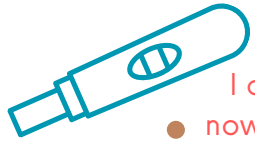


ROAD MAP THROUGH PREGNANCY CARE

OPTIONS FOR CARE



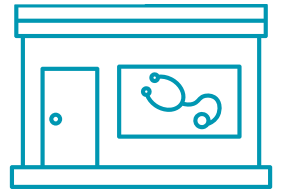
I am pregnant,
now what do I do?



Confirmation of Pregnancy



Home Birth



Freestanding Birth Center



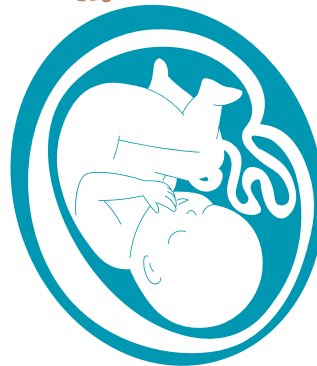
Hospital
or
Hospital-Based
Birth Center



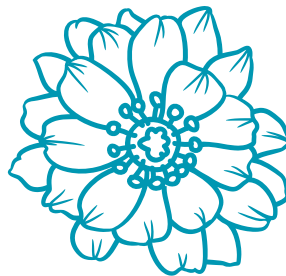
First Trimester Care



Second Trimester Care



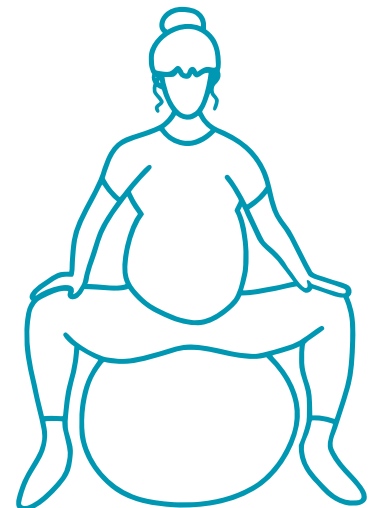
Third Trimester Care



Birth

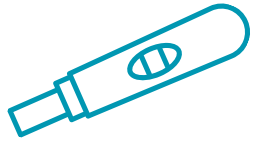


Postpartum Care



Birth Plan

I AM PREGNANT, NOW WHAT DO I DO?



Whether this is planned or not, the next step is to schedule a **CONFIRMATION OF PREGNANCY** visit with a provider.

CONFIRMATION OF PREGNANCY

What is a confirmation of pregnancy & what should I expect?

It is a visit where pregnancy is confirmed by a positive pregnancy test & documented in a healthcare providers offices.

- This does not signal that your prenatal care has started, it is a point of care visit where your pregnancy is documented by a healthcare provider and other tests & ultrasound can be scheduled in preparation for your 1st prenatal visit.
- Confirmation of pregnancy visits can be 15 to 30 min long depending on where you are getting care.
- A **letter of confirmation** can be generated to present to the insurance carrier or to gain access to other services, like WIC that require this kind of documentation.
- Your estimated due date will be calculated based off of the first day of your last period until an ultrasound can confirm your due date.



Physical Exam

- Baseline Height/Weight
- Blood pressure
- Pulse
- Temperature
- Oxygen Saturation

Specimen Collection for Lab Tests

- Urinalysis for pregnancy test & to check for protein & glucose

Depending on where you are getting care, this could be an opportunity for **EDUCATION**, most often this visit is short and to prepare you for your first prenatal visit. It's ok if you don't have all your questions ready at this point, but start thinking about them in preparation for your first prenatal visit.

Additional Things to Know:

- Depending on how far along you are, dating ultrasounds are usually scheduled around 6-13 weeks.
- Ultrasound technology doesn't always allow for seeing an embryo before 6 weeks and too early of an ultrasound can cause more worry than good information, which is why the best time is 6-13 weeks and beyond.
- It's ok if your ultrasound doesn't happen on the same day.
- Ultrasound access also depends on the location you are getting care, rural communities vs. urban, it's common for referral to get generated and to go to another location at a later time for it.
- Brief review of medications not safe to use during pregnancy could be reviewed at this visit or your first prenatal visit.
- Prenatal labs will be ordered and ready for review at your 1st prenatal visit, so if where you are going for a confirmation of pregnancy doesn't order them, you will still get them ordered at your first prenatal visit.
- Prescription or list of prenatal vitamins recommended to take during pregnancy is given.

