

**EDUCATIONAL MATERIALS
FOR PREGNANT
AND
POSTPARTUM WOMEN
IN PRISON**



COMPILED BY

**REBECCA LEBEAU-CRAVEN
DEBRA ERICKSON-OWENS
GINETTE G. FERSZT**

**The University of Rhode Island
Kingston, Rhode Island
2006**

May be Duplicated with Acknowledgments Given



TABLE OF CONTENTS

Some Routine Tests.....	3
Ultrasound	
Lab Tests and Screening	4
What to Expect When Expecting	5
Nutrition and Exercise.....	7
Bonding with Your Baby.....	9
The Nine Months of Pregnancy.....	11
Stages of Labor.....	18
After the Birth and Postpartum.....	21
Infant Feeding	24
Effects of Drug Use During Pregnancy	28
References.....	30

Rebecca Le-Beau Craven MPH is a PhD student in the Department of Psychology, University of Rhode Island

Debra Erickson-Owens CNM, RN is a Certified Nurse-Midwife and PhD student in the College of Nursing, University of Rhode Island

Ginette G. Ferszt PhD, RN, CS, FT is a Certified Psychiatric Mental Health Clinical Nurse Specialist, Fellow In Thanatology and Associate Professor, College of Nursing, University of Rhode Island

The authors wish to thank the women in prison who assisted with reviewing these materials and The Council for Outreach, University of Rhode Island, for their financial support.



Diagnostic Tests **Prenatal Ultrasound**

Prenatal ultrasound has been safely used in pregnancy for over 30 years. The ultrasonic waves are used to image the fetus. It is not unusual for a woman during the course of a 9 month pregnancy to be offered an ultrasound.

What does the ultrasound tell us?

An ultrasound is an exam used for information as well as screening for reassurance. The prenatal ultrasound is ordered for a variety of reasons, which include:

- Determining your due date and the gestational age of your baby.
- Examining the development of your baby during the pregnancy- including spinal and limb checks and brain development. This is also a way to check for birth defects.
- Determining whether the baby is growing as it should be and to measure amniotic fluid.
- It can also be useful for checking the baby's position or the baby's well being.

What does it feel like to have an ultrasound?

- It is straight forward and painless.
- A typical exam called a basic or Level 1 exam takes about 20 minutes.
- You are often asked to have a full bladder before the exam.
- Generally you rest on your back with your belly exposed and a jelly like substance is applied to the skin and the technician scans your tummy.



LAB TESTS FOR SCREENING

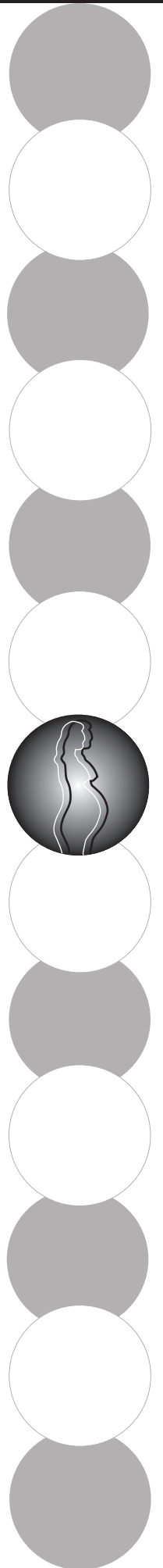
During the pregnancy, your care provider will recommend lab tests that monitor you and your baby's health. Usually these are scheduled at certain times during your prenatal care. Make sure to ask why the test is being done. It will help you feel more like a partner in your care.

One of the tests done in pregnancy is a glucose screen.

This is a test that is usually performed between 24 and 28 weeks of pregnancy to screen for gestational diabetes. Gestational Diabetes is diabetes that can develop during pregnancy. Diabetes occurs in people who do not produce enough insulin, or their insulin does not work well. During pregnancy, the hormones influence how the body uses or produces insulin. About 3-5% of pregnant women can develop gestational diabetes. The risk is increased if you are over age 30, overweight, have a family or personal history of diabetes, or previously gave birth to a baby over 9 pounds or was stillborn.

