OB Education Templates:

8-12 weeks/first visit:

Welcome to Lone Tree OB GYN! We are so happy to partner with you on your pregnancy journey! With each visit we will send empowering information to help you be well informed throughout your pregnancy on what to expect, tests and procedures and preparing for labor and birth! The patient portal is a great way to reach us for "non-urgent" health concerns between appointments. If you have urgent/emergent concerns please call our office to get in touch with the on call provider!

Nutrition in pregnancy

The food you eat every day affects your health and your baby's health in powerful ways. Real food is the ideal way to get nutrients, regardless of what vitamins or supplements you are also taking. Our bodies are designed to best absorb what they need from food that is made of simple ingredients and as close to nature and unprocessed as possible. Pregnancy is NOT a time to diet or restrict. Instead it's a valuable opportunity to transform your relationship with food! Embrace the mindset to eat in abundance - an abundance of quality, diverse foods, lots of beautiful veggies, nourishing proteins, and delicious fruits. This foundational pattern of enjoying food will serve you well during your pregnancy and as you continue to care for your family with nutritious meals in the future.

Pregnancy can be a complicated time of nausea and food aversions. Do your best to eat healthy, nutrient-dense foods, but don't guilt yourself if you are unable to eat optimally — especially in the first trimester! Your body is amazing in its ability to grow a healthy baby even on a less-than-ideal diet. Calorie needs are about the same for the 1st trimester as when you're not pregnant. During the 2nd and 3rd trimesters you only need about 300 extra calories per day.
Additional Reading We highly recommend the books Real Food For Pregnancy by Lily Nichols for omnivores, and Your Complete Vegan Pregnancy by Reed Mangels for vegans.
If you are interested in working with a nutritionist NOURISH is a practice of registered dietitians that accepts most insurance plans and they have had great results with our clients! Simply reach out by emailing support@usenourish.com if you'd like to set up and appointment!

Managing nausea of pregnancy:

Acupuncture - helps a lot with ongoing nausea! Check with your local acupuncturist!
Preggie pops and preggie pop drops - https://www.amazon.com/Three-Lollies-Preggie-Vitamin-Sickness/dp/B00XLUV4E2/ref=sr_1_1_sspa?ie=UTF8&qid=1531434180&sr=8-1-spons&keywords=preggie+pop+drops+plus&psc=1
Trader Joe's Gingermints - https://www.amazon.com/Trader-Joes-Organic-Gingermints-Mints/dp/B00CGJF936/ref=sr_1_1_a_it?ie=UTF8&qid=1531434255&sr=8-1&keywords=trader+joe%27s+ginger+mints Sea bands - https://www.amazon.com/Sea-Band-Wristband-Anti-Nausea-Acupressure-Sickness/dp/B001F731N0/ref=sr_1_3_a_it?ie=UTF8&qid=1531434317&sr=8-3&keywords=sea%2Bbands&th=1
Unisom and B6 - For moderate nausea with mild vomiting (≤ 2 times a day), use Unisom (doxylamine) 12.5mg (1/2 tablet) by mouth at bedtime and continue Vitamin B6 (pyridoxine)

25mg by mouth 3 times a day. If no relief after 4-5 days, try Unisom (doxylamine) 25mg by mouth at bedtime and 12.5mg (1/2 tablet) in the morning and in the midafternoon PLUS Vitamin B6 (pyridoxine) 25mg three times a day. May also increase Vitamin B6 to 50mg at bedtime with 25mg in morning and midafternoon if needed. Unisom can cause drowsiness. Start with bedtime dose for 4-5 days first to decrease drowsiness then add as needed and as tolerated in morning and afternoon. NOTE: Bedtime dose helps with morning nausea, morning dose helps with afternoon nausea, and afternoon dose helps with evening nausea so adjust times for your particular needs. Nap daily or at least lie down whenever possible. Stop prenatal vitamins until nausea resolves and just take folate 800mcg by mouth daily. Make sure each meal or snack contains a source of protein to keep blood sugar stable. Sip on ginger ale, and/or drink lemonade or lemonade diluted with water instead of plain water. Eat small, frequent meals, even as often as every 2 hours, because nausea is more common on an empty or overly full stomach. The more often you eat, the more chances you have to keep at least a little something down. Eat what sounds good to you and try cold foods if smells bother you. We can prescribe medication if none of the above work well enough. Diclegis, Bonjesta, and Zofran are all medications that can be helpful at times. We may have samples of Diclegis or Bonjesta, so let us know if you'd like to try those, but know those usually require pre-authorization with insurance plans before prescribing so they could take 1-3 weeks to get approved.

<u>Hydration</u>

When pregnant, your hydration needs significantly increase! You're busy making amniotic fluid, and your blood volume increases by 50%. Staying well hydrated will help you feel better and diminish symptoms of many common pregnancy discomforts such as headaches, leg cramps, uterine cramping and constipation.

Limit caffeine to no more than 16 oz (or 200 mg of caffeine) daily. Try to completely avoid sodas in all forms (caffeinated, non-caffeinated, real sugar, artificial sugar, etc), and also limit juice, sweet tea, lemonade, etc. Enjoy carbonated waters in moderation. If carbonated waters are consumed in excess, the carbonation can damage dental enamel.

Aim for at least 100 oz (12- 13 cups) of water daily Clear fluids such as herbal teas or broth count toward your total water intake. Adding electrolytes to your water helps the fluid to actually hydrate your body. Otherwise, it's possible to over-hydrate yourself, and you'll spend more time peeing rather than facilitating optimal hydration. Your urine should be a very clear yellow. If it's completely clear, you need more electrolytes. If it's dark, you need more water Some ideas / products include

Put a pinch of sea salt, squeeze of citrus, and a small drizzle of honey in your water
Unsweetened coconut water
Redmond Re-Lyte
LMNT Electrolyte Powder
Nuun Hydration Ultima Replenisher Electrolyte Powder.

<u>Prenatal Vitamins</u>

During pregnancy many nutrient needs increase and it can be difficult to meet these needs with diet alone. A quality prenatal vitamin can serve as a safety net even for women who are already eating a nutrient-dense diet. Recommended high quality prenatal vitamin brands include:

Needed Prenatal Multi
Full Well Complete Prenatal
Innate Baby and Me Multivitamin
Perelel Prenatal Packs
Seeking Health Optimal Prenatal
MegaFood Baby and Me 2
Thorne Basic Prenatal
Vitamin Code Prenatal
Smarty Pants Gummy

Moving Joyfully

Regular activity has been well-established to benefit everybody, but its positive influence is remarkable in pregnancy! Active people are less likely to have high blood pressure, pre-eclampsia, gestational diabetes, or a cesarean birth. Exercise also helps your body to feel more strong and resilient throughout the expected changes of pregnancy, and during childbirth. Aim for 30 minutes of moderate intensity activity every day. Brisk walking or hiking is one of the best ways to accomplish this goal. Any activity that is done outside in nature gets you double the bonus points - woohoo! If your body is used to doing certain activities - like weight lifting - you may continue to do so, being mindful of technique and reducing weights as pregnancy progresses. Jogging / running is ok to continue if your body is used to it immediately prior to pregnancy, and if you continue to be relatively comfortable during your runs.
Here are some great online programs for exercise in pregnancy!
BirthFit - birthfit.com
Expecting and Empowered - expectingandempowered.com

Testing during pregnancy

At your first appointment we draw blood to check on your health status and we will discuss the option to complete genetic screening in pregnancy-
Prenatal Genetic Screening (NIPT) + Maternal Carrier Screening
NIPT is a screening to test for fetal genetic conditions; it is not diagnostic. Results should be confirmed by diagnostic testing prior to making any pregnancy management decisions. There can be false positives and false negatives.
https://www.nipt.com/
https://www.labcorp.com/help/patient-test-info/non-invasive-prenatal-screening-nips
The FDA recently released an advisory emphasizing that no NIPT test is FDA approved, and that NIPT is a screening test that can sometimes give “false positive” results - meaning that the test says that there is chromosomal abnormality, when there is actually nothing wrong. Please read their advisory here:
https://www.fda.gov/medical-devices/safety-communications/genetic-non-invasive-prenatal-screening-tests-may-have-false-results-fda-safety-communication
The test that is more typically covered by most insurance plans for moms under 35 who do not have specific history of genetic conditions in very close relatives is the AFP Tetra or "quad" screen. This is drawn between 15 and 20 weeks of pregnancy, ideally between 16 and 18 weeks. Knowing an exact due date is very important for this test, so having an early ultrasound

to help ensure dating is correct is ideal. This test will not tell you anything about the sex of the baby, but is a screening test for genetic conditions and open neural tube defects like spina bifida. It has about an 11% false positive rate (meaning that if the test is positive, there is an 11% chance that the result is invalid and everything is normal).
https://www.labcorp.com/help/patient-test-info/maternal-serum-screening-second-trimester
If you are interested only in an early sex determination for your baby, please ask us about other options. Early sex determination can be done separately from genetic screening tests, and typically has a MUCH lower out of pocket cost than genetic testing.
Maternal Carrier Screening is screening the parents (first the mom then her partner) to see if a parent is carrying a genetic trait.
https://www.integratedgenetics.com/patients/pre-pregnancy/inheritest
If you wish to get scheduled for either one of these tests we can perform NIPT at 12 weeks or greater, carrier screening at any time and AFP testing between 15-20 weeks.

