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# Welcome

Some of you reading this may have just learned that you are pregnant and others may be quickly approaching your due date. Sadly, some of you may have just given birth and are now finding yourself separated from your child.

Coping with pregnancy in jail or prison can be an overwhelming task. Please know that you are not alone. Many women throughout our state and country are sharing this same experience; in fact, almost 25% of incarcerated mothers are pregnant or have given birth in the last year.



This guide contains the information you need to make the healthy choices for you and your family during your pregnancy. It also explains strategies to advocate for your own health needs, and how to access supports and resources, including a doula, from jail or prison.

If you have additional questions after reading through this guide, you can get more information from correctional medical staff at your facility, your county's public health department once you return to your community, or by writing our project with specific requests for information at:

Minnesota Prison Doula Project Center for Urban and Regional Affairs (CURA) 300 Hubert H. Humphrey Center 301- 19th Ave South Minneapolis, MN 55455 Office: 612.625.1729

http://www.mnprisondoulaproject.org/

Strength and courage to you in the months ahead!

# **Tips for Self-Advocacy**

- 1. Educate yourself about you and your baby's needs in pregnancy.
- 2. Remember that you are constitutionally entitled to medical care while incarcerated.
- 3. When you have a need or a concern, make a written request to staff that is:
  - Clear
  - Informed
  - Respectful
- 4. If your request is denied and the matter is urgent, use the chain of command, writing to the staff member's supervisor first, and then continue up the ranks until there is a resolution.
- 5. Understand that all facilities have different resources. Make sure what you are requesting is available at your location.
- 6. Seek medical support as soon as possible if you feel there is an urgent medical need such as opioid withdrawal, preterm labor, or miscarriage. Do not wait until the situation worsens.
- 7. Never skip appointments or ignore concerns, even if you cannot afford to pay any fees at the facility or in the community.
- 8. Document your concerns in writing, tracking the dates, times, and experiences. When you leave the facility, you will have a written record.

# **Positive Pregnancy Affirmations**

Being pregnant is not always easy. You can feel exhausted, uncomfortable, irritable – just plain over it. Try saying these positive affirmations to yourself during those difficult times to remind yourself of your strength and resilience.

1. I am deserving of an easy, uncomplicated pregnancy and birth.

- 2. I choose the see the beauty in this whole process of bringing a new life into the world.
- 3. I am calm, cool, and confident throughout my pregnancy.
- 4. I trust my body knows exactly what it's doing to grow this beautiful life.
- 5. As the motherhood chapter of my life begins, I am ready to make it a beautiful chapter in my life.
- 6. There may be difficult days during this pregnancy, but I am strong, I am determined, and I am resilient.
- 7. I have courage, faith, and patience.
- 8. I conceived a beautiful baby, and I am delivering a beautiful child.
- 9. My love and connection with this child within me humbles me every day.

# Top 10 Tips for Making a Healthy Baby

### 1. Make a plan

Before you decide to get pregnant, take the time to make a plan. Think about how many children you want, the spacing of those children, and other life choices that may be impacted by those pregnancies. Speak to your partner and make sure you're on the same page.

### 2. See your healthcare provider

Make sure to get regular checkups and stay up to date with any medical conditions and treatments you may need.

### 3. Make healthy lifestyle choices

Stop using drugs or cigarettes before you decide to get pregnant. These substances can be extremely dangerous to both you and your unborn baby.

### 4. Avoid toxic substances

Being exposed to toxic substances, such as fertilizer, certain metals, bug spray, or rat feces, can be harmful to your reproductive system.

### 5. Take a folic acid vitamin supplement

Begin taking 400mcg of folic acid every day. Folic acid helps prevent major birth defects of the spine and brain.

### 6. Reach and maintain a healthy weight

Overweight and obese women (and underweight women) are at a higher risk of pregnancy complications. The key to reaching a healthy weight is not a short-term diet, but instead to make long-term lifestyle changes. Focus on eating healthy and trying to exercise regularly.

### 7. Learn your family medical history

Knowing your history can help your healthcare provider better advise you on reducing your risk of various diseases.

### 8. Be in a safe environment

Violence affects people of all ages. Abuse can often escalate during a pregnancy, and once the baby arrives the baby may also be at risk.

### 9. Get mentally healthy

To be fully prepared for a pregnancy, you need to be healthy mentally as well as physically. It is normal to feel sad, overwhelmed, anxious, or stressed sometimes. Get help if these feelings do not go away or if they interfere with daily life. Talk to your healthcare provider and see what your treatment options are.

### 10. Use birth control until you're ready to start trying

There are many birth control options available, including, condoms, birth control pills, Depo-Provera shot, and the intrauterine device (IUD). Ask your healthcare provider for more information.

# **Conversations with Your Baby**

I hope that you...

I hope you learn		
I hope you aren't afraid		
I hope you love		
I hope you get		
I hope you laugh		
I hope you never forget		

I hope you ignore	
I hope you become	
I hope you find	
I hope you respect	
l hope you grow	
I hope you dream about	
I hope you dream about	

# **Bonding with Baby**

### **Pregnancy**

Remember that bonding begins during pregnancy. The first nine months you have with your baby are very important not only for their physical development, but also emotionally and psychologically.

- Talk to your baby so that your baby will learn your voice.
- Eat healthy foods so that your baby grows and develops properly.
- Get enough sleep.
- Relax and minimize stress to the best of your ability.
- Write a journal for your baby about your pregnancy.
- Visualize what your baby looks like and what it will feel like to meet them.

### **Birth and Your New Baby**

The senses are the gateways of bonding and attachment. Though you may only have a short time with your baby, make the most of every minute by giving them a rich attachment experience that creates a multi-sensory memory.

### Sight

Newborn babies must learn to adjust to being in a bright and stimulating world. Encourage them to open their eyes by keeping the lights low. When babies open their eyes they are able to make out only the outline of your face. Try to make eye contact and practice mutual gazing especially when you are feeding your new baby.

### Sound

Your baby has been listening to your voice for all of your pregnancy and has become familiar with its tone and pitch, as well as the rhythms of your speech. Talk to your baby to comfort them after their long journey and help them to learn that you are their mother.

### Taste

Your breast milk has its own distinct taste and consistency that is perfectly matched for your baby. A benefit of breastfeeding is that this your breast milk will actually soothe your baby. If you should choose not to breastfeed, make sure that you are the one who feeds your baby following their birth so they associate a sense of being satisfied and cared for with you.

### Touch

As soon as your baby is born, request that they be placed skin to skin on your chest. This will help them to stay warm and will facilitate initial bonding. Your baby is used to being constantly held within the comforts of your womb. In the first days following their birth, make sure they are kept warm and keep them either snuggled somewhere on your body or within arm's reach.

### Smell

Babies negotiate early life through their sense of smell. Skin to skin contact allows them to take in your natural smell. Nursing also is facilitated in a large part through smell. Babies learn to identify their mother's unique smell very early.

# An Incarcerated Mother's Meditation Inspiration from Megan N.

I quiet my mind with a deep, stilling breath. And then another. When thoughts of worry, boredom, pain, or frustration enter, I gently acknowledge them but then allow them to quickly pass. I sit in the quiet and experience myself, the light in me, perhaps for the first time today. I am quiet. All of the sounds and emotions of my day fall away. I greet myself gently and forgive myself for the moments when I was not the woman and the mother I hope to be. I value and appreciate myself for the moments when I was. I envision a circle of light washing over me, filling me back up with all of the love and energy that I need to survive another day, separated from my children. In my heart I experience the deep ad everlasting love I have for them. I imagine that I can package this love, and send it to them, so that they may experience my presence and love and be connected with me.

I release my mind from suffering. My heart is filled with the love and support of the good people in my life and the faith I have in myself. I have the energy I need to get to the next place. I have confidence that I am a strong and capable

woman. I have joy, even here in this place. I breathe deeply once again, shedding all negative thoughts. I let go of the way I believe things should be and work to find peace with what is. I experience my children's beautiful, sparkling eyes, their laughter, and the feeling of them in my arms and see them as if for the first time. I release the pain this experience has caused us all. I invite their spirit to join with mine and together we give thanks for the miracle of finding one another in this life. I trust that we were brought together and that we have so much to learn from one another. I sit is this beautiful moment and allow my breath to heal any pain I might have felt in my experience as a Mother today or any other day. I come to a place where I may begin again in wholeness. A deep love comes over me. With my breath I find my rhythm again. I find a pace for my words and actions into my experience. I know that I have the power to support my children during these times. I will hear their words. I will listen and invite their thoughts into my heart. All that they are will be safe and respected with me.

As I come to the end of the quiet moment I take another healing breath and see myself with the same love that I feel for my children. The love I share with my children each day showers me now. I feel peace. I feel energized for the days to come, and the hard work ahead. I feel alive and ready to face the next moment and the next day until I meet my child again.

# **Growth and Development**

Babies grow and change every day over the nine months they spend in your belly. Long before you have that big baby bump, your baby is developing their heart and brain along with all the features that make him or her unique. This chart will help you understand what changes are happening with your baby, how big they are (using fruits and vegetables for comparison), and what changes you can expect from your own body over each month of your pregnancy.