The test is simple and causes very little pain (just a needle prick). A sample of blood is taken one hour after the woman consumes a drink that contains 50 grams of glucose (a form of sugar). If it appears that the blood sugar levels are high than a full diagnostic test is needed to determine if gestational diabetes is present. This test takes about 3 hours and is similar to the test described above.

If you find out that you do indeed have gestational diabetes this can be controlled through a monitored and controlled diet and exercise plan and you will have regular blood glucose tests ordered by your care provider. Generally once you give birth you will no longer have diabetes, but you are 50% more likely to have it again with another pregnancy.



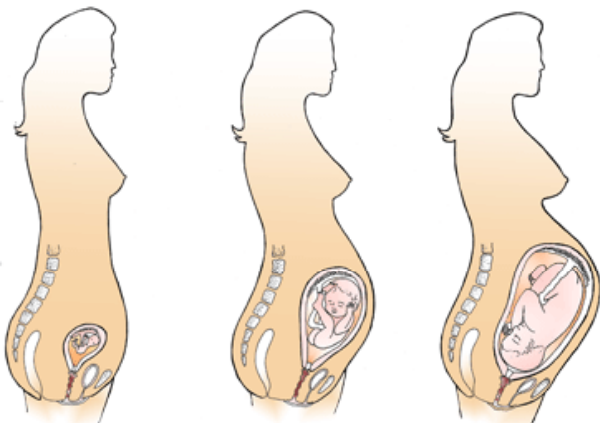
So, You're Expecting!

Now What Should You Expect?

Your blood volume is expanding. For normal functioning of the placenta, the amount of blood volume and other fluids in your body increase. These increases give you a "flushed" feeling and can cause swelling, all which is completely normal.

Your body is going to go through many normal changes. These changes support a safe place for the growing baby you are carrying. One of the first signs a woman may notice changes in her breasts. Pregnancy hormones increase blood flow to your breasts and cause them to feel larger and tender. They are developing a network of milk ducts that will transport milk to your nipples. Your nipples will also change, they become more prominent, and the areolas, the colored areas surrounding the nipples, get

darker and little bumps appear on them.



New bras may be in order—just make sure they're comfortable, avoid under wire and look for bras with wide straps to eliminate unneeded shoulder and back pain.

Your uterus is expanding. In fact by delivery it will be 16 times larger than when you became pregnant. Sometimes the weight of your uterus and fetus can cause you discomfort. The larger uterus can put pressure on your lungs and diaphragm, so you may get winded. If you do just, stand tall and breathe easier.



THE ART OF EATING FOR TWO AND EXERCISING SAFELY

Eating for you and your baby

The first thing to remember is that you should be gaining weight steadily during pregnancy. You do not want to diet during this time. Secondly, eating the right foods is more important than ever.



- You usually gain 25-35 pounds while pregnant which means you need to take in additional calories to nourish your growing baby.
- By the second and third trimester you will need 300 extra calories daily.
- Make sure to include plenty of fruit and vegetables, whole grains and high fiber foods plus foods rich in calcium (milk, cheese, and yogurt).
- Remember a prenatal vitamin a day is important.

EXERCISE

It is important to remain active while pregnant but there are a few things that you need to keep in mind for safety.

- Take time to warm up and cool down-spend 10 minutes warming up and another 10 to cool down. You need a little more time for your heart and respiration rates to climb and return to normal.
- Walking is ideal in pregnancy. Also consider yoga which helps with flexibility and it can decrease stress.
- When expecting try to wear an athletic bra. It will provide good support for your breasts, and can make exercising more comfortable.
- STOP if you start to feel tired dizzy or nauseated. Wear clothing that is loose. Always listen to your body, if it says quit then you should quit.
- Drink plenty of water. There is always a chance of dehydration when exercising, so drink 2 glasses of water about an hour before you exercise, then a glass half way through, and another glass when you're done.

What to avoid

- Don't exercise in extreme heat or humidity. Under these conditions even a good sweat may not be able to cool your body sufficiently.
- Starting in your third month of pregnancy, your uterus and baby can rest on your blood vessels when lying on your back. To avoid dizziness and faint like feeling, lie on your side instead of your back and you will feel better.
- If you become short of breath, slow down. You should be able to carry on a conversation even at the peak of your exercising. If you are unable to speak because you're gasping or panting, you're working too hard.



