

HEALTHY START
**Pregnancy and
Postpartum
Education
Guide**



Global
Communities

HEALTHY
START

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INTRODUCTION

ABOUT OUR PROGRAM

We provide free prenatal & childbirth education, postpartum and breastfeeding support.

Because EVERYONE deserves access to high quality perinatal care, Healthy Start empowers clients to understand and advocate for their health care options, and provides optional, free midwifery and doula services to those who would not otherwise have access. To address disparities, we focus on historically underserved communities, including BIPOC, refugee, and low-income families. Other women who qualify for WIC, Medi-Cal or CalFRESH may also be eligible. Services are available in English, Spanish, Somali, French and Haitian Creole.

What to Expect

- Perinatal Navigators provide free prenatal and childbirth education, postpartum and breastfeeding support. Mothers, fathers and other birth partners may also receive services.
- Doula services and clinical care are provided by external partner agencies. Perinatal Navigators do not directly provide doula services, medical treatment or advice.
- Staff typically work from 9am–5pm, Monday–Friday. Exceptions can be made based on need and with sufficient notice.
- Most visits will take place in your home and last about one hour. During these visits, we will discuss your progress in your pregnancy or postpartum journey, offer health education, and complete necessary paperwork to better understand your needs and document our work.
- During pregnancy, visits occur monthly. After birth, postpartum visits occur at 1, 2, 3, 4, 6, 9, and 12 months postpartum.
- Services are available from pregnancy through 12 months postpartum but can stop whenever you prefer. If we are unable to contact you after 5 attempts, we will close services.



Welcome!

Healthy Start aims to support you and your family in having a healthy journey through pregnancy, birth and your baby's first year. To help you learn and track milestones during your pregnancy, we have created this notebook!

Please feel free to use this booklet not only during your Healthy Start visits, but also for any health appointments with your midwife, OBGYN or pediatrician.

In this booklet, you will find helpful information to guide you through the milestones of pregnancy until your little one arrives. We hope to provide tips and education that will empower your decisions as a parent. Additionally, there are spaces for you to fill in your personal information, keep track of appointments, and monitor milestones for both you and your baby throughout your pregnancy.

IMPORTANT CONTACTS

	Phone Number	Address	Contact for Birth
Myself			
Emergency Contact			
Health Provider's Name (OBGYN, Midwife)			
Doula			
Healthy Start Navigator			
Pediatrician			
Community Support (BIH, WIC, NFP, etc.)			

STAYING HEALTHY IN PREGNANCY

The journey of pregnancy and parenting is a unique and transformative experience, filled with many life changes. To ensure you and your family have a healthy start, it is essential to prioritize the well-being of your mind, body, support system and connections.

BODY

What you eat, how you move and the way you spend your time during pregnancy matters. To keep your body healthy, consider:

Staying active

Eating a diet rich in fruits, vegetables and protein

Body balancing (chiropractic care, acupuncture, Spinning Babies, massage, etc.)

Tracking how you and your baby are developing

MIND

Mental health is a crucial aspect to support during pregnancy. As your body undergoes physical changes, your emotions may also shift. Prioritize your mental health through:

Mental health counseling

Spiritual/cultural practices

Relaxation/meditation

Connecting with other moms/parents

SUPPORT

Who you choose to support you on your journey matters!

Your team may include:

Partner/Support Person

Lactation Consultant

Doctor and/or Midwife

Perinatal Health Educator

Doula

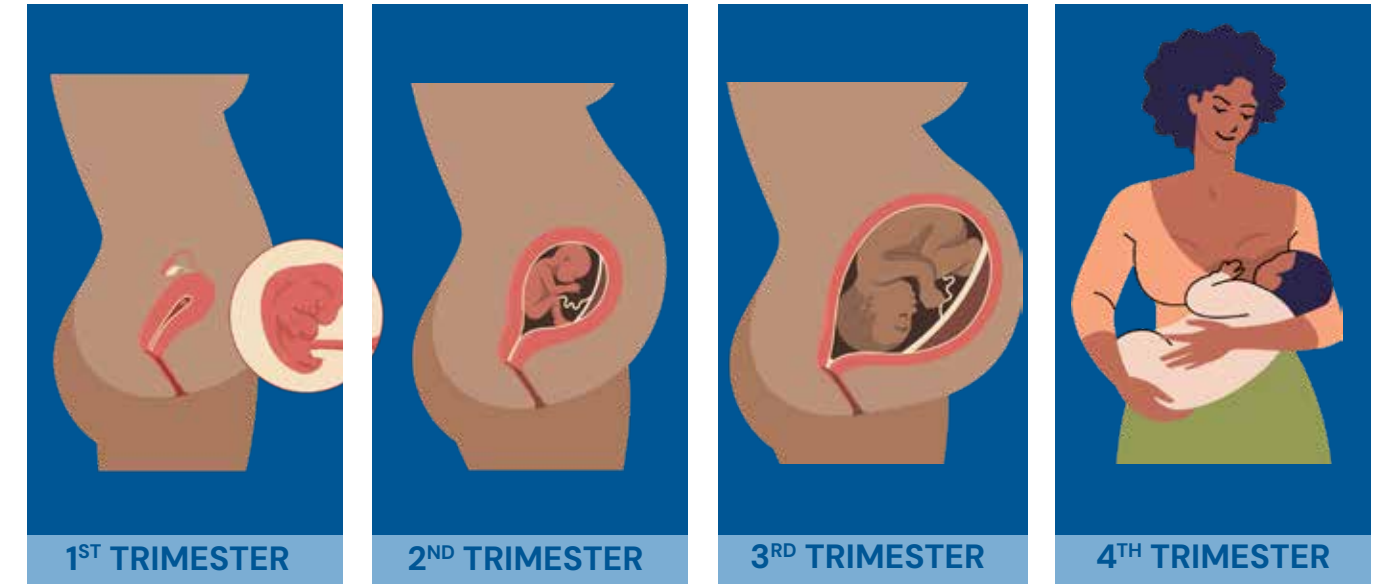
Pediatrician

Prenatal/Postpartum Group



PREGNANCY TIMELINE

Pregnancy is divided into three trimesters, each with its own unique milestones. Recognizing the significance of the first 12 weeks after birth, we refer to this postpartum period as the 4th trimester. This notebook will guide you through each milestone of your pregnancy and postpartum journey.



Each trimester brings its own unique milestones, emotions and important tasks that we will explore together.

One of the first important things to know is how to stay healthy during pregnancy, both for you and your baby (or babies)! Next, we will look at nutrition, movement and ways to keep your mind and body healthy!



Did you know that your connection with your baby starts during pregnancy?

Studies show that babies can feel your emotions, whether you're happy, mad or sad! Now is a great time to connect with your baby and talk to them, especially if you're having a bad day.

DENTAL HEALTH: KEEP SMILING FOR TWO!

Why Dental Health Matters

Maintaining good dental health during pregnancy is crucial for both you and your baby. Poor oral health can lead to complications such as preterm birth and low birth weight. Hormonal changes during pregnancy can increase the risk of gum disease, which has been linked to these adverse outcomes.

Free Dental Care with Medi-Cal

Great news! If you're pregnant and enrolled in Medi-Cal, you qualify for additional, free dental care during your pregnancy and up to 12 months after your baby is born. This includes:

- Dental exams
- Fillings
- Teeth cleanings
- Tooth extractions
- X-rays
- Emergency services

Your oral health is more important than you might think!

Did you know that poor oral hygiene can impact your overall health? Here's how:

- **Heart Health:** Gum disease can increase the risk of heart disease and stroke.
- **Diabetes:** Poor blood sugar control can worsen gum disease, and vice versa.
- **Brain Health:** Some studies suggest a link between gum disease bacteria and Alzheimer's disease.
- **Respiratory Health:** Oral bacteria can be inhaled into the lungs, causing infections like pneumonia.
- **Joint Health:** Chronic gum disease may increase the risk of rheumatoid arthritis.



Take Action

Schedule your dental appointment early in your pregnancy to have the most impact. Regular dental visits can help prevent gum disease and other oral health issues, ensuring a healthier pregnancy and a healthier baby.

Tips for a Healthy Smile

Brush your teeth twice a day with fluoride toothpaste.

Floss daily to remove plaque between your teeth.

Eat a balanced diet and limit sugary snacks.

Visit your dentist regularly for check-ups and cleanings.

Baby Teeth!

Once teeth begin to appear, use a small, soft-bristled toothbrush with a tiny smear of fluoride toothpaste. Regular dental check-ups should begin by your child's first birthday to ensure a lifetime of healthy smiles.



FIRST TRIMESTER

EXPECTATIONS AND CONSIDERATIONS

HEALTH CARE THOUGHTS

First ultrasound/hearing baby's heartbeat for the first time 9 weeks+

Find out baby's expected due date

Routine blood tests

Physical exam at prenatal visit, may include pelvic exam and Pap test

May be offered flu or pertussis vaccine

Prenatal genetic testing for baby

Discuss health history (including other pregnancies, chronic health conditions, family history, etc.)

What does my insurance cover for pregnancy?

MORE THOUGHTS HERE

PERSONAL THOUGHTS

What medications am I taking? Are they safe during pregnancy?

Start taking prenatal vitamins

Choosing a health care provider (doctor, midwife)

What can I do for morning sickness?

OVERALL HEALTH
What are my current habits? Eating, exercise, self-care: What do I want to change?

Follow baby's development

Sharing with family and friends about the pregnancy

First prenatal appointment: Where, with who?

Joining local community programs (Healthy Start, Black Infant Health, WIC, etc.)

Checking-in: How do I feel about being pregnant?



CARE PROVIDER CONSIDERATIONS

A VENN DIAGRAM



MIDWIFE

Various routes of training; some become midwives directly (CPMs, LMs, RMs, etc.); others train as registered nurses then midwives (CNMs)

Provides care before, during and after birth

Educated in the midwifery model of care, specializing in low-risk, low-intervention, individualized care

Familiar with preventative care and natural care remedies

Often sees a lower volume of patients and works solo or in a small practice

Often sees primarily low-risk parents in home, birth center or hospital settings

YOUR PROVIDER

You feel comfortable asking them questions and they provide full, clear responses.

They treat you and your preferences with respect.

They provide the time you need to feel cared for and heard.

They respect your bodily autonomy, only doing procedures with consent and stopping/pausing when asked.

They take your concerns seriously and respond in a timely manner.

They offer expertise, but treat you as the decision-maker in all of your medical options.

OBGYN

Provides care before, during and after birth

Educated in the medical model of care, specializing in care for pregnancy and birth-related complications

Familiar with all interventions (ex. fetal monitoring, IV fluids, induction, Pitocin, etc.)

Able to perform C-sections

Often sees a high volume of patients and works shifts in a large practice (may not be able to attend all patients' appointments or births)

Sees low and high-risk parents in the hospital setting

CARE PROVIDER CONSIDERATIONS: RED & GREEN FLAGS

1. You say, "I have a few questions for you about my birth plan." Your care provider replies,

Red Flag: "Oh, you won't need a birth plan. No one ever sticks to it anyway. Don't worry about that and we'll take great care of you when the time comes."

Green Flag: "Absolutely. I'm happy to hear more about what you're envisioning for your birth. Let's talk more about it."

2. You're discussing something your doula told you when your provider interjects,

Red Flag: "I didn't realize you had a doula. We've had a lot of issues with them... Did you know our nurses have doula training? You won't need a doula with us."

Green Flag: "I didn't realize you had a doula! I'm glad you're going to have that support. Tell me more about the role they'll play."

3. You are 38 weeks pregnant. As today's prenatal visit wraps up, your provider says,

Red Flag: "We're going to go ahead and schedule you for an induction in a week. Your baby looks big; it's time to meet them!"

Green Flag: "Let's talk about your option to induce or wait for spontaneous labor. Do you have a preference? Or, any questions about risks/benefits either way?"

4. Last visit, you asked your provider what you'd need to take your placenta home with you. When it comes up this visit...

Red Flag: Your provider is already halfway out the door. "Policy is it's medical waste — I don't advise taking it home anyway."

Green Flag: Your provider is ready with the information on what to bring to the birth to take your placenta home.

5. Your provider hasn't been at your last few appointments. When you ask them about this...

Red Flag: They acknowledge that this is typical in their busy practice and you learn that the other doctors in their practice do not fit with your preferences.

Green Flag: They acknowledge that this is atypical and they'll be more present OR you learn that several other doctors in their practice also fit with your preferences.

6. At the end of your 39-week appointment, your provider...

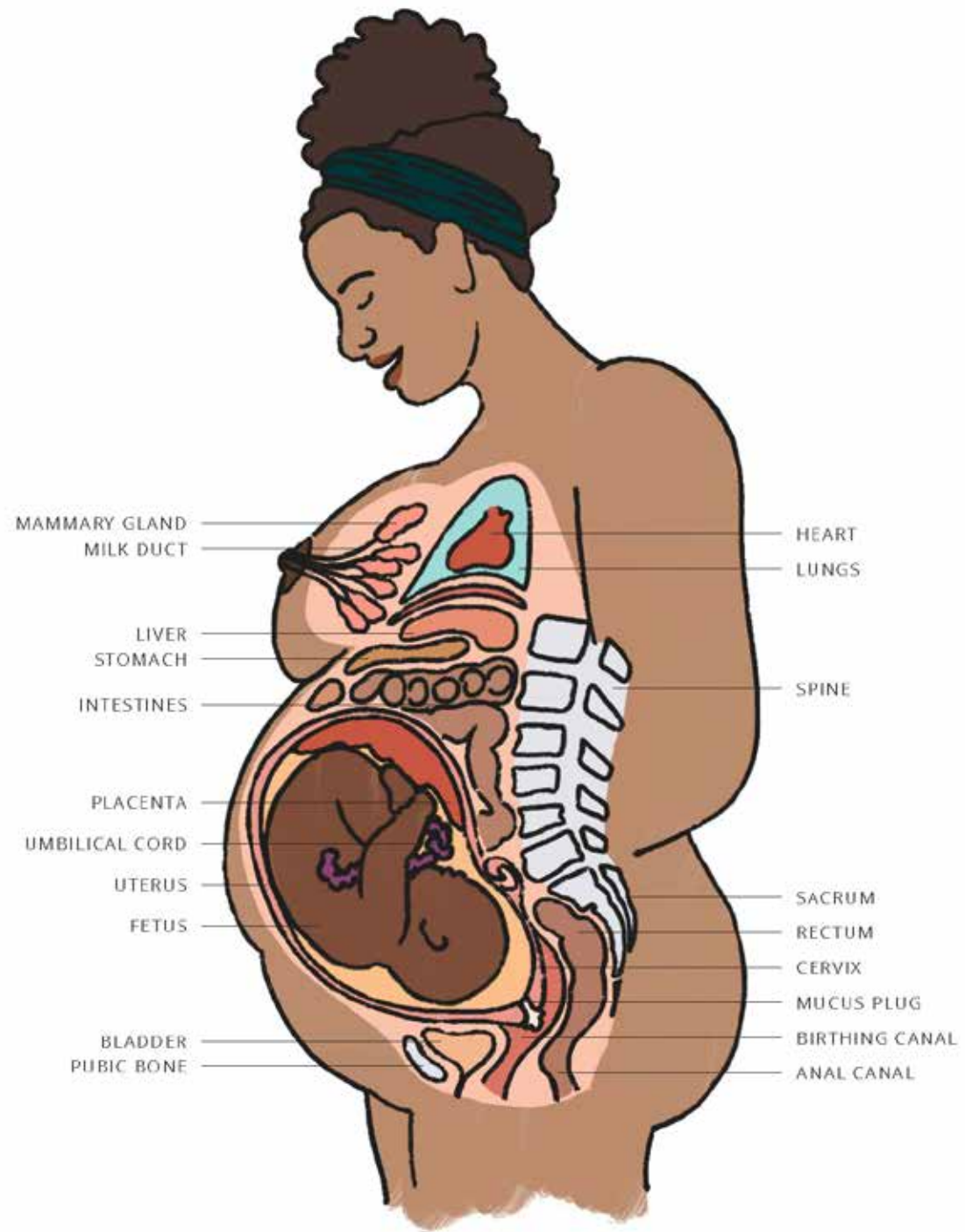
Red Flag: Tells you it's time to check your cervix. They don't say anything during the exam, but after, inform you that they swept your membranes to encourage labor.