Vaccines that will be discussed and offered during your pregnancy:
Flu, Tdap and Covid vaccines are currently recommended by professional organizations to all pregnant women- you can read up on these here:
http://ourmomentoftruth.com/wp-content/uploads/2018/01/SM2016-FAQ-VaccinesAndPregnancy-
https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html
Resource for vaccines for babies:
https://www.amazon.com/Vaccine-Friendly-Plan-Effective-Health-Pregnancy/dp/1974805034

<u>BOOKS</u>
Here are some great books to get you started on your journey!
The Mama natural week by week guide to pregnancy & childbirth- Genevieve Howland
The birth partner by Penny Simpkin
Ina May's Guide to Child birth- Ina May Gaskin
Spiritual Midwifery- Ina May Gaskin
Ina May's guide to breastfeeding- Ina May Gaskin
Birth Matters- Ina May Gaskin
Birthing from Within Pam England
Nobody told me about that by Ginger Breedlove
The first 40 days by Heng Ou
Naturally healthy babies and children by Aviva Romm
The vaccine friendly plan- Paul Thomas
Well considered: A handbook for making informed medical decisions

<u>Early Pregnancy Warning Signs</u>
Watch for these in the early weeks of pregnancy and beyond. Call your doctor or midwife right away if you have any of these symptoms: Heavy bleeding Cramping Pelvic pain Fever of more than 100.4° F Unable to keep food or liquid down for 24 to 48 hours Spotting (light bleeding) that lasts more than one day Signs of Preterm Labor Watch for these in weeks 13 and beyond. The symptoms listed below may signal the start of an early labor. If you notice any of these, first go

to the bathroom and urinate, then drink several glasses of water and lie down on your left side and rest. If you still have these symptoms after an hour of rest, call your doctor or midwife: Contractions (not always painful) that come every 15 minutes or more often Cramping (like menstrual cramps) that's either constant or on-and-off, and may come with diarrhea Low, dull backache that's constant or that comes and goes Pressure in your pelvis, groin, or thighs (as if the baby is pressing down) Bleeding or spotting A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly watery or full of mucus) A gush or a slow leak of fluid from your vagina A feeling that your uterus is "knotting up" or tightening, or that the baby is balling up inside A feeling that something just isn't right Other Warning Signs Watch for these during the third trimester in particular. Call your doctor or midwife if you have any of these symptoms, they could signal pre-eclampsia or other problems: Headaches that are constant or severe Sudden swelling in your face or hands Pain in the upper right part of your tummy Blurred vision or spots in front of your eyes Sudden weight gain (more than one pound in a day) Leaking or gushing of fluid from your vagina Decreased or no movement of your baby Any signs of preterm labor (see the list above) A feeling that something isn't right

Our practice at lone tree OB GYN is comprised of obstetricians and midwives - generally our clients choose the MD model of care or midwifery model of care and sometimes need both. To read up on the midwifery model of care:
https://www.midwife.org/Our-Philosophy-of-Care
If you are choosing a midwifery model of care please plan to see the midwives for at least 1/2 of your appointments! Relationships are so important when it comes to the birth!

REACHING YOUR PROVIDER:
**Throughout your pregnancy if you need to reach us you can call the office directly at 303-799-7903. If it is after hours you will be connected with the on call midwife!
***For non urgent matters or general questions please send a message to us through your patient portal! Otherwise please call the main line and you will connect with a provider after hours for emergencies!

12-16 weeks:

Nutrition:
If you've had nausea and or vomiting of pregnancy hopefully you are beginning to turn the corner and feel better- or even hungry! We will continue to provide nutrition tidbits throughout your pregnancy to nourish your body and support your growing baby!
Macronutrients & Superfoods
Proteins are the building blocks of cells in your body. Protein is vital for your growing baby and uterus. It is also helpful for stabilizing blood sugar (see more on page 7). Research shows that pregnant women should ideally consume 80-100 grams of protein daily. Good sources of protein include meat and poultry (ideally pasture-raised), fish (ideally wild-caught) eggs, cheese, yogurt, nuts and nut butters, peas, bean lentils, legumes, and tempeh.
Fat is an essential brain food for your growing baby. It is ideal for long-lasting energy and stable blood sugar. Fat is naturally present in many (unprocessed) high-protein foods. Healthy fats

such as butter, ghee, cream, cheese, sour cream, and fats of olives, coconuts, avocados, nuts and seeds should not be limited. Avoid cooking with plant oils (other than coconut or palm) as they are easily damaged by high temperatures. Avoid processed vegetables oils and trans fats.
Carbohydrates provide energy for your body. They also have a significant impact on your blood sugar. They should be eaten in moderation, with an emphasis on lower glycemic index carbs such as whole or fermented grains, starchy vegetables, legumes, fruit, milk and yogurt. It is best for your blood sugar to pair carbohydrates with some protein. Processed carbohydrates (white flour, sugar, juice, soda) raise your blood sugar and your baby's blood sugar, and increase your risk for pregnancy complications - intake of processed carbohydrates should be minimal.
Of comparable importance are vegetables which provide important vitamins and fiber as well as expose your baby's developing taste buds to a wide array of flavors!

Superfoods

Eggs (pasture-raised if possible)
Liver (pasture-raised)
Meat on the bone or bone broth
Leafy greens
Salmon and fatty fish
Full fat dairy Fermented dairy products
Your baby will thank you for eating these good sources of important vitamins, minerals and fats!

Hydration

When pregnant, your hydration needs significantly increase! You're busy making amniotic fluid, and your blood volume increases by 50%.. Staying well hydrated will help you feel better and diminish symptoms of many common pregnancy discomforts such as headaches, leg cramps, uterine cramping and constipation.
Limit caffeine to no more than 16 oz (or 200 mg of caffeine) daily. Try to completely avoid sodas in all forms (caffeinated, non-caffeinated, real sugar, artificial sugar, etc), and also limit juice, sweet tea, lemonade, etc. Enjoy carbonated waters in moderation. If carbonated waters are consumed in excess, the carbonation can damage dental enamel.
Aim for at least 100 oz (12- 13 cups) of water daily Clear fluids such as herbal teas or broth count toward your total water intake. Adding electrolytes to your water helps the fluid to actually hydrate your body. Otherwise, it's possible to over-hydrate yourself, and you'll spend more time peeing rather than facilitating optimal hydration. Your urine should be a very clear yellow. If it's completely clear, you need more electrolytes. If it's dark, you need more water Some ideas / products include
Put a pinch of sea salt, squeeze of citrus, and a small drizzle of honey in your water
Unsweetened coconut water
Redmond Re-Lyte
LMNT Electrolyte Powder
Nuun Hydration Ultima Replenisher Electrolyte Powder.

AFP testing for neural tube defects:

The test that is more typically covered by most insurance plans for moms under 35 who do not have specific history of genetic conditions in very close relatives is the AFP Tetra or "quad"

screen. This is drawn between 15 and 20 weeks of pregnancy, ideally between 16 and 18 weeks. Knowing an exact due date is very important for this test, so having an early ultrasound to help ensure dating is correct is ideal. This test will not tell you anything about the sex of the baby, but is a screening test for genetic conditions and open neural tube defects like spina bifida. It has about an 11% false positive rate (meaning that if the test is positive, there is an 11% chance that the result is invalid and everything is normal).

https://www.labcorp.com/help/patient-test-info/maternal-serum-screening-second-trimester

Pregnancy Warning Signs

Watch for these in the early weeks of pregnancy and beyond. Call your practitioner right away if you have any of these symptoms: Heavy bleeding, Cramping, Pelvic pain, Fever of more than 100.4° , Unable to keep food or liquid down for 24 to 48 hours, Spotting (light bleeding) that lasts more than one day

Signs of Preterm Labor- Watch for these in weeks 13 and beyond. The symptoms listed below may signal the start of an early labor. If you notice any of these, first go to the bathroom and urinate, then drink several glasses of water and lie down on your left side and rest. If you still have these symptoms after an hour of rest, call your doctor or midwife: Contractions (not always painful) that come every 15 minutes or more often, Cramping (like menstrual cramps) that's either constant or on-and-off, and may come with diarrhea, Low, dull backache that's constant or that comes and goes, Pressure in your pelvis, groin, or thighs (as if the baby is pressing down), Bleeding or spotting, A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly watery or full of mucus), A gush or a slow leak of fluid from your vagina

A feeling that your uterus is "knotting up" or tightening, or that the baby is balling up inside or a feeling that something just isn't right!

16-20 weeks:

Anatomy scan

At your next visit, right around 20 weeks we recommend having an anatomy scan completed to have a detailed look at your baby's anatomy and growth. Our office sonographers will perform the test then send the report for review to your provider. Your provider may make recommendations for additional testing pending results of the anatomy scan. Most anatomy scans are "normal" but it is not uncommon to hear at 20 weeks that all structures could not be visualized (usually due to babies position) or that you have a low lying placenta- these might be examples as to why additional testing would be recommended. We will go over the results with you in detail!

