


Childbirth Preparation One Day Class
Morning Session
Sharp Mary Birch Hospital for Women & Newborns



2

Housekeeping

- For a more interactive class we strongly encourage you to leave your cameras on
- Minimize distractions
- We encourage you to use the chat box feature. There will be plenty of opportunities to ask your questions.
- Please mute your microphone
- Be sure your computer/phone is charged.
- Breaks
- Class materials



3

Sharp Mary Birch Hospital for Women & Newborns
Educational Materials for Classes:



[Sharp.com/marybirchresources](https://sharp.com/marybirchresources)



4




Class Topics

- Signs of Labor
- Stages and Phases of Labor
- Second Stage of Labor and Pushing
- Birth Film
- Coping Skills and Relaxation
- Hospital Procedures/Medications
- Cesarean Birth
- Postpartum Recovery
- Newborn Procedures

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Pregnancy Anatomy



Changes to Note:

- Breast size
- Uterus size
- Lungs, diaphragm, stomach, and bladder are compressed at 37 weeks


Now you can see why you might be having some discomforts. How are you feeling?

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What is Pre-Labor?

- Let's you know that your body is getting ready for labor
- Occurs at any time from a month before labor until the onset of labor
- Does not mean that labor is starting



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Signs Labor Is Near

- Braxton-Hicks/warm-up contractions
- Lightening
- Release of the mucous plug
- Nesting
- Weight loss (1 to 3 pounds)
- Increased backache
- Diarrhea



Warm-up contractions may increase late in pregnancy

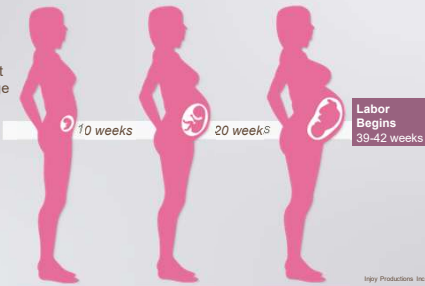
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Onset of Labor

- No one is sure what starts labor, but it most likely involves a change in hormones
- Babies may be the cause of this change once they are ready



10 weeks 20 weeks Labor Begins 30-42 weeks

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Warm-Up vs. True Labor

Warm-Up Contractions	True Contractions
Tighten portions of the uterus	Eventually tighten the entire uterus
Have no regular pattern	Grow closer together
Don't usually cause back pressure	Usually cause lower back and/or belly pressure
Ease up over time	Last longer over time
May stop with a change in activity like rest, walking, or taking a warm bath	Do not stop with a change in activity and walking makes them stronger
Lose intensity over time	Become stronger over time
Do not cause the cervix to change	Cause the cervix to thin and open

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Water Breaks

- Water breaking is the first sign of labor in about 10% of births
- Water may release in a trickle or a gush

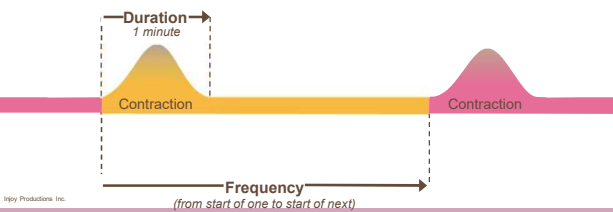
Call your healthcare provider to report the:

Color
Odor
Amount
Time



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Timing Contractions



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When to go to the hospital

3-5
Minutes apart

2
For Hours

1
1 Minute Long

You May Need to Go Sooner Than “321” if You:


- Vomit with contractions
- Feel rectal pressure
- Are unable to walk or talk through contractions
- Think your bag of waters has broken
- Have vaginal bleeding
- Tested positive for Group B Strep
- Live far from the hospital
- Progress quickly
- Always follow your healthcare provider’s instructions

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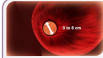


COVID-19 Visitation Restrictions


- Patient COVID testing
- Current Policy
 - Triage
 - Labor & Delivery
 - Postpartum
- Screening
- During your stay



14

Stages of Labor

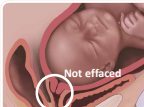

	1st Stage Cervix thins and opens
	2nd Stage Pushing and birth
	3rd Stage Delivery of the placenta
	4th Stage Recovery



