

Welcome to the 9th Month of Pregnancy



AMOSKEAG
HEALTH

Prenatal Nurse:

Monday through Friday 8:00 AM to 5:00 PM

Our providers are available by phone 24 hours a day 7 days a week by calling:

Amoskeag Health main number: 603-626-9500

After Hours, Evenings and Weekends, 24 hours

Follow the prompts to leave a message for the on-call Provider to call you. If the doctor has not called back in 30 minutes, call again.

PRENATAL CARE OFFICES

145 Hollis Street, Manchester, NH 03101 • 184 Tarrytown Road, Manchester, NH 03103 • [AmoskeagHealth.org](https://www.AmoskeagHealth.org)

CONGRATULATIONS, YOU ARE ALMOST THERE!

CONTRACTIONS

Beginning at 36 weeks, women commonly feel increasing intra-abdominal and pelvic pressure, experience 'practice' contractions called Braxton-Hicks Contractions, and sense stretching and pulling in the abdomen. Baby movements often feel softer and less frequent. Some women experience a burst of energy and are busy preparing their home for the expected baby.

Braxton-Hicks: These practice contractions start to occur with more frequency. It is normal to feel strong, even long, contractions daily or even several times per hour. This is nature's way of preparing and softening the cervix for birth.



Mucous Plug: A few days before labor begins, some women experience a 'bloody show' or a passing of the mucous plug. This blood-tinged mucous discharge is an early sign that cervix is softening and thinning. Early labor can last hours or weeks. During this time, regular contractions occur and grow longer and stronger and more frequent. Often, strong, regular contractions slow down and even stop. This is normal. Try to rest as much as possible during this time.

Active Labor: When strong contractions start (usually 60 seconds long occurring every 3-5 minutes), active labor is opening your cervix. These contractions are usually VERY different than early labor.

Contact Amoskeag Health when you have had strong contractions for 1 hour that are 3-5 minutes apart and last 45-60 seconds, your water breaks, or you are experiencing bleeding like a period.

How to Time Contractions

1. Mark the time when a contraction starts
2. Mark when it ends
3. Note how long it lasted
4. Mark the start time of the next contraction
5. When contractions have been happening for 1 hour, call Amoskeag Health 603-626-9500.



WHAT TO EXPECT

It is common to be uncomfortable in pregnancy, but prior to 37 weeks pregnant, it is not normal to have leaking of fluid like your water broke, vaginal bleeding, nor abdominal or back pain that does not ease if you rest or take 1,000 mg of Acetaminophen.

Call the office immediately if the baby is moving less than usual or you are bleeding like your monthly period. Remember our prenatal team is available 24 hours a day by phone!

ASK YOUR DOCTOR OR MIDWIFE PREECLAMPSIA

WHAT IS IT?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

RISKS TO YOU

- ▼ Seizures
- ▼ Stroke
- ▼ Organ Damage
- ▼ Death

RISKS TO YOUR BABY

- ▼ Premature Birth
- ▼ Death

SIGNS OF PREECLAMPSIA



Stomach Pain



Headaches



Feeling Nauseous
Throwing Up



Changes in
Vision



Swollen Hands

Gaining more
than 5 lbs.
(2.3kg) in a
week



WHAT SHOULD YOU DO?

Call your doctor or midwife right away. Finding Preeclampsia early is important for you and your baby.

Call if you experience new foot, ankle, finger, or face swelling; a headache that does not go away with 1,000 mg of acetaminophen and a nap; visual changes; upper abdominal or upper back pain; nausea/vomiting.

Amoskeag Health 603-626-9500.

PREPARING FOR LABOR

There are many myths about what starts labor. The most important preparation is adequate hydration and sleep in preparation for the big day.

Things to do while you wait:

Prepare freezer meals for yourself and your partner if able. This will help ease your transition home with your new baby.

Finalize child care and pet sitting arrangements –

Make sure that all caregivers have emergency contact and daily schedules for while you will be in the hospital. Do you have a plan if you go into labor in the middle of the night?

Stock up! Many new moms find it very helpful to have a supply of breast pads, overnight sanitary pads and ibuprofen for when they get home.

Planning to breast feed? Talk to your provider about getting a breast pump from your insurance, if you don't have insurance ask your provider for other resources.

Rest! Take a nap. Labor is WORK. Allow your body to rest up for the big day.

