

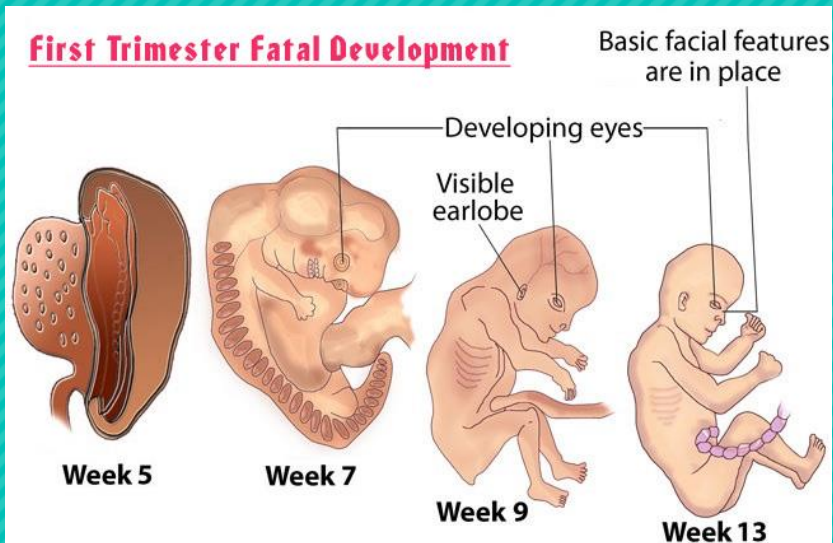


Embrace
Women's Health & Midwifery Care
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Embrace WHMC's What to expect when you're expecting

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First Trimester < 13 Weeks



The first trimester lasts from week 1 through the end of week 13 of pregnancy.

During the first trimester alone your baby changes from a single fertilized cell (a zygote), to the embryo that implants itself in your uterine wall, to a peach-sized bundle of growing limbs and body systems. Organs take shape, and baby starts to move. Here are a few of the big highlights happening in this exciting time:

- **Baby's bones:** By about week 6, baby starts to sprout arms, legs, hands and feet — and fingers and toes around week 10.
- **Hair and nails:** Skin begins forming between weeks 5 and 8, with hair follicles and nail beds forming around week 11.
- **Digestive system:** By about week 8, baby's intestines will begin forming, and your baby will have already gone through two sets of kidneys (with the third and final set on its way!).
- **Sense of touch:** Your baby will have touch receptors on his face (mostly lips and nose) around week 8. By week 12, he'll have receptors on his genitals, palms and the soles of his feet.
- **Eyesight:** Optic nerves (which pass info from the eyes to the brain and back) and lenses begin to form by week 4, with the retina beginning to form around week 8.
- **Heart:** By week 5, the tube that will become your baby's heart begins to beat spontaneously. It will become stronger and more regular — and you'll be able to hear it! — around week 9 or 10 (though sometimes later, depending on your baby's position in your uterus).
- **Brain:** By about week 8 of pregnancy, your baby's brain will be wiggling his developing limbs.
- **Sense of taste:** Your baby will have developed taste buds that connect to his brain by about week 8 — but he'll need taste pores before he can taste the surrounding amniotic fluid (which, by the way, tastes like your most recent meal).

First Trimester

What to expect at appt.

- Your health care provider will confirm your pregnancy and then do an examination, much like your typical physical, to assess your general health. Your weight and blood pressure will be recorded, and your provider will check your heart, lungs, belly and breasts.
- Medical History.
- Ultra Sound to confirmation of dates
- Prenatal labs /STD Screening
- Genetic screening after 10 – 12 weeks
- Doppler Heart tones

Common Complaints During the First Trimester

The first trimester is the earliest phase of pregnancy. It starts on the first day of your last period -- before you're even actually pregnant -- and lasts until the end of the 13th week. It's a time of great anticipation and of rapid changes for both you and your baby. Knowing what to expect will help you get ready for the months ahead.

Pregnancy is different for every woman. Some women glow with good health during those first 3 months; others feel miserable. Here are some of the changes you might notice, what they mean, and which signs warrant a call to your provider.

