pregnant

YOUR FRIENDLY GUIDE TO THE NEXT TWELVE MONTHS

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This book and its authors do not accept funding from the medical, pharmaceutical or infant formula industries and their opinions are fully independent of any commercial interests. They are just really passionate about giving women the information they need to make their own best decisions.

The authors of this book have made every effort to ensure that the information in it are correct at press time of publication. This book is not intended as a substitute for the health and medical advice of midwives and physicians. You should regularly consult a midwife or physician in matters relating to your pregnancy, physical and mental health. The way you use the information in this book is your responsibility, and not the responsibility of the authors of this book or their affiliated organisations.

Contents

Introduction

Excited, scared, overwhelmed, ecstatic. You're feeling it all.

We've been there.

Together we are parents, midwives, psychologists, doulas, childbirth educators, maternity care advocates. We've had planned and unplanned pregnancies, IVF procedures, miscarriages, home births, hospital births (and on-the-way-to-the-hospital births), caesarean after previous caesarean and vaginal births after caesareans - in five different countries.

We were brought together because we're all passionate about helping women find their way on the wild ride through pregnancy and the first few months of parenthood. Which is why we've written this guide to the next year of your life, a year that will be filled with roller coasters of pure joy, heartache, frustration, love, confusion and then all these made more challenging by a lack of sleep.

Think of this guide as your best friend in a new place, someone who shows you the way and tells it like it is with no hidden agenda, who encourages you to think about all the options and choose the ones that are best for you and is always on your side, cheering you on the whole time.

We know you can do it and we're going to help you find the way that's right for you.

Here's to women holding each other up.

Your guides on this crazy ride:

Daniela Drandić, Reproductive Rights Program Lead at Roda – Parents in Action, master's student (Maternal and Infant Health), board member of Human Rights in Childbirth, advocate, trainer and mum of three

Teja Škodič Zakšek, PhD, independent midwife, researcher and senior lecturer, Director of Indo Anai, President of the Balkan Association of Midwives, B.Sc. (radiology) and mum of three

Eliška Kodyšová, PhD, psychologist, Director of Aperio – Healthy Parenting Association and President of Czech Women's Lobby, educator and mum of three

Lucie Ryntová, co-founder of Aperio-Healthy Parenting Association, educator and mum of three daughters

Jasena Knez Radolović, Program Coordinator at Roda – Parents in Action, peer-to-peer breastfeeding counsellor, advocate and mum of two

How to use this book

This book is meant to be read from cover-to-cover when you are planning to become pregnant or are already pregnant. Chapters first present the normal mechanism of a bodily function, and then later describe variations and choices that you have, including their pros and cons. The topics are generally organised from the beginning of pregnancy towards postpartum. Not all topics fit into a certain week or month, and some topics (like postpartum) are best if prepared in advance, so it's helpful to read the whole book and refer back to it as you have questions and concerns (or just need reassurance that what you're feeling is normal :)).

The most important and complex topics are accompanied by illustrations that you can take photos of and have with you as needed. Or, share them on social media and tag us using the hashtag **#PregnantGuide**. We've tried to explain everything using simple language and with a smile, and we'd love to get feedback from you, the people who we've written this book for.

Finally, the authors of this book have also collaborated on a mobile app for pregnant families - Expecting. It's available for Android and iOS devices and provides more detailed information on pregnancy week-by-week. See www.expectingapp.eu for more information.

A note about the language used in the book

We've made a genuine effort to use inclusive language in this book - recognising that families come in different shapes and sizes and that not all people who are pregnant identify with a certain gender. At the same time, we find it important to use the words woman and mother, but also father and partner. We have done our best to vary our language to include all families, but also recognise that not all pregnant people have (male) partners.

When referring to the baby, we vary our use of the masculine and feminine pronouns.

Your Amazing Body

There is no perfect time to have a baby, and no one is ever fully ready.

Alexandra Sacks and Catherine Birndorf, psychiatrists and authors
What No-One Tells You - A Guide to Your Emotions from Pregnancy to Motherhood

Learning About Your Body

Most of us are not taught much about our bodies - sure we know where our arms and legs are, but rarely do we hear all about how our reproductive system works and looks. Throughout our lives we're told that our bodies are almost like a disaster waiting to happen - it's just a matter of time before something goes wrong or we need someone to come and fix something.

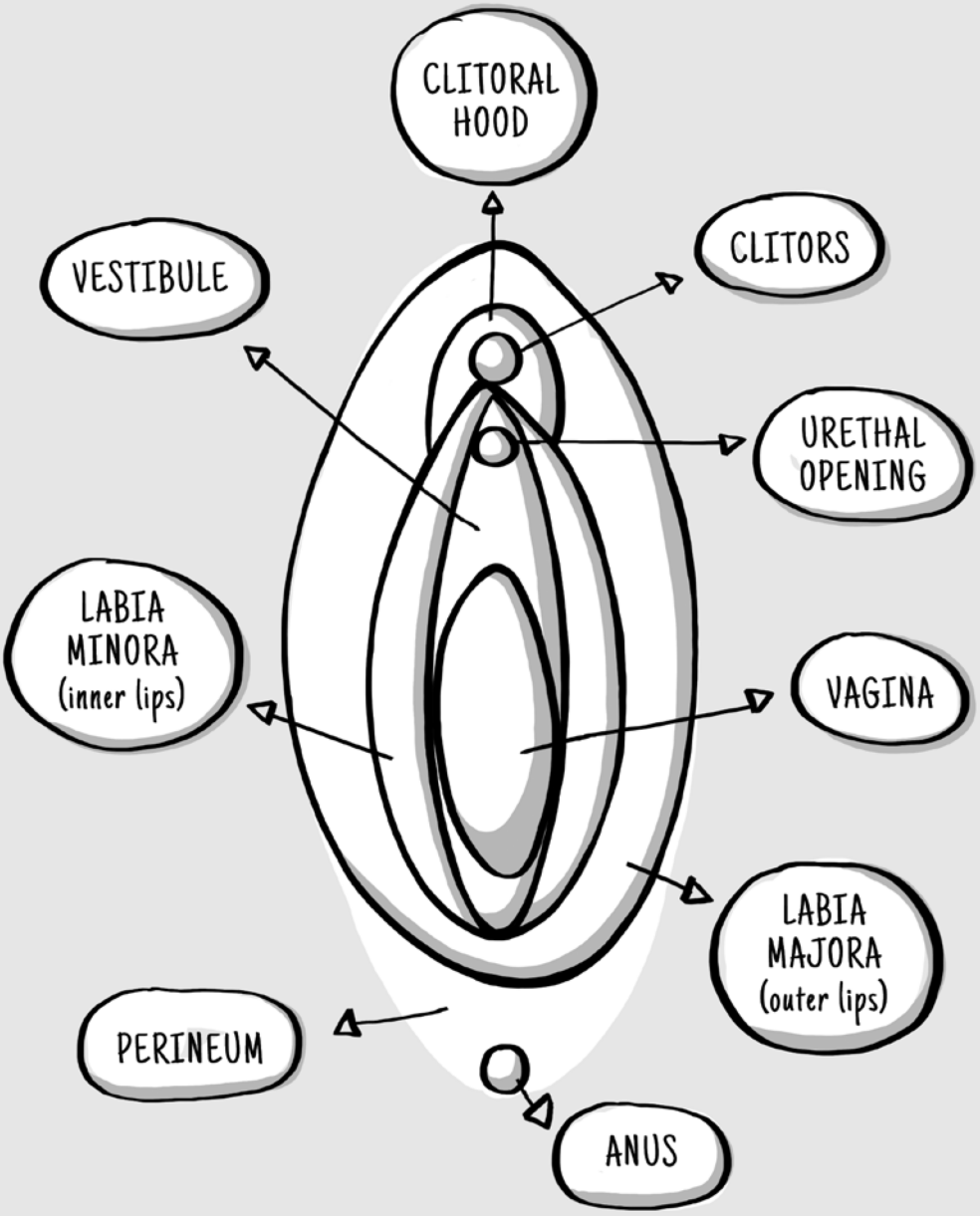
Pregnancy is a great time to set those myths straight because we can see just how powerful our bodies can be, and no matter if we do need help to get pregnant, stay pregnant or give birth, the fact that our body can grow a fully new human being from two cells is a power we should celebrate.

Viva la vulva

Pregnancy is all about our reproductive system, and lots of us don't know the names of our parts – inside and outside. To understand what our midwives and doctors are telling us and to communicate our questions and concerns, we need to know the names for all these amazing parts. And that begins "down there" - with your vulva.

Vulvas come in all sorts of wonderful shapes and sizes, and this illustration gives you an idea of what is where and how it all looks together. You probably know what some of the parts feel like when you touch them (like the clitoris and vagina) but some parts may be new to you (or maybe you just didn't know their names). The perineum, or the space between the vagina and the anus, is an important area during childbirth that we will come back to in later chapters. The vagina and perineum are extremely stretchy, they grow big and wide for your baby to be born and then shrink down to their normal size afterwards.

Get to know your Vulva



Men take it for granted that their sexual organs can increase in size and then become small again without being ruined. Women's sexual organs do the same – with even more power.

During pregnancy, your vulva becomes darker due to hormonal changes and because there is more blood flowing in the area. If you haven't ever seen your vulva, take a mirror and have a look at its powerful parts - strong enough to push out a baby but soft enough to give you great pleasure. If men had an organ like the vulva, they would brag about it - so should we!

A typical female has two "holes" in her vulvar system - the urethral opening (for peeing) and the vagina (for penetrative sex and where babies come out).

Inside your outside

Your pregnancy journey begins with your reproductive system - eggs mature in your ovaries and usually one ovary lets out one egg per month (and sometimes more, in the case of fraternal twins). The egg moves into your fallopian tube and bobs along for a few hours or a day. If you have unprotected sex during ovulation or in the days right before or after ovulation, there is a chance that the egg will be fertilised by sperm.

Sperm can live in your reproductive system for a few hours or a few days, depending on where you are in your cycle and how well the sperm can adapt to your reproductive system. Some studies have shown they can live up to seven days!

The fertilised egg continues to bob along and enters your uterus. After about two weeks of growing, some fertilised eggs will implant into the lining of your uterus, resulting in pregnancy, while some will not, resulting in menstruation. Research has shown that two out of three fertilised eggs do not implant in the uterine lining. That means that the majority of fertilised eggs do not become pregnancies, which explains why it usually takes a few months to conceive.

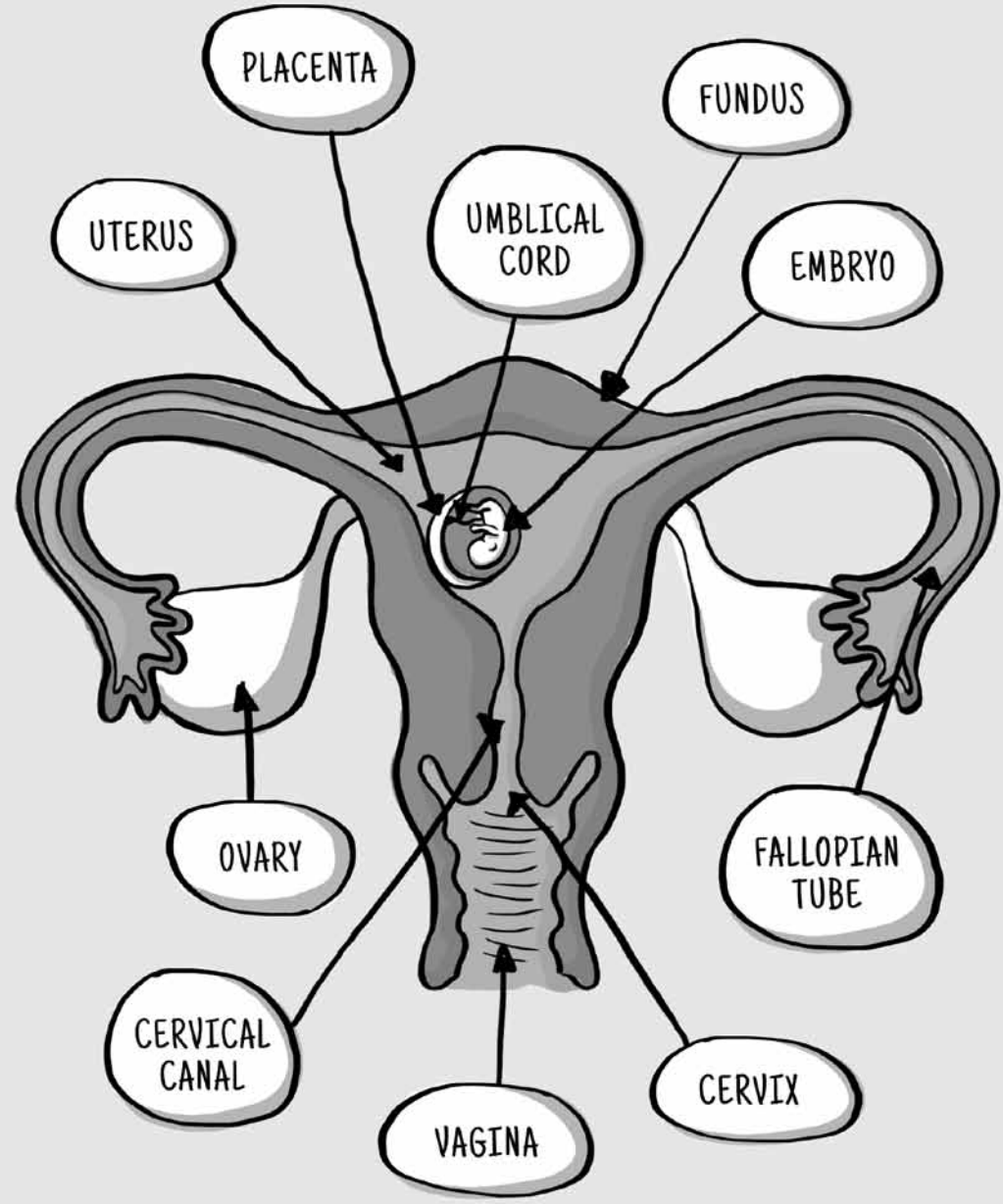
There are no rules about where the fertilised egg will implant itself in your uterus - that part is up to chance. However, it's important that it implants in your actual uterus and not outside it. If you are feeling sharp pains in your belly or shoulder during early pregnancy, seek medical care - it can mean the fertilised egg has implanted in your fallopian tube.

The uterus is a strong, stretchy, balloon-shaped muscle and as the fertilised egg (now called an embryo) begins to grow, the uterus also stretches and grows to make room for it. During prenatal care, your midwife or doctor feels the fundus (the top of your uterus) and measures the space between it and your *symphisis pubis*, a bit of cartilage that joins bones in your pelvis, with a measuring tape. This is called measuring the height of the fundus. The number of centimetres from top to bottom can help date your pregnancy – the number of centimetres should be about equal to the number of weeks of pregnancy. Dating your pregnancy depends on a number of factors, discussed more in chapter three.

During pregnancy, a mucous plug develops in your cervix, the entrance to your uterus, to protect it from bacteria from the outside. The plug can come out in late pregnancy as your cervix begins to open in preparation for birth. This is normal and can happen at once or you might experience increased, thick vaginal mucous over a few days.

Pretty amazing how this well-tuned system works, isn't it?

My Reproductive System



Take Away Messages

- Your body is strong and perfectly made
- Your body knows how to grow and push out a baby
- Everything “down there” has a name and amazing function
- Getting to know your vulva and your reproductive system helps you understand the changes in pregnancy, understand what your midwife and doctor are saying to you and ask good questions

Try This

- Take a mirror and have a look at your vulva. Try and identify the different parts (and admire her beauty and strength!) You might get a better look if you raise one leg higher than the other, for example on a bath tub or toilet seat.
- Track your menstrual cycle using old fashioned paper and pen or a more modern mobile app; note your discharge (increased discharge may mean ovulation or even pregnancy) and other symptoms and see if you notice any patterns.
- If you are going for an ultrasound during a regular gynaecological exam or during pregnancy, ask questions about where your different reproductive organs are. If you are pregnant, ask about where your baby's placenta is in your uterus and where your baby is in relation to your other reproductive organs.
- Be proud of your body - it has many finely-tuned systems and abilities, is beautiful and can even make new humans!

Doing Your Best

When it comes to your experience of pregnancy, you have the power to lower your chances of developing gestational diabetes, premature birth, anaemia and gaining too much or too little weight during pregnancy, all by the way you live your life. How empowering is that?

Lily Nichols, registered dietitian and author
Real Food for Pregnancy

Doing Your Best - Physical Movement

Every person comes to pregnancy with a different level of health, and both good and bad habits. Pregnancy is a good time to take a look at your habits and see how you can do better. It's not about being perfect or making you feel guilty - it's about concentrating on what you can do, when you can do it and doing your best. No matter where you are in your health and life, little changes can make a big difference for you and your baby.

Taking care of me means taking care of baby

Mum and baby are inseparable and whatever is good for mum is ultimately good for baby. Even though we're often told that we have to sacrifice ourselves for our children, in reality by taking care of ourselves, we are also taking care of them. This is true in pregnancy, during birth and after the baby is born. Your mental, spiritual and physical health are important and deserve to be prioritised.

There is growing research on how much a person's lifestyle before, during and after pregnancy affect their health and their pregnancy. Of course, there are some factors that are out of your control, like your current health, age, genetics and place you live. But doing your best about the things you can control can make a big difference in your health and your baby's health.

Your environment

Depending on where you work, it might be a good idea to tell your employer that you're pregnant sooner rather than later. Once they know you are pregnant it is easier to make a plan about modifying your work duties but also making sure that you are not working with dangerous substances. If you aren't sure about how your work affects your pregnancy, talk to someone in workplace safety or human resources - a toxicology department or poison control department might also give you some good information on how the substances you are exposed to at work can affect early pregnancy. If you are not feeling up to doing your usual duties, talk to your supervisor on how to work around this. Pregnant women usually have the right to modified duties and this should include more frequent breaks.

As women we sometimes feel bad about asking for accommodations due to pregnancy. Pregnancy is important work for society and humanity. You need and deserve modifications at your job and it's ok to ask for them. Your health and your baby's health matter.

At home, you and your family members can take care to make sure that you don't bring hazardous substances inside - if someone in your home works with hazardous substances, make sure they leave their work clothes and shoes outside of your home and if they can, shower before they come home (or as soon as they come home).

The air you breathe is important to your health. If any of the people you live with smoke or use drugs, they should not do this in your home. If you're a smoker, cut down the number of cigarettes you smoke as much as possible - ideally stop smoking all together. Cigarette smoke crosses the placenta, raises baby's heart rate and increases the chances of baby being born early and being low-weight. It can also cause some withdrawal symptoms in babies after birth. If you need help quitting, ask your midwife or doctor for advice and referrals.

No one thing you do determines the outcome of your entire pregnancy. Do your best every day and be gentle with yourself.

Moving your pregnant body

Our lifestyles involve more sitting for longer periods of time than ever before and it's important to take the time to be active. Movement is very important for your health during pregnancy - it helps reduce problems with high blood pressure and diabetes during pregnancy, reduces your chances of having a caesarean section, improves your sleep and mood. Exercise can also help reduce symptoms like headache, backache, swelling and even constipation. Regular movement also makes it more likely that your baby will be in a position that is easier for birth (more on that later) and also helps you cope with labour better. You don't have to be an athlete - if you're already active, just continue what you're doing as long as it feels OK for you and your growing belly - listen to your body and adapt your activities as you feel you need to. If you're not active, pregnancy is a good time to start incorporating more activity into your daily life. Start gradually - every activity counts if you do it for at least ten minutes at a time. Swimming, dancing, walking, riding a bike, taking the stairs, all of these are great options.

Experts suggest you aim for 150 minutes of moderate-intensity activity a week during pregnancy - that's thirty minutes a day, five days a week, or four bouts of ten minutes every second day. Moderate activity means your heart rate is high enough so that you can't sing, but you can talk normally.

If you're interested in meeting other pregnant women in your community, find a class near you - most gyms and studios offer special classes for pregnancy. Pilates and yoga are popular choices, but water workouts are also a good choice. Try a few classes out until you find something you like and where you feel comfortable - the instructor should be able to help you modify exercises depending on your week of pregnancy and your changing balance. Avoid classes where you feel pressured to do activities that you don't feel comfortable doing.

An added bonus of taking a group class is meeting new people - take the time to get to know the other women in the class. These are friendships and support that will mean a lot to you during and after your pregnancy.

When to be careful

Exercise is generally very safe in pregnancy, but if you have any concerns you should talk to your midwife or doctor. Avoid sports where you can get hit in the belly and activities where you can fall. Your growing breasts need the extra support of a good sports bra during exercise. Finally, avoid getting overheated by wearing loose clothes, staying out of very hot or humid weather and avoiding “hot” pilates and yoga classes. Make sure to have a bottle of water with you and to stay hydrated before, during and after exercising.

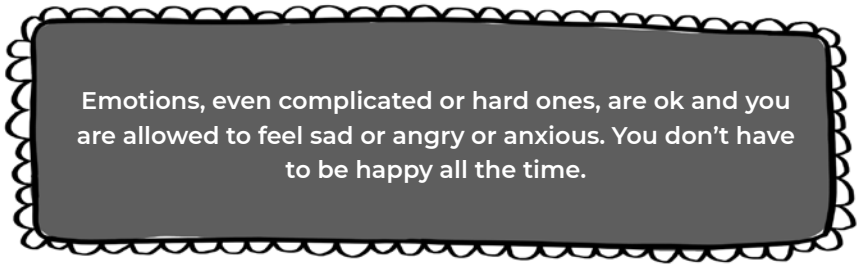
If you spend a lot of time sitting

At work, at home and when travelling sitting is the new normal. Sitting for long periods of time isn’t healthy for anybody, but especially not for pregnant women. Getting up once every hour to get a glass of water, take a short walk or stretch for five minutes is a good rule. If you forget to get up regularly, set a timer on your mobile phone to remind you. In chapter ten we will discuss how movement and sitting positions can help you have an easier birth.

It may seem counter-intuitive, but a large 2019 study showed that women who exercised vigorously in the third trimester were healthier, had slightly longer pregnancies and were slightly less likely to give birth prematurely.

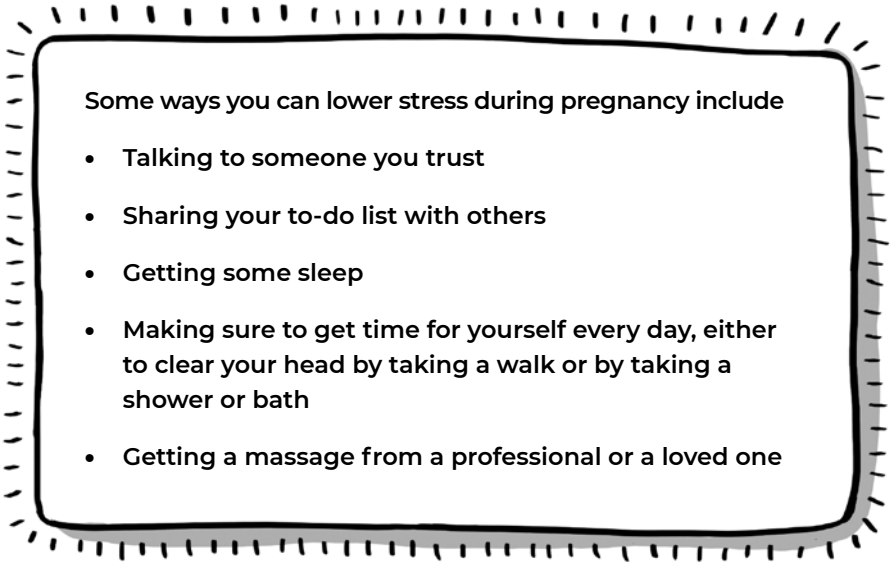
Doing Your Best - Mental Health

Mental health is just as important as physical health and needs special attention during pregnancy. This means different things for different people and different life situations. Pregnancy is a good time to practice saying “no” more often - to commitments, activities or situations that are stressful for you. It’s also a good time to practice saying “yes” to activities that make you feel good - exercise, spending time with friends, listening to music you like or reading books and taking time for yourself. Support groups or spending time with other pregnant women can also be helpful.



Waking up rested

Getting enough sleep is key to your mental health and resilience. There is no one-size-fits-all recipe for a good night’s sleep but there are some things that can help. Avoiding large amounts of caffeine (in coffee, tea and energy drinks - especially in the second half of the day), going to sleep and waking up at about the same time every day and avoiding screens for the last hour or two before bed can help. You can also improve your sleep by avoiding food before bed (have your last meal at least four hours before sleeping, if you can) and drinking a lot of fluid before sleep (especially in late pregnancy - it’s also a good idea to go to the toilet before bed during late pregnancy and save yourself one middle-of-the-night trip to pee). Ensure that the temperature of your bedroom, your bed and your bedsheets is comfortable, and that your room is dark enough to ensure a good night’s sleep. Chapter ten has an illustration with ideas on how to make sleep easier in late pregnancy, too. Practicing good sleep hygiene in these ways can significantly improve the quality and quantity of sleep you are getting - which can do wonders for your mood and your ability to handle all the challenges pregnancy brings with it.



You don't have to do it all

Involve other people in your pregnancy and your life - your partner, family and friends, and ask them for practical help - chores, errands and simple treats are things people are usually happy to help you out with. After the baby is born, you will find that both you and your support people are much more willing to share the work that comes with raising and taking care of a baby.

Accept that you can control some things, but not all things

Your pregnancy and parenthood journey will teach you that there are things you can control, but there are also things you can't. Following the rules perfectly doesn't mean that everything will be perfect, and it's important to remind yourself that you are doing your best, and that's enough.

Pregnancy Brain

We used to think that pregnancy brain, or forgetfulness and difficulty concentrating were just a story women were told but recent studies have shown that it isn't so simple. You may feel more forgetful than you usually are, and that your brain is foggier than normal. Theories say that this happens as your brain changes and grows to prepare for motherhood and stabilises in a few months, and even though you may feel different you are still well-within what is considered a normal range for brain function. Later in life, these changes help your brain work even better! Be gentle with yourself, this is an important part of your growth as a human and as a parent.

Prenatal Mood Problems

Some women can experience prenatal mood disorders during pregnancy. These are usually caused by the physical, hormonal, emotional and life changes that happen during pregnancy but can also be triggered by past traumas, pregnancy complications, changes in your intimate relationship, family or work situation. You may also be at a higher risk of prenatal mood problems if you have a history of chronic or severe anxiety or depression.

Some symptoms of prenatal mood problems are

- Severe fatigue and insomnia
- Frequent crying
- Isolating yourself from others
- Irritability
- Chronic anxiety
- Wanting to eat constantly, especially when you are feeling bad.

If you are experiencing increased anxiety or depression during pregnancy ask your midwife or doctor for support and therapy. Counselling, ensuring good nutrition, physical activity, support groups and support from your partner, family and friends and finally medication if needed are all ways to help. Prenatal mood problems are risk factors for developing postpartum depression, so it's important to start therapy earlier rather than later. More information on mood problems can be found in chapter eleven.

Nobody chooses to be depressed. Your symptoms do not make you a bad parent. With support and treatment, you can handle this.

Doing Your Best - Eating Habits

In Western culture, it seems that women's bodies are always under scrutiny - this is especially true in pregnancy. Pregnancy is much more than a time to look good, it's a time to concentrate on doing your best for your health.

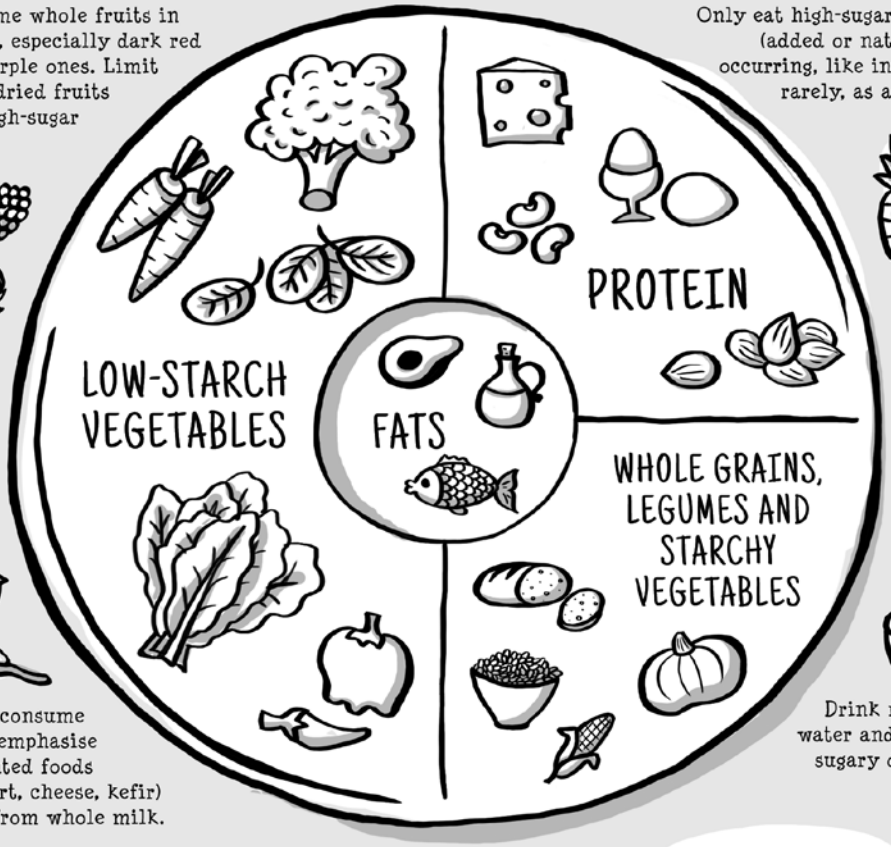
Whole foods are crucial for health during pregnancy and your goal should be to eat as many as possible. Whole foods grow close to where you are (local) and during the season you are buying them (in-season), as close to the form as they appear in nature (minimally processed) and have a simple label (or no label at all, because they're not packaged). This means you are getting as many real foods with maximum nutrients. According to Lily Nichols, dietitian and author of *Real Food for Pregnancy*, at minimum, your diet should include vegetables, fruit, meat, poultry, fish, nuts, seeds and healthy fats. Dairy isn't necessary, although many women enjoy and tolerate it. If your body can handle them, your diet should also include whole grains. This probably isn't what you're used to hearing when it comes to nutrition, but making good food choices can have an enormous impact on your pregnancy and your baby's health. This illustration gives you some good guidelines for what balanced pregnancy nutrition should look like.

Weight gain in pregnancy is very individual and depends on different factors, not just on what you eat. It is more important to concentrate on what you're eating than on how much you are gaining. Nobody is perfect, and nobody has the perfect diet. Your goal in pregnancy should be to do the best you can, when you can, and not to beat yourself up about your not-so-great food choices. Maximising the number of whole-food choices you make in pregnancy can help you lower your chances of gestational diabetes, preeclampsia, anaemia and premature birth - it's worth making the effort.

Eating Well During Pregnancy

Consume whole fruits in season, especially dark red and purple ones. Limit juice, dried fruits and high-sugar fruits.

Only eat high-sugar foods (added or naturally occurring, like in fruit) rarely, as a treat.



If you consume dairy, emphasise fermented foods (yoghurt, cheese, kefir) made from whole milk.

Drink mostly water and avoid sugary drinks.

LOW-STARCH VEGETABLES

Choose large portions of vegetables that grow "above ground" and emphasise dark, leafy greens. Broccoli, salad, spinach, cabbage, peppers and others help you get your vitamins and minerals but also keep your digestive system moving. Flavour with healthy fats.

WHOLE GRAINS, LEGUMES AND STARCHY VEGETABLES

Always choose whole grains (whole wheat bread, pasta, brown rice and oats) and other healthy starches like beans, lentils and winter squashes. Avoid processed grains (white bread, rice) and vegetables that grow undeground, as they contain high levels of starch and sugar.

PROTEIN

Choose protein sources such as poultry, beans, nuts, small fish, tofu, cheese, eggs. Keep naturally occuring fat on. Avoid processed (deli) meats.

FATS

Choose healthy oils (olive, avocado, coconut and butter) for cooking and flavour. Nuts, seeds and oily fruits like avocados all contain healthy fats.

Adapted from Lily Nichols, *Real Food for Pregnancy*.

Some special notes

There are some groups of nutrients and that deserve special mention because you so rarely get good information on how to eat them.

Fermented foods - the food you eat impacts the quality of your microbiome, the friendly and useful microbes and bacteria living in your gut and your vagina. During the birth, your baby's body will be colonized with your friendly bacteria, which will be the permanent base for his or her own system of friendly bacteria, which we know have a great impact on physical and mental health. Studies show that varied diet of real food and especially fermented food (yoghurt, sauerkraut, miso or kimchi) improves the odds of having a stable, healthy microbiome.

Proteins - proteins help stabilise your blood sugar, prevent headaches and nausea and are the building blocks of your baby's body. They come in many forms that are all equally needed for your body, so it's important to get them from a variety of sources. Your goal for the first half of pregnancy should be about 80g/day and 100g/day during the second half of pregnancy.

Fats - fats have a bad reputation and it's important that you know that **fats don't make you fat**.

That said, not all fats are created equal – you should avoid vegetable oils and human-made trans fats like margarine, and concentrate on good-quality fats (see the illustration above for ideas on good-quality fats). During pregnancy you have an increased need for good-quality fats and so does your baby - you need fats in your diet so you can digest fat-soluble vitamins and nutrients essential to pregnancy (vitamin A and choline need fats in your diet to be absorbed, for example). Your baby's brain, which you are building during pregnancy, is about 60% fat.

Sugars and carbohydrates - sugars (found in sweets, packaged foods, juices and carbonated drinks) and "white" carbohydrates (found in crackers, cereal, pasta, bread) both make your blood sugar spike and then crash. That change in your blood sugar can cause long-term health problems for you and baby. That's why trying to have balanced blood-sugar levels is important. You can do this by lowering the

amount of bread, rice, pasta, starchy vegetables you eat (like potatoes, peas, corn) and eating more low-starch vegetables, like those in the plate illustration.

Alcohol - many public health authorities recommend that you avoid all alcohol during pregnancy. This is because we are not sure what amount of alcohol is safe in pregnancy and for some women, even a small amount has caused problems with their baby's development. The bottom line is, we don't know and you should be cautious and severely limit your alcohol intake.

Caffeine - it's not just coffee and tea, caffeine is found in cola and energy drinks, too. Limit your caffeine intake to 200 mg per day or less. In general, that means having only one or two shots / mugs of coffee a day (espresso, instant or filter) or two mugs of black tea. Colas and energy drinks are basically a mix of sugar and caffeine and should be avoided all together.

Vitamin D - a vitamin that comes from some food sources (fatty fish, egg yolks, cheese, liver) but that your body also makes from sunlight. More research is showing that this vitamin is crucial for health, especially during pregnancy and breastfeeding. We don't know exactly how much time in the sun we need to make enough vitamin D, but aim for 10-30 minutes, a few times a week, with arms and face uncovered, possibly more for people with darker skin.

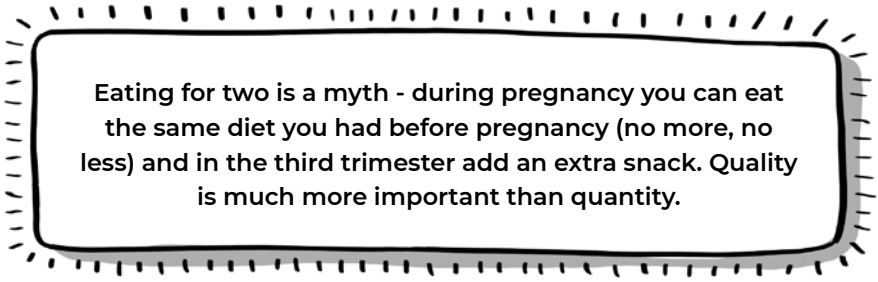
What is healthy weight gain?

Healthy weight gain depends on where you are at the beginning of your pregnancy and is generally very individual. Some women gain more weight during pregnancy, some gain less. If your body mass index (BMI) is lower or higher than what is defined as normal, work with your midwife and doctor to have your weight gain fit as closely to the parameters recommended as possible - less or more can cause health problems for you and your baby during pregnancy. If you don't know what your BMI was before pregnancy, find an online tool to help you calculate it (you will need to know your pre-pregnancy weight and your height).

Some general guidelines for weight gain are:

- Underweight: BMI less than 18.5 - weight gain should be 13kg to 18kg
- Normal weight: BMI 18.5 to 24.9 - weight gain should be 11.5kg to 16kg
- Overweight: BMI 25 to 29.9 - weight gain should be 7kg to 11.5kg
- Obese: BMI 30 or more - weight gain should be 5kg to 9kg

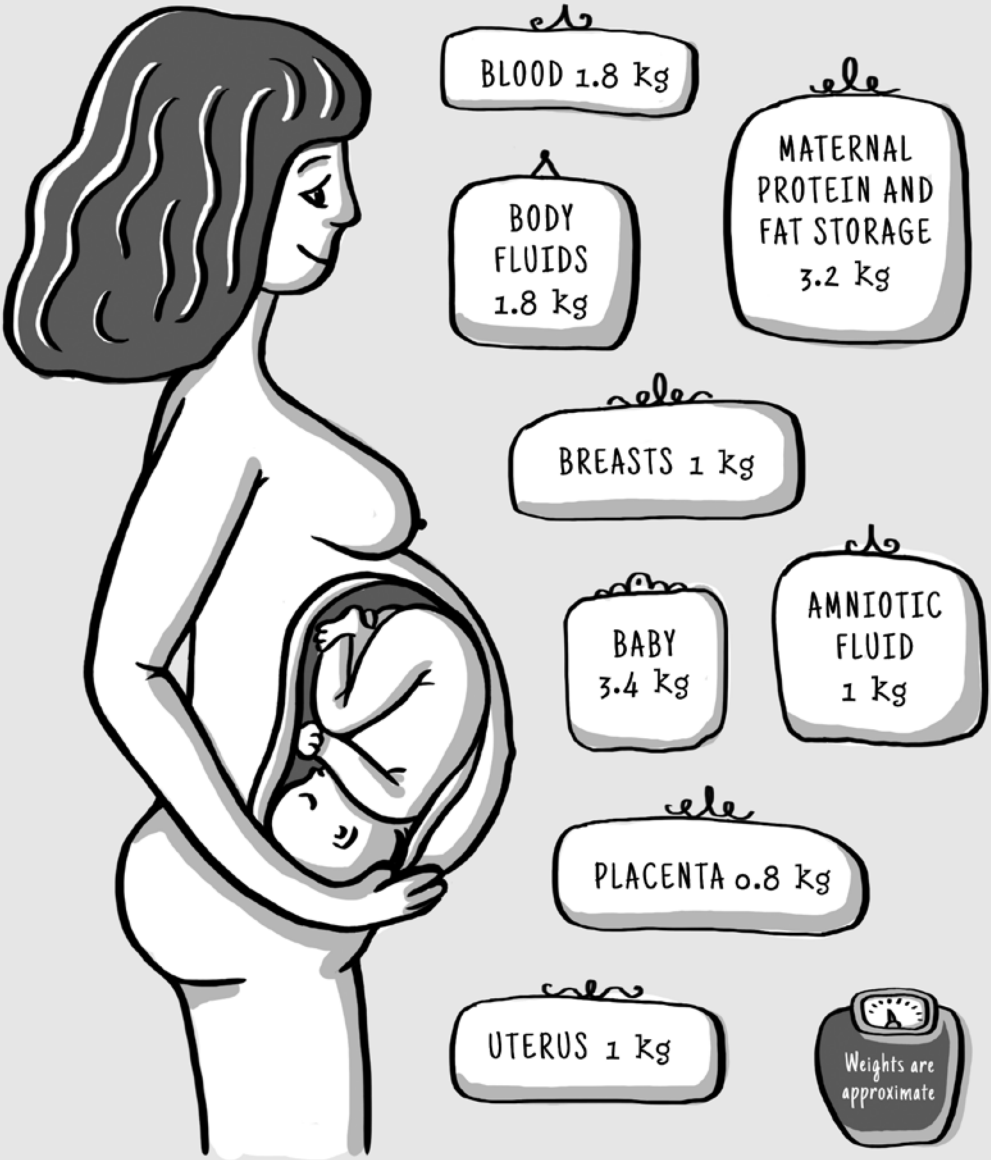
These are just informational references and you should talk to your midwife or doctor about your own specific situation.