DUE DATE

Your due date is an estimated date when your baby will be born. Birth will occur a few weeks before or a few weeks after your due date.

To help your baby and your body to prepare for birth:

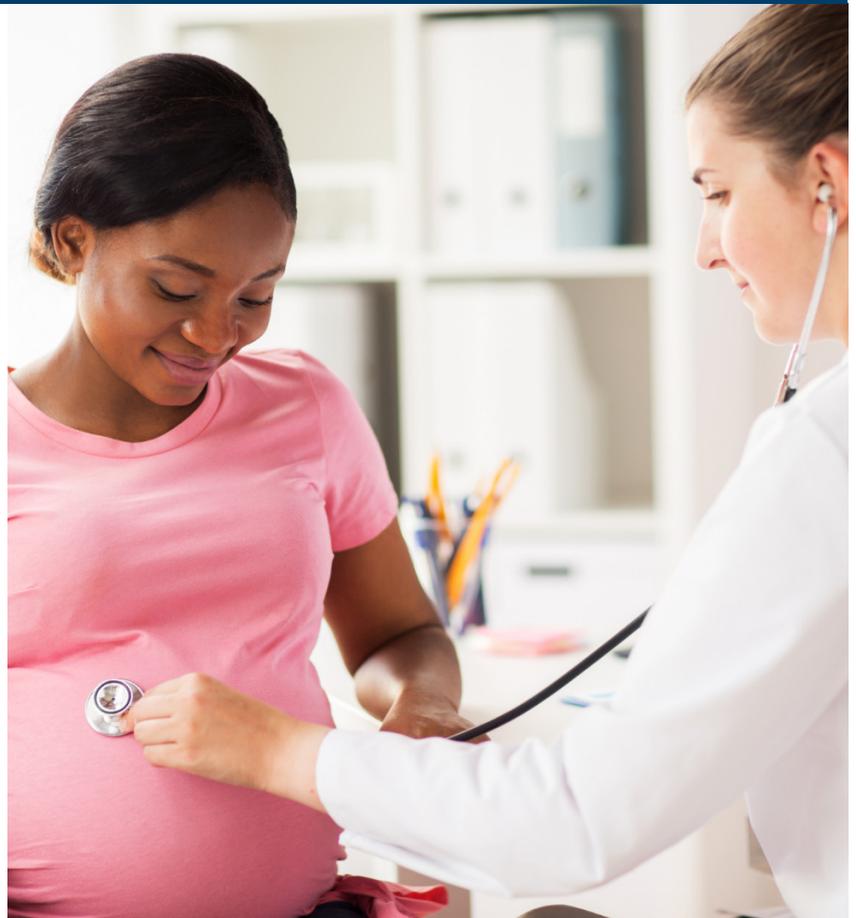
- Drink 10-12 large glasses of water daily. This helps your baby maintain water in the amniotic sac which helps the baby tolerate labor. It also helps make your contractions more efficient.
- Some women find that sitting on an exercise ball can be more comfortable and help position the baby for labor.

AFTER 40 WEEKS

If you are pregnant at your 41-week check-up, that office visit will be approximately one-hour long on the day that you are 41 weeks pregnant. If this date falls on a weekend, we may ask that this testing is performed at Elliot Labor and Delivery. We will discuss this with you if this is the case.

During that time, you will see the doctor or midwife for your regular visit, with a **Non-Stress Test**, and an ultrasound at the hospital.

The Non-Stress Test (NST): An NST is a simple, painless procedure. We will be monitoring your baby's heartbeat, which is a way of evaluating your unborn baby. We will listen to and record the baby's heartbeat while the baby is resting and while the baby is moving. It usually takes 20 to 40 minutes to complete an NST.



PREPARING FOR LABOR

The Amniotic Fluid Index (AFI)

ultrasound: measures the amount of fluid around the baby which is an indicator of the placenta's function and the baby's health. This is done at Elliot Hospital, usually at the Maternal Fetal Medicine office on the 3rd floor.

In some cases, abnormal tests may point to the need to start labor rather than wait for labor to start on its own.

Induction: In some cases, labor has to be induced or stimulated to begin. The reasons for induction vary. The most common reasons for induction include the following:

- The mother or fetus is at risk due to complications.
- The pregnancy has continued too far past the due date.
- The mother has pre-eclampsia, eclampsia or chronic high blood pressure.
- The fetus has been diagnosed with poor growth.