Gestational Age	Baby Size	Fetal Development	Normal Maternal Changes
One Month (4 weeks)	Poppy Seed	<ul> <li>The heart and lungs begin to form.</li> <li>The heart begins to beat at day 22.</li> <li>The arms and legs are tiny buds.</li> <li>The neural tube begins to form, which will become the brain and spinal cord.</li> <li>The single fertilized egg is now 10,000 times larger than it was at conception.</li> </ul>	<ul> <li>You've just missed your period.</li> <li>You may notice you are more tired, have sore breasts, and are peeing more frequently.</li> <li>You might start being nauseous soon – called "morning sickness" - although you can end up nauseous any time day or night.</li> </ul>

Gestational Age	Baby Size	Fetal Development	Normal Maternal Changes
Two Months (8 weeks)	Raspberry	<ul> <li>Major body organs, like the brain and lungs, are developing.</li> </ul>	Similar to the first month –     frequent urination, fatigue, and     nausea/ vomiting.
		<ul> <li>The placenta is working, providing the baby with food and oxygen through</li> </ul>	<ul> <li>You may experience mood swings caused by changing hormones.</li> </ul>
		the umbilical cord.  The ears, ankles, wrists,	<ul> <li>Your breasts may start growing enough so that you'll need a new</li> </ul>
		fingers, and toes are formed.	size bra.
		<ul><li>Arms and legs can move.</li></ul>	
Three Months (12 weeks)	Plum (2.1 inches, .49 oz)	<ul> <li>The fingernails and toenails are formed.</li> </ul>	<ul> <li>Similar to first two months, plus other changes may occur from</li> </ul>
		<ul> <li>The mouth has 20 buds that will grow into teeth.</li> </ul>	your hormones, such as oily/dry skin,
		<ul> <li>Fine hairs, called lanugo, begin to form on your baby's skin.</li> </ul>	<ul> <li>Your pants may be getting snug as your uterus starts to grow.</li> </ul>

Gestational Age	Baby Size	Fetal Development	Normal Maternal Changes
Four Months (16 weeks)	Avocado	<ul> <li>Baby has eyebrows and eyelashes.</li> </ul>	You'll likely "pop" around this time and start to have a bump!
		<ul> <li>Hair beings to grow on the head.</li> </ul>	Vaginal and nasal discharge may increase.
9		<ul> <li>Baby can swallow.</li> </ul>	Nausea and fatigue are likely
		<ul> <li>Baby is kicking all the time, and you should feel it within the next few weeks.</li> </ul>	subsiding.
Five Months (20 weeks)	Banana	<ul> <li>An ultrasound may be able to detect baby's gender.</li> </ul>	You may feel periods of dizziness or faintness.
		<ul> <li>You can probably feel movement.</li> </ul>	Nipples may begin leaking colostrum.
9		<ul> <li>Your baby goes to sleep and</li> </ul>	<ul> <li>Increased appetite.</li> </ul>
	1372	wakes up.	<ul> <li>Varicose veins may develop.</li> </ul>
		<ul> <li>The skin is wrinkled and has vernix covering it (a thick, white goo to protect the skin.)</li> </ul>	
		<ul> <li>Baby's face is fully formed.</li> </ul>	

Baby Size	Fetal Development	Normal Maternal Changes
Cantaloupe (10.5 - 11.8 inches, 12.7 - 20.8 oz.)	The baby's eyes can open and close.	<ul> <li>Nosebleeds and bleeding gums are common.</li> </ul>
And a	<ul> <li>Baby reacts to noise he hears outside your belly.</li> </ul>	<ul> <li>Skin may become itchy - lotion helps.</li> </ul>
	<ul><li>She has fingerprints.</li></ul>	<ul> <li>Nipples may darken, and linea</li> </ul>
	Baby can kick, cry and hiccup.	nigra (a dark line from belly button to pubic area) may appear.
Eggplant	The whole body is covered with fine hair called lanugo.	May feel round ligament pain     (sharp stretching feeling on your
	Baby can move, kick and	belly) as uterus grows.
		Fatigue returns.
	<ul><li>He can suck its thumb.</li></ul>	Back pain is common.
	<ul> <li>Baby will respond to light and sound.</li> </ul>	<ul> <li>Constipation (and hemorrhoids) may occur.</li> </ul>
	<ul> <li>Baby can recognize your voice.</li> </ul>	<ul> <li>It is increasingly difficult getting comfortable to sleep.</li> </ul>
	<ul> <li>Baby has both active times and quiet times.</li> </ul>	
	Cantaloupe (10.5 - 11.8 inches, 12.7 - 20.8 oz.)	Cantaloupe (10.5 - 11.8 inches, 12.7 - 20.8 oz.)  Baby reacts to noise he hears outside your belly.  She has fingerprints.  Baby can kick, cry and hiccup.  The whole body is covered with fine hair called lanugo.  Baby can move, kick and stretch.  He can suck its thumb.  Baby will respond to light and sound.  Baby can recognize your voice.  Baby has both active times

Gestational Age	Baby Size	Fetal Development	Normal Maternal Changes
Eight Months (32 weeks)	Squash	Your baby can kick strongly and roll around.	Your breasts will grow more and will leak.
		<ul> <li>The fingernails have grown to the tips of his fingers.</li> </ul>	<ul> <li>Stretch marks on belly, thighs, and breasts may appear.</li> </ul>
	<ul> <li>The brains and lungs are still growing.</li> </ul>	<ul> <li>You may experience shortness of breath.</li> </ul>	
		<ul> <li>Your baby can see and hear.</li> </ul>	Swelling, constipation,
		<ul> <li>Baby is probably head-down at this point.</li> </ul>	hemorrhoids, back pain, and fatigue are all common.
			<ul> <li>Braxton-hicks contractions may occur. This will feel like a painless tightening of your belly.</li> </ul>
Nine Months (36 weeks)	Honeydew (17.2 - 18.7 inches, 4.2 - 5.8 lbs)	Baby is gaining half a pound each week.	<ul> <li>Discomfort from baby descending into pelvis.</li> </ul>
		<ul> <li>Baby moves lower into your pelvis in preparation for</li> </ul>	<ul> <li>Frequent urination and backaches.</li> </ul>
		birth.	May have difficulty sleeping.
		<ul> <li>Baby's lungs are ready to breathe and work on their own.</li> </ul>	

Gestational Age	Baby Size	Fetal Development	Normal Maternal Changes
Full Term (40 weeks)	Watermelon	<ul> <li>Baby is ready to arrive!</li> <li>"Full term" is really anytime between 37 and 42 weeks.</li> </ul>	<ul> <li>Feelings of being huge, exhausted, and ready to be done being pregnant.</li> <li>You get to meet your baby!</li> </ul>

All "gestational age" images provided courtesy of the Mayo Foundation for Medical Education and Research, © 1998-2015. All rights reserved.

### **Nutrition**

Eating healthy before and during pregnancy is the best way to make sure your baby will grow and develop properly. Eating nutritious food will help to keep you healthy and will reduce the chance of poor birth outcomes or birth defects. The time babies spend growing during pregnancy is especially important for brain development and for their future health. To give your baby the best start to life possible, make sure to eat a balanced and healthy diet that includes a wide range of foods including lots of fruits and vegetables. This helps to make sure that you are consuming the right vitamins and minerals to help your baby grow. It will also be helpful for you to take a prenatal supplement to help your body get even more nutrients. Focusing on your health and eating habits now can really make a difference for you and your baby later in life.

Keep in mind the following topics, habits, and concerns as you plan your meals and your nutritional needs during pregnancy.

### **Dietary Changes**

You should be offered a nutritional supplement, which will amount to an additional snack to be eaten outside of regular mealtimes. If you are beginning your pregnancy, underweight, or have other health conditions and require a special diet or additional calories, talk with the health care provider and they should be able to write you a medical note to make sure you get enough food for a healthy pregnancy.

### **Dietary Restrictions**

Some women have food allergies that limit them from eating certain foods. If you follow a specific diet, please talk with your medical provider to assure that your supplement contains the right foods to meet your needs.

### Fluid Intake

It is important to drink lots of water and limit that amount of sugar in the beverages that you consume. Your body and baby both need consistent water during pregnancy (and after) to minimize headaches, maintain energy, and provide nutrients for you both. Note the color, frequency, and volume of your urine. The color should be a pale yellow. Normal frequency is 4-7 times each day. The volume should be reasonably consistent. If your urine is dark you need to drink more water.

### **Prenatal Vitamins**

Prenatal supplements are routinely given to pregnant women. These supplements contain vitamins and minerals that may be lacking from a woman's diet. The use of supplements by women who need them has been shown to reduce the risk of preterm birth and low birthweight infants. Make sure to tell your healthcare provider if you are taking any other supplements or medications. Please request prenatal vitamins if you are not receiving one.

### **Weight Gain**

Weight can be a tricky thing for women to balance. Unfortunately, pregnancy complicates this balance even more. However, working to gain the proper amount of weight during your pregnancy and being aware of food choices will help you and your baby to be healthier in the long run. Gaining too much weight can affect the mother and baby even

after pregnancy. Weight gain and calorie requirements will increase each trimester. If you began your pregnancy at a healthy weight, you should gain between 25 - 35 pounds over the course of a full-term pregnancy.



### **Substance Use**

It is very important to be completely honest with your healthcare provider about any drugs you have used in the past. Use of alcohol or street drugs while pregnant can negatively impact your baby, as can many common medications. If you are struggling with sobriety, some facilities have programming for women who are chemically dependent. You may want to inquire with the jail programmer about opportunities to participate in treatment while you are incarcerated and when you return to the community. Pregnant women also have priority in many treatment facilities.

### Alcohol

There is no known safe level of alcohol consumption while pregnant. If you drank alcohol before you knew you were pregnant, don't panic, but make the conscious decision to not drink alcohol during your pregnancy for the health and safety of your baby. Drinking while pregnant can lead to fetal alcohol spectrum disorders (FASD). This is an umbrella term for a range of effects that can occur to a baby if the mother drinks while pregnant. Specifically, it can cause developmental disabilities, birth defects, vision or hearing problems, or other behavior and learning problems. FASD is not curable.

### **Cigarette Smoking**

Smoking during your pregnancy can impact both the actual pregnancy as well as your growing baby. Passive (or second-hand smoking) can also be harmful to you and your baby. Women who smoke are at a higher risk of having have vaginal bleeding, placental issues, and stillbirth. Babies are more likely to be low birth weight, be born prematurely, and have certain birth defects like cleft palate.