Green Flag: Asks you if you'd like a cervical exam, adding it doesn't predict when labor begins. They also explain membrane sweeps and ask if you'd like one.

YOUR PROVIDER WILL SIGNIFICANTLY IMPACT YOUR EXPERIENCE. Care providers bring a lot to the table, from their training, philosophies, past experiences, tone, bedside manner, partnerships, and more. Get to know as much as you can about your provider early on by asking them questions, as well as seeking feedback from past patients and/or colleagues.

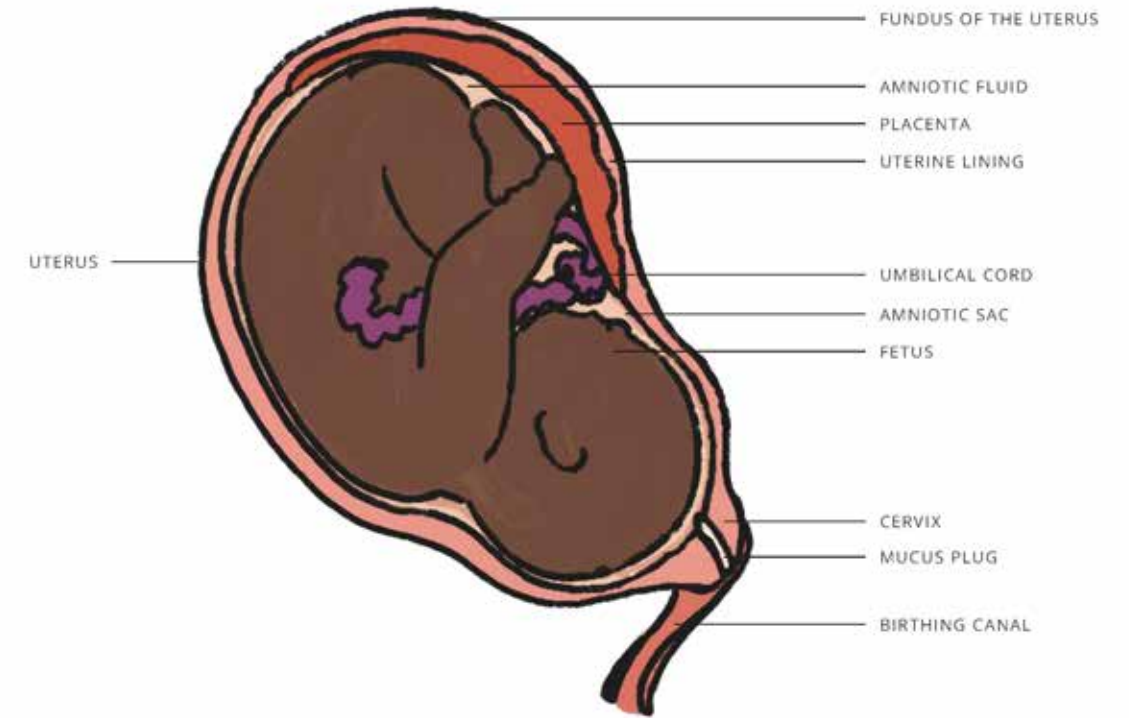
IT IS NEVER TOO LATE TO SWITCH PROVIDERS. From early on, to the final days of pregnancy, you can always request to have your medical files sent to another provider and switch. Even during labor, you can request a second opinion or different provider entirely. You should always feel safe and confident in your care.

THE PREGNANT BODY



Source: theeducatedbirth.com

THE UTERUS DURING PREGNANCY



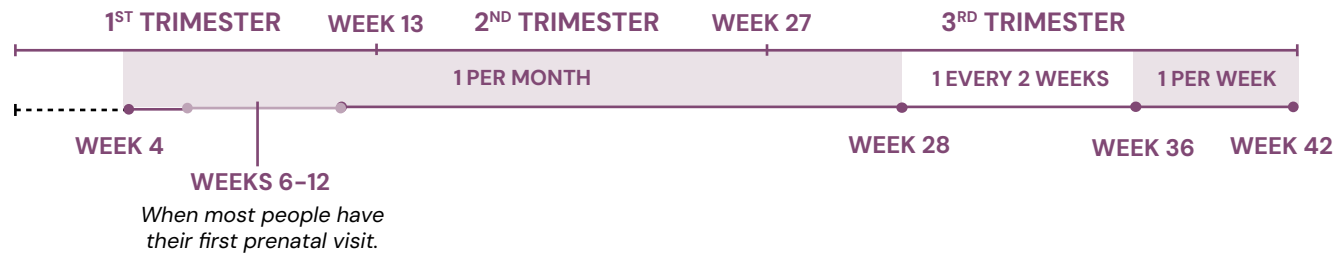
THE UTERUS + PLACEMENT OF THE PLACENTA



Source: theeducatedbirth.com

PRENATAL CARE SCHEDULE

PRENATAL CARE APPOINTMENT FREQUENCY



PRENATAL TESTING

NAME	TRIMESTER	PURPOSE	IS IT OFFERED ROUTINELY?
GENETIC TESTS	1 ST	Blood tests, ultrasounds and other tests that screen for signs of, or diagnose, genetic conditions.	Some are. Others are only recommended in specific cases.
ROUTINE LAB TESTS	1 ST , 2 ND , 3 RD	Blood and urine tests that assess a variety of health indicators throughout pregnancy. Also includes testing for a number of diseases and infections.	Yes
ULTRASOUNDS	1 ST , 2 ND , 3 RD	Dates the pregnancy, assesses development, checks for signs of genetic conditions/abnormalities, and for placental health and/or meconium in late pregnancy.	Yes. Some are only recommended in specific cases or after 40 weeks, however.
AMNIOCENTESIS	1 ST	Assesses a sample of amniotic fluid for genetic conditions or abnormalities.	No, only recommended for high-risk cases.
CHORIONIC VILLUS SAMPLING (CVS)	1 ST	Assesses a sample of the placenta for genetic conditions.	No, only recommended for high-risk cases.
GLUCOSE SCREENING	2 ND	Checks if you may have gestational diabetes.	Yes
GROUP B STREP	3 RD	Checks fluid from your cervix for Group B strep bacteria.	Yes
NON STRESS TEST	2 ND , 3 RD	Assesses baby's oxygen through fetal monitoring of their heart rate and response to contractions and/or their movement.	Depends. Some are only recommended in specific cases, or after 40 weeks.

DEVELOPMENT: FIRST TRIMESTER

0-14 WEEKS



≥ BABY 1 MONTH ≤
size of red currant

WEEKS 1-4

After an egg has been fertilized and implants into the uterine lining, a sac grows around it. This becomes the amniotic sac and will hold the amniotic fluid and cushion the embryo. The placenta also forms during this month. This will bring nutrition and support to the baby from the mother. The face and eyes begin to develop, and the heart begins to beat. By the end of the 4th week, your baby will be slightly smaller than a grain of rice!



≥ BABY 2 MONTH ≤
size of cherry

WEEKS 5-9

At two months pregnant, your baby's face continues its development. Buds that will eventually be limbs begin to develop. Organs such as the brain, sensory organs and the digestive tract begin to take shape. The cartilage in the embryo begins to be replaced by bone. By the end of the second month, your baby is about 1 inch long! After about 6 weeks, your baby's heartbeat can be detected with an ultrasound. It is never too soon to start taking prenatal vitamins and omega 3's and fish oil to help your baby have a healthy development.



≥ BABY 3 MONTH ≤
size of plum

WEEKS 10-14

The limbs, as well as the hands, feet, fingers and toes become well developed. The fingernails and toenails begin to form. The external ears and teeth begin their development as well. Though reproductive organs haven't begun to form, they can't yet be determined on an ultrasound or sonogram. By the end of the 3rd month, your baby is fully formed (with all organs and extremities present). He or she weighs about an ounce and is 4 inches long!

After the 3rd month of development, the chance of miscarriage drops considerably.

Sources + Recommended Resources: Healthline: Parenthood; What to Expect; American Pregnancy Association; The American College of Obstetricians and Gynecologists; Johns Hopkins Medicine; March of Dimes; University of Michigan Medicine; Verywell Family

APPOINTMENT TRACKER

	Visit Date #1	Visit Date #2	Visit Date #3	Visit Date #4	Visit Date #5	Visit Date #6
Weeks of Pregnancy						
Blood Pressure						
My Weight						
My Belly Size						
Baby's Heart Rate						
Baby's Movement						
Baby's Position						

	Visit Date #7	Visit Date #8	Visit Date #9	Visit Date #10	Visit Date #11	Visit Date #12
Weeks of Pregnancy						
Blood Pressure						
My Weight						
My Belly Size						
Baby's Heart Rate						
Baby's Movement						
Baby's Position						

SELF-CARE EXERCISE 1: SELF-ASSESSMENT

Rate each area to find focus this trimester. A 1 means you aren't satisfied and want to change; a 5 means you're happy with how things are.

MY MIND

My overall well-being: I allow time to re-charge, am safe from burn-out and feel focused and present.



MY BODY

My physical health: I choose healthy foods, make time for exercise, get enough sleep and listen to my body.



MY RELATIONSHIPS

My connections: I feel supported, show love to others and communicate my needs.



SELF-CARE EXERCISE 2: SELF-CARE GOALS

Goals for my mind

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

MIND

Mental Health

Mindfulness, reflection, de-clutter

Soul

Meditation, gratitude

Goals for my body

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

BODY

Self-care

Manage sickness, symptoms

Improvement

Exercise, rest, healthy eating

Goals for my relationships

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

RELATIONSHIPS

Personal

Communication, balance

Partner

Intimacy, inclusion, connection

SELF-CARE EXERCISE 3: SELF-CARE CHALLENGE

Practice self-care for a peaceful mind and a healthy pregnancy.

<input type="checkbox"/> Stretch your muscles	<input type="checkbox"/> Drink more water	<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Eat a treat	<input type="checkbox"/> Go to bed early
<input type="checkbox"/> Listen to favorite song	<input type="checkbox"/> Write a bucket list	<input type="checkbox"/> Take a bubble bath	<input type="checkbox"/> Cook your favorite meal	<input type="checkbox"/> Practice yoga
<input type="checkbox"/> Go on a solo date	<input type="checkbox"/> Journal	<input type="checkbox"/> Give yourself a facial	<input type="checkbox"/> Practice gratitude	<input type="checkbox"/> Write a letter to younger self
<input type="checkbox"/> Watch the sunrise	<input type="checkbox"/> Read a book	<input type="checkbox"/> Tour your city	<input type="checkbox"/> Watch your favorite movie	<input type="checkbox"/> Give yourself a manicure
<input type="checkbox"/> Get some sunlight	<input type="checkbox"/> Take prenatal vitamins	<input type="checkbox"/> Write out your goals	<input type="checkbox"/> Organize your closet	<input type="checkbox"/> Watch the sunset
<input type="checkbox"/> Give yourself a break	<input type="checkbox"/> Take a nap	<input type="checkbox"/> Have a good laugh	<input type="checkbox"/> Read positive affirmations	<input type="checkbox"/> Plan a babymoon

FIRST TRIMESTER PARTNER TIPS

How can I support my partner during pregnancy?

You can be supportive by educating yourself about pregnancy, going with your partner to prenatal care appointments, and making healthy lifestyle choices. You can also help your partner during labor and delivery and continue to be supportive after the baby is born. **If you're involved and supportive, your partner may be less anxious and have less stress in the weeks after childbirth.** Your partner may also be more likely to make healthy lifestyle choices, such as quitting smoking. Your baby may also be born healthier. Research shows there may be lower rates of preterm birth and growth problems in babies born to mothers with supportive partners.

During the first trimester (the first 13 weeks), your partner may need more rest than usual.

Symptoms of nausea and vomiting are also common. These symptoms are known as morning sickness, but they can occur at any time during the day or night.

Early pregnancy can be an emotional time. Mood swings are common. **It is not unusual for both partners to have ups and downs.**

Pregnancy and parenthood are huge life changes, and it can take time for you to adjust. Listen to your partner and offer support.

Unless your partner's OBGYN has said otherwise, you can have sex throughout pregnancy. You may need to try new positions as your partner's belly grows. Also, keep in mind that sex may be uncomfortable at times for your partner. **Talk with your partner about whether they want to have sex, and if they do, what feels most comfortable.**

SUPPORT CAN LOOK LIKE



Cleaning, especially when needing to use harsh chemicals. If you have a cat, clean the cat box (cat feces can be harmful to your partner during pregnancy).



Go to doctor or midwife visits together. Ask questions and give each other support.



Make healthy changes together. Maybe you both could cut back on caffeine or exercise together?



Share what you're each feeling. Try to simply listen, rather than fix or judge. Pregnancy is a different experience, so expect new feelings.



Talk about decisions concerning prenatal tests, such as those for birth defects.



Give your partner space to take breaks and naps. Offer back and foot massages to help with stress and body aches.



Ease household burdens such as taking on regular meal planning and preparation of nutritious meals.

EATING WELL DURING PREGNANCY

Eating well during pregnancy is about more than increasing how much you eat. You must also consider what you eat. Although you need about 300 extra calories a day — especially in the 2nd and 3rd trimester when your baby grows quickly — those calories should come from a variety of nutritious foods so they can contribute to your baby’s growth and development. In addition to a healthy diet, your doctor may prescribe prenatal vitamins, folic acid supplements, and other vitamin supplements to ensure you and your baby are receiving the appropriate nutrients. Research has shown that the foods you consume during pregnancy shape what your baby will enjoy eating, even years later!



If you’ve eaten these foods at some point during your pregnancy, try not to worry too much about it now. Avoid them for the rest of the pregnancy.

Food and Drinks to Avoid During Pregnancy

These foods are related to harmful development of your baby during pregnancy and should be avoided.

- Alcohol
- Caffeine in high amounts (200mg and below is okay—1 coffee)
- Fish high in mercury can damage the developing nervous system of a fetus
- Canned albacore (or white) tuna and tuna steaks, swordfish and shark

It is important to avoid the following foods because they are associated with food-borne illnesses that can threaten your baby’s development:

- Unpasteurized cheeses (often advertised as “fresh”) such as queso fresco, feta, goat, Brie, Camembert and blue cheese
- Unpasteurized milk, juices and apple cider
- Raw eggs or foods containing raw eggs, including mousse and tiramisu
- Raw or undercooked meats, fish or shellfish
- Processed meats such as hot dogs and deli meats (these should be well-cooked)



If you’re often nauseated, eat small amounts of bland foods, like toast or crackers, throughout the day. If nothing else sounds good, try cereal with milk or a sweet piece of fruit. To combat nausea, you can also:

- *Take your prenatal vitamin before going to bed after you’ve eaten a snack — not on an empty stomach.*
- *Eat a small snack when you get up to go to the bathroom early in the morning.*
- *Suck on hard candy.*

NUTRIENT NEEDS

<p>B6 Vitamin</p> <p>Helps use protein and develops baby’s brain and nervous system</p> <p><i>Bananas, Avocados, Brown Rice, Bran, Oatmeal, Potatoes, Tomatoes, Spinach, Watermelon, Turkey</i></p>	<p>DHA</p> <p>Promotes healthy brain function, vision and immune system</p> <p><i>Salmon, Sea Bass, Tilapia, Eggs, Cod, Cooked Shrimp, Canned Lite Tuna, Flaxseed</i></p>
<p>Iron</p> <p>Makes extra blood for baby, helps bring oxygen to baby. Vitamin C helps with absorption.</p> <p><i>Chicken, Beans, Spinach, Tofu, Beef, Enriched Cereal, Seaweed, Soy Products, Quinoa, Dark Chocolate, Lentils, Pumpkin Seeds, Kale, Dried Fruit, Broccoli</i></p>	<p>Vitamin C</p> <p>Produces collagen to build baby’s cartilage, muscles, blood vessels and bones; supports immune system, helps absorb iron.</p> <p><i>Oranges/Juice, Kiwi, Mango, Cantaloupe, Strawberries, Red/Yellow Peppers, Broccoli, Vegetable Juice, Guava, Kale</i></p>
<p>Folate/Folic Acid</p> <p>Helps build baby’s bones and tooth buds; supports the closing of their spine/back</p> <p><i>Spinach, Turnips, Asparagus, Lettuce, Oranges, Grapefruit, Beets, Beans, Peas, Kale</i></p>	<p>Fiber</p> <p>Reduces constipation; too much can cause bloating, cramps and gas</p> <p><i>Whole Wheat Pasta or Bread, Popcorn, Apples, Dried Fruit, Broccoli, Berries, Trail Mix, Kale, Psyllium Husk, Chia Seeds</i></p>
<p>Calcium</p> <p>A mineral that helps your baby’s bones, teeth, heart, nervous system and more to grow.</p> <p><i>Milk, Eggs, Yogurt, Salmon, Tofu, Almonds, Collard Greens, Edamame, Cheese, Spinach</i></p>	<p>Protein</p> <p>Helps build baby’s cells, tissues and immune system</p> <p><i>Eggs, Nuts, Chicken, Cottage Cheese, Greek Yogurt, Lentils/Legumes, Beef, Fish, Turkey, Quinoa</i></p>

WEIGHT AND PREGNANCY

WHERE WEIGHT IS GAINED DURING PREGNANCY

Blood supply: 4 lbs.

