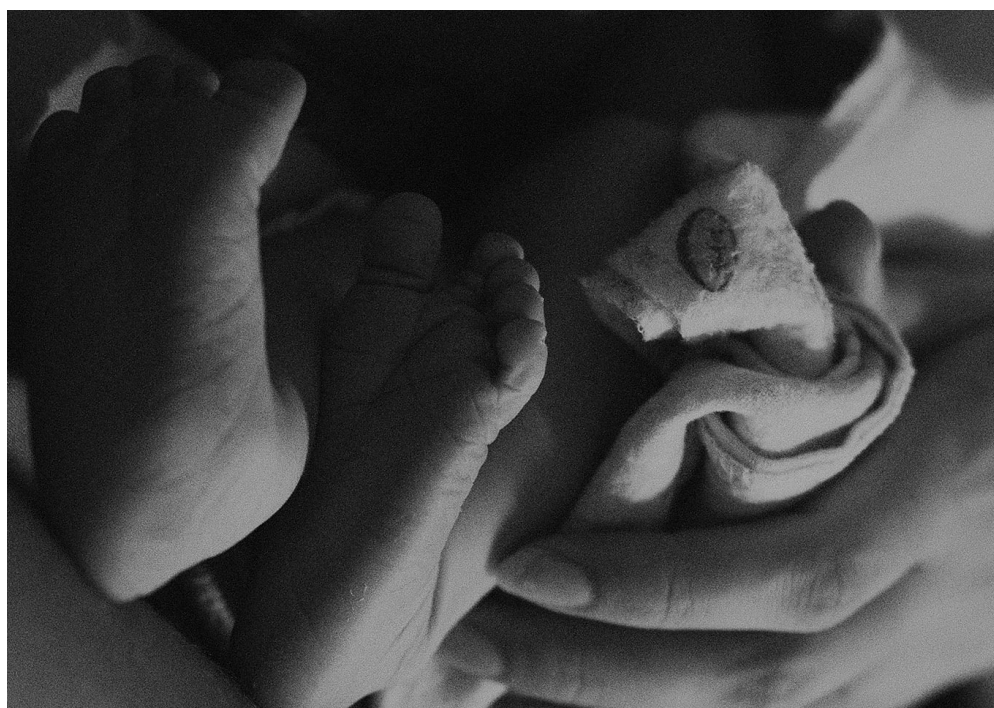
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CLIENT HEALTH INFORMATION PORTAL  
[www.daraluzbirthcenter.org](http://www.daraluzbirthcenter.org)



# CARE INFORMATION

At Dar a Luz we aim to ensure that every choice you make regarding your care is an informed choice. To allow you time and space to review the care we offer at Dar a Luz and make your decisions, we ask that you read and review the information below and ask your midwife for more information during your prenatal care appointments.



# PRENATAL GENETIC SCREENING

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The American College of Obstetrics and Gynecologists and March of Dimes both recommend that all clients are offered accurate information in order to make appropriate decisions regarding the various forms of genetic screening and diagnostic testing available in pregnancy. While the midwives at Dar a Luz Birth & Health Center are not genetic counselors, we are willing to provide basic information for testing according to national standards of care. We refer genetic screening to a local perinatology group for screening and counseling. Your midwife can discuss your questions and give recommendations at your first prenatal appointment or anytime in pregnancy. Please read the following information carefully and decide which option(s), if any, are right for you and your family.

## What is carrier and prenatal chromosome screening?

According to current recommendations, everyone who is pregnant or considering pregnancy should be offered these two types of genetic screening:

**CARRIER SCREENING** is a blood test used to detect inheritable genetic conditions that can be related to your ethnicity or family history. It can be done before or anytime during pregnancy.

**PRENATAL CHROMOSOME SCREENING** is a blood test used to detect extra or missing chromosomes in conditions including Down syndrome, Patau syndrome and Edwards syndrome and sex chromosome conditions. This test is available as early as 10 weeks or anytime thereafter in pregnancy.

## Carrier screening

This blood test can determine if a client or reproductive partner is a carrier of an inheritable condition that could be passed on to the baby (the most common example of a carrier disease is cystic fibrosis). Both reproductive partners have to be a carrier for the condition to affect the baby. This test uses whole-gene sequencing to look at the entire gene to give a high degree of accuracy for estimating the risk for genetic conditions. Results are available in about 7-10 days.

There are over 100 inheritable conditions that can be detected through carrier screening. Because it is difficult to determine your exact heritage and risk associated with ancestry, Dar a Luz recommends the Universal Panel to screen for the 20 most common conditions found across multiple ethnicities, specifically Ashkenzai Jewish, African American and Mediterranean descent. One in 6 people in the United States are a carrier of one of these 20 diseases, although the incidence of affected offspring is much lower.

## Prenatal chromosome screening/cell-free DNA/non-invasive prenatal screening

Prenatal Chromosome Screening is available to all clients as early as 10 weeks of pregnancy or anytime thereafter. It can be helpful for some families to get early results in order to make informed decisions about their pregnancy, place and timing of delivery, or need for any further diagnostic testing.

This test looks at the fragments of cell-free fetal DNA circulating in the woman's blood to determine the risk of certain chromosomal conditions for the pregnancy (Down, Patau and Edwards Syndromes and sex chromosome conditions). The results have about a 99% accuracy rate and are reported in negative (low risk) or positive (increased risk) categories. Results are typically available within 7-10 days.

### Trisomy 21 - Down Syndrome

- There is an extra DNA on chromosome 21.
- Trisomy 21 occurs in about 1 out of every 737 newborns.
- Most people with Down Syndrome have mild to moderate intellectual disabilities but with support are able to participate in school, work and social life.

### Trisomy 13 – Patau Syndrome

- There is extra DNA on chromosome 13 in some or all of the body cells.
- Trisomy 13 occurs in about 1 out of every 7,784 newborns.
- These babies have significant health issues including physical abnormalities and congenital heart defects and generally have a life expectancy of one year or less.

### Trisomy 18 – Edwards Syndrome

- There is extra DNA on chromosome 18.
- Trisomy 18 occurs in about 1 out of every 3,788 newborns.
- These babies have significant health and neurological issues and generally have a life expectancy of one year or less.

### Sex Chromosome Aneuploidy

- Sometimes there are missing or extra sex chromosomes that can affect the development and health of a baby.

## Other screening tests

If you started your care before coming to Dar a Luz, you may have had different screening tests. The results of these tests are reported as a risk ratio and give you the risk of this baby being affected by specific birth defects. They will not tell you for sure if a baby has a birth defect, and these tests do have some false positive results.

There are several types of screening tests other than the cell-free DNA that screen for Down Syndrome, trisomy 18, trisomy 13:

**FIRST TRIMESTER SCREEN** consists of a maternal blood test taken between 10-13 weeks of pregnancy that screens for Down Syndrome and Trisomy 18 and a special ultrasound measuring the nuchal translucency to detect open neural tube defects like spina bifida and anencephaly. The blood levels of certain proteins and hormones are measured. This test detects about 83% of Down Syndrome and 80% of Trisomy 18. There is an approximate 5% false positive rate. If the risk is increased, clients are offered genetic counseling and other testing options.

**SEQUENTIAL SCREEN** is a two-part screening test that provides an early, preliminary result in the first trimester and a final, complete result in the second trimester. Part 1 is a maternal blood test and an ultrasound to measure the nuchal translucency between 10-12 weeks of pregnancy. If the risk is increased at this time, clients will be offered genetic counseling and options for diagnostic testing. Part 2 is another blood test between 15-21 weeks of pregnancy. Together the results detect about 90% of Down Syndrome, 90% of Trisomy 18, and 80% of open neural tube defects.

**SECOND TRIMESTER SCREEN OR QUAD SCREEN** is a maternal blood test done between 15-21 weeks of pregnancy that screens for Down Syndrome, Trisomy 18, and open neural tube defects. This test detects about 80% of each of these defects.

**DETAILED ANATOMY ULTRASOUND SCAN** is a comprehensive exam done between 18-22 weeks of pregnancy. Most of the fetal anatomy, the umbilical cord, the placenta, the uterus, and ovaries can be seen during this ultrasound. The sex can often be visible depending on the position of the baby. Not all birth defects can be detected on ultrasound but many syndromes will have physical markers that can be seen.

## Diagnostic testing – if your baby screens “positive”

If your cell free DNA screen results are “positive,” your baby may have an increased risk for a prenatal chromosome condition. In the case of any positive screening results the local perinatology group will discuss with you options for diagnostic testing, if desired. These tests include chorionic villi sampling (CVS) and amniocentesis. These tests aid in either diagnosing or ruling out false positive results of chromosomal screening tests.

There are 2 types of diagnostic tests that perinatologists offer:

**CHORIONIC VILLI SAMPLING (CVS)** testing is a prenatal diagnostic procedure that is performed between the 10th and the 12th week of pregnancy. With the guidance of an ultrasound, a small piece of the chorionic villi is removed from the placenta either through a needle inserted into the lower abdomen similar to amniocentesis or through a very thin tube inserted into the cervix. This sample is then sent to the laboratory for an analysis of certain genetic disorders. CVS detects over 99% of Down Syndrome, Trisomy 18, and Trisomy 13. It can also test for other specific disorders when parents are known to be carriers like Tay-Sachs disease, cystic fibrosis, and sickle cell disease. CVS cannot detect open neural tube defects and other defects that do not have a known cause like autism or cleft lip, nonspecific intellectual disabilities, and most heart defects. There is still a 1 in 1000 chance that even if the test is normal, the fetus may have a chromosome abnormality. For low-risk pregnant people, this test increases the risk of pregnancy loss from 0.1% to 0.3%.





**AMNIOCENTESIS** is a procedure to withdraw a small amount of amniotic fluid (the fluid surrounding a developing fetus) from the uterus. The amniotic fluid contains shed cells from the developing fetus and the sample is sent to the laboratory to test for certain genetic diseases and birth defects. Amniocentesis is performed at about 16 weeks of pregnancy. Ultrasound is used to guide the insertion of a very thin needle into the lower abdomen usually below or to the side of the belly button and about an ounce of fluid is removed (see diagram below). Amniocentesis detects over 99% of all chromosome abnormalities including Down Syndrome, Trisomy 18, and Trisomy 13. It can also test for other specific disorders when parents are known to be carriers like Tay-Sachs disease, cystic fibrosis and sickle cell disease. It detects 96% of all open neural tube defects by measuring the alpha-fetoprotein (AFP). Amniocentesis cannot detect other defects that do not have a known cause like autism or cleft lip, nonspecific intellectual disabilities, and most heart defects. This test has a 0.2%-0.3% risk of pregnancy loss.

## Both prenatal chromosome screening and carrier screening:

You can request an in-person visit with a genetic counselor at Pinon Perinatal or Perinatal Associates of New Mexico. They will draw your blood and discuss the results with you including recommendations for follow-up for any positive results. Perinatology groups see all pregnant clients but specialize in high-risk pregnancies and by nature tend to recommend more intervention and surveillance than is required for healthy, low-risk clients eligible for care at Dar a Luz.

Please know we support all families in whatever decision you choose and have no preference for how you would like to proceed.

Although fetal ultrasound may be able to detect some physical characteristics associated with certain prenatal chromosome conditions, ultrasounds are not a replacement for genetic screening. Genetic screening may be recommended for follow-up after an ultrasound. Dar a Luz requires all clients to have a Detailed Fetal Anatomy Ultrasound between 20-28 weeks of pregnancy to determine that the placenta is in a normal location and that the baby is eligible for birth at Dar a Luz.

Ghidini, A. (2023, April 3). Chorionic villus sampling. UpToDate. Retrieved October 18, 2023, from [https://www.uptodate.com/contents/chorionic-villus-sampling?search=chorionic%20villus%20sampling&sectionRank=1&usage\\_type=default&anchor=H12&source=machineLearning&selectedTitle=1~129&display\\_rank=1#H12](https://www.uptodate.com/contents/chorionic-villus-sampling?search=chorionic%20villus%20sampling&sectionRank=1&usage_type=default&anchor=H12&source=machineLearning&selectedTitle=1~129&display_rank=1#H12)

Ghidini, A. (2021, September 2). Diagnostic amniocentesis. UpToDate. Retrieved October 18, 2023, from [https://www.uptodate.com/contents/diagnostic-amniocentesis?search=amniocentesis&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H24](https://www.uptodate.com/contents/diagnostic-amniocentesis?search=amniocentesis&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H24)

# SEASONAL FLU VACCINE

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The flu shot (inactivated vaccine) given during pregnancy has been shown to protect both the mother and baby (up to 6 months old) from flu. The nasal spray vaccine should not be given to people who are pregnant. Flu is more likely to cause severe illness in pregnancy. Changes in the immune system, heart, and lungs during pregnancy make pregnant women more prone to severe illness from flu as well as hospitalizations and even death. A pregnant person with flu also has a greater chance for serious problems for their unborn baby, including miscarriage or preterm birth. We offer the preservative free (no thimerosal, mercury) flu vaccine for those who want it. If you get sick with flu-like symptoms call your midwife and we will prescribe an antiviral medicine that treats the flu.

## Ways to prevent the flu include:

- Avoid close contact with people who are sick.
- Stay home when you are sick. Reschedule your prenatal appointments.
- Cover your mouth and nose. Consider wearing a face mask.
- Clean your hands. Wash them frequently with soap and water or alcohol-based hand rub.
- Avoid touching your eyes, nose or mouth which can spread germs.
- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress,
- Drink plenty of fluids and eat nutritious food.

## Influenza (the flu) is a serious illness, especially when you are pregnant.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. If you are pregnant and you get the flu, you are at higher risk of hospitalization, and even death. Severe illness in the pregnancy can also be dangerous to the fetus because it increases the chance for serious problems such as premature labor and delivery.

## The flu shot is the best protection for you and your baby.

When you get your flu shot, your body start to make antibodies that help protect you against the flu. Antibodies can be passed on to your unborn baby, and help protect the baby for up to 6 months after he or she is born. This is important, because vaccines do not work in babies younger than 6 months. At this age, babies will not develop sufficient immune response, so they can't get the flu vaccine until they are 6 months old. If you breastfeed your infant, antibodies may also be passed in breast milk. It takes about two weeks to make antibodies after getting the flu vaccine.

## The flu shot is safe for you, for your unborn child and during breastfeeding.

Flu shots have been given to millions of pregnant women over many years with a good safety record. There is a large body of scientific evidence that supports the safety of the flu vaccine for pregnant women and their babies. In 2010 -2011 there was a study that women who received shots both years that had an increased risk of early miscarriage 28 days following the second vaccine. This is currently under further study. You can receive the flu shot at any time, during any trimester, while you are pregnant. The inactivated (killed) vaccine is the only form that is recommended for you during pregnancy. The "flu shot" is given by injection into the muscle. The influenza viruses are always changing, so a new vaccine is made each year with the viruses most likely to cause flu that year. It is recommended to get annual vaccination.

## The side effects of the flu vaccine are mild when compared to the disease itself.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and nausea or feel tired. If the side effects occur, they usually begin soon after the vaccine and last for 1-2 days.

