

3RD TRIMESTER CLASSES

Schedule at 254-553-1553

MHS GENESIS PATIENT PORTAL

- Available 24/7
- Communicate with the Women's Health Center
- Request refills
- View labs

Log on at www.patientportal.mhsgenesis.health.mil



NEWBORN 101: BRINGING HOME BABY

- Hands on class for new parents
- Diapering, bathing, burping and holding a newborn baby
- Safe sleep
- Recommended immunizations at birth

CHILDBIRTH EDUCATION: WHAT TO EXPECT

- Learn about the labor process
- Interactive guide to review the stages of labor
- Unmedicated birth: breathing, visualization
- Ways to cope with discomforts of labor
- Medications: IV pain medications and/or epidurals
- Engaging tips for your support person



PREVENTION OF SHAKEN BABY SYNDROME

- Schedule at 32 weeks gestation
- 3 ways to schedule:

Register in the Women's Health Center by leaving a voice message at 254-553-1553

Attend through the New Parent Support Program by calling 254-287-2286

Complete during your Mother/Baby Unit inpatient stay



BREASTFEEDING INFORMATION

- You may receive a prescription for a breast pump at your 32 week appointment
- To assist with financial questions, log onto <https://tricare.mil/breastpumps>
- DHA does not endorse any companies so we do not provide a list
- Suggestions: search online for a company or ask relatives/co-workers/friends
- Verify your breast pump company accepts prescriptions from Darnall Army Medical Center
- Schedule your breastfeeding class by calling 254-288-8109
- Join the Lactation Support Group after your baby is born by calling 254-553-9580

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3rd Trimester Reminders

ILLNESS PREVENTION



TDaP Vaccine

The best way to protect your baby from Pertussis (whooping cough) is for you to make sure everyone around your baby is up to date on their vaccines: TDaP (for adults) or DTaP (for children). The current recommendation is for every pregnant woman to have a TDaP vaccine in every pregnancy, preferably between 27 and 36 weeks gestation. This makes sure you do not get the disease and pass it on to your baby, and it provides your baby with some immunity across the placenta.

Flu Vaccine and RSV Vaccine

These vaccines are very important for the safety of both you and your baby. If you haven't received a flu vaccine, please feel free to receive it at a local pharmacy when it is in season (present your ID card for the pharmacy to bill Tricare). The RSV vaccine is recommended for certain gestational ages -- ask your Health Care Provider if you should receive this vaccine.

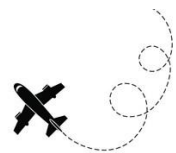
Great ideas for avoiding illnesses:

- Wash your hands for 20 seconds with soap and water
if handwashing is not possible, use hand gel with 60% alcohol base
- Cough or sneeze into your elbow
- Avoid touching eyes, nose, mouth
- Avoid contact with anyone who is ill



If you have travel plans: Call your airline to determine when pregnant women are no longer allowed to fly on that specific carrier.

Patients are encouraged not to travel to areas with known diseases. ALWAYS visit the CDC website www.cdc.gov for up-to-date, location specific information.



We need to hear from you!

You will receive a JOES Survey (Joint Outpatient Experience Survey) to complete sometime during your pregnancy. The survey takes about 5 minutes to complete and gives the Women's Health Center the feedback necessary to maintain top quality care. Please complete the survey!!

3rd trimester HIV & Syphilis screening

HIV and Syphilis testing in the 3rd trimester is mandatory in the state of Texas. Testing and treatment in pregnancy is recommended by the Centers for Disease Control and Prevention (CDC) and will prevent complications and save lives.



Recognizing Premature Labor

"Premature" (or preterm) labor is when babies are born before the 37th week of pregnancy. Premature babies can have many medical problems as well as problems with growth and development. For this reason, it is important to recognize if you are in preterm labor. Early recognition of preterm labor can help decrease your chance of having a premature baby and really make a difference.

YOU CAN IDENTIFY WARNING SIGNS OF PRETERM LABOR.

A patient is diagnosed as being in preterm labor when uterine contractions AND cervical change occur between 20 and 37 weeks of pregnancy.

