# What to Know During Your Pregnancy—

# 28 Weeks to Birth

UNM HOSPITALS

HLO Approved
4/25
812-2396

2211 Lomas Blvd NE
Albuquerque, NM 87106

# What's in this Booklet?

We want you to stay safe and healthy during your pregnancy! This booklet has information for Week 28 until birth.


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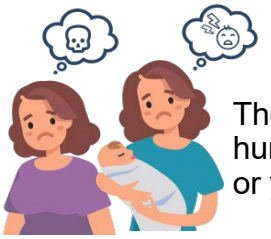
We look forward to caring for you and hope all goes well during your pregnancy and right afterwards (postpartum). Just in case, here's some information on when to call (**1-877-925-6877**) or come in to UNM OB Triage on the **fourth floor of the Bill and Barbara Richardson Pavilion (BBRP)**.

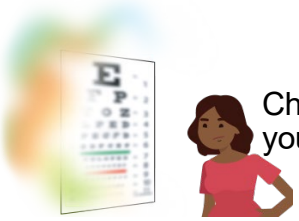
# Urgent Maternal Warning Signs

Headache that won't go away or gets worse over time

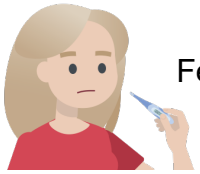
Dizziness or fainting



Thoughts about hurting yourself or your baby

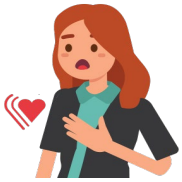


Changes in your vision



Fever

Trouble breathing



Chest pain or fast-beating heart

Severe belly pain that doesn't go away

Severe nausea and throwing up (not like morning sickness

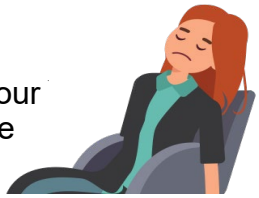
Baby's movements stopping or slowing

Vaginal bleeding or fluid leaking during pregnancy

Vaginal bleeding or fluid leaking after pregnancy

Swelling, redness or pain in your leg

Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

**If you can't reach your provider, go to OB Triage. If you are seen at a hospital different from UNMH, remember to say that you're pregnant or have been pregnant within the last year.**

Learn more: https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/

Take a photo to learn more



V5 September 2022

# If You Have an Emergency or if You Are in Labor, go to OB Triage.

**OB Triage** is the part of the hospital that takes care of pregnant patients who are in labor or have an emergency. **It is always open.**

- You can call the OB Triage nurse advice line at **1-877-925-6877** if you have questions**.** The nurse can help you decide if you need to go to OB Triage.
- OB Triage staff will see the patients who are the sickest or are in labor first.
- 2 people may be with you in the triage room.
- Bring a snack and something to drink in case you have to wait
- Providers send most patients from OB Triage to Labor and Delivery when they are actively in labor. Active labor is when the cervix is open (dilated) about 5 to 6 centimeters.

## Where is OB Triage?

OB Triage is on the **4th floor** of the Bill and Barbara Richardson Pavilion (BBRP). BBRP is the newer part of the Hospital. The address is 2211 Lomas Blvd NE.


## If you do not have an emergency and are not in labor, but have questions, concerns, or are sick—

**When the clinic is open**—Call your clinic to talk to a nurse or leave a message. They'll try to call you back on the same day.

**During weekends and when the clinic is closed**—You can call your clinic and leave a message on the nurse line. Someone will call you back during normal business hours.

## Important Phone Numbers

- **1-877-925-6877 Emergencies** – OB Triage nurse advice line
- **505 272-8913** – Women's Ultrasound/Imaging
- **505 463-8293** – Milagro Clinic
- **1-800-773-3645** – New Mexico Coalition Against Domestic Violence Hotline
- **505 247-4219** – S.A.F.E. House (for Domestic Violence)

# More Choice for You During your Pregnancy and Birth

At the University of New Mexico Hospital, we know that every patient is different. Every patient has different health needs. We want to give you as much choice as we can for your best care. To do this, our Midwives, Family doctors, Obstetricians, Anesthesiologists, and Nurses work together on our Labor and Delivery Unit. We call this an **integrated model of care.**

## What does an integrated model of care mean for you?

Three different kinds of providers work along with our nurses as a team. Each kind of provider brings a specialized approach and shares that knowledge with the team. You are at the center of this team and can make choices that fit your needs and values. Providers from each of these areas are available 24 hours a day.

