

Infancy Visit #2

- Birth Control

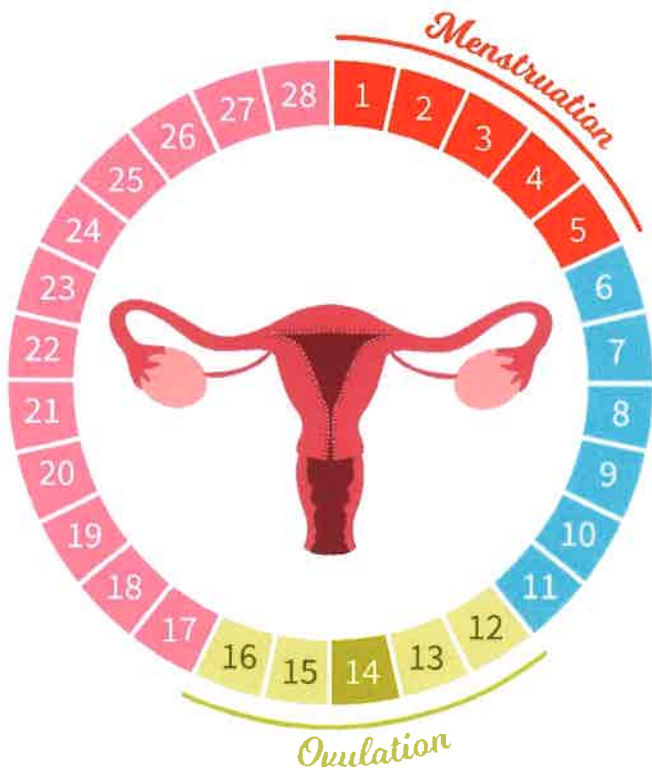
Additional:

- Breastfeeding
- Formula Feeding

Topics for Next Visit

- Safe Sleep
- Tummy Time
- Crying/Soothing Baby
 - Shaking Baby
- Responsive Parenting

Periods: Before and After Pregnancy



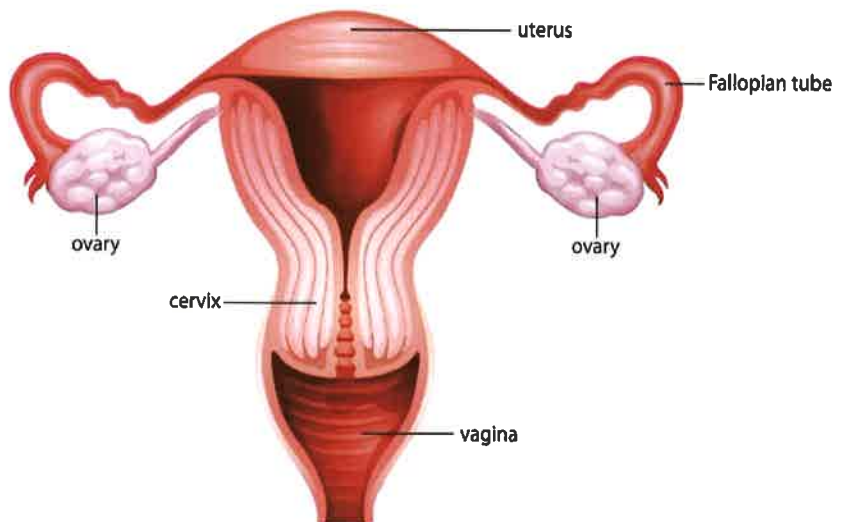
Menstruation

A period (also known as menstruation) is when a mixture of blood, uterus lining tissue, and fluid from your uterus comes out of your vagina. It usually lasts 4-8 days, about once a month.

A menstrual cycle is how your body prepares for potential pregnancy. An average menstrual cycle lasts 28 days, but this can vary by individual. This cycle starts on the first day of your period and goes to the first day of your next period. Throughout the cycle, your hormone levels rise. If you do not get pregnant, levels of estrogen and progesterone fall and your cycle starts over with your period.