Breasts/Chest: 2–3 lbs.

Uterus: 2–5 lbs.

Placenta: 2–3 lbs.

Baby: 7–8 lbs.

Amniotic Fluid: 2–3 lbs.

Fat Stores: 5–9 lbs.



Why is weight gain important during pregnancy?

Weight gain impacts milk production, too. While weight-related goals and milestones will look different for different people, proper nutrition is essential for all. Discuss your goals with your provider and a perinatal nutrition dietician, too, if possible.

Does BMI impact pregnancy and birth?

Many experts agree that BMI (Body Mass Index) is an imperfect and even problematic tool for assessing health. Based on height and weight alone, it doesn't take a variety of other factors into consideration.

In general, risk factors associated with being underweight during pregnancy include premature birth and low infant birth weight. And those associated with being overweight during pregnancy include hypertension, preeclampsia, and gestational diabetes.

Bottom line: weight alone does not define the health of or outcomes for any pregnancy; more than your BMI matters. And with quality, supportive, size-friendly care, healthy pregnancies with positive outcomes are possible across the spectrum.

Sources + Recommended Resources: PlusMommy; Plus Size Birth; What to Expect; The American College of Obstetricians and Gynecologists; Johns Hopkins Medicine; March of Dimes; University of Michigan Medicine; Evidence Based Birth; Verywell Family; Vox; CDC; The Office on Women's Health

EXERCISE DO'S AND DON'TS



Stop when you get tired or if something hurts



Don't hold your breath



Pay attention to your balance



Avoid jerky or twisting motions



30 minutes of exercise, 3 to 5 times per week



No upside-down "bicycles" or shoulder stands



Monitor your heart rate (if you can't talk and exercise at the same time, slow it down)



Skip deep knee bends, back bends, jumping and bouncing



Set yourself up for comfort – comfy shoes and a sports bra



Don't overstretch – loose ligaments make you more injury prone



Talk to your doctor about intensity level and what's right for you



Don't risk trauma or injury to your abdomen



Choose low impact workouts



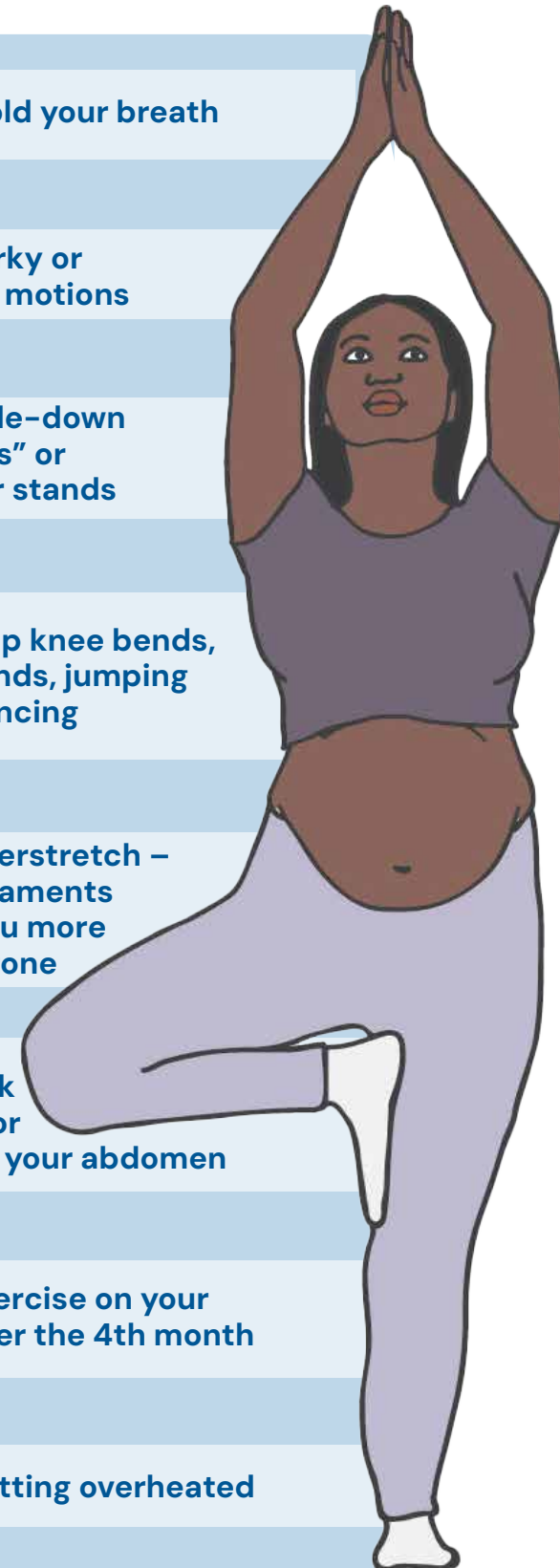
Don't exercise on your back after the 4th month



Bring a water bottle



Avoid getting overheated



SAMPLE EXERCISE PLAN

30 minutes
per day

5 days
per week

(can be broken into smaller increments, like two 15-minute walks)

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

30-minute
walk

Prenatal
yoga class

Change all
sheets +
squats

Stationary
bike

Resistance
bands

Cardio

- Walking
- Swimming
- Stationary bike riding
- Running/Jogging
- Elliptical
- Water aerobics
- Group dance (Zumba)



Strength & Flexibility

- Light weights
- Walk uphill
- Resistance bands
- Exercise ball
- Yoga and Pilates
- Barre
- Squats
- Pelvic tilts/floor exercises



"Chores"

- Vacuum
- Sweep / Mop
- Light yard work
- Dig in the garden
- Change linens
- Clean windows



DEVELOPMENT: SECOND TRIMESTER

15–30 WEEKS



≧ **BABY 4 MONTH** ≦
size of pear

WEEKS 15–19

Hair, eyelids, eyelashes and nails become well developed. The heartbeat is now clearly audible through a Doppler instrument. The teeth become denser, and the baby begins to stretch, yawn and make other movements. The reproductive organs are now visible on an ultrasound. Your baby can now stretch, suck their thumb, yawn and make super cute faces. This is the month that his or her nervous system develops. Their reproductive system also fully develops, meaning your doctor can tell you whether you are having a girl or boy via ultrasound. By the end of the 4th month, your baby is about 6 inches long and weighs 4 ounces!



≧ **BABY 5 MONTH** ≦
size of grapefruit

WEEKS 20–24

This month you may start to feel the baby move. Hair growth continues on the baby's head and body. The shoulders and back become covered with a thin hair called lanugo. A thick substance, called vernix caseosa, covers the skin to keep it protected from exposure to amniotic fluid. This layer will shed before the baby is born. At the end of month 5, your baby is about 10 inches long and can weigh anywhere from .5 lb–1 lb! If your baby is born prematurely after the 23rd week, he or she will be kept in the NICU for a better chance of survival.



≧ **BABY 6 MONTH** ≦
size of papaya

WEEKS 25–30

The skin is still translucent yet reddish and wrinkled. His or her fingerprints and toe prints become well developed. The baby's eyelids become parted, and the eyes can be opened. Your baby will respond to external stimuli such as sounds by increasing their pulse or moving. This is when you may experience your baby's hiccups in jerk-like motions. At the end of month 6, your baby is about 12 inches long and can weigh close to 2 lbs!

SELF-CARE EXERCISE 1: SELF-ASSESSMENT

Rate each area to find focus this trimester. A 1 means you aren't satisfied and want to change; a 5 means you're happy with how things are.

MY MIND

My overall well-being: I allow time to re-charge, am safe from burn-out and feel focused and present.



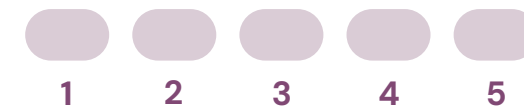
MY BODY

My physical health: I choose healthy foods, make time for exercise, get enough sleep and listen to my body.



MY RELATIONSHIPS

My connections: I feel supported, show love to others and communicate my needs.



SELF-CARE EXERCISE 2: SELF-CARE GOALS

Goals for my mind

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

MIND

Mental Health

Mindfulness, reflection, de-clutter

Soul

Meditation, gratitude

Goals for my body

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

BODY

Self-care

Manage sickness, symptoms

Improvement

Exercise, rest, healthy eating

Goals for my relationships

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

RELATIONSHIPS

Personal

Communication, balance

Partner

Intimacy, inclusion, connection

SELF-CARE EXERCISE 3: SELF-CARE CHALLENGE

Practice self-care for a peaceful mind and a healthy pregnancy.

<input type="checkbox"/> Stretch your muscles	<input type="checkbox"/> Call a friend	<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Indulge in a treat	<input type="checkbox"/> Sleep in
<input type="checkbox"/> Buy comfy shoes	<input type="checkbox"/> Get a massage	<input type="checkbox"/> Take a bubble bath	<input type="checkbox"/> Cook your favorite meal	<input type="checkbox"/> Practice mindful breathing
<input type="checkbox"/> Spend time alone	<input type="checkbox"/> Write in a journal	<input type="checkbox"/> Give yourself a facial	<input type="checkbox"/> Write a letter to your future self	<input type="checkbox"/> Buy maternity clothes
<input type="checkbox"/> Watch the sunrise	<input type="checkbox"/> Read a book	<input type="checkbox"/> Create a bedtime routine	<input type="checkbox"/> Watch your favorite movie	<input type="checkbox"/> Soak your feet
<input type="checkbox"/> Ask for help	<input type="checkbox"/> Send a card	<input type="checkbox"/> Create a morning routine	<input type="checkbox"/> Stockpile meals	<input type="checkbox"/> Watch the sunset
<input type="checkbox"/> Give yourself a break	<input type="checkbox"/> Take a nap	<input type="checkbox"/> Get fresh air	<input type="checkbox"/> Visit the dentist	<input type="checkbox"/> Butter your baby bump

SECOND TRIMESTER PARTNER TIPS

How can I support my partner during pregnancy?

Months 4 to 6 are called the second trimester. The pregnancy might start to feel more real now that your partner's baby bump is becoming more noticeable. New pregnancy symptoms may show up for your partner.

BACKACHE: Gentle exercise can help. Help them avoid lifting anything heavy and give them a cushion to support their back when sitting.

HEADACHES: These are common but if they're very bad, your partner should see their GP. It's safe to take acetaminophen for a short time, but they should not take codeine or ibuprofen unless a doctor has told them to do so.

TIREDNESS: Encourage them to rest when they can.

PAIN IN THE HIPS OR PELVIS: Sleeping with a pillow between their knees may help.

CONSTIPATION: Hormone changes can mean your partner finds it difficult and uncomfortable to have a bowel movement. Eating lots of fiber, drinking plenty of water and gentle exercise can help.

CRAMP: This is usually in the legs or feet. Firmly rubbing the muscle or pulling the toes up towards the ankle may help to ease cramping.

FEELING FAINT: Get your partner to sit down or lie on their side until they feel better.

SWELLING IN THE HANDS AND FEET: Make sure your partner doesn't stand up for long periods, and help them put their feet up when resting. Continue going to doctor or midwife visits together.

Ask questions and give each other support. You can start to bond with your baby now that they're starting to hear and move around in the womb. Talking and singing to them will mean they get to know your voice. Towards the end of this trimester, you may be able to feel your baby moving if you put a hand on your partner's bump.

SUPPORT CAN LOOK LIKE



Take on any physical tasks that they find uncomfortable, such as lifting heavy items.



Prioritize time for self-care, too! Consider reaching out to friends and/or counseling services.



Continue going to doctor or midwife visits together. Ask questions and give each other support.



Share what you're each feeling. Try to simply listen, rather than fix or judge. Pregnancy is a different experience, so expect new feelings.



Encourage them to report any changes in the baby's movements to the midwife/doctor right away.



Give your partner space to take breaks and naps. Offer back and foot massages to help with stress and body aches.



Continue to assist with regular meal planning and preparation of nutritious meals.

MATERNAL WARNING SIGNS

GENERAL WARNING SIGNS

- Fever over 100°F (37°C)
- Vaginal bleeding
- Major decrease in baby's movements
- Vomiting or diarrhea lasting 24 hours or more
- Sudden pain in abdominal area
- Pain or burning during urination
- Problems with vision (blurriness, seeing spots)
- Recurring headaches
- Sudden weight gain
- Sudden swelling in hands and/or face
- Pain in chest, difficulty breathing and/or shortness of breath. Trust your instincts; if something feels off, seek help.

PRETERM LABOR

- Change or increase in vaginal discharge
- Increase in pelvic or abdominal pressure
- Constant low dull backache
- Mild abdominal cramps (with or without diarrhea) may feel like persistent period cramps
- Regular or frequent contractions that occur four or more times in an hour
- Water breaking in trickle or gush



SLEEP AND PREGNANCY: BRIEFLY EXPLAINED

What's the deal with sleeping on your back? It is often recommended to avoid back sleeping in the third trimester, when the weight of the growing uterus and baby can compress important blood vessels. The left side is recommended as the safest. Pillows may help you stay in place through the night; if you do wake on your back, it's okay, just reposition.

How important is good sleep during pregnancy? Research suggests that lack of sleep can be associated with complications in pregnancy like preeclampsia, gestational diabetes and long labors. If you're one of the many (some research says up to 60%) pregnant people who experience insomnia, don't worry, there are ways to help you get that healthy rest.

IF YOU....

THEN TRY...

can't fall asleep because of an uncontrollable urge to move and/or discomfort in your legs, also known as Restless Leg Syndrome (RLS)



adjusting your pillows or position, exercising more during the day, or creating a relaxing bedtime routine. RLS is sometimes connected to nutritional deficiencies — discuss with your provider

can't fall asleep because you can't "turn your mind off"



creating a relaxing bedtime routine, reading, meditating, doing yoga, taking a bath and/or avoiding screens before bed, and limiting caffeine during the day

can't fall asleep because you keep getting up to pee



limiting your water/fluid intake in the hours before going to bed and/or going to the bathroom just before getting in bed

have tried it all and still can't fall asleep (or back to sleep)

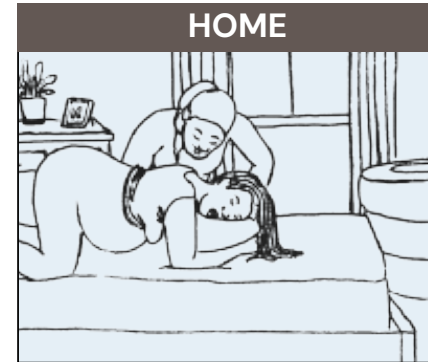


getting out of bed for a bit. A break to have a bedtime snack (like almonds, a banana, or warm milk), or nest, or get something else done that's been nagging you, can sometimes fill the gap until you're drowsy

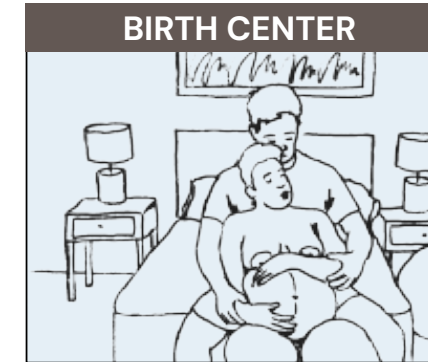


Sources + Recommended Resources: The American College of Obstetricians and Gynecologists; Johns Hopkins Medicine; March of Dimes; Verywell Family; Healthline; Parenthood; Medical News Today

BIRTH LOCATION CONSIDERATIONS



HOME



BIRTH CENTER



HOSPITAL SETTING

PROS

CONS

HOME: COMFORTABLE, RELAXED, PRIVATE SETTING

- Freedom of movement + birthing positions
- Individualized care
- Equipped for emergencies, including hospital transfer
- Less pressure on length of labor, interventions, etc.
- Continuous care
- Standard skin-to-skin, delayed cord clamping, etc.