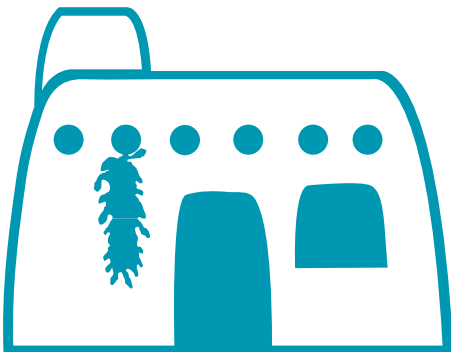
OPTIONS FOR CARE

You don't have to stay with the healthcare provider you are getting your confirmation of pregnancy with. This can be done at any clinic that will take your insurance or easy access clinic. You would just need to keep track of where labs & ultrasound were ordered from, so that your next provider can get access to them. Ideally, scheduling your first prenatal visit in your first trimester of pregnancy is best.

Questions to ask yourself to help make your decision

- How much does participating in your own healthcare decisions matter to you?
- What is most important to you in regards to where and how you get care for this pregnancy? Some providers are very hands on and will order every test possible and others will honor your wishes if you wish for only "needed" tests, while encouraging lots of discussion around your options.
- How important is having your culture as part of your birth & postpartum care?
- Is your pregnancy considered high-risk?
- How will your care team handle complications when they arise?
- What are your pain management preferences?
- What kind of prenatal and birth experience do you want?
- What is the cost of care and what will your insurance cover?

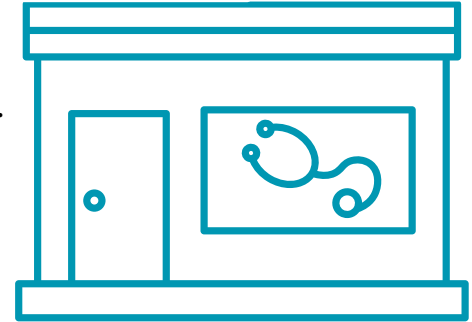
PLANNED HOME BIRTH



- Giving birth to your baby in your place of residence
- Care is very personal and attended by certified nurse midwives, certified professional midwives and/or licensed midwives.
- Great option for low-risk pregnancy and vaginal birth
- Prenatal visits can happen at your home or clinic, but birth and postpartum care happens at your home.
- Care during labor provided by primary midwife, birth assistant, doula and family.
- Newborn care is covered by the midwives up to 6 weeks post birth.
- Holistic, low intervention, personalized, educated support on all areas of care decisions.
- Supports natural and unmedicated birth.
- Highly supports personal autonomy, informed consent/refusal, and safety.
- Personalized postpartum care, can be 6 postpartum visits or more as needed. Usually beginning at 24 hrs post delivery.

PLANNED FREESTANDING BIRTH CENTER

- A Freestanding birth center is a facility designed to provide a homelike, nonmedical setting for birth that isn't part of a hospital based on a midwifery wellness model.
- Care is very personal and attended by certified nurse midwives, certified professional midwives and/or licensed midwives.
- Great option for low-risk pregnancy and vaginal birth
- Prenatal visits, birth and postpartum care happen at the birth center.
- Care during labor can be carried out by primary midwife, birth assistant and/or registered nurse, doula, and family.
- Newborn exams and care are done at the birth center and carried out by midwives up to 6 weeks post birth.
- Holistic, low intervention, personalized, pregnancy, birth, and postpartum education provided during prenatal visits.
- Supports natural and unmedicated birth.
- Postpartum care can be 24 hrs following birth, 3 days, 2 weeks, 4 weeks and at 6 weeks.



PLANNED HOSPITAL BIRTH

Low-Risk Birthing Center within a Clinic or a Hospital

- Intended for low risk birth within a hospital setting.
- Care is provided by certified nurse midwives and/or OB/GYNs or Family Medicine.
- Great option for low risk pregnancy, unmedicated vaginal birth.
- Prenatal visits and postpartum care occur at Certified Nurse Midwife or OB/GYN's office.
- Newborn exams and care provided pediatric provider
- Care during labor is primarily carried out by a Registered Nurse.
- Postpartum stay could be 24 hrs to 2 days depending on hospital policy.
- Postpartum care following discharge can be 2 week check-up and/or 6 week check-up.