Ovulation

Each ovary holds eggs. Ovulation is when an egg is released from an ovary, starting around Day 12 of the menstrual cycle. One of the ovaries releases an egg, usually about halfway through the cycle. Some people experience one-sided, lower abdominal pain during this time called mittelschmerz. It usually doesn't require medical attention.



After the egg is released, it moves down the fallopian tube toward the uterus. This is where the egg remains for about one day waiting for sperm. If pregnancy doesn't occur, your body won't need the lining that has built up in the uterus and will release it by having a period. If egg and sperm meet and implant in the thick uterine wall, you become pregnant and your period stops until you are no longer pregnant.

Periods: Before and After Pregnancy

The exact time of when periods return after the birth of a baby can be different for everyone. It depends on how you are feeding your baby and when your hormones return to the levels they were before you were pregnant. Your first period may be different from how it was before pregnancy. You may have:

- Irregular periods
- Increased or decreased cramping
- Heavier periods
- Small clots in your periods

Below is more information on what to expect with your period postpartum.



If you are not breastfeeding...

Your first period should occur about two months after baby is born. You can ovulate and get pregnant again even before you have a period. Decide on a method for birth control *before* you have sex!

If you are breastfeeding...

Your period may resume any time after about 2 months postpartum. Some women have a period while breastfeeding. Some women only resume periods after they stop breastfeeding.

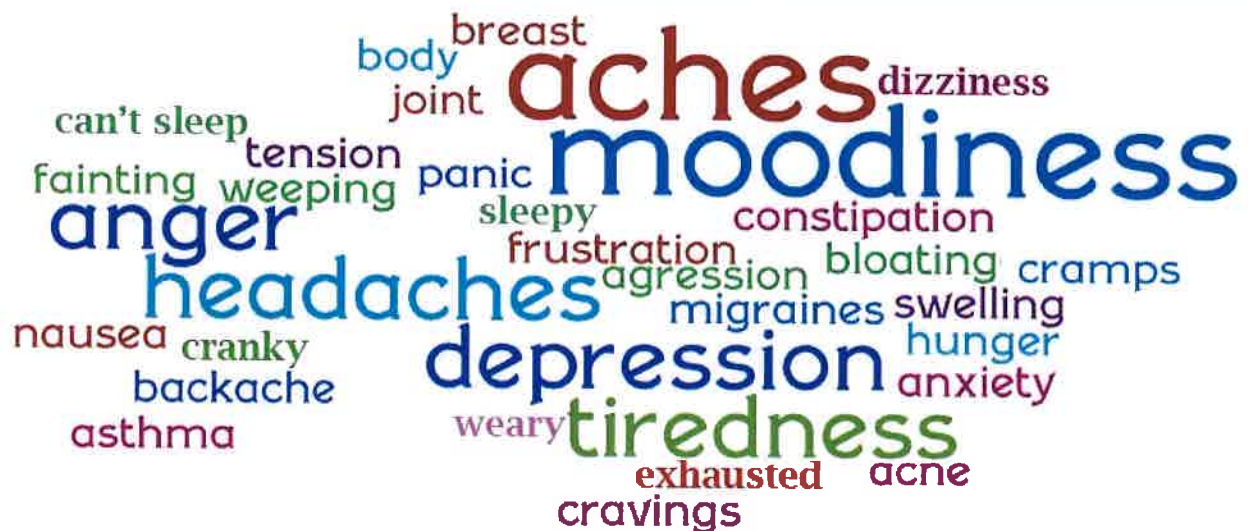


Breastfeeding is not reliable birth control as it's possible to get pregnant while breastfeeding. If you have sex, use birth control if you aren't ready for another pregnancy and to allow your body to heal. Talk with your health care provider about the best method for you to use while breastfeeding.

PMS

What is PMS?