- Access to urgent hospital care requires travel
- Recovery at home may be impacted by distractions (ex. other children)
- Insurance may not cover costs + costs may be prohibitive (though least expensive)
- May not be an option for certain births (ex. VBAC, multiples)
- Most OBGYNs don't attend, if preferred

BIRTH CENTER: WARM, HOME-LIKE SPACE

- Freedom of movement + birthing positions
- Individualized care
- Equipped for emergencies + hospital transfer
- Low intervention rates
- Standard skin-to-skin, delayed cord clamping, etc.
- Labor with midwives (+ sometimes access to OBGYN consults)

- Limited access; there are few across the country
- Access to urgent hospital care requires travel
- Requires travel to and from
- Insurance may not cover
- The costs + cost may be prohibitive
- May not be an option for certain births (ex. VBAC, multiples)

HOSPITAL SETTING: IMMEDIATE ACCESS TO MEDICAL INTERVENTIONS, PAIN MANAGEMENT AND URGENT CARE

- May include NICU care access
- Overnight care after birth
- Costs are typically covered by insurance
- Equipped to accommodate high-risk birth plans (+ sometimes familiar with low-intervention care)
- Midwives may be available if desired

- Least home-like (bright lights, loud sounds, etc.)
- Freedom of choice restricted by hospital policies + provider experience / temperament
- Shift changes create changes in care provision
- Providers may be less familiar with low-intervention birth
- Care can be less individualized
- Risk of unwanted, potentially unnecessary interventions in low-risk pregnancies

BIRTH LOCATION CONSIDERATIONS: A QUIZ

1 As you're entering your birth location, you feel comfortable, confident and at ease. You are...

- A. In a hospital room, that can be dressed up with lights, aromas, affirmation cards, etc. if you bring them
- B. In a homey and comfortable room — from lights, to furniture, to scents — in a medically equipped building
- C. At home, surrounded by your comforts and the familiarity of your own space. Your birth team comes to you.

2 As you consider your risks + options for emergency scenarios in birth, you realize you prefer...

- A. Immediate access to emergency services and interventions, ex. C-section + NICU
- B. Access to emergency care + transfer to a hospital if needed

3 As the sensations of labor build, you will feel most supported by...

- A. Easy, quick access to a full suite of pain management options, including IV meds and an epidural
- B. Access to a variety of non-medical pain management options like water immersion, touch and aroma therapy

4 You've been laboring for hours. The team supporting you...

- A. Arrived and rotates according to a predetermined shift schedule (you're fine with this as long as it's quality care)
- B. Is the team that has been on call for you and will be present from labor to birth

5 The choices you make during labor such as what to eat, how to push, interventions, are...

- A. Influenced largely by hospital policies, norms and on-call providers' experiences
- B. More individualized to your preferences and your care provider's experience

6 When it comes to the length of labor you prefer/don't mind if...

- A. Your care providers encourage medical interventions to promote progress
- B. There is less pressure to labor on a time table or intervene medically

7 After birth, you'd prefer to...

- A. Go home after at least one overnight stay
- B. Go home after a few hours
- C. Already be at home



WHAT BIRTH DOULAS DO: A CHECKLIST

- Individualize your education.** Should you still take a childbirth education class when you have a doula? Yes! Meeting with you throughout your pregnancy, your doula will help you take what you learned and apply it specifically to your preferences, goals and experiences.
- Help your partner support you.** Doulas don't replace involved partners. They support them in processing their own fears, hopes and questions, offer practical advice on how to support the birthing parent, and serve as an extra set of hands in labor to multiply and tag-team.
- Provide consistent care.** While OBGYNs, nurses and midwives may pass through your birth space to check on other patients or prepare materials for the next stage of labor, your doula will remain by your side for as long as you want.
- Create space for your voice.** Your doula will be familiar with your birth preferences, so if something begins to stray or change as you labor, they can bring your birth team's attention back to you, making room for you to voice your choices.
- Know all the right spots.** Doulas are trained on various laboring positions for different stages of labor, how and where to apply pressure to relieve intense sensations, and other comfort measures, too.
- Provides another perspective.** Discussing options and choices during pregnancy with friends, family and partners can be challenging and emotionally charging at times. Your doula may be able to center you in your conversations in a way others find difficult.

HOME 9 POINTS

Birth at home offers all the comforts of home and as much privacy and freedom in labor as desired. Many studies have shown that planned home birth with a qualified professional is a safe option for low-risk birthing people.

BIRTH CENTER 5 TO 8 POINTS

Birth centers offer a warm, home-like environment and individualized care from professionals. All birth centers are not the same, however. Some are free-standing, and others are inside and a part of a hospital. These may operate very differently.

HOSPITAL 0 TO 4 POINTS

Hospitals provide fast access to medical interventions, NICUs for emergency infant care, and costs are usually covered by insurance. Some labor and delivery units may be familiar with low-intervention birth preferences as well.

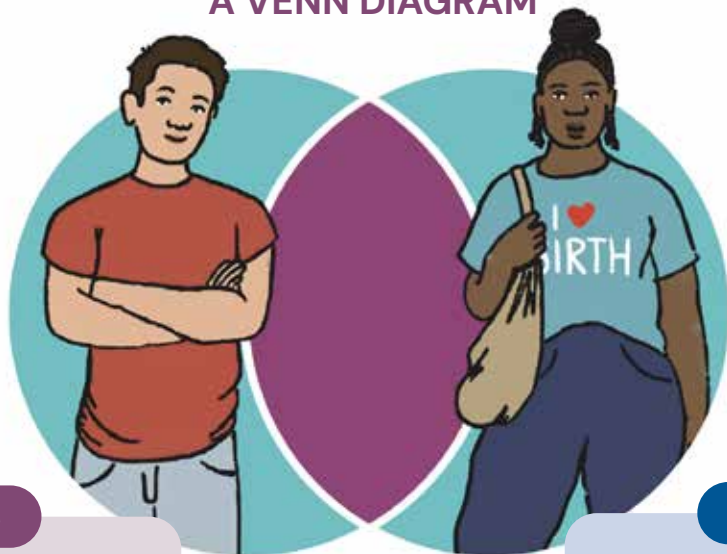
This quiz is for educational purposes only. Choosing a birth location is a medical decision for consultation with medical professionals.

SCORING: 1. A-0, B-1, C-2; 2. A-0, B-1; 3. A-0, B-1; 4. A-0, B-1; 5. A-0, B-1; 6. A-0, B-1; 7. A-0, B-1, C-2

Sources + Recommended Resources: Healthline: Parenthood; What to Expect; The American College of Obstetricians and Gynecologists; Johns Hopkins Medicine; March of Dimes; University of Michigan Medicine; Spinning Babies; Evidence Based Birth; Verywell Family

PARTNER(S) AND BIRTH DOULAS

A VENN DIAGRAM



PARTNERS

You know the birther best.
Who can translate your partner's body language, understand their tone and read between the lines when they speak better than you? No one else in that birth room.

You bring the intimacy.
No one can replace or replicate your touch, voice and presence. And intimate labor moments? Those are all you!

Your care just hits different.
Anything your doula can do, you can do, too — and in some ways, maybe better, because it's with the person you love!

This is your moment, too.
Who is going to raise this baby with the birthing parent? Tell the birth story down the road? Carry this memory in their heart? The answer is you.

PROVIDE YOU QUALITY AND COMPASSIONATE SUPPORT

DOULA

Knows birth best.
Doulas' training and experience equips them to provide hands-on support, knowledge and encouragement through labor.

Engages from experience.
While this may be a partner's first birth, it's one of many for your doula. They can call on what they've learned in years for your benefit today.

Tags in as needed.
Every partner may need a moment to rest, a bathroom break or bite to eat. Your doula can be sure the counter pressure goes on!

Advocate's perspective.
Though caring, your doula isn't as emotionally involved; they can keep a critical, attentive eye to help protect your preferences and goals.

BIRTH PREFERENCES

Name: _____ Role: _____ Pronouns: _____

Name: _____ Role: _____ Pronouns: _____

Name: _____ Role: _____ Pronouns: _____

COMFORT MEASURES I PREFER TO USE

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Dim light | <input type="checkbox"/> Movement Touch and massage | <input type="checkbox"/> Affirmations | <input type="checkbox"/> Drinking |
| <input type="checkbox"/> My own clothes | <input type="checkbox"/> Birth + peanut ball | <input type="checkbox"/> Visualization | <input type="checkbox"/> Breathwork |
| <input type="checkbox"/> Cold washcloths | <input type="checkbox"/> Music + sounds | <input type="checkbox"/> Self-hypnosis | |
| <input type="checkbox"/> Warm compresses | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> TENS Unit | |
| <input type="checkbox"/> Bath/Shower | | <input type="checkbox"/> Eating | |

INTERVENTIONS I PREFER TO USE

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Continuous fetal monitoring | <input type="checkbox"/> Cervical exams | <input type="checkbox"/> Pitocin | <input type="checkbox"/> Episiotomy |
| <input type="checkbox"/> Standard external fetal monitor | <input type="checkbox"/> Natural induction | <input type="checkbox"/> Nitrous oxide | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Doppler hand held fetal monitor | <input type="checkbox"/> Medical induction | <input type="checkbox"/> Pain medication | <input type="checkbox"/> Forceps |
| | <input type="checkbox"/> IV/Saline-lock | <input type="checkbox"/> Epidural | <input type="checkbox"/> Cesarean |
| | <input type="checkbox"/> Water breaking | <input type="checkbox"/> Perineal massage | |

INTERVENTIONS I WOULD PREFER TO LIMIT/AVOID

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Continuous fetal monitoring | <input type="checkbox"/> Cervical exams | <input type="checkbox"/> Pitocin | <input type="checkbox"/> Episiotomy |
| <input type="checkbox"/> Standard external fetal monitor | <input type="checkbox"/> Natural induction | <input type="checkbox"/> Nitrous oxide | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Doppler hand held fetal monitor | <input type="checkbox"/> Medical induction | <input type="checkbox"/> Pain medication | <input type="checkbox"/> Forceps |
| <input type="checkbox"/> Internal fetal monitor | <input type="checkbox"/> IV/Saline-lock | <input type="checkbox"/> Epidural | <input type="checkbox"/> Cesarean |
| | <input type="checkbox"/> Water breaking | <input type="checkbox"/> Perineal massage | |

PREFERENCES AFTER BABY IS BORN

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> See placenta | <input type="checkbox"/> Skin-to-skin | <input type="checkbox"/> Vitamin K shot | <input type="checkbox"/> Bottlefeeding |
| <input type="checkbox"/> Keep placenta | <input type="checkbox"/> Suctioning Eye treatment | <input type="checkbox"/> Vitamin K orally | <input type="checkbox"/> Formula |
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> Bath | <input type="checkbox"/> Circumcision | |
| <input type="checkbox"/> Lotus birth | | <input type="checkbox"/> Breast/chestfeeding | |

OTHER BIRTH PREFERENCES

Primary Care Provider: _____ Initials: _____

CESAREAN BIRTH PREFERENCES

Name: _____ Role: _____ Pronouns: _____

Assuming that my baby and I are healthy at the time of delivery and there are no unforeseen complications, I respectfully request the following during my planned cesarean birth or if a cesarean becomes necessary:

IN THE OR DURING MY BIRTH

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Doula presence | <input type="checkbox"/> Epidural Anesthesia | <input type="checkbox"/> Slow birth, similar to vaginal “squeeze” | <input type="checkbox"/> IV removed as soon as possible |
| <input type="checkbox"/> Partner presence | <input type="checkbox"/> Clear/lowered drape | <input type="checkbox"/> Unstrapped arms | |
| <input type="checkbox"/> Video | <input type="checkbox"/> Mirror | <input type="checkbox"/> Dominant arm and hand free | |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Birth-focused talk | <input type="checkbox"/> No/minimal separation | |
| <input type="checkbox"/> Music/sounds | <input type="checkbox"/> Procedure explained as it's happening | | |
| <input type="checkbox"/> Spinal Anesthesia | | | |

AFTER BABY IS BORN

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> See placenta | <input type="checkbox"/> Skin-to-skin | <input type="checkbox"/> Vitamin K shot | <input type="checkbox"/> Bottlefeeding |
| <input type="checkbox"/> Keep placenta | <input type="checkbox"/> Suctioning | <input type="checkbox"/> Vitamin K orally | <input type="checkbox"/> Formula |
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> Eye treatment bath | <input type="checkbox"/> Circumcision | |
| <input type="checkbox"/> Lotus birth | | <input type="checkbox"/> Breast/chestfeeding | |

OTHER BIRTH PREFERENCES:

Primary Care Provider: _____ Initials: _____

BODY BALANCING FOR LABOR PREPARATION/ REDUCING ACHES AND PAINS

CHIROPRACTIC CARE

Chiropractic care during pregnancy can provide benefits such as:

1. **PAIN RELIEF:** Eases back, neck and joint pain.
2. **PELVIC ALIGNMENT:** Helps maintain proper alignment, improving fetal positioning.
3. **SHORTER LABOR:** May reduce labor time and interventions.
4. **SCIATICA RELIEF:** Alleviates leg pain and pressure on the sciatic nerve.
5. **BETTER POSTURE:** Reduces strain on the back and pelvis.
6. **RELAXATION:** Promotes stress relief and overall comfort.

ACUPUNCTURE

Acupuncture during pregnancy can offer several potential benefits, including:

1. **PAIN RELIEF:** Helps relieve back, neck and joint pain, as well as headaches.
2. **NAUSEA RELIEF:** Can reduce morning sickness and nausea, particularly in the first trimester.
3. **REDUCED STRESS:** Promotes relaxation and reduces anxiety, helping to manage emotional well-being.
4. **IMPROVED SLEEP:** Aids in improving sleep quality by reducing discomfort and promoting relaxation.
5. **PELVIC ALIGNMENT:** Can help with pelvic alignment, potentially improving fetal positioning.
6. **LABOR PREPARATION:** Acupuncture may help stimulate labor and prepare the body for child-birth, particularly in the later stages of pregnancy.
7. **REDUCED SWELLING:** Can improve circulation and reduce swelling, especially in legs and feet.

MASSAGE

Massage during pregnancy can offer several benefits, including:

1. **PAIN RELIEF:** Eases common discomforts like back, neck and leg pain.
2. **REDUCED SWELLING:** Improves circulation and helps reduce fluid retention, alleviating swelling in the legs and feet.
3. **STRESS REDUCTION:** Promotes relaxation, reducing stress and anxiety.
4. **IMPROVED SLEEP:** Can help with sleep disturbances by relaxing the body and reducing tension.
5. **ENHANCED MOOD:** Helps boost mood and emotional well-being through the release of endorphins.
6. **MUSCLE TENSION RELIEF:** Eases muscle tightness and improves flexibility.
7. **IMPROVED CIRCULATION:** Promotes better blood flow.

SPINNING BABIES

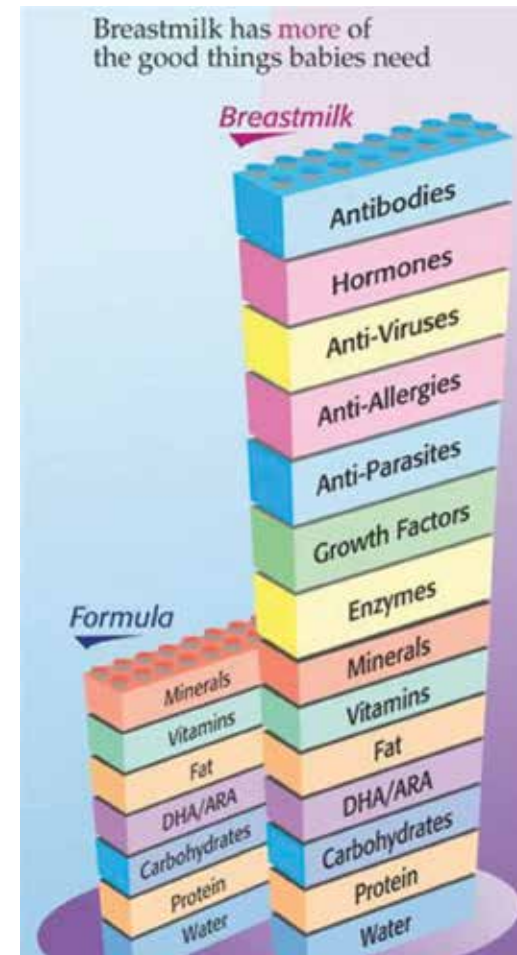
The Spinning Babies method involves specific exercises, body positioning and movements designed to encourage better positioning of the baby, but should be done under the guidance of a trained professional.



