

LABOR AND DELIVERY INSTRUCTIONS

Congratulations!

That long awaited moment is just around the corner! By now, you should have selected a pediatrician, purchased an infant car seat and packed a bag for your hospital stay (robe, comfortable pajamas, slippers, toiletries, lip balm and clothes for you and the baby to wear home). If you are planning on cord blood collection place your kit with your hospital bag.

WHEN TO GO TO THE HOSPITAL

Call the office, 972-420-1470 to speak with your physician or the on call doctor. In the event of a medical emergency, please call 911 or go to the nearest emergency room.

- Time your contractions from the beginning of one to the beginning of the next.
- Call the office if you are experiencing painful contractions for at least 1 hour that last greater than 30 seconds and are 5 minutes apart.
- Call the office if you are scheduled for a repeat C-Section and you are experiencing contractions that are 8-10 minutes apart.
- Call the office if you have a large gush of fluid or a constant trickle of fluid indicating indicates you may have a possible rupture of the membranes (bag of water). Call even if you are not experiencing contractions.
- Call the office if you experience heavy vaginal bleeding, like a period.
- Call the office if you do not feel the baby move. Your baby should kick 8-10 times per hour after you eat a meal.

From 9pm to 6am the front entrance to the hospital is closed. Please go through the Emergency Department and you will either be taken or directed to Labor and Delivery

IF YOU ARE SCHEDULED FOR AN INDUCTION OR CESAREAN SECTION

- You will receive a call the night before your induction or C-Section. The Labor & Delivery staff will let you know when to arrive at the hospital.

IF YOU ARE UNSURE IF YOU SHOULD GO TO THE HOSPITAL PLEASE CALL THE OFFICE. THERE IS A PHYSICIAN ON CALL FOR THE PRACTICE 24/7

- During office hours call 972-420-1470 to speak with your healthcare provider.
- After hours, call 972-420-1470 to speak with the on-call physician. If you do not receive a return call within 30 minutes, call 911 or go to the nearest emergency room.

YOU DO NOT NEED TO CALL THE OFFICE

- If you lose your mucus plug. This is not always an indicator labor will begin.
- If you have some spotting the of/following a cervical exam in the office.



Postpartum Home Care for Mom

Pregnancy changes your body in more ways than you may have guessed, and it doesn't stop when the baby is born. Postpartum care involves managing sore breasts, skin changes, hair loss and more. Here's what to expect after a vaginal delivery. Most postpartum changes usually last up to six weeks.

Contractions

You may feel contractions, sometimes called after pains, during the first few days after delivery. These contractions, which often resemble menstrual cramps, help prevent excessive bleeding by compressing the blood vessels in the uterus. After pains tend to occur during breast-feeding sessions and seem to be more noticeable with second or third babies. Your healthcare provider may recommend an over-the-counter pain reliever, if necessary.

Contact your healthcare provider if you have a fever or if your abdomen is tender to the touch. These signs and symptoms could indicate a uterine infection.

Vaginal discharge

You may have a vaginal discharge (lochia) for up to six weeks after delivery. Expect a bright red, heavy flow of blood for the first few days. If you've been sitting or lying down, you may notice a small gush when you get up. The discharge will gradually taper off, changing from pink or brown to yellow or white. To reduce the risk of infection, use sanitary napkins rather than tampons. Don't be alarmed if you occasionally pass blood clots.

Contact your healthcare provider if:

- You soak a sanitary pad within an hour while lying down
- The discharge has a foul odor
- You pass clots larger than a golf ball
- You have a fever of 100.4 F (38 C) or higher

Menstruation usually begins 4-12 weeks postpartum for bottle-feeding mothers. If you are breast feeding, menstruation may not occur until after breastfeeding ceases.

Mood changes

Childbirth can trigger powerful emotions. Mood swings, irritability, sadness and anxiety are common. Many new moms experience a mild depression, sometimes called the baby blues. The baby blues typically subside within a week or two. In the meantime, take good care of yourself. Try to get as much sleep as possible. If your depression deepens or you feel hopeless and sad most of the time, contact your healthcare provider. Prompt treatment is important.

Urination problems

Swelling or bruising of the tissues surrounding the bladder and urethra may lead to difficulty urinating. Fearing the sting of urine on the tender perineal area may have the same effect. To encourage urination, contract and release your pelvic muscles, while sitting on the toilet. It may help to place hot or cold packs on the tissue between the vaginal opening and anus, or pour water across your vulva, while you urinate. Difficulty urinating usually resolves on its own. Contact your healthcare provider if you have any symptoms of a urinary tract infection.

Symptoms of a UTI

- Painful urination
- You don't think you're emptying your bladder fully
- You have an unusually frequent urge to urinate

Pregnancy and birth stretch the connective tissue at the base of the bladder and may cause nerve and muscle damage to the bladder or urethra. You may leak urine when you cough, strain or laugh. Fortunately, this problem usually improves within three months. In the meantime, wear sanitary pads, do Kegel exercises and drink plenty of fluids. Report to your physician any burning at the time urination or urinating small amounts frequently.

Bowel movements

You may find yourself avoiding bowel movements out of fear of hurting your perineum or aggravating the pain of hemorrhoids or your episiotomy wound. To keep your stools soft and regular, eat foods high in fiber, drink plenty of water and remain as physically active as possible. Ask your healthcare provider about a stool softener or fiber laxative, if needed.

Another potential problem for new moms is the inability to control bowel movements (fecal incontinence) — especially if you had an unusually long labor. Frequent Kegel exercises can help. If you have persistent trouble controlling bowel movements, consult your healthcare provider.

Bathing

Tub baths are not recommended until your physician is consulted. Showering is permissible at any time. Hair washing is also acceptable.

Exercise:

- You will tire easily with the increased demands on your energy and time so plan naps the same time your baby sleeps.
- Usually permissible with physician approval - Kegels, low impact walking. Strenuous exercise to be avoided until after first postpartum visit.

Sex:

- Pelvic rest for 6 weeks.
- Discuss with physician.