In Labor and Delivery or OB Triage, patients may want care from the same kind of providers they saw for prenatal care. We do our best to assign your provider on this basis. We also take into account what kind of care you need. These assignments can change as we consider your care needs, what is happening on Labor and Delivery, and how many patients each provider has at any point. This process helps us make sure you and all the other patients get the safest, best quality care possible.

# Things to Do

## During Weeks 34 to 36 of your Pregnancy

### Medical Test – Group B Strep Culture

At the clinic, we will test you for a common bacteria called Group Beta Strep (GBS). GBS, is one of many bacteria that live in everyone's body. Even though GBS isn't usually harmful to you, it might make your baby sick.

- About 1 in every 4 people have GBS at the end of their pregnancy. GBS lives in the stomach, anus, and vagina. Most people don't know they have GBS in their body.
- GBS usually does not cause symptoms (like discharge or itching), and it is not a sexual infection.
- Having GBS doesn't mean you have an infection, but it might **cause** an infection.
- We treat GBS during labor to protect your baby from a lung or blood infection. We don't need to treat it before you go into labor.

**How Do I Know If I Have GBS?**

Around 36 weeks of your pregnancy, you'll get a test to see if you have GBS in your body.

- You will use a sterile Q-tip to get a sample from the vagina and just inside the anus.
- The sample will get tested. If the test is positive, this means you have GBS in your body. We would say you are **GBS positive**.

If your GBS test is positive, then you will be treated with penicillin or another antibiotic during labor.

**If You're in Labor and You're GBS Positive:**

1. Go to OB Triage at right away if you think you're in active labor or if your water bag broke or is leaking. Plan to get IV antibiotics during labor.
2. Tell the staff in OB Triage that you are GBS positive.
3. Tell the staff if you're allergic to penicillin. You can get a different antibiotic medicine during labor.

## Do Your Pre-Admission Paper Work

The hospital needs your information before you go into labor. Please fill out pre-admission paperwork **one month before your due date**.

Here's how.

- Go to the **Admitting Office** on the first floor of the main hospital. Ask the information desk for directions or follow signs to "Admitting."
- If you have health insurance, bring your insurance card or Medicaid card with you. The Admitting Office will call your insurance to tell them to pay for the costs of having your baby.
- If you do not have health insurance, the Admitting Office can give you information about financial help (Medicaid, UNM Care, etc.)

## Childcare

Plan to have someone take care of your other children while you are in the hospital.

During flu season (early winter through spring months) the baby's siblings may or may not be allowed to visit the Labor and Delivery and Postpartum (after birth) areas.

Before going into these areas, the hospital staff will ask questions about how your child is feeling. These questions will help staff know whether your child might spread a sickness to you or your baby. If your child is sick, they will not be allowed to visit you. Sometimes, if the flu season is very bad, nobody under age 14 is allowed to visit.

## Get a Car Seat for the Baby

Rear-facing car seat

You must have an infant (baby) car seat for the baby to leave the hospital.

- It is the law that all babies younger than 1 year old must sit in the back seat in a rear-facing car seat (facing the back of the car). The car seat must meet federal standards.

- 3 out of 4 car seats are used incorrectly. Safer NM (www.safernm.org) offers information about car seat basics, car seat inspection events, and the New Mexico Child Safety Seat Distribution Program. Find information about—
    - Car Seat Fitting Stations
    - Car Seat Inspection Clinic calendar
    - FAQs (information) that will let you know if you qualify for a discounted car seat price.
- Some Blue Cross Blue Shield programs may offer a free car seat. Your provider has to sign a form. You can find the form at this link: https://www.bcbsnm.com/pdf/forms/cc_crib_carseat_nm.pdf

## Plan Safe Sleep Practices for Newborns

Safe sleeping habits reduce the risk of Sudden Unexpected Infant Death (SUID) including Sudden Infant Death Syndrome (SIDS). The safest place for your baby to sleep is in baby's own separate sleeping area, like a crib or a bassinette.

Keep your baby safe while sleeping.

- Use a firm sleep surface such as the mattress that comes in a safety-approved crib or bassinet, covered by a fitted sheet.
- The baby should not sleep in an adult bed, couch, chair, infant swing, or car seat. If you bring your baby to bed with you to feed, put the baby back in baby's own bed after feeding
- ✗ Do not use pillows, blankets, loose bedding, sheepskins, or crib bumpers anywhere in the baby's sleep area.
- ✗ Do not put soft objects, toys, or stuffed animals in the baby's sleep area.
- Make sure nothing covers the baby's head, including hats.
- Always place your baby on their back to sleep, for naps and at night.
- Dress your baby in sleep clothing, such as a one-piece sleeper or wearable blanket. Do not use a blanket on top of the baby.
- Once your baby can roll over, leave their arms free outside of the swaddle.