If you have flu-like symptoms--even if you have already had a flu shot--call your provider because medicine can be prescribed that can lessen the chance of serious illness. These medicines must be started as soon as possible. Symptoms include: fever, cough, sore throat, headache, body aches, runny or stuffy nose, vomiting, or diarrhea.

# TETANUS/DIPHTHERIA/ PERTUSSIS (TDAP)

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## Tetanus (Lockjaw)

- Tetanus is caused by bacteria that enters the body through cuts, scratches, or wounds.
- It causes painful muscle spasms, usually all over the body. It can lead to tightening of the jaw muscles so the victim cannot open their mouth or swallow.
- It kills about 1 out of 5 people who are infected.

## Diphtheria

- Diphtheria is caused by bacteria which causes a thick covering in the back of the throat.
- It can lead to breathing problems, paralysis, heart failure, and even death.

## Pertussis (Whooping Cough)

- Pertussis is caused by bacteria, and causes severe coughing spells, vomiting, and disturbed sleep.
- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, including pneumonia.

## Who should get vaccinated?

**PERSONS AGED 11 THROUGH 64 YEARS** who have completed a childhood DTP/DTaP series but who have not previously received Tdap.

**ADOLESCENTS AND ADULTS** (e.g., parents, siblings, grandparents including over age 65, child-care providers, and health-care personnel) who have or anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap to protect against pertussis if they have not previously received Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant.

**PREGNANT PEOPLE** who previously have not received Tdap. It should be given during the third or late second trimester (after 20 weeks' gestation). If not administered during pregnancy, Tdap should be administered immediately postpartum. Tetanus and diphtheria-toxoid containing vaccines administered during pregnancy have not been shown to be teratogenic. Infants get some protection from pertussis in early life and before beginning the primary DTaP series from maternal antibodies that are transferred across the placenta.

## What are the risks from the Tdap vaccine?

### Mild Problems (noticeable, but shouldn't interfere with activities)

- Pain (about 3 in 4 adolescents and 2 in 3 adults)
- Redness or swelling (about 1 in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents and 1 in 100 adults)
- Headache (about 4 in 10 adolescents and 3 in 10 adults)
- Tiredness (about 1 in 3 adolescents and 1 in 4 adults)
- Nausea, vomiting, diarrhea, stomach-ache (up to 1 in 4 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands (uncommon)

### **Moderate Problems (May interfere with activities, but shouldn't require medical attention)**

- Pain at the injection site (about 1 in 20 adolescents and 1 in 100 adults)
- Redness or swelling (up to about 1 in 16 adolescents and 1 in 25 adults)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 300)
- Nausea, vomiting, diarrhea, stomach-ache (up to 3 in 100 adolescents and 1 in 100 adults)
- Extensive swelling of the arm where the shot was given (up to about 3 in 100).

### **Severe Problems (Unable to perform usual activities; require medical attention)**

- Two adults had nervous system problems after getting the vaccine during clinical trials. These may or may not have been caused by the vaccine. These problems went away on their own and did not cause any permanent harm.
- Swelling, severe pain, and redness in the arm where the shot was given (rare)
- A severe allergic reaction could occur after any vaccine. They are estimated to occur less than once in a million doses.

### **What should I look for if there is a severe reaction?**

- Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness. If this happens, call a doctor or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccine was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling (800) 822-7967. VAERS does not provide medical advice.

## **Breastfeeding after Tdap Vaccination**

Breastfeeding is not a contraindication for receiving Tdap vaccine. Tdap vaccine can and should be given to those who plan to breastfeed. Breastfeeding is fully compatible with Tdap vaccination and preventing pertussis in mothers can reduce the chance that the infant will get pertussis. Also, breastfeeding can pass antibodies made in response to the Tdap shot on to infants, which may reduce an infant's chances of getting sick with pertussis. This is especially important for infants younger than 6 months of age, who have no other way of receiving enough pertussis antibodies, since they are not fully protected until their third dose of DTaP vaccine at 6 months of age.

## **Safety of Tdap Vaccination:**

The safety of Tdap vaccines is well established and no serious adverse reactions have been attributed to Tdap. The most common reactions to the vaccine can include:

- Pain (66%), redness (25%), or swelling (21%) at the injection site.
- Temperature of 100.4° F or higher was reported by 1.4% of recipients.
- Headache, fatigue, and gastrointestinal symptoms.

### **Safety of Tdap for the mother/birthing person and infant**

- ACIP concluded that there is no elevated frequency or an unusual occurrence of adverse events among pregnant women who have received Tdap vaccine, or in their newborns. Tdap vaccine is recommended after 20 weeks' gestation because that optimizes antibody transfer and protection at birth. The immune response to the vaccine peaks two weeks after administration.
- Both tetanus and diphtheria toxoids (Td) and tetanus toxoid (TT) vaccines have been used extensively in pregnant women worldwide since the 1960s to prevent neonatal tetanus. Td and TT vaccines administered during pregnancy have not been shown to harm either the mother/pregnant person or baby/fetus. There are currently no pertussis vaccines licensed or recommended for newborns at birth. The best way to prevent pertussis in a young infant is by vaccinating the mother during pregnancy.

### Who shouldn't get the Tdap vaccination?

Tdap should not be given to persons with a history of a severe allergic reaction to a vaccine component or persons with a history of seizures or brain disorder occurring within 7 days after getting a pertussis vaccine.

It is to be used with **caution** in the following situations:

- History of Guillain-Barre syndrome within 6 weeks after a previous dose of tetanus toxoid containing vaccine and a progressive neurologic disorder (such as uncontrolled epilepsy or progressive brain disease) until the condition has stabilized.
- Persons with a history of a severe local reaction following a prior dose of a tetanus and/or diphtheria toxoid-containing vaccine should generally not receive Tdap or Td vaccination until at least 10 years have elapsed after the last Td-containing vaccine.
- Moderate or severe acute illness is a precaution to vaccination. Persons for whom vaccination is deferred because of moderate or severe acute illness should be vaccinated when their condition improves.

These conditions **are not a contraindication** to Tdap vaccination for adolescents or adults:

- An adverse reaction to DTaP in childhood (temperature of 105° F or higher, collapse or shock-like state, persistent crying, or convulsions with or without fever, or excessive limb swelling).
- A stable neurologic disorder such as controlled seizures or cerebral palsy.
- Pregnancy, breastfeeding, and immunosuppression.

### Recommendations for pregnancy

Every pregnant woman/birthing person should receive a dose of the Tdap vaccine **between 27-36 weeks of gestation, even if she has received the vaccine previously**. If not given during pregnancy, the vaccine should be given immediately postpartum.

Vaccination During Pregnancy is Ideal. Transplacental transfer of maternal pertussis antibodies from mother to infant may provide protection against pertussis in early life, before beginning the primary DTaP series. There is evidence of efficient transplacental transfer of pertussis antibodies to infants. The effectiveness of maternal antibodies in preventing infant pertussis is not yet known, but pertussis antibodies can protect against some disease and the severe outcomes that come along with it. **And, if you're vaccinated with Tdap vaccine during pregnancy, you will also be protected at time of delivery and will be less likely to transmit pertussis to your newborn infant.**

By getting your Tdap vaccine during pregnancy, your infant will gain pertussis antibodies during the most vulnerable time – before three months of age. However, providing this early immunity may also interfere with the infant's immune response to DTaP vaccine. The infant's immune response to DTaP may not be as strong, but the clinical implications may not be significant. The benefits of vaccinating during pregnancy and protecting a newborn outweigh the potential risk of blunting the infant's response to DTaP vaccine. Since infants are at greatest risk of severe disease and death from pertussis before 3 months of age – when their immune systems are least developed – any protection that can be provided is critical. Infants should receive their DTaP vaccines on schedule, starting at 2 months of age.

## Cocooning

The strategy of protecting infants from pertussis by vaccinating those in close contact with them is known as “cocooning.” ACIP has recommended cocooning with Tdap vaccine since 2005 and continues to recommend this strategy for all those with expected close contact with newborns. Cocooning enhances maternal vaccination to provide maximum protection to the infant. Close contacts including fathers, grandparents and other caregivers are recommended to get the Tdap vaccine at least two weeks before coming into contact with their infants. Full implementation of cocooning has proven to be a challenge; vaccinating during pregnancy provides the best opportunity to protect infants from pertussis.

Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition, May 2011. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. CDC Pregnancy and Whooping Cough. For Healthcare Providers: Vaccine Effectiveness. Updated Dec 1, 2022. <https://www.cdc.gov/pertussis/pregnant/hcp/vaccine-effectiveness.html>. Retrieved on 10/03/23.

CDC Pregnancy and Whooping Cough. For Healthcare Providers: Vaccine Safety. Updated Dec 1, 2022. <https://www.cdc.gov/pertussis/pregnant/hcp/vaccine-safety.html>. Retrieved on 10/03/23.

## What is pertussis and why is it important to think about in pregnancy?

Pertussis, also known as whooping cough, is an acute infectious disease caused by the bacterium *Bordetella pertussis*. It was the most common childhood disease in the US before the availability of the vaccine in the 1940s. Pertussis is primarily a toxin-mediated disease. The bacteria attach to the hairs in the lung cells and produce toxins that paralyze these hairs. This causes inflammation and interferes with clearing mucous, which leads to the characteristic high-pitched whooping sound of the cough.

New Mexico has experienced whooping cough/pertussis rates of epidemic proportion since 2011. In 2022, New Mexico rates of pertussis (2.08 cases per 100,000 persons) declined but were still above the national average of 0.72 cases per 100,000 persons. Infants less than 6 months of age are more affected by pertussis than the rest of the population and in 2022 had 7.8 cases per 100,000 persons.

Pertussis can cause serious and sometimes life-threatening complications in infants, especially within the first 6 months of life. In infants younger than 1 year of age who get pertussis, more than half must be hospitalized. The younger the infant, the more likely treatment in the hospital will be needed. Of those infants who are hospitalized with pertussis about 1 in 5 will get pneumonia and 1 in 100 will die.

## How is pertussis transmitted?

Pertussis is spread easily by contact with infected mucous and breathing air after someone coughs or sneezes. It is harder to get it from contact with freshly contaminated articles of an infected person. About 80% of those who come in contact with the bacteria will become infected. The incubation period is commonly 7-10 days, with a range of 4-21 days, and rarely may be as long as 42 days. Persons are most infectious during the first stage of the disease or about 21 days.

## What are the symptoms?

The disease is divided into 3 stages: the infectious, the coughing and the recovery. The infectious stage is characterized by the onset of runny nose, sneezing, low-grade fever and a mild, occasional cough, similar to the common cold. The cough gradually becomes more severe, and after 1-2 weeks the second stage begins.



The coughing stage is when most people are diagnosed with pertussis. It is characterized by bursts of numerous rapid coughs due to the difficulty expelling thick mucus from the lung tubes.

At the end of these bursts is the high-pitched whoop while breathing in. Vomiting and exhaustion commonly follow the episode. These attacks occur more frequently at night with an average of 15 attacks in a 24-hour period. This stage usually lasts 1-6 weeks but may persist for up to 10 weeks. Infants less than 6 months of age may not have the strength to have a whoop but will have the episodes of coughing.

The recovery stage is gradual, and the cough disappears in 2-3 weeks but often recurs in subsequent respiratory infections for many months.

### **What are the possible complications?**

The most common complication, and the cause of most pertussis-related deaths, is secondary bacterial pneumonia. Young infants are at the highest risk for acquiring pertussis-associated complications. Neurologic complications include seizures and diseases of the brain due to lack of oxygen from coughing or possibly from the toxin. Up to 12% of infants younger than 6 months of age have complications. Of the deaths that occur, 83% are in infants 3 months old or younger.

### **How is it diagnosed and treated?**

The diagnosis of pertussis is based on characteristic clinical history (cough for more than 2 weeks with whoop) and a variety of lab tests. There is no one test that is 100% accurate. Culture is the best test but the bacteria is difficult to culture and it is most accurate in the first 3-4 weeks of the illness. The cultures may take up to 2 weeks for results. There are faster tests but there may be high false-positive results in some labs if the specimen was not collected properly. There are tests that can detect if you have been exposed to pertussis but unfortunately, they do not reliably predict how much immunity one has. The best way to treat pertussis is to try to relieve the symptoms and sometimes antibiotics can be helpful.

### **How can pertussis be prevented?**

Vaccination is the key to prevention. Infants are recommended to begin the DTaP primary series at 2, 4 and 6 months of age with boosters at 15-18 months and 4-6 years. Tdap is the adult booster that is given at 11-12 years and at least once in adulthood. The Tdap vaccine contains tetanus toxoid, a reduced amount of diphtheria toxoid compared to DTaP and acellular pertussis (inactivated B. pertussis toxins instead of whole cells). Having pertussis does not produce permanent immunity and those persons should receive a Tdap booster also.

### **Vaccination in Pregnancy**

Since 2012, the Advisory Committee on Immunization Practices (ACIP) committee has recommended that all pregnant women be given a dose of Tdap during each pregnancy. If not administered during pregnancy, "Tdap should be administered immediately postpartum." Optimally, pregnant people should receive Tdap between 27 and 36 weeks of gestation, to maximize the maternal antibody response and passive transfer of antibodies to the infant. The work group concluded that Tdap maternal pertussis antibodies would wane greatly between subsequent pregnancies, and that a single Tdap dose during one pregnancy was not sufficient to provide adequate protection for subsequent pregnancies.

The most recent CDC study in JAMA Pediatrics found that maternal Tdap vaccination drastically reduced infant pertussis cases as well as infant hospitalizations for those who developed whooping cough. This is similar to the 2017 CDC study that found the maternal Tdap vaccine given in the third trimester prevented 78% of pertussis cases in infants younger than 2 months, as well as 90% of hospitalizations among those who developed whooping cough. These studies are consistent with a global body of research. See <https://www.cdc.gov/pertussis/pregnant/research.html> for this research. According to the CDC, 45.8% of pregnant people received the Tdap vaccine in 2021-2022.

# RHO GAM

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Rh D Immune Globulin, better known as Rhogam, is made from human plasma and does not contain thimerosal (mercury). Although Rh immune globulin is a blood product and carries warnings about risk of transmission of viruses such as HIV and hepatitis the risk of transmission is theoretical. It is used to prevent hemolytic disease of the fetus and newborn (HDFN).

Prior to the introduction of the Rh D immune globulin injection in 1968, women and pregnant people who were Rh negative were at risk for sensitization and subsequent HDFN. This is a serious, often fatal disease caused by incompatibility between an Rh-negative mother and a Rh-positive fetus. These are the risks if prophylaxis is not used:

- 13% to 14% of Rh-negative mothers/pregnant people could become sensitized during an Rh-incompatible pregnancy
- 25% of fetuses would need immediate treatment to avoid kernicterus (a form of brain damage caused by excessive jaundice and associated symptoms)
- 25% of fetuses would develop hydrops fetalis and die
- 50% of fetuses would be mildly affected and not require treatment

Sensitization can occur when a Rh-negative mother/pregnant person is carrying a Rh-positive fetus. As many as 75% of all pregnancies experience a fetal-maternal transplacental hemorrhage (TPH) during pregnancy or birth. The amount of fetal blood in the maternal circulation is less than 0.1 ml in 60% of cases and less than 5 ml in 99% of cases. This risk of TPH increases with chorionic villus sampling, spontaneous or therapeutic abortion, ectopic pregnancy, amniocentesis, preeclampsia, external version, hemorrhage from placenta previa or abruption, cesarean section and manual removal of the placenta. When a TPH occurs, the mother/pregnant person develops antibodies to the Rh-positive fetal red blood cells (RBCs). The first Rh-incompatible pregnancy is rarely affected but in the subsequent pregnancies the mother/pregnant person mounts a secondary immune response to the fetal RBCs and large amounts of antibodies are produced. These antibodies cross the placenta and make fetal RBCs susceptible to destruction and are then destroyed by the fetal immune system, which leads to HDFN.