Where does the weight go?

You'd be surprised to learn where the weight you gain in pregnancy goes - your breasts get much heavier, your blood, amniotic fluid and general fluid add to your weight, and your uterus and placenta are also heavy. Your weight gain is not consistent throughout pregnancy - sometimes you gain more weight at the beginning, less in the middle, and more again at the end of pregnancy. In other cases you can gain the most at the end or in the middle of pregnancy. There are no hard-and-fast rules.

Where Does the Weight Go?

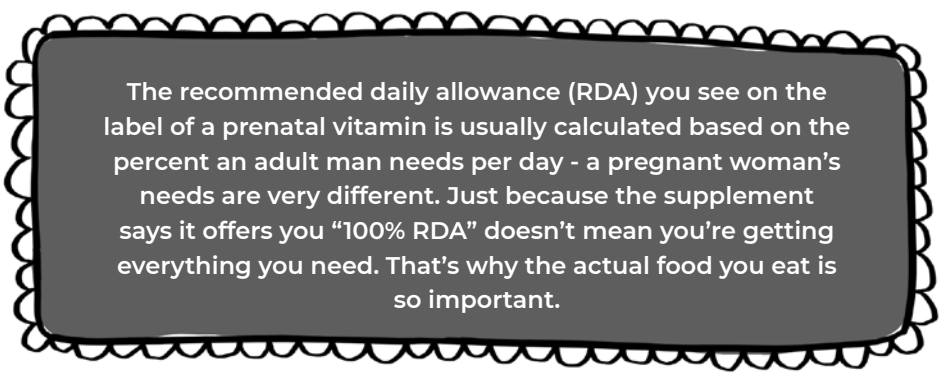


Choosing a prenatal vitamin supplement

During pregnancy, your goal should be to have as balanced and healthy meals as possible – the best nutrients come directly from the foods you eat. Since that that's not always possible, many pregnant women also take prenatal vitamins – think of them as a "top-up" that helps take daily nutrients from good to great. Prenatal vitamins are not created equal and brand or price do not guarantee quality; many manufacturers use the cheapest available form of a vitamin for their supplement instead of using the one that is the most easily absorbed by your body. Look for vitamins that include "activated" B vitamins, which might cost more but are worth it because of the benefits they provide. According to dietitian Lily Nichols, author of *Real Food for Pregnancy*, look for these B vitamins on the label, specifically:

- Foliate (L-methylfolate)
- Vitamin B6 (periodical-5"-phosphate)
- Vitamin B12 (methylcobalamin and/or adenosylcobalamin)

Omega-3 fatty acids (especially DHA) are also an important part of your diet that can be obtained through different sources (cold saltwater fish, cod liver oil or algae-based supplements). There is increasing evidence that this particular fatty acid is essential for your health and the development of your baby's brain, so it's worth getting enough of it in your diet.



Taking a prenatal vitamin supplement

If you choose to take a prenatal supplement, when and how often you take your prenatal supplement is almost as important as what is in it. Take your vitamin with a meal or snack to improve absorption and minimise nausea. Note how many capsules are recommended daily to gain the full dose and space these throughout the day - your body can only absorb so many vitamins at a time and by spacing the dose through the day you optimise your absorption. Finally, some women find that taking vitamins in the evening can disturb their sleep. If this is the case for you, take your supplement earlier in the day.

What if I'm a vegetarian or vegan?

People who are following special diets are usually very aware of their dietary needs and are careful about getting the nutrients they need. However, following a specific diet doesn't mean you're eating well - every specific diet also has options for junk food, and it's important to recognise that. The same general rules hold true no matter what your specific diet is - whole foods filled with protein should fill most of your plate. You should be eating healthy fats and vegetables and avoiding sugar.

Vegetarians and vegans have to take special care to consume enough vitamin B12, since most sources of this vitamin are animal products. It's also important to make sure you are getting enough omega-3 essential oils - recent research has emphasised that algae-based supplements provide the most absorbable form of this essential oil for vegans and vegetarians.

There are some excellent sources of information that go into detail about diet during pregnancy in our Further Reading section.

Take Away Messages

- Have a good look at your body in the mirror - the strength and power it takes to grow a baby is amazing and you should be proud
- You have the right to ask for modifications to your work duties and to know about (and avoid) the toxins in your environment
- Just twenty minutes of medium-intensity exercise per day can have a huge effect on your health and well-being
- Mental health in pregnancy is important and it's ok to ask for help and support
- Doing your best is good enough
- Real foods have an enormous impact on pregnancy health and outcomes for you and baby
- Quality is more important than quantity when it comes to food and gaining weight
- Focus on what you should eat instead of what you should avoid

Try This

Sometimes we let life lead us instead of us actively leading it. Take some time to sit down in a quiet place where you won't be interrupted to consider your thoughts on these questions.

- Think about how you want to feel during your pregnancy, mentally, physically and spiritually. Do you want to feel like you are in control of the process, do you want to feel like someone else is taking care of everything and you don't have to worry, or are you somewhere in between where you want to discuss options based on your healthcare provider's opinion and your own research? How can you achieve this kind of care where you live?
- When your day includes movement and exercise, how does that make you feel compared to the days when you don't? How many days a week do you need to have movement and exercise in your day to feel better? Can you add short bits of light exercise into your regular day, or is it easier for you to add it all at once?
- Do you sometimes feel like you are taking on too much and having trouble saying no to requests and commitments? How would you feel if you could remove a few commitments from your daily life? How can you remove them, share them with someone else or make them easier?
- When you make food choices during the day, how is this contributing to achieving the feeling of health you want to have during pregnancy? What little things can you change to make yourself feel better? Will starting your day with a healthy meal or planning at least a healthier lunch make it easier to feel good about your choices?
- When you feel that you have to go to the toilet, are thirsty or hungry, do you answer your body's signals right away or do you ignore them? How would answering your body's signals as soon as you feel them make you feel better in pregnancy and more in tune with your body?

Your Prenatal Care Team and Choices

A woman's experience of care is key to transforming prenatal care and creating thriving families and communities.

World Health Organization Recommendations on Prenatal Care for a Positive Pregnancy Experience

Executive Summary, 2016

Prenatal care that works for you

Not many people make a conscious decision when it comes to the type of prenatal care they are going to use - most just go with whatever is offered in their community, or whatever their sister or friend or mum used. It's a shame, because the type of prenatal care you have can make a huge difference in your pregnancy experience - which affects your mental and physical health during pregnancy, birth and postpartum. In most regions you can choose between midwifery care and obstetrical care – although in some places and situations, you don't have any choice at all.

The midwifery model of care

At its core, the midwifery model of care assumes that pregnancy, birth and postpartum are normal life events where a woman and her family need support to make decisions and choices that are best for them. It means giving a family information and space to make choices and trusting their choices, monitoring a pregnancy and intervening only when there is a concern.

Midwives usually work in a team environment (also called caseload midwifery) with one or more midwifes sharing a workload. That means that you will see one or two midwives at your prenatal appointments, and at least one of them will also be at your birth. Your birth can be at home, at a birth centre or at the hospital. No matter where you are, your midwife has all the skills and equipment you need to make sure that you and your baby are safe and well-cared for at all times. Ideally, midwives work in collaboration with other health care providers, so if they feel you should get a consultation from another professional, you can do this seamlessly.

When it comes to birth, the midwifery model works so that it creates an environment and supports you to work through the processes of pregnancy and birth, with the basic belief that the female body knows how to be pregnant and give birth, that these processes should be monitored but not led, using interventions only when indicated.

Midwifery is the oldest profession on Earth - women have always helped other women during pregnancy, labour, birth and postpartum. Often, midwives have been the most educated and experienced women in their communities.

Hospital-based midwives don't always provide prenatal care and work in systems where they are more like physician's assistants most often practice in a model closer to the medical model of care, even though they are midwives. There are individual differences in certain countries and health systems, so the system in your area may be very different - learn about what is available.

The medical model of care

This model of care has been available for the past fifty to seventy years - and although it may be the most appropriate model of care for women with complex health needs, in practice the majority of women are cared for by doctors specialised in obstetrics and/or gynaecology. At its very core the medical model of care actively searches for potential problems in pregnancy. Although that may sound reassuring, it often happens that the care ends up creating problems that it then works to solve. All symptoms are looked at as potential problems and pregnancy is considered safe only after the birth of a healthy baby.

Prenatal care is provided by an obstetrician-gynaecologist and birth is planned at a hospital unit. Whomever is on call will be with you during labour and birth, either a midwife or nurse working with an obstetrician. Obstetricians usually only check on women a few times during labour and come again just before a woman gives birth – the majority of care during labour is provided by a midwife or nurse. Obstetricians consult with other specialists as needed if your health needs are complex.

When it comes to birth, the medical model of care considers the female body as a machine that can break down at any given moment. Labours are sped up routinely, technology and medical interventions are used liberally, usually before there is any indication for them.

There is no right answer about which type of care is best for you and your family - for some of you the answer is whatever is offered in your community, while for others, complex health needs mean you choose one model of care over another. No matter what model of care you ultimately choose, keep in mind what is at the core of that model of care and how it relates to what you need - sometimes you might need more than you're getting and sometimes you might need (much) less. Sometimes you might be concerned that a small symptom is being turned into a big problem for no reason.

Unfortunately, maternity care systems are not currently set up to make things easier for you and your family - it's up to you to advocate for yourself and your needs to get what you want out of your care.

Some midwives practice the medical model of care, and some doctors practice the midwifery model of care. It's worth taking the time to find the midwife or doctor that is best for you and your family.

A final note about prenatal care and birth care

Depending on where you live, your prenatal care provider may decide where you birth your baby. For example, if you have midwifery care during pregnancy you may be able to choose to birth at home, at a birth centre or at a hospital. However, if you have obstetric care you may only be able to have your baby at a hospital. When you are choosing your prenatal care provider ask about how this affects your choices about where to give birth.

Your Prenatal Appointments

Your prenatal appointments and care will really differ depending on the type of care you choose (midwife or obstetrician). The models of care are different, but there are also differences between individual practitioners - some midwives practice a more medical model of care, and some obstetricians practice a more midwifery model of care. It's up to you to see what works best to fit your needs and values.

Your first appointment

Generally, the first appointment happens around week 10-12 of pregnancy - however in some countries that differs and women go to their healthcare provider much earlier. There is not much that can be seen or done before week 12 and going for earlier checks doesn't improve your pregnancy health or outcomes (unless you have a chronic illness meaning that you need a check sooner rather than later - but the vast majority of women don't). In some countries, you may have to get a referral from your general practitioner or family doctor before making an appointment to see your midwife or obstetrician. You might also see a family doctor during your pregnancy in some countries.

Your first appointment is usually the longest appointment during your pregnancy because your midwife or doctor will take a detailed medical history and discuss your health and symptoms over the past few weeks. Your health care provider will also determine your estimated due date at your first appointment.

Setting your estimated due date

There are a number of different ways that your estimated due date (EDD) is set. The one that is most common is asking what the first day of your last menstrual period was, and adding 280 days. However, that only works for women whose menstrual cycle is exactly 28 days long - and that's not all women.

A second method is the 12-week ultrasound scan. At the beginning of pregnancy, it is believed that embryos (or foetuses, which is what they are called after 9 weeks) all grow at the same rate and by measuring them we can know how old they are. These measures are not perfect,

they are just an approximation. Also, not all babies are born when they are a certain number of days old, and in fact we don't know exactly what has to happen for labour to begin.

The problem with having an EDD is that you (and the people in your life) tend to fixate on this date, when in reality only 5% of women give birth on their EDD. To make your life easier, follow the example of the British Royal Family - give your family and friends (and yourself!) an estimated due month or season - "late April, early May" or "late springtime" can give you flexibility and avoid those annoying but well-meaning calls and messages at the end of pregnancy asking if you've had your baby yet.

Every baby that is born between 37 and 42 weeks of pregnancy is born at term or "on time". Seven of ten babies are born between 38 and 41 weeks, while the rest are born before or after. The actual length of pregnancy varies widely from woman to woman - up to four or five weeks!

Typical appointments with a midwife

A typical appointment begins with you giving a urine sample that is tested for the presence of protein (protein in the urine is one of the signs that you might be developing preeclampsia, a serious condition in pregnancy). Your midwife may weigh you (or ask you to weigh yourself) or measure around your growing belly. She will also take your blood pressure and check for any swelling, especially in your legs. Later in pregnancy she will measure your fundal height - this is done using a measuring tape and measuring from the top of your uterus (fundus) to pubic bone as you lie down (see the illustration in chapter one to see where your fundus is). In later pregnancy, she will also listen to your baby's heart with a pinard (a wooden instrument used to listen to your baby's heart), a foetal stethoscope or a wireless doppler (a machine that uses ultrasound to detect and replicate your

baby's heartbeat). Then she will use her hands to feel your belly and determine your baby's position and the amount of fluid you have. After this, she will give you a chance to say how you have been feeling and discuss what she found during her check. Finally, you'll have a chance to ask any questions you may have. If your midwife or you feel you need to see a specialist about a specific issue you might have, your midwife can write you a referral. Before you leave, your midwife generally goes over what to expect during your pregnancy over the next four weeks and discuss blood or other tests you might be doing after this appointment (or during the next one) and towards the end of pregnancy also discusses your wishes and options for childbirth. The typical appointment with a midwife lasts from 45-60 minutes (sometimes longer).

Midwife appointments usually begin around week 12 and are organised every four weeks until around week 34 or 36, when they are organised every two weeks. Depending on how long your pregnancy is and your health, appointments may be made more frequently. Appointments may be organised at your midwife's clinic or at your home (especially if you're planning a home birth). Your midwife (or your midwifery team) are on-call for you 24 hours a day, seven days a week from week 37 until you give birth.

Typical appointments with an obstetrician

At the beginning of a typical appointment with an obstetrician, you will give a urine sample that a nurse will check for the presence of protein. She will also take your blood pressure and check for any swelling, especially in your legs - these are all signs that you may be developing preeclampsia and need extra monitoring. After visiting the nurse, you go in to see the obstetrician who goes over the nurse's results and will check your baby's heartbeat, usually using a wireless doppler. After this, you'll have a chance to ask any questions and your obstetrician writes up your notes and prepares referrals for lab tests or consultations with other doctors. The typical appointment with an obstetrician lasts about 10-15 minutes.

Obstetrician appointments usually begin around week 8-12 and are organised every four weeks until around week 34 or 36, when they may become more frequent. At some point, you will transfer care to

the hospital where you are planning to give birth and attend checks there. When you go into labour, you go into your chosen hospital. Appointments are organised at your doctor's clinic or at the hospital.

In some countries or at some private clinics your doctor may do a vaginal exam or ultrasound at appointments - know that these are not a standard part of evidence-based routine prenatal care and do not improve your health or your baby's. Make sure to know why a certain procedure is being done - and be satisfied that it's necessary.

Routine Procedures, Tests and Screenings Offered During Prenatal Care

Different procedures, tests and screenings are offered during prenatal care. As with everything in healthcare, it's up to you to get all the information you need to decide whether you will consent to a given screening, test or service. Common procedures are described below.

Ultrasounds

Depending on your health system, ultrasounds are organised at different times during pregnancy. The generally accepted rule for a straightforward pregnancy is having two ultrasound checks - one around 12 weeks and one around 20 weeks (these are discussed in more detail in later in this chapter). In some countries, one more ultrasound is done around 36-7 weeks to confirm baby's position in the womb (head-down (occiput), feet or bum down (known as breech), sideways (transverse). More information about baby's position is discussed in chapter ten.

Blood tests

Blood tests offered to you depend on where you live and what the protocols are in that country. Generally, your first blood and urine tests are done around the time of your first appointment. If you don't know your blood type, at some point you will have a blood-type test as well. Around the beginning of your third trimester you will also have another set of blood and urine tests to check how things are going.

You have the right to ask detailed information about every procedure, treatment or test during your health care. You also have the right to privacy and the right to refuse without explaining your reasoning.

Vaginal exams in prenatal care

In some countries, you have a pap-smear and bacteria test of the cervix taken at your first prenatal appointment, especially if it has been a while since your last pap-smear. Another vaginal exam and smear are usually done towards the end of pregnancy to check for sexually-transmitted diseases and a bacterium called group-B streptococcus (or GBS). If you are being offered more vaginal exams than this, ask why - they should not be done routinely.

Your cervix is not a crystal ball and it cannot tell you when you will give birth. Being dilated before labour is normal in late pregnancy (especially if you've already had a baby).

Rhesus negative blood type

If your blood type is rhesus positive, you can skip this section.

Women with a negative blood type (also known as negative rhesus factor or Rh-) get extra monitoring, usually an additional blood test or two. If baby has a positive blood type, you can develop antibodies that can hurt that baby or future pregnancies. If your blood becomes sensitised during pregnancy, which happens when your negative blood type mixes with your baby's positive blood type (this can happen in any pregnancy) you and your baby will have to be monitored more closely leading up to and after birth. In some countries, women are given an injection of a blood product called Rhogam around 28 weeks to prevent sensitisation, in others a baby's blood type is tested soon after birth and an Rh- mother will receive an injection of Rhogam only if her baby is Rh+. Some countries have already introduced foetal blood tests in pregnancy care, which can determine baby's blood type before birth.

About 15% of women have a negative blood type (Rh-).

Gestational diabetes

More and more women around the world are being diagnosed with gestational diabetes mellitus (GDM). Part of the reason for this is because many international organisations have lowered their cut-off value for diagnosing GDM over the past few years (more about that later). Another problem is that generally, more people have high body-mass index (BMI), poor eating habits (or cannot afford or access healthier food choices - read more about food choices in pregnancy in chapter two). People are also getting less exercise and spending less time in the sun (causing vitamin D deficiency).

Remember - you can say no to any test in pregnancy. If you do decide to take the GDM test, you should follow the instructions below to make it as accurate as possible.

Getting ready for the GDM test

GDM testing is usually done around week 26 (although some women with risk factors may be offered the test earlier). The most accurate diagnosis of GDM is done using a test called the oral glucose tolerance test (OGTT). But to make sure the test results are accurate, it's important to prepare yourself beforehand.

Before the test

- Three days before the test, eat the food you usually do, without any significant changes (if you have a party or special event, schedule your OGTT at least three days before or after)
- Twenty-four hours before the OGTT avoid intense physical activity (light activities are ok)
- Your last meal must be at least 8-12hours before going for the OGTT test. You can drink small amounts of water during that period
- Tobacco can affect the test results, so avoid all tobacco for 8 hours before the OGTT

On the day of the test

It's best to do the test early in the morning, because you have to come to the lab on an empty stomach. After giving a sample of blood, you will get and drink a liquid with exactly 75g of glucose (a type of sugar). You will wait in the lab and then give another blood sample two hours later. In between giving blood samples, you must not eat.

GDM test results

The problem with OGTT results is that different organisations have different "cut-offs" for a GDM diagnosis; your diagnosis depends on the cut-off your midwife or doctor chooses to use. If your test results are borderline or below the cut-off value cited from another organisation, talk to your midwife or doctor about monitoring the situation and repeating the test again in a few weeks, without setting a diagnosis in the meantime.

Organisation	Fasting result	2-hour result
International Association of the Diabetes and Pregnancy Study Groups / World Health Organisation (IADPSG / WHO)	≥ 5.1	≥ 8.5
National Institute for Clinical Excellence (NICE)	≥ 5.6	≥ 7.8
American Association of Obstetricians and Gynaecologists	≥ 5.3	≥ 8.5
American Diabetes Association	≥ 5.3	≥ 8.5

(all numbers are expressed in mmol/L)

If you have true GDM, it's important you get the support and care that you need - including counselling, information and specialised care. True GDM is associated with complications in pregnancy for mother and baby and these need to be addressed. However, it's important to make sure that the diagnosis is accurate, and that only people who have true GDM are getting extra care.

Depending on where you live, GDM status may change your prenatal care and choices you have regarding place and type of birth and can be very stressful - and it's important to get the diagnosis right. Eating well is especially important if you have or are at risk of GDM and can improve your health dramatically. See chapter two and the sources section for information on books on gestational diabetes that provide much more detailed information.

Group B Streptococcus (GBS)

Between 10-40% of women carry the GBS bacteria but don't have signs of infection. GBS infection may come and go in pregnancy and you may be positive one week but negative a few weeks later. About 1-2% of babies whose mothers have an active GBS infection when they are born may develop a GBS infection, which can be serious. To prevent this, in most countries women who are GBS positive at their last test before going into labour are given antibiotics in labour, and their baby gets antibiotics after birth, too. The problem is that there is increasing evidence on the importance of the baby's microbiome on short- and long-term health. The microbiome is the community of bacteria that live in a person's body, and by giving a baby antibiotics you destroy potentially harmful bacteria but also the growing community of friendly bacteria in the microbiome, which can cause long-term problems.

If you are GBS positive talk to your midwife or doctor and ask what this means for the rest of your pregnancy, birth and postpartum. Ask them about the latest evidence and how their suggestions fit into that.

A large study from 2019 showed that 99.75% of babies had to be treated with antibiotics to prevent GBS infection in 0.25% of babies. With what we know about the importance of the baby's microbiome, we need to find a new way to help babies who seem to have GBS infection instead of treating all babies.

Prenatal Testing and Screening

This might be the first time you are using health care services intensely and making (big) medical decisions. Parenthood is about decisions, and practising getting the information you need to make the best decisions for you and your family during pregnancy helps you prepare for the time after your baby is born.

One of the first things pregnant people are offered are prenatal screening and diagnostic tests. The exact type of testing offered changes over time and in different regions and finally, certain tests are more popular with certain health care professionals. Some tests involve doing an ultrasound, some involve taking blood or taking a sample of amniotic or some other fluid. You may be overwhelmed with the choices of tests and decide to do all the tests that are being offered. You may want to get detailed information about every possible problem that can be tested for, or, you may want to say no to most or all prenatal tests to save yourself the anxiety.

No matter what decision is best for you, it's important to have as much information about what the test offers (and doesn't offer) and how reliable that information is. It's also important to know that you cannot test for every possible health condition and that having all the tests doesn't guarantee better outcomes for you or baby.

Types of tests offered

Prenatal tests fall into two categories - screening and diagnostic tests. Screening tests are designed to tell you what the chances are that your baby has a serious genetic anomaly (usually some type of genetic illness). The results are a statistical analysis - usually a percentage or fraction of a chance that is hard for parents to understand or visualise. Diagnostic tests are usually more invasive and the testing comes with risks to the mother and baby's health. They are designed to provide a yes / no answer about whether your baby has a serious genetic anomaly and are usually done after a screening test gives worrisome results. Generally, you are first offered a screening test and depending on the results of these you are offered a diagnostic test. This flow chart of what happens and your options gives you a good idea of what the testing process looks like, and your choices along the way.

There is always a possibility of false negative or false positive results - meaning that the test results are not always reliable.

Some prenatal tests are offered routinely by your health care system, while others are offered at extra cost. If you are using private prenatal care, you may have access to prenatal tests that are not offered by the public system at all. However, remember that private care and private tests are sources of income for clinics and it is in their interest to offer more tests rather than less. Talk to your midwife or doctor about your risk factors for the conditions you are being tested for before deciding what type of testing you would like to have done.

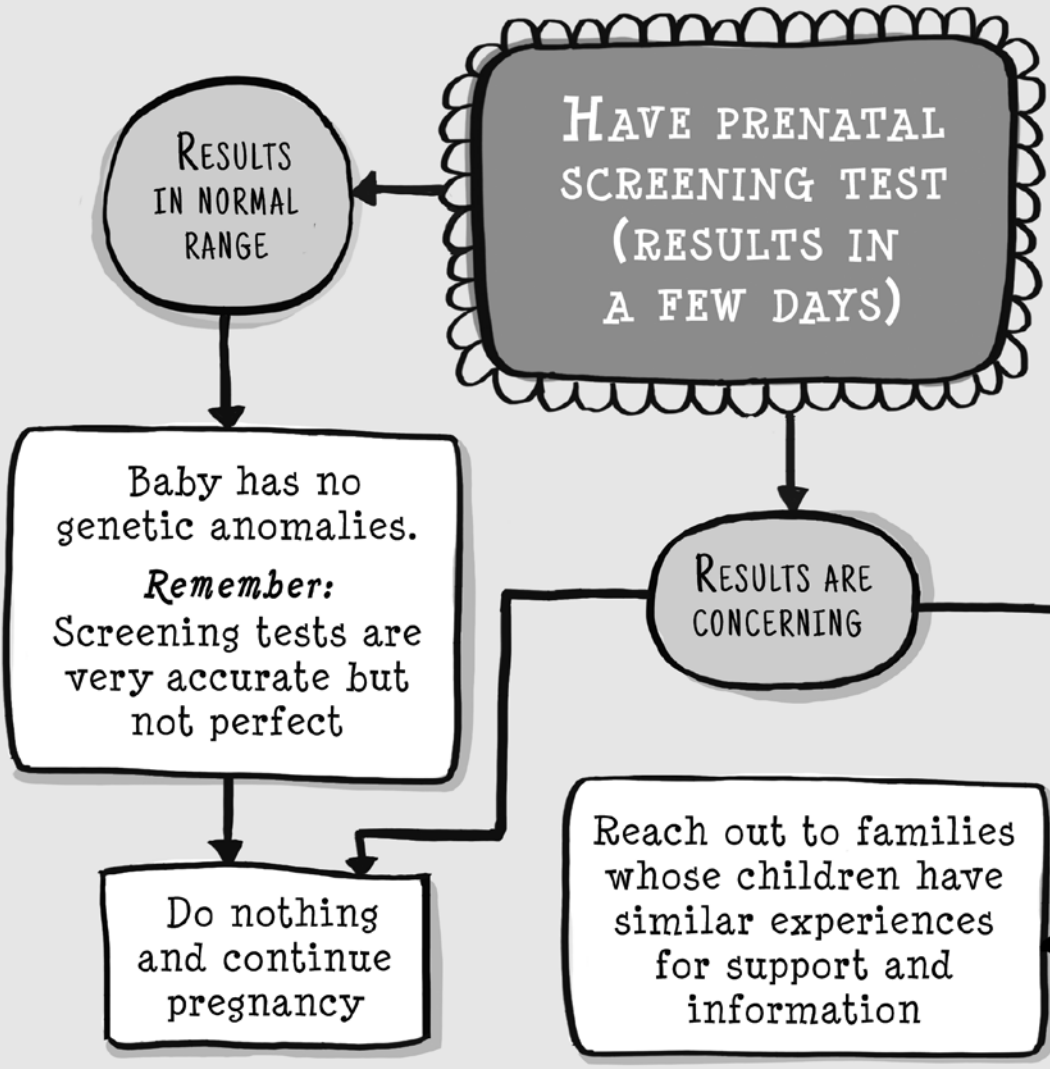
Examples of screening tests

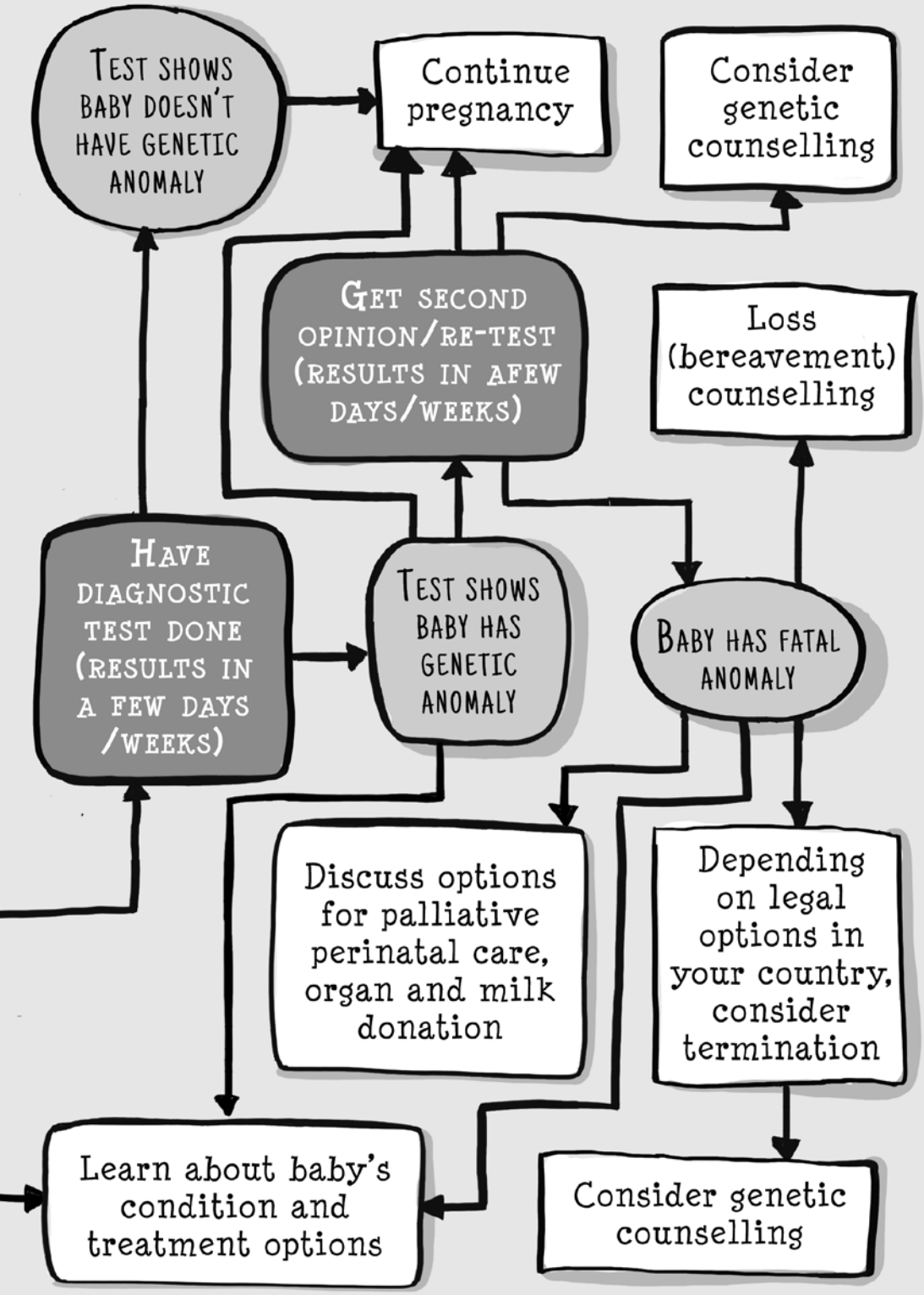
Nuchal translucency testing is a screening test usually done during your first ultrasound (week 11-13), by measuring the fluid behind baby's neck. This test checks for certain genetic anomalies and depending on the results you can be referred to take a diagnostic test.

Ultrasound screening is a screening test done during the second ultrasound, around week 20. This scan is also called the anomaly or morphology scan. During this scan baby's anatomy is looked at closely and any possible issues are noted and additional testing is ordered if needed.

Ultrasounds are screening, not diagnostic tests and should only be done when indicated. That means that the number of ultrasound scans in a typical pregnancy should be around two or three, unless there is a medical need for more. Although ultrasound is generally considered safe, there is not much research on long-term effects of ultrasounds on women and babies, and until we know more, be cautious and keep the number of ultrasounds as low as possible. Having more ultrasounds does not mean your pregnancy will be healthier and not all problems with your health or your baby's can be detected by ultrasound.

What happens if I choose prenatal screening




Test shows baby doesn't have genetic anomaly
Continue pregnancy
Consider genetic counselling
Get second opinion/re-test (results in afew days/weeks)
Loss (bereavement) counselling
Have diagnostic test done (results in a few days /weeks)
Test shows baby has genetic anomaly
Baby has fatal anomaly
Discuss options for palliative perinatal care, organ and milk donation
Depending on legal options in your country, consider termination
Learn about baby's condition and treatment options
Consider genetic counselling

Maternal blood tests or Non-Invasive Prenatal Tests (NIPT) are screening tests that have different brand names. They test for aneuploidy (abnormal number of chromosomes) that we see in genetic diseases like Down's, Edward's and Patau's Syndromes. To do the test, a sample of the mother's blood at a certain week of pregnancy and pieces of the baby's genetic material in the mother's blood is tested. This test has almost no complications because it only involves taking a blood sample. The accuracy varies from test to test and it's important to find out specific details for the particular test you are taking and the lab that is processing it.

Examples of diagnostic tests

Amniocentesis is a diagnostic test where a needle is put through your belly, into the baby's amniotic sac (bag of waters) and a sample of amniotic fluid is taken through the needle. The sample is genetically sequenced and depending on what test you are doing and what genetic information you are looking for, the results are very accurate. Usually, you have to come to hospital for a few hours before the test and stay under observation for a few hours afterwards. Amniocentesis causes early labour or miscarriage in 1 in 200 women.

Chorionic villus sampling (CVS) is a diagnostic test done in early pregnancy where a sample of the tissue that will become the placenta is taken with a needle through your belly. It can detect certain genetic diseases, but not all of them. The miscarriage rate after CVS is 1 in 100 women.

What happens if the test brings bad news?

Before deciding to have a test done, it's good to think about what you will do with the information the test will give you, if that will change any of your decisions regarding this pregnancy, and how much having this information (or not) will mean to you.

If the test brings bad, but not life-threatening news, you reach out to parents whose children have similar conditions or disabilities. Think about care, early-intervention and other options, and how you and your family will handle the baby's complex needs. Doing this in advance can make the first months of your baby's life easier. If the news is the worst, you have to think about whether you prefer to

cherish the time you have and continue the pregnancy or whether that would be too painful and you prefer to terminate the pregnancy. If you choose to continue the pregnancy, think about interventions you want (or don't want) to prolong baby's life once he is born.

No matter what your decision, it is a difficult one that you won't take lightly - the decision is yours and yours alone.

Take Away Messages

- Trust your gut feeling when it comes to a health care provider that you “click” with. You know what you need and your choice of health care provider is yours and yours alone - you don’t have to defend your choices to anyone else
- Your prenatal care may decide the type of birth options that are available to you - ask about this in advance
- Your prenatal care should not be your prenatal scare. This is a time to empower you with quality information to make the best choices for you, not to scare you into doing what someone else wants you to do
- You are important and your decisions, values and wishes matter. If you want (or don’t want) something, tell your midwife or doctor
- There’s no right or wrong when it comes to prenatal genetic testing - there’s only the decision that’s best for you, your partner and your family

Try This

Sometimes we let our prenatal care be guided by whatever is the usual option in our area instead of actively choosing what is best for us. Take some time to sit down in a quiet place where you won't be interrupted to consider your thoughts on these questions.

- How do you want to feel at prenatal appointments? Do you want to feel heard, validated, included? Are you able to achieve this with your prenatal care provider? Can you choose another provider, or can you ask your provider questions like "I need to feel heard in this conversation and to get your best answers to my questions. How can we make that happen?" Providers can also get stuck in their day to day work and forget to ask.
- How can you practice saying no to procedures, tests and interventions that you don't want (if you don't want them or feel you need them)?
- What do you want from prenatal testing? What decisions do you want it to empower you to make? What are your values and options for good news and bad news?
- It might be helpful to write down the reasons you are (or aren't) having a certain test done. Use them as affirmations when you are feeling worried. Some examples (depending on your decision) can be
    - I trust that all is alright with my baby.
    - I will love my baby no matter what.
    - I trust I will have the support to deal with the test results no matter what they are.

Your Body and Mind During (and after) Pregnancy - First Trimester

Remember this, for it is as true and true gets: Your body is not a lemon. You are not a machine. The Creator is not a careless mechanic. Human female bodies have the same potential to give birth well as aardvarks, lions, rhinoceri, elephants, moose, and water buffalo. Even if it has not been your habit throughout your life so far, I recommend that you learn to think positively about your body.

Ina May Gaskin, midwife and author

Ina May's Guide to Childbirth

Symptoms from A to Z - First trimester

In the first three months of pregnancy, many changes happen to your body. Not all of these symptoms are pleasant - some could be called complaints.

These are some common symptoms during the first three months - keep in mind you don't have to have all of them, and that you might have some that are not on the list. Some symptoms will get better as pregnancy progresses, some will stay the same.

Bleeding or spotting is normal in early pregnancy, especially when the embryo implants in the lining of your uterus (around week 3 or 4). Seeing a small amount of blood, usually in streaks, is normal around the time when your period would be due, too. Remember, this is your blood, not your baby's, and it's normal to have this spotting in the first trimester.

Breast and nipple tenderness begins early on, as a result of hormonal changes. Sometimes even shower water can make them hurt.

Cramping happens as your uterus grows and stretches around to your growing baby, or around the time you are supposed to have your period. As long as cramping doesn't include heavy bleeding, extreme pain or sharp pain on one side of your belly, it's normal.

Cravings are real! Suddenly you want to eat certain things, and avoid others. Eat what you like, just make sure that you don't use cravings as an excuse to overeat.

Feeling tired happens because of hormonal changes and can range from yawning to feeling downright exhausted. Your body is busy growing a new human and you might need to take a nap during the day, or get to bed earlier.

Nausea is normal in the first trimester, and it's helpful to learn what your triggers are - getting up too fast, being hungry and travelling are some. Eating regularly can also help.

Smelling... everything is another typical pregnancy symptom. Strong spices, perfume, foods, all of these can suddenly drive you crazy and

perhaps trigger your nausea. Avoid strong smells as much as possible, and think about carrying a pouch of lavender or peppermint with you - both of these can help calm your sense of smell.

Runny nose or rhinitis is normal throughout pregnancy because of increased blood flow to your sinuses (remember, you're breathing for two!). It's also normal to see blood on tissues when blowing your nose, for the same reason - extra blood flow to your sinuses makes your capillaries more sensitive and they can bleed more often. Saline solution can help alleviate symptoms but they can persist until birth.

Feeling like urinating all the time happens because of increased blood flow to your pelvis. If you feel burning or pain while peeing, tell your midwife or doctor.

Vaginal mucous increases because of hormonal changes, and it may mean that you start wearing a light panty liner regularly. It is important not to use any vaginal cleaning products or strong soaps when washing, as these can be irritating and harmful. As long as the mucus is clear or creamy-coloured and smells normal, it's ok. If it changes colour to yellow or green or becomes foul smelling, call your midwife or doctor.

The Emotional Rollercoaster - First Trimester

Too often you hear how pregnant women are “hormonal” and “unpredictable” - but hormones are only part of the story. Nobody on this planet has more invested in your pregnancy than you do - your life is changing and will change more than anyone else’s because of it, and it is normal to feel more intense about it than others do. You are more concerned, more anxious - but also more loving and more present.

There are hormones involved in the process too, much like the ones you feel during PMS - times a million. Pregnancy is like PMS in that way - your filters are down and it’s harder to hide your real feelings. It’s an opportunity to look at life more realistically and make the changes you need to feel happier and more motivated to meet your needs as they happen instead of putting them off - and that’s a good thing.