Planned Hospital Birth

- Intended for high risk pregnancy care & birth, but sometimes the only option for many who live in healthcare deserts.
- Care provided primarily by OB/GYNs and Certified Nurse Midwives.
- Common intervention access: IV, access to pain medications, and operating room availability if c-section is needed (emergent or planned c-section).
- Prenatal care occurs within an office setting with OB/GYN or Certified Nurse Midwives with a plan to deliver at the hospital.
- Care during labor is primarily carried out by registered nurses.
- Newborn care postpartum is with a pediatrician or neonatologist (depending on your location and what services are offered).
- Postpartum stay could be 24 hrs to 2 days or more depending on how straightforward or complicated your birth was.
- Postpartum care following discharge can be 2 week check-up and/or 6 week check-up.

PRENATAL VISITS

What does my Prenatal Care look like through my pregnancy?

Prenatal Schedule Throughout Pregnancy

- Regular prenatal visits are scheduled every 4 weeks all the way up to 28 weeks.
- Between 28 weeks and 36 weeks, prenatal visits are bi-weekly.
- After 36 weeks, prenatal visits are weekly leading up to birth.



FIRST TRIMESTER

First prenatal appointments can last 30 min to 1 hr depending on where you are going for care. Your provider is going to go through all of this with you during this visit.

Education

- Genetic counseling, early PN screen, ultrasound and other diagnostic testing offered and discussed.
- Exposure to harmful toxins during pregnancy & how to avoid them.
- Discussion of common discomforts and relief measures of pregnancy.
- Warning signs of pregnancy: how to contact your provider.

Social History

- Occupation, family support, where you live
- Cultural/philosophical/religious beliefs
- History of abuse/assault
- Access to transportation and food
- Habits: smoking, alcohol, caffeine
- Exercise habits

Nutrition

- Diet recall/nutritional assessment
- Expected weight gain with pregnancy
- Determine need for food assistance
- Vitamins and herb taken to support pregnancy

Physical Exam

- Height/Weight
- Vital signs
- Head to Toe Physical including: Breast & Pelvic Exam

Medical History

- Present pregnancy: determination of your due date
- Discussion of your medical history which includes: surgeries; drug allergies etc.
- GYN history: your normal menstrual cycles; sexual history and contraception; STI's and significant lab history.
- OB history: previous pregnancy outcomes; complications; numbers of children and current ages.
- Significant family medical history: review of family members have diabetes; reproductive cancers; depression; DES exposure; etc.

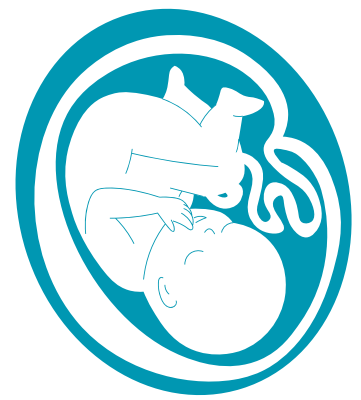
Lab Tests and Specimen Collection

Lab tests are ordered to measure your wellness and are part of a bigger picture of your health. These lab tests also act as a baseline of information about your health, if something comes up abnormal, measures can be taken to correct it or to plan around so that you have a healthy birth. This is the only time all of these tests will be ordered like this.

- Urinalysis, with cultures and sensitivities
- Universal Drug screen (please ask them if they check this, some places don't tell you they are doing a drug test)
- Blood type
- Antibody screen
- Complete blood count
- Syphilis
- Rubella titer
- HbsAG screen- screening for hepatitis virus
- HIV antibody screen
- Thyroid Screening
- Hemoglobin A1c= checking for diabetes
- Hepatitis C
- Pap Smear offered - if you haven't had one during your recommended screening times.
- Chlamydia and Gonorrhea
- Genetic screening



SECOND TRIMESTER & THIRD TRIMESTER



Prenatal visits beyond the first can be shorter, they may only be 15 to 30 min in length, depending on where you are getting care. If you are getting care with a homebirth midwife or a birth center, prenatal visits could be 1 hr long.