# During Weeks 37 to42 of Your Pregnancy

## Get Ready for the Birth of Your Baby

Pack your bag for the hospital. (See page 12 to find out what to pack.)

If you go one week past your due date, we will offer to talk about and schedule a **labor induction**. This means we will schedule a day to give you medicine to help you go into labor.

- We schedule inductions between 41 and 42 weeks.
- If you do not have an induction at 41 weeks, we'll do some tests. We will check the baby's heart rate and look at the amount of fluid surrounding your baby.
- We usually do not recommend labor inductions before 41 weeks unless you have certain medical problems.

We will go over other labor instructions and precautions with you.

# All About Labor

A full term (normal length) pregnancy lasts 37 to 42 weeks. Most people go into labor during this time.

## What Is Labor?

Labor is the process of giving birth to your baby. It happens when your uterus contracts to push the baby out.

- Your uterus is a very strong muscle. When it contracts, it helps soften and open (dilate) your cervix.
- The contractions will get stronger and more painful as your labor continues.
- Normal labor can last between 2 and 24 hours.

## Signs That Labor Is Getting Closer

- **Lightening**: This is when the baby drops down into the pelvic bones. You might feel like:
  - it is easier to breathe.
  - you pee more often because there is pressure on your bladder.
- **Vaginal Discharge**: Mucus and fluid coming out of your vagina might increase. You may have thick mucus and a bloody "plug" coming from your vagina. This can be normal.
- **Braxton-Hicks Contractions**: These are contractions that help your body practice for labor. Once you get closer to your due date, they get stronger and come more often. The orange box can help you tell the difference between Braxton-Hicks contractions and real labor contractions.
- **Burst of Energy**: You might feel more energetic because your body is getting ready for the hard work of labor. Remember to take some time to rest!

**Braxton-Hicks Contractions are—**

- Irregular
- Don't come very often
- Last for 15-30 seconds (but sometimes up to 2 minutes)
- They often go away when you change positions or activity

**Real Labor Contractions are—**

- More regular
- They get stronger, longer, and closer together as you near labor
- They usually last 30-70 seconds
- They don't go away when you change positions or activity
- They come with other signs of labor

## What Should I Do If I Think I'm In Labor?

Go to OB Triage when you're having regular painful contractions for 1 hour that —

- come every 3 to 5 minutes.
- last 1 minute each.
- feel **very strong** (make you catch your breath or keep you from walking, talking, or listening).
- are all the same strength.

**How to Time Contractions**

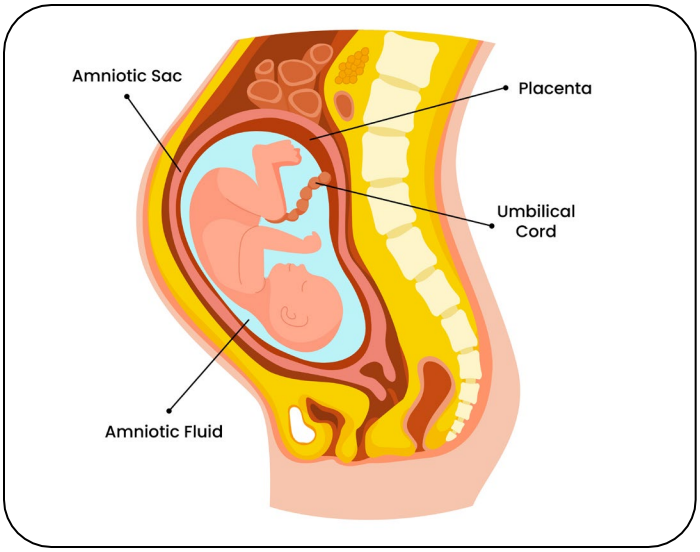
Count the time from the start of one contraction to the start of the next contraction.

Go to OB Triage if —

- this isn't your first baby and your previous labors were fast.
- you live far away from the hospital.

Go to OB Triage if your "bag of waters" (amniotic sac and fluid) breaks.