An induction may be planned at Elliot Hospital. An induction may take several days. When you arrive at the hospital, you will be placed on the electronic fetal monitor and the midwife or provider will check your cervix, assessing for its readiness. The provider will then discuss a plan for your induction with you.



WHAT TO PACK FOR THE HOSPITAL

For Mom:

Nursing/Sports Bra
Comfortable pajamas
Slippers
Chapstick
Hair Ties
Hairbrush/Toothbrush/Toothpaste/Shampoo/
Conditioner/Bodywash/Lotion
Deodorant
Glasses/Contacts (*if needed*)
Clothes to wear home
Gum
Cell phone charger
Snacks!

For Baby:

Car seat
Going home outfit
Small blanket or car seat cover in colder weather

For Support person:

Change of clothes
Toothbrush and other toiletries
Slippers
Prescription medications/ Over the Counter meds
(The nurses will take care of mom and baby's medication but are not able to give any medications to her support person)
Cell phone charger
Glasses/ Contacts & Supplies (*if needed*)

POSTPARTUM (AFTER DELIVERY)

The nurses at Elliot Hospital maternity unit will teach you how to care for yourself after giving birth (postpartum). In general, we will schedule a virtual appointment to discuss your recovery 2 weeks after you deliver. (If you had a C-Section, the appointment will be in person so we can check your incision.)

We will see you in the office 6 weeks after delivery to evaluate healing, screen for postpartum depression, and discuss contraceptive options.

It is normal for vaginal bleeding to continue several weeks after delivery. Please call the office if you having excessive bleeding (filling more than one pad per hour). Avoid inserting anything into the vagina for the first 6 weeks, this includes tampons and vaginal intercourse.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



| | |
|---|--|
| <p>Call 911 if you have:</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else |
| <p>Call your healthcare provider if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes |



Tell 911 or your healthcare provider:

"I gave birth on _____ and
(Date)
I am having _____,"
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger** may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain in the calf area of your leg** may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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POSTPARTUM (AFTER DELIVERY)

Breast Feeding:

If you have any questions concerns or challenges with breastfeeding, please call Amoskeag Health. We have nurses and Certified Lactation Consultants who can help!

Postpartum Depression:

Postpartum Depression (PPD) is an overwhelming sense of sadness after giving birth. It is very common. A recent study found that 1 in 7 women may experience postpartum depression in the year after giving birth. PPD can affect people from all races, ethnicities, cultures, and educational or economic backgrounds.

What does postpartum depression feel like?

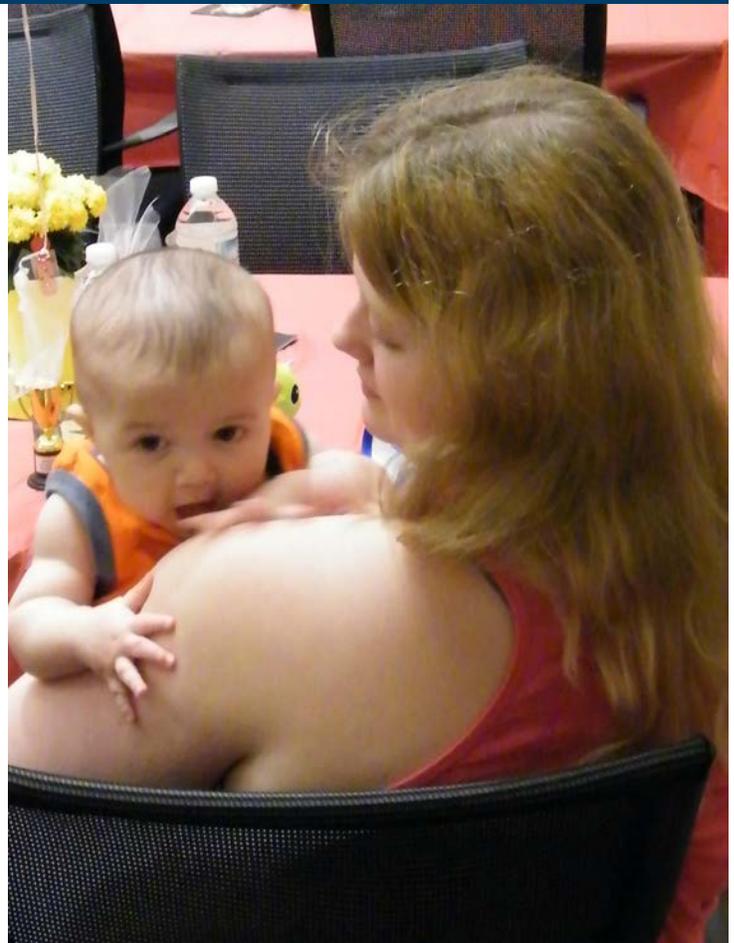
- "It feels scary."
- "It feels out of control."
- "It feels like I'm never going to feel like myself again."
- "It feels like each day is a hundred hours long."
- "It feels like no one understands."
- "It feels like my marriage cannot survive this."
- "It feels like I'm a bad mother."
- "It feels like I should never have had this baby."
- "It feels like if I could only get a good night's sleep, everything would be better."
- "It feels like I have no patience for anything anymore."
- "It feels like I'm going crazy."