Cramping

Bloody show

Tender breast

Nausea/
Vomiting

Fatigue

Frequent urination

First Trimester < 13 weeks

Do's

- Prenatal vitamins / Folic acid
- Healthy Foods (Eating Right)
- Water-Drink half of your body weight in ounces
- Exercise
- Considering Genetic Screening
- Ask your provider about safe medications you can take while pregnant.
- Break bad habits like smoking and illegal drug use.

Don't

- Don't skip the prenatal vitamins. Prenatal vitamins help your baby's brain development.
- Don't eat raw or undercooked meat or eggs. Deli meat/ hot dogs heated to internal temp. 165 F.
- Don't eat for two. Studies show that excess weight gain in pregnancy poses a host of health issues for both the mother and child.
- Don't overdo it with the caffeine.

Second Trimester 13- 26.6 weeks

Second Trimester Fetal Development



The second trimester of pregnancy often brings a renewed sense of well-being. The worst of the nausea has usually passed, and your baby isn't big enough to make you too uncomfortable. Yet more pregnancy symptoms are on the horizon. Here's what to expect.

During the second trimester of pregnancy, you might experience physical changes, including:

- **Growing belly and breasts** As your uterus expands to make room for the baby, your belly grows. Your breasts will also gradually continue to increase in size. A supportive bra with wide straps or a sports bra is a must.
- **Skin changes** are common and usually fade after delivery. Sun exposure, however, can aggravate the issue. When you're outdoors, use sunscreen

Second Trimester 13- 26 6/7 weeks

Common discomforts

- **Round ligament pain-** As your uterus expands to make room for the baby.
- **Heartburn-** Occurs when stomach acids leak back into the esophagus. Also called acid reflux, heartburn doesn't affect the heart.
- **Leg Cramps-** Are common as pregnancy progresses, often striking at night.
- **Vaginal discharge-** You might notice a sticky, clear or white vaginal discharge. This is normal. Contact your health care provider if the discharge becomes strong smelling, unusual in color, or if it's accompanied by pain, soreness or itching in your vaginal area. This could indicate a vaginal infection.
- **Urinary tract infections-** Contact your health care provider if you have a strong urge to urinate that can't be delayed, sharp pain when you urinate, urine that is cloudy or has a strong smell or you have a fever or backache. Left untreated, urinary tract infections can become severe and result in a kidney infection.

What to expect at appointments

The goal of prenatal care is to ensure that you and your baby remain healthy during your entire pregnancy. Ideally, prenatal care starts as soon as you think you're pregnant. Your health care provider might schedule prenatal care appointments about every four weeks throughout the second trimester.

Here's what to expect at your second trimester prenatal appointments.

- Fetal heart tones with doppler
- Fundal height-. By measuring the distance from the pubic bone to the top of your uterus (fundal height), your health care provider can gauge your baby's growth. After 20 weeks of pregnancy, this measurement in centimeters often matches the number of weeks you've been pregnant, plus or minus 2 centimeters.
- Anatomy US at 20 weeks is scheduled sometime between 18 and 22 weeks of gestation, the 20-week ultrasound is also often referred to as an anatomy scan. To ensure that baby is growing well.

Third Trimester 27-42 weeks of pregnancy

The third trimester of pregnancy can be physically and emotionally challenging. Your baby's size and position might make it hard for you to get comfortable. You might be tired of pregnancy and eager to move on to the next stage. If you've been gearing up for your due date, you might be disappointed if it comes and goes uneventfully.

Try to remain positive as you look forward to the end of your pregnancy. Soon you'll hold your baby in your arms! Here's what to expect in the meantime.

- **Braxton Hicks contractions.** You might feel these mild, irregular contractions as a slight tightness in your abdomen.
- **Backaches.** Pregnancy hormones relax the connective tissue that holds your bones in place, especially in the pelvic area. These changes can be tough on your back, and often result in discomfort during the third trimester.
- **Shortness of breath.** You might get winded easily.
- **Frequent urination.** As your baby moves deeper into your pelvis, you'll feel more pressure on your bladder. You might find yourself urinating more often.



Third Trimester 27 weeks and beyond

What to expect at appt.

- Continued doppler heart tones
- Fundal height measurements
- 26-28 weeks Screening Gestational diabetes.

This is a type of diabetes that sometimes develops during pregnancy. Prompt treatment and healthy lifestyle choices can help you manage your blood sugar level and deliver a healthy baby.