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Effacement & Dilation

Efface = to thin

	
Not effaced	Effacing

Dilate = to open

3 cm → 10 cm



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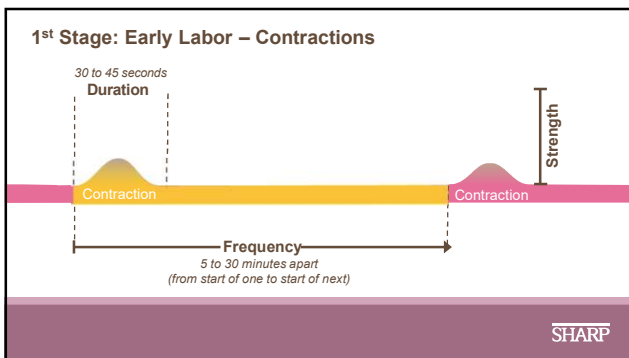
First Stage Phases

	Early Labor 6-12+ hours
	Active Labor 3-5 hours
	Transition 30 minutes-2 hours

Every labor is unique. The length of your labor may be different!

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First Stage: Early

Cervical Dilation

6 cm

Emotions

- Happy
- Excited
- Nervous



19

Early Labor Activities

- Rest or sleep
- Diversions (music, TV, cards)
- Eat lightly
- Drink fluids
- Take a walk
- Shower or bath (call caregiver first if you think your bag of waters is broken!)

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1st Stage: Active Labor – Contractions

45 to 60 seconds
Duration

Contraction

Contraction

Strength

Frequency
3 to 5 minutes apart
(from start of one to start of next)

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First Stage: Active Labor

Cervical Dilation

8 cm

Emotions

- Serious
- Focused
- Nervous

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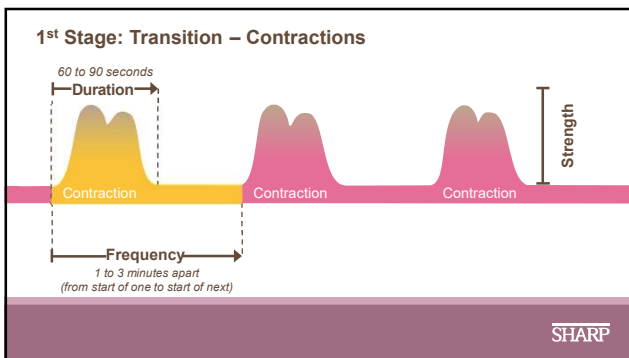
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Active Labor Activities

- Shower
- Massage
- Diversions (music, TV, cards)
- Upright positions like the birthing ball
- Breathing & relaxation techniques
- Ice chips
- Take a walk if not medicated

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1st Stage: Transition

Cervical Dilatation

10 cm

Emotions

- Frustrated
- Exhausted
- Unsure

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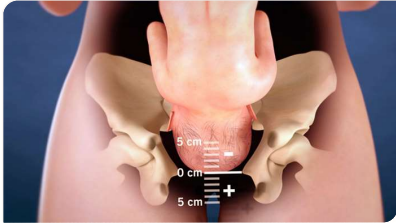
Transition Labor Activities

- Diversions
- Upright positions
- Breathing techniques
- Ice chips
- Shower if not medicated
- Eye contact
- Firm, simple directions

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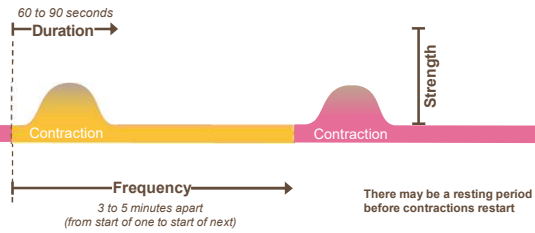
Pelvic Station



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2nd Stage: Pushing & Birth – Contractions



60 to 90 seconds
Duration →

Contraction

Contraction

Strength

Frequency →
3 to 5 minutes apart
(from start of one to start of next)

There may be a resting period before contractions restart


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2nd Stage: Pushing & Birth

Emotions

- Happy
- Relieved
- Exhausted



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Positions for the 2nd Stage of Labor (Pushing)