Why did this happen to me?

There is no single cause or reason. PPD is a condition that results from a combination of biologic, hormonal, environmental, and psychological factors. It is most often influenced by a number of risk factors, some of which include: dramatic hormonal changes, unexpected childbirth experience, chronic sleep deprivation, your family's medical history, your previous experience with depression (particularly PPD), recent losses, lack of social support, environmental stressors, high needs infant, perceived loss of control, unsupportive partner, history of abuse. It's important to note that PPD can strike women with no risk factors, too. It is not fully understood why it happens to some women and not to others, but we do know exactly what to do to treat it.

Will this ever go away?

Yes. Postpartum illness is common. It is a real medical condition that affects 20% of new mothers. It is not your fault. It did not happen because you are weak, or thinking the wrong things, or because you are not a good mother. PPD is a mood disorder characterized by a cluster of symptoms (which are present most of the time during a period of at least two weeks) which can include: weepiness, irritability, anxiety, sleeplessness, loss of appetite, excessive guilt, difficulty concentrating, obsessive thoughts, panic, feelings of sadness, hopelessness, thoughts about death, general fatigue. These feelings and thoughts — which can make you feel like you are doing something wrong or simply not handling motherhood very well — are symptoms which respond well to treatment.



POSTPARTUM (AFTER DELIVERY)

How do I know if I have postpartum depression or if what I'm feeling is normal?

Trust your instincts. If you think something is wrong, it probably is. That doesn't mean anything terrible is happening. It may mean you are overwhelmed and overloaded and need some down time so you can get things back on track. It is possible for you to be experiencing what we call Postpartum Stress Syndrome, which is not a clinical depression, but rather an adjustment disorder that is self-limited and responds well to supportive intervention. Baby blues, which is marked by feelings of sadness, fatigue, anxiety, occurs shortly after birth and lasts for a few days to a couple of weeks. Postpartum Stress Syndrome and Postpartum Depression can emerge any time during the first postpartum year. If you notice that you are feeling worse as time goes on, it's important for you to let someone know how you are feeling. Do not let feelings of guilt or shame or embarrassment get in the way of you doing what you need to do to feel better.

What can I do about it?