Always consult your healthcare provider before trying these techniques.



WHY BREASTFEED?



Benefits for Baby

- Easy to digest
- Helps improve brain development
- Provides all nutrients your baby needs for first 6 months of life
- Breastmilk increases your baby's protection from diarrhea, gastroenteritis, ear infections, colds and flu, and thrush and halves the risk of sudden infant death syndrome.
- Helps with the development of jaws and teeth
- Your baby is less likely to overfeed with nursing
- Skin-to-skin contact helps reduce stress for both of you and builds strong attachment

Benefits for You



- Breastfeeding burns 500 calories a day. This helps bring you back to pre-pregnancy weight and helps reduce your uterus back to normal size.
- Breastfeeding has been known as a protective factor against developing breast cancer, type 2 diabetes, hypertension and heart disease.
- Environmentally friendly and practical
- No cost or minimal cost

The World Health Organization recommends that children breastfeed until age 2. The American Academy of Pediatrics recommends breastfeeding for the first year, and as long as you and your baby desire.

BREASTFEEDING

BREASTFEEDING FAQs

1. When will my milk “come in”?

Most moms experience their milk supply transitioning from colostrum to mature milk between days 2–5 after birth. Your breasts may feel full and heavy during that shift.

Tip: Feed baby often, hand express or pump as needed if baby does not soften the breasts after feeding. Also try cold compress to ease engorgement (breasts swelling with milk) discomfort.

2. How often and how long should I breastfeed?

- Newborns typically nurse 8–12 times per day, about every 1½–3 hours for the first month.
- Sessions usually span 5–20 minutes per breast, gradually shortening as the baby becomes more efficient.

**Tip: Partner or family can support by taking over other tasks like cleaning pump parts, storing pumped milk, burping and changing baby after nursing if needed.*

3. How do I know my baby is getting enough milk?

Signs include:

- The first 5 days babies should have 1 poop for each day old.
Ex: Day 3 = 3 poops & 3 pees
- At least 6 wet diapers daily after the first week.
- Proper weight gain (around 0.5–1 oz per day).
- Contentment after feedings
 - Falling asleep with hands opening
 - Coming off the breast without fussing

4. Why is my baby’s latch painful or my nipples cracked?

Soreness is often common for the first few days to weeks. However, cracked or bleeding nipples indi-

cates a poor latch. Adjusting positioning and ensuring a good latch can help. Remedies like applying your own breast milk or using nipple cream/coconut oil may soothe and promote healing. See a lactation specialist if soreness, cracked nipples or bleeding worsens.

5. When should I burp my baby?

Burp your baby after finishing one breast and before switching to the other. If your baby spit up a lot previously, more frequent burping during feedings may help and keeping baby upright for 15 minutes.

6. Can I breastfeed if I’m sick, taking medications, drinking coffee or alcohol?

- **Vaccines and mild illness:** Generally safe; continue breastfeeding unless flu-type illness. You may consider pumping milk to avoid transmission from any cough or nasal droplets, or wearing a mask. Wash hands before pumping or breastfeeding if you have any illness.
- **Medications:** Most are safe, but always consult your doctor or check LactMed or Mothertobaby.
- **Caffeine:** Limit to 200mg/day (1–2 cups coffee) to avoid fussiness.
- **Alcohol:** Best to wait at least 2 hours per drink and/or “pump and dump” previously exposed milk; remember alcohol fades with time.

7. How should I store and handle breast milk?

- Room temp: up to 4 hours; fridge: 4 days; freezer: 6–12 months depending on freezer type
- Thaw in warm water, never microwave. Once thawed, use within 24 hours and never refreeze.

8. How long should I breastfeed?

- Exclusive (breast milk only) for 6 months, then continue with solids.

- Continue up to 12 months or longer, per AAP/WHO recommendations

9. What if I need to return to work?

- Use a quality breast pump and pump at work to build supply.
- Most insurance plans cover pump rentals or purchases.
- Store milk properly and maintain a consistent routine.

10. What if I’m struggling—like low supply, nursing twins, or nursing strikes?

- **Low supply?** Nurse/pump more often and seek support from a lactation consultant.
- **Twins?** Tandem feeding is doable—many parents manage it successfully.
- **Nursing strike?** Common and usually temporary—lactation support can help revitalize the process.



Quick Tips & Expert Advice

- Attend prenatal breastfeeding classes and arrange to see a lactation consultant early.
- Practice skin-to-skin contact right after birth—it helps with early latching and bonding.
- Stay hydrated and eat nutrient-rich meals—moms need ~300 extra calories/day while nursing.

When to Seek Help



- Baby shows poor weight gain, low wet diapers, or signs of dehydration.
- You experience persistent pain, engorgement, mastitis symptoms (fever, chills).
- You’re unsure about latch, supply, or nutrition questions.

Feel free to ask follow-up questions or to dive deeper into any of these topics!

**Breastfeeding Warmline
Phone Number
1-800-371-6455 (MILK)**
for non-immediate breastfeeding questions

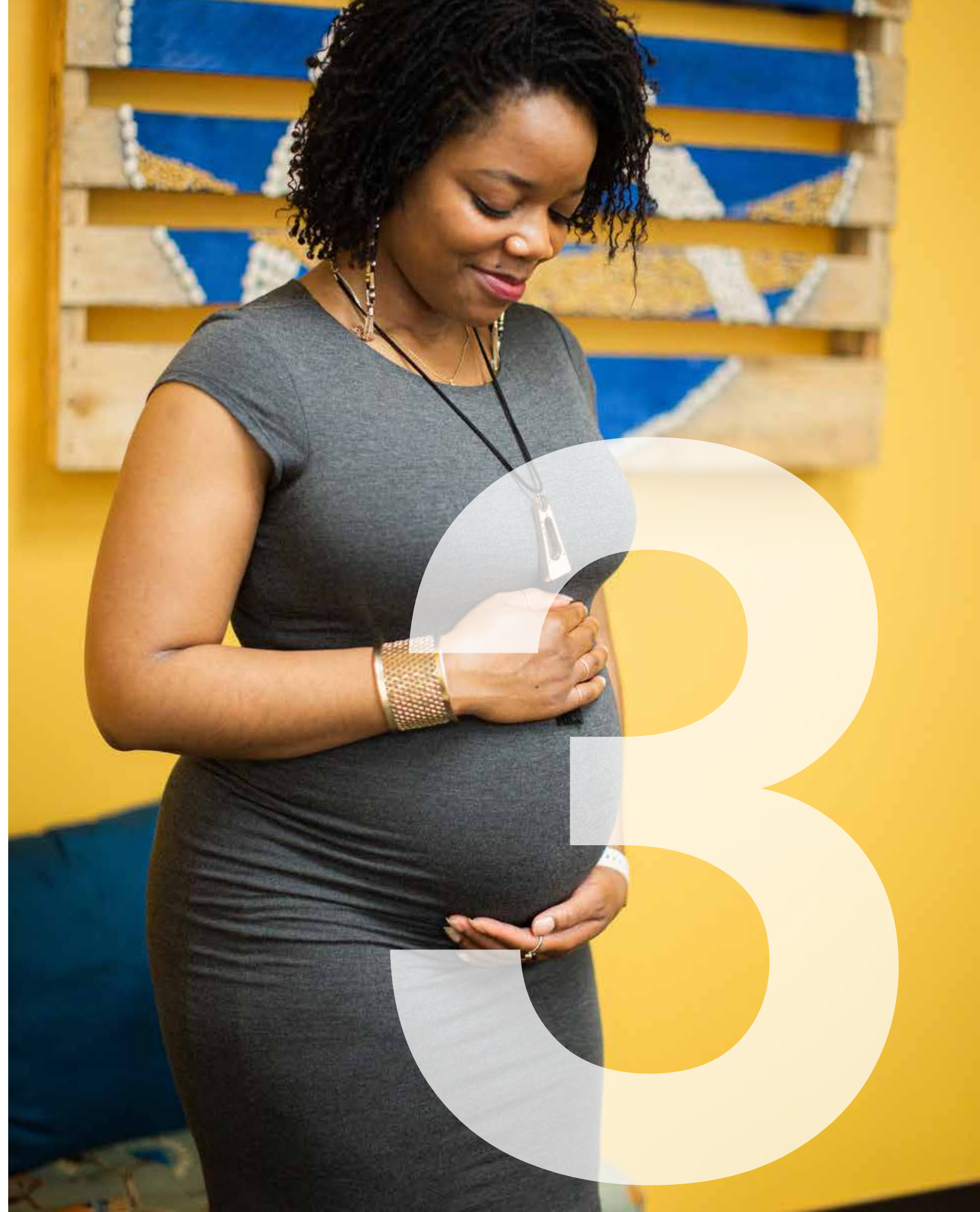
MY BREASTFEEDING DISCUSSION AND GOALS

What benefits to my baby are most important to me?

Is there anything keeping me from breastfeeding my baby?
Who can support me to overcome this?

How is breastfeeding viewed by my family and friends?

My goal is to breastfeed my baby until they are...



DEVELOPMENT: THIRD TRIMESTER

26-40+ WEEKS



≥ BABY 7 MONTH ≤
size of pineapple

WEEKS 26-29

During this month, your baby will continue to grow and develop the existing organs and systems. In addition, a layer of fat will begin to be stored. At this stage, hearing is fully developed. He or she will react to sound, pain and light and often change position. The amount of amniotic fluid that cushions the baby begins to decrease as the baby grows larger. At the end of this month, your baby is about 14 inches long and can weigh between 2-4 lbs! If born prematurely after week 27, your baby has a better chance of survival.



≥ BABY 8 MONTH ≤
size of cantaloupe

WEEKS 30-34

The baby continues to mature during this month, adding to fat stores and experiencing a rapid development of the brain. The baby can see at this stage and will begin to kick more. Most of the internal organs and systems are fully developed, but the lungs still need time to mature. By month 8, your baby is close to 18 inches long and can weigh close to 5 lbs!



≥ BABY 9 MONTH ≤
size of watermelon

WEEKS 35-40+

The lungs become mature during this time in preparation for birth. Reflexes become more coordinated, allowing the baby to respond to sounds, blink, grasp and turn his or her head. The baby may move less during the last few weeks and will move into a position for birth, with the head down near the birth canal. Your baby is now about 18-20 inches long and can weigh at least 7 lbs!

SELF-CARE EXERCISE 1: SELF-ASSESSMENT

Rate each area to find focus this trimester. A 1 means you aren't satisfied and want to change; a 5 means you're happy with how things are.

MY MIND

My overall well-being: I allow time to re-charge, am safe from burn-out and feel focused and present.



MY BODY

My physical health: I choose healthy foods, make time for exercise, get enough sleep and listen to my body.



MY RELATIONSHIPS

My connections: I feel supported, show love to others and communicate my needs.



SELF-CARE EXERCISE 2: SELF-CARE GOALS

Goals for my mind

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

MIND

Mental Health

Mindfulness, reflection, de-clutter

Soul

Meditation, gratitude

Goals for my body

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

BODY

Self-care

Manage sickness, symptoms

Improvement

Exercise, rest, healthy eating

Goals for my relationships

- ▶ _____
- ▶ _____
- ▶ _____
- ▶ _____

RELATIONSHIPS

Personal

Communication, balance

Partner

Intimacy, inclusion, connection

SELF-CARE EXERCISE 3: SELF-CARE CHALLENGE

Practice self-care for a peaceful mind and a healthy pregnancy.

<input type="checkbox"/> Do gentle stretches	<input type="checkbox"/> Random act of kindness	<input type="checkbox"/> Go for a walk	<input type="checkbox"/> Eat a treat	<input type="checkbox"/> Go to bed early
<input type="checkbox"/> Paint your nails	<input type="checkbox"/> Make a wish list	<input type="checkbox"/> Take a bubble bath	<input type="checkbox"/> Cook your favorite meal	<input type="checkbox"/> Practice yoga
<input type="checkbox"/> Spend time outside	<input type="checkbox"/> Journal	<input type="checkbox"/> Give yourself a facial	<input type="checkbox"/> Practice gratitude	<input type="checkbox"/> Write a letter to your baby
<input type="checkbox"/> Commit to a day of healthy eating	<input type="checkbox"/> Read a magazine	<input type="checkbox"/> Pack your hospital bag	<input type="checkbox"/> Make a home video	<input type="checkbox"/> Get a pedicure
<input type="checkbox"/> Get your hair done	<input type="checkbox"/> Send a thank you note	<input type="checkbox"/> Binge watch a new show	<input type="checkbox"/> Stockpile meals	<input type="checkbox"/> Watch the sunset
<input type="checkbox"/> Give yourself a break	<input type="checkbox"/> Take a nap	<input type="checkbox"/> Spend time with a friend	<input type="checkbox"/> Butter your baby bump	<input type="checkbox"/> Buy new undergarments

THIRD TRIMESTER PARTNER TIPS

How can I support my partner during pregnancy?

The last 3 months of pregnancy are called the third trimester. It won't be long until you get to meet your baby.

During this last trimester, your partner's bump will get bigger and the baby will continue to move around a lot. Your partner may:

- get breathless easily
- find it difficult to sleep – it's safest for them to sleep on their side
- generally feel more uncomfortable get Braxton Hicks, which feel like a tightening in the stomach area – they're perfectly normal but not everyone gets them

Things you can do to help your partner:

- help them pack their hospital bag
- talk to them about any fears or worries they have about giving birth and help them to make a birth plan – this can help them feel more in control
- think about joining a local childbirth class together
- plan your route to the hospital/birth center
- get your baby's car seat ready
- buy the essential items for the early days after the birth together

SUPPORT CAN LOOK LIKE



If you have other children, this is a great time to plan where they will go and who will support for the birth.



Prioritize time for self-care, too! Consider reaching out to friends and/or counseling services.



Continue going to doctor or midwife visits together. Ask questions and give each other support.



Share what you're each feeling. Try to simply listen, rather than fix or judge. Pregnancy is a different experience, so expect new feelings.



Encourage them to report any changes in the baby's movements to the midwife/doctor right away.



Give your partner space to take breaks and naps. Offer back and foot massages to help with stress and body aches.



Continue to assist with regular meal planning and preparation of nutritious meals.

PAID FAMILY LEAVE: A HEALTHY START FOR YOU AND YOUR BABY

Why Taking Leave Matters

Paid family leave isn't just time off—it's a powerful investment in your baby's health and your well-being. Here's why:

- **Physical Recovery:** Time to heal after childbirth reduces complications and hospital readmissions.
- **Mental Health:** Paid leave lowers the risk of postpartum depression, anxiety, and stress, helping parents adjust to new routines and responsibilities.
- **Stronger Bonds:** Time at home helps parents build secure attachments with their baby, which supports emotional development.
- **Healthier Birth Outcomes:** Paid leave is linked to lower rates of low birthweight and early-term births.
- **Better Nutrition:** Parents with leave are more likely to breastfeed longer, which boosts immunity and development.
- **More Checkups:** Babies are more likely to receive timely vaccinations and well-child visits when parents have paid leave.
- **Reduced Stress:** Knowing your job is secure and your income is stable allows you to focus on what matters most—your family.

To qualify for Paid Family Leave benefits, you must:

- Take time off from work to care for a seriously ill family member, to bond with a new child or to participate in a qualifying military event.
- Be covered by State Disability Insurance or a voluntary plan in lieu of State Disability Insurance.

- Have earned at least \$300 in the past 5 to 18 months.
- Submit your claim no later than 41 days after you begin your family leave. Do not file before your first day of leave.

