

You're almost there!

While being done with pregnancy may seem tempting, especially during these last few weeks, just remember, your baby needs at least 39 full weeks of pregnancy to grow and develop.

Nobody likes to be rushed — especially babies — and your baby will let you know when they are ready to emerge. Until then, get plenty of sleep, indulge in “we” time before your family grows, and relax.

Trust us, babies are much easier to care for in the womb!

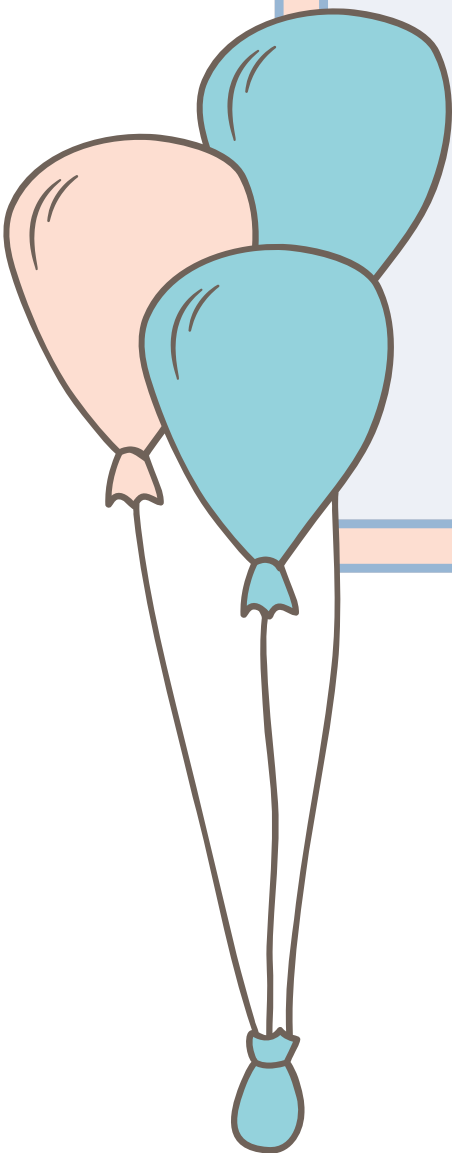
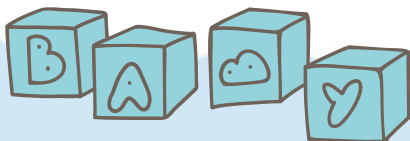


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Obstetric 30 Week Talk

Kick Count – measuring baby’s movement within one hour

You should be aware of your baby moving daily. Six to eight fetal movements an hour is a reassuring sign of your baby’s well-being. Babies do sleep at 20 to 30 minutes intervals throughout the day and night. If you are concerned your baby is moving less than it should, try doing a Kick Count. You are looking to count 6 to 8 movements in one hour. To do a Kick Count:

- Begin by eating something sweet and drinking something cold
- Lay on your left side in an area where you won’t be distracted
- When you feel the first movement, begin timing the hour
- If you feel greater than 7-8 movements in less than an hour, you are finished and can be reassured
- If you do not feel 6 movements in one hour, please call us at 920.729.7105 and be prepared to come in for an evaluation.

DHA supplements

DHA is an Omega 3 Fat that has been found to help promote infant and children’s eye and brain development. Although this can be found naturally in breast milk, it is recommended to begin taking additional supplements of 200mg of DHA daily, starting in the third trimester of pregnancy and during breast feeding.

Water intake

During pregnancy you should drink 8 to 12 cups (64 to 96 ounces) of water every day. Water has many benefits. It aids digestion and helps form the amniotic fluid around the fetus. Water also helps nutrients circulate in the body and helps waste leave the body.

Bleeding or leakage

Any bleeding or leakage of fluid from the vagina needs to be evaluated. Please call us and be prepared to come in for an evaluation.

Mucus plug

The mucus plug is a thick yellow, often blood tinged, vaginal discharge. You don’t need to call your provider if your mucus plug is discharged. Labor could be 1, 2, or even 3 weeks away as your cervix thins and prepares for labor.