Nutrition

Eat well-balanced meals, emphasizing four food groups (meat, milk products, fruits and vegetables)

Breast Care

Several days after delivery, your breasts may become heavy, swollen and tender. This is known as engorgement. To ease the discomfort, nurse your baby or use a breast pump to express milk. You may also want to apply cold washcloths or ice packs to your breasts, or take a warm shower. Over-the-counter pain relievers may help, too.

If you're not breast-feeding your baby, wear a firm, supportive bra. Compressing your breasts will help stop milk production. In the meantime, don't pump your breasts or express the milk. This only tells your breasts to produce more milk.

Leaky breasts are another common problem for new moms. You can't do anything to stop the leaking, but nursing pads worn inside your bra can help keep your shirt dry. Avoid pads that are lined or backed with plastic, which can irritate your nipples. Change pads after each feeding and whenever they get wet.

Nipple care:

- Do not wash nipples between feedings. Daily shower is adequate for cleaning.
- Use pure lanolin as discussed with physician. Keep nipples dry between feedings.
- Wear breast pads to help catch leaking and keep moisture off nipple.

To minimize the discomfort:

- Wear a bra night and day. Limit fluid intake to thirst only.
- Use ice bags to the breast for 15 20 minutes, four times a day.

If you do breast feed, continue to take your prenatal vitamins and increase fluid levels.

Stitches

Stitches will dissolve on their own, no removal is necessary. Sitting in 2-3 inches of warm water 2-3 times per day will be soothing if the sutures are sore at home.

Hemorrhoids

Hemorrhoids are stretched and swollen veins in the anus or lower rectum. If you notice pain during a bowel movement and feel swelling near your anus, you may have hemorrhoids. They usually regress without medication in several weeks. If they are too sore, a local medication may be prescribed. To ease any discomfort while the hemorrhoids heal, soak in a warm tub and apply chilled witch hazel pads to the affected area. Your healthcare provider may recommend a topical hemorrhoid medication as well.

To prevent constipation and straining, which contribute to hemorrhoids, eat foods high in fiber — including fruits, vegetables and whole grains — and drink plenty of water. Remain as physically active as possible. If your stools are still hard, your health care provider may recommend an over-the-counter stool softener or fiber laxative.

Swelling

You may notice swelling in your legs, hands and face for several weeks. These symptoms usually improved with time. Do not take “water pills” without consulting your physician; they usually are not necessary.

Vaginal soreness

If you had an episiotomy or vaginal tear during delivery the wound may be painful for a few weeks. It may be especially painful when you walk or sit. Extensive tears may take longer to heal. In the meantime, you can help promote healing by:

- Soothe the wound. Use an ice pack or wrap ice in a washcloth. Chilled witch hazel pads may also help alleviate discomfort. Witch hazel is the main ingredient in many hemorrhoid pads. You can find them in most pharmacies.
- Keep the wound clean. After using the toilet, use a squirt bottle filled with water to rinse the tissue between the vaginal opening and the anus (perineum).
- Soak in a warm tub.
- To take the sting out of urination, squat rather than sit to use the toilet. Pour warm water over your vulva as you're urinating.
- Prevent pain and stretching during bowel movements. Hold a clean pad firmly against the wound and press upward while you bear down. This will help relieve pressure on the wound.
- Sit down carefully. To keep your bottom from stretching, squeeze your buttocks together as you sit down. If sitting is uncomfortable, use a doughnut-shaped pillow to ease the pressure.
- Do your Kegels. These exercises help tone the pelvic floor muscles. Simply tighten your pelvic muscles as if you are stopping your stream of urine. Starting about one day after delivery, try it for five seconds at a time, four or five times in a row. Repeat throughout the day.
- Look for signs of infection. If the pain intensifies or the wound becomes hot, swollen and painful or produces a pus-like discharge, contact your health care provider.

Hair loss and skin changes

During pregnancy, elevated hormone levels put normal hair loss on hold. The result is often an extra-lush head of hair. After delivery, your body sheds the excess hair all at once. Within six months, your hair will most likely be back to normal. In the meantime, shampoo only when necessary, and find a hairstyle that's easy to maintain. Avoid hair dryers, curling irons and harsh chemicals.

Stretch marks won't disappear after delivery, but eventually they should fade from reddish purple to silver or white. Any skin that darkened during pregnancy, such as the line down your abdomen (linea nigra), may slowly fade as well.

Weight loss

After you give birth, you'll probably feel flabby and out of shape. You may even look like you're still pregnant. Don't worry. This is perfectly normal. Most women lose about 10 pounds during birth, including the weight of the baby, placenta and amniotic fluid. During the first week after delivery, you'll lose additional weight from leftover fluids. After that, a healthy diet and regular exercise can help you gradually return to your pre-pregnancy weight.

Situations to report to your physician:

- Temperature elevation of 100.6 or over. Heavy, bright red bleeding.
- Passage of large clots. Painful urination.
- Abnormally painful breastfeeding. Discharge from abdominal incision.

The postpartum checkup

About six weeks after delivery, your healthcare provider will check your vagina, cervix and uterus to make sure you're healing well. He or she may also do a breast exam and check your weight and blood pressure. This is a great time to talk about birth control, breast-feeding and how you're adjusting to life with a new baby.

Share any concerns you may have about your physical or emotional health. Chances are, what you're feeling is entirely normal. Look to your healthcare provider for assurance as you enter this new phase of life.



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FAQ

FREQUENTLY ASKED QUESTIONS

FAQ029

LABOR, DELIVERY, AND POSTPARTUM CARE

Breastfeeding Your Baby

- Why is breastfeeding good for my baby?
- Why is breastfeeding good for me?
- When does my body begin to produce milk?
- How do I begin breastfeeding?
- How do I end a breastfeeding session?
- How long should breastfeeding sessions last?
- How will I know when it is time to feed my baby?
- Will I need to change my diet while I am breastfeeding?
- What birth control methods can I use while I am breastfeeding?
- How do I continue breastfeeding after I return to work?
- How can I keep my breasts healthy while I am breastfeeding?
- Glossary

Why is breastfeeding good for my baby?

