

healthsmart!

Planning for pregnancy, childbirth and post-delivery

Preconception counseling

Meeting with an OB/GYN or maternal-fetal medicine specialist before becoming pregnant is one of the most beneficial planning activities a woman can consider.

Preconception counseling is the process of taking a very careful history of the mother and her family and the baby's father and his family before becoming pregnant. It can help determine any factors, illnesses or conditions – such as a genetic defect or history of preterm deliveries – that might impact the health of the mother or the fetus.

If you have an underlying medical condition, you should ask your doctor:

- What effect could my medical condition have on a pregnancy and baby?
- How would becoming pregnant affect my long-term health?

By understanding your health and possible risk factors, along with those of the baby's father, you can decide when and how to start a family. The health you bring to a pregnancy is one of the most important influences on the outcome.

It is important for women to manage any underlying medical conditions leading up to and during pregnancy.

Prenatal genetic testing

Many families have a history of genetic-based diseases. These families might desire more information about how this could affect a baby. Several prenatal tests are available to determine whether a fetus might be born with a genetic disorder such as Down syndrome, cystic fibrosis or a neural tube defect.

Genetic-testing options include:

- **Chorionic villus sampling (CVS)** – Between 10 and 12 weeks of pregnancy, a sample of tissue is taken from the placenta and tested.
- **First-trimester screening** – Between 11 and 13 weeks, the pregnancy is evaluated with an ultrasound and blood work.
- **Amniocentesis** – Between 15 and 20 weeks, a small sample of amniotic fluid, or the fluid that surrounds the baby, is collected and tested.
- **Quad screen** – Between 16 and 18 weeks, blood is drawn and tested.

Discussion of prenatal genetic testing should begin with your obstetrician. If at any time during your pregnancy you become a high-risk patient, your obstetrician will refer you to a high-risk program.

Labor

Labor usually starts two weeks before to two weeks after the estimated date of delivery. Signs of labor vary among women, as every woman experiences labor differently. If you feel unsure whether labor is beginning, it is important to contact your physician.

Common signs of labor include:

- **Bloody show** – A small amount of mucus, slightly mixed with blood, might be expelled from the vagina.
- **Contractions** – Uterine muscles might spasm at intervals of less than 10 minutes. Contractions might become more frequent or severe as labor progresses.
- **Rupture of amniotic sac membranes** (bag of waters) – Amniotic fluid might leak or gush from the vagina. A woman who experiences a rupture of the amniotic sac membranes should contact her physician immediately. The majority of women with ruptured membranes go into labor within 24 hours. If labor still has not begun after 24 hours, a woman might be hospitalized for labor to be induced. This is a common step to help prevent infections and delivery complications.

Pain management options

Women have many options to help manage the discomforts that occur during labor and delivery. Generally, mothers and their physicians want to use pain-relief methods that are the safest and most effective for both mother and baby.

There are three main types of pain management for labor and birth:

- **Non-medicated measures** – Many women learn special techniques to help them feel more comfortable and in control during labor and delivery.
- **Analgesics** – These are medications, such as meperidine, to relieve pain. The smallest dose possible is given because of the potential adverse effects of these drugs on the fetus. Analgesics easily cross the placenta to the fetus, and they might take a long time to clear from the baby's system after birth. If given in large amounts or repeated doses, many analgesics can cause respiratory depression (slowing of the breathing center in the brain) in mothers and babies.

- **Anesthetics** – These are medications that cause loss of sensation and include pudendal block, epidural anesthesia and analgesia, spinal anesthesia and analgesia, and general anesthesia.

Breast-feeding

Breast-feeding is a valuable gift that has many benefits for mother and baby alike. The skin-to-skin contact of breast-feeding promotes brain development and helps you and your baby get to know each other. Hormones secreted during breast-feeding can help with bonding.

Benefits for the baby

- Breast milk can help the baby build its own immune defenses or even save preemies' lives.
- Breast-fed infants have fewer respiratory infections and allergies and have less colic and diarrhea.
- Breast-fed infants are hospitalized less often for pneumonia and meningitis.
- Breast-feeding helps with brain development, and breast-fed babies have a potentially higher IQ when they are older.
- Later in life, people who were breast-fed are less likely to develop diabetes or heart disease.
- Breast-feeding reduces obesity throughout life.