Did you know?

**Your baby can begin to hear at 6 months ?
Try singing or reading to your baby.**

BONDING WITH BABY DURING PREGNANCY

What is it?

Close emotional attachment that develops over time with your baby.

Why is it important?

- Brings mothers (& fathers) and babies together
- Begins during pregnancy & gives the relationship a head start
- Important for the baby's well-being (yours to) and most will bond easily even if you have mixed feelings

What happens if I am unable to bond with my baby?

- Give it time; it is a process not something that has time limits.
- Not every woman bonds in the same way. Some women bond immediately, others take more time; sometimes it doesn't happen until after birth or early infancy or childhood. Most women do bond but some are unable for a variety of reasons.

If bonding is coming slowly, there may be some reasons that are making it difficult for you. These might include:

- Fear of getting too close.
- The pregnancy was not wanted or the result of a rape.
- You are not sure how to bond with your baby during pregnancy.
- Fear of losing baby to foster care.
- Making plans for your baby to be raised by another family (adoption).

Talk with a healthcare provider or a close companion you trust about your feelings, fears and concerns.

Things you can do to begin to build a relationship with your baby.

- Take care of your self during pregnancy and stay healthy.
- Attend all your prenatal visits
- Quit smoking
- Read how your baby is changing month-to-month.
- Visualize what your baby looks like.
- You may have an ultrasound-ask for copy of a picture of the baby.
- Find quiet time and just relax .



Did you know?

Your baby will recognize you after the birth.

Your newborn is amazing!

When you speak, the baby will try to turn towards your voice.

The baby recognizes your smell and touch.

- Tune into your baby; Get on your baby's time and focus on your baby's movements and cues.
- Rub your tummy gently and talk or sing (Babies begin to hear ~ 6 months).
- Read or tell a story to your baby.
- Play: when your baby pushes on your tummy, gently push back and laugh and enjoy.

What happens if I bond but the baby can't be with me after birth?

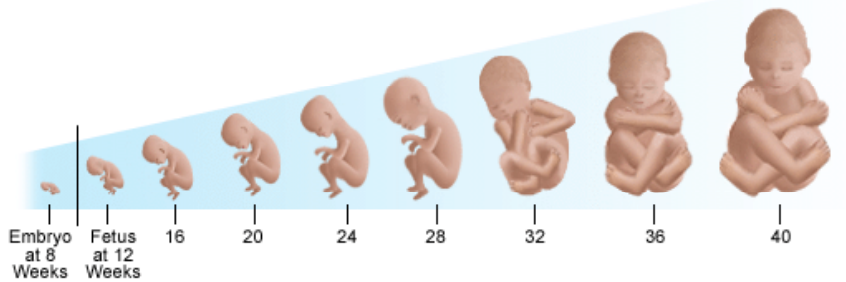
- Birth is an opportunity to bond and the first few days are important.
- With assistance of a parenting program, catch up bonding is very possible.
- Bonding happens over time.
- Share photos with the baby's caregiver.
- Tape your voice while singing or record a story; sing a lullaby.



THE 9 MONTHS OF PREGNANCY: What's it like to be Pregnant? (from The March of Dimes)

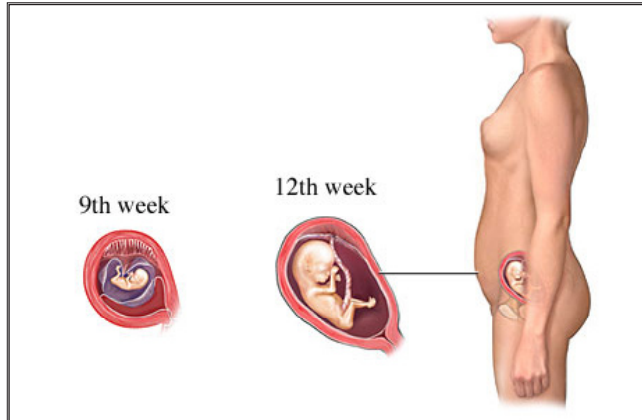
From the time of conception your baby needs 280 days (40 weeks, or ~9 months) to grow before entering the world. Pregnancy is divided into three 3-month segments called trimesters.

