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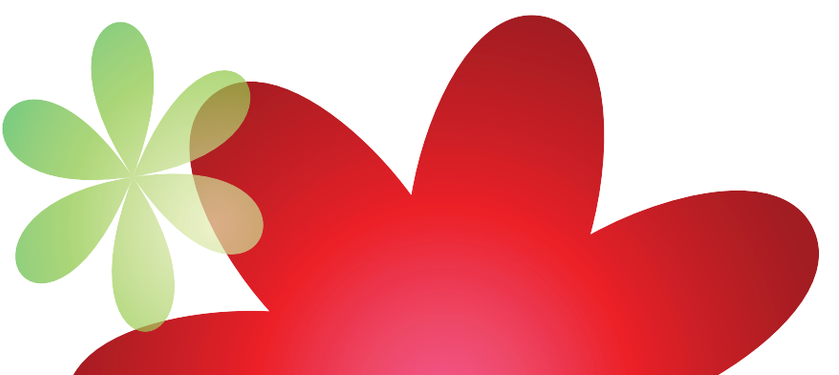

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welcome

We would like to welcome you and your family to the Lovelace Women's Hospital Family Care Unit. Thank you for allowing us to participate in your care and contribute to an event that will be a special and lasting memory in your life.

Nothing is more natural than delivering a child and Lovelace is here for you every step of the way to make sure your birth experience is as comfortable as possible. We offer the best care from a broad spectrum of birthing options; no matter your birth preferences, you will feel that Lovelace is here for you.

Our goal is to create the best experience possible for babies and their parents. We offer educational classes, support and resources, and the security of knowing our highly skilled staff and specialized care for newborns are available around the clock. We offer 24/7 anesthesiology coverage, state-of-the-art C-section rooms and other specialized services to provide our families with medically advanced, compassionate care during one of life's most important moments.

Our goal is that the patients we serve "strongly agree" to return and recommend Lovelace Women's Hospital to their family and friends. If, during your stay, you feel that we are not reaching this goal with you or your family, please don't hesitate to request a visit from a supervisor or manager so we may address your concerns before you go home. We truly want your experience to be special.

Amy Blasing
CEO
Lovelace Women's Hospital

things to do before you are due!

❑ TAKE CARE OF YOURSELF

- Eat a healthy diet
- Rest and prepare
- Practice self care
- Receive early and regular prenatal care

❑ LEARN AND PREPARE

- Take classes to help you be ready for delivery and parenting.
  - Prepared Childbirth
  - Breastfeeding Basics
  - Baby Care Basics
  - Preparing for Postpartum
  - Perinatal Group Therapy
  - Loving Start Prenatal & Postpartum Yoga
  - Community Led Parenting Classes, contact Lovelace Labor of Love at 505-727-7677 for details

❑ TAKE A TOUR OF YOUR BIRTHING CENTER

- Call Lovelace Labor of Love at 505-727-7677 to schedule an in-person tour. Virtual tour information is also available

❑ PRE-REGISTER FOR YOUR BIRTH

- Ask Lovelace Labor of Love at 505-727-7677 about your pre-registration options
- This provides us with family contact information and allows you to sign consents for you and baby before you arrive in labor

❑ GET A CAR SEAT AND LEARN HOW TO USE IT

- Choose a car seat with a five point harness and chest clip
- Follow the directions for the seat you choose.
- Car seat options include
  - Purchase a car seat from a store
  - Some Turquoise Care health insurance plans offer car seats as an incentive for meeting health targets during your pregnancy. For more information, contact your health plan or Lovelace Labor of Love at 505-727-7677

❑ COMPLETE BIRTH PREFERENCE AND INFANT FEEDING LISTS

- Share with OB or nurse midwife during clinic visit
- See pages 20 and 24

❑ CHOOSE A PEDIATRICIAN

- Babies change a lot in their first days and weeks and will need to see a pediatrician often
- Ask your women's health provider for recommendations or contact Lovelace Labor of Love at 505-727-7677 for a current list of community pediatricians

❑ MAKE SPACE FOR BABY

- A place to sleep
  - Co-sleeper or crib
- A place and supplies for diaper changes
  - Cloth or disposable diapers
  - A place to contain the soiled diapers
  - A place to keep clean diapers, clothes and cleaning cloths, onesies and blankets to keep baby warm and dry
- If there is space, a rocking chair can be a comfort to baby and parents

❑ VERIFY PRENATAL RECORDS WILL BE AVAILABLE TO BIRTHING CENTER

- You may hand deliver if needed, or you can upload before delivery to your Lovelace MyChart account at https://lovelace.com/resources/mychart

❑ PLAN BABYSITTING AND PET SITTING

- Plan who will watch your other children or pets while you are having your new baby

❑ PACK A BAG!

- Bring items that are comforting when you are away from home
  - Mommy clothes: nursing bra, comfortable shoes, stretchy pants and casual underwear
  - Partner clothes: change of clothes for staying at mom's bedside
  - Baby clothes: a going-home outfit appropriate for the season and weather You may also consider a special outfit for baby's first picture
  - Chargers for any personal electronics
  - Toiletries for the adults

lovelace women's hospital information & resources

ADDRESS

4701 Montgomery Blvd. NE
(at Jefferson)
Albuquerque, NM 87109

ENTRANCE

The Lovelace Women's Hospital has two entrances located on the north and south side of the hospitals main lobby. These entrances are accessible from 5:30 a.m. to 8:00 p.m. For after-hours entry, please enter through the Lovelace Women's Hospital Emergency Department, which are available 24 hours a day, 7 days a week.

PARKING

- Park in visitor lots in front or to the side of the hospital
- Handicapped parking is available in both parking lots

WHERE CAN I GET A WHEELCHAIR?

Wheelchairs are available at the main lobby information center and in the Emergency Department after hours.

PUBLIC TRANSPORTATION

Bus Route 5, Route 140/141, and Route 157 come directly to Lovelace Women's Hospital. Visit www.cabq.gov/transit for more information.

FREE WI-FI

WHERE CAN I GET SOMETHING TO EAT?

Patients receive their meals in their rooms. Your guests may purchase food from our cafe or a nearby restaurant.

The Lovelace Women's Hospital Cafe is open to guests for breakfast, lunch and dinner Monday- Friday and until 2:00 p.m. on weekends. Cafe hours may be abbreviated or closed on holidays.

You are welcome to explore restaurants near our birthing center if you prefer.

KEEPING OUR PATIENTS SAFE

VISITATION

Welcome to Lovelace Women's Hospital. We know visitors are an important part of the recovery process and have created our visitation policy with this in mind.

Please visit: *https://lovelace.com/patient-and-visitor-information* for the most up to date guidelines.

We encourage loved ones to remain connected with patients through phone calls, FaceTime, Skype, WhatsApp and other digital platforms.

Please discourage anyone with signs of illness from visiting the new baby and mom until all symptoms have disappeared. Adequate hand washing is another important safety measure that can help prevent illness in a newborn.

HELPFUL TELEPHONE NUMBERS

ATU/OB Triage 505-727-6188

Birth Registrar 505-727-6841

Financial Assistance 505-727-7829

Labor and Delivery 505-727-7855

Lovelace Labor of Love 505-727-7677

Family Care Unit / Post Partum 505-727-3950

NICU (Neonatal Intensive Care Unit) 505-727-3203

Women's Care Unit 505-727-6190

physical changes of pregnancy

FIRST 13 WEEKS OF PREGNANCY

Nausea and Vomiting (morning sickness) - These are early signs of pregnancy. They may appear sometime after the first missed menstrual period and may last until the fourth month of pregnancy. Nausea may occur upon waking up in the morning or throughout the day.

Urinary Frequency - Pressure of the enlarging uterus on the bladder results in urinating more frequently.

Breast Tenderness - Breasts enlarge early in pregnancy due to increasing hormones. These hormones stimulate the development of milk producing glands.

Vaginal Discharge - An increase in thick, white, mucous discharge may be present starting in early pregnancy due to the effects of estrogen on cervical glands. Do not use soap, vaginal washes or douches in the vaginal area. Daily bathing is essential to keep the area clean. Report any vaginal irritation or odor to your provider.

Changes of the Uterus - The uterus is a flat, pear shaped organ. During pregnancy it becomes rounder as it enlarges and becomes softer and thicker. During the third month of pregnancy, it rises out of the pelvis into the abdominal cavity to allow for growth and expansion as your baby develops.

Pelvic Joints - The joints in the pelvic area become more relaxed throughout pregnancy due to a hormone called relaxin, which is present during pregnancy.

Fatigue - Fatigue is a common symptom early in pregnancy due to the physical, emotional and hormonal changes in your body. Fatigue usually subsides after the first few months.

Heartburn - Heartburn is a result of relaxation of the lower end of the esophagus. The pregnant uterus presses upward on the stomach, pushing stomach contents into the esophagus, which causes a burning sensation in the upper abdomen.

Bleeding Gums - Bleeding of the gum tissue may be related to the increased hormone levels during pregnancy. Although this is a relatively normal condition of pregnancy, consult your dentist. It is important to keep your teeth healthy during pregnancy and visit your dentist regularly.

Cravings - Occasionally, pregnant women may develop an appetite for unusual foods or substances. This is not harmful unless the pregnant woman replaces good nutrition with unhealthy foods or substances. Cravings for unusual substances, such as clay and laundry starch, are harmful and should be discussed with your provider.

WEEKS 14 TO 17 OF PREGNANCY

Fetal Movements (quickening) - Activity of the fetus is felt by the mother at intervals throughout the day. The movements are very faint at first but feel stronger, and sometimes can be seen, as pregnancy progresses. Your provider will want to know the first time you felt your baby move.

Hearing the Fetal Heartbeat - The heart rate may be heard as early as 12 weeks and as late as 20 weeks gestation. With some of the more sensitive instruments, heartbeats may be heard as early as eight weeks.

Changes of the Uterus - The uterus again changes size and shape. The shape changes to an oval shape as it increases in size. It rises to the abdominal cavity reaching the umbilicus (navel) at about 20 weeks. The uterus is felt as a firm, fluid-filled sac. As the uterus rises into the abdomen, urinary frequency subsides.

Round Ligament Pain - Ligaments that originate off of the sides of the uterus and anchor to the pelvis help hold the uterus in place. These ligaments stretch as the uterus grows up and out of the pelvis. The pain is sharp, sudden and lasts for about 20-30 seconds. It can be brought on by stretching, coughing, sneezing and movement.

The Circulatory System - Blood volume increases during the second trimester. The heart needs to pump about 50 percent more blood per minute than before pregnancy.

Heartburn and Indigestion - The enlarging uterus exerts pressure on the stomach, pushing its contents back up to the esophagus. Heartburn and indigestion may be relieved by eating smaller, more frequent meals. Avoid lying flat or bending over immediately after eating. Avoid eating or drinking anything at least two hours before going to bed to help prevent heartburn when sleeping.

Breasts - The breasts become larger, firmer and more tender. The nipple and surrounding tissue (areola) become darker in color. Tiny sebaceous glands in the areola enlarge and may appear as little bumps. You may experience a milky discharge.

Weight Gain - Ask your provider about proper weight gain during pregnancy.

Metabolism - The body's metabolism increases. Fatigue felt in the first weeks of pregnancy disappears. Your energy level rises.