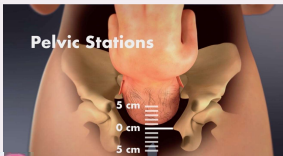



- Side-Lying
- Squatting
- Forward-Leaning
- Semi-Sitting

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2nd Stage: Pushing & Birth



2nd Stage: Contractions & Pushing

Pelvic Stations

- 5 cm
- 0 cm
- 5 cm

2nd Stage: Descent & Birth

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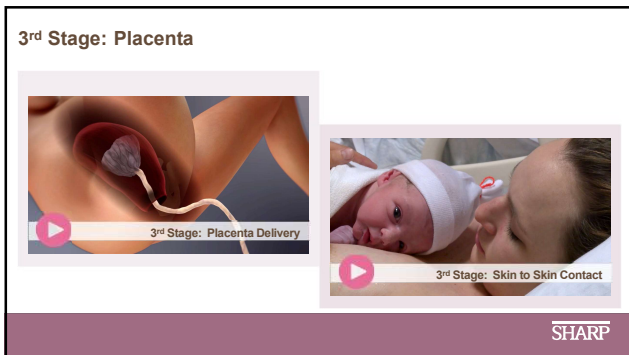
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Review of Two Birth Stories

Similarities	Differences
They both felt informed	One had a medicated birth vs an unmedicated birth
They established their birth preferences	Esmeralda used doulas
They each had support person/people	They used different types of labor and pushing positions
They used some of the same coping techniques (movement, peanut ball, etc.)	Their labors were different lengths

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4th Stage: Recovery

- Happens in the first few hours after birth
- Your uterus contracts and shrinks to about the size of a cantaloupe
- Holding your baby skin to skin and feeding them helps with:
 - Long-term breastfeeding
 - Milk production
 - Your uterus shrinking to usual size



Baby's first feeding occurs during the 4th Stage

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Stages of Labor Review



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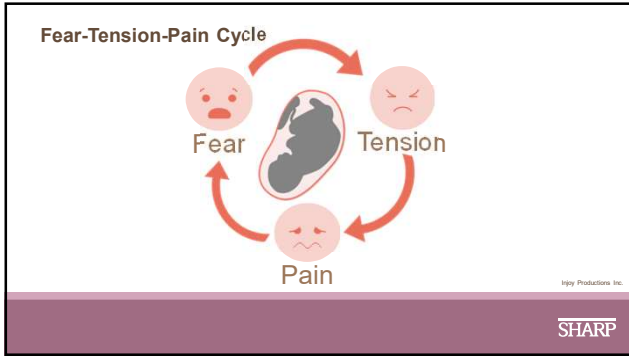
Break Time !!!



Relaxation and Comfort Skills coming up next.

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Labor Pain

Purposeful
Anticipated
Intermittent
Normal

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Labor Environment and Relaxation

Your labor environment is an important part of your birth experience.

Consider:

- Lighting
- Sound
- Temperature
- Smells
- Familiar things from home

Bringing personal things like twinkle lights and your favorite pillow can create a comfortable environment


▶ Relaxation 0:40

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Massage

- Relieves tension
- Brings oxygen to your muscles
- Find out what kind of touch feels best and where the massage is most helpful
- Some people are too sensitive to be touched during labor. That's OK! Honor your body and what works for you.




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Breathing

- Breathe in and out through your nose or mouth, or use a combination of both
- Begin and end with a *cleansing breath*
- Use breathing exercises anytime during labor




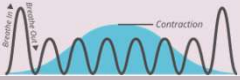




There's no "right way" to breathe

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Breathing Patterns

-  **Slow Breathing Exercise**

-  **Paced Breathing Exercise**

-  **Patterned Breathing Exercise**



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Labor Positions

- Help a baby descend and turn into a more optimal position for birth
- Cause more efficient contractions
- Reduce the pain of contractions
- Help mom actively participate in her labor
- Provide a change of pace



This upright position allows the baby to move

▶ Labor Positions 2:07

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Positions for the 1st Stage of Labor



- Lunging
- Hands-and-Knees
- Side-Lying
- Forward-Leaning
- Squatting
- Slow Dance

▶ Birth Companions 0:49

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Tips for Labor Partners

- Suggest a variety of comfort measures (try one at a time)
- Rest when you can
- Nourish yourself
- Be the link between medical staff and Mom
- Don't take things personally



Find what works best for Mom


▶ Birth Companions 0:49

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Tips for Long Labor

- Rest if you can
- Change positions
- Change the atmosphere or environment
- Stay hydrated and nourished
- Support people may need a break; consider a back-up person
- Try new techniques




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Back Labor Comfort Techniques



Counterpressure **Hot or Cold Packs** **Double Hip Squeeze**


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Comfort Technique Review

Any questions?