There are many reasons why breastfeeding is best for your baby:

- The *colostrum*-a yellow, watery pre-milk-that your breasts make for the first few days after birth helps your newborn's digestive system grow and function.
- Breast milk has *antibodies* that help your baby's immune system fight off sickness. Babies who are breastfed also have a lower risk of asthma, obesity, allergies, and colic.
- The protein and fat in breast milk are better used by the baby's body than the protein and fat in formula.
- Babies who are breastfed have less gas, fewer feeding problems, and often less constipation than those given formulas.
- Breastfed babies have a lower risk of *sudden infant death syndrome (SIDS)*.

Why is breastfeeding good for me?

Breastfeeding provides the following benefits for mothers:

- It is convenient-the baby's food is always available and at the right temperature.
- Breastfeeding releases the hormone oxytocin, which makes the uterus contract and helps it return to its normal size more quickly. It also reduces vaginal bleeding after delivery.
- It may decrease your risk of some forms of cancer and other illnesses.
- It may help you lose pounds gained during pregnancy faster than you would if you were bottle-feeding.
- It is cheaper than bottle-feeding.
- It creates a special bond between you and your baby.

When does my body begin to produce milk?

During pregnancy, your nipples may start to leak a little colostrum. After you give birth, your body sends a signal to your breasts to start making milk. Within a few days, colostrum is replaced by milk.

When your baby suckles at your breasts, the nerves in your nipples send a message to your brain. In response, your brain releases hormones that tell the ducts in your breasts to "let down" milk so that it flows through your nipples. This is called the let-down reflex. It first occurs a few days after delivery when your milk comes in.

How do I begin breastfeeding?

Babies are born with the instincts they need to nurse. For instance, the rooting reflex is a baby's natural instinct to turn toward the nipple, open his or her mouth, and suck. When you and your baby are ready to begin nursing, find a good position. Cup your breast in your hand and stroke your baby's lower lip with your nipple. The baby will open his or her mouth wide (like a yawn). Quickly center your nipple in the baby's mouth, making sure the tongue is down, and pull the baby close to you. Bring your baby to your breast—not your breast to your baby. If the baby is not latched on well, start over.

Good Breastfeeding Positions

Cradle hold. Sit up straight and cradle your baby in the crook of your arm. The baby's body should be turned toward you and his or her belly should be against yours. Support the baby's head in the bend of your elbow so that he or she is facing your breast.



Side-lying position. Lie on your side and nestle your baby next to you. Place your fingers beneath your breast and lift it up to help your baby reach your nipple. This position is good for night feedings. It also is good for women who had a cesarean delivery because it keeps the baby's weight off the incision.



Cross-cradle hold. As in the cradle hold, nuzzle your baby's belly against yours. Hold him or her with the other arm. This way, the baby's bottom rests in the crook of your arm and your hand supports the baby's head and neck. This position gives you more control of the baby's head. You may need to support the baby's head with pillows. This position is useful for a newborn who is having trouble getting the hang of nursing.



Football hold. Tuck your baby under your arm like a football. Sit the baby up at your side, level with your waist, so he or she is facing you. Support the baby's back with your upper arm and hold his or her head level with your breast. This hold is good for nursing twins and for women who had cesarean births.



How do I end a breastfeeding session?

To break the suction, insert a clean finger between your breast and your baby's gums. When you hear a soft pop, pull your nipple out of the baby's mouth.

How long should breastfeeding sessions last?

Let your baby set his or her own nursing pattern. Many newborns nurse for 10-15 minutes on each breast. (A baby who wants to nurse for a very long time—such as 30 minutes on each side—may be having trouble getting enough milk.)

How will I know when it is time to feed my baby?

When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouths. Crying is a late sign of hunger. You may nurse very often (8-12 times in 24 hours) in the baby's first weeks of life.

Will I need to change my diet while I am breastfeeding?

When you are breastfeeding, you need more food and nutrients than normal to provide fuel for milk production. Follow these guidelines:

- Eat a well-balanced diet. During breastfeeding you need about 500 calories a day more than you did before you became pregnant or about 2,500 calories a day for most women.
- Make sure you get 1,000 mg of calcium a day. Your health care provider may suggest that you keep taking a daily vitamin.
- Avoid foods that bother the baby. If your baby acts fussy or gets a rash, diarrhea, or congestion after nursing, let your baby's doctor know. This can signal a food allergy.
- Drink at least eight glasses of liquid a day.

What birth control methods can I use while breastfeeding?

Barrier methods such as latex condoms or a copper **intrauterine device (IUD)** are good options because they do not affect your milk supply. Good choices for hormonal birth control are the **progestin-only** pill, implants, or injections. These options rely on the hormone progestin and do not contain **estrogen**.

Combination birth control pills contain estrogen and progestin. Estrogen can decrease your milk supply when you begin breastfeeding. Therefore, this type of birth control pill should not be used until milk flow is steady.

The lactational amenorrhea method (LAM) is a method of birth control that can be used for the first 6 months after birth. When an infant suckles regularly, it can prevent ovulation and menstruation. If a woman does not ovulate, she cannot become pregnant. LAM is highly effective if used correctly. For this method to work, a woman must follow certain breastfeeding guidelines.

How do I continue breastfeeding after I return to work?

If you want to breastfeed when you go back to work, you may want to look into buying or renting a breast pump. You also can express breast milk by hand.

Talk to your employer about pumping at work. Find out if there is a clean, private place you can go to pump and a place for storage.

Practice with the pump a few weeks before your first day back at work. Be sure the pumped milk is stored properly. Give some of the pumped milk to your baby in a bottle or cup. This will help your baby get used to drinking your milk from a cup or a bottle. Talk to your doctor or your baby's doctor about when to start trying the bottle.

How can I keep my breasts healthy while I am breastfeeding?