Education and Counseling

- Ongoing nutritional assessment and counseling as needed
- Following-up on concerns
- On-going risk assessment
- Relief for common pregnancy discomforts
- Need for community resources and referrals
- Fetal movement awareness in 3rd trimester

Physical Assessment

- Weight
- Vital Signs: blood pressure, temp, pulse
- Fundal height
- Checking for fetal position
- Fetal movement
- Fetal heart tones

Lab Tests and Specimen Collection

- Growth and Anatomy ultrasound at 20 weeks
- Quad genetic screening offered between 15-20 weeks
- Hemoglobin & hematocrit checked between 28-32 weeks
- Gestational diabetes screening offered between 28-32 weeks
- Antibody screen checked between 28-32 weeks
- Group B strep culture collected between 35-38 weeks.

Some things to consider while navigating prenatal care:

- High volume hospitals and clinics have long standing systems in place to take care of you efficiently, which sometimes can feel impersonal and rushed, so coming prepared with specific questions about your care is helpful to get your questions answered in a timely way.
- Midwives and OB Doctors don't always enjoy their fast paced clinics either, as they would prefer to spend more time with each of you. Please know they are doing their best.
- Depending on where you are getting care, whether it is a high volume clinic or a very personalized home birth or birth center experience, expectations can be different. Provider clinic schedules are different in each setting, so understanding your healthcare providers clinic hours vs on-call hours could be something you ask about, because it could affect how available they will be to you.
- Prenatal care is a collaborative wellness model for birthing families, you may see several healthcare providers throughout your prenatal care experience and depending on whether you have a high or low risk pregnancy.
- You and your baby's health status is constantly being monitored and evaluated throughout your prenatal care, this time is about learning about your body's changes to pregnancy and working together to have a healthy birth outcome.
- Informed consent and refusal to care or interventions isn't the same across the board, so it's important to know all your options and that you have the option to make an informed consent or refusal to care you feel goes against your values or traditional beliefs.

PLANNING FOR BIRTH

Birth preparation varies depending on where you are planning to give birth. Here are some key things to consider in your planning.

Labor Support

Should I have a Doula, Partner or Family support me during labor?

- No matter where you give birth, a doula is always the best choice to support you during labor and postpartum.
- Labor, birth, and postpartum support really takes a community of support, why choose, you can have them all.

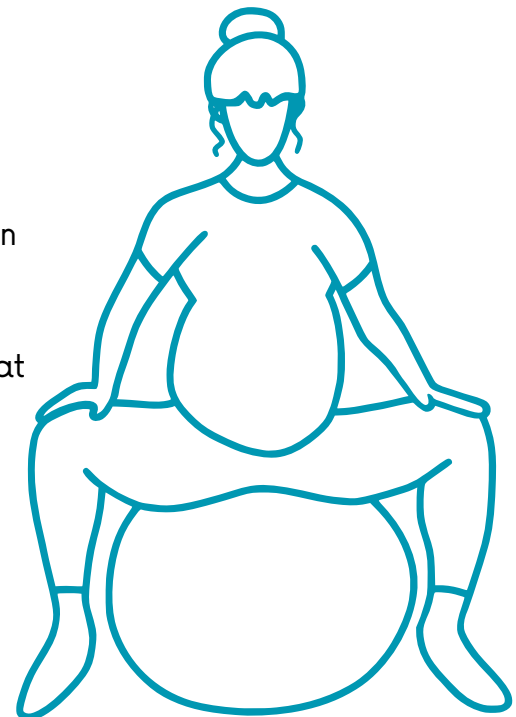
What does a Doula do?

