

ALMOST THERE-THE HOME STRETCH

Signs and Symptoms of labor/reasons to go to the hospital after 37 weeks

During business hours, please call our office and speak with the nurse about the following. After hours, please go to St. Ann's hospital, 2nd floor of the Maternity Pavilion.

- Contractions are 5 minutes apart, (from the beginning of one contraction or another), last approximately 1 minutes each, and have been occurring for 2 hours
- Your water breaks, note the color and time, and go to Labor and Delivery.
- A small amount of bleeding can be normal as the cervix dilates or after vaginal exams. However, go to Labor and Delivery IMMEDIATELY if you experience heavy, bright red bleeding.
- If you have not felt the baby move for more than 2 hours, wake your baby. Lie down on your side, if you don't get a response eat something and count movements. If you do not feel movement go to the hospital.
- If you had a fast first labor, talk with the doctor about when to go to the hospital.

Postpartum mastitis – Mastitis is an infection of the breast associated with breastfeeding. Symptoms include hard, tender lump in the breast, reddened skin, fever greater than 100.4, and chills. You may feel flu-like. Call during the day for an appointment or talk with the doctor on-call during the weekend. Drink lots of fluids, increase your rest, apply heat or ice to the affected breast for comfort, take ibuprofen and continue breastfeeding. Antibiotics usually start working within 48 hours.

Breastfeeding information – Mt. Carmel St. Ann's provides help and advice for any breastfeeding questions or concerns you may have. They have lactation consultants you can call, free breastfeeding support groups, and outpatient consultations. Please call 614-234-MILK (6455) for any of these services.

Breast Pump - Many women do not anticipate using their pump until close to the time they return to work; however, some women may have complications that lead to pumping soon after the baby is born. It is helpful if you are able to obtain a pump before your baby is born and become familiar with how it works. Many insurance companies will supply certain pumps for free. Generally, we recommend a dual electric pump (not necessarily hospital grade).

Post-Partum Depression – It is not uncommon to be teary after delivery, especially with sleep deprivation. However, if the sadness, tears, or irritability continues past a few days or you have concerns about caring for your infant, **ask you family and friends for help and call the office for an appointment.** If you have a history of depression or anxiety, those issues can arise again. Allow others to help you by bringing meals or helping with household chores. Vigorous walking, getting naps, or going to bed early is helpful. Even if you are breastfeeding, pumping some milk or giving one bottle so that you can get 4-5 hours of uninterrupted sleep can make a

world of difference. Sometimes taking medication will be necessary. Talking with a trusted friend or family member can help.

Postpartum visits

~ 1 week after delivery – Incision check – If you have delivered via cesarean delivery we want to see you 1 week after delivery to ensure you are recovering well from your surgery.

~ 4-6 weeks after delivery – Post Partum exam - At this appointment we will do a physical exam and ensure you are healing appropriately. We love to see your babies and hope to see them or at least their pictures!

Postpartum birth control - You should not have intercourse until you are seen at your postpartum exam (4-6 weeks postpartum). We will discuss methods of birth control at that time, but we are happy to review options at prenatal visits and provide pamphlets.





CHOOSING A *birth control* METHOD

Together, you and your healthcare professional can decide which option is right for you.

Did you know you can have effective **birth control without hormones**? Ask your healthcare professional about your options.

WHAT IS THE *chance*
OF GETTING PREGNANT?*

Birth control METHOD

 <p>Less than 1 in 100</p>	 IUD  IMPLANT  MALE STERILIZATION SURGERY  FEMALE STERILIZATION SURGERY  FEMALE STERILIZATION IMPLANT
 <p>About 1-6 in 100, depending on the method</p>	 PILL  PATCH  RING  SHOT
 <p>About 12-28 in 100, depending on the method</p>	 DIAPHRAGM [†]  MALE CONDOM  FEMALE CONDOM  EXIT WITHDRAWAL  CERVICAL CAP [†]  SPONGE [†]  FERTILITY AWARENESS-BASED METHODS [†]  SPERMICIDE
<p>About 85 in 100</p>	 NO METHOD

WHEN SHOULD IT *be used*?

Emergency CONTRACEPTION

After unprotected sex or birth control failure (not as regular birth control)



Emergency contraception may help prevent pregnancy when used as directed

*Based on typical use, this is the number of pregnancies expected per 100 women who use this method for one year.

[†]With spermicide.

[†]Includes the Standard Days method, the Two Day method, the Ovulation method, and the Sympto-thermal method.

Learn more about a birth control option that may be right for you at NoHormonesPlease.com

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