

Pregnancy Handout

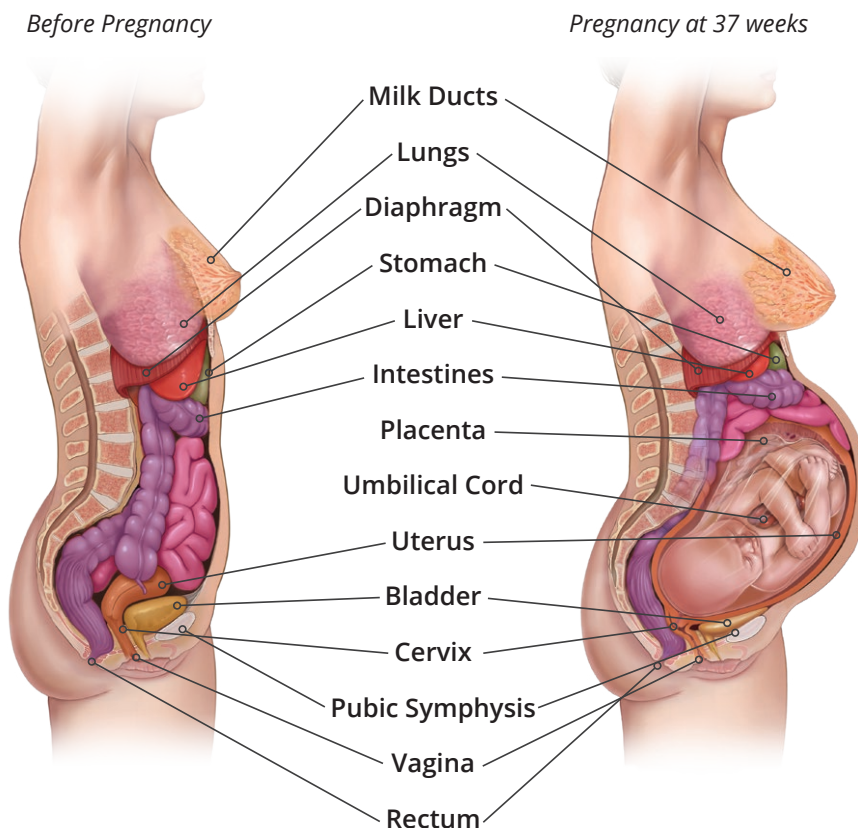
3rd Trimester Overview

- Your baby gains body fat, their lungs mature, and their brain is wired for thinking.
- You may experience a wide range of emotions and fears. Be sure to communicate your feelings with your partner, friends, and healthcare provider.
- Your baby needs more nutrients to help their brain and bones develop, so have lots of healthy foods.
- Since your baby is still developing, it is important to continue avoiding hazards, such as alcohol, cigarettes, illegal drugs, and marijuana.
- Exercising can relieve pregnancy discomforts and increase your chances for an easier labor and postpartum recovery. Try swimming, yoga, or walking.

Discomforts:

- Upset stomach
- Leg cramps
- Itching abdomen
- Backaches
- Swelling
- Shortness of breath

Anatomy of Pregnancy



It is normal to feel a wide range of emotions during your 3rd trimester



WARNING SIGNS: Preeclampsia

If you notice any of these signs, contact your healthcare provider immediately. If you cannot reach your provider, go to the nearest emergency room right away!

- Rapid swelling in the legs and feet, hands, or face
- Headache that doesn't go away with medication
- Loss of vision or "floaters" in your vision
- Severe pain on your right side or in your stomach area
- Easy bruising
- Decreased amounts of urine
- Shortness of breath