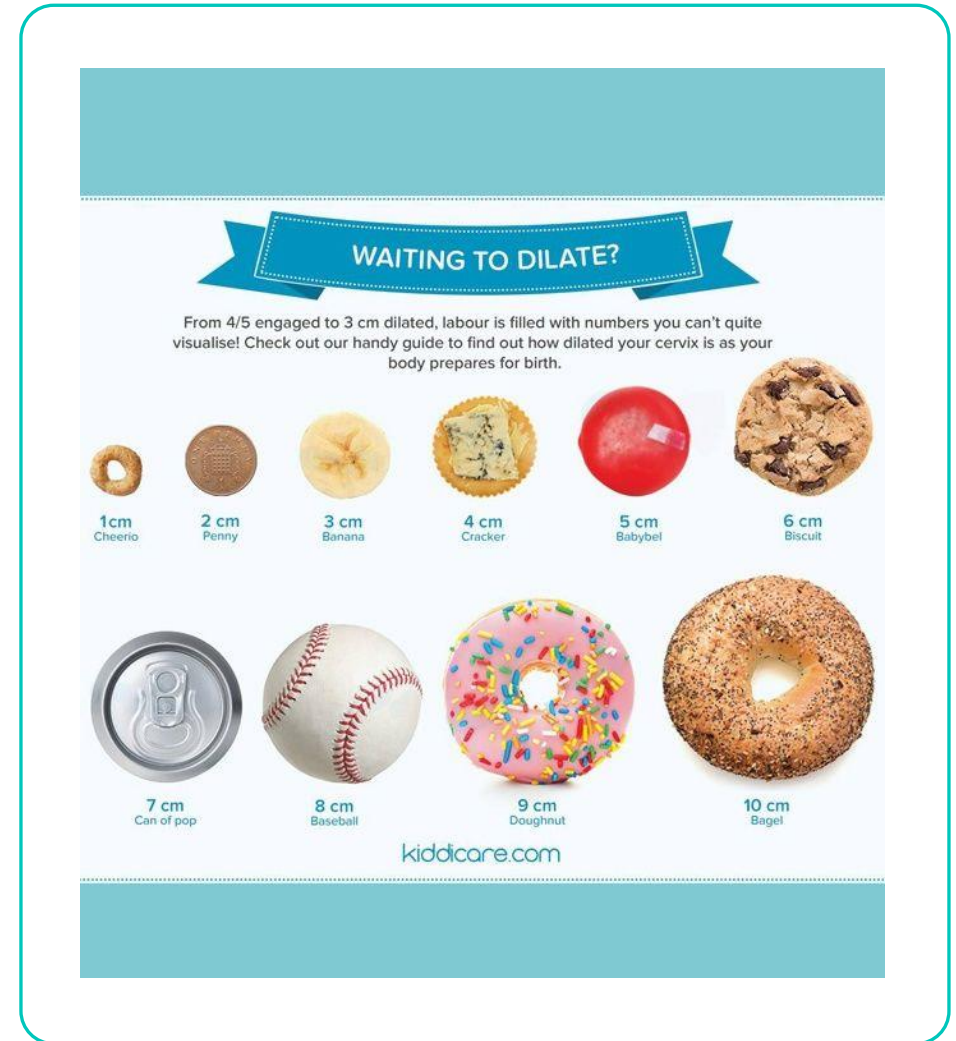
- Anima screening
- T-Dap one dose of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine is recommended during each pregnancy
- Birth Plan
- Stork express
- 35-37 weeks GBS swab

Group B strep is a type of bacteria that can live in your vagina or rectum. It can cause a serious infection for your baby if there is exposure during birth. If you test positive for group B strep, your health care provider will recommend antibiotics while you're in labor.