- Tell us if the fluid is yellow, green, or brown colored (like the baby pooped inside).
- Tell us if you are GBS positive (have the Group B Beta Strep bacteria). See Page 5 for more information on GBS.




**Amniotic Sac and Amniotic Fluid (Bag of waters)**

### Not Sure if Your Water (Bag of Waters) Broke?

Usually when your water breaks, you will leak fluid until your baby is born. Here are some things you can do to tell if you are leaking.

- Put a pad on your underwear to see if the pad collects more fluid.
- Take your underwear off and wear a skirt or towel to see if fluid is dripping down your leg.
- Walk around for about an hour. If your water has broken, you will still leak and feel wet.

If you think your water has broken, don't put anything in your vagina. This makes your risk for getting an infection higher.

## Come to the Hospital If—

- ⚠ you have heavy bleeding from your vagina, like a period.
- ⚠ you have a very bad headache, problems seeing, or pain under your ribs on the right side that doesn't go away.
- ⚠ you have had a C-section delivery in the past and you are having contractions.
- ⚠ your baby isn't moving.

## What to Do at Home

Here are some ways to make yourself comfortable at the start of your labor.

- Have loved ones at home with you who will encourage and support you.
- If it is night-time, try to sleep. If it is day-time, try lying down to sleep or rest. Get all the rest you can.
- Take a walk or move around, but save some of your energy for later when contractions get stronger.
- Try distracting yourself. Watch movies, cook food to eat after you come home from the hospital, make a birthday cake for the baby, or do a craft project.

- Take a shower or bath. This can help you relax.
- Drink lots of water and fluids with calories, such as Gatorade, coconut water, or juice. This will keep you hydrated and can give you energy. Try to drink at least 8 ounces of fluid every hour.
- ✕ **Do not** drink caffeine (coffee, black or green tea, coke or soda, energy drinks).
- Eat something. Labor takes a lot of energy.
- ✕ **Do not** eat foods that are very heavy, fatty, or greasy.
- Don't panic! You can do this. Your body was made for this. You are strong!

Drink lots of water and fluids

## What to Bring to the Hospital

### Things for Labor

- Food and drinks for your visitors and yourself (the hospital can give you meals, juice, and ice)
- Camera or phone for pictures (don't forget chargers!)
- Glasses, contact lenses, and cases
- Things to help make you comfortable like massage oil or music
- Your own pillow. (Put a pillowcase on it that is **not** white so you know it is yours.)
- Robe, slippers, and socks
- Chapstick, hair ties or clips, comb, brush, toothbrush, toothpaste, shampoo

- If you are getting an induction, you may want to bring things to keep you busy before labor starts, like cards, games, a laptop, or movies.

### Things for After the Birth

- Bra (nursing bra if you're breastfeeding)
- Clothes to wear home
- Clothes for the baby—T-shirt, hat, socks, blanket, sleeper, outfit
- Newborn car seat

# What to Know about Pain During Childbirth

## How Painful Is Giving Birth?

You've probably heard stories about giving birth. Birth is very different for each person.

- Each person has a different amount of pain.
- The kind of pain you have and the amount of pain you have changes during your labor.

## Why Is Labor Painful?

Labor hurts because your body is working hard. Your uterus is pushing the baby down and stretching your cervix (the opening of your uterus).

- Each time the uterus muscles flex, you may feel pain like a strong cramp.
- As your cervix and vagina stretch and open, you might feel a stretching, burning pain.

Although contractions are painful, you can rest in between them. Most contractions last 30 to 60 seconds.

**Remember!**

Nobody knows ahead of time how painful or difficult your labor will be. Knowing what you want for pain management is a good place to start.

When you are in labor, be open and willing to change. Trust your support persons and caregivers to help you make decisions that work for you.

# Coping with Pain Without Using Medicine

The next sections will give you more information to help you decide whether to use medicine and what kinds of medicine to use.

The less tense and afraid you are, the less painful your labor will be. Three things can help you labor successfully without using medicines:

- Know what to expect.
- **Believe in yourself!**
- Have emotional support and coaching during your labor.

## What Can I Do Before Labor?

- **Stay active** during your whole pregnancy. Regular exercise will keep you strong to get through labor.
- Take **childbirth classes**. The more you know, the less you fear. Fear makes pain hurt more.
- Have a **birth coach or doula**. Their job is to support you during labor and pregnancy. This may help you cope with pain and feel better.