Preterm labor – labor occurring when you are less than 35 weeks pregnant

If you are having contractions that are occurring more than 6 times an hour, it is important that we determine if you are experiencing preterm labor. Please take time and closely

follow these steps:

- Hydrate yourself by drinking four (4) - 8 ounce glasses of water over one hour
- Rest, lying on your left side
- Continue drinking water as much as you can tolerate and keep your bladder empty
- After 2-3 hours of hydration and rest, your contractions should subside

If you are still having more than 6 contractions in an hour after 2-3 hours of hydration and rest you should call us at 920.729.7105 and be prepared to come in for an evaluation

Preeclampsia (Toxemia)

Preeclampsia is a serious medical condition affecting all organs of the body. It’s a condition of high blood pressure and other changes that may occur after the 20th week of pregnancy. Being alert to certain symptoms may be helpful for early detection of this condition. Please call us at 920.729.7105 if you experience one or more of these symptoms:

- Severe headache not relieved by Tylenol® (may take 2 extra strength)
- Visual disturbances like blurred vision or spots before your eyes
- Stomach pain or severe heartburn not relieved by antacids (Tums)
- Severe nausea and or vomiting without warning
- Sudden onset of facial swelling

Pregnancy Checks

Pregnancy checks occur every week from 36 weeks until delivery. We will check:

- General Info – your weight and blood pressure are measured. Your provider will check your cervix and the position of the baby. You may be put on a monitor to record the baby’s heartbeat pattern.
- Group B Streptococcus (GBS) Testing – this culture test is done between 36 and 38 weeks of pregnancy. In this test, a swab is used to take a sample from the vagina and rectum. GBS is one of the many bacteria that live in the body and can pass from a pregnant woman to her fetus during labor. This is rare and happens to 1 or 2 babies out of 100 when the mother does not receive treatment with antibiotics during labor. The chance of a newborn getting sick is much lower when the mother receives treatment.

Postpartum depression

More than just being sad for a few days, postpartum depression (depression after childbirth) is a serious and debilitating illness that can affect you, your baby and your family.

Some do not even recognize they have postpartum depres-

Obstetric 30 Week Talk *continued*

sion. Friends or family may be the first to notice something isn't quite right. Once diagnosed, postpartum depression can be treated with medication and therapy.

Baby blues vs. postpartum depression

A few days after childbirth, some people will begin to feel depressed, anxious, or angry. They may also cry for no reason, have difficulty sleeping or making choices, or question their ability to care for their baby. Such feelings, called baby blues, generally subside in a few days or weeks without treatment. If they linger or intensify, it could be a sign of postpartum depression.

Postpartum depression is characterized by intense feelings of sadness or unease that prevent people from being able to do routine daily tasks. While it can occur up to a year after having a baby, postpartum depression usually starts within the first month after giving birth.

Causes of postpartum depression

Postpartum depression is most likely caused by a combination of factors that include:

- Hormone level changes
- A history of depression, premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD)
- Thyroid disease
- Emotional aspects (feelings of doubt, etc.)
- Lifestyle concerns (lack of support, stressful life events)

Symptoms

- Feelings of anger, irritability, or rage
- Lack of interest in the baby
- Disturbances of sleep and appetite
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest in things you used to enjoy
- Possible thoughts of harming the baby or yourself

Treatment options

Perinatal and post-partum depression are treatable, with many options to consider. To find the right plan for you, consult your healthcare professional.

Options may include:

- Practical Help & Social Support: including activities like prioritizing sleep, time for self, reading, podcasts, meditation, asking for help & support groups.
- Mental Health Counseling: Evidence-based therapy types may include Cognitive Behavioral Therapy (CBT) & Interpersonal Psychotherapy (IPT).
- Medical Evaluation and Treatment: Consult a doctor to see what will work for you.
- Intensive Treatment Facilities

PERINATAL MENTAL HEALTH RESOURCES

Postpartum Support International (PSI)

PSI is dedicated to helping families suffering from postpartum depression, anxiety, and distress. PSI offers a wealth of resources for a wide range of needs: <https://postpartum.net/>

- Call PSI HelpLine: 800-944-4773 (English & Spanish)
- Text "Help" to 800-944-4773
- Text en Espanol: 971-203-7773

The National Maternal Mental Health Hotline

The Hotline is available for pregnancy, postpartum and post-loss support. Call or text **1.833.852.6262** anytime to connect with a Hotline counselor for confidential conversation, support, understanding and resources. Available in English and Spanish, the Hotline can connect you with local support groups and organizations and refer you to other health care professionals if you need more care.