The warning signs of preterm labor are:

1. Uterine contractions occurring more than 4 times in 1 hour.
2. Menstrual or abdominal cramping
3. Low, dull backache
4. Pelvic pressure (feeling the baby push down)
5. Increase or change in vaginal discharge (watery, bleeding, or pink)



If you experience any warning signs:

- * **LIE DOWN ON YOUR SIDE**
- * **DRINK 4 GLASSES OF WATER**
- * **TIME THE CONTRACTIONS**

If the symptoms do not go away after an hour of rest and fluids, go to Labor & Delivery on the 4th floor for evaluation.

It is normal to have contractions when you change positions (sitting, lying down) and for a short time after exercise or sexual activity.

If you think your water has broken, or if you are bleeding DO NOT WAIT. Go to Labor and Delivery RIGHT AWAY.



Counting your baby's movements

is an excellent way to know that your baby is doing well. Begin your count around the same time each day - when your baby is usually most active.

Start by lying down on your left side with your hands on your belly. Count until you have felt 10 distinct movements, and note how long it took.

If you have not felt 10 movements in 2 hours (once a day) you will need to be monitored in Labor and Delivery.

Great News!!! Most pregnancy apps that you may have downloaded have a **TOOLS** tab that has both a **contraction timer** and a **fetal movement counter**. Check them out!

LABOR & DELIVERY PACKING LIST

Labor & Delivery 254-288-8400

Take the Women's Health Center elevator to the 4th floor

Labor & Delivery Checklist

- ___ Cell phone and charger
- ___ Birth plan
- ___ Hard candy (for dry mouth)
- ___ Lotion
- ___ Massage/aromatherapy oil
- ___ Contact lens case/lens supplies and glasses
- ___ Hair bands (ponytail holders)
- ___ Extra pillow



FOR YOUR SUPPORT PERSON

- Change of clothes ___
- Snacks or money for vending machine ___
- personal hygiene items ___
- blanket and pillow ___

Mother Baby Unit Checklist

- ___ Toiletries (brush, comb, deodorant)
- ___ Bathrobe and slippers (optional)
- ___ Loose, comfortable outfit to go home
- ___ Nightgown (hospital will provide but you may bring your own)
- ___ Toothbrush, toothpaste, mouth wash
- ___ Cosmetics
- ___ Shampoo, conditioner
- ___ Nursing bra, nursing pads



FOR BABY

- Approved car seat ___
- Hat/cap/baby socks ___
- Outfit to wear home ___
- Receiving blankets ___

BIRTH CONTROL METHODS

METHOD	RISK OF PREGNANCY	USE	ADVANTAGES	DISADVANTAGES and SIDE EFFECTS
HORMONAL CONTRACEPTIVES				
<p>"The Pill"</p> <p>There are a variety of pills available</p>	8 out of 100	Prescription required. You should take one pill every day, at approximately the same time.	Simple to use. Does not interfere with sexual activity. Regulates period cycles.	May decrease breastmilk supply. Must take every day. Should use back up method in first weeks of use, if pills are missed, or when certain other medications are used. Cannot use if history of previous health problems, i.e. high blood pressure, liver or heart disease, migraine headaches or if you are a smoker over the age of 34. Weight gain.
<p>"The Patch"</p> <p>Ortho Evra</p>	9 out of 100	Prescription required. The Patch is applied once a week for 3 weeks. During Week 4 no patch is used.	Simple to use. Don't have to remember a pill every day. Regulates period cycles.	May decrease breastmilk supply. Should use back up method in first weeks of use, or when certain other medications are used. Cannot use if history of previous health problems, i.e. high blood pressure, liver or heart disease, migraine headaches or if you are a smoker over the age of 34. Weight gain.
<p>Vaginal Ring</p> <p>NuvaRing®</p> <p>Annovera®</p>	9 out of 100	Prescription required. Each month, the vaginal ring is inserted into the vagina and left in place for 3 weeks. During Week 4 you do not wear the ring.	No pills to remember. Regular menstrual cycles. Annovera can be used for 1 full year and does not require refrigeration	May decrease breastmilk supply. You need to learn how to insert and remove the vaginal ring. Must use back up method in first 7 days of use. Cannot use if history of previous health problems, i.e. high blood pressure, liver or heart disease, migraine headaches or if you are a smoker over the age of 34. Weight gain.
<p>"The Mini Pill"</p> <p>Micronor</p> <p>Nor-Q-D</p>	8 out of 100	Prescription required. You should take one pill at the same time every day.	Will not decrease breastmilk supply. Contains no estrogen, so potential for serious complications is decreased. Immediate return to fertility when discontinued. Scanty or no periods.	Irregular, unpredictable bleeding. Weight gain. Vulnerable to pregnancy if single pill is missed or more than 3 hours late.
<p>"The Shot"</p> <p>Depo Provera®</p>	4 out of 100	Prescription required. You receive an injection in your arm or hip once every 12 weeks.	Does not interfere with sexual activity. Only "do something" about birth control 4 times per year. Will not decrease breastmilk supply. May have no periods at all after a year of use.	Irregular, unpredictable bleeding. May take 3-18 months to get pregnant after discontinuing the shot. Weight gain, headaches, mood changes or depression.
<p>Mirena</p> <p>Skyla</p> <p>Intrauterine Devices (IUD)</p>	0.2 out of 100	Your healthcare professional places the IUD inside your uterus and removes it when desired.	Effective for up to 8 years (3 for Skyla). Immediately effective upon insertion. Lighter periods, less cramping. Will not decrease breastmilk supply.	Must be inserted and removed by trained healthcare provider. Expulsion or perforation possible but rare. Weight gain. Periods may be irregular; 20% of women stop having periods after one year of use.
Nexplanon®	0.05 out of 100	Flexible plastic rod containing progesterone inserted under the skin of your upper arm	Effective for up to 3 years. Immediately effective (or only 7 days of backup method needed). Quick return to fertility after removal.	Must be inserted and removed by trained healthcare provider. Possible pain, irritation scarring, infection at site. Possible difficulty removing. Irregular, unpredictable bleeding, mood swings, weight gain, headache, acne, depression