- Gives emotional and physical support
- Helps with pain management during labor
- Acts as a coach during pregnancy, labor and postpartum recovery
- Provides educational information about birth, pregnancy, and postpartum
- Helps you navigate birth and postpartum experience
- Is dedicated to 100% supporting your prenatal, birth and postpartum recovery

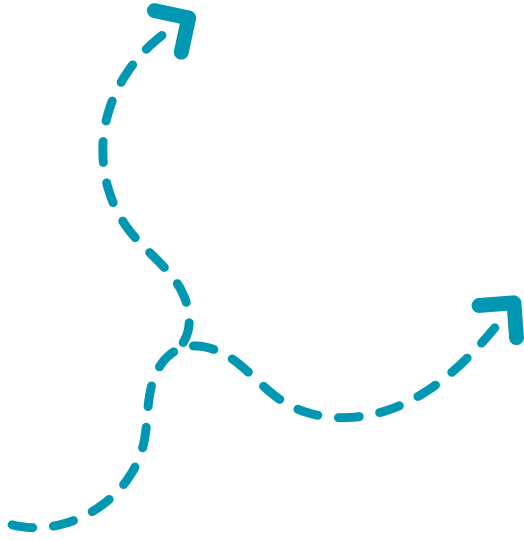
Pain Management

Depending on where you plan to birth, this option will be different.

- Home birth and freestanding birth centers, do not have access to epidurals or IV pain medication. Some freestanding birth centers have started using nitrous oxide as a way to support women through labor. However, many rely on the support of movement, waterbirth, doula's, and other techniques to manage pain.
- Planned hospital births, you will have access to an epidural, IV pain medication, and doula support throughout your labor.
- Often, what pain management options are available at your desired birth location is how many decide where they want to have their baby..
- Regardless of where you give birth, this should be a conversation you have with your birth team at 36 weeks.
- If you would like to try for an unmedicated birth and things change, it is ok to get the pain management support you need at any time. Plans change and that is ok.



WHEN PLANS CHANGE



Home birth or Freestanding Birth Center

Emergency hospital transfer plans are often discussed with the family and birth team at 36 weeks. This often includes:

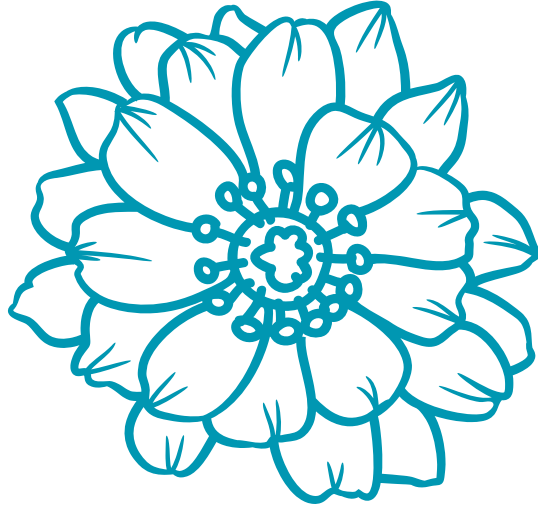
- Which hospital you wish to transfer to.
- What to pack for the hospital.
- Will you be going by ambulance or by your own vehicle?
- Who goes to the hospital with you?
- How far is the hospital from the planned birth location?
- In what situations will a hospital transfer occur?

Hospital Birth

- Talking to your OB or Midwife provider prenatally about how the hospital and birth team manages birth emergencies is very helpful to you, as you will be more prepared if things change unexpectedly.
- Hospital nurses and doctors work as a team, so you may see many people working to provide care for you and your baby during an emergency.
- Hospitals are prepared for emergencies, many have an operating room and surgical team in house at all times.
- Emergency birth situations in the hospital can be scary and fast, having a doula or family advocate present to help support you, by making sure they explain what is happening is important.
- Hospitals also have different levels of high level support if your baby requires specialized care following birth, this should also be a discussion you have with your provider prenatally.



WHAT SHOULD I PACK?



For You

- Comfortable clothing that you don't mind getting dirty
- Slippers or no-skid socks
- Comfortable underwear
- Lip balm
- Nursing bra & pads
- Laundry bag
- Toiletries: body lotion, deodorant, toothbrush & toothpaste, shampoo & conditioner

For Your Partner

- Change of clothes
- Pillow
- Phone Charger
- Snacks
- Toiletries: toothbrush, hair brush

Comfort Items

- Blanket and pillow that smells like home
- Music or playlist for postpartum or labor support
- Essential oil diffuser
- Soft lighting
- Breastfeeding support pillow