Skin Changes:

- The "Mask of Pregnancy" or chloasma, may appear as irregular spots or blotches of a muddy brown color on the face. This condition often disappears after delivery.
- Stretch marks may develop on the sides of the abdomen and on the thighs, hips and breasts. They may appear red in color. After delivery, the marks may remain and take on a silver-white appearance. During pregnancy, good nutrition will provide some protection from stretch marks. Lotions and creams soothe the itching as the abdomen expands.
- Linea Negra appears as a dark line expanding from the navel to the pubic hair area. It disappears after delivery. The external genitalia may also darken in color.
- "Spider veins" are fine blue lines on the body that may become more pronounced. There is also an increase in the oil and sweat glands of the body which may cause itching of the skin.

WEEKS 20 TO 28 OF PREGNANCY

Fetal Movement - It is common to begin feeling fetal movement around the 20th week of pregnancy. At first you will not feel movement every day, and this is completely normal.

By 24 weeks, a mother should be feeing fetal movement every day

By 28 weeks most babies have a "schedule", moving at regular times throughout the day. Most commonly, a baby will move in the morning and at night. Some babies move around a mealtime, as well.

By 28 weeks, a baby should move a minimum of 8-10 times within a 2 hour period, at least 2-3 times per day.

The Circulatory System - You may feel lightheaded or dizzy, which is most likely due to your blood supply increasing. Between 24-28 weeks, you will have your iron level checked to see if the blood volume expansion caused you to become anemic.

Cravings - Tell your provider if you begin craving dirt, ice, or raw meat, as these could be signs that you have low iron.

Back Pain - Pain in your back is common as your body changes and your baby grows. Talk to your provider about stretches you can do and if you're a good candidate for physical therapy or chiropractic care.Weeks 28 to 40 of Pregnancy.

WEEKS 28 TO 40 OF PREGNANCY

Uterus - The growth of the uterus keeps pace with fetal growth. The walls thin as is stretches. About two weeks before your due date, the fetus lowers into the brim of the pelvis. This is called lightening or dropping.

Genital Area - There may be an increase in the thin, mucous discharge from the vagina. Daily bathing is recommended. Do not use soap, vaginal washes or douches in the vaginal area.

Digestive System - Heartburn may reappear due to the crowding of the stomach by the enlarging uterus. Eat small, frequent meals.

Shortness of Breath - As the fetus grows larger, the uterus crowds the abdominal cavity causing shortness of breath.

Ankle Swelling - This is a common condition. Prolonged sitting or standing and warm weather will increase swelling. Excessive salt intake may also increase swelling. Elevate your legs and feet several times a day. If your job requires prolonged sitting or standing or you are planning a long trip, change positions, stretch and walk periodically to stimulate circulation.

Varicose Veins - This condition is caused by weakening of the walls and valves of the veins. Blood collects in the veins causing poor circulation in the legs and lower abdominal area.

Hemorrhoids - Hemorrhoids are varicose veins around the lower rectum and anus. Constipation and straining during a bowel movement may cause hemorrhoids. Hemorrhoids appearing during pregnancy or during pushing in labor usually subside after delivery.

Constipation - This condition may occur due to the relaxation of muscular structure of the intestines resulting in a decrease in bowel activity. Constipation is aggravated by pressure from the uterus on the intestines and from some medication. Flatulence (gas) is common because of the decreased bowel activity.

physical changes of pregnancy, cont...

Backache - Muscular fatigue and strain may result because the growing uterus causes your body to become off-balance. The ligaments of the pelvis soften which causes the bones of the pelvis to be less stable. You may develop a "waddle" walk.

Urinary Frequency - This condition reappears in the third trimester due to compression of the bladder by an enlarged uterus.

Uterine Cramping (Braxton-Hicks Contractions) - These mild contractions are commonly felt during the latter part of the pregnancy. They are irregular, fail to increase in strength or frequency and are felt in the lower abdomen. Report any regular contraction pattern to your provider.

Breasts - There is continued enlargement of the breasts with a feeling of fullness. Some discharge may be present that may be yellow to white in color. This is usually the early stages of lactation. Keep the nipple area clean and dry. Do not stimulate, as this can cause uterine contractions.

Faintness - This may occur if you are in a very warm, crowded area. Sudden change of position or standing for long periods of time can cause a feeling of light-headedness. Faintness may also be brought on by lying flat on your back and by poor nutrition.

Weight Gain - You will notice a steady increase in weight; about a pound each week. If excessive weight gain occurs, three to five pounds in one week, consult your doctor.

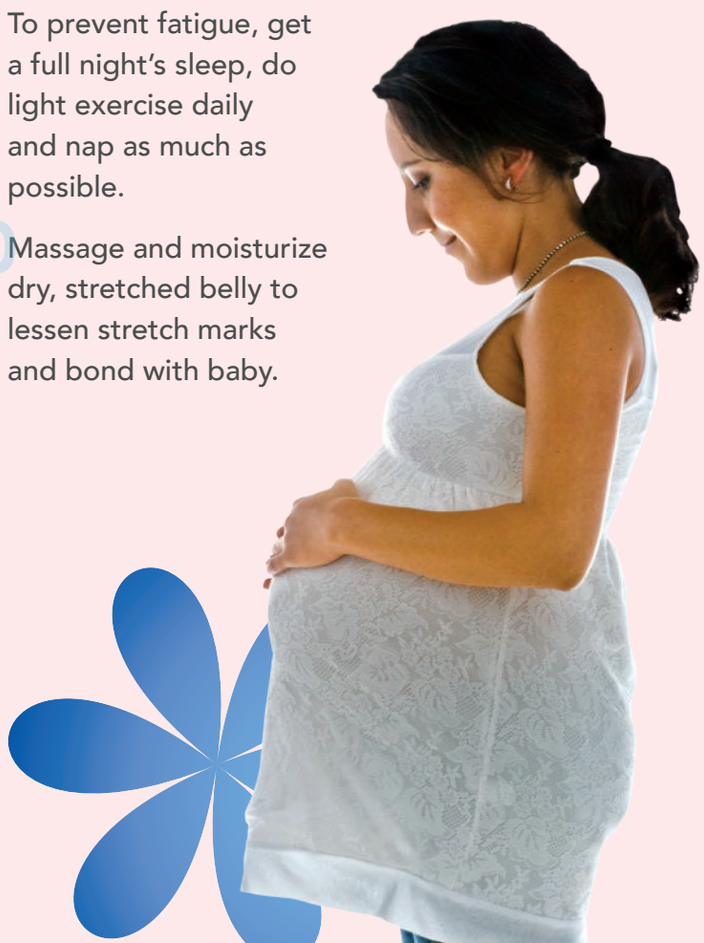
Leg Pain or Numbness - Pain is often felt down the back of the legs. It is due to the direct pressure of the baby's head on the sciatic nerve. There is no specific cure. It is relieved as the baby's head moves downward.

Insomnia - It may be difficult to sleep because of discomfort caused by a heavy uterus and enlarged abdomen. One of the most comfortable positions is lying on your side with a pillow between your legs and abdomen.

For more information, visit www.mayoclinic.org.

top ten pregnancy comfort tips prenatal testing

1. To prevent indigestion, eat five to six smaller meals spaced evenly throughout the day.
2. Drink eight to 10 glasses of water per day to prevent swelling, constipation and leg cramps.
3. Walk regularly to prevent hemorrhoids, control weight gain and relieve backaches.
4. Drink warm milk and get gentle massages to help with sleeplessness.
5. Eat ginger, fresh lemons or dry crackers to help relieve nausea.
6. Use deep-breathing exercises and meditation to control headaches and promote relaxation.
7. Tuck a pillow between your legs while sleeping for added back support.
8. Wear a properly-sized bra or nursing bra to support enlarged breasts.
9. To prevent fatigue, get a full night's sleep, do light exercise daily and nap as much as possible.
10. Massage and moisturize dry, stretched belly to lessen stretch marks and bond with baby.



prenatal testing

Prenatal testing generally begins with your first prenatal visit and continues throughout pregnancy. Most tests are performed on a routine basis and additional testing may be ordered after you meet with your provider. The following are routine prenatal tests.

LAB WORK, BLOOD SAMPLE

A small amount of blood may be drawn to check your blood type, blood count, Rh factor, immunity to Rubella, the presence of antibodies and to rule out hepatitis, syphilis and HIV. This is usually performed after the first office visit.

LAB WORK, URINE SAMPLE

A urine sample is obtained to rule out urinary tract infection.

ULTRASOUND

This is an optional exam that may be requested by your provider at any time during pregnancy. During the test, sound waves create a pattern of echoes from the fetus that are viewed on a monitor screen. Ultrasound may be used to assist in determining your due date, check for bleeding, detect multiple gestation (twins, triplets), check positioning of the placenta, baby and certain body organs and structures. Ultrasound also helps to determine your baby's well-being by assessing fetal breathing movements, fetal movement, fetal muscle tone and amniotic fluid volume in a resting state. In late pregnancy, an ultrasound may be used to check the level of amniotic fluid.

GENETIC COUNSELING

Genetic counseling is an available option for some families. Please speak with your healthcare provider to determine if this is important for your pregnancy.

GLUCOSE SCREENING

The glucose challenge test is used to test for maternal diabetes and is performed between the 24th and 28th weeks of pregnancy. One hour after drinking a glucose solution, a blood sample is drawn. If an elevated blood sugar level is reported, a glucose tolerance test may be requested by your provider. With this test, you will have hourly blood sample draws after drinking the glucose solution. A two-hour glucose tolerance test is another option, that also includes hourly blood draws: one before drinking a glucose solution and taking two blood samples afterward. This test is "one and done," meaning it is a diagnostic test for gestational diabetes and does not require another glucose test. Talk with your provider to discuss which test could be best for you.

NON-STRESS TEST

This test uses an external fetal monitor to check fetal heart rate in relation to your baby's movement and can take 20 minutes or more. It is performed routinely, and is used when pregnancy continues after the due date or when there is concern about baby's well-being.

HIGH RISK SCREENING

Amniocentesis and chronic villi sampling are not routine and are reserved for specific situations. Your provider will discuss these exams with you if they feel you may be a candidate for them.

caring for yourself

In order to help yourself have a healthy pregnancy and baby, you need to take special care of yourself during this time.

WORK: Most women are able to continue working their normal jobs during their pregnancies. As their bellies grow, they sometimes need to sit more often or require help reaching objects. If you work around chemicals, you will want to work with your employer and your health care provider about safety issues. Not all chemicals are considered toxic, so check with your employer to find out the names of the chemicals you work with every day to determine if you have an issue.

TRAVEL: Travel is usually no risk to you or your baby, but you should not plan to travel during the last four to six weeks of your pregnancy. You may need to make this change sooner if you are having twins or have had other complications during your pregnancy. Try to get up and walk around every hour or so when traveling long distances to decrease your risk of blood clots in your legs. If you are traveling far or for a longer visit, consider bringing a copy of your clinic records with you on your trip just in case you need them.

BATHS: Some women wonder if taking a bath while pregnant is safe. Yes, it is safe as long as the water isn't too hot. Keep your own body temperature below 102°F while bathing. This means you should avoid hot tubs as they are warmer than a normal tub and can raise your body temperature. You may need help getting in and out of the tub safely later in your pregnancy.