Pregnancy Quiz

1. When is your baby considered full-term?
 - A. At 39 weeks
 - B. At 37 weeks
 - C. At 35 weeks
 - D. None of the above
2. What are the risks for early-term babies?
 - A. No risk at all
 - B. Being overweight
 - C. Greater risk for breathing, feeding, and other medical problems
 - D. None of the above
3. What can you do to reduce your risk of preterm labor?
 - A. Wash hands often to avoid infection
 - B. Reduce stress in your life
 - C. Practice good dental hygiene
 - D. All of the above
4. What carries blood to the baby?
 - A. Uterus
 - B. Cervix
 - C. Umbilical cord
 - D. Amniotic sac
5. When should you call your healthcare provider?
 - A. If you feel your baby moving less
 - B. If you have more than 4 contractions in 1 hour before the end of 37 weeks
 - C. If you are leaking fluid or having vaginal bleeding
 - D. All of the above



WARNING SIGNS

Signs of Preterm Labor (Before 37 Weeks)

If you notice any of these signs, contact your healthcare provider immediately. If you cannot reach your provider, go to the nearest emergency room right away!

- Change or increase in vaginal discharge (watery, mucus-like, or bloody)
- Pelvic or lower belly pressure
- Dull ache that is constant or repetitive in your lower back, pelvic area, lower belly, or upper thighs
- Mild belly cramps (with or without diarrhea)
- Your water breaks in a trickle or a gush
- Regular or frequent contractions that occur 4 or more times in 1 hour and might be painless*


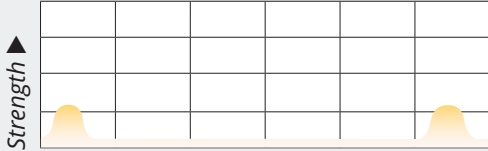

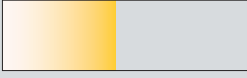
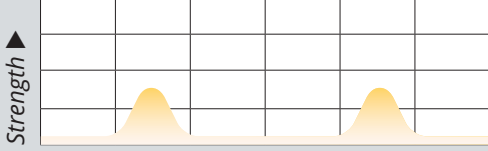


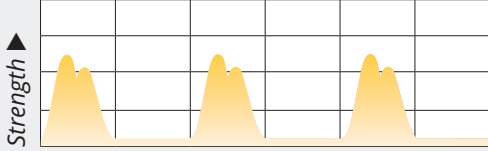

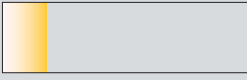
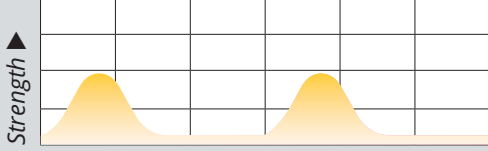



**If you have contractions, empty your bladder, lie down on your left side for an hour, drink 2 to 3 glasses of water, and time the contractions. If they do not go away or if the pain is persistent and severe, call your healthcare provider.*

General Pregnancy Warning Signs

- Vaginal bleeding
- Fever above 100°F (37.7°C)
- Pain or burning with urination
- Vomiting or diarrhea lasting 24 hours or more
- Major change in your baby's movement patterns
- Sudden pain in your belly

Answer Key:
1.A 2.C 3.D 4.C 5.D

Labor Handout

Stage	Length	Contractions & Dilation	Emotions	Tips
1st Stage <i>Early Labor</i>	0 12  6-12+ hours (could last a day or more)	 Contractions: 30-45 seconds long; 5-30 minutes apart Cervical Dilation: 0-6 cm	 Excited, anxious	Stay at home, rest, take a walk, or do light activities.
1st Stage <i>Active Labor</i>	0 12  3-5 hours	 Contractions: 45-60 seconds long; 3-5 minutes apart Cervical Dilation: 6-8 cm	 More serious, focused	Use different positions, breathing, and relaxation techniques.
1st Stage <i>Transition</i>	0 12  30 minutes-2 hours	 Contractions: 60-90 seconds long; 1-3 minutes apart Cervical Dilation: 8-10 cm	 Frustrated, dependent	You may feel nauseous or shaky. Support people need to provide focus.
2nd Stage <i>Pushing & Birth</i>	0 12  20 minutes-3 hours	 Contractions: 60-90 seconds long; 3-5 minutes apart Cervical Dilation: 10 cm	 Relieved, energized to push	Use different positions to push. Support people should provide encouragement.
3rd & 4th Stage <i>Placenta & Recovery</i>	0 12  First few hours after birth	Weak infrequent contractions help deliver the placenta and start the process of involution (shrinking of the uterus)	 Happy, bonding	Hold your baby skin-to-skin for at least an hour right after birth.