Additional local resources:

If you are already seeing a mental health provider, such as a ThedaCare Behavioral Health provider, first consult with your established provider for the best continuity of care. ThedaCare Behavioral Health

ThedaCare Physicians-Neenah, Entrance 3

333 N Green Bay Road
Neenah, WI 54956

920.720.2300

(Walk-In Care M-F, 8am-4:30pm)

The Center for Perinatal Mental Health, A CCP Clinic, LLC

3301 N Ballard Rd, Suite C
Appleton, WI 54911

920.234.9240

Seven Starling

Virtual maternal mental healthcare

www.sevenstarling.com

If you have any questions or concerns, please don't hesitate to call us at 920.729.7105. We have nursing staff on-call 24/7 to support you. In a medical emergency, please call 911 immediately, or dial 988 for the Suicide & Crisis Lifeline.

Vaccines and Pregnancy

How does getting vaccinated during pregnancy protect my baby?

Vaccines cause the body to create antibodies. Antibodies are proteins that can identify bacteria and viruses and stop them from entering cells and making a person sick. After you get a vaccine during pregnancy and your body creates antibodies, some of those antibodies pass to the fetus. This means the baby will have the antibodies to protect against disease after birth.

Antibodies are a safe, normal reaction to a vaccine. They protect your baby during the first few months of life until your baby can be vaccinated.

Which vaccines may be given during pregnancy?

It is safe to get vaccines for the flu, whooping cough, COVID-19, RSV, hepatitis, pneumonia, and certain types of meningitis during pregnancy. These vaccines are recommended during each pregnancy:

Tdap vaccine

This vaccine protects against whooping cough. Tdap vaccines are recommended during the third trimester of each pregnancy. We also recommend any family or friends caring for the baby to get a Tdap vaccine booster. Your significant other can receive this in our office as well.

Flu vaccine

The flu is a serious illness that can be much more severe during pregnancy. You should get a flu vaccine if you are pregnant during flu season (October through May). It is best to get the flu vaccine early in the flu season, as soon as the vaccine is available. This can be given at any time throughout the pregnancy.

RSV vaccine

This vaccine protects against RSV and the severe lower respiratory tract infection it may cause. You should get this vaccine if you are pregnant or due during RSV season (September through January). It is the safest to get this vaccine between 32 and 36 weeks of gestation.

COVID-19 vaccine

If you are pregnant and not up to date on your COVID-19 vaccines, you should get the currently recommended vaccine series or booster any time during your pregnancy.

Other vaccines are recommended for adults based on their risk of getting a particular disease. Talk with your ob/gyn about the vaccines that you have had in the past. Your ob/gyn may recommend vaccines based on your medical history and occupation.

OB-ED

What is an OB-ED?

An obstetrics emergency department (OB-ED) is a hospital unit that provides emergency care for patients more than 16 weeks pregnant. OB-EDs are staffed 24/7 by high-risk obstetricians.

Where is it located?

Theda Clark Peters Family Birth Center
ThedaCare Regional Medical Center-Neenah
130 2nd St., Neenah, WI 54956

Where do I go?

You might come to the OB-ED through a couple of paths:

- If you arrive to the hospital and are in labor or have a unscheduled pregnancy concern, take Elevator C to the 3rd Floor OB-ED, where you will undergo further evaluation.
- If you are coming in for a scheduled labor induction or cesarean section, you will need to register at the Main Entrance on the first floor.

Who do I call?

Call Women's Care of Wisconsin at 920.729.7105 and ask to speak with a nurse. All calls are answered by a live person, with staff on-call 24/7.

How does it work?

Women more than 16 weeks pregnant that are presenting with a pregnancy-related concern will be directed from the traditional emergency department and go directly to the obstetrical emergency department area, which has easy, onsite access to Children's Hospital NICU if needed.

A high-risk obstetrician will evaluate a woman immediately without waiting for her doctor to arrive onsite or provide a consultation over-the-phone.