## Clinical signs

The clinical signs of HDFN can range from very mild symptoms to death, in utero or shortly after delivery. These include:

- The fetal liver and spleen enlarge as they attempt to produce more fetal RBCs in response to hemolysis (breaking down of red blood cells). Nucleated RBCs can be observed in the fetal blood due to the release of immature erythrocytes (this gave rise to the name, erythroblastosis fetalis).
- In the worst cases, severe anemia leads to hydrops fetalis, which is characterized by severe edema that develops sometime after 18 weeks' gestation. Hydrops fetalis is caused by enlargement of the liver and spleen which leads to increased blood pressure in these organs and the fetus ultimately develops congestive heart failure and liver failure.
- After delivery, jaundice may occur due to an increase in RBCs. The infant cannot completely process the bilirubin, which was metabolized by the placenta and the mother before birth.
- Kernicterus or bilirubin encephalopathy can occur as levels of unconjugated bilirubin increase to high levels. The bilirubin can accumulate in nerve tissues resulting in central nervous system damage and developmental problems that can include:
  - dental enamel abnormalities
  - high-frequency nerve deafness
  - athetoid cerebral palsy
  - intellectual disability
  - bleeding in the lungs
  - death

## Treatment

Rh D immune globulin has been safely used for over 30 years and there are no reported adverse fetal effects. The action of Rhogam® is to suppress the mother's production of antibodies in response to receipt of the Rh-positive antigen. Passive immunity transmitted through immunization prevents the development of maternal antibody, specifically D antibodies that cause HDFN in subsequent pregnancies. When given the standard dose of 300 mcg at 28 weeks to Rh-negative mothers when the father of the baby's blood type is Rh positive or unknown and within 72 hours of delivery of a Rh-positive child, it has a success rate of greater than 99%. Women/pregnant people should also be given the mini-dose if they have early pregnancy miscarriage or heavy bleeding before antibody production begins and the mother/pregnant person becomes sensitized. When the father of the baby's blood type is confirmed by blood test to be Rh negative and there is no chance that anyone else could be the father, mother and baby are at very low risk of being affected and parents may choose to decline the Rh D immune globulin.

**WE STRONGLY RECOMMEND FOLLOWING THESE GUIDELINES BECAUSE ONCE THE MOTHER HAS BECOME SENSITIZED TO THE RH FACTOR, THE PROCESS CANNOT BE REVERSED.**

Rh D immune globulin is NOT administered to the newborn infant, to previously sensitized Rh-negative mothers, or to Rh negative mothers whose infant is Rh negative. It is NEVER given to Rh D positive or Du positive women. Rh D immune globulin will reduce the effectiveness of any live virus vaccine taken within 3 months of injection. Live vaccines include measles, mumps, rubella (MMR), oral polio, typhoid, chickenpox (varicella), BCG (Bacillus Calmette and Guérin), and nasal flu vaccine.

After vaccination, get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

**Call birth center at (505) 924-2229 or the midwife on call at (505) 944-5488 at once if you have any of these serious side effects:**

- fever, chills, or shaking
- urinating less than normal/a change in color of your urine
- sudden weight gain, swelling in your hands, feet, or ankles
- back pain
- shortness of breath

**Less serious side effects may include:**

- muscle aches or pains
- headache; feeling tired or light-headed
- nausea, vomiting; or pain or tenderness where the injection is given

# ANTIBIOTIC EYE OINTMENT

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New Mexico state law requires that erythromycin antibiotic ointment be placed in the newborn's eyes immediately after birth. This is done to reduce the risk of an unknown gonorrhea or chlamydia infection that the newborn may have been exposed to when passing through the vagina. The resulting infection is called gonococcal ophthalmia neonatorum which can result in corneal scarring, ocular perforation, and blindness. About 1% of newborn eye infections are caused by gonorrhea, up to 40% are caused by chlamydia and 30-50% are caused by bacteria that live on the skin and in the lungs, vagina, stomach, and intestines which are easily treatable and do not cause blindness.

Anyone who is sexually active can get chlamydia or gonorrhea through vaginal, anal, or oral sex. A male partner does not have to ejaculate in order to give the infection to his partner. Re-infection is possible after a previous treated infection. Most people have either no symptoms or mild symptoms. You can avoid both chlamydia and gonorrhea if you are in a monogamous relationship in which both partners have been tested and are uninfected. If you are not in a mutually monogamous relationship, then you can reduce your risk by using latex condoms every time you have sex. Your risk of getting chlamydia or gonorrhea is higher if you are young (under the age of 25), if you have multiple sexual partners, if your partner has other sexual partners, or if you live in an area where there are high rates of infection.

The diagnosis and treatment of gonorrhea and chlamydia in pregnant clients is the best method for preventing neonatal gonococcal disease. Newborns of those who lack prenatal care or have a history of sexually transmitted infections or substance abuse are at the most risk. The prevalence of gonorrhea in pregnancy is less than 1 percent. There is a 30 to 50% chance of the infection being transmitted to the newborn at birth. The U.S. Preventive Services Task Force, Centers for Disease Control and the World Health Organization recommend that all newborns be given preventive medication.

Preventive treatment with 0.5% erythromycin ophthalmic ointment is considered about 80% effective. A small amount of this ointment is placed inside the lower eyelid of each eye within the first 2 hours of birth. Side effects from the treatment include temporary blurring of vision from the ointment and possible redness and irritation if there is an allergic reaction to the antibiotic.

Dar a Luz tests all pregnant clients for chlamydia and gonorrhea at their first prenatal visit and treats all partners when there is an infection. We recommend that clients should be retested for chlamydia and gonorrhea if they have a new sexual partner or if they suspect or are unsure if their partner has had a new sexual partner since the initial testing. We recommend retesting anytime for pregnant clients who are at risk of infection. We offer retesting at 36 weeks for clients at risk or anyone choosing to decline the preventive eye treatment.

# VITAMIN K

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## What Is vitamin K?

Vitamin K is a fat-soluble vitamin needed for blood clotting. We get Vitamin K1 (also known as phylloquinone) from leafy green vegetables. We get Vitamin K2 (menaquinone) from bacteria that live in our intestinal tracts. Vitamin K1 from plants makes up about 90% of our Vitamin K levels, while Vitamin K2 from bacteria makes up only about 10% of our Vitamin K. Foods rich in Vitamin K1 include leafy greens, cabbage, spinach, kale, chard, cauliflower, broccoli, turnips, brussels sprouts, banana, kiwi, avocado, and soybean oil.

Vitamin K is necessary for our bodies to activate clotting factors that help the blood to clot. These blood clotting factors are present in normal numbers at birth, but babies cannot activate them because they are born with low levels of Vitamin K and don't receive much vitamin K from breastmilk. Severe vitamin K deficiency can develop quickly in breastfed infants (breastmilk contains only 1mcg/liter vs. 53mcg/liter in formula) putting them at increased risk for **Vitamin K Deficiency Bleeding (VKDB)**. This bleeding can occur unexpectedly, and serious hemorrhagic complications can occur. These are largely preventable if a vitamin K shot is given at birth.

Vitamin K deficiency bleeding can follow one of three patterns: early, classic, and late.

**EARLY VITAMIN K DEFICIENCY BLEEDING (VKDB)** happens in the first 24 hours of life. Early VKDB is usually seen in babies born to those who took medicines that interfere with Vitamin K. These medicines may include warfarin (Coumadin), seizure medications, and tuberculosis medications. The bleeding usually happens in the skin, brain, and abdomen (Araki & Shirahata, 2020). Without vitamin K prophylaxis, early VKDB affects up to 12% of infants (Eden et al., 2023).

**CLASSIC VITAMIN K DEFICIENCY BLEEDING (VKDB)** happens in days 2-7 of life, usually during days 2-3. This is when levels of Vitamin K are lowest. Common bleeding sites include the gastrointestinal system, umbilical cord site, skin, nose, and circumcision site. The official cause of classic VKDB is unknown but breastfeeding and poor feeding are major risk factors (Araki & Shirahata, 2020). Classic VKDB is usually mild and involves bleeding at the umbilical cord site or circumcision site. However, blood loss can be significant. The mortality rate of classic VKDB is very low in developed countries. Without vitamin K prophylaxis, classical VKDB affects 0.25% to 1.7% of infants (Eden et al., 2023).

**LATE VITAMIN K DEFICIENCY BLEEDING (VKDB)** happens after the first week of life, usually during weeks 3-8. The bleeding usually happens in the brain, skin, and gastrointestinal tract. Bleeding in the brain is often the first sign of late VKDB. Late VKDB happens in exclusively breastfed infants who did not receive a Vitamin K shot. Some infants may also be at higher risk if they have undetected gallbladder disease, cystic fibrosis, chronic diarrhea, and antibiotic use. (Araki & Shirahata, 2020). Although late VKDB is rare, the consequences can be catastrophic. More than half of infants who develop late VKDB will have bleeding in the brain. The mortality rate for late VKDB is 20-50% and of those infants who do survive, a significant percentage have long-term brain damage (Araki & Shirahata, 2020).

**Late VKDB** (after the first week of life) is the most dangerous kind of VKDB.

- When infants do not receive any Vitamin K at birth, 4.4 to 72 babies out of 100,000 will develop late VKDB with exclusively breastfed babies and Asian populations most at risk (Eden et al., 2023).
- Oral vitamin K is less effective at preventing late VKDB than the vitamin K injection but more effective than no treatment at all. Researchers think this is because vitamin K is absorbed inconsistently when given orally and the dosing regimen can be hard to follow with a newborn. Studies out of Europe found that when infants were prophylactically treated with oral Vitamin K (ranging from 2-3 or more doses) 0.87 to 3.79 infants out of 100,000 developed late VKDB (Hand et al., 2022).
- When infants receive the Vitamin K shot at birth, 0 to 0.62 infants per 100,000 have late VKDB (Busfield et al., 2013. In an 18-year period in the United Kingdom, out of 64 million births only two babies who received the shot had late VKDB brain bleeds (Busfield et al. 2013). “Infants who do not receive a vitamin K shot at birth are 81 times more likely to develop late VKDB than infants who do receive a vitamin K shot at birth” (CDC, 2023).

Delayed cord clamping raises iron levels because cord blood is rich in iron. In contrast, cord blood has extremely low levels of Vitamin K1 (<.05 micrograms per liter). Vitamin K1 is poorly retained in the body, and the Vitamin K1 that is stored is primarily in the liver, not in the bloodstream. So although delayed cord clamping increases iron levels, it is highly unlikely that this helps raise Vitamin K levels enough to prevent VKDB (Shearer 2009).

Circumcision sites are frequently a site of bleeding when infants have classic (first-week) VKDB. Unfortunately, circumcision often takes place when Vitamin K levels in the infant are lowest – during days 2 and 3 of life (Shearer 2009). Infants who are circumcised and whose parents decline Vitamin K may be more likely to experience bleeding at the circumcision site, especially if the baby is breastfed. In a large clinical trial in the 1960s, researchers found that administering Vitamin K at birth can decrease the risk of bleeding during a circumcision. In this study, infants who were born on odd-numbered days received a Vitamin K shot at 24 hours of age, while infants who were born on even-numbered days did not. Bleeding occurred after circumcision in 2.5% of infants who received Vitamin K, and in 13.9% of infants who did not have the Vitamin K shot (Vietti et al. 1961).

## Safety

One study in 1990 attempted to show an association between intramuscular vitamin K administration and increased incidence of childhood leukemia and cancer. After 30+ years of studying this topic, researchers have come to the conclusion that there is no evidence supporting a relationship between Vitamin K and leukemia or other childhood cancers (Hand et al., 2022; Shearer, 2009). Recent research on childhood leukemia suggests that an in utero chromosomal translocation event combined with a postnatal promotional event results in clinical leukemia. This further lessens the likelihood that injectable vitamin K has any significant relationship to leukemia. The vitamin K injection has been used for many years with no proven safety issues. Rarely has severe reaction (anaphylaxis) been reported with intramuscular injection. There are rare cases of a minor skin reaction at the injection site.

It has been reported that some parents refuse the injection because they are concerned about ingredients in the shot, which the parents call “toxins.” Dar a Luz addresses this concern by using the **preservative-free version of Vitamin K**.



### The ingredients in a shot with NO preservatives include:

- 1 mg of vitamin K1, a fat-soluble vitamin derived from plants.
- 10 mg of polysorbate 80, which helps vitamin K1 (a fat-soluble vitamin) dissolve in liquid for the injection. Polysorbate 80 is made from natural sorbitol and plant-based oleic acid; is used in a wide variety of foods, medicines, and vitamin supplements; and is included in the Handbook of Green Chemicals.
- 10.4 mg of propylene glycol, which helps absorb extra water and maintain moisture in certain medicines. Propylene glycol has been recognized as safe by the FDA for use in food products.
- 0.17 mg of sodium acetate anhydrous, a mixture of salt and bicarbonate, that is used to adjust the pH of the injection.
- 0.00002 mL of glacial acetic acid, also known as vinegar, that is used to adjust the pH of the injection.

### Treatment

The American Academy of Pediatrics has recommended vitamin K for prophylaxis (prevention) since 1961 and today it is the standard of care. There is no proven oral version of Vitamin K available for infants in the U.S. The shot is absorbed more easily than the oral version and has a delayed release effect that protects against both classic and late bleeding. It is routinely given intramuscularly 1 mg in the thigh of newborns soon after birth to rapidly activate (4-6 hours) the clotting factors and prevent vitamin K deficiency bleeding. We strongly recommend the injectable vitamin K because it gives the best protection to newborns with proven safety.

Oral administration of vitamin K at birth, 1 week, and 4 weeks has been shown to have similar effectiveness in preventing early onset bleeding but babies are still at risk for late onset bleeding with a rate of 1.4 to 6.4 per 100,000 births. More research is needed to determine the optimal oral dosing regimen to decrease the risk of bleeding. There is no licensed oral form of vitamin K in the United States, but the injectable form can be given orally. Another source for oral vitamin K is Bio-K-Mulsion by Biotics Research Corporation which can be ordered online. It supplies 500 mcg per drop. If you choose to use oral vitamin K please bring this in your birth bag.

There are several different regimens for giving oral vitamin K, but the most effective based on limited evidence seems to be:

- 2-4 mg oral vitamin K after first feeding and then 2 mg within the first week and weekly while breastfeeding

Even with full compliance with this oral regimen, cases of bleeding have occurred. Full compliance is difficult to achieve because doses can be missed and the baby may vomit or regurgitate within 1 hour of an oral dose, which is an indication to repeat the dose. Babies do not absorb the oral vitamin K as well as the injection. One study found that maternal vitamin K supplements of 5 mg/day raised infant vitamin K levels to near formula fed levels (Greer et al., 1997). **When exclusively breastfed babies are given oral vitamin K, we strongly recommend that mothers/breastfeeding parents take 5mg/day oral supplementation of vitamin K to further protect from late onset bleeding.**

If you would like more information on vitamin K, please ask your midwife and she can send you a detailed article from Evidence Based Birth.