Unresolved feelings, anxiety and past traumas have an effect on your physical health - insomnia, headaches, high blood pressure, rapid pulse, poor eating habits (binge eating or avoiding food) and digestive problems are just some of the ways your mental health can manifest itself in your physical health. It’s not something that you can or should ignore because all of these things can cause pregnancy and birth complications. It’s ok to tell your partner, midwife, doctor or therapist that you are having some feelings you’d like to talk through or get additional support for - that’s part of taking care of yourself and your baby.

The sections on pregnancy emotions in this book through the trimesters are intended to help you realise you are not alone, and that lots of pregnant people are feeling the same as you are.

I can’t believe I’m pregnant

It takes a while for the idea that you’re pregnant to really sink in - sometimes you catch yourself doing something and then remember - I’m pregnant! Should I be doing this?! As your pregnancy progresses it will come more naturally to you - and after you give birth it will take a while to remember that you’re not pregnant anymore. Sometimes you can also feel ambivalent - I’m pregnant, so what - that’s also part of getting used to the idea that you’re pregnant.

I'm too incompetent to be pregnant

Impostor syndrome is common during pregnancy - when everyone seems to be doing it right except you. Thing is, there's no way of doing pregnancy the "right" way. Maybe you look more (or less) pregnant in the first trimester than your sister or friend did, maybe you're not having the exact same symptoms or feelings that your best friend had. Do your best to take care of your physical and mental health, remind yourself that your body knows what it's doing (even if you don't) and that over time, you will get better at pregnancy and parenthood. It might help to have a quiet sit-down with your baby and tell it to her straight – I'm not sure I'm doing this right, but I'm going to do my best and I'm going to make mistakes. No matter what I'm going to love you like crazy.

Everything makes me cry

Hormonal changes in early pregnancy make your emotional reactions more intense, or harder to hold back than they usually are. You may find yourself crying during films or when seeing an adorable puppy. Carry tissues with you and learn to enjoy this more intense experience of life for the next few weeks (and maybe months).

I keep expecting my period to come

It's fair to say that the majority of pregnant people expect to see blood every time they wipe after peeing - you are used to getting your period and not having it means you're subconsciously expecting it. If you see any streaking or discharge, remember that's your blood not your baby's and some spotting or streaking is normal in the first trimester.

I feel guilty about something I did before I knew I was pregnant

When you realise you're pregnant you go back and think about all the things you did in the weeks you were pregnant but didn't know you were - that alcohol you had on a night out with friends, that cigarette or all that junk food. Nobody is perfect and there's nothing you can do about what's done and over with - what you can do is concentrate on doing your best to make good choices in the next weeks and months. If you're really worried or think you were exposed to something dangerous, talk to your midwife or health care provider.

My partner is unsupportive

No matter if your pregnancy was planned or not, it is normal for it to take a while for your partner to warm up to the idea that you're expecting a baby. He (or she) has a lot to process, just like you do, but unlike you doesn't have the constant physical reminders of pregnancy. They may feel anxious about the responsibility that parenthood brings, or not be used to bonding and feel boxed-in. It's important that you feel secure with yourself and give space for your partner to come around. Hopefully, this will happen by the end of the first trimester - and if it doesn't, think about reaching out to a supportive therapist that can help you both talk through your feelings.

My family and friends did not react the way I wanted them to

When you tell your closest family and friends that you are expecting and you don't get the response you expected you can feel deflated and rejected. Your parents (or in-laws) may not be ready to shift into the role of grandparents and act distanced, or they may want to be involved in every little detail even though you are happy being more independent. Your siblings or friends may be planning their own life-events and don't want you to overshadow them, or perhaps they just don't know how to adapt to the news. Maybe they are dealing with infertility or miscarriages themselves. Either way, you are not responsible for their reactions - the most you can do is meet them where they are emotionally and set boundaries for what you're ready to handle.

I'm scared of having a miscarriage

Most miscarriages happen before you even know you're pregnant, so if you've already missed a period and taken a pregnancy test, chances are that the pregnancy will continue. The rate of miscarriage is highest in the early weeks of pregnancy, which means that with every new week, your chance of miscarriage is lower. On average, four out of five pregnancies will continue normally - so concentrate on that. The statistics are in your favour.

I went for an early ultrasound and...

Some health care providers do ultrasounds before twelve weeks - this has positive and negative sides. The positive is that you can confirm

pregnancy, the number of embryos and where they are located in your uterus. The negative is that sometimes the ultrasound is done too early and it cannot detect things like the baby's heartbeat, causing anxiety for parents. Truth is, early ultrasound doesn't improve pregnancy health and can cause lots of unnecessary anxiety - so delaying the first ultrasound until around twelve weeks can be a good thing.

I'm so nauseous that I'm worried my baby isn't getting any nutrients

Growing foetuses get their nutrients from your body no matter how you're feeling or what you're eating - they take their best and leave you the rest. That said, taking in small, frequent meals or snacks with lots of protein and some healthy fat may make you feel better and improve the amount of nutrients available for your growing baby. As the pregnancy grows, you will feel better and be able to eat better - right on time for when the growing baby really needs more nutrients. For now, do your best at eating well and find a prenatal supplement that works for you (see chapter two for information about that). If you're feeling really poorly, reach out to your health care provider for advice.

I'm stressed out all the time and afraid I'm hurting my baby

Some stress is normal in life, but long periods of severe stress can cause pregnancy complications (heck, it could cause health problems even if you weren't pregnant). Although you can't get rid of all the stress in your life, you may be able to reduce some of it. Make an effort to find some time every week to do something that you find relaxing, try doing some guided relaxations or meditations in the morning or before bed (there are lots you can find online) and if you're still finding that you're too stressed out, consult a therapist or a counsellor to talk the issues out.

All of a sudden, I don't feel pregnant anymore

Somewhere between 10 and 16 weeks, the early-pregnancy symptoms that you've gotten used to will disappear or lessen dramatically because you're moving into the second trimester of pregnancy. Although you may be worried that these symptoms are gone, you're also probably grateful to finally be feeling better.

Take-away messages

- Pregnancy is as normal and safe as life is
- Whenever you can, do your best to eat well and get movement into your daily routine
- A lot is at stake when you're pregnant - for you, your baby and your family, and it's normal to be worried or anxious
- Over thinking is not helpful. You can't control every single part of your pregnancy, you can only do your best - and that is enough
- Joining a moms' group, online or in person, can help you process some of what's going on and share with women who are going through the same thing
- Try to re-frame some of your worries - I'm worried about having a miscarriage can be re-framed into I am confident that I will have all the medical help I need, if I need it
- Talk to your midwife, doctor or therapist about what you're feeling
- Seeing a therapist in your pregnancy if you need to is an investment in your health and well-being, not a frill or a sign that you're "losing it"

Try This

Practicing positive affirmations can be a good way to train yourself to think positively about yourself and pregnancy. The key to making them successful is to practice them when you are feeling positive and open to them. Find one or two that feel right for you, and focus on them - then you can add more. Commit to repeating them a few times a day - out loud or to yourself. Write them on a piece of paper that you put in a visible place as a reminder to repeat them at least a few times a day. Some ideas for affirmations can include:

- My pregnant body is strong and capable.
- I am creating a happy, healthy and loved baby.
- My body is healthy and I am happy.
- I accept that my pregnancy, and later my labour and birth, can happen safely and as they should.
- I am surrounded by love and support.
- I am in a loving relationship with my partner and those around me.
- I feel gratitude for my pregnancy, my baby and my family.
- I am safe and secure.
- I can openly and honestly communicate my intimate and sexual needs during pregnancy with my partner.

If you are particularly worried about something, try turning it into an affirmation. For example, “I am worried that I will not be a good mother” can become the affirmation “I have all the resources and love I need to protect, care for and love my baby”.

Adapted from The Attachment Pregnancy by Laurel Wilson and Tracy Wilson Peters

Your Body and Mind During (and after) Pregnancy - Second Trimester

Everything grows rounder and wider and weirder, and I sit here in the middle of it all and wonder who in the world you will turn out to be.

Carrie Fisher, actress

Symptoms from A to Z - Second Trimester

During your second trimester the symptoms you've been feeling will get better (and hopefully, easier). Some of the symptoms you might be feeling during this trimester are listed below (alphabetically).

Acne, or pimples, happens because of hormonal changes, and clears up after you give birth. Use a gentle cleanser that doesn't irritate your skin and use moisturiser regularly.

Bleeding gums are another irritating symptom caused by hormone changes. Your gums are more sensitive in pregnancy, so be gentle when brushing your teeth and brush regularly. There is some evidence that oral bacteria can affect pregnancy so make sure to see a dentist at least once during pregnancy.

Carpal tunnel syndrome is something we don't associate with pregnancy, but feeling "pins and needles" or burning in your hands, pain in your wrist, cramping or stiffness in your hands and weakness in your thumb are common and disappear after birth. You may also find that you tend to drop things more often due to CTS. Wearing a special plastic splint can help.

Constipation or not being able to poo, is yet another problem caused by pregnancy hormones. Your digestive system generally slows down in pregnancy, and you need to help things along by drinking lots of liquids (water and soups are great choices), eating lots of high-fibre foods like leafy greens and salads, exercising and most importantly - going to the toilet as soon as you feel the need to poo.

Eye changes happen in pregnancy, strangely enough. Hormones that make you retain fluid during pregnancy can change the shape of your eyeballs slightly and causes you to have trouble seeing things that are far away. Hormones can also cause your eyes to feel dry and more sensitive to light. All these things resolve after birth.

Feeling faint and dizzy are also common in pregnancy, because of changes in your blood volume and because of the weight of your uterus on major blood vessels. You can avoid dizziness by keeping cool, getting up slowly if you've been sitting or lying down (or have been in a hot bath), eating regularly and avoiding having low-blood sugar and

avoiding standing in one position for a long period of time without moving.

Food aversions or not wanting to eat certain foods is another gift from pregnancy hormones. You may even have a metallic taste in your mouth that can make you never want to have coffee or tea again.

Gassiness and bloating or farting and feeling fat are normal. You can reduce these symptoms by helping move your digestive system (liquids, green leafy vegetables and salad are great), eating slowly and avoiding gassy foods like cabbage, beans, fried and greasy foods, carbonated drinks.

Groin pain (round ligament pain) is a sharp or jabbing feeling on one or both sides of your pelvis or lower belly that lasts for a few seconds. It can also feel like a dull ache if your muscles are overworked. It happens most often when you make sudden movements (like when you turn over in bed at night, sneeze, cough, laugh or stand up too quickly). As your uterus grows the round ligament (the ligament that supports your pelvis) stretches and becomes easier to strain - especially with sudden movements. It's especially common from week 14-20, when your uterus rests mostly on the ligament, but gets better as your uterus becomes large enough to rest on your pelvic bones, too (that's when pelvic bone pains can begin - groan). The best way to help ease round ligament pain is to support your lower belly with your arm when you're laughing, coughing or sneezing or turning in bed and standing more slowly. Yoga and pelvic exercises can also help.

Headaches can make pregnancy difficult for many women. You can help these by eating regularly and avoiding low-blood sugar levels, drinking often, putting ice on your forehead if you feel a headache coming on, getting a foot massage (the big toe is the acupressure point for your head and can help). Don't take any over-the-counter pain relief medication without talking to your midwife or doctor first. If you have a severe headache and your vision blurs, contact your midwife or doctor right away.

Haemorrhoids, or pain, bleeding, itchiness in your anus when you poo or between poos are common, especially in later pregnancy. You can ease them by avoiding straining when pooping, avoiding sitting on hard surfaces, keeping the area around your anus clean (use

unscented, undyed toilet paper and wash gently after each bowel movement), or using witch-hazel pads to ease irritation. If they are severe, talk to your midwife or doctor about medicated creams you can try.

Your **libido** can increase or decrease as pregnancy progresses. You may find that when aroused, you become instantly lubricated - this is due to the hormones of pregnancy and is normal.

Pubic bone pain happens as pregnancy progresses because your ligaments soften to make room for a growing baby and to be more flexible for birth. This can cause pain for some women, especially in the areas where the pubic bones meet (where the ligaments are). This eases slowly after you give birth, as the ligaments tighten again.

Thirstiness happens because you need more fluids in your body - your kidneys are working for two, your blood volume is increased, and you are constantly replenishing amniotic fluid. Drinking water also keeps your urine flowing, which can reduce your chances of urinary tract infections. Keep yourself hydrated with water, caffeine-free teas and soups, and drink whenever you are thirsty.

Yeast infections and urinary tract infections are more common during pregnancy because your vaginal secretions are less acidic and make it easier for bacteria and yeast to grow. If you are not drinking enough water, you are also retaining urine which can also increases your chances for these infections.

If your vaginal discharge becomes thick, yellow, smelly, or if your vulva is feeling itchy you might have a yeast infection. If you feel burning when you pee, it might be a urinary-tract infection. Both are a good reason to call your midwife or doctor.

To help avoid these, keep your vulva clean and dry as much as you can, after urinating wipe from front to back, wear cotton underwear and avoid nylons, tight pants, irritating soaps and creams. Reducing your intake of sugar and starchy foods while increasing the good bacteria you consume in yoghurts and fermented foods can help your body fight off future infections.

The Emotional Rollercoaster - Second Trimester

As the second trimester rolls around, you are generally feeling much better physically. As your belly becomes more obvious and you start to feel baby's kicks, the pregnancy becomes more real for you, your partner and your co-workers. For most women, the second trimester is when they feel best - physically and emotionally. After the turmoil of first months, you have probably already managed to fit the idea of a new baby coming soon into your life. You might then be surprised to find yourself suddenly emotional in otherwise banal situations. Watching a TV drama or a documentary related to families or children, reading a book where a child gets lost or even having a minor misunderstanding with people around you may cause you to cry inconsolably. There are still some nagging worries that come about though, and some of the most common ones are mentioned below. That's because pregnancy hormones and changes put a slight damp on your rational brain, while enhancing activity of the parts of the brain that process emotions. In other words - whatever you feel, you're probably normal. We all have our own little peeves and crazy thoughts.

I'm afraid having sex will hurt the baby

During penetrative sex, the absolute furthest a penis can go is up to your cervix, which is closed tightly protecting your baby in your uterus. Rocking motions the baby feels during sex are no different from the ones she feels when you are exercising or going about your daily life. That said, you still may be thinking about the baby when you are being intimate. For some women, frequent check-ups that require vaginal exams may make sex feel different and somehow cold. In either of these cases, try being mindful and concentrating on the task at hand and taking pleasure in being intimate with your partner.

I don't feel like having sex

Every person (pregnant or with a pregnant partner) reacts differently to pregnancy - for some, it's a total turn on while for others it isn't. It is important to have honest discussions about how you are feeling - ignoring things will just make you feel more distanced and cause more problems in the long-run. Remember that there are lots of types of intimacy that can be fulfilling, from non-penetrative sex to cuddling and being close to each other.

I'm afraid of falling

Your belly is growing more and more every day and your centre of gravity is changing - couple this with weather conditions that make slips and falls more common and it's normal that you're afraid of falling and hurting yourself. Being deliberate and slow when you are walking in slippery conditions or going down stairs can be very helpful in preventing falls. If you do fall, remember that your uterus is a thick muscle that is generally very good at protecting your baby, especially in early pregnancy. If you fall after the 24th week of pregnancy or fall and then experience bleeding, dizziness or anything else out of the ordinary, call your midwife or doctor to tell them about it.

I'm afraid because haven't felt the baby move yet

When you feel your baby's first wiggles depends on a lot of factors - in your first pregnancy you will feel these wiggles later and depending on where the placenta is, you will feel them in a different place. This is because the placenta is like a pillow that absorbs some of the movements. If you feel butterflies in your lower belly or even near your bowels, that may well be your baby. You will feel your baby's wiggles usually starting around week 16, but you may only feel them for the first time around week 22. Rest assured, this is normal.

I'm worried that we won't be able to afford this baby

Pregnancy and parenthood can be expensive but if you plan carefully they don't have to be. Borrowing and buying used maternity clothes and baby clothes and equipment are definitely options - and many of your friends with young children are probably more than happy to pass along the items their kids have outgrown. Have a look at the Expecting mobile app (www.expectingapp.eu) for detailed lists on what you might need (and what you might not).

Reading up on breastfeeding and attending a breastfeeding class are a good way to make sure your breastfeeding journey starts off well, and that can be a huge help for your household budget. Also, have a look at all the benefits your national and local governments offer to parents of newborns - there may be some financial help you can use.

I am scared that something bad will happen to my partner

Having a baby is a huge job and it is normal to be worried about a tragedy that could make you a single parent (if you're not already planning to be a single parent). You can experience anxiety and worry whenever your partner is late arriving home or doesn't let you know where he'll be or when he'll be back. Communicate this fear to your partner, and tell him that it's not about control but reassurance, and that it's important you know when to expect him and that you keep tabs on each other. Sometimes just expressing your fears makes you feel better, too.

I'm afraid my baby will be sick or disabled

There are some things in life you can't control and the health of your unborn baby is one of them. No number of tests or ultrasounds will make your baby healthier or put you at ease if you are really anxious about your baby's health. Have a sit-down with yourself and your baby, tell your baby your fears (yes, say them out loud) and explain how much you can't wait to meet her. If you're still concerned, talk to your midwife, doctor or therapist.

I am having a conflict with my own mother

As your pregnancy grows, you start thinking more and more about your own family relationships, especially your relationship with your mother and how you were raised. You are not the same person your parents are and you are living in different times and likely in different circumstances - it's unlikely that you will use the exact same parenting style your parents did and that's ok. Sometimes it may be difficult for your own parents to really accept that they are going to become grandparents, that your choices in pregnancy, birth and postpartum are not the same as theirs and that you are a competent adult that deserves respect. Your parents may no longer be with you and that loss may be particularly difficult as you begin your own parenting journey. It's important to deal with these feelings - an experienced therapist or midwife can help. Ultimately, our parents are just human beings doing their best and having nourishing relationships with them (if this is possible) is good for us.

If you have a history of family abuse, seek out therapy during pregnancy to deal with these complex issues and give yourself an easier start to parenthood.

People keep telling me horror stories about pregnancy and birth and it's making me anxious

There's something about seeing a pregnant woman that suddenly brings out all kinds of extreme stories about pregnancy, birth and parenting. While some of these are likely true, the majority of these tall tales are likely exaggerated. Just because something worrying happened to someone else does not mean it will happen to you. When you feel such a story coming on let them know that you only want to feel positive about your baby and your pregnancy, and you'd love to hear a positive story if they have one.

I am having really vivid dreams

Pregnancy is a time when many women have more vivid dreams than usual - and sometimes these dreams involve dramatic things happening to them or their babies. It's hard to shake a bad dream when you wake up, and sometimes you might think it's a sign that something might be happening to you. Usually, a vivid dream about something negative is more of a call to find courage in yourself to do the best you can for you and your baby.

I'm worried about how becoming a parent will affect my work

Unfortunately, no matter how many legal protections you have at work, being pregnant and taking maternity leave can put your job at risk, it can put your career on hold or generally make you feel like you're not pulling your weight or that you're missing out. Depending on what your job situation is, get to know your legal rights, sit down with your supervisor (or your clients, if you're self-employed) and talk out all these issues. Make a plan for when you'd like to begin your maternity leave, how long you plan to be away and talk about how things will look when you return (perhaps you'd like to work part-time for a while or work from home a few days a week).

Take-away messages

- Symptoms of pregnancy become easier and women usually feel more energetic during the second semester.
- Start asking friends and family about baby gear and clothing you can inherit. Good planning makes this time much less expensive.
- Avoid having important conversations with loved ones when you are feeling hungry, tired or angry.
- When people start telling you negative pregnancy stories, stop and say “I know you care about me, but please, only positive stories.”
- Talk to your employer about what work will look like after your maternity leave and start making plans now to make it as easy as possible for you and them.

Try this

Keeping a pregnancy journal (no matter how regularly you will write in it) can be a great way to remember this part of your life later on and to share with your baby. Writing can also help you put your thoughts into perspective and deal with your feelings. You can use a journal to write whatever feels right at the time for you - from what is going on in your life, to how you are feeling. Some journaling prompts can also include:

- I can't wait to become a parent because...
- I'm terrified most of...
- Some things I've learned about myself in this pregnancy are...
- Some things I've learned about my relationship with my partner (parents, family, friends) are...
- My greatest challenges in this pregnancy have been...
- My greatest joys in this pregnancy have been...
- In pregnancy I dreamt of...
- The most important thing I want to give / show / teach my child is..
- When you get older, I want to take you to... and show you...
- When I was growing up, I loved... and hated...
- I want to be a parent that...
- When I think about becoming a mother, I...
- Your mother, father, grandparents, my family and friends reacted with... to the news that I was pregnant
- I can't wait to... in the first few weeks

If journaling seems daunting, try something shorter - writing a letter to your baby. You can write one for your whole pregnancy, one every month, or during each trimester. Be honest in your writing. You don't have to show your child this when they are young, and when they are older all your experiences will have special meaning. Bits and pieces about your daily life, reactions, all these things are important.

Remember to date your entries or letters, and put them in a safe place (if you're using a computer - print the letters and sign them by hand). This is a bit of your family history that your child will treasure.

Your Body and Mind During (and after) Pregnancy - Third Trimester

Women get to climb their own Everest when they give birth. Men don't get to do that, unless they actually go up the mountain.

Hannah Dahlen, professor of midwifery (Australia)

Symptoms from A to Z - Third Trimester

As you get to the third trimester of pregnancy, things begin to change again and you may be feeling simply - more pregnant. Your baby and your uterus become heavier, your breasts are fuller and your blood volume is at its maximum, you are feeling very different from before. Some of the symptoms have followed you from the first trimester, and a few new ones are joining them.

Backache is a pretty obvious symptom at the end of pregnancy. Your belly is growing and pushing forward, your breasts are full and heavy, your centre of gravity is shifting. The ligaments in your pelvis are getting softer to prepare for birth and your back has that much extra weight to carry. Some women find that regular massage, chiropractic or osteopath adjustments from an experienced practitioner are helpful. Some other tips can include

- Generally, be aware when changing positions
- When you're lying back, roll over on your side and push up with your hands to sit up instead of just sitting up
- Avoid standing or sitting in one position for long periods of time - stand up and take a quick walk, or do some hip circles every twenty to thirty minutes
- If you are lifting something, lift from your legs and not your back
- Tuck pillows between your knees and under your belly when you're lying down and sleeping

Braxton-Hicks are "practice" contractions that your uterus does before labour. You can tell they are BH contractions because they are irregular and don't intensify over time. Sometimes, a warm shower or bath can help slow or stop them. In fact, your uterus contracts from early pregnancy onwards, it's just that you don't usually feel it.

Breathlessness happens because you are breathing for two and because your uterus is putting more pressure on your lungs. Take breaks when you're out of breath and don't feel bad - this is a normal part of pregnancy.

Fatigue is a topic we have already written about. It tends to get worse in the third trimester, and you are likely to need a nap in the afternoon. Since most labours begin at night, it's a good idea to get to bed early in the third trimester - if you go to bed at 9pm and are woken up by contractions at 3am, at least you've had a good chunk of sleep.

Heartburn happens as your growing uterus puts more and more pressure on your stomach. Hormonal changes also cause the valve at the top of your stomach to relax and more stomach acid can back up into the oesophagus, causing heartburn. You can curb this by avoiding foods that trigger you, avoiding eating before bed, drinking a glass of milk before a meal or eating a few almonds when you feel the burning begin. If it is severe, ask your midwife or doctor if they can help you with a prescription medication.

Haemorrhoids tend to get worse late in pregnancy. You can ease them by avoiding straining when pooing, by raising your legs or using a stool under your feet so you are in a squat position when pooing. Other things that can help are avoiding sitting on hard surfaces, keeping the area around your anus clean (use unscented, undyed toilet paper and wash gently after each poo). You can also use witch-hazel pads to ease irritation. If they are severe, talk to your midwife or doctor about medicated creams you can try.

Hip soreness happens because of the softening ligaments in your pelvis. Try doing light hip stretches, circles and yoga to make the pain go away.

Itchiness is inevitable considering how much your skin is stretching and growing. Find a good quality moisturiser with simple ingredients (cocoa butter, olive oil, shea butter are some examples) and give your skin a good rub-down once a day, paying special care to your belly. If your itchiness is severe, especially if your palms are itchy, talk to your midwife or doctor.

Insomnia can happen throughout pregnancy, but especially during the third trimester when it's harder to sleep because of your big belly and because you're probably waking up to pee at least once at night. You can make sleep easier by limiting your caffeine intake, avoid drinking a lot before bed and skipping late-night snacks, going to bed at a regular time and watching the number and length of naps you

take during the day. Exercise can help you sleep, as can taking some time to relax and unwind before bed.

Make sure your bedroom is a comfortable temperature and that you have enough pillows to support you when sleeping - some women like having a pillow under their belly and one between their knees. Another great position for sleeping is being on your side and having your top leg bent at the knee and raised above your lower leg (see the illustration in chapter ten).

Leg cramps tend to happen in the middle of the night, causing extreme pain in the muscle between your knee and your foot, especially if you tend to stretch out at night. When stretching, be careful to stretch by pushing your heel downward - don't stretch by pushing your toes forward. Consider taking some magnesium or calcium supplements, as leg cramps can be a sign that you're deficient in these minerals. If you get a leg cramp, try massaging your calf or getting up to walk around, this usually helps the pain go away.

Linea nigra is a line that appears on the bellies of some women during pregnancy, stretching from the belly button down. It disappears after you give birth.

Mask of pregnancy or chloasma are brown patches of skin that can appear on a pregnant woman's face and neck. These can be lessened by avoiding direct sun exposure and disappear after birth.

Perineal aching, or when the area between your vagina and your anus starts to ache, is common in late pregnancy. You are holding a very heavy weight in your pelvis, and as your baby's head descends for birth, this can cause pain in your perineum. Light exercise can be helpful.

Pubic bone pain can intensify in the third trimester. It happens as pregnancy progresses because your ligaments soften to make room for a growing baby and to be more flexible for birth. This can cause pain for some women, especially in the areas where the pubic bones meet (where the ligaments are). This eases slowly after you give birth, as the ligaments tighten again.

Restless leg syndrome can best be described as any unpleasant sensation in your legs, that is usually most annoying at night. It can even cause leg twitching. RLS is often a sign that you are deficient in magnesium - be weary, it takes a few days for the magnesium to build up enough in your body to make RLS better. Exercise and avoiding caffeine can also help.

Rash in pregnancy or PUPP (Pruritic urticarial papules and plaques of pregnancy) causes red bumps to form in the creases of stretch marks, usually on the abdomen. It's likely caused by stretching of the skin plus an immune response to pregnancy. In most cases, it goes away a few days after birth. It's best to avoid scratching, touching or irritating the skin (as hard as that is), apply cool compresses or ice, moisturise the area and apply soothing creams that include oatmeal and chamomile or other substances known to ease itching.

Sciatica is the pain, tingling or numbness you can feel in your lower back, bum, legs or thighs during pregnancy. It happens when baby's head rests itself on a particular nerve, sending a shooting sensation into your body. Changing positions often during the day, stopping to do some stretches occasionally, swimming and relaxing and water therapy (shower or bath) can provide relief. Chiropractic and osteopathic care can also be helpful.

Separation of abdominal muscles during pregnancy (or diastasis recti) happens to many women as their abdominal muscles move apart to accommodate a growing baby. Ask your midwife or doctor to have a look at your belly if you are concerned about your muscles and talk about how to help.

Stretch marks can happen at any time during pregnancy but are most common towards the end. These can appear on your belly but also on your breasts, thighs and other body parts. They begin as red lines and slowly fade to silvery-white but rarely disappear completely. Special creams and lotions are not likely to help you avoid stretch marks, but your skin will be more elastic and stretch more easily if you keep your skin well-hydrated on the outside with lotions, and on the inside by drinking more water.

Increased sweating and generally feeling hot are common in the final trimester. Your body will work to keep you cool, which means you will be sweating more often. Wear loose clothing made of breathable materials and dress in layers so you can adjust your clothing depending on how you feel. It may also be a good idea to carry around an extra bottom layer (t-shirt or undershirt) in case you soak through yours in an extreme situation.

Swelling and oedema are a very important part of pregnancy - the extra fluid you are retaining helps keep your blood pressure up after you give birth, protecting you from problems if you experience above-average bleeding after birth. Increasing your fluid intake can help make your swelling go down, as can exercise or resting your swollen ankles in an elevated position. Avoiding salt is not helpful, and for some women avoiding carbohydrates (see chapter two on nutrition) can help. If you suddenly become very swollen or have severe swelling, let your midwife or doctor know as soon as possible.

Urination is something you're very familiar with by now. More pressure on your bladder from a heavier baby and uterus means that you are feeling the urge to pee more often. Your bladder is also being squished and can hold less urine.

Tightness in your uterus (painful or not) can happen when you're exercising and is usually normal. It usually stops when you've stopped exercising, after you have a glass of water or have rested for at least half an hour. Contact your midwife or doctor if they continue longer than that or if you have more than four contractions (tightenings) in an hour.

Varicose veins happen when extra blood pools around your veins. They tend to run in families - if your mum or sister had them, chances are you will too. They tend to happen in your legs and can become painful and swollen. They can also happen in your outer labia (labia majora, see chapter one) - this may look frightening but is normal.

Speak to your midwife or doctor on how to ease varicose veins. Avoid kneading or massaging them, as this can make them worse. If you notice a red, swollen tender area that seems infected, lift your leg and call your midwife or doctor immediately.

The Emotional Rollercoaster - Third Trimester

With just a few weeks until your baby's arrival, your second-trimester high sometimes turns into a third-trimester panic. Remember, it's absolutely normal to worry about what's awaiting you - you're in for something big you've never done before. There are easy ways to dispel your worries. However, if you feel overwhelmed and can hardly think of much else, talk to a therapist or a counsellor.

If you've suffered from depression either before or during pregnancy, talk to your psychiatrist or therapist how to decrease the risk of postpartum depression. Here are some typical late-pregnancy worries.

Now that my belly is showing everyone has advice for me

The more prominent your belly is, the more it seems your private life becomes public and unsolicited advice comes pouring in. Some might be worth considering (which doesn't mean you have to take it as the absolute truth), but mostly the advice you're getting tells you more about the person giving it than about you. Some ways of dealing with it are laughing it off, saying thank you and changing the subject or just leaving the conversation.

If the advice turns into telling horror stories, tell the person how you feel. "Stories like that make me feel anxious, can we change the subject" is a good phrase to have ready.

I'm worried about all the superstitions I keep hearing

Every culture is filled with superstitions about pregnancy and childbirth and most of them are just that - superstitions. These are just stories that you don't have to worry about, but if you are worried turn the situation on its head and ask people to tell you the craziest superstition they know about pregnancy and childbirth, you'll be surprised as to how far some of them go!

I am finding it really hard to concentrate

This is normal at the end of pregnancy, and some might say it's even desirable! The reason for this is that the part of your brain responsible

for giving birth, the old mammalian part of your brain, has trouble doing its job when you are busy thinking complex thoughts and for this reason tends to quiet at the end of pregnancy. Think about how you have to clear your head of other thoughts in order to reach orgasm - the hormonal mechanism here is similar - you need to be able to "turn off" your thinking brain. So not being able to concentrate is really a good thing.

I'm worried I'm going to die in childbirth or one of my loved ones is going to die

This perhaps strange worry is quite common and tell you how much you love your family, how much you value your life and your baby's wellbeing. It is highly unlikely that anyone in your life (or you) will die during the next few months of your life, but recognise the feeling and know that you are doing your best to keep yourself and your baby healthy.

I'm going to go into labour early and have a premature baby

You love your baby and want the best for him, which is why you are thinking about worst-case scenarios and how to deal with them. Worldwide, 90% of babies are born at term - the odds are overwhelmingly in your favour that baby will be born when it is ready, and if that is before 37 weeks have faith that you will have the care you need to keep your baby healthy and to help him grow. Remember that it is normal for babies to be born long before your due date - anytime between 37-42 weeks is considered normal.

My water is going to break in the grocery store

Pregnant film and television characters often begin their labour with a dramatic gush of water - in real life however, only a small number of labours begin with water and when they do it's usually a small trickle as the baby's head acts like a floating cork that keeps water from coming out more than a bit at a time. If you're really worried you can wear a pad in your last weeks of pregnancy (which has the added bonus of catching any pee if you let some out when you sneeze or laugh).

I won't recognise the signs of labour and won't make it to the hospital

There is a small number of women in this world who don't even notice that they are in labour, and sorry to say this but you probably aren't one of them. You might not recognise early labour, but once your labour waves come on more frequently, you'll know this is the real thing. Learn more about the signs of labour in chapter ten.

Birth will be too painful and demanding to cope with

Giving birth is something you've never done before, and the idea of pushing a baby out through your vagina may seem absolutely surreal. Reading books like this one will make you feel more confident. Find a childbirth education course that tells you what different stages of birth feel like and how to cope with them using different strategies. Be careful though - birth coping strategies are not one-size-fits-all. A book of positive childbirth stories will also make you feel more confident. Most importantly, trust your body - you've been doing great so far and giving birth is something that your body is made to do well.

My mum had a caesarean (induction, episiotomy, whatever) and I'm doomed to repeat it

You are not your mum (or your sister, best friend, or anyone else) and this pregnancy is a different from anyone else's. The chances that something that happened to someone you love will happen to you in exactly the same way are small. If you are making choices in pregnancy, birth and postpartum that are not usual in your family, you are in a way re-writing your family's birthing history, which is not easy. Writing a birth plan and preparing affirmations about your own pregnancy and birth can be helpful, and so can talking about your fears with a therapist.

I'm afraid of what will happen at the birth

Recognising your fears is the first step in working through them. Maybe you want to avoid an episiotomy or you don't want to be separated from your baby after birth. The first step is to choose a place of birth that will respect your wishes - talk to hospital staff about routine practices and look at their statistics. Alongside hospitals, consider birth centres and home birth. You can't control birth and what will happen, but you can decide what is most important for you and emphasise that in a birth plan. Be open to

making decisions during the process but know what things you don't want to compromise on. This is easier if you have a well-prepared partner or doula with you. More about that in chapter nine.

I'm going to do something totally gross during labour

Labour and birth are completely normal processes and the midwives and doctors that care for women and families have seen it all. You are not going to do anything they don't see on a daily basis - and honestly, they don't care.

I'm afraid I won't be able to breastfeed

This fear is most common in women who have breastfed before, but for some reason did not meet their breastfeeding goals or had a hard time. It also happens to women who really want to breastfeed but keep getting told that they won't be able to. Breastfeeding is a skill that mother and baby both have to learn. Taking a breastfeeding class during pregnancy and having contact with breastfeeding counsellors for issues during postpartum are good ways of preparing.

I won't know how to take care of my baby

If you haven't spent much time with newborns until now or if you are becoming a parent for the first time the idea that you will be responsible for a tiny human can be scary. But, thinking about it now means that it's important to you to be the best parent you can.

Newborns cannot speak, and your baby won't be able to tell you how to care for him. But his needs are very simple and over time, you will learn to understand his signals. Preparation through a good prenatal course can be very helpful.

Every female mammal is born with a mothering instinct. You are equipped for motherhood even when you have doubts about it.

Iva Podhorsky Storek, Croatian midwife

I will be a horrible parent

Maybe you didn't have great parenting models in your life, or perhaps you want to be a different kind of parent than you're used to seeing. Listen to yourself and think about the mum you want to be, and find parents in your area that can be mentors. If you haven't got them, talk to your partner and friends about what was most important to them when they were growing up, what they loved most about their childhoods. Research parenting styles and remember - this is your parenting journey. Take what you like from others and create a unique parenting model. Do what you can and be patient with yourself, you will grow into the role over time.

My life is going to change forever

Shifting your identity as you become a parent is a huge change. Yes, your life is going to change - your relationships and priorities will change, your daily routines will change. Becoming a parent adds another layer to the identities you carry in your life, but it doesn't mean you lose yourself in the process. Soon enough you will learn how to find a happy middle between your old identity and your new one, making time for your family and for yourself.

My body is never going to be the same

The pregnant body stretches and opens from the moment your uterus starts to expand, and in the weeks and months after you give birth it will start to get back to where it was before. Trust the process, have faith that your body will be your own again and that it will be what it was, and more, richer after the experience of pregnancy.

Sex is never, ever going to be the same

Just like everything in your life during the third trimester, sex and libido change too. They will be different but enjoyable in their own way, you just have to be creative. If you're not feeling comfortable with penetrative sex, know there are other ways to be intimate too and try out what feels good.

Take-away messages

- Identify what's upsetting you, and articulate it into a single sentence. Acknowledge it, and think about ways you can adapt to it.
- How you'll remember your childbirth is determined by several things: positive and realistic expectations, having supportive birth partners and caregivers and feeling in control of what's happening around you. You can increase your chances by finding a safe (for you) place to give birth, choosing who will be there with you and learning what's happening during childbirth and finding your personal strategy to cope with it.
- The third trimester is a time of preparation and change - embrace it and do your best to enjoy this time. And get as much sleep as you can!

Try this

Your baby is getting bigger and can clearly hear your voice and respond to movements. Here are some ways you and your partner can connect to him:

- As your belly grows and your baby's movements become more obvious, try playing a game with him - when he kicks, tap or poke your belly in the same place a few times and see if he responds with another kick or movement
- Tell your baby what is going on throughout the day and how you are feeling
- Read a story to your baby before bed
- Play your favourite music or sing your baby a song every day, repeating the same music or song so that baby learns to recognise it
- Tell your baby how excited you are to meet him and how much you love him

Do something for yourself, too

- Find a creative activity you like - painting, singing, playing an instrument, crafting, baking are all ways to get into the groove and flow.
- Help your stress and agility by doing stretching exercises every day - yoga is helpful but so are simple stretches and deep breathing
- Prepare and repeat some positive affirmations to yourself every day, like
    - I am strong, I can do this.
    - I love my body exactly the way it is
    - My baby is healthy, beautiful and strong
    - My baby and I are working together to make this pregnancy healthy and calm

Your Body and Mind During (and after) Pregnancy - Fourth Trimester

So I asked around and apparently I have a baby bump. And I'm here to tell you that I do - I do! I am not pregnant, but I have had three kids and there is a bump. And it will be my baby bump. Let's just all settle in and get used to it.

Jennifer Garner, actress

Symptoms from A to Z - Postpartum

Pregnancy is nine or ten months of your body changing and doing the enormous work of growing a new human. It's normal that it takes a while for your body, hormones and emotions to get back to a new normal. It's important to keep in contact with your midwife or doctor and to do postpartum checks (and we know it's not easy when you have a new baby). These are some of the normal physical symptoms you can expect after having a baby.

Although many things are normal after having a baby, it's important that you call your midwife or doctor if you feel any pain in your chest, have trouble breathing, are bleeding heavily or have a bad headache (more information in chapter eleven).

Aching muscles are normal after labour and childbirth, no matter how long you laboured - all that hard work for your muscles takes its toll. You also might have been in a certain position for a longer period of time, might have had a lot of weight on your arms and back, our you might just be tired after being awake for a long time and all that can cause your muscles to ache. This will get better over a few days. If you can, a deep massage can help, and so can some rest and a relaxing bath.

Afterpains happen as your uterus shrinks back to its normal size in record time - it took nine or ten months to grow the size of a watermelon but it will take only a few weeks to get back to the size of a pear. They can vary from woman to woman, and pregnancy to pregnancy; for some they are like labour waves that come and go, for some they are just pain in the abdomen while for others they are like menstrual cramps. They are stronger when you're breastfeeding because baby's sucking triggers the release of oxytocin, causing the uterus to contract even more (and faster, meaning less time with afterpains). Many women say that afterpains were relatively easy with their first baby, but were stronger with their second and later babies.

Afterpains are intense from about twelve hours after birth and last for about two days or so and then stop.