### **Street Drugs (illicit drugs)**

Street drugs are chemicals that are illegal to take without a physician's prescription. Using drugs during your pregnancy is associated with higher risks of miscarriage and stillbirth, low birth weight, premature birth, and birth defects. Street drugs are harmful to you, but immeasurably harmful to your baby. Keep your baby safe by avoiding these drugs throughout your entire pregnancy.

If you have taken heroin or other opioids during your pregnancy (hydrocodone, oxycodone, etc.), do not quit taking them without getting help and treatment from your healthcare provider. If you abruptly stop using this type of drug, withdrawal can cause severe problems for your baby. Your healthcare provider can treat you with drugs like methadone or buprenorphine. These can help you gradually reduce your dependence in a way that's safe for you and your baby.

### **Neonatal Abstinence Syndrome (NAS)**

If baby is exposed to heroin, opioids, barbiturates, or benzodiazepines in utero, the baby can develop Neonatal Abstinence Syndrome. Babies with NAS have become addicted in pregnancy and, once born, go through a similar withdrawal as anybody else who suddenly stopped using an addictive drug. Withdrawal symptoms in a newborn include: body shakes, seizures, excessive crying, fever, difficulty sleeping, vomiting, and diarrhea. A baby would likely need to be treated with medication to manage the withdrawal symptoms, along with IV fluids to prevent dehydration. Skin-to-skin contact and comfort, keeping your baby in a dark, calm room, swaddling, and breastfeeding can all help soothe your baby, even for just the first few days.

Effect on Newborns	Alcohol	Tobacco	Opioids	Meth*	Cocaine	Marijuana	PCP
Growth Deformity	Х	х	х	х	х	х	х
Behavior Problems	Х	х	х	х	х	х	х
Cognitive Problems	Х	х	х	х	х	х	х
Motor Deficits	Х	х					х
Developmen tal Delays	Х			х	х	х	
Facial Malformatio ns	х						х
Physical Defects	Х			х	х	х	х

<sup>\*</sup> Methamphetamine

Source: Briggs, G.G., Freeman, R.K., & Yaffe, S. J. (2002). *A reference guide to fetal and neonatal risk: Drugs in pregnancy and lactation*. Philadelphia, PA: Lippincott Williams & Wilins; Plessinger, M.A. (1998, March). Prenatal exposure to amphetamines: Risks of adverse outcomes in pregnancy. *Obstetrics and Gynecology Clinics of North America*, 25(1), 119-138; Fraser Askin, D., & Diehl-Jones, B. (2001). Cocaine: Effects of in-utero exposure on the fetus and neonate. *Journal of Perinatal and Neonatal Nursing*, 14(4), 83-102.

### **Exercise**

Exercise is an important aspect of any pregnancy. Keeping your body healthy by exercising has a number of benefits for you as your make your way towards birth. Those benefits include:

- 1. Boosting your energy
- 2. Sleeping better
- 3. Reducing pregnancy discomfort
- 4. Preparing for childbirth
- 5. Improving baby's heart health
- 6. Reducing stress
- 7. Improving your self-image
- 8. Getting your body back faster after childbirth

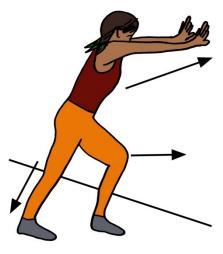
Exercising while pregnant does not mean immediately taking on a major new exercise program. Start off easy and listen to your body. A great way to stay healthy while pregnant is to simply walk for at least 30 minutes a day. If you were exercising prior to pregnancy, you should be able to continue while pregnant. Always speak to your physician about any concerns you have about exercising while pregnant.

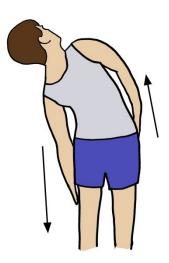
# **Stretching**

Another way you can help your body have a healthy pregnancy and prepare for birth is stretching.

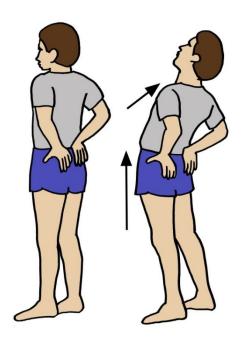
**Standing Calf Stretch:** Stand about arm's length away from a wall, hands on the wall. Step back with one foot and keep that foot flat on the floor. Flex your opposite knee and lean forward until you feel a stretch in your back calf.

**Standing Back Side bend:** Stand with your feet together and arms down. Lean to one side until you feel a stretch in the opposite side. For a deeper stretch. Lift your arm over your head and point it towards the direction you are leaning.

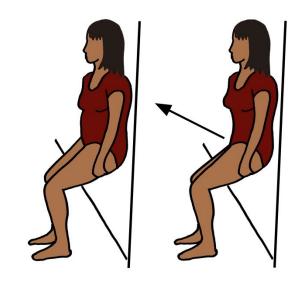




**Standing Back Extension:** Stand feet hip-distance apart, and put your hands on the back of your hips. Keep your knees straight as your lean back as far as comfortable.

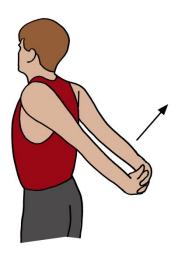


**Standing Pelvic Tilt (against a wall):** Lean your back against a wall and bend your knees slightly. On an exhale, flex your hips slightly off the wall so that they lift upwards, allowing your lower back to press against the wall. On an inhale, return to neutral.



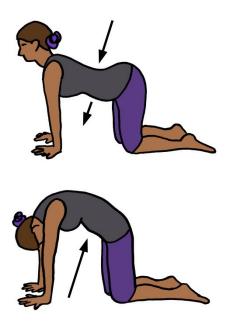
**Chest stretch:** Stand with your head upright and with your back straight. Clasp your hands behind your back and, without leaning your shoulders forward, gently stretch your arms up and back to feel a stretch in the front of your shoulders and arms.

**Seated hip stretch:** Sit on the edge of a chair, holding on for balance. Place one foot on the ground with your leg flexed and knee extended. Stretch the other leg out and set your heel on the floor, toes pointed upward and knee straight.





**Cat/Cow:** Be on your hands and knees, with a neutral (flat) back. Tighten your abdominal muscles and buttocks. Alternate between arching your back up into a curve, then relaxing and letting your belly hang down. Do five to ten repetitions. Hands and knees positions is fantastic if your baby is breech and you want to help baby turn. Avoid the cow position during the last two months of pregnancy to reduce added stress on your low back.



# Self-care and Concerns

# **Warning Signs during Pregnancy**

Pregnancy can be a scary time with a number of changes going on in your body none of which you can control. Luckily, most of those changes are perfectly normal and lead to a healthy mom and a healthy baby. However, there are times when those changes are a sign of a problem. Trust your intuition. If something does not feel right, get it checked out.



Alert your correctional medical care provider immediately if you have any of the following:

- Vaginal bleeding of any amount
- Leaking or gushing fluid from the vagina
- Vision disturbances, such as blurry vision, seeing spots or flashes, or blind spots.
- Noticeable reduction in fetal activity once you've reached 28 weeks, you should be able to feel baby kick/move at least 10 times over a 2-hour period
- Contractions before 27 weeks that occur 4 times in 20 minutes, or 8 times in an hour, and last for more than an hour
- Painful or burning sensation when you urinate
- Fever higher than 100-degrees Fahrenheit
- Severe persistent headache
- Excessive vomiting or diarrhea
- Sudden swelling of face, hands, or feet
- Itching or irritating vaginal discharge or genital sores

- Dizziness or lightheadedness that is not alleviated by changing positions (sitting down if you're standing, lying down if you're sitting, etc.)
- Sharp non-stop pain in your belly
- Excessive and uncontrolled worry and/or sadness

### **Body Mechanics Tips**

### **Posture**

Good posture is especially important during your pregnancy and can even help you have an easier birth by helping baby get into a good position. Poor posture can cause you to have an exaggerated curve to your lower back, which causes the muscles in your back to shorten and tighten. This can cause backaches. Try these tips:

- Focus on standing tall by imagining touching the top of your head to the ceiling. Make sure to keep your shoulders down and relaxed.
- Some people push their ribs out when trying to create good posture. Instead, focus on keeping your ribs relaxed and tucked down.
- Work on exercises that keep your abdominal muscles strong.

### **Standing**

Standing for long periods of time can cause the blood to take longer to return to your heart, which can make you lightheaded. If you get dizzy or lightheaded while standing, sit down and put your feet up. To prevent this from happening, try flexing your leg muscles periodically to improve and stimulate your circulation. You can also try rocking back and forth on your heels, or rotating your ankles.

### **Sitting**

Avoid sitting in one position for long period of time, particularly towards and at the end of your pregnancy. Sitting for too long in the same position can cause blood from your legs to slow the return to your heart and make you lightheaded. Try these tips:

- Avoid crossing your legs at the knees
- A small pillow at your lower back can help make you more comfortable
- When you go to stand up from a seated position, imagine you are standing up from a squat and keep your knees directly over your feet

**Lying down:** Getting comfortable and sleeping while pregnant can be a challenge. If possible, try using one pillow in between your knees and one under your belly, which keeps your body in better alignment. Avoid sleeping on your back in late pregnancy, which can make you lightheaded and short of breath. It can also cause decreased blood flow to the placenta.

# **Common Discomforts of Pregnancy**

Discomfort	Self-care Remedy		
Backaches	Proper posture can help (see body mechanics tips). Try using an extra pillow between your knees when sleeping to keep your back in alignment.		
Breasts sore or tender	A warm shower may offer temporary relief. Make sure your bra provides good support.		
Constipation	Make sure to drink plenty of fluids, particularly water. Also, eat foods that are high in fiber to keep the muscles working. High fiber foods include fruits and vegetables, whole grain breads and cereals, beans, and nuts. Another way to help with constipation is to stay active. Light exercise like going for a walk may help keep your bowels regular.		