SEAT BELTS: You are 60 percent less likely to be injured in a car accident when wearing a seat belt. It is best to wear your seat belt as both a lap and shoulder belt whenever possible. Place the lap belt below the bulge of your pregnant belly and across your hips and thighs. It also makes sense to move the seat back as far as you can manage and still drive safely to increase the distance between yourself and the airbag. There is no need to turn off or disable the airbag while pregnant. If you are involved in a car accident, even a minor one, you should contact your health care provider for direction on follow up care to check on you and the baby.

caring for yourself, cont...

REST: Do not let yourself get worn down during work or play. Rest is essential. Try to get a good eight to 10 hours of sleep each night and don't feel guilty about taking naps if needed. Towards the end of your pregnancy, you might want more nap time and this is okay!

DENTAL CARE: Proper dental care is important. Do not hesitate to see your dentist for any tooth problems that occur during pregnancy. About 40 percent of pregnant women develop some issues with their gums (called pregnancy gingivitis) because of hormone changes. New studies have shown that if left untreated, these mothers have a greater risk of preterm and low birth weight babies.

SEX: Your motions will not bother or harm the baby during sexual intercourse. Some women may find sex uncomfortable during the last weeks of pregnancy. If you have a history of miscarriage or other pregnancy complications, ask your provider for direction. Avoid sexual intercourse if there is any possibility your membranes have ruptured.

TAMPONS OR DOUCHING: Because of an increase in vaginal discharge during pregnancy, some women may wonder about tampons or douching. There is rarely a need to douche during pregnancy. If this becomes necessary, your provider will give you direction. It might be better to use pads for normal discharge to prevent vaginal irritation from tampons. Ask your health care provider for direction.

DOMESTIC VIOLENCE: Domestic violence, or abuse, is the use of physical, sexual or emotional cruelty to maintain control over another or to force them to do things they don't wish to do. Although abuse can happen at any time in a relationship, physical abuse during pregnancy has serious consequences for you and your baby. Leave, have someone stay with you or call 911 if you are in immediate danger. There are agencies to help you. Crisis hotlines, emergency shelters, counseling and crisis intervention are available. Please see the phone list at the back of this book for more information.

DRUGS AND ALCOHOL: Whatever goes into your body during pregnancy also goes into your baby. It is very important to let your provider know if you have used drugs or alcohol at any point in your pregnancy to allow them the opportunity to provide proper care for you and your baby. Babies exposed to drugs and alcohol during pregnancy can have lifelong issues such as a higher risk of Sudden Infant Death Syndrome (SIDS), newborn withdrawal syndrome, fetal alcohol syndrome and others. If you have a problem and can't stop on your own, talk to your health care provider about resources available to you. If you avoid, stop taking street drugs and drinking alcohol while pregnant and breastfeeding to provide your baby the healthiest start in life. *See page 12.*

SMOKING: Now is the time for you and your household to consider quitting smoking and vaping. Passive smoke can be dangerous to baby. Mothers who smoke have a higher risk of complications during pregnancy and a higher than average risk of birth defects in their babies. Children who breathe second hand smoke in a room or car on a regular basis are at higher risk of developing medical issues, especially issues with their lungs. If you or someone you know wants to quit smoking, talk to your provider about options or call 1.800.QUIT.NOW (1.800.784.8669).

Please write down questions you have about these or other topics. Ask your provider at your next prenatal visit.

1._____

_____

2._____

_____

3._____

_____

4._____

_____

5._____

_____

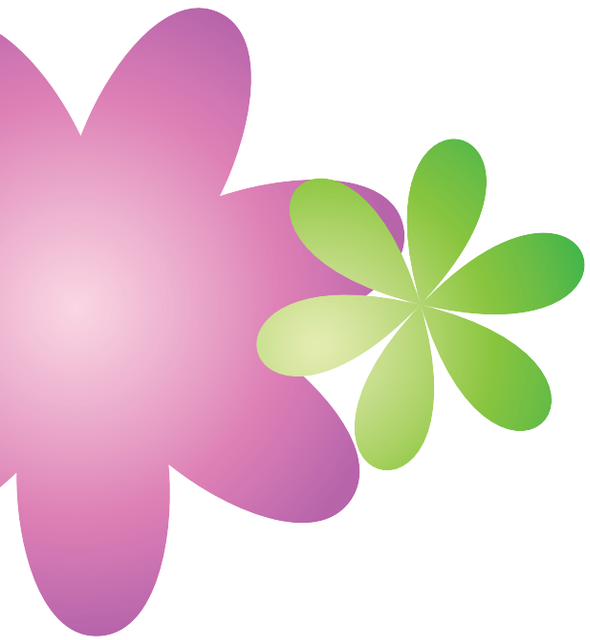
know the risk of preterm labor

Because some things are worth the wait.

WHAT IS PRETERM LABOR?

Labor that begins before baby is 37 weeks is considered premature or preterm. No one knows for sure what causes preterm labor. Preterm labor can happen to any woman even if she does everything correctly during her pregnancy. Babies who are born early may have to stay in the hospital longer than babies born on time. If you think you are in labor and you're early, it's important to get care right away. Sometimes medical care can stop your labor and give baby more time to grow. If baby decides to come early, being near our Neonatal Intensive Care Unit (NICU) will provide your baby access to experts in the care of premature newborns.

Talk with your healthcare provider about signs of preterm labor and if you need tests to measure your risk of delivering your baby early. These exams may include cervical exam, cervical ultrasound, and/or Fetal Fibronectin testing. Visit marchofdimes.org for more information on your risk for preterm labor.



WHEN DO I CALL?

If you feel you are in an emergency situation at any stage of your pregnancy, you may call 911, report to an emergency room or OB Triage for further support and care. Our team in OB Triage and our Antenatal Testing Unit (ATU), can evaluate pregnant women after they are more than 21 weeks into their pregnancy.

Call your provider if you experience any of the symptoms below for direction and evaluation:

- If you have bleeding similar to a period
- If you suspect your water has broken or if something is coming out of the vagina and you are not able to tell if it is urine, amniotic fluid or discharge
- Sudden or slow escape of fluid from your vagina
- Swelling of your hands or face
- Dimmed or blurred vision
- Continuous or severe headaches
- Belly or back pains that do not go away with heat, rest or a bowel movement
- Chills or fever over 100° F
- Persistent vomiting
- Painful or burning urination
- Decreased fetal movement
    - normal fetal movement is at least eight to 10 movements within two hours, occurring two to three times per day
- If you have contractions happening either every 10 minutes or more than five times within an hour
- If you think you are in labor

Lovelace Women's Hospital's OB Triage can be reached by calling 505-727-6188.

You may reach the nurse midwife on-call by dialing 505-727-4500.

Write in your health care provider's information here so it's handy:

OB Physician or Nurse Midwife Name: _____

Clinic Name & Location: _____

Phone Number: _____

taking medications safely during pregnancy

All drugs are passed through your body and into your baby while you are pregnant. Although some medicines are considered safe during pregnancy, the effects of some medicines on your unborn baby are unknown. Certain medicines can be most harmful to a developing baby when taken during the first three months of pregnancy, often before a woman even knows she is pregnant.

NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICINE GUIDELINES

Ask your provider about the safety of taking other vitamins, herbal remedies, and supplements during pregnancy.

- Prenatal vitamins, now available without a prescription, are safe and recommended to take during pregnancy.
- Most herbal preparations and supplements have not been proven safe when taken during pregnancy. Generally, you should not take any over-the-counter medicine unless it is necessary.

SAFE MEDICATIONS TO TAKE DURING PREGNANCY

The following medicines and home remedies have no known harmful effects during pregnancy when taken according to the package directions. If you want to know about the safety of any other medicine not listed here, please contact your provider or pharmacist.

***Please note: No drug can be considered 100% safe to use during pregnancy. Please discuss any questions or concerns with your OB provider.**

Type of Discomfort: Aches and Pains

- Discuss with provider at your next visit to evaluate for physical therapy if you're experiencing chronic or intermittent pains
- Warm baths
- Hot or Cold compresses (personal preference)
- Acetaminophen (Tylenol®)

Type of Discomfort: Allergy

- Nasal saline rinse
- Diphenhydramine (Benadryl®)
- Loratidine (Claritin®)
- Cetirizine (Zyrtec®)

Type of Discomfort: Headache

- Treatment: up to four times a day
  - o Acetaminophen: Pregnant women can take 650 mg-1000 mg every six to eight hours, but do not exceed 4000 mg in a 24 hour period
  - o Magnesium Oxide 900mg
  - o Benadryl 25-50mg
  - o Sudafed 30-60mg
  - o May add Zofran® or phenergan after 1st trimester for nausea / vomiting with the headache, if prescribed.
- Prevention: twice a day
  - o Magnesium Oxide 300mg
  - o Riboflavin (B2) 200mg

Type of Discomfort: Diarrhea

- Loperamide ([Imodium®] after 1st trimester, for 24 hours only)

Type of Discomfort: Cold and Flu

**Note: Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs.*

- Nasal saline rinse
- Chlortrimeton
- Diphenhydramine (Benadryl®)*
- Dextromethorphan (Robitussin®)*
- Guaifenesin (Mucinex® [plain]) *
- Vicks Vapor Rub® mentholated cream
- Mentholated or non-mentholated cough drops
- (Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame)
- Pseudoephedrine ([Sudafed®] after 1st trimester)
- Acetaminophen (Tylenol®)*
- Saline nasal drops or spray
- Warm salt/water gargle
- Do not use Nyquil® due to its high alcohol content.

Type of Discomfort: First Aid Ointment

- Bacitracin
- Neomycin/polymyxin B/bacitracin (Neosporin®)

Type of Discomfort: Constipation

- Probiotics
  - Consider brands such as Jarrow® or Good Belly®
- Increase fluid intake
- Increase fiber in food / diet
  - Bran muffins, whole fruit, whole vegetables
- Consider fiber supplements:
  - Methylcellulose fiber (Citrucel®)
  - Psyllium (Fiberall®, Metamucil®)
  - Polycarbophil (FiberCon®)
- Milk of Magnesia
- Prevention:
  - Probiotics (as above)
  - Magnesium supplements at bedtime
  - Calm® magnesium powder
  - Docusate (Colace®) twice a day
- Polyethyline glycol (MiraLAX®)*
  **Occasional use only*
- DO NOT TAKE: Senna, Exlax®, Cascara Sagrada or other stimulant laxitives as they can also cause uterine contractions.