- NST's based on risk factors and gestational age
- Cervical exam

Cervical Dilation

- Uterine contractions Use a balloon and ping pong ball to show how the cervix thins and dilates during labor - Bing video



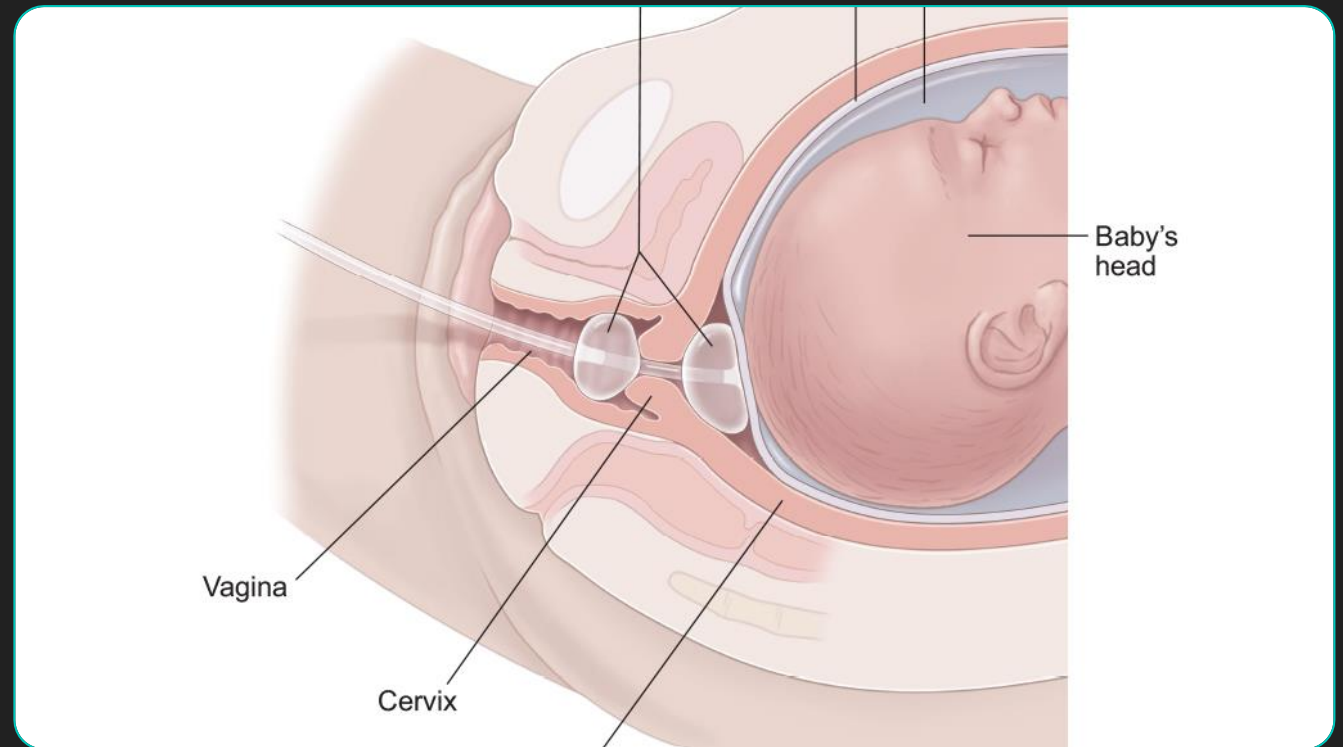
Induction of Labor

- **Elective labor induction** is the initiation of **labor** for convenience in a person with a term pregnancy who doesn't medically need the intervention.
- **Medically indicated** A health care provider might recommend **labor induction** for various reasons, primarily when there's concern for a mother's health or a baby's health.
 - GDM
 - AMA
 - HTN
 - Pre-Eclampsia



Forms of Induction of Labor (IOL)

- Cooks Catheter [Cook® Cervical Ripening Balloon with Stylet | Cook Medical](#)
- IV Pitocin
- Cervical ripping
- Cervical Ripening with prostaglandins Cytotec or Cervidil
- Synthetic Oxytocin.
- Artificial Rupture Of Membranes (AROM)
- Foley Balloon Catheter.



