



a Division of BASS Medical Group

112 La Casa Via Ste 300, Walnut Creek CA 94598 | 120 La Casa Via Ste 208, Walnut Creek CA 94598

Dr. Joseph Rose Dr. Janine Senior Dr. Madhavi Vemulapalli Dr. Rusna Jhita Dr. Stephen Wells
Lauren Lockwood CNM Lauren Abrahamson CNM Savannah Kingsmith CNM Emma Judin WHNP Mary Kate Amendola RN
Amanda Wall CNM Nicole Knight CNM Gabbie Esteban CNM Courtney Sepic NP Monica Gardner NP

Welcome to the end of pregnancy! To help prepare you for not only the labor and delivery process but for parenthood, we have compiled a quick reference guide for you.

Whether this is your first experience with labor and delivery, or you have been here before, our goal is to provide you with safe and individualized care that results in a healthy mother and baby. As a team, we will offer you advice and recommendations. Educating and preparing yourself with a foundation of knowledge on labor, delivery and what to expect afterwards can help you set yourself up for positive experience as you transition into parenthood. You wouldn't take a trip to a foreign land without doing some prep, so we recommend the same thing for delivery and parenthood. We have tried to provide a reference guide for you to help you prepare, but please feel free to ask and discuss with us as needed.

CLASSES

John Muir offers a wide range of classes to help prepare you for labor, parenthood, and breastfeeding. All classes' descriptions, cost, and how to sign up can be found at www.johnmuirhealth.com under the "Health Education" link at top of page. Click on "Classes, Screenings, and Support Groups" and then click on "Pregnancy to Newborn". You can also search "pregnancy" in the upper right-hand search bar on website.

Childbirth Preparedness Classes: Multiple options, including online modules, in person classes and specific topic classes like, "Preparing for Low Intervention Birth" and "Anesthesia Options for Labor & Delivery".

Hospital Tours: John Muir no longer provides in person hospital tour. There is an informative video tour at johnmuirhealth.com/pregnancy. Also see the section on Birth Center FAQ (Frequently Asked Questions).

Preparing for Parenthood: Classes include "Surviving the first weeks at home with baby", "Newborn Care" and classes on Breastfeeding.

Sibling Class available on John Muir website.

There are many other classes available in the East Bay, such as with Birthways, Here Comes Baby and Loving Arms Childbirth Classes.

Other options for classes: Watching videos, Listening to Podcasts, and reading books. The Baby Center website and www.verywellfamily.com offers great videos on a range of topics.

SUPPORT GROUPS

Muir Mommies: Offered through John Muir offers a great group for mothers, new and experienced. Support group that offers education topics at each group

Le Leche League- breast feeding support group, multiple locations. www.laleche.org

MOMS Club of Antioch: momsclub.org, 925-216-4656

East Bay Moms (& Dads): eastbaymoms.com, 510-653-7867

LaMorinda Moms: lamorindamomsclub.org

Mt Diablo Mother's Club: mdmcmom.org, 925-927-2424

Tri-Valley Active Moms: meetup.com/tri-valleyactivemoms

Livermore Moms: livermoremoms.com, 925-201-3432

Pleasanton Mothers Club: pleasantonmothersclub.org

BIRTH PREFERENCES

Each labor and delivery offer its own moments of joy and challenge. Whether you are planning for an epidural or hoping to go without, there is no way to know how your labor will go. As your providers, we will prepare for any challenge that presents. With the number one goal of healthy baby and mom, we will support you in your birth preferences and help you during challenges. While the exercise of preparing a "birth plan" can help a couple think through their hopes and desires for the labor and delivery, the best plans are those that are fluid and able to change if any challenge arises.

For the safety of both mom and baby, we believe that having IV access during your labor is very important. An IV is a flexible tube that goes into a vein to allow us to give medications and fluids as needed. Having an IV does not always mean that you will be connected to IV tubing your entire labor. While we always hope no emergency arises, in the case of an emergency, an IV is a must. We cannot provide life saving measures without it. Because of this we do require an IV in labor.

Doulas can be a wonderful addition to your labor and postpartum support system. Doulas are trained to provide continuous support during and after labor. While a doula can help educate you on labor, it is important that a doula *does not* provide medical advice. Her role should be to support you in what *you* want and decide for your delivery, while allowing us to provide you with the information you need to make informed decisions. Doulas can also be a very big help postpartum providing care to you and your baby. Want more information on doulas, go to www.dona.org and www.mtdiablodoula.com. If you decide to hire a doula, please let us know.