## What Can I Do During the Beginning of Labor?

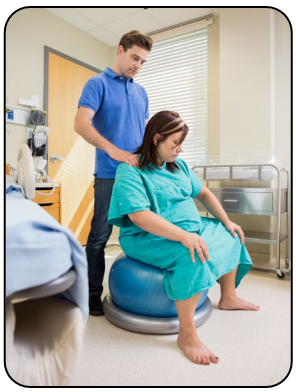
- When labor begins try to rest or sleep. Save energy for when harder labor starts.
- In early labor go for a walk or dance. The more you move, the less you hurt.
- Drink lots of fluids so you don't get dehydrated.
- Eat small meals or snacks if you are hungry.
- Take a warm shower or bath.
- Have support people with you.

When labor starts, try to rest or sleep.

## What Can I Do During Active Labor?

Find your rhythm. People who do well often rest between contractions or move to help cope with contraction pain. Each person has their own rhythm that works. Try these things.

- Rest between contractions by being still or by rocking gently.
- Focus on your natural breathing. Awareness of breath relaxes you.
- Change positions often.
- Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
- Try using a birth ball.
- Use the shower or bath tub to help your body relax.
- Believe you can do it. You can!
- Remember why you are doing this. Your baby will be here soon!



## What Can My Birth Partner Do During Labor?

- Help you find your rhythm. Help you during each part.
- Give you a back rub or hold your hand quietly.
- Offer you ice chips, water, or juice.
- Help you change positions and support your body.
- Keep the lights low and play soft music.
- Put a cold washcloth on your forehead.
- Put a warm washcloth on your lower back or belly.
- Talk you through contractions, supporting your movements and your noises.
- Cheer you on!

The **UNM Birth Companion Program** provides trained volunteers who can work with your partner, family, or friends to help support your labor. Watch this short video at https://bit.ly/UNMBCvideo to learn how a birth companion can help you.

**Please contact us**
If you would like to learn more about our program.

**Phone: 505-353-9902**
**Email:**
UNMHBirthCompanions@salud.unm.edu

UNM Health Website:
https://unmhealth.org/services/womens-health/maternity/birth-companions

Facebook:
https://www.facebook.com/unmhbirthcompanions/

## What Can My Provider Do During Labor?

- Answer your questions.
- Check your progress and give you direction and support.
- Discuss pain medicine if you want it.

# Using Medicine for Pain Relief

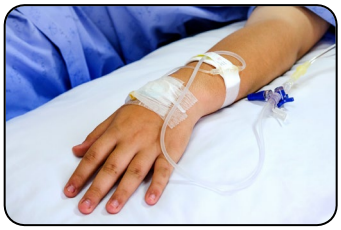
The most common pain medicines are:

- **Intravenous (IV) Pain Medicines**: pain medicines that go into your veins
- **Nitrous Oxide (laughing gas)**: a gas that you breathe in through a mask to lessen your labor pain
- **Epidural**: a small tube that goes into the lower part of your back. It gives you medicine to lessen your pain from contractions.

## What Are the Pros and Cons of IV Pain Medicines?

### Pros

- They relieve pain fast. You usually feel less pain in 2 to 10 minutes.
- They go directly into your blood through an IV.
- They may help you relax and be more comfortable.
- They don't usually slow down your labor.



IV Pain Medicines

### Cons

- IV pain medicines don't last long. They usually relieve pain for 20 to 90 minutes.
- They may cause itching or nausea (feeling like you're going to throw up).
- They might make you feel really "out of it" or sleepy.
- If you get IV pain medicines close to the time you deliver your baby, your baby might have trouble breathing or breastfeeding right after birth. If you get a lot of IV pain medicine during labor, this risk goes up.
- IV pain medicines don't take away all of the pain or make your body numb. But they may make contractions less painful.

## What Is Nitrous Oxide?

Nitrous Oxide (also called laughing gas) lessens pain during labor. You put a mask on your face and breathe the gas in before a contraction begins.

- ☑ You can use Nitrous Oxide before an epidural.
- ✖ You cannot use it with IV pain medicines.
- ✖ You cannot use it if you have a Vitamin B-12 deficiency.

### Pros

- 👍 It is considered safe for you and your baby.
- 👍 It can make you feel less worried.

### Cons

- 👎 You may feel sleepy, dizzy, or unsteady while using Nitrous Oxide.
- 👎 You may feel nauseous or throw up.
- 👎 Nitrous Oxide does not take away all of the pain or make your body numb. But it may make contractions less painful.