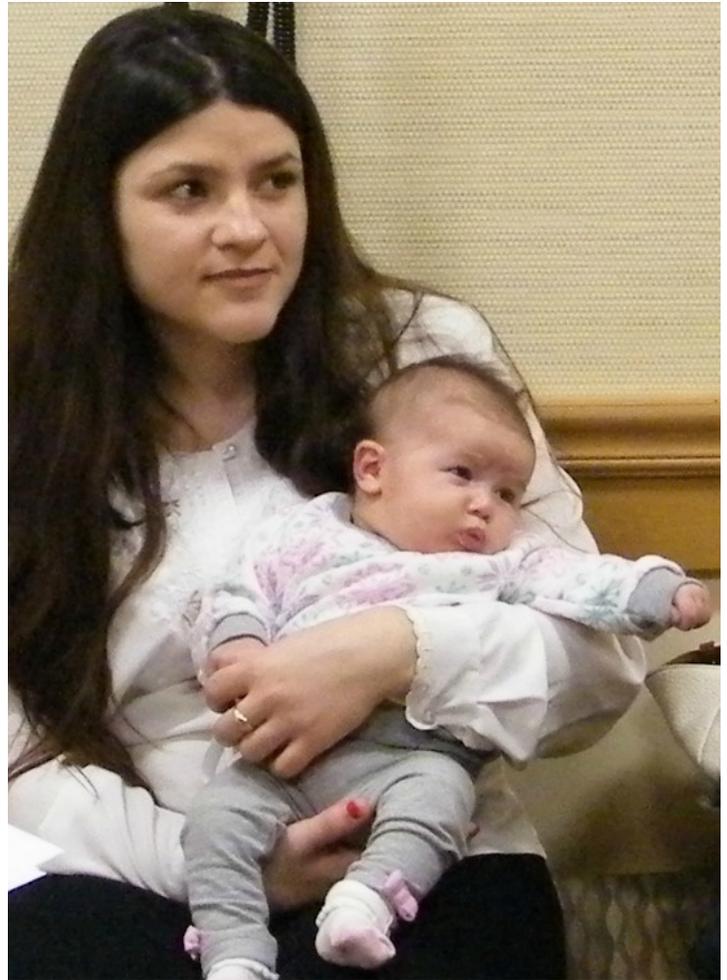
First, focus on self-help measures, such as eating nutritiously, even if you're not hungry; resting as much as you can, even if you can't sleep; getting out of the house for a walk, even if you don't feel like moving. Avoid caffeine, alcohol, high fat and sugar foods. Talk to someone you trust about the way you are feeling. Let your health care provider know. Let your partner know. Find supportive people who can help you and accept their help. Do not delay getting proper treatment. The longer you wait, the harder it is to treat.

What if I still don't feel better?

Sometimes, self-help measures are not enough. If symptoms persist for more than two weeks, you should consider seeking professional support. Ask your health care provider for the name of a good therapist who specializes in the treatment of women and depression. Often, the combination of therapy and antidepressant medication is the most efficient, effective treatment for PPD.

What can my partner do to help?

- They can encourage you to rest as much as possible.
- They can go to the provider or therapist with you to get more information and support for themselves.
- They can help you set limits.
- They can sit with you when you're feeling bad.
- They can tell you they love you and remind you that you won't always feel this way.
- They can reassure you that they are not going anywhere and can wait this out as long as it takes.
- They can give you permission to do what you need to do to take care of yourself during this vulnerable time.



POSTPARTUM (AFTER DELIVERY)

Is there anything else I can do to help myself feel better?

- You can stop blaming yourself.
- You can stop feeling guilty.
- You can begin to accept that you have an illness that is treatable and take the steps necessary for recovery.
- You can put yourself on top of your list of things to take care of.
- You can ask for help and accept it when it is offered.
- You can try to make time for yourself and do your best not to overload yourself.
- You can give yourself permission to rest, to exercise, to surround yourself with things that feel good.
- You can avoid people and things that make you feel bad.
- You can stay close to those who love you unconditionally.
- You can thank them for their continued support.
- You can accept your feelings, good and bad.
- You can take one day at a time, allow yourself the freedom to make mistakes and you can remind yourself that you will not always feel this way.
- You can understand that the healing process is a slow one and may not move as quickly as you would like.
- You can believe that you will feel better again.

If you are having thoughts of hurting yourself or your baby, take action now!

Put your baby in a safe place, like a crib. Call a friend or family member to help and call 911 or have someone take you to the nearest emergency room.

- National Suicide Prevention Lifeline (24 hour hotline): 1-800-273-TALK (1-800-273-8255)
- TTY: 1-800-799-4TTY (1-800-799-4889)
- NH Rapid Response Access Point: 833-710-6477 or NH988.com or 988



Websites for more information:

The Postpartum Stress Center (Rosemont, PA) www.postpartumstress.com

Postpartum Support International www.postpartumsupport.net

Maternal Wellness Center (Hatboro, PA) www.maternalwellness.org

National Women's Health Information Center <https://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html>

Medline Plus <https://medlineplus.gov/postpartumdepression.html>

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<https://medlineplus.gov/postpartumdepression.html>

Visitors after birth:

Every family has their own customs and traditions. It is important to your baby's health to remind all visitors to wash their hands before holding baby. We strongly encourage you to ensure that all visitors are up to date on their Pertussis, COVID, and Flu vaccines. Discourage visitors from kissing your baby's face and hands this can place your baby at risk for cold sores, RSV, Whooping cough, and even future cavities!