Type of Discomfort: Rashes

- Diphenhydramine cream (Benadryl)
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno®)

Type of Discomfort: Sleeplessness

- Diphenhydramine (Unisom SleepGels®, Benadryl)
- Calms Forte

Type of Discomfort: Heartburn

- Fennel seed tea
- Aluminum hydroxide/magnesium carbonate (Gaviscon®)*
  **Occasional use only*
- Famotidine (Pepcid AC®)
- Aluminum hydroxide/magnesium hydroxide (Maalox®)
- Calcium carbonate/magnesium carbonate (Mylanta®)
- Calcium carbonate (Titralac®, Tums®)
- Ranitidine (Zantac®)
- Simethicone (Gas-X®)

Type of Discomfort: Hemorrhoids

- Phenylephrine/mineral oil/petrolatum (Preparation H®)
- Witch hazel (Tucks® pads or ointment)

Type of Discomfort: Insect repellant

- N,N-diethyl-meta-toluamide (DEET®)

Type of Discomfort: Nausea and Vomiting

- Prevention:
  - Vitamin B6 (Pyridoxine) 25mg every 6 to 8 hours
  - Doxyalamine (Unisom®) 12.5 – 25mg every eight hours
- Ginger candy
- Ginger tea
- Ginger brew (Reeds Ginger Brew®)
- Diphenhydramine (Benadryl)
- May add Zofran® or pherergan for nausea / vomiting, if prescribed.
- Preggi Pops

Type of Discomfort: Yeast Infection

- Monistat 7 (Monistat®)

PRESCRIPTION MEDICINE GUIDELINES

Your provider will weigh the benefit to you and the risk to your baby when making his or her recommendation about a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk of taking them.

- If you were taking prescription medicines before you became pregnant, please ask your provider about the safety of continuing these medicines as soon as you find out that you are pregnant.
- If you are prescribed any new medicine, please inform your provider that you are pregnant.
  - Be sure to discuss the risks and benefits of the newly prescribed medicine with your provider.

lovelace G.R.A.C.E. program

Giving Respect and Compassion to Expecting Moms (G.R.A.C.E.) provides compassionate and comprehensive prenatal care to women living with substance use in New Mexico. Substance use issues in pregnancy may include illegal or prescription drugs, alcohol, marijuana or tobacco. Our dedicated OB/GYNs, certified nurse midwives, and patient care teams understand the complexity of substance use to treat patients with the utmost respect during their outpatient and inpatient visits. This is a service of the Lovelace Medical Group Women's Health clinics and Lovelace Women's Hospital. A dedicated social worker will support mom at all stages of pregnancy and postpartum. Throughout this care, patients will have access to community resources through G.R.A.C.E navigation, case management and Lovelace Labor of Love – regardless of insurance plan.

If you would like to explore your options, please talk to your OB or nurse midwife about your concerns. If you are seeking prenatal care and would like to talk to someone about the G.R.A.C.E. program, please call 505-727-6238 to speak with our G.R.A.C.E navigator and for assistance scheduling an appointment.

ILLEGAL DRUGS

Street drugs are not good for your health, but they can be even worse for your unborn baby. Illegal drugs such as fentanyl, angel dust, cocaine, crack, heroin, LSD, marijuana, methamphetamine and speed increase the chance that your baby is born with health concerns. The best thing you can do is attend your prenatal care appointments whether you stop using or not. Prenatal care can prevent many health concerns even before your baby is born.

Let your healthcare provider (e.g., physician, nurse midwife, pharmacist) know if you have ever used illegal drugs or if you have an addiction to any drugs so he or she can minimize the risk to your baby. You may also call 1-800-662-4357 (National Drug and Alcohol Treatment Referral Service) for more information.

DRUGS AND BREASTFEEDING

If you or your healthcare team have questions about which medications are safe when you are breastfeeding, please refer to the website: lactmed. This links to the National Institutes of Health Toxicology website and has the most up-to-date information on all medications and herbal preparations available. You may also reach out to Lovelace Women's Hospital Lactation at 505-727-6797.

https://www.ncbi.nlm.nih.gov/books/NBK501922/

dental care in pregnancy

During pregnancy, some women will have new, or worsening, problems with their teeth and gums. There are two major reasons pregnant women can have dental problems: hormone changes allow bacteria to grow around the gums more easily, and nausea and vomiting of pregnancy (morning sickness) introduces stomach acids into the mouth and can damage your teeth. It is important to treat your dental issues promptly as infections of your teeth or gums may lead to the premature birth of your baby and/or a low birth weight. Dental care is safe during pregnancy and it is important to your health and the health of your baby. Make sure your dentist knows you are pregnant and what changes you have noticed in your dental and oral health since becoming pregnant. Share what medications or supplements you are taking. If you need dental X-rays, make sure the technician knows you are pregnant and expect to wear a heavy covering over your baby bump – this is lead apron to protect your baby.

Oral hygiene can help you have a healthy mouth. These are some things you can do to improve your dental health and protect your teeth and gums:

- Brush your teeth twice a day
- If you are vomiting during the day, wait an hour before brushing your teeth but rinse your mouth with a teaspoon of baking soda in a cup of water
- Use toothpaste or rinses with fluoride
- If you chew gum, use xylitol containing gums to decrease plaque formations and decrease the strength of stomach acid damaging your tooth enamel
- Limit the amount of sugar in your diet
- Eat raw fruits and vegetables
- Avoid sugary juices and carbonated drinks
- Drink water or low-fat milk

about lovelace women's hospital

HIGH RISK PREGNANCIES/ MATERNAL FETAL MEDICINE (MFM)

Lovelace Women's Hospital is a high risk pregnancy center and offers a complete range of Maternal Fetal Medicine (MFM) services for special needs moms.

Our services include:

- Pre-pregnancy counseling
- Prenatal diagnosis and consultation
- Antepartum fetal surveillance
- Specialized fetal care
- Diagnostic testing, including fetal ultrasound, amniocentesis and specialized laboratory diagnostics.

Our perinatology physicians specialize in caring for babies before birth and will work closely with your OB, midwife or family physician to evaluate conditions including:

- Bleeding/clotting disorders
- Diabetes
- Fetal anomalies
- Genetic disorders
- Heart disease
- HIV
- Hypertension or preeclampsia
- Hyperthyroidism / Hypothyroidism
- Kidney disease
- Lupus or other auto-immune diseases
- Multiple pregnancies
- Pre-term labor
- Recurrent pregnancy loss
- Sickle cell disease
- Suspected intrauterine growth restriction

OB TRIAGE

OB Triage (also known as Antenatal Testing Unit or ATU) is designed for patients who need additional testing, evaluation or triage for pregnancy-related concerns. Our five-bed unit provides fetal monitoring and evaluations completed by our dedicated nursing staff, certified nurse midwives and OB physicians.

LABOR AND DELIVERY UNIT

The Labor and Delivery unit consists of 15 rooms where our dedicated nursing staff supports patients and their family members during the birthing experience.

Our services include:

- OB anesthesia for pain relief, as well as support methods for those who choose to deliver without medication
- Advanced technology for fetal monitoring
- Operating room suites for patients delivering by cesearen section
- Ten jetted hydrotherapy tubs for laboring in the water.

Whenever possible, after delivery, mom and baby will have time to bond skin to skin during the Loving Hour. After recovery is completed, mom and baby are transferred to our Family Care Unit for continuing care.

FAMILY CARE UNIT/POST PARTUM

We have 21 private rooms in our Family Care Unit. As a Baby Friendly Designated Birthing Center / Hospital, we provide rooming-in, where mom and baby stay together. Most families remain on the Family Care Unit for one to four days, depending on medical needs.

NICU (NEONATAL INTENSIVE CARE UNIT)

Our 53-bed Level III Neonatal Intensive Care Unit provides state-of-the-art technological support in a quiet, home-like environment. Reclining sleeper chairs at each bedside allow parents and supportive visitors to be an integral part of the health care team. A parent and family lounge is equipped with a refrigerator, microwave and television. Coffee is available around the clock. Our visitation policy is open to encourage and support your involvement in the care of your baby. Trained physical and occupational therapists and speech-language pathologists work with our smallest patients to facilitate feeding and swallowing success and ensure proper positioning and movement. Lactation consultants are available to help with breastfeeding. Ophthalmology and cardiopulmonary specialists experienced in working with neonates provide testing, monitoring and intervention if needed.

Other services include:

- 24/7 coverage by neonatologists and neonatal nurse practitioners
- Knowledgeable, caring NICU nursing staff
- NICU-specialized respiratory therapists
- Case management and social services
- Neonatal nutrition care and dietary counseling
- Developmental rehabilitation
- Consultations with pediatric specialists
- Infant CPR training
- Isolation rooms
- Overnight transition rooms
- Skin-to-skin care (kangaroo care)
- Family support services
- Community resource support
- Access to G.R.A.C.E supports during NICU stay and beyond

loving start education

Some insurance plans will cover all or part of your class fees at Lovelace Birthing Centers! Discounts are available for Lovelace employees and their partner or significant other. Call Labor of Love at 505-727-7677 for more information.

For more information or to register for classes, please call 505-898-3030.

PREPARED CHILDBIRTH

These classes provide important information to help better prepare you for childbirth, so you can enter into the last weeks of pregnancy and childbirth with less uncertainty and more empowerment to make informed decisions. Information includes breathing, relaxation and exercise techniques, medical procedures, cesarean section, analgesia, breastfeeding and baby care. Who Should Enroll: Expectant mother, we recommend beginning the class at 25 weeks gestation. Partners or a support person are encouraged to attend but do not need to be registered.

BREASTFEEDING & BABY CARE BASICS

These classes will help attendees prepare for breastfeeding and caring for baby. Week one will provide attendees with information about the benefits of breastfeeding including useful techniques, troubleshooting potential nursing challenges, and more. Week two, parents-to-be will have the chance to practice skills such as bathing, diapering, and swaddling baby. We recommend beginning the class at 25 weeks gestation. Partners or a support person are encouraged to attend but do not need to register. Cost is $60 per couple.

LABOR OF LOVE PRENATAL & POSTPARTUM YOGA

This class will instruct you in yoga practices like breath work and functional movement. These practices aid in regulating the nervous system, while also teaching strengthening and relaxation techniques to help you prepare for birth.

Postpartum yoga helps combat postpartum depression, increases milk production and promotes pelvic floor health. Clients can attend this class during all trimesters of pregnancy and at least 4 weeks after a vaginal delivery or 6 weeks after a cesarean section.

PERINATAL GROUP THERAPY

Group therapy sessions are facilitated by a Lovelace Medical Group licensed social worker. These sessions are for any pregnant persons (spouses and partners are welcome) up to one full year postpartum. We will cover topics of interest and may include Winnicott's "The Good Enough Mother," baby brain development, SAMSHA's 8 Dimensions of Wellness, intimacy, environment, working, anxiety, depression, and participation in guided group discussions.

PREPARING FOR POSTPARTUM

These classes feature the evidence based R.O.S.E.S (Reach Out, Stay Strong, Essentials for mothers of newborns) curriculum. There are five classes in total, with the last class held during your postpartum period. The full five classes will be taught twice throughout the calendar year. **This class is for birthing people only and they may join any class at any time. There is no cost to attend, registration is required**.

COMMUNITY LED PARENTING CLASSES

Taking a course while pregnant is not too early, and taking a class after baby is just fine too. Only good can come from learning more about you and your baby, how to synchronize your parenting style with your partner's, or to work through your own parenting fears. For information on community led parenting courses, please call Labor of Love at 505-727-7677. *Fees may apply.

Please feel free to ask your prenatal provider about which classes would be best for you.