To keep your breasts healthy and to increase the chances of breastfeeding success, try these tips:

- Learn proper nursing technique.
- Use your finger to break the suction before you remove your breast from your baby's mouth.
- Gently pat your nipples dry after feedings. You also might want to expose them to air and dry heat (such as a hair-dryer on low).
- Use only cotton bra pads. Change them as soon as they get wet.
- Apply 100% pure lanolin to your nipples after feeding.
- Do not wash your nipples with harsh soaps or use perfumed creams.
- If one nipple is tender, offer the other breast first.

Glossary

Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

Colostrum: A fluid secreted in the breasts at the beginning of milk production.

Estrogen: A female hormone produced in the ovaries.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause of death is unknown.

If you have further questions, contact your obstetrician-gynecologist.



**The American College of
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FAQ

FREQUENTLY ASKED QUESTIONS

FAQ131

LABOR, DELIVERY, AND POSTPARTUM CARE

Getting in Shape After Your Baby Is Born

- What are the benefits of exercising after having a baby?
- When can I start exercising after having a baby?
- How do I get started with an exercise program?
- When should I add exercises besides walking?
- What resources are available?
- What are some basic tips for staying cool and comfortable while exercising?
- How can I warm up before exercising?
- What is my target heart rate?
- How can I cool down?

What are the benefits of exercising after having a baby?

Daily exercise can help restore muscle strength and firm up your body. Exercise can make you less tired because it raises your energy level and improves your sense of well-being.

During pregnancy, the muscles in your abdomen stretch. It takes time for good muscle tone to return. Exercising helps tighten these muscles.

When can I start exercising after having a baby?

Check with your doctor before starting an exercise program. You should start when you feel up to it and know you will keep it up. Follow the same guidelines as you did when you were pregnant. If you had a cesarean birth, a difficult birth, or complications, it may take a little while longer to feel ready to start exercising.

If you did not exercise during pregnancy, start with easy exercises and slowly build up to harder ones. If you exercised regularly throughout pregnancy, you have a head start. You should not try to resume your former pace right away, though.

How do I get started with an exercise program?

Walking is a good way to get back in shape. Brisk walks will prepare you for more vigorous exercise when you feel up to it. Walking is a good choice for exercise because the only thing you need is a pair of comfortable shoes. It is free, and you can do it almost any place or time.

Walking also is good because your baby can come along. The two of you can get out of the house for exercise and fresh air without needing to find child care. Seeing other people and being outside can help relieve stress and tension.

When should I add exercises besides walking?

As you feel stronger, think about trying more vigorous exercise. You will want to decide on exercises that meet your needs. A good program will make your heart and lungs stronger and tone your muscles.

There are special postpartum exercise classes that you can join. Your health care provider can help you find some good classes.

What resources are available?

Resources that may be helpful are local health and fitness clubs, community centers, local colleges, hospitals, and adult education programs. With any program you get involved in, make sure it is one you will keep doing. Exercise over time is more important than starting right away after birth.

What are some basic tips for staying cool and comfortable while exercising?

- Wear comfortable clothing that will help keep you cool.
- Wear a bra that fits well and gives plenty of support to help protect your breasts.
- Drink plenty of water.

How can I warm up before exercising?

Before you begin each exercise session, always warm up for 5-10 minutes. This light activity, such as slow walking, prepares your muscles for exercise. As you warm up, stretch your muscles to avoid injury. Hold each stretch for 10-20 seconds-do not bounce.

What is my target heart rate?

You should exercise so that your heart beats at the level that gives you the best workout. This is called your target heart rate. Your target heart rate is 50-85% of the average maximum heart rate for your age.

To check your heart rate, count the beats by feeling the pulse on the inside of your wrist. Count for 10 seconds. Multiply this count by 6 to get the number of beats per minute.

Age	Target heart rate (beats per minute)	Average maximum heart rate (beats per minute)
20	100-170	200
25	98-165	195
30	95-162	190
35	93-157	185
40	90-153	180
45	88-149	175
50	85-145	170
55	83-140	165
60	80-136	160
65	78-132	155
70	75-128	150

When you begin your exercise program, aim for the lower range of your target heart rate (50% of your maximum heart rate). As you get into better shape, slowly build up to the higher end of your target heart rate. After 6 months of exercise, you should be able to exercise at up to 85% of your maximum heart rate. But you do not need to exercise at 85% of your maximum heart rate to stay fit. You should aim to exercise about 20-30 minutes while in your target heart rate.

How can I cool down?

After exercising, cool down by slowing your activity. Cooling down allows your heart rate to return to normal levels. Cooling down for 5-10 minutes, followed by stretching, also helps prevent sore muscles.

If you have further questions, contact your obstetrician-gynecologist



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FREQUENTLY ASKED QUESTIONS

FAQ091

LABOR, DELIVERY, AND POSTPARTUM CARE

Postpartum Depression

- What is postpartum depression?
- What are postpartum blues?
- What are some of the signs and symptoms of postpartum depression?
- What is postpartum psychosis?
- What causes postpartum depression?
- What physical changes can trigger postpartum depression?
- How can fatigue contribute to postpartum depression?
- What emotions can contribute to postpartum depression?
- What lifestyle factors contribute to postpartum depression?
- What can I do if I begin to feel depressed after childbirth?
- What should I do if my feelings of depression do not improve?
- Glossary

What is postpartum depression?

Postpartum depression can occur at any time after childbirth, but it most commonly starts 1-3 weeks after delivery. Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks. Women with postpartum depression need treatment with counseling and sometimes medication. Without treatment, postpartum depression may become worse or may last longer.

What are postpartum blues?

About 2-3 days after birth, many new mothers begin to feel depressed, anxious, and upset. For no clear reason, they may feel angry with the new baby, their partners, or their other children. These feelings are called **postpartum blues** or "baby blues." Other common signs and symptoms including the following:

- Crying for no clear reason
- Trouble sleeping, eating, and making choices
- Feelings of doubt about being able to care for a baby

These feelings may come and go in the first few days after childbirth. The baby blues often go away in a few hours or a week or so without treatment. If these feelings get worse or do not go away, you should get help.

What are some of the signs and symptoms of postpartum depression?