Fetal movement:

If this is your first baby, fetal movement will typically be noticeable starting at 20 weeks of pregnancy- it is often confused with gas or feels like bubbles in your belly until it becomes more distinct. Movement will become more patterned and stronger around 28 weeks!

If you have had a baby before - you may already be experiencing fetal movement!

Childbirth education:
Free info from Dr. Aviva Romm on birth topics:
https://avivaromm.com/ideservebirthsupport-resource-page/
Podcasts:
www.evidencebasedbirth.com - free podcast on all things pregnancy and birth!
Online classes:
mamapathway@avivaromm.com
https://mamanaturalbirth.com
https://www.midwife101.com
https://www.youtube.com/user/Lamaze1
https://www.paintopowerchildbirth.com
https://birthbootcamp.com/online-childbirth-education-classes
In person with some live virtual options as well:
https://www.intuitivebirth.com/childbirth-course
Westside Birth Connection Childbirth Education (8 class series that also includes newborn and breastfeeding all in one- zoom or in person in colorado springs)
http://westsidebirthconnection.com/childbirth-education
HypnoBirthing by Into Loving Arms (5 class series- zoom or in person)
https://www.intolovingarms.com/hypnobirthing-classes
Hypnobabies Colorado Springs (6 class series- zoom or in person)
https://www.hypnobabiescoloradosprings.com/class-schedule.html
Evidence Based Birth Childbirth Class (12 class series)
https://www.birthbeginningsdoula.com/childbirth-class
Plumtree Baby Childbirth Education (4 class series)- Colorado springs
https://www.thewarriorexchange.com
Birth Boot Camp (5 class series)- Colorado springs
https://jsidesdoula.com/childbirth-education
We also recommend a Newborn Care class and a separate Breastfeeding Class for first time parents if it is not included in your childbirth education course!

DOULA's
We highly recommend hiring a doula for your birth as a labor support person. Doula's have been shown to improve the birth experience, reduce rates of interventions during labor and birth including cesareans. They are an extra cost but oh so worth it! Doula’s are generally not covered by insurance (except Tricare and hopefully Medicaid soon), however FSA/HSA money can be used and it’s a great idea to request funds for this if you have a baby shower! To read more about doula's:
https://evidencebasedbirth.com/the-evidence-for-doulas/
Eloise Howell
Grounding touch doula services
groundtouchdoula@gmail.com
720-256-5833
(takes medicaid)
Julie Witonsky

https://www.miracleofbirthdoulaservices
Julie@miracleofbirthdoulaservices.com
720-270-7178
Liz Foster Doula (facebook or google- love in motion doula services) (720) 352-3122
Jill Wilkey – Doula Baby
http://www.doulababyonline.com
720-987-9226
Madison Swann
https://www.madisonswann.com/
Morgan Archuleta – Thompson https://www.embracedgenerations.com/
embracedgenerations@gmail.com
719-396-1275
Intuitive birth doulas:
https://www.intuitivebirth.com/doula-care
If you have medicaid and need a medicaid covered doula here is a link for how to find them and review profiles:
https://www.bornbir.com/request

Pregnancy Warning Signs
Watch for these in the early weeks of pregnancy and beyond. Call your practitioner right away if you have any of these symptoms: Heavy bleeding, Cramping, Pelvic pain, Fever of more than 100.4° , Unable to keep food or liquid down for 24 to 48 hours, Spotting (light bleeding) that lasts more than one day
Signs of Preterm Labor- Watch for these in weeks 13 and beyond. The symptoms listed below may signal the start of an early labor. If you notice any of these, first go to the bathroom and urinate, then drink several glasses of water and lie down on your left side and rest. If you still have these symptoms after an hour of rest, call your doctor or midwife: Contractions (not always painful) that come every 15 minutes or more often, Cramping (like menstrual cramps) that's either constant or on-and-off, and may come with diarrhea, Low, dull backache that's constant or that comes and goes, Pressure in your pelvis, groin, or thighs (as if the baby is pressing down), Bleeding or spotting, A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly watery or full of mucus), A gush or a slow leak of fluid from your vagina, A feeling that your uterus is "knotting up" or tightening, or that the baby is balling up inside or a feeling that something just isn't right!

20-24 weeks:

Congratulations! You've reached the ½ way point! You are likely getting regular reassurance that your baby is healthy with feeling fetal movement!
Nutrition- hopefully the information we have already provided will help you to optimize your nutrition in pregnancy! Here are some additional pointers on keeping your blood sugar stabilized during pregnancy:

Supporting healthy blood sugar levels is crucial for everyone - both in and out of pregnancy! Having elevated blood sugar and/or massive blood sugar swings are inflammatory and contribute to many complications of pregnancy, and lay the groundwork for your baby's future metabolism out of the womb
Always pair a carbohydrate (like an apple) with a protein and/or fat (like peanut butter or a hard cheese). Avoid having "naked" carbs; rather "dress them up" with protein and/or fat. Eat a protein-rich breakfast within an hour of waking Ensure adequate amounts of sleep (usually 7-9 hours per night for most people), and support quality sleep Aim for regular exercise of 20-30 minutes of moderate-intensity activity per day If you have a personal or family history of gestational diabetes, or are concerned about this condition, we highly recommend the book "Real Food for Gestational Diabetes" by Lily Nichols

<u>Starting spinning babies exercises:</u>
Did you know there are movements and lifestyle changes you can do now during pregnancy to promote an easier birth? Using the Spinning Babies principles of Balance, Gravity, and Movement - we can help your body get into alignment which helps your baby into alignment for a smoother delivery!
At this stage of pregnancy we want to focus on BALANCE:
In our bodies we have many structures - including bones, muscles, ligaments, tendons, and fascia - that support our abdominal and pelvic organs. Fun fact - these structures are all connected and all play important roles in how our baby is positioned in the uterus. Almost every person has natural imbalances in these different structures due to our daily lifestyle and habits. Working to balance, lengthen, and increase range of motion of these structures now and throughout the remainder of pregnancy can promote an ideal position for your baby to begin labor and allows for smoother, easier deliveries.

Here is a list of daily activities that help bring comfort to pregnancy and help prepare for an easier childbirth (please follow along with the link below to get more details):
https://www.spinningbabies.com/pregnancy-birth/daily-activities/

Walk every day! This helps to lengthen the psoas muscle and strengthen the lower back
Forward leaning inversion: helps to untwist and lengthen ligaments that support the lower part of the uterus and cervix
Stretches: help to optimize circulation, metabolism and comfort
TMJ release
Neck rolls
Open shoulders
Windmill
Forward lunges
Calf stretch
Squats
Psoas release (digestion, walking, balance and comfort are all enhanced with balanced psoas)
Hip openers: balances the pelvis and opens the hips allowing easier descent of baby in labor
Pelvic Tilts: loosens hips and sacrum

Purposeful Maternal Positioning/ Lifestyle adjustments: helps to minimize imbalances in our body
Maintain good body mechanics throughout your day - do your best to avoid repetitive twisting at your waist!
Ideally sit with knees lower than hips (especially when sitting on a birth ball - these tend to be underinflated)
Let the belly be a hammock for baby and let the lower back sway forward as you stand and walk
Sit on a kitchen chair backwards
Keep an upright back by sitting on the front of your sitz bones - not back on your sacrum, especially when sitting on the couch! Reclining in deep couches or recliner chairs gives mom a "C" curve to her spine which encourages the baby into a mirrored "C" curve with their spine causing posterior positioned babies (not ideal).
Avoid crossing your legs!
Avoid wearing high heels
Avoid straining your neck to look down at your phone - bring your phone to eye level to allow natural positioning of the neck muscles
Stay active - modern sedentary lifestyles have created more frequent occurrences of malpositioned babies during labor
Work through Spinning Babies Three Balances every day or weekly beginning at 20-24 weeks gestation. (Everyday is ideal but even doing it once a week is more helpful than not at all!)
Follow along the link for instructions on how to perform each movement and please read when these positions should be avoided.
https://www.spinningbabies.com/pregnancy-birth/techniques/three-ways-to-body-balance/
The Jiggle: activates the parasympathetic nervous system allowing for rest & digestion. This is meant to target the fascia which is situated between the skin and muscle. You need only VERY light movements to help release the fascia allowing for relaxation of the supporting structures and increased range of motion. This does not need to be performed on both sides of the body. Aim for 15 minutes in an area (think low back, sacrum, hips, shoulders, glutes, etc. wherever there is tension!)
Forward Leaning Inversion: helps to make room in the lower part of the uterus and helps to "reset" important ligaments that surround the uterus. During pregnancy aim for 3 deep breaths inverted - loosen your belly but keep shoulders strong, let your head hang freely, keep your neck long but keep your chin tucked - and then 3 breaths upright - it is important to come all the way back up to a high kneeling position, take 2 breaths then sit on your heels and take one more breath and that is it for the day! It is important to remember that coming back upright is what helps reset the uterus into the pelvic bowl and allows your ligaments to settle more symmetrically. Keep your legs together and swing them around in front of you (mermaid legs) to come out of the position - don't undo all that work you did by using poor body mechanics when coming out of the pose! If your baby is in a head-down position do not do this more than once per day. If your baby is in a breech position - your midwife will give you more specific instructions for helping to turn a breech.
Side-lying Release: helps to soften and lengthen the pelvic floor. It is important to keep good body alignment - shoulders stacked & hips stacked throughout the stretch. The pregnant person needs to lift the top leg up and over their opposite thigh and allow it to be dead-weight hanging

off the side of whatever the pregnant person is lying on. The toes on the bottom leg that is straight should be flexed. The top leg should hang for about 2.5 minutes and it is very important for this to be done on both sides! You may even consider adding in the jiggle to help relax the top leg and deepen the stretch.
Other ways to help body alignment include seeing a chiropractor regularly throughout pregnancy, practice prenatal yoga flows, and go to acupuncture!
You may choose to purchase and digitally download the Daily Essentials video at the link below.
https://www.spinningbabies.com/product/daily-essentials-video-digital-download/

Aches and pains of pregnancy:
It is common to start to get more uncomfortable physically as your baby is growing and your center of gravity starts to shift! Nutrition and exercise can play a vital role in keeping you feeling well- here are a few other tips!