I'M SCHEDULED TO ATTEND:

Class Name:_____

Date:_____

Time:_____

Location: _____

Class Name:_____

Date:_____

Time:_____

Location: _____

Class Name:_____

Date:_____

Time:_____

Location: _____

Class Name:_____

Date:_____

Time:_____

Location: _____

mother's milk is liquid gold

Feeding your baby breast milk, and only breast milk, for the first six months is a wonderful gift for your entire family. Breastfeeding lowers your risk of diabetes, breast and ovarian cancers, helps with recovery from delivery and helps mothers return to a healthy weight. Babies who receive breast milk are less likely to have lung problems or ear infections and have a 70 percent decrease in their risk for Sudden Infant Death Syndrome (SIDS). Breastfeeding also promotes bonding between mother and baby.

The milk (colostrum) you make for your newborn in the first days after your delivery is also called 'liquid gold' and is full of nutrients and chemicals called antibodies that help your baby stay healthy. This milk may not seem like much at first, but since your newborn has a tummy the size of a cherry, it is just the right amount. As your baby grows and suckles more, you will make more milk. Allowing your baby to breastfeed will initiate and establish your milk supply in the first days and weeks of life.

Since your baby has a small tummy, they will feed often in the early days and weeks. "8 or more in 24" is a good rule of thumb for helping you be sure your baby is feeding enough. At least eight feedings in 24 hours, combined with making wet and dirty diapers, are good ways to be sure.

Mother's milk has all the nutrients and fluids your baby needs for at least the first six months of life. Using other fluids during this time cuts down on your ability to make more milk and on your baby's health benefits of drinking your milk.

Consider taking a breastfeeding class while you are still pregnant. In class, you will learn about how your body makes this amazing gift of mother's milk, how your support system can help you be successful, why mother's milk is so amazing and so much more.

After delivery, ask your nurses or lactation consultants to support you with breastfeeding. Let your family and friends know your plans so they can begin learning how to support you and your baby on this journey.

Your baby will show you they are ready to feed long before fussiness and crying occur. "Hunger cues" are the early signs that show when your baby is looking for your breast to feed. With the Loving Hour of skin-to-skin and rooming-in, we provide you the tools you need for success. Your provider, along with our staff of nurses, technicians and lactation consultants, will help you learn how to position yourself, hold your baby in a way the helps you both feel successful during your breastfeeding, signs of a good latch hand expression, feeding positions, and understand your baby's hunger cues. When your baby is older than six months, you can begin learning to feed your baby other foods in addition to your breast milk to maintain the bond and health benefits for a longer period of time.

infant feeding plan

My name is_____and my goal is to exclusively breastfeed my baby. The benefits of breastfeeding are very important to me and my baby. I request these guidelines be supported as long as it is medically safe for me and my baby. If I am unable to answer questions about the chosen infant feeding practices, please speak with my birthing partner_____or my medical provider who are both supportive of my decision to breastfeed.

CHECK ALL THAT APPLY:

❑ EXCLUSIVE BREASTFEEDING

My goal is to exclusively breastfeed by baby. Please do not give my baby any supplements before speaking to me or my birthing partner. I need all of my baby's suckling to be at my breast to help me establish a good milk supply.

Please do not give my baby artificial nipples or bottles with formula or water. If there is a medical reason for this supplementation, I would like the opportunity to speak with a pediatrician or a lactation consultant about trying alternative feeding methods with my own expressed milk.

❑ LOVING HOUR / SKIN-TO-SKIN

When my baby is born, please place my baby on my chest for at least one hour, or until the first feed. If possible, perform routine newborn evaluations with my baby on my chest.

Throughout our stay, I want to be able to hold my baby skin-to-skin as much as possible. A blanket may be placed over us, but not between us, if extra warmth is necessary.

If I am unable to perform skin-to-skin with my baby, please allow my partner to hold my baby skin-to- skin.

❑ ROOMING IN

I would like to room-in with my baby 24-hours a day to give my baby plenty of skin-to-skin time and so I can learn my baby's hunger cues and feed at the first signs of hunger.

Early hunger signs may include sucking on hands, making sucking noises, rapid eye movements and rooting. If for some reason my baby and I are not in the same room, please bring me to my baby at the earliest signs of hunger.

❑ CESAREAN DELIVERY

If I have a cesarean, I would like to hold my baby skin-to- skin as soon as possible after the operation. If I am unable to perform skin-to-skin for some time after the delivery, then please allow my partner to hold my baby skin-to- skin.

❑ BREASTFEEDING ASSISTANCE

If I express desire, please teach me how to identify a good latch and how to correct my baby's positioning for a better latch if needed. Support me in learning my baby's hunger cues and how to tell if my baby is breastfeeding well. Please provide me lactation consultation if I request or have need.

❑ EXPRESSION OF BREASTMILK

I would like help in learning how to hand express my milk to better support the establishment of my milk supply. I recognize that my baby is the best pump during these first days.

If my baby is unable to breastfeed or is separated from me due to medical reasons, I want to be able to use a breast pump within six hours of delivery. I would like to be provided assistance in learning hands-on pumping during this time to increase my milk supply.

❑ BREASTFEEDING SUPPORT AFTER DISCHARGE

I would like to receive information for breastfeeding support in case I need help with breastfeeding after my baby and I are home.

La Leche League Helpline: 505-886-1223

Lovelace Lactation Services: 505-727-6797

New Mexico Breastfeeding Taskforce: 505-395-MILK (6455)

birth partner information

Each labor is different and each family has unique needs. The following information can help you and your support person during your time in labor.

- For many, the birth experience is a private moment, not to be disturbed by telephone calls. We recommend you designate one person who you will contact and update.
- Inform your relatives and friends that if they call to inquire about you or your partner, Lovelace hospitals are prohibited from releasing any information due to confidentiality.
- There are public restrooms for family members.
- We suggest packing a change of clothes, toiletry items, any necessary medications and chargers/batteries for electronics.
- Pack your favorite snacks and favorite waters, juices and sodas - as the partner in this experience you need to keep up your energy levels also.
- We will help you and your partner with initial skin-to-skin time. We call this the Loving Hour. This skin-to-skin time will provide your family with bonding and breastfeeing benefits beyond this short period. We suggest limiting or eliminating visitors during this time.
- Accommodations are available to stay overnight in the mother's room. A sofa bed may be available. Please let your nurse know if you plan to stay.
- Support your partner by encouraging alternative pain management techniques, if she desires. These are very effective in dealing with labor pain. Some of these techniques include walking, using a rocking chair, sitting in the shower, leaning against a counter or partner, swaying the hips in a circular motion, music, aroma therapy and using birthing aids.

stages of labor

STAGE 1: EARLY LABOR AND ACTIVE LABOR

The first stage of labor occurs when the cervix opens (dilates) and thins out (effaces) to allow the baby to move into the birth canal. This is the longest of the three stages of labor. Early labor consists of two phases — early labor and active labor.

Early labor: During early labor, the cervix will begin to dilate. You may feel mild to moderately strong contractions during early labor. They may last 30 to 60 seconds and come every five to 20 minutes. As your cervix begins to open, you may notice a thick, stringy, blood-tinged discharge from your vagina. This is known as bloody show.

How long it lasts: Varies each pregnancy.

What you can do: For many women, early labor isn't particularly uncomfortable. You may feel like continuing your daily activities. It may also help to:

- Take a shower or bath.
- Listen to relaxing music.
- Have a gentle massage.
- Try slow, deep breathing.
- Change positions.
- Eat light, healthy snacks.
- Drink water, juice or other clear liquids.
- Apply ice packs or heat to your lower back.

Active labor: During active labor, the cervix will dilate to 10 centimeters. Your contractions will become stronger and progressively longer. Near the end of active labor, it may feel as though the contractions never completely disappear. You may feel increasing pressure in your back as well. This is the time to go to the hospital.

What you can do: Look to your labor coach and health care team for encouragement and support. Try breathing and relaxation techniques to help with discomfort. Use what you learned in childbirth class or ask your health care team for suggestions.

If you feel the urge to push, try to hold back until you've been told it's time to push. Pushing too soon may cause your cervix to tear or swell, which can delay delivery or cause troublesome bleeding.

STAGE 2: THE BIRTH OF YOUR BABY

What you can do: Push! You may be encouraged to push with each contraction to speed the process. Or you might take it more slowly, letting nature do the work until you feel the urge to push.

Best positions for pushing vary for each delivery. Some moms want to squat or sit, other moms want to lay down or stand. Work with your delivery team and birth partner to use the position that feels right for you.Try different positions until you find one that feels best. When you push, don't hold tension in your face.

At some point, you may be asked to push more gently — or not at all. Slowing down gives your vaginal tissues time to stretch rather than tear. Feeling the baby's head between your legs or seeing it in a mirror can help you stay motivated.

After your baby's head is delivered, their airway will be cleared and your health care provider will make sure the umbilical cord is free. The rest of your baby's body will follow shortly.

STAGE 3: DELIVERY OF THE PLACENTA

After your baby is born, you may hold them on your chest or abdomen. During the third stage of labor, your provider must deliver the placenta and make sure your bleeding is under control.

How long it lasts: The placenta is typically delivered in about five to 10 minutes. In some cases, it may take up to 30 minutes.

What you can do: Relax! By now your focus has likely shifted to your baby. You may even want to breastfeed your baby.

You'll continue to have mild contractions. Your provider may massage your lower abdomen to encourage your uterus to contract and expel the placenta. You may be asked to push one more time to deliver the placenta, which usually comes out with a small gush of blood.

Your provider will examine the placenta to make sure it's intact. Any remaining fragments must be removed from the uterus to prevent bleeding and infection.

Your provider will also determine if you need stitches or other repair work. If you do, you'll receive an injection of local anesthetic in the area to be stitched if it's not numb already. You may also be given medication to encourage uterine contractions and minimize bleeding.

Source:
www.marchofdimes.org/find-support/topics/birth/stages-labor

pain management techniques

Breathing techniques in labor and birth are used to enhance relaxation. It is important that you use the rate and depth of respirations most comfortable to you. When using breathing techniques, find ways to balance the rate and depth so you won't become breathless or dizzy. You will learn about and practice different methods of coping with the pain of labor in your Childbirth Preparation class.

In order to stay relaxed, you may need an internal or external focus (imagery). Make any thoughts you have strong and positive. This will make you feel more in control because you won't be "fighting" the contractions. You will actually reduce the pain sensation and save energy by relaxing with each contraction. Thinking negatively will make the contraction seem more painful.

The following are some of the alternate pain techniques used in the Lovelace Women's Hospital Birthing Center. You will be encouraged to:

- walk in your room and in the hall,
- sit in the rocking chair, and
- shower or bathe to help you through labor and contractions.

When you are in bed:

- make sure you get into a comfortable position by using pillows to support your body,
- change positions frequently, and
- avoid lying on your back for extended periods of time.

Medication is another tool to use during labor. After receiving medication, you should be able to relax and concentrate on breathing techniques more easily. It does not mean that you are not able to cope with your contractions. You will be able to work more easily with your partner because you can relax during and between your contractions.

EPIDURAL ANESTHESIA IN LABOR

An epidural is a type of analgesia used in labor to relieve pain. Medication is injected into the epidural space located inside the bony vertebral column. This prevents the sensation of pain from being transmitted along the nerves to the brain. This will numb you from tummy to toes. You will need to have an intravenous line in place before this is done.

An epidural is performed by an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA), who is a provider that is specifically trained to administer anesthesia. The decision for an epidural is made by you and your doctor. It is generally given when you are in "active labor" and other means of pain control have not been effective.