Pain Management

- Comfort Measures
 - Shower
 - Essential oils
 - Music
 - Position changes
 - Birthing ball
- Nitrous Oxide
 - [Patient Uses Nitrous Oxide During Birth - Bing video](#)
- IV pain meds
- Epidural

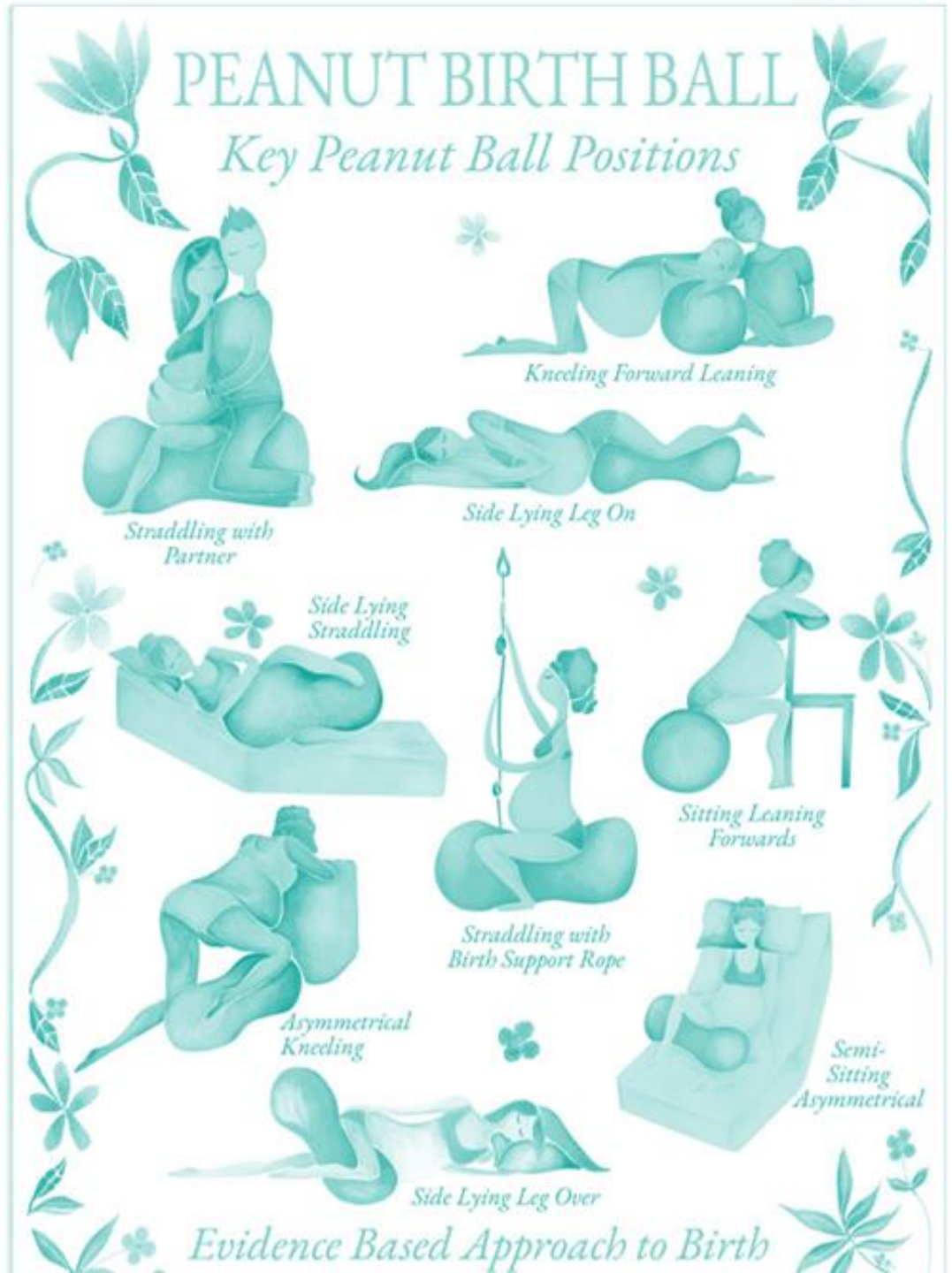


Peanut Ball

Peanut balls may help during the first and second stages of labor. This means you can use them as your cervix is doing the work to dilate to 10 centimeters (cm) and then again in the pushing stage.

Benefits of using a peanut ball during labor include:

- reduction in pain
- shortened labor time
- reduction in rate of cesarean delivery
- reduction in rate of other interventions, like forceps and vacuum extraction



Baby Crowning:

Crowning occurs in the second stage that results in the birth of your baby

"Crowning" refers to the time during birth when your baby's head begins to appear at the opening of your vagina and does not retract (go back in) after pushing with a contraction.