Fetal Growth From 8 to 40 Weeks



First your body grows what's called a placenta. This filters oxygen and nourishes the baby as it grows. Your breasts prepare for breastfeeding by developing glands and ducts. Finally, in this trimester, your baby will transform from a tiny ball of cells that are implanted on the walls of your uterus (called a blastocyst) into a fetus that now looks like a tiny person. Many women experience morning sickness during this trimester.

Trimester #1



Month 1: The tiny limb buds that turn into arms and legs appear. The heart and lungs begin to form, and by the 22nd day, the heart starts to beat. The neural tube, which becomes the brain and spinal cord, begin to form. By the end of the month, your baby is $\frac{1}{4}$ inch long.

For you, your body is making lots of hormones that you need to grow a baby. Your breasts get bigger and sore, and food preferences change.

Month 2: Your baby's organs and systems are formed but not completely developed. The placenta is visible and working. Ears, ankles, and wrist are formed. Eyelids form and grow but sealed shut. Fingers and toes are developed. By the end of the month the baby is 1 inch long and weighs less than $\frac{1}{3}$ ounce.

Your total amount of blood increases. You'll feel tired more often and need to use the bathroom more frequently.

Month 3: Fingers and toes have soft nails and the start of baby teeth form as buds. Fine hairs begin to form. The end of the third month the baby is about 3 inches long and weighs 1 ounce.

You may get headaches or get light headed.



This is usually a time of energy and strength. Women tend to feel happier during this trimester. Now morning sickness is lessening and you're starting to show that you're pregnant. The baby is developing quickly during this trimester; the organs that started to form are maturing. The baby is now covered in a creamy white substance (called vernix caseosa). This protects the skin from its constant exposure to amniotic fluid.

Month 4: The baby moves, kicks and swallows; the skin is pink and transparent. There is substantial growth during this month, the baby is 6 to 7 inches long and weighs 4 to 5 ounces.

During this time your appetite increases as morning sickness lessens. Your belly will also begin to grow and you might feel the baby moving.

Month 5: The baby really starts moving now, moving from side to side and sometimes head over heels. Finger and toe prints can be seen, and the baby sleeps and wakes at regular intervals. Again, there is a lot of growth this month and by the end of the 5th month the baby is 10 inches long and weighs 1/2 to 1 pound.

Now you are definitely feeling the baby moving! Your uterus has grown to the height of your belly button and your heart beat increases.

Month 6: The baby's skin is red and wrinkly and covered with fine, soft hair. The eyelids begin to part and the eyes open. At the end of this month the baby is about a foot long and weighs 1 to 2 pounds.

You're really getting kicked at this point. The skin on your growing belly may start to itch and back pain is kicking in (no pun intended).



This is where the waiting game begins. Your baby is growing and is starting to cause you more discomfort, you may get backaches, indigestion, and pressure on the bladder (so there will be more trips to the bathroom). The baby now is turning from a red color to pink and both the baby's body and yours will begin to fill out and store fat.

Month 7: The baby can now open and close his/her eyes and suck his/her thumb. The baby regularly kicks and stretches and responds to light and sound. The 7th month mark brings 15-16 inches in length and 2 to 3 pounds in weight.



For you, well more discomfort, but remember you're on the home stretch! Your feet and ankles may swell, stretch marks on your abdomen and breast may appear, and you may get minor contractions (called Braxton-Hicks contractions). This is normal but if you have more than 5 contractions in an hour or experience bleeding or pain notify your healthcare provider. Finally, your center of gravity changes because of the size of your belly so be careful not to lose your balance.

Month 8: The baby is getting bigger and should still be active. Your healthcare provider might ask you to count the baby's kicks. Rapid brain growth occurs now and the bones of the head remain soft and flexible to make it easier for the baby to fit through the birth canal. Lungs are still developing and may still be immature. The baby is now 18 to 19 inches long and weighs 4 to 5 pounds.