Labor Quiz

1. Braxton Hicks contractions _____
 - A. Cause the cervix to thin and open
 - B. Are warm-up contractions
 - C. Should stop if you empty your bladder, lie down, or drink water
 - D. B & C
2. Which signs tell you that labor has started?
 - A. When the mucous plug falls out
 - B. When you have an intense urge to prepare your home for your baby
 - C. When your baby drops deeper into the pelvis
 - D. When your contractions are regular, last longer than 30 seconds, and get stronger
3. What should you be aware of when your water breaks?
 - A. Color, odor, amount, time
 - B. Nothing, just call your doctor
 - C. Call, order, aches, temperature
 - D. Getting yourself to the hospital as quickly as possible
4. The 2nd stage of labor is when you:
 - A. Deliver the placenta
 - B. Push
 - C. Give birth
 - D. B & C
5. The 3rd stage of labor is when:
 - A. Your baby is born
 - B. You deliver the placenta
 - C. You are pushing
 - D. None of the above



TAKE NOTE

How Do You Know if You Are in Labor?

Warm-Up Contractions:

- Tighten some of the uterus
- Do not usually cause back pressure
- Ease up over time
- Have no regular pattern
- May stop when you change your activity by resting, walking, or taking a warm bath
- Do not cause the cervix to change

True Labor Contractions:

- Eventually tighten the entire uterus
- Usually cause pressure on the lower back and/or lower belly
- Last longer over time
- Become stronger over time
- Grow closer together
- Do not stop when you change your activity, and walking may make them stronger
- Cause the cervix to thin and open

When Should You Go to the Hospital?

It is likely that you will not need to go to the hospital until your contractions are **5 minutes apart, last 1 minute each**, and continue in this pattern **for 1 hour**. Use **511** as a general guide—always follow your healthcare provider's instructions.

Answer Key:
1.D 2.D 3.A 4.D 5.B

Comfort Techniques Handout

Labor Environment

- Dim the lights
- Use aromatherapy
- Play music

Hydrotherapy

- Get in the tub and let the warm water soothe you—turn on the jets if they are available
- Take a shower and spray warm water on your belly or back
- The bath works best when you are in active labor



Hydrotherapy can be soothing during labor

Massage

- Have your support person massage your shoulders, legs, back, or wherever feels good
- Try a light circular massage on your belly with your hands or shower spray
- During contractions, have your support person apply pressure on your lower back using their hands or a tennis ball
- Try a double-hip squeeze (support person's hands placed low on your hips, pressing in and up during contractions)
- Apply warm or cold water bottles, wash cloths, heating pads, or gel packs to sore areas

Breathing

- Take deep, cleansing breaths
- Try breathing quicker or adding a pattern as labor intensifies
- Breathe in a way that feels right for you

Visualization

- Imagine that each contraction is an ocean wave
- Visualize yourself in a peaceful place to help during contractions—imagine the sounds and sensations of being there
- Use focal points, such as your baby's ultrasound photo or an object in the room
- Repeat a word or a positive phrase

Vocalization

- Moan or make low, guttural sounds
- Avoid shrieking or making high-pitched sounds

Positions & Movement

- Try sitting, standing, squatting, getting on hands and knees, leaning forward, and side-lying
- Use movement, such as rocking your pelvis or slow dancing
- Walk the halls
- Use labor tools, such as a fitness ball, peanut ball, squat bar, or birthing stool



Sitting on a fitness ball can help to open your pelvis

Pushing

- Use a variety of positions—squatting, hands and knees, semi-sitting, and side-lying
- Try exhaling as you push, and avoid holding your breath
- Listen to your body and follow your instincts