See a chiropractor- this will help greatly with musculoskeletal complaints, low back pain, sleep, general alignment and getting baby in an optimal position for birth
Peak Potential Chiro- 862 W Happy Canyon Road 720-612-4386
Bithell Family Chiro 4344 Woodlands Blvd 303-814-5940
Restoration Chiro 4625 Trail Boss Drive 303-688-2225
Healing Hands Family Chiro 201 S. Wilcox 720-733-9510
Get a massage! Massage is safe in pregnancy and your body will thank you for it!
Get acupuncture! Here is a great blog on the benefits: Bouncing Beginnings: acupuncture during pregnancy - Springs Community Acupuncture
Meeting Point Acupuncture- Denver (303) 777-0320; 570 S Broadway, Denver, CO 80209
Castle Rock Family Acupuncture- Oakwood Park Plaza; Suite #106 720-201-8063
Fertile Ground Wellness Center- 7355 E. Orchard Rd. Suite 350Greenwood Village; (303) 248-3481
Denver Acupuncture and Wellness - Ali Damron 7355 E Orchard Rd Suite 350, Greenwood Village, CO 80111 (303) 790-1450
Springscommunityacupunture- 2828 W Colorado Ave, Colorado Springs, CO 719-464-5211
Try an abdominal binder or k-taping to support your growing uterus:
10 Ways to Use Kinesiology Taping for Pregnancy - Prokit (theprokit.com)

Choosing a newborn care provider
We recommend starting to look for a newborn care provider now so you can start checking items off your list and so that you have an opportunity to meet with the practitioner who will be caring for your baby. Ask friends and family and you can schedule a “meet and greet” appointment at many pediatric offices to have questions/concerns answered ahead of time!
Pediatricians near Castle Rock/South Denver/Colorado Springs
https://rootsmedical.net/pediatrics/ (Centennial)
https://www.pediatricpathways.com/ (Centennial)
https://englewood-pediatrics.com/ (Englewood)
https://iphcdenver.com/ (Denver)
https://southeastdenverpediatrics.com/ (Parker)

https://www.centennialpeds.com/ (Centennial)
https://castlerockpediatrics.com/ (Castle Rock)
https://pediatrics5280.com/ (Castle Rock)
https://www.lonetreepediatrics.com/ (Lone tree)
https://castlepinespediatrics.com/ (Castle Pines)
https://theorganiccure.com/ (Colorado Springs)
https://milestonepedsconcierge.com (Colorado Springs)
https://newmawellness.com/ (Colorado Springs)
Know that you also have the option to work with pediatric or family nurse practitioners, family practice doctors or naturopaths. If you choose a provider who does not have privileges at the hospital your baby will be seen by an on call pediatrician prior to discharge

To Pre-register for delivery:
https://www.healthonecares.com/locations/sky-ridge/for-patients/register-online
For Classes:
https://www.healthonecares.com/calendar/#/ce-landing-page/search?currentClassTopic=Labor+and+Delivery

**Reminder- have you met all of the midwives that could be at your birth? If not, be sure to work with the scheduling staff on making enough appointments with providers that may be at your birth!

Pregnancy Warning Signs:
Watch for these in the early weeks of pregnancy and beyond. Call your practitioner right away if you have any of these symptoms: Heavy bleeding, Cramping, Pelvic pain, Fever of more than 100.4° , Unable to keep food or liquid down for 24 to 48 hours, Spotting (light bleeding) that lasts more than one day
Signs of Preterm Labor- Watch for these in weeks 13 and beyond. The symptoms listed below may signal the start of an early labor. If you notice any of these, first go to the bathroom and urinate, then drink several glasses of water and lie down on your left side and rest. If you still have these symptoms after an hour of rest, call your doctor or midwife: Contractions (not always painful) that come every 15 minutes or more often, Cramping (like menstrual cramps) that's either constant or on-and-off, and may come with diarrhea, Low, dull backache that's constant or that comes and goes, Pressure in your pelvis, groin, or thighs (as if the baby is pressing down), Bleeding or spotting, A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly
Other Warning Signs: Watch for these during the third trimester in particular. Call your doctor or midwife if you have any of these symptoms, they could signal pre-eclampsia or other problems: Headaches that are constant or severe, Sudden swelling in your face or hands, Pain in the upper right part of your tummy, Blurred vision or spots in front of your eyes, Sudden weight gain (more than one pound in a day)
Leaking or gushing of fluid from your vagina, decreased or no movement of your baby, Any signs of preterm labor (see the list above) or a feeling that something isn't right!

24-28 weeks:

Vaccines- during the early 3rd trimester at 28 weeks we will off you a TDAP vaccine. This is recommended by professional associations for all pregnant women in each pregnancy to provide your baby passive immunity to the pertussis virus. Here is more information for you to review prior to your appointment!
http://ourmomentoftruth.com/wp-content/uploads/2018/01/SM2016-FAQ-VaccinesAndPregnancy-032516.pdf
https://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html
Rhogam- if your blood type is "negative" we will recommend a Rhogam shot at 28 weeks to help protect you from developing
antibodies that can be problematic for your baby in this pregnancy and future pregnancies- here is additional information to read on Rhogam:
https://www.acog.org/womens-health/faqs/the-rh-factor-how-it-can-affect-your-pregnancy

Gestational Diabetes Screening:
During your 28 week visit we also recommend screening for gestational diabetes- We recommend eating a low carb breakfast or lunch followed by 2 hours of fasting. You will then drink the drink in a 5 minute period or less on your way to your appointment, see your provider and have your blood drawn at the 1 hour mark. We carry the routine "glucola test" in our office that you will receive during your prior appointment.
**If you desire an alternative- the fresh test is now FDA approved and does not contain any fillers or artificial ingredients- you would just need to order this a week or two prior to your appointment! Here is a link: https://thefreshtest.com/

Childbirth education
If you have not yet signed up for a comprehensive childbirth education course this is just a friendly reminder that we advise to start at 28 weeks. Ideally you want to be finished with all of your classes by 36 weeks gestation!
Free info from Dr. Aviva Romm on birth topics:
https://avivaromm.com/ideservebirthsupport-resource-page/

Podcasts:
www.evidencebasedbirth.com - free podcast on all things pregnancy and birth!
Classes at Skyridge:
https://www.healthonecares.com/locations/sky-ridge/calendar#/ce-landing-page/search?currentClassTopic=Labor+and+Delivery

Online classes:
mamapathway@avivaromm.com
https://mamanaturalbirth.com

https://www.midwife101.com

https://www.youtube.com/user/Lamaze1
https://www.paintopowerchildbirth.com
https://birthbootcamp.com/online-childbirth-education-classes

In person with some live virtual options as well:
Westside Birth Connection Childbirth Education (8 class series that also includes newborn and breastfeeding all in one)
http://westsidebirthconnection.com/childbirth-education

HypnoBirthing by Into Loving Arms (5 class series)

https://www.intolovingarms.com/hypnobirthing-classes
Hypnobabies Colorado Springs (6 class series)

https://www.hypnobabiescoloradosprings.com/class-schedule.html

Evidence Based Birth Childbirth Class (12 class series)
https://www.birthbeginningsdoula.com/childbirth-class

Plumtree Baby Childbirth Education (4 class series)
https://www.thewarriorexchange.com

Birth Boot Camp (5 class series)
https://jsidesdoula.com/childbirth-education

Birth Boot Camp (5 class series)
http://www.littlebirdiebirth.com

<u>DOULA's</u>
We highly recommend hiring a doula for your birth as a labor support person. Doula's have been shown to improve the birth experience, reduce rates of interventions during labor and birth including cesareans. They are an extra cost but oh so worth it! Doula's are generally not covered by insurance (except Tricare and hopefully Medicaid soon), however FSA/HSA money can be used and it's a great idea to request funds for this if you have a baby shower! To read more about doula's:
https://evidencebasedbirth.com/the-evidence-for-doulas/

Julie Witonsky
https://www.miracleofbirthdoulaservices
Julie@miracleofbirthdoulaservices.com
720-270-7178

Eloise Howell
Grounding touch doula services

groundtouchdoula@gmail.com
720-256-5833
(takes medicaid)

Liz Foster Doula
Liz Foster - Birth Doula & Placenta Encapsulator - Liz Foster - Birth Doula, Placenta Encapsulation (loveinmotion.net)
(720) 352-3122

The doula circle (a collective of doula's)
https://www.doulacircle.com/

Little Blooming Warriors (a collective a doula's)
https://www.littlebloomingwarriors.com/birthy-extras

Colorado Springs doula's (Sarah and Madison)
https://www.coloradospringsdoulas.com/meet-the-doulas.html

Jill Wilkey – Doula Baby
http://www.doulababyonline.com
720-987-9226

Jennie Sides – Birth Boot Camp (also teaches classes)
www.jsidesdoula.com
719-725-9771
Email: jsidesdoula@gmail.com

Morgan Archuleta – Thompson https://www.embracedgenerations.com/
embracedgenerations@gmail.com
719-396-1275

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Bleeding or spotting, A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly watery or full of mucus), A gush or a slow leak of fluid from your vagina, A feeling that your uterus is “knotting up” or tightening, or that the baby is balling up inside or a feeling that something just isn’t right!