You may start feeling stronger contractions this month and your breasts may begin to leak colostrum. You may experience shortness of breath from the baby pressing on your lungs and sleeping gets more difficult because getting comfortable is more difficult.

Month 9: This brings the baby and you to full term. The lungs have fully matured and are ready to function on their own. The baby is now gaining $\frac{1}{4}$ - $\frac{1}{2}$ a pound a week and the head begins to drop into the right position. By the end of the 9th month the baby is 19 to 21 inches long and weighs 6 to 9 pounds.



Your belly button is probably sticking out at this point. Your breathing will be easier because the baby drops and gives your lungs a bit more room but now the pressure on your bladder increases so you urinate more. Swelling of ankles and feet may increase and you may be generally uncomfortable due to the pressure and weight of the baby. You will also notice that your cervix will open up and thin out as it prepares for birth.



DO YOU KNOW THE WARNING SIGNS?

Infrequently, some women experience some concerning signs and symptoms that can be warning signs for potential problems. Be sure to notify the nurse or care provider if you experience the following:

- Severe headache which isn't relieved with Tylenol or rest; severe indigestion not relieved by comfort measures; and sudden swelling of hands and feet
- Labor contractions, bloody show or broken bag of water when the baby is still premature (1 month or earlier before your due date)
- Heavy vaginal bleeding at any time
- The baby's kicking slows down in the third trimester
- A vaginal discharge that is itchy, causes burning or smells fishy

How Much Weight Should You Gain?

This varies but most women gain between 25 and 35 pounds. You should strive to gain weight at a slow and steady pace but again different body types will gain weight at different rates.

Typically weight gain is slow in the first trimester with about 1 to 1 ½ pounds a month being average. In the second trimester average weight gain is ½ to ¾ of a pound a week and during the third trimester this usually increases to about 1 pound per week.

It is important not to eat too much or too little and even more important to eat foods that are of high quality, rich in vitamins and minerals. You want foods with as much nutritional value as you can find. Remember both of these things are important for 'building' a healthy baby. Your health care provider will check your weight gain at each visit. Take your shoes off each time you get weighed. Get in the habit of monitoring your own weight gain. Record your weight at each visit.

Morning Sickness...

Why does this happen?

It is believed that the nausea is related to the "pregnancy" hormone -human chorionic gonadotropin (HCG). The severity of your morning sickness can be affected by the level of this hormone as well as your lifestyle. For example, women who don't get enough sleep and women who are under stress are more likely to experience nausea and vomiting.



There are also some ways to ease morning sickness.

- Get out of bed slowly. An abrupt change from laying flat to standing will only increase the feeling of dizziness.
- Eat frequent small meals. Taking little meals throughout the day will help keep your blood-sugar level remain steady and will keep your stomach filled to minimize that queasy feeling.
- Snack on foods that digest easily, like crackers, whole-wheat toast, a hot baked potato, cooked pasta, cooked rice or fruit.
- Leave crackers at your bedside; eat a few before you get out of bed in the morning.
- Avoid greasy foods, like butter, margarine, mayonnaise, bacon, gravy, pastry, and fried foods.
- Go easy on spicy foods, especially those cooked with pepper, hot chili pepper, and garlic. Many women however have no problems with these foods.
- Pregnant women often have an exaggerated sense of smell. Watch for triggers such as meat frying.
- Try eating cold foods. They have fewer odors and may be easier to swallow.
- Drink plenty of water or suck on ice to avoid dehydrating especially when you are vomiting.
- Exercise. This helps reduce stress and may help you sleep better

**Be sure to notify your health care provider
If you have not kept anything down for
24 hours or more.**



You're going into labor: what happens next?

Stages and Types of Labor

PRODOMAL LABOR

What's Happening:

The cervix begins to soften, thin and move forward, and it may begin to open. The baby settles into the pelvis. Contractions may be noticeable as an achy sensation or as pressure in the lower abdomen or lower back. Contractions in this phase are usually irregular, starting and stopping, sometimes strong, sometimes mild. This is natural and your body's way of "gearing up". This stage can last from a few hours to a few days.

What helps?