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# WATER IMMERSION DURING LABOR AND BIRTH

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The use of water during labor and birth has been used for many years in hospitals and birthing centers in the US and in many other parts of the world from Europe to China with comparable maternal and newborn outcomes whether or not they give birth in water. The 2018 Cochrane Review found water immersion during labor and birth are safe and harmful effects on newborns are very rare. ACOG's committee opinion (reaffirmed in 2021) acknowledges the benefits of water immersion during labor. It recommends that healthy clients with uncomplicated pregnancies should be given this option between 37 and 42 weeks. Risks and benefits of this choice should include information that there have not been enough studies to support or discourage this choice. ACOG continues to recommend against water birth in second stage labor.

Many organizations that support clients in birth including the American College of Nurse Midwives (ACNM), Waterbirth International, American Association of Birth Centers (AABC), Midwives Alliance of North America (MANA) and National Association of Certified Professional Midwives (NACPM) have given their support the use of water in labor and birth. Each has issued a position statement reviewing the available research and citing the safety of immersion in water during labor and birth for selected clients who are attended by experienced providers.

**ACNM is the professional organization for nurse midwives, and they have issued the "Position Statement: Hydrotherapy During Labor and Birth."** This statement discusses the available research and outlines evidence-based practice for use of water during labor and birth.

It states that:

*"Warm-water immersion, also known as hydrotherapy, during labor provides comfort, supports relaxation, and is a safe and effective nonpharmacologic pain relief strategy that promotes physiologic childbirth."*

*"Hydrotherapy in the first and second stages of labor is considered safe for low-risk pregnancies and should be offered as an optional intervention for those who desire it."*

*ACNM Position Statement: Hydrotherapy During Labor and Birth. 2022.*

Dar a Luz is a Nationally Accredited Birth Center and participates in the AABC data collection. We feel that these data provide evidence of the safety of water birth. After analysis of these data, AABC has issued the "Position Statement: Immersion in Water during Labor and Birth." These data demonstrate that water birth, with careful selection criteria and experienced providers, does not negatively affect mothers or newborns.

## **AABC position statement: Immersion in water during labor and birth**

The American Association of Birth Centers (AABC) member birth centers have read with concern the recently released ACOG/AAP Committee Opinion, "Immersion in Water during Labor and Delivery." AABC agrees that published randomized controlled trials provide evidence demonstrating the benefits of immersion in water during the first stage of labor; however, the committee opinion does not reflect currently available best evidence for the use of water during second stage and for birth. Consequently, the document has the potential to introduce inappropriate fear about the safety of water birth for families, providers, facility administrators, insurers, and others who want to make informed decisions regarding immersion in water for labor and birth.

The AABC has collected and analyzed data on the use of water for labor and water birth from our online data registry, the AABC Uniform Data Set (UDS) (now Perinatal Data Registry).

Data for these analyses were collected from a sample of 15,574 obstetrically low-risk women eligible for birth center birth at the onset of labor from January 1, 2007 to December 31, 2010. There were 3998 water births in the sample; 57.6% were in birthing tubs, 34.6% were in Jacuzzis and 7.8% were in standard bathtubs, though outcomes did not differ across tub types. These data demonstrate that water birth, with careful selection criteria and experienced providers, does not negatively affect mothers or newborns.

- Rates of postpartum and neonatal transfer from the birth center, and neonatal procedures were low for the sample in general, and were slightly lower for births in water when compared to non-water births. This has been reported elsewhere.
  - This suggests that if labor is not progressing smoothly, clients were unlikely to give birth in water and speaks to the importance of anticipatory and skilled water birth providers.
  - Rates of newborn transfer to a hospital were lower following water birth (1.5%) than non-water birth (2.8%)
  - Rates of adverse newborn outcomes (5-minute APGAR < 7, respiratory issues, presence of infection and NICU admission) were each below 1% in the water birth sample. The total rate of any respiratory issues was 1.6% in the babies born in water and 2% in those not born in water.
  - There were no incidences of pneumonia, sepsis or other respiratory infection following water birth and there were no reports of ruptured umbilical cords or newborns breathing water into their lungs associated with birth underwater.
  - Midwives practicing in birth centers are trained, anticipatory water birth providers, so data generated by midwifery care provides the most accurate view of the safety of water birth.
- Approved by AABC Board of Directors: 4.1.2014

In October 2016, “A Model Practice Template for Hydrotherapy in Labor and Birth” was published in the Journal of Midwifery & Women’s Health. This template provides guidance on protocols in order to safely offer water birth as an option for families in the hospital, birth center or at home. It was endorsed by AABC, ACNM, MANA and NACPM. After reviewing the current research, opinions and position statements, Dar a Luz feels very comfortable continuing to offer low risk clients the option to labor and birth in water. We have reviewed the research with our consulting physician and he agrees that we should continue offering immersion in water during labor and birth. Almost all of our clients use water immersion during labor and the rate of water birth at Dar a Luz has been 64% over the past 3 years. We have had no adverse outcomes related to the use of water. During that time many clients have experienced the benefits of immersion in water for labor and birth.

## Benefits

- Ease of movement
- Increased feeling of being calm, relaxed, nurtured, protected and in control
- Less painful contractions and less need for pain medications during labor
- Shorter labor and less need for increasing contractions during labor
- Lower episiotomy rates and decreased likelihood of 3rd or 4th degree lacerations (requiring transfer for repair) of the perineum
- Baby benefits from you being unmedicated, with the full complement of hormones during labor and birth
- Higher rates of maternal satisfaction with childbirth
- No evidence demonstrates that immersion during labor affects rates of infection, length of pushing, type of delivery, perineal laceration incidence or severity, postpartum hemorrhage or postpartum depression.

## Risks

The studies did not find increased rates of maternal, fetal or neonatal morbidity or mortality associated with labor and birth in water but risks should be explained to clients.

**UMBILICAL CORD AVULSION (TEARING).** May occur if too much traction is placed on the cord. It is typically managed with little or no negative effects if recognized and treated quickly to minimize maternal and neonatal blood loss and need for a blood transfusion.

**HYPERTHERMIA (HIGH BODY TEMPERATURE).** When the water is above 100°F, it can lead to fetal tachycardia (heart rate above 170). This is resolved easily by cooling the water to between 100-97°F or getting out of the tub.

**PERINEAL LACERATION.** here is a decrease of extensive 3rd or 4th degree lacerations but may be a slight increase in less significant lacerations.

**INFECTION.** Studies found no increase in overall maternal or neonatal infection in water use regardless of whether the membranes were ruptured or not. If the tub is not cleaned properly or there is bacteria in the water, the client and/or neonate could acquire an atypical infection. There have been reported cases of Legionnaire's disease in hospitals and at home but this is rare.

**NEONATAL WATER ASPIRATION.** In case reports, researchers demonstrated that when secondary apnea (not breathing) is present due to fetal lack of oxygen, neonates may exhibit a gasping reflex at the time of water birth that can result in the inhalation of water and potentially make resuscitation and ventilation of the lungs more challenging. If the fetal heart rate is concerning, clients should get out of the water for further evaluation.

**MORTALITY.** As with conventional birth, the potential exists for death of the client or neonate. No maternal deaths have been reported, and only isolated fetal deaths have been attributed to immersion during labor or birth.

## Who is eligible for waterbirth:

- Single baby in head down position at time of labor
- Gestation of 37 – 42 weeks
- Normal fetal heart rate without any decelerations

## When Is Waterbirth Not Recommended:

- Abnormal vaginal bleeding and/or hemorrhage during labor
- Maternal fever > 100.4°F
- Active herpes simplex lesion, hepatitis B or C, HIV
- Musculoskeletal issues or reduced mobility that may prevent the client from leaving the tub quickly if necessary
- Epidural analgesia or anesthesia for pain management
- Using narcotics or sedating medications within one hour of getting in the water
- Conditions that can complicate birth or transition of the newborn
- Clinical judgment of the midwife that the client's condition or fetal status needs further evaluation to be safe starting or continuing water immersion
  - Slow labor progress and need to evaluate contractions
  - Abnormal fetal heart rate and need for closer evaluation
  - Difficulty during pushing and need to evaluate progress
  - Difficulty in removal of placenta, unstable mother/birthing parent or excessive bleeding after birth that needs evaluation

## Dar a Luz follows evidence-based practices to minimize these risks.

- All midwives are trained and experienced in waterbirth.
- All low-risk clients are eligible for waterbirth. No exclusions for GBS positive or meconium-stained fluid.
- Clients can regulate the water temperature to their own comfort but generally between 97-100°F.
- Water is run for 3 minutes to clear any stagnant water from the lines before the tubs are filled and water is drained and replaced after 6 hours of use to decrease the risk of infection.
- Encourage drinking liquids to maintain hydration while in the tub. May use IV fluids if indicated.
- Clients may use self-administered nitrous oxide in the tub.
- Maternal vital signs are assessed every 1-2 hours; fetal heart tones are taken every 5-30 minutes.
- Non-skid surfaces on the tub floor help to ensure safe movement in and out of the tubs.
- Debris removal and changing of the water are done during labor to keep a clean environment.
- Baby is brought out of the water within 5-10 seconds and face is kept out of the water while the body is immersed to keep the baby warm, and a blue chux pad is placed over the body to reduce heat loss.
- If the baby's head is born out of the water, the head remains out of the water to avoid the risk of premature gasping under water.
- Close attention is given to the umbilical cord length after birth to reduce tension and risk for tearing. Delayed cord clamping can be practiced for stable newborns.
- Strict procedures are followed to ensure the tubs and any equipment used in the tub are either disposed of or thoroughly cleaned after every use to prevent infection.
- Strict cleaning procedures are followed for terminal cleaning of the birth rooms to ensure their safe

# NITROUS OXIDE

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Nitrous oxide (laughing gas) is blended to deliver 50% inhaled nitrous oxide (N<sub>2</sub>O) and 50% oxygen (O<sub>2</sub>) to produce analgesia (pain relief without loss of sensation) not anesthesia (reversible loss of sensation). It is used for labor pain in many countries with high standards for safe and effective health care, such as Australia, Canada, Finland, Sweden, and the United Kingdom (UK). Although it has been used in a few hospitals in the US for over 30 years, it is now more universally available. Nitrous oxide has been used widely in many countries since the early 1930s and no studies have shown any harmful effects on the baby.

The American College of Nurse Midwives supports the use of nitrous oxide as a choice of labor analgesia for laboring clients. The birth center started offering nitrous oxide for laboring clients in February 2013 and about 20-25% of our laboring clients use nitrous. Nitrous oxide works by increasing the release of your own pain killing chemicals that are produced in the brain. It takes about 30 seconds after breathing in the nitrous to start feeling the effects and it takes about that long for the gas to clear your system after you quit breathing it. The pain and anxiety reducing effects of nitrous oxide vary between clients, but most birth center clients have found it helpful.

## **Some of the benefits of using Nitrous Oxide include:**

- It is self-administered and the client controls how much they want
- It takes the edge off the pain and decreases anxiety
- Clients remain awake and alert with the ability to move around
- There is no effect on the client's breathing
- It does not decrease uterine contractions or increase the length of labor
- It can be used anytime during labor and pushing including while in the tub.
- Nitrous may be used before or after but not with narcotic pain medicines
- Breastfeeding is not affected

## **Some benefits for the baby include:**

- Nitrous crosses the placenta but is cleared within seconds after the baby breathes
- No effect on baby's breathing, heart rate or Apgar scores, and babies are alert and responsive
- There is no increase in meconium-stained amniotic fluid

## **Side effects of nitrous oxide include:**

- Nausea and vomiting in about 5-36% of clients
- Dizziness in up to 39% of clients
- Some have experienced dysphoria, restlessness and anxiety
- Some may feel it more bothersome than helpful
- Discontinue if side effects are not tolerable

### Clients who CANNOT use nitrous oxide:

- Documented B12 or folate deficiencies. People at risk for deficiencies are those with hereditary vitamin B12 deficiency disorder, MTHFR mutations, pernicious anemia, Crohn's disease, ileal disease, chronic malnutrition or pregnant clients who adhere to a strict vegan diet.
- People who have had opioids within the last hour. One hour after the last opioid dose it is safe to begin nitrous.
  - Inability to hold own face mask and self-administer nitrous
  - Acute drug or alcohol intoxication or impaired consciousness
- Presence of a potential space in the head, eyes, ears, chest, abdomen, bowels or veins that could fill with nitrous gas such as pre-existing bowel distention or obstruction, increased middle ear pressure after surgery, pneumothorax, pneumoperitoneum, pneumocephalus, intraocular gas after eye surgery, or venous air embolism.
- Other conditions including cardiomyopathy (which nitrous causes), mild myocardial depression or pulmonary hypertension (which nitrous increases), and pulmonary vascular resistance.
- Impaired oxygenation (consistently < 95% on room air)
  - Fetal heart rate decelerations requiring transfer.

### Clients who CAN use nitrous:

- Laboring clients who have no contraindications
- Clients who need extensive laceration or episiotomy repair
- Clients having a manual removal of the placenta, uterine exploration or massage
- Clients who are very anxious with IV start, pelvic exam or IUD insertion

### Education on correct use of nitrous:

- Only the client can hold the mask to their face.
- The mask must form a good seal on their face.
- Inhale and exhale into the mask.
- Inhale slowly and deeply for 30 seconds prior to the onset of the contraction for best results.
- Continue inhaling through the contraction and remove the mask to breathe room air between contractions.
  - The client may inhale the gas continuously if they feel the need.
  - Some clients may use nitrous while pushing, but others may find it inhibits their ability to push.

### Intravenous (IV) medications:

The birth center has narcotic medications available to help dull the pain of the contractions for several hours so that you can relax and rest between contractions. You can use these several times during labor. These medications are safe in labor and also used by all area hospitals. Side effects may include nausea, vomiting and itching. About 15% of clients use these meds at the center.



# SYPHILIS SCREENING

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Syphilis is a sexually transmitted infection that is spread by direct contact with a syphilis sore during vaginal, anal, or oral sex. You can find sores on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth. Syphilis is divided into stages (primary, secondary, latent, and tertiary) and there are different signs and symptoms associated with each stage that make it more difficult to diagnose. Syphilis can spread from an infected mother to her unborn child which is called congenital syphilis. Babies may not have any symptoms at birth but if not treated, they can have severe medical complications including death. Antibiotic treatment is recommended for syphilis positive mothers during pregnancy and may be needed for their babies after birth.

The most reliable way to detect syphilis is through a blood test. Labs are required to report syphilis positive tests to the New Mexico Department of Health (NMDOH) Sexually Transmitted Disease Program within 24 hours of diagnosis. In the United States, the number of reported cases of primary and secondary syphilis among women and reported cases of congenital syphilis has increased every year since 2012. The percentage of women carrying syphilis in New Mexico has increased from 15% of all cases in 2018 to 30% of all cases in 2020. The Centers for Disease Control and Prevention (CDC) reports more than 2,148 cases of congenital syphilis in 2020 in the United States resulting in severe health complications and deaths among newborns.