How Do I Apply for Benefits?

You can apply for Paid Family Leave benefits at myEDD (myedd.edd.ca.gov).



To file by mail, you must complete and submit a Claim for Paid Family Leave (PFL) Benefits (DE 2501F) form. Learn more at File a Paid Family Leave Claim by Mail (https://edd.ca.gov/en/disability/how_to_file_a_pfl_claim_by_mail)

SCAN THE QR CODE TO READ THE **PAID FAMILY LEAVE BROCHURE**



To learn more about job protection and other types of family leave, visit:

www.dol.gov/agencies/whd/fact-sheets/28q-taking-leave-for-birth-placement-child



ESSENTIALS AND HELPFUL ITEMS

Here are some essentials to consider for making parenting smoother. While there are many other items to think about, the list for immediate safety and nourishment needs can be very short.



1. You
2. Diapers and Wipes
3. Swaddle Blankets
4. Car Seat
5. Breast/Chest and/or Baby Bottles
6. Bassinet/Crib (safe place for baby to sleep)
7. Soft Burp Cloths and Washcloths
8. Nursing Pillow
9. Breast Pump
10. Baby Carrier
11. Baby Bottle Warmer
12. Thermometer
13. Nail Clipping Set
14. Baby Monitor
15. Portable Diaper Changing Pad
16. Tummy Time Pillow
17. White Noise Machine
18. Stroller
19. Infant Bathtub



TYPES OF BIRTH

VAGINAL BIRTH

Baby is born through your vagina or birth canal. It's the most preferred and most common way to deliver a baby, because it carries the lowest risk (in most cases). A vaginal delivery occurs most often between weeks 37 and 42 of pregnancy. A vaginal delivery has three stages: labor, birth and delivering the placenta.

INDUCTION

Drugs or other techniques start labor and soften or open your cervix for delivery. Pregnancy care providers often recommend inducing labor when a pregnant person has a medical condition or is past due. Labor is usually induced with Pitocin®, a synthetic form of the drug oxytocin.

VAGINAL BIRTH AFTER C-SECTION (VBAC)

Many women who have had a C-section in a previous pregnancy are candidates for VBAC, but it depends on factors like the reason for the previous C-section, the type of incision made, and the overall health of the mother and baby. VBAC can offer a quicker recovery time compared to a repeat C-section, but it does carry a small risk of uterine rupture, so it should be carefully considered with the guidance of a healthcare provider.

NATURAL/PHYSIOLOGICAL BIRTH

A vaginal delivery that happens on its own and without labor-inducing drugs. Going into labor naturally at 40-41 weeks of pregnancy is ideal.

CESAREAN/C-SECTION

Abdominal birth, also known as Cesarean section or C-section, is the surgical birth of a baby through incisions in the birthing parent's abdomen and uterus. Before this surgery begins (in a non-emergency situation), a birthing person is given an IV, a spinal block or epidural anesthetic, and their bladder is drained with a catheter. C-section can be elective (chosen by birthing person), recommended by doctor due to pregnancy complication or emergent due to a labor complication.

For more information, visit:

<https://www.acog.org/womens-health/pregnancy/labor-and-delivery>

HOW LONG IS LABOR?

WHAT WE FIND ONLINE



WHAT WE MAY EXPERIENCE



and many many more variations

If you Google how long labor is, it won't take long to find numbers like these: 12-19 hours for early labor, 4-8 hours for active labor, 20 minutes - 2 hours for pushing and 5-30 minutes for the placenta.

These numbers comes from U.S. National Institutes of Health data, based on measurements collected from many labors and many people - but most labors will not match the average.

Rather than basing your labor expectations on other's experiences, it's more beneficial to recognize that a variety of experiences are possible. Assemble a supportive team to help you consider factors that may influence your unique circumstances, and work together to develop a plan that supports both your and your baby's health and labor progress.

The length of labor can be impacted by:

- whether it's someone's first birth
- fetal position
- laboring with multiples
- parental age
- the pelvis
- frequency+ strength of contractions
- induction
- use of comfort measures
- use of interventions
- mental + emotional factors
- more

TYPES OF CONTRACTIONS



PRACTICE CONTRACTIONS

The uterus tightening

Often felt in the top and/or front of the abdomen

Go away with movement, lying down or having something to drink

Do not feel intense, and do not become longer, stronger and more frequent over time

Happen randomly with no pattern

Often do not happen alongside other signs of labor



PROGRESSING LABOR CONTRACTIONS

The uterus tightening

Often felt in the lower pelvic area and/or in the lower back

Stay throughout movement, lying down or having something to drink

Are intense, and/or become longer, stronger and more frequent over time

Develop a pattern in length and frequency

Often happen alongside other signs of labor (loose stool, mucus/bloody show, leaking fluid, backache, etc.)



PRODROMAL LABOR CONTRACTIONS

The uterus tightening

Often felt in the lower pelvic area and/or in the lower back

May go or stay throughout movement, lying down or having something to drink

May feel intense, but do not become longer, stronger and more frequent over time

May develop a pattern for a few hours, but will not progress further

May or may not happen alongside other signs of labor

SHOULD I CALL MY CARE PROVIDER?

It's always worth being cautious and contacting your care provider if/when you feel uncertain or anxious. If you are experiencing pain, less movement from baby, any severe symptoms, and/or any signs of labor alongside contractions, call your care provider to discuss.

LABOR PARTNER'S TIP SHEET

Partners play a special role during labor. Since there will be a lot going on that day, print and bring this tip sheet with you. Refer to it for helpful comfort techniques to try during labor.



SET THE MOOD

- Dim the lights.
- Use aromatherapy.
- Play music or put on a favorite movie.



HYDROTHERAPY

- If your hospital has bathtubs, suggest trying some hydrotherapy. Let the warm water soothe Mom—you can get in, too.
- Suggest that Mom take a shower. You can spray warm water on her belly or back.
- Keep in mind that hydrotherapy works best when she is in active labor.



MASSAGE

- Massage Mom's shoulders, legs, back, or wherever feels good.
- Try a light circular massage on her belly with your hands or the shower spray.
- During contractions, apply pressure on her lower back using your hands or a tennis ball.
- Try a double-hip squeeze by placing your hands on her hips, pressing in and up during contractions.
- Apply warm or cold water bottles, wash cloths, heating pads or gel packs to her sore areas.



VOCALIZATION

- Mom may moan or make low, guttural sounds—remind her this is normal and helps with labor.



BREATHING

- Suggest that Mom take deep, cleansing breaths.
- She can also try breathing quicker or adding a pattern as her labor intensifies.



VISUALIZATION

- Encourage Mom to try visualization. For example, she can imagine that each contraction is an ocean wave that crests and recedes.
- Have her visualize herself in a peaceful place, such as a favorite vacation spot. This can be helpful during labor and between contractions—she can imagine the sounds and sensations of being there.
- Have her use focal points, such as your baby's ultrasound photo or an object in the labor room.
- Remind her it can be helpful to repeat a word or positive phrase.



POSITIONS & MOVEMENT

- Mom can try sitting, standing, squatting, getting on her hands and knees, leaning forward and side-lying—encourage her to move.
- Slow dancing with Mom can be helpful.
- Suggest walking in the hall.
- Remind her to try using labor tools such as a fitness ball, squat bar or birthing stool.



PUSHING

- Suggest using a variety of positions.
- Remind her to try exhaling as she pushes and not to hold her breath.

COMMON INTERVENTIONS

Any action, treatment or procedure that's done to start or help progress labor is an intervention. Interventions can be non-medical or medical and utilized minimally or to a great extent. Decisions on whether or not to utilize interventions are often guided by considerations of safety, preference and satisfaction with the birth experience.



INDUCTION

When labor is started through human intervention. Non-medical methods include sex, massage, nipple stimulation; medical methods include use of foley bulb, membrane sweep, breaking the bag of waters and medications like Pitocin.



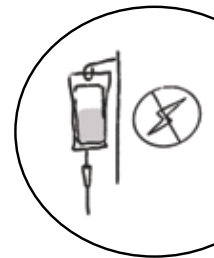
IV/SALINE LOCK

A catheter usually placed in the arm or hand that drips fluids and medication into the bloodstream. Offered for hydration and access in an emergency. When no fluids are running and the catheter is capped off, it's a saline lock.



ELECTRONIC FETAL MONITORING

Tracking a baby's heartbeat to keep providers aware of patterns. Some versions of this tool are more/less invasive. Can be used consistently in labor or intermittently (on and off).

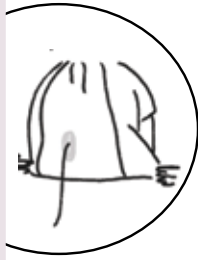


CESAREAN BIRTH

Also known as a C-section, or an abdominal birth, this is the surgical birth of a baby through cuts in the birthing parent's abdomen and uterus.

EPIDURAL

An anesthetic injected into the spine. Its numbing effect may relieve pain effectively within 15-20 minutes, without removing all sensation. Requires an IV and continuous monitoring. Pitocin often (but not always) used also.



CERVICAL EXAMS

When a care provider uses their fingers to assess effacement (softening and thinning of cervix), dilation (opening of cervix, 0-10 cm), and station and position of the baby.



ARTIFICIAL RUPTURE OF MEMBRANES (AROM)

When a provider breaks the bag of waters. May support labor progress by allowing baby to descend. May be more effective when the cervix is already soft, and has begun to dilate.



PAIN MEDICATION

Drugs given for pain relief during labor, including Fentanyl, Morphine, Demerol, Stadol and Nubain - often depending on the hospital. Effects generally last no longer than 4 hours and can have side effects for both parent and baby.



WHY WE DO OR DON'T USE INTERVENTIONS



Labor is often a mixed bag of hard and wonderful moments and decisions. We don't know in advance what may happen or what decisions we may have to make when labor comes. So when considering interventions to use or not use, questions like these can help guide our way:

- Is this an emergency?***
- Will this intervention prevent or reduce a problem? (Ex. treating significant high blood pressure)**
- Will this intervention reduce a potential risk? (Ex. reducing risk of hemorrhage after birth)**

Can this help my labor progress? How?

Will this make me more comfortable?

In certain situations, you may opt for a quick intervention, while in others, you might prefer an alternative approach. Sometimes, you may choose to do nothing and take your time.

When having these conversations in labor, it's critical to have a support and medical team you trust to equip you with information, help outline your options, and support you and your decisions with compassion and respect.

**During a medical emergency, providers will move more quickly and with greater urgency. Even in these cases, informed consent should occur.*

Sources + Recommended Resources: Childbirth Connection; Birthful; MamaNatural.com; Evidence Based Birth; All About Pregnancy & Birth Podcast

BIRTHING IN PLACE: WHAT TO DO IF HELP CAN'T REACH YOU

A guide for pregnant people and helpers when medical care isn't available (wildfires, earthquakes, power outages, etc.)



1 Stay Calm & Create Space

- Quiet, private environment.
- Dim lights, speak softly.
- Helpers: stay calm, breathe together, reassure.



2 Prepare with What You Have

- Wash hands/sanitize.
- Use clean towels, blankets, and a warm, soft surface.
- Keep water nearby. Stay warm.



3 Support Labor Naturally

- Do not force pushing.
- Comfort positions: upright, hands-and-knees, side-lying.
- Stay low to the ground so baby doesn't fall.



4 If Baby Gets Stuck (Head Out, Body In)

- Wait for next contraction.
- Encourage deep breaths, push only with urge.
- Try: runner's lunge (upright) or knees-to-chest/extend (lying).



5 Help Baby Breathe

- Rub back, flick feet.
- Hold baby slightly head-down.
- If no breath after 60 sec → start mouth-to-mouth (if trained).



6 Delivering Placenta & Blood Management

- Do not pull cord. Try squatting/toilet.
- Rub uterus until firm, encourage breastfeeding.
- Lay birthing person flat, legs up.
- **Blood loss:**
 - Normal: 1–2 pads in 2–4 hrs.
 - Worry: 1 pad/hr for 2+ hrs.
 - Emergency: 1 pad in 30 min, gushing, faintness.



7 Care For Parent & Baby

- Keep skin-to-skin, warm and calm.
- Begin breastfeeding early.
- Do not cut cord unless urgent.
- Save placenta/cord for later medical evaluation.



8 Seek Help & Plan Ahead

- If calls fail, try texting.
- Use radios, neighbors, visible signals (cloth, flashlight, sign).
- If leaving, leave written info (time, direction, names).
- Plan in advance: talk with provider, prepare supplies (gloves, scissors, shoelaces, bulb syringe, towels), and connect with neighbors who can help.

Remember! Most births progress safely. Staying calm, clean, and warm supports the best outcome until help arrives.

POSTPARTUM CARE PLAN

Select all that apply or write in your answer.

SLEEP

HOW MUCH SLEEP DO I NEED/EXPECT EVERY 24 HOURS? _____

WHERE WILL THE BABY SLEEP?

- In our bed
- In our room in a bassinet
- In the nursery/separate room

WHO WILL CARE FOR THE BABY AT NIGHT?

- Mom
- Partner
- Family Member/Friend
- Postpartum Doula

FEEDING

I plan to:

- Breastfeed on demand
- Breastfeed on a schedule
- Pump and bottle feed
- Formula feed

MEALS

We plan to:

- Have frozen meals prepared
- Prepare meals day-to-day ourselves
- Create a meal train
- Order takeout ___ times per week

SELF-CARE

WHAT ARE WAYS I CAN PRACTICE SELF-CARE?

WHAT FOOD OR ITEMS PROVIDE ME COMFORT?

WHAT ARE WAYS MY PARTNER CAN HELP ME FEEL RECHARGED? _____

VISITORS

We expect to have _____ visitors in the first 3 days.

We expect to have _____ visitors in the first 2 weeks.

We expect a visit from a friend to last _____

We expect a visit from family to last _____

Here's a list of tasks visitors can help with:

RELATIONSHIPS

It is important in our relationship that we:

Here's a list of friends and family who we can call for help: _____

ROLES

As the mother, I expect my partner's role is:

As the partner, I expect the mother's role is:

Consider who will be doing the following:

- Changing diapers
- Bottle feeding
- Calming the baby
- Burping the baby
- Taking the baby on walks
- Dinner prep or takeout
- Laundry
- Housecleaning
- Pet care
- Bills and finance
- Grocery shopping
- Other errands



PROMOTE A HEALTHY POSTPARTUM

The fourth trimester, or postpartum period, is the first few months after your baby is born. During this time, the birthing parent undergoes many physical, emotional and environmental changes. It's just as important to take intentional care of oneself now, as any other stage in pregnancy. So how?

Nutrition & Rest

Sleep deprivation takes a physical and emotional toll on anyone. Prioritize sleep over unnecessary chores and nap or rest when you can. Plan to stay in bed for the length of time you want to sleep plus a few more hours. Likewise, a balanced diet promotes comfort and health. Talk to your care provider about your diet and your options.

Breast Care

Breastfeeding? Frequent nursing prevents uncomfortable engorgement. Apply cabbage leaves to reduce engorgement — it works! Not breastfeeding? You can diminish milk production and avoid engorgement by binding your breasts, applying ice packs, and avoiding breast stimulation.

Gentle Exercise

Without complications, it's safe to exercise 1-2 days after birth. It's also fine to wait a couple of weeks. Exercise gently enough to raise the heart rate but not enough to sweat. ACOG recommends about 30 mins. of exercise 5 days a week, but talk to your caregiver about what is best for you and stay true to what feels comfortable.

Placenta Encapsulation

According to Evidence Based Birth, existing research leans between neutral and positive on the effects of placenta encapsulation, and isn't yet sufficient. Still, the practice is on the rise and widely credited for lessening fatigue, preventing postpartum depression and increasing milk supply.

Belly Binding

Bengkung belly binding is a practice of wrapping the abdomen snugly in fabric. It supports muscles stretched during pregnancy, the torso, pelvis, the lower back and more. Consult with your caregiver about professional belly binding. Standard belly binds from the store can be uncomfortable and provide inadequate support.