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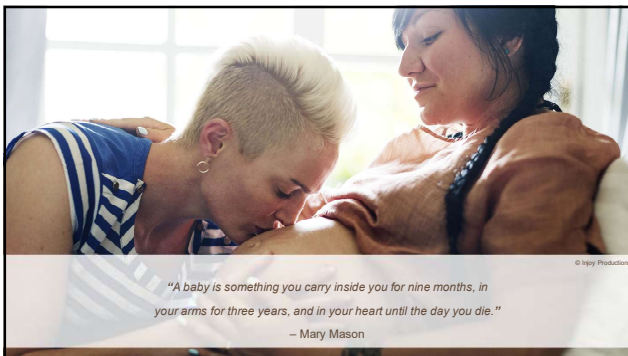
After Lunch:

- Hospital Procedures
- Medications
- Unexpected Outcomes
- Cesarean
- Postpartum Recovery
- Newborn Procedures



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"A baby is something you carry inside you for nine months, in your arms for three years, and in your heart until the day you die."
- Mary Mason

51



Topics

- Hospital Procedures
- Medications
- Cesarean
- Newborn Characteristics
- Newborn Procedures
- Postpartum Recovery

1

Packing Your Labor Bag:
Include Items for a Comfortable Labor



Comfortable clothes

Aromatherapy

Music & focal points

Snacks

Massage aids/
lip balm

Fitness ball available on
Labor and Delivery


Camera/phone &
baby book

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In Preparation for your Hospital Stay

- Pre-registration Paperwork
 - Dr. office/pre-admit guide
- Hospital Tour (Virtual)
- Packing Labor Bag



Scan this QR code for access to the "We're Expecting You" eBook. It's a great resource to help you prepare for your upcoming stay.



[We-re-expecting-you-2.pdf \(sharp.com\)](#)

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Birth Preferences Plan
Is a flexible roadmap of your desired labor and birth experience

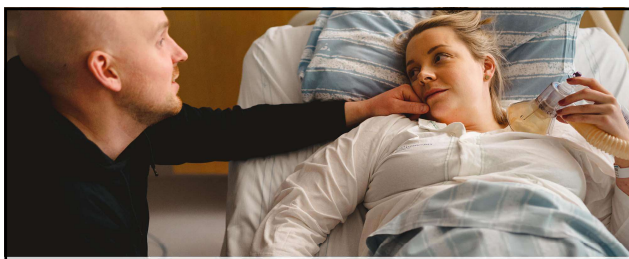


Birth Preference Ideas

- Who will be my support team?
- What positions and comfort techniques would I like to use?
- Do I want to use pain medication?
- Will I breastfeed?
- What about circumcision and other newborn procedures?

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“The greatest gift is not being afraid to question.”
– Ruby Dee

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Informed Consent

- What is the reason for this procedure?
- What does the procedure involve?
- What are the risks or side effects associated with this procedure?
- What is the next step if the procedure fails?
- What are the natural alternatives to the procedure, including waiting?
- What are the risks associated with waiting or trying other alternatives?

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Induction of Labor

Starting contractions by artificial means to cause labor and birth

Reasons to Induce:

- Pregnancy continues past the due date
- Your health or the baby's health is at risk
- Your water breaks and contractions do not start

If your body is already close to starting labor, there might be some nonmedical alternatives you can try.




Ask questions and discuss any concerns with your healthcare provider


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Induction & Augmentation Methods



INDUCING LABOR



AUGMENTING LABOR

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Induction of Labor

What Week is Considered Safe to Have Your Baby?

{ Greater than 39 weeks }

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In the Last Few Weeks of Pregnancy

- Important organs are still developing and growing
- Your baby's hearing and vision are still developing
- During the last 6 weeks of pregnancy your baby's brain almost doubles in size

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Induce for Medical Reasons

I feel so big!

My partner has a business trip a few days after our due date!

My mother wants to travel here for the birth.

Since there are risks, inducing labor for reasons of convenience is not generally recommended.

I want my baby to be an Aries like me!