The CDC ranked New Mexico 5th among the nation for rates of primary and secondary syphilis in 2020, the most recent year for which we have statistics. In 2020 New Mexico had THE HIGHEST rate of infants born with congenital syphilis in the United States, with 42 cases of congenital syphilis reported to the NMDOH. This is a 62% increase from 2019.

Congenital syphilis is preventable with screening and treatment during pregnancy of those found to have syphilis. Pregnant people have already been required to be tested for syphilis at their first prenatal examination.

The CDC recommends syphilis testing be repeated during the third trimester (28-32 weeks) and at the time of delivery in those who are at high risk for syphilis or live in areas with high rates of syphilis.

**Dar a Luz complies with the 2021 New Mexico Department of Health mandatory order for additional syphilis screening.**

1. Dar a Luz has always screened women/birthing people for syphilis at the initial prenatal visit. We review records for clients who transfer into our care to make sure the screening was done at the initial prenatal visit.
2. The second syphilis screening is part of the lab draw at 26-28 weeks when we also test for gestational diabetes and anemia. This is a requirement for care at Dar a Luz and you may not opt out.
3. Recommended screening at time of birth will be drawn at the time of an IV-start for those clients needing IV access. For all other clients, the labs may be drawn any time prior to discharge from the birth center. You may decline testing at birth if your initial and third trimester results were negative.
4. Anyone who transfers before labor or during labor or postpartum will automatically have this lab drawn on admission to the hospital.

NMDOH. (2022, October 5). Rise in syphilis cases in newborns causes concern. <https://www.nmhealth.org/news/information/2022/10/?view=1897>

NMIBIS. (2022, May 5). Primary, secondary, and early latent syphilis cases per 100,000 population by year, New Mexico and U.S., 2012-2020. New Mexico health indicator data & statistics. [https://ibis.doh.nm.gov/indicator/view/Syphilis.Year.NM\\_US.html](https://ibis.doh.nm.gov/indicator/view/Syphilis.Year.NM_US.html).

NMIBIS. (2022, May 5). Syphilis Rates. New Mexico health indicator data & statistics. <https://ibis.doh.nm.gov/indicator/summary/Syphilis.html#:~:text=Overall%2C%20primary%2C%20secondary%2C%20and,population%20to%2033.1%20per%20100%2C000>

# TRIAL OF LABOR AFTER CESAREAN (TOLAC)

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Many women in the United States deliver their babies by Cesarean Section (C/S), an operation where the baby is born through an incision, or cut, in the mother's abdomen and uterus. For many years doctors believed that if a mother had one cesarean section, she must have another C/S to deliver any other babies. Studies have shown that it is safe for most women who have had a C/S in the past to try to have a vaginal birth. This is called a Trial Of Labor After Cesarean or TOLAC, and if she is successful she has had a Vaginal Birth After Cesarean or VBAC. It is safe for most women to try a TOLAC. Many experts encourage mothers who do not have risk factors to attempt a TOLAC. About three out of four women (75%) attempting a TOLAC will be successful.

All of the hospitals in the Albuquerque area offer TOLAC with immediate 24/7 anesthesia support which would give the best outcomes should a problem arise. Although Dar a Luz Birth & Health Center supports the woman's right to choose where she wants give birth, the outcomes in the event of a problem could be worse than at the hospital due to the delay involved in transfer to University of New Mexico Hospital. The hospital is 11.0 miles from the center and the transport time is 15-20 minutes by ambulance.

There are some advantages and some risks to either having a repeat Cesarean Section or a TOLAC. The decision about whether to try a TOLAC is a very personal one. This information sheet provides general facts about repeat Cesarean Section and TOLAC. Please discuss your personal case with your provider so that we can answer your questions that may help you make the right decision for your situation.

## Advantages for mother to have TOLAC:

**LESS RISK TO THE MOTHER.** Women who have a vaginal birth have less chance of getting an infection, having blood clots in the legs and needing a blood transfusion.

**SHORTER RECOVERY TIME.** Most women can leave the birth center in less than 12 hours after a vaginal birth. Most women stay in the hospital at least two to three days after a Cesarean Section. After going home, women who have had a vaginal delivery usually go back to normal activities sooner than those who have had a Cesarean Section. There is usually less pain after a vaginal delivery.

**MORE INVOLVEMENT IN THE BIRTH.** Many women feel a vaginal delivery allows them to be more involved in the birth. After a vaginal delivery the mother can usually hold the baby right away and begin breast-feeding. After a Cesarean Section, the mother often can't hold the baby or breastfeed until the operation is over and the mother recovers from anesthesia. More than one family member may be in the room for a vaginal delivery if the patient wishes. Only one person can be in the room for a Cesarean Section. If the mother needs general anesthesia (goes to sleep) no one is allowed to be in the operating room.

**FUTURE PREGNANCIES.** Women who have a successful vaginal birth after cesarean will have less risk of complications with future pregnancies compared to women having a repeat cesarean delivery.

## Disadvantages to TOLAC:

**UNSUCCESSFUL LABOR.** Not all women who try to have a vaginal delivery are successful. Mothers who need a repeat Cesarean Section after an unsuccessful labor may have more risk of infection, bleeding and blood transfusion or injury to nearby organs such as the bowel and bladder. About one out of four (25%) women who try a TOLAC will be unsuccessful. The chances of a success decrease if a woman has not had a vaginal delivery in the past.

**RUPTURE OF THE UTERUS.** There is a small chance that the scar in the uterus from the previous Cesarean Section may rupture, or come apart, in labor. If this happens, an emergency Cesarean Section is required. There is a risk that the baby may suffer serious injury or death. At the birth center, we do not have the ability to do an emergency Cesarean Section and you would be transferred to University of New Mexico Hospital which would take about 15-20 minutes by ambulance. This would delay emergency services but in most cases the baby is delivered before it is harmed. Rupture of the uterus also increases the risk to the mother of injury to the nearby tissues, such as the bladder or bowel. There is also a risk of needing a hysterectomy. The risk of rupture is higher if you have had more than one Cesarean section in the past and lower if you have had a vaginal delivery in the past.

### OTHER ISSUES:

**PAIN.** Many women worry that labor may be painful and that a Cesarean Section will mean they don't have to go through the pain of labor. Although labor is painful, there are many ways to give pain relief. Medicine may be given through an IV and this works for many patients. Epidurals (a procedure that numbs the abdomen so that the patient does not feel labor pains) are available only at the hospital for women who want them. Women who have a Cesarean Section usually have more pain for a longer time than women who have a vaginal birth.

**LABOR INDUCTION.** Induction of labor is not offered at the birth center for women desiring TOLAC. If labor does not start spontaneously by 42 weeks, you would be transferred to the hospital where they would use the synthetic medicine oxytocin (Pitocin) to start labor or help it along if it is not progressing normally. Many studies show that Pitocin does not increase the risk of problems for women undergoing TOLAC if used to help a labor that has already begun. If Pitocin is used to start labor (induction) the chance of uterine rupture increases from about 1 in 200 to 1 in 100 women. We recommend the use of Pitocin in clients trying a TOLAC if it is needed.

**MONITORING.** Clients trying a TOLAC at the birth center will have intermittent (every 15 minutes in active labor and every 5 minutes while pushing) monitoring of the baby's heart rate and palpation of uterine contractions. Also an IV access will be placed. This helps us to identify problems and transfer care quickly if a Cesarean Section is necessary.

## Fetal benefits of TOLAC:

- Successful VBAC prevents adverse effects of C/S on baby including respiratory problems, interrupted initial mother-infant contact and delayed breastfeeding.
- Babies have lower rates to respiratory problems with TOLAC at 1-2 per 10,000 compared to 1-5 per 1,000 with elective repeat C/S.
- Babies have less jaundice after birth. Rates of Hyperbilirubinemia are 2.2 per 1,000 with TOLAC compared to 5.8 per 1,000 with elective repeat C/S.
- Babies experience less transient tachypnea (fast rate of breathing) after TOLAC with 3.5 per 1,000 compared to 6.2 per 1,000 after elective repeat C/S.

## Fetal harms of TOLAC:

- Neonatal death rate is 11 per 1,000 for TOLAC (comparable to rate for laboring women with a first pregnancy) and 5 per 10,000 for elective repeat C/S.
- Risk of fetal death after uterine rupture is less than 3 per 100 at term
- Low quality evidence suggests increased rates of hypoxic ischemic encephalopathy with TOLAC at 46 per 100,000 compared to 0 per 100,000 for elective repeat C/S.

## Maternal benefits of TOLAC:

- Lower rates of maternal death at term (1.9 per 100,000 vs 9.6 per 100,000 for C/S). Compare the daily risks we take with death rates of 17.5 per 100,000 for auto accidents in New Mexico in 2014.
- Shorter postpartum stays
- Lower rates of deep vein thrombosis (blood clots in the legs)
- Prior vaginal birth decreases rate of uterine rupture to 6 per 1,000
- Successful VBAC decreases risk of abnormal placental position and growth (placenta previa and placenta accreta) in subsequent pregnancies. Placenta previa increases from 9 per 1000 after one cesarean to 17 per 1000 after 2 cesareans and 30 per 1000 after 3 cesareans. Placenta accreta increases from 3.1 per 1000 after one cesarean to 5.7 per 1000 after 2 cesareans and 24 per 1000 after 3 or more cesareans.
- VBAC decreases hysterectomy (removal of uterus) rates. Hysterectomy rates after VBAC are 1.57 per 1000 compared to 2.8 per 1000 after cesarean. Rates of hysterectomy are increased with induction of labor, high-risk pregnancy and increasing number of cesarean sections.
- Vaginal birth prevents complications of increasing number of abdominal surgeries including significant adhesions/scarring, operative injury of bowel and urethra and perioperative complications in subsequent abdominal surgeries.
- Cesarean section is not protective against urinary stress incontinence or pelvic organ prolapse.

## Maternal harms of TOLAC:

- Uterine rupture occurs 3.8 per 1,000 TOLAC deliveries with spontaneous labor compared to 0.26 per 1,000 for elective repeat cesarean). Risk of rupture is increased by classical or low vertical incision, induction of labor and increased number of prior cesarean sections.
- There are conflicting studies about the risk of uterine rupture for single layer closure of the uterus versus double layer closure. There could be up to 2 times more risk of uterine rupture with a single closure. \*\* Infection rates with TOLAC are somewhat higher at 46 per 1,000 compared to C/S at 32 per 1,000 which could be attributed to the length of labor and other complications.
- Blood transfusions are slightly increased with TOLAC at 6.6 per 1,000 in contrast to 4.6 per 1,000 in the C/S group. Postpartum hemorrhage would be a possible cause for this.
- Operative injury could be slightly higher in the TOLAC group with a resulting C/S at 4.0-5.1 per 1,000 than and elective C/S at 2.5-4.4 per 1,000.

The data show that both TOLAC and elective repeat cesarean delivery for a pregnant woman with one prior low transverse uterine incision have important risks and benefits and that these risks and benefits differ for the woman and her fetus. This poses a profound ethical dilemma for the woman as well as her caregivers, because benefit for the woman may come at the price of increased risk for the fetus and vice versa.

## PREDICTED SUCCESS RATES

- On average, 74 out of 100 women have successful VBAC
- 94 out of 100 with a prior VBAC
- 83 out of 100 with prior vaginal birth before cesarean
- 80 out of 100 with non-recurring indications (breech, fetal distress, etc.)
- 70 out of 100 prior to complete dilatation
- 63 out of 100 no prior vaginal birth
- 13 out of 100 after complete dilatation

## FACTORS ASSOCIATED WITH INCREASED SUCCESS

- Prior vaginal birth
- Prior VBAC
- Nonrecurring indications for prior cesarean (Breech, fetal distress, etc.)
- Pregnancy interval > 2 years
- White race
- Married
- BMI < 30
- Spontaneous labor
- Cervical dilation > 4 cm on admission
- Birth weight < 4000 gm

## FACTORS ASSOCIATED WITH DECREASED PROBABILITY OF SUCCESS

- Recurring indication for cesarean (cephelopelvic disproportion, dystocia)
- Birth at a rural or private hospital
- Increased maternal age (>40 years)
- Maternal disease (eg, diabetes, hypertension)
- African American or Hispanic race/ethnicity
- Single marital status
- Obesity (BMI > 30)
- Labor induction or augmentation
- Cervical dilation < 4 cm on admission
- Birth weight > 4000 grams

## RISK OF RUPTURE (<1%)

- No labor (elective repeat C/S) = 0.26 per 1,000
- Spontaneous labor = 3.8 per 1000
- 37-40 wks = 15 per 1000
- Induction > 40 wks = 32 per 1000

## Criteria for eligibility for TOLAC at Dar a Luz include:

- Only one previous low transverse cesarean section documented on operative report
- Placenta location not over previous scar and 2 cm or greater from cervical os verified by ultrasound

Adopted from University of New Mexico TOLAC Information and Consent form and statistics taken from: Vaginal Birth After Cesarean: New Insights. NIH Consensus and State-of-Science Statements. Volume 27, Number 3. March 8-10, 2010. [http://consensus.nih.gov/2010/images/vbac/vbac\\_statement.pdf](http://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf) accessed on June 6, 2011.

Counseling Women with a Previous Cesarean Birth: Toward a Shared Decision-Making Partnership by Kim J. Cox, CNM, PhD. Journal of Midwifery & Women's Health Vol. 59, Number 3, May/June 2014, page 237-245.

# ADVANCED MATERNAL AGE (AMA)

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The age cut-off for advanced maternal age (AMA) pregnancy is not uniformly defined. Historically, AMA has been defined as  $\geq 35$  years because this is the age at which the risk of fetal Down syndrome and the risk of amniocentesis to assess for Down syndrome were about the same. Other research suggests AMA is  $\geq 40$  years. For the purposes of Dar a Luz consent forms, we are using the standard definition of maternal age  $\geq 35$  years old. Our intent in offering you this information is to help you make an informed decision regarding fetal testing in late pregnancy and possible labor management recommendations for clients who are considered advanced maternal age (AMA).

## Early pregnancy risks

The risk of miscarriage increases with age with reported miscarriage rates up to 40 percent in 35- to 44-year-old clients and about 60 percent in clients over 45 years. Although rates of miscarriage decrease after the first trimester for everyone, the rates for older clients are still higher than younger clients.

AMA increases the risk of pregnancy complications, including tubal pregnancy, miscarriage, some fetal birth defects, low lying placenta, gestational diabetes, preeclampsia, and cesarean delivery. There is an additional increased risk of pre-term birth and fetal growth restriction.

## Prenatal care issues during first and second trimesters

**RISK FOR DOWN SYNDROME AND OTHER GENETIC DISORDERS** are increased with age. We refer to perinatology practices who offer genetic consultations and genetic testing for all clients who choose to have more screening or who wish to speak to a genetic counselor.

**WE REQUIRE A DETAILED ANATOMY SCAN** for all clients during the second trimester to rule out most birth defects and determine the location of the placenta.

**AGE AND OBESITY ARE RISK FACTORS FOR GESTATIONAL DIABETES.** We require screening for gestational diabetes at 28 weeks for all clients.