Consider taking a Prepared Childbirth course (page 18) to learn more about labor, delivery and to explore your options.

birth preference planning sheet

SHARE YOUR BIRTH PREFERENCES WITH YOUR HEALTH CARE TEAM

A birth plan gives you the opportunity to clarify your preferences for labor and delivery. Use this checklist to help you decide what will make your delivery as comfortable and memorable as possible. Once complete, share this birth plan with your health care team. Please remember that our goal is a safe and healthy delivery for mom and baby.

PRE-LABOR

- ❑ I'd like to go into labor naturally
- ❑ I'd prefer my water to break naturally
- ❑ I have no preference

LABOR

- ❑ I'd like to remain home as long as possible
- ❑ I'd like to wear my own clothing for as long as possible
- ❑ I want to be able to get up and walk around
- ❑ Options available for unmedicated births:
  - ❑ I prefer not to have an IV (intravenous catheter) during labor
  - ❑ I'd like to be able to eat and drink during early labor
- ❑ I prefer intermittent instead of continuous fetal monitoring
- ❑ I'd like to be allowed to push instinctively
- ❑ I'd like to be coached on when to push and for how long
- ❑ I'd like to bank my baby's cord blood. (Must bring own cord blood collection kit from cord bank of choice.)

LABOR ATTENDANTS

- ❑ Partner
- ❑ Doula or birth assistant
- ❑ Our children
- ❑ Relatives
- ❑ Friends

PAIN MANAGEMENT

I would like to have the following available for pain management during labor:

- ❑ Low lighting
- ❑ Hydrotherapy: Whirlpool bath or shower
- ❑ Acupressure
- ❑ Nitrous oxide
- ❑ Medication
- ❑ Epidural

I PLAN TO BRING THE FOLLOWING PAIN MANAGEMENT OPTIONS WITH ME FROM HOME:

- ❑ Music
- ❑ Aromatherapy
- ❑ Massage

DELIVERY

I would like to try:

- ❑ A birthing ball or bar

I WOULD LIKE TO TRY THE FOLLOWING POSITIONS

- ❑ Semi-reclining
- ❑ Side-lying position
- ❑ Squatting
- ❑ Hands and knees
- ❑ Whatever feels right

MY PARTNER WOULD LIKE TO HELP

- ❑ Catch the baby
- ❑ Clamp and cut the umbilical cord
- ❑ Weigh, measure and bathe the baby

I WOULD LIKE TO

- ❑ Use a mirror to watch my baby being born
- ❑ Hold the baby immediately after birth
- ❑ Breastfeed as soon as possible

IF A CESAREAN SECTION IS NECESSARY

- ❑ I'd like an epidural as a spinal anesthesia if safe for my baby and myself
- ❑ I'd like my partner to stay with me at all times
- ❑ I'd like to view the birth
- ❑ I'd like my partner to hold the baby as soon as possible after delivery
- ❑ I'd like to breastfeed in the recovery room

IF MY BABY IS A BOY

- ❑ I'd like him circumcised at the hospital
- ❑ I'd like him circumcised later
- ❑ I don't want him circumcised

baby safe security policy

The Birthing Center at Lovelace Women's Hospital utilizes a state-of-the-art security system designed to protect our infants. There are many advanced security precautions in place, including an identification monitor for mother and baby. Another security band is provided to the adult support person of mother's choice. Do not try to remove these bands without staff assistance or before mother and baby discharge.

The birthing center and Family Care Unit are secure units. Visitors must request entry and must know mother's first and last name. Any unauthorized attempts to enter the unit or to take an infant from the unit will trigger a number of sophisticated security measures.

Technology is just one part of our security process. If an unfamiliar person enters your room and asks about you or your baby, you do not have to answer and you are encouraged to call your nurse. Your nurse or technician can help you determine if the situation is safe for you and your baby. You are assigned a nurse and a patient care technician for every shift or at least twice a day. Do not give anyone your baby without knowing who they are and verifying they match the Baby Safe badge on their person.
Do not leave your baby unattended. If you are alone and wish to use the bathroom or shower, move, baby's bassinet into a place where you can see them from where you are. Please use the rolling bassinet provided in your room to transport your baby for walks outside of your room. Do not sleep with baby in bed with you. Pull the bassinet next to you in bed to prevent your baby from falling out of your bed.

Once you go home, please ask that your visitors be in good health. Ask anyone who wants to hold your baby to wash their hands. We may ask to limit the number of visitors in your room if needed to properly care for you and your baby.

When you are ready to go home, you will place your baby in their car seat correctly and check that your car seat base is secure in your car. Please see page 28 for more information on car seat safety.

Our staff reserves the right to open any package or check personal bags, backpacks, etc, while in the hospital. This policy applies to all individuals.

newborn medications and vaccines

We encourage you to investigate the preferences you have for your new baby's care.

Please discuss your questions regarding newborn medications with your OB provider and pediatrician.

Medications - At birth, we routinely offer two medications to healthy babies about an hour after birth.

1. Vitamin K is given by injection in the baby's thigh to prevent potential spontaneous bleeding. One Vitamin K shot lasts until the naturally occurring clotting factors develop.

2. Antibiotic eye ointment is put into both eyes after birth to prevent any infection developing from possible exposure to certain vaginal bacteria during birth.

Vaccines - We offer one newborn Hepatitis B vaccine before discharge.

According to the CDC and the New Mexico Department of Health, all babies should get their first shot of the hepatitis B vaccine before they leave the hospital. This shot acts as a safety net by decreasing the risk of baby getting the disease from family members and caregivers who may not know they are infected with this disease of the liver. It is suggested baby receive this shot before two months of age if mom is negative for this disease.

The American Academy of Pediatrics recommends the following vaccines be given before children are two years old in order for them to be protected during their most vulnerable ages:

- Chickenpox
- COVID-19
- Diphtheria, Tetanus, and Pertussis (whooping cough) – known as DTaP
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Measles, Mumps, and Rubella – commonly known as MMR
- Polio
- Pneumococcal infections
- Rotavirus

By making sure that your child gets immunized on time, you can provide the best available defense against many dangerous childhood diseases. For more information, or if you have questions, contact your pediatrician or call the NM Department of Health at 505-827-2613 (www.health.state.nm.us).

You can read more at www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.

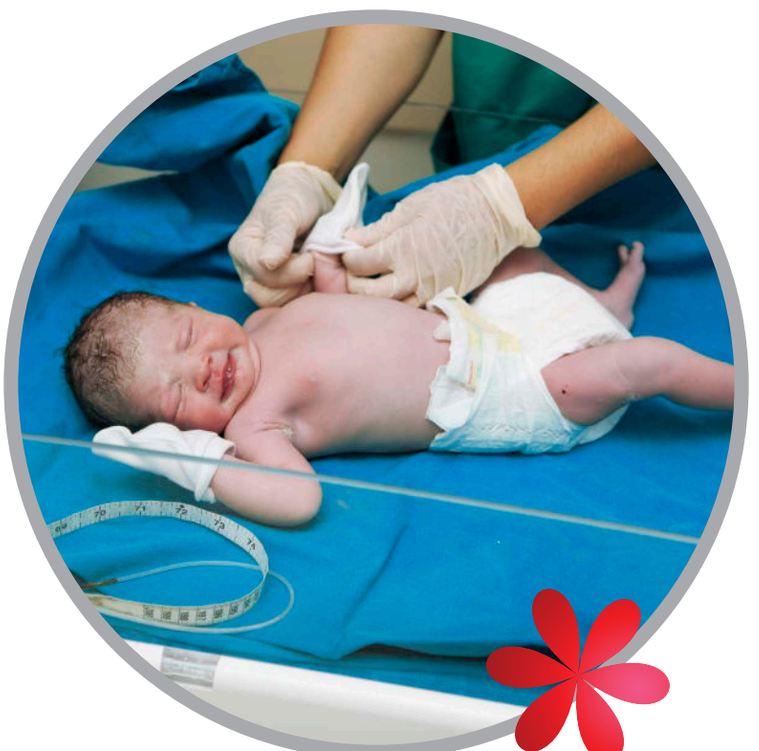
newborn screening exams

Most babies are healthy when they are born. We test all babies to rule out rare health conditions. If a problem is identified early, we can help prevent serious problems like developmental delay or death.

New Mexico screens for newborn hearing, metabolism errors and Critical Congenital Heart Disease. Each of these examinations occur around the time your baby is 24 – 48 hours of age. When certain tests are done too early, they may provide a false negative and miss important information.

Newborn Hearing Screen:

- About 80 babies are born with significant hearing loss each year in New Mexico.
- Babies with significant hearing loss who do not receive educational or medical intervention are at risk of falling behind their peers in language, cognition, reading comprehension and social-emotional development.
- Early identification of hearing loss and comprehensive early intervention services can reduce or avoid many negative effects enhance school performance, improve communication skills and add to quality of life.
- The newborn hearing screen will take about 10 minutes.
- Headphones and small stickers are placed to measure how your baby's brain responds to sounds.
- Some babies may not pass this first test because of:
    - o Fluid in the ear.
    - o Baby was moving a lot.
    - o Noise in testing rooms.
    - o Baby has a hearing loss.
- If you baby does not pass this exam, we recommend an outpatient referral for a second test.



Newborn Metabolic Screening:

- Newborn metabolic screens are collected on every baby born in New Mexico.
- The first test occurs between 24 and 48 hours of age. The second screen is performed between 10 and 14 days of age at your pediatrician's office.
- Babies with metabolism errors appear normal at birth, but over time damage occurs that causes other medical problems.
- Early diagnosis and treatment can avoid this damage and support normal growth and development.
- A few drops of baby's blood is placed on a special paper card for this testing.
    - o This blood is tested for a variety of conditions.
    - o The disorders screened for vary as new technology is available.
    - o As of November 2022, there are 45 different metabolic disorders in the current screening panel.

CCHD Screening: Critical Congenital Heart Disease

- Critical Congenital Heart Disease (CCHD) refers to a group of serious heart defects that are present from birth and are not always visible on an ultrasound during pregnancy.
    - o Newborns with CCHD respond best to early treatment.
- About 7,200 babies in the US are born with CCHD.
- Testing must wait until baby is 24 hours of age.
- A light sensor is placed on baby's right hand and the right foot to measure oxygen levels.
- This exam takes only a few minutes.

For more information, please visit nmhealth.org and cdc.gov

postpartum care

Postpartum refers to the time immediately after having a baby. Our staff will support you in learning to care for your baby and yourself during recovery.

ROOMING-IN

We are proud to offer rooming-in or couplet care for our families. This allows healthy babies to remain with their mother until both are ready to go home. Partners are encouraged to stay and participate in this bonding experience and caregiving time. If the birth parent is alone and needs help with baby, our staff can assist with infant care during their stay. Some of the benefits of rooming-in include:

- Enhanced family baby bonding
- Increased breastfeeding success
- Greater breast milk production
- Helps with on demand, or cue-based, feedings
- Babies cry less and calm more quickly
- Moms get more rest
- Continuation of family centered care
- Improved patient satisfaction

MOMMY MASSAGE

Our Mommy Massage program offers free mini-massages to the neck, back and upper arms for mothers who wish to schedule this service before they are discharged home. Each mother on our unit will have an opportunity to receive this service once during her stay if she desires. Our team of licensed massage therapists provides this care daily. Please ask your nurse how to schedule your mommy massage.