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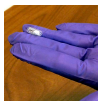
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Medical Methods Summary

Induction



Sweeping the Membranes



Cervical Ripening Agent



Foley Balloon (mechanical dilators)



Amniotomy



Pitocin

Induction or Augmentation


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IV Fluids

- Help maintain adequate blood pressure if anesthesia is used
- Deliver Pitocin, antibiotics, or other medicines if needed
- Prevent or treat dehydration

Sip water or suck ice chips to help prevent dehydration!




A saline lock prepares you for an IV, but allows you to move around

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Monitoring

- Fetal monitoring is commonly used during labor
- External monitors track fetal heart rate changes and contraction patterns
- There are 2 types of internal monitors:
 - IUPC used for contraction monitoring
 - Scalp electrode used for fetal heart-rate monitoring



External monitoring uses elastic belts to hold sensors in place and amplifies the sound of your baby's heartbeat


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2nd Stage Interventions

- Assist the baby through the birth canal if the birthing person cannot push effectively
- Used if the baby needs to be born quickly

Using upright pushing positions and following your body's natural pushing urges may reduce your need for these interventions.




Pushing can be a challenge if you are exhausted

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2nd Stage Intervention Methods

Forceps



Vacuum Extractor




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Episiotomy

- Increases the size of the vaginal opening at birth
- A local anesthetic is injected before the procedure
- Does not substantially shorten the birth of the head
- The incision becomes infected more often, is more painful, and may extend farther than a natural tear



The episiotomy incision will either be made straight back or off to the side

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Any Questions?

Any questions?

Pain Medications is the next topic!



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Non-Pharmalogical Pain Relief

- Breathing
- Visual Imagery
- Relaxation Exercise
- Massage
- Position Changes
- Birth Ball
- Shower
- Attention Focusing and Distraction
- Focal Point
- Birth Doula




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Analgesics

- Administered through an IV
- Systemic medication (affects the whole body)
- Lessens pain without causing numbness ("takes the edge off")



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Analgesic Summary

<h4>+ Benefits</h4> <ul style="list-style-type: none">• Can be given soon after requested• Provides fast relief• Does not numb muscles (mobility is still possible after the drug wears off)	<h4>- Risks</h4> <ul style="list-style-type: none">• Does not provide total pain relief• May cause drowsiness, disorientation, itching, or nausea• May slow breathing or lower blood pressure• May inhibit mobility while in effect <h4>Side Effects for Baby</h4> <ul style="list-style-type: none">• May be sleepy and have difficulty breastfeeding at first• May slow breathing and reflexes temporarily
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Avoid just prior to birth to reduce these effects

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Epidural Anesthesia

- Administered by an anesthesiologist or a nurse anesthetist
- Regional anesthetic that numbs sensations in the uterus, abdomen, and lower back
- Women may still feel pressure with contractions and on the pelvic floor

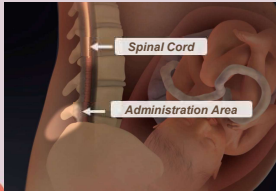


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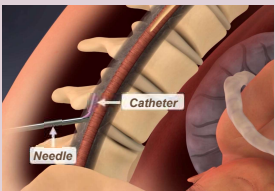
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Epidural Anesthesia

Epidural Placement



Needle & Catheter



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Epidural Summary



+ Benefits <ul style="list-style-type: none">• Very effective pain relief• Allows rest• Does not affect your mental state	- Risks <ul style="list-style-type: none">• May offer incomplete areas of relief• May lower blood pressure and cause fetal heart rate to drop• May cause shivering, fever, itching, and/or nausea• May cause soreness or bruising at the administration site Effect on Labor <ul style="list-style-type: none">• Continuous fetal monitoring• Must stay in bed and need a urinary catheter• May decrease your ability to push
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3 Epidural Tips

1. Wait until you are having regular contractions that are changing your cervix to get one
2. Periodically rotate from one side to the other
3. Allow baby's head to descend before pushing



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Mindful Moment




My body is made to give birth. I am fierce but flexible.

26

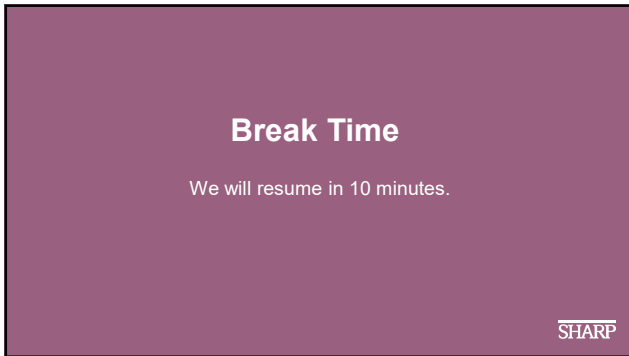
Any Questions?