Discomfort	Self-care Remedy
	Please note: The use of laxative pills (such as Bisacodyl) is not recommended for pregnant women.
Difficulty sleeping	Very common, especially the further you get into your pregnancy. Make sure you empty your bladder right before bed, and use an extra pillow between your knees to get as comfortable as possible.
Dizziness	Dizziness can be caused by the baby pressing on a blood vessel and slowing the blood flow. To address this, change positions ( if you're standing, sit down; if sitting, lie down on your side; if lying down, roll over or sit up.) Make sure you are drinking enough water and eating enough. If you are dizzy from being overheated, drink some water and get somewhere cool to rest.
Fatigue (tiredness)	Naps help. Make sure you eat nutritious food. Light exercise may help you feel more energized.
Headaches	Headaches are fairly common between 12-20 weeks of your pregnancy. Make sure you are hydrated and eating enough. Use acetaminophen (Tylenol) as needed.
	If the headache occurs during the third trimester (after 26 weeks) and doesn't go away with a normal dose of acetaminophen, speak to your healthcare provider right away. Persistent headaches at the end of your pregnancy are a symptom of preeclampsia.
Heartburn	Try to eat small meals throughout the day, and try not to overload your stomach. Avoid lying down right after you eat. Avoid foods that you notice aggravate your heartburn. If the heartburn is severe, speak to your healthcare provider, who can suggest pregnancy safe heartburn medication. Using extra pillows to sleep at a slight incline can also help.
Hemorrhoids	Focus on avoiding constipation (see constipation topic above). Avoid straining and sitting on the

Discomfort	Self-care Remedy	
	toilet for longer than necessary, which puts further pressure on your rectum. If you feel the urge to have a bowel movement, do not wait.	
Leg cramps	Make sure your shoes fit as well as possible and have a low heel. Doing leg stretches before going to bed may help with cramping during the night. Keep yourself hydrated, which also causes muscle cramps. Make sure you are getting enough calcium, preferably through your diet (milk, cheese, yogurt). Speak to your healthcare provider before starting any calcium supplements.	
Nosebleeds / nasal congestion	Nosebleeds are more common during pregnancy, stemming from the increased blood volume that occurs. Saline nasal sprays can help keep the lining of your nose less likely to crack (and bleed). You can also try rubbing Vaseline to coat the nasal passages to keep them moist.	
	Nasal congestion is also more common, caused by increased hormones. If you have no other symptoms of allergies or a cold, your congestion is probably just from being pregnant. Avoid irritants like cigarette smoke, and use extra pillows to sleep at a slight incline - this helps the mucus drain. Steam (such as a shower) can temporarily relieve the symptoms, or saline nasal spray. Ask your healthcare provider before taking any decongestants.	
Stretch marks	Stretch Marks can occur almost anywhere, but are most common on your abdomen, thighs, breasts, and butt. There is nothing you can do to prevent them, but frequently using moisturizer can help the itching and tightness feeling.	
Nausea	Frequently called "morning sickness", even though it can last all day long. Most pregnancies will have some nausea, and half will have some vomiting. Try to eat small, frequent meals throughout the day. Bland, easy to digest foods (like saltine crackers) may also help. Ginger ale and ginger candies may help. Drink lots of water. If vomiting is severe or continues well into the second	

Discomfort	Self-care Remedy
	trimester, speak to your healthcare provider.
Pica (Unusual cravings)	Cravings and aversions are very common during pregnancy. But when those cravings are for non-food items, it is called pica. The most common pica cravings are dirt, clay, and laundry starch. Eating these non-food substances are potentially harmful to both you and the baby. Usually pica is a symptom that your body is missing a particular nutrient. Speak to your healthcare provider if you have any unusual cravings.
Round ligament pain	Usually it feels like a quick, sharp pain on one side of your belly. It lasts a few seconds to a few minutes, and is caused by your ligaments stretching to accommodate your baby and support your uterus. Avoid sudden twisting or stretching. If you have pain, lean into the side of the pain, to help the ligament relax.
Shortness of breath	Common during the last trimester, when your baby is taking up so much room it causes your lungs to become squished. When your lungs cannot fully inflate, you get the sense that you cannot catch your breath. Focus on having good posture (see Body Mechanics). To help get a good deep breath, try living your arms over your head and breathing.
Swelling (Edema)	Elevate your feet when sitting or lying down. Try to sleep on your left side, which helps open up the blood vessels returning the blood to your heart. Eat salt in moderation and make sure to stay hydrated.

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# **Preterm Labor**

Preterm labor is when you start to have contractions prior to 37 weeks, possibly causing you to dilate before your baby is ready to arrive. The contractions may or may not be painful, but normally will feel different from your baby's kicks.

Possible signs of preterm labor:

- Bleeding from your vagina
- Regular pattern of six or more contractions in an hour
- Menstrual-like cramps for more than an hour
- Increased pelvic pressure for more than an hour, or a feeling that your baby is pushing down
- Watery vaginal discharge either a gush or a trickle
- A feeling that things are not right

Stop what you are doing if you are having pressure, cramps, contractions, or pain. Drink several glasses of water, use the bathroom, and lie on your left side for at least an hour. Contact your health care provider if your symptoms get worse or continue for longer than 10 minutes.

If you have blood or fluid coming from your vagina, contact medical personnel or a security officer right away, do not wait.

# Miscarriage

Miscarriage occurs when a pregnancy ends on its own within the first 20 weeks of a pregnancy. It is estimated that around 20 percent (or one in five) pregnancies will end in a miscarriage. Usually, they occur during the first trimester. Unfortunately, there is very little that can be done to prevent a miscarriage once it has begun.

Note: A miscarriage is a pregnancy that concludes during the first 20 weeks. After 20 weeks of gestation, it is called a stillbirth.

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The important thing to remember is that the overwhelming majority of miscarriages are not at all the fault of the mother or caused by anything that you could have prevented. are not at all the fault of the mother or caused by anything that you could have prevented. The most common cause of miscarriage is chromosomal abnormality, which prevents proper and healthy development of your baby. Other reasons include infection, age, hormonal problems, and substance abuse. Remember, sexual intercourse, exercising, or emotional upset do not cause miscarriages.

The warning signs for a miscarriage include:

#### Heavy bleeding

Bright red vaginal bleeding, similar to menstrual period. Note: 20-30% of pregnancies have some spotting in early pregnancies, and many go on to be a normal pregnancy.

# Significant cramping

May be constant or intermittent, very intense cramping.

## Passing large clots or tissue

If you pass large clots from your vagina, this may signify that the miscarriage has already started.

Deep feelings of loss and sadness are normal if you are coping with a miscarriage. You fell in love with your baby, even though you never got to hold him or her in your arms. Allow yourself to grieve and seek the support of others. Make sure to take care of yourself. If you experience a miscarriage while incarcerated and would like to talk with someone for support, you will be able to meet with a doula for support. Ask your jail programmer or case manager to help facilitate a referral.

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# Readiness and Preparation

# **Routine Prenatal Schedule**

Prenatal care is essential to the health and well-being of both you and your baby. During these visits you will be able to discuss any concerns you have, ask all your questions, and be checked over by your healthcare provider. Your provider will check your weight and blood pressure at every visit, listen to baby's heartbeat (once you are far enough along), and do any other routine tests (see next page). These routine tests will help catch any problems that may arise and make sure that those problems are caught early and can be treated. Most tests results are reassuring and come back completely normal.



The normal prenatal schedule for visits is usually the same, no matter which type of healthcare provider you see. The schedule may change if you develop complications or are considered "high risk." This is the standard schedule you would have if you have a normal low-risk pregnancy.

- Beginning with confirmation of pregnancy visit and going until the 28th weeks every four weeks
- From the 28<sup>th</sup> week through the 36th week every two weeks
- Every week from week 36 until birth

# **Routine Prenatal Tests**

# First Trimester (4 to 14 weeks pregnant)

### Urine analysis

You will be asked to pee into a cup. Your urine will then be tested for kidney/bladder infections, as well as other pregnancy-related illnesses.

#### Blood tests

A simple blood draw, this initial blood test will check for a number of things, including blood type, anemia (iron deficiency), immunity to certain diseases like chickenpox, and sexually transmitted diseases.

## Pelvic (vaginal) exam

The physician checks your cervix and vagina, and does a pap smear to check for infection.

#### Ultrasound

If the ultrasound is conducted early in the pregnancy (usually prior to 12 weeks), a transvaginal ultrasound will be used. This involves a narrow probe being inserted into the vagina, instead of on your belly. An ultrasound may be done early to determine your due date, confirm the number of babies, or if there is bleeding.

# Second Trimester (14 to 28 weeks)

#### Gestational Diabetes Screen

Gestational diabetes is a condition in pregnancy where your body cannot properly handle the sugar you eat. If not caught, gestational diabetes can lead to excessive weight gain and blood sugar issues in your baby. The test to identify diabetes is called a glucose tolerance test. It is conducted around the 26<sup>th</sup> week and involves you drinking a small beverage with very high sugar content within a small time frame (usually less than 5 minutes). Your blood will be drawn after about an hour and they will then screen it for sugar content. If you test high, you will have another screening that is more extensive. That one lasts three hours, and you have your blood drawn, then drink the same drink again, then they draw your blood three more times over three hours.

#### Ultrasound

The routine ultrasound occurs around 20 weeks gestation. This is done with your lying your back, some jelly is squeezed on your belly, and a scanning device is used to see your baby. They check the health of your baby and the placenta. They can also tell you the sex of your baby if you would like to know it.