28-32 weeks:

Welcome to the 3rd trimester!
Your baby should be very actively moving now and you will notice they have a more predictable pattern! Babies generally will move at a minimum 10 times over a 2 hour period. If you are ever concerned the baby is not moving regularly we recommend performing a fetal kick count- here is a free app you can download with instructions!
https://apps.apple.com/us/app/count-the-kicks/id844800332

During the 3rd trimester, discomforts of pregnancy can increase, especially musculoskeletal pains. Regular exercise, using an abdominal binder or kinesiotape, taking regular epsom salt baths and adding magnesium glycinate 800 mg at bedtime can help. It is also helpful to see a chiropractor, massage therapist or acupuncturist if you desire complimentary approaches!

Spinning babies daily essentials is highly recommended to help keep you comfortable and start getting the baby in a good position for birth!
https://www.spinningbabies.com/pregnancy-birth/daily-activities/

Birth fit is also an amazing program for fitness in pregnancy if you are looking for more motivation! Labor and birth are a marathon- preparing for it now will greatly help you get through it with more ease!
https://birthfit.com/

Nutrition in the 3rd trimester
The way you nourish yourself in pregnancy quite literally shapes your babies health both in infancy and for the rest of their lives! If you are struggling with keeping your nutrition on track you are not alone and it's not too late to make positive changes! We highly recommend using the book *Real Food For Pregnancy by Lily Nichols* to support you and provide evidence based nutrition guidance! One simple step you can take is assuring you are eating 100 grams of protein daily during the third trimester!
For a quick list- the main sources of protein are:
Beef, lamb, pork, bison, venison
Chicken, turkey, duck, other poultry
Fish and seafood (ideally wild caught)
Sausage and bacon (ideally from pasture raised animals)
Organ meats
Homemade bone broth or stock (or powdered gelatin or collagen protein)
Eggs! (ideally from pasture raised hens)
Cheese (ideally from grass fed or pasture raised animals)

Yogurt (Greek yogurt is espeicaly high in protein and low in carbohydrate)
Nuts - almonds, pecans, peanuts, walnuts, hazelnuts, pumpkin seeds, sunflower seeds, cashews
Nut butter- peanut or almond
Beans, peas, lentils and any other legumes

BREASTFEEDING INFO:
As you start to plan to breastfeed your baby after birth, some things to anticipate and consider:

**A breastfeeding class separate from your childbirth education class is highly recommended between 32-36 weeks if you have not breastfed before

**We suggest you plan a home visit with a lactation consultant after the birth in the first 1-4 days. Please plan to put aside about $200 for this (although most insurance plans will cover this expense)! There are private lactation consultants in the area who do home visits and we can send you that list.

**Watch for breast changes as you progress in your pregnancy. Your nipples and areola usually should start to get darker and enlarge, and your breasts themselves will likely increase at least one cup size and feel "heavier." If you are not noticing these types of changes or have any concerns about your specific anatomy working for breastfeeding, please ask us at your upcoming prenatal visits so that we can help you assess.

**If baby has a lip and/or tongue tie, a visit with a lactation consultant at home becomes imperative as well as an office visit with a pediatric dentist who specializes in lip and tongue tie evaluation and laser revisions. Sometimes this is covered by health insurance or dental insurance. When it is not covered, the cost is about $500 most typically. We have a list of options for this service in the area we can send to you. This can become important for baby's speech development later in life as well.

Craniosacral therapy is also recommended to help the process of healing before and after tongue/lip tie revision - this is also an out of pocket cost to the craniosacral therapist of around $150. We have a recommended craniosacral therapist whose information is listed with the tongue and lip tie revision options.

** It is a good idea to have these supplies on hand for the discomfort of the early days of breastfeeding. Feel free to add these to your baby shower registries, as well as monetary gifts to help with the postpartum lactation consultant visit(s):

Hydrogel pads

https://www.amazon.com/Medela-Soothing-Breastfeeding-Hydrogel-Advanced/dp/B0011ECPA2/ref=sr_1_1?crid=G4853XCATCAP&dchild=1&keywords=hydrogel+breastfeeding&qid=1616434352&sprefix=hydrogel+breas%2Caps%2C251&sr=8-1

Breast shells (these keep anything from touching your nipples while they are sore while still being able to be dressed/bra on in the early days):

https://www.amazon.com/Medela-SoftShells-for-Sore-Nipples/dp/B00LSP1PE6/ref=sr_1_7?crid=G4853XCATCAP&dchild=1&keywords=hydrogel+breastfeeding&qid=1616434417&sprefix=hydrogel+breas%2Caps%2C251&sr=8-7

And this is the nursing pillow that is most recommended by our staff (and that we use here):

https://www.amazon.com/My-Brest-Friend-Original-Fireworks/dp/B003TSDMH8/ref=sxin_9_b2b_sx_ftd_qd_hc_desktop?crid=2NIXG7CCQ8XAV&cv_ct_cx=my+brest+friend+nursing+pillow&dchild=1&keywords=my+brest+friend+nursing+pillow&pd_rd_i=B003TSDMH8&pd_rd_r=bbb72df6-4f2e-4243-86ee-a4a0b5aebf46&pd_rd_w=gTzFl&pd_rd_wg=FJx7L&pf_rd_p=6fe252e2-6ef7-4bde-b498-b977f1fe0643&pf_rd_r=SBMVS0JJAM1SZW10QBN1&qid=1616434484&sprefix=my+brest%2Caps%2C230&sr=1-2-42cf1e10-fb4d-482b-8470-141958becf82

Haakaa Milk Catcher (this is listed as a breast pump on amazon, but is not actually a pump - but it can be very helpful for very light suction on the side you are not feeding on to catch the milk that would otherwise go to waste, to use during hand expression of milk, and while you are engorged to help soften the nipple to help the baby latch)

https://www.amazon.com/Haakaa-Breast-Manual-Silicone-Breastfeeding/dp/B07CWK4S5W/ref=sr_1_1_sspa?crid=1R9G3JUJU6JN9&dchild=1&keywords=haakaa+manual+breast+pump&qid=1621156744&sprefix=haak%2Caps%2C244&sr=8-1-spons&psc=1&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUExRE9YQTFGRzVPSDVXJmVuY3J5cHRlZElkPUEwNjIyNzIzM0NaQ0MyWFIxRVdaNyZlbmNyeXB0ZWRBZElkPUEwMTYwMjE2NTRUM0s0WElFTTAyJndpZGdldE5hbWU9c3BfYXRmJmFjdGlvbj1jbGlja1JlZGlyZWN0JmRvTm90TG9nQ2xpY2s9dHJ1ZQ==

And this is a fantastic nipple cream that does not contain lanolin (which is the oil from sheep oil glands - often the main ingredient in nipple balms):

https://www.amazon.com/Breastfeeding-Earth-Mama-Lanolin-free-Verified/dp/B000JVCBBG/ref=sr_1_1_sspa?crid=U4JSVPAKXRRF&dchild=1&keywords=earth+mama+nipple+butter&qid=1621157662&s=baby-products&sprefix=earth+mama+nipple+butter%2Cbaby-products%2C291&sr=1-1-spons&psc=1&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEySzBNUURGWTNVVkYyJmVuY3J5cHRlZElkPUEwOTkyMjcyMlhONE5CVDZNUE9JRyZlbmNyeXB0ZWRBZElkPUEwMjY3MDg3MlEzUk5LMkNNMUdlVyZ3aWRnZXROYW1lPXNwX2F0ZiZhY3Rpb249Y2xpY2tSZWRpcmVjdCZkb05vdExvZ0NsaWNrPXRydWU=

Breastfeeding is one of the best things you can do for your baby and yourself as a parent. It can be very challenging but with support and knowledge IT GETS EASIER!! Keep your chin up and let us know how we can help!
PUMPING:

Please use caution with hands free pumps that go into your bra. They are a wonderful new technology but they do not empty breasts as effectively as the larger hospital grade pumps and can lead to a decreased supply. It is completely fine to use once or twice a day but should not be used as your primary pump if you are regularly away from your baby at work.

Spectra pumps are a wonderful option. One of the great things about the spectra pump is you can easily go back to the stimulation phase and speed, a lactation consultation recommended going back to stimulation about 8-10 minutes after starting to pump for 1-2 minutes to help your body let down again.