Any questions?



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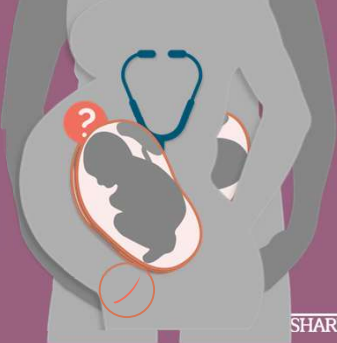
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Planned Cesarean

Previous Cesarean
If you've had a previous cesarean, you may have a **Breech** presentation. If your baby's feet and/or buttocks are positioned to be delivered first.



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Unplanned Cesarean

Baby's Head Too Big
Labor Not Progressing
If your baby's head doesn't seem to fit despite using procedures to speed it up.




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Emergency Cesarean

Placenta Detaches
If the placenta becomes detached from the uterine wall.

Emergency cesareans occur in only 1% of all births.



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Cesarean Birth

- Surgical delivery of a baby through an incision in the abdomen and uterus
- Performed if a vaginal birth is not possible or safe
- About 30% of all births in the U.S. are by cesarean



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Cesarean Preparation

- IV/medications placed, antibiotics & antacids
- Blood & heart pressure monitors
- Urinary catheter inserted
- Skin prep with antiseptic scrub
- Pubic hair clipping
- Compression stockings
- Drape is placed
- Room will be cold & lots of bright lights
- Additional staff that all have a specific purpose

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Cesarean Birth Anesthesia

Planned/unplanned cesarean:

- Epidural
- Spinal Block

Emergency cesarean:

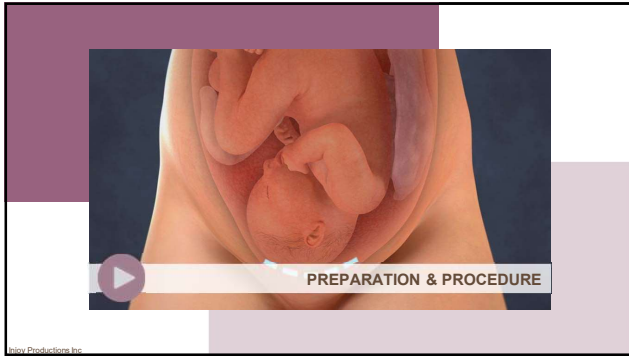
- Existing epidural
- General anesthesia



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Cesarean Summary

<p>+ Benefits</p> <ul style="list-style-type: none"> Life-saving if vaginal birth is unsafe Quick Relatively safe 	<p>- Risks</p> <ul style="list-style-type: none"> Infection Blood loss/hemorrhage/blood clots in legs Future pregnancy problems Injuries to organs Longer, more painful recovery Higher risk of emotional trauma
	<p>Risks for Baby</p> <ul style="list-style-type: none"> Breathing problems Low Apgar score Injury (rare)

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Reducing the Cesarean Risk

<p>Enter labor in good health</p> <ul style="list-style-type: none"> Eat healthy foods Exercise
<p>Labor</p> <ul style="list-style-type: none"> Let labor start on its own Stay at home during early labor Have continuous, hands-on support (consider a doula) Use upright labor positions
<p>Epidural</p> <ul style="list-style-type: none"> Wait until labor is well-established to get one to avoid the chain of intervention

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Family-Centered Cesareans

- Ask to have the screen lowered to see the birth
- Use prepared childbirth techniques to relax
- Have photos or video taken if permitted
- Hold or touch your baby while your surgery is being completed
- Ask if skin to skin is an option
- Breastfeed as soon as you can



Partners can bring the baby over to Mom

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Cesarean Recovery Post Anesthesia Care Unit

- How long in post anesthesia care unit (PACU)
- Baby is not separated from partner
- Skin-to-skin contact can begin immediately with mom and/or partner
- Breastfeeding is initiated

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Cesarean Recovery During Hospital Stay

- Limited diet – possibly liquid, based on MD
- Anesthesia side effects and pain management
- Knee high compression device – reduces risk of blood clots, intermittent use
- IV and catheter
- Mobility
- Pain management