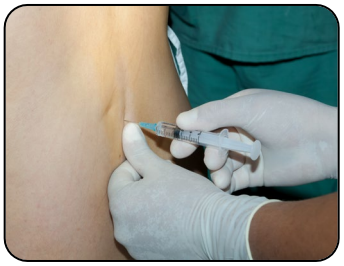
Nitrous Oxide

## What Is an Epidural?

An epidural is a small tube that goes into the lower part of your back and gives numbing medicine to your nerves. This lessens the pain of contractions. It numbs your belly and legs.

## How Does the Anesthesia Doctor Put in an Epidural?

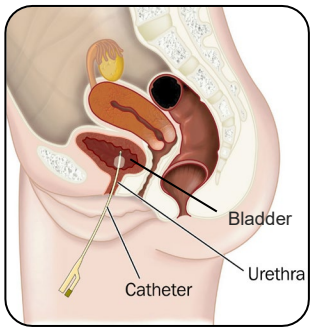
Your anesthesia doctor will talk with you before putting in an epidural to learn more about your medical history and pregnancy. Here is what will happen if you and your doctor decide on putting in an epidural.



Epidural

- You will sit on the side of the bed or curl up on your side.
- The doctor will numb your skin and then put an epidural tube in the lower part of your back, between the bones in your spine.
- The doctor will put numbing medicine through the tube to make you more comfortable during labor.
- A pump will be connected to the tube to give you more numbing medicine during labor.

After the epidural goes in, your nurse will put a tube in your bladder to drain your pee during your labor. There is a small risk of getting a bladder infection with a tube in your bladder.




A catheter (small tube) will drain pee from your bladder.

After birth, the nurse will remove the epidural tube and the numbness will start to go away. You'll be able to move your legs and walk in a few hours.

## How Well Does an Epidural Work?

For most people, an epidural works very well.

- An epidural takes 15 to 20 minutes to lessen your labor pain.
- Many people are so comfortable they can talk, watch TV, or sleep.
- About 1 in 100 people may need an epidural adjusted or replaced if it is not working well.

## What Are the Benefits of an Epidural?

- Epidurals are the most effective way to lessen the pain during labor.
- An epidural can help you rest and relax.
- If your labor lasts a long time, an epidural may help you dilate quicker.
- Less medicine reaches the baby compared to IV pain medicines.
- If you need a C-section, your epidural can make you numb for the surgery.

## Are There Risks of Getting an Epidural?

**Common Side Effects of an Epidural**

- The medicine can lower your blood pressure.
- It can make you itchy.
- It can make you nauseous or throw up.
- You could get a fever during labor, which may mean more tests for you and your baby.
- You may have a small bruise where the tube is placed.
- You may need medicine to make your contractions stronger.
- It may be hard to feel your contractions when you need to push. If so, pushing may take longer. If you are having a lot of trouble pushing, you care team may need to use a special vacuum to help pull the baby out.

**Rare Risks of an Epidural**

- There is a small risk of infection or bleeding (1 in a million people).
- The epidural tube can slip into a vein or the spinal fluid in your back. This may make it harder to breathe if you get too numb.
- There is a small risk of damage to a nerve or tissue (1 in 20,000 people) that could cause numbness, tingling, or a nerve not working (paralysis) even after the epidural wears off.

- You may get a headache after you deliver your baby that needs treatment before you leave the hospital.
- The baby may have trouble latching to breastfeed.

### What Else Should I Know about Epidurals?

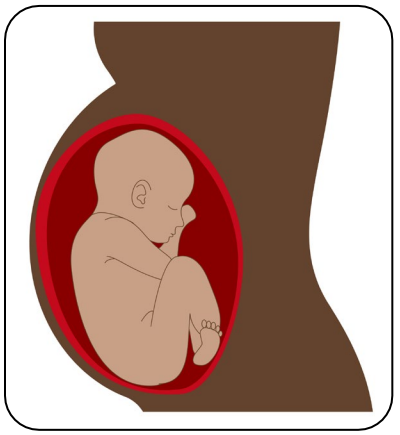
- Epidurals do not increase your risk of needing a C-Section.
- Epidurals do not cause long term back pain.
- When you get an epidural, your legs will be numb and tingling, so you cannot walk around. You can move around in bed (hands and knees, sitting up) to a comfortable position for labor and pushing.

# About C-Sections

Sometimes labor doesn't go as planned and your provider may recommend a c-section.