The OB-ED ensures expectant mothers continue to receive timely, specialized care for themselves and their babies. This supplements the care of a woman's OB provider, who continues to provide care in the facility.

Theda Clark OB
Hospitalists S.C.



Infant Education

The hospital will provide the necessities for your baby during your hospital stay including diapers, wipes, blankets and shirts. Going home, you will want to be sure to have an infant car seat that is not older than 5 years, and clothes for the baby.

- During your hospital stay, you will have a number of decisions to consider for your newborn which may include:
- Circumcision (if you are having a boy)
- Hepatitis B vaccine (recommended by the American Academy of Pediatrics)
- Newborn medications (recommended by the American Academy of Pediatrics) – including Erythromycin (eye ointment) and Vitamin K (injection)

Your baby will be given a hearing screening as well as a blood test for various conditions and disorders, as required by the state of Wisconsin.

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) is the leading cause of death for infants between 1-12 months of age and it is most common among infants that are 1-4 months old. To help protect your baby against SIDS, do not expose your baby to cigarette smoke; do not fall asleep with your baby in your bed or on the couch; place your baby in a crib free of blankets, pillows, bumper pads and positioning devices; and always place your baby, day or night, on his/her back to sleep.



Cord Blood Preservation

- 1. What is cord blood?** Cord blood, or umbilical cord blood, is the blood remaining in your child's umbilical cord following birth. It is a rich, non-controversial source of stem cells that must be collected at the time of birth.
- 2. What are stem cells?** Stem cells are the building blocks of our blood and immune systems. They are found throughout the body including in bone marrow, cord blood, and peripheral blood. Stem cells are particularly powerful because they have the ability to treat, repair and/or replace damaged cells in the body.
- 3. Why collect and store cord blood?** Cord blood stem cells have been used successfully in treating over 70 diseases. For most families, banking their baby's cord blood offers peace of mind that if there is a need, their family's stem cells are available. Transplants using a family member's cord blood are twice as successful as those from a non-relative. There is a fee charged for cord blood preservation, generally a one-time charge plus an annual storage fee.
- 4. How is cord blood collected?** The collection process is safe, easy, and painless for both the mother and baby and does not interfere with the delivery. After the baby is born, but before the placenta is delivered, a medical professional cleans a 4-8 inch area of the umbilical cord with antiseptic solution and inserts a needle connected to a blood bag into the umbilical vein. The blood flows into the bag by gravity until the umbilical vein is emptied.
- 5. Who can use my newborn's cord blood stem cells?** Your newborn's cord blood stem cells have the potential to be used for the child, and if there's an adequate match, for siblings and sometimes parents.
- 6. How long do cord blood stem cells last?** It is well-established that cells are still viable after 15 years of storage.
- 7. What are the odds of having a stem cell transplant?** The latest statistics suggest that by the age of 70, there is a 1 in 217 chance for any given individual to undergo a stem cell transplant.

Medication Options for Labor & Delivery

In general, there are three types of pain relief that can be used during labor and delivery:

Nitrous Oxide

- Nitrous oxide, commonly called “laughing gas,” is inhaled through a mask to decrease anxiety and increase a euphoric state of mind which will reduce the awareness of pain. Nitrous oxide has been a common practice to help cope with pain for many years.
- Nitrous oxide is completely self-administered using a face mask, so you decide how much to inhale and when to stop using it. It’s a great alternative for those concerned with needles.
- It can be used as pain relief throughout labor, delivery, and recovery. It also allows you to maintain your mobility during labor.

Analgesic

- Analgesics are medications that lessen pain without the loss of feeling or muscle movement. Examples of analgesic medications are Stadol, Nubain, or Fentanyl. Mobility during labor is possible with these medications.
- Analgesics are considered systemic medications, which means they affect the entire body. They are administered through an IV or injected into a large muscle group.
- Analgesics help “take the edge off” the peaks of your contractions and increase your ability to relax. They may cause drowsiness.

Epidural Anesthesia

- Regional anesthetics relieve pain by blocking most feeling, including pain below the waist. They are given by an anesthesiologist or nurse anesthetist and it numbs your uterus, abdomen, lower back, and possibly your lower extremities.
- A thin, flexible catheter is inserted into a space in your lower back and then medication is injected into the catheter.
- Anesthesia alters your ability to feel pain in labor without altering your mental state. Mobility in lower extremities is limited, so you are confined to your bed.