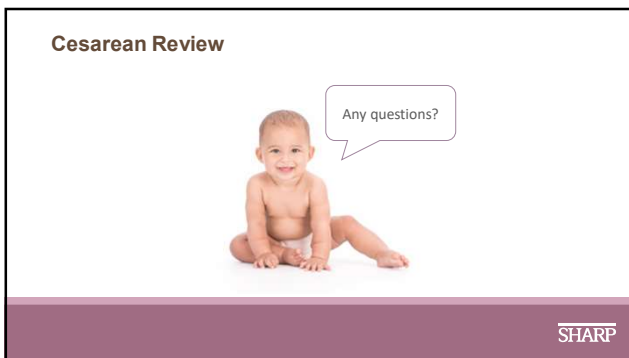
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44






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Physical Changes

Your body goes through changes after birth:

- Involution and afterpains
- Soreness in the pelvic floor
- Lochia

Timeline	What is Normal
Days 1-4	<ul style="list-style-type: none"> • Bright/dark red color • Heavy flow • Small/medium clots 
Days 4-10	<ul style="list-style-type: none"> • Brown/pink color • Less blood; more discharge • Fewer clots 
Days 10-28	<ul style="list-style-type: none"> • White/yellow color • Discharge; little/no blood • No clots 


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Hospital Recovery Day 1

- Rooming In
- Increase in emotions/adrenaline
- Increased discomfort
- Baby not born hungry, usually more sleepy
 - Skin -2-Skin
- Room Interruptions
 - Visitors and Staff



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**Skin-to-Skin
Signs of Infant Wellness**

- Your baby's lips and tongue should be pink
- Watch for your baby's tummy to rise and fall with each breath
- When holding your baby, breastfeeding, or practicing skin-to-skin, always make sure you can see your baby's mouth and nose to ensure its breathing isn't blocked. You should notice your baby's back and tummy move with each breath

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Hospital Recovery Day 2

- Exhausted
- Lack of sleep
- Emotional/crying
- Increased discomfort
- Learning newborn behavior
 - Second 24 hours of baby's life
- Family Home Care Class



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Hospital Discharge

- Family Home Care Class
- Discharge Paperwork
 - M.D. orders both mom and baby
 - Baby care plan
 - Mom care plan



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Planning For the Help You Need When You Leave the Hospital

Do you have someone to help you when you go home?

- A loving support network:**
- Makes the first few months less overwhelming
 - Allows you to spend more time with your baby
 - Gives you more time for self care
 - Ask for help... Start putting together your team!



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Postpartum Warning Signs

Call Your Healthcare Provider

- Fever over 100.4°F or 38°C
- Foul-smelling vaginal discharge
- Increased uterine pain
- Heavy bleeding
- Pain or burning with urination
- Lump, hard area, or pain in your breast
- Red, tender, or painful area on your leg
- Any other concern about your health



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Postpartum Hemorrhage

What is it?	Warning signs
<ul style="list-style-type: none"> • Heavy bleeding after birth • A rare but serious condition • Usually happens within 1 day after birth, but can happen up to 12 weeks later 	<ul style="list-style-type: none"> • Heavy vaginal bleeding that does not slow or stop • Soaking through 1 or more pads within an hour or passing blood clots larger than a golf ball • Drop in blood pressure or signs of shock (blurry vision, chills, clammy skin, fast heartbeat, confusion, dizziness, weakness, feeling faint) • Nausea or vomiting • Pale skin • Severe swelling and pain around the vagina or perineum

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53

Postpartum Preeclampsia

What is it?	Warning signs
<ul style="list-style-type: none"> • A condition that can develop within the first 48-72 hours after delivery • In rare cases, can occur up to 4-6 weeks postpartum 	<ul style="list-style-type: none"> • Sudden swelling of face or limbs • High blood pressure • Nausea or vomiting • Severe headache • Abdominal pain, especially under the ribs on the right side • Very little urine output • Sudden shortness of breath

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Baby Blues

Symptoms:

- Mood changes
- Weepiness or sadness
- Anxiety
- Lack of concentration
- Feelings of dependency or inadequacy



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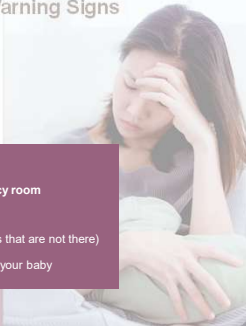
If you get the blues, talk about your feelings. Partners can also get the blues or depression.