PMS stands for premenstrual syndrome. It is caused by hormone changes from menstruation. There are many symptoms of PMS. You might have a lot of symptoms. You might have just a few.



What can I do about PMS?

Exercise	
Changes in diet	
Vitamins	
Over-the-counter medicines	
Prescription medicines	

Nurse Instructions: PMS

What can I do about PMS?

Exercise	Exercise is one of the best ways to treat PMS. Regular exercise has been shown to reduce (or even eliminate!) symptoms of PMS in some women. It also helps you to be healthier overall.				
Changes in diet	<p>Increase the calcium in your diet! Research shows that many PMS symptoms (including mood swings, depression, and cramps) can be reduced by getting 1200 mg of calcium each day.</p> <p>Other changes in diet that may help:</p> <table> <tr> <td><u>Eat Less</u></td><td><u>Eat More</u></td></tr> <tr> <td> <ul style="list-style-type: none"> • Fat • Red meat • Refined sugar • Salt • Alcohol • Caffeine </td><td> <ul style="list-style-type: none"> • Complex carbohydrates • Leafy green vegetables • Fruit • Cereals • Whole grains </td></tr> </table>	<u>Eat Less</u>	<u>Eat More</u>	<ul style="list-style-type: none"> • Fat • Red meat • Refined sugar • Salt • Alcohol • Caffeine 	<ul style="list-style-type: none"> • Complex carbohydrates • Leafy green vegetables • Fruit • Cereals • Whole grains
<u>Eat Less</u>	<u>Eat More</u>				
<ul style="list-style-type: none"> • Fat • Red meat • Refined sugar • Salt • Alcohol • Caffeine 	<ul style="list-style-type: none"> • Complex carbohydrates • Leafy green vegetables • Fruit • Cereals • Whole grains 				
Vitamins	<p><u>Vitamin B6</u>: 50 – 300 mg each day can reduce PMS symptoms in some women</p> <p><u>Vitamin E</u>: 600 IU each day can reduce breast tenderness</p> <p><u>Magnesium</u>: 300 – 500 mg each day can reduce sugar cravings and breast tenderness</p>				
Over-the-counter medicines	Over-the-counter treatments that may help include acetaminophen, ibuprofen, or naproxen. You could also try drugs specifically made for relieving premenstrual symptoms.				
Prescription medicines	Birth control pills help some women with the symptoms of PMS. For severe cases of PMS, talk to your doctor. There are other medicines that may be able to help you.				

Breast and Chest Self-Awareness

Knowing how your breasts and chest normally look and feel is called breast and chest self-awareness. Most experts now agree that breast and chest self-awareness is more helpful than doing a self-exam using a particular method at certain times. Research does not support self-exam as an effective way to detect cancer or improve survival for people with breast or chest cancer.

Taking time to know what is normal for you is most important! This helps you notice any changes. Report any changes to your health care provider right away.

Signs to look for . . .

Lump

Skin
changes
like
thickening,
dimpling

Swelling



Change in
size or
shape

Swollen
areas in
armpit

Nipple
discharge,
pain, or
redness



Contact your health care provider if you notice anything unusual. They will help you determine the next best action.

Remember some lumpiness can be due to hormonal changes during the menstrual cycle and most lumps are benign (not cancer).

What about Sex After Pregnancy?

Everyone's desire for and experience of sex postpartum is unique. Here are some considerations:

If you had stitches after delivery, healing may take longer

Cuddling and talking are other ways to feel close to your partner

Some people like having sex during this timeframe, while others are turned off or feel "touched out"

Talk openly with each other about your concerns about sex after birth



Having a baby is a big change and being a parent takes a lot of energy!

TIPS TO REMEMBER:

- Follow your health care provider's guidance on when to resume sex postpartum.
- The decision to have sex should always be one where both people are in agreement.
- Avoid sex if you have concerns about vaginal infection and talk to your health care provider.
- Use condoms to protect from sexually transmitted infections and talk with your health care provider about your plan for birth control.