A new mother having any of the following signs or symptoms should take steps right away to get help:

- Baby blues that do not start to fade after about 1 week, or if the feelings get worse
- Strong feelings of depression and anger that start 1-2 months after childbirth
- Feelings of sadness, doubt, guilt, or helplessness that increase each week and get in the way of normal function
- Not being able to care for yourself or your baby
- Trouble doing tasks at home or on the job

- Changes in appetite
- Things that used to bring you pleasure no longer do
- Intense concern and worry about the baby, or lack of interest in the baby
- Anxiety or panic attacks
- Fears of harming the baby. These feelings are almost never acted on by women with postpartum depression, but they can be scary. These feelings may lead to guilt, which makes the depression worse.
- Thoughts of self-harm or suicide

What is postpartum psychosis?

A few new mothers will develop a more severe mental illness called postpartum psychosis. However, this condition is very rare. Women are more at risk if they have had manic depression (bipolar disorder) or schizophrenia or if family members have had these diseases.

What causes postpartum depression?

Postpartum depression is likely to result from body, mind, and lifestyle factors combined. No two women have the same biologic makeup or life experiences. These differences may be why some women have postpartum depression and others do not. It also may help explain why a woman can cope with the demands of everyday life but find the stress of a new baby hard to handle.

What physical changes can trigger postpartum depression?

The postpartum period is a time of great changes in the body. These changes can affect a woman's mood and behavior for days or weeks.

Levels of the hormones **estrogen** and **progesterone** decrease sharply in the hours after childbirth. This change may trigger depression in the same way that much smaller changes in hormone levels can trigger mood swings and tension before menstrual periods. Hormone levels produced by the thyroid gland also may decrease sharply after birth. If these levels are too low, the new mother may have depression-like symptoms, such as mood swings, nervousness, fatigue, trouble sleeping, and tension.

How can fatigue contribute to postpartum depression?

Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength. Some women have their babies by **cesarean delivery**. Because this is major surgery, it will take them longer to feel strong again.

Also, new mothers seldom get the rest they need. In the hospital, sleep is disturbed by visitors, hospital routine, and the baby's feedings. At home, the baby's feedings and care must be done around the clock, along with household tasks. Fatigue and lack of sleep can go on for months. They can be a major reason for depression.

What emotions can contribute to postpartum depression?

Feelings of doubt about the pregnancy are common. The pregnancy may not have been planned. Even when a pregnancy is planned, 40 weeks may not be enough time for a couple to adjust to the extra effort of caring for a baby.

Feelings of loss after having a baby also are common. Loss can take many forms:

- Loss of freedom. This can include feelings of being trapped and tied down.
- Loss of an old identity. The mother may be used to someone else taking care of her or of being in control.
- Loss of prepregnancy shape and feeling attractive

If the baby is born early, it may cause changes in home and work routines that the parents did not expect. If the baby is born with a birth defect, it may be even harder for the parents to adjust.

Having a baby who must stay in the hospital after birth can cause sadness and guilt. A woman may feel guilty that she did something wrong during pregnancy. Sadness about coming home without the baby is very common.

Mixed feelings sometimes arise from a woman's past. She may have lost her own mother early or had a poor relationship with her. This might cause her to be unsure about her feelings toward her new baby. She may fear that caring for the child will lead to pain, disappointment, or loss.

What lifestyle factors contribute to postpartum depression?

A major factor in postpartum depression is lack of support from others. The steady support of a new mother's partner, other family members, or friends is a comfort during pregnancy and after the birth. If a woman lives alone or far away from her family, support may be lacking.

Breastfeeding problems can make a new mother feel depressed. New mothers need not feel guilty if they cannot breast-feed or if they decide to stop. The baby can be well nourished with formula. Your partner or other supportive person can help with some of the feedings, giving you more time for yourself or for rest.

What can I do if I begin to feel depressed after childbirth?

If you are feeling depressed after the birth of your child, there are some things you can do to take care of yourself and your baby:

- Get plenty of rest. Do not try to do it all. Try to nap when the baby naps.

- Ask for help from family and friends, especially if you have other children. Have your partner help with feedings at night.
- Take special care of yourself. Shower and dress each day, and get out of the house. Get a baby sitter or take the baby with you. Go for a walk, meet with a friend, and talk with other new mothers.
- Tell your partner or a friend how you feel. Often just talking things out with someone you trust can provide relief.

What should I do if my feelings of depression do not improve?

Blues that do not go away after about a week or feelings that get worse may be signs of a more severe depression. Tell your health care provider if you are afraid you might neglect or hurt your baby.

Your health care provider may refer you to experts in treating depression. These experts will give emotional support, help you sort through your feelings, and help you make changes in your life. You also may be given **antidepressants**. These drugs generally are considered safe to use during breastfeeding.

Hotlines and support groups are available for women with postpartum depression. Talk to your health care provider about finding help in your area.

Glossary

Antidepressants: Medications used to treat depression.

Cesarean Delivery: Delivery of a baby through an incision made in the mother's abdomen and uterus.

Estrogen: A female hormone produced in the ovaries.

Postpartum Blues: Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually fading after 1 week (sometimes called "baby blues").

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and do not go away after a few weeks.

Progesterone: A female hormone that is produced in the ovaries and prepares the lining of the uterus during the second half of the menstrual cycle to nourish a fertilized egg.

If you have further questions, contact your obstetrician-gynecologist.

HEALTH MATTERS

Your Six-week Post-partum Check-up

www.arhp.org/healthmatters

A Health Care Guide for New Mothers

You have spent nine months preparing for your baby's birth. You've probably read every book, article, and Web site to make sure you're eating right, exercising at the appropriate level, and taking the necessary vitamins and supplements. Your effort has paid off...CONGRATULATIONS.