**GESTATIONAL HYPERTENSION AND PRE-ECLAMPSIA ARE INCREASED WITH AGE.** We educate all of our clients on the warning signs for these conditions and screen blood pressures at each visit.

**AMA IS A RISK FACTOR FOR A SMALL BABY.** Fetal growth is assessed at each visit by measuring the fundal height (external measurement from the pubic bone to the top of the uterus) and if growth appears to be smaller than expected, an ultrasound for growth will be recommended.

**PRE-TERM BIRTH IS INCREASED WITH AMA.** Cervical length screening can be done at the 18-24 week anatomy ultrasound to determine clients at higher risk for pre-term birth. We educate all of our clients on the warning signs for pre-term labor.



## Late pregnancy risks

There is a risk of stillbirth in all pregnancies but based on limited research, that risk increases with maternal age and is strongest after 36 weeks' gestation. Clients 40 years of age and over have the same risk of stillbirth at 39 weeks of gestation as those in their mid-20s have at 41 weeks of gestation. This is often due to poor placental function. Those having their first baby are at higher risk for stillbirth than those who have had children before. Black women have the highest risk in all ages and in all categories. However, the risk of stillbirth at term for all pregnancies is less than 1%. (See chart below for risk of stillbirth according to age and pregnancy.)

### Chances of stillbirth after 37 weeks of pregnancy

CLIENT'S AGE AT BABY'S BIRTH	FIRST BABY	SUBSEQUENT BABIES
Under 35 years old	1 in 270	1 in 775
35-39 years old	1 in 156	1 in 502
Over 40 years old	1 in 116	1 in 304

## Third trimester considerations

Because there are no large randomized trials that have examined the effectiveness of routine antepartum testing in clients age 35 and older, there remains no consensus on the management of late pregnancy for them. However, in considering AMA, there are different recommendations for low-risk clients versus clients with certain risk factors. Additional risk factors may include the number of pregnancies a client has had, estimates of fetal growth, IVF, gestational diabetes, high blood pressure, obesity, socioeconomic status, race, and previous pregnancy complications. Consideration of additional risk factors may be used to develop an individualized plan for fetal testing in late pregnancy. Dependent upon risk factors, the timing of when to start weekly fetal testing can range from 36 weeks to 39 weeks gestation.

To address the risks related to stillbirth, there are current recommendations about fetal growth and ongoing testing (surveillance). Ongoing testing may include a biophysical profile via ultrasound (BPP) and/or fetal heart rate monitoring called a non-stress test (NST). Delivery in the 39th week for AMA clients is commonly offered and recommended. However, it is reasonable to alternatively choose fetal testing beyond the 39th week and wait for spontaneous labor (expectant management) provided your risk factors are low. Clients over 40 years are generally discouraged from going past 40 weeks of gestation.

## Dar a Luz recommendations

We recommend that our clients 35 years or older consider the following fetal testing and labor stimulation recommendations in the third trimester:

- All clients should continue fetal kick counts twice daily until birth. You should report decreased fetal movement to your midwife immediately so that we can offer further evaluation.
- Low-risk clients 35-37 years of age:
  - Fetal growth ultrasound with BPP & NST: 38-39 weeks (1)
  - No additional fetal testing until 41 weeks unless clinically indicated (2)
  - Expectant management of labor to begin spontaneously (2)
- Low-risk clients  $\geq 38$  years
  - Fetal growth ultrasound with BPP & NST: 36-38 weeks (1) (2)
  - Following your growth ultrasound, begin weekly BPP & NST testing (2)
  - Labor stimulation methods to begin in the 39th week at Dar a Luz or induction of labor at the hospital (2)
- Any client over 35 years of age with risk factors (as stated above):
  - Begin serial fetal growth ultrasounds in the third trimester (2), or by 36 weeks. (1)
  - Following growth ultrasounds, begin weekly BPP & NST (2) or twice weekly BPP & NST alternating with NST testing (1)
  - Labor stimulation methods to begin in the 39th week at Dar a Luz or induction of labor at the hospital (2)

## Dar a Luz requirements

- All clients, regardless of maternal age, are required to have twice weekly fetal surveillance beginning at 41 weeks if they still want to birth at Dar a Luz.
- All clients, regardless of maternal age, would be scheduled for hospital induction at 42-0 weeks if unable to get into labor before the induction date.
- Any client of advanced maternal age who chooses to start labor stimulation methods at Dar a Luz at or after 39 weeks of gestation would be required to have fetal testing in the form of BPP and NST prior to stimulation.

Our midwives are available to discuss the risks, benefits and alternatives of remaining pregnant and waiting for spontaneous labor against the risk of stillbirth. We can explore both the options of induction and ongoing surveillance and will respect your preferences regarding timing and type of intervention.

## References

Info from Up-to-date, April 2017. Management of pregnancy in clients of advance maternal age by Ruth C Fretts. Reviewed by Dar a Luz Midwives 10/2019.

Pinon Perinatal is one of the perinatology groups in Albuquerque that we refer clients to for ultrasounds and fetal surveillance and these are recommendations from that group.

# SUSPECTED FETAL MACROSOMIA

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What is a big baby? The medical term for a big baby is macrosomia, which literally means “big body.” Suspected fetal macrosomia is when a baby is predicted by ultrasound estimated fetal weight to weigh between 4000-4500 grams (8lbs 13oz - 9lbs 15oz) at birth. Ultrasound is the best tool that we have to estimate a baby’s weight, but it only has about a 50% accuracy rate. This means that approximately 50% of babies that are suspected to be big babies will be bigger than estimated and 50% will be smaller than estimated. Ultrasounds can estimate incorrectly and be off by up to 10-20% from the actual birth weight; for larger babies, the error is usually an overestimation, meaning that at birth these babies are smaller than what was estimated.

If your baby’s estimated fetal weight puts your baby in the “big baby” category, we ask you to consider the following information in deciding how you would like to proceed. Particularly if you do not have gestational diabetes, the midwives at Dar a Luz tend to believe that your body will grow the right size baby for you to birth; for some people this will result in a big baby. That said, there are factors for you to be aware of: risks of a provider suspecting a baby is big, risks of a baby being estimated to be big when they are in fact not big, risks of a baby actually being big, and then risks depending on how you choose to proceed – waiting for labor to begin on its own, inducing labor, or cesarean birth. As with every decision as a parent, we invite you to weigh the pros and cons of each option and determine what feels best to you and your particular situation.

## What are the risks if my baby is estimated to be big (macrosomic) but is actually born an average weight?

### Newborn Risks:

- Higher rates of labor induction, which increases likelihood of fetal distress, vacuum assisted vaginal birth, and NICU admission.
- Higher rates of cesarean birth, which increases likelihood of interrupting early skin-to-skin contact, later start to breastfeeding, surgical injury, respiratory distress, lower Apgar scores (a way of measuring how well baby is transitioning to life outside the womb), and NICU admission.

### Maternal Risks:

- Maternal fear and coercion by healthcare providers and/or family members leading to more intervention.
- Higher rate of labor induction increases likelihood of prolonged labor, pain, epidural use, uterine rupture, tissue damage (cervical and vaginal), infection, and postpartum hemorrhage (loss of >1000mL of blood after the baby is born).
- Higher rate of cesarean birth increases likelihood of decreased satisfaction with birth, surgical injury, postpartum hemorrhage, infection, negative effect on future fertility and births, higher rates of other complications after a surgical birth, and mortality.

## What are the risks if my baby is actually big at birth (true macrosomia)?

### Newborn Risks:

- Birth injury including shoulder dystocia (5-9%) and fractured clavicle (3-7%)
- Decreased 5-minute Apgar score
- Increased NICU admission
- Respiratory distress
- Low blood sugar

### Maternal Risks:

- A very long labor or a labor that stops
- Cesarean birth
- Trauma to the perineum including third- or fourth-degree lacerations
- Postpartum hemorrhage

### What is shoulder dystocia and why are big babies at risk?

The main concern with big babies is the risk for shoulder dystocia. A shoulder dystocia happens when the baby's head has been born but the shoulders are stuck. The birth provider must use extra maneuvers to help deliver the baby vaginally. Most of the time, these maneuvers free the baby and facilitate the birth without any harm to the birthing person or the baby. Some babies will require resuscitation after birth; these babies often do very well fairly quickly. However, a small percentage of babies will sustain injuries such as temporary or permanent nerve damage to the shoulder. The mother or birthing person may have more vaginal or perineal tissue damage due to the maneuvers needed to help the baby deliver.

Although big babies are at increased risk for shoulder dystocia, estimated fetal weight is not a good predictor of shoulder dystocia. This is because:

- Most big babies DO NOT have shoulder dystocia. In one study of 7,859 newborns weighing 5000 grams (11 lbs) or more, 15.5% had shoulder dystocia. In other words, nearly 85% of babies weighing 5000 grams did NOT have shoulder dystocia.
- About 50% of shoulder dystocias occur in newborns of average weight.

Certain clinical findings, besides the size of the baby, may increase the likelihood of a shoulder dystocia. These include:

- Maternal diabetes
- History of shoulder dystocia with a previous birth
- Labor induction
- Epidural anesthesia
- Maternal position during birth.
  - Most births in hospitals occur with the birthing person on their back with their legs pulled back. This position was created for the convenience of providers but is not a position that most birthing people choose. This position puts pressure on the sacrum and tailbone and makes the pelvic outlet smaller. By comparison, the squatting position can open the pelvic outlet up to another 20%.
  - Some studies show that when upright, side-lying and other "alternative" positions are the norm, there are very low rates of shoulder dystocia. "The use of the lateral [side-lying] position, or even squatting or kneeling on hands and knees should be considered for deliveries in which there is a high risk of shoulder dystocia" (Hill & Cohen, 2016). These positions are very possible and likely at the birth center because we do not use epidurals; birthing people can move freely.

### How might provider perception of a big baby affect care?

"Research has consistently shown that the care provider's perception that a baby is big can be more harmful than an actual big baby by itself" (Dekker, 2021). This perception can cause providers to intervene more quickly and perhaps more unnecessarily than they would if they did not suspect a big baby.

# GROUP B STREPTOCOCCUS (GBS)

## SCREENING

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GBS is a common bacterium in our environment and can be found in the vagina or rectum of about 25% of all healthy people. It is impossible to eradicate it from the body permanently and can return to a healthy system within hours of using antibiotics. It is a weak bacterium and only those with a susceptible immune system get colonized. This is not a sexually transmitted infection and people do not usually have any symptoms.

The American College of Obstetricians and Gynecologists recommends routine screening for GBS in all pregnant clients by taking a culture from the vaginal and rectal area between 36 0/7 to 37 6/7 weeks of pregnancy; at Dar A Luz we do this screening at the 37-week visit. The results are usually available in five to seven days. Those who test positive for GBS are said to be “colonized,” and 50% of those will pass the bacteria to the baby. When birthing people are NOT treated with antibiotics in labor, 1-2% of those babies will develop GBS disease. In 2020, GBS disease affected about 0.2 newborns in every 1,000 live births in the United States. Preterm newborns are more affected by GBS disease than term babies with death rates of 19.2% for preterm compared to 2.1% for term babies.

Babies may experience early or late onset of GBS. Early onset is the most common. Late onset can occur within a week or a few months of delivery and meningitis is the most common symptom. Early onset symptoms include:

- Breathing problems, increased heart rate, and unstable temperature occurring within hours of delivery
- Babies tend to get sleepy and not feed well after birth
- Gastrointestinal and kidney problems
- Sepsis (infection of the blood), pneumonia and meningitis are the most common complications.

The recommended treatment is to give antibiotics for prevention and protection of the baby when labor begins and every 4 hours until delivery. This is usually Penicillin or Ampicillin or a different antibiotic if you are allergic to Penicillin. CDC recommends that clients with any of the following be treated during labor:

- A positive GBS culture during this pregnancy.
- A urinary tract infection as a result of GBS during your pregnancy.
- Labor or rupture of membranes before 37 weeks AND unknown GBS status.
- Rupture of membranes 18 hours or more before delivery AND unknown GBS status.
- Fever during labor AND unknown GBS status.
- A previous baby with GBS disease.

There is good research evidence to show that the recommended first-line antibiotic treatment with penicillin, ampicillin or cefazolin reach high enough levels in the amniotic fluid and fetal tissues to significantly decrease the potential for GBS disease. Penicillin works very well on GBS and does not kill a broad range of other bacteria which leaves most of the intestinal and vaginal flora intact. These antibiotics provide the best protection for the baby when they are given at least 4 hours before delivery. If you have a severe allergy to penicillin, you will be tested to see which antibiotic can be given (clindamycin or vancomycin). There is limited research data on how effective these second-line antibiotics are in reaching high enough levels in the amniotic fluid and fetal tissues but according to the CDC these antibiotics reduce the risk of GBS disease for the baby.

There is no good research evidence to show that garlic in the vagina or Hibiclens vaginal washes are effective alternative treatment methods for GBS. GBS cultures after use of garlic in the vagina

for a week have not come back negative. Although Hibiclens may decrease GBS in the vagina, is not as effective as penicillin because it only flushes the vagina and cannot cross the amniotic membranes. Antibiotics work to treat GBS in the mother and protect the baby by saturating the fetal tissues and amniotic fluid thereby giving the baby prophylaxis. Hibiclens also kills ALL bacteria in the vagina, even the good ones that the baby usually gets during birth and needs to establish healthy digestion. In addition, the Cochrane Database (where independent researchers go through thousands of randomized trials) makes this recent statement:

*“Vaginal chlorhexidine (Hibiclens) resulted in a statistically significant reduction in GBS colonization of neonates, but was not associated with reductions in other outcomes. The review currently does not support the use of vaginal disinfection with chlorhexidine in labor.”*

**The following alternative treatments are ineffective against GBS and should not be used:**

- Oral or intramuscular antibiotics prior to or during labor
- Hibiclens bath or wipes
- Garlic cloves, capsules or suppositories, boric acid suppositories
- Douching with hydrogen peroxide, diluted bleach water, lavender oil or yogurt
- Propolis (targets salmonella not GBS)
- Tea tree oil (targets staph infections and lice, not GBS)
- Apple cider vinegar
- Colloidal silver

**These alternative treatments strengthen the immune system but are ineffective against GBS:**

- Vitamin C and herbal tea
- Echinacea
- Grapefruit Seed Extract
- Goldenseal root, Oregon grape root, Astragalus root, Burdock root, NF formula EHB. (Pregnant clients should not take any of these)
- Breastfeeding.
- Skin-to-skin contact

**According to the CDC, if you have tested positive, your baby's chances of getting GBS disease are:**

- 1 in 200 if antibiotics ARE NOT given
- 1 in 4,000 if Penicillin, Ampicillin or Cefazolin antibiotics ARE given four hours prior to birth.

If any of the second-line antibiotics (clindamycin or vancomycin) are given you will still get some benefit but not as much as the first-line antibiotics. Given these risks, we strongly recommend GBS testing of all mothers as well as treatment according to CDC guidelines for mothers that test positive during pregnancy.

Infants that get the recommended first-line treatment with penicillin, ampicillin or cefazolin 4 hours before birth and meet birth center discharge criteria are offered discharge 4 hours after birth with specific home instructions for parents to watch for signs of infection and follow-up care by the midwife in 24-36 hours.