If you are planning a c-section, see section on "C-Section" in this hand-out.

MOTHERHOOD: THE EARLY DAYS

The first month after delivery can be full of quiet time snuggling with your baby but it can also be a difficult time. Preparing for what to expect can help plan for a smoother transition into motherhood.

Taking care of yourself is a top priority. The first couple weeks should be spent healing and bonding with your baby. You will not have the energy, time, or strength to do it all. Outside of caring for your baby, rest is your most important task and should be a priority. Ask for help, and let others do the cleaning, cooking, and shopping. Sleep when you can and resist temptation to get things done while baby sleeps.

Before baby comes, plan that you will need help and support. Prepare meals ahead of time and freeze. In the first weeks, many of the household chores you usually do will not get done, plan ahead by discussing with your partner how he/she can help. Prepare your family and friends that while you are excited for them to meet your new addition to your family, you and your baby will need quiet time together. Take caution to avoid exhausting yourself by being a host to friends and family. Ask that they limit visits to short stays unless they plan on doing the dishes, meals, or even holding baby as you shower.

What to expect while healing: After delivery, it will take time for your body to return to "normal". Some changes occur quickly while others take time. The first 2- 4 weeks can be the most challenging.

- Your uterus, cervix, and vagina will return to their normal size in about 2 weeks. Your vagina may be tender and dry for a few months-especially if breastfeeding or if you had a vaginal delivery.
- If you had stitches or hemorrhoids, you will be sore for about 2 weeks. It may hurt to sit on your bottom for long periods of time. Lying flat in bed or sitting off to the side on a hip will help. At the

hospital, the nurses will discuss relief measures such as sprays and cream to help. Sitz baths are highly recommended as regular use can speed up healing. You can buy a sitz bath at a pharmacy or place 6 inches of water into your bathtub. Sit for 15 minutes 2-3 times a day. Adding herbs to the sitz bath can help healing as well. These can be purchased on line or at health food stores. Motherlove and Earth Mama Angel Baby carry prepackaged products.

- You will have vaginal bleeding. At first it will be heavy like a period and will taper off over the first weeks. It also will change color from red to brown to yellow. Use maxi pads only, no tampons.
- Some women have problems with urinating after delivery. It can take several months after the delivery for your muscles to regain their coordination and strength.
- You may be constipated-especially if you are breast feeding or taking narcotic pain medication. Adequate hydration is important. Drink at least 6 glasses of water a day (and even more if breast feeding). Increase your fiber intake with fruit and veggies. If needed, you can take a stool softener, like Colace or Miralax, to help. As your pelvic floor regains its strength, bowel movements usually return to normal.
- If you had a c-section, your incision will take 2-4 weeks to heal. It is important to keep the incision clean and dry and do not lift anything heavier than your baby in the first 2 weeks. No baths or swimming for 2 weeks. You can expect to have numbness, tingling, or discomfort at scar for weeks to months after.
- Your breast milk will take 2-4 days to “come in”. During this time you can expect to have hard, painful breasts (called engorgement). Ice to the breast and NSAIDs such as Motrin or Advil, can help with the discomfort. Most engorgement takes place in the first weeks (even for mothers not breastfeeding). Nipple pain can happen as well- if you are having nipple pain, scabbing and “cuts” on your nipples, let us know as we can prescribe a nipple cream to help with healing. It can take 6-8 weeks for you and your baby to get the hang of breast feeding. It can be challenging. We highly recommend seeing a lactation consultant if you are having any difficulties. (see “support group” section above)
- Losing weight takes time. Remember it took months to gain, so it may take months to get back. Exercise is a great way to build back the muscle often lost in pregnancy and to lose weight. Take it slow when returning to exercise. Start with short walks in the first weeks. Returning to exercise is not recommended until after your postpartum visit with us. We do not recommend drastic diet changes, especially if breast feeding.

Mood changes are common in the first weeks. It can be overwhelming in the first weeks, whether this is your first baby or your fifth. About 75% of women get “baby blues” in the first 2 weeks postpartum. You may cry easily and feel emotionally unstable. For most women, the mood changes improve after the first weeks. Self-care by resting and eating well can help relieve the “baby blues”. However, 1 in 5 women have postpartum depression or anxiety postpartum, which is different than “baby blues”. If you feel anxious, sad, overwhelmed, worried for most of the day or feel you cannot care for yourself or your baby, please call us immediately. Getting rest (especially a 4 hour stretch of sleep occasionally), breaks away from baby, outside on walks, and support from family and friends, can help prevent depression. Also recommend take your prenatal vitamins and an addition Omega 3 supplement (with DHA and DEA, such as fish oil).