You will feel them whether you had a vaginal birth or a caesarean - but with a caesarean you also have the post-operation pain to deal with. To make afterpains more bearable after a vaginal birth, you can use a hot water bottle or hot rice pack on the affected area for relief, gently massage your lower belly, use light movements or deep breathing during cramps to cope with them. Also, make sure to urinate frequently. If you are in a lot of pain or have had a caesarean, ask your midwife or doctor for pain medication that's compatible with breastfeeding.

Backache, is normal after birth because of the changes happening in your balance and weight. It's also common if you've had an epidural or a caesarean where pain medication was injected into your back (especially in the area where the needle was inserted). Handling a newborn can mean that it can last weeks or months. One way to help is to put a warm pack on your lower back or to support your lower back with a small pillow when sitting or breastfeeding.

Vaginal **bleeding** for two to six weeks after birth is called lochia. Your uterus is healing but also shedding the lining of blood that provided nourishment for your baby during pregnancy. In the first few days after birth it should be like a moderate or heavy period with clots that can be quite large (up to the size of a small lemon). Over the next days and weeks the bleeding becomes lighter and stops. More information about lochia can be found in chapter eleven.

Constipation happens for a few reasons; in some cases it's because your rectum is just tired after labour and birth (baby's head pressed on your bowels as she went through your birth canal), hormones that cause labour can also cause constipation and so can iron supplements. If you had any sort of anaesthesia in labour or birth, this can also make constipation worse. The best way to deal with constipation is to make sure that you are eating foods that make your stool as soft as possible after birth - green, leafy vegetables and foods rich in fibre - and that you're drinking lots of water. Liquid chlorophyll supplements can also make your stool soft and provide extra nutrients after birth.

Give yourself time to pass stool, don't push or force (that might make haemorrhoids worse).

Changes in your **breasts** happen after birth as they get ready to produce more milk. More about breastfeeding and breast changes can be found in chapter eleven.

Faintness or feeling lightheaded after birth happens as your body gets used to its new (smaller) size and the decreased fluid in your system. It should get better within a few days and if it doesn't call your midwife or doctor.

Flabby belly makes you look five to six months pregnant after giving birth. It took nine to ten months to make all that extra room for your baby and it takes time to get back to your pre-pregnancy body. Be gentle with yourself, expect that it will take time for your uterus and muscles to return to normal. Until then eat well, exercise when you can and generally do your best - you will get to where you want to be with time.

Gas bubbles are common in the first three days after birth, especially in women who had a caesarean as gas bubbles get trapped in your abdomen. Gentle stretching, walking, changing positions often, avoiding carbonated drinks and staying hydrated are some ways of dealing with this.

Your **hair changes** after pregnancy too - all the hairs that didn't fall during pregnancy because of high oestrogen levels suddenly make a quick exit and you may find that about three months postpartum you are pulling out fistfuls of hair every day. There's nothing you can do about it and no magic hair product or supplement can prevent it, and between four and six months postpartum you will find that it will slow. This is a good time to give your mood a boost with a visit to the hairdresser for a new, shorter hairstyle. Some hair products can help you with hair volume and make it look like you aren't losing so much hair. Above all, be gentle with your hair, don't stress it out with harsh blow-drying, straightening or products. Making an effort to improve your diet and eat more nutritious foods can also help slow hair loss.

Healing tears and episiotomy may cause tenderness or stinging pain when urinating for the first few days after birth. You also might have trouble sitting for long periods of time. The pain will go away after a few days or weeks, but in the meantime, you can rinse during and after urinating with plain water using a peri-bottle or water bottle with a sports cap attached (squirt warm water around your vulva as you pee).

Cold compresses can be helpful (water bottle or wetting and freezing a cloth or menstrual pad) and so can warm baths. A donut-shaped inflatable cushion (or swimming ring) can help you with sitting in the first days postpartum. Experiment and see if it is more comfortable when it is fully or partially inflated.

Haemorrhoids happen because the strain of pushing and because your baby's head pushed on your bowels as her head passed through the birth canal. They should pass within a few days. You can use some of the techniques described under healing tears or episiotomy to help ease them.

Itchiness can happen as your skin tightens after birth (just like it did during pregnancy as it stretched) - a good way to handle this is to drink lots of water and use a good moisturiser. You can also feel itchy around your vulva and perineum, especially if you tore or had sutures. Gentle washing with water can ease this (see healing tears for more tips).

Low immunity is one of the not-so-great consequences of having a newborn. Lack of sleep, the stress of caring for a newborn and adapting to your new role, eating ready-to-eat foods (because you don't have time for anything else) can mean that you catch every little cold and virus that comes close to you. Remember that vegetables (especially leafy greens) and fruits are key to keeping your body and immunity strong. Asking for help and support from others to help care for your baby or prepare nutritious meals is one of the ways you can handle this, especially if you ask them to bring healthy meals and low-sugar seasonal fruit (see chapter two). Some may also help by minding baby while you sleep an hour or two. Also try to get outside with baby and get some sun - vitamin D is good for both of you and can boost your immunity.

Muscle pain is normal after birth, no matter how long your labour and birth lasted, all that effort was made by your muscles. It's possible that you spent a lot of time in a certain position, resting on your arms or back, or that you're just tired after being awake for a long time. The pain will go away after a few days and can be helped by massage, warm baths or just resting.

Pain after caesarean is normal, just as after any major surgery. You'll need lots of rest and time to recover. To sit or stand up after lying down, turn on your side and use your elbow and hand to get up; support your incision when you have to cough, sneeze or laugh, avoid stairs and heavy lifting and keep your incision dry to minimise problems. Don't lift anything heavier than your baby for the first few days and weeks. After the first three to six weeks you will be feeling much better.

Perineal pain after pushing out a baby seems logical, right? Some women also experience it due to the weight of their uterus on their perineum during pregnancy. Generally, you can follow the same tips as with healing tears and episiotomy.

Restless legs feels like a strong urge to move your legs, pain in your calves, aching or tingling in your legs and can be normal during and after pregnancy. This often happens at night, when you are sitting or resting. Nutrition can improve symptoms, especially supplements of magnesium or iron. Exercise, stretching and massage can also help.

Separation of abdominal muscles after pregnancy (or diastasis recti) happens to many women as their abdominal muscles move apart to accommodate a growing baby. You can tell that you have it if you lie on your back with your knees bent and do an abdominal crunch - look at your belly and if you notice that it bulges upward in the middle into a cone or triangle, you've got it. An experienced physiotherapist can help you deal with diastasis recti.

Stretch marks are an inevitable part of pregnancy and postpartum as your skin stretches and then shrinks after birth. Your large belly may have been hiding some of them from you, and after birth you notice them for the first time. These red lines will fade over time and become lightly silver. They're your body's memory of a time in your life, the tiger marks of motherhood.

Shaking, shivering and feeling cold are normal in the first days after birth. This has to do with your body adapting to blood and fluid loss and regulating its temperature in the way that was normal before pregnancy. A warm blanket and snuggle with your baby are great ways to ease this during postpartum.

Sweating after birth is normal as your body removes all the extra fluid it had been holding in the last weeks and months of pregnancy. It is also removing fluid that you may have gotten intravenously during labour. You will find that you are peeing more often and sweating more than usual, especially at night (you might need to change your pillowcase or pyjamas, as they get soaked). This usually lasts for a few days after birth and then stops.

Difficulty urinating after birth can be caused by labour and birth's effects on your urinary tract, because you didn't drink much in labour but it can also be because you are scared of the stinging feeling during urination that can happen in the few days after birth. Drinking a lot of clear liquids and applying hot and cold packs can make it easier - you can also try peeing in the shower to help relax your pelvic muscles and ease any discomfort.

Leaking urine or incontinence is normal after pregnancy, no matter if you had a vaginal birth or caesarean. As your vaginal and pelvic muscles go back to their normal position and tone, this will get better and should be enormously better by six-weeks postpartum.

Vaginal dryness might surprise you the first time you try to have sex postpartum, especially if you are breastfeeding. This is because of hormonal changes after pregnancy, and will continue so long as you're exclusively (or intensively) breastfeeding. As your baby starts solids, you'll notice that you will have less dryness. Until then, try out some natural, gentle lubricants when you're having penetrative sex.

Less tone in your **vaginal muscles** is part and parcel with pregnancy and birth - no matter how you give birth. Your vaginal muscles are designed to stretch and contract and, in a few weeks or months they will return to their normal tone. If you are concerned, think about visiting a pelvic physiotherapist for help and advice on how to tone the muscles.

The Emotional Rollercoaster - Postpartum

The time after you have a baby is filled with change as the reality of having newborn and becoming a parent come into your life. As overwhelming as it may seem at times, remember that you only have a newborn for a month, and you only have an infant for a year. The difficulties you are facing now will pass and things will get better, you have to hang in there and trust the process, much like you did during pregnancy. That said, it takes a village to raise a child, and it's important and necessary to ask for help from people in your social circles - your partner, family, friends, neighbours and beyond.

My body is never going to be the same

It took nine or ten months for your body to grow a baby, and it will take time for it to get back to a new normal. There is no such thing as "bouncing back" and it takes time to grow into your new role of being a mother. It's OK to take all the time you need and get all the help you need to do this. You'll be shocked to see how much your body changes in just the first six weeks postpartum, and how much you start to feel like yourself again only a few months after birth.

Sex has changed forever

The vagina is an amazing organ, it stretches and grows and then shrinks again, it is a source of life and pleasure. That said, it takes a few weeks (or even months) for sex to feel really good again. Be patient, try different positions and allow time for foreplay, use lubricants, be creative about where and when you have sex (because, sleeping baby). Intimacy is more than sex and carving out an hour or two for you and your partner by asking grandparents to watch baby can work wonders for your relationship.

I feel all touched out

When you have a newborn it's normal to feel like you have had enough of people touching you. It doesn't make you a bad parent or partner, it doesn't mean you have lost interest in your partner or your baby but it does mean that you might need to take some time for yourself. This doesn't have to be extravagant - running a warm bath, reading a book in the park while your baby sleeps in a stroller, or asking your

partner or loved ones to take over baby care for a few hours can be very helpful.

This period may feel like it lasts forever, but it won't.

My relationship with my partner will never be the same

The postpartum period is a huge challenge for every relationship. It's important to be open to communication, to share exactly what you need and to listen to each other, even if you don't understand each other's viewpoints. Be constructive, talk about your needs instead of blaming each other for not meeting them and make sure to let your partner ease into his own role as a parent. He's not the same as you and that's OK, you're both learning.

I can't do this

Here's the thing - you are doing it. Every day, every minute, you are being the best parent you can be, and that is enough. That said, it's OK to ask for help and to tell loved ones exactly what you need to help you on your parenting journey. From caring for baby for an hour or two, preparing a meal or helping out with errands or chores, ask. People want to help but need to know how.

I can't get anything done

Also called "I should be doing ... instead of caring for the baby or myself." Many parents experience it in the first months of intensively caring for a newborn. Yes, it's true that it takes you a longer time to do things than before baby was born and that's OK. Concentrate on what you are getting done and enlist as much help as you can for the rest. Reframe your thinking - I am sleeping when my baby sleeps because right now, rest is more important to my baby and I than clean dishes are. Not being perfect is the new normal. It's up to you to choose your priorities – and remember, your baby will only be happy when you are happy.

I'm being judged for my choices

Parents, especially mothers, are a common target for unsolicited advice and judgement. There are two things to keep in mind here: one is that sometimes it's not that someone is judging you so much that you feel

guilty about a choice of yours and you are projecting that on others. Ask yourself if you are feeling guilty and if you are, think about why your choice was right for you and why you shouldn't feel guilty for it. Second, the judgement you are getting tells you more about the person who is judging than it does about you. Looking at it from that perspective can help you distance yourself from what you are being told.

In reality, if we are comfortable with our choices and respect each other's choices, there is no need to start up a parenting war. Do your part not to propagate them by doing the same to other families.

Who am I anymore?

You are who you were before having a baby, with the added identity of being a parent in addition to all the identities you had before. In the short run, you are probably giving all your energy and time to your newborn, but this will change as your baby grows and you will have more time for yourself again. Be open to the change, you are a better person for it, and know that in the next few months you will have time for yourself again. If you need that time sooner rather than later, ask your partner, family and friends to step in and support you.

I feel alone and isolated

Spending the majority of your time caring for a newborn at home is a sure way to start craving adult conversation and company. Take your baby to cafes, baby and parent programs, library programs, family and community events, anything that helps you to feel connected to other adults. You don't need to lock yourself up inside - it's worth making the effort and getting out with baby. Other parents with children the same age as yours can be a huge source of support through your parenting journey.

I don't know if I have postpartum depression

There's a lot of talk in the media about postpartum depression, but postpartum anxiety and post-birth stress syndrome are also different things parents (yes, it's not just about mothers!) can experience. More information about these are in chapter eleven.

Take Away Messages

- Your body and your emotions are going through new experiences (and showing you symptoms) that may be strange and new to you, but are very normal and expected
- Your emotions, mental health and relationships are as important as your physical health and deserve (and need!) your attention.

Call your midwife or doctor immediately if you are having any of these symptoms:

- Feel deep pain, swelling, redness, warmth or tenderness in your legs (especially in your calves)
- Changes in your vision, dizziness, headache, pain on your right side or in your shoulder, trouble breathing or sudden swelling in your hands, arms and face
- Chest pain or gasping for air
- Feel confused, faint, have chills or are very cold

Call your midwife or doctor within a few hours if you are having any of these symptoms in the week after birth and beyond:

- Fever over 38C (sometimes, fever can be normal postpartum, to help you “sweat out” the excess fluid from pregnancy, but you should report anything over 38C to your midwife or doctor).
- Discharge, pain or redness that doesn’t go away and gets worse around a caesarean cut, episiotomy or vaginal tear

Call your midwife or doctor within a few hours if you are having any of these symptoms a week or more after birth:

- Pain or burning when you pee, pain in your lower back or needing to pee very often
- Severe pain in your lower belly after your afterpains have ended
- Vaginal discharge that smells bad or very different

Try this

Write affirmations like these on a piece of paper and put in a visible place you pass by regularly. Repeat them a few times a day:

- I deserve to care for myself every day
- I am a great mom
- I am doing my best and that is enough
- It's OK that it takes longer to get things done
- I am surrounding myself with people who love and support me
- My baby is growing quickly and it's ok to want to spend time with her
- I won't spoil my baby if I carry her and breastfeed her on demand
- I know I can (and I will) ask for help when I need it

Do a check to see how well you are taking care of yourself. How many of these questions can you answer “yes” to? How many do you wish you could say “yes” to? How can you change things to have these needs met?

- I am eating well and paying attention to my nutritional needs
- I eat fresh food every day
- I drink enough fluids every day
- I am listening and responding to my body when I am tired, hungry, thirsty
- I nap when I can
- I spend time outdoors a few times a week
- I get sunlight a few times a week
- I take good care of my physical health
- I take good care of my teeth, skin and nails
- I get exercise a few times a week
- I do things that bring me joy and satisfaction a few times a week
- I ask for help when I need it
- I forgive myself when I make a mistake
- I make time for important relationships with people I care about

Adapted from Natural Health After Birth by Aviva Romm

Everything You Need to Know About Birth

How a woman gives birth matters - to her baby's long-term health, to her family (including her relationship to her partner) and to her mental and physical health and self-confidence and self-esteem as a woman and as a mother.

Penny Simkin, doula and author
The Birth Partner

The Real Deal

Birth is not what it looks like on television and in films. It usually doesn't start with a gush of your waters releasing, it doesn't involve high-pitched screams and your first instinct is definitely NOT to lie down. Most of us have to re-learn what labour and birth look like and to learn a lot about our bodies in the process. In this chapter, we will go through some of the things you need to know about how your body works during labour and birth, with the goal of helping you make YOUR best choices informed by basic information on biology and physiology.

What is physiology?

A word that we use a lot in pregnancy, labour, birth and postpartum is physiology. The term basically means what the body does under normal circumstances to get a certain job done. For example, to get oxygen into your blood cells, the normal physiological process is for you to breathe in and out and for your body systems to distribute the oxygen where it needs to be. Most of the time this gets done perfectly without any interference, but sometimes and under special circumstances, you need help. The same is true of pregnancy, birth and postpartum - your body knows what to do, and if left alone in most cases it will get the job done well. After all, giving birth is a normal bodily function just like breathing is. But just like physiological breathing, physiological birth requires a few basic conditions to help it along - more on that in coming paragraphs. Physiology is also a much more accurate term than "natural" or "vaginal" birth which can be varied and have different meanings for different people. Physiology isn't just about you and your body's processes, it also involves your baby's adaptation to life outside the womb.

A normal physiologic labour and birth is one that is powered by the innate human capacity of the woman and foetus. This birth is more likely to be safe and healthy because there is no unnecessary intervention that disrupts the normal processes. Some women and/or foetuses will develop complications that warrant medical attention to assure safe and healthy outcomes. However, supporting the normal physiologic processes of labour and birth, even in the presence of such complications, has the potential to enhance best outcomes for the mother and infant.

Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by American Midwifery Organisations ACNM, MANA and NACPM (2013)

Usually, physiological labour and birth involve:

- Labour beginning on its own and progressing on its own
- A vaginal birth of the infant and the placenta
- A normal amount of blood loss after birth
- Mother and newborn being together after birth in direct skin to skin contact
- Waiting for the umbilical cord to be white and limp before clamping
- Initiating breastfeeding soon after birth

Physiological birth is not an all-or-nothing experience - including any of these in your birth and postpartum can make these easier for you and your baby. For example, you can have a caesarean section with skin to skin contact and breastfeeding soon after birth, which can help you and your baby with postpartum adaptations.

Some things interrupt the physiological process of birth, like:

- Induction of labour or being given drugs that speed up and strengthen labour waves (also known as augmentation)
- Pain medication
- Not being able to eat or drink in labour
- Harsh environment (bright lights, a cold room, no privacy, no supportive companions, many healthcare providers)
- Time constraints (having to give birth within a certain period of time, shift changes)
- Any situation where the mother feels threatened, unsafe or unsupported
- Birth with episiotomy, vacuum, forceps, fundal pressure, caesarean
- Immediate cord clamping
- Separation of the mother and baby after birth

It isn't your job to ensure a "perfect" physiological experience for labour, birth and postpartum. However, it is your healthcare provider's job to provide an environment and way of working that respects the physiological birth processes and gives your body the best chance to do its job well. When choosing your providers and place for birth, you can ask them what THEY do to ensure that you have the best chances for a physiological process. Their answer will tell you a lot about the way they work and help you decide if that's the right kind of care for you.

Physiology isn't a perfect ideal that you have to obsess about achieving. Instead, think of it like a way of making things as smooth as possible for you and your baby as you go through an important body and life process together. Even if there are some unplanned changes or detours along the way, ensuring that you have at least some components of physiological birth make it easier for both of you.

Your baby is an active participant in the birth process. She works to help open your cervix and works with your labour waves and moves around and helps find the best position to get out of your uterus and through your pelvis. Nature has equipped her with the reflexes and moves to do this in a well-coordinated and efficient manner – it's up to us to provide her with the chance to move around.

What does labour feel like?

We are often told stories of how horribly painful, messy and generally awful labour and birth are - but are these necessarily true for all women? Perhaps we can look at these processes in another way - labour and birth are hard work, much as training for a race, climbing a mountain or getting an education can be hard work. We know and expect that these processes will need our full attention and effort, and that the feeling of accomplishment at the end is unbelievable. We may have helpers along the way, but we know that the processes are ours to complete (that makes the end even sweeter and more meaningful).

Labour and birth are similar - they are intense life experiences that, to an extent, we shape with our own thoughts and preparation. If we are prepared for an intense process and are sure that we have the help we need to succeed, they can be gratifying and even pleasurable. If we are expecting a horrible process that we have to endure at all costs and don't have the support we need, the process is much more difficult.

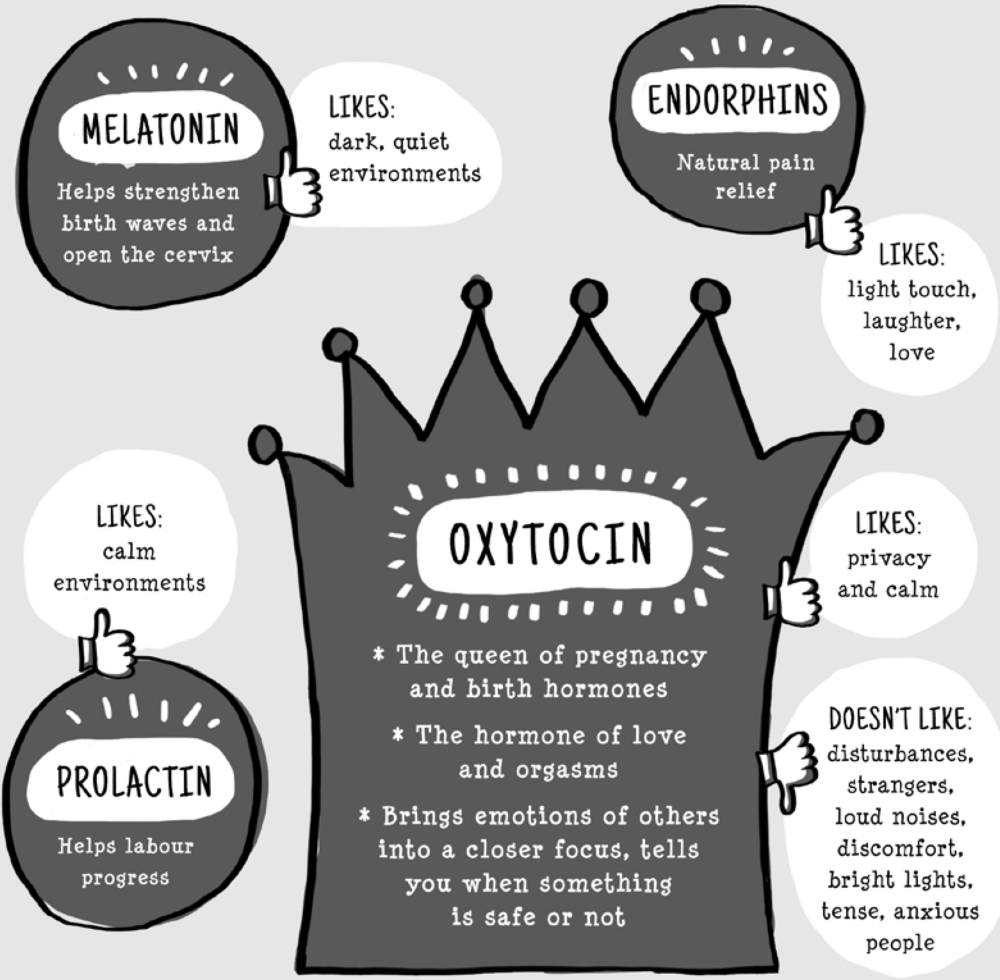
If you're not sure if you're feeling labour waves, if you are heading out (or arriving) at the hospital or birth centre, calling your midwife or doula, whatever you do - don't post about it in chat groups or on social media. You'll be inundated with calls and messages that will only distract you and give you stress you don't need. Remember, your hormones need privacy.

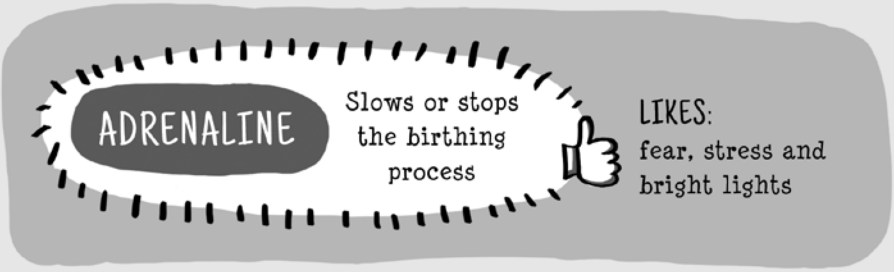
An intense feeling

Labour and birth waves give you the message of relaxing, surrendering, going with the flow and realising that the processes is part of you, but is bigger than you. Working with your baby, changing positions and finding what works best for you at that particular moment can make an enormous difference. The exact way a birth wave feels as it begins and climaxes is different depending on where your baby is in your pelvis, but generally it begins towards your back (a feeling similar to the first day of your period) and moves forward towards your belly button.

A labour contraction is like a wave - it comes slowly, reaches a climax and then retreats slowly. You can picture it as a wave starting at the fundus and moving towards the cervix. For this reason we use the term labour waves throughout this book.

The Hormonal Orchestra





The Hormonal Orchestra

Your hormones are like a finely-tuned orchestra that work together in perfect harmony to bring your baby from your uterus into your arms. When one of these hormones is disrupted (usually by some type of outside interference) it's like one of the instruments in the orchestra going off tune, confusing the rest of the instruments and the melody. Sometimes, that instrument can be re-tuned and brought back into the orchestra but other times you need outside intervention to help the orchestra make that beautiful music again.

For this reason, it's important for the hormones of birth to have an environment where they can do their work. What each of them do, like and don't like is explained in this illustration.

Hormones in late pregnancy and early labour help prepare you for an efficient labour and birth, lactation and attachment, help ensure your foetus will tolerate labour and transition to live outside the womb easily. During active labour, your hormones will ensure that your postpartum uterine waves (contractions) are effective at bringing baby lower and out of your body. After birth, hormones and skin to skin contact help prevent excess bleeding, initiate bonding and help successfully establish breastfeeding.

Optimising the release of hormones during labour and birth

Your environment and state of mind are key in helping your hormones do their work to labour and birth. First and foremost, women who are giving birth must feel fully safe to optimise their hormonal orchestra - the hormonal process is similar to the conditions you need to reach orgasm, and can include needing

- To have full privacy, since feeling watched or judged inhibits the production and release of oxytocin. You need to feel free to move around and make the noises that feel good (often, these are low noises that sound orgasmic)
- To be with people who you make you feel safe and cared for (which is why knowing your healthcare providers is so important)

- To feel fully undisturbed, with those present being quiet and unassuming, not talking to you, touching, interfering or getting out of your “zone” of concentration
- Warmth and darkness, which stop the production of adrenaline and encourages the flow of melatonin

To optimise the flow of hormones during labour and birth, the environment has to be as low-stress as possible. Low stress levels help your labour progress, help you cope with labour waves (and reduce the need for pain medication), help control your bleeding after birth and help your newborn adapt to life outside the womb.

Oxytocin and adrenaline are antagonists - that means they cannot be present in your body the same time. If you are stressed or afraid, you cannot release oxytocin.

The Foetal Ejection Reflex

A complex cocktail of hormones happens just at the time of birth and if the hormonal orchestra is perfectly tuned and you feel fully undisturbed, you can have the foetal ejection reflex. When this happens you may suddenly move into an upright or forward-leaning position and have a series of labour waves where your body pushes the baby out without you making much (or any) effort.

After birth

French obstetrician and author Michel Odent says that it’s important not to wake the mother after birth - and he’s right. After giving birth your oxytocin levels peak to the highest level you will probably ever experience. It’s a real-life Cupid’s arrow that makes you become enchanted and fall in love with your baby. That’s why it’s so important to keep mother and baby together from the moment baby is born and not to disturb them. Once baby is born, he should be put on your belly skin to skin and depending on the length of the umbilical cord (and whether the placenta comes quickly or not) should be in your arms as soon as possible. Measuring baby and doing other routine checks

can (and should) wait - your midwife or nurse can monitor your baby without disturbing you.

Baby is very alert in the first hour after birth, with eyes wide open, taking in the world around him. Because his eyes are so wide open (and because he's just come out of a dark environment) dimmed lights help him adapt more easily. Keeping the room warm, quiet and calm helps increase the production and flow of oxytocin and prolactin, which improves breastfeeding and slows postpartum bleeding.

The placenta (or afterbirth) is born usually within an hour of baby being born. Once baby and placenta have been born your body's next job is to start reducing the uterus back to its original size - basically it's going from the size of a watermelon to a medium-sized pear in just a few weeks. For the first few hours and days after birth, when baby breastfeeds you will feel your uterus contracting more vigorously - baby's sucking stimulates hormones that help your uterus contract (see chapter seven for more information on that).

What if my environment is not ideal?

Humans are mammals whose birthing process has evolved over thousands of years. When our ancestresses were living in the wild, they had to have the ability to stop labour if they felt they were in danger. This is done with a surge of adrenaline, the hormone that gives us the fight or flight response and helped our ancestresses stop labouring until they found a safe space to have their baby in. We don't live in the wild anymore, but we do sometimes birth in environments that are stressful and can prevent our hormones from doing their jobs. In cases like these, labour can start and stop more often, may stop progressing and the need for assistance in birth (like artificial hormones, instrumental or caesarean birth) increases. That's why it's important to choose your birth place with care, and to make sure that your environment and the people in it work in a way that supports the hormonal orchestra.

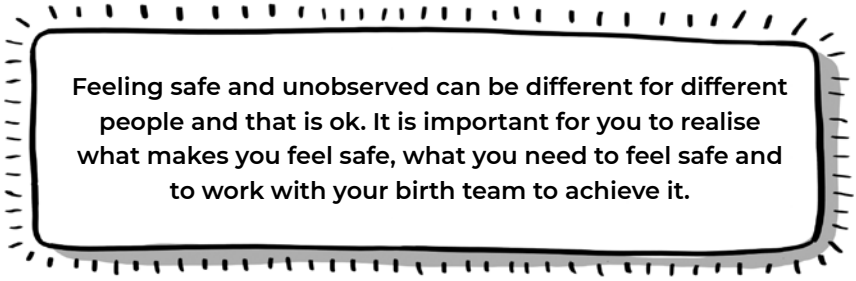
Brains and Sphincters

Understanding how your brain and your sphincters (muscles that surround openings in your body, keeping them open or closed) work can help you understand what is needed to help make your labour and birth experience easier and more pleasurable. In fact, this information can also help you to achieve orgasms because both involve similar hormones.

Old brain, new brain

As humans evolved, our brains grew to include a complex structure called the neocortex. Thanks to the neocortex we can use language, logic and be rational - usually good things. However, according to theories by French obstetrician Michel Odent, the neocortex should not be stimulated in labour. His theory is that the more primitive structures of the brain, those that control our instincts and release hormones, cannot work well if the neocortex is being stimulated. This is especially true during labour and birth, when a woman should be able to use the instincts of the primitive brain.

When a woman's neocortex is stimulated too often - like when people ask her too many questions, when she is exposed to bright lights or feels observed – she cannot relax into her instincts. This is not to say that women shouldn't talk during labour and birth, but instead once labour begins and she is in her "zone" she should be left alone, especially during a labour wave and when she is intense labour. Some women describe this as feeling as if they are on another planet, cut off from civilisation and find it acceptable to do things they usually don't, like swear, scream and speak their mind without any filters. When you use only your primitive brain, your hormonal orchestra can do its work easily.



Holding it in, or letting it out

Ina May Gaskin, a midwife from the United States, observed and described something that cultures around the world have known for thousands of years - and gave it a name - The Sphincter Law.

Sphincters are the muscles at your body's openings. They are normally closed tight but can relax and open up to let something through - like your anus (which lets out poo) or urethra (which lets out pee). You control both of these to some extent, but to relax and open your sphincters you need to feel safe and calm. Think about a situation when you were peeing normally and someone stormed into the room and startled you - your sphincter probably closed tight and the flow of urine stopped. Although it is not a sphincter, your cervix works in a similar way – in order to soften, open and shorten it requires privacy and that you feel safe and calm.

Some general rules about sphincters

1. They don't obey orders

Just because you tell a woman not to push, doesn't mean she can stop pushing.

2. They work best in private, familiar surroundings

Watching a woman under bright lights, having people walk in and out of the room or being in a room where there is no door all make it more difficult for the cervix to open.

3. They can close if you are startled or suddenly frightened

A woman can be nine centimetres dilated at home, but close up to five centimetres when she comes to the hospital or birth centre. This is a normal response that was very useful when our ancestresses lived in the wild, but isn't so useful anymore.

4. Laughter helps sphincters open

If you are relaxed enough to laugh, it is easier for your sphincters to open. Laughter also releases endorphins which help labour progress.

5. Slow, deep breathing helps sphincters open

Breathing into your stomach causes you to relax and causes your muscles to relax. This is especially helpful if you have practiced yoga before and have experience relaxing in this way.

6. Relaxing your mouth, throat and jaw helps relax your cervix

Open your throat and make a deep, loud sound like „oooooo“. This helps relax and open your cervix. Opening your mouth wide and softening your jaw is also helpful.

Reading or sending text messages, calls or social media posts make you feel watched and stop your sphincter from opening. Put your mobile devices away during labour!

Moving in birth

Being mobile in labour is critical to helping your body open and helping your baby make its way down and out of your body. Being mobile also helps you to cope with labour waves and find positions where they are more bearable, which means that you will be able to cope without medical pain relief.

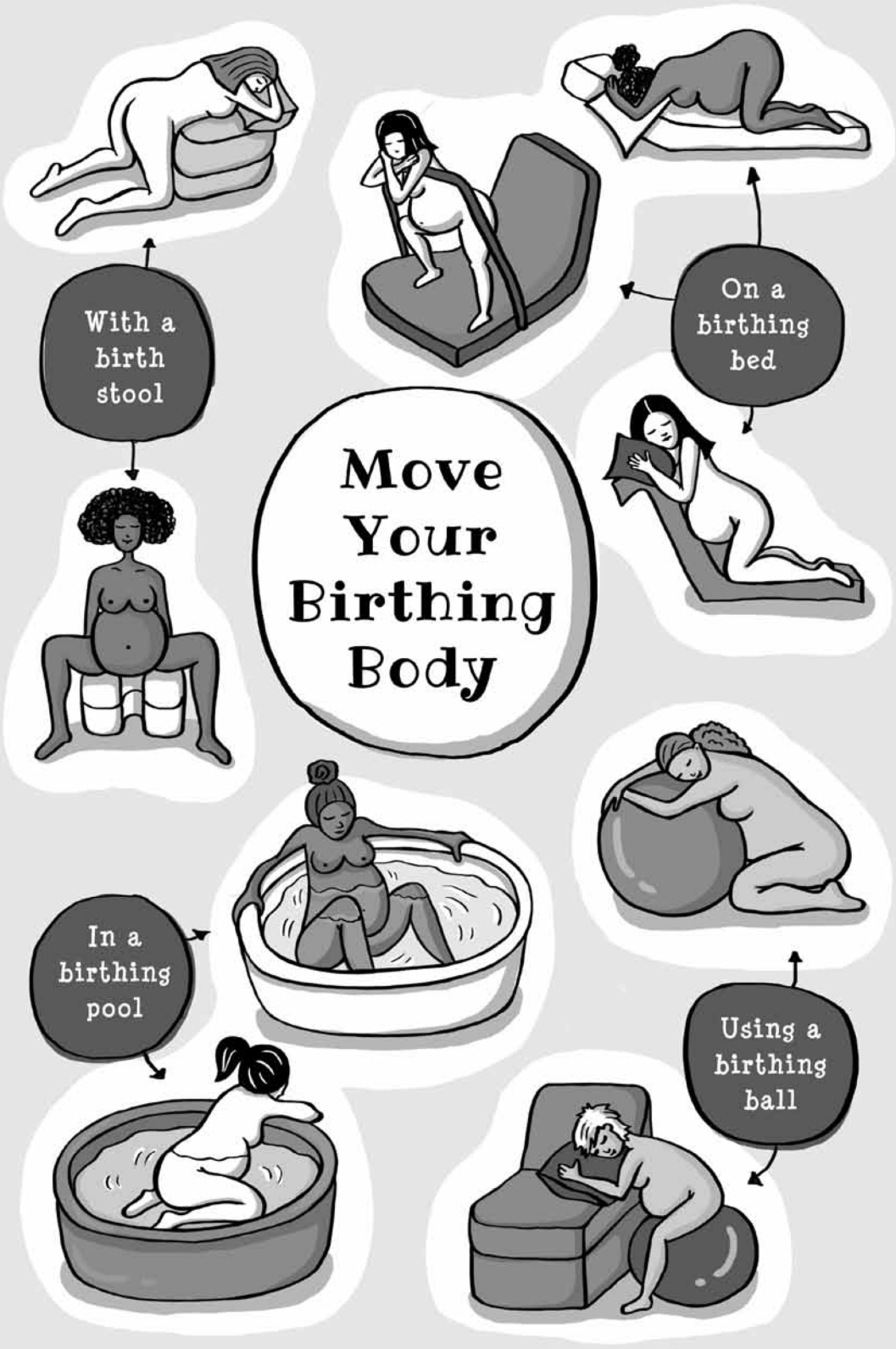
Do you really want to be on your back?

Labour on television and films usually shows women who are lying on their backs. This is not the position most women would choose for labour and birth though, given the choice, because this position makes your pelvis smaller and puts your tailbone in baby's way as it moves through the pelvis. It puts pressure on your back that can be very painful during labour waves, and means gravity is working against you instead of helping you help your baby to move down and out of your body. On the other hand, being upright helps the uterus to contract more strongly and helps maintain good flow of blood and oxygen to your baby. Being upright also makes the first stage of labour shorter and makes it less likely that you will need a caesarean.

That said, there is a small number of women who feel best on their backs - and if your body is telling you that's the position it wants, listen to it. However, know that there are so many other (easier) positions to try.

There is no perfect position

The best position to take is the one that feels good for you at any given moment. It may be helpful to try out a few different positions and see what works for you at a certain point - what works during one point doesn't always work during another. The furniture available in your birthing space can be used in different ways, as shown in the illustration. A variation of the all fours position is one that many women find helpful, especially during second stage (pushing). Even in a hospital, modern birthing beds can be modified to help you choose a position that works for you - birthing stools and pools can also be used in different ways to help you find positions that make you feel good.


Move Your Birthing Body
With a birth stool
On a birthing bed
In a birthing pool
Using a birthing ball

There are no positions that are dangerous for you or your baby. If it feels good for you, chances are it is also comfortable for your baby.

The phases of labour and birth

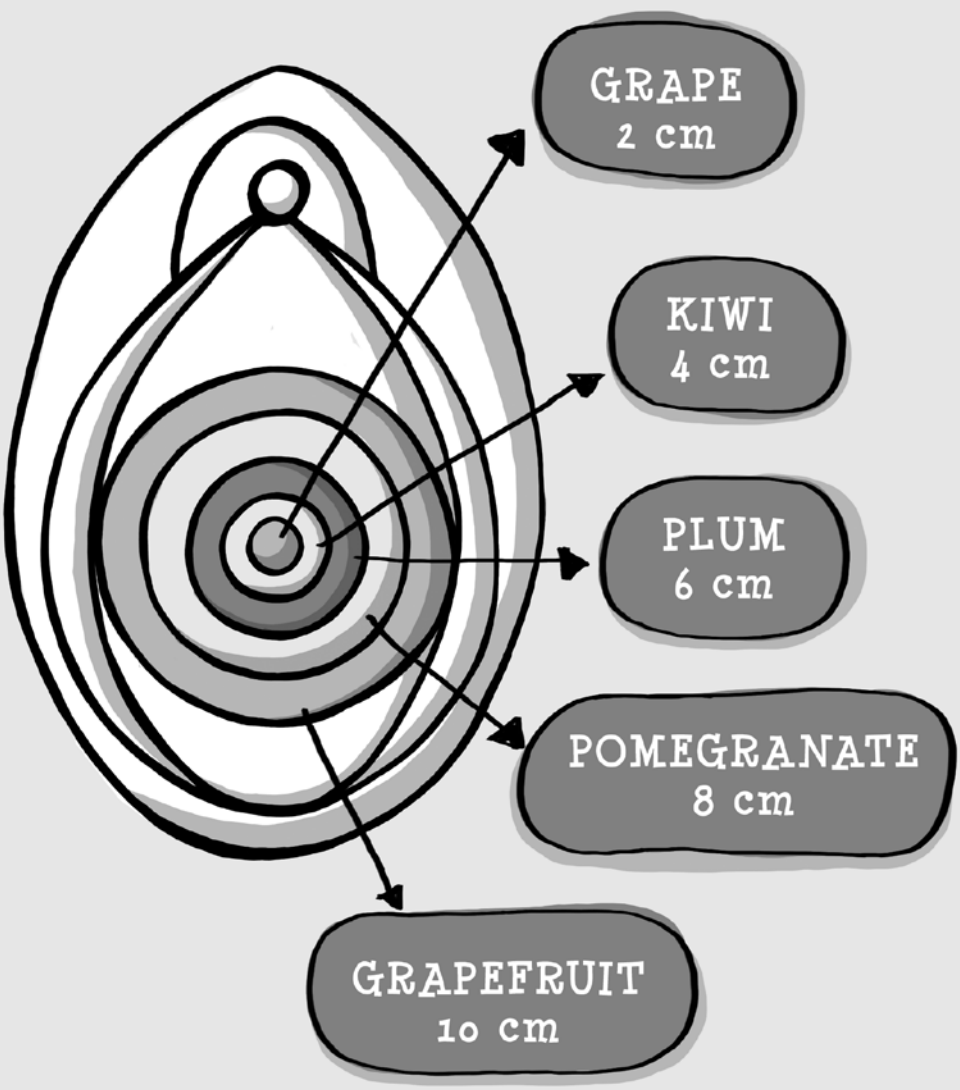
During labour and birth, your cervix stretches and shortens until it disappears and opens – growing from the size of a grape to the size of a grapefruit. At the same time your baby's head moulds to fit through your pelvis and help your baby make its way out of your body. The labour and birth processes are divided into four stages - the first, where the cervix softens and opens (dilates), the second, where the baby is pushed out, the third, between the birth of the baby and the birth of the placenta and membranes and finally the fourth, lasting a two or three hours after birth. We've also added a zero stage, because realistically, everyone goes through it.