The providers at Women’s Care of Wisconsin and the nursing staff at ThedaCare’s Family Birth locations are here to make sure you receive the support and education you need to feel confident in all your decisions for your personalized labor and delivery experience.

Never hesitate to ask for help.



Know the Warning Signs...

The following is a list of urgent maternal warning signs:

- Headache that won't go away
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that won't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hand or face
- Overwhelming tiredness

If you have any of these symptoms during or after pregnancy contact your health provider and get help right away. If you cannot reach your provider, go to the Emergency Room. Remember to say that you are pregnant or have been pregnant within the last year.

Are You in Labor?



When do I call?

- Call when your contractions become painful in the low pelvis or back and are every 5 minutes apart for at least 2 or more hours. Many women describe contractions as cramping.
- If you begin to have bright red vaginal bleeding.
- If you begin to have vaginal leaking of fluid; it may be small or large in amount.



Who do I call?

- Call us (Women's Care of Wisconsin) at 920.729.7105 and ask to speak with a nurse. All calls are answered during office hours.
- After hours, a nursing staff member will return all calls within 30 minutes.



What happens next?

- One of our nurses will help you prioritize your symptoms and determine if it is time to go to the hospital.
- If it's time to go to the hospital for further evaluation, the nurse will call the hospital and update them on your pending arrival.
- If it is not quite time to go, you should be sure to drink plenty of fluids and rest while at home.



Where do I go?

- Go to the hospital in which you are planning to deliver your baby. If it is during normal business hours, register first at the main hospital registration desk. If it is after normal business hours, register through the Emergency Department.

Breastfeeding Tips

1. Get your baby skin-to-skin with you immediately after birth for the first 2 hours of life or at least until the first feeding is completed. Continue skin to skin with all immediate caregivers at home routinely during 4th trimester period.
2. You should feel tugging while breastfeeding, not pain. If you are having pain, seek assistance.
3. Let your baby sleep in the same room as you so you can pick up on feeding cues more accurately. Feeding cues include:
 - Moving their body a little while making sounds
 - Opening their mouth and/or moving their tongue in a 'licking' motion
 - Putting their hands near their mouth
4. The best time to feed your baby is before they get to the point of crying. Babies nurse the best when:
 - They are in REM sleep (rapid eye movement). Their eyes may be closed, but you can see eyeball/eyelid movements – this is not a deep sleep and is a good time to pick your baby up and feed them.
 - They are in a “quiet alert” state. This is when they are awake and calm, and may be demonstrating some of the above feeding cues.
 - Studies have shown that the “dreaded 2:00 am feeding” is actually the most productive for both you and your baby. Your prolactin levels naturally spike during the night and babies are more likely to nurse for longer periods of time. Use this opportunity for some great nursing!
 - Newborn babies may become so agitated and/or exhausted from crying that they fall asleep before taking an adequate amount of breast milk. Feeding them before they start crying is ideal.
5. If you have large/pendulous

breasts, roll up a small towel or washcloth and place it under your breast which will allow your nipple to be at a better angle for baby to nurse.

6. When nursing, bring the baby to your breast, not your breast to the baby.
7. Don't swaddle the baby during nursing sessions; regular swaddling for the first months is associated with poor weight gain – allow baby to touch/massage your breasts. This helps your hormone levels and is great for bonding too!
8. When nursing, support your baby's shoulders and back only – do not hold behind their head. Having the freedom to move their head around will allow them to position your nipple properly in their mouth, allow for easier breathing, and allow them to self-detach when they are done nursing.
 - If you are using pillows for support, they should be supporting YOUR arms/back, not the baby.
9. Our providers encourage breastfeeding moms to take prenatal vitamins with DHA as long as they breastfeed.

How is milk made?

The process of producing breast milk is based on the hormones prolactin and oxytocin. Prolactin makes the milk and oxytocin allows the milk to move out of the breast. Prolactin levels spike each time you feed your baby and drop when you are not feeding your baby. So, the more often you feed your baby, the more milk you will make.

Is my baby getting enough milk?