Comfort Techniques Quiz

1. What is hydrotherapy?

- A. It is a comfort technique that uses water
- B. It is when you walk during labor
- C. It is a rhythmic way of breathing
- D. None of the above

2. Using different positions during labor and pushing _____.

- A. Makes labor and pushing more uncomfortable
- B. Increases your comfort level and helps your baby get into position for birth
- C. Can make your labor go more quickly
- D. B & C

3. What is a doula?

- A. An instrument the doctor uses to measure dilation
- B. A professional labor companion who offers support and suggests comfort techniques
- C. A professional who provides medical care
- D. B & C

4. Some effective pushing positions you can try include:

- A. Squatting, semi-sitting, side-lying
- B. Hands and knees and forward leaning
- C. Sitting on a toilet or birthing stool
- D. All of the above

5. The best thing you can do while pushing is:

- A. Hold your breath
- B. Stay flat on your back
- C. Follow your instincts; your body will tell you what to do
- D. A & B



TAKE NOTE Hospital Packing List

- ☐ Holiday lights (check with your hospital first)
- ☐ LED candles
- ☐ Aromatherapy diffuser and oils
- ☐ Music
- ☐ Focal points (photo or sentimental item from home)
- ☐ Relaxation scripts
- ☐ Meditation apps or podcasts
- ☐ Gel packs (can be made hot or cold)
- ☐ Water bottles (can be frozen or filled with warm water)
- ☐ Heating pad (ask before using in the hospital)
- ☐ Hand-held massage tools
- ☐ Tennis balls
- ☐ Fitness or peanut ball (see if your hospital provides)
- ☐ Squat bar (see if your hospital provides)
- ☐ Birth stool (see if your hospital provides)

Answer Key:
1.A 2.D 3.B 4.D 5.C

Medical Procedures Handout

Procedure	How It Is Done	Why It Is Done/ Benefits	Risks to You	Risks to Baby
Induction <i>(Using medication or procedures to start labor)</i>	<ul style="list-style-type: none"> • Mechanical dilator (device inserted in cervix and expanded) • Sweeping membranes (provider separates amniotic sac from uterus) • Cervical ripening agents (medication applied on or near cervix) • Pitocin (medicine added to IV) 	<ul style="list-style-type: none"> • Too far past due date • Water breaks without contractions • Pregnancy puts you or your baby at risk 	<ul style="list-style-type: none"> • Increased chance of cesarean birth • Increased labor discomfort • Infection (with mechanical dilator and sweeping membranes) 	<ul style="list-style-type: none"> • Fetal distress
Augmentation <i>(Using medication or procedures to speed up labor)</i>	<ul style="list-style-type: none"> • Pitocin (medicine added to IV) • Amniotomy (breaking the bag of waters) 	<ul style="list-style-type: none"> • Labor slows down • Need for stronger, more frequent contractions 	<ul style="list-style-type: none"> • Does not always shorten labor • Infection (with amniotomy) 	<ul style="list-style-type: none"> • Fetal distress
Analgesic <i>(Narcotic pain medication)</i>	<ul style="list-style-type: none"> • Nurse adds medication to an IV or injects it into your thigh or hip 	<ul style="list-style-type: none"> • Can be given shortly after requested • Provides fast relief • Does not numb muscles 	<ul style="list-style-type: none"> • Drowsiness, nausea, and itching • May slow breathing • May lower blood pressure 	<ul style="list-style-type: none"> • Slow breathing • Sleepy and less alert at birth
Epidural <i>(Regional anesthesia that numbs pain in the lower body)</i>	<ul style="list-style-type: none"> • Anesthesiologist or nurse anesthetist places a catheter in your lower back that carries medication to your lower body 	<ul style="list-style-type: none"> • Safe, effective pain relief • Chance to rest • Does not affect mental state 	<ul style="list-style-type: none"> • Shivering, fever, itching, nausea • Lowered blood pressure • Incomplete pain relief • Other rare risks are listed on consent form 	<ul style="list-style-type: none"> • Higher doses and longer administration could impact breastfeeding
Second Stage Interventions <i>(Procedures that help baby through birth canal)</i>	<ul style="list-style-type: none"> • Episiotomy (an incision in the perineum) • Vacuum extractor (a suction cup and pump that helps guide the baby out) • Forceps (an instrument shaped like tongs to help guide the baby out) 	<ul style="list-style-type: none"> • Too tired to push • Epidural causes ineffective pushing • Baby needs to be born quickly 	<ul style="list-style-type: none"> • Does not always offer substantial benefit • (episiotomy) • Increased pain and infection after birth (episiotomy) • Tearing of the perineum, vagina, or anus (forceps and vacuum extractor) 	<ul style="list-style-type: none"> • Temporary marks/bruising on the baby's face or head (vacuum/forceps) • Temporary nerve problems in baby's face (forceps)