What is safe sex?

Safe sex means you protect yourself and your partner from STIs.

What is an STI?

A STI is a Sexually Transmitted Infection. A STI can make you ill. STIs are spread through body fluids, including semen, blood, and vaginal fluid. Most birth control methods don't protect you from sexually transmitted infections. It is important that you are protected. You and your partner can have a STI and have no symptoms.

How can I protect myself?

Use a condom every time you have sex. Using a condom correctly provides a barrier to help prevent infection. The saying “no glove, no love” can help you remember to use a condom each time.

How to use a condom:

1. Open the package. Be careful not to rip it.
2. Make sure you have the right side.
The condom should roll down and not up.
3. Place the condom on the tip of the hard penis.
Leave a little space at the top.
4. Unroll the condom all the way to the base of the penis.
5. Smooth out any air bubbles.



Remember!

- ❖ Only use fresh condoms. Check the expiration date. Don't use condoms that have been too hot or carried around in a wallet.
- ❖ After sex, have your partner hold the condom at the base of the penis. He should pull out while he is still hard.
- ❖ Never reuse condoms.

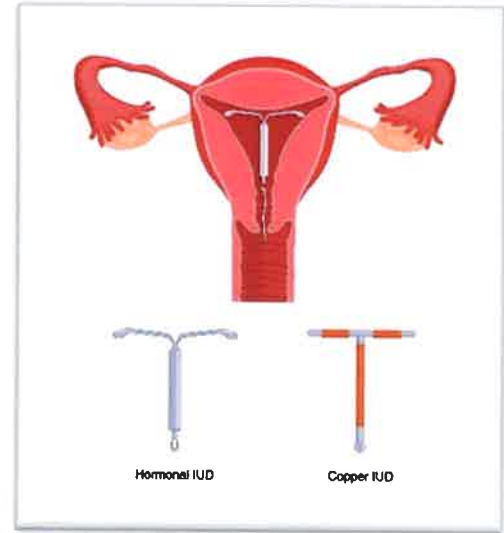
Is there anything that stops me from using a condom to protect myself?

What could help me be sure to protect myself?

Very Effective Methods (less than 1 in 100 become pregnant)

IUDs (IntraUterine Devices):

- Small, T-shaped piece of flexible plastic that sits in the uterus.
- Thickens the mucus in the cervix to block the sperm from entering the uterus. Changes the way the sperm moves which can stop it from reaching the egg. Can also prevent implantation.
- Inserted by your healthcare provider, lasts 3-10 years and can be removed by your provider at any time.



2 Types of IUDs:

Hormonal Type

- Releases a small amount of a female progestin hormone in the uterus at a slow rate.
- Lasts 3-6 years or more, depending on the brand.
- May cause irregular periods, lighter or missed periods.

Copper Type

- Has a small amount of copper in it and no hormones.
- Lasts 10 or more years.
- May cause heavier periods or bleeding in between periods.

IMPLANT:

- A small, thin, flexible tube placed under the skin in your arm.
- Releases the hormone progestin which stops the egg from leaving the ovary. Thickens the mucus of the cervix to stop the sperm from reaching the egg.
- Inserted by your healthcare provider, lasts up to three years and can be removed by your provider at any time.
- May cause irregular periods or mood changes.



Somewhat Effective (6 - 9 in 100 women become pregnant)

BIRTH CONTROL SHOT

- Medication you receive by an injection/shot in arm or buttocks.
- Contains the hormone progestin which stops the egg from leaving the ovary; does not contain estrogen.
- Provided at clinic every 12 to 13 weeks (3 months).
- May cause irregular bleeding or weight gain and can take 9 to 10 months to become pregnant after stopping shots.



BIRTH CONTROL PILLS

- Pill that you swallow.
- Contains the hormone progesterone and most also contain estrogen. Stops the egg from leaving the ovary.
- Take at the same time every day.
- May cause nausea, weight gain, spotting or mood changes.