Breast milk is easier to digest than formula, so you may feel like you're feeding your baby more often than someone using formula. Here are some tips that help prove your baby is getting an adequate amount of breast milk:

- All newborn babies will lose some weight after they're born,

whether they are breastfed or formula fed. Breastfed babies should be back to their birth weight (or more) by 2 weeks old.

- Breastfed babies should nurse 10-12 times per 24 hours, but NOT on a schedule. Watch for feeding cues, not the clock.
- Sometimes babies will feed on one breast and then take a 30-45 minute 'break' before wanting the other breast. Each breast/nursing session counts as 1 feeding time.
- When babies are completely full, their hands and bodies should be relaxed. If baby's hands are still clenched, they are likely still hungry and may want to eat again soon.
- Well-fed newborns should have 4 yellow/orange colored stools by their 4th day of life (4-by-4). Because of the differences in quality of diapers, trying to count how many times a baby pees in a day is not always accurate. *(You may be given a handout to track baby's feeding and voiding patterns.)*
- If you plan to pump, wait until at least two weeks after birth and only pump to replace a feeding, not in addition to nursing.
- Having a good flange fit is important to both milk output and comfort.
- If your baby is getting a bottle, paced bottle feeding is important and should be taught by a practitioner.
- Establishing care with a lactation consultant during pregnancy is so important so you know who to go to when you need help. And reaching out immediately when there is a challenge is the best way to avoid an infant feeding emergency.
- Be patient - on average, it takes 12 weeks to establish a good breastfeeding relationship.

Breastfeeding Facts & Resources

Women who choose to breastfeed tend to be at less risk for:

- Certain cancers (breast and ovarian)
- Heart attacks
- Postpartum depression
- Type 2 diabetes

Formula fed babies are at greater risk for:

- Atopic dermatitis
- Acute ear infections
- Asthma
- Childhood leukemia
- Intestinal issues
- Lower respiratory tract infections
- Necrotizing enteritis (NEC)
- Obesity
- Sudden infant death syndrome (SIDS)
- Type 1 & 2 diabetes

Breastfeeding Alliance of NE Wisconsin

Resources to promote/support breastfeeding
920.832.5968
bfanwi.org

Mal's Milky Way

3232 N Ballard Rd
Appleton, WI
Suite 202
920-720-3288
malmilkyway.org

Natural Healthy Concepts

310 N. Westhill Blvd
Appleton, WI
866.505.7501

Outagamie County Public Health

Certified Lactation Consultants
920.832.5100
outagamie.org

ThedaCare Pediatrics

Certified Lactation Consultants
920.454.7544
thedacare.org

The National Breastfeeding Helpline

Support by phone only
800.994.9662



WHERE CAN I GET A BREAST PUMP?

Your insurance may cover the cost of a breast pump. We encourage you to contact your health insurance company to see if this is a covered benefit and where you can obtain your breast pump. We are happy to provide a prescription if needed by your insurance.



How to get a breast pump through commercial insurance:

1. Go to aeroflowbreastpumps.com/ and fill out the box on the right hand side of the screen "check your eligibility" with your email, due date, insurance information and demographic information.
2. Aeroflow will contact your insurance to make sure you are qualified to receive a breast pump covered by insurance. Once you are approved, you will get an email within 1-2 days to shop your

available breast pumps. *(You can upgrade to other breast pumps for a small fee).*

3. Once approved, order your breast pump and Aeroflow will ship it.
4. If you have state insurance, we will need to fill out a form and fax it to NEB Medical Services.
5. If Aeroflow does not work for you and you have commercial insurance, contact your insurance and

ask which medical supplier they will cover a breast pump through *(Edgepark Medical Supply, Milk Moms, NEB Medical Services, and Byram Healthcare are a few)*

6. Once you know which company it is covered through, reach out to a nurse and ask us to fax a breast pump prescription to that medical supplier. From there, you will be in contact with that supplier to obtain your breast pump.

BREASTFEEDING

Myths vs. Facts

MYTH: Breast size matters – the bigger they are, the more milk they produce.

FACT: Size does not matter for producing adequate milk supply. Supply is based on demand, so if you are feeding your baby on cue, your body will react by producing enough for your baby.

MYTH: If I eat any junk food, spicy food, chocolate, etc., my baby will be fussy.