# Third Trimester (28 to 40 weeks)

## Group B Strep Screening

Group B strep is a common bacteria found in many women's intestines, vagina, and rectal area. It is not a sexually transmitted infection and it normally has no symptoms. However, it can be passed to the baby during birth, causing the baby to develop an infection. Around 36 weeks pregnant, your healthcare provider will take a swab of your vaginal and rectal area to test for the bacteria. You will be given antibiotics during your birth if you test positive.

#### Non-stress test (NST)

A non-stress test involves monitoring the baby's heartbeat with a fetal monitor (a small disc held to your belly with an elastic band) and another monitor to check for contractions. They are checking for a good pattern in baby's heartbeat to make sure the placenta is healthy and baby is getting enough oxygen and blood. The test may be done if you are overdue, concerned about baby not moving as frequently, or are higher risk for other reasons.

# **Advanced Prenatal Tests**

Sometimes certain tests are ordered if you are high risk or have certain situations that require extra care. Some of these tests include:

# Nuchal Translucency Screening

This test utilizes an ultrasound and a blood test from the mother to identify pregnancies at a higher risk of Down syndrome and other genetic abnormalities. It is *not* a diagnosis, but may lead to further testing. Normally done during the end of the first trimester or at the beginning of the second trimester.

#### Amniocentesis

An amniocentesis is done by inserting a needle through the belly, guided by using ultrasound, into the amniotic sac and removing a small amount of amniotic fluid. The fluid is tested for genetic abnormalities, such as Down syndrome. This test is only conducted on mothers who screen higher at risk for genetic abnormalities, like Down syndrome. Amniocentesis is usually done in the second trimester.

#### Rhogam Shot

Problems can occur if you have a negative blood type (such as A-), your baby has a positive blood type, and the blood types mix. Rhogam prevents these complications. You will receive a rhogam shot around 28 weeks gestation and, if you and your baby are opposite (-/+), within 72 hours of birth if baby has a positive blood type. Additional doses may be given if you are concerned that blood may have mixed (for instance, if you fall and incurred injury to the abdomen).

# **Types of Medical Providers**

# **Obstetrician (OB/GYN)**

An obstetrician is a medical doctor who provides specialized in the care of women during the pregnancy and postpartum period. They are also trained surgeons.

What do OB/GYNs do:

- Provide prenatal care
- Attend births
- Perform cesarean sections
- Assist with contraceptives (birth control)
- Treat sexually transmitted infections (STDs/STIs)
- Routine gynecological care

# **Certified Nurse-Midwife (CNM):**

A nurse-midwife is a registered nurses who go on to receive additional training in the care and treatment of women during *low-risk* pregnancy and postpartum. Midwives encourage less interventions during birth, although they can prescribe pain medications such as epidurals. They tend to be more holistic in approach than obstetricians. If you develop complications during a low-risk pregnancy or birth, care would be transferred from the CNM to an obstetrician.

#### What do Nurse-Midwives do?

- Provide prenatal care
- Attend low-risk births
- Assist with contraceptives (birth control)
- Routine gynecological care

# What is a Doula?

The word "doula" comes from the ancient Greek meaning "a woman who serves" and is now used to refer to a trained and experienced professional who provides continuous physical, emotional and informational support to the mother before, during, and just after birth; or who provides emotional and practical support during the postpartum period (a postpartum doula). Studies have shown that when doulas attend birth, labors are shorter with fewer complications, babies are healthier and breastfeed more easily.

### A birth doula:

- Recognizes birth as a key experience the mother will remember all her life
- Understands the physiology of birth and the emotional needs of a woman in labor
- Assists the woman in preparing for and carrying out her plans for birth
- Stays with the woman throughout the labor

 Provides emotional support, physical comfort measures and an objective viewpoint, as well as helping the woman get information she needs to make informed decisions

**NOTE:** You can work with a doula during your pregnancy even if you are released prior to meeting with a doula in the facility. Just make a referral for yourself and a doula will be arranged at no cost to you.

## A prison doula:

- In the context of corrections, doulas become the primary form of prenatal education, emotional support during pregnancy, and physical comfort during labor and delivery
- Help women to cope with the grief and separation from her baby when she returns to prison/jail
- Use the doula/mother relationship to model respect, empathy, and healthy relationships
- Strive to create an environment of hope and love at the birth of children born to incarcerated mother, welcoming them into the world
- Help a new mom establish a relationship with her newborn baby, within the parameters of correctional facility policies

# **Signs of Labor**

# **Possible Signs of Labor**

These may or may not be early signs that your birthing time may begin soon. You may have some, all, or none of these signs.

Menstrual-like cramps
 May be intermittent or continuous, and may spread into your thighs

Slight backache
 Vague, low ache; may cause you to be restless; less defined than posture-related ache

#### Soft bowel movements

May also be accompanied by digestive upset

#### Nesting urge

An unusual burst of energy and desire to prepare for baby; use this as a reminder that, even if you're exhausted normally, you will have the energy and stamina to succeed in your birth

# **Preliminary Signs of Labor**

These are still early signs, but are signs of progress and getting closer to your birthing time.

#### Blood show

Blood-tinged mucus from the vagina, pink or red; associated with the early thinning (effacement) and opening (dilation) of your cervix; may occur days before your birth, or not happen until the contractions begin

### Non-progressing contractions

The intensity of contractions should increase and the timing should become increasingly closer. Contractions that are spaced far apart or that remain the same strength and spacing without getting stronger/closer together are non-progressing; these contractions could last for only a few contractions, or for hours, but will eventually stop

# Positive signs of Labor

These are signs that your birth is definitely starting.

## Gush of amniotic fluid (your "water breaking")

Caused by your amniotic sac rupturing and releasing fluid; can happen at the very beginning (without much warning), although usually you will have contractions before your water breaks

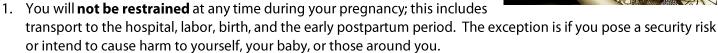
# Progressing contractions

Contractions that progress by getting stronger, longer, and/or closer together over time; you may feel them in your abdomen or your back (or both); they continue even if the mother eats, drinks, rests, and/or showers

# **Labor and Birth**

# What to Expect When you Give Birth in Custody

Each correctional facility has their own policy and procedures, but here is a general outline of what to expect when giving birth while in custody. If you have specific questions please check with the facility staff.



- 2. You have the choice to have a doula attend your birth.
- 3. The doula who is assigned to work with you will be notified by the facility once you are transported to give birth.
- 4. If you go into labor before you have been assigned to a doula or if you haven't met her yet, you can still request that the facility calls The Minnesota Prison Doula Project to send a doula to support you.
- 5. In most cases, the father of the baby, your partner, family, and friends will not be able to attend the birth or visit you during your stay at the hospital.
- 6. Ask what the policy is on phone use while at the hospital.
- 7. You have the same rights to advocate for your own health care at the hospital as any other patient. Do not be worried about speaking up if you have questions, concerns, or specific wishes for your care.
- 8. Your baby will be able to stay in the room with you during your hospital stay unless there is a health issue requiring the baby to stay in the neonatal intensive care unit (NICU) or there is an order from child protection stating otherwise.



- 9. Depending on facility policy you will likely have security staff with you 24 hours a day while you are hospitalized unless you are released on a furlough for the birth.
- 10. The day you are discharged, your doula will be able to support you through the separation from your baby.

# **Normal Newborn Procedures**

Newborns have a number of things done during those few days of life in the hospital. As his/her parent, you have the right to decline any procedure, and you can ask any questions you may have to the healthcare provider before anything is done. These are the common procedures.

#### Vitamin K Shot

Vitamin K is a vitamin needed to help your baby's blood clot. Our bodies do not make vitamin K, and don't store it well. Most babies are born with low levels of vitamin K, thus they are at a greater risk of bleeding spontaneously. If the bleeding isn't caught, it can be harmful (and sometimes deadly) for the baby. Thankfully, this outcome is rare, but the risk is real. To prevent the risk of bleeding, newborns are given an injection of vitamin K to boost their levels and help with any clotting.

## Hepatitis B Vaccine

Hepatitis B is a serious disease affecting the liver, transmitted through bodily fluids. To reduce accidental infection and protect your baby, baby's receive their first vaccine of the series in the hospital.

# Newborn Screening (PKU)

The newborn screening is a test done using a heel prick to obtain a small sample of blood. The screening checks for a number of harmful and potentially life-threatening disorders that are not apparent at birth. These conditions are rare, but must be caught early to be the most beneficial.

#### Erythromycin Eye Ointment

A non-painful ointment placed in the baby's eyes to prevent infection. If the mother has a sexually transmitted infection (specifically, chlamydia or gonorrhea), the infection can be passed to the baby's eyes during birth and cause blindness. Can cause baby's vision to temporarily blur.

#### Bath

Babies are frequently bathed very quickly after birth, mostly for convenience of the care providers (usually they

must wear gloves until the bath is done). Consider having them wait until you can fully participate in the bath and have that memory for yourself.

#### Circumcision

Circumcision is the removal of the foreskin, the tissue covering the head (glans) of the penis. It is a very personal choice to decide whether or not to circumcise your baby boy. Please do your research and ask your provider if you have any questions. Remember, if your child will be on medical assistance, the circumcision will not be covered and will need to be paid out of pocket.

# **Common Interventions during Labor**

Every intervention has potential benefits and side effects. Please take the time to talk to your healthcare provider and ask any questions you may have about any procedure.

# **Fetal Monitoring**

Your medical team will want to keep track of your baby's well-being by checking his/her heartbeat while you are in labor. This can be done in several ways, and you have the right to request one type over another (precluding any medical complications).

## Intermittent monitoring

A handheld device is used to listen to baby's heartbeat, just like they did during your prenatal appointments. They usually do this every 20 minutes. This is the least invasive method.

#### External electronic monitoring

A small round disc is placed on your belly and held with a strap. This monitors your baby's heartbeat continuously, as well as your contractions. Some hospitals have monitors that are wireless, allowing you to move more freely.