- Don't worry about whether or not this is really labor. For the vast majority, labor eventually makes itself very clear.
- Try to be patient and have confidence that your body is doing exactly what it needs to do.
- Take good care of yourself: eat, drink plenty of fluids, rest.
- Do things that you enjoy: Watch TV, talk with other women, read.
- Surround yourself with people that make you feel comfortable and safe.

EARLY LABOR

What's Happening:

The cervix continues to thin out and open, dilating to 3 or 4 centimeters. Labor is meant to be gradual, so this phase may take quite a while, usually about two thirds of total labor time. Over a period of several hours, contractions will become longer, stronger and more regular (about 5 minutes apart, each one lasting anywhere from 25-45 seconds). The pinkish vaginal discharge (called "show") may appear as labor progresses.

What helps?

- Take time to settle down and work with the labor.
- Take good care of yourself and do relaxing things
- When contractions become so strong you can't talk through them anymore begin to use breathing and relaxation techniques to help cope.



ACTIVE LABOR

What's Happening:

Contractions get stronger and stronger, about 3 minutes apart lasting for a minute or more. This phase takes generally 2 to 6 hours and the cervix dilates to about 8 centimeters. This is where the real focus comes in. Labor is hard work! You and your care provider should discuss labor pain management before you are in active labor. Talk about what you might like during a prenatal visit but remain open and flexible when in labor. Some women choose to go through labor using no medications while others want either pain medicine or an epidural.

- Now the labor has real momentum. Do something active during contractions, such as using breathing patterns, and rest between them.
- Change positions frequently. This helps you to stay comfortable and enhances progress.
- Remember to get out of bed, if you can, and empty your bladder regularly.
- Walking, rocking or swaying on a labor ball can help you feel more comfortable plus make more room for the baby to descend.

TRANSITION

What's Happening:

The cervix finishes dilating to 10 centimeters and begins making the transition to pushing. Contractions are powerful and efficient, so this phase is usually only about 1 hour. You may feel nauseous, shaky, restless, and/or irritable and this is all normal.

What helps?

- Focus on one contraction at a time.
- Continue with breathing and relaxation techniques.
- Really relax during your rest periods to rejuvenate, even though they are short.

The baby is maneuvering through the pelvis, rotating and slowly descending through the birth canal. When the baby reaches the perineum (the area of tissue just before exiting) the contractions are intense and are often accompanied by a feeling of burning or stretching. The care provider and nurses will encourage and guide you.



Postpartum - How it Effects You?

Physical Discomforts

You can experience discomfort from repair of a tear or an episiotomy. To help relieve this, you can apply ice for the first 12-24 hours. Try sitting in a warm sitz bath or do kegel exercises to promote circulation. You may apply topical anesthetics or use a witch hazel compress and/or discuss analgesic options with your care provider.

Difficulty urinating-

Drink lots of liquids or run water in the sink while you're trying to urinate. Pour warm water over the perineum as you are trying to urinate and try kegel exercises.

Fear of first bowel movement-

Talk to your care provider about a stool softener, drink lots of fluids, and eat high fiber foods found in whole grains, fruits and vegetables.

Hemorrhoids-

Keep bowel movements as soft as possible. You may apply topical anesthetics or use cool witch hazel compresses.

After-birth contractions-

Do slow paced breathing, use relaxation techniques and ask for a pain reliever if needed.

Emotional Difficulties-

Many women not only experience physical discomforts, but also feel some degree of depressed moods after giving birth, sometimes called, "**Postpartum Blues**". The "Blues" can be caused by a number of factors including:

- Hormonal changes
- Physical discomfort
- Let down after looking forward to your birth and baby for so long
- A stressful labor and birth
- Disappointment about not immediately regaining pre-pregnant shape
- Adjustment to leaving the baby behind when you return to jail
- Anxiety about caring for an infant or who will care for your infant



Postpartum blues usually occur 1-5 days postpartum and last about 10 days. Women who have postpartum blues often experience fatigue, mood swings, anxiety, crying and low energy.

Postpartum depression-

Postpartum depression occurs within 2 wks.-12 mos. after delivery. Women with postpartum depression often experience depressed mood, anxiety, insomnia, intense feelings of inadequacy, difficulty coping, difficulty taking care of their baby and sometimes suicidal thoughts.