METHOD	RISK OF PREGNANCY	USE	ADVANTAGES	DISADVANTAGES and SIDE EFFECTS
NON-HORMONAL CONTRACEPTIVES				
Male Condom	13 out of 100 Effectiveness increased if used with spermicides	Must be applied before intercourse and reapplied with each act of intercourse.	No prescription needed. Does not interfere with menstrual cycles. Provides some protection against STDs.	Requires motivation. May cause a slight interruption before sex.
Female Condom	21 out of 100	Must be applied before intercourse. A new one must be used every time you have sex.	May be inserted up to 8 hours before intercourse. Unless it slips out of place or is torn, should provide some protection against STDs.	Requires motivation. May cause a slight interruption before sex. Noisy.
Paragard® Intrauterine Device	0.8 out of 100	Your healthcare professional places the IUD inside your uterus and removes it when desired.	Effective for up to 10 years. Immediately effective upon insertion. Will not decrease breastmilk supply.	Woman and partner must be in mutually monogamous relationship (only one sexual partner). Expulsion or perforation possible but rare. Possibly heavier cramping and bleeding with periods.
Spermicides Foams, jellies, creams, suppositories, films	28 out of 100	Must be used every time you have sex, not more than 1 hour before sex.	Provides some protection against some STDs.	28% typical failure rate! Use with a condom or diaphragm increases effectiveness
Diaphragm	12-20 out of 100	Must be used every time you have sex. Must be used with spermicide. Must be fitted by healthcare professional.	No hormones or physical changes. Practically no side effects.	Must be inserted before, and left in place for at least 6 hours after intercourse. Requires motivation
Withdrawal	20 out of 100	Penis must be fully withdrawn and away from the female's external genitalia prior to ejaculation.	No cost, no devices, no chemicals, no side effects.	Requires motivation.
Natural Family Planning Calendar, temperature, cervical mucous	24 out of 100	Careful charting of menstrual cycles with abstinence on "fertile" days	No artificial devices, no chemicals, no side effects	Requires detailed instruction and careful record keeping. Requires cooperation, motivation and will power. 25% typical failure rate!
PERMANENT METHODS				
"Tubes Tied" Female sterilization	0.5 out of 100	Surgical procedure under spinal or general anesthesia as inpatient or outpatient surgery. Current practice is to <u>remove the fallopian tubes</u>	Permanent , highly effective, no significant long term side effects	Pain, bleeding, infection. Reversibility difficult and expensive.
Vasectomy Male sterilization	0.15 out of 100	Done under local anesthesia as an outpatient surgical procedure	Permanent , highly effective, no significant long term side effects, quick recovery	Pain, bleeding, infection. Reversibility difficult and expensive. Must use additional method of birth control until semen is free of sperm.

from Contraceptive Technology, 1998; UpToDate 2021