LACTATION (BREASTFEEDING) SERVICES

Lovelace Women's Hospital Lactation Services team offers multiple services to mothers in our community. Our specialty lactation professionals are certified by the International Board of Certified Lactation Consultants. Services are available seven days a week to our patients and moms from the community who wish to schedule an outpatient visit.

Lactation professionals provide valuable insight into how to work with an individual mom and baby team on how to improve the breastfeeding experience when there are difficulties. Outpatient visits may be covered by medical insurance or can be provided for a fee. Call 505-727-6797 to speak with a specialist about available lactation support services.

child car seat safety

There are many car seat choices on the market. Use the information below to help you choose a car seat that best meets your child's needs.

CAR SEAT TIPS

- Select a car seat based on your child's age and size
- Choose a seat that fits your vehicle and use it every time
- Choose a car seat with a five point harness and chest clip
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owners manual on how to install the car seat using the seat belt or lower anchors and a tether, if available
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements
- Keep your child in the back seat at least through age 12

REAR FACING CAR SEATS

Rear facing car seats are the best seat for your young children to use. They have a harness, and in a crash, they will cradle and move with your children to reduce the stress to your child's fragile neck and spinal cord.

- **Infant Car Seat (rear-facing only)** – Designed for newborns and small babies, the infant-only car seat is a small, portable seat that can only be used rear-facing. Babies usually outgrow this seat by eight or nine months
- **Convertible Seat** – These can change from rear-facing to forward-facing with a harness and tether. Because it can be used with children of various sizes, it allows children to stay in the rear-facing position longer
- **All-in-One Seat** – This seat can change from rear-facing to forward-facing and to a booster seat as a child grows. Because it can be use with children of various sizes, it allows children to stay in the rear-facing position longer

For more information, please visit https://www.safernm.org.

TIPS TO AVOID CHILD HEATSTROKE

Look before you lock.

- Always check the back seats of your vehicle before you lock it and walk away
- Keep a stuff animal or other memento in your child's car seat when it's empty and move it to the front seat as a visual reminder when your child is in the back seat
- If someone else is driving your child, or your daily routine has changed, always check to make sure your child arrived safely

Keep in mind a child's sensitivity to heat.

- In 10 minutes, a car's temperature can rise over 20 degrees
- Even at an outside temperature of 60 degrees, the temperature inside your car can reach 110 degrees
- A child dies when their body temperature reaches 107 degrees

Understand the potential consequences of kids in hot cars.

- Severe injury or death
- Being arrested and jailed
- A lifetime of regret

safe sleep

SAFE SLEEP ABC's

Safe sleep for your baby is as easy as **ABC**. Your baby should sleep **A**lone, on their **B**ack and in a **C**rib or dedicated space.

- Place baby in a safe sleep place to sleep after feeding
- Place baby on their back every time they go to sleep, including nap time and bed time
- Use a dedicated firm sleep surface for your baby and *https://www.newmexicokids.org/safe-sleep-resources/*
- Dress your baby for sleep so they do not need extra blankets
  - Soft couches and adult beds are not safe places for a small baby to sleep
  - Do not use car seats, carriers, swings or similar products as baby's normal sleeping location
  - Never put baby to bed with quilts, sheepskins, blankets, pillows, bumpers or toys

SIDS: WHAT IS IT?

SIDS is the sudden, unexplained death of a baby younger than one year old and there is no clear cause. Sleep-related causes of infant death are those linked to how a baby sleeps and are linked to accidents such as suffocation, entrapment and strangulation. Though SIDS may not be preventable, these other accidental sleep-related deaths can be prevented by safer sleep practices for all babies.

WHAT IS TUMMY TIME?

Tummy time is the time every day when your baby is awake on a flat surface and on their tummy.

- Tummy time should always be supervised and is play time for baby and caregiver
- Baby needs plenty of tummy time when they are awake to strengthen important muscles in their neck, shoulders and arms

HOW ELSE CAN I PROTECT MY BABY?

- Breastfeed your baby.
  - Pediatricians and experts recommend that mothers feed their children human milk for at least the first year of life
  - Breastfeeding lowers the risk of sudden infant death (SIDS)
- Practice safe sleep ABCs
- It is important for your baby be to up to date on their immunizations and well-baby check-ups
- Keep your hands on your baby at all times when in a tub or in water
- Keep small items like loose buttons and medications away from your baby
- Do not smoke or allow others to smoke around your baby
- Make sure all caregivers know about safe sleep and the three things every parent should know

To learn more, visit www.safekids.org.

three things every parent should know

1. UNDERSTANDING YOUR BABY

- Don't let your baby's small size prevent you from learning how to handle and hold your baby
- Physical contact is very important to your baby and it is important that caregivers each take time holding baby
- Baby is born with small neck muscles and need your strength to gently hold their heads
- It is important to spend time developing a close relationship with your new baby
  - Talk, read and sing to your baby
  - Make frequent eye contact with your baby
  - Use a soft, loving voice when talking with your baby
  - Laugh and play with your baby
  - Share responsibilities of caring for your baby's basic needs
  - Snuggle or hold your baby close

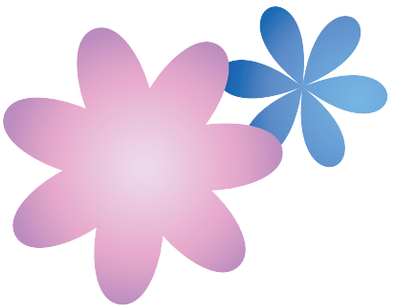
2. CALMING YOUR BABY

- There are several things you can try to comfort your baby when they cry, including:
  - Check to see if they are hungry, tired or need changing
  - Burp your baby. Babies do not have a natural ability to get rid of air in their stomach
  - Carry & comfort your baby more often
  - Take your baby for a walk or ride in the car, or dance with your baby
  - Music lullabies, white noise or dripping water can create a calming sound for your baby
  - Try a warm bath, skin-to-skin contact or a massage
- It's important to remember that these may reduce your baby's crying, but may not always work. If you are concerned that your baby's crying is not normal, check with your pediatrician to make sure there isn't anything wrong

3. INFANT CRYING IS NORMAL

- Crying is a normal part of your baby's growth and is more than just a way for your baby to get your attention. Some important information on crying includes:
  - Crying peaks around two months of age
  - Crying babies look like they are in pain, but they might not be
  - Crying can continue no matter what you do
  - Babies often cry more in the evening
  - Your baby's crying may not have an obvious cause
  - Crying can last minutes or hours
  - Soothing and loving may not stop the crying every time
  - Your baby can still be normal and healthy if they cry a lot
  - Babies cannot be spoiled, so pick them up when they need to be held
- It can be frustrating to have a crying baby and not be able to help them. Place baby in a safe place and take time for yourself when needed. NEVER shake a baby
- Tips to Care for Yourself
  - Do something to take a break from the sound
  - Take a hot shower
  - Take a walk or exercise
  - Call a friend or relative and ask for help

For more information, visit www.dontshake.org



pregnancy discomfort & how physical therapy can help

During pregnancy, there are outward signs that the body is changing, but the effects of pregnancy on the pelvic floor muscles, nerves and the soft tissues that support the body are less obvious. The alignment of the spine and pelvis changes during pregnancy. A woman may get increased curvature of the spine and tipping of the pelvis. These changes can cause discomfort, but can be treated with specialized physical therapy practices provided at Lovelace Women's Hospital Outpatient Rehabilitation Clinic.

Depending on a woman's specific needs, treatment by a physical therapist typically focuses on reducing discomfort and maintaining function during pregnancy. This may involve recommendations for sleeping positions, exercises to help postural alignment and body balance, exercises to improve strength, mobility, and flexibility and bracing for lower back support.

PELVIC FLOOR HEALTH

The pelvic floor is a group of muscles that are close to where you sit. It has four major functions:

1. Maintaining control of the bladder and bowels
2. Supporting the pelvic organs which include the bladder, uterus and colon
3. Assisting with sexual appreciation. It allows for penetration and orgasm
4. Supporting the back

Injury to these muscles can lead to pelvic floor dysfunction. Pelvic floor dysfunction can create some of the following problems:

- Pelvic floor muscle dysfunction that causes urinary or bowel problems (incontinence, leakage, constipation, etc)
- Prolapse, or the falling of pelvic organs
- Painful sexual intercourse
- Pain with gynecological exams
- Back pain or back instability

TIPS TO MANAGE YOUR PELVIC FLOOR HEALTH

Strengthening and training the pelvic floor muscles during pregnancy and after delivery can help reduce urinary incontinence. Training during pregnancy can also aid in delivery.

Kegel exercises are very helpful, unfortunately many women have not been taught how to perform them correctly. Do not hold your breath and do not use your belly, back or thigh muscles to help. It is important to tense AND relax for each cycle of Kegels.

The first step to Kegels is to identify the correct muscles. The easiest way to do this is when you are in the bathroom. The next time you urinate, squeeze your muscles to stop the flow of urine. When this works, you have found the correct pelvic floor muscles for Kegel exercises. With an empty bladder, lie on your back and tighten those muscles and hold for five seconds. Rest for the next five seconds. Try to do this five times in a row and increase your holding time to 10 seconds. Repeat this three times a day.

SI JOINT DYSFUNCTION & LOW BACK PAIN

The sacroiliac joint (SIJ) is a joint between the sacrum and the ilium, or pelvic bone. The two sides of the SIJ normally work together. If one side becomes stiff, they will not move together and this causes pain or muscle stiffness in the area. Pain is often made worse with walking and bending activities.

It is also possible for one side to become too loose (lax), resulting in SIJ dysfunction. This may occur during the menstrual cycle or pregnancy due to hormonal changes that cause the ligaments to become more lax. SIJ dysfunction can occur with injury, such as when a person falls and lands on one side of the body and alters the position of the joint, or when an athlete over trains. Muscle imbalances and hip problems, such as hypermobility or dysplasia, may also lead to SIJ dysfunction.

SIJ dysfunction can be mistaken for musculoskeletal low back pain and/or occur with low back pain. More than two-thirds of pregnant women experience low back pain and almost one-fifth experience pelvic pain. The two conditions may occur separately or together and typically increase with advancing pregnancy, interfering with work, daily activities and sleep.

pregnancy discomforts & how physical therapy can help, cont...

Contact your provider or physical therapist if you experience the following symptoms:

- Pain that may be sharp, stabbing or dull, localized to one side of the pelvis/low back, groin or tail bone
- Pain that may radiate down to the knee
- Pain with movements, such as standing up from a sitting position, turning in bed or bending/twisting
- Muscle tightness and tenderness in the hip/buttock region
- Pain with walking, standing, and prolonged sitting
- Pain that is worse when standing and walking, and eases when sitting or lying down

Your physical therapist can help you improve or restore mobility and reduce low back pain. If you are having low back pain right now:

- Stay active and do as much of your normal routine as possible (bed rest for longer than a day can actually slow down your recovery)
- If your pain lasts more than a few days or gets worse, schedule an appointment to see your physical therapist

DIASTASIS RECTUS ABDOMINIS

Diastasis rectus abdominis (DRA) is a condition in which the two sides of the abdominal muscle separate, as the tissue connecting them stretches. This typically happens in women during pregnancy due to stretching as the uterus expands. Physical therapy has been shown as effective prevention and treatment of DRA.