Managing Intimacy

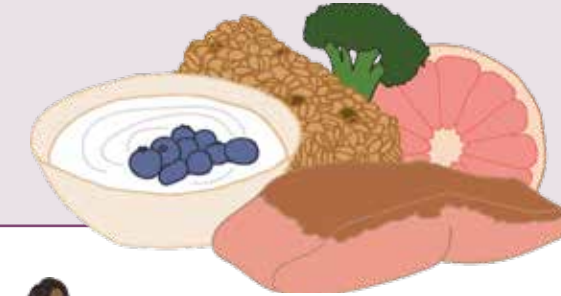
Doctors recommend refraining from sex for 6 weeks, but depends on your healing and desire. If you're not ready for intercourse, lighter forms of physical closeness can help partners relax and feel loved. Be honest and find ways to accommodate each other. Take your time, you may be sore at first.

A postpartum experience is impacted by many factors: pregnancy, birth, baby's first days and more. Know your experience is valid. And don't hesitate to reach out for help if you feel overwhelmed.

NUTRITION AND EXERCISE TIPS

DO

Drink plenty of fluids every day. 8-10 glasses are recommended.



LIMIT / AVOID

- caffeinated and highly sweetened drinks and foods.
- Eat a balanced diet including dairy, protein, fruits and vegetables, starches and grains, and fats.
- If breastfeeding, any foods that upset your baby when they transfer into breast milk.
- Bottom line, talk to your care provider about your dietary habits. Every mother and baby are different, and some foods and drinks may affect you differently.



GENTLE AEROBIC ACTIVITY

Aerobic activities move large muscles in a rhythmic way.

Walking is a great way to get moderate exercise that raises your heart rate without breaking a sweat, the sweet spot for postpartum exercise. As an extra bonus, you can take your baby with you in a stroller.

MUSCLE-STRENGTHENING EXERCISES

There are a variety of exercises you can do after pregnancy to help recover your former shape and muscle strength, particularly in your abdomen and pelvic floor. Here are two examples:



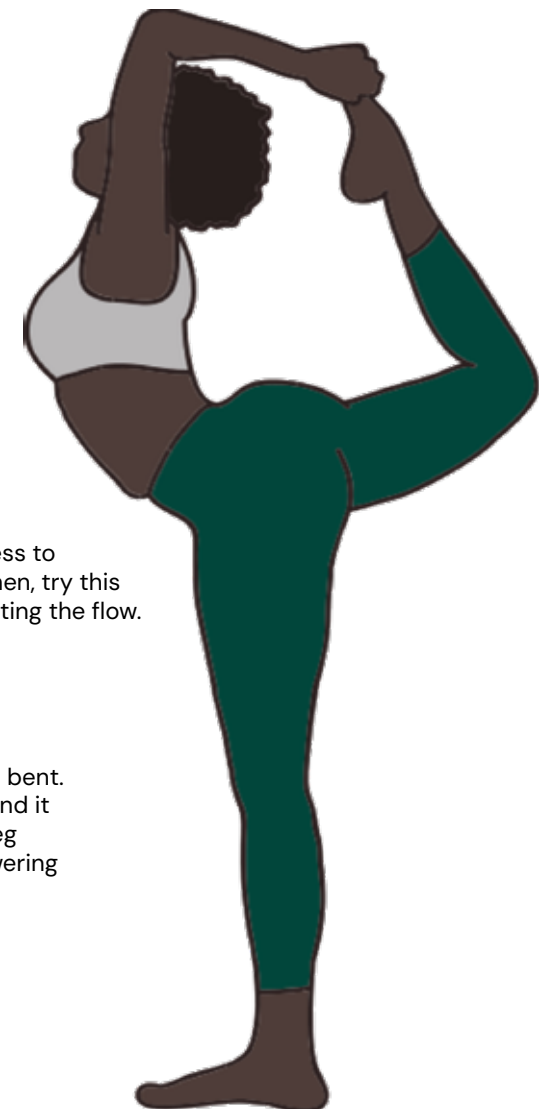
Kegel Exercises While lying down, sitting, or standing, gently tighten and then relax the muscles of your perineum. Start holding the contractions for 2 seconds. Gradually progress to holding for 5, 10 and 20 seconds. Now and then, try this exercise while urinating by stopping and starting the flow.



Leg Lifts Start on your back with your knees bent. Lift one leg toward your chest and then extend it as far as you can overhead while the other leg remains bent. You can also try lifting and lowering one leg at a time while keeping it straight.

EXERCISE CLASSES

There are a variety of classes you can find at local gyms or community centers to pursue healthy exercise habits in an encouraging atmosphere. Consider options like yoga, pilates, spinning, dance and walking.



PHYSICAL CHANGES

PERINEUM SORENESS

The area between your vagina and rectum can feel sore after birth.

Tips:

- Kegel exercises (10 reps, 3x/day)
- Cold packs or warm baths
- Sit on a soft pillow or donut cushion
- Wipe front to back
- Ask about pain meds

AFTERBIRTH PAINS

Cramps as your uterus shrinks back.

Tip: Use over-the-counter meds like Tylenol or ibuprofen (ask your provider)

C-SECTION RECOVERY

Expect soreness, fatigue, and possible constipation.

Tips:

- Rest and ask for help
- Avoid lifting heavy items (just lift baby!)
- Support belly when nursing
- Drink water & check meds with your provider

VAGINAL DISCHARGE

Heavy at first, then lightens over 2–6 weeks.

Tip: Use pads (not tampons)

BREAST ENGORGEMENT

Breasts may feel full and sore.

Tips:

- Breastfeed often
- Express a little milk first before latching baby
- Cold packs and warm compress when expressing
- Try using nursing pads for leaking and wearing a supportive bra

NIPPLE PAIN

Common early in breastfeeding.

Tips:

- Ensure a good latch
- Use nipple-safe cream
- Air dry after feeds
- See a lactation counselor if needed

HEMORRHOIDS & CONSTIPATION

Ouch! But normal.

Tips:

- Warm baths
- High-fiber foods & water
- Ask provider about relief creams/meds

URINARY ISSUES

Pain or leakage are common.

Tips:

- Kegel exercises
- Warm baths & water
- May need pelvic floor therapy

NIGHT SWEATS & ODOR

Hormonal changes = extra sweat.

Tips:

- Sleep on a towel
- Shower when you can
- Light clothes, breathable fabrics

TIREDNESS

It's real—and valid!

Tips:

- Sleep when baby sleeps (or try!)
- Accept help, limit visitors
- Eat nourishing food

WEIGHT WORRIES

Give yourself grace!

Tips:

- Gentle movement & nutritious food
- Breastfeeding may help (but not for all)
- Focus on healing, not dieting

SKIN & HAIR CHANGES

Stretch marks fade. Hair may thin.

Tips:

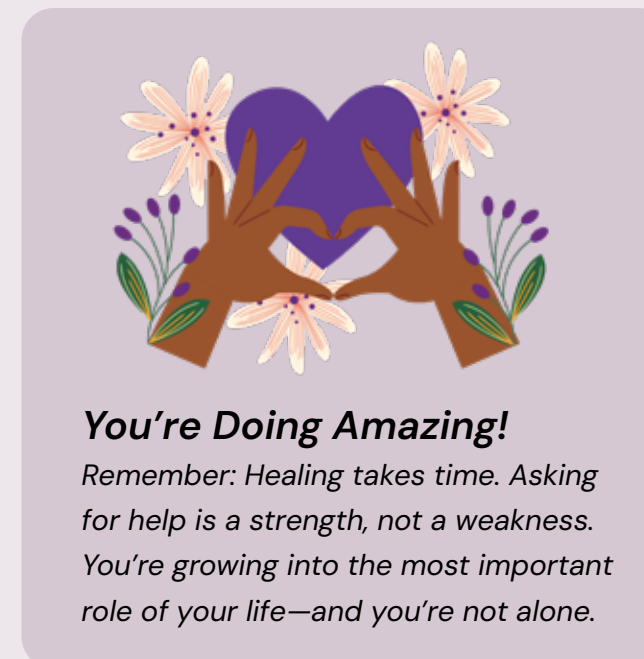
- Use lotion for skin
- Be gentle with your hair

PERIODS & FERTILITY

Your cycle may return 6–8 weeks post-birth—or later if breastfeeding.

Tip: Use birth control (ask your provider about safe options)

Bonus: Wait 18+ months between pregnancies for optimal recovery.



You're Doing Amazing!

Remember: Healing takes time. Asking for help is a strength, not a weakness.

You're growing into the most important role of your life—and you're not alone.

EMOTIONAL CHANGES

FEELING OVERWHELMED

Totally normal—you're not alone.

Tips:

- Talk to your support network
- Join a new parent group
- Eat well & stay active
- Skip alcohol and harmful substances

BABY BLUES

Mood swings & tears for up to 2 weeks.

Tips:

- Rest, talk, ask for help
- If sadness lasts >2 weeks, call your provider

POSTPARTUM DEPRESSION (PPD)

More than the blues. Affects both birthing parents and partners.

Tips:

- Know the signs (anxiety, sadness, exhaustion)
- Reach out to your provider
- Seek urgent help if thoughts of harm

RETURNING TO WORK OR SCHOOL

Big transition!

Tips:

- Explore childcare options with your partner
- Ease back gradually
- Plan for pumping (if breastfeeding)

PARTNER RELATIONSHIP

You're both adjusting—together.

Tips:

- Share baby duties
- Communicate openly
- Make time for each other
- Talk about intimacy & healing

PREGNANCY & POSTPARTUM WARNING SIGNS

Possibly Life-Threatening Maternal Warning Signs	What to Do
<p>Pain in chest: difficulty breathing or shortness of breath: may mean you have a blood clot in your lung (pulmonary embolism) or a heart problem (cardiomyopathy)</p> <p>Seizures: you may have a condition called eclampsia, or postpartum preeclampsia</p> <p>Chills or feeling very cold; Clammy or sweaty skin; Fast breathing; Fast heart rate; Feeling confused; Fever; Having extreme pain or discomfort: These are signs of extreme infection called sepsis.</p> <p>Headache (very painful), vision changes, or pain in the upper right area of your belly, trouble breathing, sudden weight gain or swelling in the legs, hands or face: these are signs of high blood pressure or post birth preeclampsia, which could lead to a blood clot, stroke or seizures</p>	<p>Call 911 or go to an emergency room; insist on further examinations if you are still at the hospital for labor and delivery.</p>
<p>Bleeding (heavy): soaking more than one pad in an hour or passing an egg-sized clot or bigger; Incision that is not healing, increased redness or any pus from episiotomy or C-section site: these are signs of an infection.</p> <p>Redness, swelling, warmth, or pain in the calf area of your leg: these are signs of a blood clot</p> <p>Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge: these are signs of an infection.</p> <p>Red streaks on your breasts or lumps in your breast that are new and hurt: these are signs of a breast infection called mastitis</p> <p>Feeling sick to your stomach or throwing up: these are signs of postpartum hemorrhage or cardiovascular disease</p> <p>Fatigue, feeling of heart racing, shortness of breath, swelling of the ankles and/or neck veins, increased nighttime urination, low blood pressure: these are signs of a heart problem (cardiomyopathy)</p>	<p>Call your doctor or midwife; these are signs of postpartum hemorrhage. Call 911 or go to an emergency room if you can't get through.</p>
<p>Feeling sad or hopeless for more than 10 days after giving birth.</p> <p>Feeling irritable or angry with those around you; having upsetting thoughts that you can't get out of your mind; feeling anxious or panicky; feeling as if you can't relax; constant sense that something bad will happen.</p> <p>Thoughts or feelings of wanting to hurt yourself or someone else.</p> <p>These are signs of postpartum depression and/or anxiety.</p>	<p>Call the Postpartum Health Alliance (San Diego): 619-254-0023</p> <p>National Postpartum Depression Hotline: 1-800-PPD-MOMS 1-800-944-4773</p> <p>Text Postpartum Support International (PSI): 503-894-9453</p>

BABY BLUES OR SOMETHING ELSE?



Symptoms include feeling weepy, sad, irritable or moody. You may worry a lot, be very tired, go from one mood to another very quickly, or lose your appetite. Some women have a mild version of these symptoms that come and go. By six to eight weeks after delivery, the baby blues should go away.

Other women have moderate or severe symptoms most of the time. It is important to discuss these with your health care provider and seek treatment. If the symptoms continue or get worse, you may be experiencing a postpartum clinical condition like postpartum depression, anxiety, panic or obsessive-compulsive disorder. Your parent educator may talk to you about the symptoms she has noticed. Or, if you prefer, she can give you a parent handout where you can write down your feelings.

What it means for your baby

Children need routines, safety, comfort and stimulation. If you are struggling with emotional adjustment, physical symptoms or exhaustion, you may have trouble providing these. If you have symptoms and they aren't treated, you may be unable to properly care for your newborn. This could impact their social, emotional and cognitive development.

Reflection and action

If you are feeling worse when your baby is 2 months old, you may be asking, "Why me?" It's important to remember that it is not your fault. You will get better.

Most women will experience the baby blues.

BABY BLUES OR SOMETHING ELSE?



You can accomplish a lot by caring for yourself in the postpartum period, getting enough rest, eating well and doing things you enjoy.

If the baby blues don't go away, it's important to talk to someone about it. This could be a family member, a friend, your parent educator, your health care provider, your obstetrician/gynecologist or a home visiting nurse. Let them know what you think is wrong. It may be difficult to admit you're having problems when things are supposed to be wonderful, but this is the best way to get the help you need. If a family member or friend says you don't seem like yourself, consider what they say. If it seems to be true, talk to your health care provider. To get better, you may need counseling or medication.

Counseling can help you learn to sort out your feelings, tackle negative thinking patterns and develop new self-care skills. Your doctor may suggest antidepressants or other medications to correct a chemical imbalance. In some urgent situations, medication may be the only option. There are medications that are safe to use while breastfeeding. Many women find that a combination of therapy and medication effectively relieves their symptoms.

SAFE SLEEP FOR MOMS

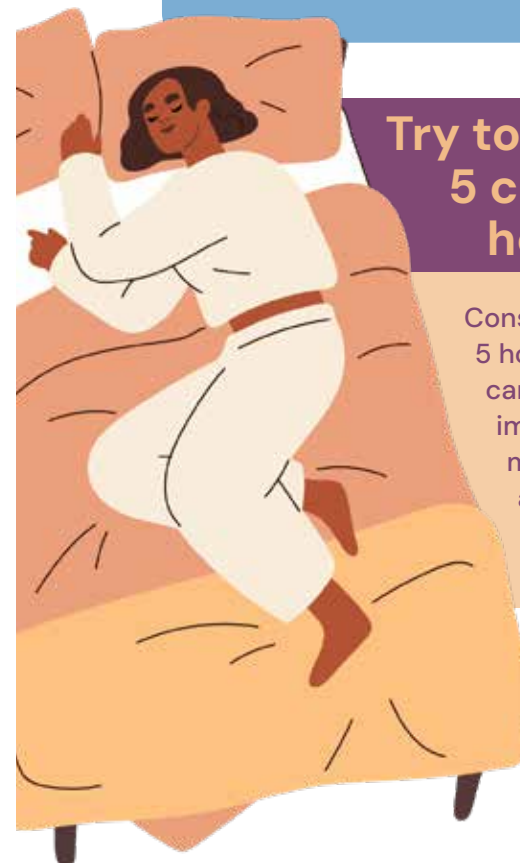
While we often focus on safe sleep practices for infants, it's equally important to prioritize the sleep of new mothers. A well-rested mother is better equipped to care for her baby, her family, and maintain her own physical and mental health.

Sleep deprivation can significantly impact a mother's mood, energy levels, and ability to bond with her baby. It can also increase the risk of postpartum depression and anxiety. When a mother is well-rested, she is more patient, responsive, and able to provide the nurturing care her baby needs.



Did you know?

Postpartum anxiety is common and can result in mom needing to stay close to the baby. Don't be offended if she is not ready to leave baby in your care; instead, find other ways to support her.



Try to get at least 5 consecutive hours of sleep!

Consistently getting less than 5 hours of consecutive sleep can have serious negative impacts on physical and mental health. This applies to moms, dads, and other caregivers too!

Tips for Helping Moms Rest

- Fill the fridge! Grocery shop or deliver prepared meals.
- Wash the dishes, vacuum, or clean the bathroom.
- Take care of yard work or other outdoor chores.
- Drive mom to doctor appointments.
- Take mom to a breastfeeding support group.
- Take the big kids to a playground.
- Listen actively, avoid unsolicited advice, and offer comfort.
- Watch the baby while mom showers or runs an errand.
- Go for a walk together.
- Bring mom her favorite beverage during your visit.
- Walk the dogs or clean the cat litter box.
- Run errands (prescriptions, dry cleaning, etc.)