### Why might my provider recommend a C-section?

- Your cervix is not changing and your providers have tried everything to help your cervix open more.
- You have been pushing and the baby's head is not coming out.
- The baby's head is in the wrong position (baby's head may be pointing up towards your head and the baby's feet pointing down towards your feet. This is called a breech position.)
- There are changes in the baby's heart rate showing that your baby is not coping well with labor or with pushing.



Breech position

### What is it like to have a C-section?

C-sections take place in the operating room. Unless there is a special situation, you will be awake during the surgery, but you will not feel pain with an epidural. Rarely, you will be put to sleep for the surgery.

## Before Surgery

- You will be positioned under the operating light on a firm, narrow bed.
- Straps that are similar to seat belts will secure you to the bed.
- Your belly and thighs will be cleaned to reduce infection risk.
- Your belly, legs, and chest will be covered with sterile cloths and a curtain will be raised between your head and your lower body.

## During Surgery

- Your partner or other support person will be next to your head (unless you have to go to sleep).
- After making sure the belly is numb, the doctors will begin the surgery.
- You may feel tugging and pulling sensations, but should feel nothing sharp. (If there is pain or a sharp sensation, the surgery should be stopped so that more anesthesia can be given.)
- Just before the baby is born, the curtain may be lowered so you and your partner/support person can watch the baby come out.

## After Surgery

- We encourage you to hold the baby skin-to-skin right after birth. A family member can do this until you are ready to hold your baby, depending on how you feel after surgery.
- After the baby is born, the doctors will deliver the placenta, give medications to control bleeding, and stitch the uterus, muscle, and tissue layers.
- Most people stay in the hospital about 3-4 days after a C-section.

# Common Questions

## 1. How many people can I have with me during labor?

This decision is up to you. You should have people there who will love and support you in labor. We usually suggest 1 to 2 people with whom you feel very comfortable. Having too many people in the room is sometimes distracting and may not be helpful to you.

During the flu season (early winter through spring months), siblings can usually visit the Labor and Delivery or Postpartum (after birth) departments only if they are not feeling sick.

## 2. Will I get an IV (intravenous)?

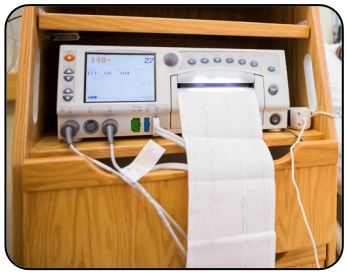
Not always. We will give you an IV if:

- you are dehydrated (from vomiting or not being able to drink a lot of fluid)
- you need medicines or want to use pain medicines
- you have anemia (low iron in your blood, low blood count)
- you have a history of bleeding too much after giving birth
- we are concerned about the baby

Even if you have an IV, you can sometimes have a "saline lock," which means you are not connected to the IV bag or pump. This makes it easier to move around.

## 3. Will I be connected to a monitor the whole time?

When you arrive at OB Triage or Labor and Delivery, we will use a machine called a monitor to check your baby's heartbeat for about 20-30 minutes.



The monitor will look like this.

We continue monitoring your baby the whole time if:

- you had a C-section in the past
- you are using medicine for pain
- you are using medicine to make you have contractions (labor induction)
- we have concerns about your baby

If these do not apply to you and you and your baby are healthy, then we will listen to the baby with a Doppler (a handheld heartrate monitor) every once in a while, but not for the whole time. If we do need to listen to the baby the whole time, we have wireless monitors so you can move around more easily.

## 4. Will I have an episiotomy?

An episiotomy is a small cut that makes the opening of your vagina bigger. Providers may do an episiotomy if there is a problem with the baby or mother. Episiotomies are very rare.

Your provider can also show you exercises to help stretch your vaginal tissue to get ready for pushing.

## 5. How long will I stay in the hospital after birth?

- If you have a vaginal birth, you will stay in the hospital for at least 1-2 days after giving birth. The length depends on what time you give birth and if you or your baby have any medical problems.
- If you are a new parent or if you are getting help with breastfeeding, we recommend that you stay for 2 days.
- If you have a C-Section, you may stay for 3-4 days.

## 6. Will the baby stay with me in the hospital?

If you and your baby are healthy, your baby will be with you in your room the whole time after birth.

If you have a C-section, your baby can be with you if another adult is there to help you for the first 12 hours.

## 7. Can I have visitors after I give birth?

We try to give patients and their babies time to rest after giving birth when they are in the postpartum area.

One support person can stay with you and baby at all times. This person will get an arm band when the baby is born.

Visitors can come between 8 am and 10 pm.