## Internal electronic monitoring

If there is difficulty hearing your baby's heartbeat or if there are concerns requiring very accurate monitoring, your healthcare provider may place an internal monitor. A small coiled wire is inserted through your cervix and placed on your baby's head to record his/her heartbeat.

## IV

An IV may be placed in your arm or hand to give fluids or medication. The IV is a small plastic tube that is inserted with a needle, but the needle is removed and only the tube remains. You can move your hand or arm like normal.

# **Artificial Rupturing of Membranes (AROM)**

Sometimes your labor can be started or augmented by breaking your water for you (before it happens naturally). During a pelvic exam, the healthcare provider will insert a small plastic hook and break your amniotic sac. You won't feel any pain, but you will feel a gush of water.

# **Episiotomy**

A cut made to enlarge the vaginal opening, then a localized medication is used to numb the area before the cut is made. Episiotomies are normally done when the baby needs to come out very quickly, although some providers still do them routinely. Speak to your physician if you wish to tear naturally, which is now recommended.

### Induction

An induction is forcing the labor process to start through medical means, rather than waiting for labor to begin naturally. This can be done for a number of reasons, normally surrounding the health of you or your baby. A induction done without medical need is called an "elective" induction, and generally carries greater risks. There are several different methods to kick-start labor:

# Cervical Ripening

Before labor can begin, your cervix needs to soften (ripen) so that it can dilate. This done by either through a foley bulb or medication. The foley bulb is a small balloon is very slowly inflated to place pressure on the cervix and help it soften. Alternatively, medication can be used, which is placed in your vagina near your cervix. Both methods can take hours. Sometimes you will go into an induction and already have a soft cervix and/or be dilated enough to skip this step.

#### Inducing Labor

Once your cervix is sufficiently softened, labor can be induced through a medication called pitocin. This is a synthetic form of oxytocin, which is what your body would release to cause contractions. Pitocin is given through an IV and can cause very intense contractions. You will need to have continuous monitoring of your baby during an induction, which means you may be more limited in your movements.

# **Pain Management**

## **Non-medical Pain Relief**

There is a wide variety of non-medicinal pain relief options available to you during your labor. If you have a doula, she would be a great resource to ask questions or get further recommendations. Some options include:

#### Move

Moving and changing positions can help reduce pain, as well as increase the effectiveness of your labor. Tension and lying down can slow down your labor and make it more painful.

#### Breathe

It sounds simple, but you may find yourself holding your breath and clenching through a contraction; instead, relax and breathe.

# Water

Soaking in a bath or standing in the shower can both be helpful at relieving tension and pain.

## Massage

Have someone massage your feet, hands, or back. Counter-pressure placed on your lower back can be especially helpful during a contraction.

#### **Medicinal Pain Relief**

Medication can be given to relieve the pain of contractions. Different types of medication have different effects and potential side effects. Common types of medication include:

#### Epidural

An anesthesiologist numbs an area of your back, then places a small tube into your back that allows medicine to be given continuously. It takes about 10 minutes to take effect and cause numbness to reduce pain from your belly to mid-thigh. It can last as long as the epidural is placed and medication is administered. Requires you to stay in bed, have a catheter placed, and be more closely monitored.

#### Intrathecal narcotics

An anesthesiologist numbs an area of your back, then injects the medication directly into your back (specifically, into your spinal fluid). It takes about five minutes to take effect, and lasts 1-2 hours. Reduces the pain, but you can still feel touch and you can still move and walk.

# Narcotic analgesics

Pain medication given through an IV or an injection. Takes effect quickly and lasts up to two hours. Reduces the pain and can help you relax, but is more likely to reach your baby. Common narcotics used during labor include Sublimaze (fentanyl), Stadol (butorphanol), Nubain (nalbuphine), and Demerol (meperidine, also known as pethidine).

# **Questions to Ask**

Here are some suggestions of questions to ask your healthcare provider if you are considering pain medication:

- How is this medicine given?
- How soon can I get it?
- How long will it take to take effect?
- How long does the medication last?
- How will the medicine affect me?
- How will the medicine affect my baby?
- What are the potential side effects?
- What are my alternatives?

# What to Expect during a Vaginal Birth

Early Labor	<ul> <li>When you dilate from 0 to 4 cm. This stage can happen over hours or days.</li> <li>Contractions normally last 30 to 45 seconds and come every 5 to 30 minutes.</li> <li>Contractions may feel mild or intense, and you may feel totally normal in between contractions. You may feel nervous, excited, or nauseated.</li> <li>Focus on staying relaxed.</li> </ul>
Active Labor	<ul> <li>Dilation from 4 to 7 cm. Usually lasts 3 to 5 hours, but every woman is different.</li> <li>Contractions last 45 to 60 seconds and come every 3 to 5 minutes.</li> <li>Contractions will feel more intense, and you may have to focus more to work through them.</li> <li>Focus on relaxing and breathing through the waves.</li> </ul>
Transition	<ul> <li>Dilation for 7 to 10 cm. Usually lasts 30 minutes to a few hours.</li> <li>Contractions lasts 60 to 90 seconds, and come every 30 seconds to 3 minutes.</li> <li>Contractions will feel even more intense, and you may feel nauseated, vomit, shake, and feel intense pelvic pressure. You may feel like quitting.</li> <li>You're so close to meeting your baby, breathe and take one contraction at a time.</li> </ul>

Pushing	You (and your uterus) are working to push your baby out.
	■ Usually lasts 20 minutes to 2 hours.
	<ul> <li>Contractions last 45 to 60 seconds and begin every 3 to 5 minutes.</li> </ul>
	<ul> <li>You may experience a "rest and be thankful" period where you are 10 cm but your contractions may slow and you do not feel like pushing. Enjoy the rest!</li> </ul>
	<ul> <li>Trust your body to know when to push; you will the urge. Focus on pushing down and out, like you're trying to urinate faster.</li> </ul>
	<ul> <li>Pushing may feel like pressure from within. When the baby is "crowning", you may feel stinging or burning sensation. Don't worry, your baby is about to be born.</li> </ul>

Afterbirth	<ul> <li>The placenta separates from your uterus.</li> <li>Normally lasts 3 to 30 minutes after your birth.</li> <li>Contractions will be noticeably less intense.</li> <li>After pushing your baby out, gently pushing your placenta out will feel so easy!</li> </ul>

# What to Expect during a Cesarean Section Birth

Cesarean sections are surgical births, where your baby is born through an incision (surgical cut) in your belly. The surgery normally lasts 30 to 40 minutes, and your baby is born 5-10 minutes in to the surgery. The rest of the time is spent repairing your incision. Cesareans are done for a number of reasons, sometimes planned and sometimes unplanned. It is important to talk to your healthcare provider if you have any questions or concerns about your surgery, either before or after your cesarean.

# **Surgical Prep**

- You will begin having your heart rate and blood pressure monitored.
- An IV will be started to allow quick access to give you medication if necessary.
- A nurse will draw blood to check your blood type and to check for anemia (low iron in your blood).
- Your pubic hair will be trimmed.
- You will be given an antacid to drink, which lowers the amount of acid in your stomach.
- A catheter (a small tube) will be placed through your urethra into your bladder to drain the urine during surgery. You may request to have the catheter placed after your epidural is placed, so you do not have to feel anything.
- An anesthesiologist will provide the best type of anesthesia for you and your baby. This may depend on the reason for your cesarean. In an emergency, you may be put under general anesthesia (you would be completely unconscious). Otherwise, an epidural or spinal is normally used. (See pain relief options under the Interventions section.)
- You will be wheeled into the operating room and placed on a narrower bed. A safety strap will be placed across your legs.
- A mask may be placed over your nose and mouth, which provides extra oxygen.

# **The Surgery**

- The anesthesiologist will make sure you are totally numb before surgery begins.
- Your doula is normally welcome to accompany you (be in the OR) during your surgical birth.
- The incision is normally low and horizontal across the upper edge of your pubic hair.
- You may feel pressure (but not pain) when your baby is born and lifted out.
- Your baby will be checked over by a nurse. Your baby may be sent to a special nursery if premature or having difficulties.
- You will be taken to recovery for an hour or two after your incision is closed. You will go back to your room after recovery.

# **Recovery**

- You will still have an IV, catheter, blood pressure cuff, and possibly oxygen.
- A nurse will check your uterus, incision, vaginal bleeding, and your pain relief needs several times an hour.
- The nurse may also press down on or massage your uterus to make sure it is sealing off the blood vessels where the placenta was. This may be uncomfortable. Try to relax and breathe through the procedure.
- You may be dizzy when you first sit up make sure to ask for help.
- It can help to use a pillow over your incision pressing downwards lightly as needed when you laugh or cough.
- Within eight hours your nurse will help you get out of bed and to walk a few steps. It may feel hard, but will get easier. You may feel the need to lean forward to protect your incision. Instead, stand up straight, which takes the weight of your belly off your incision.

Your nurse will encourage you to use the bathroom and to become comfortable and capable of returning to prelabor habits. The first poop will seem daunting, but try to go as soon as possible. Waiting does not help. It sounds scarier than it is. Make sure to take the stool softener given to you.