This is the Spectra pump that has a rechargeable battery, it is a great option because you can pump in the car or you can make food or do something simple while pumping. Also save time pumping by putting all the pumping parts into a bag in the fridge and reusing them all day then throw them in the dishwasher at night
https://www.amazon.com/gp/product/B00DBKFFJM/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&th=1

Spectra parts are much harder to find where as medela parts are available at target and Walmart, these converters make it possible to use medela parts
https://www.amazon.com/gp/product/B072LV9Q61/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&th=1

A hands free pumping bra is essential! Here is an example:
https://a.co/d/5e4Sz31

***Overfeeding pumped milk by bottle is very common and creates a false sense of low supply, please read this article to know how much pumped milk a baby needs per feeding and/or in a 24 hour period:

https://kellymom.com/bf/pumpingmoms/pumping/milkcalc/

<u>LOW SUPPLY:</u>
Low supply can create a lot of stress. However, before assuming you have low supply please read this article about perceived low supply, meaning do you really have low supply?! Many times people don't.

https://kellymom.com/bf/got-milk/perceived-insufficient-milk/#:~:text=There%20are%20several%20factors%20that,can%20satisfy%20her%20baby's%20appetite.

If after reading the above article you feel you have low supply please read these very helpful tips:

https://kellymom.com/hot-topics/low-supply/

Power pumping can help with low supply:
https://kellymom.com/hot-topics/pumping_decrease/

SUPPLEMENTS FOR LOW SUPPLY:

***Make sure if you choose to add supplements that you are doing other things to increase supply, supplementing alone will not do the trick because breastmilk production is a supply and demand curve. You have to be stimulating your breasts (whether from baby or a pump) AND emptying them completely to increase supply.

This company makes a variety of wonderful supplements for breastfeeding, I've seen people have great success when they add in "Liquid Gold".

www.legendairymilk.com

Take MoreMilk Special blend on an empty stomach if possible, but even more important is to take it with less than 1oz of water for it to be most effective (directions are on the bottle too). Take one every 6 hours.

https://a.co/d/46eEftL

Brewer's yeast can be helpful with increasing supply, you can take it in capsule form or you can buy it as a powder at Natural grocers, Whole Foods, or Amazon and put it in smoothies or mix it in with oatmeal.

https://www.amazon.com/gp/product/B009K6Y8NK/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1

PLUGGED DUCTS:

Many people have a plugged duct at some point. It is a sore, tender area on one breast that often times feels hard, please read this article to help understand what a plugged duct is and when it could be mastitis:
https://kellymom.com/bf/concerns/mother/mastitis/

If you get plugged ducts occasionally or it is your first time experiencing it this is a wonderful herbal treatment, follow directions on the bottle:

https://a.co/d/7jY9LjB

If you are getting plugged ducts more frequently take sunflower lecithin daily:

Legendairy Milk® Sunflower Lecithin, 1200mg of Organic Sunflower Lecithin per Softgel, 200 count bottle
https://www.amazon.com/dp/B07BKR77N6/ref=cm_sw_r_cp_api_glt_fabc_65BQQRG1BM7N3X5H6HHH?_encoding=UTF8&psc=1

MASTITIS:
If you feel you have mastitis: you have a red, painful area on your breast along with a fever and flu-like symptoms please call us. It very often requires antibiotics.

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Late pregnancy warning signs:
Discomfort is par for the course as you near the end of your pregnancy. (Hello, lightning crotch and back pain!) But it's important to know the difference between those normal third trimester woes and signs of potential complications, including preeclampsia, eclampsia, HELLP and complications related to heart conditions.
***The big late pregnancy warning signs to watch out for are:
Vaginal bleeding
Vaginal leaking of amniotic fluid
Significant increase in vaginal discharge
Sudden or severe swelling in your face, hands or fingers
A severe headache or one that doesn't go away
Pain or cramping in your lower abdomen or severe back pain
Pain or burning when you urinate or decreased urine output
Chills or a fever
Vomiting or nausea that won't go away
Dizziness or blurred vision
A sudden decrease in your baby's movement

These are some of the most common warning signs that could indicate a complication. Don't ignore it! Contact us by calling the office (the answering service will answer after hours and get in touch with the on call provider).

32-34 wks:

Preparing for postpartum:
We often spend a lot of time preparing for labor and birth but prepping for your postpartum experience is just as important!
We recommend "lying in" for the first 40 days meaning that you're truly resting, sleeping when your baby sleeps and relying on others to perform household duties, cleaning and to help with other children if you have them- this requires some planning! Do you have family, friends or other communities that will be helping you?
If you plan to breastfeed, have you taken a breastfeeding class or thought about professional and peer support for the first few weeks?

Skyridge Hospital does provide outpatient lactation appointments that may be very helpful
We strongly recommend having an in-home lactation consultant come to you during the 1st week to support your breastfeeding journey in your home environment- there are many great board certified lactation consultants out there- see if you can find one near you or ask us for a referral pending on where you live!
Here are a few that we are familiar with:
https://www.facebook.com/NatalToNest/
https://rockymountainlactation.com/
https://kmakbreastfeeding.com/index.html
https://www.newmawellness.com/ (colorado springs)

Preparing freezer meals can be a great way to be more prepared for postpartum meal planning! When you are cooking, make a double batch or more when possible and start stocking your freezer!
Having a baby shower? Consider asking for a meal service, house cleaning or self care support such as a massage or chiropractor to help support your recovery!

Books you may be interested in for postpartum planning and support:
The first 40 days-
https://www.amazon.com/First-Forty-Days-Essential-Nourishing/dp/1617691836
Nobody told me about that-
https://www.amazon.com/Nobody-Told-Me-About-That/dp/1790133637
Optional birth kit- there is an optional birth kit you can order with some of our favorite products for postpartum! Here is the link:
https://cascadehealth.com/amy-burgess-hospital-birth-kit/

Hemorrhage Prevention Options

Postpartum hemorrhage (excessive bleeding after birth) is one of the most common complications encountered during childbirth This happens in about 10-12% of births. Risk factors (see below) increase this percentage by varying degrees.

Blood loss thresholds:

500 mL (1/2 liter) or under blood loss is considered normal in a vaginal birth.
500 mL – 999 mL of blood loss is abnormal
More than 1000 mL (1 liter) is a postpartum hemorrhage - excessive bleeding that can have negative side effects.
More than 1500 mL (1.5 liter) is considered a significant postpartum hemorrhage. At this point we must transfer to the hospital and a blood transfusion is likely.

There is about 500 mL (1/2 liter) of blood flow per minute to the placenta at the end of pregnancy. The placenta comes off the wall of the uterus around 10-45 minutes after the birth, most often. This is the most common time for there to be too much bleeding / hemorrhage if those blood vessels do not clamp themselves off immediately by the muscles of the uterus contracting effectively and consistently.
With 500 mL of blood flow per minute, that means a hemorrhage can happen very quickly. It's possible to lose 1500 mL in 3 minutes (though not common). This is the one of the reasons we rub the uterus through your belly during/after the birth of the placenta to help the vessels clamp themselves off. We also have procedures, medications and devices to first prevent, then stabilize blood loss here at the birth center. We do not have blood products for blood transfusion. This is why we have to transfer if there is 1500 mL of blood loss or more.

Risk factors that increase the risk of hemorrhage:
- VBAC (vaginal birth after previous cesarean birth)
- large baby
- long labor
- fast labor
- personal or family history of hemorrhage or retained placenta (placenta stays in abnormally)
- having given birth several previous times (more than 5)
- heavier maternal weight and/or excessive weight gain in pregnancy
- low iron levels prior to birth
- uterine fibroids
- pregnancy conceived with assistive reproductive technology (like IVF)

Why does it matter:
Excessive blood loss impacts the postpartum body in many ways:
- low iron
- excessive fatigue
- delayed healing
- delayed milk coming in

- decreased milk supply
- necessity to transfer to the hospital
- need for blood transfusion
- rare but significant occurrences like hysterectomy and deep vein thrombosis (severe blood clotting inside the body), as well as other short and long-term complications

What to do:
There are preventative options for hemorrhage we offer.
Prevention options:
Intravenous (IV) synthetic oxytocin with IV fluids is considered "standard" treatment to prevent postpartum hemorrhage in the hospital- we generally give this to all clients unless you request us not too!
Pros: It is the most effective way we know of to prevent excessive blood loss.
Cons: It requires IV access, or a plastic tube introduced into your vein with a needle, which is painful/uncomfortable to put in. To use it for prevention of hemorrhage, it would need to be placed while you are still in labor. Generally we recommend IV access for all clients in labor. If for some reason you do not have IV access we may recommend an intramuscular shot of pitocin which works in the same way.

IV Tranexamic Acid (TXA) given after the baby's cord is clamped to prevent or treat hemorrhage
Pros: Decreases the risk of hemorrhage in the study done making the rate of hemorrhage in the group that used it close to zero, which most often prevents more invasive interventions that could be needed should there be a hemorrhage.
Cons: None known

Cytotec- given bucally (in the cheek) or rectally after the birth of the placenta to prevent or treat bleeding:
Pros: works quickly and effectively
Cons: Side effects to mom are fever that develops within about one hour (and typically resolves within about 4 hours and with ibuprofen) and increased shaking sensation in the first 1-3 hours postpartum

Methergine- given as an intramuscular injection to treat postpartum hemorrhage
Pros: works quickly and effectively
Cons: can elevated blood pressure (we would not use if you have hypertension of preeclampsia)

Hemabate: given as an IM injection to treat postpartum hemorrhage
Pros: works quickly and effectively

Cons: causes diarrhea, often uncontrolled after just having a baby - we would give medication to try and prevent this!