BIRTH CONTROL PATCH

- Small patch placed on your skin, such as your stomach or upper arm.
- Releases the hormones progestin and estrogen, stops the egg from leaving the ovary.
- Place a new patch every week for three weeks in a row, then wear no patch for the fourth week.
- May cause nausea, weight gain, spotting or mood changes.



VAGINAL RING

- Small, flexible, clear ring that you place in your vagina.
- Releases low doses of the hormones progestin and estrogen, stops the egg from leaving the ovary.
- Insert the ring, leave it in for three weeks. Take it out for the fourth week, then insert a new ring and repeat cycle.
- May have vaginal irritation, headaches, nausea or weight gain.



Least Effective (12 - 24 in 100 women become pregnant)

CONDOM (Male)

- Thin plastic that covers penis.
- Keep sperm from entering the woman's body, also protects against STIs.
- Must be used every time you have sex.
- May cause decreased sensitivity.



WITHDRAWAL OR PULL-OUT

- Man pulls his penis out from the woman's vagina before he comes (ejaculates).
- Keeps sperm out of vagina if done correctly.
- Difficult to perform correctly every time, increasing risk of getting pregnant.

RHYTHM OR NATURAL FAMILY PLANNING Method

- Carefully keep track of periods, temperature, cervical mucus texture.
- Identify when woman is likely to become pregnant.
- Avoid sex during that fertile time or some choose to use a condom.
- Does not work well if periods are irregular.



Birth Control – What Matters to Me?










Choosing birth control is a personal decision. It's all about figuring out what matters most to you and then finding what method best meets that need. For example, if what's most important to you is to have the least chance of getting pregnant then either the IUD or implant may be the best choice. Review this chart with your nurse to help you pick the best birth control for your preferences and situation.

Circle what is most important to you →	Best at preventing pregnancy	Hidden from others	Set it and forget it	No hormones involved	Lighter periods	Protection from STIs	No procedure involved	Breastfeeding friendly
Hormonal IUD	✓	✓	✓		✓			✓ *
Copper IUD	✓	✓	✓	✓				✓
Implant	✓	✓	✓		✓			✓ *
Depo Shot		✓	✓		✓		✓	✓ *
Condoms (Male & Female)				✓		✓	✓	✓
Birth Control Pills					✓		✓	✓ * Progestin-only pill
Skin Patch					✓		✓	
Vaginal Ring					✓		✓	
Withdrawal				✓			✓	✓
Other: _____								


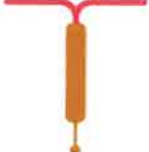

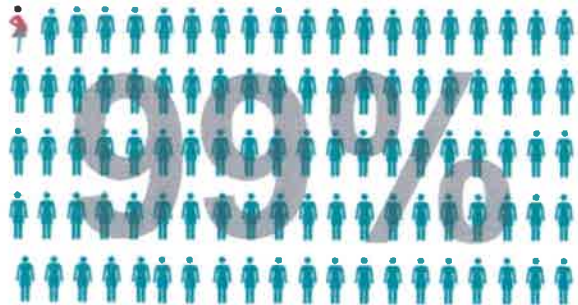






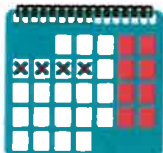

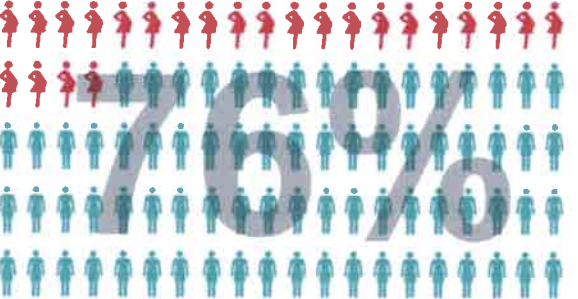
*These methods are safe for baby although may decrease breast milk supply in some women. Seek the advice from your medical provider to consider waiting 4 weeks after birth before starting. If waiting, use an alternate method to prevent pregnancy if you are having sex.