ABOUT YOUR BABY (OR BABIES, IF MULTIPLES)



Full Name _____

Date & Time of Birth _____

Birth Weight and Length _____

Eye and Hair Color _____

Place of Birth (Hospital/City) _____

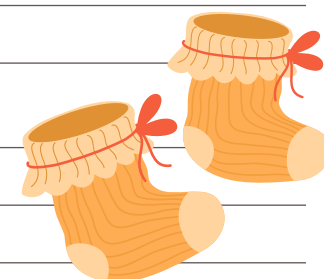
Delivery Story or Birth Experience _____

First Reactions (Baby's first cry, parents' emotions) _____

Notable Features (Dimples, birthmarks, expressions) _____

First Visitors or Siblings' Reactions _____

Hopes or Dreams for the Baby _____



NEWBORN EXPECTATIONS AND SAFETY

1. DIAPER OUTPUT

The first 5 days babies should have 1 poop for each day old. Ex: Day 3 = 3 poops and 3 pees.

2. WEIGHT

Babies should gain about 0.5-1 oz. per day / 4-7 oz. a week in the first few months of life.

3. POOP COLOR

Meconium (dark green, tarry) to transitional stools (lighter green or brown) to breastmilk stools (mustard yellow with "seeds/curds")

4. WHEN & HOW LONG TO FEED

Every 2-3 hours or on demand at baby's request. Average time is 20-40 mins. total for a feed. One or both sides is up to you and baby.

5. SUPPLEMENTATION

Supplementation is only recommended when medically necessary. Ex: Not gaining appropriately or not at birth weight by 2 weeks old.

Expressed milk > Donor Milk > Formula.



Age of Baby	# Stool (Poopy Diaper)	# Urine (Wet Diaper)
Day 1 (24 hours)	1 ●	1
Day 2 (24-48 hours)	2 ●	2
Day 3 (48-72 hours)	3 ●	3
Day 4	3+ ●	4
Days	3+ ●	5-6
Day 6	3+ ●	5-6+
4-6 Weeks and Beyond	It varies!	6-8+



Listening for swallows, weight checks and output are three great ways to tell if your baby is getting enough milk. If something is coming out, something is going in!

6. COLIC

Colic is inconsolable at least 3 hours/day, 3x/week, for at least 3 weeks. Colic peaks between 4 to 12 weeks of age.

7. GAS

Gas is often easily remedied with paced bottle feeding, burping, probiotics and massage. Foods you eat do not usually cause extreme gas in babies.

8. ABC

Always on their Back in their Crib. The safest sleep arrangement is a baby on their back in their own bed, free from loose items and blankets.

9. CLUSTER FEEDING AND GROWTH SPURTS

Babies feed very often for about 1-3 days. Growth spurts sometimes cause an increase in feeding. Go with it, that builds your supply!

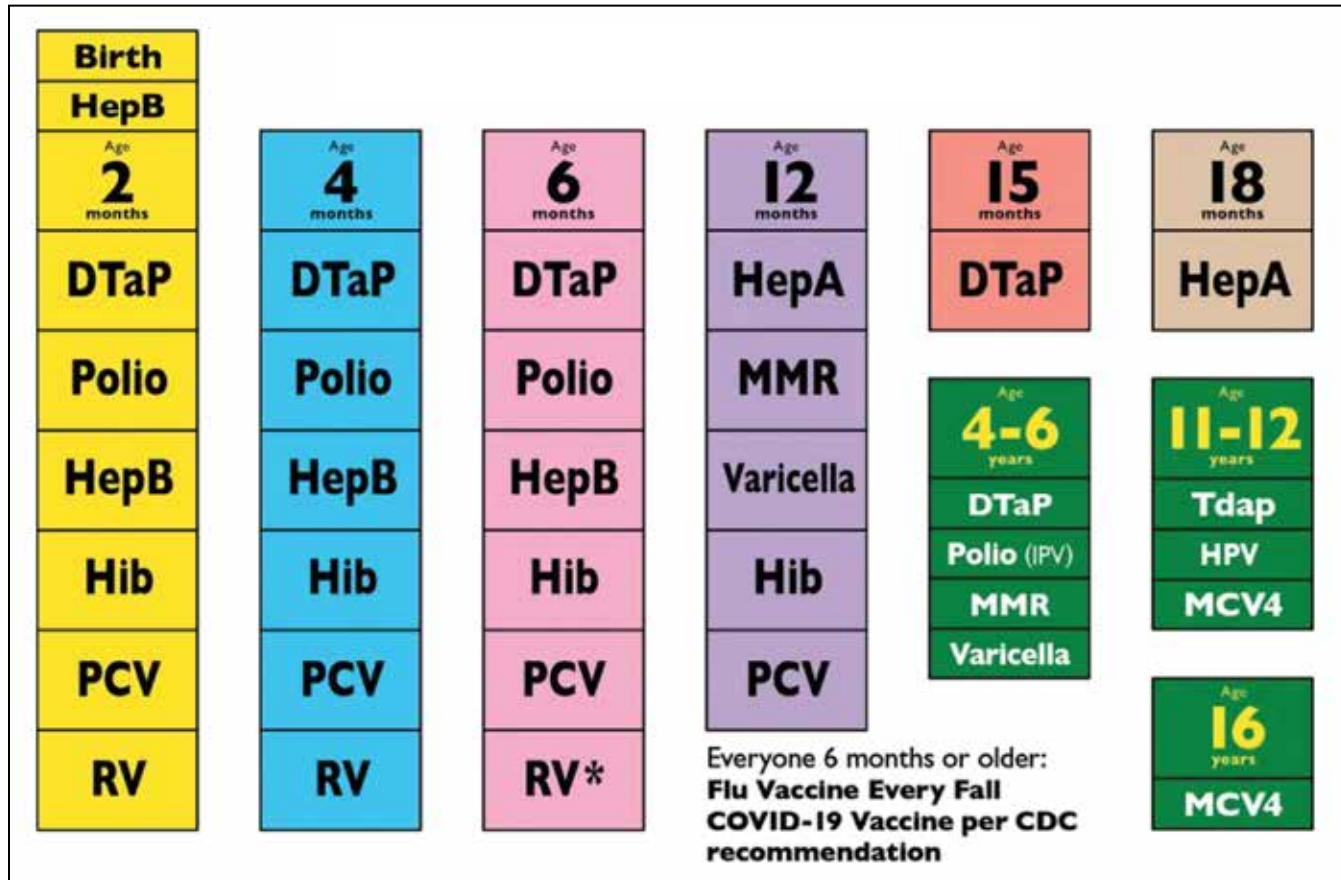
10. SLEEP

Babies are not expected to sleep through the night until 3 months or older. Sleeping through the night is typically a 5-6 hour stretch. If your baby sleeps longer than 4-5 hours at a time, you may want to pump to maintain supply and avoid becoming engorged.



Don't TikTok it! Find a trusted medical professional you can contact about your baby's growth, development and individual needs.

IMMUNIZATION SCHEDULE



Vaccines can prevent infectious diseases that once killed or harmed many infants, children and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough.

The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them.

The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children. The only

exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system, or has had a severe allergic reaction to a previous vaccine dose.

Ouch! It can be difficult to take your little one for a shot and hear them cry. Here are some tips to make things go smoother:

- Try to stay calm.
- Hold them in your lap and lovingly talk them through the process.
- Breastfeed/feed before and after.
- Bring their favorite comfort item.
- Distract them before with a book, toys, conversation etc.

WELL EXAMS

Age/Well-Child Exam	Physical Exam	Weight	Height	Head Measurement	Vaccines
3-5 DAYS Jaundice check, weight check, feeding issues, newborn vaccines					
1 MONTH Weight check, physical exam, vaccines					
2 MONTHS Physical exam, growth and development, vaccines					
4 MONTHS Physical exam, growth and development, vaccines					
6 MONTHS Physical exam, growth and development, vaccines					
9 MONTHS Physical exam, growth and development, vaccines (if needed)					
12 MONTHS Physical exam, growth and development, blood test for anemia and lead, vaccines					
15 MONTHS Physical exam, growth and development, vaccines (if needed)					
18 MONTHS Physical exam, growth and development, vaccines					

WE CAN HELP WITH MENTAL HEALTH

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, “You must be so happy!” But what if you’re not? What if you’re depressed, anxious or overwhelmed? What if your partner or friends are worried about you, but you just don’t know how to talk about it? You’re not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S. Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder and psychosis. They can affect parents of every culture, age, income and race.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it’s simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we’ve provided resources and programs to help give new families the strongest and healthiest start possible.



Are you feeling sad or depressed?

Do you feel more irritable or angry with those around you?

Are you having difficulty bonding with your baby?

Do you feel anxious or panicky?

Are you having problems with eating or sleeping?

Are you having upsetting thoughts that you can’t get out of your mind?

Do you feel as if you are “out of control” or “going crazy”?

Do you feel like you never should have become a parent?

Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder. The good news is that you can get treatments that will help you feel like yourself again. There is no reason to continue to suffer. Go to [Postpartum.net](https://www.postpartum.net) for more information.



PERINATAL MENTAL HEALTH DISORDERS

Perinatal Depression

Symptoms may include feelings of anger, sadness, irritability, guilt, lack of interest in your baby, changes in eating and sleeping habits, trouble concentrating, hopelessness, and sometimes even thoughts of harming your baby or yourself.

Perinatal Anxiety

Symptoms may include extreme worries and fears, often over the health and safety of your baby. Some people have panic attacks, which can include shortness of breath, chest pain, dizziness, numbness and tingling, and a feeling of losing control.

Perinatal Obsessive Compulsive Disorder (OCD)

Symptoms may include repetitive, upsetting and unwanted thoughts or mental images (obsessions), and/or the need to avoid triggers to certain things over and over (compulsions).

Postpartum Post-Traumatic Stress Disorder

This is often caused by a traumatic or frightening childbirth or past trauma. Symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.

Bipolar Mood Disorders

Many people are diagnosed for the first time with bipolar depression or mania during pregnancy or afterward. A bipolar mood disorder can appear as severe depression.

Perinatal Psychosis

Symptoms may include the inability to sleep, seeing images or hearing voices that others can't. You may believe things that aren't true and distrust those around you or have periods of confusion, mania, depression or memory loss. This condition is uncommon but dangerous, so it is important to seek professional help immediately.

PSI PROGRAMS

PSI offers a wealth of resources for a wide range of needs, situations and audiences. Our key programs for affected individuals and families include:

PSI HelpLine, a toll-free phone number 1-800-944-4773 anyone can call for information, support and resources.

Support via text message is also available at 800-944-4773 and 971-203-7773 (Español).

Peer Support, over 30 Online Support Groups available five days a week, a Peer Mentor Program that pairs individuals in need with a trained volunteer who has also experienced and fully recovered from a PMH disorder.

Chat with an Expert, facilitated by licensed mental health professionals, these sessions provide general information about PMH disorders.

Online Provider Directory (psidirectory.net) that helps individuals and families quickly and easily connect with qualified perinatal mental health providers in their area.

The Climb, an international community event that brings together survivors, providers and supporters in the world's largest PMH awareness and fundraising event.

PERINATAL MOOD & ANXIETY DISORDERS IN PARTNERS & DADS

What Are Perinatal Mood & Anxiety Disorders (PMADs)?

Perinatal Mood and Anxiety Disorders are emotional and mental health challenges that can occur during pregnancy and within the first year after birth. While often associated with mothers, fathers can also experience PMADs.

Common Symptoms

- Irritability, anger, or frustration
- Withdrawal from family or friends
- Fatigue or loss of motivation
- Anxiety or excessive worry
- Feeling overwhelmed or "numb"
- Changes in sleep or appetite
- Use of alcohol or substances to cope
- Loss of interest in things once enjoyed

When Can It Happen?

- During the partner's pregnancy
- After the baby is born (typically 3–6 months postpartum)
- Can continue up to a year or longer if untreated

What Causes It?

- Hormonal changes (e.g., drop in testosterone)
- Sleep deprivation
- Increased financial or work pressure
- Nearly 2/3 of couples report relationship challenges up to three years after the birth of a baby.
- Feeling excluded or unprepared
- Partner's postpartum depression

What Helps?

- Talk to a mental health professional
- Join a support group for dads
- Share concerns with your partner or trusted friend
- Take care of physical health (sleep, exercise, nutrition)
- Consider therapy and/or medication when recommended



Up to 1 in 10 fathers experience perinatal depression. It's common, real, and treatable.

RESOURCES

Postpartum Support International (PSI): www.postpartum.net
(Free text/chat helpline and dad-specific support)

Fatherly Mental Health Info: www.fatherly.com

National Institute of Mental Health (NIMH): www.nimh.nih.gov

Therapy Locator: www.psychologytoday.com

NEED HELP NOW?

PSI Helpline:
Call 1-800-944-4773
(English & Spanish)

Text "DAD" to 800-944-4773
to reach a trained volunteer

COMMUNITY RESOURCES

Postpartum Health Alliance Warm Line

PHA is dedicated to raising awareness about Perinatal Mood and Anxiety Disorders (PMADs), providing Perinatal Mental Health resources and specialized treatment through referrals. Trained volunteers answer the phone to talk about how you are feeling and provide personalized clinical referrals.

619-254-0023

Keep 'Em Safe Car Seat Program

The "Keep 'Em Safe" program provides car seats and installation classes to low/medium-income and refugee families, one car seat per family. Register for free by texting "CAR SEAT" to:

619-800-8763

Black Infant Health

Provides prenatal and postpartum Sister Circle groups, access to a Public Health Nurse and breastfeeding support to pregnant and parenting African American women.

(619) 266-7466

Mother To Baby

Staff answer your questions about medications and other exposures to substances that may affect your pregnancy and/or breastmilk. Call

866-626-6847, or text

855-999-3525, or chat:

<https://mothertobaby.org/contact>

Fatherhood Groups

Father2Child: groups for fathers and soon-to-be fathers; learn about bonding with your child; learn about the father's role in emotional development of children; discover effective discipline techniques. In Person and Zoom sessions; Call Orlando

(619) 543-0412

(619) 942-0309

Email: Ogarcia@mhasd.org

Dads Corps: Provides opportunities for active duty and veteran fathers to learn to thrive as parents, partners and providers. Call **858-496-0053** or visit: www.saysandiego.org/program/healthystart-military-familyresource-center/dadscor

Boundless Fitness

Free prenatal Pilates classes for pregnant women of color.

3930 Utah St, Suite C San Diego, 92104

<https://tobeboundless.com>

WIC Services

WIC provides healthy foods, nutrition education for parents and caregivers, breastfeeding support from professionals and referrals to community resources. Call

1-800-500-6411 or visit

<https://sandiegowic.org>

Domestic Violence Hotline

Highly-trained advocates are available 24/7 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.

Call 1-800-799-7233

Child Development

For formal review of child milestones and services to address developmental delays.

Exceptional Family Resource Center:

Children less than 3 years old.

619-594-7416

San Diego Regional Center:

Children over age 3.

858-496-4318

Positive Parenting Program (for older children):

Learn how to better manage behavior, build positive relationships, set rules and routines and encourage behavior you like. Online, live webinar and group classes.

858-637-3210 or visit www.jfssd.org/ourservices/adults-families/positive-parentingprogram/

Food/Diaper Banks

San Diego Food Bank: <https://sandiegofoodbank.org>

Feeding San Diego: Free, 24-hour confidential phone service and searchable online database for access to community, health, social and disaster services.

<https://feedingsandiego.org>

Call 2-1-1 or visit <https://211sandiego.org>





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A special note of appreciation goes to **The Educated Birth** for their exceptional educational content and powerful imagery. Their work continues to elevate the standard of perinatal education and advocacy. We are deeply grateful for the opportunity to include your materials in this guide.

Together, you have helped create something truly meaningful.



There is no right or wrong way to be pregnant, to become a mother, to make a family. There is only one way—your way, which will inevitably be filled with tears, mistakes, doubt, but also joy, relief, triumph, and love.”

—Angela Garbes, *Like a Mother: A Feminist Journey Through the Science and Culture of Pregnancy*



Global
Communities

HEALTHY START