If you have a history of anxiety, depression, or post-partum depression, we cannot stress enough how important it will be to have a plan in case you start experiencing symptoms again. Those with previous history of anxiety and depression, are at highest risk for having post-partum depression or anxiety. It may be helpful if you have a history of depression or anxiety, to arrange for an appointment with a therapist or psychiatrist for the weeks after your delivery. We have found that getting an appointment can take some time, so planning a head can prevent a delay in care. If you have had history of depression or anxiety. Please discuss with one of the providers during a visit. We can take the time to discuss how we can best support you.

NEWBORN MEDICATIONS AND CARE AFTER DELIVERY

A pediatrician will see your baby after he/she is born. We recommend that you discuss any concerns or questions with your pediatrician but wanted you to know about a few things to expect while your baby is in the hospital.

You will be asked if you want your baby to have the Vitamin K injection, Hepatitis B vaccine, and Erythromycin eye ointment in the first hours after delivery. Overall, the benefits of each of these outweigh any potential risks.

- Vitamin K: This injection is given to prevent possibly deadly bleeding in the brain of a baby. An infant does not make Vitamin K initially and it is needed to help blood clot. The injection is given in the first hours after delivery. The risks of not receiving the injection are potentially fatal. While there is an oral regimen, it is not as effective as the shot and therefore is not recommended by most pediatricians. The Vitamin K at John Muir is preservative free. We highly recommend that you go to <https://evidencebasedbirth.com> and search Vitamin K to read great articles about it. We have also attached a handout with Q&A and Myths vs. Facts.
- Hepatitis B vaccine: The first in the Hepatitis B vaccine series given in the first year. By getting the vaccine before going home, baby will begin building the antibodies needed to prevent getting sick from Hepatitis B. Go to <https://www.cdc.gov/vaccines/parents/diseases/child/hepb.html> for more info.
- Erythromycin eye ointment is given to prevent possible eye infection in baby. State law requires that the ointment be given to prevent gonorrhea and chlamydia infection of the eyes. While you were tested for these in pregnancy, state law still requires that the ointment be given. The ointment is not painful for baby and is only given once in the first hours postpartum. More information at: <https://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns>

If you have any further questions about these, please speak with your pediatrician. While it is within your right to refuse these for your baby, it is important that you understand the risks to your baby if he or she does not receive them. By providing you this information ahead of time, we hope that you can take the time to educate yourself so that you can make informed decisions for your baby.

Circumcision: Each pediatrician has his or her own policies about this procedure. It is not a guarantee that it will be done in the hospital in the first days after delivery. Because there are potential risks with the procedure, it will be important that your baby be well enough to have it done. This procedure is considered an elective procedure and therefore might not be covered by your insurance. Speak with your pediatrician if you have further questions or concerns. For more information on the risks and benefits visit <http://thecircumcisiondecision.com/circumcision-risks-and-benefits/>.

END OF PREGNANCY, WHAT TO EXPECT

The end of the pregnancy comes with a mix of emotions. While everyone is excited to meet their little one(s), preparing for labor or a c-section can be filled with anticipation, anxiety, and excitement. We will be seeing you at least weekly in the last weeks of pregnancy. In these appointments we will address any of your concerns or questions. Below is some information on topics relevant to the end of pregnancy.

MEMBRANE SWEEPING

When your pregnancy is fully term (after 38 wks) we offer membrane sweeping. This is completely **optional**, but we have seen that there are benefits for some women. Membrane sweeping is when during a cervical/vaginal exam (which can be done in the office during a routine visit), your provider places his/her finger into your cervix and passes it along the back of the cervix to release some of the connections or “membranes” between the cervix and the bag of water around your baby. This is done for about 10 seconds. This releases prostaglandins. Prostaglandins are partly responsible for softening and thinning the cervix to prepare for labor. This can only be done if your cervix is open.

Overall membrane sweeping is safe and can have great benefits. It can decrease the chances of needing an induction of labor, especially when done during your 41st week of pregnancy. It can also shorten your pregnancy by 1-4 days. This does not mean that you will for sure go into labor 1-4 days, but rather if your body was naturally going to go into spontaneous labor at 41 and 0 weeks, you would go into labor at 40 weeks and 3 days. Another benefit is that having multiple membrane sweeps over a week or more, can result in a softer, more open cervix. For women who need an induction, either for medical reasons or because they go more than 7 days after their due date, having a softer, more open cervix at the time of induction usually makes the formal induction of labor easier and reduces the chance of c-section.