5

55

Perinatal Mood & Anxiety Disorder Warning Signs

- Excessive worrying and anxiety
- Persistent crying or sadness
- Inability to sleep, even when you're exhausted
- Difficulty concentrating
- Loss of interest in activities you used to enjoy
- Changes in
- Thoughts ab
- 988, the sui
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Call 911 or go to the emergency room (whichever is faster) if you:

- Hallucinate (hear or see things that are not there)
- Fear you will harm yourself or your baby

56

Life With Baby

Parenting Pressures

- Family and Friends
- Cannot spoil your baby

Real Baby versus Imagined Baby


- Often in conflict with each other
- Skin-2-skin

Sleep

- Managing your sleep
- Understanding how your baby sleeps
- Utilizing friends and family
 - Ask partner for help at night
 - Ok to set boundaries

Where to go for help

- Support groups



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Self-Care Tips for New Parents

1. Get support from family and friends
2. Rest when possible
3. Eat healthy foods and drink plenty of water
4. Simplify by reducing the busy parts of your life
5. Get outside with your baby for some fresh air
6. Nurture your relationship



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58

Tips for Partners


- Take classes
- Spend time with your newborn
- Find something special to do with just you and your baby
- Hold your baby skin to skin when you can
- If you are feeling left out, talk to your partner



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59

Postpartum Review



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60

Breastfeeding Benefits

- Less likely to develop uterine, breast and ovarian cancers, may reduce heart disease. Helpful with weight loss.
- Environmentally Friendly
 - Natural use of resources
- Helps reduce risk of obesity, diabetes, ear infections, allergies, asthma, SIDS, less risk of childhood leukemia and more
 - Just one drop of colostrum has 3 million immune cells
- www.sharp.com/classes sign up for Breastfeeding Class

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61

First Feeding

- Your first milk is called colostrum
 - Thick and golden in color
- Feeding within 60 minutes of birth is recommended
 - Babies are born ready to breastfeed



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Holding your baby skin-to-skin for 2 hours after birth can increase breastfeeding success by 80%!

62

Newborn Procedures: First Hours



Suctioning



Cord Cutting



Apgar Score



You can hold your baby skin to skin as these procedures are being done.

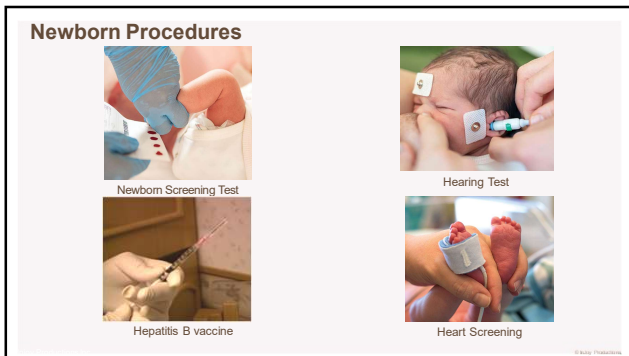
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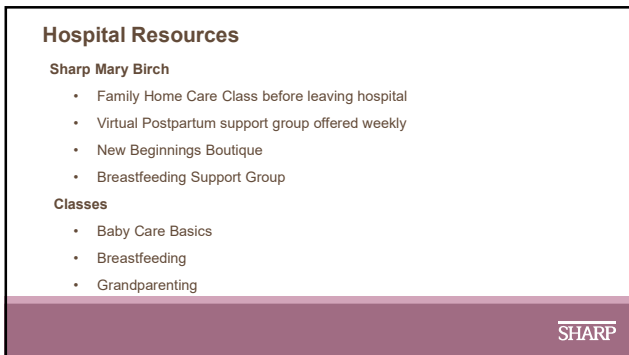
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64



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Please take the time to fill in this brief evaluation of your Childbirth Preparation class. This survey will take 1-2 minutes to complete. After you submit it you'll receive a link to order your free First Five New Parent's Kit.

Childbirth Preparation Evaluation



Thanks! We really appreciate your feedback!

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67

Mindful Moment



I will accept the help that I am offered. I will not be afraid to ask for help when I need it.

68



Congratulations!

You graduated, nice work!

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69