What to expect after Birth

- Immediately
 - Swelling
 - Ice pack : 8 oz of water and 8 drops of lavender to diaper and freeze
 - Tylenol, Ibuprofen
 - Tucks pads
 - Dermaplast spray
 - Burning with urination
 - Heavy bleeding
 - Milk comes in day 3-4
- First two weeks
 - Continued bleeding up to 4-6 weeks
 - Postpartum Blues
 - Birth control
- 6-week Postpartum visit

Postpartum Recovery Guide

WEEK 1

Physical Status

Post-Vaginal Delivery

- * Vagina may hurt quite a lot, depending on if and how much you tore
- * Bleeding is normal
- * Uterus begins to contract back to pre-pregnancy size

Physical Status

After C-Section

- * Movement will be difficult
- * Incision can be painful
- * Moving around is recommended to avoid blood clots
- * Bladder catheter is removed if used

Mental Health Status

- * Change in hormone levels
- * Exhaustion
- * Feeling overwhelmed like crying, or that nothing is going right, can occur
- * Day 3 is particularly difficult

healthline

Newborn Care

- Feedings
 - Frequency- Most newborns need 8 to 12 feedings a day — about one feeding every two to three hours
 - Volume 2-3 ounces
- Diaper Changes
 - Initial stools- The very first stool your baby passes doesn't smell bad. That's because the black, tarry-looking stuff, called meconium, is sterile.
 - Transitional stool- a few days after birth the stool goes from black to dark green to yellow in color.
 - Breastfed babies usually pass poop that looks like Dijon mustard, watery with little whitish seedy looking bits.
 - Formula-fed babies may have less watery stool, usually pasty in consistency and yellow or tan in color.
 - Frequency Expect at least 3 bowel movements per day but may be up to 4-12 for some babies. After this, baby may only **poop** every few days.

Bathing A Newborn

Bathing a slippery newborn can be a nerve-wracking experience. Your baby might not like it much, either. With a little practice, however, you'll both start to feel more comfortable at bath time.

How often does my newborn need a bath?

There's no need to give your newborn a bath every day. Three times a week might be enough until your baby becomes more mobile. Bathing your baby too much can dry out his or her skin.

When should I start giving my baby regular baths?

It's up to you.

It's fine to give your **baby** a **bath** before his **umbilical cord stump** has fallen off and healed

You may enjoy giving your baby a bath from day one.



Umbilical Cord Care

- Cord care Your baby's umbilical cord stump dries out and eventually falls off — usually within one to three weeks after birth. In the meantime, treat the area gently:
- **Keep the stump dry.** Parents were once instructed to swab the stump with rubbing alcohol after every diaper change. Researchers now say this might kill bacteria that can help the cord dry and separate. Instead, expose the stump to air to help dry out the base. Keep the front of your baby's diaper folded down to avoid covering the stump.
- **Stick with sponge baths.** While there's no harm in getting the stump wet, sponge baths might make it easier to keep the stump dry.
- **Let the stump fall off on its own.** Resist the temptation to pull off the stump yourself.

Signs of a problem

During the healing process, it's normal to see a little blood near the stump. Much like a scab, the cord stump might bleed a little when it falls off.

However, contact your baby's doctor if the umbilical area oozes pus, the surrounding skin becomes red and swollen, or the area develops a pink moist bump. These could be signs of an umbilical cord infection.

Normal Newborn Rashes

- **Pink pimples** ('neonatal acne') are sometimes thought to be caused by exposure in the womb to maternal hormones. No treatment is needed, just time. They can last for weeks or even months on a baby's skin.
- **Dry, peeling skin** can be seen in almost all normal babies, but is especially noticeable in babies born a little late. The underlying skin is perfectly normal, soft, and moist.
- **Little white bumps on the nose and face** (milia) are caused by blocked oil glands. When a baby's oil glands enlarge and open up in a few days or weeks, the white bumps disappear.
- **Congenital Melanocytosis**, previously called **Mongolian spots**, are very common in any part of the body of dark-skinned babies. They are flat, gray-blue in color (almost looking like a **bruise**) and can be small or large. They are caused by some pigment that didn't make it to the top layer when baby's skin was being formed. They are harmless and usually fade away by school age.
- **Jaundice** is a yellow coloration on baby's skin and **eyes**. It is caused by an excess of bilirubin (a breakdown product of red **blood cells**). If the bilirubin level becomes sufficiently high, blue or white lights may be focused on the baby's skin to lower the level, because excess bilirubin can sometimes pose a health hazard.