# **What to Expect During Postpartum**

Bleeding	<ul> <li>Normal after both vaginal and cesarean births.</li> <li>For the first few days after birth, it will be bright red and similar to a heavy period.</li> <li>You may notice small clots. This is normal. Large clots are not normal.</li> <li>The blood will taper off to spotting over the following days, then eventually stop over the next two to four weeks.</li> <li>Do not use a tampon until at least 6 weeks postpartum. Instead, use pads or panty liners.</li> </ul>
After-pains (contractions)	<ul> <li>These are cramps that come from your uterus shrinking back to its normal size.</li> <li>Normally first-time moms have very mild after-pains, whereas later births may have more noticeable pains.</li> <li>Usually most intense the first day or two postpartum.</li> <li>Breastfeeding may trigger them, which it is just a normal reaction to the hormones your body releases.</li> <li>Try using Tylenol, or massaging your belly.</li> </ul>

Swelling	<ul> <li>You may notice swelling postpartum, especially after a cesarean. This is usually caused by all the fluid given to you through the IV during your labor and delivery.</li> <li>It is not normal if the swelling is only in one leg/ankle and is accompanied by severe pain. This may be a sign of a clot. Notify your healthcare provider right away.</li> </ul>
Constipation	<ul> <li>Make sure to drink plenty of fluids, particularly water.</li> <li>Continue to take any stool softeners prescribed to you.</li> <li>Try to have a bowel movement as soon as you feel the urge.</li> <li>If you're nervous about straining after a cesarean, you can press a pillow over your incision.</li> <li>Use witch hazel pads if you have hemorrhoids.</li> </ul>
Perineum Care	<ul> <li>If sitting is difficult, try sitting on a pillow or padded ring.</li> <li>Use a perineal bottle with warm water to spray water while you are urinating.</li> <li>Press a soft washcloth over your perineum when you bear down to have a bowel movement.</li> <li>Ice packs can help with swelling and pain.</li> <li>Make sure to take any stool softener and pain relievers prescribed to you.</li> </ul>
Incision Care	<ul> <li>Keep the area clean and dry.</li> <li>If staples were used, they will likely be removed before you are discharged.</li> <li>Notify your healthcare provider if you notice drainage, redness or swelling.</li> </ul>

Breast care (for non- breastfeeding mothers)	<ul> <li>Wearing a supportive bra 24 hours a day can be helpful.</li> <li>Your breasts will feel full and uncomfortable 2 to 5 days after your birth. Ice packs will reduce the discomfort.</li> <li>If your breasts are hard or leaking, you can express milk just to the point of relieving the discomfort. Expressing milk can stimulate your breasts to make more milk.</li> <li>Pain relievers like Tylenol help.</li> </ul>
Hair Loss	Completely normal. Usually stops by baby's first birthday.



See your healthcare provider if you experience any of the following:

- 1. Extreme sadness, feeling like harming yourself or others
- 2. Drastic increase in bleeding after it has tapered off
- 3. Foul smelling vaginal discharge
- 4. Fever
- 5. Severe breast pain or tenderness in one area of the breast
- 6. Large blood clots
- 7. Severe or worsening pain in perineum
- 8. Worsening pain or soreness that persists beyond the first few weeks or redness, swelling or discharge at the site of the cesarean incision
- 9. Severe or persistent headaches
- 10. Pain or burning with urination

# **After the Birth**

# **Postpartum Depression**

Postpartum depression (also called PPD) is a form of depression that some women develop after giving birth. PPD is strong feelings of sadness that last for a long time. This is the most common complication for women after giving birth and about one out of every eight women has postpartum depression after giving birth. PPD can happen any time after childbirth, but often develops within a month of having the baby. It is a medical condition that needs treatment to get better.



#### Remember

- It's NOT your fault. Nothing you did caused your PPD. It does not make you a bad mom.
- You are NOT alone. PPD is much more common than most people realize.
- You CAN get help and your depression CAN go away. Talk to your health care provider if you think you have PPD.
   There are many treatment options that can help you feel better.

# What about "baby blues"?

Baby blues is not the same as postpartum depression. Baby blues are a feeling of sadness that may start 3-5 days after you give birth, and usually lasts only about a week. This is caused by the decrease in hormones after having your baby. You may cry frequently, feel moody or irritable, or have difficulty sleeping. In contrast, PPD lasts longer and is more serious than baby blues. If those feelings you think are baby blues lasts longer than a week or two, tell your provider. Your healthcare provider can check to see if you may have PPD.

#### What causes PPD?

The cause of PPD is currently unknown. While it can happen to any woman after having a baby, some women are more likely to have it. Here are some things that may make you more likely than other women to have PPD:

- You are younger than 20.
- You have had PPD, major depression, or another mood disorder in the past.
- You have a family history of depression, meaning one or more people in your family has had depression.
- You have recently had stressful events in your life (such as a difficult pregnancy, death of a loved one, problems with your partner, money problems, unplanned pregnancy, drug use, etc.).

# Signs and Symptoms

You may have PPD if you have five or more signs of PPD that last longer than 2 weeks. These are the signs to look for:

# **Changes in your feelings:**

- Feeling depressed most of the day every day
- Feeling shame, guilt, or like a failure
- Feeling panicky or scared frequently
- Having severe mood swings

# Changes in your everyday life:

- Having little interest in the things you normally like to do
- Feeling tired all the time
- Eating a lot more or a lot less than is normal for you
- Gaining or losing weight
- Having trouble sleeping or sleeping too much

Having trouble concentrating or making decisions

# Changes in how you think about yourself or your baby:

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby
- Thinking about killing yourself

#### Treatment

If you think you may have PPD, do not wait. Seek out a healthcare provider.

Your provider will ask you questions about how you are feeling, how you are adjusting to parenting, and any problems you might be facing. You may be asked to fill out a depression screening questionnaire. This form helps your healthcare provider better understand how you are feeling. Your provider may also do other tests (such as certain blood tests) to make sure your feelings are not a symptom of some other health concern.

The sooner you see your provider, the sooner you will be on the road to feeling better. You can work with your provider to choose the best treatment option to get you feeling better. Some treatment options that your provider may suggest:

# Counseling

Sometimes called therapy. You are able to sit down with a mental health professional and discuss your feelings and any concerns you may have. The mental health professional helps you better understand what you are feeling, and can provide suggestions and coping mechanisms for improving your everyday life.

#### Support Groups

These are groups of people who meet together to share their feelings and experiences. These groups can meet in person or online. Being in a support group can help make you feel less alone, as well as benefit from others experience. Your healthcare provider can help you find a PPD support group near you. Check with your facility to see if any pregnancy or parenting support groups are offered.

#### Medication

PPD is often treated with medication.

# **Postpartum Self-Screening Tool**

Do you:		Answer	
Feel tearful from time to time?		No	
Feel extremely fatigued due to lack of sleep?		No	
Feel irritable or cranky?	Yes	No	
Feel anxious about your health or your baby's?		No	

The above symptoms are common symptoms of the "baby blues", and will likely subside with time, as you adjust to life as a mother, get more rest, and your hormones level out.

In contrast with "baby blues," the symptoms listed in the following table are all symptoms of postpartum depression. If you checked yes to even one box, you should contact your healthcare provider right away. Help is available, and even though it may not feel like it - you will get better.

If you are experiencing these symptoms and have given birth in the last six months, you can request a doula for emotional support through the Minnesota Prison Doula Project.

Do you:		Answer	
Feel depressed or sad almost all the time?		No	
Feel that you can't do anything right? (You may feel unattractive, unskilled as a mother, unable to care for your baby, and unable to learn.)		No	
Have no real desire to eat and get no enjoyment from food?	Yes	No	
Feel anxious most of the time and really anxious some of the time?	Yes	No	
Feel unable to care for yourself or your baby?		No	
Think thought that repeat in your mind and won't go away?		No	
Have panic attacks? (your heart beats fast and you may feel sweaty or short of breath)		No	
Have thoughts about killing yourself or your baby?		No	

# **Your Newborn**

You have been dreaming of what your baby will look like for months. Even though no baby will look exactly like yours, there are some common characteristics of most newborns. Understanding what is normal in a newborn can help you feel prepared for when you meet your baby (pimples? swollen breasts? purple spots? Yes!).

# Baby's Head

Baby's head may be misshapen or elongated from squeezing through the birth canal. Normal shape usually returns by the end of the first week of life.

You will notice two "soft spots" on your baby's head, called fontanels. These are areas where the skull bones have not yet developed (but will!). They do have a tough membrane protecting them, so gently touching or washing these spots will not hurt your baby.

## Skin

Baby's skin coloring vary greatly, depending on many things, such as race, age, temperature, and whether baby is crying.

In general, when baby is first born, the skin will be deep red or purple. As baby begins to breathe and cry, they will "pink up" and lose the purple tone. The redness will fade by the end of the first day. You may notice your baby's feet and hands are bluish colored for the first few days. This is a normal part of baby's immature circulation system. If you notice other parts of baby are blue, that is not normal.

Some newborns develop jaundice, which causes their skin to take on a yellow-orange tone. Your provider will determine whether the jaundice is serious enough to require treatment.

#### **Vernix**

This is the white, creamy, waxy substance that covers your baby's skin of many babies when first born. Vernix helps protect and moisturize your baby's skin while still in your belly. You may notice more vernix if your baby is early, or very

little if your baby is born overdue. Vernix has wonderful properties as an anti-infective, anti-oxidant, and a wound healer. It does not need to be washed off, but instead can be massaged into baby's skin like lotion.

# Lanugo

You may notice your baby has soft, downy hair on its body (most commonly the shoulders, back, forehead, and cheeks). This is lanuago, and is seen more often in premature babies. It usually disappears on its own after a few days or weeks.

#### Milia

Milia are the tiny white spots that look like pimples. Usually they appear on baby's nose, less frequently on baby's chin and forehead. They are caused by oil glands and disappear on their own.

# **Mongolian Spots**

These are bluish or purplish splotches on baby's skin, most commonly found on baby's butt and lower back. They are caused by a collection of pigmented cells that cause the skin to look darker. Over 80 percent of African-American, Asian and Indian babies are born with Mongolian spots, but any darker-skinned baby can have them. They usually disappear by the time baby is four years old.

## **Stork Bites**

Stork bites are small pink or red patches found on baby's forehead, between the eyes, eyelids, upper lip, or back of the neck. They are caused by blood vessels dilating, and may be darker when baby is crying. The name comes from the old myth of the stork delivering the baby, and the bite is where the stork may have picked the baby up. They normally fade and disappear on their own by 18 months.