Infants who do not get the recommended first-line treatment for the appropriate amount of time or infants that receive the second-line antibiotics are considered inadequately treated. In these cases, the CDC recommends observation for 48 hours in the hospital to watch for signs of infection and to have access to the lab tests and treatments necessary if an infection develops.

We strongly recommend one of these options:

- Observation of the infant for 48 hours at the hospital to watch for signs of infection. We may be able to arrange for mother and baby to be together at UNM.
- Observation of the mother and baby for 12 hours at the birth center with specific home instructions for parents to watch for signs of infection and follow-up care by the midwife in 24-36 hours.

# POST-TERM PREGNANCY

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## Definitions

- Early term is defined as 37 weeks +0 days to 38 weeks +6 days of gestation
- Full term is defined as 39 weeks + 0 days to 40 weeks +6 days of gestation
- Late term is 41 weeks +0 days to 41 weeks +6 days of gestation
- Post-term pregnancy is defined as a pregnancy lasting to 42 weeks +0 days or longer with accurate dating.

In the United States in 2020, birth certificate data indicated that about 1 in 400 women birthed at 42 weeks or more while about 20 in 400 women birthed at 41 weeks. The risk of having a post-term pregnancy is increased in first pregnancies, a prior post-term pregnancy, obesity, carrying a male fetus, older maternal age and maternal race/ethnicity of being non-Hispanic white women. Accurate dating and early US reduce the chances of having a post-term pregnancy to about 2%.

## Fetal and neonatal risks

The risks of maternal and fetal complications and perinatal mortality (stillbirth and early neonatal death) increase the longer a pregnancy continues past 40 weeks. **Perinatal mortality rises with increasing gestational age after 40 weeks of gestation, but the absolute risk of fetal death is low:**

- 40 to 41 weeks: 0.86 to 1.08 per 1000 ongoing pregnancies
- 41 to 42 weeks: 1.2 to 1.27 per 1000 ongoing pregnancies
- 42 to 43 weeks: 1.3 to 1.9 per 1000 ongoing pregnancies
- >43 weeks: 1.58 to 6.3 per 1000 ongoing pregnancies

**Fetal risks arise mainly from:**

**EXCESSIVE FETAL GROWTH** (fetal macrosomia - a baby weighing over 9 pounds 14 ounces) is increased with longer length of pregnancy. About 1 in 100 term babies and up to 10 in 100 post-term babies are macrosomic. Complications associated with fetal macrosomia include prolonged labor, baby being too big to pass through the pelvis, and shoulder dystocia (baby's shoulder getting stuck under client's pelvic bone). These could require a cesarean section for delivery or result in injury to the baby with vaginal birth.

**FETAL POSTMATURITY SYNDROME** affects about 20 in 100 post-term babies which is characterized as chronic intrauterine malnutrition called intrauterine growth restriction. These babies are at increased risk of umbilical cord compression due to low amniotic fluid levels, and abnormal fetal heart rate patterns during pregnancy or labor due to a poor placental function or cord compression. Meconium passage is common and may be related to normal maturation of the gut or fetal lack of oxygen. These babies have a higher risk of low blood sugar after birth, meconium aspiration, breathing difficulties, and neurodevelopmental complications like seizures and cerebral palsy.

## Maternal risks

Maternal risks include the emotional impact, prolonged or dysfunctional labor, severe perineal injury (3rd or 4th degree lacerations), vacuum delivery, uterine infection, hemorrhage and cesarean section. There are more complications in first time mothers/birthing parents than in those who have had children before, and the rate of complications increases from 40 to 42 weeks in all groups. The rates for a primary cesarean birth (meaning the first time a person is giving birth by cesarean) is 22.4% at 40 weeks, 21.6% at 41 weeks and 24.4% at 42 weeks.



## Management options

Clients should be counseled about the risks of induction versus expectant management (waiting for labor to happen naturally). Induction is associated with lower perinatal mortality than expectant management and does not increase the risk of cesarean delivery. The absolute benefits of routine induction are modest, however, and depending on personal values and preferences, some clients may choose to be managed expectantly. Studies show that there are reduced risks with the following management of the pregnancy from 40-42 weeks in low-risk clients.

**CERVICAL RIPENING METHODS** increase prostaglandin production and help to soften and thin the cervix so that it can be ready to dilate. Beginning these methods at 39 weeks can decrease the length of pregnancy by about 4 days. These include natural methods such as **sexual intercourse, chiropractic adjustments, acupuncture stimulation of cervical ripening and labor points, sweeping membranes** (refers to digital separation of the membranes from the wall of the cervix and lower uterine segment), **evening primrose oil** (taken by mouth and vaginally) and **ambulation**.

**IF A CLIENT CHOOSES EXPECTANT MANAGEMENT**, twice weekly antenatal testing to monitor fetal well-being (BPP and NST at 41 weeks and NST at 41 ½ weeks) is strongly recommended starting at 41 weeks. This testing is required to birth at Dar A Luz. You have the right to decline this testing but then would need to birth at the hospital at 41 weeks or later. Risks of fetal death are small (1-2 per 1000 pregnancies) with a reactive NST, normal amount of amniotic fluid, and a BPP of 8/8 on antenatal testing.

**BIRTH CENTERS OFFER NON-MEDICAL LABOR STIMULATION** using natural cervical ripening methods, cervical dilating foley balloon catheters, nipple stimulation (done with a breast pump) with ambulation and enemas or castor oil cocktails beginning at 41 to 41 1/2 weeks for low-risk clients and healthy babies. These methods may be recommended earlier for clients with risk factors.

**HOSPITAL INDUCTION OF LABOR AT 41 WEEKS** with medication cervical ripening agents (Misoprostol, Cervidil) and mechanical dilating foley balloon catheters should be considered for all low-risk clients. Pitocin may be needed to increase contraction frequency and strength. Recent studies agree that there is less risk of cesarean with induction at 41 weeks as long as the clients is allowed adequate time for first stage of labor (may be 48 hours or more) than risk of cesarean section in spontaneous labor after 41 weeks. These methods may be recommended earlier for clients with risk factors.

**HOSPITAL INDUCTION OF LABOR AT 42 WEEKS** should be scheduled if the client does not go into spontaneous labor. Clients with risk factors will be given individual counseling about their risks and may benefit from induction prior to 41 weeks.

Norwitz, E.R. (2022, March 25). Postterm pregnancy. UptoDate. Retrieved 2023, October 8. [https://www.uptodate.com/contents/postterm-pregnancy?search=postterm%20pregnancy&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H22781905](https://www.uptodate.com/contents/postterm-pregnancy?search=postterm%20pregnancy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H22781905)

Osterman, M.J.K. (2022, July). Changes in primary and repeat cesarean delivery: United States, 2016-2021. Vital statistics rapid release. <https://www.cdc.gov/nchs/data/vsrr/vsrr021.pdf>

# MEASLES MUMPS AND RUBELLA (MMR) VACCINE

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## Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

## Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

## Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air. Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases and may be given at the same time as other vaccines.

Who should get MMR vaccine and when? Children should get 2 doses of MMR vaccine:

- The first at 12-15 months of age
- The second at 4-6 years of age.

Some adults should also get MMR vaccine:

- Generally, anyone not pregnant and 18 years of age or older who was born after 1956 should get at least one dose of MMR vaccine, unless they can show they have had either the vaccines or the diseases.

## Pregnant women should not get MMR vaccine.

Pregnant women who need the vaccine should wait until after giving birth. Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine.

## What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small. Getting MMR vaccine is much safer than getting any of these three diseases. Most people who get MMR vaccine do not have any problems with it.

## Mild Problems

- Fever (up to 1 person out of 6)
- Mild rash (about 1 person out of 20)
- Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot.

## Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

## Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses) including difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

## What should I do if I have a severe reaction?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967. VAERS does not provide medical advice.

# SUPPLEMENTAL FEEDING OPTIONS

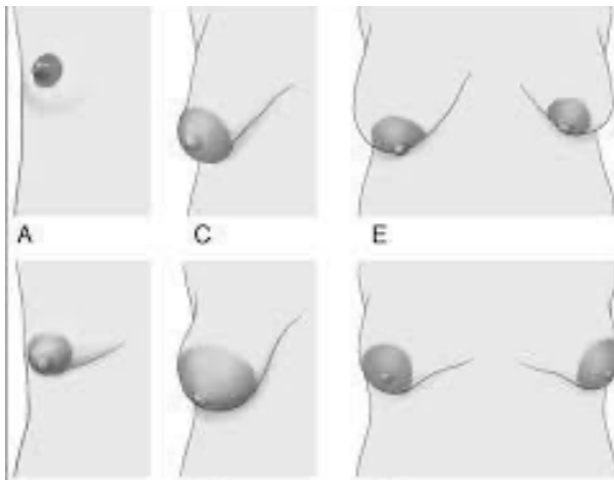
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Dar a Luz supports a client's right to make choices in all areas of your life, including how you feed your baby. Whether you breastfeed or use supplemental milk to feed your baby, the most important thing is that you and your baby are bonding and your baby's needs are being met. There are several reasons why you may choose to supplement your baby with your own pumped milk, pasteurized breast milk, informally shared donor breast milk or formula for a few days to many months. These situations can include:

- Delayed lactation (milk not coming in by 2-3 days after birth) due to birth complications
- Inadequate milk supply may be due to inadequate breast stimulation or insufficient breast tissue
- A baby who is too sleepy to nurse due to jaundice
- A baby who has a painful latch causing nipple damage
- Poor transfer of milk to the baby due to breast anatomy or baby's mouth anatomy (tongue or lip tie)
- A baby who is not vigorous at the breast which can be due to low birth weight or early term gestation
- A premature baby or a baby in the NICU who may be evaluated for infection
- A baby who is not gaining weight adequately, increased weight loss
- Just needing a break or letting someone else feed the baby so you can get more sleep
- Going back to work and being unable to pump enough milk
- Having a medical condition that requires medications that are not safe for breastfeeding
- Simply not enjoying breastfeeding and choosing an alternative feeding method

There are various medical complications and conditions that can affect the milk supply and may require supplemental feedings to meet the baby's needs. They may include:

- Premature birth
- Pre-eclampsia
- Cesarean section
- Postpartum hemorrhage resulting in anemia
- Maternal obesity
- Previous breast surgery, especially breast reductions
- Insufficient glandular tissue (breast hypoplasia) – physical signs may include:
  - May have small or large breast and will produce some milk but may not be enough
- May have more than 4cm of flat space between breasts
  - One breast much larger than the other
- Tubular shaped breasts (the breast has a narrow base and its volume is long rather than round)
- Overly large and bulbous areola (as if they are a separate structure attached to the breast)
- Absence of breast changes in pregnancy, after birth or both



BULLETS CORRECT?  
FORMATTING IN GOO-  
GLE DOC WONKS

ADD BOOB DIAGRAM

## Options for supplemental feeding

Determining the preferred option for supplementation involves a process of informed decision-making on the part of the parents, in consultation with their midwife or pediatrician.

Options include (see below for more information on each):

- Biological mother's/parent's milk is always first choice
- Donor human milk from a milk bank is the next best and safest choice
- Human milk substitute (commercial formula) is acceptable
- Unpasteurized donor human milk (informal milk sharing) carries the most risk

## Biological mother's/parent's expressed breast milk

### Benefits

- Protects baby against short and long-term risks (gastrointestinal problems, respiratory infection, ear infections, SIDS, obesity)
- Supports cognitive development
- Protects mothers against type 2 diabetes, certain breast and ovarian cancers
- Affordable and environmentally friendly

### Risks

- Risk free (unless breastfeeding is contraindicated)

Dar a Luz offers lactation support to maximize your milk production and effectively feed your newborn. Ways to increase the milk supply include hand expression, pumping to stimulate the breasts, mother's milk teas and herbs. Effective feeding strategies can include feeding from a spoon, finger with feeding tube, supplemental nursing systems, nipple shields, and bottle.

## Donor human milk from a milk bank

### Benefits

- Best alternative for premature and medically vulnerable newborns
- Rigorous donor screening for health problems, medications, communicable diseases (HIV, HTLV, Hepatitis B & C)
- Strict milk collection and handling guidelines
- Holder pasteurization prevents transmission of pathogens

### Risks

- Limited availability
- Cost may be prohibitive
- Pasteurization affects some components of human milk

We keep available for sale a small supply of 4 oz bottles of frozen pasteurized milk from the Denver Milk Bank (approximately \$31 per bottle); primarily used for babies in the NICU or families who prefer pasteurized milk. Due to the cost and lack of availability of the milk, it is not available for long-term use. See the section "Milk Depot" for more information.

## Human milk substitute (commercial infant formula)

### Benefits

- Readily available
- Acceptable substitute
- Considered safe

### Risks

- Expensive
- Inferior composition, not human milk - made from cow's milk, soy or specialty formulas
- Risk of contamination of product in manufacture or during preparation
- Increased short and long-term health risks (gastrointestinal problems, respiratory infection, ear infections, SIDS, obesity)
- Reduced cognitive development
- Not environmentally friendly

Dar a Luz recommends an organic formula that is ready-to-feed for all newborns less than a month of age. See the section “Some Good Formula Choices” for more information.

## Unpasteurized donor human milk (informal milk sharing)

See the sections “Dar a Luz Informal Donor Breast Milk” and “Four Pillars of Safe Breast Milk Sharing” for more information.

### Benefits

- Provides an option for raw human milk, which has some of the same benefits as mother's own milk; however, each parent must be informed of the potential risks to determine the best options.
- Avoids formula, often cheaper than formula
- Allows community support

### Risks

- It can be difficult to know that a donor's health and lifestyle is safe for milk sharing; smoking, alcohol, some medications (both prescription and over the counter), herbal supplements, and street drugs can pass into human milk. Although the risk of disease transmission is thought to be low, bacteria and viruses such as HIV, Hepatitis B & C, HTLV (Human T-cell lymphotropic virus) could be passed through the milk of someone who doesn't know they have these. Cytomegalovirus (CMV) can be found in breast; however, this is a common virus and most worrisome for premature babies.
- In-home heating (flash heat treatment) of shared milk has been suggested as a way to reduce the risk of disease transmission, but there is no research to define the appropriateness of this method. There are concerns about over or under heating, and this method does not remove all risks.
- If human milk is not collected and stored properly, bacterial growth could make your baby sick.
- The freezing process reduces the virus viability.
- Milk purchased online may be diluted with water or cow's milk, or something else may be added.

Dar a Luz recommends an organic formula that is ready-to-feed for all newborns less than a month of age. See the section “Some Good Formula Choices” for more information.

## Dar a Luz informal donor breastmilk

Dar a Luz Birth & Health Center is supportive of all clients in their feeding choices for their babies; however, it does NOT condone buying milk on the internet. Dar a Luz agrees with the research that milk bank processed milk is the safest human milk option. Although Dar a Luz does not endorse the informal sharing of donor breast milk, the donated milk is a community service for our families and is available free of charge to clients who are making an informed choice to use the informally shared milk.