FACT: Babies are exposed to all the food styles you ate while you were pregnant through the amniotic fluid, so there is no need to change your diet after giving birth. This is one way to teach your baby the foods of your culture. Studies have shown that babies will feed longer at the breast after mom has eaten garlic!

MYTH: If I've had breast implants, reduction, or other breast surgery, I can't breastfeed.

FACT: Having a breast surgery does not necessarily mean you can't breastfeed. Depending on the type of surgery and where incisions were made, the ducts in the breast may have been affected ... but this should not stop you from attempting to breastfeed. Your baby will likely need to be monitored closely to ensure adequate growth.

MYTH: If I drink any alcohol at all, I need to "pump and dump."

FACT: Alcohol does pass through breast milk, and babies often do not like the taste. Alcohol does not stay "trapped" in the breast milk: it passes back and forth as your alcohol levels change, so there is no need to "pump and dump." Daily alcohol intake should be no more than 0.5g/kg of your weight. So for a woman that weighs 60kg (132 lbs), this would be 2 oz of liquor, 8 oz of wine, or 2 cans of beer. Drinking alcohol does NOT increase your milk supply.

NEGATIVE INFLUENCES ON BREASTFEEDING



LONG GAPS BETWEEN FEEDINGS

The more you nurse, the more your prolactin levels spike and the more milk you make. The longer you go between feedings, the lower your prolactin level gets; your body thinks you don't need as much milk made.



SMOKING

Smoking mothers may have lower prolactin levels and therefore make less milk. Smoking mothers may also have less fat in their breast milk, so babies may not gain weight adequately.






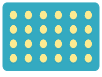










PACIFIERS

When babies suck, it releases a hormone called gastrin, which makes babies think they are full. This may cause them to fall asleep without actually getting any milk, which causes your prolactin levels to drop.

Birth Control Options

Your Women's Care provider will want to see you 6 weeks postpartum (after baby is born). At this appointment, you can discuss options for birth control. Many insurance plans pay, partially or in full, for contraceptive devices. We recommend that you contact your insurance company to learn how your contraceptive choice is covered.

	Birth Control Options	Hormonal or Not?	How Do I Use It?	Rx Needed?	STI Protection?	Unintended Pregnancy
Most Effective ↑ <1% unintended pregnancy	 Female Sterilization (tubes tied) or Male Sterilization (vasectomy)	No	No action required after hospital-based surgery.	No - performed in a hospital	No	<1%
	 Non-hormonal Intrauterine Device (IUD) ParaGard®	No	Inserted in the uterus and can remain for up to 10 years.	Inserted at WCOW	No	<1%
	 Hormonal Intrauterine Device (IUD) Mirena®, Skyla®, or Kyleena®	Yes	Inserted in the uterus 3 years (Skyla), or 5 years (Mirena/Kyleena). No period after 3-6 months.	Inserted at WCOW	No	<1%
	 Nexplanon®	Yes	Inserted under the skin of upper arm and can remain up to 3 years. Typically, no period occurs.	Inserted at WCOW	No	<1%
6 -12 % unintended pregnancy	 Injection	Yes	Get injections every 3 months. Typically, no period occurs.	Given at WCOW	No	6%
	 Monthly Oral Contraceptive (The Pill)	Yes	Take 1 pill daily - period occurs every 28 days.	Yes	No	9%
	 Vaginal Ring	Yes	Insert monthly and leave in place for 21 days. Period occurs every 28 days.	Yes	No	9%
	 Patch	Yes	Apply to skin and change weekly. Period occurs every 28 days.	Yes	No	9%
	 Diaphragm	No	Insert every time before intercourse.	Yes	No	12%
>18% unintended pregnancy ↓ Least Effective	 Contraceptive Sponge	No	Insert up to 24 hours before intercourse. Keep in place for 6 hours after intercourse.	No	No	12-24%
	 Male Condom	No	Partner must wear every time during intercourse.	No	Yes (Latex only)	18%
	 Female Condom	No	Insert every time before intercourse.	No	Yes	21%
	 Fertility Awareness (Rhythm)	No	Requires training. Must use a barrier method or abstain from sex periodically.	No	No	24%
	 Spermicide	No	Apply every time before intercourse.	No	No	28%