For some women, membrane sweeping can be the thing that puts them into labor within 48 hrs. This is because for some women their bodies are just about to go into labor (unknown to any of us) and the membrane sweep releases the prostaglandins which then triggers labor to begin. This is more likely to happen in a woman who has already had labor and a baby before. Therefore, some people consider it an induction, but since it will only put a woman into labor who is “ready” we do not consider it an induction.

There are a few cons of membrane sweeping. It can be uncomfortable or painful. Membrane sweeping takes about 10 seconds so it's not a long period of time being uncomfortable and it's a great opportunity to practice your breathing and relaxation for labor ☺ It can cause vaginal bleeding. This is usually a small amount of bleeding or spotting that lasts a short period of time. There can also be cramping after, usually in the first 12-24 hrs. While the cramping can be uncomfortable, the majority of women find it to be bearable. Hydration, rest, and a bath/shower can help if you are having cramping after the sweep. And lastly, there is a chance that your bag of water can break as a result. We find this to be rare, and more likely to happen when a woman's cervix is more dilated (such as 3-4 cm) at the time of membrane sweeping.

Overall, we see greater benefits than risks/cons to membrane sweeping. It is completely up to you if you want to have it done. Feel free to talk with one of your providers at an appointment about it.

INDUCTION OF LABOR

While we feel strongly that it's best to wait for a woman's body to go into labor on its own, there are medical reasons for inducing labor (starting labor medically). Your provider will discuss with you medical conditions that may require an induction and timing. For those without any medical reason, we do not recommend inducing labor until at the earliest 7 days (41 wk + 0 days) after your due date. After 42 weeks, the risk of fetal death raises greatly, therefore all inductions need to be done by 41+6 days. This is because the placenta can become less effective at supplying your baby the blood, oxygen, and nutrients it needs. Research shows this risk goes up after 41 weeks. In addition, research also shows that the majority of women (over 75%) will go into labor on their own by 10 days after their due date (41 wk + 3 days). Because of this, we recommend being induced by 10 days after your due date. In addition, if you choose to wait, and be induced after 41+0 weeks, you will need antenatal testing, also known as a non-stress test. This involves monitoring the baby's heart rate for at least 20 minutes and getting an ultrasound to assess the amount of amniotic fluid around the baby. As you get closer to your due date we will discuss the process of induction and what we recommend. If you have a medical reason for an induction earlier than 41 weeks, we will discuss with you during visits.

C-SECTION

For those mamas planning a c-section: The reason for your c-section will determine timing of your surgery. We try to schedule your surgery date at least 4 weeks before your c-section. If you have a specific date or doctor in mind, we will do the best we can do to accommodate.

Preparing for your surgery. You will have a pre-op appointment with the doctor performing your c-section before your schedule date. At that appointment, what to expect will be discussed in more detail. On the day of your surgery, you will have an arrival time prescheduled. After you arrive, the RN staff will get out IV, blood work and paperwork done. You will meet the anesthesiologist as well. Shortly before the surgery the surgery is to begin, the doctor performing the c-section will come and say hi and answer any last-minute questions you may have. You are welcome to have one guest with you in the operating room (OR). At the time of surgery, you will walk with your nurse to the OR where you will receive your spinal anesthesia (procedure where anesthesiologist injects medication into

your lower back to provide pain relief during surgery). After, the surgeons and other staff will arrive to the OR to begin surgery. Do not worry, the doctor will check multiple times that you are numb before beginning surgery. As surgery is to begin your partner/guest will be brought and will sit next to your head along with the anesthesiologist. The entire surgery usually takes around 30-45 minutes. After your baby is delivered, the staff will check out and weigh baby. If she/he is doing well, you can hold your baby for the remainder of the surgery. During the surgery, you may feel nausea, pressure and some discomfort. While the anesthesia can relieve much of the pain, it cannot take away all sensation and discomfort. Your anesthesiologist will work to make you as comfortable as possible.

After surgery, you will be in the hospital for 3-4 days. Pain medications will be prescribed to help with any post-op pain. How much pain is felt in those initial days varies from woman to woman. Most women feel well, with minimal pain by 2 weeks after surgery. You will not be able to drive and cannot lift anything heavier than baby, in the first 2 weeks after delivery.

A few resources: www.verywellfamily.com great articles and videos on c-sections. If you would like to see video of c-section or spinal anesthesia, YouTube offers many.