After giving birth, it's important for you to keep up the healthy habits you practiced while you were pregnant. Your health care provider is your best resource for making sure you're on track. To get ready for your six-week postpartum visit, review this planner and bring it with you to your check-up

DIET, NUTRITION, & EXERCISE	GOALS
<p>Weight Loss Returning to pre-pregnancy weight is a common goal. Combining a healthy diet with exercise will help you lose weight safely after delivery. Because dieting after pregnancy can decrease bone mineral density, it's important to get enough calcium and do weightbearing activities.</p>	<p>GOAL: Lose weight gradually— 4.5 lbs/month maximum after first month post-delivery (unless you had a high pre-pregnancy weight):</p> <ul style="list-style-type: none"> .. Be patient .. Consume at least 1,800 calories per day (an additional 500 calories per day is recommended if you're breastfeeding). .. Drink plenty of fluids (moderate caffeine intake, such as 1 cup of coffee per day, and occasional alcohol consumption are okay).
<p>Nutrition A well-balanced diet is essential for women before, during, and after pregnancy. Most multivitamins and prenatal vitamins don't supply enough calcium. Also, breastfeeding mothers transfer 250-350 mg of calcium to their baby through breast milk when they're nursing. Vitamin and mineral supplements can help ensure that you get the nutrients you need.</p>	<p>GOAL: 1,000 mg of calcium daily for adult women (1,300 mg for adolescents):</p> <ul style="list-style-type: none"> .. Eat foods such as low-fat and fat-free dairy products and leafy vegetables (e.g., broccoli, kale, and collards). .. If food choices don't supply the recommended calcium, take a calcium supplement (e.g., Calcium Soft Chews, Caltrate®, Oc-Cal®, Tums®, or Viactiv® with meals. Note: 400-800 IU of vitamin D helps your body absorb calcium). <p>GOAL: daily: 15 mg of iron daily</p> <ul style="list-style-type: none"> .. Eat foods such as fortified cereals, lean beef, dried fruits, tofu oysters, and spinach. .. If the time between pregnancies is short, talk to your health care provider to see if you should take an iron supplement as well.
<p>Exercise Regular physical activity after delivery should be a part of every new mother's daily life. A gradual return to exercise is recommended. Some women may be able to start exercising within days of delivery; others may need to wait four to six weeks. Talk to your health care provider about what exercise schedule and level are right for you.</p>	<p>GOAL: Strengthen the pelvic floor and abdominal muscles; reduce the risk of urinary stress incontinence (urine leakage):</p> <ul style="list-style-type: none"> .. Do Kegel exercises: Contract the pelvic muscles for 10 seconds and then relax them for 10 seconds. Do this for 15 minutes, four times/day. <p>GOAL: Keep bones strong; tone and shape your body:</p> <ul style="list-style-type: none"> .. Do weight-bearing exercises, (e.g., walking or cycling), which help maintain strong, dense bones. .. If you're nursing, breastfeed before exercising to minimize breast discomfort.

PHYSICAL, EMOTIONAL AND SEXUAL NEEDS	GOALS
<p>Physical Exam Don't be embarrassed to discuss with your health care provider all aspects of your physical health including important conditions that may result from delivery.</p>	<p>GOAL: Thorough post post-delivery health exam:</p> <ul style="list-style-type: none"> .. Talk to your health care provider about: <ul style="list-style-type: none"> – Breast condition and breastfeeding – Constipation – Hemorrhoids – Vaginal discharge – Urinary incontinence (leakage) – Healing below the birth canal – Varicose veins – Weight loss – Exercise
<p>Emotional Adjustment Many women have emotional changes after delivery. Let your health care provider know if you've been feeling overwhelmed, anxious, sad, isolated, nervous, obsessive, incompetent, exhausted, or you can't sleep. Your health care provider can help you feel and cope better.</p>	<p>GOAL: Good health and well well-being:</p> <ul style="list-style-type: none"> .. Take time for yourself. .. Get enough rest. .. Call on family and friends for help. .. Consider joining a mothers' or postpartum support group .. Call Postpartum Support International at 800-944-4PPD or visit online at www.postpartum.net. .. Delay going back to work for at least 6 weeks after delivery. .. Ask your health care provider about: <ul style="list-style-type: none"> – Mood swings and “baby blues” – Symptoms of postpartum depression – Ways to prevent depression – Planning for hormonal shifts (e.g., when you're weaning your baby or your period starts again)
<p>Sexuality and Contraception Lack of interest in sex is common after childbirth and for the first couple of months afterwards. Most women experience a gradual return to pre-pregnancy levels of sexual desire, enjoyment, and frequency within a year of giving birth, but every woman has her own timetable. The return to fertility is unpredictable. You may be able to get pregnant before your periods return, even when you're breastfeeding. For most women who aren't nursing, ovulation occurs about 45 days postpartum, but it can be earlier. Discuss family planning with your health care provider.</p>	<p>GOAL: Healthy sexuality:</p> <ul style="list-style-type: none"> • Keep an open dialogue with your partner about your readiness to make love. • Make time for cuddling and kissing to re-establish physical closeness. • Ask your health care provider about: <ul style="list-style-type: none"> – When to resume sexual intercourse – How to minimize discomfort – Effects of breastfeeding or hormones on sexual desire <p>GOAL: Post-delivery contraception:</p> <ul style="list-style-type: none"> • Think about whether or not you'd like to have more children. • Before you resume sexual activity, ask your health care provider about: <ul style="list-style-type: none"> – Contraceptive options during breastfeeding and afterward – The benefits and risks of all suitable methods



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

Vaccines Home

Vaccines &
Immunizations

Get Vaccinated Against Whooping Cough While Pregnant



Pregnant women should get a whooping cough vaccine since vaccines are the best way to prevent this disease. There are 2 different whooping cough vaccines. Both vaccines combine protection against whooping cough, tetanus and diphtheria, but they are for different age groups:

- Tdap: for everyone 11 years and older, including pregnant women
- DTaP: for children 2 months through 6 years of age

Whooping cough vaccine is recommended during each of your pregnancies

The best time to get the shot is your 27th through 36th week of pregnancy.

The Centers for Disease Control and Prevention (CDC) now recommends that pregnant women receive the whooping cough vaccine for adolescents and adults (called Tdap vaccine) during each pregnancy. This replaces the original recommendation that pregnant women get the vaccine only if they had not previously received it.