Risk factors for developing postpartum depression include:

A history of depression, depression during pregnancy or postpartum depression, family history of mood disorders, poor social support, money problems.

About 1-2 women in 1000 will develop postpartum psychosis. This occurs 2-3 days after delivery.

Women with **postpartum psychosis** experience depression and/or mania, difficulty taking care of their baby, poor memory, worthlessness, suicidal thoughts, fear of hurting the baby and delusions about the baby. Risk factors for postpartum psychosis include women with bipolar disorder, history of psychosis or a family history of psychosis.

Postpartum depression and postpartum psychosis can be treated. If you have any of the above symptoms or are concerned that you may have postpartum depression or psychosis, contact your health care provider as soon as possible.



Returning to jail without your baby.

There are many changes that will happen as you return to jail and the baby is left in the care of someone other than you. It is often very emotional and overwhelming. The feeling of sadness and the blues can last days for some women and for others for weeks or months. The important thing to remember is that it is normal to have some very strong emotional feelings. If the feelings intensify or seem unmanageable, seek help. Usually 6-8 weeks after birth a routine has set in and you start to feel the "blues" lessen. There are some things you can do to help you get through those first difficult weeks:

- **Let your emotions out.** If you feel like crying, cry, share your feelings with people you trust, such as in a postpartum support group.
- **Nap whenever you need to,** your body has done a lot of work, give it well needed rest.
- **Try to eat healthy foods and continue your vitamins.** Drink plenty of fluids. Get exercise when you can. You can do mini sit-ups and kegel exercises starting on day 1 (unless instructed not to by your care provider). Walking is a great way to get back into shape and relieve stress.
- Even though you feel very emotional and frustrated, **continue to abide with the jail routines and choose to be cooperative.** Good behavior is one way to demonstrate your commitment to your baby.

If you get to take your baby home from the hospital...

Before leaving the hospital find out about an appointment for the baby's first check up. The first visits take place within a few days or a few weeks.

Remember ask any questions that you might have. Write the questions and answers down on a paper. The doctors, midwives and nurses are willing to answer these questions and are there to help you.

- Take some time to be alone with your baby; he/she will need to get use to the outside world.
- You will need to help to get the baby nourished, and clean, warm, safe, and healthy.



Ways to Keep Your Baby Safe:

- Lay your baby down to sleep on his/her back. This will help to lower the risk of sudden infant death syndrome (SIDS).
- Babies need to sleep on a firm mattress. Avoid waterbeds, sofas, sheep skin, or other soft surfaces.
- ALWAYS use a car safety seat when the baby is riding in the car.
- Never leave the baby alone in the car, the bathtub, on a changing table, bed, sofa, or anywhere that he/she could fall down.
- Check the baby's toys and clothing; remove anything that could be pulled off, ribbons, buttons, or other small objects. Also, remember to keep any small objects out of reach of your baby so that there is no chance to have anything lodged in his/her throat.
- Don't let anyone smoke around your baby. This causes more colds and respiratory infections for infants and young children.



Infant Feeding

Choosing to breast or bottle feed is a very personal choice. The experts recommend breastfeeding whenever possible. However, a woman who must return to jail after giving birth is not always able to choose breastfeeding. Many jails are not equipped to handle mother's milk and all that is required to make it available to the infant. If you are in a facility that offers the option of pumping breast milk and storing your milk for the infant, this is the best option for infant feeding. If you will be returning to a facility where this is not an option, your infant will need to formula feed.



Did you know ?

Breast milk protects the baby against infection.

Frequent breastfeeding stimulates milk production; it is not true that resting the breast produces more milk.

Baby will need night feedings. Breast milk is easily digested and passes quickly through the digestive system. This is why babies wake at night to be fed. Most breast fed babies will nurse every 2-3 hours during the night.

How often?

Babies will nurse 6-12 times a day.

The more you nurse the more milk you will have.