# **Baby Acne**

Normally developing between 3-6 weeks, they look just like regular pimples on baby's cheeks or forehead. They are caused by maternal hormones, and heal all on their own. Do not try to treat them with medicine or pop them, which may cause irritation or infection.

# **Swollen genitals / Discharge**

#### Girls

You may notice your baby girl's genitals are swollen, although what is swollen depends on her gestational age. If she was born early, you'll likely notice a very prominent clitoris and inner labia. If she is born at term or late, she will likely have a swollen outer labia. She may also have a small amount of whitish discharge or blood-tinged mucus from the vagina during the first few weeks. This is normal and caused by maternal hormones in her body.

#### Boys

If your baby boy is born early, he may have a smooth, flat scrotum and undescended testicles. Born at term, he will have ridges in his scrotum and descended testicles. His testicles may also be swollen, again caused by maternal hormones.

#### **Swollen breasts**

Babies of either sex may have their breasts enlarge, usually around day three after birth. The nipples may also leak a milky substance (sometimes called witch's milk) within the first week. Do not massage or squeeze the breast, as it may cause an infection. The swelling and leaking will stop on its own.

#### **Umbilical Cord**

The umbilical cord is clamped and covered with a white jelly like substance after the baby is born. This helps prevent infection. The umbilical stump will dry out, turn black, and the entire stump will fall off by days 10-21. If you notice your baby's belly button protruding, this may be a hernia and should be checked by a healthcare provider.

# **Breast Care**

If you are separated from baby:

- Your milk will come in even if you don't breastfeed your baby in the hospital.
- Breastfeeding in the hospital is a huge benefit for both you and your baby even if you cannot continue past the first couple days. Some of the benefits include:

- Help your uterus return back to pre-pregnancy size and minimize bleeding
- Help protect your baby for at least the first three months since the colostrum (your first milk) is packed full of amazing antibodies that line your baby's stomach

If your separation will be short term you may want to check with the facility about their policy on having a breast pump to be able to express milk for your baby. Questions to ask:

- Check to see if you are able to store your milk for your baby's care provider to pick up for your baby.
- If storage is not possible, ask if "pumping and dumping" your milk with the breast pump is an option; this will help your body continue to lactate until you are back home to nurse your baby yourself.
- If having a breast pump is not an option and you will be home within a couple weeks you may want to consider hand expressing your milk as often as you can to keep up your milk supply.

If you do NOT want to breastfeed, here are tips to help your milk to dry up:

- Only express a small amount for comfort, the less you express the less your body will make.
- Wear a supportive bra.
- Use cold packs, if available.
- Drink enough liquids only to satisfy your thirst.
- Take an anti-inflammatory such as ibuprofen to reduce swelling and pain.

# **Breastfeeding**

Breast milk is the perfect food for your baby. It has benefits and nutrients not found in formula. ANY amount of breastmilk gives your baby's immune system positive effects.

Your breastfeeding relationship will change over time. Here's what to expect during the early days of breastfeeding. Things may be different if your baby is premature or has other health needs. These are simply guidelines:

#### Birth to eight hours old

If possible, initiate breastfeeding within the first hour of birth. During that period, your baby is in a period of alertness, and will recognize your sound and smell. After a few hours, baby will soon relax and sleep for hours, so take advantage of this period.

Skin to skin contact is SO important, it helps you bond, baby regulate temperature, and relax both of you.

Baby will receive colostrum, which is thick, yellowish, high-fat form of milk that is filled with protective properties to keep baby healthy. Baby's stomach is very small, so only a small amount of colostrum comes out - but it is the right amount for your baby.

#### Eight hours to 24 hours old

Your baby will be more awake and alert, and will likely breastfeed frequently. Every hour and a half to three hours is common. Rooming in with baby (keeping baby in your room, rather than a nursery) will help you become more in tune with your baby's cues.

**Note:** Feeding schedules are created for formula fed babies, not breastfed babies, so try not to compare your baby to a formula fed baby. Breastmilk is easier and quicker to digest, so breastfed babies do usually eat more frequently.

#### Day 2

Some babies stay very alert, and some are quite tired. Keep trying to nurse baby every hour and a half to three hours, even if baby is sleepy.

**Note:** Around day 2-5, your milk will "come in" and change from colostrum to mature milk. Your breasts may become engorged; refer to the "engorgement" section under common breastfeeding concerns.

## Day 3-5

Baby is likely more alert and awake for longer periods of time. You may even hear your baby swallow and gulp once your milk comes in. Make sure to allow your baby to completely empty one breast before switching sides, which allows baby to get richer hindmilk (high-fat content as opposed to the thinner foremilk that first comes out).

**Note:** It takes time for your milk production to match baby's needs, so introducing a bottle or missing feedings could cause some difficulties with your milk supply and cause confusion between your nipple and bottle.

## One week to one month

You'll start to become accustomed to the routine of breastfeeding and 24 hour newborn care. Around 10-14 days you may notice your breasts softening and not feeling full. This is normal, and your breasts are just regulating better to meet baby's needs.

# **Common Breastfeeding Concerns**

#### Clogged duct

An area of the breast where milk flow is blocked. It may feel like a hard lump, and it may feel tender or painful.

Use heat and gently massage the clogged area. If breastfeeding, make sure to keep nursing from the breast and try pointing baby's chin towards that blockage. Also, use breast compressions while nursing (hold your breast in your hand and use your thumb to press firmly over the block, drawing it towards your nipple.)

### Mastitis

If the clogged milk duct does not go away, it could lead to a breast infection called mastitis. Symptoms include all those of a clogged duct, but also a fever of 101 degrees or greater and flu-like symptoms.

If you think you have mastitis, seek medical attention right away. You may need antibiotics to treat the infection.

# Low supply

Many breastfeeding mothers are concerned that they do not have enough milk to satisfy their baby. If you notice that your breasts feel less full or don't leak as frequently, this simply means your body is adjusting! You may also notice your baby "cluster feeding," where they want to nurse for hours. This is also normal, as they may be going through a growth spurt and they are helping increase your supply by putting that extra demand on your breasts.

How to tell if baby is getting enough milk:

- Baby is back to birth weight by 14 days old. Usually they gain an ounce a day for the first three months, then
  half an ounce until 6 months old. If your baby is gaining a normal amount of weight, this is the best sign they
  are getting enough milk.
- Has at least six wet diapers a day.
- In the first month, has at least three poopy diapers. After the first month, bowel movements usually occur less frequently.

## Sore Nipples

Sore nipples are common, particularly during the early days of breastfeeding. To help reduce the soreness, try:

- Nursing in a different position.
- Using lanolin on your nipples to keep them moisturized. Avoid products that contain petroleum or alcohol.
- Using warm compresses.
- Putting a little breastmilk onto your sore nipple (breastmilk has wonderful antibacterial properties).

#### Engorgement

Engorgement is when your breasts fill with breastmilk and feel full and/or hard. Sometimes around two to seven days postpartum your milk will "come in" and your milk volume will increase noticeably. You will also notice engorgement if you miss a feeding or if weaning occurs suddenly.

Your body will naturally adjust to your milk supply and engorgement will lessen. To help:

- Feed your baby frequently: every 2-3 hours during the day, and at least every four hours at night.
- Massage your breasts while baby is breastfeeding.
- "Express milk" if you're going to miss a feeding.

If you are experiencing engorgement and do not plan to breastfeed, refer to the list provided in the Breast Care section on helping your breast milk dry up (If you do NOT want to breastfeed, here are tips to help your milk to dry up).

# **Coping with Separation**

Babies bond with their mothers all throughout their pregnancy and, if separated, they experience a trauma that needs to be recognized. It is beneficial to maintain connections with your infant if possible.

When it comes time to separate from your baby...

- Send along a blanket from the hospital so that the baby can continue to have access to your presence through their sense of smell.
- Make a recording of your voice (have someone do this during a phone call with you) so that the baby can remember and continue to build a relationship with your voice. Your child's caregiver could play this during feeding time to continue to build positive association.
- Plan to have a visit with your baby as soon as possible following their birth. Even the next day if possible. Then visit as often as possible.
- Keep a picture of your baby with you as often as possible and keep a picture of yourself with your baby that your child's caregiver can show them many times a day.
- When you have visits with your baby, try to hold them continuously. Make eye contact, talk with them, and provide as much comfort and nurturance as possible.
- If this is your first baby, find a mothering mentor who you can talk to you and receive support from during this difficult time.
- Meet with your doula to process what you are feeling.

# Resources

If you are living in the community and in immediate danger, please call 911.

# **Breastfeeding**

La Leche League International: 877-LA-LECHE (877-452-5324). Provides
information, education, and support to breastfeeding mothers. Available during business hours.

### **Substance Abuse**

- National Drug Information and Referral Hotline: **1-800-662-HELP** (1-800-622-4357) 24/7 Hotline for assistance finding referrals, information and support.
- The Alcohol & Drug Addiction Resource Center: 800-390-4056

#### **Domestic Violence**

National Domestic Violence Hotline: 1-800-799-SAFE (1-800-799-7233) Call 24/7 for completely free, completely confidential support, guidance, and help finding local care.

# **Mental Health**

National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255). Call 24/7, free and available to anyone
in a crisis or emotional distress.

# **Sex Trafficking**

National Human Trafficking Resource Hotline: 1-888-373-7888

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#### **Sexual Abuse**

Rape and Incest National Network (RAINN) Crisis Hotline: 800-656-4673

Additional questions or need more support?

Contact the Minnesota Prison Doula Project:

Minnesota Prison Doula Project Center for Urban and Regional Affairs (CURA) 300 Hubert H. Humphrey Center 301- 19th Ave South Minneapolis, MN 55455 Phone: 612.625.1729

http://www.mnprisondoulaproject.org/

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