What happens during the zero stage (waiting)

The zero stage of labour is basically when you are at term and waiting for something - anything to happen. You are aware of even the slightest changes and wonder whether this is IT. Well-meaning friends and family are calling and texting to ask if anything is going on and probably driving you crazy. You might start to retreat into your own little bubble at the end of pregnancy, preferring being quiet, doing things alone or spending time alone or with only one other person (that's part of your hormonal orchestra starting up!). At the same time your body is busy getting ready - your cervix is getting softer, it starts to point towards your front as opposed to your back, and it starts to become thinner and shorter. In some cases, it also starts to dilate (open).

The zero stage is easiest if you have a project - something not too difficult or stressful that will take your mind off the fact that your labour can start at any time. Preparing meals to freeze for postpartum is a great activity, taking long (but not too strenuous) walks or doing something artistic or creative are activities you can try. Turn your phone on silent, only speak to the people you want to speak to and concentrate on yourself and your own needs. Above all, get lots of rest - you never know when labour will begin.

OPENING


GRAPE
2 cm
KIWI
4 cm
PLUM
6 cm
POMEGRANATE
8 cm
GRAPEFRUIT
10 cm

What happens during the first stage (opening your cervix and getting the baby in a good position)

The first stage of labour is usually the longest, especially for first time mums. During this stage your cervix will continue to become thinner and shorter and slowly open. As your cervix opens your baby will find its best way to move into your pelvis, tuck her head onto her chest and turn her head to pass through your pelvis, moving lower and lower until she is born. The first stage is so long that it is divided into three phases - we will call them first phase, or Something is Happening, second phase or This is for Real, and transition or I Don't Know if I Can Do This.

Phase One – Something is Happening

The first or latent phase starts with noticeable but mild labour waves that can feel like menstrual cramps or a backache. These last about 30 seconds and are far apart (15 minutes or more between labour waves) or irregular. This phase of labour can last from a few hours to a few days or weeks - for some women the labour waves come every day for a few days in a row (noticeable or even painless), while for others this phase lasts a day or a few hours before the next phase. The labour waves do not require all your attention and you can usually talk through them.

During this phase, it's important to get as much rest as you can and to go about your daily life as usual. Keep your routine normal and don't pay too much attention to the labour waves, the more you think about them (and release adrenaline because of the excitement and nervousness) the longer this phase of labour can last. It's also a good idea to have a light snack for energy, stay hydrated and to urinate often (a full bladder can slow labour, too). Don't check numbers, measure labour waves or anything else. Occupy yourself with something else. You're usually at home during this stage, and that's ok, there's no need to rush anywhere.

Phase Two – This is for Real

The second, active phase of first stage begins when your labour waves become longer and more regular, with a shorter time between the beginning of one and the beginning of the next one. Now your labour waves require your full attention and you may need to use some coping techniques to get through them (see chapter nine for more

information). It is very important to keep moving in this phase of labour, stay hydrated and urinate often. During this phase your cervix opens quickly (compared to the previous phase).

Phase Three (transition) – I Don't Know If I Can Do This

Transition is one of the most intense phases as your cervix opens fully and your body gets ready for the pushing stage. Think about it as your body switching gears and moving from one activity to another. During transition you may feel hot and sweaty, cold and shaky, nauseous (maybe even vomiting), sometimes alternating between these. As baby's head moves lower and puts pressure on your bowels, you will feel like you have to poo – this is a good sign. Psychologically, this is the phase where you might feel like you cannot handle labour any longer, where you sometimes say crazy sounding and strange things. It's all a normal part of transition.

What happens during the second stage (pushing)

During second stage, baby's head moves down into the pelvic outlet and often turns so that he is facing your back. Your body switches from opening to working with the baby to help him to be born. It can be short or long, lasting from a few minutes to two or three hours. It is shorter for women who have already given birth and longer for women who are using pain relief. Some signs that second stage has begun are increased mucous with streaks of blood called bloody show, passing stool, the urge to push during labour waves. We'll divide second stage into four phases – the first one, or Rest, the second, Helping Baby Out, the third, Ring of Fire and the fourth, Birthing the Baby's Head and Body.

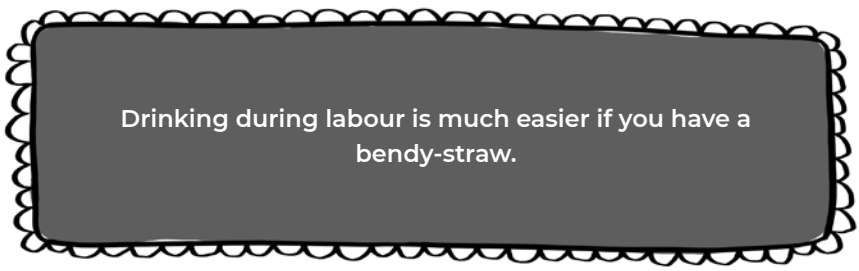
Phase One - Rest

Sometimes you have a chance to get some rest between the opening and pushing phases, because labour waves slow down or stop for a few minutes. It is short, lasting between 5 and 30 minutes (although it can be longer). Some women may have a nap between labour waves during transition, gathering up the energy for the next phase.

Phase Two - Helping Baby Out

This very active part of second stage happens when you get the urge to push, an urge you can't stop that moves the baby through your cervix and into your vagina. You might feel pressure on your bowels and your perineum, and have the urge to poo (and you might poo or pee during this phase – that is totally normal and is a good sign). Your labour waves may become less frequent, but also stronger.

Upright positions in second stage help you cope with labour waves, and generally make the second stage shorter. Position changes can also help your baby take a position that is easier to birth. Try to drink in between labour waves, at least one or two mouthfuls of water during each break. The urge to push may be overwhelming and you might be scared and want to fight it off instead of working with it. Know that this is a normal and important part of the birthing process and that you can do it. When you feel the urge to push during a labour wave, listen to it and put your energy downwards, helping your baby move down and out.



Phase Three – Ring of Fire

You might also feel the "ring of fire" as your baby's head stretches the elastic tissues of your perineum (if you need a reminder about what's what, see chapter one). Baby's head comes out slowly, moving forward during pushes and coming back in between labour waves, slowly moving more out than in. If baby is coming very quickly, your midwife or doctor might try to slow it down and give your tissues time to expand, or may suggest that you push more slowly by gently blowing or panting – this helps reduce tearing.

Phase Four – Birthing the Head and Body

Baby's head is visible (you can reach down to feel it!) and doesn't move back into the vagina after a labour wave. Normally, the baby's forehead is born, followed by its nose, mouth and chin. As the baby comes out it turns and allows the shoulders and body to be born. Your labour waves might stop for a bit as the baby's head rotates, and you might feel the baby kick and move as it is born. Once the head and shoulders are out, the rest of baby's body slides out.

If the baby's umbilical cord is wrapped around its neck, at some point after the head is born the midwife or doctor will slide it over baby's head. As long as the cord is not tight and blood is still flowing well, this is not a problem. Remember, baby isn't breathing until it is born, and even then it is still receiving oxygen rich blood from the placenta.

One in three babies have their cord wrapped around their neck (sometimes two or three times) - the cord is covered in Wharton's Jelly, which prevents the umbilical cord from being pulled too tightly (even in the case of a knot) and almost always allows blood to move freely.

What happens during the third stage (birth of the placenta)

As your baby is born and your oxytocin levels surge, your uterus begins to contract and the placenta comes off the uterine wall. Labour waves continue and help the placenta come out. Sometimes women feel the urge to push the placenta out, while other women stand up or squat and the placenta slides out. Birthing the placenta is much easier than birthing a baby, since it is soft and much smaller. Some women describe it as a nice feeling, or a relief as it slides out.

The third stage can last between ten and sixty minutes; however in many hospital settings the policy is that a woman is given an injection of synthetic oxytocin immediately after baby is born to help keep her blood loss low and help birth the placenta. While this may be a good

policy in hospitals where the environment might not support the hormonal orchestra for a physiological third stage, you can ask to delay the injection and have it only in the case of a placenta that is slower to birth or in the case of greater blood loss. At birth centres or at home, midwives usually work hard to create an environment that supports the hormonal orchestra (dark, warm and calm environment with baby and mother skin to skin) to support a physiological third stage. They wait and give synthetic oxytocin only if it is needed.

The surge of oxytocin you get when your baby is born will never happen again - spend your time looking into your baby's eyes and falling in love. Phone calls and photos can wait an hour or two - keep your mobile phones away.

What happens during the fourth stage

Your midwife or doctor will check your perineum and monitor your bleeding during fourth stage. Your uterus will now begin shrinking to its pre-pregnancy size, a process that will take a few weeks – by six weeks will be back to its pre-pregnancy size. In addition to this, the separation of your placenta leaves behind a wound on your uterus about the size of a dinner plate (about 18cm in diameter). Your midwife or doctor will continue to check and massage your uterus to make sure it remains firm and contracted. Your legs may begin to shake, this is normal and a warm blanket can help. Once the fourth stage is over, about two or three hours after birth, if you are at the hospital you will be moved to a room on the ward. At home or at a birth centre your midwives will make sure that you are comfortable and well before leaving at the end of fourth stage, returning in a few hours for your first postpartum visit. If you had a perineal tear that requires stitching this will likely happen between third and fourth stage, or after fourth stage is over. You will be given local anaesthetic before any stitching takes place.

Baby's Here!

When a baby is born it is actually quite under-developed - while other animals are able to stand up and walk just a few minutes after birth human babies are quite helpless. That said, some of a baby's reflexes after birth are surprising and you may find that your baby crawls from your belly to your breast just minutes after it is born (known as the breast crawl).

What happens immediately after birth

You did it, after all that waiting, worrying and work, your baby is finally here! In the case of a vaginal birth, you, your midwife, nurse or doctor will pick up your baby and put her on your belly or chest (depending on how long the umbilical cord is) in direct skin to skin contact, covered by a light blanket. In the case of a caesarean, you will get your baby in skin to skin contact a minute or two after it is born (ask about this ahead of time, most hospitals should offer skin to skin in the operating theatre routinely).

Baby will be wet when she is put on your skin, perhaps patted dry slightly - her first bath will be in a day or two. Babies are not dirty and the liquids she brings with her from the womb are protective. You will both be covered so you won't be cold, and given the opportunity to get to know each other.

The first hour after birth is vital. She is adapting to life outside the womb and being introduced to air and bacteria for the first time. Skin to skin contact is extremely important for her first few hours of life as your temperature and breathing pattern helps her regulate her own temperature and breathing. The bacteria she picked up as she left your vagina (or after your caesarean) and during skin to skin are colonising her digestive system.

About half the cells in your body are actually microbes (bacteria, viruses and fungi) that are instrumental in keeping you healthy. Most of them are found in your digestive system and they are key to our immunity. Being skin to skin for hours after birth helps your baby become colonised by your friendly bacteria. It is very important that baby has skin to skin contact, ideally with mum, but also with dad or another loved one.

Cupid's arrow - literally

Oxytocin, the hormone of love, peaks to its highest level in your lifetime as you hold this beautiful new human on your skin. Baby's hormone levels are also higher than they ever will be as she looks deeply into her mother's eyes and sees the face behind the voice she has been hearing for months. Parents are often not prepared for these very special, once-in-a-lifetime moments and don't know how important they are for bonding. Talk to your baby, tell her how much you've been waiting for her, sing her a song you've prepared for this occasion, or a song you've been singing to her throughout pregnancy.

Whatever you do, do not ruin this moment by making calls, texting or posting to social media. It will make no difference to your family and friends if you wait an hour or two to tell them that baby has arrived.

Newborns in Real Life

Head elongated or lopsided from moulding in the birth canal, soft spot in centre

Stork bites on **forehead and eyelids** that fade over the first few weeks

Wrinkled and bluish **hands and feet**

Legs drawn up and frog-like

Puffy **eyes** that open slowly

Wet and matted **hair**

Umbilical cord looks purple or blue and can have some residual blood. Looks thick and wet, then dries to be white and moist, then dries out

Genitalia swollen (scrotum or vulva)

Soft hair covering baby's skin called **lanugo**

Creamy white covering called vernix (like soft cheese) protecting baby's **skin**

Newborns look different in real life

The babies who play newborns on television are often a few weeks old - in reality, newborns may not look the way we expect them to. It's good to know what to expect:

- Skin will have a blue or white tinge at first and then begin to change to the baby's normal skin colour. There may be some streaks of blood or mucous from the birth on baby's skin, this is normal and can just be wiped off. The skin is covered (more or less, depending on the baby) with a white, creamy substance called vernix that looks like soft cheese. This is an important protective coating that will slowly be absorbed by baby's skin. Finally, parts of baby's body may be covered in soft hair called lanugo, this will fall off in the first few weeks of life.
- The umbilical cord will be pulsating, thick and moist immediately after birth, and you will be able to see its veins and arteries. Some cords are thicker, some are longer, some are shorter, it really varies. It's best to wait until the cord is white and stops pulsating before clamping and cutting it, ensuring that baby gets as much blood as possible.
- Baby's head will be elongated after moulding to fit through the birth canal. In a few hours it will be round again, with a soft spot in the centre where the skull bones meet. Baby's hair is wet and matted, and is usually towel-dried.
- On her face, her eyes will be puffy and open slowly as she looks around. There may be red spots on her forehead and eyelids called stork bites, these will fade over the next few weeks.
- Genitalia will be swollen, no matter if you are having a boy or girl. The scrotum will be larger than it usually is, as will girls' labia.
- Baby's hands and feet will be wrinkled and blueish for the first few hours of life. Her legs will be drawn up and frog-like for the first few days, too.

The Golden Hour

The hour after baby's birth is one of the most important hours of his life. During this hour a cocktail of hormones mean baby is wide awake and alert, soaking in his new surroundings and meeting his parents. Baby wants (and needs!) to be held, ideally skin to skin (with no clothes in between) and to make eye contact with you. The combination of looking into each other's eyes and being held skin to skin stimulates your baby's brain and makes him feel calm and safe.

Breastfeeding after birth

The vast majority of babies are very interested in breastfeeding immediately after birth, wide awake and looking for the breast. The first breastfeed is very important - once your baby starts opening her mouth wide and pushing her head to the side as if looking for the nipple, ask the midwife or nurse to help you find a comfortable position where the baby can latch on by herself comfortably (ask for pillows and help with positioning as needed). Her sucking reflex is very strong in the first hour of life and chances are she will want to latch and will do it well.

The golden hour should not be disturbed unless there is a very important medical reason - you and your baby should be together, skin to skin, no matter how you gave birth. It's so important that almost everything else can wait.

First family photos

After the first two hours, once you have had the opportunity to get to know your baby, count all her fingers and toes, have your first breastfeed and have soaked each other in, think about snapping your first family photos. Or, you can ask your midwife, nurse or doula to take the first few photos while you and your partner get to know your baby. In a few days it won't matter if the photos were taken ten minutes or two hours after baby's birth, they will all be equally precious.

Caesarean Birth

More and more babies are being born by caesarean section and despite what you usually hear, the main reason for more caesarean sections is that doctors and hospitals are using more unnecessary interventions in childbirth that interrupt the hormonal orchestra and ultimately lead to more caesarean sections. Caesarean sections have very serious long-term effects on your reproductive health (including future pregnancies) and on your baby's short- and long-term health. You should have enough information to be sure that it is the right choice for you.

What happens during a caesarean depends on whether the operation was planned (elective) or unplanned (emergency).

If you are having a planned caesarean

In this case you will have a check-up before the operation where you can ask all the questions you have about the procedure. This check-up will be with either the surgeon who will be performing the operation or with the anaesthetist, or both. This is a good time to ask your doctors about whether they offer gentle or family-centred caesarean section care, to plan and document your wishes. Once you have been given information about how the operation will look, its risks and benefits and have the opportunity to ask any questions, you will sign an informed consent form agreeing to the operation.

If you are having an unplanned caesarean

The operating team will request all the necessary blood tests quickly after you make decision to have the operation. The time from the decision to the operation is usually around thirty minutes, sometimes longer depending on the hospital and the number of patients they have that day, or shorter if your case is very urgent. If you ate that day don't worry, you will be monitored and the chances of complications is very low.

If you are having a planned caesarean

On the day of the operation

You will be told not to eat or drink from at least midnight the night before your operation. When you arrive at the hospital you will be given a hospital gown to put on and depending on the hospital you might get started on IV fluids, antibiotics and anti-nausea medication before getting anaesthesia. Caesareans are usually done in regional anaesthesia, so you are awake to see your baby being born but don't feel any pain – the only thing you feel is a blunt feeling of being touched in the area where the operation is being done. If you want to be put under general anaesthesia (fully asleep), speak to your anaesthesiologist. Once you are given anaesthesia, a catheter will be inserted to empty your bladder. Depending on the hospital, your partner and doula may be present.

During the procedure

You will lie down on the operating table and a cloth screen will be put in front of your head so you can't see the operation being done if you are awake. You can ask for a clear screen if you want to see your baby being born, or ask for the screen to be lowered as the baby is born so you can see her as soon as she is born.

The surgeons will make a 15 cm cut on your lower belly through all layers of skin, fat and muscle to your uterus. The cut is usually just above your bikini-line or just above your symphysis bone. The baby is born through the cut and you may feel some tugging or moving at this part of the operation.

Once baby is born the surgeon will lift her up so you can see her, and ideally you will be able to spend your first few minutes in skin to skin contact. The surgeon will then stitch your uterus with dissolvable stitches, using a different material to close the final layer on your skin.

Your baby will be checked-over and a midwife or nurse should help you start breastfeeding in the operating theatre or immediately afterwards in recovery. In total, a caesarean section with no complications takes 40-50 minutes from start to end.

What happens afterwards?

After the operation you are moved to a recovery room where your vital signs are monitored closely by nurses and midwives. Usually you stay there for a few hours or so as your anaesthesia wears off. You will be offered pain medication for any discomfort and injections to reduce the risk of blood clots. You will also be given light liquids and pain medication for the post-operative period will be planned. The catheter will be removed a few hours after the operation. You should be able to have baby with you and to breastfeed after the operation.

The Golden Hour After Caesarean Birth

The golden hour can happen after a caesarean birth, and mum or dad can usually hold the baby skin to skin in the operating theatre. The hospital staff will give you a cloth to wrap around yourself and baby to keep you both warm. Babies who have skin to skin contact - even with another parent or loved one - cry less and more easily start breastfeeding than babies who are wrapped and left in their cots after caesarean birth.

It can be normal to feel nauseous or groggy after a caesarean, if this is the case a midwife or nurse should help you with your first breastfeed and be with you while you hold your baby, just in case.

What makes a gentle caesarean different?

During a gentle caesarean, the operating theatre staff work to include as many physiological aspects of birth into your caesarean experience. This can mean different things for different situations and hospitals, but some of the main ideas are summarised in this illustration.

In some hospitals, it is even possible for you to pull your baby onto your chest by yourself after it is born. This is done by giving you long sterile gloves and lowering the drape, with theatre staff helping you to lift the baby onto your chest.

What does a Gentle Caesarean Look Like?


A doula or friend supporting you and your partner
Your midwife giving you a running commentary on what is going on
Arms free so you can hug baby
Skin to skin with baby in the operating theatre
Your partner supporting you and baby

Take Away Messages

- Respecting your hormonal orchestra makes birth easier
- Your body has a system for labour and birth that is easily disrupted
- To open your cervix easily, you need an optimal environment
- Bright lights and language “turn on” your neocortex and make it harder for hormones to flow
- Lying on your back is the worst position for labour and birth
- Movement helps baby be born more easily
- The golden hour is an important part of your baby’s life
- Babies need skin to skin after birth to help colonise their gut with good bacteria
- A caesarean section can be gentle - this requires you to plan it in advance with your healthcare providers, or to have a “backup caesarean birth plan”

Try This

- Physical exercise during pregnancy helps you cope with labour better because it helps you get to know and listen to your body. It also gets you used to coping with demanding physical intervals (working out or doing yoga) because you know it is difficult but it will pass. Plan at least 30 minutes of physical activity daily during pregnancy.
- Think about what you can do to help improve the environment for the hormonal orchestra at your birth - can you bring things with you to the birth centre or hospital that will make you feel good? Fairy lights, a diffuser with your favourite scents, your own music?
- Make a plan with activities for early labour to distract yourself from your labour waves
- Plan what you will say or sing to your baby after birth
- Make a plan for the golden hour

Planning Your Birth

You are allowed to say yes or no to any of the options offered to you. There might be some choices that you are absolutely happy to agree to, and others that you want to say no to. This is not an all or nothing situation, nor is it about starting a war with your caregivers. It is simply about understanding your human rights in childbirth, and having the confidence to exercise those rights.

Milli Hill, founder of the Positive Birth Movement and author
The Positive Birth Book

Why Should I Plan My Birth?

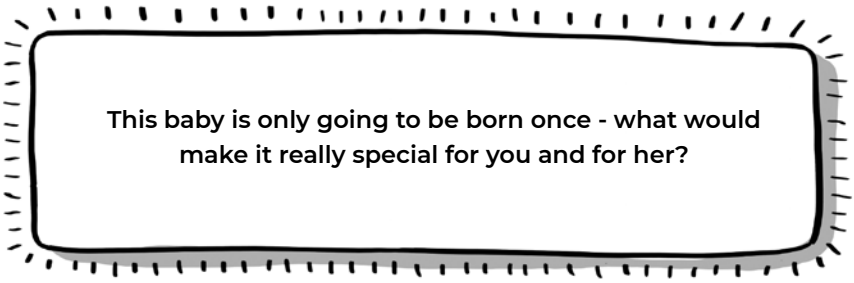
The most valuable part of preparing a birth plan is taking the time to consider all the options you have available to you and to have a good think about what is most important to you during your labour, birth and postpartum. It also gives you the opportunity to go through and discuss all the options available to you with your partner and/or birth companion. Making a birth plan also gives you the opportunity to go through and think about the whole process of labour, birth and postpartum. When you know what to expect, you are more confident in yourself and less anxious or afraid.

Remember - if you don't know what your options are, you won't have any. Don't depend on someone else to do the research for you, because you are the only expert on what matters most to you.

Having a birth plan is especially important if you are giving birth in a hospital, because you won't have a chance to meet the midwives, nurses and doctors who are caring for you before you are in labour. A birth plan helps them learn your preferences without you having to explain them in detail.

Why do I need a birth plan - all I want is a normal birth and a healthy baby

While that may seem simple, the reality is very different. Firstly, you have to define what normal (or optimal) birth is **for you** and decide what you want from the array of things that are available. The people attending your birth cannot know that without your input - after all, you wouldn't let a waiter decide what you were going to eat at a restaurant because "he's the expert". You might ask his opinion but the ultimate choice is yours. Secondly, an awful birth experience is not the "price" you have to pay for a healthy baby - you can (and should) absolutely have an experience where you felt you were making the choices and you were happy with them AND have a healthy baby. You have the right to both.



Include your partner and support people in drafting your birth plan

It's vital to include your partner and any support people (doula, mum, sister) in the process of drafting the plan. You don't have to defend your choices to them, but you do have to make sure they know what your choices are and that they know that their support of your choices is vital. Working with them on the plan and going over the options and your choices is a good way to do this. Ask them to put their own requests in too, for example your partner may want to announce baby's sex, or name, or cut the umbilical cord. Also take at least one other opportunity after the plan has been finalised to go over it with them one more time and make sure they know what's most important to you.

Where can I get the information I need?

This chapter will present some of the most important things you need to think about but you also have to consider your own unique circumstances (physical, social, emotional) and include them in the plan. It's helpful to have a look at the website of the hospital or birth centre where you are planning to birth and tour the facilities to see what's available. If you're birthing at home talk to your midwife and go through all your options with her. Once you have a draft of your birth plan take it to one of your prenatal appointments or meet with your midwife or doula so she can provide feedback on whether what you've written is realistically possible in the place you are planning to birth.

Remember, a birth plan is not an order list to pass on to your care providers - it's a basis for communicating your wishes and expectations openly and clearly, and discussing them together. It's also a way for your providers to get to know your values and wishes quickly and clearly.

Do midwives and doctors like birth plans?

Ideally, midwives and doctors see birth plans as an amazing communication tool that helps them learn about what is most important to their clients during labour and birth. Sometimes though, some healthcare providers don't like it when families are choosing to own their experience and take the time to say what they want.

However, the experience of labour, birth and postpartum matters to families, mothers and babies and it should be up to you to make the choices you want to make. You won't see the healthcare providers after you leave the hospital or birth centre, but you will be processing your experience for weeks and months. Your rights and values are not an inconvenience or a hassle and nobody should treat them as if they were.

If your chosen healthcare providers or those working at the place you have chosen for your birth mock your birth plan or the idea of birth plans, take this as a sign that they will probably not respect your choices during birth.

What can a birth plan include?

It's best if your birth plan is short and simple and highlights what is most important to you. If you can, go through your birth plan with an experienced doula or with your midwife or doctor so they can help you understand the options available to you depending on where you are giving birth.

Some things you might want to include in your birth plan are:

- Information about you and any key points that your midwives and doctors need to know (e.g. my partner or I have a disability, I need an interpreter, I have special religious or cultural needs) and where you are planning to give birth (e.g. in the obstetric unit of a hospital, in the midwifery unit, in a birthing centre, at home)
- Information on how you're feeling about pregnancy and birth (are you feeling stressed out or nervous, or perhaps you are very excited)
- An introduction to your birth team - who is with you and what their roles are
- Information on the type of birth you would like and the coping measures you would like to use
- Your preferences for augmentation (speeding up labour)
- Information on how you'd like to move around what equipment you'd like to try during labour and birth
- Information on the type of monitoring you'd like to use
- Your preferences for the various stages of labour and birth: second (pushing), third (birth of the placenta) and fourth (golden hour) stages
- Anything you particularly want
- Anything you particularly DO NOT want
- Add a further section that covers the chance of a caesarean section and identifies what is most important to you then

Keep your birth plan short, simple and easy to read. There are many templates of birth plans available online, including visual ones with icons of your preferences. See the Resources section for more information.

You can also make a short list for your support people (your doula and partner) that are important to you but that you don't need to communicate to midwives and doctors, like:

- Don't wear perfume or strong-smelling clothes (think strong fabric softener or cigarettes - bring a change of clothes if you need to because birthing women and babies are very sensitive to all smells)
- Make sure your phones are on silent
- Offer me water with a bendy straw regularly; remind me to go to the bathroom every hour or so
- Keep my favourite essential oil handy in a diffuser or roll-on and use it regularly
- Don't take any photos or videos of the birth unless we have agreed on this before
- Don't take photos of the baby until I am ready and don't make any announcements on social media until I say so, or at least two hours after the birth

Think carefully about making announcements about baby's arrival - you don't want your parents to find out about the birth from social media. Decide in advance who you will call, who you will text, and who will make the first social media post. Tell your loved ones about this and ask them to respect your wishes. And above all – wait at least an hour or two to let people know baby has arrived – these are your precious first hours with your baby that you should savour.

Making decisions using BRAIN

B

BENEFITS

What are the benefits of doing this procedure? What information will this test give us? Do the benefits of doing the procedure or having the test results outweigh the risks?

R

RISKS

What are the risks of doing this procedure or test? How reliable are the results the test will give us?

A

ALTERNATIVES

What are the alternatives to doing this procedure or test? Is this procedure or test our only option?

I

INTUITION

What does your gut feeling tell you? Does it make sense to do this procedure or test?

N

NOTHING

What happens if we wait (do nothing)? How long will we wait until we re-assess and discuss the procedure or test again?

Informed Choices and Consent

Every choice you make in life (and during labour and birth) comes with benefits and risks. Choices also depend on your own needs, values and health at the time you are making them. To make the best choice for you, you need to have all the information included in the BRAIN model in language you can understand.

All people need to have the opportunity to make truly informed choices and be supported in doing so. This helps you feel empowered and in charge and increases the chances of you feeling good about your labour, birth and postpartum experiences, setting you up for a positive start to parenthood.

You need three things to make a truly informed choice:

1. **An expert on the evidence (a midwife or doctor),**
2. **An expert on your health, needs and values (you),**
3. **A way to respectfully share your views with each other.**

(paraphrased from the Ontario Public Health Association, *Informed Decision Making in Labour and Birth*)

What is Consent?

More and more discussion is happening in our societies about what consent means, usually in the context of sexual contact. However, consent is also very important in health care. We often think that consent in healthcare is just signing a piece of paper saying “yes” to everything but it is really so much more. Consent is an ongoing discussion with your healthcare providers before, during and after any procedure done to you or your baby. True consent happens when you get the information you need to freely, actively and obviously say yes, and when you feel free to say no knowing that choice will be respected.

Consent is not obtained through manipulation, pressure or fear, is not possible when one person has more power than the other, cannot be assumed or implied and is always actively obtained. There is always time for a healthcare provider to ask you “Are you ok with what is happening right now? Do you have enough information to make a choice you feel good about?”

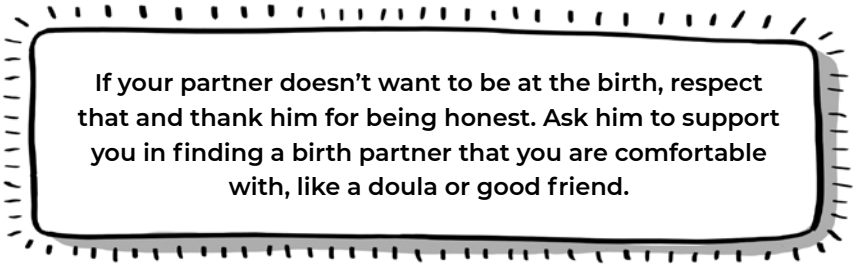
Your Birth Team

During your prenatal care you choose who will support you during pregnancy. At the end of pregnancy, you might have the chance to include some more people in your birth team. This can include your partner, doula, family members and others.

Preparing your partner for birth

Most partners are expected to attend the birth of their child and to support their partner as she gives birth. The pressure is on, but do most partners even really know what is expected of them?

The best way to help them prepare is to attend a prenatal preparation class that includes specific information and hands-on practice for partners. It's also helpful if partners can get to know (and trust) all your care providers (your midwife or doctor) and for your care providers to get to know you and your partner well before birth. Another great way to help them prepare is to attend an expectant parent support group or to have a trusted friend who attended a birth in the same setting you are planning to give birth in talk him through the process and give him all the "tips and tricks" he needs. Just be sure that the person is trustworthy, honest and open, and that his advice helps your partner feel confident about attending the birth.



What is a doula?

Climbers hire Sherpas to guide them as they climb Mount Everest - experts who know the terrain, know the locale and provide them with support as the climbers make their way to the top. Doulas are similar - they have special training to give pregnant families emotional and physical support as well as information as they need it before, during

and after birth. Doulas are trained to provide emotional and physical support and do not have any clinical duties, so they are not midwives or nurses or doctors. Their role is to be with you, provide consistent, continuous support, respect and encouragement through shift changes and changes in healthcare providers and helps you achieve your birth plan.

Some doulas also provide postpartum support, which means they can come by your home after you give birth to help you with breastfeeding, watch the baby as you take a nap or help prepare you meals.

Having a doula during pregnancy reduces your chances of preterm labour, decreases your need for pain relief and lowers your chances of having a caesarean or instrumental birth. If doula care were a machine or medication, every hospital and birth centre would use them.

Does a doula replace my partner?

Absolutely not! Your doula supports both you and your partner during labour, birth and postpartum. She helps hold the space for both of you and frees your partner up to be able to be fully with you while knowing that the doula is also there to help. Together they can make the perfect support team. In fact, dads are usually the ones who are most grateful for having a doula to support them and their partner at birth.

Can my sister (mom, friend) be my doula?

Yes and no. Although you might want your mum or sister with you as you give birth, they may not know a lot about the birth process and may be too emotionally involved to be able to support you like a doula would. Also, there is an added benefit to having a neutral third person with you who knows you and your preferences but isn't a relative as part of your birth team.

Other people at my birth

You might want to include a birth photographer or other practitioner in your birth team. Provided there is room in the place you are labouring that should be ok, but ask ahead to make sure. These people should be aware that you are inviting them into your personal space and that their role is to be unassuming, quiet and respectful to you at all times. No matter what, do not feel pressured to include anyone in your birth team, and if you feel they are disturbing you ask them to wait in the waiting room until you call them in again. It's your birth, and your rules.

Home, Birth Centre or Hospital?

Where you give birth is an important choice that deserves a lot of thought to make the choice that is best for you. No matter what you decide, you will be most comfortable with a choice that you took the time to consider.

Safety

If you have a healthy, normal pregnancy you can consider giving birth at home or in the hospital. However, if you have complications or medical issues, the hospital might be a better choice because of the availability of specialists who can care for your complex medical needs. Another option some women have is a birth centre that is located within or near a hospital. Birth centres are a middle-solution between home and hospital, and for some women can provide the safety they need (or want) by having the hospital nearby but also ensure that they have the optimal chance for a physiological birth.

The keys to safety in home birth are having an experienced, knowledgeable and well-equipped midwife with you and having a reliable way to get to a hospital if needed. This is not possible in all health systems, so make sure you speak to your midwife about all your options in advance.

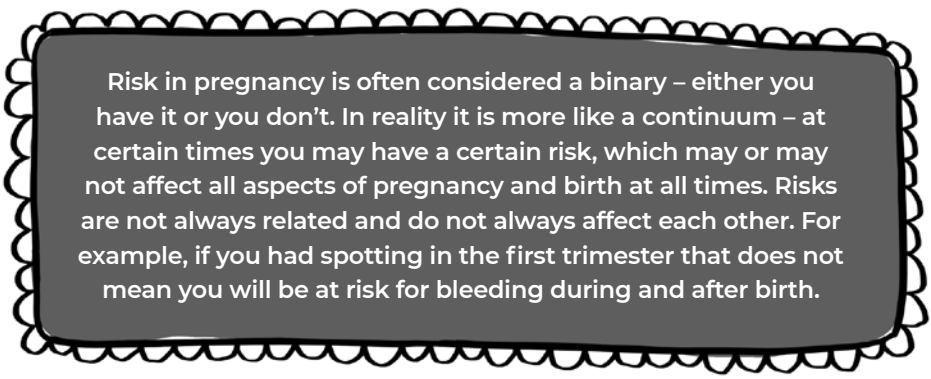
Home birth

Having a home birth is safe for women who are having a normal pregnancy and their babies. If there are problems in your birth, your midwife will transfer with you to a hospital. Women who are giving birth for the first time more commonly need a transfer, usually due to exhaustion or for wanting pain relief. Having a transfer of care is not a failure - it is getting the best care that you need, when you need it - and if you start your labour at home and transfer later, that is ok.

Home births are attended by midwives (doctors only attend home births in a few countries) and it's important that the same midwife also cares for you in pregnancy. The advantages of home birth include having a midwife with you who knows you well, knows your health and your family, and whom you trust. If you have an older child, having a home birth means that you can stay home with them instead of leaving for a few days to a hospital birth.

Medical pain relief is not used at home births (so no epidurals or pain medication, but there is sometimes the possibility of using gas and air), so discuss with your midwife what measures you can use at home. You should also have support available for after the birth in your home, especially if you have older children.

If you live in a country where home birth and midwifery are not regulated well, you need to get the best information on how to make your home birth with a midwife possible and safe. You might need to transfer to a hospital if there are any complications and might not be able to bring your midwife with you if home birth is not regulated. Discuss this with your midwife in advance. Also discuss her experience and statistics for birth with midwives in your country/region, but also her personal statistics regarding home birth outcomes and transfers. No matter what your choices, birthing alone without a trained midwife or doctor to support you is not ideal.



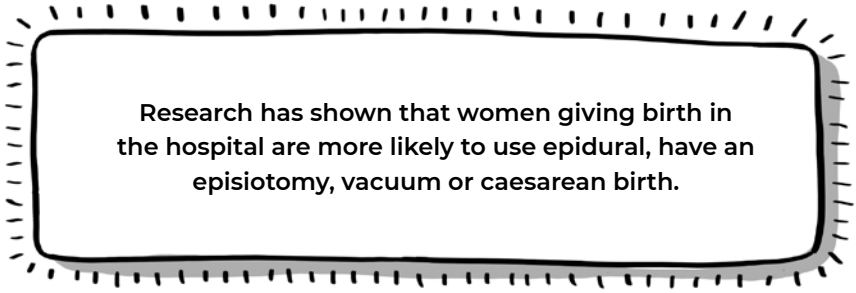
Birth centres

More and more women are choosing to have their babies in birth centres (sometimes they can be formed as midwifery-led units, alongside units or freestanding midwifery units). Birth centres are a place where physiological birth is encouraged with all the things you need to make it easier (privacy, dimmed lights, home-like surroundings, birthing tubs). Birth centres also offer the benefit of easier transfer to hospital in case of need. That said, there is no standard way birth centres operate and it's important to get all the details in advance. Before choosing a birth centre, check out their statistics on transfers and caesarean section rates - these will vary and it's important to be aware of them when choosing a facility.

Hospital birth

Most women still give birth in hospitals. Every hospital is different and it's important to choose the hospital that best fits your needs and offers what is important to you. The main advantage of a hospital birth is that if you need specialised care, it is usually easy to get (although there are no guarantees as to speed or availability). Medical pain relief is also often available, although epidurals may not be available twenty-four hours a day or on weekends.

During your labour and birth, staff will change over shifts (usually every 12 hours) and you will have different midwives, nurses and doctors. Some of them will have different practice styles, although the hospital should have a general routine or protocols that everyone adheres to.



Before choosing a hospital to give birth in, research their episiotomy, induction and caesarean section rates. Look at the facilities they offer birthing families and the number of support people that can be with you during labour and after birth. Many hospitals say one thing in their marketing materials but their statistics tell a different story - one that is closer to the way they actually practice. Check if there's an independent maternity hospital guide available in your country.

The birth environment

No matter where you give birth, there is a lot you can do to create an environment where your hormonal orchestra can do its work. Depending on where you're planning to give birth, consider some of the following for your birth plan. Also remember - your favourite things may irritate you in labour, so be flexible to make changes whenever you like.