Birth Control for Partners

It may feel that birth control doesn't have much to do with you, although finding a successful method takes both people. You can support your partner by being open to discuss different birth control methods, getting involved in the decision, and helping your partner use the chosen method correctly!

	Birth Control Method	How the method is used:	How you can help:
MOST Effectiveness	IUD (intrauterine device) 	Device is inserted vaginally by a health care provider.	Consider accompanying your partner to appointments
	Implant 	Device is inserted in the arm by a health care provider.	Consider accompanying your partner to appointments
	Shot 	Injection is given at medical clinic every 3 months.	Help keep track of schedule and consider going with partner to appointments
	Pill 	Tablet swallowed daily.	Help find a time of day that is easy to remember and remind partner
	Patch 	New patch placed on skin every week for 3 weeks in a row.	Set an alarm on your phone or mark the calendar to remind partner to replace patch weekly
	Ring 	Ring inserted vaginally and left in for 3 weeks.	Set an alarm on your phone or mark the calendar to remind partner to remove ring every three (3) weeks
	Condom (male) 	Thin barrier placed on penis before sex.	Keep unexpired condoms and remember to put on every time before sex
LEAST	Withdrawal 	Penis pulled out of vagina before ejaculation.	Practice body awareness with condom on
	Natural Family Planning 	Cycle, body temperature, and cervical mucus texture tracked daily. Avoid sex during fertile time or use a condom.	Help with tracking and support abstinence or condom use during fertile times
<p>What are other ways you can be supportive?</p> <ul style="list-style-type: none"> ▪ Suggest we go get tested for sexually transmitted infections (STIs) together ▪ ▪ ▪ 			

Birth Control Effectiveness

<p>MOST EFFECTIVE</p>	<div>    </div> <p>Hormonal IUD Copper IUD Implant</p>	 <p>99%</p>
<p>MODERATELY EFFECTIVE</p>	<div>     </div> <p>Depo Shot Pills Ring Patch</p>	 <p>91%</p>
<p>LEAST EFFECTIVE</p>	<div>    </div> <p>Condoms Fertility Withdrawal</p>	 <p>76%</p>

 represents the approximate percentage of women who will not get pregnant when the method is used correctly.




Emergency Birth Control

What is Emergency Birth Control?

If you have unprotected sex or if a condom breaks, emergency birth control can help prevent pregnancy. One type of emergency birth control is sometimes called the morning after pill. Another option is a copper IUD, which is the most effective at preventing pregnancy.

How does it work?

Pregnancy does not happen right away. It can take up to 6 days after sex for the sperm and egg to meet. These methods help by reducing the chance that the sperm will meet the egg.

METHOD	EFFECTIVENESS	HOW IT WORKS	DETAILS
ParaGard (IUD)  Copper IUD	Almost 100% effective. Can be placed up to 5 days after sex.	Decreases the sperm's ability to fertilize the egg. May prevent implantation.	Inserted by a health care provider. If hard to schedule within 5 days, try a birth control clinic. Does not contain hormones and can protect against pregnancy for up to 12 years (or until you want it out).
Ella (pill) 	85% effective. Less effective if over 195 lbs. Can take it up to 5 days after sex.	Suppresses the hormone progesterone to delay ovulation. May also prevent implantation.	Requires a prescription. Should not be taken if you are breastfeeding.
Plan B, Next Choice, One Dose, My Way (pill) 	75-89% effective. Less effective if over 165 lbs. Can take it up to 3 days after sex.	Contains progestin which delays ovulation. May also prevent implantation.	Can get at most pharmacies without a prescription if you are at least 17 years old (15 in some states). Check with your healthcare provider about the specifics for your state.

For most emergency birth control methods, the sooner you take it the more effective it is. So, it is a good idea to keep the pill on hand, just in case you need it.