Benefits for the mother

- Breast-feeding helps the uterus contract, which leads to reduced bleeding after delivery.
- Mothers who breast-feed have lower risk of ovarian, breast and uterine cancer; osteoporosis; and heart disease.
- Breast-feeding burns calories and helps mothers get back in shape sooner.
- After the first few weeks of the baby's life, breast-feeding is easier than bottle feeding.

Lactation consultants are available to help your baby get "latched on" and make sure your baby is drinking your milk. We will help you learn to manage breast-feeding and plan for how to do it once you go home.

If your baby is in the Neonatal ICU, we will help you pump milk for your baby. We also provide follow-up support at the "Mommy and Me" clinic. You can call the Lactation Office at 859-323-4880.

Postpartum depression

“Baby blues” are normal feelings after delivery. These symptoms include feeling sad, afraid, angry or nervous. These symptoms usually go away within one to two weeks after the baby is born.

In postpartum depression, those symptoms get worse and last longer than one to two weeks. If you experience any of these signs or symptoms, please contact your doctor immediately:

- Becoming easily irritated and confused
- Frequent crying
- Lack of energy
- Trouble concentrating and making decisions
- Inability to sleep
- Feeling hopeless
- Lack of interest in eating
- Thoughts of harming yourself or the baby

Other tips

Planning ahead before you go into labor can help ease your return home.

Here are some tips and factors to consider from experienced parents.

- If you have small children at home, make arrangements for child care.
- Plan for transportation before and after the baby arrives.
- If you live or work in an area far from your hospital, ask your physician where you need to go in an emergency.
- Prepare a list of emergency contact phone numbers, and make it available in several places. In your cellphone, change the name of your emergency contact to the acronym ICE (In Case of Emergency).
- Ask your doctor if it is safe to travel. If you are driving out of town, take a cellphone and overnight bag with everything you need in case you go into labor. Bring a friend who can help if there is a problem.
- A cesarean birth, significant blood loss or physician-ordered bed rest after delivery could all require a longer recovery period after

delivery. You might require help with cooking, cleaning and child care. Prepare a list of support services such as house cleaners, baby sitters or nannies, and include phone numbers.

- Some women experience social isolation, especially if they are on bed rest. Plan how you can still participate in appropriate social events.
- Prepare for behavioral issues with older children if they resent a mother who is on bed rest or has other complications and cannot spend time with them.

UK HealthCare resources

Childbirth Education classes

For information on classes offered, visit ukhealthcare.uky.edu/childbirth-class.

Birthing Center tours

Having as much information as possible before you go into labor will help give you peace of mind. When you are preparing to have your baby, we invite you attend one of our free Birthing Center tours by calling **859-323-2750**, or visiting ukhealthcare.uky.edu/birthing-center for a virtual tour. Birthing Center tours are held every Tuesday 1-2 p.m. and once a month on Tuesday evenings.

Breast-feeding support services

Information on breast-feeding is available at ukhealthcare.uky.edu/breastfeeding.

The Mommy and Me Breastfeeding Clinic

is available to all moms who would like to breast-feed and are interested in having a breast-feeding assessment performed by a Kentucky Children's Hospital physician and/or lactation consultant. The physician and lactation consultant will work with the mother to develop a plan that meets the mother's goals, answer questions, suggest resources and assist with any problems. For an appointment, please call **859-323-6211**.

UK Women's Health Obstetrics & Gynecology

Specializing in providing medical care and treatment of the normal and abnormal female reproductive system, UK HealthCare offers a variety of primary and subspecialty care and accepts referrals of all types. Specialties include high-risk pregnancies, the reproductive

system, treatment of gynecologic malignancies, infertility and a range of difficult gynecologic problems. Visit ukhealthcare.uky.edu/obgyn for additional information.

Additional resources

Ronald McDonald House offers local lodging for families with seriously ill children. Visit www.rmhclexington.com for more information.

March of Dimes helps moms have full-term pregnancies and researches the problems that threaten the health of babies. Learn more at www.marchofdimes.com.

The **American Diabetes Association** works to prevent and cure diabetes and to improve the lives of all people affected by diabetes through research, services, information and advocacy. Information is available at www.diabetes.org

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Call UK Health Connection at **859-257-1000** or toll free **1-800-333-8874** to make an appointment or request a referral. Visit us online at ukhealthcare.uky.edu.

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