A comfortable space

You can make a small nest area where you move furniture, pillows, birth balls and mats around to make a space where you can lean forward or rock your hips during a labour wave but rest in between them. If seeing medical equipment makes you anxious, ask hospital staff or your midwife to cover them with a sheet.

Privacy

Shut the doors and windows and draw any curtains or blinds on windows. You need to be able to feel like nobody is watching or listening to you. Think about playing music to distract you from the sounds of the hospital, birth centre or your family at home in order to help you feel like you are alone. Also consider covering or moving any clocks in the room - labour and birth take as long as they take, and having clocks in the room encourages you to look at them which is never helpful. During labour you should have no sense of time, nor should you worry about what time it is.

Warm and dark

Turn up the heat or wrap yourself in a blanket as needed to make yourself feel comfortably warm. If you are at home or at a birth centre you might also be able to use a space heater. In a hospital setting make sure you have extra socks or warm pants to wear.

Adjust the lights so that the room has some light but is mostly dark. Some hospitals or birth centres may have dimmer switches or you can turn out the ceiling lights and use a small torch or lamp for light. In a hospital you can also turn on the angled ceiling lamp, lower to a minimum and angle it towards an opposite wall or corner. Any angled light source can be turned towards a wall to create soft lighting.

Quiet

The people who are with you should be quiet and speak in whispers, and all mobile devices should be on silent. Music can help dampen noises that cannot be quieted.

Smell

Familiar smells can help you feel safe and protected - your favourite essential oils or a pillow from home you can rest your head on can be very helpful to create this feeling.

Coping with Labour

There are different ways of thinking about coping with labour waves and birth. Some people feel that in modern times, there is no point in feeling any discomfort in any process and that medical pain relief should be used for labour and birth. Other people believe that discomfort is a normal part of the labour and birth process and that with good support, you can work through labour waves. It is more helpful to think about labour as hard work that requires your full attention as opposed to suffering that needs medication. Think about each of these options, the way you feel and plan your coping mechanisms accordingly.

What do labour waves feel like

Labour waves usually begin in your back or lower pelvis and spread towards your belly button. They really are like waves, starting off slowly, peaking and then ending slowly. So, if a labour wave lasts 90 seconds, imagine the lead-up lasting thirty seconds, the peak lasting thirty seconds and the wind-down lasting thirty seconds. The time in between waves is pain-free. During the first phases of labour your waves will come every ten to fifteen minutes and last a minute or so; as your labour progresses, the waves come more often and last longer, up to about 90 seconds. Not all women experience waves in the same way - for some, they are uncomfortable but not painful, for some they are barely noticeable.

Your state of mind is very important where labour and birth are concerned - if you are expecting and preparing for a painful experience, that is likely what will happen. If you are expecting a challenging experience with peaks and rest in between, it is much easier to imagine yourself working through the process. This pain has a purpose – to bring your baby into your arms.

If you are getting augmentation (see chapter nine) the waves will be more frequent and there will be less time between them earlier on in labour, which is why many women who have augmentation use pain relief. It's not the waves that are the problem, it's the fact that the

medication makes them come so fast and frequently, over a long time. Without augmentation, labour waves are much easier to handle.

Being restricted to a bed and lying on your back also result in painful labour waves - this is a way of your body telling you how important it is to move during the labour process to help your baby down. Lying down also puts all the weight of your uterus on blood vessels in your belly slowing the flow of oxygen to baby and slowing the opening of your cervix. There are very few reasons to say yes to lying down during labour and birth. It's ok to lie down to rest if you feel you need to between contractions, but when your body is telling you that lying down hurts, listen to it and move around.

Only about 8% of the time you spend in labour really hurts (the peak of your labour wave); 15% of the time is spent moving towards or away from a wave. That means that the majority of your labour - 77% (!!) is spent pain-free. Looking at it that way makes it easier to see yourself working through them.

(thanks to Milli Hill, author of *The Positive Birth Book*, for this calculation)

Coping mechanisms that do not involve medication

To begin it is helpful to think of the gate control theory of pain. In short, this theory says that your nerves can only send a certain number of sensations to your brain at once, and that if you stimulate your nerves in a non-painful way when you are feeling pain, you can block some of the pain messages. Think about a time when you hurt your leg and then put pressure on it with your hand to make it feel better - that's the idea.

Non-medical coping options use the gate control theory to make it easier to handle labour waves. They do not have any risks (although some may not be as effective for you as others), you can remain mobile and can be used at any time, no matter where you are labouring.

Some may require the added assistance of your partner or doula (this is where a doula's expertise and having two support people present is very helpful). Practice some of these methods in advance and see how they work for you.

Massage - light massage or a massage of your shoulders, back or hips can be done by your partner or doula. Massage can also be done with a rebozo (a special long cloth that can be used during labour).

Counter-pressure - pressure put on the place where your labour waves are most intense (often your lower back) can be helpful and can be used together with hot or cold compresses.

Hot and cold compresses - putting very warm or cold compresses on different parts of your body during a labour wave or on any part of your body you need to relax. This can help ease pressure and pain, especially when combined with counter-pressure. If a hot compress isn't working well for you, try a cold one and vice-versa.

TENS - this little machine is used in physiotherapy to alleviate pain and encourage blood flow to certain parts of the body. You place a patch on a place that is particularly painful and the machine sends tiny levels of electric stimulation to the area, stimulating the nerves and making you feel less pain.

Hydrotherapy (shower) - a fancy word for using water to help you get through labour waves. Stand in the shower and have someone direct the flow of water from the showerhead to a place on your body where you most need it - usually your back, belly or pelvis. Play with the water pressure, temperature and flow to see what works best.

Hydrotherapy (pool or bath) - floating in water in a birthing tub can do wonders to help you get through a longer labour or to help you when you are very tired. The weightlessness, warmth and movement available in a tub of water can feel amazing. During labour waves your partner or doula can pour water over your back. You can spend part of your labour in water but choose to give birth out of the pool, or have a water birth – it's not all or nothing.

Movement - in the previous chapter we discussed why moving in labour is helpful to the birth process. Your birth plan should include

the fact that you would like to remain mobile during labour and the type of equipment you would like to use for support and help (this will depend on what your hospital or birth centre offers). This can include pilates (birthing) balls, a birthing stool, a birthing bed that can change positions or a birthing tub. Try out any of these and see if it works for you - and don't be afraid to change your mind and use something else.

If you love dancing and want to dance during labour, bring your favourite music with you! Your favourite music can also relax you and help you feel safe, optimising your hormonal orchestra.

Coping mechanisms that involve deep relaxation

Controlling your thoughts is another way to help you cope with your labour waves. It's not some made-up nonsense, it's been proven by studies on pain management. There are no negative side-effects and people who use these methods tend to use less pain medication.

Hypnotherapy - focuses your attention inward and makes you more open to suggestions, which can then be used to make you feel safe, comfortable or relaxed. This is most often done so that you take a self-hypnosis class during pregnancy that teaches you how to reach this deep state, often supported by recordings that you listen to during pregnancy. These recordings can also be used in labour and guide you into a calm, relaxed state where you perceive your labour waves differently.

Deep relaxation and breathing - can include guided or self-guided visualisation that moves your focus to something pleasant, stimulating the release of endorphins (which are your body's natural pain relief hormones). Pain is more severe when you are feeling tense, so deep relaxation may help loosen your muscles and cope with labour waves more effectively. Doing yoga or similar exercises in pregnancy helps teach you these techniques.

Coping mechanisms that involve medication

The coping mechanisms we hear about most often are those that involve some sort of medication, but as we've seen these are only some of the many options that are available. Medical options have benefits and risks for you and your baby. Babies whose mothers receive medical pain relief during labour are often less alert at birth, sleepy, are slower to start breastfeeding and as a result are more likely to have jaundice after birth. Medical pain relief options are usually only available in hospitals.

Nitrous oxide - is the only medical pain relief that is sometimes available at birth centres and home births and is being introduced in more hospitals around the world. Using nitrous oxide (also called laughing gas) means you can still move around and take different positions. It is a systemic drug that reaches your whole body without causing a total loss of feeling.

Nitrous oxide is inhaled through a mask that covers your nose and mouth. In order to be effective, it must be inhaled about a minute before a labour wave begins. When using nitrous oxide, you also have an oxygen monitor on your finger.

Benefits - more flexible and easily available than epidurals, with about the same level of relief as injectable pain medication but without the side effects. Very versatile, can be started or stopped at any time. It is relaxing and eases anxiety, and helps you to focus on your breathing.

Risks - it is less effective than other methods of pain relief, and requires you to actively administer it before a labour wave begins. It can make you feel detached, sleepy and nauseous.

Epidural - more and more women are choosing to have epidurals during labour, and it seems as if they are being advertised as "the best" method to cope with labour waves, although as we have seen epidurals are only one of many methods that can be used. Epidurals can only be given to women in established labour, usually from about 4 cm dilation onwards.

To get an epidural an anaesthetist puts a small needle in your back with a tiny plastic tube. Drugs are put through that tube and into your back

that can make your whole lower body numb or just take the edge off the pain. Epidurals lower your blood pressure and usually require you to be put on an IV of fluid, usually through your arm. So, you will likely have two tubes attached to your body - in your back and in your arm. It is also likely that you will have a blood pressure cuff put on your arm and an oxygen probe on your finger and possibly additional monitoring for your baby. You will be confined to the bed as a result.

It takes about ten minutes to set up an epidural and after that it takes about 15 minutes for you to feel it working. Epidurals do not work for everyone and if it is not working for you, let your doctors know so they can adjust the drugs they are giving you or adjust the placement of the epidural tube. Epidurals are not started if the birth is expected within 30 or 60 minutes. Keep in mind that epidurals are only available in hospitals and that not all hospitals have the staff available to give epidurals 24 hours a day, 7 days a week.

Benefits - epidurals are very helpful if you are very tired from labour and can help you get some sleep and energy. They are also effective with pain management.

Risks - studies have shown your chances for a forceps or vacuum delivery are higher if you have an epidural and so are your chances for severe tears or episiotomy. You are more likely to have a fever during labour and not be able to urinate, which means you might have a catheter put in to drain your bladder. Because epidurals slow down your labour, you are more likely to need synthetic oxytocin. Epidurals also usually cause a slower pushing phase. Epidurals are effective for 90% of women – but one in ten women get partial relief or none at all.

Don't feel like you have to get an epidural very early in labour. Try out your coping techniques and see how they work for you and then decide if you want one later on.

Pain relieving medication - different types of medication can be given for pain relief. They spread throughout your entire body to help with pain but don't make you lose feeling in your body. Medications can be injected into your vein or muscle directly, or can be given to you through an IV. You might need an IV of fluid, usually through your arm. It is also likely that you will have a blood pressure cuff put on your arm and an oxygen probe on your finger and possibly additional monitoring for your baby. You will be confined to the bed as a result. The effects of the drugs last 60-90 minutes, and they are not given if the birth is expected in the next two hours.

Benefits - these drugs are well available and are less expensive than epidurals. They are a good option for women who want some pain relief but don't want a continuous epidural.

Risks - They are not always very effective, can make you feel nauseous or drowsy, confused, forgetful or slowed, which can cause problems with breastfeeding after birth. For the newborn, risks include changes to heart rate before birth, slowed breathing after birth and general drowsiness after birth which can cause problems with breastfeeding. Some drugs also have more side effects on the newborn than epidurals do.

Routine Procedures During Labour

Parents usually think that no matter where you go to give birth, the care you get is basically the same. That's not true though, and not all midwives, birth centres or hospitals use the same standards and routines. These depend on the legal framework, insurance, number of people working (and birthing!) in a given shift but most of all, how they are used to working. Some common routine procedures are described below.

Shaving and enema used to be done because it was thought that shaving pubic hair would prevent infections and doing an enema (emptying your bowels by rinsing them with water) would make birth cleaner and faster.

What are the problems with it?
Both procedures are degrading and uncomfortable, do not reduce infection rates or reduce the length of labour. Finally, both procedures cause discomfort in the days after birth as pubic hairs grow in (causing itchiness and ingrown hairs) and your bowels have trouble getting to work again.

What are the alternatives?
Skipping both procedures outright. If you are used to shaving your pubic hair, you might also consider taking a break during pregnancy - pubic hair has an important purpose and dealing with ingrown hairs and itchy new hair growth in late pregnancy and postpartum can be annoying and painful.

Having an IV line inserted as soon as you come in is regular policy at many hospitals. This can be because you are not allowed to eat or drink during labour and birth (an out-dated practice not supported by more recent evidence) and that you are being given nutrients and fluids through the IV. At some hospitals they introduce an IV line just in case they need it later, another practice that is not supported by evidence.

What are the problems with it?
Having an IV line can be uncomfortable and can severely restrict your movement. It can also cause severe fluid retention (resulting in swelling), and all these things can interfere with the hormonal orchestra.

In some hospitals, having an IV-line open means that midwives, nurses and doctors may be quicker to give you medications for speeding up labour or pain relief (which may or may not be a good thing).

Finally, getting IV fluids can cause problems with breastfeeding because baby has trouble latching on to breast tissue swollen by excess fluids. The excess fluids also cause the baby to weigh more at birth, and consequently when she urinates the excess fluids it may seem that she has lost much more weight than she actually has.

What are the alternatives?
Opening an IV line for low-risk women having a normal vaginal birth is not necessary - if you need a line later on, it doesn't take long to open one.

Restricting food and drink is an old-fashioned routine that is still practiced in many places. In the past, there was a theory that eating before surgery under general anaesthesia could cause you to aspirate the food in your stomach (aspirate means vomit and then breathe in), which could be dangerous. Because there is the chance that you may need a caesarean section, women were not allowed to eat or drink during labour.

What are the problems with it?
The theory has not been proven, and the majority of caesarean sections are now done using local (regional) anaesthetic, meaning that there are no problems with food eaten before surgery. Finally, being without food and drink for hours (sometimes days, if you have a long labour) can cause you to lose energy and feel sick or weak.

What are the alternatives?
Eating light meals, especially in early labour, and drinking clear fluids whenever you feel thirsty.

Monitoring your progress in labour can be helpful to know how much your cervix has opened and where baby's head is in relation to your pelvis. There are a number of different ways to do this, although not all of them are proven to be beneficial. Vaginal exams are usually done every four hours to measure dilation in early labour, and become more frequent as labour progresses.

What are the problems with it?
Doing exams more often can unnecessarily introduce bacteria into the cervix and may be uncomfortable. They can also disturb your concentration and interrupt her hormonal orchestra.

What are the alternatives?
Your midwife can monitor your progress by watching a red line that is formed on your behind as your baby descends, or by watching your behaviour and assessing your progress with that. It's up to you to say yes or no to measuring progress during labour and to decide on what method you prefer.

Monitoring your labour waves and your baby's heart rate seems like a rational and responsible thing to do, checking how your baby is tolerating labour waves and how strong your waves are becoming. However, there are a number of problems with the technologies we are currently using.

Labour waves can be monitored using an electronic device known as a CTG. This machine has straps that go around your belly that communicate to a base unit over wires or wirelessly. It measures the intensity and frequency of your labour waves and your baby's heart rate and prints them out on a strip.

What are the problems with it?
This monitoring means that your healthcare providers are often more concentrated on the strip printing out of the machine than on what is happening with you. The wires between the sensors on your belly and the machine also severely restrict your movement. Most importantly, this technology has not been proven to be helpful and it does not improve the health and outcomes for mothers and babies. The only thing it has been proven to do is to raise caesarean section rates.

What are the alternatives?
Your healthcare providers can monitor your progress by watching you closely and watching your behaviours and movements; baby's heart rate can be monitored intermittently (occasionally) using a handheld pinard horn (wooden tool to listen to baby's heart) or an electronic doppler device about every 15-30 minutes in early labour, and every five minutes during the pushing stage. This is an equally safe way to make sure that your baby is doing well.

Having your labour augmented (sped up) with synthetic oxytocin is sometimes helpful when it's important to ensure that a baby will be born sooner rather than later, for example in cases of pre-eclampsia or if the mother is exhausted. In these cases the risk of the intervention is less than the risk of doing nothing. However, in many cases synthetic oxytocin is used to clear out labour and birth rooms more quickly, or are just used because that is the way it is done in that setting.

What are the problems with it?

The oxytocin your body produces is released as a pulse and your body regulates it, never allowing labour waves to get too intense and allowing you some time to rest between them. Artificial oxytocin is released continuously, which means that your labour waves are longer and more frequent with a shorter rest time between them. This can cause foetal distress and make labour very difficult for you and your baby. Also, oxytocin produced by your body peaks just before birth making the pushing phase shorter and easier, which does not happen with the steady drip of artificial oxytocin. When releasing oxytocin your body also releases endorphins which help relieve pain. This does not happen with artificial oxytocin. Finally, artificial oxytocin does not cross into the brain and so you lose out on the hormonal peak after baby's birth.

What are the alternatives?

Creating an environment where your hormonal orchestra can do its work best and being patient enough to wait for your body to do her work, all the while checking to make sure you are both well.

Lying down during labour and birth was normalised hundreds of years ago by the King of France (seriously). Now, healthcare providers are used to seeing the vulva from that position and continue to use it. If you are on a table, it's also more comfortable for them to look directly at your vulva as the baby comes out if you are on your back.

What are the problems with it?

Lying on your back makes it more difficult for your baby to navigate and exit your pelvis. It also slows the flow of blood and oxygen to the baby, and when you are pushing, you are working against (instead of with) gravity. Finally, it is a very uncomfortable position to experience labour waves in.

What are the alternatives?
You can and should be mobile throughout labour and birth and should be able to choose the position(s) that are best for you at all times. Think about using equipment like a birthing stool, pool, rope or others to help you take different positions. You can write this in your birth plan.

Artificial rupture of membranes (AROM or ARM) is when a midwife, nurse or doctor break your bag of waters using their fingers or a special tool.

What are the problems with it?
Doing this can help bring on labour or make your labour waves more frequent (although not necessarily), but once it is done there is no going back. In many places it is done routinely when a woman comes in, but it can cause complications and should only be used if there is a good reason, and only if you consent.

What are the alternatives?
Waiting for the bag of waters to release by itself.

Having a routine episiotomy was the norm for a long time because in the past, it was believed that cutting a woman's genitals would prevent severe vaginal tears and make the baby be born faster. We have since learned that vaginas are stretchy and are able to grow wide enough to let a baby out, but also to return to the way they were before.

What are the problems with it?
Episiotomies have not been proven to prevent severe tears, they are also more painful than tears and take longer to heal. They also tend to get infected more often and can be painful for women for weeks and even years after they are cut.

What are the alternatives?
Saying no to routine episiotomy.

Routine Procedures After Birth

It's important to plan the time after your baby is born and your preferences for how to spend that time. Some things you can plan are

- Who announces the baby's sex and tells everyone his or her name
- When you'd like the baby's umbilical cord cut and who you'd like to do that
- Information about cord blood donation (if you plan to do this)
- What you plan on doing with the placenta (if you want to take it home and bury it or have the hospital dispose of it)
- What you want the room to be like for the first two hours after birth (dimmed lights, warm, no procedures or measurement unless necessary)
- Who you want to hold the baby skin to skin if you cannot for some reason

Routine procedures after birth that you should think about and possibly include in your birth plan are discussed below.

Medical management of the third stage (inducing the birth of the placenta) happens in many hospitals who have a policy to give you an injection of artificial oxytocin right after baby is born to make the placenta detach faster and control bleeding postpartum.

What are the problems with it?
If bleeding is normal there is no need to rush the birth of the placenta and disturb the you and your baby with an injection.

What are the alternatives?
Your midwife can monitor your bleeding and give you an injection only when she sees that the bleeding is excessive or the placenta is taking longer than one hour to detach and be born. She can react when necessary instead of assuming that there will be a problem.

Ensuring a positive environment for the hormonal orchestra, including a dark, warm and calm environment after baby's birth and plenty of skin to skin and breastfeeding can help your placenta detach and birth

physiologically and also keep bleeding to a minimum. However, this is not always possible in a hospital environment.

Immediate clamping and cutting of the umbilical cord is still done in many hospitals. We used to think that a baby's umbilical cord had to be clamped and cut immediately after birth. Newer research is telling us that this is a problem.

What are the problems with it?
We now know that the placenta, umbilical cord and baby are one unit and that up to one-third of the baby's blood is contained in the placenta after birth. The umbilical cord continues to pulsate after birth, bringing more of the baby's blood back into its body, making its adaptation to life outside the womb easier. Studies have also shown that babies whose umbilical cords have been clamped one minute or more after birth have higher blood iron levels at six months of age.

What are the alternatives?
Healthcare providers should wait for the umbilical cord to be white and limp before clamping and cutting it. This can take anywhere between one and five minutes after birth. If the baby needs help after birth, it is often possible to move it together with the placenta with the cord intact.

Cord blood donation is increasingly popular in some countries. Cord blood contains stem cells, which can be stored and used in the case that your baby or another relative becomes sick later on. They can also be used by public blood banks to prepare valuable treatments for people sick with various diseases.

What are the problems with it?
Banking your baby's cord blood means that your baby is being left without a good portion of its blood. Also, the quality of the cord blood sample may not be good enough for use in medical treatments (sample quality is individual and you don't know if the sample is acceptable until it gets to the lab). Finally, since cord banking has been possible the number of cord blood samples used has remained very small. There is also increasing evidence that babies who develop illnesses later in life will not be able to use their stored cord blood because the stem cells contain the disease they need treatment for.

What are the alternatives?

Think long *and* hard about your family's individual circumstances and medical history before deciding whether or not to store your baby's cord blood. See "immediate clamping of the umbilical cord" for more alternatives.

Routine tests and interventions for the newborn

These happen in all settings and can involve different things depending on where you live and where you give birth. Depending on your medical history and risk factors, you may consider skipping some of them.

Applying antibiotic ointment or drops to the baby's eyes is done to prevent possible transmission of infection from mother to baby if the mother has gonorrhoea or chlamydia (which can cause blindness).

What are the problems with it?

Many women know that they do not have any infections, do not want their babies exposed to antibiotics immediately after birth and do not want the baby's vision blurred because of the ointment or drops during the golden hour. They want baby to be able to see clearly.

What are the alternatives?

Being tested in pregnancy to make sure that you do not have any STDs and making your decision to use the ointment accordingly. Waiting until after the golden hour to apply or skipping altogether.

Vitamin K is given in the form of a shot to baby's thigh to prevent rare bleeding disorders and improve blood clotting in the first three months after birth. Sometimes, it may also be available in the form of oral drops. It's important to get if the birth was difficult and baby experienced bruising or hematoma.

What are the problems with it?

Many parents are concerned about vitamin K, although there is little evidence to show that it is harmful, and there is long-term evidence supporting the dose currently given to newborns. There is some evidence that it increases the prevalence of jaundice.

What are the alternatives?

You can ask that the shot be delayed until after the golden hour, that oral drops be administered instead of the shot (sometimes that means you have to continue giving drops for the first few months postpartum) or that you skip the shot altogether.

Newborn blood tests are done during the first few days of life to test for bilirubin (the substance that can cause jaundice), blood sugar levels, infection, genetic testing or blood typing (especially if you are rhesus negative). Sometimes the blood is taken from the umbilical cord and sometimes it is taken by pricking baby's heel to get a few drops of blood.

What are the problems with it?

Not all babies need to be tested for jaundice, infection or have their blood sugar levels taken.

What are the alternatives?

Test only when baby has symptoms of jaundice, infection or blood sugar problems. The heel prick test is quick and only done once - it is recommended you test your baby for rare genetic diseases.

Newborn hearing tests are done by putting soft headphones on baby's ears and letting out a sound wave. A machine calculates how long it takes the sound wave to travel from the baby's ear drum and back. This is usually organised a few hours or a day after birth.

What are the problems with it?

Sometimes babies have stuffed-up ears after birth and you have to come back to be re-tested in a few days.

What are the alternatives?

Have the test done later on during a check-up with your doctor, or skip it altogether.

Planning the Unexpected

What if my waters release before labour begins?

Waters usually release as a slow trickle of fluid that you notice as wet underwear. At the end of pregnancy, this fluid can also be urine and the only way to know the difference is to call your midwife or doctor to do a test. That said, there are now special pads available that you can use to tell the difference at home, they are expensive but useful.

If you are leaking amniotic fluid at term, your labour waves will probably begin within 24 hours of your waters releasing. Don't worry about running out of water, your amniotic fluid replenishes itself over time and in some cases your amniotic sac even re-seals, stopping the flow of fluid. In the meantime, try and get as much rest as possible and follow the suggestions in chapter eight about creating the optimal environment for your hormonal orchestra.

If you experience a large gush of waters, call your midwife or doctor sooner rather than later. When speaking to them give them information about the amount of fluid, how it's flowing (drops, a trickle, one big gush) and its colour. Decide on next steps with them, keeping in mind the environment your hormonal orchestra needs to function well.

What if I need an induction?

If your midwife or doctor are offering you an induction of labour, make sure that you get all the information you need about why they feel it is necessary. Induction can increase the chances of having a long labour, caesarean or assisted birth (vacuum or forceps). Your baby may also need extra help breathing after an induction.

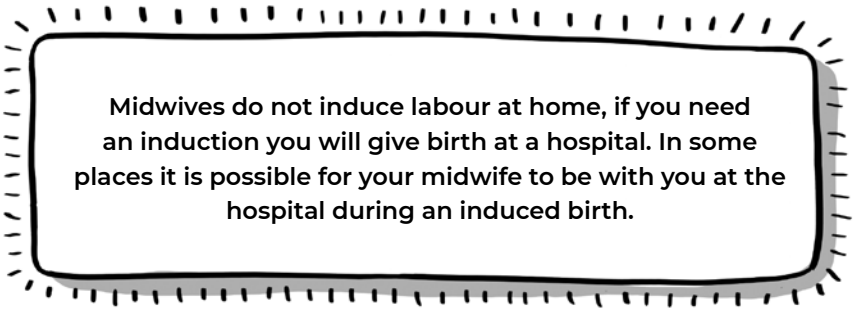
We still don't know exactly what causes a woman to go into labour, so many of the methods used are not always effective. Also, the hormones used during an induction are not the same as the hormones your body produces, and they are not released in the same way. It's definitely not a choice to take lightly.

Some questions you can ask about induction are:

- why do you need to induce my labour
- how will you induce my labour
- what can I expect when you induce my labour
- after being induced can I wait for labour waves to begin at home

Just being a few days "overdue" or your doctor going on vacation is not a good enough reason to have an induction. Waiting for labour to begin by itself is the best way to ensure a normal birth and is safest for you and your baby.

On the other hand, there may be a very good reason for the induction (like severe preeclampsia) that you should know and understand before saying yes - in cases like these the benefits of an induction outweigh the risks. If you are confident that an induction is necessary you will feel better about it and can take steps to ensure that you are in an environment that encourages your hormonal orchestra to do its work as best as it can despite the induction. Also plan to have adequate support available through the process (doulas are especially valuable during inductions).



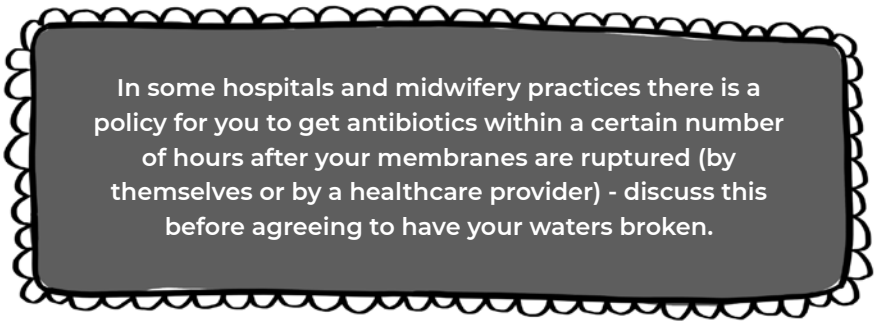
Induction methods

Membrane sweep - this is done during a vaginal exam. Your midwife or doctor gently separates your bag of waters from the sides of your uterus. The hormones your body releases as a result can be a way to kickstart labour, but not right away and not every time. After the sweep you can also experience some spotting, streaking or cramps that can, but might not lead to labour. You can go home after this and if your labour doesn't begin, you can try another method in a few days. Your baby is perfectly safe.

Balloon or Foley Catheter - this is done by inserting a balloon catheter on the inner edge of your cervix that is then slowly filled with fluid. The logic is that the pressure from the balloon will slowly cause your cervix to open and begin labour. Once the balloon is placed, you can usually go home. The balloon will fall out once you are about four centimetres dilated.

Prostaglandin suppositories or gel - during a vaginal exam this suppository or gel is placed in your cervix. The hormones in the medication should work on your cervix to make it softer and begin opening and bring on labour waves. One out of two women will be in labour within 24 hours after having gel applied. Depending on how you react to the prostaglandin, you may have it inserted or applied more than once over a number of hours. In some hospitals, it may be possible to go home after having the prostaglandin applied.

Breaking your bag of waters (artificial rupture of membranes) - this is done during a vaginal exam where a tool that looks like a long knitting hook is inserted through your cervix and used to make a hole in your bag of waters. The hormones released as the waters begin to flow and your baby's head puts more pressure on your cervix might cause your body to start releasing labour hormones. If it doesn't work, you will have to move on to one of the other induction methods discussed below - once your waters are ruptured your baby has to be born within the next few days.



Synthetic oxytocin drip - with this method you are given an IV drip of synthetic oxytocin to encourage your body to begin labour waves. Your labour waves must be monitored with a CTG to make sure you are getting the right dose and that your baby is tolerating the drip well. It can take a few hours and a few increases in the dose of synthetic oxytocin to get labour started.

Discuss your options for induction with your midwife or doctor and choose the one that works best for you. Remember, you can always say no to an induction.

Natural Induction Methods

If your doctor or midwife start discussing the fact that you might need an induction in the next few days, you might want to try out a few natural, less invasive methods. They aren't guaranteed to work because if your body isn't ready for labour, it won't go into labour. Keep in mind that any form of induction is still an induction and makes it more likely that you will have more interventions or complications. Also remember that a watched pot never boils, so sitting around and concentrating on feeling a twinge or change will make it harder for labour to actually begin. Do something to distract yourself that doesn't require a lot of thinking, like baking, knitting, walking or anything else that doesn't engage your mind too much.

Sex with orgasm and ejaculation in your vagina offers a double benefit because a good orgasm can help bring on labour waves, as can the prostaglandins in semen. It's also a good way to relax and "turn off" your brain. If your labour is slowed or stalled, great sex is an option to start it up again.

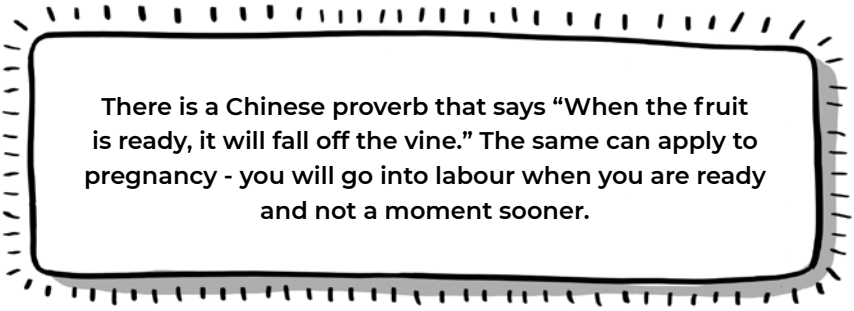
Nipple stimulation produces oxytocin which can bring on labour waves. You can do this during sex or masturbation or by just massaging your nipples for five minutes (including your areola) and waiting twenty minutes or so to see what happens before trying again.

Acupuncture or acupressure find an experienced practitioner of either of these therapies and go in for a treatment to encourage labour. Only go in if you are at or past 40 weeks of pregnancy.

Chiropractic, osteopath or massage treatment find a practitioner that is skilled and experienced in doing treatments to encourage labour. Only go if you are at or past 40 weeks of pregnancy.

Spicy food some women find eating spicy food can help bring on labour waves, while for others this kind of food brings on diarrhoea. Irritating your bowels might be what brings on labour waves - but really who needs irritated bowels or diarrhoea going into labour?

Walking, taking stairs gentle activity can help bring on labour because it might help get your baby into a better position to put more pressure on your cervix and stimulate labour to begin. Don't overdo it - two shorter walks per day with a nap or rest in between are enough.



What if I need a Caesarean?

No matter how a baby is born, it is an important event for that family. When a baby arrives by caesarean section, there are different things hospital staff can do to make the experience a positive one and to make baby's first hours easier. Having the things that are most important to you in your "what if" birth plan can help make the whole process less stressful for everyone. Your plan should mention all the things that are important to you in the case of a caesarean birth, like:

- The type of anaesthesia you would like (most caesareans are done under regional anaesthetic, meaning you are awake, but some women may prefer general anaesthesia, or being asleep)
- Who you will be able to have with you for support in the operating theatre,
- Placing the warmer and scale in your field of view so you can watch baby being weighed and examined
- Putting heart monitors and IVs on your body so that you can have skin to skin contact with your baby in the operating theatre (you might ask if they have a bonding top you can wear to help hold the baby in place)
- Keeping at least one of your arms free to move (e.g. not fixed to the operating table), so you can hug your baby in the operating theatre
- Having a midwife or nurse by your side who can describe what is going on to you as it happens
- Dimming the lights just before baby is born, or to be as quiet as possible for the few minutes before and after baby's birth, and while you spend your first few minutes together
- Lowering the curtain between your head and the sterile field so you can watch baby being born
- Whether the doctor will announce your baby's sex and/or name
- What you want to say to the baby when it's born (like asking everyone to sing "Happy birthday")

- Waiting at least 90 seconds before clamping the umbilical cord
- Deciding who will have skin to skin contact with baby if you are not able to immediately after baby's birth
- Having some photos taken by a midwife or nurse
- Having assistance in the recovery room to hold and breastfeed your baby

Take Away Messages

- Any environment can be modified to support and improve your hormonal orchestra
- Research the type of birth you want and prepare a birth plan
- Make informed choices on the types of coping mechanisms you want to use - try other methods before you reach for medication
- Make sure you know exactly why you are being offered an induction or intervention and get all the information you need before saying yes
- You can always say no – to induction, intervention and caesarean section
- If you are having a home birth, plan for it but have a contingency plan in case of a hospital transfer
- Plan for a vaginal birth but include contingency planning in case you need a caesarean
- Do research on newborn care but also on your own postpartum care
- Keep your birth plan short, simple and easy to read. Add pictures if you like

Try This

Diana Spalding from the Motherly Blog provides some helpful language you can use when you are advocating for your own care:

- It's really important to me that...
- Is this evidence-based?
- We haven't met you. Can you introduce yourself?
- Can you explain this before going forward?
- I need some time to think about this.
- I'd like to discuss this with my birth partner in private.
- Please ask my permission before doing something.
- You do not have permission to do that.

The Final Countdown

Each month has approximately 30 days... except for the last month of pregnancy - that month has 3546 days.

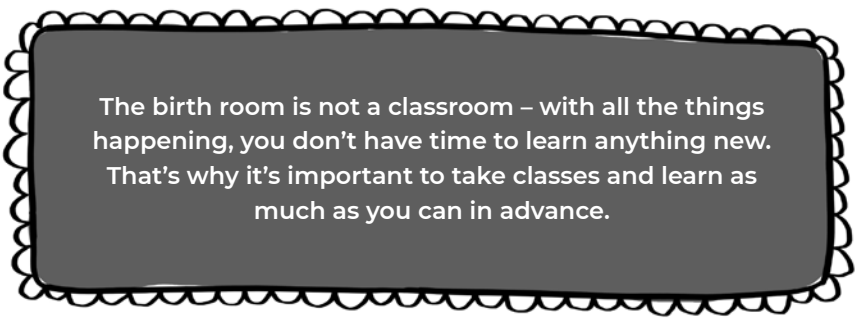
Author unknown

The Final Countdown

At the beginning of the third trimester pregnancy starts to feel real. Your belly is larger and you are thinking more about birth and parenthood. You're also getting more (often conflicting) advice from people in your life, sometimes even strangers! Here is a guide to some of the things you should keep in mind at the end of pregnancy, or add to your to-do list of things to plan before you get too close to your due month.

Taking prenatal classes

Prenatal classes are more than a place where we learn how to "breathe properly" during labour. They are usually a fun place where you can learn about the options for labour and birth are in the area you live in and the services that are available to you postpartum and in the first months of your baby's life. That said, it's important to choose a class that fits with your values and needs - hospital classes usually focus on policies on giving birth in that institution and options for pain relief, while independent classes may be broader and include information about more than one midwifery practice or hospital. If you're not happy with the first class you take, try out another (that's why it's important to take the class earlier rather than later).



Classes are also an amazing opportunity to meet other people who are expecting a baby at about the same time you are and to form a network of people you can reach out to on maternity leave. This is a place where life-long friendships are often made (imagine how wonderful it is for children to say - we've been friends since we were foetuses!).

When the class is over you and your birth companion should feel confident that you have a good understanding of the labour and birth processes and the services available in your area.

Taking breastfeeding classes

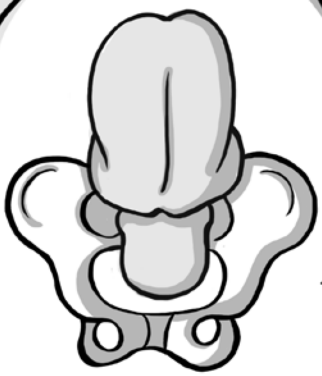
No matter how long you are planning to breastfeed, your body will produce milk after you give birth and the best way to use that milk is to feed your baby. Being prepared for breastfeeding and knowing what awaits you in the first hours and days after birth can make or break your postpartum experience, there simply is no other way to put it.

A dedicated breastfeeding class can help you understand how breastfeeding works, how to get off to a good start and what to watch out for. It's also a good place for partners to learn about how to support breastfeeding and provide practical help. Finally, they are another great place to meet other parents who will have babies about the same age as yours and can provide support and understanding during the first few weeks after your babies are born.

Beware, not all breastfeeding classes are created equal. Look around for something that meets your needs and is in your area - you should leave the class confident that you know how breastfeeding works and what to expect in the first few weeks postpartum - but also where to find support and extra information.

No matter what classes you are taking, make sure to seek them out and take them as early as possible. It may be that they fill up or are not available around your due month (especially if you are due during the summer or a holiday season). If you can't take a class because you can't find a time that works for you, ask about private one-on-one classes. They don't have the benefit of meeting other parents but can give you great information and support.

Baby's Position in Your Uterus



OCCIPUT ANTERIOR

(head down, facing your back)

Optimal positions for vaginal birth

LEFT / RIGHT OCCIPUT ANTERIOR

BREECH

TRANSVERSE

OCCIPUT POSTERIOR

(head down, facing your navel or "sunny side up")

Baby's Position in your Uterus

Giving birth is a dynamic process where you and your baby work together to help baby make its way out and having your baby in an optimal position can make your labour and birth more straightforward. Your baby moves around in your womb throughout pregnancy but towards the end of pregnancy tends to settle in a single position.

First of all, it's good to note the position your baby is in as it relates to your pelvis. This illustration shows a number of different positions a baby can take. The majority of babies are in a head-down (occiput) position at the end of pregnancy, while about 3-5% are bum (or feet) down (breech). A tiny number (about 1 in 300) are lying sideways (transverse) at birth.

Head-down (occiput) positioning

When baby's head is down and it is facing your back or your left or right hip, its position is optimal for vaginal birth. Baby will move but will usually choose a side that it favours most when it comes to its position in your pelvis (left or right).

Sunny-side up (posterior) positioning

This position is becoming more common since we are spending more time sitting, especially on soft surfaces. It's interesting that while many babies begin labour being posterior, as labour progresses, they move and only about one in twenty babies are still posterior at birth.