Dar a Luz accepts unpasteurized human milk. We know most of our donors, but cannot make any claims about the safety of this milk. We have established policies to minimize the risks of informal milk sharing:

- We accept milk from healthy donors approved by the Denver Milk Bank as well as Dar a Luz clients and community clients approved by Dar a Luz.
- We don't accept milk from donors who use unapproved medications or drugs, tobacco or alcohol.
- Donors have been screened in the past year for STIs including HIV I&II, Hepatitis B & C; those results must be reviewed by a midwife or IBCLC lactation consultant. We are not currently screening for HTLV I & II.
- All donors have completed a health history. This includes medications, supplements and herbs consumed when the milk was pumped. Most medications are safe with breastfeeding and the bags of milk are labeled. The forms have been reviewed by a midwife or IBCLC lactation consultant.
- None of the informal milk offered at Dar a Luz was purchased online.
- Dar a Luz encourages our donors to use safe milk handling and storage practices. We hand out a copy of these guidelines to each donor.
- Once we accept the frozen milk, it is stored in our freezer.

Dar a Luz has a limited supply at any given time of informal breast milk that has been donated and makes it available to families who have made an informed decision to use the informal milk. We offer it to families in need depending on the supply available. Typically, the informal milk is given out in small quantities and intended for the short-term needs of healthy term newborns up to 2 weeks of age. If a long-term supply of donor breast milk is desired, we may be able to connect you with another Dar a Luz donor or you may find other donors on Eats on Feets or Human Milk 4 Human Babies Facebook pages.

Recommendations taken from: Human Milk Banking Association of North America (HMBANM) [www.PerinatalServicesBC.ca](http://www.PerinatalServicesBC.ca) on 07-22-2019. F. Jones, 2019. Best Practice for Milk Sharing Outside of a Milk Bank, For Profit Milk Facility and Formula.



## Informal breast milk donor screening guidelines

### Informal Donor Breast Milk Bought Online

Donor milk that is being sold on the internet can be contaminated and diluted with other liquids that may cause adverse outcomes in infants and is NOT supported by any milk sharing organization.

### Private Arrangement Milk Sharing (PAMS)

PAMS originated with the organization *Eats On Feets* in 2010. The philosophy of PAMS advocated by this organization centers on the Four Pillars of Safe Breast Milk Sharing including informed choice, donor screening, safe handling, and home pasteurization. Other websites that advocate for informal milksharing, such as *Milk Share*, and *Human Milk 4 Human Babies*, contain lots of information and resources on this topic. Parents need to take whatever measures they deem necessary to ensure the safety of the milk they are obtaining for their babies.

### Four Pillars of Safe Breast Milk Sharing

**1. DONOR SCREENING** -- The recommended requirements for PAMS would be the same as outlined for an eligible donor to a milk bank including the donor filling out a questionnaire on lifestyle, medical history, medication and herbal use and submitting to blood testing to rule out any transmittable infections. Testing does not ensure that the milk will be "safe" for the baby due to the inability to screen prior to every donation. However, nobody can ensure the safety of formula feeds either, or the degree of risk if baby receives a human-milk substitute.

### 2. SAFE HANDLING & COLLECTION GUIDELINES

- Take a bath or shower daily.
- Before pumping, wash hands thoroughly with soap and warm water.
- Wipe your nipples and breasts with a clean, damp wash cloth (no soap), and don't touch them after washing.
- Pump into a clean container. Wash hands again if you touch anything else while pumping.
- Pour your pumped milk directly into a milk storage bag and seal it.
- Help us prevent loss of milk by not overfilling the milk storage bags.
- If interrupted during pumping, cap the milk and put it in the refrigerator. Finish within 30 minutes.
- Label each bag with your name and date of collection.
- Place the milk in the rear or bottom of your freezer, where it is coldest.

**3. HOME PASTEURIZATION** -- Flash heating is a low-resource heat treatment option developed specifically to address HIV in human milk to enable infected parents to express, heat treat, and feed their own milk to their biological children in resource-limited circumstances. This method has also been shown to acceptably address growth of *E. coli*, *S. aureus*, and *b-hemolytic streptococci* but it does not kill all viruses. Flash heating of milk is accomplished by placing the feeding of milk in a glass container in a pan of water sufficiently deep to submerge the glass container to above the level of milk without submerging the vessel completely and bringing the water to a boil. The milk is immediately removed from heat and quickly cooled to feeding temperature by placing the container of milk in a pan of ice water. Flash heating, described previously, is not an equivalent or interchangeable method of heat treatment to flash pasteurization. Flash pasteurization is a commercial method of heat-treating milk and other fluids requiring specialized equipment and precision heating and holding of fluids at 316°F/158°C for 15 seconds, with rapid cooling.

**4. INFORMED CHOICE** -- Families are encouraged to consider the risks and benefits of milk sharing and research their options so that you can make an informed decision on which feeding options you feel are best for your baby. We are available to discuss the benefits and risks of donor breastmilk sharing.

## Milk Depot

Dar a Luz is the first location in New Mexico to offer donation services to the Mother's Milk Bank in Denver, CO. If you're interested in donating, first contact the milk bank and complete their screening process. After approval, we can draw your blood, and we can ship your donated milk to the milk bank. Milk drop off and blood draws both happen Wednesdays from 9:30 am to noon.

## Donor milk banking

Milk that has been collected from volunteer breastfeeders who are healthy, non-smokers with adequate milk supply. They have been screened for lifestyle, medical history, medication use and had screening labs to rule out HIV I&II, Hepatitis B & C, syphilis and HTLV I&II (human T cell lymphotropic virus). They follow strict guidelines to collect, store and ship the milk in a safe manner to the milk bank. The milk is mixed, pasteurized, cultured and packaged in jars and frozen at the milk bank. There is not enough supply to meet the needs of preterm and at-risk babies and it costs about \$7-8 per ounces which may be cost prohibitive for long-term use in term infants. Milk Bank processed breast milk is the most screened and safest option available. To be eligible as a milk donor, one must:

- Be confident in your milk supply and produce milk in excess of your own baby's needs
- Be willing to donate a minimum total of 150 ounces throughout your time as a donor
- Not have any medical condition that prohibits you from giving blood
- Be in excellent health: no chronic illnesses or history of major medical issues, cancer, or leukemia
- Have no history of hepatitis after age 11 or positive tuberculosis tests
- Be a non-smoker and refrain from using tobacco or cannabis products of any kind
- Have not received blood or blood products or organ or tissue transplants in the past 12 months
- Have no history of intimate contact with anyone at risk for HIV/AIDS
- Not be taking vitamin supplements that exceed 2000% Daily Value (DV)
- Take only approved medications and herbal supplements/teas.
- Mothers' Milk Tea/products containing fenugreek/other herbs AREN'T compatible with donating.
- Consume less than 24 ounces of caffeinated beverages a day (2-3 cups of coffee)
- Wait 12 hours after drinking any alcoholic beverage to collect milk to donate
- Be motivated to practice exceptional hygiene and careful milk collection and storage methods
- Be willing to undergo blood testing
- Be less than 18 months postpartum when collecting the milk

Mother's Milk Bank: [rmchildren.org/mothers-milk-bank](http://rmchildren.org/mothers-milk-bank) Phone (303) 839-6782 Fax (303) 839-6783

## How much milk should I leave for my baby when I am away from them?

On average, an healthy infant will usually drink about 25-30 ounces of milk per day, and 3-4 ounces at a time. Consider sending or keeping extra milk or formula on hand. Also see above, "Average Breast Milk Intake by Age."

- 2 weeks to 3 months old: 2.4 ounces/per pound/per day
- 3 to 5 months old: 1.8 ounces/per pound/per day
- 5 to 7 months old: 1.6 ounces/per pound/per day

Example: A 2-month-old who weighs 10 lbs., who nurses 9 times a day, who will be at the sitter for 9 hours (averages 24 ounces/day [2.4 oz. x10 pounds]; 2.6 ounces/feeding [24 oz./9 feedings]; will have about 3 feedings at sitter's) would need at least 9 ounces sent per day – plus some extra.

## Best bottle choices

### Best Bottles (especially for breastfed babies)

**Evenflo Balance+:** Developed with Pediatric Feeding Specialists, the Evenflo Feeding Balance + Standard Bottle is designed to support healthy bottle feeding without interfering with your feeding journey. The unique sloped nipple promotes a healthy latch and has an integrated vent system.

**Dr. Brown's Natural Flow Original Newborn Bottle:** A unique venting system eliminates air bubbles during feeding, reducing the likelihood of gas, spit-up and colic. Some lactation consultants recommend starting with a premie nipple to help transition to a bottle.

**Lansinoh Mamma Breastmilk Feeding Bottle:** Over 50 years of research went into this bottle, with its ergonomically-designed nipple which mimics a breast, and a venting system to reduce air intake.

**Pigeon Peristaltic Nipples** were developed through collaborative research with pediatricians and support natural sucking by following the three key factors of babies' sucking: attachment, peristaltic tongue movement and swallowing. All Pigeon Nipples come with the Air Ventilation System (AVS™), which adjusts the air pressure inside the bottle and to control the milk flow. The SS (Super Slow) nipple was created to help maintain the appropriate flow of milk for breastfed babies - it takes on average 12 minutes to drink 2oz without pacing the feed. \*\*These nipples fit on most wide neck bottles including Spectra bottles.

**Momi Bottles:** Soft silicone nipples that do not collapse, allows baby to regulate/pace the feed. Recommended for babies with difficulty taking other nipples. Note: these bottles are more expensive and can be tedious to clean the unique nipple.

These recommendations include ideas from [mamanatural.com](http://mamanatural.com) and [babylist.com](http://babylist.com)

# TONGUE TIE (ANKYLOGLOSSIA)/ LIP TIE/FRENOTOMY

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## What is Ankyloglossia (tongue-tie)?

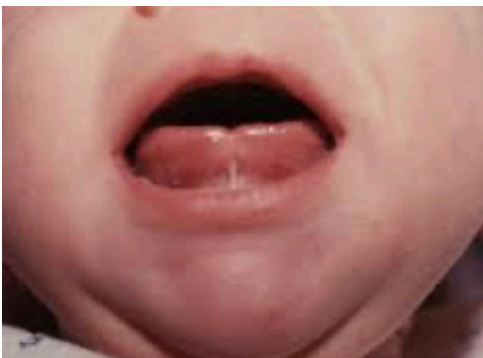
The tongue is the only muscle in our body that has one end that moves freely, unattached to any other body structures. Its other end is attached to eight other muscles. While the baby is developing in utero, this muscle is attached to the floor of the mouth by a piece of tissue called the frenulum. The frenulum usually partially disappears, and in most cases it moves away from the tip of the tongue toward the base of the tongue naturally. However, sometimes it does not disappear or does not disappear enough. When the frenulum (the band of tissue that connects the bottom of the tongue to the floor of the mouth) is too short and tight, it restricts tongue movement. This condition is known as tongue-tie or "ankyloglossia." It is congenital (present at birth) and hereditary (often it occurs in more than one family member). It is relatively common among newborns (approximately 5%) and contributes to a significant proportion of breastfeeding problems. It is one of the most misdiagnosed and overlooked congenital abnormalities. A heart-shaped tongue tip when it's stuck out is a sure sign of a tongue tie.

## What is lip-tie?

There is a frenulum between the lip and the gums, too. If it is too short or too tight on the upper (and sometimes lower) lip, it can interfere with a baby's ability to form a good latch and to suck. Lip ties can result in a shallow, pinching and painful latch that causes nipple damage. Sometimes the frenulum can wrap all the way around the gums and attach to the inside of the mouth – in fact, this is almost always a condition that people with gaps in their two upper front teeth have. If your baby's lips are blistered after eating, or if when you gently pull it toward their nose, their upper lip can't touch their nostrils, it may be a sign of a lip tie. Our midwives and lactation consultants can evaluate your baby's mouth and give you a referral to a pediatric dentist to further evaluate lip tie and revise if necessary.

## Why should there be treatment of tongue-tie and/or lip tie?

Until recently there were few studies, recommendations, or consensus on what constitutes an abnormal tongue or lip attachment. That is changing. While traditional medical teaching has been that a tongue-tie is of little relevance and can be ignored, the facts now do not support that belief. A common myth is that the frenulum will stretch so we don't need to treat this condition. The reality is that a tongue-tie, by interfering with normal tongue movement, can harm many aspects of life. Tongue-tie associated problems may cause difficulties that start from birth and last a lifetime; fixing it now may save you a fortune on speech therapy, dental bills, and braces later!



### Problems resulting from tongue-tie for infants

- Colic and excessive gassiness
- Reflux (spitting up)
- Unable to sustain a latch, unable to develop a deep latch
- Difficulty with adequate milk intake/poor weight gain
- Falling asleep on the breast
- Extended nursing episodes
- Unable to hold a pacifier
- Early weaning from the breast



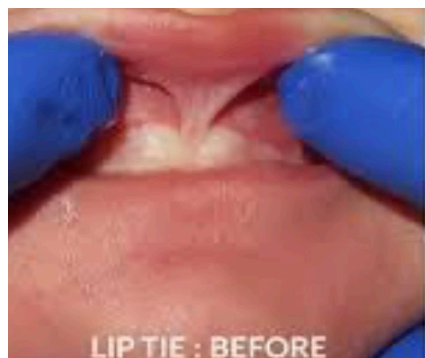
### Problems resulting from tongue-tye for nursing

- Difficulty or inability to breastfeed
- Painful compression of nipples; bleeding, cracked, or flattened nipples
- Mastitis, engorgement, thrush
- Vasospasm of the nipple
- Anxiety, stress and fatigue, feelings of guilt
- Postpartum depression
- Slow weight loss from pregnancy
- Low milk supply
- Early cessation of lactation

## Treatment of tongue-tye and/ or lip-tye

Frenectomy/frenotomy has a low risk for infection or bleeding and does not usually require stitches, sedation, or numbing agents, although they may be available. The newborn is wrapped in a blanket or held by the parents for a few seconds while the frenulum is clipped. It takes a few seconds to clip the frenulum (about 2-8 mm) with small scissors, a scalpel, or a laser. There is usually only a tiny amount of bleeding if any at all.

After the treatment is completed, babies can immediately breastfeed, and many nursing parents have reported immediate pain relief, extended nursing, and improved infant sleep.



## Follow-up treatment is important!

If the frenulum isn't clipped until the baby is several weeks or months old, it may take longer for them to learn to suck normally. Sometimes suck training is needed to adapt to the new range of motion. Even though the anterior (front) tongue-tye has been released, there may still be some posterior (back) tongue-tye remaining, which may continue to affect breastfeeding. Some clients may need to use alternative feeding methods such as the nipple shield, finger feeding, or the bottle if feeding continues to be painful. We recommend having further evaluation by a pediatric dentist for persistent breastfeeding problems. Once the tie is revised, our lactation consultants can help clients with any remaining breastfeeding issues.

We refer our clients to **Dr. Spencer Tasker** who is a pediatric dentist in Albuquerque that does laser revision of lip and tongue-tyes. For extensive information on revising tongue and lip-tyes please visit the websites of two well-known dentists who do research and publish on this topic: Dr. Lawrence Kotlow in Albany, New York and Dr. Bobby Ghaeri in Portland, Oregon.

Some of this information was gathered from [www.bostontonguetie.com](http://www.bostontonguetie.com) and [ngdentalcenter.com](http://ngdentalcenter.com)