You also have the option to plan not to use any preventative measure against hemorrhage. In that case, if the midwife notices risk factors that develop during your labor and birth process, we will mention that we recommend using a preventative despite your initial plan not to because we noted risk factors. You still have the option to accept or decline at that point.
Regardless of which or whether a prevention option is selected, if excess bleeding happens, your midwife and nurse will use their training and expertise to quickly take action to keep you safe.

Fundal massage (rubbing the top of your uterus through your belly) and putting a small amount of traction on the umbilical cord to guide the placenta out as it starts to separate are typically used to help either prevent or help control bleeding as well. We also sometimes have to ensure your bladder stays empty during this process, as that can increase bleeding. Rarely, that means we need to use a bladder catheter.

We've got your back. We drill for this type of emergency very regularly, so if bleeding happens, we typically have to tell you as we do things because we usually need to move quickly.
Reminder- have you met all of the midwives that could be at your birth? If not, be sure to work with the scheduling staff on having enough appointments with providers that could be attending your birth!

<u>RSV vaccination in pregnant women:</u>
CDC recommends one dose of Pfizer's bivalent RSVpreF vaccine (Abrysvo) during RSV season for people who are 32 through 36 weeks pregnant to help protect babies from acquiring RSV during the 1st 6 months of life. There is potential increased risk for preeclampsia (0.4%) and preterm birth (2%)- please discuss with your provider timing and appropriateness of this vaccine for you- we are currently recommending 36 week to reduce preterm birth rate.
https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html
We currently do not have Abrysvo in our office but it is available now at most pharmacies

<u>Pregnancy Warning Signs</u>
Watch for these in the early weeks of pregnancy and beyond. Call your practitioner right away if you have any of these symptoms: Heavy bleeding, Cramping, Pelvic pain, Fever of more than 100.4° , Unable to keep food or liquid down for 24 to 48 hours, Spotting (light bleeding) that lasts more than one day
Signs of Preterm Labor- Watch for these in weeks 13 and beyond. The symptoms listed below may signal the start of an early labor. If you notice any of these, first go to the bathroom and urinate, then drink several glasses of water and lie down on your left side and rest. If you still have these symptoms after an hour of rest, call your doctor or midwife: Contractions (not always painful) that come every 15 minutes or more often, Cramping (like menstrual cramps) that's either constant or on-and-off, and may come with diarrhea, Low, dull backache that's constant or that comes and goes, Pressure in your pelvis, groin, or thighs (as if the baby is pressing down),

Bleeding or spotting, A change in vaginal discharge (a sudden increase in the amount of discharge, or discharge that is suddenly watery or full of mucus), A gush or a slow leak of fluid from your vagina, A feeling that your uterus is “knotting up” or tightening, or that the baby is balling up inside or a feeling that something just isn’t right!

Late pregnancy warning signs:

Discomfort is par for the course as you near the end of your pregnancy. (Hello, lightning crotch and back pain!) But it’s important to know the difference between those normal third trimester woes and signs of potential complications, including preeclampsia, eclampsia, HELLP and complications related to heart conditions. The big late pregnancy warning signs to watch out for are:

Vaginal bleeding
Vaginal leaking of amniotic fluid
Significant increase in vaginal discharge
Sudden or severe swelling in your face, hands or fingers
A severe headache or one that doesn’t go away
Pain or cramping in your lower abdomen or severe back pain
Pain or burning when you urinate or decreased urine output
Chills or a fever
Vomiting or nausea that won’t go away
Dizziness or blurred vision
A sudden decrease in your baby’s movement

These are some of the most common warning signs that could indicate a complication. Don't ignore it! Contact us by calling the office (the answering service will answer after hours and get in touch with the on call provider).

34-36 weeks:

Birth plans:

By now we are hoping you have most of your questions and concerns about giving birth answered! As you are visualizing your ideal birth experience, it can be very helpful to write out your birth preferences! While this is not required it is a great way to communicate with your birth team- especially the nursing staff in the hospital! If you are looking for resources on birth preferences here are some great sites to take a look at!

https://birthmonopoly.com/- excellent site for reviewing your rights in childbirth- download the free copy and pursue the site- so many amazing resources here!

This birth preferences document is very extensive (generally we recommend a 1 pager) but is also very thorough to provide you some ideas on things you might want to include!

https://www.thebump.com/a/tool-birth-plan#3

Use the "pearls of midwifery" to consider what you might like in labor- here is a link to the pearls presentation if you are interested! It covers the evidence supporting midwifery care in labor regarding many common preferences childbearing families have:

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Newborn medications:
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https://evidencebasedbirth.com/is-erythromycin-eye-ointment-always-necessary-for-newborns/
https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/
https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Recommends-That-Infants-Receive-First-Hepatitis-B-Dose-Within-24-Hours-of-Birth.aspx

Circumcision:
If you are having a boy and considering circumcision- please review the article below as it will answer many of your questions and we can talk further about it at your next appointment!
CIRCUMCISION ARTICLE and Info on GOMCO (the type of circumcision Amy and Dr. Furr perform)
https://evidencebasedbirth.com/evidence-and-ethics-on-circumcision/
https://med.stanford.edu/newborns/professional-education/circumcision/gomco-clamp-technique.html

Group Beta Strep Testing
At your 36- 37 week appointment we recommend testing for a bacteria called group beta streptococcus- aka "GBS". This is a vaginal/rectal swab that you can self perform after your appointment. If you test positive for GBS, the standard recommendation is to treat you with antibiotics during labor to prevent transmission of this particular bacteria. Here are a couple of resources to review on GBS:
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36 weeks:

Homework to prepare your body for labor:
6 dates a day (the fruit) -
Add to smoothies, look for different recipes online if you get sick of them! Reduced need for pitocin, vacuum, forceps and c-sections and people who ate dates went less far past the due date in the study if they started them at 36 weeks.
Nipple stimulation, hand expression of colostrum -
It's normal if you don't get any colostrum out, but if you do you can save it in a syringe or on a spoon and freeze it to give to the baby the first couple of days postpartum (it's full of great antibodies and perfect for maintaining their blood sugar at optimal levels, which is very important for their brain at first). There's also some evidence that doing this could mean your full white milk might come in a little faster. NOTE: Don't try this before 37 weeks. If you start getting painful contractions or more than 5 contractions in an hour less than 39 weeks, stop and wait a week or so before trying it again. Great handout that describes how:
http://med.stanford.edu/content/dam/sm/ppc/documents/Nutrition/Hand-Expression-of-Breastmilk-English.pdf
Red raspberry LEAF tea -
4-5 cups a day. Can replace some of your water you need to be drinking each day with this because it's not caffeinated. Drink it as sun tea, hot tea, with or without honey and/or lemon.
Perineal massage -
especially important if this is your first baby to soften the perineum so you're less likely to tear. Once a day starting anytime after 34 weeks. If your partner helps and it leads to sex, great!
Sex once a day -

Semen has prostaglandins that soften the cervix and this also softens your perineum so you're less likely to tear.

Orgasm -

Orgasm for you exposes your uterus to more oxytocin which makes more receptors which readies your uterus for the oxytocin with labor. One of the best ways to help labor along if things are kind of starting and stopping is doing some positions to optimize baby's position (see miles circuit below) and then having an orgasm (and sex too if your water hasn't released). Nipple stimulation along with all of that is awesome too.

Walking -

At least 30 minutes a day fast enough to get a little sweat going and a little short of breath - helps the baby get lower and stay in a good position

Miles circuit to optimize baby's position -

milescircuit.com

Spinning babies daily essentials

https://www.spinningbabies.com/pregnancy-birth/daily-activities/

Acupuncture -

Always helpful for deep relaxation benefits and after 39 weeks, they can use acupuncture to help encourage labor. Here are some great places for that:

FLO acupuncture https://floacupuncture.com/ 303-710-9334 2305 E Arapahoe Rd. Centennial

Sitting Moon acupuncture 303-997-22861176 S Jackson St. Suite 105 Denver, CO

Meeting Point Acupuncture- Denver (303) 777-0320; 570 S Broadway, Denver, CO 80209

Castle Rock Family Acupuncture- Oakwood Park Plaza; Suite #106 720-201-8063

Fertile Ground Wellness Center- 7355 E. Orchard Rd. Suite 350Greenwood Village; (303) 248-3481

Denver Acupuncture and Wellness - Ali Damron

7355 E Orchard Rd Suite 350, Greenwood Village, CO 80111

(303) 790-1450

https://www.springscommunityacupuncture.com/ (colorado springs- worth the drive for the sliding scale)!