Some medicines can make some hormonal birth control methods less effective. Birth control that contains hormones can also affect some medicines.

Which birth control methods might be affected?

The pill, patch, or ring may be affected by medications. The shot, implant and hormone IUD (Mirena or Skyla) may be affected as well.



Which common medications should I worry about?

Some medicines for bi-polar disorder, seizures, cancer, HIV (human immunodeficiency virus) or tuberculosis may interact with the hormones. Some herbal medicines, like St. John's Wort, may also interfere with these methods. Discuss all medicines and antibiotics that you are taking with your health provider.



What should I do if I need to start a new medicine?

Check with your doctor or pharmacist when you start a new medicine, antibiotic, or herbal supplement to make sure it will not affect your birth control.

Planning for Permanent Birth Control



Does your future include having more children?

If not, you might consider a permanent form of birth control, also known as sterilization. When considering if this is the right choice for you, ask yourself:



- Do I worry about an unplanned pregnancy?
- Do I have medical problems that could make another pregnancy unsafe for me?
- Am I happy with my current form of birth control or do I worry that it will not work?
- Am I ready for permanent birth control?
- Can permanent birth control be reversed if I want another pregnancy?
- Does someone else want me to have permanent birth control?
- How much does it cost?

Advantages and Disadvantages:

Think about the below points when considering permanent birth control:

Disadvantages:

- It is considered permanent
- It may be difficult or impossible to reverse, if you change your mind
- It does not protect against sexually transmitted infections
- It involves surgical risk
- You may have short-term discomfort

Advantages:

- Little to no worry about getting pregnant
- For both women and men, it is over 99% effective in preventing pregnancy
- Does not involve hormones
- No changes in sexual desire, menstruation or breastfeeding

Pros:

Cons:

Types of Permanent Birth Control: Tubal Ligation

A tubal ligation is commonly known as “getting your tubes tied.” It prevents pregnancy by blocking the passage of eggs from the ovaries to the uterus. It is a surgical procedure usually done at a hospital or medical office.

How effective is a Tubal Ligation?

- It is greater than 99% effective at preventing pregnancy.
- Tubal ligations are meant to be permanent, so they cannot be easily or successfully reversed. Consider a tubal ligation if you are sure pregnancy is not something you desire for the future.

When can it be done?

- After vaginal birth
- During a C-section
- Anytime as an outpatient procedure

How is it done?

- After receiving anesthesia, an incision is made in your lower abdomen to access your fallopian tubes.
- The tubes are cut, tied, clamped, or sealed during the procedure. This prevents pregnancy because the male sperm and female egg can't meet, which first occurs in the fallopian tube.
- The surgeon will close the incisions in the skin, usually using a couple stitches.



What are the benefits?

- No hormones are involved.
- Tubal ligations are a one-time procedure that last a lifetime.

What are the side effects?

- There is a very small chance of tubes not closing or reconnecting themselves, which could lead to a pregnancy.
- Possible complications with the procedure include bleeding, infection or a reaction to anesthesia (if used).

After the procedure, you will still have your periods and can resume sex 1-4 weeks after the procedure. Tubal ligation does not provide any protection against sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