Labours with babies who are posterior are often called "back labours" as they involve a lot more pressure on your back and are generally slower and more challenging. There are many things you can do to help your baby choose a better position (see the next section).

Breech positioning

Breech is a variation of normal positions for babies to be born in. Unfortunately, not many younger midwives or doctors have experience assisting vaginal breech birth (especially without medical intervention). Many prefer these babies be born by caesarean, even

though vaginal breech birth is just as safe as caesarean breech birth and that many women find vaginal breech birth to be a good experience. You can seek out a healthcare provider with experience in vaginal breech birth, there may well be some in your area.

There are different types of breech - complete breech is shown in the illustration, Frank breech (the most common type of breech) is when the baby's bum is over the cervix and its legs are straight up towards its face, footling breech is when one or both of baby's feet are over the cervix directly. You can talk to your midwife or doctor about your particular baby's position.

Transverse positioning

Transverse is a very uncommon position but can happen. Unfortunately, babies who are in this position cannot be born vaginally and if the baby does not move by the end of pregnancy, a caesarean is usually scheduled.

Baby's position changes throughout pregnancy, even in the last weeks. There is no rush to schedule a caesarean just because baby's position isn't optimal. There are also many things you can do to help baby shift to head-down. Vaginal breech birth is also an option with some midwives and at some hospitals - ask around and see what is available in your area.

How can I figure out my baby's position?

Learning some basics about how to feel your belly and find your baby's body parts can be a great way to bond with your baby and be aware of where it is in your belly, and you can feel this most easily from about 34 weeks onwards.

Usually, the biggest "bump" you feel on your belly is the baby's bum and hips. Its legs can be either in front, behind, left or right of that position. Observe where you feel baby's kicks and wiggles - strong kicks usually come from baby's legs and knees, while wiggles are usually baby's arms and elbows. Depending on where your placenta is, you may feel your baby differently, especially if your placenta is in front (anterior).

Based on this, try to visualise where baby is in your uterus. You can also ask your midwife or doctor to palpate (feel) your belly and explain to you where the baby's arms, legs and bum are and give you a chance to feel them yourself. That way you can check this against your own feelings and observations.

Turning a breech baby

Although breech is a variation of normal, in many settings it means your only option for birth is caesarean section. There are many non-invasive things you can do to try to turn a breech baby and avoid a caesarean. Exercises and positions you can try are available on websites like www.spinningbabies.com. Some other things you can try include:

- Playing familiar sounds at a comfortable volume around the lower part of your uterus, encouraging baby to move towards them
- Shining a light at the lower part of your uterus, encouraging baby to move towards it
- Putting a cold pack at your fundus, encouraging your baby to move towards the warmer bottom part of your uterus (put a cloth over your belly and on top put a cold pack for about twenty minutes, once or twice a day)
- Acupuncture and chiropractic adjustments may also help, just make sure to find a skilled and experienced practitioner

A medical option is external version, where a doctor or midwife uses an ultrasound to check baby's position and then use their hands to gently encourage baby to move. This procedure is safe and works for two-thirds of women.

Bed rest

It is devastating when your doctor tells you that you need to severely restrict your movement in order to protect your pregnancy, and that you should be spending most of your day in bed or lying down. Thankfully, there is more and more research telling us that bed rest does not prevent premature birth - if your doctor is suggesting bed rest ask about the evidence on how this will help you in your particular situation. If you are not satisfied with the answer, seek a second opinion.

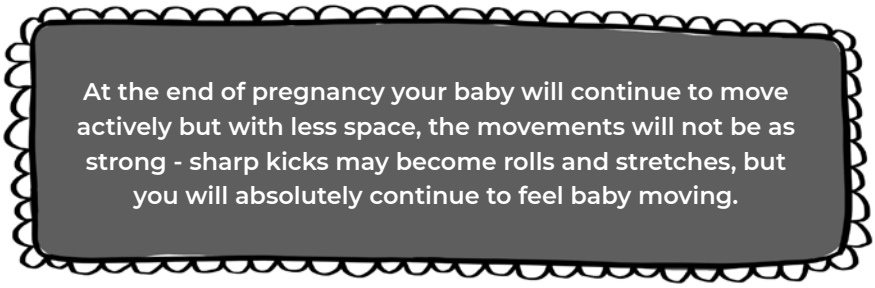
Counting baby's movements at the end of pregnancy

Sometimes, pregnant women are told to count baby's kicks towards the end of pregnancy, and although there is not much evidence on the benefits of this practice many families do monitor baby's movements from about 40 weeks onwards.

There is no uniform way of keeping track of baby's kicks but most often a midwife or doctor asks a woman to choose two hours in the day (around the same time every day) to keep track of baby's kicks. You should feel at least ten movements in those two hours (these can be rolls, kicks, pokes or thumps). You may also feel your baby stretch its arms and legs, or feel regular rhythmic movements (that's usually the baby having the hiccups). It may help to have a cold drink and lie down when monitoring the movements.

Reduced movements don't always mean something is wrong, and you don't have to count your baby's kicks every day unless there is a specific reason to do so (for example, your midwife or doctor has said specifically that they would feel more comfortable if you would do this).

Get to know your baby's usual movements, when she is awake and when she sleeps, where and how she kicks and when she's most active. If you notice significant changes, you should contact your midwife or doctor.

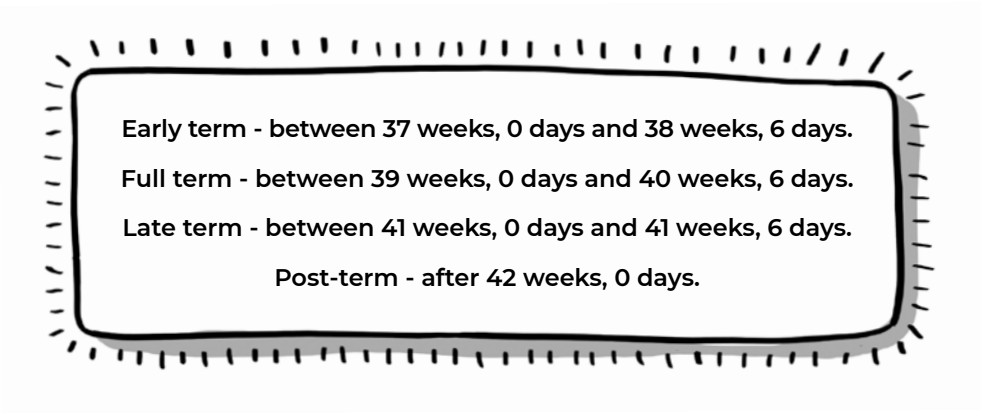


Mobile apps that monitor my baby's heartbeat are great. Right?

Mom and baby magazines seem to be full of ads for sophisticated equipment for monitoring baby's heartbeat at home. As exciting as it may seem that you can do this yourself, this technology is fraught with problems. None of these tools have been tested for their long-term harms and benefits, and experience has shown that parents often become concerned with test results for no reason, or are reassured when in fact there is something wrong. Even the best equipment is only as good as the user who is reading the results. Simply said, the best person to listen to and interpret the baby's heartbeat is an experienced midwife or doctor using tested, professional equipment. If you are worried about anything to do with your pregnancy, reach out to them.

Going overdue

Even though you know that 19 of 20 women won't give birth on their due date, you still may feel a bit down when you realise that your baby is "overdue". Remember, it is normal for pregnancy to last anywhere between 37 and 42 weeks - only when pregnancy goes past 42 weeks are you considered post-term.



If you are having your first baby, chances are you will go past your due date. After 41 weeks, your midwife or doctor might want to check on your baby more often, or may ask you to monitor baby's kicks. This can help make you feel better about how your baby is doing, but it also might be stressful. Talk to your midwife or doctor to see how you can make this as stress-free as possible - after all, most babies will be healthy and happy and for the vast majority, labour will begin before 42 weeks. At some point, you may be offered an induction of labour. Remember that the evidence does not show clear benefits of induction versus waiting for labour to begin on its own. Make sure you get all the information you need to make the choice that is best for you.

Your Body in the Last Weeks

As you near the end of pregnancy you will start generally feeling heavier and slower (which we discussed in chapter six), and it may be harder to get some movement and activity into your day. However, moving your body is especially important at the end of pregnancy, as your baby is settling into your pelvis.

Earlier in this chapter we discussed what position a baby can take in your uterus, but also how that position can help make your labour easier. By moving your own body in late pregnancy, you are moving your pelvis and muscles giving baby more chances to find a good position. This movement doesn't have to be heart-racing or extreme - taking a walk every day (at your own pace, we know it's hard!), going for a swim or doing some squats and hip circles a few times a day can really help your baby move around.

Your pelvis has two bony openings - one at the top and one at the bottom (similar to two rings, also called the inlet and the outlet). Every time you move your hips you move these and encourage the baby to take a certain position. People are generally spending more time sitting on soft surfaces where their hips are below their knees, which tilts the pelvis backwards and encourages the baby to be in a posterior position. This can make labour and birth challenging. Being aware of your pelvis and the way you are sitting can encourage you choose some more optimal positions throughout the day and at night.

Labour and birth are a team sport - you and your baby are moving and working together to help him stimulate your cervix to open and to navigate through your pelvis. By moving your body in late pregnancy and during labour you are helping him find the best way to be born.

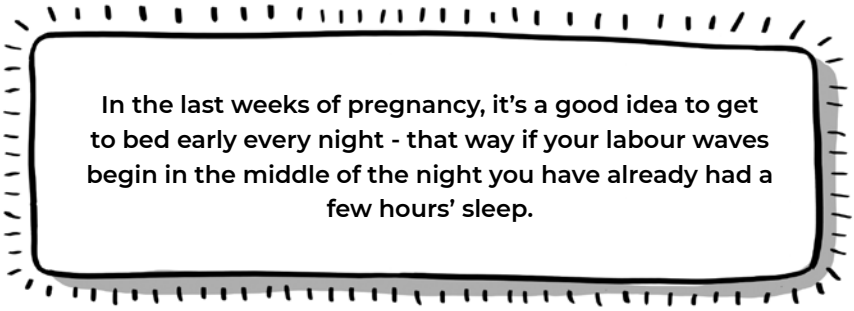

Balancing your Belly at the End of Pregnancy
Kneel on the floor
Lean forward on an exercise ball
Turn your chair backwards
Sit fully upright in chairs
Three Golden Rules
Sit with your knees lower than your hips, feet flat on the floor
Don't cross your legs
Sit on your sit bones, not your tailbone
Put a cushion or rolled towel under your bottom when sitting on a sofa or in a car
Sit on a well-inflated ball
Plus a helpful tip for sleeping
Sleep on your side, and move your upper leg forward, knee to mattress.
Use a cushion between your thighs if you need it.

Sleeping during pregnancy

Sleeping on your stomach has long become impossible and it's hard to find a good position to sleep in. You might also be worrying about getting things ready before baby arrives or are anxious about becoming a parent, which can also interrupt your sleep. Some things can help

- getting to bed at the same time every night
- not eating or drinking at least two hours before bed
- getting some movement into your day
- keeping screens off for the last hour or so before going to bed

Find a comfortable sleeping position by trying different positions and using pillows. You might find it comfortable to keep one knee elevated and above your other knee when sleeping.



The Real Thing (or not?)

Labour doesn't usually begin intensely and obviously the way it does on television or in films. In real life, the beginning is usually a combination of little things that feel simply different from what is usual for you. For some women, it takes a few hours to realise that they are in labour. All of this is normal, and there is usually no need to rush to the hospital at the first signs of labour.

Labour waves

There is a difference between labour waves that mean you are in labour and the waves that help your body get ready for labour.

Waves that mean labour has begun ("real labour waves") have some of these characteristics:

- They occur in regular time intervals
- The time between the beginning of one wave and the next one gets shorter and shorter
- The feeling is more intense and you have to stop when a wave begins
- The wave lasts longer
- If you change position or use other methods of pain relief, the waves do not stop or become less intense
- The cervix is opening (dilating) or getting shorter (effacing) (this can be checked by a midwife or doctor)

With preparation waves (also called Braxton-Hicks Contractions) things go a bit differently:

- The intervals are random and remain irregular over time
- The strength of the waves varies and does not get more intense
- The length of the waves does not change or becomes shorter
- If you change position or take a hot shower, the waves slow down or stop
- The cervix is not opening

If you are not sure which type of labour waves you are having, have a glass of water or two and lie down for at least thirty minutes. If they slow or stop, they were preparation waves (which can also be caused by not drinking enough water).

You release your mucus plug

You might lose your mucus plug (also called bloody show) 24-48 hours before labour begins - it looks like pink-streaked jelly on your underwear or on toilet paper after you wipe. It can come at once or little by little over a period of time. Some women never see this plug because it comes out during birth, while for others, the plug releases a week or more before labour begins. Seeing it is a sign that your body is getting ready for labour.

Diarrhoea

Pregnancy hormones make your poo become soft before labour begins - this is nature's way of emptying your bowels and making space for your baby. This can happen a few days or a few hours before your labour begins.

Release of waters (waters breaking)

Your waters may release in the early phases of labour or before your labour waves begin. There may be a lot of fluid, or just a bit. Everything is fine unless the fluid looks green or brown, which means your baby may have pooed in the uterus - in this case call your midwife or doctor. It is normal for your body to need some time to develop labour waves after your waters release.

Baby dropping ("lightening")

Your baby usually drops a bit lower into your pelvis in the last weeks and days of pregnancy, sometimes just before labour. This makes you go to the toilet more often and gives you that "pregnancy duck walk".

When should I call my midwife or go to the hospital?

This is really a choice that depends on who your practitioner is, where you are planning to give birth and how long it takes them to get to you, or you to get to them. Have a conversation with your caregivers about this, and keep in mind the following:

- If it's your first baby, call your caregiver if your waters release (either a trickle or a gush),
- Use the 5-1-1 or 4-1-1 rule (depending on where you live in relation to your caregivers). This means that it's time to call your midwife or head out to the hospital or birth centre when your labour waves are four minutes apart (from start of one to start of the next one), and have lasted at least one minute each for one hour (i.e. a regular pattern over the past hour),
- If you're feeling anxious or have questions, call your midwife or your hospital.

Information your midwife or doctor needs

When talking about what is going on, make sure you or your birth partner can describe most of these things:

- How often your labour waves are coming (every … minutes)
- How long your labour waves last (from start to end)
- How strong your labour waves are (can you talk through them; do they require all your attention) and how intense they feel
- How long your labour waves have been at this intensity, and what happened before that
- Has any water released, how much (gush, trickle) when and what did it look (colour) and smell like (neutral, stinky)?
- Anything else you feel is important to mention

Take Away Messages

- Get as many things done, planned and settled before your due month as you can
- Your body knew exactly how to grow this baby, and it will know how to birth this baby
- Labour and birth are waves that you are riding, not a feeling you have to fight
- Imagine your cervix is a flower, opening to the sun
- The end of pregnancy is an adventure with new experiences and feelings

Try this

Create a picture in your mind of your amazing, strong and healthy body doing everything it needs to bring your baby earth side. Imagine holding your baby and falling in love as she gazes back at you. Imagine your partner giving you an enormous hug and congratulating you on a job well done.

Affirmations can help you gain confidence in yourself and the process that is about to unfold in your life. Choose one or two that resonate with you to repeat a few times daily. Write them in a visible place to remind yourself.

- My baby is safe in my uterus
- My baby is growing exactly as she should
- I love my pregnant body
- I trust my body knows what to do during labour, birth and breastfeeding
- Practice labour waves are my body's way of preparing itself to do a great job during labour
- My heart and soul are ready to love my baby more than anything
- It's OK to use the last weeks of pregnancy to rest before I become a parent
- I trust that my body and my baby will know the perfect time for my baby to be born
- My body and my baby work together in harmony to bring my baby into my arms
- My birth team supports me to do the work of bringing my baby into my arms
- My cervix opens like a flower to let my baby out
- I am going to stretch and get big to help my baby out for birth. My body will return to normal in the weeks after

Everything You Need to Know About Postpartum

Matrescence, becoming a mother, is an identity shift, and one of the most significant physical and psychological changes a woman will ever experience.

Daniel Stern, psychiatrist and author

The Birth of a Mother

The Real Deal - For You

Your baby is here, he is happy and gurgling, sleeps when you put him down on any flat surface. You are positively glowing, well-rested and ecstatically happy. Your home is perfectly put together and you eat balanced meals three times a day. That is part of the myth we are sold on what happens after you have a baby. The reality is not a horror story, but it's not a story of perfection either. Having a new baby, especially if it's your first, is like being alone in an unknown city where everyone speaks another language, trying to get to your hotel without a map. Add to this the fact that you're exhausted and leaky, your hormones are all over the place and you feel very vulnerable.

Taking care of yourself postpartum

This section is coming first for one simple reason - you are important, and your wellbeing is the most important factor in making your postpartum experience a positive one. If you have not been in the habit of putting yourself first, this is the time to learn how. It's not easy being vulnerable and needing others and you will learn and grow a lot.

Placenta and membranes

Once your baby is born, the process of your placenta detaching from your uterine wall begins and some time later it is born through your vagina (in the case of a caesarean, your placenta and membranes are removed from your uterus after your baby is born). The placenta looks like a piece of flesh with veins running through it that look like a tree. If you birth in hospital these are disposed of, but you can ask to take them home and bury them in your garden.

Your uterus is doing amazing things

Not only has your body just finished growing and birthing a new human being, it is now quickly doing its best to return to its normal state. Your watermelon-sized uterus will become pear-sized in a few weeks. Your uterus is emptying everything left over after pregnancy and birth and healing the dessert plate-sized wound left by your placenta.

Bleeding after Birth

LOCHIA

Day 1-2	Bright or dark red blood Heavy flow Small / medium sized clots (smaller than a golf ball)
Day 2-6	Brown or pink blood Moderate flow Less blood, more white-ish discharge Fewer small clots
Day 6-14	Brown, yellow or white discharge Light flow and spotting No clots
Day 15-end	Brown, yellow, creamy white discharge Light flow and spotting on some days

During the first three days after birth, it is normal for some women to have a temperature or heavier bleeding (especially when you stand up after laying down for a long time). Be in contact with your midwife or doctor if this is the case.

CALL YOUR MIDWIFE OR DOCTOR IF YOU ARE*

- **B** Bleeding, soaking through more than one post-partum pad per hour or passing blood clots the size of an egg or bigger
- **I** Incision that is not healing (caesarean or episiotomy)
- **R** Red or swollen leg, painful or warm to the touch
- **T** Temperature 38C or above
- **H** Headache that does not get better, or bad headache with vision changes

*Adapted from Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

How to describe your flow:

Bleeding after birth

Your lochia, or bleeding after birth, beings immediately after birth (if you have a caesarean section, the bleeding may be lighter on the first day). It can seem worrisome in the first few days postpartum because you might pass blood clots the size of small lemons. There are some things that you need to be aware of, as described in the illustration. Lochia are heavier when you change positions, breastfeed, have a bowel movement and are too active (in fact, increased lochia or bright red blood after the blood has turned brown are a sign that you need to slow down).

Your bladder might be less sensitive than usual so you might have to remind yourself to pee regularly. A full bladder can put pressure on your uterus and cause blood and clots to gush out when you do go to the toilet.

Keep an eye on your bleeding. If you find that your bleeding is becoming heavier instead of lighter, that your lochia smells bad, if you have pain in your lower abdomen not related to afterpains (see chapter eleven), contact your midwife or doctor.

It's important to keep your risk of infection down during postpartum, so do a good job washing your hands after you use the toilet and change your maternity pads regularly. Keep your nails short to avoid scratching yourself when wiping. Disposable cotton pads are best to use during this period because they won't attach to your stitches or irritate your vulva.

Go to hospital or health centre immediately, day or night (or call an ambulance), if you have any of these symptoms:

- **Your vaginal bleeding suddenly increases to heavy flow after initially slowing down**
- **Seizures (shaking fits)**
- **Fast or difficult breathing**
- **Fever and too weak to get out of bed**
- **Severe headaches with blurred vision**
- **Calf pain, redness or swelling; shortness of breath or chest pain**

Taken from: Pregnancy, Childbirth, Postpartum and Newborn Care, a guide for essential practice (WHO, 2013)

Your first menstrual period after birth

If you are breastfeeding you will probably not have your first period for a few weeks or months; if you are not breastfeeding it will probably return within a few weeks. Your first few periods might be different than they are normally (lighter or heavier).

Your breasts are nourishing your baby

No matter how you plan on feeding your baby long-term, your body is making milk at the end of your pregnancy and after birth. The first milk, colostrum, comes out in drops and you usually don't feel any breast changes until day two or three. At this point you may find that your milk "comes in" fully and your breast tissue is warm, hard and full. This milk must come out and it's best if baby can drink it. Over the next few weeks your breasts will be adapting their production of milk to your baby's suckling - the more baby suckles, the more milk you will have. Breastfeeding is discussed in more detail later in this chapter.

What to watch out for if you gave birth by caesarean

Postpartum after caesarean is basically the same as it is after vaginal birth, except there are some other things you need to keep an eye on. You can shower with help once your midwife or nurse gives you the ok, but make sure that you change your dressing afterwards (or ask your midwife or nurse to change it) - the dressing should always be dry. Avoid putting too much pressure on your abdomen and your incision for a few weeks, have a look at the incision or ask a loved one to look at it at least once a day to make sure that it is healing nicely - it should not be opening, discharging blood or puss. If it is, contact your doctor. A high fever (over 38C) should also be reported to your doctor immediately.

Other changes

Broken blood vessels in your eyes, face and neck

If you pushed hard or for a long time during your labour and birth, this may have caused broken blood vessels in your eyes, face and neck. These will disappear within a week or two after birth, as the vessels heal.

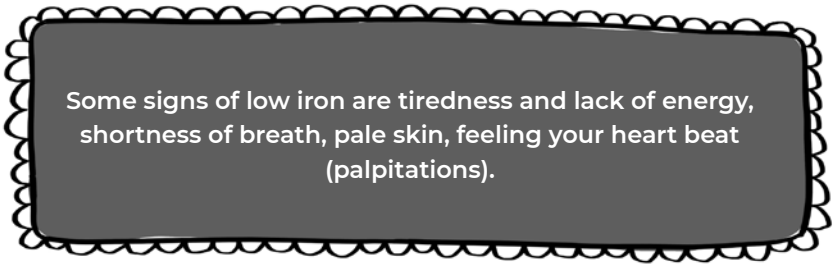
Dizziness and shivering

Your body is getting rid of a large amount of excess fluid accumulated during pregnancy in the first few days and weeks postpartum which can cause you to feel lightheaded or dizzy, especially when you are sitting and stand up or make a sudden movement. Go slowly and make sure someone is nearby for the first few days postpartum. If you need it, ask them to help you stand up and stay with you for a few seconds as you steady yourself. Shivering is normal after birth for the same reason, covering yourself with a blanket should help. If the shivers become severe, call your midwife or doctor.

Nutrition and digestion

Your body is recovering after pregnancy and birth and is using much of your energy and nutrition for breastfeeding. In fact, your body needs more calories during breastfeeding than during pregnancy. You can follow the same nutritional guidelines set out in chapter two and can continue taking your prenatal supplements. Your digestive system will

take some time to adapt to life after pregnancy. Urinating can sting as urine passes over your perineum (especially if you have stitches). You can ease this by running warm water over your perineum as you pee, either through a bottle with a sports cap or in the shower. Hormonal changes after birth also mean that your first poo might be challenging to pass. Eating foods full of fibre will make your poo as soft as possible will make this easier. Some women take chlorophyll supplements a few times a day postpartum, which help soften poo and also provide iron. Be aware of your iron intake over the first few weeks postpartum, as you are losing iron through your lochia and breastmilk and need to make sure you are getting enough. Foods that are rich in iron include red meat and dark green leafy vegetables (smoothies are an easy option).



Caring for your perineum

It could be that your perineum is just sore after birth, that you have a perineal injury (with or without stitches) or that you had an episiotomy. Although initial healing may happen in a few weeks, the discomfort can last longer, and sex can be painful for a few months. Some things you can do to help alleviate discomfort include

- Applying cold packs to your perineum (put a cloth over the area and over the cloth put a waterproof bag with ice; hold in place for as long as is comfortable)
- Dampening a maternity pad with witch hazel extract and water, freeze and apply to your perineum
- Rinsing after urinating and only patting dry (don't rub)
- Sitting in a tub of warm water for a few minutes, you can include herbs or epsom salts if that feels comfortable

- Air-drying your perineum after bathing, soaking or peeing before putting on a pad or clothes
- Using a donut pillow or swimming ring (halfway inflated) or roll up a towel in a donut shape so you don't put direct pressure on your perineum when sitting
- Valuing rest and lying down – these are important and help you heal

Sleep

Sleeping eight hours or more in one shot is a thing of the past. Newborn infants do not sleep on a schedule, over the first three weeks they have periods when they are awake that a last an hour or two, and then they sleep for two or three hours, day and night. You will be up with them and you should also sleep when they are sleeping (or at least rest) whenever you can. You can still get eight hours of sleep, just broken up over the day - it might take you twelve hours to get a total of eight hours of sleep. Give yourself permission to go to sleep at all times of day - being as rested as possible will make your physical and mental adaptation to life after pregnancy much easier. After meeting your baby's needs, your sleep and wellbeing should be your next priority - everything else can wait. You'd be surprised how your perspective, mood and anxiety change immensely depending on whether you've had at least some sleep. If it makes things easier, ask your partner or another family member to watch your baby while you take a longer nap.

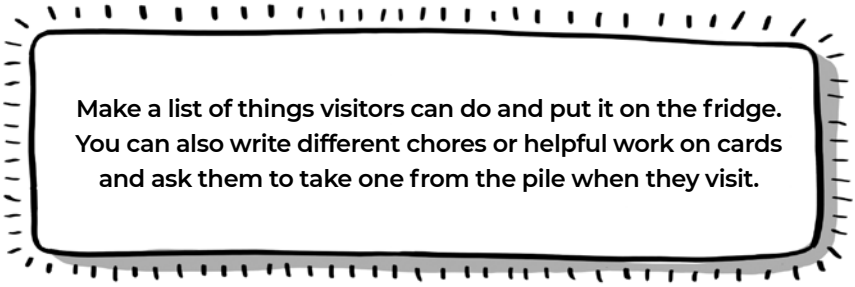
Exercise

In the first few weeks after baby's arrival you don't have the time or energy to think about exercise, and you shouldn't be lifting anything heavier than your baby. However, getting outside for a walk with your baby and some sunlight is a good idea. Be gentle with yourself, your body has spent ten months adapting to pregnancy and needs some time to return to normal. Over time you might want to seek out postnatal fitness (or mommy and me) classes in your area, like yoga or babywearing fitness.

Visitors

Friends are eager to come and meet your baby in the weeks and months after birth, and you are probably quite happy to have some adults to talk to. It's important to take care to be deliberate and careful about when, how and who you accept as visitors. It's perfectly ok to tell people that you need some time alone and would be happy to see them when baby is a month old, for example. You might want to delay some of your more challenging visitors and plan their visits for when you are feeling good, at least after 6-8 weeks postpartum. Make plans in advance and let visitors know what you'd like them to bring over, keeping in mind that this is not the time to play perfect hostess.

When visitors come, you can ask them to wash their hands before holding or touching baby. Leave the room to breastfeed if that makes you more comfortable. You can also ask visitors to restrict photographs and posting of images of you (and your baby) on social media.



Ask for help

Don't wait until you reach a breaking point, seek out help from your partner, family, neighbours and friends as soon as you think you need it. Running some loads of laundry, mopping the floor, cleaning the bathrooms, everything is helpful. Just make sure that this help comes without emotional baggage or judgment - if it does, rather pay someone to do it or reach out to a volunteer service. If someone wants to get baby a gift, instead of getting an adorable romper baby will wear once ask them to pay for a week of a cleaning service. If someone wants to visit, ask them to bring you some groceries or a frozen meal or two.

Changes in your relationship with your partner

Having a baby causes a huge change in your relationship with your partner. Added to that are the stress and anxiety related to becoming new parents and a sleeping schedule that is different from what both of you are used to. This is a time when you have to keep your communication open, honest and constructive. Regularly discuss, calmly and normally, things like who will be changing diapers, doing chores and soothing a crying baby. Be clear about when you need help or expect your partner to step up - don't expect them to see it and react without asking. When you are having a rough time or argument, it's important to give yourself some time to cool off before responding - it's more important to talk about what made you angry and working on how to solve the problem than to have a heated argument about why you're angry. It's normal for your emotions bubble up occasionally - it's tough to keep your nerves and practice empathy when you're exhausted or unsure if everything is alright with the baby. If you feel things are getting out of hand or if you feel you have some issues you need to discuss and work through, couples therapy can be very valuable.

Always remember that you have to give your partner the space and time to grow into becoming a parent. He or she will not do things exactly the same way that you will and that's ok as long as you share the same overall values.

Making time for yourself and your partner

Although it is challenging in the first few weeks postpartum, it's important over the longer term to make sure to make time for yourself but also time for your relationship with your partner (if you have one). This can be simple - enjoying a cup of coffee or tea together, a walk around the neighbourhood or going out while grandparents mind your sleeping baby.

Sex

In the first three weeks postpartum you probably won't want to be having sex. Your body is still sore, you are still bleeding after birth and you likely aren't sleeping much. There are other ways to be intimate and express love with your partner, like cuddling, enjoying each other's company, massage or non-penetrative sex. Whatever works for you, be

gentle with yourself and don't feel pressured into anything and don't feel like you have to do something you aren't ready for.

Sex will be different after having a baby, you will need to take things slowly and gently and likely use lubricant. It's a good idea to initiate sex when you know that baby has been fed and will probably sleep for at least an hour before stirring. Remember that you will ovulate before you get your first period so if you're having penetrative sex, you also have to consider contraception that is compatible with breastfeeding. Even if you'd like to have another baby soon, give your body time to recover and recuperate before another pregnancy, give yourself time to rest and recuperate and to devote to the baby you have now. There is no rush.

If sex hurts, even though are as gentle as possible, talk to your midwife or doctor, they may want to check your perineum. Some women have also found pelvic physiotherapy helpful.

Changes in your family relationships

After the arrival of a new baby your relationship with your partner and your family members, especially your own parents and in-laws changes immensely. It takes some time for them to grow into their roles as grandparents, and this growth period can be challenging. They might have unsolicited advice that is easier to ignore than engage with. Saying "thanks for the advice" or "that's an interesting story" and not pressing further are good ways to change the subject. Your partner's role can be to act as a buffer between you and other (sometimes difficult) family members.

Domestic violence

Unfortunately, abuse and domestic violence, in all its forms, often increases during pregnancy and after birth. No matter where you live, what your social status is, or what type of abuse you are facing, it's not your fault. Seek out help in your community or another local community - you and your baby deserve to live in an environment free of abuse.

Single parenting

No matter why you are a single parent, you need support as you recover from pregnancy and birth and grow into your new role. It can feel very lonely and it's important to have as good a support network as you can. Many cities and towns have single parents' groups and clubs, but you can also join a regular parenting or mommy and me support group for new parents.

A final note: remind yourself that you're doing a great job. You will feel like you're doing everything wrong and that you'll never get this parenting thing down. Parenting has a steep learning curve but soon you will be an expert on your baby and her needs. Be patient and kind with yourself and your partner. No matter how long it may seem to be taking in the moment, postpartum passes quickly and is only a short time in your parenting journey.

The Real Deal - For Baby

The journey from your womb into the outside world was an interesting and tiring one for your baby. No matter how he was born, his head likely spent some time moulding (changing) to fit through your pelvis. He also did a lot of work to be able to come into your arms, including working with you to find the best way through your pelvis. He looks like a newborn, not quite like infants you may be used to seeing in photographs, but everything about his little body is there for a reason.

Adapting to life outside the womb

As soon as your baby is born she begins adapting to life outside your uterus. The world is a strange place – she is feeling air and cold on her skin and gravity on her body for the first time. She is also perceiving light and sounds in a very different way from the way she heard them in your uterus. She has more room to stretch her arms and legs and her body is in a new position.

In addition to these strange sensations, her body is adapting to working for itself. Her lungs are working for the first time and supplying oxygen to her body. Her body temperature has to regulate itself, which is best done in her parent's arms. She is wide-eyed and alert, taking in the strange new environment around her, being able to focus on things that are about 20-30 centimetres away. Most babies are interested in sucking within a few minutes after being born, and if left alone many of them can use their reflexes to crawl from their mother's belly to her breast.

During the time after it is born your baby will be given an APGAR score (usually at one minute and five minutes after birth) which is a score out of ten to see how well she is doing (your midwife or doctor will assess her heart rate, respiration, muscle tone, reflexes and skin colour). The cord will be cut after (hopefully) letting it pulsate until it turns limp and white. This is painless for your baby and you.

After a few hours, your baby will probably fall fast asleep and you and your partner can also take the time to rest after the exciting and tiring experience of labour and birth. This is a good time to let your family members know that the baby has arrived. Your midwife or doctor will check on you and your baby every so often during this period.

First bath

Babies are not washed for at least the first day or two after birth. They are covered in protective vernix which is important for their skin in the first few days of life. After birth baby should be wiped (dried) of any blood or stool and placed on your body in skin to skin contact. This may seem messy but it is very important for the baby's adaptation to life outside the womb. Baby's first baths should just be quick rinses in water. Be mindful to keep her as warm as possible before and after being removed from the bath. Wipe down all baby's crevices and folds (under the neck, behind the knees and elbows). It's helpful if your midwife can help you with baby's first bath to show you how it's done, and if your partner or another loved one can be with you too.

Umbilical cord

Right after birth your baby's umbilical cord is plump and wet, with visible blood vessels roping through it. As it pulses it moves the baby's blood from the placenta into his body and slowly becomes limper and whiter as it empties. Once it is limp and white it can be clamped with a plastic clamp and cut. Ideally there will be at least two or three inches of cord between the baby's body and the clamp. Once the cord has dried out you can remove the clamp – this usually happens a day or two after birth. The cord should be kept as clean and dry as possible - wash your hands before touching it, fasten your baby's diaper under the cord and if it gets dirty, wipe it with a cloth and let it dry thoroughly. If it gets wet when you bathe baby, dry it off gently and make sure it is dry and clean before you dress baby again.

The cord will fall off by itself once it dries off sufficiently, usually within a week after birth. Once the umbilical cord falls off some residual blood or sticky yellow fluid may remain in the belly button - this is normal. If the cord or the belly button become foul smelling, puss starts to form or there is more than a drop or two of bright red blood, call your midwife or doctor.

Head

Your baby's head is large and after vaginal birth is cone-shaped (it will take on a rounder shape a few hours after birth). Her face may have blotches or bruises after labour and birth; these will go away within a few days. Her skull has two soft spots, one at the top and one at the

back, which allowed her head to mould to fit through your pelvis. Be gentle with her head, especially when washing or brushing her hair. Her neck needs extra support to hold her heavy head for the first few months of life, so always keep your hand near it.

Breathing

Baby's breathing is faster than adult breathing and your baby may make grunting sounds when sleeping. This usually stops about a month or two after birth, when the baby's breathing also becomes slower.

Hormonal swelling

Due to the effects of its mother's hormones, your baby may have swollen genitals or swollen breasts for the first few days after birth. Little girls might experience some light vaginal bleeding.

Sucking blister

Intense sucking sometimes causes a small white blister or callus to form in the centre of baby's upper lip. This is painless, doesn't need any treatment and goes away over a few weeks.

Skin

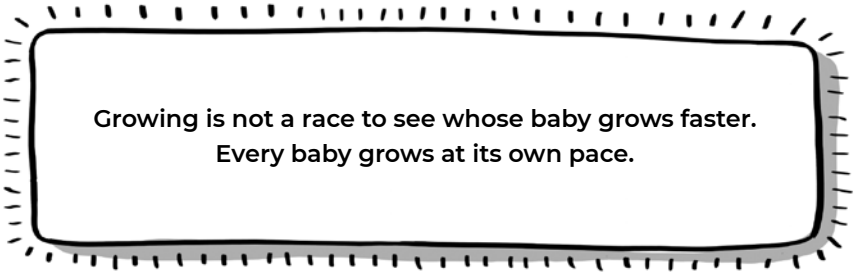
Baby's skin is usually red, blotchy and flaky for the first few days postpartum. This doesn't require any treatment and will go away by itself.

Changing diapers

Baby's first stools are sticky and black, called meconium. This is a protective substance in the intestines that the baby sheds after birth. After the second day of life, stools will turn dark green and transition to a watery mustard yellow brown colour over the first week. When changing diapers, "clean what is seen" but be careful to clean the areas behind a boy's scrotum and around a girl's labia majora and minora.

Meeting weight and height milestones

Initial measurements can be wrong (e.g. not read properly or recorded incorrectly). Fluids given to you by IV during labour and birth increase a baby's weight. As he eliminates these fluids through urine, it may seem that he has lost a lot of weight after birth. Babies lose about 10% of their weight in the first three to five days of life, and it's important to watch for the moment when they reach their lowest weight and begin gaining again. Their lowest weight after birth is the one we need to keep as a baseline. But by the time baby is four weeks old she must have gained a minimum of about 500 grams, ideally more. More information on this can be found in the section on breastfeeding in this chapter.



Communication

Babies don't use language but they do communicate. Making sucking movements with his lips, sucking on his fists or fingers or moving his head as if he is looking for the breast (the rooting reflex) are ways baby is trying to tell you he is hungry. If he is crying, he is urgently seeking your attention - either you missed his feeding cues and he is very hungry, he is wet or soiled, is tired, is in pain or just needs to feel safe in the arms of a loved one. Responding to your baby's cues before they become frantic cries makes it easier to meet his needs and calm him down but also teaches him learn to trust that his needs will be met. With time you will figure out why he is crying at a given time, but until then a good rule is to offer the breast whenever he is upset or crying or to try rocking him in a sling or carrier. Carrying baby and responding to his cues will teach him to communicate his needs and be confident that they will be met. Meeting a baby's needs does not spoil him – he doesn't need to be "toughened up" or taught lessons – he needs to be loved and cared for.

Spitting up

It is normal for baby to spit up after eating - the muscle at the top of her stomach is immature and cannot always keep milk down. This usually stops around six months of age, when the muscle is better developed. Until then, you can try and reduce spitting up by keeping baby upright for a few minutes after a feed. Not all babies need to be burped after a feed and if your baby doesn't burp you don't need to worry. If she prefers a burp, help her by keeping her upright for a few minutes after a feed.

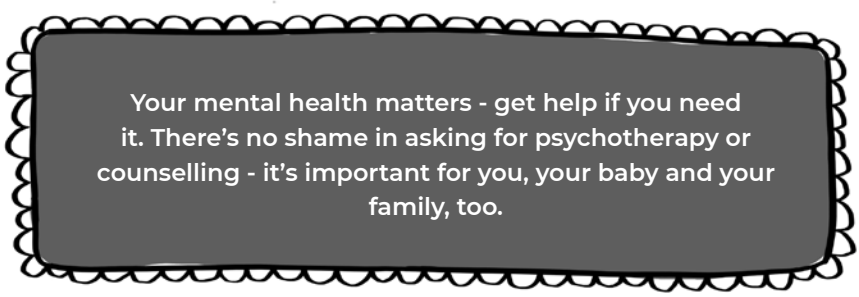
Things change, fast - once you figure things out, babies change everything around on you. Routines change, needs and sleep patterns flip-flop. This is a normal part of parenting, your baby is growing and her needs are changing. She's not doing this to drive you crazy, she's dealing with her own growing as well as she can. Be flexible and adapt to changes.

Your Postpartum Mood

After the monuments physical, hormonal and personal change that happens when you birth your baby it is to be expected that your emotions and mood are strong and sometimes unpredictable.

Transitioning to being a parent, learning how to care for a baby and yourself, opening up your family and home to a new person, societal (and your own) expectations on being a perfect parent, stress in your relationship can all be happening at the same time as you are sleep deprived and literally leaking all over the place.