Medical Procedures Quiz

1. Why should you create a birth preferences plan?
 - A. To share your desires for your birth experience
 - B. To use as a communication tool with your healthcare provider
 - C. To help you think about the kind of birth you want
 - D. All of the above
2. What acronym should you use to remember what questions to ask if a procedure is suggested?
 - A. COAT
 - B. SCRAP
 - C. BRAIN
 - D. BRAT
3. What are the main pain medications used in labor?
 - A. Analgesics
 - B. Epidural anesthesia
 - C. Pitocin
 - D. A & B
4. What is Pitocin used for?
 - A. To induce (start) labor
 - B. To slow labor down
 - C. To speed up labor
 - D. A & C



TAKE NOTE Sample Birth Preferences Plan

Labor Environment

- ☐ Dim lighting
- ☐ Quiet
- ☐ Play music
- ☐ Wear my own clothing
- ☐ Aromatherapy scents
- ☐ Bring things from home, such as blankets or photos

Pain Relief

Non-Medical Options

- ☐ Relaxation
- ☐ Changing positions/walking
- ☐ Visualization
- ☐ Massage
- ☐ Fitness ball
- ☐ Breathing
- ☐ Tub/shower
- ☐ Hot and cold packs

Medical Options

- ☐ Analgesic
- ☐ Epidural anesthesia
- ☐ I prefer that medication only be offered at my request.

Baby Care

- ☐ I want to hold my baby skin to skin immediately after birth and breastfeed as soon as possible.
- ☐ I am breastfeeding exclusively. Do not give my baby pacifiers, bottles, or formula.
- ☐ I want to room-in with my baby.

Answer Key:
1.D 2.C 3.D 4.D

Cesarean Birth Handout

Reasons for Cesareans

A cesarean birth is the delivery of a baby through a surgical incision in the belly and uterus. Cesarean births are done if a vaginal birth is impossible or unsafe for you or your baby.

Unplanned Cesareans

Unplanned cesareans are done when they become necessary during labor.

Reasons for unplanned cesareans:

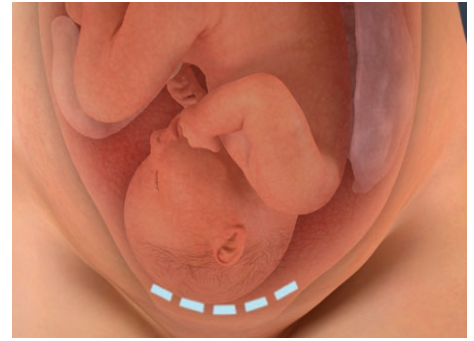
- Cephalopelvic disproportion (CPD), a rare condition in which the baby's head does not fit through the pelvis (it is common for labor to slow down, and pushing efforts may be long and ineffective)
- Abnormal fetal heart rate
- Labor is not progressing despite augmentation efforts
- The baby moves into a position that makes vaginal birth difficult or impossible

Emergency Cesareans

Emergency cesareans are rare and may be done at any point during labor. If an emergency situation occurs, general anesthesia may be given because it takes effect quickly. Using an existing epidural or rapid spinal block as pain relief during surgery is sometimes possible.