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https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Recommends-That-Infants-Receive-First-Hepatitis-B-Dose-Within-24-Hours-of-Birth.aspx

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37 weeks:

Labor encouragement/induction (not necessarily because you need this but so you have the information)!
Around the end of the 40th/beginning of the 41st week (pending very much on your individual scenario and desire for labor encouragement- spontaneous labor is ideal for low risk mommas and babies) you will have the option to have the midwives encourage your body and your baby into labor.
After making sure that your baby is doing well by doing at least a non-stress test but typically also within a couple of days of your 41 week ultrasound (Biophysical Profile or BPP), you will have the option of: a membrane sweep, a castor oil smoothie, and a cervical ripening balloon (currently only available at the hospital) or Dilapan.
A membrane sweep entails the midwife inserting a finger into your cervix and separating the connective tissue between the outside of your bag of water and the side of the lower part of your uterus. If a membrane sweep is effective, it typically works within 24-48 hours. Downsides include that we may accidentally rupture your bag of water and that if the sweep is ineffective, you will likely be uncomfortable and crampy.
Here is some information from Evidence Based Birth regarding membrane sweeping
https://evidencebasedbirth.com/updated-evidence-on-the-pros-and-cons-of-membrane-sweeping/
A castor oil smoothie is a smoothie that contains castor oil. Castor oil can cause contractions and help your body into labor. The downsides are that it can give you some nausea, vomiting and diarrhea. But, we are also happy to give you some zofran and immodium to help combat

that. It typically begins to work within about 6-8 hours. Here's some good information on castor oil from Evidence Based Birth
https://evidencebasedbirth.com/ebb-128-inducing-labor-with-castor-oil-and-dates/
There are many different kinds of cervical ripening balloons, but the kind we have here at the hospital is the Cook's Catheter. There is one balloon that will go through your cervix and sit on top of the internal opening of your cervix, there is a second balloon that will sit in your vagina just outside the outer cervical opening. The function of these balloons is to put pressure on your cervix to encourage opening and dilation.
Dilapan involves the insertion of 4-5 small "rods" into your cervix that slowly swell over a 12-24 hour period- they typically have to be removed versus falling out and help with cervical ripening and dilation.
Here is an article to read up about those options:
https://evidencebasedbirth.com/evidence-on-dilapan-s-and-foley-for-cervical-ripening-during-an-induction/
**We can use any combination of these measures to help encourage labor. We will, of course, discuss these at your appointment-but here's some information for you to peruse in the meantime.

Information on perinatal mood disorders:
Postpartum depression is the #1 complication of childbirth- it can go unrecognized if not reported and cause undue suffering for you and your family- here is a great resource to read up on postpartum depression warning signs! We are here to help- please reach out immediately if you are having concerns about a perinatal mood disorder!
https://www.postpartum.net/

Labor Instructions:
Braxton-Hicks Contractions
The last month of your pregnancy is the time when your body starts preparing for the process of delivery
You may start to experience irregular contractions
They may last 10-15 seconds and usually go away within an hour
They may increase with activity and decrease with rest
If the contractions do not progress into regular painful contractions they are usually referred to as Braxton-Hicks Contractions

Real Contractions
Real contractions tend to be more painful than Braxton-Hicks contractions
They tend to occur at more regular intervals, and for longer than 1 hour.
They often do not allow you to talk or walk when they occur.
They may lead to vaginal spotting or even breaking of the amniotic sac.

*****When to Call Your Midwife**
As your due date approaches, there are scenarios that should prompt you to call your midwife:
Contractions-

Painful contractions every 3-5 mins that last for longer than 1-2 hours

Vaginal Bleeding

You may have some spotting or blood streaked mucous especially after a pelvic exam. Bleeding like a period is abnormal and should be evaluated immediately.

Spontaneous Rupture of Membranes-

This may occur as a gush of fluid that wets your clothes or a small leak of fluid that may keep your clothes damp.

Your water may break when you start to have uterine contractions or contractions may start soon after your water has broken. You should call your doctor when this occurs or if you are unsure if your water has broken as there is an increased risk of infection around the baby the longer the water is broken.

Decreased Fetal Movement-

As your pregnancy progresses and your baby gets bigger, the movement of the baby may change (more large rolling movements). Decreased or no fetal movement could signal a problem with your baby and should be evaluated as soon as possible. We still expect the baby to move 10 times in a 2 hour period.

You can download a free app on kick counting here:
https://countthekicks.org/

Homework to prepare your body for labor if you haven't started already!

6 dates a day (the fruit) -

Add to smoothies, look for different recipes online if you get sick of them! Reduced need for pitocin, vacuum, forceps and c-sections and people who ate dates went less far past the due date in the study if they started them at 36 weeks.

Nipple stimulation, hand expression of colostrum -

It's normal if you don't get any colostrum out, but if you do you can save it in a syringe or on a spoon and freeze it to give to the baby the first couple of days postpartum (it's full of great antibodies and perfect for maintaining their blood sugar at optimal levels, which is very important for their brain at first). There's also some evidence that doing this could mean your full white milk might come in a little faster. NOTE: Don't try this before 37 weeks. If you start getting painful contractions or more than 5 contractions in an hour less than 39 weeks, stop and wait a week or so before trying it again. Great handout that describes how:
http://med.stanford.edu/content/dam/sm/ppc/documents/Nutrition/Hand-Expression-of-Breastmilk-English.pdf

Red raspberry LEAF tea -

4-5 cups a day. Can replace some of your water you need to be drinking each day with this because it's not caffeinated. Drink it as sun tea, hot tea, with or without honey and/or lemon.

Perineal massage -

especially important if this is your first baby to soften the perineum so you're less likely to tear. Once a day starting anytime after 34 weeks. If your partner helps and it leads to sex, great!

Sex once a day -

Semen has prostaglandins that soften the cervix and this also softens your perineum so you're less likely to tear.

Orgasm -

Orgasm for you exposes your uterus to more oxytocin which makes more receptors which readies your uterus for the oxytocin with labor. One of the best ways to help labor along if things are kind of starting and stopping is doing some positions to optimize baby's position (see miles circuit below) and then having an orgasm (and sex too if your water hasn't released). Nipple stimulation along with all of that is awesome too.

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Fertile Ground Wellness Center- 7355 E. Orchard Rd. Suite 350Greenwood Village; (303) 248-3481
Denver Acupuncture and Wellness - Ali Damron
7355 E Orchard Rd Suite 350, Greenwood Village, CO 80111
(303) 790-1450
https://www.springscommunityacupuncture.com/ (colorado springs- worth the drive for the sliding scale)!

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38 weeks:

Counting down now! Baby may arrive any day! You are likely feeling exhausted, not sleeping well and ready to meet your baby!
Here are some encouraging reasons to "go the full 40"!
https://www.health4mom.org/go-the-full-40/
Here are some reminders for signs of labor:
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A sudden decrease in your baby's movement
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39 weeks:

39 weeks! You've got this! You may be feeling like you can't possibly stay pregnant any longer- we assure you this is normal! Emotions may be running high - focus on stress reduction, balanced activity and rest- including daytime naps if those are an option!

Here are some reminders for signs of labor:
Braxton-Hicks Contractions
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6 dates a day (the fruit) -
Add to smoothies, look for different recipes online if you get sick of them! Reduced need for pitocin, vacuum, forceps and c-sections and people who ate dates went less far past the due date in the study if they started them at 36 weeks.

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40 weeks:

Congratulations! You've made it to your "due date"- did you know that 50% of women will have their babies prior to their due date- and 50% won't! So we assure you it is very normal for you to still be pregnant despite the constant questioning "is the baby here yet"?
Around the end of the 40th/beginning of the 41st week (pending very much on your individual scenario and desire for labor encouragement or induction as spontaneous labor is ideal for low

risk mommas and babies) you will have the option to have the midwives encourage your body and your baby into labor.
If medical complications arise during your pregnancy this same information applies in regards to methods of labor encouragement and induction (but may be performed at an early time pending on your specific condition/diagnosis)

After making sure that your baby is doing well by doing at least a non-stress test but typically also within a couple of days of your 41 week ultrasound (Biophysical Profile or BPP), you will have the option of: a membrane sweep, a castor oil smoothie, and a cervical ripening balloon (currently only available at the hospital) or Dilapan.

A membrane sweep entails the midwife inserting a finger into your cervix and separating the connective tissue between the outside of your bag of water and the side of the lower part of your uterus. If a membrane sweep is effective, it typically works within 24-48 hours. Downsides include that we may accidentally rupture your bag of water and that if the sweep is ineffective, you will likely be uncomfortable and crampy.
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There are many different kinds of cervical ripening balloons, but the kind we have here at the hospital is the Cook's Catheter. There is one balloon that will go through your cervix and sit on top of the internal opening of your cervix, there is a second balloon that will sit in your vagina just outside the outer cervical opening. The function of these balloons is to put pressure on your cervix to encourage opening and dilation.
Dilapan involves the insertion of 4-5 small "rods" into your cervix that slowly swell over a 12-24 hour period- they typically have to be removed versus falling out and help with cervical ripening and dilation.
Here is an article to read up about those options:
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Let us know if you have any questions!

41 weeks:

41 weeks! We assure you this is still "normal" (especially with your 1st baby when the average gestation is 41.4 weeks)! And for some momma's all of their babies come closer to 42 weeks! Around the end of the 40th/beginning of the 41st week (pending very much on your individual scenario and desire for labor encouragement or induction as spontaneous labor is ideal for low risk mommas and babies) you will have the option to have the midwives encourage your body and your baby into labor.

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