If you experience engorgement:

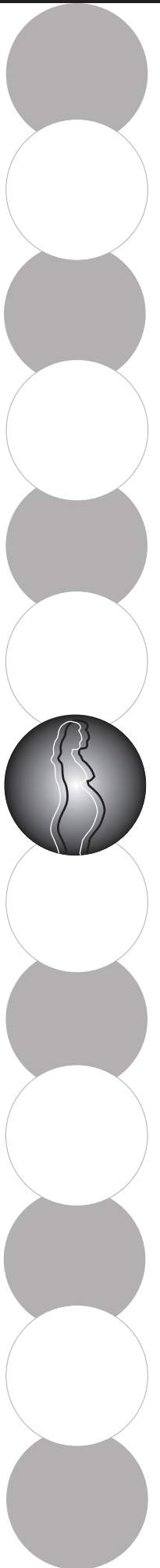
Try Warm showers or compresses before feeding.

Soften breasts by expressing some milk.

Nurse often!

How much is enough milk?

When your baby has 6-8 wet diapers, and 3-5 bowel movements per day it is a sign that the baby is getting enough milk.



Sore Nipples

Helpful tips:

- Break suction before taking baby off of the breast. Slide your finger along your nipple and gently break the suction of the baby.
- Give shorter, more frequent feedings.
- Offer the least sore breast first.
- Avoid plastic against nipples. Keeping the nipples dry and clean will help.
- Wash your breasts with water. Avoid using soaps that can dry your nipples.
- Expose your breasts to sun and air as much as possible.

REMEMBER:

Correct positioning is most important for preventing sore nipples!

Blocked Duct

If a milk duct becomes blocked a tender lump may appear on the breast.

- Apply heat
- Nurse frequently,
- Get plenty of rest, and check positioning.
- If you should develop a high fever and/or flu like symptoms, notify your care provider.



Effects of Drug Use During Pregnancy



Cigarette Smoking: Women who smoke are more likely to have an ectopic pregnancy, a miscarriage and a low birth weight baby. Smokers are at risk for a stillborn baby.

Alcohol: Drinking while pregnant can cause your baby to be born with physical and mental birth defects. The most serious problem that can occur from drinking alcohol is Fetal Alcohol Syndrome.

No one knows exactly how much alcohol a woman has to drink to cause birth defects. That level may differ from woman to woman.

Methadone: If you have been taking methadone during your pregnancy your baby will have withdrawal symptoms after birth. It is not a good idea to stop taking methadone during your pregnancy, since the baby will go through withdrawal inside you. Then you can't do much to take care of your baby.

Illicit Drug Use can affect the developing baby negatively.

Here are just a few examples:

- **Marijuana:** Marijuana use is linked with low birth weight in the baby. If you have been using marijuana during your pregnancy your baby may experience withdrawal like symptoms including excessive crying and shaking.

Effects of Drug Use During Pregnancy



- **Methamphetamine** (Meth) puts the fetus at extreme risk and on occasion can cause stillbirth. After delivery, it can cause problems for the baby such as tremors.

- **Heroin** and other narcotics use can cause small babies, pre-term babies, low birth weight, delays in development, and behavior problems.

- **Cocaine** during pregnancy can cause the placenta to tear away from the uterus which can cause bleeding, pre-term birth, or fetal death. Babies exposed to cocaine may have withdrawal symptoms, slow growth, fussiness, brain injury, and long-term behavioral, emotional and learning problems.

- **LSD and PCP** can cause women to have seizures, heart attacks, lung failure, flashbacks, and violence. Babies may be small, and have behavioral and learning problem.



REFERENCES

Websites:

www.verybestbaby.com
www.marchofdimes.com
www.mymidwife.org
www.gotmom.org

Books:

Great Expectations: Your All-in-One Resource for Pregnancy & Childbirth

Sandy Jones & Marcie Jones. Barnes & Noble Books-Imports, November, 2004

The Girlfriends Guide to Pregnancy, Vicki Ionvine. New York: Pocket Books, 2004.

What to Expect When You Are Expecting (3rd Edition), Heidi Murkoff, Arlene Eisenberg and Sandee Hathaway. New York: Harper Collins Publishers, 2002.

What to Expect: Gift Set. When you're expecting and what to expect in the first year. Heidi Eisenberg Murkoff, Arlene Eisenberg, Sandee Hathaway and Heidi Murkoff. New York: Harper Collins Publishers, 2003.