Reasons for emergency cesareans:

- A placental abruption, which is when the placenta separates from the uterus wall before the baby is born. This can cause severe bleeding.
- Cord prolapse, which is when the baby's head is still high and the umbilical cord slips through the dilated cervix. The cord can get pinched by the baby's head as it descends. A pinched cord blocks the flow of oxygen to the baby.
- Uterine rupture, which is a tear in the wall of the uterus that can cause dangerous bleeding and fetal distress.
- If your baby has a major drop or rise in their heart rate or has a flat heart rate that cannot be resolved by your healthcare providers.



The cesarean incision is just above the pubic hair



Hold your baby skin to skin as your surgery is being completed

Cesarean Birth Quiz

1. If your baby's head does not fit through the pelvis, this type of cesarean will be performed.
 - A. Planned
 - B. Unplanned
 - C. Emergency
 - D. None of the above
2. Your healthcare provider may need to do an emergency cesarean if:
 - A. The placenta separates from the uterus
 - B. You are tired
 - C. The doctor plans it ahead of time
 - D. None of the above
3. Some risks of cesarean birth include:
 - A. An infection at the incision site or an internal infection
 - B. Increased blood loss or hemorrhage, blood clots in the legs
 - C. Injuries to organs, and increased risk of future cesareans
 - D. All of the above
4. What are some things that will be done to prepare you for a cesarean surgery?
 - A. Signing consent forms and getting an IV
 - B. Your support person will be asked to put on scrubs
 - C. Anesthesia is given
 - D. All of the above
5. After a cesarean birth, babies benefit from being held skin to skin as soon as possible because:
 - A. It helps stabilize your baby's heart rate, body temperature, and blood sugar
 - B. It wakes your baby up
 - C. It keeps your baby from getting bored
 - D. None of the above



TAKE NOTE Reducing the Cesarean Risk

Studies indicate that some cesareans are avoidable.

How to lower your risk

- Avoid gaining more than the recommended amount of weight.
- Have continuous, hands-on support throughout labor.
- Avoid inducing labor unless medically necessary.
- Stay at home during early labor.
- Use upright or forward-leaning positions during labor and pushing.
- Wait until labor is well established before getting an epidural.

Answer Key:
1.B 2.A 3.D 4.D 5.A

Newborn Handout

Common Newborn Procedures

The hospital will perform basic procedures for your baby's health and safety. Many of these can be done while you hold your baby skin to skin on your chest.

- Apgar score (evaluation of your baby right after birth)
- Cutting the cord
- Weighing and measuring (can be delayed)
- Antibiotic eye ointment (protects Baby's eyes from certain vaginal bacteria)
- Hepatitis B vaccine and Vitamin K shot (helps Baby's blood clot)

Crying

Crying is normal and is how your baby communicates. It can be frustrating, but when your baby cries, respond right away. Never shake, drop, throw, or hit your baby when they cry. This can cause serious injuries or death. If you are frustrated, put your baby in their crib and walk away to take a break.

Safe Sleep Environment

Sudden unexpected infant death (SUID) describes the sudden and unexpected death of a baby less than one year old. These deaths often happen during sleep or in the baby's sleep area. Follow the ABC's to reduce your baby's risk.

A is for Alone

- Keep your baby in the same room as you, but not in the same bed, for at least the first 6 months and ideally for the first year.
- Put nothing in the crib but your baby. It's important to keep the room cool, around 68 to 72 degrees Fahrenheit to prevent overheating.
- Keep the room smoke-free.

B is for Back

- Always place your baby on their back to sleep and put your baby back in their crib after nighttime feedings.

C is for Crib

- A baby should only sleep in a crib, bassinet, or co-sleeper.
- Never put your baby to sleep on a couch, chair, or other soft space.
- Make sure your baby's crib meets current safety standards, and always use a tight-fitting crib sheet.
- Place your baby's sleep space away from furniture, windows, blinds, drapery cords, and keep mobiles out of your baby's reach.