Some women are more sensitive to hormonal changes after birth, but other factors contributing to your mood can be high stress levels, feeling isolated because you are a single parent or living far away from your support network, not being happy in your relationship with your partner, experiencing financial stress or low confidence. If you have a history of miscarriage, had a traumatic pregnancy or birth (now or previously), had your child admitted for special care in the neonatal intensive care unit (NICU) or have been struggling with breastfeeding you may be more likely to have mood challenges postpartum. It is very important that you find ways to deal with these emotions and depending on their severity you may need professional help.



Dads need help too

New mums are not the only ones dealing with challenging emotions after birth - many times dads and partners are also having a hard time. Campaigns like #HowAreYouDad have helped raise awareness on these issues. Mental health services should be equally available for them.

How to ask for help

During your postpartum visits, your midwife or doctor should ask you how you are feeling emotionally and you should feel free to ask for psychological support. They should be able to connect you to local postpartum or reproductive mental health experts. If there are no services available locally, see if you are able to find counselling over video-conferencing.

The type of therapy you need depends on how serious your problems are. They generally include talking to a professional about how you are feeling, about your mood triggers, changes in your life and how you are handling them.

Usually, if you are seeing a mental health professional you click well with you should be feeling better within a few weeks.

Baby blues

Many women experience something often called baby blues in the first few weeks after childbirth. Professionals generally believe this is a normal and temporary reaction to the changes that happen in your hormones after childbirth, like very intense PMS. Some symptoms include

- Crying
- Intense emotions
- Mood swings
- Irritability

It is worst immediately after birth and usually goes away about two or three weeks postpartum. Even though baby blues aren't dangerous, you still need support to help you in the first few weeks. Having an extra pair of hands or more to help with you care for yourself, your baby and your household can help alleviate the baby blues.

Postpartum anxiety

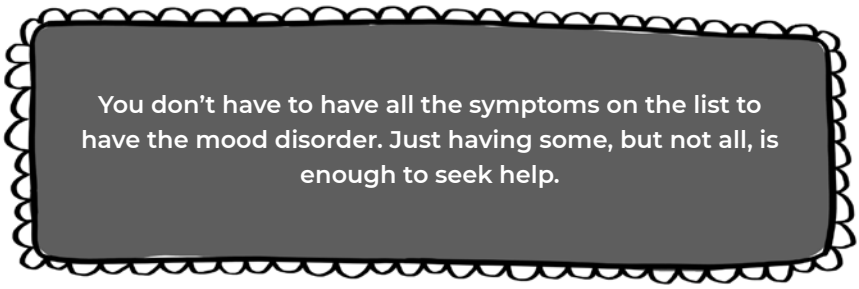
Anxiety is normal in the first few weeks after you become a parent, as you adjust to your new role and everything happening in your life. Anxiety can manifest itself as:

- Worries about whether you are doing things right
- Worries about whether the baby is doing well or not
- Wondering if your baby is ok or if you are up to the task of being a parent
- Loss of pleasure
- Trouble concentrating
- Isolation or feeling hopeless

You can have racing thoughts of worry and anxiety that can also become physical symptoms like:

- Problems with your digestive system
- Tightness in your chest
- Pounding heart
- Muscle tension
- Shortness of breath
- Restlessness
- Insomnia

However, there is a difference between the anxiety that is normal in early parenthood and the one that is serious, long-lasting and that affects your psychological and social functioning - this second, more serious anxiety requires support and treatment. Treatment can include psychotherapy or some other type of professional counselling, alongside self-help such as regular exercise, mindfulness practice, relaxation, massage and trying to get enough sleep.



Postpartum depression (PPD)

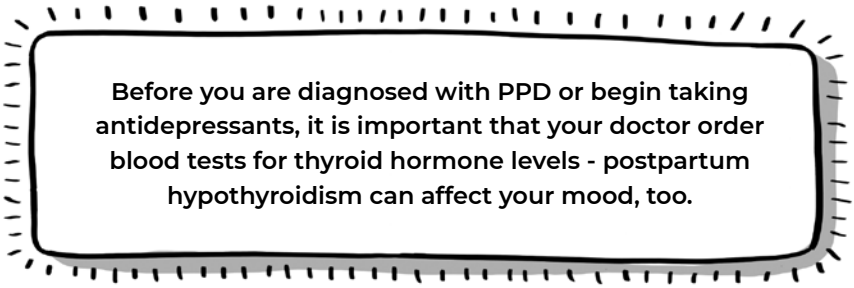
Postpartum depression symptoms can begin immediately after pregnancy, but also a few months after birth; they can begin a few days after birth or after experiencing symptoms of baby blues. If they last more than two weeks, you must seek out professional help. PPD is a much more serious problem than baby blues and can affect from 10-15% of new mothers.

Some risk factors for PPD include a having a history of depression, having a high-needs baby, not having enough support or going through a very stressful period in your life (in addition to becoming a parent). Having PPD does not make you a bad parent, it is an illness just like any other. PPD symptoms include:

- Crying often
- Frequent mood changes
- Depression and/or serious anxiety
- Losing interest in things that normally make people happy (including the baby)
- Changes in weight or appetite (although this can be related to postpartum transitions)
- Sleeping too much or too little (this too can be related to postpartum transitions)
- Feeling slowed down, restless or edgy
- Feeling overly guilty or useless
- Not bonding and/or not being able to take care of your baby

- Not being able to concentrate or think clearly (this can be related to a lack of sleep)
- Occasional thoughts about harming yourself, death or suicide

Treatment is similar to that for depression at any other point in your life - psychotherapy and antidepressants have been shown to be quite successful.



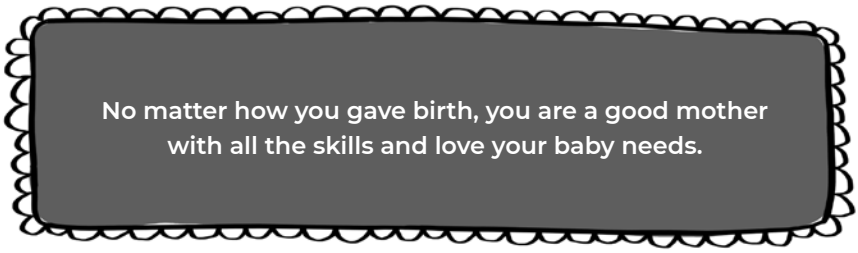
A difficult birth

Before birth you had expectations of what your birth experience would be like, and your actual experience perhaps did not match up with this. Maybe you had a transfer from home birth or birth centre to hospital, had an unexpected caesarean, vacuum or forceps birth. Perhaps you felt unheard and disrespected during your birth experience. It is possible to be grateful that you and your baby are physically well and also be disappointed that you didn't get the birth experience you wanted or expected; it's also normal to take some extra time to bond with your baby as you process these emotions.

These feelings can happen soon after the birth or weeks or months later - but they need to come out and be dealt with or they can boil under the surface and cause long-term problems. Some ways of doing this is writing your birth story without holding anything back or telling your story to a postpartum doula or trusted friend. Perhaps you might like to have a de-briefing session with an independent midwife who can help you process your experience.

If you'd like to lodge a formal complaint with your midwife, doctor or hospital that's a good idea. Don't worry if it takes you a few months to do it, and if you need help writing ask a doula, maternity rights advocate or independent midwife to help you.

Writing a letter or complaint is especially useful if your clearly expressed wishes weren't respected. Don't use it as a sort of revenge, though - it's more helpful to vent your anger and disappointment in a counselling session. An experienced therapist or counsellor can help you process your emotions and understand your feelings about your birth experience. There may be long-lost feelings and experiences that the birth has called forward and that are difficult to handle on your own, especially if they distract you from your baby.



Post-traumatic stress reaction (PTSR)

Some women experience PTSR after having a traumatic pregnancy and/or birth experience. Some symptoms of PTSR include:

- Nightmares
- Flashbacks
- Feeling vulnerable, anxious or fearful when you are in a similar situation (e.g. at the dentist's office)
- Avoiding passing by or seeing the place you gave birth
- Feeling numb towards your partner and/or baby
- Checking on baby more often than usual, like a number of times every night
- Recurring negative thoughts
- Recurring negative emotions
- Trouble sleeping
- Feeling irritable and isolated

PTSR begins after a traumatic event or overwhelming event that does not have to seem obviously extraordinary or dangerous - it is enough that you felt you or your baby were at risk because of something you felt, heard, saw or concluded yourself, even if you were not in actual danger. Some factors that contribute to trauma symptoms include:

- Poor medical care, treatment or unnecessarily painful treatments
- Care that was not evidence-based
- Poor communication with healthcare providers
- Feeling fully out of control because of staff who did not respect your wishes during birth
- Physically traumatic birth (premature baby, emergency caesarean section, episiotomy, vacuum birth)
- Your baby having a physical injury
- Separation from your baby, especially if she was in the neonatal intensive care unit

PTSR is treated with psychotherapy or other professional counselling. In cases where the symptoms appear within one month of birth and last at least a month, it is possible that you have a serious trauma, or post-traumatic stress syndrome (PTSD).

Having PTSR can be a normal reaction to a traumatic event - your brain needs time to process what happened. You are still a strong person who can handle challenging or difficult situations.

The First Weeks of Breastfeeding

Producing breastmilk is part of the physiological process of pregnancy, birth and postpartum. No matter if you are planning to breastfeed your baby for one month or one year, ensuring that she gets every drop of breastmilk she can in the first hours and weeks of life is an investment in her health and yours. Breastfeeding immediately after birth helps lower your risk of excessive postpartum bleeding, helps bring your hormones into alignment and helps your baby's immune system and digestive bacteria develop. Breastfeeding is especially important after a caesarean or challenging birth.

Simply put - breastfeeding is the biological norm. That doesn't mean that it's easy, which is why some knowledge and support can go a long way.

Breastfeeding reduces your chances of breast and reproductive organ cancers, helps you recover after birth and makes sleep easier for you and baby. Breastfeeding is an investment in your baby's short and long-term health, and provides her with protections and benefits through childhood and beyond.

Colostrum

The first milk you produce is sticky, thick and golden-coloured colostrum. This is an immune and calorie bombshell. You only produce a few drops at a time, but that's enough for your baby's stomach which is only about the size of a cherry on the first day of life. A little goes a long way.

Getting baby to latch on comfortably

Having a good latch is key for the baby to drink from and empty the breast effectively. Position baby so that you bring baby to the breast (as opposed to bringing breast to baby) with her head back, bring her head towards the nipple ensuring that her mouth is open as wide as

possible. Once she takes in the nipple, most of the dark area around the nipple (areola) should be in her mouth, especially the lower part, and her lower lip should be turned outwards. You might be able to see her tongue between her lower lip and the nipple. A good latch has no friction and should not hurt - during the first few days you may feel some pain for the first few seconds of a feed and then feel better, and your skin may be sensitive or you might be feeling your let-down reflex - but this is short-term and passes as the feed goes on. You should not hear baby making clicking noises.

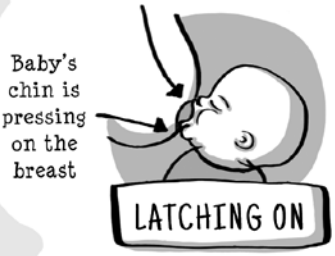
Learning how to get a good latch is a process for you and baby - it takes a while for you to know what a good latch feels like and it takes a while for baby to learn how to achieve it, but it's essential to your breastfeeding success. Get assistance from your midwife or nurse for the first few feeds until you get the hang of it. Your comfort is important while breastfeeding, take the time to get into a position you can be comfortable in for at least twenty minutes - use pillows to prop your arms up and support your back as needed.

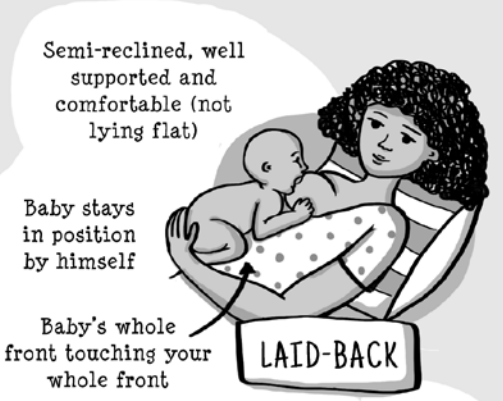
If you need help, get it early. A lactation consultant can be a godsend and save you time, stress and problems. See if there is a lactation clinic in your area that you can call or visit.

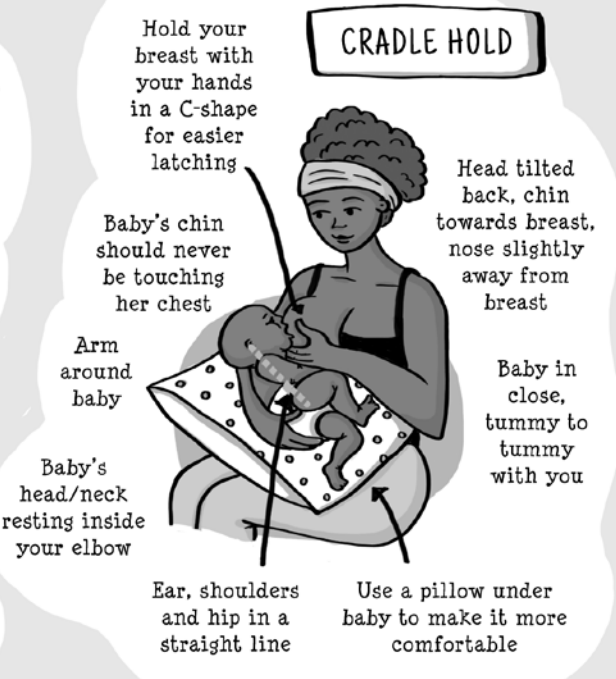
Making Milk

Milk is created through a system of supply and demand - the more milk your baby takes from your breast, the more milk your body will make. This requires that your baby empties your breast as much as possible at every feed - by putting your baby on the breast more often, your body will make more milk. Milk production is also technique-sensitive – that means that you will have more milk if you are breastfeeding efficiently. Try the laid-back breastfeeding method shown in the illustration – it isn't a position you commonly see but can be very effective and comfortable.

Breastfeeding Positions







Things that don't affect your ability to make milk include the size and shape of your breasts, whether your mother breastfed you, or the food you eat.

Baby's stomach

Your baby's stomach is quite tiny in the first few weeks of life, which means that she will be asking to eat frequently. There's no need to worry about the amount of milk you are producing in the first week or two, since babies prefer to eat often as opposed to eating large amounts. The illustration shows how baby's tummy grows.

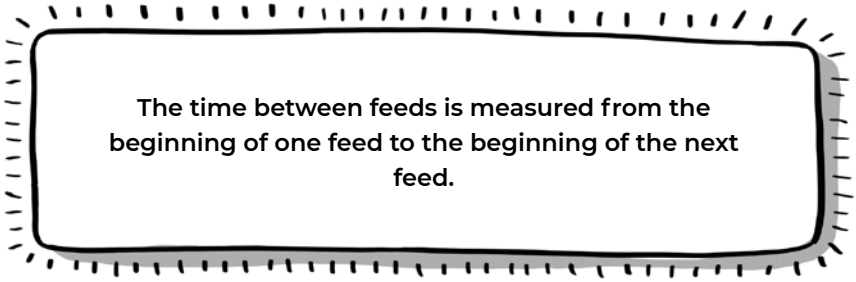
Milk Coming In

Your milk tends to "come in" around day two or three after birth, but can take up to five days (especially after a caesarean). When this happens, you will feel that your breast tissue feels full and sometimes warm to the touch. Ideally, baby will be able to drink all the milk that is inside, and your tissues will feel soft to the touch after a feed.

Just because baby is on the breast doesn't mean he is drinking - baby is drinking when his jaw is moving up and down and you can see a pause every few seconds followed by a swallowing sound. It's ok for the baby to stay on the breast for comfort and a cuddle once an active feed is over, just know that he is getting some, but not much food then. He is also stimulating your breasts to make more milk.

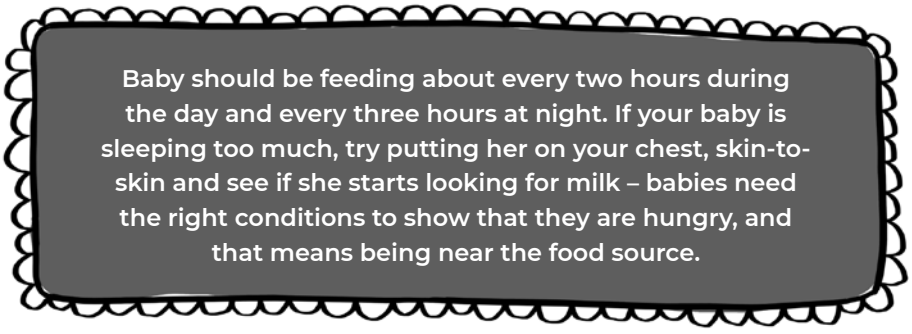
How do I know baby is getting enough?

After the first day of life, babies should have ten to twelve feeds in twenty-four hours. Some babies may sleep longer because of the effects of drugs given to you during labour and birth or because they are developing jaundice. The first six weeks are critical and if your baby is not waking to eat by herself, you should be waking her. Either way it is important to make sure your baby is eating regularly.



From the fifth day of life onwards, your baby should have five to six wet diapers per day (a wet diaper has 2-3 tablespoons of liquid - measure this amount of water out in a dry diaper to get a feeling of how much liquid it is) and 3-4 soiled (pooed) diapers in 24 hours (one soiled diaper has a stain at least about 2.5 cm wide). If you are meeting these requirements, you can be confident that your baby is getting enough milk.

**These numbers are only valid if your baby is only getting breast milk and no other liquids.



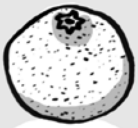
How big is your baby's stomach?

DAY ONE
5 mL
AN OLIVE

DAY TWO
5-15 mL
A STRAWBERRY

DAY THREE
15-30 mL
A CHERRY TOMATO

DAY FOUR
30-45 mL
A CHICKEN EGG



DAY FIVE
45-60 mL
A TANGERINE

Tummies and Diapers

How do I know my baby is getting enough milk?

In 24 hours your baby needs to have:

DAY				
1	8-12 feeds If your baby is not waking by herself, wake her up to feed.	At least 1 wet diaper	1 or 2 soiled diapers (black or dark green poo)	Babies lose between 7-10% of their birth weight. By 2 weeks babies should regain their birth weight.
2		At least 2 wet diapers		
3		At least 3 wet diapers	At least 3 soiled diapers (brown, green or yellow poo)	
4		At least 4 wet diapers		
5		At least 6 wet diapers; urine is light yellow or clear	At least 3 soiled diapers (creamy golden yellow, sometimes seedy poo)	
6				
7				

1 wet diaper has at least 2-4 tablespoons of liquid

1 soiled diaper has a stain that is at least 2.5 cm wide

Should I give my baby other liquids or foods?

Unless your doctor has prescribed your baby medication, the only liquid or food she should be getting is your milk. Her digestive system is growing and adapting and it's important not to overload her with other liquids. If you are separated from your baby for some reason, talk to your healthcare providers about giving her your own expressed milk or milk from a human milk bank.

Growth spurts

You will find that there are periods where your baby suddenly wants to be on the breast all the time. She is doing this because she is going through a growth spurt and needs extra milk. By being on the breast more often she is encouraging your body to make more milk. Growth spurts usually happen around

day 3, day 6, day 9

week 3, week 6, week 9

month 4 and month 6

Your breasts flow with milk like a river flows with water, sometimes there is more and sometimes less, sometimes it flows quickly and other times more slowly, but the milk is always there.

What should I eat?

Breastfeeding women can and should eat a varied diet rich in nutrients and minerals similar to what you ate in pregnancy. You can keep on taking your prenatal supplements while you are breastfeeding.

Should I give my baby a pacifier or a bottle?

Ideally, you will avoid pacifiers and bottles for at least the first six weeks as baby learns to latch and drink from your breast. Sucking a pacifier and a bottle is a totally different technique (no matter what the advertisements say) and can cause the baby to take less milk and reduce your milk production.

How long should I breastfeed?

The World Health Organisation recommends exclusive breastfeeding (no other liquids or foods) up until six months of age, and breastfeeding with complementary foods until two years or more. At the beginning, take it a day at a time. Every drop of breastmilk your baby gets is liquid gold, strive for as much as you can.

How do I decrease my supply or stop breastfeeding?

Above we discussed how milk production depends on how often your breasts are being emptied. If you want to decrease your supply or stop breastfeeding, you simply put the baby on the breast less often. If your baby is not feeding from the breast and you want to stop producing milk, you need to express your milk. Whenever you feel that your breast tissue is full, express as much as you need to for them to feel softer, and then stop. A few days of doing this should decrease your supply and within a week or two you should stop producing milk.

Safe sleeping with baby

The vast majority of parents share a bed with their baby in the first few weeks of life at least occasionally, especially if they are breastfeeding. This makes it easier for both the baby and the parents to sleep. There are a few important guidelines that you need to follow to make sure you are sleeping with baby in a safe way:

- Only share sleep with a baby on a firm surface, without any pillows, toys, heavy bed linens or blankets
- Make sure any crevices and openings between furniture, walls and mattresses are closed so baby cannot roll and fall anywhere
- Babies should never sleep on surfaces like couches, chairs or on any soft surface, either alone or with another person

- Dress baby in light clothing that does not have straps or ties, ensuring that he can move his arms and legs freely
- When sleeping in bed, baby should be beside its mother, between her and the wall or a bed rail, with baby's head at mother's breast level
- Do not share a bed with a baby if you or your partner are a smoker, after you have consumed alcohol or taken drugs that make either of you drowsy

Sharing Sleep Safely

Baby can sleep on a side-cot attached to your bed or share sleep with you

CREVICES AND OPENINGS BETWEEN FURNITURE, WALLS AND MATTRESSES ARE CLOSED

BABY CAN MOVE HIS ARMS AND LEGS FREELY

BABY IS BETWEEN YOU AND THE WALL OR A BED RAIL

BABY'S HEAD IS AT MOTHER'S BREAST LEVEL

FIRM SURFACE, WITHOUT ANY PILLOWS, TOYS, HEAVY BED LINENS OR BLANKETS

BABY CANNOT ROLL AND FALL ANYWHERE

BABY WEARING LIGHT CLOTHING, NO STRAPS OR TIES

Neither you or your partner are smokers, have not consumed alcohol, drugs or any medication that can make you drowsy

Challenges During Postpartum

Baby is transitioning from being in a warm, weightless environment where he never felt cold, hungry, wet or alone to an environment where he needs help to get what he needs to feel good. His little body is just learning to breathe, take, digest and eliminate milk. Finally, his body is growing faster than it ever has and that might bring with it growing pains that your baby can't communicate to you. It's a huge adjustment and babies need a lot of support to do it.

Baby crying

Babies communicate their needs in different ways and one of them is crying. Crying is not a punishment for parents, it's the baby's way of telling that she is upset and needs help. Responding to your baby's cries doesn't mean you're spoiling her, it means that you are showing her that you love her and helping her gain confidence in her surroundings, herself and eventually, become more independent. If you let baby's cries become frantic, you raise her anxiety levels which make it more difficult for her to calm down.

Your baby might be crying because

- She is hungry
- She is overwhelmed (too many visitors, loud noises)
- She is bored or is lonely (babies require some sensory experiences every day)
- She needs to be comforted or needs so be soothed or touched

- She is in pain or uncomfortable (check her diapers and clothes to see if something is pinching or tight)

- She is tired and needs help falling asleep

Some ways to respond to her crying

Respond to her cues - follow your instincts and respond to your baby's cues. This helps the baby learn to trust her surroundings, and by helping her calm down you are helping her learn how to regulate her emotions and feel safe with your help. With time she will learn how to self-regulate, be patient. Responding to her cues means picking her up, offering her the breast, checking her diaper, cuddling.

Wear your baby - babies who are carried in carriers on their loved ones' bodies cry less and sleep better, especially in the first weeks of life. A wrap, sling or carrier that lets you hold your baby close, is comfortable to wear and keeps your hands free can be a godsend.

Recreate the environment of the womb - dimmed lights, being held warm and snug, perhaps some white noise in the background can help your baby feel relaxed.

Ask for help - people love holding babies, and if you have grandparents or other loved ones who are happy to help, ask them. Alternatively, you can hire a postpartum doula to help with some of the extra snuggles your baby needs.

Sleep

Baby's sleep cycles are different than that of adults - they are shorter, it takes some time for them to fall into a deep sleep (which may mean you need to hold him until they fall into a deep sleep). Babies should be waking (or semi-waking) to breastfeed at least every two to three hours during the first three weeks of life, and sometimes they need to be woken up for this. Newborns should not be sleeping for more than three or four hours without eating.

Your baby is in a deep sleep when his arms are limp and his fists are unclenched.

Baby wants to breastfeed all the time

Wanting to breastfeed often is normal. Breastmilk is easily digested and baby tummies are small (see the previous section on breastfeeding) so they need to be filled with a little milk, often. As the baby grows she will be able to take more milk at once and she will feed less often. Frequent feeding is especially normal around day 2-3 of life and during growth spurts (described earlier).

I think baby has colic

Colic is sometimes the catch-all for explaining all of baby's cries. However, colic does happen to some babies under three months of age but they are more than just occasional crying, and include some of these symptoms:

- Crying for an hour or more with nothing able to console them
- Cluster feeding (many feeds close together, crying when removed from the breast)
- Seems to have gas (burping or farting)
- Goes red as if he wants to poo but can't
- Brings knees in to chest

Colic usually starts later in the day when you are already feeling tired, too. It usually lasts a few weeks and becomes less frequent as baby grows, stopping at about three months of age. We are not sure what causes colic but it is probably part of baby's digestive system being immature and growing. During a colic episode you can comfort your baby, offer the breast, find positions that work to make her feel better (being upright, having pressure on her belly). Perhaps the best thing you can do is be prepared for a potential colic episode by making sure you get rest earlier in the day and have the energy to help the baby get through the colic episode in the evening.

In some cases, babies have colic because their mother's milk comes down very fast and they swallow a lot of air as they work hard to keep up with the flow of milk. Some signs of forceful milk let-down are baby gagging, coughing or choking while nursing, pulling of the breast, clamping down on your nipple, being uncomfortable at the breast, tending to spit up a lot or having frothy or explosive poo. If this is the case, you can help by

- Feeding baby more frequently (before your breasts are very full)
- Feeding baby when she is sleepy so she sucks more gently
- Feeding baby in a position so her body is as upright as possible (so gravity is helping her control the flow)
- Feeding baby in a position where her head is above the breast (again, gravity)
- When you see baby struggling with the flow, take her off the breast, let the milk flow into a towel, and put her back on the breast once the forceful let-down has slowed

In a few days or weeks baby will learn to deal with your milk flow.

Take Away Messages

- Adjusting to parenthood takes time, and prioritising your needs and your baby's needs is perfectly acceptable and ok.
- You don't have to have control of everything at all times - it's ok to ask for help and be flexible.
- Babies communicate, but it's up to us to learn their language.
- Babies adapt to the outside world after birth - this is not an easy process and you have to be patient.
- Parenthood isn't perfect - adjust your expectations and do your best.

Try This

We've already discussed affirmations, choose two or three of these and repeat them to yourself every day:

- My body created this gorgeous baby
- My body nourished this baby, and is continuing to nourish this baby
- My body is adjusting to life postpartum and losing weight is not a race. I can do it at my own pace
- I will talk about my feelings with a friend who will remind me to be gentle with myself
- I will have honest conversations about sex and my body with my partner
- I honour my body's signals and care for myself so I can care for my baby
- Becoming a parent means that my body and my heart have both changed forever, and that is a blessing

Planning Your Postpartum

When a baby is born, so is a mother, each unsteady in their own way. Matrescence is profound, but it's also hard, and that's what makes it human.

Alexandra Sacks, psychiatrist and author

TED Residency Talk "A new way to think about the transition to motherhood"

Why Should I Plan My Postpartum?

Traditionally, the first forty days (or about six weeks) after birth were considered a special time. This has its roots in realising how important this time was for the health and wellbeing of mothers, babies and families. In modern times, preparing a postpartum plan can help you carve out the first six weeks after birth and think about all that lies ahead after your baby arrives.

Making a general and flexible plan for your life postpartum has the same benefits as making a birth plan - thinking about all the things that lie ahead, considering and discussing all the options, preparing for the first few weeks and getting ideas on how to deal with challenges. Another benefit of a postpartum plan is to realise how important the time after birth is for your health and for your family, and to prevent you from pushing yourself too soon. It also helps you prioritise your wellbeing and mental health, your rest and your relationships.

Things to talk about and plan in advance

Many things should and can be decided in the months before baby arrives. If you have a partner, take time to discuss some of these issues; if you are a single parent write down a plan as best you can and identify where your sources of support are.

Taking postpartum preparation classes - both you and your partner are venturing into a new experience that you need to learn about. Having information on what is normal for your and your baby's health postpartum and knowing the basics of breastfeeding and baby care can make your life postpartum transition much easier.

Talk about your parenting styles - share stories about your own childhoods' and your parents' parenting styles, talk about the kind of parents you'd like to be and what you need to do to meet those goals.

Talk about your roles postpartum - this will be an ongoing conversation that will evolve as your baby grows and your circumstances change. Things that you need to talk about and agree on are your career paths, and how you will divide up tasks like meals, chores and running the household. You should also discuss your expectations regarding who will take parental leave and when. The

division of responsibilities should be clear, at least for the first few weeks, and you should revisit these topics regularly taking care to be open and honest. Respectful discussion and clearly stating your needs are very important for the health of your relationship during postpartum and beyond.

Making a financial plan - what are your savings available for use during baby's first months, what will your income be, what benefits will you be able to use and what are your expected expenses going to be? What services are you willing to pay for and what services will you ask your family to help you with? Are there any things your family can purchase for you as gifts? Knowing an approximate budget can make this often expensive time easier for your household budget.

Babymoon – the original babymoon was not a trip to an exotic destination in late pregnancy, but a time to bond and be with your baby and family. Are you planning on spending some time together alone as a family after baby's arrival where you will limit visitors and spend most of your time bonding as a family? What vacation time and parental leave will you be taking immediately after baby's birth? How will you make this period as meaningful and stress-free so you can concentrate on becoming a new family?

Try out the 5-5-5 postpartum rule for the first two weeks after giving birth:

Spend 5 days in the bed

Spend 5 days on the bed

Spend 5 days near the bed

Taken from healthymamahacks.net

What regular routines will we keep up - what are your priorities for your own self-care, things that you would like to continue after baby arrives (for both you and your partner)? Think about long showers or baths, meditation, massage, reading, sports activities, hobbies and other things you do for yourself. Are these balanced between the two of you and how will you prioritise?

How will you communicate expectations - what do you expect from each other postpartum, and how will you communicate changing needs and expectations as time goes on?

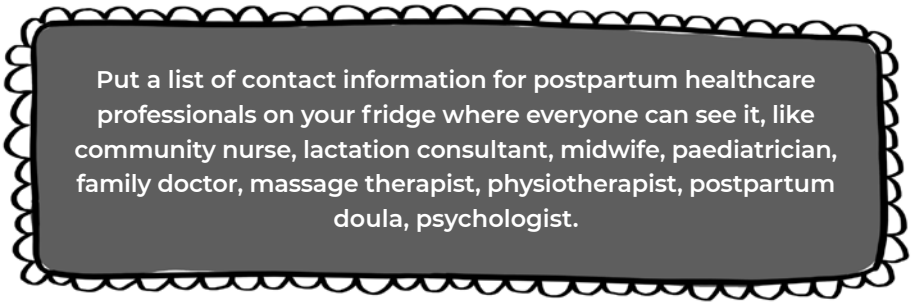
Ideas for your official postpartum plan

Your postpartum plan should be written much like your birth plan is. Make sure to include your partner and loved ones in preparing it, coordinate some parts of it with them and have it in a visible place that they can access after birth.

Visitors in hospital, birth centre and at home - decide who can come and visit you right after baby is born and how long they can stay. Having your partner and closest loved ones know who you'd like there (and who you wouldn't) means they can help limit visitors and visiting times. You don't have to accept any or all visitors, and can respectfully tell them to come in a few weeks.

Social media plan - who is allowed to post about your birth first, and will there be any posts with your baby's photo and personal information.

Your postpartum healthcare providers - who are your postpartum care providers, how much do their services cost (have you budgeted for them), are their services covered by insurance (and how does this work), what are their contacts and working hours? Have this information available on hand.



Mental health support - how can you access mental health support if you need it? Who are some recommended mental health professionals available to you, and what is their contact information? Are there friends you can call who are willing to be a shoulder to cry on and sympathetic ear if you need it?

Infant feeding support - how will you be feeding your baby and where can you find support for your choices if you need it? What friends and relatives will support your feeding choices, and who can answer your questions about infant feeding and give good advice? What are the contacts of your local breastfeeding support groups and places where you can rent equipment and supplies if you need them?

Your support team - what family members and friends can you rely on (and for what), what is their contact information and availability. Are they available in the evenings to help care for older children or at night to help with night-time parenting? Is anyone able to move in for a few weeks? Prepare a schedule of when different people are available to come in and help, especially if grandparents will be taking vacation time after baby's arrival. Coordinate with them so you have support for the first 4-8 weeks.

Postpartum lasts much longer than two weeks - although everyone is around in the first few days after baby arrives, the real challenge for mums comes when everybody goes back to (their) normal lives. Ensure that support is balanced over baby's first eight weeks of life, and beyond.

Community support - what services are available in your community, when are they available and how can you access them? Think about services like parent support groups and mum and baby groups, family centres.

Essential items for mum for the first few weeks - make a list of the things you will need during postpartum and the exact brands you like so that your loved ones can replenish your supplies as needed. Think about maternity pads, underwear (including disposable underwear),

breast pads, comfortable pyjamas and lounge clothes, healthy snacks, movies and series to watch, magazines and books to read. When it comes to clothes remember that you will be bleeding and leaking milk for the first few weeks after birth and need to do laundry more frequently – have additional lounging tops and bottoms at hand so you always have something ready to wear.

Essential items for baby in the first few weeks - make a list of things you need for baby and kinds you like best so loved ones can bring them to you. Think onesies, diapers, wipes, diaper cream. If you're using cloth diapers, adapt the list.

Meals - how do your partner and you plan on feeding your family nutritiously and easily in the first few weeks after birth? Will you be preparing freezer meals or asking family and friends to deliver meals (in either case, make a schedule). Make a list of nutritious and affordable take-out and delivery options. Also make an ongoing grocery shopping list that you can use for online shopping, delivery services or ask family and friends to get for you postpartum.

Sleep - what strategies will you use to ensure that you are all getting enough sleep? Will you divide parenting duties at night, will you ask for live-in help overnight if you become overwhelmed?

Chores - who will handle which chores and errands around the house? Will you be hiring an external cleaning service to come into your home every two weeks or a laundry service that can provide some help, calling a volunteer service or ask a loved one to come in and handle the cleaning and laundry?

Postpartum appointments and healthcare - who will handle postpartum appointments and healthcare, who is in charge of making appointments and organising attendance?

Support for older children - who will care for older children during labour and birth? What are your older children's specific needs (kindergarten, school, extracurricular activities), who can ensure they are getting to these activities, who can spend quality time with them, what events do they have in the first weeks and months postpartum that are important, what things do you want to make sure you do with them, what strategies can you use to bond as a family.

Childcare for older children - who are family and friends who you trust to help you with your children when you need some time for yourself or time as a couple for rest and renewal? What professional caregivers can you contact and when are they available?

Friends who have kids about the same age as ours - who has children of a similar age of your friends and family, how can you use them as a support network?

What happens when everyone returns to work - what childcare support is available, what will the plan for housekeeping and chores be, what are your main concerns? Do you have to apply for kindergarten / child care before the end of your maternity leave?

This list is not exhaustive and you should think about all the needs you may have for the postpartum period and include all that information in your postpartum plan. All this information should be readily available for any members of your support team at any time. It's not up to you to organise everything in this plan, the point is to define and share responsibilities. You can't (and shouldn't) do it all yourself.

Take Away Messages

- Talk about your wants and needs for postpartum with your partner and make a plan at least a month in advance
- It's important to set up your support team for the first 4-8 weeks postpartum in advance
- Have a list of the professionals who will be supporting you at hand, including contact information
- Have a list of items you will need (especially those that need to be replenished) on hand
- It's ok to ask for help

Try This

- Before baby is born, pick up some extra detergent, toilet paper and anything else you will need
- List and share what you will need with people who will be supporting you
- Ask your friends and family to bring you meals postpartum
- Make a shopping and chores list and put it on your fridge or in a messaging group with your postpartum supporters
- Organise a laundry and cleaning help team

A Final Note

Like many of you, parenting is by far my boldest and most daring adventure.

Brené Brown, researcher and author

Daring Greatly

Learning to become a parent is a journey you will be on for the rest of your life. You will change, your child will change. Neither of you will ever be perfect, and both of you will forever be learning and growing. Let love, compassion, understanding, humility and forgiveness drive you, and know that doing your best is enough.

Ride this rollercoaster of an experience with your arms, mind and heart open. There will be bumps and hurt along the way, but there will also be joy, happiness and above all - love. Be open to it all, be gentle to yourself, your child and your family.

Further Reading

Pregnancy and Birth

Thinking Woman's Guide to a Better Birth, Henci Goer

Pregnancy and Childbirth, Sheila Kitzinger

The Essential Home Birth Guide, Jane Drichta, Jodilyn Owen, Christianne Northrup

Birth Your Way: Choosing Birth at Home or in a Birth Centre, Sheila Kitzinger

The Microbiome Effect: How your baby's birth affects future health, Toni Harman and Alex Wakeford

Real Food for Gestational Diabetes, Lily Nichols

The Everything Vegan Pregnancy Book: All you need to know for a healthy pregnancy that fits your lifestyle, Reed Mangels

Birth Plans

Visual Birth Plan: http://www.pinterandmartin.com/vbp

National Health Service (NHS) Birth Plan: https://www.nhs.uk/conditions/pregnancy-and-baby/how-to-make-birth-plan/

Lamaze International Birth Plan:

https://www.lamaze.org/Giving-Birth-with-Confidence/GBWC-Post/the-best-birth-plan-template-we-think-so

Fathers and Birth

Men, Love & Birth: The book about being present at birth that your pregnant lover wants you to read, Mark Harris

The Father's Homebirth Handbook, Leah Hazard

The Birth Partner, Penny Simkin

Breastfeeding

Jack Newman's Guide to Breastfeeding, Jack Newman and Teresa Pitman

Womanly Art of Breastfeeding, Diane Weissinger, Diana West, Teresa Pitman

Breastfeeding Made Simple, Nancy Mohrbacher, Kathleen Kendall-Tackett

Why Starting Solids Matters, Amy Brown

Vaginal Birth after Caesarean Section and Caesarean Section

Birthing Normally After a Caesarean or Two, Helene Vadeboncoeur

Pregnancy loss

Pregnancy after a Loss, Carol Cirulli Lanham

Ended Beginnings: Healing Childbearing Losses, Claudia Panuthos, Catherine Romeo

Parenting

Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family, Diane Wiessinger

The No-Cry Sleep Solution, Elizabeth Pantley

Pride and Joy: A guide for lesbian, gay, bisexual and trans parents, Sarah and Rachel Hagger-Holt

Disability in Pregnancy and Childbirth, Stella Francis McKay-Moffat

Maternity Rolls: Pregnancy, Childbirth and Disability, Heather Kuttai

Hold Your Prem: A workbook on skin to skin contact for parents of premature babies, Jill Bergman

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A Final Word

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We know you can do it and we're going to help you find the way that's right for you.

Reach out to us on social media using the hashtag #PregnantGuide

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