You should get the whooping cough vaccine while pregnant to pass protection to your baby

Early, short-term protection is critical. Your baby will not get his first whooping cough vaccine until he is 2 months old.

After receiving a whooping cough vaccine, your body will create protective antibodies (proteins produced by the body to fight off diseases) and pass some of them to your baby before birth. These antibodies provide your baby some short-term protection against whooping cough in early life. These antibodies can also protect your baby from some of the more serious complications that come along with whooping cough.

Your protective antibodies are at their highest about 2 weeks after getting the vaccine. So you should get the vaccine late in your pregnancy, preferably during your 27th through 36th week, to give your baby the most protection when he is born.

The amount of whooping cough antibodies in your body decreases over time. When you get the vaccine during one pregnancy, your antibody levels will not stay high enough to provide enough protection for future pregnancies. It is important for you to get a whooping cough vaccine during each pregnancy so high levels of protective antibodies are transferred to each of your babies.

Getting the whooping cough vaccine while pregnant is better than getting the vaccine after you give birth

Whooping cough vaccination during pregnancy is ideal so your baby will have short-term protection as soon as he is born. This early protection is important because your baby will not start getting his whooping cough vaccines until he is 2 months (</vaccines/adults/rec-vac/pregnant/whooping-cough/vaccinate-baby.html>) old. These first few weeks of life are when your baby is at greatest risk for catching whooping cough and having severe, potentially life-threatening complications (</vaccines/adults/rec-vac/pregnant/whooping-cough/deadly-disease-for-baby.html>) from the infection. To avoid that gap in protection, it is best to get a whooping cough vaccine during pregnancy. To continue protecting your baby, he should get whooping cough vaccines starting at 2 months old.

About 30 to 40% of babies who get whooping cough catch it from their mother.*

*When source was identified

However, if you have never been vaccinated with Tdap vaccine and you do not get vaccinated during pregnancy, be sure to get the vaccine immediately after you give birth, before leaving the hospital or birthing center. It will take about 2 weeks before you are protected. Once you are protected by the vaccine, you are less likely to give whooping cough to your newborn while caring for him. But remember, your baby will still be at risk for catching whooping cough from others (</vaccines/adults/rec-vac/pregnant/whooping-cough/protection.html>).

Public health professionals expect that having mothers get a whooping cough vaccine during pregnancy will prevent more babies from ending up in the hospital and dying from whooping cough than if mothers get the vaccine after delivery.

Blood tests cannot tell if you need a whooping cough vaccine

There are no blood tests that can tell you if you have enough antibodies in your body to protect yourself or your baby against whooping cough. Even if you have been sick with whooping cough in the past or previously received the vaccine, you still should get the vaccine during each pregnancy.

Breastfeeding may pass some protective antibodies onto your baby

By breastfeeding, you may pass some antibodies you have made in response to the vaccine to your baby. When you get a whooping cough vaccine during your pregnancy, you will have antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, if you wait to get a whooping cough vaccine until after delivering your baby, then it

will take 2 weeks for your body to create protective antibodies and pass them to your baby through your breast milk. Learn more about the [health benefits of breastfeeding](http://www.cdc.gov/breastfeeding/index.htm) (<http://www.cdc.gov/breastfeeding/index.htm>).

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QUESTIONS AND ANSWERS ABOUT CORD BLOOD BANKING AND DONATION

This brochure is designed to provide basic information about cord blood banking and donation. Public cord blood banks are regulated by the federal government, and there are some restrictions that impact donation. Cord blood banks should be contacted for more specific information on the process for donation and storage.

1. What is cord blood?

Umbilical **cord blood** or cord blood is the blood that stays in the umbilical cord and placenta after the birth of an infant. This blood contains stem cells that are special cells that can help treat diseases in children and adults.

In the past, all cord blood was thrown away after the infant was delivered. Cord blood can now be donated or saved in cord blood banks for future use.

2. How is cord blood used?

Stem cells from cord blood can be used to treat over 70 diseases in children and adults. The stem cells in the blood help to build new healthy cells and replace cells that have been damaged. Cord blood has been used to treat certain cancers, inherited diseases and diseases of the immune system. Scientists are also studying whether cord blood can be used to treat other common diseases like heart disease, stroke, and brain diseases.

3. Who can benefit from the stem cells in cord blood?

Cord blood transplants can benefit immediate family members, extended family members, and non-related children and adults with certain diseases. One of the benefits of cord blood is that an exact match to the person receiving the cord blood is not required. Cord blood may be able to help people who are waiting for life-saving treatments. According to the Institute of Medicine, transplants of cord blood cells have already saved the lives of tens of thousands of Americans with a variety of diseases.

4. How is cord blood collected?

After the infant is born, medical staff collects the cord blood and places it in a special container that is then sent to the cord blood bank. The cord blood and mother's blood samples are then processed and tested. If the mother's blood sample identifies the presence of infectious disease, the mother will be notified. Once the cord blood bank determines the blood can be used, it is stored for future use.

5. What are the risks with cord blood collection?

There are no risks to the mother or infant when cord blood is collected. It is collected from the umbilical cord after the infant is born. Collecting the blood will not affect delivery or cause pain to the mother or infant.

6. Are stem cells in cord blood different from embryonic stem cells?

Yes, stem cells from cord blood are different from embryonic stem cells. **Embryonic stem**

cells come from developing human or animal embryos. Cord blood stem cells do not involve the use of embryos.

7. Is there a demand for cord blood?

Yes, thousands of patients whom might benefit from a cord blood transplant die every year waiting for treatment. There is an especially great need for more cord blood donations from ethnic and racial minorities. Tissue types among ethnic and racial minorities can vary; therefore, it is desirable to have a larger "pool" of donated stem cells to meet the needs of these populations.

8. What options are available for cord blood to be donated or saved?

Cord blood is collected at the hospital shortly after delivery. There are several options if families want to donate or save infant cord blood:

- u donate it to a public bank, where it is made available to others, much like blood banks;
- u save it through a family or sibling directed banking program so it will be available for family members, for a fee; or
- u save it to a private bank so it will be available for family members, for a fee.