Hold your baby skin to skin as newborn procedures are performed



Babies cry to communicate their needs



Always put your baby to sleep on their back

Newborn Quiz

1. Some things you may notice about your newborn are:

- A. Fine soft hairs called lanugo
- B. A purplish skin tone
- C. A cone-shaped head
- D. All of the above

2. What are the ABCs of Safe Sleep?

- A. Alone
- B. Back
- C. Crib
- D. All of the above

3. The Apgar score is:

- A. An assessment performed on your baby at 1 and 5 minutes after birth
- B. An immunization
- C. When the nurse assigns a number from 0 to 2 for your baby's appearance, pulse, grimace and reflexes, activity, and respiration
- D. A & C

4. The best time to start breastfeeding is:

- A. After you and your baby nap
- B. After you leave the hospital
- C. Within the first hour after birth
- D. None of the above

5. When your baby cries, it is best to:

- A. Let them cry it out and learn to self-soothe
- B. Respond to your baby's cries right away—this lets them know that they can count on you
- C. Put the baby in a safe place (like their crib) and cool off for a few minutes if you are feeling stressed
- D. B & C



TAKE NOTE Rooming-In

Keep your baby with you in your room (day and night) at the hospital and at home. According to the American Academy of Pediatrics (AAP), the safest place for your baby to sleep is in the same room as you, but NOT in the same bed. The AAP recommends rooming-in for at least 6 months (ideally 12 months).

Benefits of Rooming-In:

- Helps you learn your baby's cues early on, leading to more successful breastfeeding
- Provides more time and opportunities for skin-to-skin contact, which can increase breastmilk production
- Makes night feedings easier and improves sleep for you and your baby
- Allows you to respond to your baby quickly, so your baby may cry less
- Reduces the risk of sleep-related deaths

Answer Key:
1.D 2.D 3.D 4.C 5.D

Postpartum Handout

Involution

- This is when your uterus starts to get smaller—it continues to shrink for about 6 weeks until it reaches its original size
- During involution, you might feel mild to moderate contractions called “afterpains”

Vaginal bleeding

- This is called lochia, and it occurs when the uterus sheds tissue and blood after birth
- Bleeding is heaviest after birth and then slows down
- Wear pads instead of tampons to reduce your risk of infection

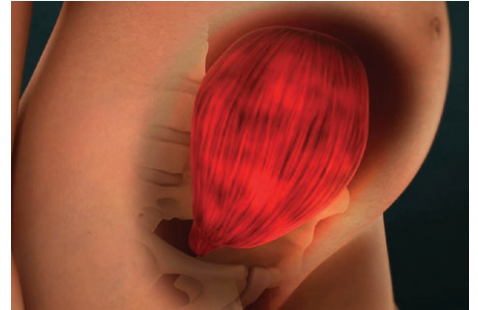
Perineal Care

You will have some soreness in your perineum (the area between your vagina and anus) and your pelvic floor.

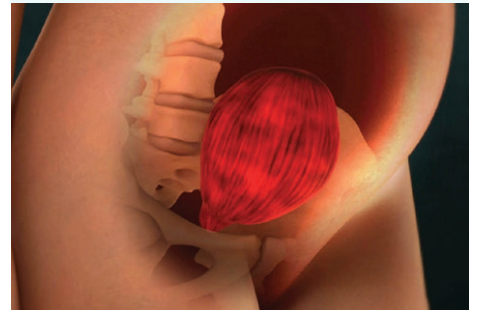
How to ease soreness:

- Use ice packs in the first 24 hours
- Run warm water over the area while you shower
- Take a warm bath or use a plastic sitz tub

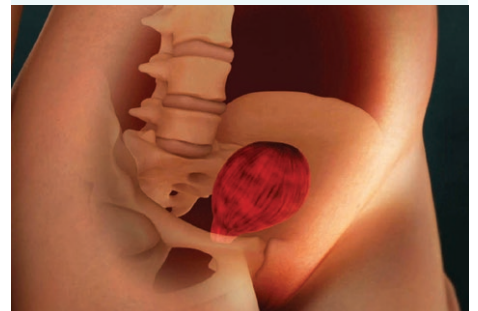
Shrinking of the Uterus (Involution)