## 8. What treatments and tests will my baby get at the hospital?

After your baby is born, providers will offer:

- eye ointment to protect against infections
- a Vitamin K shot to protect against too much bleeding
- a Hepatitis B vaccine
- a blood test to check for genetic problems
- a hearing test
- a test to check baby's heart

## 9. When do I see my provider after my baby is born?

We encourage you to have at least two postpartum (after birth) visits for yourself.

- 2 weeks after birth
- 6 weeks after birth

At these visits you may get a physical exam. We will talk more about your birth and how things have been going postpartum.

We will also talk about and can provide birth control.

## Think about Family Planning and Birth Control Options

If you want or need birth control, start thinking about what type of birth control you might like to use after your baby's birth. Your provider will talk with you about this. This chart shows the most effective and least effective types of birth control.

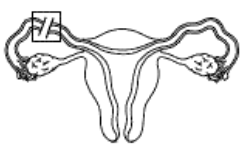
**Most**

**Least**

### Most Effective

Less than 1 pregnancy for every 100 people

**Sterilization**



After the procedure little or nothing to remember. Male and female options. Sterilization is permanent

**Implant**

**IUD**

Once in place, little or nothing to do or remember.

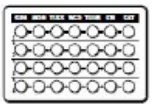
### Somewhat Effective

2 to 8 pregnancies for every 100 people

**Shot**

Get repeat shots on time

**Pill**



Take a pill every day

**Patch**

**Ring**

Keep in place. Change on time.

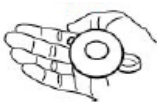
### Less Effective

15 to 25 pregnancies for every 100 people

**External (outside) Condom**

**Internal (inside) Condom**

**Sponge**



**Cervical Cap**

**Diaphragm**

Use correctly every time you have sex. Sponge and cervical cap are less effective for people who have given birth.

**Fertility Awareness Methods**


Don't have sex or use condoms on fertile days

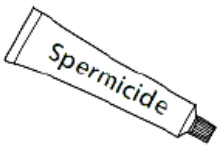
### Least Effective

15 to 25 pregnancies for every 100 people

**Breastfeeding**

Breastfeed only up to six months

**Spermicide**




**Withdrawal**

Use correctly every time you have sex.

# Breastfeeding— You Can Do It!

Everyone at UNM wants to help you breastfeed! Ask for help if you need it. We have breastfeeding support nurses and a special clinic to support you.

## Breastfeeding Resources

**UNM Lactation Support**

- Call our Lactation Hotline 272-MILK (272-6455). This hotline is for nurses, doctors, and patients to talk to any of our Lactation consultants. Just leave a message with your concerns or issues. We return all messages within 24 hours.
- Visit our website: https://unmhealth.org/services/womens-health/maternity/breastfeeding-baby-friendly.html

**Baby Café Support Group**

- Free breastfeeding education, in-person breastfeeding support, and infant weight checks. Offered in both English and Spanish


bit.ly/424jji6

**La Leche League of New Mexico**

- NM Statewide Warm Line: 505 886-1223 for both English and Spanish, 7 days a week from 9am-7pm.
- Visit their Facebook page: www.facebook.com/groups/AlbuquerqueLLL
- Visit their website: www.lllnm.org

**NM Breastfeeding Taskforce**: www.breastfeedingnm.org

**WIC** https://www.nmwic.org/breastfeeding/

# Locations for Your Care


**UNM Hospital**
Women's Health Clinic, 4th Floor ACC
2211 Lomas Blvd NE, Albuquerque
Phone—**505 272-2245**

**Maternity and Family Planning North Valley**
Los Griegos Community Center
1231 Candelaria NW, Albuquerque
Phone— **505 272-2158**


**Maternity and Family Planning West Mesa**
Alamosa Community Center
6900 Gonzalez Rd SW Suite H, Albuquerque
Phone— **505 272-2154**


**Eubank Women's Health Clinic**
2130 Eubank Blvd NE, Albuquerque
Phone—**505 272-2245**

**UNM Family Health Westside Clinic**
4808 McMahon Blvd NW, Albuquerque
Phone— **505 272-2900**


**Sandoval Regional Medical Center**
3001 Broadmoor Blvd NE, Rio Rancho
**Clinic Visits Only— No Hospital Services**
Phone—**505 994-7000**

**Family Practice Maternal Child Health Providers** provide prenatal care services in other locations throughout Albuquerque. For an appointment, call **505-272-0204**.