Families can call their local hospital or health care provider to find out which options are available, or they may contact the resources provided on the back of this brochure for a list of public and private cord blood banks. Families that decide to donate or save cord blood should make plans with a cord blood bank and their doctor before their infant's delivery.

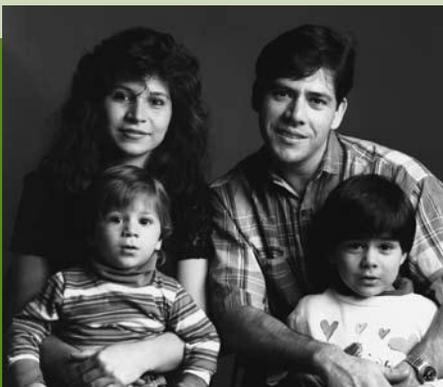
9. Is there a cost to donate or save cord blood?

There is no cost to donate infant cord blood to a public cord blood bank. There may be costs associated with family or sibling directed donor programs, if the unit stored is reserved for a family. Some parents choose to save or “bank” cord blood in a private cord blood bank so family members can use the blood if it is ever needed. If parents choose to store their infant’s cord blood, private banks charge a collection fee that ranges from \$900 to \$2000 and an annual storage fee of approximately \$90 to \$150. These fees may vary between private banks.

10. How do families decide if they want to save or donate cord blood?

The decision to donate or save cord blood is a choice that only expectant parents can make. It is important for expectant parents to talk to their health care provider so that they have all the information they need to make the decision that is right for their family.

Families do not have to donate or save infant cord blood.



For more information on cord blood banking and donation, you may contact the following resources:

National Marrow Donor Program-Provides a list of hospitals that accept cord blood donations.

Phone: 1-800-627-7692

Web Address: www.marrows.org

Parent’s Guide to Cord Blood Banks-Provides information for parents on cord blood banking, and a list of private and public cord blood banks.

Web Address:

www.ParentsGuideCordBlood.com

South Texas Blood & Tissue Center-Provides information on the process and benefits of cord blood banking and donation.

Phone: 1-800-292-5534

Web Address:

www.bloodntissue.org/texascordbloodbank.asp

You may view or download this brochure online at:

Texas Department of State Health Services

www.dshs.state.tx.us/mch/default.shtm#whatsnew

For ordering information, go to:

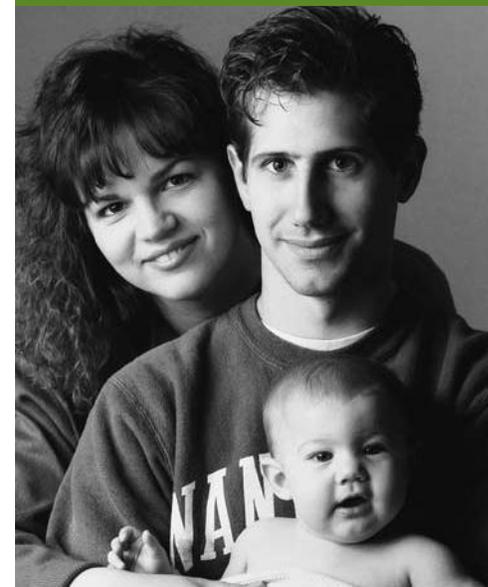
www.dshs.state.tx.us

Or call

(512) 458-7111 x 7761



INFORMATION ON UMBILICAL CORD BLOOD BANKING AND DONATION



CORD BLOOD BANKING OPTIONS

Cord blood banking is the once-in-a-lifetime opportunity for parents to save the stem cells found in the blood of their newborn's umbilical cord. The preservation of these stem cells, which are different embryonic stem cells, allows families the benefit of having stem cells available for existing or future medical treatments. Cord blood banking is completely safe for both the mother and the newborn. The cord blood is collected after the baby is born and after the umbilical cord has been clamped and cut.

CORD BLOOD BANKING OPTIONS: When deciding what is best for you and your family, it is important to know about all of your cord blood banking options.

___ **Family banking:** Allows you to store your newborn's for your family making them available immediately should your family ever need them. This service is provided by cord blood banks which charge a fee for collection, processing, and storage in which you retain ownership of your newborn's stem cells. Research has shown that transplants with related cord blood stem cells have doubled the survival rates as compared with related (publicly donated) cord blood stem cells. Be sure to ask the office for your cord blood collection kit. You must register your kit with the cord blood company.

___ **Public Donation:** Allows your family to offer your baby's cord blood to the public network at no cost. Your donation may then be made available to any patient requiring a cord blood stem cell transplant. Your family does not retain ownership of the cord blood once it has been donated. As a result there is no guarantee that it will be available should it be needed by a family member. A fee is charged for the stem cells released by the public bank to patient undergoing medical treatment. There may be a charge for your doctor to collect the cord blood. For more information about donating cord blood, please visit the Cord Blood Donor Foundation online at cordblooddonor.org. Cryobanks International also accepts public donations. You must contact them at 1-800-869-8608 to obtain a cord blood collection kit.

___ **Designated Transplant Program:** This program sponsored by Cord Blood Registry provides free collection, processing and storage for families with a qualifying with medical need. The cord blood is to be used by a family member suffering from a disease treatable with cord blood stem cells. For more information about the Designated Transplant Program, please contact Cord Blood Registry at 1-888CORDBLOOD.

___ **Medical Waste:** This means the cord blood will be discarded as waste. Once discarded, these cells cannot be retrieved for future use.

___ **Undecided:** You may make your decision regarding cord blood banking at any time before delivery. Please remember if you decide after delivery to have your babies cord blood banked there will be a charge of \$150.00 for the physician/provider to collect the cord blood. Please discuss this with your provider.

I have read the information above and will discuss my cord blood banking options with my healthcare provider.

Print Patient's Name: _____

Date of Birth: _____

Patient Signature: _____