Normal Common Newborn Worries

- **Congestion**- is common in babies. **Baby congestion** is usually harmless, but it can sometimes be uncomfortable, causing a **stuffy nose** and noisy or rapid breathing.
- **Newborn breathing rate**- Newborns often have irregular breathing patterns that concern new parents. They can breathe fast, take long pauses between breaths, and make unusual noises.
- **Colic** is frequent, prolonged and intense crying or fussiness in a healthy infant. Colic can be particularly frustrating for parents because the baby's distress occurs for no apparent reason and no amount of consoling seems to bring any relief.
- **Cradle Cap**-Babies can develop cradle cap (seborrheic dermatitis) when they're between 2 weeks and 12 months old. A baby with cradle cap will have slightly red scaly or crusty yellow patches on the scalp.
- **Eye discharge** in newborns is **common** and often the result of a blocked tear duct. The blockage will usually clear up by itself within 4 to 6 months.



Lactation Information / Tips

- Get your position and attachment right The first few days after the birth offer the best opportunity for you and your baby to learn to breastfeed.
- Be patient Breastfeeding is a skill that both you and your baby are learning and for some mothers and babies it is harder than it is for others.
- Feed on demand or according to need. While you are establishing your breastfeeding, your baby will feed between seven and twelve times in 24 hours. This will settle over time. Frequent and effective feeding will help you to make enough milk for your baby.
- **For baby**, breastfeeding: • provides nutrition for optimum growth and development • provides protection against a range of infections, such as chest, middle ear or gastrointestinal infections • reduces risk and severity of allergies, e.g. asthma, eczema • reduces the risk of diseases in adulthood such as Diabetes Types I and II and childhood cancers such as lymphoma and leukemia.
- **For mothers**, breastfeeding may: • help your uterus to return to normal size after birth • reduce the risk of some breast and ovarian cancers • delay fertility if your baby is exclusively breastfed.

Breastfeeding Position

Correct positioning and attachment is the most important thing for successful breastfeeding. Attachment is also sometimes known as latching on. When your baby is well positioned and attached, they will find it easier to feed well and you will find it more comfortable.



milkology

6 simple steps to a good breastfeeding latch

1: Check your latching position

Before you start, and whichever breastfeeding position you choose, make sure your baby's head, neck and spine are aligned, not twisted. His chin should be up, not dropped towards **his chest**.

2: Encourage your baby to open his mouth

Hold your baby close, your nipple level with his nose. Touch your nipple gently against his upper lip to encourage him to open his mouth wide. The wider his mouth is, the easier it will be to get a good latch on.¹

3: Bring your baby to your breast

Once your baby has opened his mouth wide and has brought his tongue over his bottom gum, bring him on to your breast, aiming your nipple towards the top of his mouth. Your baby's chin should be the first thing that touches your breast. He should take a large portion of your areola into his mouth, with his bottom lip and jaw covering more of the underneath of the areola.¹ It's OK if you see part of your areola isn't inside his mouth – we all have different-sized areolae and different-sized babies!

4: Keep your baby close during latch on

Remember moms all have different breast shapes and nipple positions, so you may not always have that 'textbook' latch. Whenever possible, keep your baby close to you, with his chin in contact with your breast

5: Look and listen

As your baby feeds, your nipple will be against the roof of his mouth, cupped gently by his tongue underneath. The latch should not feel uncomfortable – it should be more of a tugging sensation. Watch your baby – at first, he'll do short, rapid sucks to stimulate your milk flow (let-down reflex). Once milk starts flowing, he'll suck more slowly and deeply with some pauses, which may indicate he's taking in milk

6: How to break your baby's latch on the breast

If your baby's latch is shallow or painful, or he starts chomping on your nipple or brushing the end of it with his tongue, remove him from your breast and try again. Ease your clean finger gently inside the corner of his mouth to break his suction if you need to.



Thank you for joining our class. I hope you enjoyed it.