For your Baby

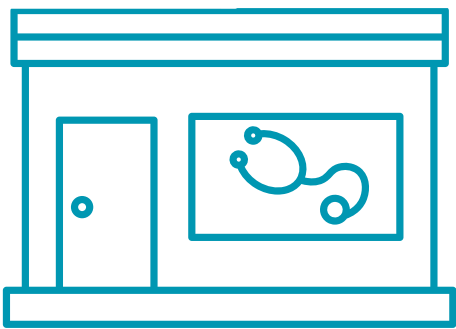
- Diapers/wipes
- Onesis and clothes for going home in
- Hat
- Baby blankets
- socks/booties
- Car seat should be installed prior to arrival at the hospital

POSTPARTUM CARE PLAN

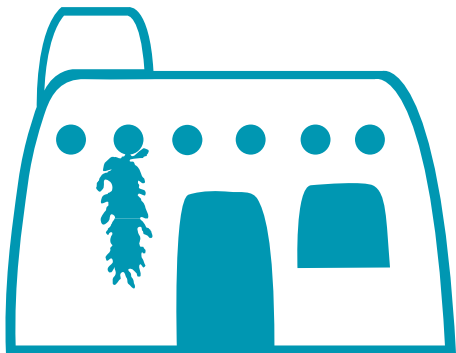
Hospital, Birth Center, Home birth...What does my postpartum care look like?



- If you had your baby in the **hospital**, the normal length of stay in the hospital could be 24 hrs to 2 days. If you had a c-section and/or your birth was more complicated than expected, your stay could extend to 3-4 days.
- Following an uncomplicated birth, your postpartum visit with your provider will be at 6 weeks.
- Pediatric visits for your baby will be set up separately and are usually 1-2 days following discharge with your pediatrician.



- If you had an uncomplicated birth at a **birth center**, your stay could be as long as 4 to 8 hrs before going home, with a plan for a postpartum home visit at 24 hrs.
- Birth center's follow babies and momma's following birth, so postpartum visits are based on monitoring you both. Expect to have up to 6 postpartum visits leading up to your 6 week postpartum visit.



- If you had a planned **home birth**, your midwife and/or birth team will stay with you for up to 6 hrs postpartum, ensuring you and your baby are both stable following birth before departing your home.
- Home birth midwives will come visit you 24 hrs after birth, with varied schedules of 3 days, 1 week, 2 weeks, 4 weeks and 6 weeks postpartum. They may see you more often if problems arise.
- They also follow the care of you and your baby up to 6 weeks, so a regular postpartum schedule is important to monitoring and supporting your baby's weight gain and breastfeeding.

HOW DO I PREPARE FOR THE POSTPARTUM?



The postpartum period is often called the “fourth trimester” and many think it ends at 6 weeks. However, it takes longer for your body to recover from birth than that. Oftentimes postpartum is not planned enough for, because it is assumed we will be able to get back on our feet easily. So here are some questions to ask yourself, your partner, and your support team to help you plan for your postpartum recovery time.

Visitors

- We expect to have ___ visitors in the first 3 days
- We expect to have ___ visitors in the first 2 weeks
- We expect to visit with a friend to last ___
- We expect to visit with family to last ___
- Here is a list of Tasks visitors can help with:

Feeding

I plan to:

- Breastfeed on demand
- Breastfeed on a schedule
- Pump and bottle feed
- Formula Feed

Sleep

- How much sleep do I need/ expect every 24-hrs?

Where will the baby Sleep?

- In our bed
- In our room in a bassinet
- In the nursery/separate room
- In co-sleeper attached to the bed

Who will care for the baby at night?

- Mom
- Partner
- Family Member/Friend
- Postpartum doula

Roles

- As the mother, I expect my partner's role to be:
- As the partner, I expect the mother's role to be:

Consider who will be doing the following:

- Changing diapers
- Bottle feeding
- Calming the baby
- Laundry
- Housecleaning
- Pet care
- Bills and finances
- Grocery shopping
- Other errands
- Dinner prep or take out
- Taking the baby on walks

Meals

I plan to:

- Have frozen meals prepared
- Prepare meals day-to-day ourselves
- Create a meal train
- Order take-out _____ times a week

Self-Care

- What are ways I can practice self-care?
- What food or items provide me comfort?
- What are ways my partner can help me feel recharged?