Types of Permanent Birth Control: Vasectomy

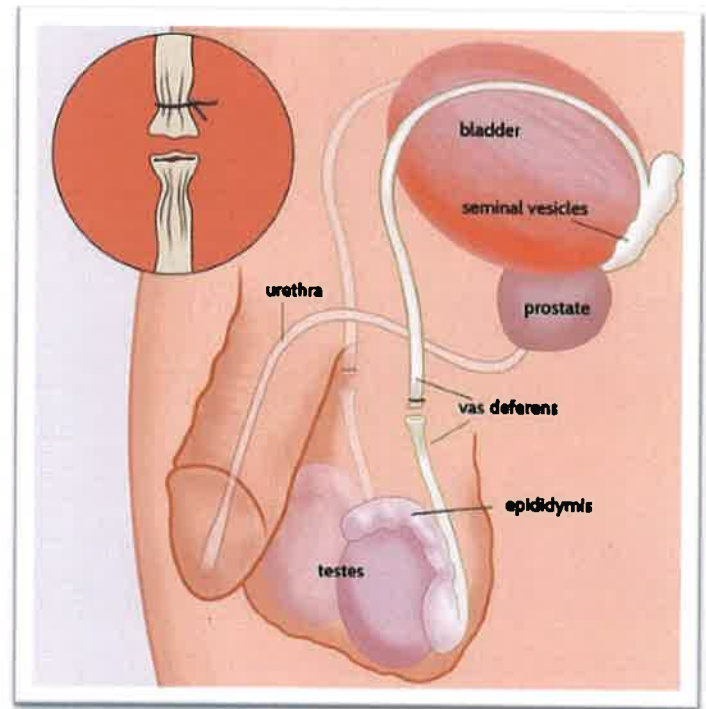
A vasectomy is a 30-minute surgical procedure that can be done at a health care provider's office. This minor procedure prevents pregnancy by blocking sperm from reaching semen.

What is a Vasectomy?

- It is greater than 99% effective at preventing pregnancy.
- Vasectomies are meant to be permanent, so they usually can't be reversed. Consider a vasectomy if you are certain pregnancy and having a baby is not something you desire for the future.
- Having a vasectomy, compared with tubal sterilization, is safer, less expensive, and as effective.

How is it done?

- A local anesthetic is given.
- An incision or two is then made in the scrotum.
- The vas deferens (two tubes that carry semen from the testicle) is pulled out, is cut, each end tied off, and then returned to the scrotum.
- The area is closed with stitches or glue.



What are the benefits?

- Vasectomies are a one-time procedure that last a lifetime.
- Vasectomies don't change the way ejaculating feels or the amount of semen that is released. It just keeps sperm in the testicle where they can be absorbed by the body, which is harmless.

What are the side effects?

- There is a very small chance of tubes reconnecting themselves, which could lead to a pregnancy.
- Possible complications with the procedure include bleeding, infection or a reaction to anesthesia (if used).

A vasectomy does not provide immediate protection against pregnancy. So, it's important to use another form of birth control until the health care provider verifies there are no sperm in the semen. A follow-up is usually done 6-12 weeks after surgery to check for sperm.

Vasectomies do not provide any protection against sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

Permanent Birth Control: Vasectomy

A vasectomy is a 30-minute surgical procedure that can be done at a health care provider's office. This minor procedure prevents pregnancy by blocking sperm from reaching semen.

How effective is a Vasectomy?

- It is greater than 99% effective at preventing pregnancy.
- Vasectomies are meant to be permanent, so they usually can't be reversed. Consider a vasectomy if you are certain pregnancy and having a baby is not something you desire for the future.
- Having a vasectomy, compared with tubal sterilization, is safer, less expensive, and as effective.

How is it done?

- A local anesthetic is given.
- An incision or two is then made in the scrotum.
- The vas deferens (two tubes that carry semen from the testicle) is pulled out, cut, each end tied off, and then returned to the scrotum.
- The area is closed with stitches or glue.

What are the benefits?

- Vasectomies are a one-time procedure that last a lifetime.
- Vasectomies don't change the way ejaculating feels or the amount of semen that is released. It just keeps sperm in the testicle where they can be absorbed by the body, which is harmless.

What are the side effects?

- There is a very small chance of tubes reconnecting themselves, which could lead to a pregnancy.
- Possible complications with the procedure include bleeding, infection, or a reaction to anesthesia (if used).

A vasectomy does not provide immediate protection against pregnancy. So, it's important to use another form of birth control until the health care provider verifies there are no sperm in the semen. A follow-up is usually done 6-12 weeks after surgery to check for sperm. Vasectomies do not provide any protection against sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