TIPS TO MANAGE DRA YOURSELF

DRA symptoms typically develop gradually over the course of a woman's pregnancy and may linger after labor and delivery. Separated abdominal muscles are not always painful, but the effects of DRA can cause pain.

A woman with DRA may experience any number of the following symptoms:

- Visible and palpable (detected by touch) separation of the rectus abdominis muscle
- Feelings of "flabbiness" in the abdominal muscles
- Low back, pelvic or hip pain
- Poor posture
- Feeling weak through the midsection
- Sexual pain

If you have symptoms, or are experiencing pain, you should visit your OB or midwife and request a physical therapy referral.

WHEN TO SEEK MEDICAL CARE

Studies show that starting a core and pelvic floor muscle stabilization program is highly effective in improving function, both during and after pregnancy.

Many women work with a physical therapist during their pregnancy to learn safe and effective exercise strategies that improve their pregnancy, labor, delivery and postpartum experiences. The earlier you see a physical therapist, the faster you will be on the road to less pain and improved function!

CONTACT US

To schedule an appointment with a women's health physical therapist at the Lovelace Women's Hospital Outpatient Rehabilitation clinic, call 505-727-4620.

For more information about our services, visit *www.lovelace.com.*

Sources:

Liddle, S. D., & Pennick, V. (2015, September 30). Interventions for preventing and treating low-back and pelvic pain during pregnancy [Abstract]. Cochrane Database of Systematic Reviews Reviews. doi:10.1002/14651858. cd001139.pub4

PTs Provide Relief From Common Pregnancy and Postpartum Woes. (2010, July 1). Retrieved August 14, 2016, from http://www.apta.org/Media/Releases/Consumer/2010/7/1/.

https://nafc.org/pelvic-floor-health-center/?

Pregnancy Physical Therapy.(2024). Retrieved May 29, 2024 from https://americanpregnancy.org/healthy-pregnancy/ pregnancy-health-wellness/pregnancy-physical-therapy/

depression and pregnancy

Depression and anxiety are common during and after pregnancy. Between 13 and 15 percent of pregnant individuals and new parents have depression.

Depression is more than just feeling "blue" or "down in the dumps" for a few days. It's a serious illness that involves the brain. With depression, sad, anxious or "empty" feelings don't go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

Some normal changes during and after pregnancy can cause symptoms similar to depression. Your provider can figure out if your symptoms are caused by depression or something else. If you have any of the following symptoms of depression for more than two weeks, call your provider:

- Feeling restless or moody
- Feeling sad, hopeless, and over-whelmed
- 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
- Having headaches, aches and pains, or stomach problems that don't go away

Certain factors may increase your risk of depression during and after pregnancy:

- A personal history of depression or another mental illness
- A family history of depression 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
- Relationship or money problems
- Stressful life events
- Young age
- Substance abuse

Two common types of treatment can be used alone or together:

Talk therapy
This involves talking to a therapist, psychologist or social worker to learn how to change the way depression makes you think, feel and act.

Medicine
Your provider can prescribe an antidepressant medicine, which can help relieve symptoms of depression.

If you are depressed, your depression can affect your baby. Getting treatment is important for you and your baby.

Some women don't tell anyone about their symptoms. They feel embarrassed, ashamed or guilty about feeling depressed or sad when they are supposed to be happy. They worry they will be viewed as unfit parents. Any individual may become depressed during pregnancy or after having a baby. It doesn't mean you are a bad or "not together" parent. You and your baby don't have to suffer. There is help.

Here are some other helpful tips:

- Rest as much as you can and sleep when the baby is sleeping
- Don't try to do too much or try 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 feelings with your partner, family and friends
- Talk with other parents so you can learn from their experiences
- Join a support group. Ask your provider about groups in your area or contact Lovelace Labor of Love for information
- Refer to resources at the back of this booklet

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed or anxious during pregnancy or after having a baby, don't suffer alone. Please tell a loved one and call your provider right away.

Call 911 or your doctor right away if you have thoughts of harming yourself, your baby or someone else.

Source:
U.S. Department of Health and Human Services, Office on Women's Health; www.womenshealth.gov

other lovelace programs

BREAST CARE CENTER

For more information contact the Breast Care Center at 505-727-6900.

The Breast Care Center's highly skilled medical team offers a wide variety of prevention, diagnostic testing and treatment services for breast disorders including breast cancer. Some of the many services through the Breast Care Center include:

- Comprehensive breast exams and evaluations
- Personalized breast cancer risk assessment surveys
- Genius(TM) 3D MAMMOGRAPHY(TM) for more accurate
- Coordination of treatment plans
- Surgical treatments
- Lymphedema treatment program
- Follow-up care
- Access to clinical research trials
- Multidisciplinary consultation
- Breast Care Navigator
- Self-breast exam and instruction
- Nutrition consultation services
- Education and psychosocial support
- Patient and family support

OUTPATIENT REHABILITATION SERVICES

The Lovelace Women's Hospital and Lovelace Westside Hospital Outpatient Rehabilitation clinics offer physical therapy, occupational therapy, and massage therapy to patients with orthopedic and neurological dysfunction. In addition, the Lovelace Women's Hospital clinic has specialty services including hand therapy, lymphedema and post-breast cancer treatment, vestibular/balance therapy, a pelvic floor/incontinence program, a pregnancy and postpartum program, Runner's Clinic, and the Sportsmetrics program for ACL injury prevention.

For more information on services, contact 505-727-4620 (Lovelace Women's Hospital) or 505-727-2133 (Lovelace Westside Hospital).

COMMUNITY SEMINARS AND EVENTS

For more information, visit *www.lovelace.com*.

CLASSES AND SUPPORT

Lovelace offers a variety of pregnancy and parenting classes including Childbirth Preparation, Breastfeeding, Baby Care, Prenatal and Postpartum Yoga as well as our Perinatal Group Therapy and Preparing for Postpartum class. For more information, please call Lovelace Labor of Love at 505-727-7677.

resources for a growing family

BREASTFEEDING SUPPORT RESOURCES

Lovelace Lactation Services:
Women's Hospital: 505-727-7677
- Lactation nurses and consultants available 7 days a week
- Outpatient appointments available

Women's Specialist of NM
- 505-843-6168
- Ask for the clinic lactation specialist for support.

New Mexico Women, Infants & Children (WIC):
- www.nmwic.org

New Mexico Breastfeeding Task Force, Albuquerque Chapter:
- 505-395-MILK (6455)
- www.breastfeedingnewmexico.org
  contact@breastfeedingnm.org

La Leche League of NM Helpline:
- Peer support hotline: https://www.lllnm.org/home
  505-886-1223
  - 9 a.m. - 7 p.m. daily

Kirtland AFB Breastfeeding Support Group:
- 505-846-6743

Online Resources
- www.breastfeeding.com
- https://abqmom.com/
- www.kellymom.com

MENTAL HEALTH RESOURCES

New Mexico Crisis and Access Line:
- nmcrisisline.org
- 1-822-NMCRISIS (662-7474)

Peer to Peer Line:
Lovelace Medical Group OB/GYN
Catherine Roth LMSW
505-727-4500

988 New Mexico
https://www.988.nm.org
988
- Available 24/7 to call, text or chat

1-855-4NM-7100 (466-7100)
- 24/7 peer to peer
- 6 p.m. to 11 p.m. (text line)

National Suicide Prevention Lifeline:
- 800-273-8255
- www.suicidepreventionlifeline.org

Kassy's Kause:
- www.kassyskause.org
- 505-603-2988

Post Partum Support International:
- www.postpartum.net
- 1-800-944-4773

DOMESTIC VIOLENCE RESOURCES & ASSISTANCE

Non-emergency phone number
- 505-242-COPS (Albuquerque)

Enlace Comunitario - Spanish Speaking:
- 505-246-8972

Nationwide Domestic Violence Hotline:
- 800-799.-SAFE (Nationwide)

New Mexico Coalition Against Domestic Violence Hotline:
- 505-246-9240 (Albuquerque)

Safe House/Shelter from Domestic Violence:
- 505-247-4219 (Albuquerque)
- 800-773-3645 (Statewide)

Domestic Violence Resource Center:
- dvrc@dvrcnm.org
- 505-248-3165
- Helpline 7:00 a.m. - 3:00 a.m.

SUBSTANCE ABUSE ASSISTANCE

Alcoholics Anonymous:
- 505-266-1900

American Lung Association:
- www.lung.org/stop-smoking/how-to-quit

Narcotics Anonymous:
- 1-800-798-6649

New Mexico Department of Health:
- 1-800-QUIT-NOW
- www.quitnownm.org

resources for a growing family, cont...

INSURANCE PLAN SUPPORT PROGRAMS

Blue Cross Blue Shield of New Mexico & Turquoise Care:
- Care Coordination: 877-214-5630

Presbyterian Pregnancy Passport
- https://www.phs.org/health-plans/centennial-care-medicaid/presbyterian-pregnancy-passport

Presbyterian Care Coordination:
- 505-923-8858

Molina Turquoise Care
- https://www.molinahealthcare.com/members/nm/en-us/mem/Medicaid.aspx

Tricare / 377th Medical:
- Family Support Program: 505-846-6743

LOVELACE HEALTH SYSTEM PHONE NUMBERS

Labor of Love:
- 505-727-7677

Lovelace Contact Center:
- 505-727-2727

LOVELACE WOMEN'S HOSPITAL PHONE NUMBERS

Family Birthing Center:
- 505-727-3975

Labor and Delivery:
- 505-727-7855

OB Triage:
- 505-727-6188

Family Care Unit/Family Birthing Center:
- 505-727-3950

Women's Care Unit:
- 505-727-6190

NICU (Neonatal Intensive Care Unit):
- 505-727-3203

Birth Registrar:
- 505-727-6841

Financial Assistance:
- 505-727-7829

Outpatient Rehabilitation Services:
- 505-727-4620
- Providing physical, occupational & massage services with specialty services for pregnant and postpartum women

OTHER RESOURCES & HELPFUL NUMBERS

Albuquerque Family Advocacy Center:
- 505-243-2333

All Faiths:
- 505-271-0329

March of Dimes, New Mexico Chapter:
- www.marchofdimes.org

MCH Family Services:
- 505-255-8740

Native American Professional Parenting Resources (NAPPR):
- 505-345-6289

New Mexico Early Childhood & Care Department Families First:
- 800-832-1321

New Mexico Parents of Multiples:
- amotc.org

NM Human Services Division, Medical Assistance Division:
- 800-283-4465

Nurse Family Partnership Home Visiting:
- 505-272-3000

Parents Reaching Out:
- Supporting families and children through education, advocacy, resources and informed decision making
- parentsreachingout.org
- 505-247-0192

St. Joseph's Children Home Visiting:
- 505-924-8000

PERSONAL RESOURCES

Pediatrician

Name:_____

Phone Number:_____

Prenatal Clinic/OB or Midwife

Name:_____

Phone Number:_____

Doula or other emotional support

Name:_____

Phone Number:_____

Child care assistance

Name:_____

Phone Number:_____

Pet sitter

Name:_____

Phone Number:_____

NOTES