FAMILY PLANNING

During your pregnancy, your provider discussed plans for contraception after having your baby. We will discuss this again at your postpartum visit. Amoskeag Health offers many different forms of options for contraception. Your provider will help you decide what type of birth control is right for you.

How can I get free or low-cost birth control?

Under the Affordable Care Act (the health care law), most insurance plans cover FDA-approved prescription birth control, such as the pill, IUDs, and female sterilization, at no additional cost to you.

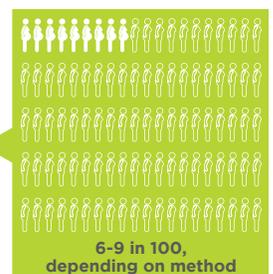
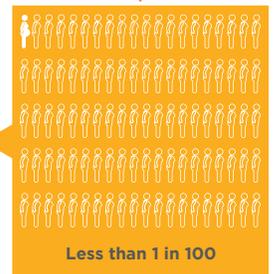
This also includes birth control counseling.

If you have insurance, check with your insurance provider to find out what birth control is included in your plan. If you have Medicaid, your insurance covers birth control. This includes birth control and visits to your provider related to birth control.

If you don't have insurance, don't panic. **Amoskeag Health participates in Title X Family Planning** (reproductive health). We provide some birth control methods for free or at low cost. Call us or ask your provider for more information.

HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?



FYI, without birth control, over 90 in 100 young people get pregnant in a year.



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FAMILY PLANNING

What are the different types of Birth Control:

- **Female and male sterilization** (female tubal ligation or occlusion, male vasectomy) — Birth control that prevents pregnancy for the rest of your life through surgery or a medical procedure. Amoskeag does not offer this procedure but we can refer you to a practice that does.
- **Long-acting reversible contraceptives** or “LARC” methods (intrauterine devices, hormonal implants) — Birth control that your doctor inserts one time and you do not have to remember to take every day or month. LARCs last for 3 to 10 years, depending on the method.
- **Short-acting hormonal methods** (pill, mini pills, patch, shot, vaginal ring) — Birth control that your doctor prescribes that you remember to take every day or month. For the shot, you need to see your doctor every three months.
- **Barrier methods** (condoms, diaphragms, sponge, cervical cap) — Birth control that you use each time you have sex.
- **Natural rhythm methods** — Not using a type of birth control but instead avoiding sex and/or using birth control only on the days when you are most fertile (most likely to get pregnant). An ovulation home test kit or a fertility monitor can help you find your most fertile days.

TAKE CARE OF YOU!

One of the best things a woman can do for herself and her family is to take good care of her health. It's natural to think about eating well and exercising as important parts of being healthy, but there are other things to consider. The Centers for Disease Control and Prevention urges all women to make healthy living a priority. In addition, no one expects an unplanned pregnancy. But it happens often. In fact, about half of all pregnancies in the United States are not planned.

Here is a checklist for healthy habits for women:

- Prevent unplanned pregnancies by talking to a medical provider about birth control, and use it consistently.
- Eat healthy food by planning meals and snacks ahead of time that have plenty of fruits and vegetables.
- Be active and try to get 150 minutes of moderate intensity physical activity each week; walk with a friend to make it more fun!
- Take 400 micrograms (mcg) of folic acid daily.
- Protect yourself from sexually transmitted infections by agreeing to have sex with only one person and use condoms correctly and every time.
- Avoid harmful chemicals, metals, and other toxic substance at home and work.
- Make sure vaccinations (shots) are up-to-date; www.cdc.gov has a vaccination schedule.
- Manage and reduce stress and get mentally healthy.
- Stop smoking.
- Stop using certain drugs or prescription medicines that are not yours.
- Reduce alcohol intake to less than 7 drinks a week, and never more than 1 on any occasion.
- Stop partner violence; National Domestic Violence Hotline 1-800-799-7233.
- Manage health conditions such as asthma, diabetes and obesity/weight gain.
- Learn about your family's health history.
- Get regular checkups with a medical provider.



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603-626-9500 • Evenings and Weekends, 24 hours

Follow the prompts to leave a message for the on-call Provider to call you. If the doctor has not called back in 30 minutes, call again. This phone number is also answered during business hours Monday-Friday with a message sent to the Prenatal Nurse who will return your call.

Language interpretation is available at both numbers.



AMOSKEAG
HEALTH

PRENATAL CARE OFFICES

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