Immediately After Birth



At 3 Weeks



At 6 Weeks

Postpartum Warning Signs



These signs can be a matter of life or death, so call 911 immediately if you are having any of these signs:

- Pain in your chest
- Shortness of breath or difficulty breathing
- Seizures
- Thoughts of hurting yourself or someone else
- Hallucinations (seeing or hearing things that are not there)

Call your healthcare provider immediately if you are having any of these signs: (If you cannot reach your healthcare provider, go to an emergency room or call 911 right away)

- Heavy vaginal bleeding, soaking through 1 or more pads within an hour or passing blood clots larger than a golf ball
- Cesarean or episiotomy incision that is not healing
- Red or swollen leg that is painful or feels warm when touched
- Temperature of 100.4°F or higher
- Headache that does not get better, even after taking medicine, or bad headache with vision changes
- Sudden swelling of the face, hands, or feet

If you call with an emergency, be sure to mention when you had your baby, and let them know exactly what you are feeling. Mention this warning signs page if you need help explaining why you are concerned.

While the following signs may not be as urgent as the ones listed above, they can lead to serious health problems if left untreated. Contact your healthcare provider if you have:

Perineum, Vagina, & Abdomen

- Worsening pain in the perineum (the skin between your vagina and anus)
- Vaginal discharge with a foul-smelling odor
- Severe abdominal pain or cramping

Breasts

- Painful, firm, red area on your breast
- Nipples that are red, achy, itchy, or painful (you could have a yeast or bacterial infection)
- Flu-like symptoms, such as chills or body aches (including headaches)—you could have a breast infection

Bowel & Bladder

- Pain or burning with urination that is accompanied by a fever
- Constipation lasting longer than a few days

Perinatal Mood & Anxiety Disorder (PMAD)

- Constantly crying or worrying
- No longer finding pleasure in things you used to enjoy
- Problems eating or sleeping
- Irritability or difficulty concentrating
- Intrusive thoughts
- Inability to care for yourself or your baby
- Suicidal thoughts

Postpartum Quiz

1. Call your healthcare provider if you pass any blood clots larger than a:
 - A. Tennis ball
 - B. Golf ball
 - C. Nickel
 - D. Baseball
2. Some signs of perinatal mood disorders, including postpartum depression, include:
 - A. Excessive worrying, anxiety, irritability, loss of interest in activities you used to enjoy, or feeling that you are losing control
 - B. Crying or sadness that does not go away and problems sleeping or eating
 - C. Feeling that you might hurt yourself or your baby
 - D. All of the above
3. If you are breastfeeding, you should feed your baby:
 - A. Whenever they show signs of hunger
 - B. According to a schedule
 - C. At least 8 to 12 times in 24 hours
 - D. A & C
4. Signs of an effective, deep latch include:
 - A. Your baby's mouth is open wide, and their chin is pressed into the breast
 - B. You will see more of the dark area around the nipple showing above your baby's lips than below them
 - C. Their lips will be flared outward, and you should feel a strong tug that is not painful at your breast
 - D. All of the above
5. Some things partners can do to support breastfeeding are:
 - A. Offer words of encouragement
 - B. Bring water and healthy snacks during feedings
 - C. Burp the baby
 - D. All of the above



TAKE NOTE Perinatal Mood & Anxiety Disorders (PMAD)

15-20% of postpartum people experience mood disorders such as depression and anxiety.

Signs include:

- Crying or sadness that does not go away
- Irritability and anger
- Difficulty bonding with your baby
- Feeling anxious or panicky
- Problems with eating or sleeping
- Feeling out of control
- Having upsetting or intrusive thoughts
- Feeling that you might hurt yourself or your baby

If you experience any of these signs or your partner notices them, contact your healthcare provider. Having a PMAD is not your fault—it is caused by a chemical imbalance in the brain and is treatable. Talk to your healthcare provider right away if you suspect you have a PMAD.

Answer Key:
1.B 2.D 3.D 4.D 5.D